

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Community Correction
Northeast Arkansas Community Correction Center
Osceola, Arkansas

May 7-8, 2019

VISITING COMMITTEE MEMBERS

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A. Introduction

The audit of the Northeast Arkansas Community Corrections Center was conducted on May 7, 8, 2019 by the following team James McClelland, Chairperson; and James Allen Member.

B. Facility Demographics

Rated Capacity: 240
Actual Population: 234
Average Daily Population for the last 12 months: 221
Average Length of Stay: 6 Months
Security/Custody Level:
Minimum Age Range of
Offenders: 18-70 Gender:
Male
Full-Time
Staff: 60 4 Administrative
13 Support
11 Program
32 Security
3 Health Services
There are 12 staff vacancies at the time of the audit.

C. Facility Description AND Program Description



The facility is a single-story metal building 63,000 square feet in size located in Osceola Arkansas. It is about 70 miles northwest of Memphis Tenn. The facility was designed to house minimum security inmates. A small portion of the facility also houses offices for probation and parole officers. The facility has two wings with five pods in each wing. Each pod has 24 beds for residents. Each pod has a bathroom with three toilets, four sinks, and four showers. Along the hallway leading

to each wing are four segregation cells with a toilet and a sink in each cell. There is also one separate shower for each wing's segregation cells. Each wing has an officer station with 24/7 supervision. Other areas of the building contain the food service, medical, administrative and staff offices. There is also a records room, a mailroom, classrooms, conference room and a visiting room. Since the last accreditation audit NEACCC completed several facility upgrades to include updating the chillers, dishwasher, air conditioning and LED lighting throughout the facility. The facility also installed Solar panels that provide approximately 40% of the electricity required for operation.



The program was setup to allow judges to sentence non-violent offenders for up to two years as an alternative to prison. The facility offers a number of counseling groups including anger management, relapse prevention, basic life skills, AA/NA meetings, GED classes. The facility operates under a Therapeutic community concept that embraces peer-group therapy. Residents are kept busy daily working in the facility at various cleaning tasks and laundry and food service jobs. Residents who fail to adapt behavior may be removed and sent to prison.

D. Pre-Audit Meeting

The team met on May 7, 2019 in Osceola Arkansas to discuss the information provided by the association staff and the officials from Northeast Arkansas Community Corrections Center.

The chairperson divided standards into the following groups:

Standards # IA-01 to 4C-24 James McClelland Chairperson

Standards # 5A-01 to 7F-10 James Allen Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Debbie Ruff ACA Manager.

2. Entrance Interview

The audit team proceeded to the office of Mr. Terry Mapes Center supervisor. The team expressed the appreciation of the Association for the opportunity to be involved with Northeast Arkansas Community Corrections Center in the accreditation process. The audit chair discussed with the center supervisor how the audit process would be carried out.

Mr. Allen then escorted the team to the classroom where the formal entry meeting was held.

The following persons were in attendance:

Kevin Murphy, ACC Chief Deputy
Director Terry Mapes, Center Warden
Lori Ray, ACA Facility Manager
Debbie Ruff, Statewide ACC Accreditation Manager
Rebecca Whitaker, HR Coordinator
James Banks Residential, Services Deputy Director
Brenda Warhurst, Business Operation Specialist
Syrna Bowers, Assistant Center Supervisor
Michael Fletcher, Asst Director of Treatment Programs
Judy Biaza, Health Service Administrator
Phyllis Towery, Admin Review Support Tech
Bernard Williams, Regional Manager Wellpath
Andre Harris, Captain, Chief of Security
James Kirby, Maintenance Supervisor

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

3. Facility Tour

The team toured the entire facility from 8:30 a.m. to 10:00 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Terry Mapes, Center Warden
Lori Ray, ACA Manager
Debbie Ruff, Statewide Manager

Andre Harris, Captain

Facility Notice of the audit was posted in the facility entrance hall.

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:

There are 24 cameras posted throughout the facility with 6 of them being outside around the perimeter of the facility. There is a central control center that monitors the views of the cameras and also has direct line of sight to each wing and the hallways to other areas of the facility. There is also a security center in each wing that is occupied 24/7 by at least one security personnel. The security center in each wing has direct line of sight into each of the five pods in the wing.

There is also a roving security person on each shift to move throughout the facility. The facility operates three shifts daily providing 24/7 coverage. Entrance into the facility is closely monitored and everyone not on staff must sign in and out Security staff maintains contact with each other by radio. Resident movement is conducted in a group setting and is tightly monitored.

