

CHAPTER 20 REGULATIONS GOVERNING CERTIFICATION AND INSPECTION

PART I.

DEFINITIONS.

6 VAC 15-20-10. Definitions.

The following words and terms, when used in this chapter shall have the following meaning, unless the context clearly indicates otherwise:

"Appeal" means the action taken by a facility or program administrator when there is disagreement with a compliance audit finding.

"Audit report" means the official report of compliance audit findings prepared by the ~~Certification Unit~~ Compliance and Accreditation Unit supervisor for the department and submitted to the board.

"Board" means the State Board of Corrections.

"Certification analyst" means a person assigned to the ~~Certification Unit~~ Compliance and Accreditation Unit who serves as chairperson or team leader of the certification team.

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"Certification/accreditation team" means ~~those~~ persons appointed by the ~~deputy director~~ Compliance and Accreditation Unit manager or the American Correctional Association to conduct compliance audits.

~~"Chief of Operations" means an individual responsible to the Assistant Director of Community Corrections for managing local facilities.~~

~~"Certification Unit~~ Compliance and Accreditation Unit" means the organizational unit of the department responsible for scheduling and conducting compliance audits to board standards.

"Compliance" means that no deficiency was cited by the certification team or that cited deficiencies have been corrected through completion of the tasks identified in the plan of action.

"Compliance audit" ~~or "audit"~~ means an on-site official review of a facility or program by the certification team to evaluate compliance with standards promulgated by the board.

"Compliance and Accreditation Unit manager" means an individual responsible to the Deputy Director of Administration for managing the Board of Corrections' certification process.

"Compliance documentation" means specific documents or information including records, reports, observations and verbal responses required to verify compliance with standards by a facility or program.

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“Compliance and Accreditation Unit local facilities supervisor” means an individual responsible to the Compliance and Accreditation Unit Manager for supervising the Board of Corrections’ local facilities inspections.

“Compliance and Accreditation Unit supervisor” means an individual responsible to the Compliance and Accreditation Unit manager for supervising the Board of Corrections’ certification process.

"Decertified" means a status imposed by the board when it is determined that a facility or program has not met a minimum acceptable level of compliance with standards.

"Deficiency" means noncompliance with a specific ~~board~~ standard.

"Department" means the Department of Corrections.

"Deputy ~~director~~ Director" means the administrative head or designee of a division of the Department of Corrections.

"Director" means the Director of the Department of Corrections.

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"Facility" means the physical plant of a state, local or private correctional facility or community correctional facility.

"Facility or program administrator" means the individual responsible for the operation of a facility or program subject to standards, rules or regulations of the board.

"Inspection" means an on-site official review of a local correctional facility by local facilities managers to assess compliance with life, health and safety standards promulgated by the board.

"Interim compliance audit" means an on-site official review of a facility or program by the ~~Certification Unit staff~~ Compliance and Accreditation Unit to evaluate compliance with standards promulgated by the board which occurs at an interval other than the regular schedule as provided in 6 VAC 15-20-20. The interim compliance audit may consist of a determination of compliance with all standards applicable to the facility or program or may be limited to specific standards as directed by the board.

~~"Life, health, safety alert" means a process by which the board is provided immediate notice by department staff of life, health and safety deficiencies identified in local facilities/programs.~~

"Life, health, safety standards" ~~or "LHS standards"~~ means those standards directly related to life, health or safety issues as identified by the board.

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"Local correctional facility" means a jail, regional jail, or lockup.

"Plan of action" means a document stating what has been or will be done to bring all deficiencies into compliance with standards, including a description of the activities undertaken, staff responsibilities, and a time table for completion.

"Preparatory audit" means an unofficial review of a facility or program by regional ~~or central~~ office staff or the Compliance and Accreditation Unit to evaluate compliance with standards promulgated by the board.

"Private correctional facility" means a facility ~~which~~ that is operated by an entity which has entered into a legal agreement to provide any correctional services to the Department of Corrections with respect to inmates under the custody of the Commonwealth.

"Probation and Parole district" means under the authority of the Director of the Department of Corrections, the Commonwealth is divided into as many separate districts as deemed necessary to provide professional investigation and supervision of the offender in the community under Conditions of Probation, Parole or Postrelease Supervision, and special conditions as set by the Court or the Parole Board.

"Probationary certification" means a status granted by the board for a specific period of time to correct deficiencies within the control of the facility or program.

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"Program" means a system of services provided to offenders by probation and parole offices and other community-based services.

