

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**  
**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Arkansas Department of Correction  
Delta Regional Unit  
Dermott, Arkansas

March 17 - 19, 2020

**VISITING COMMITTEE MEMBERS**

Ernest Umunna, Chairperson  
ACA Auditor

Tamera Williams  
ACA Auditor

Marmie Schuster-Walker  
ACA Auditor

## **A. Introduction**

The audit of the Delta Regional Unit (DRU), Dermott, Arkansas was conducted on March 17-19, 2020 utilizing the American Correctional Association (ACA) Standards for Adult Correctional Institutions, 5th Edition, August 2018 Publication. The following team conducted the audit: Ernest Umunna, Chairperson, Tamera Williams, Audit Member and Marmie Schuster-Walker, Audit Member.

The following changes and/or major staffing changes have occurred at the Delta Regional Unit (DRU), since the 2017 external ACA audit:

1. The Delta Regional Unit was previously audited in 2017 utilizing the American Correctional Association (ACA) Standards for Adult Correctional Institutions, 4<sup>th</sup> Edition and 2016 Standards Supplement.
2. The Delta Regional Unit has a new Warden and Deputy Warden.
3. Delta Regional Unit underwent renovation in the Boiler Room. The boiler was replaced, and two new gas master units installed in the heating system. There were also twenty one hot water units that supply the entire unit with hot water. All heating and air condition units were replaced with new units throughout the unit. The lighting was replaced throughout the unit with new cost-efficient LED lighting.
4. The expansion on the Think Legacy program.
5. The Delta Regional Unit has new cameras through-out the unit for a safer and more secure environment for the officers and inmates. The system is comprised of 231 digital cameras including 360-degree view cameras in the Kitchen, Gym, Library, Hobby Craft, School, and Visitation. Each Barracks has 4 cameras each viewing the following areas: Top tier, Bottom tier, and Dayroom and phone/restroom area. All Hallways are viewed at the best possible angles. All outside cameras are Infrared capable as well as some inside public areas: chow hall, laundry, main shower and hallways. All cameras are connected to five DVR's and always record. The system has a battery back-up as well as generator in case of power outage. The Security Network can be accessed by four different computers, they are as follows:
  - a) Main Control is setup as the server to the system and has five monitors making it possible to view up to 80 cameras at a time.
  - b) East Wing control can be used as a secondary server to the system and has four monitors able to view 64 cameras at a time.
  - c) Fusion Center serves as an access point for the Unit Investigator as well as Administration.
  - d) Monitors located in the unit major's office allows the Chief of Security to view and control the system as adjustments are needed for the best possible security for the Unit as a whole.