Environmental Conditions:

All standards pertaining to temperature, lighting, airflow and noise levels meet or exceed the proper levels. The facility has adequate toilets sinks and showers to accommodate the number of residents in the facility. The living units were clean and orderly. Residents were permitted to have some personal items in their areas.

During the course of the audit it was observed that security staff remove inmate mattresses from sunrise to sunset for inmates housed in restrictive housing. The audit team questioned facility leadership staff reference this practice and were advised that this practice is conducted to ensure inmates in restrictive housing status remained focused on assigned treatment programs.

Sanitation:

The facility utilizes resident to keep the facility clean and neat. Residents were observed doing various details throughout the day. Cleaning supplies were stored appropriately with the correct inventory and SDS sheets in the area. An SDS book is also maintained in the medical office. Weekly, monthly and annual sanitation inspections are being done appropriately.

Fire Safety:

The team found the proper evacuation notice posted throughout the facility. All fire extinguishers were tagged and regularly inspected. Emergency exits were properly marked. The Oseceola fire department is three miles from the facility. Fire drills are conducted quarterly one on each shift. The facility is protected by pull stations throughout. A sprinkler system is in place in the event of a fire. There is a fire suppression system in the hoods in the kitchen. File review showed the necessary inspections being performed at the proper times.

Food Service:

The food service manager utilizes residents with medical clearances to help prepare meals. Temperature charts and thermometers were in place in all the appropriate areas. All food items were properly dated. All sharps and kitchen utensils were marked and properly controlled. The kitchen and dining room was clean and well maintained. The residents all said the food was good. The auditors consumed the noon meal with the residents the first day of the audit and found the food to be palatable and ample in portion. A registered dietitian has setup a meal plan that rotates on a weekly basis. The facility also administers ServSafe classes and certifications. Participants successfully completing the ServSafe program range from the Center Supervisor to Inmate Food Service workers.



Medical Care:

The North East Arkansas Community Corrections Center is staffed with 1 Physician 12 hours weekly (Preferred Position), 1 RN who is also the HSA

(Health Services Administrator), 5 LPN's and 1 Clerical staff. The department operates 24 hours per day, 7 days a week and is contracted with Wellpath.

The medical department provides medical care for this 240-bed rated facility. There is one examining room which is also utilized for any and all emergency medical situations. The examining room is well equipped with all of the necessary items to deal with most situations. Emergency supplies included in this area consist of an Emergency Response Bag with Emergency Medications (Narcan). The Emergency Bag is secured. All necessary emergency referrals are sent to the Hospital in Osceola, Arkansas Emergency Unit. In addition, there is also an AED located in this area. All facility staff are trained in the proper use of the AED.

There is a medication room where all meds are stored and distributed to the residents through a pill call window. All medications are maintained under a double lock system. Medications are dispensed three times each day at 5:30 am, 8:30 pm and 11:30 am. If a resident does not show for their medications, a record is maintained, and if the resident misses three doses, it is reported to the prescribing physician. If the medication is one that the resident should not be missing, the prescribing physician is notified immediately. When a resident refuses their medications, they are required to sign a refusal form, and the prescribing physician is notified. A check of the inventories of controlled medications found them to be up to date and accurate. Needed medications are procured from Diamond Pharmacy with a net day turnaround time frame. If emergency medications are needed, they can be procured from the local Walmart Pharmacy with an immediate turnaround time frame. The last two pharmacy inspections were conducted by Diamond Pharmacy in January and April 2019, with no discrepancies noted.

In addition to general medications, the pharmacy dispenses 31 doses of Psychotropic medications per day to include; Sertraline, Citalopram, Fluoxetine, Paroxetine, Benzotropine, Amitriptyline, Lithium, Risperidone, Ziprasidone and Haloperidol. If an offender is not showing for prescribed medications, the provider is notified, and the offender is counseled on the importance of taking his prescribed medications as prescribed. The department procures all Universal Precaution items from McKesson, with no problems being noted.

All examining/emergency room area have Bio-Hazard containers that are wrapped and placed in the Bio-Hazard storage area as needed. Needle cases are removed and replaced when full and placed in the same Bio-Hazard storage area. The department contracts with Steri-Cycle for disposal of all Bio-Hazard waste materials who picks-up every 5 weeks.

General population residents who wish to be called out for sick call, fill out a request and place it in the box provided at central control. The medical area has the key for this box, and the nursing staff pick up the request daily. The nursing staff triage each request, and for emergent situations, the resident would be seen immediately, and for non-emergent situations, the resident would be placed on sick call to be seen. Sick is held 7 days a week from 4:30 am to 6:30 am. The nursing staff make sick call rounds for the segregation residents 2 X a day with stops at all occupied segregation cells.

