

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**STANDARDS COMPLIANCE INITIAL AUDIT**

Arkansas Department of Correction  
Grimes Unit  
Newport, Arkansas

April 9 - 11, 2018

**VISITING COMMITTEE MEMBERS**

Joseph P. Rion, CCE, Chairperson  
ACA Auditor

Richard Arbasak  
ACA Auditor

Amy J. Fairbanks  
ACA Auditor

**A. Introduction**

The audit of the Grimes Unit, Newport, Arkansas was conducted on April 9-11, 2018, by the following team: Joseph Rion, Chairperson; Richard Arbasak, Member; and Amy Fairbanks, Member. The Grimes Unit is a facility within the Arkansas Department of Correction.

**B. Facility Demographics**

Rated Capacity: 1077

Actual Population: 1074

Average Daily Population for the last 12 months: 1074

Average Length of Stay: 2 years, seven months, 13 days

Security/Custody Level: Medium/Maximum

Age Range of Offenders: 18 to 71

Gender: Male

Full-Time Staff: 287

Administrative, 10 Support, 21 Program, 8 Security, 214 Other, 34

**C. Facility Description**

The Grimes Unit is located approximately 90 miles northeast of Little Rock, Arkansas in Newport, Arkansas. The physical address of the facility is 300 Corrections Drive, Newport, Arkansas, 72112. Newport is a town within Jackson County in northeast Arkansas. The Grimes Unit was originally constructed as a private facility in 1997. In 2001 the Arkansas Department of Correction (DOC) took over operations and management of the facility.

The facility is considered “New Construction after January 1, 1990” for accreditation purposes.

The stated mission of the Grimes Unit is “to provide public safety with incarceration of convicted inmate felons, a safe, secure, and humane environment for both staff and inmates, opportunity for inmates to serve their sentences positively and productively with the available programs, the training and staff support for employee development of professional correctional standards and attitudes, and prudent fiscal management of ADC facilities, equipment, and resources. We will strive to create a model correctional system by carrying out the intentions of the Courts, Governor, Legislature, and the Director of the Department of Correction.”

The Grimes Unit houses inmates of varying custody levels ranging from minimum to maximum custody. During the audit there were 586 minimum custody inmates, 361 medium custody inmates, and 121 maximum custody inmates.

The physical plant includes six housing units utilizing a variety of living configurations including double-occupancy rooms, open-bay dormitories, and single occupancy cells. Housing Unit 1 contains 81 double-occupancy rooms and 144 open-bay dormitory beds. Housing Unit 2 contains 81 double-occupancy rooms and 144 open-bay dormitory beds, Housing Unit 3 contains 100 double-occupancy rooms, Housing Unit 4 contains 100 double-occupancy rooms, Housing Unit 5 contains 45 restricted housing single-occupancy cells, Housing Unit 6 contains 42 restricted housing, single-occupancy cells. The Medical Department contains two double-occupancy observation rooms and one single-occupancy observation room.

Additional space is provided for medical services, intake and discharge processing, indoor and outdoor recreation, religious services, educational programs, food preparation, dining, commissary services, maintenance, clothing and supply distribution, library services, visitation, mailroom, and administrative offices.

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

The team met on April 8, 2018 in Searcy, Arkansas to discuss the information provided by the Association staff and the officials from the Grimes Unit.

The chairperson divided standards into the following groups:

Standards 4-4001 to 4-4173, Joseph Rion, Chairperson  
Standards 4-4174 to 4-4343, Richard Arbasak, Member  
Standards 4-4344 to 4-4530, Amy Fairbanks, Member

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

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

The team was escorted to the facility by Sandra Kennedy, Agency Accreditation Manager.

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

The audit team proceeded to the office of DeAngelo Earl, Warden. The team expressed the appreciation of the Association for the opportunity to be involved with the Grimes Unit in the accreditation process.

The team then proceeded to the visiting room located in the Administration Building of the Grimes Unit for an introductory meeting with Warden DeAngelo Earl, his executive staff and several designated department heads, supervisors and staff representing most of the key departments within the facility. The following staff members from the Grimes Unit and the Arkansas Department of Correction (DOC) were present at the meeting:

