



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY

(SERVING ALBEMARLE, CHARLOTTESVILLE, NELSON)

160 Peregory Lane

Charlottesville, Virginia 22902

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Web: <http://www.acrj.org>

Col. Martin Kumer, Superintendent (ext. 230)

Mrs. Marce B. Anderson, Clerk (ext. 229)

Board Business Meeting

May 8, 2025 (12:00 p.m. – 2 p.m.)

Albemarle-Charlottesville Regional Jail, 160 Peregory Lane, Charlottesville, VA

AGENDA

(Action/Information)

I. ACRJ Board Meeting – Call to Order

Adopt Meeting Agenda

Action Item

II. Consent Agenda

For Approval:

- 1) Draft Summary Minutes March 13, 2025 ACRJA Board Bi-Monthly Business Meeting

Action Item

Informational

- 1) Administrative Reports
- a) Personnel Report –April 2025 (none to report)
 - b) Out of Compliance Report -March 2025
 - c) Census Report – March 2025
 - d) Special Management Report – April 2025
 - e) Home Electronic Incarceration – April 2025

III. Matters from the Public – (Time Limit: 3 Minutes / 2 Minutes if more than 9 speakers – no longer than 30 minutes)

IV. Matters from ACRJA Attorney – Brendan Hefty

V. Matters from ACRJA Board Members

VI. Matters from Financial Consultant – Ann Shawver

- 1) FY 24 Audit
- 2) FY 25 YTD Financials

Informational

Informational

VII. Matters from the Superintendent – Colonel Martin Kumer

- 1) Annual Jail Report to Jurisdictions
- 2) List of Prequalified Contractors
- 3) Presentation of Final Jail Design

Informational

Informational

Informational

VIII. New Business –

IX. Closed Session –

Action Item

X. Adjourn to June 12, 2025 – 12:00 pm – 2:00 pm

Action Item

Authority Board

Kaki Dimock (Albemarle)
Sheriff Chan Bryant (Albemarle)
David Pastors (Citizen Rep) (Albemarle)
Diantha McKeel (Albemarle) - Chair

Sheriff James E. Brown, III (Charlottesville)
David Brown (Citizen Rep) (Charlottesville)
Brian Pinkston (Charlottesville) – Vice Chair
Ashley Reynolds Marshall (Charlottesville)

Jesse Rutherford (Nelson)
Sheriff Mark Embrey (Nelson)
Candice McGarry (Nelson)

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DRAFT

Summary Minutes of the Albemarle Charlottesville Regional Jail Authority Board Meeting March 13, 2025

Jail Board Members Present:

Ms. Diantha McKeel
Sheriff Chan Bryant
Sheriff James Brown
Mr. Brian Pinkston
Sheriff Mark Embrey
Mr. David Brown
Mr. David Pastors
Mr. Jesse Rutherford
Ms. Candace McGarry
Ms. Kaki Dimock (Zoom)

Jail Board Members Absent:

Ms. Ashley Reynolds Marshall

Others Present:

Colonel Martin Kumer
Mrs. Marce Anderson
Mr. Brendan Hefty

The meeting was called to order at 12:00 pm by Chairperson Diantha McKeel.

Ms. McKeel advised the board that there would need to be a motion to invite Ms. Dimock into the meeting to participate virtually. Ms. McKeel asked Ms. Dimock where she was physically located and her reason for participating virtually. Ms. Dimock stated that she was located at her home in southern Albemarle taking care of an ill family member. Mr. Pinkston made a motion to admit Ms. Dimock into the meeting. Ms. McGarry seconded the motion. The motion carried.

Ms. McKeel advised the board that a board member would need to leave early and in order to ensure they would be able to leave on time, she requested the agenda be amended to have the budget approval before the presenting of financials. Mr. Pinkston made a motion to amend and approve the agenda. Sheriff Embrey seconded the motion.

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Roll Call was as follows:

Sheriff Embrey	Yes
Mr. Brown	Yes
Sheriff Bryant	Yes
Ms. McKeel	Yes
Mr. Pinkston	Yes
Ms. Dimock	Yes
Mr. Pastors	Yes
Sheriff Brown	Yes
Mr. Rutherford	Yes
Ms. McGarry	Yes

The motion carried.

Ms. McKeel welcomed Mr. Rutherford to the board. Mr. Rutherford is a member of the Nelson County Board of Supervisors.

Ms. McKeel asked all board members and staff to introduce themselves.

Ms. McKeel asked for a motion to approve the consent agenda. Mr. Pinkston made a motion to approve the consent agenda. Sheriff Bryant seconded the motion.

Roll Call was as follows:

Mr. Brown	Yes
Ms. McGarry	Yes
Sheriff Brown	Yes
Mr. Rutherford	Abstain (not present at last meeting)
Mr. Pastors	Yes
Mr. Pinkston	Yes
Ms. Dimock	Abstain (not present at last meeting)
Ms. McKeel	Yes
Sheriff Bryant	Yes
Sheriff Embrey	Yes

The motion carried.

Matters from the Public:

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Ms. Kate Fraleigh – Ms. Fraleigh stated that the primary reason for her presence was to see some of the new members of the board. Ms. Fraleigh explained that she is very interested to hear what Mr. Kumer has to say about ICE. Additionally she is concerned about the influence of money in the jail's decision making, specifically looking at the rate for federal inmates. Ms. Fraleigh also stated that there is something missing from the renovation calendar. Once the bids come in there will be votes in each jurisdiction. Ms. Fraleigh advised the board that she has always supported renovation not expansion. She will continue to oppose expansion.

Matters from Brendan Hefty, ACRJA Attorney:

Mr. Hefty had no matters for discussion.

Matters from the ACRJA Board Members:

Matters from Ann Shawver, Business Manager:

FY 26 Budget Summary:

- The recommended operating budget for FY26 is \$19,136,000, an increase of \$1,240,000 or 7% over the FY25 adopted budget
- Member funding for operations has increased \$662,000 or 6.7% compared to FY25
- Member funding for debt service will total \$360,000 in FY26, up from the \$200,000 of FY25, as additional debt is undertaken to support the renovation project

See Attachment: ACRJ FY26 5-Year Census for Jurisdictional Share

Operating Fund

Revenues: Non-Jurisdiction

- FY25 Non-Jurisdiction Revenues of \$8,643,000 are estimated to increase 6.7% as compared to FY25 at \$8,065,000.
- Compensation Board funding is leading the growth in FY26 revenues with an estimate of \$7,216,000, a 5% increase when compared to the \$6,896,000 adopted for FY25.
- Federal prisoner revenues are estimated at \$390,000, an increase of \$265,000 compared with the FY25 adopted budget. A revised contractual rate boosts this category.
- Interest earnings have grown significantly since ACRJ established an account with the State Treasury's Local Government Investment Pool (LGIP) in early FY24. Earnings of \$170,000 are forecast for FY26 based on current rates and invested balances. This is an increase of \$70,000 compared with the FY25 adopted budget
- Grant revenue – private is a new source of funding in FY26 to be offset by expenditures of the same amount. \$120,000 is the estimated Opioid settlement funding ACRJ will receive in FY26 in coordination with member jurisdictions.
- State per diem revenues are expected to decline in FY26 in response to the increased federal prisoner per diem. The Commonwealth offsets funding to ACRJ based on federal receipts. The FY26 estimate of \$300,000 represents a \$125,000 decline from FY25.
- Inmate Telephone Revenue is estimated to decline to \$190,000, a decrease of \$60,000 compared with FY25.

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Expenditure: Employee Salaries and Benefits

- Salaries and benefits for FY26 will comprise 78% of the budget and total nearly \$15 million
- A detailed analysis of personnel and benefits was developed in support of this budget. The budget funds 124 filled positions as well as another eleven vacant positions while leaving twenty-six vacant positions unfunded.
- The budget reflects a 3% increase in compensation as well as a 1.5% bonus to all employees. State funding will cover this bonus for all Compensation Board funded positions.
- Total salaries and benefits increased \$1,240,000 or 9%. Approximately \$450,000 of this increase relates to the fact that in FY25, the budget funded nine vacant positions for only half the year. In FY26, the eleven vacant positions are funded for the entire year.
- Funding of employee costs retains some conservatism since filled positions are 100% funded even though vacancies will occur.
- The salaries and benefits of the twenty-six unfunded positions total approximately \$2.1 million.
- The budget for overtime decreased from \$175,000 in FY25 to a FY26 budget of \$115,000, while part-time wages increased from \$300,000 to \$375,000.
- Employer FICA also increases along with salary increases.
- There is 6% increase in the employer share of medical and dental costs. Employee rates will increase 5% to offset some of the employer share increase. VRS retirement contribution rates remain steady for FY 26.. However, since vacant positions are being funded the full year in FY26 and because the personnel budget is based on current employees and their benefit plan enrollment, there are increases in these fringe benefit budgets. The dental budget declined because a rate increase projected for FY25 did not occur.
- The budget for workers' compensation coverage increased significantly from \$125,000 to \$195,000 while the line of duty insurance budget has decreased. These are based on the most recent renewal.

