

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Corrections
Maximum Security Unit (ARDOC)
Tucker, Arkansas

March 12 - 14, 2018

VISITING COMMITTEE MEMBERS

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A. Introduction

The audit of the ADC- Maximum Security Unit [MSU], Tucker, Arkansas was conducted on March 12-14, 2018, by the following team: Paul S. Hastmann, Chairperson; Tamera Williams, Member; and Laura Lafoya, Member.

B. Facility Demographics

Rated Capacity: 532 for the Maximum Unit vs. 565 at the last audit
124 for the Tucker Female Re-Entry Center [closed]
656= total for both units

Operating Capacity: 669 for both facilities

Actual Population: 556 at Maximum Unit only vs. 564 at last audit

Average Daily Population for the last 12 months: 647 including Re-Entry vs. 561 for Maximum only at last audit

Average Length of Stay: 13 years, 8 months and 2 days

Average Sentence Length: 33 years

Security/Custody Level: Maximum, Medium and Minimum and High Security

Age Range of Offenders: 20-70 plus

Gender: Male only in Maximum Unit and Female only in Re-Entry Center

Full-Time Staff: 175

21-Administrative/Support, 0-Program, 143-Security, 1-Other [part-time]

Of the total inmate population on the first day of the audit, 209 were White, 336 Black and 11 Other. The security/custody level usually approximates 38% maximum, 28% medium and 34% minimum when the female re-entry was open. With its' recent closure the, Maximum Unit minimum/trusty number is reduced to about 17% of the population. On the first day of the site visit, about 10% of the population was considered High Security.

Of the staff complement, about 85% were Black and 15% White. Of the security staffing, about 47% was female. There were 39 vacancies, mostly security positions, reported on the first day of the audit. The staff seems to be divided into two distinct groups, those with considerable experience and seniority and then those who are relatively new to the profession. The vacancy rate since the last audit has hovered around 11-12% each month, primarily due to high turnover not attributable to retirements but rather new staff leaving early in their tenure. It should be noted that the entire upper leadership of the facility as well as the accreditation specialist is different than at the last audit.

C. Facility Description

The mission of the Arkansas department of Correction [ADC} is to provide public safety by carrying out the mandates of the courts, provide a safe and humane environment for staff and inmates, provide programs to strengthen the work ethic and provide opportunities for spiritual, mental and physical growth.

The mission of the Maximum-Security Unit is to provide for the custody, housing and treatment of male inmates, whose assaultive and insubordinate behavior patterns warrant increased security and supervision.

In October, 2016, the Tucker Re-Entry Facility for females became part of the Maximum- Security Unit. It primarily served as a work release and release preparation unit. In June, 2017, this unit was renovated to make more living space for the work release inmates, which resulted in an operating capacity of 124. On 3/2/18, the facility was closed and its' 25 correctional officers were transferred to larger units with greater staffing needs. This action was a move necessary to address the large gaps in staffing at several higher security facilities with a considerable number of vacancies to the extent that as of 3/1.18, the ADC was experiencing a 22.5% vacancy rate of all the correctional officer positions statewide. This situation exists despite a recent pay bump. A report indicated that the ADC lost 38% of the officer workforce hired in 2017 resulting in a considerable amount of mandatory overtime. Consequently, the audit team opted to consider the existence of the Re-Entry facility germane to this audit cycle since it was operational for almost one half of that period. The agency did prepare their accreditation files accordingly with documentation of the female minimum-security operation.

In 1983, the ADC constructed the first 108 beds for the Maximum-Security Unit. In 1985, those beds increased to 324. In 1986 the Death Row inmates were transferred from the Cummins Unit when the capacity reached 432. In 1996, the last 100 beds were constructed. In 2007, the unit chapel was built with funds raised by local churches and organizations. The Maximum-Security Unit is all inclusive, meaning that all the administrative offices, program and support staff and inmate housing is in one building. The facility is located in Tucker, Arkansas, approximately 40 miles south of Little Rock and sits on 2,140 acres of which 12.73 is within the security perimeter. The main structure is of brick and block building materials, there are eight cellblocks, four open barracks and two isolation Units. Four of the cellblocks, 1-4, houses general population inmates [mostly building workers, inside utility squads, food service workers, outside utility squads, maintenance workers, hoe squads and horse barn trustees]; the other four cellblocks [5-8], houses offenders that require restrictive housing [mostly administrative segregation]. These 8 cellblocks have a capacity of 54 inmates each. The open barracks, 9-12, houses general population inmates [mostly building workers, food service workers, horse barn trustees, maintenance workers, outside utility squads and the PAWS program] with a capacity of 25 inmates per unit. The isolation areas are located on either end of the main/central corridor. Both these living areas have a capacity of 30 inmates, who are mostly on punitive segregation status.

Administrative/support/program areas within the building include but are not limited to: infirmary/medical unit, laundry, inmate and staff dining halls, kitchen, gymnasium, school, general/law library, chapel, contact and noncontact visitation areas for general/legal visits, staff offices for security/support/program personnel, master control and other security related functions like camera/count room, a property storage area, and commissary. There is an outdoor recreation area at one end of the facility and outdoor exercise cages for the restricted population at the other end.

Outside the perimeter fence line is an entrance building for all staff and visitors, four towers, armory, stand-alone maintenance structure, horse barn/field detail area, gun range and training facility. To the rear of the building is the vehicle sally port where transport and delivery vehicles are processed.

During the growing season, the field crews work on about 28 acres where vegetables are grown for use by the MSU and other nearby correctional units.

To provide for more effective management of inmates and staff, a modified unit management concept was implemented dividing the operation into five distinct zones.

D. Pre-Audit Meeting

Two members of the team met on 3/11/18 at the airport, in Little Rock, and were transported by Agency ACA Coordinator to the hotel in Pine Bluff, Arkansas arriving at about 3:20 p.m. During the commute, all had the opportunity to discuss the information provided by the Association staff and the officials from Maximum Security Unit. At approximately 5:00 p.m. the two members absent Laura Lafoya, who was considerably delayed by travel issues, were taken to a nearby restaurant for a meet and greet with agency officials inclusive of Sandra Kennedy, Faith Willoughby, Unit ACA Specialist, Warden Aundrea Culclager, Randy Callas, Training Academy Director, Amanda Pasley, Training Academy ACA Coordinator, William Benton, HAS, and Kim Hoffman, CCS Regional Manager. Member Lafoya did not arrive at the hotel until midnight so the team met for breakfast to get more acquainted and to discuss the audit protocols.

The chairperson divided standards into the following groups:

Standards # 4-4401 to 4-4173 to Chairperson Paul S. Hastmann

Standards # 4-4174 to 4-4343 to Member Laura Lafoya

Standards # 4-4344 to 4-4530 to Member Tamera Williams

However, the team assisted each other as necessary to accomplish the mission on schedule.

E. The Audit Process

1. Transportation

The team was escorted to and from the hotel and facility by Sandra Kennedy, Agency ACA Coordinator each day arriving on 3/12/18 at 8:15 a.m., on 3/13/18 at 6:55 a.m. and on 3/14/18 at 8:15 a.m.

2. Entrance Interview

The audit team proceeded to the administrative conference room. The team expressed the appreciation of the Association for the opportunity to be involved with the Maximum-Security Unit in the accreditation process.

The formal entry meeting was held in this area on 3/12/18 from 8:20 - 8:55 a.m.

The following persons were in attendance:

Wendy Kelley, ADC Director
Dale Reed, Chief Deputy, Institutions
Dexter Payne, Deputy Director, Institutions
Rory Griffin, Deputy Director, Health/Programs
Mark Cashion, Assistant Director, Administrative Services
Aundrea Culclager, Warden
Todd Ball, Deputy Warden
Major D. Metcalf, Chief of Security
Sgt. L. Willis, Fire/Safety Officer
Faith Willoughby, Unit Accreditation Specialist
Capt. W. Westmoreland, Field Chief of Security
Sgt. E. Thompson, STG Coordinator
Sgt. K. Taylor, Tool Control
William Benton, Health Services Administrator
Sandra Kennedy, Agency ACA Coordinator
Linda Gibson, Agency Safety/Fire Coordinator
Randy Callas, Training Academy Administrator
Amanda Pasley, ACA Specialist-Training Academy

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chair mentioned that the team would interview staff and inmates during the course of the tour and randomly check inventories, counts etc., but would try to disrupt normal routine as little as possible. The chairperson then described the role and function of the designated "scribes". The team provided an overview of their correctional backgrounds and accreditation experiences as well as shared their assigned standards sections. The chair asked the attendees to introduce themselves and their job functions.

The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The tentative audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire interior of the facility and the Maintenance Building and Armory on 3/12/18 from 9:10 a.m. to 12:40 p.m. and resumed after a lunch period from 1:10 p.m. to 4:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Aundrea Culclager, Warden
Todd Ball, Deputy Warden
Dale Reed, Chief Deputy Director
Sandra Kennedy, Agency ACA Coordinator and “Scribe”
Linda Gibson, Agency Fire/Safety Coordinator
Felicia Bentley, “Scribe”
Faith Willoughby, Unit Accreditation Specialist and “Scribe”
Sgt. E. Thompson, STG Coordinator
Capt. W. Westmoreland COS Field Security

The Chairperson toured the exterior buildings inclusive of the Horse Barn and related shops, Training Building and firing range on 3/13/18 in the company of Sandra Kennedy and Capt. Westmoreland from about 7:00 a.m. to 8:30 a.m.