DeAngelo Earl, Warden  
Dexter Payne, Deputy Director, Arkansas DOC  
Solomon Graves, Agency Public Information Officer  
Sandra Kennedy, Agency Accreditation Manager  
Linda Gibson, Agency Fire Safety Coordinator  
Thomasena McNutt, Agency Health Coordinator  
Steven Ricketts, Deputy Warden  
Maurice Culclager, Major  
Maurice Williams, Major  
Robert Robins, Lieutenant  
Tanya Higgins, Deputy Warden's Administrative Assistant  
Deborah Roberts, Warden's Administrative Assistant  
John Sparks, Corporal  
Chase Hayden, Corporal  
Katrina Evans, Sergeant  
Raylina Ramsey, Classification Specialist  
Gail Holland, Mailroom Supervisor  
Nikki Naracon, Visitation Clerk  
Jasmine Gordon, Classification Specialist  
Jacqueline Freeman, Records Specialist  
Sherri McEwan, Facility Accreditation Manager  
Trish Secord, Records Specialist  
Abby Rizor, Records Supervisor  
Jan Tucker, Commissary Manager  
Sonya Douglas, Records Specialist  
Brody Hubbard, Records Specialist  
Mohammed Pasha, OJT Cadet  
Mitchell Wright, OJT Cadet  
Jared Ball, OJT Cadet  
Doug Dixon, Substance Abuse Program Supervisor  
Peggy Durham, Grievance Officer  
Benny Nettles, Principal  
Robert Potter, Unit Trainer  
Peter Amplo, Sergeant  
Brenda Bridgeman, R.N.  
Leighann Sherman, Mental Health Specialist  
Lori Reeves, Mental Health Administrator  
Daniel Watulock, IT Specialist  
Paula Cowell, Administrative Review Officer  
Joshua Mullins, Disciplinary Hearing Officer

The team expressed the appreciation of the Association for the opportunity to be involved with the Grimes Unit in the accreditation process. It was explained that the goal of the visiting committee was to be as helpful and unobtrusive as possible during the course of the audit.

The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the world. The chairperson advised the group that they would be kept informed as to the progress of the audit on a daily basis. If any concerns should arise, they would be discussed with the warden and his executive staff. The audit schedule was reviewed. Each team member gave a brief overview of his/her background as it related to accreditation and their professional commitment to the process.

### 3. Facility Tour

The team toured the Grimes Unit from 8:46 a.m. to 3:43 p.m. on day one of the audit. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Sandra Kennedy, Agency Accreditation Manager  
Linda Gibson, Agency Fire Safety Coordinator  
Steven Ricketts, Deputy Warden  
Sherri McEwen, Facility Accreditation Manager  
Maurice Culclager, Major  
Robert Roberts, Lieutenant

During the course of the tour the following buildings and departments were visited:

Visiting Room  
Entry Station  
Housing Unit 5  
Housing Unit 6  
Medical Department  
Housing Unit 1  
Housing Unit 2  
Dining Hall  
Kitchen  
Laundry  
Intake/Processing  
Housing Unit 3  
Housing Unit 4  
Programs Department  
Gymnasium  
Education Department  
Library  
Law Library  
Administrative Offices  
Maintenance Shop  
Armory

During the course of both the tour and subsequent return visits to the various departments the team evaluated sanitation levels, environmental conditions, security practices, post orders, inmate and staff morale, life-safety procedures/practices, and institutional culture. The team observed that notices regarding the audit had been prominently posted and displayed on bulletin boards throughout the facility.

#### 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:**

This department is the largest in the facility with a total of 214 employees. The Security Department provides coverage on a 24-hour per day, seven-day per week basis. The Security Department staff members work on one of the following two operational shifts:

5:45 a.m. to 6:00 p.m.

5:45 p.m. to 6:00 a.m.

One of the primary components of the perimeter security system is the perimeter security fence which completely encircles the main compound. The perimeter fence is a 12 feet high double fence reinforced with razor wire. Both fences are equipped with rolls of razor wire at the top and rolls of razor wire at the bottom. The fencing system is enhanced by a micro-wave intrusion detection system that is monitored from the Control Center. There is one armed vehicular patrol officer assigned to provide perimeter security on a 24-hour per day, seven-day per week basis.

The Grimes Unit has an extensive camera system in place which includes 141 surveillance cameras placed at strategic locations throughout the facility. The cameras are centrally monitored from the Control Center on an on-going basis. Additionally, there is a dedicated camera room in which staff is assigned the sole task on monitoring the camera system. The camera room is staffed Monday through Friday on the day shift.

The control of contraband at the facility is an important security consideration at the Grimes Unit. Each inmate's person, property or living area is subject to search at all times.

The facility has a comprehensive system of key control. The Key Shop is located outside the main compound in the armory. One correctional staff member is assigned as the key control officer for the facility.

A master inventory of all keys is maintained. Administrative staff members review requests for keys and have established a system under which special authorization is required for staff members to receive keys other than those assigned to them on the basis of post or duty assignment. Emergency keys are available for issuance in the event of a life-safety or security emergency. Back-up emergency keys are maintained. Keys are inventoried and inspected on each shift. A check-in and check-out system is in place and duty keys issued to staff are logged in and out on an issuance log book.

The facility maintains a Corrections Emergency Response Team (CERT) which may be activated to respond to critical incidents which may arise within the facility.

The Grimes Unit maintains an on-site canine unit comprised of seven tracking dogs.