"Region" means the geographic area in which a facility or program is located as established by the department.

"Regional ~~administrator/director~~ Director" means the administrative head of a specific geographic region within the department.

"Regional office" means the administrative offices of a specific region within the department.

"Unconditional certification" means that a facility or program is in 100% compliance with all applicable standards based upon the receipt of the plan of action.

"Variance" means a decision by the board to suspend the requirements of a specific standard for a specific period of time.

PART II.

CERTIFICATION PROCESS.

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6 VAC 15-20-30. Frequency of audits.

A. All state, local, private and community correctional facilities and programs operated by or affiliated with the department shall be audited every three years.

1. The regional office or local facilities office staff shall notify the ~~Certification Unit staff~~ Compliance and Accreditation Unit supervisor in writing within 30 days after a new facility or program accepts the first offender.

2. The regional ~~or central~~ office staff shall conduct a preparatory audit of a new facility or program during the first six months of operation.

3. The ~~Certification Unit staff~~ Compliance and Accreditation Unit shall conduct a compliance audit during the second six months of operation and on a regular schedule thereafter as provided by this section.

B. The scheduled compliance audit may be postponed for up to six months due to bona fide security or emergency situations.

1. The facility or program administrator shall notify the ~~certification analyst~~ Compliance and Accreditation Unit manager and provide details of the circumstances requiring the postponement.

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2. The ~~certification analyst~~ Compliance and Accreditation Unit supervisor shall complete a written notice of change and ~~submit it to the Certification Unit supervisor for approval~~ send copies of the approved written notice of change to the Board, facility or program administrator, the appropriate Regional Administrator/Regional Director and the team members.

~~3. The certification analyst shall send copies of the approved written notice of change to the board, facility or program administrator, the appropriate regional administrator/director, and the team members.~~

C. Any state, local, private or community correctional facility or program may be scheduled for an interim compliance audit at the direction of the board. An interim audit may be scheduled for a facility or program ~~which~~ that has:

1. Undergone renovations or additions that have resulted in additional inmate capacity or significant changes to the numbers and duties of security staff;
2. Exhibited difficulty in maintaining compliance with the board's standards;
3. Been cited for noncompliance with the board's standards as a result of Department of Corrections inspections, Department of Health inspections or informal visits made by Department of Corrections staff; or

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4. Been placed in probationary or decertified status.

6 VAC 15-20-40. Preparation for audit.

A. The ~~Certification Unit staff~~ Compliance and Accreditation Unit supervisor shall develop an annual audit schedule.

1. The schedule shall be submitted to the ~~appropriate deputy director~~ Compliance and Accreditation Unit manager for review, comment and approval.

2. Upon approval, the ~~Certification Unit staff~~ Compliance and Accreditation Unit supervisor shall:

a. Disseminate the final schedule ~~to the regional offices as appropriate,~~ and

b. Review the schedule as necessary and make adjustments for additional audits.

3. Changes to the final audit schedule shall be agreed upon by the ~~appropriate deputy director and the Certification Unit supervisor~~ Compliance and Accreditation Unit Manager.

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4. The ~~Certification Unit staff~~ Compliance and Accreditation Unit Supervisor shall notify the facility or program administrator of the change. Changes shall not extend the audit date beyond the established frequency limits without board approval.

B. The ~~deputy director~~ Compliance and Accreditation Unit manager shall appoint certification team members.

1. Team members shall have prior audit experience or have completed certification training.
2. At least one person shall be a staff member of the same type of facility or program being audited.
3. All team members shall be from outside of the region in which the facility or program is located. The certification team auditing local correctional facilities shall consist at minimum of a certification analyst and a local facilities manager.
4. The ~~team leader~~ certification analyst shall act as team leader and shall coordinate and facilitate the audit.
5. ~~The certification team auditing local correctional facilities shall consist of a certification analyst and a local facilities manager.~~

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C. The ~~Certification staff~~ Compliance and Accreditation Unit shall notify the facility or program administrator in writing at least 30 days prior to a compliance audit. ~~A copy of this chapter, a copy of the standards compliance form, and a list of the compliance documentation required during an audit shall be enclosed with the notification.~~

D. A certification analyst ~~shall~~ should visit the facility or program administrator prior to an audit to discuss the audit process as needed. ~~Exceptions to the~~ The visit ~~prior to an audit~~ shall be documented and approved by the ~~Certification Unit supervisor~~ Compliance and Accreditation Unit supervisor.