Security for the area is provided for by the security staff of the facility. The Medical records area is adequate with lots of working space. Security is good and confidentiality of records is a priority.

There is a nurse assigned as the Communicable Diseases/Infection Control Coordinator who has received all the required training for the position. If an offender is diagnosed with a communicable or infectious disease, they are placed in one of the segregation cells (the facility does not have any Negative Pressure Cells) awaiting further action. All communicable/infectious disease diagnosis are reported to the Head of the Facility, Central Office, and the local Public Health. The local hospital does not have any negative pressure cells, so if it is deemed necessary to transfer the resident, they are transferred to an ADC facility with the appropriate accommodations. All medical staff are CPR certified.

All new arrivals at the facility are seen by healthcare staff the day of arrival. A health screening is performed to determine any medical, dental or mental health issues that may need to be addressed. If there are any issues, arrangements are made for the resident to be seen. Information on how the offender can access health care services is also given in both English and Spanish, and if it is deemed that an offender is illiterate, the procedures are explained to him orally. In addition, the nursing staff are trained to identify any offender who may be vulnerable for sexual abuse/harassment or any offender who may be sexually assaultive.

Radiology services are provided for by a contract with Mobile X who visits the facility weekly. Digital x-rays are performed, and Mobile X reads the x-rays with results given to the facility the same day. Any need for emergency x-rays are performed at the hospital in Osceola, AR, with results being received same day.

The nursing staff do all blood draws, with specimens being sent to Lab Corp, with results being received within 2 days or less.

Outside Consultations are sent to local contracted facilities with residents being seen within 2 weeks or longer depending on the referral. Reports are received back at the facility after the resident has been seen. The department does have Telemedicine capabilities.

Specialty Services available include Optometry (every 3 months), and Orthotics as needed. There is a co-pay for resident-initiated services of \$3.00. Services excluded from the co-pay include emergencies and follow-up appointments.

Fire drill and mock code drills are conducted quarterly. Written critiques are prepared for both and reviewed at the quarterly QA meeting. The department sets yearly goals and objectives which are monitored through the QA meeting.

There are currently 9 residents on diabetic diets. The grievance process for the department is handled by the Regional Manager. To date there have been one grievance submitted to the department. If a resident expresses ideation of suicide or self-harm, the resident is placed on suicide watch in one of the segregation cells.

Observation is determined by the mental health staff that are contracted to the facility. Initially the resident is supplied with a mattress and a shroud, and this can be upgraded depending on the resident's situation. The resident is initially given finger foods, and this is upgraded as deemed necessary. If it is determined that the resident is going to need prolonged care, he will be transferred to an appropriate facility. The department has telehealth communications with a Psychiatrist and a Psychologist who will make all necessary diagnosis and treatment requirements. The resident will be monitored by security staff with a log being maintained of all pertinent information.

There are currently no personnel issues in the medical department.

There was one death at the facility during the 3-year audit cycle:

A male resident was treated multiple times on an out and inpatient basis for end-stage liver failure, this resident was found unresponsive after security called a Code 3 to Pod 3. Upon arrival resident was lying motionless, skin jaundice, cyanosis to fingertips, pulse and respirations absent, non-responsive to painful or verbal stimuli. CPR initiated immediately and security notified to call ambulance. Warden Mapes called 911. CPR continued by nursing staff until arrival of EMS. Pafford ambulance service ran telemetry strip which showed no rhythm and Pafford opted to call coroner. Resident pronounced by Chief Deputy Coroner. Autopsy confirmed cause of death to be Carotid Blockage.

The Dental Department is staffed with one Dentist and one Dental Assistant who visit the facility once a week for 8 hours. The wait time from request to being seen by the Nurses is approximately 24 hours, with arrangements being made to see the Dentist when they come to the facility. Treatment due to scheduling is once a week. Services provided include emergency care and extractions only. Outside consultations are sent to UMS or local ER if emergent. Dental emergencies go to sick call and are seen by the nurse, and if necessary, the on-call dentist is called, and if needed the resident is taken to the local emergency. Hygiene instructions and toothbrushes are given to the residents at intake and subsequent visits to the dental department. A check of the inventories of all tools a sharps found them to be accurate and up to date.

