

**COMMONWEALTH OF VIRGINIA**  
**BOARD OF LOCAL AND REGIONAL JAILS**  
**MINUTES**  
**'APPROVED JANUARY 7, 2026**

REGULAR MEETING

November 19, 2025; 9:30 a.m.

LOCATION

6900 Atmore Drive, Richmond, Virginia

PRESIDING

David Hackworth, Chair

BOARD MEMBERS PRESENT

Captain Charles Carey  
Michael Carrera  
Tiffany Jenkins  
John McLaughlin, Jr.  
Dr. Anita Maybach  
Ryan Moore  
Roland Sherrod, Jr.  
Lieutenant Joseph Tucker  
Jessica Vermont

**BOARD STAFF PRESENT**

Paul Beaupre, Regulatory Compliance Analyst  
Tawana Ferguson, Regulatory Compliance Supervisor  
Brian Flaherty, Executive Director  
Mary-Huffard Kegley, Policy Analyst  
Alison Lautz, Jail Death Investigator  
Gerald Olson, Architect  
John Rock, Jail Death Investigator  
Andrew Parker, Office of the Attorney General  
Demetrice Tyler-Holliday, Executive Secretary

**OTHERS PRESENT**

William Burno, Sussex County Sheriff's Office  
Robyn DeSocio, State Compensation Board  
Jamie Fanelli, Virginia Beach Sheriff's Office  
Sheriff Ernest L. Giles, Sr., Sussex County Sheriff's Office  
Sheriff Alisa Gregory, Henrico County Sheriff's Office  
Lieutenant Lisa Hicks, Virginia Beach Sheriff's Office  
Shenika Hicks, Sussex County Sheriff's Office  
Sheriff Antionette V. Irving, Richmond City Justice Center  
Tyler Layne, WTVR  
Michelle Lewis, Northern Neck Regional Jail

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Michelle Mitchell, Henrico County Sheriff's Office

Patricia Moore, Henrico County Sheriff's Office

Erica Morcy, WTVR

James Parks, DOC

Akeem Pegram, Sussex County Sheriff's Office

John Phelps, Virginia Beach Sheriff's Office

Sheriff Mike Taylor, Pittsylvania County Sheriff's Office

Captain Lois Thompson, Virginia Beach Sheriff's Office

Tamika Urguhart, Sussex County Sheriff's Office

Leslie Winneberger, Esq., Richmond City Justice Center

**CALL TO ORDER**

Chair Hackworth called the meeting to order.

**DETERMINATION OF QUORUM**

Chair Hackworth determined quorum present.

**PUBLIC COMMENT PERIOD**

None

**APPROVAL OF SEPTEMBER MEETING MINUTES**

**Motion** by Mr. McLaughlin to approve minutes of the September 17, 2025, Board meeting, second by Lieutenant Tucker. Unanimous approval.

**NOMINATING COMMITTEE APPOINTMENT**

Chair Hackworth announced the Nominating Committee to present a slate for the vacant officer position of Vice Chair. The vote will occur during the January 7, 2026, BLRJ meeting. The Nominating Committee members are Mrs. Jenkins, Chair, Captain Carey, and Mr. Moore.

**COMMITTEE ASSIGNMENTS**

Chair Hackworth announced all BLRJ members are members of each Committee.

Committee assignments and leadership:

Jail Review Committee: Mr. Sherrod, Chair. Mr. Sherrod designated Mr. Carrera as Vice Chair.

Policy & Regulations Committee: Mrs. Jenkins, Chair. Mrs. Jenkins to designate a Vice Chair.

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Liaison Committee: During the November 19, 2025, Committee meeting, Colonel Smith was elected Chair, and he designated Sheriff Mike Taylor as Vice Chair.

**MOTION TO RECESS**

Motion to recess by Mr. Carrera, second by Mr. McLaughlin. Unanimous approval.

**RECONVENE OPEN SESSION**

Motion by Mr. McLaughlin, second by Mrs. Vermont. Unanimous approval.

**JAIL REVIEW COMMITTEE**

Chair Sherrod called the meeting to order and determined quorum.

**CALENDAR YEAR UPDATE**

Ms. Lautz stated 52 deaths were reported to BLRJ to-date in Calendar Year (CY) 2025.

**MOTION TO INCLUDE NON-BOARD MEMBERS IN CLOSED SESSION:**

The following was offered by Mr. Carrera as a Motion, second by Mr. McLaughlin:

**Motion:** Pursuant to the Code of Virginia (COV) §2.2-3712(F), I MOVE that the presence of the following individuals will reasonably aid the Committee in considering the subject of the closed session:

- a. Paul Beaupre
- b. Sgt. Burno, Sussex County Sheriff's Office
- c. Tawana Ferguson
- d. Brian Flaherty
- e. Sheriff Giles, Sussex County Sheriff's Office
- f. Mary-Huffard Kegley
- g. Alison Lautz
- h. Gerald Olson
- i. Andrew Parker
- j. Sgt. Pegram, Sussex County Sheriff's Office
- k. John Rock
- l. Demetrice Tyler-Holliday
- m. Sgt. Urquhart, Sussex County Sheriff's Office

Unanimous approval.

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**MOTION TO ENTER CLOSED SESSION:**

The following was offered by Mr. Carrera as a Motion, second by Lieutenant Tucker:

**Motion:** Pursuant to the COV§2.2-3711(A) (16) of the Code of Virginia, I **MOVE** the Committee begin CLOSED session to discuss and consider medical and mental health records.

Unanimous approval.

**SUSSEX COUNTY SHERIFF'S OFFICE PRESENTATION**

**RECONVENE OPEN SESSION:**

Upon the members' return to open session, the following was offered by Mr. Carrera as a Motion, second by Mr. McLaughlin:

**Motion:** I **MOVE** the Committee reconvene OPEN session and members certify that during the closed session, the Committee limited its discussion to matters lawfully exempt from the public meeting requirements as identified in the closed session motion. If a member cannot so certify, I ask they state the reason specifically on the record and the recorder take role.

All members in attendance certified by Roll Call.

**ACTIONS**

The following was offered by Mr. Carrera as a Motion, second by Mr. McLaughlin:

**Motion:** The Committee investigated the following case by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds that the investigation did reveal evidence indicating that the facility was out of compliance with the regulations promulgated by the Board. However, the Committee finds that the corrective actions taken by the jail appropriately address the substance of the violation such that no further measures are necessary. **NOW THEREFORE, I MOVE** that the following case be recommended to the Board for closure:

*Case number 24-0035*

Unanimous approval.

The following was offered by Mrs. Vermont as a Motion, second by Mr. McLaughlin:

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**Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds the investigation did not reveal any evidence indicating the facility was out of compliance with the regulations promulgated by the Board. NOW THEREFORE, I MOVE the following cases be recommended to the Board for closure:  
*Case number 25-0009*  
*Case number 25-0028*

Unanimous approval.

The following was offered by Mrs. Vermont as a **Motion**, second by Mr. McLaughlin:

**Motion:** The Committee investigated the following case by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds the investigation did not reveal any evidence indicating the facility was out of compliance with the regulations promulgated by the Board. NOW THEREFORE, I MOVE the following case be recommended to the Board for closure:  
*Case number 25-0037*

Unanimous approval. Lieutenant Tucker abstained from this vote.

**HENRICO COUNTY SHERIFF'S OFFICE PRESENTATION-COMPLIANCE PLAN**

Sheriff Gregory shared the successful implementation of the electronic tracking system and thanked BLRJ for collaboration and support.

The following was offered by Mr. Carrera as a **Motion** second by Mrs. Jenkins:

**Motion:** I MOVE the Committee recommend to the Board, release of the Compliance Plan with Henrico County Regional Jail-West, effective November 19, 2025.

Unanimous approval. Mr. McLaughlin abstained from this vote.

The following was offered by Mr. Carrera as a **Motion** second by Mrs. Jenkins:

**Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds that the investigation did reveal evidence indicating that the facility was out of compliance with the regulations promulgated by the Board. However, the Committee finds that the corrective actions taken by the jail appropriately address the substance of the violation such that no further measures are necessary. NOW THEREFORE, I MOVE that the following cases be recommended to the Board for closure:

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*Case number 21-0032*

*Case number 21-0037*

*Case number 22-0007*

*Case number 22-0039*

*Case number 22-0062*

Unanimous approval.

**RICHMOND CITY JUSTICE CENTER PRESENTATION-COMPLIANCE PLAN**

Sheriff Irving shared the progress and current situation regarding inmate supervision.

The following was offered by Mr. McLaughlin as a **Motion**, second by Lieutenant Tucker:

**Motion:** I MOVE the Committee recommend to the Board, extension of the Compliance Plan with Richmond City Justice Center for six months to expire May 20, 2026. Additionally, BLJR is to conduct two compliance reviews prior to the expiration date.

Yea votes: (9) Captain Carey  
Mr. Hackworth  
Mrs. Jenkins  
Mr. McLaughlin  
Dr. Maybach  
Mr. Moore  
Mr. Sherrod  
Lieutenant Tucker  
Mrs. Vermont

Nay votes: (1) Mr. Carrera

**Motion** to adjourn by Mr. Carrera, second by Lieutenant Tucker. Unanimous approval.

**POLICY & REGULATIONS COMMITTEE**

**CALL TO ORDER**

Chair Jenkins called the meeting to order and determined quorum.