6 VAC 15-20-50. On-site audit procedures.

A. The certification analyst shall, on the first day of the audit, orient the team to the audit process and afford the facility or program administrator an opportunity to brief the team on aspects of the facility or program ~~which~~ that may have a bearing on the audit.

~~4~~ B. The facility or program administrator shall grant the team access to all documents, staff and areas of the facility or program ~~which~~ that are relevant to establishing compliance.

C. A facility or program with an approved variance shall provide such documentation to the certification team.

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~~2~~ D. Data shall be collected through documentation, interview and observation.

~~3~~ E. The certification analyst shall brief the facility or program administrator daily on audit progress and preliminary findings. At this time, the facility or program administrator may introduce additional data having a bearing on the team's findings.

4 F. The entire certification team shall ~~make~~ be included in compliance decisions.

~~a.~~ 1. When a team member finds an indication of noncompliance, the team member shall notify the entire team and provide all available information regarding the standard in question.

~~b.~~ 2. ~~A majority vote of the~~ The team leader shall determine obtain consensus of the members ~~to the compliance.~~

~~e.~~ 3. If a ~~majority vote~~ consensus cannot be obtained, the matter shall be referred to the ~~appropriate deputy director by the Certification Unit supervisor~~ Compliance and Accreditation Unit supervisor.

~~5~~ G. The team shall hold a ~~meeting~~ final debriefing with the facility or program administrator to discuss the team's compliance audit findings. ~~At this time the facility or program administrator may introduce additional data having a bearing on the team's findings.~~

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6.H. At the request of the facility or program administrator, the certification ~~analyst team~~ shall report compliance audit findings to facility or program staff.

6 VAC 15-20-60. Audit findings.

The ~~Certification staff~~ Compliance and Accreditation Unit shall mail the audit findings to the facility or program administrator, ~~the regional office~~, and the ~~Board of Corrections~~ regional office within five working days following the compliance audit.

6 VAC 15-20-70. Development of a plan of action.

A. A plan of action shall be developed for all deficiencies noted in the compliance audit findings. ~~The regional office staff shall be available to assist the facility or program administrator in developing the plan of action.~~ The plan of action must identify the following:

~~1. The plan of action must identify the following:~~

~~a1.~~ The tasks required to correct a noted deficiency;

~~b2.~~ The personnel responsible for completing the tasks; and

~~c3.~~ The actual or proposed date of task completion.

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2.B. The facility or program administrator shall submit the plan of action to the regional office or ~~Certification~~ Compliance and Accreditation Unit (for local facilities) as appropriate within 10 working days of receipt of the notification of deficiencies.

3.C. The ~~Regional Administrator/Regional Director~~ or designee, or ~~Certification Unit supervisor~~ Compliance and Accreditation Unit manager shall review the plan of action. If approved, it shall be submitted to the deputy director within 10 working days of receipt – as follows:

1. Regional Director to the Deputy Director of Community Corrections
2. Regional Director to the Deputy Director of Operations
3. Compliance and Accreditation Unit manager

4.D The ~~deputy director~~ Deputy Director of Community Corrections/Deputy Director of Operations/Compliance and Accreditation Unit manager shall ~~either~~ approve, amend or return the plan of action to the regional ~~administrator/director~~ or local facility administrator or ~~Certification Unit supervisor~~ for revision within 10 working days of receipt.

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5.E. The regional ~~Administrator~~ director or local facilities administrator shall complete any revisions requested and return the plan to the ~~deputy director~~ Deputy Director of Community Corrections/Deputy Director of Operations/Compliance and Accreditation Unit manager within 10 working days of receipt.

6.F. The ~~deputy director~~ Compliance and Accreditation Unit manager may grant one 30-day extension to a facility or program administrator for the development of a plan of action. The ~~deputy director~~ Compliance and Accreditation Unit manager shall notify the board of the extension and its justification. The board may grant additional extensions.

7.G. If a facility or program administrator fails to submit a plan of action within the time specified, the ~~department~~ Compliance and Accreditation Unit supervisor shall submit the audit report with recommendations to the board.

6 VAC 15-20-80. Variance requests.

A variance may be requested by a facility or program administrator when unable to comply with a standard.

1. Variance requests shall be submitted along with the plan of action for any deficiencies cited during the audit. Local correctional facilities shall submit the variance request directly to

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the board with the plan of action. Variance requests from other facilities/programs shall follow the procedures listed below. Variance requests shall include:

a. The standard that cannot be met;

b. Justification for variance;

c. The time frame for the variance.