Facility notices were posted throughout the facility and most staff and some inmates were aware of the presence and purpose of the audit visit. In fact, ACA had forwarded six letters from six different inmates who apparently had seen the notice and sent the correspondence in response to above posting. The Chairperson and team members reviewed the contents and checked with the agency to determine if they were still housed at the unit. Of the letters, two were dated prior to the last audit so was not pursued. Of the remaining, two others had been transferred and were not available. Inmate G. Guerra was interviewed by Member Lafoya and his issues were discussed with the agency staff regarding alleged dirty water, mold on the cell walls, diminished inmate meal portions and perceived vitamin deficiencies. It should be noted that his correspondence was dated August, 2015 and seemed to be prompted by interactions during the tour by the last audit team in April, 2015. The team was satisfied that the agency leadership had already or was in the process of addressing these matters. The last letter from Inmate A. Reed dated February, 2018 was addressed by the Chairperson. The issue was that the inmate wanted to execute an interstate transfer and he indicated frustration with a perceived lack of progress. The Central Office staff person in charge of the Interstate Compact provided the team with a written report of his waiting list status and what other steps he has been instructed to take. Therefore, the team submits that it addressed all the written concerns presented to ACA.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security:

The MSU outer perimeter is surrounded by an asphalt road. Perimeter security is maintained through the use of three 12' high fences mounted in concrete. The interior and exterior chain link fences are topped with a single strand of razor wire with a strand of barbed wire running through the middle. The center fence is electrified and a four-zone motion activated microwave system enhances the fence line. There are three opening through the perimeter fence: one pedestrian front entrance sally port controlled by the south tower officer, one vehicular sally port controlled by the north side tower officer and a walk-through gate next to this area used by designated staff and inmates. Of the four available towers only the two above are armed and manned 24/7. Outer buildings operational keys and back up emergency keys are located in these towers. The other two have been unmanned since the installation of the electrified fence. There is an armed mobile patrol staffed 24/7 as well. A correctional officer rover conducts a fence line check once per shift. In addition, there are 20 exterior cameras to enhance perimeter security monitored from the camera room, major's office, master control and the warden's office.

Upon arrival, all staff and visitors enter through the outer perimeter front entrance building and must produce a picture ID and sign in a log. All personal belongings are sent through an X-Ray machine and thoroughly searched. Everyone is required to step on a body scanner, stand and rotate 360 degrees on a cell phone detector, undergo screening with a handheld metal detector and submit to a pat search. Staff also submits to a biometric finger print scanner. Once cleared all proceed to the administration building where staff go through another biometric screening at the administration officer's station. Visitors are always escorted and must display the pass received earlier.

The 24-hour master control is located at the front of the main building and is staffed by one officer who is responsible for controlling movement in and out of the secure facility as well as controls/issues radios, operational and emergency keys, restraints and chemical agents. In addition, this person monitors cameras and internal radio transmissions, the microwave detection system, and 17 panic alarms located throughout the facility. The fire alarm annunciate panel and radio base station are also in this area.

There are also housing unit satellite control centers located adjacent to two inmate living units staffed by a sergeant 24/7.

That person is responsible for controlling the electronic doors, checking out keys and inmate program tablets and observing inmates and roving officers. Officers check out a radio, keys, restraints and OC Spray and they are issued and required to wear stab proof vests.

The team noted that each security post had post orders which are acknowledged daily in writing and logs to document significant activities.

The facility conducts ten official counts per day with informal counts held as needed and outcounts where the above are completed. Scheduled and unscheduled searches are conducted of inmates and their living areas throughout the day. They may be at random or upon suspicion of contraband, Inmates returning to housing units from work assignments, food service, maintenance and recreation areas are subject to pat searches and successful passage through metal detectors which are strategically placed in the main corridor. Strip searches are performed by same gender staff on inmates who leave and return from the secure perimeter. Random monthly testing is done on at least 80 inmates. Inmate movement is either escorted or by activity schedule, lay in list or verbal orders. There are 92 internal cameras to assist in this process.

The small armory is located outside the perimeter fence at the base of the north tower behind two locked doors. A full-time armory officer is assigned to control weapons and chemical munitions. Access is strictly controlled and limited to a list approved by the warden. There is a small inventory of lethal and non-lethal weapons and ammunition. These items are routinely inventoried and inspected. Officers are certified every two years and ERT members annually. Weapons are cleaned at the training building; chemical munitions are stored in the sally port building behind two locked doors in metal cabinets. Loading and unloading barrels were observed at the base of all but the west tower and at the maintenance building. MSU maintains an Emergency Response Team [ERT] of up to 12 officers but on the days of the audit there were only six assigned.

The key room is located near the visitation area. The facility does not have a trained locksmith but rather assigns a Sergeant to key control. Maintenance works on all electronic locks as needed. The Sergeant is responsible for the inventory, replacement and destruction of facility keys. Security keys are "cut" at another ADC facility. Keys are assigned to Master Control, satellite controls, north and south tower and the key room. Keys are color coded and replacement and blank keys are kept in secure key boxes in the key room. The team observed that all keys are inventoried and controlled in accordance with policies. To enhance security/access, it was suggested that the emergency keys maintained in master control be kept in their own separate and distinct box not mixed in with other keys.

Tool rooms, carts and cages were checked throughout the facility and tools were found to be numbered / etched, shadowed, properly secured and regularly inventoried. Tools are designated as Class A and B, depending on their need for restrictive access. Ladders were chained, kitchen sharps were tethered when in use and scissors likewise were tethered. Appropriate processes are in place to destroy broken tools and replace them.

Three assigned security threat coordinators ensure the safety of staff and inmates by identifying, monitoring and housing STG members in a safe and secure manner. They work with mailroom staff and monitor telephone conversations. They reported that there are 6 active gangs and 266 documented members at the time of the audit.

Environmental Conditions:

The facility is mostly climate controlled and all areas of the building during the tour seemed comfortable except for East Isolation where inmates complained and the audit team felt a chill. It was brought to the attention of the tour guides and they indicated it would be immediately addressed by maintenance. The living areas, common space and administrative areas were all well lit as was the security perimeter. The noise levels in all but the restricted housing units were within acceptable ranges. Once the inmate population in restricted housing saw the team members enter the unit, the yelling and shouting commenced. The team did not note any unusual or onerous odors.

The team did not observe nor did staff or inmates mention any issues with regard to vermin and pests. While there were expressed concerns about the appearance and quality of the water, the water and sewage plant shared with the nearby Tucker Unit passed acceptable potability standards. Recycling efforts at this time are limited but more energy efficient lighting has been installed. There were no complaints from the inmate population about the availability of hot and cold water. Several inmates in writing and verbally had concerns about perceived mold on the cell walls. The chairperson observed several of these rooms and saw no evidence. In fact, just about every part of the main building had recently been painted. There was condensation on some cell windows from the structure settling over the years. It should also be pointed out that while the team was on site, there was a significant roof repair project in progress.

The team observed that toxic, caustic and flammable materials were properly stored and inventoried on a routine basis. Safety Data Sheets, personal protective equipment and eyewash stations were present wherever chemicals were stored. These items were controlled as to inmate access in the laundry, kitchen and sanitary closets. The visiting committee did make a suggestion as to the system of inventory of these liquid items.

The counts were of available containers, regardless of full or not, versus an accurate determination of the actual amount on hand. The team strongly recommended that these items be weighed or otherwise measured as to quantity in the future.

The Maintenance Department has four staff and is assisted by ten or so inmates. A preventative maintenance plan is in effect and the team did not observe nor did staff or inmates mention any need for repairs. The most significant task of late has been the security bolstering on the outside exercise cages used by segregation inmates.

Sanitation:

The overall sanitation of the facility and grounds was observed to be without major issue. The grounds were reasonably well landscaped and free of debris and clutter. The common areas such as the main corridor were absolutely immaculate. The facility has an inmate wax and floor crew which obviously takes great pride in the appearance of the facility. All program areas such as classroom, gym, visiting, library etc. were clean and well maintained. Offices in administration as well as the main building were orderly, well-furnished and decorated to reflect a personalized work space. Trash is routinely removed from the facility and taken to a trash compactor where it is disposed of weekly in accordance with an established contract. No general areas were observed to contain excess clutter or debris. The chairperson did note that much of the facility had recently undergone a thorough painting. In addition, the team observed that some cells had graffiti/clutter, condensation on the cell windows, paint splatter on the floors from the recent paint project and what appeared to be leaks in some of the dayroom tiles. In fact, a major roofing repair project was ongoing during the site visit. Sanitation closets were well equipped/stocked and organized. The only issue was occasionally wet mops were observed sitting on the floor instead of being hung up to dry.

Fire Safety:

The facility employs a full-time fire and safety sergeant to manage and direct the fire prevention program. The fire detection and suppression systems include a Simplex fire alarm system with a fire alarm panel in master control, 18 manual pull stations, 125 smoke detectors and 42 duct detectors located throughout the facility. An Ansul hood suppression system is located in the kitchen, a wet sprinkler in barracks 9-12 and 12 fire hoses in other areas. Systems are inspected, tested, and serviced in accordance with manufacturer's specifications and all systems were operational on the days of the site visit. Approximately 90 fire extinguishers of various types are strategically located throughout the buildings. All were charged and the tags reflected monthly checks. Six SCBA [self-contained breathing apparatus] are situated near master control and eight pairs of two are located in the main corridor.

Six fire hydrants are located inside and outside the secure perimeter. Staff participates in quarterly recorded fire drills conducted on all shifts and in all areas. These exercises are simulated in the Restricted Housing Units. Evacuation diagrams were properly posted throughout the facility and out-buildings. Emergency lighting is available as provided by emergency back up generators which are regularly tested. Exits signs are illuminated and all exits were observed to be unobstructed. Emergency keys are readily available in master control for immediate release of inmates, if needed.

The responding fire agency is located in nearby Tucker, which is about 2.5 miles from the facility. The State Fire Marshal is the fire authority which has approved the fire evacuation plans and conducts annual inspections. The most recent inspection indicated only minor issues, all of which have been corrected. The fire and safety officer conduct monthly inspections and other qualified staff conduct weekly fire safety assessments, all of which are recorded with corrective action as identified.

MSU is a non-smoking facility and signs announcing this fact are posted throughout the facility and grounds. The Inmate Orientation Booklet directs inmates to obey all emergency alarms, familiarize themselves with the posted evacuation routes and participate in the periodic drills as instructed by staff. All facility personnel are trained during pre-service and in-service programs in the proper response to fire safety emergencies.

