

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Arkansas Department of Corrections  
Ouachita River Correctional Unit  
Malvern, Arkansas

May 15-17, 2018

**VISITING COMMITTEE MEMBERS**

Susan Jones, Chairperson  
ACA Auditor

Alan Finnan  
ACA Auditor

Ernest Umunna  
ACA Auditor

**A. Introduction**

The audit of the Ouachita River Correctional Unit was conducted on May 15-17, 2018 by the following team: Susan Jones, chairperson, Alan Finnan, team member and Ernest Umunna, team member.

**B. Facility Demographics**

Rated Capacity:	1898
Actual Population:	1856
Average Daily Population for the last 12 months:	1820
Average Length of Stay:	5 months, 15 days
Minimum 776, Medium 860, Maximum 220	
Age Range of Offenders:	18- 98
Gender:	Male
Staff: (421)	
(322) Security Positions, (13) Administration Positions, (39) Program Staff Positions, (47) support, plus (25) Contracted Medical Positions	

**C. Facility Description**

The Ouachita River Correctional Unit (ORCU), is the newest facility in the Arkansas Department of Corrections. It is located near Malvern, Arkansas. The facility is divided into two separate areas and many services are provided separately for each side. The facility includes several different types of housing areas for inmates.

The oldest part of this facility includes three housing units, each with three tiers with four different barracks. The majority of these cells are double-bunked with only a few single handicapped cells. This part of the facility also includes East and West Isolation housing area (segregation) which includes 60 cells which are single cells.

The newer part of the facility includes Alpha, Charlie, Delta, Echo, Foxtrot, Golf, Hotel, SNC and SND which house general population and specialized populations. Bravo Barracks house the inmates who are participating in the Principals and Applications for Life (PAL) Program which is a faith-based program. Alpha houses the Think Legacy(re-entry) program

The Residential Program Unit (RPU) provides housing for 96 inmates who are mentally ill and unable to be housed in a general population unit. The Habilitation Program houses up to 40 inmates that are developmentally delayed and are unable to function in the general population. These inmates are under the care of mental health staff. There are eight single cells in the Habilitation Barracks.

Inmates assigned to the RSVP (Reduction of Sexual Victimization Programs) are housed in the barracks 9 (78 inmates), 10 (80 inmates), and 11 (80 inmates).

Intake barracks 1-5 houses male inmates entering the Arkansas Department of Corrections and has a 246 bed capacity. All male inmates entering the ADOC are processed in this area except for those sentenced to death.

The hospital houses inmates in need of medical care and SND houses inmates who need significant medical care assistance for daily living.

Other areas inside the compound include the infirmary, inmate dining halls, staff dining, kitchen, gyms, school, general/law library, laundry, canteen, and Votech.

Outside the compound are four towers, armory, firing range, dog kennels, horse barns, main entrance and sallyport buildings, and maintenance.

#### **D. Pre-Audit Meeting**

The team met on May 14, 2018 in Malvern, Arkansas to discuss the information provided by the Association staff and the officials from Ouachita River Correctional Unit.

The chairperson divided standards into the following groups:

Standards #4-4001 to #4-4172 (Susan Jones)

Standards #4-4173 to #4-4343 (Alan Finnan)

Standards #4-4344 to #4-4530 (Ernest Umanna)

#### **E. The Audit Process**

##### **1. Transportation**

The team was escorted from the airport by Deputy Warden Jackson and Agency ACA Coordinator Sandra Kennedy. The audit team was provided transportation to and from the facility by both Sandra Kennedy and Linda Gibson

##### **2. Entrance Interview**

On May 15, 2018, the audit team was able to circle the perimeter and then proceeded to directly to the visiting room to meet with facility staff. During this entrance meeting the team explained the objectives for the week and discussed plans for the audit. The team also shared information regarding their background and corrections experience and the Chairperson expressed the appreciation of the Association for the opportunity to be involved with the Ouachita River Corrections Unit reaccreditation process. The following persons were present during the entry meeting:

Vicki Orr

Sue Alford

Camilla Hunter

Grievance Office

Mailroom

Business Manager/Commissary

Ryan Burris	Training
Michael Shamoon	Training
Gary Gamble	Recreation
Teresa King	Admin. Specialist for Deputy Warden of Sec
Bernard Williams	Regional Manager / Correct Care Solutions
Tijuana Richardso	Habilitation
Wendy Kelley	Director
Nurzuhal Faust	Superintendent
William Moore	Chaplain
Amanda Murdock	Residential Programs Unit Manager
Steve Outlaw	Deputy Warden of Operations
Anthony Jackson	Deputy Warden of Security
Darren Threlkeld	Chief of Security of Field
Candy West	Parole
Gabrielle Taylor	Parole
Darlene Hale	Business Manager
Capt Evelyn Hayn	Special Needs Unit Commander
Jason Smith	Principal/School
Anna Walton	Computer Tech / Information Technology
Lisa Hankel	Admin. Specialist for Majors
Emma Hamer	Rehab Program Manager
Reginald Pace	Mental Health
Crystal Littleton	Program Specialist / Hobby Craft
Darrell Fitzpatrick	Intake Classification
Don Rigney	Vo-Tech
Dream Redic-You	Health Services Administrator / Infirmary
Linda Gibson	Agency Fire Safety Coordinator
Dianne Geater	Intake Supervisor
Sherry Staton	Human Resources Manager
Angie Williams	Records Supervisor
Jason Kelly	Health Services Administrator / Hospital
Deborah McAfee	Certified Dietary Manager / Food Production
Mary Traylor	Food Production Supervisor
Dexter Payne	Deputy Director / Institutions
Mark Cashion	Assistant Director / Administrative Services
M.D. Reed	Chief Deputy Director / Institutions
Kennie Bolden	Chief of Building Security
Sandra Kennedy	Agency ACA Manager

3. Facility Tour

The team toured the entire inside compound on May 15, 2018 from 8:30 a.m. until 1:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Sgt. Sammy Johnson	Key Control
Joi Harris	Unit Accreditation Specialist
Lt. Jennifer C. Smith	Intake / Hospital Lt.
Sandra Kenne	Agency ACA Manager
Teresa King	Deputy Warden's Administrative Specialist
Bethany Davis	ACA Administrative Specialist - Scribe
Nurzuhal Fauzan	Superintendent
Steve Outlaw	Deputy Warden of Operations
Anthony Jackson	Deputy Warden of Security
Darren Threlkeld	Chief of Security of Field
Capt Evelyn F. Smith	Special Needs Unit Commander
Lisa Hankel	Admin. Specialist for Majors - Scribe
Linda Gibson	Agency Fire Safety Coordinator
Kennie Bolde	Chief of Building Security

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.

Youthful Offenders were housed at this facility until August of 2016. Since that time, these individuals are processed through intake at this facility but then they are transported to a facility in Pine Bluff, Arkansas. During the intake process, these individuals are closely supervised and all intake processes are completed in approximately two hours. These individuals are not assigned to the facility and do not leave the intake area. A review of the practice that occurred for that first year and three months of this audit cycle indicates that the facility may have been in compliance with all standards related to the youthful offenders with the exception of the training standard (4-4312). The audit team did not find the facility in non-compliance with the youthful offender standards, but instead found them to be not applicable based on two facts: these standards were found to be not applicable during the last ACA audit and at the time of the audit, these individuals were no longer assigned to this facility.