**SERIOUS INCIDENT REPORT FORM**

The following was offered by Mr. McLaughlin as a **Motion**, second by Lieutenant Tucker.

**Motion:** I MOVE the Committee recommend the revised Serious Incident Report Form to the Board for approval.

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Unanimous approval.

**CONTINUOUS QUALITY IMPROVEMENT SURVEY**

Ms. Lautz reported the goal to share the information with jails in February 2026, and the initial report will be due April 15, 2026. Mr. Flaherty requested BLRJ members review the material and provide feedback by December 1, 2025. The Committee provided guidance for the process to proceed.

**MEDICAL & MENTAL HEALTH REGULATIONS DISCUSSION**

Ms. Lautz reviewed several regulations.

**PREGNANT & POSTPARTUM INMATES REGULATIONS DISCUSSION**

Mr. Flaherty reviewed the opportunity to reassess 6VAC15-40-985, as not all jails have pregnant or postpartum inmates. The revision will be shared with the Virginia Association of Regional Jails (VARJ) and the Virginia Sheriffs' Association (VSA) for feedback.

**FOOD SERVICE REGULATIONS DISCUSSION**

Food Service Regulations will be reviewed at a later date.

**OFFICE OF REGULATORY MANAGEMENT (ORM) UPDATE 6VAC15-40-1045**

Ms. Kegley reported the revised guidance, as approved by the BLRJ September 17, 2025, is open for public comment and the anticipated effective date is December 18, 2025. The revisions result in 8.2% regulatory reduction, and 13.3% guidance document reduction.

**CERTIFICATION, INSPECTION AND AUDIT REPORT**

Mrs. Ferguson presented the certification, inspection, and audit report.

The following was offered by Mr. Carrera as a Motion, second by Mr. McLaughlin:

A. Motion: As a result of 100% compliance with Board standards, I MOVE a recommendation to the Board for unconditional certification and suspension of the 2025 annual inspections for the following facilities:

- i. William G. Truesdale Adult Detention Center (Alexandria)
- ii. Pamunkey Regional Jail
- iii. Rockingham-Harrisonburg Regional Jail
- iv. Virginia Beach Lockup Precinct 2
- v. Virginia Beach Correctional Center

Unanimous approval.

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The following was offered by Mr. Carrera as a Motion, second by Mr. McLaughlin:

B. Motion: In compliance with Board standards, I MOVE a recommendation to the Board for unconditional certification for the following facilities:

- i. Fairfax County Adult Detention Center
- ii. Rappahannock Regional Jail

Unanimous approval.

The following was offered by Mr. Carrera as a Motion, second by Lieutenant Tucker:

C. Motion: As a result of 100% compliance with Board standards and in accordance with §16.1-249(G) of the COV, I MOVE a recommendation to the Board for certification to hold male and female juveniles for the following facility:

- i. Virginia Beach Precinct 2

Unanimous approval.

The following was offered by Mr. Carrera as a Motion, second by Captain Carey:

D. Motion: In compliance with Board standards and in accordance with §16.1-249(G) of the COV, I MOVE a recommendation to the Board for unconditional certification to hold male and female juveniles for the following facility:

- i. Surry County Lock-Up

Unanimous approval.

MOTION to adjourn by Lieutenant Tucker, second by Captain Carey. Unanimous approval.

MOTION to reconvene Board meeting by Mr. Carrera, second by Mr. McLaughlin. Unanimous approval.

**CALL TO ORDER**

Chair Hackworth called the meeting to order.

**DETERMINATION OF QUORUM**

Chair Hackworth determined quorum present.

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**2026 MEETING SCHEDULE & START TIMES**

Mr. Flaherty presented proposed dates for meetings in 2026. The BLRJ adopted the proposed calendar for planning purposes. Two BLRJ meetings in 2026 will be in various locations around the Commonwealth.

**COMPLAINTS & INQUIRIES**

Draft language was shared in order to provide consistent messaging for complaints and inquiries. The BLRJ provided consent to implement the draft language.

**SURRY COUNTY SHERIFF'S OFFICE REQUEST FOR DECOMMISSION**

The following was offered by Mr. Carrera as a Motion, second by Captain Carey:

**MOTION:** I MOVE the Board approve the Surry County Sheriff's request to decommission the lock-up.

Unanimous approval.

**RECOGNITION OF TAWANA FERGUSON, 30 YEARS OF DOC SERVICE**

**JAIL REVIEW COMMITTEE REPORT**

The following was offered by Mr. Sherrod as a Motion, second by Mr. Carrera:

**Motion:** The Committee investigated the following case by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds that the investigation did reveal evidence indicating that the facility was out of compliance with the regulations promulgated by the Board. However, the Committee finds that the corrective actions taken by the jail appropriately address the substance of the violation such that no further measures are necessary. NOW THEREFORE, I MOVE that the following case be closed:

*Case number 24-0035*

Unanimous approval.

The following was offered by Mr. Sherrod as a Motion, second by Mr. McLaughlin:

**Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds the investigation did not reveal any evidence indicating the facility was out of compliance with the regulations promulgated by the Board. NOW THEREFORE, I MOVE the following cases be closed:

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*Case number 25-0009*

*Case number 25-0028*

Unanimous approval.

The following was offered by Mrs. Vermont as a **Motion**, second by Mr. McLaughlin:

**Motion:** The Committee investigated the following case by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds the investigation did not reveal any evidence indicating the facility was out of compliance with the regulations promulgated by the Board. NOW THEREFORE, I MOVE the following case be closed:  
*Case number 25-0037*

Unanimous approval. Lieutenant Tucker abstained from this vote.

The following was offered by Mr. Sherrod as a **Motion** second by Mr. McLaughlin:

**Motion:** I MOVE the Board release the Compliance Plan with Henrico County Regional Jail-West, effective November 19, 2025.

Unanimous approval. Mr. McLaughlin abstained from this vote.

The following was offered by Mr. Carrera as a **Motion**, second by Mr. McLaughlin:

**Motion:** The Committee investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Committee finds that the investigation did reveal evidence indicating that the facility was out of compliance with the regulations promulgated by the Board. However, the Committee finds that the corrective actions taken by the jail appropriately address the substance of the violation such that no further measures are necessary. NOW THEREFORE, I MOVE that the following cases be closed:

*Case number 21-0032*

*Case number 21-0037*

*Case number 22-0007*

*Case number 22-0039*

*Case number 22-0062*

Unanimous approval.

The following was offered by Mr. McLaughlin as a **Motion** second by Lieutenant Tucker:

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**Motion:** I MOVE the Board extend the Compliance Plan with Richmond City Justice Center for six months to expire May 20, 2026. Additionally, BLJR is to conduct two compliance reviews prior to the expiration date.

Yea votes: (9) Captain Carey  
Mr. Hackworth  
Mrs. Jenkins  
Mr. McLaughlin  
Dr. Maybach  
Mr. Moore  
Mr. Sherrod  
Lieutenant Tucker  
Mrs. Vermont

Nay votes: (1) Mr. Carrera

**POLICY & REGULATIONS COMMITTEE REPORT**

**SERIOUS INCIDENT REPORT FORM**

The following was offered by Mrs. Jenkins as a **Motion**, second by Mr. McLaughlin.

**Motion:** I MOVE the Board approve the revised Serious Incident Report Form.

Unanimous approval.

**CERTIFICATION, AUDIT AND INSPECTION REPORT**

The following was offered by Mrs. Jenkins as a **Motion**, second by Mr. McLaughlin:

A. **Motion:** As a result of 100% compliance with Board standards, I MOVE unconditional certification and suspension of the 2025 annual inspections for the following facilities:

- i. William G. Truesdale Adult Detention Center (Alexandria)
- ii. Pamunkey Regional Jail
- iii. Rockingham-Harrisonburg Regional Jail
- iv. Virginia Beach Lockup Precinct 2
- v. Virginia Beach Correctional Center

Unanimous approval.

The following was offered by Mrs. Jenkins as a **Motion**, second by Captain Carey:

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B. **Motion:** In compliance with unconditional certification Board standards, I MOVE for the following facilities:

- i. Fairfax County Adult Detention Center
- ii. Rappahannock Regional Jail

Unanimous approval.

The following was offered by Mrs. Jenkins as a Motion, second by Mr. McLaughlin:

C. **Motion:** As a result of 100% compliance with Board standards and in accordance with §16.1-249(G) of the COV, I MOVE certification to hold male and female juveniles for the following facility:

i. Virginia Beach Precinct 2

Unanimous approval.

The following was offered by Mrs. Jenkins as a **Motion**, second by Mr. McLaughlin:

D. **Motion:** In compliance with Board standards and in accordance with §16.1-249(G) of the COV, I **MOVE** unconditional certification to hold male and female juveniles for the following facility:

i. Surry County Lock-Up

Unanimous approval.