Other Expenditures:

- In total, FY26 Non-Employee Expenditures of \$4,165,000 are identical to those of FY25. These represent 22% of the total operating budget.
A notable decrease of \$600,000 in contract nursing offsets increases in other areas. The Authority has eliminated this budget to coincide to a return to in-house nurse staffing which began in the current year.
- An increase of \$100,000 to other contracted services is due in part to increasing the contract with Partners for Mental Health from a part-time position to a full-time transitions services position.
- Budgets increased in FY26 based on cost trends and expectations for the coming year include repair and maintenance, electric service, telecommunications, software licenses, police supplies and janitorial supplies.
- The pharmaceutical drugs budget increased in part based on cost trends but more so as related to the \$120,000 in Opioid settlement funding anticipated in FY26.

Debt Service Fund

- As the Authority continues the process of planning the renovation project, detailed analysis is being performed of construction cash flows, debt issuance timing, expected borrowing rates and expected interest earning rates on unspent debt proceeds.
- A budget of \$1,757,000 is estimated for the FY26 debt service costs on financing of the jail renovation project. Debt will be issued in the summer of 2025 with interest-only payments taking place during construction.

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- Because the Authority will receive debt issuance proceeds at closing, these funds will earn interest until they are needed to cover renovation costs. Interest earnings of \$1,051,000 are conservatively estimated for FY26.
- In both FY23 and FY24, debt service funding collected from the member jurisdictions far outpaced interest costs, and these excess amounts, totaling \$346,000, are being applied to FY26.
- Funding of \$360,000 is required of member jurisdictions and this is apportioned using the same three-year average census used in the operating budget.

Recommendation: Adopt the FY26 budget

Mr. Pinkston made a motion to approve the \$19,136,000 FY 26 budget as presented. Mr. Pastors seconded the motion.

Roll Call was as follows:

Ms. McKeel	Yes
Mr. Pastors	Yes
Sheriff Brown	Yes
Mr. Brown	Yes
Mr. Pinkston	Yes
Sheriff Bryant	Yes
Ms. Dimock	Yes
Sheriff Embrey	Yes
Ms. McGarry	Yes
Mr. Rutherford	Yes

The motion carried.

YTD Financials Summary:

- As of January 31, 2025, net revenues of \$370,000 are projected from the Operating Fund, an improvement over the \$137,000 expected as of December. Positive performance relative to budget is projected from both revenues and expenditures.
- The Debt Service Fund has received member contributions in accordance with budget with a lesser amount of interest expense. Interest-only payments are due in July and January. For FY25, total interest expense of \$115,000 is projected.
- The Construction Fund is reported on a cumulative basis and includes both FY24 and FY25 activity through February. The Authority has drawn just over \$2.4 million in bank loan proceeds to reimburse construction management, architectural, permits, and value engineering services which total \$2,849,000.

Operating Fund Revenues

- Revenues are tracking ahead of expectation through January at 62% of the revenue estimate
- For the year as a whole, they are projected to top their estimate by 1.4% or \$244,000.

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- Revenue from housing of federal prisoners is expected to exceed budget as a result of an increase in the contracted daily rate.
- Conversely, state per diem revenue is negatively impacted by the receipt of federal revenue due to a claw back of funding on the part of the Commonwealth. This category is therefore projected to fall below the revenue estimate by \$75,000.
- Interest earnings are also projected to result in budgetary surplus. Rates remain strong, the amount invested has increased and the revenue estimate was conservatively set.
- Grant revenue relates to the State Criminal Alien Assistance Program (SCAAP) Grant. A small amount has been received related to FY23. The budget anticipated current year application for these funds by all member jurisdictions. At this time, only Charlottesville is expected to participate and those funds (\$12,000) will be received in a later fiscal year. Therefore, this category is expected to fall below the revenue estimate by \$29,000.
- Other revenue is performing well through December due to some revenues received in full for the year. This category is expected to exceed the estimate for the year with cell tower leases renewed at higher amounts and with a higher than budgeted payment expected from the Inmate Canteen Fund to reimburse the Authority for eligible costs.

Operating Fund Expenditures

- Expenditures are on track through January at 58% of adopted budget
- Once the year has ended, they are projected to fall below the budget by 0.7% or \$126,000
- Authority management has added nursing staff, reducing reliance on contract nursing, and the salaries and benefits category is expected to exceed budget while the contractual services category is expected to fall well below budget. Related to nurse staffing, advertising costs are higher than budgeted which affects the other operating costs category.
- Inmate food costs are trending below budget, contributing to an expected positive result compared to budget, while medical costs are expected to fall above budget. Inmate medical needs can vary significantly based on the medical needs of the inmate population.
- The Inmate Other category is negatively impacted by laundry/janitorial costs that are exceeding budget due to increased cost of inmate hygiene products, Prison Rape Elimination Act (PREA) certified shower curtains and the replacement of all inmate bedding.
- The Other Operating Costs category includes some items already paid in full this fiscal year such as training academy fees and software licenses, causing this category to total 66% of budget as of January. Once the year has ended, it is expected to fall slightly below budget.
- Capital outlay costs have exceeded budget due to the unanticipated purchase of a radiograph scanner. Purchase of a vehicle is being placed on hold to somewhat offset this expense.
- **Recommendations:** None at this time.

Ms. McGarry asked if the \$85,000 in the debt service fund from the FY25 was being used to offset the localities debt service contributions for the FY26 budget. Ms. Shawver confirmed that money would be used for that purpose. That money will be carried to next year to offset the amount being requested from the localities.

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Matters from Superintendent, Martin Kumer:

Renovation/Expansion Cost Estimate: Colonel Kumer introduced Bill Downey from Downey and Scott along with Michael Gibson from Moseley Architects. Mr. Downey is our project manager for the project to ensure we stay on budget and on time. Mr. Downey reviewed the information with the board.

Background:

- The Final Estimate was completed by Forella Group LLC. on March 10, 2025 and will be presented to the Board at the March 13, 2025 Authority meeting.
- The new estimate including hard costs (materials/labor, permits, contingency, insurance etc.) and soft costs (design costs, permits, construction management etc.) is \$49,120,031. This is an increase of \$98,617 over the original estimated cost was \$49,021,414.

	Final Cost Estimate	New DD Cost Estimate	SD Cost Estimate	Original Cost Estimate
Hard costs	\$39,989,974	\$39,997,070	\$39,935,800	\$41,853,887
Soft costs	\$9,130,057	\$9,130,057	\$9,069,585	\$7,167,526
Total	\$49,120,031	\$49,127,127	\$49,005,385	\$49,021,414

- The final cost estimate includes two items not originally included in the scope of work but which are required due to state law and the Albemarle County Architectural Review Board, ARB. State law requires all magistrate offices to have a secure entrance separate from the public entrance and secure parking. In addition, to comply with the ARB there were additional items added to the exterior of the building to enhance its esthetics as viewed from Avon Street.
- The final and true cost of the renovation and expansion will ultimately be determined by selected contractor's bid. Those results will be shared with the Board Authority at the June 12, 2025 meeting.
- This cost estimate does not include replacing the roof of the 2000 addition. The estimated cost is \$1.7 million. 25% of that cost is eligible for state reimbursement. That has been left as a bid alternate. By leaving it as a bid alternate it will allow the Board Authority to determine the best cost and approach to its replacement either included in the overall cost or as a separate project.

Mr. Downey advised the board that they have issued the certificate of appropriateness. We will be filing for the building permit on March 11, 2025. In the event Albemarle County is behind on the permit review side, Mr. Downey stated that he has some strategies if that is the case. He stated that he heard that they only have 1 commercial plan reviewer. There were previously 3. We may need to engage a 3rd party plan reviewer. We are still on time and on budget. Mr. Pinkston had questions regarding the additive alternates. Mr. Downey stated that if the bids come in favorably, you will have the ability to make decisions. There is a section of roof that needs to be replaced, an elevator, an outdoor freezer and some electrical lighting changes. Mr. Pinkston stated that he did remember the roof but not the other items. Mr. Downey stated that they have been tracking those items since December. We have received 6 requests to prequalify. We have previously worked with 5 of the 6 contractors. We are finalizing the litigation checks we complete. It has not been concluded yet. Mr. Pastors stated that there is a lot of metal, etc. that would go into this project and wanted to know if there was any concern about tariffs and will we be able to lock in a cost on those items. Mr. Downey

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stated that there is a lot of chatter in the industry about what is happening with the tariff situation, steel and aluminum especially. Increases are already occurring as a result. We expect the jail to pay a premium for those items. No one knows what will happen.