The facility has a multi-faceted system of tool control. Tools are classified as “Class A” tools, “Class B” tools, or “Class E” tools based on their potential risk for use as a weapon or the likelihood the tool could be utilized to facilitate escape. The highest risk tools are designated as Class A tools. These tools are stored in a locked cage area which is restricted to staff members only. These tools must be issued by a staff member and may only be used by inmates under the direct supervision of a staff member. The Class B tools are considered less risky than those designated as Class A, but their issuance and use is also strictly controlled. Class E tools include lower risk equipment type tools such as those issued for daily cleaning tasks. Tools are stored by means of a shadow board storage system which is used in conjunction with a check-in and check-out log book. All tools are inventoried daily. The main tool storage area is located in the maintenance building. There is a system in place which requires that new tools be added to the master inventory prior to being placed in service. Broken equipment or tools are promptly removed from the main compound in an effort to prevent them from being fashioned into weapons or other contraband. During the course of the tour, several tools were checked by members of the visiting committee to ensure inventory and issuance records were accurate. Food service and medical sharps were also checked during the tour or subsequent return visits to these areas. No significant problems were found and the control systems utilized by the staff of the Grimes Unit appeared to be sound.

### **Environmental Conditions:**

The Grimes Unit functions as a smoke-free facility. This has had a positive impact on environmental conditions within the facility. The facility was in compliance with the applicable standards relating to environmental conditions. Light, noise, and air circulation levels were all within the established acceptable ranges. Temperature ranges were well within the comfort zone.

All of the living units, dayrooms, and recreational areas were within the square footage requirements. All inmates housed at the Grimes Unit had appropriate access to hot and cold running water, wash basins, showers, toilets, and urinals, within their assigned living units.

### **Sanitation:**

The Grimes Unit emphasizes sanitation on an on-going basis. The facility maintains a master housekeeping plan which is reviewed annually and updated as needed. The floors were clean and in good repair. The DOC guidelines regarding property control and storage require inmates to keep their assigned bed areas in proper order. This contributes to the appearance and cleanliness of the bed areas. The facility has dedicated a significant amount of resources into ensuring there is a sufficient inmate labor force to maintain appropriate levels of sanitation throughout the facility. The housekeeping plan provides for the appropriate training and supervision of inmates performing sanitation-related duties. Officers supervising cleaning details are responsible for ensuring that inmates assigned as janitors are proficient in proper cleaning procedures which include the use of sanitation supplies and equipment.

### **Fire Safety:**

The Grimes Unit is equipped with a variety of smoke/fire detection systems, alarm systems and fire suppression systems. Smoke/heat detectors and pull-stations are in place throughout the facility. The alarm system is monitored from a central panel located in the control center. All buildings within the facility are protected by an automatic sprinkler system which is maintained and tested quarterly. Manually operated fire extinguishers and standpipe hoses are strategically located throughout the facility. There are 12 self-contained breathing apparatus (SCBA's) on hand for fire evacuation/suppression efforts. Fire drills are conducted on an ongoing basis with each area conducting a drill at a minimum of one time every 90 days. Facility staff was knowledgeable of the procedures for evacuating residents from locked areas such as within the general population housing units and the restricted housing units. In addition, facility staff was able to explain the procedure for evacuating inmates from locked areas during emergencies.

Evacuation plans were current and prominently displayed. Required fire safety inspections are conducted on an ongoing basis. Designated facility staff conducts weekly fire safety inspections of all areas of the facility. Monthly inspections are conducted by the fire safety officer. Annual fire code inspections are conducted by the agency fire safety coordinator who is outside the chain of command of the facility. A review of facility inspection records indicated that any deficiencies uncovered during the course of the weekly, monthly, or annual inspections were promptly corrected.



The Grimes Unit is supported by the Newport Fire Department which has a substation within three miles of the facility and a main station within six miles of the facility. The average response time of the substation responders is within five minutes or less. The average response time of the main station responders is ten minutes or less.

The facility has a system in place for the storage and use of caustic, toxic, and flammable materials. Diluted products which have been pre-mixed are utilized for routine cleaning. Material Safety and Date Sheets (MSDS) are maintained on all chemical products. Currently, the MSDS sheets are maintained in the areas in which the products are stored.

Eye wash stations are in place at high-risk areas such as the laundry, maintenance shop, the medical department, and the kitchen.

**Food Service:**

The Food Service Department at the Grimes Unit is staffed by one captain and four staff food preparation supervisors. The department has 42 inmate workers who perform various duties such as cooks, bakers, janitors, and dishwashers. The facility follows a master cycle menu which is prepared by a registered dietician at the central office. Meals are served three times per day. Provisions are made for special diets based on medical, dental, or religious needs. Temperature records were maintained for freezer, cooler and dry storage areas. All products were stored within the acceptable temperature ranges. The food service department is inspected weekly and monthly by designated facility staff. On day three of the audit the committee sampled the lunch meal which consisted of sliced bologna, one yeast roll, green beans, white beans, peach cobbler, and sweet tea. The items were appropriately hot or cold, tasted good, sufficient in portion size, and presented well.