## **ADJOURNMENT**

**MOTION** to adjourn by Mr. Carrera, second by Mr. McLaughlin. Unanimous approval.

**COMMONWEALTH OF VIRGINIA  
STATE BOARD OF LOCAL AND REGIONAL JAILS  
AGENDA**

**November 19, 2025, 9:00 AM**  
**6900 Atmore Drive, 3rd Floor Main Board Room**  
**Richmond, VA 23225**

1. Call to Order
2. Determination of Quorum
3. Public Comment
4. Approval of September 17, 2025, Board Meeting Minutes

**Motion: I MOVE** approval of September 17, 2025, Board meeting minutes.

5. Appointment of Nominating Committee
6. Committee Structure & Assignment of Committee Chairs
7. Motion to Recess

**Motion: I MOVE** the State Board of Local and Regional Jails stand in recess.

**JAIL REVIEW COMMITTEE**  
**9:10 AM – 10:45 AM**

8. Call to Order
9. Determination of Quorum
10. Calendar Year 2025 Update
11. Include Specific Non-Members to Join in Closed Session:

**Motion: Pursuant to §2.2-3712(F) of the Code of Virginia (COV), I MOVE** the following individuals will reasonably aid this Board in considering the subject of the closed session:

Paul Beaupre  
Keischer Brittingham  
Sgt. Burno, Sussex County Sheriff's Office

Tawana Ferguson  
Brian Flaherty  
Sheriff Giles, Sussex County Sheriff's Office  
Mary-Huffard Kegley  
Alison Lautz  
Gerald Olson  
Andy Parker  
Sgt. Pegram, Sussex County Sheriff's Office  
John Rock  
Demetrice Tyler-Holliday  
Sgt. Urquhart, Sussex County Sheriff's Office

12. Enter Closed Session

**Motion:** Pursuant to §2.2-3711(A) (16) COV, I MOVE the Board begin CLOSED session to discuss and consider medical and mental health records; and pursuant to §2.2-3711(A)(8) COV to consult with legal counsel regarding specific legal matters requiring the provision of legal advice by such counsel.

13. Enter Open Session and Certify Discussion was Limited to Medical and Mental Health Records.

**Motion:** I MOVE the Board reconvene OPEN session and members certify that during the closed session, the Board limited its discussion to matters lawfully exempt from the public meeting requirements as identified in the closed session motion. If a member cannot so certify, I ask they state the reason specifically on the record and the recorder take role.

14. Sussex County Sheriff's Office Presentation

15. Cases Recommended for Closure:

A. Motion to Close Cases With no Violations:

- i. **Motion:** The Board investigated the following cases by reviewing institutional, medical, and mental health records and other relevant evidence of the circumstances surrounding each death. The Board finds the investigation did not reveal any evidence indicating the facility was out of compliance with the regulations promulgated by the Board. NOW THEREFORE, I MOVE the following cases be closed:

B. Motion to Close Cases With Violations Properly Addressed:

- i. **Motion:** The Board investigated the following cases by reviewing institutional, medical, and mental health records and other relevant

evidence of the circumstances surrounding each death. The Board finds that the investigation revealed evidence indicating that the facility was out of compliance with Board regulations; however, the Board further finds that corrective actions taken by the facility appropriately addressed the Board's concern. NOW THEREFORE, I MOVE the following cases be closed:

16. Henrico County Sheriff's Office - Compliance Plan

17. Richmond City Justice Center - Compliance Plan

18. Adjournment

**Motion:** I MOVE the Jail Review Committee stand adjourned.

**LIAISON COMMITTEE**

**10:45 AM – 11:15 AM**

19. Call to Order

20. Determination of Quorum

21. Approval of September 17, 2025, Minutes

**Motion:** I MOVE approval of September 17, 2025, Committee meeting minutes.

22. Department of Corrections – Offender Management Report

23. State Compensation Board Report

24. Legislative Report

- a. Joint Commission on Health Care Workforce Incentives
- b. HB2221
- c. HB2467
- d. HB2105
- e. Construction Report

25. Continuous Quality Improvement Survey

26. Additional Items for Discussion

27. Adjournment

**Motion:** I MOVE the Liaison Committee stand adjourned.

**POLICY AND REGULATIONS COMMITTEE**  
**11:15AM – 12:15 PM**

28. Call to Order

29. Determination of Quorum

30. Serious Incident Report Form

31. Continuous Quality Improvement Survey

32. Medical & Mental Health

33. Pregnant & Postpartum Inmates

34. Food Service

35. Office of Regulatory Management Update - 6VAC15-40-1045 Inmate Supervision

36. Certification, Inspections and Audit Report

A. **Motion:** As a result of 100% compliance with Board standards, I MOVE unconditional certification and suspension of the 2025 annual inspections for the following facilities:

- i. William G. Truesdale Adult Detention Center (Alexandria)
- ii. Pamunkey Regional Jail
- iii. Rockingham-Harrisonburg Regional Jail
- iv. Virginia Beach Lockup Precinct 2
- v. Virginia Beach Correctional Center

B. **Motion:** In compliance with Board standards, I MOVE unconditional certification for the following facilities:

- i. Fairfax County Adult Detention Center
- ii. Rappahannock Regional Jail

C. **Motion:** As a result of 100% compliance with Board standards and in accordance with §16.1-249(G) of the COV, I MOVE certification to hold male and female juveniles for the following facility:

i. Virginia Beach Precinct 2

D. **Motion:** In compliance with Board standards and in accordance with §16.1-249(G) of the COV, I MOVE unconditional certification to hold male and female juveniles for the following facility:

i. Surry County Lock-Up

37. Adjournment

**Motion:** I MOVE the Policy and Regulations Committee stand adjourned.

**STATE BOARD OF LOCAL AND REGIONAL JAILS**

**12:30 PM – Completion**

38. Call to Order

**Motion:** I MOVE the State Board of Local and Regional Jails reconvene.

39. Determination of Quorum

40. 2026 Meeting Schedule & Start Times

41. Complaints & Inquiries

42. Surry County Sheriff's Office Request for Decommission

43. Additional Items for Discussion

44. Adjournment

**Motion:** I MOVE the State Board of Local and Regional Jails stand adjourned.

## STATE BOARD OF LOCAL AND REGIONAL JAILS

### COMPLIANCE PLAN - HENRICO COUNTY REGIONAL JAIL-WEST

#### A. PURPOSE

This Plan concerns violations of the State Board of Local and Regional Jails' (BLRJ or the Board) Minimum Standards for Jails and Lockups identified during reviews of the following incidents:

Violations of the following Standard were identified: 6 VAC 15-40-1043. This Regulation requires that all inmate housing areas shall be inspected a minimum of twice per hour at random intervals between inspections. All inspections and unusual incidents shall be documented. No obstructions shall be placed in the bars or windows that would prevent the ability of staff to view inmates or the entire housing area.

#### B. DURATION

The term of this Plan will be no less than two years, provided that at two years the Board finds consistent compliance and votes to remove Henrico County Regional Jail-West (HCRJ-W) from the Plan.

#### C. PROCEDURAL REQUIREMENTS

Henrico County Regional Jail-West will take the following actions to address the violations:

##### 1. ROOT CAUSE ANALYSIS

A Root Cause Analysis will be completed for the violation listed above. Documentation of the Root Cause Analysis will be provided to the BLRJ within 10 working days of receipt of this plan. Following the receipt of the required Root Cause Analysis, the Board may require an addendum to the Compliance Plan to address and include the root causes identified.

##### 2. AUTOMATED SECURITY ROUNDS SYSTEM

Within 60 days of the initiation of the Compliance Plan, HCRJ-W staff will be required to use an automated system to record and document security rounds.

- i. A command level staff member must review the system-generated reports daily.
- ii. When a missed round is discovered, immediate action will be taken to ensure the inmates affected by the missed round are safe and secure and this will be reported to the Sheriff.
- iii. HCRJ-W will address missed rounds immediately with the officer who failed to make the required check and the supervisor in charge of that officer.

- iv. If a procedural or technical problem is identified, the Sheriff will ensure that the issue is corrected immediately, or as soon as practicable.
- v. If a policy violation, neglect of duty, or similar problem is identified, officers will be disciplined according to HCRJ-W's adopted disciplinary procedures and this will be included in the monthly summary report referenced in section 3, v below.

### 3. INTERNAL AUDIT PROCEDURES

HCRJ-W will designate a command level staff position (The "Standards Compliance Officer or "SCO") with a rank of administrative captain or higher to be responsible for leading HCRJ-W's ongoing effort to ensure compliance with this Agreement and, more generally, with the Standards.

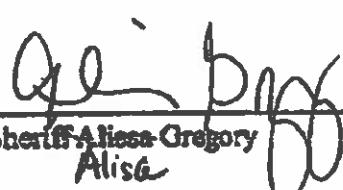
- i. At the beginning of each week the SCO will obtain copies of relevant documentation and conduct interviews with each applicable post supervisor, as necessary, to measure compliance with the Standards for the previous week. Documentation to be reviewed will include, but not be limited to, all daily security rounds reports, and any other records deemed necessary by the SCO to measure Standards compliance. The SCO must also review video footage at least every 14 days to ensure compliance with twice per hour checks.
- ii. All potential Standards violations found by the SCO must be immediately reported through the appropriate chain of command and directly discussed with the supervisors in charge of that area for immediate corrective action, which will be documented and maintained by HCRJ-W. Standards violations will be reported to the BLRJ within 72 hours of their discovery.
- iii. At the end of each week, the SCO will prepare a summary report of all the weekly findings and any corrective actions taken and submit it to the Sheriff.
- iv. The SCO will meet with the Sheriff or designee on a weekly basis to discuss the findings. Documentation of the meetings will be attached the weekly summary report.
- v. At the end of each month, all weekly summary reports will be compiled into a monthly summary report, which HCRJ-W will provide to the BLRJ. Copies of the weekly summary reports will be attached to the monthly summary report. The monthly reports will clearly indicate all discrepancies or potential Standards violations, as well as the specific corrective actions taken. The monthly summary report will be submitted to the BLRJ no later than the 7<sup>th</sup> day of the month following the period covered by the summary.
- vi. Any HCRJ-W policies, post orders, or procedures modified as a result of this plan will be provided to the BLRJ with the first monthly summary report. Future revisions will also be provided to the BLRJ.