Food Service:

The food service operation is state run not operated by a private vendor. There is one food preparation manager who reports to the Deputy Warden and four food preparation supervisors assisted by at least 55 inmates assigned to one of two shifts, 1:00 - 9:00 a.m. or 9:00 a.m. - 5:00 p.m. The menu, approved by a registered dietician, is a rotating four-week cycle consisting of 3000 calories per day. During certain times of the year, vegetables from the agricultural fields are used to augment the menu. The kitchen, which is spacious and was generally clean and well maintained, prepares for staff and inmates about 1800 meals per day. Meal times are usually breakfast at 4:00 a.m., lunch at 10:00 a.m. and dinner at 3:00 p.m., depending on the number of chow lines. The general population inmates eat in a nine-seat dining/chow hall with a maximum of 25 at a time. They have 20 minutes to partake of the meal. Inmates in lockdown barracks [5-8 cellblocks and East and West Isolation] are fed in their cells via trays transported to the unit via hot carts. A separate menu is available for pork substitutes as approved by the chaplain. Medical diets are also available as prescribed. On the days of the audit there were 43 medical diets and 64 religious diets [mostly non-pork]. Kosher diets are also available upon request and verification by the chaplain.

There is also a small staff dining room which is clean, well lit and includes vending machines and lavatories.

Meals are provided to staff for a small fee or they may bring in their food in clear plastic bags which must clear security in the entrance building.

Temperatures were recorded in the refrigerators, freezers, dry storage area and dishwashing machine as required with no issues noted/observed. All the storage areas had a large inventory of items on hand. The chairperson noted that the fan covers in a couple cold units were of rusting metal that needed to be replaced and that there were some items within 18 inches of the ceiling and required relocation. Member Williams noted that the rubber seals on the doors on the serving line were dirty and worn and either needed to be regularly cleaned or replaced. The food service areas are regularly inspected by the local health department and no major issues were identified. The kitchen/dining areas are routinely inspected by qualified internal personnel as well, which resulted in the overall positive appearance of equipment and space. The kitchen utensils/sharps are securely stored and routinely accounted for by food service staff. The chemicals used for dishwashing/clean-up are also controlled.

While some inmates did express issues with the food, the audit team sampled the dinner meal on day two of the audit and found it to be satisfactory as to temperature, appearance, quantity and taste. Inmates did indicate that they often supplement their meal options by obtaining food items from the commissary, operated by staff on site as supplied under a contract with Keefe. Inmates may purchase up to \$65 per week. The team suggested that ambient air temperatures be routinely taken in this food storage area just as in the kitchen area.

Medical Care:

Medical and dental services and the Psychiatrist are contracted with Correct Care Solutions (CCS). Mental health staff is employed by ADC. The medical department is staffed 24-hours a day, seven days a week.

A Health Services Administrator (HSA) oversees the daily operations of health care services and is designated as the health authority. Additional medical staff includes a Doctor, a Director of Nursing (DON), one NP, one RN, nine LPN's, four CNA's and a medical records clerk. The Doctor is on-site 16 hours a week and the Nurse Practitioner is on-site 20 hours per week. The Doctor is designated as the Chief Medical Officer and is on-call. The HSA and the DON are on-call daily as well. Optometry services are provided by a contracted local provider who is on-site one day a month. Staff was very cheerful, professional and knowledgeable of their duties. They had a genuine caring approach to the services they provide to the inmates. The audit team did not receive any negative comments about the health care they receive. One inmate stated that if it wasn't for the great care he was receiving he would not be alive.

All new hires receive 16 hours of New Employee Orientation by ADC at the Training Academy and on-line training is provided by CCS.

Annual training requirements include ADC training, monthly training at all medical staff meetings and on-line training.

The physical layout of the medical department includes a medical officer's station, an inmate waiting area, pharmacy, trauma room, exam room, lab, five offices, storage room, medical records room, medical supply room and a dental suite. The facility is licensed for a seven-bed infirmary with only five of the rooms utilized as infirmary rooms at this time. None of the rooms are negative pressure rooms. A nursing station is located across from the infirmary rooms. The medical department was clean and orderly with good utilization of the available space and adequate equipment and supplies.

Initial medical/mental health screenings are completed in the medical department upon intake to the facility. Medical records are kept in both electronic and paper form. Medical records of inmates who are transferred to another unit are sent to the unit of transfer. Records of inmates discharged are archived at the Central Office located in Pine Bluff.

Sick call is held Monday – Friday beginning at 7:00 a.m. Inmates put sick call requests in a locked box located in the main hallway of the facility. Nursing staff pick up the sick call slips daily during rounds and triage them. Inmates with emergent needs are seen immediately, non-emergent requests are seen in the sick call clinic within a 72-hour timeframe. Inmates housed in restricted housing hand their sick call requests to nurses during medication pass and daily rounds. There are approximately 186-266 medical sick call requests received per month. There is a \$3.00 co-pay for all medical and dental sick call encounters initiated by the inmate. There is no co-pay imposed for follow-up visits, chronic care visits or medications.

Chronic care clinic is held two days a week. They provide clinics and care for endocrine, cardiovascular, pulmonary, neurology, HIV, Hepatitis, chronic liver disease, asthma/COPD, hypertension, seizure control and dyslipidemia. There are currently 265 inmates being followed in chronic care clinic. Periodic physical examinations are performed per policy. Tele-medicine can be utilized for chronic care visits.

Inmates in need of off-site specialty services are referred to the University of Arkansas for Medical Services, to the Prison Hospital Special Needs Unit in Malvern, or to a network of local providers, after review and approval from the Regional Medical Director.

When medical diets are ordered, the inmate gets two copies and food service receives a copy. Missed diet meals are not tracked. If the inmate refuses his medical diet he does not have the option for a regular meal.

There is a contract with LabCorp for the processing of lab specimens.

A LabCorp courier picks up specimens at the facility Monday - Friday and can be called for STAT pickups. Lab results interface with the electronic medical records and are uploaded within 48 hours and an e-mail is sent to the ordering provider for their review. Critical values are called into the facility and faxed. Pine Bluff Hospital can also be used if results are needed quickly.

X-ray services are contracted with Mobile X USA one day a week. Digital films are sent to a Mobile X USA radiologist to be read and results are received within one hour. Mobile X USA can be called for emergency x-rays. EKG's are performed on-site.

Security and medical staff are trained to respond to medical emergencies within a four-minute or less response time. Inmates in the need of emergency services are transported to the Jefferson Regional Medical Center located 30 minutes from the facility or to the University of Arkansas for Medical Services or St. Vincent Hospital. The Easi Ambulance Service with a response time of 15 minutes provides ambulance services for emergent transports.

There is one AED located in the medical clinic that is checked daily by nursing staff. A well-stocked emergency bag is checked daily to ensure the seal is intact. There are a total of six first aid kits located in outer buildings and in the Field Major's vehicle that are inventoried monthly. They are brought to the medical department to be restocked when the seal is broken.

There is a contract with Stericycle for the disposal of biohazards that is stored in a building outside the clinic. It is scheduled for monthly pick-ups.

There are approximately 391 inmates prescribed medications. Medications are ordered from Diamond Pharmacy in Pennsylvania. Medications are electronically sent to Diamond through provider orders in the electronic medical records system and received via FedEx within 24-48 hours.

There is an On-Person-Medication (OPM) program in place. Polk Pharmacy in England and Walgreens Pharmacy in Pine Bluff are used in emergencies. There are some over-the-counter medications available for purchase through the Commissary.

A pill window is in the main hallway outside of the pharmacy. Pill administration times for general population inmates are at 2:00 a.m., 9:00 a.m. and 3:00 p.m. Inmates housed in restrictive housing units are delivered their medications cell side. Medication administration is documented in the electronic MAR.

The medical auditor observed a 3:00 p.m. medication pass and found the process to be effective with good security support.

When inmates are released from the facility, they are given a 30-day supply of prescribed chronic care medications and psychotropic medications and a fourteen-day supply of all other medications in addition to a thirty-day prescription order.

There is a destruction program with Quality RX of Knoxville, TN for the destruction of expired medications. Medications can be returned to Diamond Pharmacy for credit if returned within 72 hours of receipt. Narcotics were properly secured, and narcotic counts were accurate with documentation complete. Random counts of sharps and needles were accurate with proper documentation available. Narcotics, sharps and needle counts are completed at the start and end of each shift by two staff.

One LPN is designated as the Infection Control Nurse and is responsible for maintaining statistics on communicable diseases and reporting to the Regional Infection Control Nurse. The stats include annual TB testing, monitoring HIV patients and their medications, Hepatitis C treatment, and kitchen and infirmary inspections. Infection Control meetings are held monthly in conjunction with Quality Management meetings.

Dental services are provided Tuesdays - Fridays from 6:30 a.m. – 3:00 p.m. Dental staff includes one dentist, one dental assistant and a dental hygienist scheduled one day per week. The dentist is on-call after hours. Dental services include exams, x-rays, cleanings, fillings, extractions, and prosthetics. One day a week the dentist sees inmates from other units at this facility to perform extractions.

Sterilization procedures are good with proper documentation and tracking of instruments throughout the process. Monitoring of sterilization is done by weekly spore counts. Random sharps and needle counts were accurate, and logs were complete with proper signatures of counts being done at the beginning and end of each clinic day. The dental staff was very cheerful and proud of their area. The dentist maintains strict organization of the dental instruments and chemicals. She has a very joyful personality that is infectious.

Flammables are well controlled and MSD sheets were available. Dosimeter readings are not required. The dental department was clean and orderly with excellent control of all sharps and instruments. Inmates stated they are seen by dental in a timely manner.

Mental health services are provided Monday – Friday from 7:00 a.m. – 4:30 p.m. Rounds in restrictive housing is conducted three days a week and patient visits are conducted two days a week.

Mental health staff, under the supervision of a rehabilitation manager, includes a psychologist / clinical supervisor and three mental health advisors. A psychiatrist, employed by CCS, is on-site one day a week and conducts psych clinics as well as sees patients.

There are currently 34 inmates on the mental health caseload with all 34 of them receiving psychiatric medications. Mental health staff sees approximately 40-50 inmates weekly for visits. There is no co-pay for mental health services.

Inmate requests for interview to see mental health can be dropped in the mental health box in the main hallway. They are picked up daily by mental health staff and triaged. Mental health staff picks up requests for interview slips from inmates in restrictive housing during their rounds.

Mental health services include case management, medication management, evaluations, crisis intervention, discharge planning and individual therapy/education. Education topics include substance abuse education, Thinking Errors, Domestic Violence, Parenting, Communication Skills and Anger Management. The inmates are tested after completion of the class and receive a certificate. These are entered into the EOMIS (Electronic Offender Management Information System) that has all information about the inmate. This information can then be viewed by the Parole Board at the inmate's hearing.