A review of the training records during this audit revealed that the training year has changed for this department at least two times during the past three years.

These changes made ensuring compliance with training standards regarding number of hours for each employee a very difficult process for the training staff. Prior to these changes, the individual employee was expected to achieve their training hours based on a year that started with their anniversary date. Policy changes were made during this audit period that changed the training year from that anniversary date to a calendar year. The instructions received regarding this transition allowed for some staff to only complete 40 hours of training over an 18-month period. The warden provided documentation that supported this change, however, the audit team found that such an approach to this policy change was not an exception to the ACA standards. The facility was able to calculate training hours and provide the audit team with documentation that indicated that their staff had completed the required 40 hours, with a few exceptions, even though the policy direction they received did not appear to require that many hours.

The two exceptions presented were: employees on FMLA -Family Medical Leave (13 employees) and employees who had been disciplined for not completing their training hours (5 employees). The audit team did express concern regarding the timing of the family medical leave, for instance, if an employee had been off early in their training year and had returned to duty with several months remaining, then the explanation of being on leave would not be valid. Additionally, the audit team had concerns regarding accepting the fact that a person was “written up” for not going to training yet they were returned to duty without completing their training hours. Given the complexity of employment law and differences in personnel rules, the audit team accepted this as an exception.

Given the confusion over training year requirements and the fact that the overwhelming majority of their staff had attained the required training hours, the audit team examined these records and found them in compliance with the standards.

**Security:**

The staffing and design of the facility were found to be appropriate for the custody level and institutional missions within this facility. The compound is surrounded by a double fence. 12’6” high. These fences have one roll of razor wire and a micro-wave detection system that includes 17 microwave zones. The perimeter detection system also includes 40 cameras which are monitored by the control center. When a zone is transgressed, an audible-visual alarm is activated in the Control Room. The Central Control Room officer alerts tower and/or perimeter patrol vehicle to check and clear the alarm as needed. Alarms are cleared in Central Control after being cleared by a tower officer and/or the Perimeter Patrol Vehicle.

The perimeter is observed from four towers staffed 24/7 whose staff are equipped with AR 15 rifles. The four towers have good line-of-sight observation of the perimeter fence and there is a perimeter patrol post from dusk till dawn. The perimeter staff person is equipped with an 870 shotgun. Entry into the perimeter is accessed through the front walk through gate and a vehicle sallyport at the rear of the facility.

The transport vehicles from both the agency and other law enforcement agencies use a weapons vault located near this vehicle sallyport which is under the supervision of the tower. Facility transport staff is equipped with Glock handguns.

This facility conducts shift briefings for each of the two 12-hour shifts which provides all staff the ability to enter their work area informed of any changes or potential issues. Most security staff carries keys, OC spray, handcuffs and a radio. The facility has 976 cameras in place and functioning.

Staff enters the facility through the main entrance building. As part of the screening process staff must clear a metal detector, must clear a total body scanner and then they are pat searched by a staff member. Their belongings are searched through an x-ray machine, they sign in through a biometric scanner and then a time clock. The body scanner was just recently added to the entry procedure and the details of its use were explained to the audit team. Staff operating the machine seemed to be knowledgeable about limitations of its use and the precautions needed for specific types of medical conditions or pregnancy. Concerns were raised by the audit team regarding the amount of radiation exposure for staff and the incredibly intrusive nature of the scan itself.

Inmates enter the facility through the intake area at the rear of the facility. Inmates must clear a medical detector and then they are strip searched prior to leaving the immediate entrance area. This process is conducted for inmates who are new arrivals as well as those leaving the perimeter to report to their outside work areas.

The Armory/Key Control building is located outside the secure perimeter near the main entrance. The Armory building was exceptionally clean and well organized. All inventories that were checked by the auditor were accurate and the assigned staff were very responsive to all question from the auditor.

Security staff normally carry keys, radio, and OC. Some keys are issued by the three control centers, others are exchanged on post, while others still are issued as permanent "TAKE HOME" keys. Some staff is also assigned "TAKE HOME" OC. There seemed to be a large number of take home keys and issue points. Upon discussion with the Administrative Staff the need for multiple issue points was tied to the layout of the facility and complexity of its missions. Regarding the "Take Home" key policy, that seemed more tied to prestige and tradition.

Daily key issue tracking is maintained by a key issue log which is accurately maintained and checked during and following each shift. If a set of keys is discovered to have been inadvertently taken from the property, the person who took them is contacted and directed to return to the facility to return the keys. The keys were properly inventoried, stored and accurate issue documentation was impeccably maintained. Spot checks on issue and use of keys were conducted with several staff members (Security and Administrative). The staff checked was found to know both the number and use of their assigned keys.

The issue documentation was cross-checked and found to be accurate. Inventories are maintained via computer program and paper backup. The paper backup was updated according to the inventory check schedule, checked and found to be accurate.

The Isolation/Administrative Segregation Unit consists of 60 single occupancy cells for isolation purposes. This unit is well designed and meets all the standards relating to a segregation unit. The Audit Team suggested a more reader friendly/effective manner to maintain individual inmate activities. The staff appeared to be receptive to these suggestions.

Post orders were reviewed by the audit team and found to be clear and concise. Post orders were located on each post checked and the proper documentation was also present per policy. Staff questioned regarding content of Post Orders displayed a keen awareness of their content and knowledge of how to carry out their intentions.

The Unit has both a Dog and Horse unit. The assigned auditor was able to see a demonstration of the tracking dogs and conduct a thorough audit of these areas. The kennel houses forty dogs that are used for tracking purposes only. There are two types of tracking dogs: (1) Pack trackers and (2) Leash/lead trackers. There is no aggression, drug, tobacco, or cell phone dogs. Veterinary Records were examined and were in proper and complete order for each animal. The K-9 unit uses a "single dose" medication system that is ordered when required, therefore, no medication or needles are stored at the unit. Key, tool, and chemical control were discussed, spot checked and found to be in order.

The stables and kennels were clean and in good repair. There are plans to replace the kennels in the future, but a specific date has not been established at this time.

The horse unit is housed in two separate stables for horses that work with the dog tracking team as well as horses that are used to monitor inmate working outside of the perimeter of the facility. Both were well maintained, organized and appropriate for their purpose. Tools and chemicals were spot checked and found to be in order.



**Environmental Conditions:**

The noise, light, and sound tests indicate that these levels were in compliance with the ACA standards. In fact, many areas of the facility could be described as quiet. The facility has adequate storage areas for supplies and equipment and these areas were neatly organized.

The facility meets all shower, toilet and sink ratios based on state and local codes. A positive attitude among the inmates and staff was observed. Neither offenders nor staff expressed any sense of fear for their well-being.

Work areas that issued tools as a rule had good inventory accountability. Tool and chemical control was closely inspected by auditors on this team. The majority of the areas that have tools or chemicals were correct in their inventories and compliance with policy. One tool cart was found to have been incorrectly removed from the maintenance area during the audit and it was immediately located and returned to maintenance to be re-inventoried.