Staff Interviewed in Medical

Judy Baiza, RN, HSA
Bernard Williams, Regional Manager
Roshel Reed, LPN
Dr. Yang, Dentist
Jessica Rios, Dental Assistant
Kadegdra Ford, LPN, Night Shift
Jessica Marshall, CO Cpl, Night Shift
Jerry Sellars, CO Cpl, Night Shift

Recreation:

The facility has both indoor and outdoor recreation areas. Indoors they have access to board games cards and writing area. Outdoor activities include basketball hoop, volleyball net, corn hole, and a baseball field. Assigned recreation staff also coordinate basketball, volleyball and flag football tournaments for the resident.

Religions Programming:

The facility has a full-time chaplain who provides a religious function almost every night of the week. Religious programs include worship services, religious instruction, Bible study, and spiritual guidance. There is a separate chapel that will hold all 240 residents. The facility chaplain also recruits volunteers to assist with the delivery of religious services.

Offender Work Programs:

The therapeutic community environment has created a number of offender jobs inside the facility. They include daily cleaning of the facility, laundry, foodservice, maintenance, and yard crews. Outside Community Work Squads perform restitution type work in the local community. These work details include mowing and weed eating roadways, trash removal and emergency cleanup projects post emergency weather events. Utilizing work crews outside the facility saves the community between 15,000 to 20,000 dollars annually.

Academic and Vocational Education:

The facility offers GED classes to residents without a high school diploma. There is also a welding certification course offered through the local college. To assist residents with literacy problems volunteers from the Mississippi County Literacy Council hold weekly classes in the facility. Since the last

accreditation audit the facility added a significant number of new academic and vocational programs to include the following:

Northeast Arkansas College Construction Class
Northeast Arkansas College Pre- GED Class
Authentic Manhood
Big Brother
Food Nutrition Class
ServSafe
Seeking Safety

Social Services:

The facility has advisors to meet the social service needs of the residents. Each resident receives an individualized treatment plan designed to help them become positive, productive tax-paying citizens. The residents participate in substance abuse classes, anger management, relapse prevention, moral resonance therapy, fatherhood classes, life skills, and celebrate recovery classes. Residents are moved between programs in a supervised group setting. Residents meet once monthly with their counselors to discuss progress of the treatment program. Resident also meets weekly in the pod for progress reports on a weekly basis.

Visitation:



The facility has a special visiting room. Visiting hours are on Sat. and Sunday from 9:00 a.m. to 1:00 p.m. All visitors must have prior approval.

Brief physical contact is allowed at the beginning and end of the visit. All visitors must have a photo ID. Legal counsel visit is permitted at any time.

Library Services:

The facility has a small well stocked library and an online legal library for use by the residents. The hours of operation are 8:00 am to 11:00 am, 12:00pm to 2:20pm and 5:30 pm to 7:30pm Monday through Friday.

Laundry:



The facility has a full-service laundry supervised by staff and operated by residents. Linen is exchanged weekly. The laundry starts washing and drying clothes at 8:00 a.m. Monday thru Friday and closes at 4:00 p.m. The laundry is closed on Sat. for cleaning. The facility has three high capacity washers and four high capacity dryers, and all were working properly at the time of the audit.

F. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has 0 notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had 0 consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

A review of the Outcome Measures showed an absence of significant incidents in both nature and frequency. The numbers within the outcome measures are what would be expected for this type of facility.

3. Departmental Visits

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

<u>Department Visited</u>	Person(s) Contacted
Administration	Terry Mapes Syrna Bowers Debbie Ruff
Security	Andre Harris
Chaplain	Billy Davis
Treatment	Flossie Lane
Food Service	Edith McDay
Medical	Judy Biaza

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 3:00 p.m. The audit team toured the facility observed residents doing cleaning details and moving from one program to another. The audit team spent extensive time visiting one on one with both residents and staff.

b. Evening Shift

The team was present at the facility during the evening shift from 3:00 p.m. to 5:30 p.m. The audit team observed the shift change report. Visited with oncoming staff and observed residents moving to different programs.

c. Night Shift

The team was present at the facility during the night shift from 6:10 a.m. to 7:15 a.m. The audit team visited with all night shift staff.

The audit team observed a medication pass and visited with medical staff. The audit team also observed the shift change briefing.

Status of Previously Non-compliant Standards/Plans of Action

There were no findings of non-compliant standards during the previous ACA 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 auditors interviewed 42 residents during the audit. They all said they felt safe in the facility. They felt the staff tried to be professional and helpful in providing them the tools they need to become productive citizens. They felt the meals tasted good and portions were adequate. The residents all thought they had made positive progress and were treated fairly while at the facility. The audit team also attended two Therapeutic Community meetings with 90% of the inmate population present. The energy the inmates showed during the meetings was inspiring and change focused.