Substance abuse staff from the Tucker facility provides Substance Abuse Treatment Program (SATP) twice a week.

Inmates in crisis are placed in one of two suicide watch cells located in the Isolation unit that are equipped with cameras. Mental health staff visits the inmate daily. Those in need of more intense inpatient treatment and stabilization are transferred to the Ouachita River Correctional Unit Residential Program Unit in Malvern. The psychologist/clinical supervisor provide suicide prevention training for all facility staff for pre-service and in-service requirements.

Administration expressed they work well with CCS and they were satisfied with the quality of health care they are providing. CCS staff shared that they feel they have a good working relationship with the administration of the facility as well as the staff. The HSA and/or DON attend monthly management meetings with facility administration.

Medical Outcome Measures

The outcome measures were reviewed with medical staff. On 1A (12) the specialty consults ordered vs completes dropped from previous years. The reason given for the 75.7 % completed was due a higher number of consults written and a change in the number of daily transportation runs. This will continue to be monitored.

On 4A (1) there were no problems identified by the quality assurance program, but five were corrected. The explanation for this was that the five corrected were from follow up studies and they were not new; therefore, they did not count them as identified for the current year.

On 4A (5) there were six deaths during the last year. Four were from chronic health issues and two were unexpected and determined to be from natural causes.

Recreation:

The recreation/exercise program is under the supervision of a Recreational Activities Specialist who reports to the Deputy Warden assisted by gym and yard porters. On days when there is inclement weather, general population inmates go to the large gymnasium where they can recreate with basketball, volleyball, ping pong, handball and other exercise equipment such as jump ropes, ab wheels and mats. Only 25 inmates are permitted in the area per session. Or they may use the available board games, cards and TV in their respective dayroom area as leisure time activities. There is also a yard for the general population, weather and staffing permitting, which offers volleyball, soccer, a walking track/area and benches for relaxation and fresh air. There is a published and posted schedule which allows barracks 9-12 and cell blocks 1-4 to have an opportunity to exercise six days a week. The schedule sets the time periods as 7:00, 8:00 and 9:00 a.m. and 1:00 and 4:30 p.m. Monday - Friday and 7:00, 8:00 and 9:00 a.m. on Saturday and 7:00 a.m. on Sunday. The Activities Specialist also sets up intramural activities and special holiday competitive events. The restricted housing/isolation units, staffing permitting, have access to 32 separate one-person yard cages. During the audit it became obvious that this population received little outdoor access in recent months due to understaffing and security concerns.

Religious Programming:

The religious services program including counseling, barracks visitation, crisis ministry, procuring religious sources, scheduling spiritual advisor visits, identifying and training volunteers and scheduling worship services is under the auspices of a full-time chaplain, who has the assistance of over 300 community volunteers, of which 40 or so are active, representing a number of faiths and religious disciplines. In addition, there are two inmate workers assigned to assist, primarily in the maintenance and dissemination of an extensive religious programming library, which has not only numerous written materials but an impressive array of spiritually based CDs and DVDs. The chaplain has an office adjacent to this reference area and a large and well-equipped chapel with musical instruments, video capability and seats to accommodate a large number of attendees at services. The Chaplain also develops and shares a monthly newsletter with the facility staff and inmates, provides an orientation to new inmate arrivals at intake and develops and posts a chapel calendar unit-wide on the first of the month with a listing of groups that will be visiting the facility.

This schedule reflects activities occurring every day of the week usually in the evening at 7:00 p.m.

These events include but are not limited to: Jehovah's Witness, Jumah, Spirit of the Lord God Ministries, Pentecostal Study, Catholic Services, 7th Day Adventist Services and activities representing several Protestant faiths. Inmates may request Kosher Diets by submitting a request to the Chaplain for consideration. PAL Program barracks #11 inmates are permitted to every church service. They are part of a faith-based unit of 25 whose inmates must have successfully participated in field work for at least 60 days. P.A. L. stands for Principles and Applications for Life and includes worship services, counseling and religious materials to assist in developing the qualities, character and commands to live by.

Offender Work Programs:

All job assignments are mandatory. Initial assignments are usually to the Hoe Squad, Field Utility or Inside Utility. Inmates are also responsible for cleaning their own living space under the supervision of staff. Inmates are not paid nor do they receive diminution credits, only the opportunity to get out of their housing unit and be productive in some way. All ADC inmates receive \$6 per year. All the inmates interviewed expressed an appreciation for the opportunity to be involved in these out of cell opportunities and several had been on their assignments for multiple years. On the days of the audit, about 290 inmates were assigned to a detail which is approximately 52% of the total population. The largest details included the kitchen/staff dining room attendant [60]; porters/sanitation workers in various areas throughout the facility [62], hoe squad in outside/field duties [50], inside maintenance/paint detail [15]; inside lawn [ten]; inside utility [14]; and, field utility/agricultural [16]. Other assignments include but are not limited to: library/law library aides, construction detail, barber, laundry, commissary, floor/wax crews, horse barn and chemical room clerks.

Academic and Vocational Education:

There are no vocational programs at MSU, primarily due to the nature of the inmate population. However, there is a small education program which is held from 4:00 - 8:00 p.m. on Monday and 4:00 - 8:00 p.m. on Tuesday - Thursday, specifically concentrating on GED preparation. There is a small classroom with five computer stations off the main corridor used by 12 students from general population. The one part-time teacher does not go to the cell areas of the restricted population nor are learning materials provided to them. Over the past three years of the audit cycle, nine inmates have passed the GED test.

There are two programs which have a positive impact on the inmates and provides a valuable service to the community and ADC.

The Paws in Prison [PIP] program is made possible by a partnership between the ADC, the Central Arkansas Rescue Effort for animals [CARE] and other animal shelters and animal advocacy groups across the state.

The community partners rescue dogs and place them in the prison program where selected inmates trained by professional dog trainers work with the animals teaching them basic obedience and socialization skills, which makes them more adoptable. The program has about eight dogs at a time and lasts for eight weeks on average. At the time of the audit, there were seven dogs in the program. The inmates involved live in one of the open barracks with the dogs. They are charged with feeding, grooming, exercising, training and otherwise caring for the dogs. The outdoor dog recreation/relief area is on the opposite side of the main corridor. The chairperson had the opportunity to interact with the dogs and inmate trainers and could see the positive difference the program was making in all their lives.

In addition, the facility has a horse barn with, at the time of the audit, eight horses. Just prior to our arrival four horses were retired and will be replaced soon as the growing season begins. They are used for armed officers to ride as security of the hoe squad, mowing squad and outside utility detail. There are up to six crews with 25 inmates per from barracks 1-4. The inmates assigned learn how to care for horses and related equipment such that these skills may be transferred to the free world upon release. The chairperson had a chance to interact with the animals, the 12-staff assigned and the three inmates detailed and all, animals and humans alike, found the experience to be enjoyable and worthwhile.

Social Services:

The chaplain provides spiritual counselling as requested or deemed appropriate, especially as related to death and family emergency notifications. In addition, the Mental Health Services unit provides individual and group counselling as determined by need. This unit also provides Anger Management classes for inmates required to attend before release as well as for those who volunteer to participate. The MSU utilizes a unit management concept with a designated unit manager for each unit along with other staff assigned to assist and support in maintaining personal contact and interaction with inmates, keeping open the lines of communication and promoting improved inmate behavior/actions. The facility also provides a Substance Abuse Treatment Program [SATP] in coordination with the nearby Tucker Unit to address alcohol/drug treatment needs. In addition, the MSU present an initiative entitled UNITY which is an anti-gang program.

Visitation:

All visits must be pre-arranged and are by appointment only from a list of a maximum of 20 approved visitors.

The modular units [barracks 9-12] are the only inmates permitted to have contact visits. All other areas must visit on a non-contact basis.

A maximum of four visitors is permitted at one time. Contact visits are scheduled for Saturday and Sunday from 8:00 - 11:30 a.m. and from 12:30- 4:00 p.m. Non-contact visitation is also on Saturday and Sunday only from 8:00 - 10:00 a.m., 10:00 a.m. -12:00 p.m., 12:00-2:00 p.m. and 2:00-4:00 p.m. All special visits whether out of state or attorney must be scheduled by appointment at least 24 hours in advance. These visits may be contact or non-contact depending on the inmate's security status. The visiting areas are located off the main corridor near the master control center. It is spacious with several stations, lavatory facilities and vending machines. The open barracks [9-12] also has video visitation capability with several stations. Higher security housing locations have one or more mobile stations allowing for access to visitation without having to move these high-risk inmates off their living unit.

Library Services:

The general/leisure library is located off the main corridor near the academic school classroom. The library is operated by an assigned Program Specialist who is assisted by two inmate aides. A Regional Librarian is available for consultation/assistance. The library does participate in the interlibrary loan program with the local public library system. Inmates may check out two books at a time for a seven-day period. The library hours for general population are posted in the living units with each unit having access at least once a week during the hours of 7:00 a.m. to 5:00 p.m. and 5:00 p.m. to 10:30 p.m. Monday - Friday and on weekends from 8:00 a.m. To 4:30 p.m. The team was informed that they check out about 2000 books a month. The books available are provided by donations as well as purchased using a designated line item in the budget. The library seemed well lit, spacious and appropriate to inmate needs except there is little counter space and no chairs. The team received no complaints about access.

When an inmate wishes to do legal research, he must submit a request slip to the librarian. A copy of the appropriate legal cases is printed from the computer using the Westlaw program as researched by the two trained inmate law clerks and given to the inmate. The facility also makes use of pertinent hard copy legal reference materials. Requests for typing paper, legal envelopes etc. must also be formally requested. Lockdown inmates are afforded Law Library/Library access/usage by having the materials brought to their respective cells in accordance with an established schedule.

Laundry:

The laundry is located off the main corridor near the inmate dining hall and gang shower. It is under the auspices of a Correctional Sergeant Supervisor who was assisted by seven inmate workers at the time of the audit.