2. Local correctional facilities and community adult residential programs shall submit the variance request directly to the board.

2.3. The regional ~~Administrator/director or Certification Unit supervisor~~ shall make a recommendation on the variance request and submit it and the plan of action to either the deputy director Deputy Director of Operations or Deputy Director of Community Corrections.

3.4. The ~~deputy director~~ Deputy Director of Operations or Deputy Director of Community Corrections shall review the variance request or requests ~~and plan of action~~ and either submit them to the board with a recommendation for approval or return ~~them~~ the disapproved request to the regional ~~Administrator/director~~ for revision. ~~The deputy director shall forward all variance requests to the board with a recommendation~~

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~~4. Variance requests shall include:~~

~~a. Standard which cannot be met; and~~

~~b. Justification for variance.~~

~~5. A facility or program with an approved variance shall provide such documentation to the certification team.~~

5. The Compliance and Accreditation Unit manager, for the deputy director, shall forward the variance request to the board with a recommendation for approval.

6 VAC 15-20-90. Appeal process and schedule.

~~A facility or program administrator may appeal a decision of noncompliance from audit findings using the following appeal levels and guidelines:~~

1. The appeal review levels are:

a. Deputy Director of Operations for state correctional facilities;

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b. Director of Community Corrections for state community correctional units and probation and parole districts ; and

c. Board of Corrections (if a locally or privately operated facility or program) for locally or privately operated community facilities or programs.

2. Appeals shall be submitted to either the regional office or ~~Certification Unit staff~~ the Compliance and Accreditation Unit (as noted above) along with the plan of action within 10 working days of receipt of the notification of deficiencies. The Regional Director or the Compliance and Accreditation Unit supervisor shall submit the appeal and the plan of action to the Deputy Director of Operations/Deputy Director of Community Corrections within five working days of receipt.

~~3. The regional administrator/director or Certification Unit supervisor shall submit the appeal and the plan of action to the deputy director within five working days of receipt. Upon receipt of notification from the deputy director, the Certification Unit supervisor shall coordinate a review of the appeal issues with the persons identified in subdivision 1 of this section.~~

3. If the appeal is denied at any level, the facility or program administrator may request that the appeal be forwarded to the next level.

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4. Each appeal level shall complete its review of the appeal and notify the ~~Certification Compliance and Accreditation~~ Unit Supervisor of its decision within five working days ~~of~~ upon receipt of the appeal.

5. Upon completion of the board's review of the appeal, notification of ~~it's~~ the decision shall be forwarded no later than five days after the board meeting to the facility or program administrator.

6. If the appeal is ultimately denied ~~at any level, the facility or program administrator shall~~ by the board, the Compliance and Accreditation Unit will review and confirm the submitted plan of action and present a final recommendation for consideration by the board at the following board meeting.

~~a. Submit a plan of action for the specific deficiency in question to the regional administrator/director or Certification Unit supervisor; or~~

~~b. Request that the appeal be forwarded to the next level.~~

~~7. If the appeal is ultimately denied by the board or other level, the facility or program administrator shall submit a plan of action for the deficiency which was appealed within a time frame specified by the review level.~~

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6 VAC 15-20-100. Board action on audit results.

A. The ~~Certification~~ Compliance and Accreditation Unit supervisor shall submit audit reports to the board no later than ~~75~~ 60 days after completion of the audit. Audit reports shall include:

1. A list of deficiencies;
2. Plans of corrective action and completion status;
3. Similar deficiencies from the previous audit; and
4. Recommended action for consideration by the board.

B. Based upon the audit report the board shall take one of the following actions:

1. A letter requesting corrective action on deficiencies within a specific time frame shall be issued to the facility or program.
2. A ~~Certificate of Unconditional Certification~~ certificate of unconditional certification shall be issued to a facility or program that has complied with all applicable standards.

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3. A ~~Letter of Probationary Certification~~ letter of probationary certification may be issued to a facility or program that has not met all applicable standards if the board grants a specific period of time to correct deficiencies. The department shall provide periodic status reports to the board.

4. A ~~Letter of Decertification~~ letter of decertification will be issued by the board when a facility or program does not meet the requirements for certification within the time limits approved by the board. The ~~department~~ Compliance and Accreditation Unit supervisor shall provide status reports to the board during this period and notify the board when all deficiencies have been corrected.