2. Staff Interviews

The audit team interviewed 34 staff members during the audit. The auditors both got the sense that all of the employees work well together as a team. They all stated that the best thing about their job was seeing people become successful in the community. All staff felt safe in the facility and have access to management at all times. The staff all felt that they receive excellent ongoing training in the latest techniques to help them perform their jobs. Many staff the team spoke with requested and were granted transfers from other Arkansas facilities to NEACCC.

H. Exit Discussion

The exit interview was held at 12:00 p.m. in the classroom with Mr. Terry Mapes Center Director and 30 staff in attendance. Additional Central Office Staff also attended and are listed below:

Kevin Murphy, ACC Director
Jimmy Banks, Deputy Director
Michael Fletcher, Assistant Deputy Director Treatment and Programs
Carrie William, Assistant Deputy Director for Re-Entry
Debbie Ruff, ACA Coordinator
Dina Tyler, Public Relations Coordinator
Amber Schuber, Agency Attorney

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.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manna! Type	Adult Community Residential Services 4th Edition	
Supplement	2016 Standards Supplement	
Facility/Program	Northeast Arkansas Community Corrections Center	
Audit Dates	May 7 -8, 2019	
Auditor(s)	James McClelland Chair James Allen Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	32	218
Number Not Applicable	0	14
Number Applicable	32	202
Number Non-Compliance	0	0
Number in Compliance	32	202
Percentage (%) of Compliance	100%	100%
<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 Community Correction
Northeast Arkansas Community Correction Center Osceola, Arkansas

May 7-8, 2019

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ACRS-1A-14

MALE AND FEMALE OFFENDERS DO NOT OCCUPY THE SAME SLEEPING ROOM.

FINDINGS:

The facility is a male only facility.

Standard #4-ACRS-2A-05

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 is a male only facility.

Standard #4-ACRS-2A-06

IF EMPLOYEE'S CONTRACTS ARE GOVERNED BY CIVIL SERVICE OR UNIONS, PROCEDURES PROVIDE FOR PROVISIONAL APPOINTMENTS TO ENSURE THAT SHORT-TERM PERSONNEL, BOTH FULL-TIME AND PART-TIME, CAN BE AVAILABLE DURING EMERGENCIES.

FINDINGS:

The facility does not use civil service or union employees.

Standard #4-ACRS-2A-13

THE ELECTRONIC MONITORING PROGRAM HAS A SYSTEM OF ACCOUNTING FOR AN OFFENDER AT ALL TIMES, INCLUDING VERIFICATION OF ACTIVITIES, REPORTING OF TARDINESS AND/OR ABSENCE FROM REQUIRED SERVICES OR ACTIVITIES, AS WELL AS OTHER PROGRAM VIOLATIONS.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-14

ACCESS TO COMPUTER EQUIPMENT IS LIMITED TO AUTHORIZED PERSONNEL WITH SECURITY CODES. ADEQUATE POWER AND COMMUNICATION BACKUP SYSTEMS PROVIDE CONTINUOUS, UNINTERRUPTED OPERATIONS.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-15

ANY INTERRUPTION IN SERVICE IS DOCUMENTED AND REPORTED TO THE AUTHORITY HAVING JURISDICTION.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-16

A DETAILED WRITTEN OFFENDER SCHEDULE IS DEVELOPED AND SIGNED BY A STAFF MEMBER AND THE OFFENDER.

FINDINGS:

The facility does not do Electronic Monitoring.

Standard #4-ACRS-2A-17

PROVISIONS ARE MADE FOR THOSE WHO ARE UNABLE TO PAY PROGRAM COSTS.

FINDINGS:

The facility does not do Electronic Monitoring

Standard #4-ACRS-4C-14

IF FEMALE OFFENDERS ARE HOUSED, ACCESS TO PREGNANCY MANAGEMENT SERVICES IS MADE AVAILABLE.

FINDINGS:

The Facility is a male only facility.

Standard#4-ACRS-4C-14-1

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 is a male only facility.

Standard#4-ACRS-5A-26

THE FACILITY'S LOCATION FACILITATES ACCESS TO AND THE USE OF COMMUNITY-BASED SERVICES, RESOURCES, AND PUBLIC TRANSPORTATION. [NEW CONSTRUCTION ONLY]

FINDINGS:

The facility is not new construction.