The unit has three large commercial style washers [two of which were in need of repair] and three large commercial type dryers, all of which were operational. There is a posted schedule which indicates that the laundry is open M - F from 5:30 a.m. to 2:00 p.m. and on Sunday from 10:00 a.m. to 5:00 p.m. In addition, there are three pressers and a sewing machine. Uniforms are pressed by inmate workers and repaired as needed. Blankets are laundered once a month. Barracks 9-12 and cellblocks 1-4 are scheduled for laundering every day except Saturday, when the laundry is closed. East and West Isolation and cellblocks 5-8 are scheduled for laundering three times a week. This area had an ample supply of inmate clothing and bedding to facilitate clothing exchange on a regular basis and there were no inmate complaints or issues regarding this service.

F. Examination of Records

Following the facility tour, the team proceeded to the administrative conference room to review the automated accreditation files and evaluate compliance levels of the policies and procedures. Overall, the files were user friendly and appropriate to the task at hand, however, there were a number of instances where the materials were not current, complete or presented in a manner which facilitated an easy decision-making process. This could mostly be attributed to a relatively newly assigned and inexperienced unit accreditation specialist and computer related issues resulting in some documents and information not being saved. However, it had been “backed up “on disk and was able to be presented upon inquiry. The key actors in the preparation process remained readily available to answer questions, to provide clarification and to provide escort as necessary to areas of the facility. A Welcome Book was made available the evening of the meet and greet dinner, which did present some valuable information. The ACA accreditation staff also provided information prior to and after the site visit to assist the chairperson in gathering the information necessary to draft the VCR. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

No escapes, homicides, suicides or suicide attempts were reported on the SIS/Health Care Outcome Measures for the audit cycle. Only 11 offender/offender assaults total were indicated while there were 16 offender/staff assaults reflected. This can be attributed to the fact that a large percentage of inmates are in isolation/segregation/restricted housing minimizing inmate contact and the high security level of the inmate population lends itself to more attacks on personnel. Three cases of sexual violence were indicated during the most recent reporting period. The Health Care Outcome Measures reflected ten

The most disturbing statistic on the SIS is the indication of 6 disturbances in that same reporting time frame, three of which resulted in a Critical Incident Report being forwarded to ACA as required.

The first occurred on 7/22/17 in which inmates were able to escape out of the yard cages and temporarily take control of a wing in East Isolation by virtues of attacking the officers and taking the yard keys. An inmate was stabbed, the Field Captain felt compelled to discharge his weapon into the ground to discourage further attacks and the ERT was activated. The investigation determined a need for repairs to the yard cages to address structural weaknesses as well as the identification of breakdowns in security procedures which had to be addressed by re-training. On 8/7/17 yet another incident occurred in which inmates were able to escape the yard cages and temporarily take three staff members hostage and take control of East Isolation. Inmates had taken the keys, radio and chemical agents from the staff and used the latter on responding officers. The ERT was again activated to secure the area following the successful negotiations to release the hostages. The investigation revealed that even more repairs were required on the yard cages and that security procedures were again not followed. On 9/28/17 another disturbance occurred when an officer had been physically assaulted necessitating emergency helicopter transport to a nearby hospital. The investigation revealed that the inmate had been under the influence of amphetamines and opiates. On 11/27/17, an incident occurred in which two officers were held hostage by two inmates. The issue was resolved by the arrival of ERT and K-9 units who deployed lethal and non-lethal munitions to bring the situation to a close. The investigation revealed considerable breakdowns in following policy, staffing deployment and physical plant issues related to shower locks and door pins.

The Governor directed the leadership of the ADC to address these and other safety concerns at all maximum-security facilities. The action items involved renovations of recreation areas and upgrade of security equipment in entrance buildings, construction of controlled access points inside the entrances to general population barracks and conversion of 400 existing general population cells throughout the ADC into Restrictive Housing for inmates found guilty of disciplinary violations. In addition, the investigation indicated a need to revise policy/security protocols in some cases and emphasize others by more aggressive training efforts.

The Health Care Outcomes report s addressed by the medical auditor in that section of the Conditions of Confinement.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Medical Services

Karen Mattin, Mental Health Advisor
William Benton, Health Services Administrator
Kim Hoffman, Correct Care Solutions Regional Manager
Erica Johnson, Director of Nurses
Patrice Hunter, Administrative Assistant-Infirmery
Bruce Warren, Mental Health Services Supervisor
Carla Jacks, RN
C. Wooten, CNA

Food Services

Capt. Akasha Walker

Laundry

Sgt. M. Cloird
Sgt. T. Sims

Training Office

Ramone Woodall, Training Supervisor
Felicia Hatcher, Training Supervisor

Maintenance

Brian Drost, Maintenance Director
Chris Ashcraft, Construction/Maintenance Supervisor
Cpl. J. Powell

Armory

Lt. Stephen Watson

Specialized Security/Safety Assignments

Sgt. L. Willis, Fire and Safety Officer
Sgt. T. Sims, Sanitation Officer
Capt. Nicola Kelly, Property Room
Sgt. Keith Taylor, Camera Room
Cpl. C. Gaines, Asst. Drug Coordinator
Sgt. Charlotte Sanders, Count Room
Sgt. Eddie Thompson, STG/Drug Coordinator
Sgt. Adam Vick, Key Control
Capt. W. Westmoreland, Field/Yard Office Chief of Security

Lt. Stephen Watson, Emergency Preparedness Coordinator

Religious Services/Chapel

Chaplain Tommy Bourgeois

Master Control

Cpl. M. Sellars

Recreation

Victor Mosby, Recreation Coordinator

Commissary

Rena Harrison, Business Manager

Grievance Office

Brendetta Tucker, Grievance Officer

Vineshia Barnes, Administrative Specialist I

Law Library/Library

Donnie Brown, Program Specialist

Classification

DeAnne Jackson, Classification Officer

Kristin Kindall, Administrative Specialist I

Kathy Moore, Unit Counselor/Mental Health

Administrative Services

Rena Harrison, Business Manager

Felicia Williams, Human Resources Manager

Inez Edwards, Records Supervisor

Felicia Bentley, Mail Room Supervisor

Joyce Gooley, Mail Services Coordinator

Aundrea Culclager, Warden

Todd Ball, Deputy Warden

Faith Willoughby, Unit Accreditation Specialist

In addition, the team spoke to numerous correctional officers of all ranks in the various control booths, the two active towers, the perimeter patrol vehicle, infirmary security, recreation yard security, vehicle sally port, housing units, gatehouse and the field security detail to name but a few.

4. Shifts

The administrative hours are usually M - F from 8:00 a.m. to 4:45 p.m.

a. Day Shift [6:15 a.m. to 6:30 p.m.]

The team was present at the facility during the day shift from 8:15 a.m. to 6:30 p.m. on day one of the site visit, 6:55 a.m. to 6:30 p.m. on day two and 8:20 a.m. to 1:35 p.m. on day three. The tours were conducted during much of the first day and some of the second, all on this shift. The team had the chance to observe medication call, meal time in the dining hall, inmates on their work assignments/program designation, an inmate count and dayroom activities. The chairperson rode the perimeter patrol vehicle on day one and team member Lafoya toured the sally port tower. All staff was cooperative, professional and knowledgeable of their role and function.

b. Evening Shift [6:30 p.m. to 6:15 .m.]

The team was present at the facility during the evening shift from 6:30 p.m. to 7:20 p.m. on day one and 6:30 p.m. to 7:15 p.m. on day two. Most of the first day was spent interacting with a number of oncoming personnel just before formal roll call was held. It gave the team the opportunity to share the purpose of the audit and to get feedback about evening issues and operations. Most staff was cooperative and more than willing to share their job experiences and duties. The major issue seemed to be the understaffing and requirement to work a lot of overtime to cover the vacancies and staff turnover.

5. Status of Previously Noncompliant Standards/Plans of Action

The team reviewed the status of the standards audit from the previous site visit and found that no standards were determined to be in non-compliance.

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

1. Offender Interviews

The team interviewed to one degree or another about 125 inmates in their living quarters, on their job assignments and on their program designation during the tours and follow up visits. By far, the biggest issue of concern was the failure to receive daily out of cell/dorm exercise per the established facility policy. While, they understood and acknowledged that the unit had vacancies which was the principle reason for this problem it, nonetheless, led to low morale among inmates in general. In addition, they expressed some concern over the perceived quality of the water, which they felt was unsafe to drink and often seemed dirty, causing clothes to not appear clean and toilets etc. to stain. Several inmates in certain living units also spoke of occasional roof leaks and pervasive mold on the cell walls which was covered over by paint juts prior to official visits like this audit. There were no major issues relative to medical services in that medications were received as prescribed and sick call was held within a reasonable time period from submission of a medical request slip. The food received mixed reviews. Some acknowledged that it was acceptable in terms of quality, quantity, variety, temperature and appearance, while others complained of too much starch and not enough fresh fruit/vegetables and shared that they had to supplement their meals by purchasing food items from the commissary. Overall, the inmates felt they were safe and secure and had few problems with staff regarding respect and response to legitimate needs. Several indicated a desire for more programming but appreciated that which was available.

2. Staff Interviews

The team interviewed approximately 100 staff of all ranks and disciplines during the tours and follows up visits. Overall, despite the understaffing and the high security nature of the inmate population, most staff felt safe and secure. They acknowledged that the training received in the academy and at the facility provided them with a foundation to perform their required duties efficiently and effectively. They felt that the staff got along well together and that there was sort of a family like atmosphere and positive work environment. There were no major issues expressed as to pay and benefits. Most felt supported by the administration and their immediate supervisors and they confirmed that theses persons made their presence known on all shifts.

H. Exit Discussion

Following a brief executive out-briefing between the Chairperson, Warden and Agency ACA Coordinator from 11:30 - 11:40 a.m., the formal exit interview was held on 3/14/18 in the chapel from 12:10 to 12:45 p.m. with the Warden, special guests from agency headquarters and at least 43 other facility staff in attendance, several of whom had been present at the entrance interview on 3/12/18.

The team had held executive out-briefings on 3/12/18 from 6:50 to 7:20 and on 3/13/18 from 6:35 to 7:00 p.m. with the Warden, Deputy Warden, Chief of Security, Agency ACA Coordinator, Unit Accreditation Specialist, HSA and CCS Regional Manager to share tour observations, inmate and staff remarks, the status of the standards compliance review, the plan for the next day's activities and any issues needing resolution.