#### 4. OFFICER TRAINING

- i. All HCRJ-W sworn officers will receive training on the penalty for forging public records (*Code of Virginia §18.2-168*).
- ii. All training will be completed within 90 days of the initiation of this Compliance Plan.
- iii. Documentation of the training, including staff sign-in sheets, will be provided to BLRJ within 7 days of completion of the training.

#### D. ADDITIONAL MONITORING CONDITIONS

BLRJ does not relinquish any authority to address further violations should noncompliance with any other Standards be an issue in the future. BLRJ staff may perform on-site monitoring visits as directed by the BLRJ Chair.

  
Sheriff Alissa Gregory  
Alissa

  
8/22/23  
Date

  
BLRJ Chairman, Frank Peacock, Jr.  
3-16-23  
Date

**STATE BOARD OF LOCAL AND REGIONAL JAILS**  
**COMPLIANCE PLAN – RICHMOND CITY JUSTICE CENTER**

**I. PURPOSE**

This Plan concerns violations of the State Board of Local and Regional Jail's ("BLRJ") Minimum Standards for Jails and Lockups by the Richmond City Justice Center ("RCJC") as identified during reviews of the following incidents: Case No. 22-0060, Date of Death November 14, 2022; Case No. 22-0066, Date of Death December 12, 2022; and Case No. 23-0003, Date of Death January 11, 2023. In each of these death reviews, the BLRJ found violations of BLRJ standard 6 VAC 15-40-1045, which regulation requires security inspections twice per hour at random intervals, documentation of all inspections and unusual incidents, and prohibition of obstructions in the bars or windows that would prevent the ability of staff to view inmates or the entire housing area. These violations and this Plan were discussed at the BLRJ's meetings on July 26, 2023, September 20, 2023, and October 18, 2023. The BLRJ abstained from making any determination of a causal connection between any of these violations and the deaths. *This Plan supersedes and replaces in entirety the Plan previously drafted and signed by the BLRJ and tendered unto RCJC on July 28, 2023.*

**II. COMMENCEMENT AND DURATION**

This Plan commences the date it is signed by the Chairman and the Executive Director. While the Executive Director will immediately transmit the Plan to RCJC, the Plan commences immediately whether or not RCJC agrees to or acknowledges the Plan. The term of this Plan will be no less than two years. At the two-year point, the BLRJ may find RCJC to have demonstrated consistent compliance with this Plan and vote to remove RCJC from the Plan, or the BLRJ may vote to extend the duration of the Plan.

**III. PROCEDURAL REQUIREMENTS**

RCJC will take the following actions to address the violations:

**A. CORRECTIVE ACTION PLAN**

Within 10 working days of receipt of this Compliance Plan, RCJC will provide the BLRJ with a detailed plan of action ("POA") for the standard violations identified in paragraph (A) above. This POA shall include the RCJC's identification of the causes underlying the violations, the necessary remedial steps, a timeline for the remediation, and a plan for subsequent internal monitoring of this standard. Following the receipt of the POA, the BLRJ may or may not add an addendum to this Compliance Plan to address the causes identified for these violations.

## **B. AUTOMATED SECURITY ROUNDS SYSTEM**

Within five months of the initiation of the Compliance Plan, RCJC staff will be expected to use an automated system to record and document security rounds. This is described as an "expectation," because the BLRJ recognizes that various aspects of the procurement, installation, and implementation of such a system are beyond the control of RCJC. RCJC will, however, exercise good faith and due diligence in obtaining and implementing such a system as soon as is practicable. If RCJC is for any reason unable to obtain and implement such a system with six months of the initiation of this Compliance Plan, then RCJC will provide the BLRJ with weekly updates on the status of this initiative.

## **C. STAFF MONITORING OF SECURITY ROUNDS**

1. A command level staff member will review the system-generated reports daily.
2. When a missed round is discovered, immediate action will be taken to ensure the inmates affected by the missed round are safe and secure, and this must be reported to the Sheriff.
3. RCJC will address missed rounds immediately with the officer who failed to make the required check and the supervisor in charge of that officer.
4. If a procedural or technical problem is identified, the Sheriff will ensure that the issue is corrected immediately or as soon as practicable.
5. If a policy violation, neglect of duty, or similar problem is identified, officers will be disciplined according to RCJC's adopted disciplinary procedures, and this will be included in the monthly summary report referenced in section III.D.3. below.

## **D. INTERNAL AUDIT PROCEDURES**

RCJC will designate a command level staff position (the "Standards Compliance Officer" or "SCO") with a rank of administrative captain or higher to be responsible for leading RCJC's ongoing effort to ensure compliance with this Plan and, more generally, with the Standards of the BLRJ.

1. At the beginning of each week the SCO will obtain copies of relevant documentation and conduct interviews with each applicable post supervisor, as necessary, to measure compliance with the Standards for the previous week. Documentation to be reviewed will include but not be limited to all daily security rounds reports and any other records deemed necessary by the SCO to measure Standards compliance. The SCO may also review video footage to ensure compliance with twice per hour checks.
2. All potential Standards violations found by the SCO must be immediately reported through the appropriate chain of command and directly discussed with

the supervisors in charge of that area for immediate corrective action, which will be documented and maintained by RCJC. Standards violations will be reported to the BLRJ within 72 hours of their discovery.

3. At the end of each week, the SCO will prepare a summary report of all the weekly findings and any corrective actions taken and submit it to the Sheriff.
4. The SCO will meet with the Sheriff or designee on a weekly basis to discuss the findings. Documentation of the meetings will be attached to the weekly summary reports.
5. At the end of each month, all weekly summary reports will be compiled into a monthly summary report, which RCJC will provide to the BLRJ. Copies of the weekly summary reports will be attached to the monthly summary report. The monthly reports will clearly indicate all discrepancies or potential Standards violations, as well as the specific corrective actions taken. The monthly summary report will be submitted to the BLRJ no later than the 7<sup>th</sup> day of the month following the period covered by the summary.
6. Any RCJC policies, post orders, or procedures modified as a result of this Plan will be provided to the BLRJ with the first monthly summary report. Future revisions will also be provided to the BLRJ.

#### **E. OFFICER TRAINING**

1. All RCJC sworn officers will receive training on the penalty for forging public records (*Code of Virginia §18.2-168*).
2. All training will be completed within 90 days of the initiation of this Compliance Plan.
3. Documentation of the training, including staff sign-in sheets, will be provided to BLRJ within 7 days of completion of the training.

#### **IV. ADDITIONAL CONDITIONS AND REQUIREMENTS**

##### **A. FURTHER VIOLATIONS AND MONITORING**

BLRJ does not relinquish any authority to address further violations should noncompliance with any other Standards be an issue in the future. BLRJ staff may perform on-site monitoring visits as directed by the BLRJ Chair.

**B. COOPERATION WITH MONITORING, INSPECTIONS AND DEATH INVESTIGATIONS**

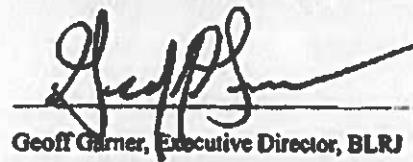
During and in the course of any and all monitoring visits, inspections, and/or death investigations conducted by the BLRJ during the period of this Compliance Plan, RCJC will fully cooperate and comply with the letter and spirit of any and all requests for documentation or other information within the possession or control of RCJC. Specifically, within seven calendar days of receipt of a request or demand from any duly appointed officer, agent or investigator of the BLRJ, RCJC will a) provide all such documentation or information as requested or demanded or b) provide an interim response including a request for an extension and the reason(s) therefore. If RCJC requests an extension, the Chairman of the BLRJ shall exercise sole discretion in granting or denying the request.



Vernie W. Francis, Jr., Chairman, BLRJ

11-15-23

Date



Geoff Garner, Executive Director, BLRJ

11/15/23

Date

Received and acknowledged by RCJC:

*Seen and  
reviewed*  
  
Sheriff Antoinette Irving

11/15/2023

Date



## Serious Incident Report

Facility:							
Type of Incident:	<input type="checkbox"/> Firearm	<input type="checkbox"/> Erroneous Discharge	<input type="checkbox"/> Escape	<input type="checkbox"/> Fire w/Evacuation	<input type="checkbox"/> Hostage Situation	<input type="checkbox"/> Recapture of Escapee	<input type="checkbox"/> Death
<b>Inmate Death Information</b>							
Inmate Name:		Intake Date:		Date/Time of Death:			
Date of Birth:	Age:	Race:	Ethnicity:	Gender:			
Type of Death (Preliminary assumption):	<input type="checkbox"/> Natural	<input type="checkbox"/> Accident	<input type="checkbox"/> Suicide	<input type="checkbox"/> Homicide			
Location of Death:	<input type="checkbox"/> Inmate Living Area	<input type="checkbox"/> Segregation Cell	<input type="checkbox"/> Hospital	<input type="checkbox"/> Work Area <input type="checkbox"/> Other			
Agencies investigating the incident:							
Synopsis of Incident:							
<b>Persons Involved:</b>							
Name:	Status: (Officer, Nurse, Inmate, etc.)			Involvement: (Witness, Suspect etc.)			
<b>Report Submitted By:</b>							
Name Printed	Title			Date			
<b>Contact for Additional Information:</b>							
Name Printed	Title						
Telephone Number/Extension	Email Address						

**Medical and Mental Health Regulations**  
**November 19, 2025**

**Definitions:**

**Health Care Services:** Health care services should include medical and dental services, mental health services, nursing care, personal hygiene, dietary services, health education, and attending to environmental conditions.