**Medical Care:**

The narrative below was submitted by Amy Fairbanks, Medical Auditor:

Health care coverage is provided 24 hours a day, seven days a week. Correct Care Solutions, Inc. provides the medical coverage for the facility. Staffing consists of the following: Health Service Administrator, Director of Nursing, Medical Director (currently vacant, covered by the Medical Director at McPherson), nurse practitioner full time, infectious disease RN, eleven LPNs and an assistant (vacant). Night coverage is provided by two LPNs. A medical provider is on call 24/7. There are three exams room, and emergency room, nurses' station, secure area for medical records and sufficient offices to maintain operations.

The medical record is mostly an electronic version with some documents either duplicated in a paper chart or still used in a paper chart such as outside consults and consent forms. Specialty care that comes on sight includes the following: wound care, x-ray, ultra sound, and eye clinic.

Nurses use nursing protocols. Medical pathways were written and developed by Correct Care Solutions, Inc. The following chronic care clinics are held: HIV, hyperlipidemia, hypertension, hepatitis C, diabetes/endocrine and mental health.

Approximately 450 inmates are enrolled in a chronic care clinic. There is a six-bed infirmary located in the medical area, two two-man cells, and two single cells, one of which can accommodate a restricted housing inmate. All licenses were checked and found to be current. A therapeutic diet manual is reviewed annually and maintained in the HSA's office. Interview with the nurse practitioner supported that he received support for off formulary requests, specialty consults and is not countermanded by non-medical providers.

Medications are provided by Diamond Pharmacy and are received in bubble packs. Inmates have some medications they maintain in their possession (KOPs) and other are dispensed at a pill line twice daily. An officer provides custody support during the medication administration which occurs at a medication window, within the hallway of the facility. The process is documented electronically. A pharmacist from Diamond conducts an audit monthly. Medications can be returned. If disposed, they are boxed and given to a reverse distributor. Medication room keys are exchanged on-site and checked in the presence of both staff. Medications are crushed upon orders received by the medical providers. The pill line was observed and found to be accurate, focused and organized.

Inmates are medically assessed immediately upon arrival. Medical staff assesses all inmates before going into the restricted housing unit, assess use of alternative meals, assess risks for planned use of force, and conduct evaluations of inmates after use of chemical agents or use of force. Inmates interviewed in restrictive housing confirmed the nurse makes rounds daily and they are made aware of when this occurs.

There is a stretcher and emergency bag with an AED maintained in the health care area for response to emergencies. There is a room designed to handle emergent situations in the health care clinic. One AED is maintained at this facility. It is checked daily to ensure operating status as well as current pads (two) are available. Security maintains first aids kits which are kept in strategic areas throughout the facility. Medical equipment is checked / calibrated as needed annually. Agreements are maintained with the local hospital to provide emergency care. Once stabilized, inmates received continued treatment at the infirmary or an established hospital for inmates.

Sick call is conducted seven days a week. Forms are available in the unit, inmates complete them, place them in the designated box and they are picked up daily on the night shift, triaged by the day shift. Inmates can contact correctional staff to contact health care if they are having an emergent need. There is a copay charged to the inmate \$3.00; they are not denied treatment if they cannot pay.

A dental suite is in the medical area, staffed by a full time Dentist and Dental assistant who is Correct Care Solutions, Inc. staff. Tool control and chemical control were in good order. The dentist uses the same electronic medical record which affords him the ability to know the patient's condition as well as order needed prescription medications.

Autoclave testing was in order; bio-hazardous waste is picked up as required by Stericycle and properly stored pending pick-up by the company. Inmates who work in the health care area are trained on how to handle blood spills and contaminated items. A check of sharps, working and stock, revealed accurate record keeping; records reflected proper documentation going back several months.

Mental health needs are addressed by the mental health department who are ADC staff. A psychiatrist is available via telemedicine to address needs. A psychologist conducts AIMS reviews on patients receiving anti-psychotic medications.

Staffing includes a LMSW, LCSW, correctional counselors and a psychologist. They conduct group counseling on the following topics: thinking errors, domestic violence victim and abuser, anger management, parenting, and substance abuse education. In addition, they address all mental health crises and provide suicidal monitoring. Approximately 150 inmates are diagnosed as mentally ill.

### **Recreation:**

The Grimes Unit provides a variety of recreational opportunities for the inmate population. The recreation program is supervised by one recreation supervisor. Correctional officers provide assistance as needed on the weekends and with larger events. The facility has an indoor gymnasium with two basketball courts as well as a large outdoor recreation field. Additionally, there are two full outdoor basketball courts. Indoor activities include basketball and handball. Outdoor activities include basketball, weightlifting, volleyball, horseshoes and soccer. The recreation department schedules special holiday events during major holidays such as Thanksgiving and Christmas.

**Religious Programming:**

The Grimes Unit provides a variety of religious services to the inmate population. The chaplain coordinates religious services from a variety of various faith groups. There are currently 27 certified community volunteers who actively participate in the delivery of religious programming. Faith groups represented include Catholics, Baptists, Jehovah's Witness, Jum'ah Prayer Service, and a non-denominational bible study program. A collection of religious materials and pamphlets are available for inmates who wish to pursue additional study.