Chemicals were also controlled and accounted for on inventory forms. MSDS Sheets were immediately accessible and the staff demonstrated the ability to utilize them. There is plenty of program space throughout the unit to carry out the mission of the facility. The physical plant is well maintained with the use of inmate workers supervised by maintenance staff.

Required inspections such as, Health, Fire, and Safety are conducted according to schedule. Deficiencies when identified are addressed in a reasonable time through work orders and appropriate follow-up. These corrections and/or repairs are documented on the proper forms and the required reports are completed and forwarded to the appropriate person and/or agency.

Sanitation inspections are conducted by Administrative personnel regularly. These inspections are documented in unit logs.

**Sanitation:**

This facility was found to be exceptionally clean in all areas inspected by members of the audit team. Cleaning is done by both staff and inmates under the supervision of staff. All chemicals are diluted before distribution and cleaning supplies are dispensed from the supply department. The cleaning supply inventories were accurate and up to date.

**Fire Safety:**

During the tour, team members observed fire evacuation plans, extinguishers, exit signs, Self-Contained Breathing Apparatus (SCBA) and sprinkler systems throughout the facility.

Emergency keys have a series of drilled dots on each key ring providing tactile ID in low light environments. Fire drills are conducted on a quarterly basis on all shifts. Fire Drills in the isolation areas (segregation) are conducted by scenario rather than actual evacuation.

The annual first inspections for this three-year audit cycle was done in year one by the Malvern Fire Department. Year two and three inspections were completed by the Arkansas State Police Fire Marshall's office.

The documentation for the inspections for year two and three were much more informative, however, there is not complete cycle of documentation between the inspection, the correction, and agreement from the Fire Marshall's office. The inspection for year 2 indicated the need for additional access to fire hydrants, however, the facility responded to the deficiency note with an explanation of the current access. There was no follow up information from the Fire Marshall's office that that explanation was acceptable. The year three inspection did not cite this deficiency again, so the auditor was left to conclude that the facility response regarding access was acceptable. The audit team discussed with this issue with the management team and indicated that if the deficiency had been noted at year three then the lack of acceptance of the facility response could have resulted in major concerns regarding their compliance with this standard. It is strongly recommended that this type of inspection system be evaluated to ensure that documents related to acceptance of the facility's report be added to the process.

**Food Service:**

Meals for the inmate population are prepared from a cycle menu which has been approved by a registered dietitian. The kitchen and food preparation areas are spacious and well equipped for the needs of the Unit.

The freezers and coolers are functioning properly with correct temperature settings. The emergency release of one of the walk-in freezer units was found to be not functioning and created the possibility that someone could be locked in the freezer. This was pointed out by the audit team and immediate plans were made to address the situation. The storeroom is well organized and clean.

Staff and inmates are properly dressed and comply with policy and procedures governing the Food Service Department. Tool and chemical inventories were checked and found to be accurate. There was significant evidence of pest/roach infestation in the food service tool room. Review of the files indicates that the facility has a plan in place and staff is looking at the need to increase the breadth of the existing plan as needed to address the infestation.

Food service prepares therapeutic and religious diets as needed after approval by medical staff or chaplain. An auditor ate a meal during the tour and found it to be in compliance with the posted menu.

### **Medical Care:**

Medical services at the Ouachita River Correctional Unit (ORCU) are contracted through the Correct Care Solutions (CCS). The contract was established in 2014 and renewed.

They employ full-time and part-time health professionals to provide medical, dental and contract services 24/7 and on call.

ORCU is an intake facility with multiple missions and also accepts in-transit and intra-system transfers. Many assigned inmates have a history of high-risk behaviors, compounded by a history of a lack of medical care and /or mental health treatment, and are more likely to have chronic illnesses and infectious diseases. The facility has a responsible physician (MD) and Health Services Administrator. The Medical staff is well trained and is caring professionals. The medical auditor interviewed several inmates including the oldest inmate who was 98 years old. Many of the inmates were complimentary of medical services.

Medical services include peer review evaluations, access to care meetings, CQI and MAC meetings. The facility utilizes language lines, video orientation and sign language interpreters. Medical at the ORCU is divided into two areas: the Infirmary and the Sensitive Needs Unit (SNU) that includes Intake, Day Clinic and a 28-bed Hospital. The Infirmary is located in old section, and the Hospital, Intake and Day Clinic in the new section (2<sup>nd</sup> floor). These areas share staff. ORCU serves as an unofficial hospice facility, and provides end-of-life care and palliative care. Nursing shortages continues to be a problem.

The ORCU-Infirmary clinic (old section) is staffed with one F/T Physician, one F/T Director of Nursing, one F/T RN-Health Services Administrator, one F/T Registered Nurse, two PRN-Registered Nurses, four F/T Licensed Practical Nurses, five PRN Licensed Practical Nurses, three F/T Certified Nursing Assistants, one F/T Administrative Assistant and one F/T Medical Record Clerk. Clinic shifts are from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m. (Sun-Sat). The medical auditor observed shift change on the second day of the audit.

The Hospital –SNU and the Day Clinic (new section) is staffed with one F/T Medical Director, one F/T Physician, one F/T Health Services Administrator, one Director of Nursing, one F/T Assistant Director of Nursing, one F/T Physician Assistant, two F/T Advanced Registered Nurse Practitioners, two PRN- Advanced Registered Nurse Practitioners, ten F/T Registered Nurses, eleven (RN-Registered Nurses, nineteen F/T Licensed Practical Nurses, five PRN-Licensed Practical Nurses, seven F/T Certified Nursing Assistants, seven PRN-Certified Nursing Assistants, one F/T Charge Nurse, two F/T Ward Clerks, three Medical Record Clerks, one PRN-Medical Record Clerk and one F/T Administrative Assistant. The hospital clinic shifts are from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m. (Sun-Sat) and the Day clinic shifts are from 8:00 a.m. to 4:00 p.m. (Sun-Sat). The medical auditor observed shift change and intake process on the second day of the audit.

There are 14 examination rooms (two- Infirmary, one-Hospital, eight-Day clinic and three-Intake). Medical examination rooms have access to water, bathrooms, education materials and health pamphlets. ORCU medical is quipped as follows:

- 4 AEDs (1-Infirmary, 3-Hospital, secured and inspected)
- 4 EKGs (1-Infirmary, 3-Hospital, secured, inspected and read by CompuMed)
- 4 Jump bags (1-Infirmary, 3-Hospital, secured and inspected)
- 5 Emergency stretchers with straps (2-Infirmary, 3-Hospital, secured and inspected)
- 4 Transportation gurneys (1-Infirmary, 3-Hospital, secured and inspected)
- 2 Secure medication rooms (1-Infirmary, 1-Hospital)
- 8 Pill windows (1-Infirmary, 7-Hospital)
- 9 Refrigerators (2-Infirmary, 7-Hospital for Flu, TB Solutions, etc.)
- 4 Refrigerators (1-Infirmary, 3-Hospital for Specimens)
- 2 Medical crash carts (1-Infirmary, 1-Hospital, secured and inspected)
- 12 Oxygen Concentrators (2-Infirmary, 10-Hospital, secured and inspected by Dr. MET)
- 25 Portable oxygen cylinders (8-Infirmary, 17-Hospital, secured and inspected by Welsco)
- 15 Dialysis machines- Fresenius 2008k with chairs (Contract with Chardonny Dialysis Mon/Wed/Thurs-12 hrs/day)
- 1 Two-body mobile refrigerator morgue. Temperature logs are maintained and the morgue was empty at the time of the audit.