- Define dietary services
- "availability of specialty diet based on diagnosis"

**Proposed Health Care Services Definition:** Health care services includes medical and dental, mental and behavioral health, nursing, pregnancy and postpartum, personal hygiene, dietary and nutrition for specialty diets based on medical diagnosis, health education and promotion, and environmental health management.

**Other consideration:** From § 8.01-581.1. "Health care" means any act, professional services in nursing homes, or treatment performed or furnished, or which should have been performed or furnished, by any health care provider for, to, or on behalf of a patient during the patient's medical diagnosis, care, treatment or confinement.

\*For the purposes of these standards, health care means any act, service, treatment, whether performed, furnished, or should had been performed or furnished, by a qualified health care provider for, to, or on behalf of any individual during that persons medical diagnosis, care, treatment, while incarcerated.

**Regulations:**

**6VAC15-40-470. Medical Confinement** – Jail medical treatment programs, wherein inmates pay a portion of the costs for medical services, shall be governed by written policy and procedure.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

**BLRJ Revision:**

None

**6VAC15-40-480. Self Fees Required** – Inmate payment for medical services shall be up to, but shall not exceed, those fees established by the Board of Corrections in the Model Plan for Jail Prisoner Medical Treatment Programs per §53.1-133.1 of the Code of Virginia.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

**BLRJ Revision:**

**6VAC15-40-480. Set Fees Required** – Inmate payment for medical services shall be up to, but shall not exceed, those fees established by the Board of Corrections Local and Regional Jails in the Model Plan for Jail Prisoner Medical Treatment Programs per §53.1-133.01 of the Code of Virginia.

**6VAC15-40-480. Policy and Procedure Information** – Written policy and procedure shall specify, at a minimum, the following information:

- Medical services that are subject to fees;
- Fee amounts;
- Payment procedures;
- Medical services that are provided at no cost;
- Fee application to medical emergencies, chronic care and pre-existing conditions; and
- Written notification to inmates of proposed fee changes.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

**BLRJ Revision:**

**6VAC15-40-490. Policy and Procedure Information** – Written policy and procedure shall specify, at a minimum, the following information:

- Cost of medical services that are subject to fees to include those provided at no cost;
- Fee amounts;
- Payment procedures; and process for obtaining indigency status;
- Medical services that are provided at no cost;
- Fee application to Explanation of fees for medical emergencies, chronic care and pre-existing conditions; and
- Written notification to inmates of proposed fee changes.

**6VAC15-40-500. Inmates Advised of Procedures** – Inmates shall be advised of medical services fees and payment procedures at the time of admission/orientation.

Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):

See below, under 530

**BLRJ Revision:**

None

**6VAC15-40-520: Ability to Pay** – Written policy, procedure, and practice shall ensure that no inmate will be denied access to medically necessary services based upon ability to pay.

**Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):**

See below, under 530

**BLRJ Revision:**

None

**6VAC15-40-520: Acknowledgement in Writing** – Medical services fee debits to inmate accounts shall be acknowledged by the inmate in writing. The acknowledgement shall be signed by a witness if the inmate refuses to sign.

**Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):**

See below, under 530

**BLRJ Revision:**

None

**6VAC15-40-530: Accounting Procedures** – A separate bank account or accounting process shall be established and used exclusively for the deposit and disbursal of medical services fees. Fee collection and disbursement shall be governed by generally accepted accounting principles.

**Workgroup Revision (Combined 470, 480, 490, 500, 510, 520, 530):**

**6VAC15-40-xxxx: Medical Associated Fees** - Inmate payments for jail medical treatment programs shall be governed by written policy and procedures. Inmates shall be advised of such policy and procedures upon admission. Such policy and procedure shall include:

- No inmate shall be denied access to medically necessary services based upon ability to pay;
- Services subject to fees (including, medical emergencies, chronic care, and pre-existing conditions) and fee amounts;
- Payment procedures;
- Verifiable notification to inmates of proposed fee changes.
- Medical fee debits to inmate accounts shall be acknowledged by the inmate by signature, or by witness if inmate refuses to sign.

A separate bank account, or accounting process, shall be established for collections and disbursements and such shall be governed by generally accepted accounting principles.

**BLRJ Revision:**

None

**6VAC15-40-1010. Mental Health Inmates** – Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board.

**Workgroup Revision (combined with 450):**

**6VAC15-40-1010. Mental health inmates/Suicide Prevention and Intervention Plan** - Written policy, procedure, and practice shall specify the handling of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board. *This policy shall a.) include a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed annually by staff having contact with inmates. Such reviews shall be documented. b.) In cases in which there is reason to believe an individual is experiencing acute mental health distress or is at risk for suicide a risk assessment shall be completed within 72-hours in accordance with §53.1-68 by a mental health service provider as defined by §54.1-2400.1.*

**BLRJ Revision:**

**6VAC15-40-1010. Mental Health Inmates** – Written policy, procedure, and practice shall specify the handling management of mental health inmates, including a current agreement to utilize mental health services from either a private contractor or the community services board. Facilities utilizing mental health services provided by a private contractor or a community services board shall maintain a current agreement.

\*Written policy, procedure, and practice shall specify the management of inmates with mental health needs. These policies must include a current agreement with a qualified mental health services provider, such as a private contractor, community services board, or mental health authority.

**Board Staff to Review Again 6VAC15-40-\_\_\_\_\_ - Telehealth Services<sup>1</sup>:** Each facility shall establish written policies and procedures to accommodate inmate participation in telehealth appointments. Policies should include:

1. Designation of a private and secure space that ensures confidentiality;

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<sup>1</sup> Senate Bill 1039 - DOC and State Board of Local and Regional Jails; policies on inmate participation in telehealth; § 53.1-5(7)

2. Provision of functional equipment and connectivity to support telehealth.

\*Reflect facilities that do not have it yet

## **HB 1942 Workgroup Recommendations Regarding Mental Health Standards for Virginia's Local and Regional Jails**

### **Standard #1: ACCESS TO CARE**

Inmates have access to care to meet their mental health needs.

### **Standard #2: POLICIES AND PROCEDURES**

The facility has a manual or compilation of policies and defined procedures regarding mental health care services which may be part of larger health care manual.

### **Standard #3: COMMUNICATION OF PATIENTS NEEDS**

Communication occurs between the facility administration and treating mental health care professionals regarding inmates' significant mental health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or safety of the institution/staff. Communication is bi-directional and occurs on a regular basis either through planned meetings or impromptu meetings as the need arises.

### **Standard #4: MENTAL HEALTH TRAINING FOR CORRECTIONAL OFFICERS**

A training program established or approved by the responsible health authority in cooperation with the facility administration guides the mental health related training of all correctional officers who work with inmates.

### **Standard #5. MENTAL HEALTH CARE LIAISON**

A designated, trained mental health care liaison coordinates the health services delivery in the facility on those days when no qualified health care professionals available for 24 hours. The liaison can be a supervisory correctional staff member or any designated staff member as long as they have received training on their role and have the authority to intervene when situations arise.

### **Standard #6. MEDICATION SERVICES**

Medication services are clinically appropriate and provided in a timely, safe and sufficient manner - within 48hrs (unless there is data/evidence to suggest a more timely intervention is needed) there will have been an evaluation of the situation either by nurse, PA, etc. to develop a medication plan which could include referral to a physician and prescriptions (as indicated).

### **Standard #7. MENTAL HEALTH SCREENING**

Mental health screening is performed on all inmates on arrival at the intake facility to ensure that emergent and urgent mental health needs are met.

### **Standard #8. MENTAL HEALTH ASSESSMENT**

**All inmates receive mental health screening; inmates with positive screens receive a mental health assessment.**

**Standard #9. EMERGENCY SERVICES**

The facility provides 24 hour emergency mental health services.

**Standard #10. RESTRICTIVE HOUSING**

When an inmate is held in restrictive housing, staff monitor his or her mental health

**Standard #11. CONTINUITY AND COORDINATION OF HEALTH CARE DURING INCARCERATION**

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All aspects of health care are coordinated and monitored from admission to discharge.

**Standard #12. DISCHARGE PLANNING**

Discharge planning is provided for inmates with mental health needs whose release is imminent.

**SB 1330 Workgroup Recommendations Regarding Services Provided to Inmates during Pregnancy, Pregnancy Termination, Labor and Delivery, and Postpartum Recovery**

**RECOMMENDATION 1:**

For female inmates, the admission screening should include inquiry into the following: possible pregnancy or gynecological problems; menstrual and postpartum history including medication management of current/previous issues; prior pregnancies (whether resulting in miscarriage, delivery, or medical termination); and whether the inmate is currently breastfeeding.

**RECOMMENDATION 2:**

When, at the admission screening, a female inmate responds affirmatively to the pregnancy inquiry, a pregnancy test shall be made available within 72 hours (three business days) of booking. Thereafter, pregnancy tests shall be made available to female inmates at assessment, within fourteen (14) days of admission, or earlier as directed by a medical authority.

**RECOMMENDATION 3:**

Specialty Diets and supplements for pregnant and lactating inmates shall be determined by a registered dietitian and reviewed by the medical authority.