**Offender Work Programs:**

The Grimes Unit affords inmates an opportunity to work in some of the major operational areas of the facility. There are work opportunities such areas as food service, janitorial, laundry and building clean-up. Work performance is taken into consideration when assessing each inmate's level of adjustment to the facility. All work assignments are structured in such a manner as to provide basic work skills that may assist inmates in obtaining employment upon release.

**Academic and Vocational Education:**

Inmates who do not possess a high school diploma are required to participate in educational programming leading to the General Education Development (GED) certificate. There are provisions to waive this requirement for cause through the classification system. Under state guidelines, the Arkansas DOC is designated as a school district. The educational programming is supervised by one school principal and delivered by five teachers. At the time of the audit there were 31 GED graduates scheduled to receive GED's at the spring graduation.

**Social Services:**

The Grimes Unit utilizes a standardized departmental classification system in which inmates are assigned a custody level based on a number of weighted risk-based variables such as nature and severity of the crime, prior criminal history, age, adjustment to the facility, and history of escape.

The Grimes Unit provides a substance abuse treatment program (SATP) which follows a therapeutic community treatment model. The SATP program is divided into three phases to include orientation and education, comprehensive treatment, and relapse prevention. The primary goal of the program is to eliminate negative patterns of behavior, thinking, and feelings that predispose the participant toward substance abuse. The program utilizes the dynamics of peer group culture as a teaching and training tool to further program objectives.

The Grimes Unit offers an impressive program titled "Grimes Unit Think Legacy."

This program focuses on reducing recidivism by promoting social skill development, job readiness skills, awareness of community resources, and interaction with community-based mentors who will assist participants upon release. When the program was initially introduced Warden Earl and Major Culclager attended classes alongside participants on a weekly basis and Warden Earl delivered a four week class on motivational skills. The committee was very impressed with this level of involvement by top administrative officials of the facility

### **Visitation:**

The Grimes Unit has a designated visiting area to afford inmates an opportunity to maintain ties with family members and the community. The visiting room is designed to facilitate both contact and non-contact visits and is equipped with six non-contact visiting booths. All visitors are pre-screened to ensure they meet DOC visitation guidelines. The visitation schedule is weekends only. Special provisions may be made for visitors traveling an excessive distance to the facility. In addition, special accommodations may be made for attorneys, clergy, and other non-routine visitors.

### **Library Services:**

The Grimes Unit maintains a centralized library with the schedule encompassing both evening and weekend availability. The circulated materials are varied and include works of fiction and non-fiction and for leisure-time reading as well as topics of special interest. There are some newspapers available.

A law library is maintained in conjunction with regular library services. The law library is equipped with a Westlaw terminal to assist inmates in conducting legal research. The computerized system is supplemented with some hard copy legal materials specific to the Arkansas legal system.

### **Laundry:**

The Grimes Unit provides a centralized laundry operation which is located within the secure compound. At the time of the audit there were 16 inmates assigned to the laundry detail. The inmates on the laundry detail were under the supervision of one staff member. There is a designated schedule for laundry and bedding.

The laundry is equipped with three high-capacity washers, five high-capacity dryers, and one press. The accountability systems for tools and chemicals in the laundry worked well. Inventory and issuance records were checked and found to be accurate. Inspection of the dryer lint traps indicated that the traps were being properly emptied and maintained.

## **F. Examination of Records**

Following the tour, the team proceeded to a work area which had been set up in a conference room near Warden Earl's office in the administration section. After a brief discussion of each team member's observations from the tour, the accreditation files were reviewed and the compliance levels of the policies and procedures were evaluated. The files were maintained in an electronic format which was efficient and user-friendly. The files were well-organized and properly highlighted. The documentation utilized to support each file was sufficient to satisfy the requirements of most of the standards. This assessment yielded a compliance score of 100% for the applicable mandatory standards and 100 % for the applicable non-mandatory standards. The facility had zero notices of non-compliance with local, state, or federal laws or regulations.

### **1. Litigation**

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

### **2. Significant Incidents/Outcome Measures**

The Significant Incident Summary and Outcome Measures Worksheet were both reviewed by the visiting committee. The Significant Incident Summary covered a time frame beginning April 1, 2017 and ending March 31, 2018. The committee noted that the number of reportable incidents was relatively low with five offender to offender assaults and one fire being the only reportable incidents for the period of review. After a review of the significant summary in its entirety the committee felt that data contained within the summary was reflective of the Grimes Unit as being safe, secure, and well-managed. Significant relevant factors which were considered when reviewing this data included the number of inmates housed at the facility, the varying lengths of sentences served by inmates at the facility, the variety of custody/classification levels of inmates at the facility, the age of the physical plant, and the staffing pattern of the facility.

The Healthcare Outcome Measure Worksheet was also reviewed by the committee. The Healthcare Outcome Measure Worksheet covered a reporting period beginning April 1, 2017 and ending March 31, 2018. The outcome measures appeared to be appropriate for the population of Grimes Unit. Relevant factors which were taken into consideration when reviewing this data included the age of the population, the relatively low number of health care grievances, and the range of custody/classification levels of the inmate population.