ORCU has an ADA Coordinator and a Disability Placement Program (DPP) that provides for housing accessible lockers, TDD phones, handicap showers, beds with grabs bars, accessible day room tables and elevator. There are ample supplies of walking sticks, crutches and wheel chairs in the facilities. ORCU has the ability to house severely disabled inmates.

There are wheelchair-accommodating cells and CPAP accommodating housing. There are two in-house Physical Therapists provided by All Star Therapist Mon-Fri from 8:00 a.m. to 4:00 p.m.

ORCU has an agreement with the Malvern Fire Department (seven to eight minutes) and the Life Net, Malvern EMS (three to four minutes) in the event of a medical emergency. Non-emergent medical transportation is done by facility staff to either a hospital facility or community provider for offsite consultations. Drills are performed regularly to test medical emergency responses.

Nursing staff have been certified in Basic Life Support (BLS) through the American Heart Association (AHA). The medical unit maintains basic TTA protocol medicine. Master MSDS files are maintained in medical. Officers are trained on First Aid, CPR and AED, and are considered first responders. ORCU uses the following hospitals for inpatient hospitalization:

1. Baptist Health Medical Center-Hot Springs County, Malvern, AR (ER)
2. National Park Medical Center, Hot Springs National Park, AR
3. University of Arkansas for Medical Sciences, Little Rock, AR

Upon admittance to the ORCU, inmates receive an Inmate Orientation Manual to aid the individual in their adjustment to the correctional setting. This manual contains information regarding medical, mental health and dental services. Information in the manual also includes medical and sick call procedures, general information on medical, co-pay, diets, medication administration, keep on person (KOP) medication guidelines, and over the counter (OTC) medication. Other educational guides are utilized to inform inmates about AIDS and the spread of HIV, blood borne pathogens and safety when working with body fluids.

Medical diets are coordinated with the food service. ORCU follows “Diet for Health”. The ORCU Physician approves medically necessary diets. The medical auditor examined the manual during the audit and found it current. The manual is examined regularly by the HSAs for updates. There are approximately 240 medical diets (70-Infirmary and 170-SNU-Hospital).

There are 106 inmates with diabetes: 39-Infirmary (19-insulin and 20 non-insulin) and 67-SNU-Hospital (40-insulin and 27 -noninsulin) dependent at the time of the audit (05/16/18). Insulin dependent diabetics receive midnight snacks.

Sick calls are provided five days a week in the infirmary and SNU. Segregation rounds are made daily. Inmates access all medical services via centralized sick call boxes. The average monthly sick calls are 980 (568-Infirmary and 412-SNU). The medical auditor observed both sick call runs on the second day of the audit and found the process timely and organized. Medical requests are triaged within three days, and any patient with symptoms is seen within one day. There is a \$3.00 health service fees.

The quality and level of care is the same for all inmates and no inmate is denied health care because of inability to pay. ORCU uses electronic and paper medical records. Medical grievances are processed through the centralized grievance box and reviewed by the HSAs within three to five days. There is a grievance coordinator. ORCU averages 0 substantiated medical grievances per month. ORCU has a mainline station to help address inmates concerns early. Specialty services are arranged through the Utilization Dept. Optometry service is contracted through the Eye Care 1x/mo. Ophthalmology clinic is offered at ORCU.

Inmates are provided with age specific medical exams. The average number of chronic care inmates, excluding mental health, at the time of the audit was 736 a month (371-Infirmery and 365-SNU). ORCU does not perform detoxification from alcohol, opiates, hypnotics, other stimulants, or sedative hypnotic drugs. Neither chemical dependency nor alcohol and drug treatment is offered at the ORCU. Telemedicine is practiced at the ORCU. Dialysis services are provided through Chardonny Dialysis. There were 22 inmates receiving dialysis treatment at the time of the audit (05/16/18).

ORCU has a plan for the management of communicable diseases which includes prevention education, diagnosis, treatment and isolation. ORCU has an infectious disease specialist. ORCU has six negative pressure rooms and 22 licensed infirmery beds. The vast majority of inmate/patients housed in the infirmery pods require assistance with the activities of daily living (ADL).

The medical auditor recommended a professional inspection of the negative pressure rooms to measure the required air exchange calculations per hour (ACH). The total monthly TB tests at time of the audit are 690 (89-Infirmery and 601-SNU). MRSA precautions are in place. Universal precautions are practiced throughout the facility. There are available first aid kits, blood borne pathogen kits, and eye wash stations. Medical areas are well maintained and clean. Hand sanitizers dispensers were located throughout medical and other areas. Sanitation and housekeeping are provided by inmates who have been trained for these positions.

Medications are stored in medication rooms and secured behind double door locks. Medication is administered three times per day/seven days per week in infirmery, SNU and segregation (cell side). Each inmate's identification is confirmed and then the mouth cavity is checked after medication is administered. The medical auditor observed medication administrations on the second day of the audit and found the process organized and timely.

There is a separate diabetic line three times per day/seven days per week. All no shows or refusal of this medication is documented and/or referred for follow-up. Inmates are allowed specific Keep on Person (KOP) medications.

MARS are electronic and paper. There are approximately 1383 inmates on prescription medications (503-infirmatory and 880-SNU), and 75 on control medication (6-infirmatory and 69-SNU), at the time of the audit. Some medications are crushed per specification. ORCU has a distribution list of over-the-counter (OTC) medications which is approved by the Regional Medical Director.

Medications are obtained through the Diamond Pharmacy and delivered by a courier. The backup pharmacies are local Walgreens and Fred's. Patient specific and stock medications are maintained. The Diamond pharmacy audits the dispensaries monthly. The medical auditor found the medication is stored in a secure manner and random inventory inspections on sharps, controlled medications were accurate. Basic medical supplies and materials are obtained through McKesson. The disposal of expired, unused, discontinued, recalled, over stocked medications including Over-the-Counter (OTC) prescriptions, (pills and liquids) and narcotics is arranged through the health department and Stericycle. There were some expired medications or discontinued medications awaiting pick-up. Records are maintained on disposal process. Upon release inmates are provided with 30-day medications.

ORCU medical has a draw only lab. Specimens are collected on site. Blood is spun and sent out for analysis to the Lab Corp five-days/week and reports received online within 24-48 hours by fax/phone. STAT labs are sent to the Baptist Health Medical Center-Hot Springs County, Malvern, AR, and reports received two to four hours by fax/phone. On average there are 2123 monthly inmate lab tests conducted (115-infirmatory and 2008-SNU). Stericycle is contracted to pick up the biohazard and sharps wastes.

The medical auditor checked the specimen refrigerators temperature logs and found the records current. EKGs are performed and read on-site. Radiology services are through MobilexUSA X-Ray and the Baptist Health Medical Center-Hot Springs County.