Standard#4-ACRS-6A-04-1

THE ASSIGNMENT OF APPROPRIATELY TRAINED INDIVIDUALS TO ASSIST DISABLED OFFENDERS WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS IS PROVIDED.

FINDINGS:

The facility does not house disabled residents.

Standard#4-ACRS-7 A-02

A SOLE PROPRIETOR OPERATING A FACILITY IS ABLE TO DOCUMENT THAT NECESSARY LEGAL MEASURES HAVE BEEN TAKEN TO PROVIDE CONTINUITY OF SERVICE IN THE EVENT OF BANKRUPTCY, INCAPACITATION, RETIREMENT, OR DEATH.

FINDINGS:

The facility is not a sole proprietor ship.

Standard#4-ACRS-7 A-03

THE AGENCY SATISFIES PERIODIC FILING REQUIREMENTS NECESSARY TO MAINTAIN ITS LEGAL AUTHORITY TO CONTINUE OPERATIONS. (PRIVATE AGENCIES ONLY).

FINDINGS:

The facility is not a private agency.

Standard#4-ACRS- 7A-4

AT A MINIMUM, THE BYLAWS FOR THE GOVERNING AUTHORITY OF THE AGENCY INCLUDE:

- MEMBERSHIP (TYPES, QUALIFICATIONS, REPRESENTATION, RIGHTS, DUTIES)
- SIZE OF GOVERNING BODY
- METHOD OF SELECTION
- TERMS OF OFFICE
- DUTIES AND RESPONSIBILITIES OF OFFICERS
- TIMES AUTHORITY WILL MEET
- COMMITTEES
- PARLIAMENTARY PROCEDURES
- RECORDING OF MINUTES

COMMUNITY

- METHOD OF AMENDING THE BYLAWS
- CONFLICT OF INTEREST PROVISIONS
- QUORUM

FINDINGS:

The facility is not a private agency.

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. 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. 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, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Northeast Arkansas Community Correction Center

Incident Type	Months	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
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	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	2	2	0	0	1	0	0	0	0	0	0	5
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		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
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

Reporting Period: May 2018 to May 2019

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



Significant Incident Summary Glossary

Assaults: An altercation which results in serious injury requiring urgent and immediate medical attention and restricts usual activities.

Disturbance: Offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measures to regain control.

Escape: As defined by the jurisdiction reporting.

Fire: A fire which results in evacuation of staff or offenders and/or significant damage to a facility or part of a facility structure.

Homicide: As defined by the jurisdiction reporting.

Non-Compliance with Mandatory Expected Practices: Determination that a condition results in non-compliance with a mandatory standard that is expected to result in sustained non-compliance.

Natural Disaster: A natural event such as a flood, tornado, tsunami, earthquake, or hurricane that causes great damage or loss of life.

Other: Any significant negative event or distraction that adversely impacts normal operations.

Serious Injury: Is a physical injury which creates a substantial risk of death, or which causes serious and protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

Sexual Violence (as defined by PREA): A substantiated, non-consensual sexual act includes one or more of the following behaviors:

- Contact between the penis and the vagina or the penis and the anus involving penetration, however slight. It does not include kicking, grabbing or punching genitals when the intent is to harm or debilitate rather than to sexually exploit.
- Contact between the mouth and the penis, vagina, or anus.
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Unnatural Death – Death of a person in confinement for causes other than suicide, homicide, or accident that is contrary to the ordinary course of nature or otherwise abnormal.

Facility Name: Northeast Arkansas Community Correction Center
 Date: May 2018 thru May 2019

Standard	Outcome Measure	Numerator / Denominator	Value	Calculated O.M
1A	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months	2	
	divided by	Average number of Full-Time Equivalent staff positions during the past 12 months	72	.02
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the past 12 months	221	0.00
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Number of sanitation or health code violations identified by external agencies in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
1B	(1)	Number of accidents resulting in property damage in the past 12 months	0	
	divided by	total number of miles driven in the past 12 months unless otherwise noted	87233	
	(2)	Number of accidents resulting in injuries requiring medical treatment for any party in the past 12 months	0	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	87233	0.00
	(3)	Amount (\$) of damage from vehicle accidents in the past 12 months.	0	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	87233	0.00

1C	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that results from emergencies in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months	0	
	divided by	Number of emergencies caused by forces external to the facility.	0	0.00
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(6)	Number of injuries requiring medical attention that result from emergencies that were not caused by forces external to the facility in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	.0045248
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00