### **3. Departmental Visits**

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Administration	DeAngelo Earl, Warden Steven Ricketts, Deputy Warde
Accreditation	Sandra Kennedy, Agency Accreditation Manager Sherri McEwen, Facility Accreditation Manager
Fire Safety	Linda Gibson, Agency Fire Safety Coordinator
Medical Department	Brenda Bridgeman, RN
Security/Operations	Maurice Culclager, Major Robert Robins, Lieutenant
Armory	Chase Hayden, Corporal
Maintenance	Larry Bailey, Maintenance Supervisor
Fiscal Operations/Business	Shelly Gates, Business Manager
Education	Benny Nettles, Principal
Training	Robert Potter, Unit Trainer

4. Shifts

a. Day Shift

On day one of the audit, the team was present at the facility on the day shift from 8:30 a.m. until 5:45 p.m. On day two of the audit, the team was present at the facility on the day shift from 8:33 a.m. until 5:45 p.m. On day three of the audit the team was present on the day shift from 8:28 a.m. to 12:25 p.m. During the day shift, the committee observed the security posts functions, health care services, work programs, control center operations, activities within the living units, food service, mail room operations, and administrative functions.

b. Evening Shift

On day one of the audit, the team was present at the facility on the evening shift from 5:45 p.m. until 6:20 p.m. On day two of the audit the team was present on the evening shift from 5:45 p.m. until 6:11 p.m. Security posts visited included the central control center, the entry station, the operations office and various inmate housing units.

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

This was an initial audit. There were no previously non-compliant standards or plans of action.

## **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**

Members of the visiting committee interviewed or spoke with approximately 49 inmates during the course of the audit. There were no major complaints about the conditions of confinement at the facility. The vast majority of the inmates interviewed indicated that they were generally satisfied with their treatment at the facility. A number of inmates were appreciative of the cleanliness of the facility. Many of the inmates spoke highly of the facility in general. The committee felt that inmate morale was good.

### **2. Staff Interviews**

Members of the visiting committee interviewed or spoke with approximately 35 staff members during the course of the audit. Comments were favorable regarding working conditions at the facility. The staff was also complimentary of the facility executive team.

During the course of the tour and subsequent revisits to the various departments and buildings, the staff was eager to showcase their assigned areas and answer any questions raised by members of the visiting committee.

The staff of the Grimes Unit displays a sense of pride at the work they do and a sense of commitment and dedication to the corrections profession. The vacancy rate at the facility remains low with staff turnover remaining at a manageable level. The committee noted that there was a large number of staff at the facility who had ten or more years of service with the DOC or the facility. The staff appreciate the importance of teamwork and stand ready and willing to help fellow staff members should the need arise. The committee observed that there was a significant number of staff who were long-term employees with substantial experience. In general, the committee felt staff morale was very good.

## **H. Exit Discussion**

The exit interview was held at 11:00 a.m. in the visiting room with the Warden DeAngelo Earl and 76 staff in attendance.

The following persons were also in attendance:  
Wendy Kelly, Director, Arkansas DOC  
Dale Reed, Chief Deputy Director, Arkansas DOC  
Dexter Payne, Deputy Director, Arkansas DOC  
Mark Cashion, Deputy Director, Arkansas DOC



Rory Griffin, Deputy Director, Arkansas DOC  
Sandra Kennedy, Agency Accreditation Manager  
Linda Gibson, Agency Fire Safety Coordinator  
Dona Gordon, Correction Care Solutions (CCS), Central Office  
Steve Stringfellow, CCS, Central Office  
Bernard Williams, CCS, Regional Office  
Antoinette Bradley, Warden, McPherson Unit  
John Herrington, Deputy Warden, McPherson Unit  
Virginia Robbins, Facility Accreditation Manager, McPherson Unit  
Linda Lewis, Major, McPherson Unit  
Opal Bledsoe, CCS, McPherson Unit  
Judy Baiza, CCS, McPherson Unit  
Alan Rogers, Mental Health Department, McPherson Unit

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.

AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

<b>COMPLIANCE TALLY</b>
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<b>Manual Type</b>	Adult Correctional Institutions, 4th Edition	
<b>Supplement</b>	2016 Standards Supplement	
<b>Facility/Program</b>	Grimes Unit, Arkansas Department of Corrections	
<b>Audit Dates</b>	April 9 - 11, 2018	
<b>Auditor(s)</b>	Joseph Rion, Chairperson, Richard Arbasak, Member, Amy Fairbanks, Member	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	61	468
Number Not Applicable	4	27
Number Applicable	57	441
Number Non-Compliance	0	0
Number in Compliance	57	441
Percentage (%) of Compliance	100	100
<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>		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Correction  
Grimes Unit  
Newport, Arkansas

April 9 - 11, 2018

Visiting Committee Findings

Mandatory Standards

Not Applicable

**Standard 4-4353**

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 Grimes Unit houses male offenders only.