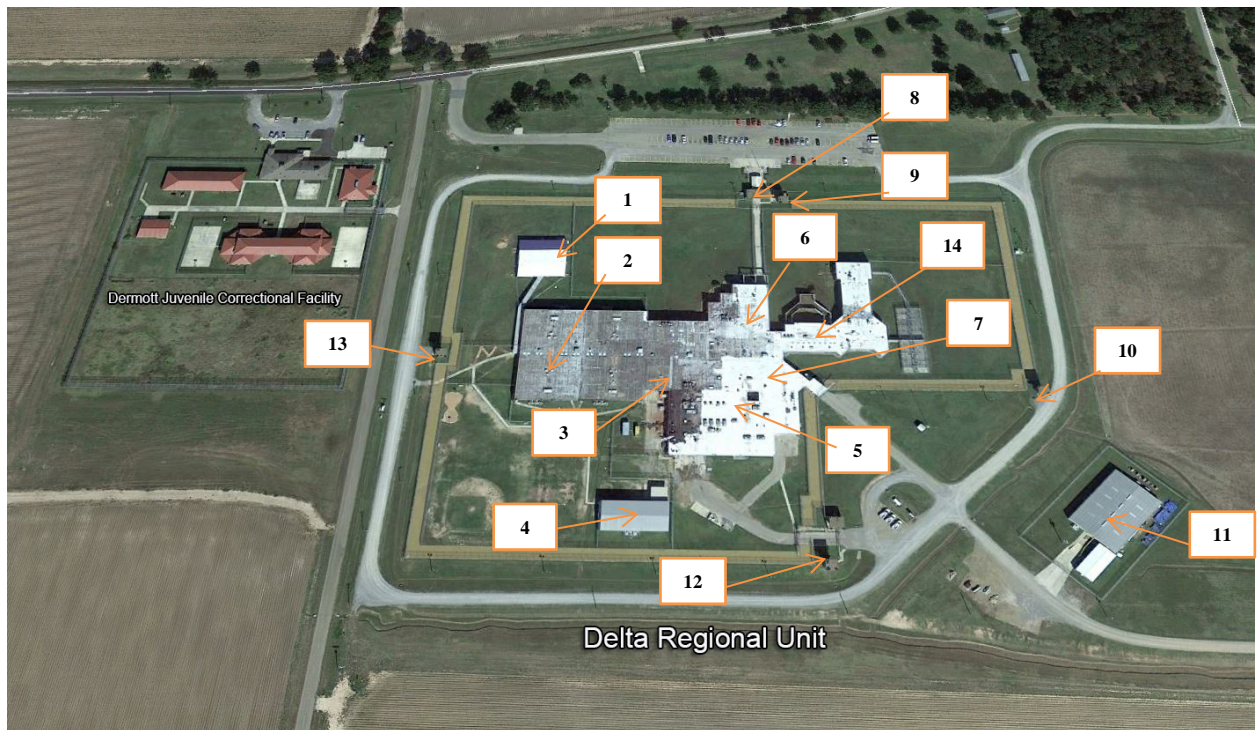
## **B. Facility Demographics**

Rated Capacity: 635

Actual Population: 619 as of March 19, 2020

Average Daily Population for the last 12 months: 614  
Average Length of Stay: Two years, two months, five days  
Security/Custody Level: Maximum 75, Medium 271, Minimum 271, High Security 2  
Age Range of Inmates: 18-72  
Gender: Male  
Full-Time Staff: 198  
(159) Security Staff, Non- Security (24), Program Education (4)  
Wellpath Contracted Staff: Medical 11

### C. Facility Description



- |                         |                              |
|-------------------------|------------------------------|
| 1. School               | 8. Front Entrance            |
| 2. Housing Units        | 9. North Tower               |
| 3. Medical              | 10. East Tower               |
| 4. Gymnasium            | 11. Industries               |
| 5. Kitchen/Food Service | 12. South Tower              |
| 6. Administration       | 13. West Tower               |
| 7. Contract Jail Area   | 14. Restricted Housing Units |

Delta Regional Unit (DRU) is a minimum/medium/maximum male adult correctional facility located in Chicot County, on Highway 165 South, Dermott, Arkansas, which is in the extreme southeast corner of the state. The unit is located in the Delta Region of the state ten miles from the Mississippi River and 40 miles north of the Louisiana line.

In relation to larger cities in the region, DRU is approximately 72 miles south of Pine Bluff, Arkansas, 113 miles south of the State Capitol, Little Rock, Arkansas, and 201 miles south of Memphis, Tennessee. The physical plant is 108,000 square feet on 97.9 acres, with a portion of the facility designated to the Chicot County Regional Jail with a 4-bed capacity. The physical address of DRU is 880 East Gaines Street, Dermott, Arkansas 71638.

“Delta Regional Unit was established in May 1990, with a designed capacity of 400 inmates. Due to emergency housing, the population was increased to 625. New additions since the original construction of the facility have been the school building, (new office area and a covered exercise pavilion that is completely enclosed, janitorial products building located outside the perimeter fence, single-man exercise units for the maximum security area, a records storage building and the armory building. An addition was made to the school building in 2011 that includes a computer lab, additional office space, and storage”.

Inmates are housed in eight open barracks, 1-7 barracks with a capacity of 67 inmates, consisting of two tiers (1804 sq. ft.) for the living area and a dayroom (1416 sq. ft.) immediately adjacent to the living area. One barracks, eight, with a capacity of 66, is designated as the handicapped barracks, providing a lift and bathroom facilities to accommodate inmate needs. There is also a shower area (gang showers) located in the laundry area providing an additional 24 shower heads. Dayrooms are equipped with two televisions, benches located in the television viewing area, two table units for writing surfaces or to play games, and complete restroom facilities. Television viewing is controlled, consisting mainly of sports and movies. Sound from the sets may be monitored by either headphone plugged into sockets in the bench area, or through Walkman radios tuned to designated frequencies.

The facility is divided into East and West Wings. Delta Regional Unit has ten maximum-security isolation cells. Each cell is 8' x 10' and includes a stainless-steel toilet and lavatory unit. There is also a dayroom (170 square feet) in the maximum-security area that is used for out-of-cell exercise when weather does not permit outdoor exercise.

There are six pods located in the East Wing that were originally designated for county jail detainees. These pods have been modified to house both ADC inmates. Inmates housed in that area are assigned to the Reentry/Think Legacy Program, PALS Program, Restrictive Housing and Protective Custody.