	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	Number of emergencies.	1	0.00
	(9)	Number of injuries requiring medical treatment resulting from fires in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(10)	Number of fires that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(11)	Amount (\$) of property damage from fire in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(12)	Number of code violations cited in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(14)	Number of incidents of inventory discrepancies during the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
2A	(1)	Number of incidents in the past 12 months	115	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	.5203619
	(2)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	25	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	.113221

	(3)	Number of unauthorized offender absences from the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Number of times facility did not report offender absence to the responsible jurisdiction within the established time.	0	
	divided by	Number of unauthorized offender absences	0	0.00
	(5)	Number of instances of unauthorized access to the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
2B	(1)	Number of instances in which force was used in the past 12 months.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	.0045248
	(2)	Number of times that staff uses of force was found to have been inappropriate in the past 12 months.	0	
	divided by	number of instances in which force was used	1	0.00
	(3)	Number of offender grievances filed alleging inappropriate use of force in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
	(4)	Number of grievances alleging inappropriate use of force decided in favor of offender in the past 12 months.	0	
	divided by	number of grievances alleging inappropriate use of force filed	0	0.00
	(5)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	0.00
2C	(1)	Number of incidents involving contraband in the past 12 months	17	
	divided by	Average Daily Offender Population for the Past 12 Months.	221	.076923

	(2)	Number of weapons found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(3)	Number of controlled substances found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.0045288
2D	(1)	Number of incidents involving keys in the past 12 months	9	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.0407239
	(2)	Number of incidents involving tools in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.0090497
3A	(1)	Number of rule violations in the past 12 months	71	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.3212669
	(2)	Number of offenders terminated from the facility due to rule violations in the past 12 months	6	
	divided by	Average Daily Offender Population for the Past 12 Months	219	.0271493
4A	(1)	Number of documented offender illnesses attributed food service operations in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(2)	Number of offender grievances about food service decided in favor of the offender the past 12 months	0	
	divided by	Number of offender grievances about food service in the past 12 months.	0	0.00
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months	0	0.00
4B	(1)	Offender grievances regarding offender access to personal hygiene decided in favor of the offender in the past 12 months	0	

	divided by	Number of offender grievances about access to personal hygiene in the past 12 months	0	0.00
4C	(1)	Number of suicide attempts in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.0045248
	(2)	Number of offender suicides in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(3)	Number of offender grievances regarding access to health care in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Number of offender health care access complaints that are found to have merit in the past 12 months	0	
	divided by	Number of offender grievances regarding access to health care in the past 12 months	1	0.00
	(5)	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(6)	Number of health care access court cases decided against the facility in the past 12 months	0	
	divided by	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	0.00
5A	(1)	Number of offenders who are employed upon release in the past 12 months	N/A	
	divided by	Number of offenders released in the past 12 months	282	0.00
	(2)	Number of offenders who move into permanent housing upon release in the past 12 months	N/A	
	divided by	Number of offenders released in the 12 months	282	0.00

	(3)	Number of offender substance abuse tests for which the results were positive in the past 12 mos.	16	
	divided by	Number of tests administered in the past 12 months	341	.0469208
	(4)	Total number of offenders who successfully completed the program in the past 12 months	239	
	divided by	Number of offenders who left the program in the past 12 months	282	.8475177
	(5)	Number of offenders who showed improvement as measured by the objective assessment instrument prior to release in the past 12 months	239	
	divided by	Number of offenders released in the past 12 months	282	.8475177
	(6)	Number of offenders who were arrested while in residence in the past 12 months	0	
	divided by	Daily Offender Population for the Past 12 Months	221	0.00
6A	(1)	Total number of offender grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(2)	Number of offender grievance (see a through e above) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of grievances filed in the past 12 months	0	0.00
	(3)	Total number of offender court suits alleging violation of offender rights filed against the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Number of offender court suits alleging violation of offender rights decided in favor of offenders in the past 12 months	0	

	divided by	Total number of offender suits filed in the past 12 months	0	0.00
6B	(1)	Number of offender grievances regarding discrimination in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(2)	Number of offender grievances regarding discrimination resolved in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances filed regarding discrimination in the past 12 months	0	0.00
	(3)	Number of grievances resolved in favor of offenders in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Number of grievances resolved in favor of offenders in the past 12 months	0	
	divided by	Total number of grievances filed in the past 12 months	1	0.00
6C	(1)	Number of disciplinary incidents resolved informally in the past 12 months	5	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.0226244
	(2)	Number of formal offender disciplinary decisions that were are appealed in the past 12 months	25	
	divided by	Total number of disciplinary decisions made in the past 12 months	74	.3378378
	(3)	Number of appealed disciplinary decisions decided in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary decisions made in the past 12 months	74	0.00
	(4)	Number grievances filed by offenders challenging disciplinary procedures in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.0090497