The following persons were also in attendance:

Tammy Robertson, Pine Bluff Unit Accreditation Specialist
Kelly Beatty, Varner Unit Accreditation Specialist
Sharon Carter, Tucker Unit Accreditation Specialist
Donna Gordon-Buie, Regional Vice president, Correct Care Solutions

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

The agency and facility continue to show its' commitment to excellence in the correctional workplace by virtue of this 10th re-accreditation audit. Also, on 8/12/15, the facility received accreditation/certification from the Correctional Education Association.

The team and all staff present at the formal exit along with other available personnel were invited to the staff dining area for a wonderful luncheon meal and congratulatory cake. The team exited the facility at 1:35 p.m., member Williams to the airport and the other team members back to the hotel to prepare for the CTA audit to begin the next day.

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 4 th edition	
Supplement	2016 Standards Supplement	
Facility/Program	ADC Maximum Security Unit	
Audit Dates	March 12 - 14, 2018	
Auditor(s)	Paul Hastmann, Chairperson, Laura Lafoya, Member, Tamera Williams, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	62	465
Number Not Applicable	3	41
Number Applicable	59	424
Number Non-Compliance	0	4
Number in Compliance	59	420
Percentage (%) of Compliance	100%	99.1%
	<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 	

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Maximum Security Unit (ARDOC)
Tucker, Arkansas

March 12 - 14, 2018

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard # 4-4052

THE WARDEN/SUPERINTENDENT CAN DOCUMENT THAT THE OVERALL VACANCY RATE AMONG THE STAFF POSITIONS AUTHORIZED FOR WORKING DIRECTLY WITH INMATES DOES NOT EXCEED 10 PERCENT FOR ANY 18-MONTH PERIOD.

FINDING:

The facility has had a vacancy rate exceeding 10% for almost the entire audit cycle.

AGENCY RESPONSE:

Plan of Action

We will challenge all staff at the Maximum-Security Unit to recruit prospective employees. We will also extend an open opportunity, five days a week, for applicants to become potential new employees by directly visiting the Maximum-Security Unit compound. The Maximum-Security Unit employees will also form a recruitment team that will work diligently and consistently to assist the unit with recruitment efforts through various methods such as conducting quarterly job fairs in the community. The ADC has a website [www.state.ar.us/doc] that lists all available jobs and an on-line application process to aid all interested parties in seeking employment at ADC.

Task

- a. Retain staff
- b. Process available applicants
- c. Mentor all staff in developing the skills needed for a career in the ADC

Responsible Agency

- a. Human Resources Administrator

- b. Human Resources Staff
- c. Warden and Human Resources Manager

Assigned Staff

- a. Human Resources Administration Staff
- b. Unit Human Resources Manager
- c. Unit Recruitment Team

Anticipated Completion Date

ACA audit in 2021 or sooner

AUDITOR'S RESPONSE:

The team supports the plan of action as being realistic, given the circumstances, and attainable.

Standard # 4-4133

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT SINGLE-OCCUPANCY CELLS/ROOMS SHALL BE AVAILABLE, WHEN INDICATED, FOR THE FOLLOWING:

- INMATES WITH SEVERE MEDICAL DISABILITIES
- INMATES SUFFERING FROM SERIOUS MENTAL ILLNESS
- SEXUAL PREDATORS
- INMATES LIKELY TO BE EXPLOITED OR VICTIMIZED BY OTHERS
- INMATES WHO HAVE OTHER SPECIAL NEEDS FOR SINGLE HOUSING

WHEN CONFINEMENT EXCEEDS 10-HOURS A DAY, THERE IS AT LEAST 80-SQUARE FEET OF TOTAL FLOOR SPACE, OF WHICH 35-SQUARE FEET IS UNENCUMBERED SPACE.

FINDING:

Except for the East/West Isolation sections, all other restrictive housing cells, where inmates are confined for more than 10 hours a day, range from 73 to 75 square feet of total floor space instead of the 80 square feet required.

AGENCY RESPONSE:

Waiver Request

The Maximum-Security Unit was built in 1982. It would be cost prohibitive to try to come into compliance with this standard, therefore, we are requesting a waiver for this standard.

AUDITOR'S RESPONSE:

The team supports the waiver request given the cost and practical implications.

Standard # 4-4141

ALL CELLS/ROOMS IN RESTRICTIVE HOUSING PROVIDE A MINIMUM OF 80 SQUARE FEET, AND SHALL PROVIDE 35 SQUARE FEET OF UNENCUMBERED SPACE FOR THE FIRST OCCUPANT AND 25 SQUARE FEET OF UNENCUMBERED SPACE FOR EACH ADDITIONAL OCCUPANT.

FINDING:

All restrictive housing cells fail to meet the 80 square foot requirement with 73-75 square feet currently available.

AGENCY RESPONSE:

Waiver Request

The Maximum-Security Unit was built in 1982. It would be cost prohibitive to try to come into compliance with this standard, therefore, we are requesting a waiver for this standard.

AUDITOR'S RESPONSE:

The team supports the waiver request given the cost and practical implications.

Standard # 4-4270

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SEGREGATION RECEIVE A MINIMUM OF ONE HOUR OF EXERCISE PER DAY OUTSIDE THEIR CELLS, FIVE DAYS PER WEEK, UNLESS SECURITY OR SAFETY CONSIDERATIONS DICTATE OTHERWISE.

FINDING:

After a thorough review of logs; interviews with administrators, correctional officers and grievance officer; letters and inmate interviews, and the high vacancy rate during the audit cycle it was determined that general population inmates receive daily recreation, but segregation/isolation inmates are not consistently receiving one hour of exercise per day outside their cell, five days a week due to staff shortages.

AGENCY RESPONSE:

Plan of Action

In order to become compliant with the above expected practice, we will increase staffing levels by diligently retaining and recruiting more staff. We will increase our recruiting efforts by participating in job fairs quarterly and extending an open opportunity for applicants to apply for job vacancies directly on the Maximum-Security Unit compound five days a week. With the successful recruitment of staff, we will increase staffing on our Search and Escort Team whose primary job duty involves conducting recreation call in segregation barracks.

We will also resume our Step-Down Program in one of our segregation barracks which will allow staff to provide more recreation in order to meet the five days a week requirement. Inmate participants in the Step-Down Program have the ability to participate in limited recreation that does not require two security staff for escort.

The specific plan of action is exactly the same as for 4-4052.

AUDITOR'S RESPONSE:

The team supports the plan of action as being realistic, given the circumstances, and attainable.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Maximum Security Unit (ARDOC)
Tucker, Arkansas

March 12 - 14, 2018

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard # 4-4362

INTAKE MEDICAL SCREENING FOR OFFENDER TRANSFERS, EXCLUDING INTRA-SYSTEM, COMMENCES UPON THE OFFENDER'S ARRIVAL AT THE FACILITY AND IS PERFORMED BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE SCREENING INCLUDES AT LEAST THE FOLLOWING:

INQUIRY INTO:

- ANY PAST HISTORY OF SERIOUS INFECTIOUS OR COMMUNICABLE ILLNESS, AND ANY TREATMENT OR SYMPTOMS (FOR EXAMPLE, A CHRONIC COUGH, HEMOPTYSIS, LETHARGY, WEAKNESS, WEIGHT LOSS, LOSS OF APPETITE, FEVER, NIGHT SWEATS THAT ARE SUGGESTIVE OF SUCH ILLNESS), AND MEDICATIONS
- CURRENT ILLNESS AND HEALTH PROBLEMS, INCLUDING COMMUNICABLE DISEASES
- DENTAL PROBLEMS
- USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE (FOR EXAMPLE, CONVULSIONS)
- THE POSSIBILITY OF PREGNANCY AND HISTORY OF PROBLEMS (FEMALE ONLY); AND OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN

OBSERVATION OF THE FOLLOWING:

- BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING

- BODY DEFORMITIES, EASE OF MOVEMENT, AND SO FORTH
- CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES, AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE

MEDICAL DISPOSITION OF THE OFFENDER:

- GENERAL POPULATION
- GENERAL POPULATION WITH PROMPT REFERRAL TO APPROPRIATE HEALTH CARE SERVICE
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT

OFFENDERS, WHO ARE UNCONSCIOUS, SEMICONSCIOUS, BLEEDING, OR OTHERWISE OBVIOUSLY IN NEED OF IMMEDIATE MEDICAL ATTENTION, ARE REFERRED. WHEN THEY ARE REFERRED TO AN EMERGENCY DEPARTMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE. WHEN SCREENING IS CONDUCTED BY TRAINED CUSTODY STAFF, PROCEDURES WILL REQUIRE A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY THE LICENSED HEALTH CARE STAFF. WRITTEN PROCEDURES AND SCREENING PROTOCOLS ARE ESTABLISHED BY THE RESPONSIBLE PHYSICIAN IN COOPERATION WITH THE FACILITY MANAGER. INMATES CONFINED WITHIN A CORRECTIONAL COMPLEX WITH CONSOLIDATED MEDICAL SERVICES DO NOT REQUIRE HEALTH SCREENING FOR INTRA-SYSTEM TRANSFERS.

FINDINGS:

The facility is not an initial intake unit.

Standard # 4-4365

A COMPREHENSIVE HEALTH APPRAISAL FOR EACH OFFENDER, EXCLUDING INTRASYSTEM TRANSFERS, IS COMPLETED AS DEFINED BELOW AFTER ARRIVAL AT THE FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY. HEALTH APPRAISAL INCLUDES THE FOLLOWING:

WITHIN FOURTEEN DAYS AFTER ARRIVAL AT THE FACILITY:

- REVIEW OF THE EARLIER RECEIVING SCREEN
- COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES

- LABORATORY OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING VENEREAL DISEASE AND TUBERCULOSIS
- RECORD OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE
- OTHER TESTS AND EXAMINATIONS AS APPROPRIATE

WITHIN FOURTEEN DAYS AFTER ARRIVAL FOR INMATES WITH IDENTIFIED SIGNIFICANT HEALTH CARE PROBLEMS:

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITH SIGNIFICANT HEALTH PROBLEMS DISCOVERED ON EARLIER SCREENING SUCH AS CARDIAC PROBLEMS, DIABETES, COMMUNICABLE DISEASES, AND SO FORTH)
- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

WITHIN 30 DAYS AFTER ARRIVAL FOR INMATES WITHOUT SIGNIFICANT HEALTH CARE PROBLEMS:

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITHOUT SIGNIFICANT HEALTH CARE CONCERNS IDENTIFIED DURING EARLIER SCREENING-NO IDENTIFIED ACUTE OR CHRONIC DISEASE, NO IDENTIFIED COMMUNICABLE DISEASES, AND SO FORTH)
- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

INTERPRETATION JANUARY 2004. THE CRITERION FOR TESTING FOR VENEREAL DISEASES IS AT THE DISCRETION OF THE AGENCY'S/FACILITY'S HEALTH AUTHORITY.