ORCU has three dental clinics: The Dental-Intake is open from 8:00 a.m. to 4:00 p.m. (Mon/Tues) and has one Panorex digital x-ray machine, one bitewing digital x-ray machine and four dental chairs. The Dental-Day Clinic is open from 8:00 a.m. to 4:00 p.m. (Mon/Tues) and has six dental chairs and four bitewing digital x-ray machines. The Dental-Infirmatory is open from 7:30 a.m. to 5:00 p.m. (Mon-Thurs) and has two dental chairs and one bitewing analog x-ray machine. The dental Intake and Day Clinic are located in the SNU and staffed with one F/T Dentist (CCS), two F/T Dentists (subcontractors) and two F/T Dental Assistants (CCS). The dental infirmatory is staffed with one F/T Dentist (subcontractor), one F/T Dental Assistant (CCS) and one P/T Dental Hygienist (CCS).

Dental services include basic dentistry, prophylaxis, fillings, dentures, partials, extractions, root canal, restoration and oral cancer screenings and hygiene. Inmates access dental health services through the sick call process and dental wait time is 72 hours. The medical auditor reviewed the licenses, registrations, records

and conducted a random inventory of sharps and instruments and found them accurate. The dental area is clean. Dental chair traps are cleaned weekly. Sterilization is monitored using the SPS Medical. ORCU Dentals has no established methods of monitoring dental dosimetry and disposal of dental fixer and developer. Dental supplies and equipment services are through the Henry Schein and Paterson dental company. Dental amalgam wastes are disposed through the Stericycle.

The average number of inmates seen monthly is 1291 (combined). ORCU has a dental prosthetics for dentures and partials for the State and are staffed with four inmates.

ORCU is an inpatient psychiatric facility and residential treatment programs for mentally ill inmates in the ADC. ORCU mental health is staff with three F/T Psychiatricians (subcontracted through Forensic Psychiatric Consultants (CCS)-SNU, one P/T Psychiatrist (CCS)-Infirmery, one F/T Rehabilitation Facility Supervisor (State), three F/T Rehabilitation Program Managers (State), (14) F/T Mental Health Advisors (State), three F/T Licensed Master Social Workers (State), one F/T Licensed Professional Counselor (State), one F/T Psychologist Supervisor (State), one F/T Psychologist (State), one F/T Registered Nurse (State), seven F/T Advisors (State), one F/T Administrative Specialist II (State), four F/T Administrative Specialists I (State) and one F/T Administrative Specialist (State). Services are provided 7:00 a.m. to 3:00 p.m. (Mon-Fri) and on call.

There are approximately 207 (65-Infirmery and 142-SNU) inmates seen monthly by mental health staff. Any staff member who has concerns about an inmate's mental stability may refer the inmate to the Mental Health Department. In addition, an inmate may self-refer for a clinical interview to discuss their mental health needs.

Daily rounds are conducted in Restricted Housing Unit (RHU). Inmates are evaluated 30/60/90 days or sooner if clinically indicated.

Inmates are provided information on enhanced victim services and rape crisis hotline. At the time of the audit, there were 555 inmates (157-Infirmery and 398-SNU) on psychotropic medications. Program services include crisis intervention, individual/group counseling and medication management. All suicide ideations are referred to Mental Health, monitored and observed 1:1. ORCU has 8 suicide cells. Suicide garments are available. ORCU uses medical restraints for health services and psychiatric purposes.

### **Recreation:**

Options for recreation, both indoor and outdoor, are provided in a variety of manners and locations throughout the facility. Inmates in the isolation unit are provided access to covered outdoor recreation areas.



Inmates in the hospital and SND unit have access to an outdoor courtyard and indoor dayroom. The Habilitation program inmates and any inmates that are wheelchair bound are provided access to a small outside recreation yard and an indoor gym. The majority of the population is given access to an indoor gym and one of three outdoor recreation areas. Recreation options include basketball, volleyball, handball, soccer, softball, stationary workout framework, shuffleboard, ping pong, and board games.

The facility offers a hobby craft program that allows for leather craft, woodcraft and in cell art cards. The facility also allows inmates to earn the right to possess an MP4 player and/or electronic tablets. These devices include options to receive email, download music, podcasts, video games, and educational programs. The tablets also allow inmates to use the device as phone.

### **Religious Programming:**

There are three full-time chaplains at the Unit. The Senior Chaplain William Moore oversees all religious programs including marriage and baptisms. All major religions are provided services which may include worship opportunities, study groups, religious videos, office counseling, and cell to cell visitation. The chaplain's office administers the volunteer program and provides training to volunteers.

### **Offender Work Programs:**

The work assignments available to inmates in this facility include: utility squads (222), kitchen (229) education- full and part-time (324), laundry (95), and maintenance (60). The facility also assigns inmates to work outside of the perimeter fence as well as providing crews to the community when requested. A large number of inmates are assigned to specific programs, such as the RSVP (Reduction of sexual victimization program) or the habilitation program. Additionally, inmates are assigned to the medical facilities and the intake area. Inmate idleness was not found to be an issue during this audit.

### **Academic and Vocational Education:**

The academic school area was toured by the audit team. Inmates assigned to classes were found to be engaged and attentive to the program. The area was quiet, and many inmates were working in groups or at computers. There are seven teachers providing instruction in seven classrooms (three are computer classrooms). The school focuses upon classes that provide inmates the skills to pass the GED by providing three levels of instruction. The school hosts a graduation one time during the year and all students who have graduated with their GED area transported to Ouachita River Corrections Unit for the graduation ceremony. Inmates are allowed to invite two guests to attend this ceremony. Inmates who have completed the Central Arkansas Bible Baptist Institute program are also a part of this graduation ceremony.

A separate Vo-Tech building is provided to inmates who are assigned to one of two vocational programs: computer applications and building trades. The building has room for additional programs and the vocational staff is currently working to add to the options provided in this area.

The Academic and Vocational programs at this facility are accredited by the Correctional Education Association. As a result, documentation for the standards in part 5, Inmate Programs, Section B, were not provided for review by this audit team.

Shorter College provides college level courses to inmates at this facility. At the time of the audit 8 courses were offered that included English comp, college algebra and principles of marketing.

### **Social Services:**

These services are provided to the inmates by unit managers, social workers, correctional program leaders, mental health staff and classification specialists. These programs are diverse and meet the multi-faceted needs of the inmates. Programs that are available to inmates at this facility include the RSVP (Reduction of Sexual Victimization Program), Habilitation program, Think Legacy, Alcoholics Anonymous, Narcotics Anonymous, PALS (Principles and Application of Life Skills), and the Residential Program Unit. These programs, coupled with the education, vocational, recreation, and mental health services provide a wide range of services and programs for the inmates assigned to this facility.

### **Visitation:**

This facility provides visitation in two different areas. Each of the visiting rooms provide both contact and non-contact areas for inmates to visit with their family or friends. Visitors are processed into the facility as the main entry area and then walk to the appropriate visiting area. The Inmate Council Concession Stand is available for visitors to purchase food items. Each of the visiting rooms were bright and provided ample space. Each of these areas were inspected during this audit and found to be clean and in good repair.