**Standard 4-4362**

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

INQUIRY INTO:

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

OBSERVATION OF THE FOLLOWING:

- BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING
- BODY DEFORMITIES, EASE OF MOVEMENT, AND SO FORTH
- CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES, AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE

MEDICAL DISPOSITION OF THE OFFENDER:

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

OFFENDERS, WHO ARE UNCONSCIOUS, SEMICONSCIOUS, BLEEDING, OR OTHERWISE OBVIOUSLY IN NEED OF IMMEDIATE MEDICAL ATTENTION, ARE REFERRED. WHEN THEY ARE REFERRED TO AN EMERGENCY DEPARTMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE. WHEN SCREENING IS CONDUCTED BY TRAINED CUSTODY STAFF, PROCEDURES WILL REQUIRE A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY THE LICENSED HEALTH CARE STAFF.

WRITTEN PROCEDURES AND SCREENING PROTOCOLS ARE ESTABLISHED BY THE RESPONSIBLE PHYSICIAN IN COOPERATION WITH THE FACILITY MANAGER. INMATES CONFINED WITHIN A CORRECTIONAL COMPLEX WITH CONSOLIDATED MEDICAL SERVICES DO NOT REQUIRE HEALTH SCREENING FOR INTRA-SYSTEM TRANSFERS.

FINDINGS:

The Grimes Unit receives offenders in intra-system transfer only.

**Standard 4-4365**

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

WITHIN FOURTEEN DAYS AFTER ARRIVAL AT THE FACILITY:

- REVIEW OF THE EARLIER RECEIVING SCREEN
- COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
- LABORATORY OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING VENEREAL DISEASE AND TUBERCULOSIS
- RECORD OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE
- OTHER TESTS AND EXAMINATIONS AS APPROPRIATE

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

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITH SIGNIFICANT HEALTH PROBLEMS DISCOVERED ON EARLIER SCREENING SUCH AS CARDIAC PROBLEMS, DIABETES, COMMUNICABLE DISEASES, AND SO FORTH)
- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT

- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

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

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

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

FINDINGS:

The Grimes Unit receives offenders in intra-system transfer only.

**Standard 4-4371**

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

- REVIEW OF AVAILABLE HISTORICAL RECORDS OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT

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

FINDINGS:

The Grimes Unit receives offenders in intra-system transfer only.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Correction  
Grimes Unit  
Newport, Arkansas

April 9 - 11, 2018

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard 4-4359**

THERE IS A PLAN FOR THE TREATMENT OF OFFENDERS WITH CHRONIC CONDITIONS SUCH AS HYPERTENSION, DIABETES, AND OTHER DISEASES THAT REQUIRE PERIODIC CARE AND TREATMENT. THE PLAN MUST ADDRESS THE FOLLOWING:

- THE MONITORING OF MEDICATIONS.
- LABORATORY TESTING.
- THE USE OF CHRONIC CARE CLINICS.
- HEALTH RECORD FORMS.
- THE FREQUENCY OF SPECIALIST CONSULTATION AND REVIEW.

FINDINGS:

Personnel at the Grimes Unit are not covered by merit systems, civil service regulations or union contract.

**Standard 4-4137-1**

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



FINDINGS:

The Grimes Unit is not a “New Construction after June 2014” facility. The facility opened in 1997.

**Standard 4-4138-1**

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

FINDINGS:

The Grimes Unit is not a “New Construction after June 2014” facility. The facility opened in 1997.

**Standard 4-4139-1**

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

FINDINGS:

The Grimes Unit is not a “New Construction after June 2014” facility. The facility opened in 1997.

**Standard 4-4147-1**

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

FINDINGS:

The Grimes Unit is not a “New Construction after June 1, 2008” facility. The facility opened in 1997.

**Standard 4-4147-2**

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

FINDINGS:

The Grimes Unit is not a “New Construction after June 1, 2014” facility. The facility opened in 1997.

**Standard 4-4181**

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

FINDINGS:

The Grimes Unit houses male offenders only.

**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:

The Grimes Unit houses male offenders only.

**Standard 4-4278**

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

FINDINGS:

The Grimes Unit houses male offenders only.

**Standard 4-4285**

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

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

FINDINGS:

The Grimes Unit does not receive newly admitted inmates.

**Standard 4-4286**

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

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

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

FINDINGS:

The Grimes Unit does not receive newly admitted inmates.

**Standard 4-4287**

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

FINDINGS:

The Grimes Unit does not operate as a reception center.

**Standard 4-4288**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT NEW INMATES RECEIVE WRITTEN ORIENTATION MATERIALS AND/OR TRANSLATIONS IN THEIR OWN LANGUAGE. THESE MATERIALS MAY ALSO BE PROVIDED ELECTRONICALLY, BUT INMATES IN SEGREGATION MUST BE PROVIDED THE INFORMATION IN A WRITTEN FORMAT SO THAT THEIR ACCESS TO THE INFORMATION IS NOT IMPEDED BY THEIR CUSTODY STATUS. WHEN A LITERACY PROBLEM EXISTS, A STAFF MEMBER ASSISTS THE INMATE IN UNDERSTANDING THE MATERIAL. COMPLETION OF ORIENTATION IS DOCUMENTED BY A STATEMENT SIGNED AND DATED BY THE INMATE.