**RECOMMENDATION 4:**

Educational materials and/or a list of local resources, as applicable, shall be made available to pregnant, lactating, or postpartum inmates on the subjects of nutritional needs, levels of activity, safety precautions, lactation/pumping policies, and child placement options.

**RECOMMENDATION 5:**

Pregnant inmates shall be assessed for potential alcohol and/or substance use within 72 working hours (three business days) of admission screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority, and necessary treatments shall be made available. Additionally, documented efforts shall be made to refer pregnant inmates to an OBGYN, a Nurse Practitioner, or a midwife for initiation of care as soon as possible but no later than within 72 working hours (three business days) of assessment, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.

**RECOMMENDATION 6:**

Inmate handbooks shall include a statement directing pregnant and/or postpartum

inmates to contact their attorney to initiate consideration of available alternatives to incarceration and/or furloughs to gain access to the child.

## **SB 603 Workgroup Recommendations Regarding Incarcerated Women Who Are Pregnant And In Need of Substance Abuse Treatment**

### **RECOMMENDATION 1**

Revise BOLRJ Minimum Standards to include:

- a. When, at the admission screening, a female responds affirmatively to the pregnancy inquiry, a pregnancy test shall be made available as soon as possible but no later than within 72 hours of booking. Thereafter, pregnancy tests shall be made available to individuals at assessment, within fourteen days of admission, or as directed by a medical authority.
- b. Pregnant individuals shall be assessed for potential alcohol and/or substance use within 72 working hours (three business days) of admission screening, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority, and necessary treatments shall be made available. Additionally, documented efforts shall be made to refer pregnant individuals to a licensed obstetric provider (OBGYN, Nurse Practitioner, or midwife) for initiation of care as soon as possible but no later than within 72 working hours (three business days) of assessment, initial confirmation of pregnancy, or earlier as deemed necessary by the medical authority.

### **RECOMMENDATIONS 2**

Adopt the following “best practices” statement regarding treatment for pregnant women with SUD: “All pregnant women in carceral settings should be offered and have access to evidence-based substance use disorder evaluation and treatment.”

### **RECOMMENDATION 3**

To the extent possible, pregnant individuals should be diverted from incarceration and instead placed in appropriate community programs that recognize their unique treatment needs. This could be done through approaches such as family dockets, programs through local community services boards, and other treatment-oriented programs. Judges and other stakeholders will need to be educated about these alternative options.

### **RECOMMENDATION 4**

Provide training to correctional facility administrators and staff on the special needs of pregnant individuals. In addition to an awareness to provide appropriate medical and psychological treatment, correctional facilities need to remain aware of the legal rights afforded incarcerated individuals.

### **RECOMMENDATION 5**

Avoid the use of language that stigmatizes pregnant individuals, include those with lived experience in decision-making regarding this population, and address the need for trauma informed responses when working with this population.

#### **RECOMMENDATION 6**

Facilities should develop a discharge plan to address pregnancy and postpartum needs following release. These services should include connection to an OBGYN provider, substance use disorder treatment, and Medication Assisted Treatment, if applicable. These plans should also be extended to the pretrial population. These plans should be developed prior to release to ensure “wrap around” services that prevent gaps from occurring in the period immediately following release. Providing such wrap-around services would reduce the risk of post-release relapse and overdose.

#### **RECOMMENDATION 7**

Provide access to Medication Assisted Treatment for a minimum of one-year postpartum (regardless of how the pregnancy ends). Providing such treatment will assist with postpartum depression and reduce the risk of post-release relapse and overdose.

#### **RECOMMENDATION 8**

Examine the feasibility of increasing Virginia’s number of Social Security Act 1115 waiver applications to allow pregnant individuals to access Medicaid while incarcerated. Current federal law generally prohibits incarcerated individuals from receiving Medicaid assistance. However, 1115 waivers give states additional flexibility to design and improve their programs and to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.

#### **RECOMMENDATION 9**

Examine the feasibility of the Commonwealth assuming financial responsibility for all pregnant individuals (including postpartum services) whether in VADOC facilities or in local or regional facilities regardless of state responsible or local responsible status.

#### **RECOMMENDATION 10**

Increase training and support to local and regional jails on how to identify funding opportunities and better enable them to apply for grant funding to provide services to individuals under their custody.

#### **RECOMMENDATION 11**

A separate study should be conducted to develop recommended treatment standards for juvenile pregnant individuals with SUD that are confined in state or local facilities.

#### **RECOMMENDATION 12**

Virginia should collect more complete data concerning the prevalence of pregnant individuals with SUD who are incarcerated. To accomplish this, workgroup members suggested the following:

- Establish a mandatory process for identifying, counting, and tracking the number of incarcerated individuals who are pregnant and in need of SUD treatment, to include the demographics of this population.
- Conduct a study of how pregnant individuals are perceived and treated at different steps in the justice system – by law enforcement, prosecution, the judiciary, corrections and post-release. For example, how does law enforcement determine whether a pregnant individual who is arrested should be taken to a lockup or to a medical facility? Are judges more or less likely to incarcerate a pregnant person than a similarly situated person who is not pregnant?
- Develop a statewide inventory of services that are available to pregnant individuals in the justice system and examine the effects of these services on outcomes to determine best practices.

**Senate Bill 1039: DOC and State Board of Local and Regional Jails; policies on inmate participation in telehealth**

1. That §§ 53.1-5 and 53.1-10 of the Code of Virginia are amended and reenacted as follows:

**§ 53.1-5. Powers and duties of Board.**

The Board shall have the following powers and duties:

1. To develop and establish operational and fiscal standards governing the operation of local, regional, and community correctional facilities;
2. To advise the Governor and Director on matters relating to corrections;
3. To make, adopt and promulgate such rules and regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth pertaining to local, regional, and community correctional facilities. The Board, when promulgating regulations and adopting any policy or guidance document related to the enforcement of any minimum standards applicable to local, regional, and community correctional facilities, shall expressly and specifically include such items in its published agenda for meetings of the Board or any of its subcommittees. No standard, policy, or guidance document may be promulgated, amended, or rescinded in entirety or in part without compliance with this article;
4. To ensure the development of programs to educate citizens and elicit public support for the activities of the Department;
5. To develop and implement policies and procedures for the review of the death of any inmate that the Board determines warrants review that occurs in any local, regional, or community correctional facility. Such policies and procedures shall incorporate the Board's authority under § 53.1-6 to ensure the production of evidence necessary to conduct a thorough review of any such death. Notwithstanding any other provision of law, the Board shall adhere to procedures of the Administrative Process Act (§ 2.2-4000 et seq.) in promulgating such policies and procedures;
6. To establish minimum standards for health care services, including medical, dental, pharmaceutical, and behavioral health services, in local, regional, and community correctional facilities and procedures for enforcing such minimum standards, with the advice of and guidance from the Commissioner of Behavioral Health and Developmental Services and State Health Commissioner or their designees. Notwithstanding any other provision of law, the Board shall adhere to procedures of the Administrative Process Act (§ 2.2-4000 et seq.) in promulgating such policies and procedures. Such minimum standards shall require that each local, regional, and community correctional facility submit a standardized quarterly continuous quality improvement report documenting the delivery of health care services, along with any improvements made to those services, to the Board. The Board shall make such reports available to the public on its website. The Board may determine that any local, regional, or community correctional facility that is accredited by the American Correctional Association or National Commission on Correctional Health Care meets such minimum standards solely on the basis of such facility's

accreditation status; however, without exception, the requirement that each local, regional, and community correctional facility submit a standardized quarterly continuous quality improvement report to the Board shall be a mandatory minimum standard; ~~and~~

*7. To develop and implement policies for the accommodation in local, regional, and community correctional facilities of inmate participation in telehealth appointments, which shall include policies on designating a private space for such telehealth appointments to occur; and*

8. To report annually on or before December 1 to the General Assembly and the Governor on the results of the inspections and audits of local, regional, or community correctional facilities conducted pursuant to § 53.1-68 and the reviews of the deaths of inmates that occur in any local, regional, or community correctional facility conducted pursuant to § 53.1-69.1. The report shall include (i) a summary of the results of such inspections, audits, and reviews, including any trends identified by such inspections, audits, and reviews and the frequency of violations of each standard established for local, regional, or community correctional facilities, and (ii) any recommendations for changes to the standards established for local, regional, or community correctional facilities or the policies and procedures for conducting reviews of the death of inmates to improve the operations, safety, and security of local, regional, or community correctional facilities.