### **Library Services:**

Library services are provided from two different library locations in this facility. Each of the libraries are open seven days a week and each provide inmates access to both books and magazines (a total of 6200 books are onsite). The library also provides large print books and reference material. An interlibrary loan process is available through the Pine Bluff Library and the Little rock Library. A total of nine inmates are assigned to work in the libraries. Inmates who are not allowed to visit the library may request a book be delivered to them.

The library locations include law library resources. The majority of the law library access is provided through a West Law program that assigned library clerks may access to provide specific information to inmates. Most of the library access is provided through this system, however, there are limited volumes of legal material available for additional reference.

### **Laundry:**

Laundry services are provided from two locations. The laundries provide inmates the opportunity to have clothing laundered daily. Sheets and blankets may be sent for cleaning on a weekly basis. Clothing is turned into the laundry to be clean and returned to the inmates the following day. The audit team inspected each of these laundry facilities and found them to be clean and orderly. Chemicals were controlled according to policy and inmates assigned to work in these areas seemed knowledgeable concerning their duties and safety practices.

## **F. Examination of Records**

Following the facility tour, the team proceeded to the administrative conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. 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

During the audit period there were a total of eighty-one (81) deaths: 2015-2016: one-suicide, six-unexpected naturals and 22-naturals, 2016-2017: 1one suicide, four unexpected naturals and 23-naturals, and 2017-2018: zero - suicide and four unexpected naturals and 20-naturals.

This number of death is as a result of the number of critically ill and terminally ill inmates who are transferred to this unit for treatment in the hospital.

Outcome measures:

The following areas were discussed at length with medical and facility staff:

- Standard 1A (3)-Number of inmates who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months during the audit period was 167 in 2015-2016, 109 in 2016-2017 and 45 in 2017-2018, and with average inmate administered testing of 1218.

- Standard 1A (5)-Number of inmates diagnosed with Hepatitis C viral infection at a given point in time was 133 in 2015-2016, 126 in 2016-2017 and 83 in 2017-2018. t that facility is an Intake facility and most inmates come in with the diagnosis, including prior lifestyle and tattoos.
- Standard 1A (6)-Number of inmates diagnosed with HIV infection at a given point in time was 14 in 2015-2016, 15 in 2016-2017 and 18 in 2017-2018.

A review of these three sets of performance measures are in keeping with the facilities mission as an intake facility.

- Standard 1A (9): Number of inmates diagnosed with an Axis 1 disorder (excluding sole diagnosis of substance abuse) at a given point in time during audit period was 236 in 2015-2016, 258 in 2016-2017 and 379 in 2017-2018.
- Standard 4A (3): Number of inmate suicide attempts in the past twelve (12) months during the period was four in 2015-2016, 11 in 2016-2017 and 0 in 2017-2018.

This facility provides inpatient psychiatric treatment and a residential treatment program for mentally ill inmates in the ADC. In addition, the facility provides a habilitation unit for inmates who are developmentally delayed and are unable to function in the general population.

3. Team members visited/revisited the following departments to review conditions relating to departmental policy and operations:

<b>Area</b>	<b>Name of Employee</b>	<b>Title of Employee</b>
Multi-Purpose Room	William Moore	Senior Chaplain
Dental	Dr. Madison Taliferro	Dentist
	Ms. J. Loza	Dental Assistant
Infirmary	Ms. Sherri Rice	Director of Nursing
	Ms. Witherspoon	Medical Assistant
	Ms. Rhoda Washington	Admin Assistant
	Ms. Laugretta Williams	medical records
	Reginald Pace	UMSW Mental Health
	Dream Redic/Young	Infirmary Manager
	Bernard Williams	Regional Manager
	Lucious Neel	Corporal
Outside Chemical Room	Josh Crosby	Captain
Fire & Safey	D Edwards	Corporal
	R. Welch	Corporal
Laundry	Judy Blackwood	Corporal
Housing 3	Damone Murdock	Corporal

	Bobby Purfoy	Sergeant
RSVP	Donna Dycus	Program Administrator
	Brionne Elkins	Corporal
Restrictive Housing	Seth Maxwell	Sergeant
	Kenneth Watkins	Corporal
	Josh Meritt	Corporal
	Joseph Efird	Sergeant
	Sherri Rice	Director of Nursing
Intake	J. Whitley	Corporal
	Amanda Edwards	Classification
	Connie Dunkin	Program Specialist
	Chris Menotti	Sergeant
	Krystal Moor	Medical Records
	Jason Kelly	Health Services Admin
	Dr. Ellen McDonald	Doctor
	Miranda Fulgham	Dental Assistant
	Tracy Franklin	Nurse Practitioner
	Ms. Sharonda Smarjesse	Physicians Assistant
	Ms. Rowton	Lab Tech
	Ms. Emma Hamer	Mental Health Rehab Manager
	Ms. McNutt	Mental Health Rehab Director
	Ms. Tena Young	Mental Health Records
	Ms. Andrea Raigans	Mental Health Records
SNC	Russell Prater	CO1
Hospital	Sam Jones	Corporal
	Ms. Chapon	RN
	Ms. Johnson	RN
	Amanda Crosby	RN
	Elva Tope	RN
	Susan McDonald	Dentist
RPU	June Daniels	Psychiatrist
	T. Fronte	Corporal
	Dr. June Daniels	Physician
	Paul Miller	Sergeant
	Paul Walters	Lieutenant

	Airron Delaney	Sergeant
	Cody Scroggins	Corporal
SND	Gilbert Ramsey	Corporal
Bravo	Matt Weatherford	Corporal
	Jerry Wilson	Chaplain
	Carolyn Reese	Volunteer
	Denise Edwards	Corporal
Kitchen	Deborah McAfee	Food Prep Supervisor
	Mary Traylor	Food Prep Supervisor
	Edward young	Corporal
Commissary 1	Ruth Howard	Commissary Manager
	Camilla Hunter	Business Operations Specialist
property Room	Mark Walters	Corporal
count Room	Tammy Jennings	Admin 1
School	M Wiseman	Teacer
Central Control	M. Johns	Corporal
	Phillip Davis	Sergeant
	M Wood	Corporal
Training room	Michael Shamoon	Unit Training Supervisor
	Ryan Burris	Unit Training Supervisor
Maintenance	J. Clemons	Sergeant
	Shawna Baker	Corporal
	Mike Littleton	Maintenance Supervisor
	Maquita Jackson	Corporal
	William Parks	Sergeant
Boiler	Karla Clark	Sergeant
Vo Tech	Don Rigney	Project Manager Vo-Tech
	Marianne Hixon	Vo-Tech Teacher
	Burt Vanhorn	Vo-Tech Teacher
	Philip Davis	Sergeant
Sally Port	Kemp Smith	Corporal
West Tower	Tammy Bivins	CO1
Mail room	Sue Alford	Mailroom Supervisor
Armory	J. Clemons	Sergeant
Key Control	S. Jarrett	Sergeant
Dog Kennel	R. Anderson	Lieutenant
Field	D. Threlkeld	Major
Horse Barn	C. Hathcock	Sergeant
Disciplinary	C. Campbell	Corporal
	C. Ashcraft	Sergeant

4. Shifts

a. Day Shift- 6:30 a.m. until 6:30 p.m.