Davenport Presentation (Financing Project)

Colonel Kumer introduced Courtney Rogers from Davenport Financial. Mr. Rogers reviewed the interim financing plan in addition to the permanent financing plan. (Mr. Rogers presentation in its entirety can be found on the renovation page located at ACRJ.org) Mr. Rogers went through the timeline for the upcoming project. Mr. Rogers stated that they would be presenting the plan of finance to the member jurisdictions: Members consider providing authorization for participation in Summer Pool and approval of Not-to-Exceed parameters for 2025 GAN. After approval from the member jurisdictions, they would return to the authority board on June 12, 2025. The Authority would award the construction contract and consider authorization to participate in the VRA 2025 Summer Pool. Ms. McKeel asked Mr. Hefty if there needed to be any specific parameters regarding member attendance for action items. Mr. Hefty advised that it would require a quorum. Mr. Hefty informed the board that the construction contract would be awarded at the June 12, 2025 meeting.

Governor's Executive Order

A copy of the executive order can be found at ACRJ.org within the March Board Packet. Colonel Kumer advised that he anticipates no changes in our policy or procedures related to ICE detainees.

New Business:

Ms. McKeel advised the board that she receives free blank greeting cards in the mail that she gives to the jail to distribute. If they happen to receive them as well, the jail is a good place to put them to use.

Closed Session:

Closed session was not needed.

Ms. McKeel adjourned the meeting to April 10, 2025 at 12:00 pm. The meeting adjourned at 1:42 pm.

DRAFT

Out of Compliance Report

March 2025

As of today, April 7, 2025 there are 42 State Responsible (SR) Inmates in the facility. This equates to 15.05 % of the total jail population of 279.

The Out of Compliance report is an analysis of the Jail's population and the percentage of inmates who are determined to be SR compared to the total jail population on the date the analysis was conducted.

This report was first prepared for the Board Authority in the early 2000's when the facility was significantly overcrowded. It was one of several reports used to determine the factors driving the increase in the jail's population. It was determined that the backlog of SR Inmates was a major factor in the jail's overcrowding. The Virginia Department of Corrections was also severely overcrowded and was unable to take physical custody of their inmates.

In addition to impacting the jail's population, State Responsible Inmates also have a financial influence. The jail receives from the Virginia State Compensation Board a per diem payment of \$5 per day for each LR inmate and a \$15 per day payment for each SR inmate. This revenue is reflected in the jail's budget under State Per Diem and is estimated to be \$425,000 in FY 25.

State Responsible Inmate: Is an inmate who has been fully sentenced on all charges for which they are being held AND has been found guilty of at least one felony offense AND has been sentenced to serve at least one year. The Inmate is considered State Responsible 60 days after the date of the final sentencing. Until such time, they are considered local responsible

Example: John Smith entered the jail on January 1, 2024 awaiting trial for a felony forge and utter and he is considered a Local Responsible Inmate. On July 1, 2024 he is convicted of the felony forge and utter and sentenced to serve a sentence of one year. He is still considered a Local Responsible Inmate. On August 29, 2024, 60 days after his conviction and sentencing, his designation changes from Local Responsible to State Responsible. He is now eligible to be transferred to the Virginia Department of Corrections.

Local Responsible Inmate: Is an inmate who has at least one pending charge OR if fully sentenced, is only serving sentences for misdemeanor convictions, or serving a sentence for a felony conviction(s) that is 12 months or less.

Example: Jane Smith entered the jail on January 1, 2024, awaiting trial for a felony forge and utter and she is considered a Local Responsible Inmate. On July 1, 2024, she is convicted of a **misdemeanor** forge and utter and sentenced to serve 12 months. She will remain a Local Responsible Inmate and will serve her sentence in the facility.

2024-2025	COA	City	Nelson	Federal	Other	Total	Daily Avg.
July 2024	3,469	2,868	1,190	232	225	7,984	258
August	3,462	2,691	1,189	257	213	7,812	252
September	3,350	2,663	1,197	292	129	7,631	254
October	3,529	2,783	1,417	372	153	8,254	266
November	3,654	2,520	1,399	359	68	8,000	267
December	3,745	2,356	1,354	421	115	7,991	258
January-25	3,728	2,462	1,381	454	158	8,183	264
February	3,149	2,296	1,190	422	161	7,218	258
March	3,634	2,669	1,310	571	204	8,388	270
April							0
May							0
June 2025							0
Total FY 24/25	31,720	23,308	11,627	3,380	1,426	71,461	261
ADP	120	88	43	13	6	270	
Percent	44.39%	32.62%	16.27%	4.73%	2.00%	100%	
Local Share	47.81%	35.06%	17.13%	0.00%	%	100%	

days

274

Special Management Housing at ACRJ

During the month of April 2025, special management housing stats are as follows:

- 39 inmates were assigned to Administrative/Mental Health Segregation
- 3 inmates assigned to Protective Custody
- 27 inmates were assigned to Medical Segregation
- 16 inmates were assigned to Pre-Hearing or Disciplinary Detention

**Albemarle-Charlottesville Regional Jail Authority Board
Executive Summary**

April 30, 2025, there are 10 individuals assigned to the Home Electronic Incarceration Program.

Per Jurisdiction:

Albemarle County: 6

City of Charlottesville: 3

Nelson County: 1

Historical Data beginning March 2020

Total number of inmates placed on HEI: 853

8 were removed from the program after being charged with a criminal offense while on HEI.

Violation of protective order, guilty-	1
Simple assault / strangulation-	1
Simple assault, damage / prevent phone line-	1
Possession of a firearm, marijuana PWI sell-	1
Domestic assault 3 rd offense-	1
Actual or simulated masturbation in public-	1
Rape: Intercourse by Force/Threat	1

148 participants have been removed from HEI for technical violations of the terms and conditions of the program (non-criminal, curfew violations, use of illegal substances, etc.).

HEI Participants by jurisdiction:

Albemarle County: 360

City of Charlottesville: 316

Nelson County: 50

Other jurisdictions: 127

Total- 853

ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY EXECUTIVE SUMMARY

<p><u>AGENDA TITLE:</u> FY24 Reports of the External Auditor</p> <p><u>SUBJECT/PROPOSAL/REQUEST:</u></p> <p><u>STAFF CONTACTS:</u> Martin Kumer, Superintendent Ann Shawver, Financial Consultant</p>	<p><u>AGENDA DATE:</u> May 8, 2025</p> <p><u>FORMAL AGENDA:</u> <u>ACTION:</u> No <u>INFORMATION:</u></p> <p><u>CONSENT AGENDA:</u> <u>ACTION:</u> No <u>INFORMATION:</u></p> <p><u>ATTACHMENTS:</u> Yes</p>
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PBMares, LLP has issued reports dated April 10, 2025 on the Albemarle-Charlottesville Regional Jail Authority (Authority) for the fiscal year ending June 30, 2024 as follows:

- Financial and Compliance Reports
- Management Letter
- Results of the Audit

A summary of each of these published reports follows.

Financial and Compliance Reports

This report contains the audited financial statements and two reports from the external auditor. The first auditor's report, found on pages 1 – 3, is a report on the *Audit of the Financial Statements*. This report includes an unmodified (the best) opinion on the fair presentation of the financial statements. It addresses both management's and the auditor's responsibilities for the financial statements, and discusses elements of the financial statements on which the auditors do not express an opinion. Finally, this report discloses the fact that PBMares issued another report as required by Government Auditing Standards.

The second auditor's report is the report on *Internal Control over Financial Reporting and on Compliance and Others Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*. This report is found on pages 64 – 65 and explains that the auditor considered the Authority's internal control over financial reporting as it designed audit procedures appropriate for expressing an opinion on the financial statements. The report explained that the auditors' procedures were not performed to express an opinion on the effectiveness of the Authority's internal control. Accordingly, the auditors did not express an opinion on the effectiveness of the Authority's internal control.

This report further explained that the auditors also performed tests of compliance with certain provisions of laws, regulations, contracts and grant agreements. The auditors did not express an opinion on compliance with those provisions. However, the results of those tests disclosed no instances of noncompliance or other matters required to be reported under *Government Auditing Standards*.

The Statement of Revenues, Expenses and Changes in Net Position found on page 6 of the report presents a decrease in net position of \$865,907. This report is presented using the accrual method of accounting. The Schedule of Revenues and Expenditures – Budgetary Basis, found on pages 60 through 62 of the report presents a deficiency of revenues under expenditures of \$65,613. This is presented using the modified accrual method of accounting which is consistent with the Authority's budgetary method. A reconciliation between the accrual and budgetary methods of reporting is shown on page 63 of the financial statements. Both the financial statement and schedule include all funds of the Authority – operating, construction and debt service.