# COMMONWEALTH of VIRGINIA

DAVID A. HACKWORTH  
CHAIR

*State Board of Local & Regional Jails*

P.O. BOX 26963  
RICHMOND, VIRGINIA 23261  
(804) 674-3000

## Certification Report of the State Board of Local and Regional Jails November 19, 2025

### Jail and Lock-up Compliance Audits

#### Compliant Facilities - 5

Rockingham-Harrisonburg Regional Jail was audited September 15-17, 2025. The facility was found compliant with 41 out of 43 (2 N/A's) applicable *Life, Health and Safety* standards and 73 out of 85 (12 N/A's) other applicable standards. The facility is not certified to house juveniles and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

#### Non-applicable Standards

- *6VAC15-40-160, Written Procedures for Release Program Eligibility Criteria*
- *6VAC15-40-170, Written Procedures for Accountability of Inmate Participants*
- *6VAC15-40-180, Conditions for Inmate Participation in a Work Release Program*
- *6VAC15-40-190, Conditions for Inmate Participation in Educational or Release or Rehabilitation Release Program*
- *6VAC15-40-200, Furlough*
- *6VAC15-40-210, Earnings*
- *6VAC15-40-220, Removing Inmate Participants from Program*
- *6VAC15-40-230, Written Agreement with Director (VADOC)*
- *6VAC15-40-240, Offender Participation in Compliance with Appropriate Criteria and Approval (VADOC)*
- *6VAC15-40-1111, Self-Contained Breathing Apparatus*
- *6VAC15-40-1190, Housing of Juveniles*
- *6VAC15-40-1193, Separation of Juveniles*
- *6VAC15-40-1195, Contact with Juveniles (LHS)*
- *6VAC15-40-1200, Isolation and Segregation of Juveniles (LHS)*

**RECOMMENDATION:** Unconditional certification.

**William G. Truesdale Adult Detention Center** was audited September 22-25, 2025. The facility was found compliant with 41 out of 43 (2 N/A's) applicable *Life, Health and Safety* standards and 82 out of 85 (3 N/A's) other applicable standards. The facility is not certified to house juveniles and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

**Non-applicable Standards**

- *6VAC15-40-1111, Self-Contained Breathing Apparatus*
- *6VAC15-40-1190, Housing of Juveniles*
- *6VAC15-40-1193, Separation of Juveniles*
- *6VAC15-40-1195, Contact with Juveniles (LHS)*
- *6VAC15-40-1200, Isolation and Segregation of Juveniles (LHS)*

**RECOMMENDATION:** Unconditional certification.

**Virginia Beach Lockup Precinct 2** was audited October 6, 2025. The facility was found compliant with 18 *Life, Health and Safety* and other standards. The facility is certified to house juveniles and the chief of police is requesting recertification to house male and female juveniles in accordance with *§16.1-249(G) – Code of Virginia*. There were no deficiencies cited during this audit cycle.

**RECOMMENDATION:** Unconditional certification.

**Virginia Beach Correctional Center** was audited October 7-9, 2025. The facility was found compliant with 41 out of 43 (2 N/A's) applicable *Life, Health and Safety* standards and 73 out 85 (12 N/A's) applicable other standards. The facility is not certified to house juveniles and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

**Non-applicable Standards**

- *6VAC15-40-160, Written Procedures for Release Program Eligibility Criteria*
- *6VAC15-40-170, Written Procedures for Accountability of Inmate Participants*
- *6VAC15-40-180, Conditions for Inmate Participation in a Work Release Program*
- *6VAC15-40-190, Conditions for Inmate Participation in Educational Release or Rehabilitation Release*
- *6VAC15-40-200, Furlough*
- *6VAC15-40-210, Earnings*
- *6VAC15-40-220, Removing Inmate Participants from Program*
- *6VAC15-40-230, Written Agreement with Director (VADOC)*
- *6VAC15-40-240, Offender Participation in Compliance with Appropriate Criteria and Approval (VADOC)*

- *6VAC15-40-1111, Self-Contained Breathing Apparatus*
- *6VAC15-40-1190, Housing of Juveniles*
- *6VAC15-40-1193, Separation of Juveniles*
- *6VAC15-40-1195, Contact with Juveniles (LHS)*
- *6VAC15-40-1200, Isolation and Segregation of Juveniles (LHS)*

**RECOMMENDATION:** Unconditional certification.

Pamunkey Regional Jail was audited October 21-23, 2025. The facility was found compliant with 41 out 43 (2 N/A's) applicable *Life, Health and Safety* standards and 82 out of 85 (3 N/A's) applicable other standards. The facility is not certified to house juveniles and the superintendent is not requesting certification. There were no deficiencies cited during this audit cycle.

**Non-applicable Standards**

- *6VAC15-40-1111, Self-Contained Breathing Apparatus*
- *6VAC15-40-1190, Housing of Juveniles*
- *6VAC15-40-1193, Separation of Juveniles*
- *6VAC15-40-1195, Contact with Juveniles (LHS)*
- *6VAC15-40-1200, Isolation and Segregation of Juveniles (LHS)*

**RECOMMENDATION:** Unconditional certification.

**Non-compliant Facilities - 3**

Rappahannock Regional Jail was audited June 2-4, 2025. The facility was found compliant with 40 out of 43 applicable *Life, Health and Safety* standards (2 N/A's) and 81 out of 85 (4 N/A's) applicable other standards. The facility is not certified to house juveniles and the superintendent is not requesting certification. There was one (1) *Life, Health and Safety* deficiency cited during this audit cycle.

**Non-applicable Standards**

- *6VAC15-40-200, Furlough*
- *6VAC15-40-1111, Self-Contained Breathing Apparatus*
- *6VAC15-40-1190, Housing of Juveniles*
- *6VAC15-40-1193, Separation of Juveniles*
- *6VAC15-40-1195, Contact with Juveniles (LHS)*
- *6VAC15-40-1200, Isolation and Segregation of Juveniles (LHS)*

## **Deficiencies**

### **1. 6VAC15-40-540, Standards for Food Service Equipment (LHS)**

According to standard, local facilities shall have a written policy, procedure and practice to ensure the facility's food service equipment and personnel meet the established safety and protection standards and requirements as set forth by the State Board of Health's Food Regulations (12VAC5-421). The facility shall have a Virginia Department of Health (VDH) inspection conducted every 12 months. Written reports of the VDH inspection shall be on file with the facility administrator.

VDH inspections were conducted July 23, 2024, May 22, 2023, and May 19, 2022. The 2024 inspection was not completed within the 12-month timeframe as required by standard. As result of this deficiency, the facility failed to demonstrate compliance with the standard.

### **Plan of Corrective Action**

To correct the deficiency, the facility's audit coordinator will contact the Virginia Department of Health (VDH) the month prior to the due date of the inspection to ensure the facility is scheduled, and that the inspection is completed within 12 months. The facility will also recommend that the facility undergo health inspections twice per year to ensure compliance is always met and exceeded. **Plan of corrective action was verified November 13, 2025.**

### **RECOMMENDATION: Unconditional certification.**

**Fairfax County Adult Detention Center** was audited September 8-11, 2025. The facility was found compliant with 37 out of 41 (2 N/A's) applicable *Life, Health and Safety* and other standards and 74 out of 85 (11 N/A's) applicable other standards. The facility is not certified to house juveniles and the sheriff is not requesting certification. There were four (4) *Life, Health and Safety* deficiencies cited during this audit cycle.

### **Non-applicable Standards**

*6VAC15-40-160, Written Procedures for Release Program Eligibility*

*6VAC15-40-170, Written Procedures for Accountability of Inmates Participants*

*6VAC15-40-180, Conditions for Inmate Participation in Work Release Program*

*6VAC15-40-190, Conditions for Inmate Participation in Educational Release or Rehabilitation Release Programs*

*6VAC15-40-200, Furlough*

*6VAC15-40-210, Earnings*

*6VAC15-40-220, Removing Inmate Participants from Program*

*6VAC15-40-230, Written Agreement with Director (VADOC)*

***6VAC15-40-240, Offender Participation in Compliance with Appropriate Criteria and Approval (VADOC)***

***6VAC15-40-1190, Housing of Juveniles***

***6VAC15-40-1193, Separation of Juveniles***

***6VAC15-40-1195, Contact with Juveniles (LHS)***

***6VAC15-40-1200, Isolation and Segregation of Juveniles (LHS)***

### **Deficiencies**

#### **1. 6VAC15-40-393, Universal Precautions (LHS)**

According to standard, all staff who have contact with inmates shall be trained, competent and knowledgeable in the use of universal precautions. All training shall be documented and completed every 12 months.

A review of the facility's universal precautions training records revealed between 2024-2025 24 jail staff exceeded the 12-month timeframe from which the training was supposed to have been completed. Training records also revealed the facility's food service contracted staff did not complete the universal precautions training at all. Due to the jail staff exceeding the 12-month timeframe and the food service contracted staff not completing the mandatory training, the facility failed to demonstrate compliance with the standard.

### **Plan of Corrective Action**

Currently, the facility has two policies which cover universal precautions that are assigned within the facility's PowerDMS electronic file system for all agency staff to review and acknowledge twice per year. A review of the Standard Operating Procedures (SOPs) is also included and is mandatory for all civilian orientation training courses which all civilian staff, contractors and volunteers with inmate contact must complete. The SOPs that cover universal precautions will now be assigned twice per year for review. All reviews must be accompanied with an electronic signature. Training reports will be generated for administrative review to ensure compliance with the standard. Since the compliance audit, all food service contracted employees have completed the universal precautions training. Plan of corrective action was verified November 3, 2025.

#### **2. 6VAC15-40-450, Suicide Prevention and Intervention Plan (LHS)**

According to standard, there shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every 12 months by staff having contact with inmates. Such reviews shall be documented.

A review of the facility's suicide prevention and intervention training records revealed in between 2024-2025 24 jail staff exceeded the 12-month timeframe from which the training was supposed to have been completed. Training records also revealed the facility's food service contractor's staff did not complete the universal precautions training at all. Due to the jail staff exceeding the 12-month timeframe and the food service contracted employees not completing the mandatory training, the facility failed to demonstrate compliance with the standard.