FINDINGS:

The facility is not an initial intake unit.

Standard # 4-4371

ALL INTERSYSTEM OFFENDER TRANSFERS WILL UNDERGO A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH PROFESSIONAL WITHIN FOURTEEN DAYS OF ADMISSION TO A FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH APPRAISALS INCLUDE, BUT ARE NOT LIMITED TO:

- REVIEW OF AVAILABLE HISTORICAL RECORDS OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT
- REVIEW OF HISTORY OF TREATMENT WITH PSYCHOTROPIC MEDICATION
- REVIEW OF HISTORY OF PSYCHOTHERAPY, PSYCHO-EDUCATIONAL GROUPS AND CLASSES OR SUPPORT GROUPS
- REVIEW OF HISTORY OF DRUG AND ALCOHOL TREATMENT
- REVIEW OF EDUCATION HISTORY
- REVIEW OF HISTORY OF SEXUAL ABUSE-VICTIMIZATION AND PREDATORY BEHAVIOR
- ASSESSMENT OF CURRENT MENTAL STATUS AND CONDITION
- ASSESSMENT OF CURRENT SUICIDAL POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT INCREASE SUICIDE POTENTIAL
- ASSESSMENT OF VIOLENCE POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT INCREASE VIOLENCE POTENTIAL
- ASSESSMENT OF DRUG AND ALCOHOL ABUSE AND/OR ADDICTION
- USE OF ADDITIONAL ASSESSMENT TOOLS, AS INDICATED
- REFERRAL TO TREATMENT, AS INDICATED
- DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

FINDINGS:

The facility is not an initial intake unit.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Maximum Security Unit (ARDOC)
Tucker, Arkansas

March 12 - 14, 2018

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard # 4-4059

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT EMPLOYEES COVERED BY MERIT SYSTEMS, CIVIL SERVICE REGULATIONS, OR UNION CONTRACT ARE APPOINTED INITIALLY FOR A PROBATIONARY TERM OF AT LEAST SIX MONTHS BUT NO LONGER THAN ONE YEAR.

FINDINGS:

The ADC is not covered by merit systems, civil service regulations or union contracts.

Standard #4-4128

(NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). SINGLE-CELL LIVING UNITS SHALL NOT EXCEED 80 INMATES.

FINDINGS:

The facility has had no new construction after 1/1/90.

Standard # 4-4137-1

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24-HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF 1 FOR EVERY 12 INMATES IN MALE FACILITIES AND 1 FOR EVERY 8 INMATES IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH 3 OR MORE INMATES HAVE A MINIMUM OF 2 TOILETS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS:

The facility has had no new construction after June 2014.

Standard #4-4138-1

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE HOUSING UNITS AT A MINIMUM RATIO OF 1 BASIN FOR EVERY 12 OCCUPANTS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS:

The facility has had no new construction after June 2014.

Standard # 4-4139-1

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY TWELVE INMATES, UNLESS APPLICABLE CODES REQUIRE ADDITIONAL FIXTURES. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND PROMOTE HYGIENIC PRACTICES.

FINDINGS:

The facility has had no new construction after June 2014.

Standard # 4-4143

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE ASSIGNMENT OF APPROPRIATELY TRAINED INDIVIDUALS TO ASSIST DISABLED OFFENDERS WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS.

FINDINGS:

The facility does not house inmates who are unable to perform basic life functions. Such inmates are transferred to the Special Programs Unit or a facility whose mission is to provide such care.

Standard # 4-4147-1

(RENOVATION, NEW CONSTRUCTION AFTER JUNE 1, 2008). ALL INMATE ROOMS/CELLS PROVIDE INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE-SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES.

FINDINGS:

The facility has had no new construction or renovation after June 1, 2008.

Standard # 4-4147-2

(NEW CONSTRUCTION OR RENOVATION AFTER JUNE 1, 2014). EACH DORMITORY PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN THE DORMITORY.

FINDINGS:

The facility has had no new construction or renovation after June 1, 2008.

Standard # 4-4-4149

(NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). EACH DAYROOM PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET OF TRANSPARENT GLAZING IN THE DAYROOM, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE WHOSE ROOM/CELL IS DEPENDENT ON ACCESS TO NATURAL LIGHT THROUGH THE DAYROOM.

FINDINGS:

The facility has had no new construction after 1/1/90.

Standard # 4-4151

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). CIRCULATION IS AT LEAST 15 CUBIC FEET OF OUTSIDE OR RECIRCULATED FILTERED AIR PER MINUTE PER OCCUPANT FOR CELLS/ROOMS, OFFICER STATIONS, AND DINING AREAS, AS DOCUMENTED BY A QUALIFIED TECHNICIAN AND SHOULD BE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE INTERPRETATION AUGUST 2002. THE WORDS "ACCREDITATION CYCLE" ARE INTERPRETED AS WITHIN THE PAST THREE YEARS.

FINDINGS:

The facility has had no new construction or renovation after 1/1/90.

Standard # 4-4157

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). IN INSTITUTIONS OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES.

FINDINGS:

The facility has had no new construction or renovation after 1/1/90.

Standard # 4-4181

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER ARE ON DUTY AT ALL TIMES.

FINDINGS:

The facility only houses male inmates.

Standard # 4-4208

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICED PROVIDE THE FOLLOWING:

- A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- EMERGENCY PLANS THAT ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY

FINDINGS:

The facility does not have a canine unit.

Standard # 4-4209

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICE FOR TRAINING OF HANDLERS/DOG TEAMS AND UPKEEP AND CARE OF THE ANIMALS PROVIDE FOR THE FOLLOWING:

- CRITERIA FOR SELECTION, TRAINING, AND CARE OF ANIMALS
- CRITERIA FOR SELECTION AND TRAINING REQUIREMENTS OF HANDLERS
- AN APPROVED SANITATION PLAN WHICH COVERS INSPECTION, HOUSING, TRANSPORTATION, AND DAILY GROOMING FOR DOGS

EACH HANDLER/DOG TEAM SHOULD BE TRAINED, CERTIFIED, AND RE-CERTIFIED ANNUALLY BY A NATIONALLY RECOGNIZED ACCREDITING BODY OR A COMPARABLE INTERNAL TRAINING AND PROFICIENCY TESTING PROGRAM.

FINDINGS:

The facility does not have a canine unit.

Standard # 4-4210

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICE PROVIDE DAILY AND CURRENT RECORDS ON TRAINING, CARE OF DOGS, AND SIGNIFICANT EVENTS.

FINDINGS:

The facility does not have a canine unit.

Standard # 4-4278

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT MALE AND FEMALE INMATES HOUSED IN THE SAME INSTITUTION HAVE SEPARATE SLEEPING QUARTERS BUT EQUAL ACCESS TO ALL AVAILABLE SERVICES AND PROGRAMS. NEITHER SEX IS DENIED OPPORTUNITIES SOLELY ON THE BASIS OF THEIR SMALLER NUMBER IN THE POPULATION.

FINDINGS:

The facility only houses male inmates.

Standard # 4-4285

WRITTEN POLICIES AND PROCEDURES GOVERN THE ADMISSION OF INMATES NEW TO THE SYSTEM. THESE PROCEDURES INCLUDE AT A MINIMUM THE FOLLOWING:

- DETERMINATION THAT THE INMATE IS LEGALLY COMMITTED TO THE INSTITUTION
- THOROUGH SEARCHING OF THE INDIVIDUAL AND POSSESSIONS
- DISPOSING OF PERSONAL PROPERTY
- SHOWER AND HAIR CARE, IF NECESSARY
- ISSUE OF CLEAN, LAUNDERED CLOTHING AS NEEDED
- PHOTOGRAPHING AND FINGERPRINTING, INCLUDING NOTATION OF IDENTIFYING MARKS OR OTHER UNUSUAL PHYSICAL CHARACTERISTICS
- MEDICAL, DENTAL, AND MENTAL HEALTH SCREENING
- ASSIGNING TO HOUSING UNIT
- RECORDING BASIC PERSONAL DATA AND INFORMATION TO BE USED FOR MAIL AND VISITING LIST
- EXPLAINING MAIL AND VISITING PROCEDURES
- ASSISTING INMATES IN NOTIFYING THEIR NEXT OF KIN AND FAMILIES OF ADMISSION
- ASSIGNING OF REGISTERED NUMBER TO THE INMATE
- GIVING WRITTEN ORIENTATION MATERIALS TO THE INMATE
- DOCUMENTING ANY RECEPTION AND ORIENTATION PROCEDURE COMPLETED AT A CENTRAL RECEPTION FACILITY

FINDINGS:

The facility is not an initial intake unit.

Standard # 4-4286

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THE PREPARATION OF A SUMMARY ADMISSION REPORT FOR ALL NEW ADMISSIONS. THE REPORT INCLUDES AT A MINIMUM THE FOLLOWING INFORMATION:

- LEGAL ASPECTS OF THE CASE
- SUMMARY OF CRIMINAL HISTORY, IF ANY
- SOCIAL HISTORY

- MEDICAL, DENTAL, AND MENTAL HEALTH HISTORY
- OCCUPATIONAL EXPERIENCE AND INTERESTS
- EDUCATIONAL STATUS AND INTERESTS
- VOCATIONAL PROGRAMMING
- RECREATIONAL PREFERENCE AND NEEDS ASSESSMENT
- PSYCHOLOGICAL EVALUATION
- STAFF RECOMMENDATIONS
- PRE-INSTITUTIONAL ASSESSMENT INFORMATION

FINDINGS:

The facility is not an initial intake unit.