FINDINGS:

The Grimes Unit does not receive newly admitted inmates.

**Standard 4-4307**

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

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

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

FINDINGS:

The Grimes Unit does not receive youthful offenders.

**Standard 4-4308**

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

FINDINGS:

The Grimes Unit does not receive youthful offenders.

**Standard 4-4309**

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

FINDINGS:

The Grimes Unit does not receive youthful offenders.

**Standard 4-4310**

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

FINDINGS:

The Grimes Unit does not receive youthful offenders.

**Standard 4-4311**

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

FINDINGS:

The Grimes Unit does not receive youthful offenders.

**Standard 4-4312**

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

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION

- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- THE MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING, AND RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

**FINDINGS:**

The Grimes Unit does not receive 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:**

The Grimes Unit houses male inmates only.

**Standard 4-4383**

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

**FINDINGS:**

The Grimes Unit employs qualified health care staff.

**Standard 4-4391**

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

FINDINGS:

The Grimes Unit does not utilize volunteers to deliver 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 FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS:

The Grimes Unit does not utilize students, interns, or residents to deliver health care.

**Standard 4-4436**

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

FINDINGS:

The Grimes Unit houses male inmates only.



**Standard 4-4461-1**

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

FINDINGS:

Under Arkansas law the Arkansas Department of Corrections is not in the collection and distribution of restitution.

**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:

There are no private industries operating on the grounds of the Grimes Unit.

**Standard 4-4463**

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

FINDINGS:

The Grimes Unit does not operate a program under which inmates are employed in the community by public or private organizations.

### 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:** Grimes Unit

**Reporting Period:** April 2017-March 2018

0	Months	April 17	May 17	June 17	July 17	August 17	Sept. 17	Oct. 17	Nov. 17	Dec. 17	Jan. 18	Feb. 18	Mar. 18	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	1	0	0	1
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	0	1	1	1	0	1	0	0	1	0	0	5
	Offender/Staff	0	0	0	0	0	1	0	0	0	0	0	0	1
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with Mandatory Standard* <sup>a</sup>		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Fire*		0	0	0	0	0	0	0	0	0	0	0	1	1
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

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

Grimes Correctional Facility 4-1-2017-3-31-2018

<b>Health Care Outcomes</b>				
<b>Standard</b>	<b>Outcome Measure</b>	<b>Numerator/Denominator</b>	<b>Value</b>	<b>Calculated O.M.</b>
<b>1A</b>	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months	2	
	divided by	The average daily population	1061	.0018
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months	0	
	divided by	Average daily population	1061	0
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months	1	
	divided by	Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening	944	.0001
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months	6	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months	6	1
<b>7-2017</b>	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	160	
	divided by	Total offender population at that time	1061	.150
<b>12-2017</b>	(6)	Number of offenders diagnosed with HIV infection at a given point in time	17	
	divided by	Total offender population at that time	1057	.016
<b>12-2017</b>	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time	14	
	divided by	Total number of offenders diagnosed with HIV infection at that time	17	.823

<b>12-2017</b>	(8)	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml	14	
	divided by	Total number of treated offenders with HIV infection that were reviewed	17	.823
<b>6-2017</b>	(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	150	
	divided by	Total offender population at that time	1066	.140
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months	27	
	divided by	Average daily population	1061	.025
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	42	
	divided by	Average daily population in the past twelve (12) months	1061	.039
	(12)	Number of offender specialty consults completed during the past twelve (12) months	1887	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months	1887	1
<b>1-25-2018</b>	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	1	
	divided by	Total number of offenders with hypertension who were reviewed	6	.166
<b>1-25-2018</b>	(14)	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent	0	
	divided by	Total number of diabetic offenders who were reviewed	3	0
	(15)	The number of completed dental treatment plans within the past twelve (12) months	459	
	divided by	the average daily population during the reporting period.	1061	.432
<b>2A</b>	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period	26	0

	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	5	
	divided by	Number of new health care staff during the twelve (12) month period	5	1
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees	26	0
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	1	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations	28	.035
<b>3A</b>	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	16	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months	117	.136
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months	2	0
<b>4A</b>	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	1	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period	1	1
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months	1	
	divided by	Average daily population	1061	.0009

	(4)	Number of offender suicides in the past twelve (12) months	0	
	divided by	Average daily population	1061	0
	(5)	Number of unexpected natural deaths in the past twelve (12) months	0	
	divided by	Total number of deaths in the same reporting period.	2	0
	(6)	Number of serious medication errors in the past twelve (12) months	0	
<b>5A</b>	<b>None</b>			
<b>6A</b>	<b>None</b>			
<b>7A</b>	<b>None</b>			
<b>7B</b>	<b>None</b>			
<b>7C</b>	<b>None</b>			