For internal reporting purposes, the Authority presents its accounting funds separately. Based on audited results, the Authority's Operating Fund incurred a decrease in net position of \$291,850 during FY24. Operating reserves as of June 30, 2024 totaled \$3,461,452 and stood at 19% of the FY25 adopted budget of \$17,896,000.

Management Letter

This letter is issued by the external auditors to communicate comments and suggestions. Based on the timing of the FY23 audit, which was completed in the summer of 2024, there are two repeat comments that have already been addressed by ACRJ management. Those include the comments on Compliance with the State and Local Government Disposition of Unclaimed Property and Journal Entries. The following additional suggestions were included in the letter dated April 10, 2025:

- **Virginia Security for Public Deposits Act** – the auditors noted that the Auditor of Public Accounts developed a new requirement regarding compliance with the Virginia Security for Public Deposits Act that requires public entities to verify on a quarterly basis whether their cash account balances held in banks and other financial institutions have been properly reported as public funds. ACRJ implemented this procedure in early 2025 as soon as it became aware of this requirement.
- **Employee Access** – during test work, the auditors noted instances where employee access to the network, buildings and accounts was not removed within a timely manner. Authority administration has revised its procedures to have more prompt communication between Human Resources and Information Technology to ensure employee access is immediately removed upon termination.
- **Unrecorded liabilities** – during the FY24 audit, the auditors detected a utility invoice which should have been posted as a FY24 transaction but was posted to FY25. In the future, Authority management will review invoices more carefully to ensure they are posted to the proper fiscal year.

- **Fund transfers** – the auditors noted that medical copay collections were not always transferred from inmate accounts to the Authority operating account in a timely manner. Authority management has implemented a monthly process to ensure these transfers are made in a timely manner.
- **New GASB Pronouncements** – the auditors cited a number of statements of the Governmental Accounting Standards Board (GASB) which may impact the Authority in coming periods. Authority management, with the assistance of its financial consultant, will ensure compliance with each applicable standard. Two standards are effective for FY25, GASB 101, Compensated Absences and GASB 102, Certain Risk Disclosures. GASB 101 is expected to have an impact on the amount of compensated absences recorded as a liability based on a change in the approach for valuing the sick leave liability. Authority management has not yet quantified this impact. GASB 102 may have an impact on the Authority financial statements but the impact cannot be determined until the conclusion of fiscal year 2025. Currently, a minimal impact is anticipated. Two standards will take effect in FY26, GASB 103, Financial Reporting Model Improvements and GASB 104, Disclosure of Certain Capital Assets. GASB 103 will have an impact on the format of the financial statements. GASB 104 will have a minimal impact on note disclosures, if any.

Results of the Audit

This report provides a helpful overview of the entire external audit process. It includes the following items:

- Engagement team and firm information – firm overview, state and local government niche and engagement team personnel
- Overview of financial statements – auditor's report, financial statements and compliance report (see Financial and Compliance reports above)
- Required communications under government auditing standards
- Exhibit A – Summary of Significant Accounting Estimates – regarding capital assets, pension and other post-employment benefits and leases
- Exhibit B – Management Letter (see Management Letter above)
- Exhibit C – Significant Written Communications between Management and Our Firm (PBMares, LLP) – the Authority's management representation letter

Recommendations: None at this time.

April 10, 2025

To the Board
Albemarle Charlottesville Regional Jail Authority
Charlottesville, Virginia

In connection with our audit of the financial statements of the Albemarle Charlottesville Regional Jail Authority (Authority) for the year ended June 30, 2024, we have the following comments and suggestions for your consideration.

Virginia Security for Public Deposits Act

The Virginia Auditor of Public Accounts has introduced a new requirement regarding compliance with the Virginia Security for Public Deposits Act. Beginning with the quarter ended December 2023, entities were required to verify on a quarterly basis whether their cash account balances held in banks and other financial institutions have been properly reported as public funds. During our audit, it was noted that the Authority had not yet implemented this review. We recommend the Authority to perform this review on a quarterly basis for its cash accounts still held in banks and other financial institutions that are public depository accounts.

Compliance with the State and Local Government Disposition of Unclaimed Property

The *State and Local Government Disposition of Unclaimed Property Act* is designed for all intangible property held for the owner that remains unclaimed for more than a year to be presumed abandoned. The *State and Local Government Unclaimed Property*, contained in Chapter 35 (Section 55.1-2500 et seq.) of the Title 55.1 of the *Code of Virginia*, requires applicable entities to file an annual report with the State Treasurer listing all unclaimed property and remit the property to the State Treasurer for final disposition. Under the Act, filing of such report listing unclaimed property as of June 30 must be filed with the state Treasurer by November 1 of each year.

During the current year audit, we noted the report was not filed by the November 1, 2023 deadline. We recommend a timely filing of the unclaimed property report to the State Treasurer to ensure compliance with state requirements. However, management has since taken corrective action and ensured timely filing of the report for the subsequent year. We recommend continuing this practice to maintain compliance and avoid potential issues moving forward.

Employee Access

During our review of user access rights for terminated employees, it was noted in multiple instances where employees were terminated, however access to the network, building and other accounts were not removed within a timely manner. We recommend when an employee is terminated, there is a timely communication between Human Resources and Information Technology to remove any access the employee may have.

Journal Entries

During our testing and understanding of journal entries we noted that a formal journal entry policy was implemented in May 2024 of the fiscal year to ensure proper approval of each procedure prior to posting.

To support the consistent application of the policy going forward, we recommend ongoing compliance reviews to address any deviations promptly in order for the policy to achieve its intended objective.

Unrecorded Liabilities

During our search for unrecorded liabilities, we identified an instance where an invoice was not appropriately recorded within accounts payable and the corresponding expense account.

We recommend the Authority enhance its review process for disbursements made subsequent to year-end. This will help ensure that all transactions are accurately recorded in the appropriate period and in compliance with proper accounting standards.

Fund Transfers

During our review, we noted medical copay collections were not consistently transferred to the operating account in a timely manner. This delay in transferring funds may affect the accuracy of financial records and disrupt cash flow management.

We recommend the responsible personnel ensure timely transfers of medical copay collections by adhering to a regular schedule. To prevent future delays, management should consider implementing a review or reminder system to help reinforce accountability and consistency in this process.

New GASB Pronouncements

At June 30, 2024, the Governmental Accounting Standards Board (GASB) had issued several statements not yet implemented by the Authority. The statements which might impact the Authority are as follows:

GASB Statement No. 101, Compensated Absences

This Statement provides guidance to better meet the information needs of financial statement users by updating the recognition and measurement guidance for compensated absences. That objective is achieved by aligning the recognition and measurement guidance under a unified model and by amending certain previously required disclosures.

The requirements related to GASB Statement 101 will be effective for the Authority beginning with its year ending June 30, 2025.

GASB Statement No. 102, *Certain Risk Disclosures*

This statement requires a government to assess whether a concentration or constraint makes the primary government reporting unit or other reporting units that report a liability for revenue debt vulnerable to the risk of a substantial impact. Additionally, this Statement requires a government to assess whether an event or events associated with a concentration or constraint that could cause the substantial impact have occurred, have begun to occur, or are more likely than not to begin to occur within 12 months of the date the financial statements are issued.

The requirements related to GASB Statement 102 will be effective for the Authority beginning with its year ending June 30, 2025.

GASB Statement No. 103, *Financial Reporting Model Improvements*

This Statement will improve key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing a government's accountability.

Statement No. 103 will be effective for the Authority beginning with its year ending June 30, 2026.

GASB Statement No. 104, *Disclosure of Certain Capital Assets*

The objective of this Statement is to provide users of government financial statements with essential information about certain types of capital assets. This statement requires certain types of capital assets to be disclosed separately in the capital assets note disclosures required by Statement 34. Lease assets recognized in accordance with Statement No. 87, *Leases*, and intangible right-to-use assets recognized in accordance with Statement No. 94, *Public-Private and Public-Public Partnership and Availability Payment Arrangements*, should be disclosed separately by major class of underlying asset in capital assets note disclosures. Subscription assets recognized in accordance with Statement No. 96, *Subscription-Based Information Technology Arrangements*, also should be separately disclosed. In addition, this Statement requires intangible assets other than those three types to be disclosed separately by major class.

Statement No. 104 will be effective for the Authority beginning with its year ending June 30, 2026.

* * * * *

This report is intended solely for the information and use of management, the Board and others within the Authority and is not intended to be, and should not be, used by anyone other than these specified parties.

If you have any questions concerning any of these items or if we can be of further assistance, please contact us. We thank you for the opportunity to conduct your audit for the year ended June 30, 2024 and express our appreciation to everyone for their cooperation during this engagement.