	(5)	Number of disciplinary-related grievances resolved in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary-related grievances filed in the past 12 months	0	0.00
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months	0	
	divided by	Total number of court decisions regarding discipline decided in the past 12 months	0	0.00
	(8)	Number of rule violations in the past 12 months	71	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.3212669
	(9)	Number of offenders terminated from the facility due to rule violations in the past 12 months	6	
	divided by	Average Daily Offender Population for the Past 12 Months	221	.0274193
6D	(1)	Number of offenders released in the past 12 months who made regular payments toward their restitution obligations	N/A	
	divided by	Number of offenders who had restitution obligations in the past 12 months	N/A	0.00
	(2)	Number of offenders who satisfy their court cost/fines obligations in the past 12 months	N/A	
	divided by	Number of offenders who had court cost/fine obligations in the past 12 months	N/A	0.00
	(3)	Total amount of restitution paid by offenders in the past 12 months	N/A	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Total number of hours of community service donated by offenders in the past 12 months	9458	

	divided by	Average Daily Offender Population for the Past 12 Months	221	43.20
	(5)	Total number of offenders who participated in restitution in the past 12 months	N/A	
	divided by	Total number of offenders housed in the past 12 months	282	0.00
	(6)	Total number of offenders who participated in community service work in the past 12 months	40	
	divided by	Total number of offenders housed in the past 12 months	282	.1418439
	(7)	Total number of offenders who participated in victim awareness programs in the past 12 months	44	
	divided by	Total number of offenders housed in the past 12 months	282	.1560283
	(8)	Total amount of restitution paid by offenders in the past 12 months	N/A	
	divided by	Total number of offenders housed in the past 12 months	282	0.00
	(9)	Total number of hours delivered by offenders who participated in community service work in the past 12 months	9458	
	divided by	Total number of offenders housed in the past 12 months	282	33.53
7A		None		
	(1)	Total number of years of staff members' education as of the end of the last calendar year	866	
	divided by	Number of staff at the end of the last calendar year	64	13.53
	(2)	Number of staff who left employment for any reason in the past 12 months	19	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	.2638888
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months	95	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	1.31

	(4)	Number of professional development events attended by staff in the past 12 months	961	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	13.34
7C	(1)	Number of incidents in which staff were found to have acted in violation of facility policy in the past 12 months	6	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	.0833333
	(2)	Number of staff terminated for conduct violations in the past 12 months	1	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	.0138888
	(3)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	0	
	divided by	Number of offender's grievances alleging improper staff conduct filed in the past 12 months	0	0.00
	(4)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	0	
	divided by	Average Daily Population for the past 12 months	221	0.00
	(5)	Where staff are tested, the number of staff substance abuse tests failed in the past 12 months	0	
	divided by	Number of staff substance abuse tests administered in the past 12 months	21	0.00
7D	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures)	0	
	divided by	Budget for the past 12 months	0	0.00
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit	0	0.00
	(3)	Number of grievances filed by offenders regarding their records or property in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00

	(4)	Number of offender grievances (records/property) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances (records/property) in the past 12 months	1	0.00
	(5)	Number of objectives achieved in the past 12 months	2	
	divided by	Number of objectives for the past 12 months	2	1.0
	(6)	Number of program changes made in the past 12 months	5	
	divided by	Number of program changes recommended in the past 12 months	2	2.5
7E	(1)	Number of grievances filed by staff in the past 12 months	N/A	
	divided by	Number of full-time equivalent staff positions in the past 12 months.	72	0.00
	(2)	Number of staff grievances decided in favor of staff in the past 12 months	0	
	divided by	Total number of staff grievances in the past 12 months	0	0
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year	543	
	divided by	Number of staff at the end of the last calendar year (e.g. Average number of years' experience)	64	8.48
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months	2	
	divided by	Number of staff termination or demotion hearings requested in the past 12 months	0	0.00
7F	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months	1324	
	divided by	Average Daily Offender Population for the Past 12 Months	221	5.99
	(2)	Total number of individual community members who provided voluntary service in the past 12 months	76	

	divided by	Average Daily Offender Population for the Past 12 Months	221	.3438914
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.00
	(5)	Total number of complaints from the community in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	221	0.0
	(6)	Total number of hours of community service work delivered by offenders in the past 12 months	9458	
	divided by	Average Daily Offender Population for the Past 12 Months	221	42.79