The team was present at the facility during the day shift each day of the audit. Staff interacted with each other and with the audit team in a professional and friendly manner.

b. Evening Shift – 6:30 p.m. until 6:30 a.m.

The team was present at the facility during the evening shift and visited staff on their posts on the first day of the audit. Two members of the audit team attended the roll call/briefing at 6:15 p.m. on May 15, 2018. The auditor assigned to review the medical section observed the medical team shift change at 6 p.m. that same evening. The audit team remained on site until approximately 8 p.m.

5. Status of Previously Non-compliant Standards/Plans of Action

There were no non-compliant standards identified in the previous audit.

**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 at least 85 inmates. Most inmates had no concerns or were somewhat happy about their placement at this facility. While more than one inmate complained about the food, most talked about the types of program choices they had at ORCU. Many inmates also responded to auditor questions about safety in a positive manner. Two inmates expressed specific concerns regarding their medical treatment and both of these inmates were re-examined by medical staff during the audit.

One letter was forwarded to the audit team in advance of the audit which was written by an inmate's friend or family member. This inmate was no longer housed at this facility; however, the concerns expressed in the letter were reviewed by the audit chair. Specific areas of the facility were visited and staff was interviewed to determine if the concerns in the letter could be corroborated. The Audit Chair did not find anything to substantiate the concerns which were shared in the letter.

2. Staff Interviews

The team interviewed at least 91 staff members. Most of the employees appeared to be proud of the work that they do for this facility. The rapport between employees of all ranks appeared to be genuine and comfortable.

**H. Exit Discussion**

The exit interview was held at noon on May 17, 2018 in the Visiting Room with Warden Faust and 75 staff and guests in attendance.

The following persons were also in attendance:

Sandra Kennedy	Agency ACA Manager
Linda Gibson	Agency Fire/Safety coordinator
Dexter Payne	Deputy Director
M.D.Reed	Chief Deputy Director
Solomon Graves	Central Office
Bernard Williams	Correct Care Solutions
Sherry Rice	Correct Care Solutions

The chairperson revealed the audit team's recommendation concerning compliance levels of the standards and then explained the procedures that would follow the audit. The team then shared their impressions and specific findings with the employees present.

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.



AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

**COMPLIANCE TALLY**

<b>Manual Type</b>	Adult Correctional Institutions, 4 <sup>th</sup> Edition	
<b>Supplement</b>	2014 Standards Supplement	
<b>Facility/Program</b>	Ouachita River Correctional Unit	
<b>Audit Dates</b>	May 15-18, 2018	
<b>Auditor(s)</b>	Susan Jones, Chair Alan Finnan, Auditor	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	62	465
Number Not Applicable	2	33
Number Applicable	60	432
Number Non-Compliance	0	1
Number in Compliance	60	431
Percentage (%) of Compliance	100%	99.8%
<ul style="list-style-type: none"> <li>• Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</li> <li>• Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</li> <li>• Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</li> </ul>		

Arkansas Department of  
 Corrections Ouachita River  
 Correctional Unit Malvern,  
 Arkansas

May 15-  
 17, 2018

Visiting Committee

Findings

Mandatory  
 Standards

Non-  
 complia  
 nt

**Standard 4-4052**

The standard states, "overall". Not specific and the audit team merely believes the way they think it should be. Standard is very vague.

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.

**FINDINGS:**

The facility provided information that indicated that their vacancy rate fell below ten percent for a consecutive 18-month period. The vacancy rate was as high as 11.07% for an 18-month period.

month/year	vacancy rate	1-18 month	2-18 month	3-18 month
Jun-15	7.91			
Jul-15	7.91			
Aug-15	9.7			
Sep-15	11.4			11.4
Oct-15	10.7			10.7
Nov-15	8.4			8.4
Dec-15	6.9			6.9
Jan-16	9.7			9.7
Feb-16	9.98		9.98	9.98
Mar-16	9.7		9.7	9.7
Apr-16	10.9		10.9	10.9
May-16	10.5		10.5	10.5

Jun-16	10.7		10.7	10.7
Jul-16	10.5		10.5	10.5
Aug-16	10.9		10.9	10.9
Sep-16	10		10	10
Oct-16	10.8	10.8	10.8	10.8
Nov-16	11.04	11.04	11.04	11.04
Dec-16	11.47	11.47	11.47	11.47
Jan-17	9.98	9.98	9.98	9.98
Feb-17	10.2	10.2	10.2	10.2
Mar-17	11.89	11.89	11.89	183.77
Apr-17	13.59	13.59	13.59	10.20%
May-17	12.74	12.74	12.74	
Jun-17	13.35	13.35	13.35	
Jul-17	11.07	11.07	11.07	
Aug-17	10.01	10.01	199.31	
Sep-17	6.75	6.75	11.07%	
Oct-17	5.45	5.45		
Nov-17	8.06	8.06		
Dec-17	10.01	10.01		
Jan-18	13.04	13.04		
Feb-18	11.97	11.97		
Mar-18	13.46	13.46		
		194.88		
		10.82%		

**AGENCY RESPONSE:**

On behalf of Arkansas Department of Correction, Ouachita River Correctional Unit, we would like to respectfully appeal the decision/recommendation of the audit findings for our reaccreditation. We have provided documentation to show that our facility did meet the vacancy rate for an 18-month time frame during the audit cycle.

Below are the percentages per month from June 2015 to November 2016, in order to show that ORCU Unit does comply with this standard.

**2015**

June	7.91%
July	7.91%
August	9.70%
September	11.40%
October	10.70%
November	8.40%
December	6.90%

<b><u>2016</u></b>	
January	9.70%
February	9.98%
March	9.70%
April	10.90%
May	10.50%
June	10.70%
July	10.50%
August	10.90%
September	10.00%
October	10.80%
<u>November</u>	<u>11.04%</u>

$$177.67\% / 18 = 9.87\%$$

**AUDITOR'S RESPONSE:**

The audit team does not agree with the basis for this appeal. This facility has clearly been beyond the ten percent vacancy rate for a majority of the three-year audit cycle. Additionally, the facility identified this standard as being non-compliant in the welcome book provided to the auditors at the beginning of the audit. Furthermore, the audit team does not believe that the standard can be met merely by identifying one stretch of a consecutive 18-month period where the vacancy rate was below ten percent.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of  
Corrections Ouachita River  
Correctional Unit Malvern,  
Arkansas

May 15-  
17, 2018

Visiting Committee  
Findings

Mandatory  
Standards

Not  
Applica  
ble

**Standard 4-4353 (MANDATORY)**

IF FEMALE OFFENDERS ARE HOUSED, ACCESS TO PREGNANCY  
MANAGEMENT IS SPECIFIC AS IT RELATES TO THE FOLLOWING:

- PREGNANCY TESTING
- ROUTINE PRENATAL CARE
- HIGH-RISK PRENATAL CARE
- MANAGEMENT OF THE CHEMICALLY ADDICTED PREGNANT  
INMATE
- POSTPARTUM FOLLOW-UP
- UNLESS MANDATED BY STATE LAW, BIRTH  
CERTIFICATES/REGISTRY DOES NOT LIST A CORRECTIONAL  
FACILITY AS THE PLACE OF BIRTH

FINDINGS:

The Ouachita River Correctional Unit does not house female offenders.