PBMares, LLP

PBMares, LLP

ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY

EXECUTIVE SUMMARY

<u>AGENDA TITLE:</u> FY25 March YTD Financial Report (Unaudited)	<u>AGENDA DATE:</u> May 8, 2025
<u>SUBJECT/PROPOSAL/REQUEST:</u>	<u>FORMAL AGENDA:</u> <u>ACTION:</u> No <u>INFORMATION:</u>
<u>STAFF CONTACTS:</u> Martin Kumer, Superintendent Ann Shawver, Financial Consultant	<u>CONSENT AGENDA:</u> <u>ACTION:</u> No <u>INFORMATION:</u>
	<u>ATTACHMENTS:</u> Yes

Summary

As of March 31, 2025, net revenues of \$394,000 are projected from the Operating Fund, an improvement over the \$370,000 projected as of January. Positive performance relative to budget is projected from both revenues and expenditures.

The Debt Service Fund has received member contributions in accordance with budget with a lesser amount of interest expense. Interest-only payments are due in July and January. For FY25, member jurisdiction contributions will total \$200,000 while total interest expense of \$115,000 is projected. Excess debt service funding in FY25 will be used to reduce the required funding in FY26.

The Construction Fund is reported on a cumulative basis and includes both FY24 and FY25 activity through April. The Authority has drawn \$3,127,000 in bank loan proceeds to reimburse construction management, architectural, permits, and value engineering services which total approximately the same.

Operating Fund Revenues

- Revenues are tracking ahead of expectation through March at 83% of the revenue estimate. This is driven by billings to member jurisdictions and Compensation Board funding which are both one month ahead of schedule.
- For the year as a whole, revenues are projected to top their estimate by 1.4% or \$259,000, a slight improvement compared with the January-based forecast.
- Revenue from housing of federal prisoners is expected to exceed budget as additional bed space is available for this purpose and as a result of several negotiated increases in the contracted daily rate.
- Conversely, state per diem revenue is negatively impacted by the receipt of federal revenue due to a claw back of funding on the part of the Commonwealth. This category is therefore projected to fall below the revenue estimate by \$121,000.
- Interest earnings are also projected to result in budgetary surplus. Rates remain

strong, the amount invested has increased and the revenue estimate was conservatively set.

- Grant revenue relates to the State Criminal Alien Assistance Program (SCAAP) Grant. A small amount has been received related to FY23. The budget anticipated current year application for these funds by all member jurisdictions. At this time, only Charlottesville is expected to participate and those funds (\$12,000) will be received in a later fiscal year. Therefore, this category is expected to fall below the revenue estimate by \$22,000.
- Other revenue is performing well through March due to some revenues received in full for the year. This category is expected to exceed the estimate for the year with cell tower leases renewed at higher amounts and with a higher than budgeted payment expected from the Inmate Canteen Fund to reimburse the Authority for eligible costs.

Operating Fund Expenditures

- Expenditures are on track through March at 73% of adopted budget
- Once the year has ended, they are projected to fall below the budget by 0.8% or \$135,000, a slight improvement compared with the projection as of January.
- Authority management has added nursing staff, reducing reliance on contract nursing, and the salaries and benefits category is expected to exceed budget while the contractual services category is expected to fall well below budget.
- Inmate food costs and medical costs are both trending below budget, contributing to an expected positive result compared to budget, however inmate medical expenses can vary significantly based on the medical needs of the inmate population, and they will continue to be monitored as the fiscal year comes to a close.
- The Inmate Other category is negatively impacted by laundry/janitorial costs that are exceeding budget due to increased cost of inmate hygiene products, Prison Rape Elimination Act (PREA) certified shower curtains, transitioning from striped uniforms to solid teal color uniforms for the male inmates and the replacement of all inmate bedding.
- Facility costs are expected to exceed the budget due to utility costs and repair and maintenance expenses which will exceed the budgeted amounts.
- Capital outlay costs have exceeded budget due to the unanticipated purchase of a radiograph scanner and replacement of a HVAC system.

Recommendations: None at this time.

Albemarle-Charlottesville Regional Jail
Statement of Revenues, Expenditures and Changes in Net Position
Nine Month Period Ended March 31, 2025
(Unaudited)

Operating Fund

Category	FY25 March YTD	FY25 Budget	% Budget Recognized (Target is 75%)	FY25 Projection	FY25 Projected Budget \$ Variance Positive/ (Negative)
Member jurisdiction contributions	8,192,500	9,831,000	83%	9,831,000	-
Compensation Board funding	5,695,081	6,896,000	83%	6,896,000	-
State per diem	292,783	425,000	69%	304,000	(121,000)
Telephone system revenue	193,851	250,000	78%	250,000	-
Housing of federal prisoners	204,842	125,000	164%	360,000	235,000
Department of Corrections Rx reimbursements	9,300	7,000	133%	13,000	6,000
Federal, state and private grants	1,363	30,000	5%	8,000	(22,000)
Interest revenue	137,483	100,000	137%	185,000	85,000
Other revenue	181,661	232,000	78%	308,000	76,000
Total revenues	14,908,864	17,896,000	83%	18,155,000	259,000
Salaries and benefits	10,567,469	13,731,000	77%	14,065,000	(334,000)
Contractual services	300,917	937,000	32%	435,000	502,000
Inmate food	326,867	525,000	62%	448,000	77,000
Inmate medical	477,559	845,000	57%	821,000	24,000
Inmate other	107,416	135,000	80%	157,000	(22,000)
Employee food and uniform	154,579	210,000	74%	206,000	4,000
Other operating costs	352,552	454,000	78%	442,000	12,000
Facility costs	649,215	866,000	75%	901,000	(35,000)
Capital outlay	211,757	193,000	110%	286,000	(93,000)
Total expenditures	13,148,333	17,896,000	73%	17,761,000	135,000
Change in net position	1,760,532	-		394,000	394,000

Debt Service Fund

Category	FY25 March YTD	FY25 Budget	% Budget Recognized	FY25 Projection
Member jurisdiction contributions	166,667	200,000	83%	200,000
Debt service - interest	36,036	200,000	18%	115,000
Change in net position	130,631	-		85,000

Construction Fund

Category	Cumulative Project Costs to 4/30/25	Project Budget	% Budget Recognized
Bank loan proceeds	3,126,934	4,500,000	69%
Construction management	43,547	240,000	18%
Architectural services	2,937,345	4,100,000	72%
Permits, value engineering, other expenses	82,180	90,000	91%
Debt issuance costs	66,879	70,000	96%
Total expenditures	3,129,951	4,500,000	70%
Change in net position	(3,017)	-	



COMMONWEALTH OF VIRGINIA
VIRGINIA DEPARTMENT OF CORRECTIONS
LOCAL FACILITIES
JAIL INSPECTION REPORT



Facility: Albemarle Charlottesville Regional Jail	Year Built:	
Current Inmate Population: 274 (240M 34F)	Operational Cap:	329
Address: 160 Peregory Ln, Charlottesville Va. 22902	Facility Admin/ Contact Person:	Col. Martin Kumer/ Lt. Col. Robert Barnabei/ Nicole DiNuzzi
Sheriff: Supt. Martin Kumer		
Date(s) of Inspection: 4/23-24/2025	DOC Inspector: Paul Beaupre, Sr.	

Last inspection (date): 8/2024

Deficient Standards: 540

Last audit (year): 7/2023

Deficient Standards: 400, 980

INMATE INFO

Male:

Female:

OF BEDS

on HEM:

Total # of Beds:

STATISTICS FOR YEAR:

Escapes:

Apprehended:

Erroneous releases:

Hostage situations:

FACILITY PERSONNEL

of Jail Deputies/Sworn

staff: 91 certified/ 44

civilians

of Civilian Staff Assigned

to Control Posts:

Local Facilities



Jail Inspection Report

Commonwealth of Virginia
Virginia Department of Corrections
Local Facilities



LIFE, HEALTH, SAFETY STANDARD	COMPLIANCE			OBSERVATIONS/DOCUMENTATION OF COMPLIANCE
	YES	NO	N/A	
6VAC15-40-150. Inmate Exercise – Written policy, procedure, and practice shall provide that all inmates have access to physical exercise. Facilities with specified exercise areas shall provide inmate exercise a minimum of one hour per week. Facilities without specified exercise areas shall provide equipment or an area within the dayroom for inmates to exercise large muscle groups on a daily basis. Shortage of staff shall not hinder inmate access to physical exercise. Exceptions for inclement weather or risk to security shall be documented.	X			<u>Review written policy and procedures.</u> <u>Review exercise documentation.</u> <u>Review documentation of exceptions (disciplinary segregation inmates are exempt).</u> <u>Observation. Interview staff/inmates.</u> ACRJ SOP# 7.09 3/17/2025. Reviewed rec logs and noted. Observed rec areas during facility tour.
6VAC15-40-320. Licensed Physician - A licensed physician shall supervise the facility's medical and health care services. Facilities that contract with private medical facilities or vendors shall maintain a current copy of the agreement, unless employed by the facility.	X			<u>Review current license. Review current copy of agreement (if applicable).</u> <u>Interview staff.</u> Pamela Reynolds, MD, exp. 11/30/2026. Agreement between ACRJ and UVA Physicians Group dated 1/1/2023. Annual renewals.
6VAC15-40-340. Health Care Provider and Licensing, Certification and Qualification of Health Care Personnel – Each facility shall have a minimum of one licensed or qualified health care provider who is accessible to inmates a minimum of one time per week. Health care personnel shall meet appropriate and current licensing, certification, or qualification requirements.	X			<u>Review current licensing/qualifications for health care provider. Review schedule/documentation of accessibility to inmates. Review current licensing/certification/qualification for in-house health care personnel. Interview staff/inmates.</u> Reviewed 26 healthcare staff credentials and all appear to be current. ACRJ SOP#13.02 IV 1.
6VAC15-40-360. Twenty-Four Hour Emergency Medical Care - Written policy, procedure, and practice shall provide 24-hour emergency care medical and mental health care availability.	X			<u>Review written policy and procedure. Review incident reports (if applicable).</u> <u>Interview staff.</u> ACRJ SOP#13.10 1/15/2024. Local Rescue units and UVA. Reviewed incident reports and noted.