C. A facility or program's certification status shall remain in effect until subsequent board action.

6 VAC 15-20-110. Notifications.

The ~~Certification Unit staff~~ Compliance and Accreditation Unit supervisor shall notify the facility or program administrator of a ~~facility or program's~~ the certification status immediately following the board's action. The facility or program administrator shall post the letter or certificate in a place conspicuous to the public.

6 VAC 15-20-120. Actions that can be taken when decertified.

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When a facility or program is decertified the board may consider taking the following actions in compliance with statutes, policies, and procedures established by the board, the department or other state or federal agencies.

1. Board action for facilities or programs that are state or privately operated may include, but not be limited to, the following:

a. The facility or program ~~director~~ administrator authorized to take action may bring about a reorganization of the facility or program structure or other personnel actions deemed necessary to bring it into compliance with standards; or

b. The facility or program may be closed in accordance with established procedures.

2. Board action for facilities and programs that are locally operated may include, but not be limited to, the following:

a. Recommend that the facility or program administrator authorized to take action bring about a reorganization of the facility or program structure or other personnel actions deemed necessary to bring it into compliance with standards; or

b. Recommend that the facility or program be closed or contractual agreements terminated in accordance with established procedures; or

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- c. Initiate proceedings for the withholding of funds under the appropriate sections of the Code of Virginia.

PART III.

INSPECTION PROCESS.

6 VAC 15-20-130. Inspection method.

- A. Inspections shall be governed by § 53.1-68 of the Code of Virginia.
- B. Inspections shall be conducted to inspect for compliance with all life, health and safety standards in the Board of Corrections' Minimum Standards for Local Jails and Lockups (6 VAC 15-40-10 et seq.).

6 VAC 15-20-140. Inspection schedule.

- A. All local correctional facilities shall undergo life, health and safety inspections by the ~~Local Facilities Unit.~~ Compliance and Accreditation Unit.

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B. The Compliance and Accreditation Unit local facilities supervisor ~~Chief of Operations, Local Facilities Unit~~, shall prepare an annual inspection schedule.

1. The inspection schedule shall not be published outside the Board of Corrections, Department of Corrections and Virginia Department of Health.

2. The inspection schedule shall be prepared in conjunction with the compliance audit schedule.

3. Upon recommendation by the Compliance and Accreditation Unit local facilities supervisor ~~chief of operations~~, the board may waive the requirement for an inspection in the year in which a local correctional facility undergoes a compliance audit except in which the local correctional facility administrator changes.

C. New local correctional facilities shall be inspected only after the preparatory audit and first year compliance audit have been completed.

D. Local correctional facility inspections shall be postponed or rescheduled only upon approval of the Compliance and Accreditation Unit local facilities supervisor ~~Chief of Operations, Local Facilities Unit~~.

6 VAC 15-20-150. Preparation for inspection.

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Inspections shall be conducted by a ~~Local Facilities Unit~~ local facilities manager on the basis of an annual schedule assignment.

1. Larger local correctional facilities may require more than one staff person to perform the inspection. In this event, the manager assigned to the inspection may request assistance of other ~~local facilities staff, Certification Unit~~ Compliance and Accreditation Unit staff or regional office personnel.

2. The local facilities manager may coordinate the inspection with local health department officials.

6 VAC 15-20-160. On-site inspection procedures.

A. The local facilities manager shall announce the intent of the visit and produce official identification if required upon arrival at the local correctional facility.

B. The local correctional facility shall grant access to all documents, staff and areas of the facility necessary to complete the inspection and assess standards compliance.

C. Denial of access to the facility for any reasons other than bona fide security or emergency situations shall result in findings of noncompliance on all standards. In the event of denial of

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access, the local facilities manager will notify the ~~chief of operations~~ Compliance and Accreditation Unit manager immediately. The inspection may be rescheduled if it is determined that denial of access was warranted.

D. Compliance data shall be gathered through documentation, interview and observation.

E. The local facilities manager assigned to the inspection shall determine compliance in the event more than one staff conduct the inspection.

F. All life, health and safety standards shall be assessed for compliance at the time of the inspection using the inspection form to indicate a yes or no finding. Situations which prevent access to documentation, observation or interview to determine compliance shall result in a finding of noncompliance for the applicable standard.

G. A debriefing with the facility administrator or staff in charge shall be held upon inspection completion. If requested, the local facilities manager may debrief other jail personnel.