**Standard 4-4371 (MANDATORY)**

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:

This facility does not accept intersystem transfers, they only accept intra-system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Ouachita River Correctional Unit  
Malvern, Arkansas

May 15-17, 2018

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**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 INMATE 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:

This facility was built in 2003 so this standard is not applicable.

**Standard 4-4138.1**

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

FINDINGS:

This facility was built in 2003 so this standard is not applicable.

**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 12 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 TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

This facility was built in 2003 so this standard is not applicable.

**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:

This facility was built in 2003 so this standard is not applicable.

**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:

This facility was built in 2003 so this standard is not applicable.

**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:



This facility does not house female offenders.

**Standard 4-4190.1**

WRITTEN POLICY, PROCEDURE AND PRACTICE, IN GENERAL, PROHIBIT THE USE OF RESTRAINTS ON FEMALE OFFENDERS DURING ACTIVE LABOR AND THE DELIVERY OF A CHILD. ANY DEVIATION FROM THE PROHIBITION REQUIRES APPROVAL BY, AND GUIDANCE ON, METHODOLOGY FROM THE MEDICAL AUTHORITY AND IS BASED ON DOCUMENTED SERIOUS SECURITY RISKS. THE MEDICAL AUTHORITY PROVIDES GUIDANCE ON THE USE OF RESTRAINTS ON PREGNANT OFFENDERS PRIOR TO ACTIVE LABOR AND DELIVERY.

FINDINGS:

This facility does not house female offenders.

**Standard 4-4278**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT MALE AND FEMALE INMATES HOUSED IN THE SAME INSTITUTIONS HAVE SEPARATE SLEEPING QUARTER 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:

This facility does not house female offenders.

**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 MANGER, 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:

This 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:

This 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:

This 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:

This 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:**

This 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 QUALIFICATION 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:

This facility does not house youthful offenders.

**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:

This facility does not house female offenders.

**Standard 4-4383**

WHEN INSTITUTIONS DO NOT HAVE FULL-TIME, 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:

This facility has full-time, qualified health care staff.

**Standard 4-4391**

IF VOLUNTEERS ARE UTILIZED 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:

This facility does not use volunteers for the delivery of health care.

**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 THE 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:**

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

**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:**

Inmates do not perform familial duties at this facility.

**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:**

This facility does not house female offenders.

**Standard 4-4338**

INMATES ARE PROVIDED THE OPPORTUNITY TO HAVE THREE COMPLETE SETS OF CLEAN CLOTHING PER WEEK. THE FACILITY MAY PROVIDE THIS CLEAN CLOTHING IN SEVERAL WAYS, INCLUDING ACCESS TO SELF-SERVE WASHER FACILITIES, CENTRAL CLOTHING EXCHANGE, OR A COMBINATION OF THE TWO. WASH BASINS IN CELLS OR ROOMS ARE NOT COMPLIANT.

**FINDINGS:** This facility does not have alcohol or drug treatment programs.

**Standard 4-4439**

WHERE A DRUG TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- A. INMATE DIAGNOSIS
- B. IDENTIFIED PROBLEM AREAS
- C. INDIVIDUAL TREATMENT OBJECTIVES
- D. TREATMENT GOALS
- E. COUNSELING NEEDS
- F. DRUG EDUCATION PLAN
- G. RELAPSE PREVENTION AND MANAGEMENT
- H. CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- I. THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- J. PRERELEASE AND TRANSITIONAL SERVICE NEEDS
- K. COORDINATION EFFORTS WITHIN COMMUNITY SUPERVISION AND
- L. TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

**FINDINGS:**

This facility does not have a drug treatment program.

**Standard 4-4440**

WHERE A DRUG AND ALCOHOL TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY SHALL BE DOCUMENTED IN TREATMENT PLANNING CONFERENCE AND INDIVIDUAL TREATMENT FILES.

FINDINGS:

This facility does not have a drug treatment program.

**Standard 4-4441**

WHERE A DRUG AND ALCOHOL TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS:

This facility does not have a drug treatment program.

**Standard 4-4443**

IF A TEMPORARY RELEASE PROGRAM IS IN PLACE, IT SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF CONDUCT AND SANCTIONS
- A SYSTEM OF SUPERVISION TO MINIMIZE INMATE ABUSE OF PROGRAM PRIVILEGES
- A COMPLETE RECORDKEEPING SYSTEM
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDINGS:

This facility does not have a temporary release program.

**Standard 4-4447-1**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT DESIGNATED STAFF ARE RESPONSIBLE FOR COORDINATION OF VICTIM'S PROGRAMS AND THAT CURRICULUM IS ESTABLISHED FOR PROVIDING TRAINING FOR STAFF INVOLVED WITH VICTIMS ISSUES. THIS CURRICULUM INCLUDES THE FOLLOWING TOPICS:

1. SPECIFIC SERVICES AVAILABLE TO CRIME VICTIMS
2. CHANGES IN LAWS IMPACTING VICTIMS
3. WAY(S) OF GAINING ACCESS TO SERVICES
4. CONFIDENTIALITY OF VICTIM INFORMATION
5. WAY(S) FOR VICTIMS TO COMMUNICATE COMPLAINTS AND OTHER CONCERNS
6. PROGRAM EVALUATION MEASURES, WHICH INCLUDE VICTIM INPUT REGARDING THE EFFECTIVENESS OF SERVICES AND WAYS FOR THEM TO MAKE SUGGESTIONS REGARDING AGENCY POLICIES AND PRACTISES INTENDED TO ASSIST CRIME VICTIMS

FINDINGS:

This facility is not responsible for coordination of victim's programs and curriculum.

**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:

This facility does not operate an industry 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:

This facility does not operate an industry 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:

This facility does not operate an industry program.

**Standard 4-4459**

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

FINDINGS:

This facility does not operate an industry 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.

INTERPRETATION JANUARY 2002. THIS STANDARD IS APPLICABLE TO ALL FACILITIES. FOR RECEPTION AND DIAGNOSTIC CENTERS, THE STANDARD ONLY APPLIES AS FOLLOWS:

1. TO RECEPTION AND DIAGNOSTIC CENTERS WITH A CADRE OF OFFENDERS WITH AN AVERAGE LENGTH OF STAY OF 90 DAYS OF LONGER.
2. TO RECEPTION AND DIAGNOSTIC CENTERS WITH A CADRE OF OFFENDERS WHO ARE EXPECTED TO SERVE MORE THAN 90 DAYS OF CONFINEMENT WITHIN THE FACILITY OR FOR THOSE SENTENCED OFFENDERS AWAITING TRANSFER TO ANOTHER FACILITY WHOSE STAY EXCEEDS 90 DAYS.

FINDINGS:

This facility does not operate an industry program.

**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:

This facility does not have any private industries on the institution 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:

This facility does not allow inmates to be employed in the community.