Local Facilities

6VAC15-40-370. Receiving and Medical Screening of Inmates - Written policy, procedure, and practice shall provide that receiving and medical screening be performed on all inmates upon admission at the facility. The medical screening shall: <ol style="list-style-type: none"> 1. Specify screening for current illnesses, <u>health problems</u> and conditions, and past history of communicable diseases; 2. Specify screening for current symptoms regarding the inmate's <u>mental health</u>, <u>dental problems</u>, <u>allergies</u>, present medications, <u>special dietary requirements</u>, and symptoms of <u>venereal disease</u>; 3. Include inquiry into past and present <u>drug and alcohol abuse</u>, <u>mental health status</u>, <u>depression</u>, <u>suicidal tendencies</u>, and <u>skin condition</u>; and 4. For female inmates, include inquiry into possible <u>pregnancy</u> or gynecological problems. 5. All inmates shall receive a tuberculosis (TB) skin test within seven days of admission to the facility. 	X			<u>Review written policy and procedures.</u> <u>Review medical screening form (all 5 elements must be included on the form).</u> Interview staff. ACRJ SOP# 13.03 10/31/2023. Medical screening forms appear to contain all 5 elements of the standard.
6VAC15-40-380. Inmate Access to Medical Services - Written policy, procedure, and practice shall be developed whereby inmates can be informed, at the time of admission to the facility, of the procedures for gaining access to medical services.	X			<u>Review written policy and procedures.</u> <u>Review inmate handbook/orientation.</u> <u>Interview staff/inmates.</u> ACRJ SOP# 13.10. 1/15/2024. Inmate handbook Chapter 6 pg. 53-57.
6VAC15-40-390. Training and Competency of Staff - All security staff shall be trained and competent in rendering basic first aid and CPR by a recognized certifying agency. All training shall be documented.	X			<u>Review current official training records (can be first aid/CPR cards, class roster or basic/in-service training curriculum).</u> Interview staff. Training records reviewed and all security staff appear to be current. Facility performs CPR training every 2 years.
6VAC15-40-393. Universal Precautions - 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.	X			<u>Review training records.</u> Interview staff. Reviewed training records and all staff appear to be current. Policies are reviewed biannually in March and September. Last done 3/2025, next due 3/2026.
6VAC15-40-395. Management of Sharps - Written policy, procedure, and practice shall govern the control, storage, and use of sharps including, at a minimum, needles, scalpels, lancets, and dental tools.	X			<u>Review written policy and procedures.</u> <u>Review inventory sheets.</u> <u>Observe storage area.</u> Interview staff. ACRJ SOP# 13.08 IV B 2 11/1/2023. Observation and inventory review made during medical tour.

Local Facilities

6VAC15-40-400. Management of Pharmaceuticals - Written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of pharmaceuticals, including receipt, storage, dispensing and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.	X		<u>Review written policy and procedures.</u> <u>Review medication administration records.</u> <u>Review records for disposal of unused or expired medications.</u> <u>Review medical authority 12 month review.</u> <u>Observe storage area.</u> <u>Interview staff.</u> ACRJ SOP# 13.08 11/1/2023. Dr. Pamela Reynolds reviewed 6/14/23, 9/8/2023, 3/6/2024, 9/5/2024 , 3/10/2025 due next 3/2026. Reviewed MARS and noted. Pharmacy returns reviewed and noted. Observed storage during tour.
6VAC15-40-405. Automated External Defibrillator (AED) – There shall be a minimum of one AED unit available in the facility. All security staff shall receive training in the operation of the unit.	X		<u>Review current official training records.</u> <u>Observation.</u> Training records reviewed and all security staff appear to be current. Facility performs CPR training every 2 years.Observed AED in Master control, Intake and Medical during tour.
6VAC15-40-420. Transfer of Summaries of Medical Record – Medical record summaries shall be transferred to the same facility to which the inmate is being transferred. Required information shall include: vital signs, current medications, current medical/dental problems, mental health screening, mental health problems, TB skin test date and results, special inmate needs/accommodations, pending medical appointments, medical dispositions, overall comments, health care provider/personnel signature and date, and any additional pertinent medical information such as lab work, x-rays, etc.	X		<u>Review medical record summary sheets.</u> Reviewed medical transfer summaries and noted.
6VAC15-40-430. Medical or Pharmaceutical Testing for Experimental or Research Purposes - Written policy and practice shall prohibit medical or pharmaceutical testing for experimental or research purposes.	X		<u>Review written policy.</u> <u>Interview staff/inmates.</u> ACRJ SOP# 13.11 IV C 11/1/2023.
6VAC15-40-440. Medical Care Provided by Personnel Other than Physician - Medical care performed by personnel other than a physician shall be pursuant to a written protocol or order. Protocols or orders shall be reviewed and signed by the supervising physician every 12 months.	X		<u>Review written protocol or order.</u> <u>Review documentation of 12 month review and approval by physician.</u> <u>Interview staff.</u> Reviewed nursing protocols and noted. Signed 3/10/2025, 9/5/2024, 3/5/2024, 10/2/2023, 3/18/2023 by Dr. Pamela Reynolds. Due next 3/2026.

Local Facilities

6VAC15-40-450. Suicide Prevention and Intervention Plan – 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.	X			<u>Review written suicide prevention and intervention plan. Review approval by medical or mental health authority. Review documentation of 12 month staff review. Interview staff.</u> ACRJ SOP# 13.01 10/13/2023 Medical reviewed signed 3/10/2025, 9/5/2024, 3/5/2024, 10/2/2023, 3/18/2023 by Pamela Reynolds, MD. Reviewed training records and all staff appear to be current. Policies are reviewed biannually in March and September. Last done 3/2025, next due 3/2026
6VAC15-40-540. Standards for Food Service Equipment and Personnel - Written policy, procedure, and practice shall ensure that 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. The facility shall have a Virginia Department of Health (VDH) inspection conducted every 12 months. Written reports of the VDH inspections shall be on file with the facility administrator.	X			<u>Review written policy and procedures. Review VDH inspection reports. Review license/permit.</u> ACRJ SOP# 11.01.IV.A.18a. VDH inspection dated 5/10/23, 6/13/2024(deficient 2024 inspection), 4/2/2025. Next due 5/4/2026. Permit expires 12/31/25.
6VAC15-40-545. Standards for Inmate Food Service Workers – 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.	X			<u>Review written policy and procedures. Review documentation of visual medical examination and TB skin test of inmates assigned to food service.</u> ACRJ SOP# 11.01.12/1/2023. Reviewed 25 inmate worker records and noted. All appear to be current.
6VAC15-40-550. Food Service Program - Written policy, procedure, and practice shall ensure a food service program that meets the following: <ol style="list-style-type: none"> 1. The menu meets the dietary allowances as stated in the Recommended Dietary Allowances (RDA), National Academy of Sciences; 2. There is at least a one-week advance menu preparation; 3. Modifications in menus are based on inmates' medical or reasonable religious requirements. Medical or dental diets shall be prescribed by the facility's medical authority. 4. RDA evaluation of facility menus shall be completed by an independent registered dietitian or certified nutritionist every three years; and 5. Additional evaluations shall be completed when a substantive change in the menu or food service provider occurs. 	X			<u>Review written policy and procedures. Review all menus. Review menu modifications for medical and religious diets (if applicable). Review RDA evaluation of facility menus. Review license/certification of dietician or nutritionist. Review additional menu evaluations (if applicable). Interview staff.</u> ACRJ SOP# 11.01.IV.B 12/1/2023. Facility uses VADOC 4 week rotating menu. RDA evaluation letter is dated 4/15/2024. Next due 4/15/2027. Nicole Keeney, RD exp 8/31/2025
6VAC15-40-560. Meals Prepared, Delivered, and Served Under Direct Supervision of Staff – Written policy, procedure, and practice shall ensure meals are prepared, delivered, and served under the direct supervision of staff.	X			<u>Review written policy and procedures. Observation. Interview staff/inmates.</u> ACRJ SOP# 11.01 12/1/2023 Observed during tour.