Standard # 4-4287

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR A RECEPTION PROGRAM FOR NEW INMATES UPON ADMISSION TO THE CORRECTIONAL SYSTEM. EXCEPT IN UNUSUAL CIRCUMSTANCES, INITIAL RECEPTION AND ORIENTATION OF INMATES IS COMPLETED WITHIN 30 CALENDAR DAYS AFTER ADMISSION.

FINDINGS:

The facility is not an initial intake unit.

Standard # 4-4307

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- A VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT; AND/OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE PREPARATION OF A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE WARDEN OR HIS OR HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE WARDEN OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS:

The facility does not house youthful offenders.

Standard # 4-4308

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE DIRECT SUPERVISION OF YOUTHFUL OFFENDERS HOUSED IN THE SPECIALIZED UNIT TO ENSURE SAFETY AND SECURITY.

FINDINGS:

The facility does not house youthful offenders.

Standard # 4-4309

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS THAT DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS SHALL INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS:

The facility does not house youthful offenders.

Standard # 4-4310

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ADEQUATE PROGRAM SPACE BE PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDER AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP-ORIENTED ACTIVITIES.

FINDINGS:

The facility does not house youthful offenders.

Standard # 4-4311

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT OFFENDERS FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

FINDINGS:

The facility does not house youthful offenders.

Standard # 4-4312

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS FROM THE SPECIALIZED UNIT BE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF SPECIFICALLY ASSIGNED TO THE UNIT OR STAFF THAT IS RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. THE TRAINING SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- THE MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING, AND RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES

- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS:

The facility does not house youthful offenders.

Standard # 4-4339

THE INSTITUTION PROVIDES FOR THE THOROUGH CLEANING AND, WHEN NECESSARY, DISINFECTING OF INMATE PERSONAL CLOTHING BEFORE STORAGE OR BEFORE ALLOWING THE INMATE TO KEEP AND WEAR PERSONAL CLOTHING.

FINDINGS:

The facility only receives intra-system transfers who come with ADC clothing and not personal clothing.

Standard # 4-4353-1

WHERE NURSING INFANTS ARE ALLOWED TO REMAIN WITH THEIR MOTHERS, PROVISIONS ARE MADE FOR A NURSERY, STAFFED BY QUALIFIED PERSONS, WHERE THE INFANTS ARE PLACED WHEN THEY ARE NOT IN THE CARE OF THEIR MOTHERS.

FINDINGS:

The facility only houses male inmates and there are no infants/mothers.

Standard # 4-4364

ALL IN-TRANSIT OFFENDERS RECEIVE A HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL ON ENTRY INTO THE AGENCY SYSTEM. FINDINGS ARE RECORDED ON A SCREENING FORM THAT WILL ACCOMPANY THE OFFENDER TO ALL SUBSEQUENT FACILITIES UNTIL THE OFFENDER REACHES HIS OR HER FINAL DESTINATION. HEALTH SCREENS WILL BE REVIEWED AT EACH FACILITY BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL. PROCEDURES WILL BE IN PLACE FOR CONTINUITY OF CARE.

FINDINGS:

The facility does not house in-transit inmates.

Standard # 4-4383

WHEN INSTITUTIONS DO NOT HAVE QUALIFIED HEALTH CARE STAFF, HEALTH-TRAINED PERSONNEL COORDINATE THE HEALTH DELIVERY SERVICES IN THE INSTITUTION UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND WARDEN OR SUPERINTENDENT.

FINDINGS:

The facility has full time qualified health care personnel.

Standard # 4-4391

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The facility does not use volunteers to provide medical services.

Standard # 4-4392

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The facility does not use students, interns or residents to deliver health care services.

Standard # 4-4393

UNLESS PROHIBITED BY STATE LAW, OFFENDERS (UNDER STAFF SUPERVISION) MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSIST IMPAIRED OFFENDERS ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SUICIDE COMPANION OR BUDDY IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF SUICIDE PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANTS TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER OFFENDERS TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION (BY SPECIALLY TRAINED STAFF) IN A VOCATIONAL TRAINING PROGRAM

FINDINGS:

The facility does not use inmates to perform familial duties.

Standard # 4-4436

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT COMPREHENSIVE COUNSELING AND ASSISTANCE ARE PROVIDED TO PREGNANT INMATES IN KEEPING WITH THEIR EXPRESSED DESIRES IN PLANNING FOR THEIR UNBORN CHILDREN.

FINDINGS:

The facility only house male inmate

Standard # 4-4456

WHERE AN INDUSTRIES PROGRAM EXISTS, THERE WILL BE A STATUTE AND/OR WRITTEN POLICY AND PROCEDURE THAT AUTHORIZES THE ESTABLISHMENT OF AN INDUSTRIES PROGRAM AND DELINEATES THE AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY FOR THE PROGRAM.

FINDINGS:

The facility does not have an industries program.

Standard # 4-4457

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE SECURITY AND PROGRAM DETERMINATIONS NECESSARY FOR ANY INDIVIDUAL TO BE ELIGIBLE FOR INDUSTRIES WORK ARE MADE BY THE CLASSIFICATION COMMITTEE.

FINDINGS:

The facility does not have an industries program.

Standard # 4-4458

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEET THE REALISTIC WORKLOAD NEEDS OF EACH INDUSTRIES OPERATING UNIT.

FINDINGS:

The facility does not have an industries program.

Standard # 4-4459

EACH INDUSTRY'S OPERATING UNIT HAS A WRITTEN QUALITY CONTROL PROCEDURE THAT PROVIDES FOR RAW MATERIAL, IN-PROCESS, AND FINAL PRODUCT INSPECTION.

FINDINGS:

The facility does not have an industries program.

Standard # 4-4460

A COST ACCOUNTING SYSTEM FOR EACH OPERATING INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

The facility does not have an industries program.

Standard # 4-4461-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT, CONSISTENT WITH THE LAWS AND LEGAL PRACTICES WITHIN THE JURISDICTION, RESTITUTION IS COLLECTED AND ULTIMATELY MADE AVAILABLE TO THE VICTIMS OF CRIME AND/OR THEIR SURVIVORS. WHERE SUPPORTED BY STATUTE, AND FEASIBLE, VICTIM AWARENESS CLASSES ARE OFFERED TO HELP OFFENDERS UNDERSTAND THE IMPACT OF THEIR CRIMES ON THE VICTIMS, THEIR COMMUNITIES, AND THEIR OWN FAMILIES.

FINDINGS:

The ADC is not responsible for restitution programs or victim awareness programs for inmates.

Standard # 4-4462

PRIVATE INDUSTRIES ON THE INSTITUTION GROUNDS EMPLOYING INMATES IN POSITIONS NORMALLY FILLED BY PRIVATE CITIZENS PAY INMATES THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED.

FINDINGS:

The facility has no private industries operating on the grounds.

Standard # 4-4463

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED. INMATES RECEIVING SUCH COMPENSATION REIMBURSE THE JURISDICTION FOR A REASONABLE SHARE OF ITS COST IN MAINTAINING THEM.

FINDINGS:

The facility has no inmates employed in the community by public or private organizations.

Significant Incident Summary

This report is required for all residential accreditation programs. (*Adult Correctional Institutions; Adult Local Detention Facilities; Core Jail Facilities; Boot Camps; Therapeutic Communities; Juvenile Detention Facilities; and Juvenile Small Detention Facilities.*)

This summary is required to be provided to the Chair of your audit team upon their arrival for an accreditation audit and included in the facility's Annual Report. (*Refer to Agency Manual of Accreditation for details.*) The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your accreditation specialist. This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, and Small Juvenile Detention Facilities.

Facility Name: Maximum Security Unit

Reporting Period: March 1, 2017 – February 28, 2018

Incident Type	Months	March 2017	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	2	0	0	1	1	1	0	1	0	0	0	6
Sexual Violence		0	0	0	0	0	2	0	0	0	1	0	0	3
Homicide	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim		0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	1	1	0	0	1	1	1	0	0	0	1	0	6
	Offender/Staff	1	1	0	1	0	1	1	0	0	1	0	0	6
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Mandatory Non-Compliance*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		2	3	2	1	1	1	0	0	0	0	0	0	10

*May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.



**MAXIMUM SECURITY UNIT
YEAR THREE
APRIL 2017 TO MARCH 2018**

Health Care Outcomes				
Standard	Outcome Measure	Numerator/Denominator	Value	Calculated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months.	0	
	divided by	The average daily population.	646	0
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months.	0	
	divided by	Average daily population.	646	0
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months.	1	
	divided by	Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening.	464	.002
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months.	0	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months.	0	0
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time.	70	
	divided by	Total offender population at that time.	647	.108
	(6)	Number of offenders diagnosed with HIV infection at a given point in time.	3	
	divided by	Total offender population at that time.	640	.005

	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time.	3	
	divided by	Total number of offenders diagnosed with HIV infection at that time.	3	1
	(8)	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml.	2	
	divided by	Total number of treated offenders with HIV infection that were reviewed.	3	.666
	(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time.	47	
	divided by	Total offender population at that time.	667	.070
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months.	17	
	divided by	Average daily population.	646	.026
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months.	26	
	divided by	Average daily population in the past twelve (12) months.	646	.04
	(12)	Number of offender specialty consults completed during the past twelve (12) months.	331	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	455	.757
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg.	13	
	divided by	Total number of offenders with hypertension who were reviewed.	40	.33
	(14)	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent.	7	

	divided by	Total number of diabetic offenders who were reviewed.	25	.28
	(15)	The number of completed dental treatment plans within the past twelve (12) months.	349	
	divided by	The average daily population during the reporting period.	646	.54
2A	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period.	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	179	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job.	8	
	divided by	Number of new health care staff during the twelve (12) month period.	8	1
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months.	0	
	divided by	Number of employees.	179	0
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months.	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	188	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months.	10	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	129	.078
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period.	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months.	0	

	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.	6	0
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period.	5	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	0	5
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months.	0	
	divided by	Average daily population.	646	0
	(4)	Number of offender suicides in the past twelve (12) months.	0	
	divided by	Average daily population.	646	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months.	2	
	divided by	Total number of deaths in the same reporting period.	6	.33
	(6)	Number of serious medication errors in the past twelve (12) months.	0	