#### **Plan of Corrective Action**

Currently, the facility has one operating procedure that covers suicide prevention and intervention assigned within the facility's PowerDMS electronic file system for all agency staff to review and acknowledge twice per year. A review of the Standard Operating Procedures (SOPs) is also included and is mandatory for civilian orientation training courses which all civilian staff, contractors and volunteers with inmate contact must complete. The SOP that covers suicide prevention and intervention will now be assigned twice per year for review. All reviews must be accompanied with an electronic signature. Training reports will be generated for administrative review to ensure compliance with the standard. Since the compliance audit, all food service contracted employees have completed the suicide prevention and intervention plan training. **Plan of corrective action was verified November 3, 2025.**

#### **3. 6VAC15-40-545, Standards for Inmate Food Service Workers (LHS)**

According to standard, written policy, procedure, and practice shall ensure that a visual medical examination of each inmate assigned to food service occurs no more than 30 days prior to assignment and quarterly thereafter. Each inmate shall be given a TB skin test prior to food service assignment. Such tests shall be documented. If an inmate tests positive for TB, that inmate shall not be granted assignment to food service.

A review of records of inmates assigned to work in the facility's kitchen revealed inmates that were medically cleared and approved exceeded the 30-day timeframe from which they were to begin working. In most cases, the inmate worker start dates were between two and three months after being approved. Records also revealed medical staff would review prior medical records of inmates previously assigned to the kitchen to determine eligibility and approved those inmates to work in the kitchen without assessing them in person. At times, the inmate kitchen workers would be removed from the kitchen for various reasons in excess of 30 days or more; only to be reassigned without having another initial physical examination by a certified medical provider. Due to the medical staff not consistently performing initial and quarterly visual medical examinations on new

and returning inmate kitchen workers, the facility failed to demonstrate compliance with the standard.

#### **Plan of Corrective Action**

The facility administration conducted multi-disciplinary meeting with the medical department as well with the classification section. The following actions have been implemented:

- All inmate food service workers received an updated health assessment by the Doctor of Nursing Practice (DNP) and were medically approved between September 12-14, 2025 to ensure compliance with the standard.
- Visual, medical examinations will be conducted 30 days prior to food service assignments and quarterly thereafter.
- The Health Services Administrator and Quality Assurance Nurse met with the nursing team to provide education on the findings of the audit. The facility's electronic medical records provider implemented a new workflow tracking mechanism to monitor and schedule quarterly evaluations. A nurse supervisor has been designated to perform secondary reviews of the inmate food service worker population.

• Medical staff received training on the newly revised procedure.

**Plan of corrective action was verified November 3, 2025.**

#### **4. 6VAC15-40-1080, Emergency Plans and Fire Drills (LHS)**

According to standard, there shall be fire prevention practices and written emergency plans that outline duties of staff, procedures and evacuation routes. Emergency plans shall include responses in the event of fire, hazardous material release, loss of utilities, natural disaster, hostage situations, riots, disturbances, escapes, bomb threats, and mass arrest. Emergency plans shall be reviewed every 12 months by all staff. These reviews shall be documented. Each facility shall conduct and document quarterly fire drills.

A review of the facility's emergency plans training records revealed between 2024-2025, 24 jail staff exceeded the 12-month timeframe from which the training was supposed to have been completed. Training records also revealed the facility's food service contracted employees did not complete the emergency plans review at all. Due to the jail staff exceeding the 12-month timeframe and the food service contracted employees not completing the mandatory training, the facility failed to demonstrate compliance with the standard.

### **Plan of Corrective Action**

Currently the emergency plans policy is assigned within the facility's electronic file system PowerDMS for all agency staff to review and acknowledge once per year. A review of the Standard Operating Procedures (SOPs) is also included and is mandatory for civilian orientation training courses which all civilian staff, contractors and volunteers with inmate contact must complete. The SOP that covers the emergency plans will now be assigned twice per year for review. All reviews must be accompanied with an electronic signature. Training reports will be generated for administrative review to ensure compliance with the standard. Since the compliance audit, all Aramark's employees have completed the emergency plans review. **Plan of corrective action was verified November 3, 2025.**

### **RECOMMENDATION: Unconditional certification.**

**Surry County Lockup** was audited October 31, 2025. The facility was found compliant 17 out of 18 applicable standards. The facility is certified to house juveniles and the sheriff is requesting recertification to house male and female juveniles in accordance with ***§16.1-249(G) – Code of Virginia.*** There was one (1) ***Life, Health and Safety*** standard cited during this audit cycle.

### **Deficiencies**

#### **1. 6VAC15-40-1380, Fire Safety Inspection (LHS)**

According to standard, local facilities shall have a state or local fire safety inspection conducted every 12 months. Localities that do not enforce the Virginia Statewide Fire Prevention Code shall have the inspection performed by the State Fire Marshal's Office. Written reports of the fire safety inspection shall be on file with facility administrator.

A review of the facility's inspection reports revealed fire inspections were conducted in July 2024 and September 2025. However, the 2025 inspection exceeded the 12-month timeframe which resulted in the facility's failure to demonstrate compliance with the standard.

### **Plan of Corrective Action**

As a means of correcting the deficiency, the facility will be in constant communication with the State Fire Marshal's office to proactively schedule future fire safety inspections prior to the due date to ensure compliance with the standard. **Plan of corrective action verified October 31, 2025.**

### **RECOMMENDATION: Unconditional certification.**

Certification Report prepared by:  
*Tawana M. Ferguson, Regulatory Compliance Supervisor*

\*LHS – *Life, Health and Safety Standards*

## State Board of Local and Regional Jails

### Proposed 2026 Board Meeting Calendar

<b>January 7, 2026</b> (Headquarters) <ul style="list-style-type: none"><li>• Jail Review</li><li>• Liaison Committee</li><li>• Policy &amp; Regulations</li><li>• Board</li></ul>	<b>March 18, 2025</b> (Headquarters) <ul style="list-style-type: none"><li>• Jail Review</li><li>• Liaison Committee</li><li>• Policy &amp; Regulations</li><li>• Board</li></ul>	<b>May 20, 2026</b> (Headquarters) <ul style="list-style-type: none"><li>• Jail Review</li><li>• Policy &amp; Regulations</li><li>• Liaison Committee</li><li>• Board</li></ul>
<b>July 15, 2026</b> (TBD) <ul style="list-style-type: none"><li>• Jail Review</li><li>• Policy &amp; Regulations</li><li>• Liaison Committee</li><li>• Board</li></ul>	<b>September 9, 2026</b> (Headquarters) <ul style="list-style-type: none"><li>• Jail Review</li><li>• Policy &amp; Regulations</li><li>• Liaison Committee</li><li>• Board</li></ul>	<b>November 18, 2026</b> (TBD) <ul style="list-style-type: none"><li>• Jail Review</li><li>• Policy &amp; Regulations</li><li>• Liaison Committee</li><li>• Board</li></ul>

**Standardized Messaging to Local and Regional Jails and Lock-ups for Complaints/Inquiries**

**[Insert Agency Administrator] ~**

**The State Board of Local and Regional Jails (BLRJ) has received the forwarded complaint/inquiry concerning [insert local or regional jail or lock-up name]. As outlined in Code of Virginia, BLRJ is responsible for developing and establishing operational and fiscal standards for local and regional jails and lock-ups. BLRJ is not an enforcement body for operational grievances and does not serve as a substitute for the governing authorities of local and regional jails or lock-ups.**

**As such, this correspondence is being forwarded to your office for review and response. Local and regional jails and lock-ups remain the most appropriate and best positioned to address concerns related to facility operations in a direct and timely manner.**

**You are encouraged to review the forwarded information and respond accordingly to the individual or entity of origin, raising the concern. If a resolution has already been addressed, initiated, or completed, please share that with the complainant directly.**

**Thank you for your attention to this matter.**

**Sincerely,**

**The State Board of Local and Regional Jails**

**Standardized Messaging to the Public for Complaints/Inquiries**

**Thank you for contacting the Virginia Board of Local and Regional Jails (BLRJ).**

**BLRJ is responsible for developing and establishing operational and fiscal standards governing the operation of local and regional jails. BLRJ is not an enforcement body for operational grievances and does not serve as a substitute for the governing authorities of local and regional jails. Local and regional jails should be the first and most appropriate party to respond to all inquiries, concerns, and complaints, as they are best positioned to address operational matters directly and promptly.**

**BLRJ is in receipt of your correspondence and has forwarded it to the appropriate local or regional jail for response.**

**Sincerely,**

**The State Board of Local and Regional Jails**



**Sheriff Carlos Turner**

**SURRY COUNTY SHERIFF'S OFFICE**

45 SCHOOL STREET • POST OFFICE BOX 233 • SURRY, VIRGINIA 23883  
OFFICE: 757-294-5264 • FAX: 757-294-5111

November 7, 2025

Paul Beaupre, Sr.  
Regulatory Compliance Analyst  
Board of Local and Regional Jails  
Virginia Department of Corrections  
P.O. Box 26963  
Richmond, Virginia 23261

Dear Mr. Beaupre and Ms. Ferguson,

The Surry County Sheriff's Office is formally notifying the Board of Local and Regional Jails that our lockup facility will now be used solely for courthouse holding. This practice has already been in effect for several months. However, we are now submitting written notification as required.

The courthouse holding facility will serve as a temporary holding location where inmates involved in the judicial process will be securely held while awaiting court appearances or transport back to Riverside Regional Jail, which remains our primary prisoner holding facility.

Sincerely,

*Carlos Turner*

Carlos Turner,  
Sheriff