Local Facilities

6VAC15-40-580. Food Services Program Not a Disciplinary Measure - Written policy, procedure, and practice shall ensure food is not used as disciplinary measure.	X		<u>Review written policy and procedures.</u> <u>Review documentation of alternate meal usage (if applicable).</u> <u>Interview staff/inmates.</u> ACRJ SOP#11.07 IV D 1. 9/1/2023
6VAC15-40-740. Requirements for Clothing, Linen and Towels – Written policy, procedure, and practice shall provide that a record is kept to show that clean linens and towels are supplied once a week, a clean change of clothing is provided twice per week, and inmates shall be held accountable for their use.	X		<u>Review written policy and procedures.</u> <u>Review laundry records.</u> <u>Interview staff/inmates.</u> <u>(Clothing must be offered on two separate days.)</u> ACRJ SOP# 10.01 9/1/2023. Reviewed laundry log book and laundry exchange records.
6VAC15-40-840. Post to Control Security of Jail – The facility shall maintain a designated post, staffed 24 hours a day, that controls activities and flow of people in and out of the secure area of the jail. Main facility control posts may be staffed by civilian personnel who have been provided on-the-job training in facility security procedures, emergency plans, and communications. Such training shall be documented in writing with the same frequency as required by standards for all facility employees. Civilian personnel assigned to the control posts shall not be assigned to other posts requiring direct inmate contact and supervision.	X		<u>Review training records for civilian personnel.</u> <u>Review post orders or job descriptions (refer to 6VAC15-40-960).</u> <u>Review restrictions on inmate access to control centers.</u> <u>Observation.</u> <u>Interview staff.</u> No Civilian staff work master control. Reviewed Post Order and no inmates are allowed in area. Observed during tour.
6VAC15-40-870. Security and Storage of Security Devices – Written policy, procedure, and practice shall govern the security, storage, and use of firearms, ammunition, chemical agents, and related security devices that are stored in and assigned to the facility to ensure that: <ol style="list-style-type: none"> 1. The facility shall provide secure storage for firearms, ammunition, chemical agents and related security devices accessible to authorized personnel only and located outside the security perimeter or the inmate housing and activity areas; 2. Personnel who carry firearms and ammunition are assigned positions that are inaccessible to inmates (with the exception of emergencies); and 3. Personnel who discharge firearms or use chemical agents other than for training purposes, submit written reports to the facility administrator or designee no later than the conclusion of the shift during which same are discharged or used. 	X		<u>Review written policy and procedures.</u> <u>Review training records pertaining to firearms and use of chemical agents.</u> <u>Review master inventory sheets.</u> <u>Review written reports (if applicable).</u> <u>Observe storage areas (gun boxes, armory, etc.).</u> <u>Interview staff.</u> ACRJ SOP# 7.05 V 1. 9/1/2023. Reviewed firearm training records and inventory. Observed gun storage areas during tour. Armory is located outside of secure perimeter. Reviewed Use of Force incident reports and noted.
6VAC15-40-900. Examination and Maintenance of Security Devices - Written policy, procedure, and practice shall specify that, at least once daily, a careful examination is made of security devices and that maintenance is routinely performed to ensure their proper operation.	X		<u>Review written policy and procedures.</u> <u>Review daily security device checks.</u> <u>Review maintenance logs.</u> <u>Interview staff.</u> <u>(Minimum requirements for security devices: locks, bars/doors, and windows.)</u> ACRJ SOP# 7.13 12/1/2023. Reviewed daily checks and maintenance work orders.

Local Facilities

6VAC15-40-910. Searches of Facility and Inmates – Written policy, procedure, and practice provide for searches of facilities and inmates to control contraband and provide for the disposition of contraband. A schedule of searches shall be developed to ensure all housing areas of the facility have been searched on a random, but at least quarterly, basis. These procedures are not made available to inmates.	X		<u>Review written policy and procedures.</u> <u>Review documentation of quarterly facility and inmate searches.</u> <u>Review disposition records.</u> <u>Interview staff.</u> ACRJ SOP# 7.13- 12/1/2023. Reviewed facility and inmate search incident forms and noted. Forms also included disposition.
6VAC15-40-930. Key and Door Control – Written policy, procedure, and practice shall govern key and door control. Perimeter security door keys shall not be issued to staff unless authorized as per the approved emergency plans.	X		<u>Review written policy and procedures.</u> <u>Review master key inventory.</u> <u>Review issuance log.</u> <u>Observe set of emergency keys.</u> <u>Observe storage area and use.</u> <u>Interview staff.</u> ACRJ SOP# 7.21 9/1/2023. Reviewed master key inventory, emergency keys and issuance logs during tour.
6VAC15-40-940. Culinary Items - Written policy, procedure, and practice shall govern the control and use of culinary items.	X		<u>Review written policy and procedures.</u> <u>Review master inventory sheet or shadow board.</u> <u>Review issuance log/accountability procedures.</u> <u>Observation.</u> <u>Interview staff.</u> ACRJ SOP# 7.14 IV B. 9/1/2023. Observed master inventory sheet, issuance log and shadow board.
6VAC15-40-945. Tools – Written policy, procedure, and practice shall govern the control and use of tools.	X		<u>Review written policy and procedures.</u> <u>Review master inventory sheet or shadow board.</u> <u>Review issuance log/accountability procedures.</u> <u>Observation.</u> <u>Interview staff.</u> ACRJ SOP# 7.14IV A. 9/1/2023. Reviewed tool inventory sheets. Observed during tour.
6VAC15-40-950. Flammable, Toxic and Caustic Materials - Written policy, procedure, and practice shall specify the control and storage of cleaning equipment and use of all flammable, toxic and caustic materials. Inmate access shall be limited and closely supervised.	X		<u>Review written policy and procedures.</u> <u>Review master inventory of all chemicals stored within the facility.</u> <u>Review Material Safety Data Sheets (MSDS) for all chemicals stored within the facility.</u> <u>Observe secure storage area.</u> <u>Observe flammable materials stored in an approved fire proof storage cabinet or outside the facility.</u> <u>Interview staff.</u> ACRJ SOP# 7.14 IV D 9/1/2023. Reviewed inventory sheets and observed secure storage areas. SDS appear to be current.

Local Facilities

6VAC15-40-970. Restrictions of Physical Force - Written policy, procedure, and practice shall restrict the use of physical force to instances of justifiable self-defense, protection of others, protection of property, orderly operation of the facility and prevention of escapes. In no event is physical force justifiable as punishment. A written report shall be prepared following all such incidents described above and shall be submitted to the facility administrator, or designee, for review and justification.	X			<u>Review written policy and procedures.</u> <u>Review use of force reports. Interview staff.</u> ACRJ SOP# 7.05 9/1/2023. Reviewed incident reports and noted. Noted administrative reviews.
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.	X			<u>Review written policy and procedures.</u> <u>Review current written agreement/contract. Review inmate records (if applicable). Interview staff.</u> ACRJ SOP# 13.16 IV A. 12/20/2023. Agreement is with Motunrayo Ayodeji, DNP, and Bruce Cohen, MD eff 12/18/2023.
6VAC15-40-1030. Assessment of Inmates in Disciplinary Detention or Administrative Segregation – Written policy, procedure, and practice shall require that a documented assessment by medical personnel that shall include a personal interview and medical evaluation of vital signs, is conducted when an inmate remains in disciplinary detention or administrative segregation for 15 days and every 15 days thereafter. If an inmate refuses to be evaluated, such refusal shall be documented.	X			<u>Review written policy and procedures.</u> <u>Review documented evaluation (not to exceed 15 days). Review documented refusals (if applicable). Interview staff.</u> ACRJ SOP# 4.07 IV E 1. 10/1/2024 Reviewed segregation assessments that did not exceed 15 days.
6VAC15-40-1040. Staff Training – The facility shall provide for 24-hour supervision of all inmates by trained personnel.	X			<u>Review training records.</u> Reviewed new employee academy records.
6VAC15-40-1045. Supervision of Inmates – 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.	X			<u>Review documentation of random checks. Observation of housing areas (inspection means visual observance of all inmates in the housing area including linear, indirect and direct supervision facilities). Interview staff/inmates.</u> Reviewed officer location logs for twice hourly checks. Following dates checked: 9/15/2024, 10/31/2024, 11/15/2024, 12/25/2024, 1/10/2025, 2/14/2025, 2/20/2025, 3/9/2025, 4/20/2025. Observed housing areas during tour.