6 VAC 15-20-170. Inspection findings.

The inspection report shall be provided to the facility upon completion of the inspection. ~~and a copy of the report mailed to the regional office within five working days.~~

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6 VAC 15-20-180. Correction of deficiencies.

A. Facility administrators shall advise the ~~chief of operations~~ Compliance and Accreditation local facilities supervisor in writing of the correction of all cited deficiencies within seven days following the inspection. Adequate documentation to support deficiency corrections shall be provided.

B. The Compliance and Accreditation Unit local facilities manager shall assist facilities in correcting deficiencies where necessary and monitor the submission of written notification of deficiency corrections.

C. The Compliance and Accreditation Unit local facilities manager shall maintain copies of all inspection reports and provide a monthly report to the ~~chief of operations~~ Compliance and Accreditation Unit local facilities supervisor on inspection results. Deficiencies not corrected within 30 days shall be reported as life, health and safety alerts.

6 VAC 15-20-190. Board action on inspection results.

A. Inspection results shall be reported by the ~~chief of operations~~ Compliance and Accreditation Unit local facilities supervisor to the board on a monthly basis and deficiencies not corrected will be reported as life, health and safety alerts.

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- B. The results of all inspections conducted shall be reported to the board.
- C. The board shall be notified immediately of all life, health and safety alerts, including denial of access. Upon review of alert deficiencies, the Board of Corrections chairman, or in his absence the vice chairman, may change the certification status of the facility in question.
- D. Board actions taken in response to inspection results shall be as described in ~~the section of this chapter relating to certification audits~~ 6 VAC 15-20-190.
- 6 VAC 15-20-200. Health inspection schedule.
- A. All local correctional facilities shall undergo inspections by the Virginia Department of Health in accordance with § 53.1-68 of the Code of Virginia.
- B. Virginia Department of Health environmental staff, under the delegated power of the State Health Commissioner and the district health director, shall be responsible for scheduling and administrating local correctional facility inspections.
- C. The Office of Environmental Health Services of the Virginia Department of Health shall provide the technical and administrative guidance to district and local health departments as necessary or requested. Local health departments may coordinate the inspections with the department's ~~Local Facilities~~ Compliance and Accreditation Unit.

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6 VAC 15-20-210. On-site health inspection procedures.

- A. Virginia Department of Health staff shall announce the intent of the visit and produce official identification if required upon arrival at the facility.
- B. The facility shall grant access to all documents, staff and areas of the local correctional facility necessary to complete the inspection.
- C. Virginia Department of Health staff shall evaluate jail kitchen facilities in accordance with the Rules and Regulations Governing Restaurants, 12 VAC 5-420-10 [et seq.]. A food establishment permit shall be issued to facilities ~~which~~ that comply with the Rules and Regulations Governing Restaurants. No permit shall be issued to facilities ~~which~~ that are not in substantial compliance with the regulations.
- D. Virginia Department of Health staff shall also inspect all areas of the facility necessary to determine compliance with standards for facility cleanliness and housing areas of local correctional facilities designated in the interagency letter of agreement between the Board of Corrections and the Virginia Department of Health.

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E. Compliance data shall be gathered through documentation, interview and observation. Situations ~~which~~ that prevent access to documentation, observation or interview to determine compliance shall result in a finding of noncompliance for the applicable standard.

F. If possible, food service and standards compliance inspections should occur on the same visit to the facility. In those cases where follow-up visits are necessary, those visits may be coordinated with appropriate facility staff.

G. At the conclusion of the inspection, the facility administrator or designee or both shall be briefed on the inspection findings.

6 VAC 15-20-220. Health inspection findings.

The inspection report shall be provided to the facility upon completion of the inspection and a copy shall be forwarded to the department's ~~Certification~~ Compliance and Accreditation Unit within 30 days. In a situation where sanitation and environmental conditions could pose a health hazard, the department shall be notified immediately.

6 VAC 15-20-230. Board action on health inspection results.

Inspection results which report sanitation and environmental hazards or evidence of noncompliance with standards shall be reported to the board by the ~~Certification~~ Compliance and

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Accreditation Unit ~~staff~~ on a monthly basis. Board action taken in response to inspection results shall be as described in ~~the section of this chapter~~ section 15-20-100 relating to ~~compliance~~ audits. Follow-up relative to standards shall be the responsibility of the board and the department.

These regulations are full, true, and correctly dated.

Approved and adopted by the Board of Corrections on ~~April 16, 1997~~.

~~Andrew J. Winston~~

Clay B. Hester

Chairman

Board of Corrections