Local Facilities

6VAC15-40-1080. Emergency Plans and Fire Drills – 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.	X		<p><u>Review fire prevention practices (maintenance of smoke detection equipment, fire extinguishers serviced, ensuring living areas are kept free of clutter, and proper storage of combustible materials). Review staff duties. Review emergency plans. Review documentation of 12 month staff review. Review documentation of quarterly fire drills. Observe posted evacuation routes. Interview staff.</u></p> <p>Reviewed training records and all staff appear to be current. Policies are reviewed biannually in March and September. Last done 3/2025, previous 9/2024, next due 3/2026. ACRJ SOP#8.01 12/1/2023. Emergency Procedures appear to contain all elements of the standard. Fire drills conducted monthly and noted.</p>
6VAC15-40-1100. Fire Safety Inspection - The facility shall have a state or local fire safety inspections 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 the facility administrator.	X		<p><u>Review fire safety inspection reports. Review plan of action for all violations and documentation of approval by the State Fire Marshal's Office or local approved fire marshal. Interview staff.</u></p> <p>Albemarle County Fire Marshal Insp dated 7/25/2023(6 violations), 8/30/2023, 7/31/2024, 9/11/2024, 10/23/2024, next due 10/2025.</p>
6VAC15-40-1120. Mattresses, Pillows and Trash Receptacles - Mattresses, pillows and trash receptacles present in the secured housing shall be of fire retardant materials.	X		<p><u>Review documentation for mattresses, pillows, and trash receptacles for fire retardant material. Observation.</u></p> <p>Reviewed mattress, pillows and trash receptacle information sheets. Facility purchases Bob Barker items. Observed during facility tour.</p>
6VAC15-40-1140. Cleanliness - The facility floors, halls, corridors and other walkway areas shall be maintained in a clean, dry, hazard-free manner.	X		<p><u>Observation (includes cracks/rust in shower stalls and cracks in floors which can result in the build-up of water/dirt that is inaccessible for cleaning, therefore, results in unsanitary conditions). (Floor areas include day areas and individual cells.)</u></p> <p>Observed during facility tour.</p>
6VAC15-40-1150. Vermin and Pest Control - The facility shall control vermin and pests and shall be serviced at least quarterly by a licensed pest control business or personnel certified by the Virginia Department of Agriculture and Consumer Services.	X		<p><u>Review contract or license for pest control business/personnel. Review quarterly service records. Observation. Interview staff/inmates.</u></p> <p>Reviewed monthly service invoices and noted. Orkin Exterminating Lic. #348 Exp. 3/31/2026.</p>

Local Facilities

6VAC15-40-1160. Appropriate Lighting and Heating - A. All housing and activity areas shall provide for appropriate lighting and heating. B. Appropriate lighting shall be at least 20 foot-candles at desk level and in personal grooming areas. C. Heat shall be evenly distributed in all rooms so that a temperature no less than 65° F is maintained. Air conditioning or mechanical ventilation systems, such as electric fans, shall be provided when the temperature exceeds 85° F.	X			<u>Light meter readings. Observation. Interview staff/inmates.</u> Observed during facility tour. Lighting appears adequate.
6VAC15-40-1170. Water Utilities - All housing areas shall have toilets, showers, drinking water and washbasins with hot and cold running water accessible to inmates.	X			<u>Observation. Interview staff/inmates.</u> Observed during facility tour.
6VAC15-40-1195. Contact with Juveniles - The facility shall have one or more employees on duty at all times responsible for auditory and visual contact with each juvenile at least every 30 minutes. Contact shall be at least every 15 minutes when juveniles exhibit self-destructive or violent behavior.			X	<u>Review supervision logs. Observation. Interview staff.</u> Facility does not house juveniles.
6VAC15-40-1200. Isolation and Segregation of Juveniles - Isolation cells or segregation within a cellblock shall be utilized only as a protective or disciplinary measure.			X	<u>Review isolation/segregation logs. Observation.</u> Facility does not house juveniles.

INSPECTION RESULTS: Compliant

Deficient Standards:

Additional Comments/Deficiencies

1. Staff were very helpful in obtaining documentation for folders.
2. Facility has updated Standard Operating Procedures since the last inspection.
3. Showers in HU2 need heavy cleaning.
4. Facility was approved for the renovation project. Work will start soon.

Plan of Corrective Action

Regulations governing certification and inspection require that the results of this inspection be reported to the Board of Local and Regional Jails. Cited non-compliances require a written Plan of Corrective Action, and Board review may change the certification status of the jail.

A written plan of corrective action is required by (7 days from date of inspection): N/A

Local Facilities


All corrections to deficiencies are to be completed by (30 days from date of inspection): N/A

Please submit your plan of corrective action to the Regulatory Compliance Supervisor, utilizing one option below:

Mailing Address: Tawana Ferguson
Regulatory Compliance Supervisor
P. O. Box 26963
6900 Atmore Drive
Richmond, VA 23261
Email: Tawana.ferguson@vadoc.virginia.gov

If you need further assistance or have questions, your Regulatory Compliance Analyst may be reached at (804)-239-0278

Exit interview with (signature):  Title: Superintendent
Printed Name: Martin Turner

Regulatory Compliance Analyst (signature): 
Printed Name: Paul Beaupre, Sr. _____
Date: 4/24/2025

ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY

EXECUTIVE SUMMARY

<u>AGENDA TITLE:</u> Proposed Annual Report to Jurisdictions <u>SUBJECT/PROPOSAL/REQUEST:</u> <u>STAFF CONTACTS:</u> Martin Kumer, Superintendent	<u>AGENDA DATE:</u> May 8, 2025 <u>FORMAL AGENDA:</u> INFORMATION <u>CONSENT AGENDA:</u> No <u>ATTACHMENTS:</u>
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Background:

Several months ago Charlottesville Citizen Representative, David Brown proposed that the Jail Superintendent submit an annual report covering the previous Fiscal Year from July 1 – June 30 to each of the Jail's three jurisdictions at the conclusion of the fiscal year.

The report will be submitted to the Clerk of each Governing Body no later than August 1. After receiving the report, The Governing Body may then elect to have the Superintendent present the report in person. The report will be no longer than one page.

Conclusion:

The following topics are proposed to be included in the Fiscal Year 2025 Annual Report.

- 1) Budget (short form)
 - a. Most recent audited report (FY 2024)
 - b. Estimated Year End Report (FY 2025)
 - c. Budget for the current year (FY 2026)
- 2) Population Impact to each Jurisdiction
 - a. The previous Fiscal Year
 - b. Five Year Average
- 3) Crimes Trends (Top 5)
 - a. Overall
 - b. Specific to each jurisdiction
- 4) Programming
 - a. Types of Programming
 - b. Participation Rates
 - c. Initiatives/Programming with community partners
- 5) Staffing
 - a. Broken down by position.
- 6) Medical Trends (Top 5)
 - a. Health Trends
 - b. Pharmaceutical Trends
 - c. Mental Health Trends

ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY

EXECUTIVE SUMMARY

<u>AGENDA TITLE:</u> List of Prequalified Contractors	<u>AGENDA DATE:</u> May 8, 2025
<u>SUBJECT/PROPOSAL/REQUEST:</u>	<u>FORMAL AGENDA:</u> Yes
<u>STAFF CONTACTS:</u> Martin Kumer, Superintendent	<u>ACTION ITEM:</u> No
	<u>ATTACHMENTS:</u>

Background:

At the Board Authority's September 12, 2024, the Board adopted a Prequalification Policy. This policy will allowed the Board to use the criteria as specified in the Code of Virginia to ensure that only experienced and qualified contractors are allowed to bid on the expansion and renovation.

Six companies submitted pre-qualification applications and all six companies have been reviewed and deemed qualified to bid.

The following contractors, in alphabetical order, have been pre-qualified to bid on the Jail's expansion and renovation.

Branch Builds
English Construction
HOAR Construction
Kenbridge Construction
Nielsen Construction
W.M. Schlosser Construction

Recommendation:

Representatives from Moseley Architects and Downey and Scott will be present at the Board meeting to discuss and answering any questions.

Information only.

**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL AUTHORITY
EXECUTIVE SUMMARY**

<u>AGENDA TITLE:</u> Overview of the Final Design <u>SUBJECT/PROPOSAL/REQUEST:</u> <u>STAFF CONTACTS:</u> Martin Kumer, Superintendent	<u>AGENDA DATE:</u> May 8, 2025 <u>FORMAL AGENDA:</u> Yes <u>ACTION ITEM:</u> No <u>ATTACHMENTS:</u> Yes
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Background:

Moseley Architects will present an overview of the final design.

Recommendation:

Information only.