Delta Regional Unit consists of the following buildings: Main compound, School, Entrance Building, Gym, Sally port, Four towers, Armory Building\*, Horse barn\*, Inmate Care and Custody (ICC) Garage\*, Janitorial Products\* and the Records Storage\*. \* Buildings are located outside of the main compound fence.

The main compound is enclosed by double fences, equipped with a Senstar Security System, 200 digital video cameras, located both inside and outside the compound that records 24 hours a day and is monitored by the officers working in the main control center.

“It is the mission of the Delta Regional Unit is to carry out the intentions of the Governor, Legislature, and the Director of the Department of Correction to create a model corrections system by complying with the intentions of the state statutes: state and federal court offers; state, federal and local fire and safety codes; Arkansas Department of Correction Administrative Regulations, Directives and policies”.

They seek to “Provide a safe, humane environment for staff and inmates, strengthen the work ethic through teaching of good habits, and provide opportunities for inmates to improve spiritually, mentally, and physically”.

DRU does not have or utilize language lines. Matters are referred to the Central Office on inmates needing interpreter services. The visiting committee team recommended that DRU to subscribe to language line service for improved operational efficiency and to help facilitate prompt response to inmates needing such services.

The overall vacancy rate among the staff positions authorized for working with inmates for any 18-months period at the time of the audit was 5%.

The ethnic diversity and gender represented in management and line staff in relation to inmate ratio population is good.

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

There was a “meet and greet” meeting with the facility administrators/executive team and Kim Hoffman, Regional Manager-Wellpath at the Western Sizzlin restaurant, Monticello, Arkansas at 6:00 p.m. on Monday, March 16, 2020. The visiting committee team met the same day at the hotel lobby to discuss the information provided by the Association staff and the officials from the Delta Regional Unit.

The chairperson divided the standards into the following groups:

##### Tamera Williams, Member

Standards      5-1A-4001 to 5-2A-4124  
                     5-2B-4125 to 5-3A-4191

##### Ernest Umunna, Chairperson

Standards      5-3A-4192 to 5-3D-4284)  
                     5-4A-4140 to 5-4A-4255  
                     5-4A-4257) to 5-4B-0009 (New)  
                     5-4B-0011 (New) to 5-4B-0013 (New)  
                     5-4B-0016 (New) to 5-4B-0027 (New)  
                     5-4B-0029 (New)  
                     5-4B-0031 (New) to 5-5C-4328  
                     5-5F-4442) to 5-5F-4447-2 (New)

Marmie Schuster-Walker, Member/Medical Auditor

Standards      5-2A-4427  
                    5-4A-4400  
                    5-4A-4256  
                    5-4B-0010 (New)  
                    5-4B-0015 (New)  
                    5-4B-0028 (New)  
                    5-4B-0030 (New)  
                    5-5D-4329 to 5-5E-4441  
                    5-6A-4344 to 5-7F-4521

**E.      The Audit Process**

1.      Transportation

Transportation from the airport to the hotel and the hotel to the facility was provided by Sandra Kennedy, Agency ACA Coordinator and Shelli Maroney-ACA Central Office.

The visiting committee team arrived at the facility the morning of the audit at 6:30 a.m. and followed the normal security protocol, including the Coronavirus (COVID-19) precautions. A forehead (temporal) scanner was used to check visitor's temperature. The team was escorted into the facility by Sandra Kennedy, Agency ACA Coordinator, Shelli Maroney-ACA Central Office and Chris Budnik, Facility Warden.

2.      Entrance Interview

The visiting committee team proceeded to the office of Chris Budnik, Facility Warden for a pre-audit meeting and to lay the ground-work for the audit.

The team expressed the appreciation of the Association for the opportunity to be involved with the Delta Regional Unit in the accreditation process.

It was explained that the goal of the visiting team is 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. Each visiting committee member gave a brief summary of their correctional experience and association with the accreditation process.

The Warden escorted the visiting committee team to the visitation room where the formal entry meeting was held.

The following persons were in attendance:

William Straughn-Deputy Director, Division of Corrections  
Dexter Payne-Director, Division of Corrections  
Kim Hoffman-Regional Manager, Central Office Medical  
Dale Reed-Deputy Director, Division of Corrections  
Chris Budnik-Facility Warden  
Loretta Brown-Major Secretary  
Katherine Stone-Industry Supervisor  
Gary Nalls-Corporal  
Angela King-Training Officer  
Jonathan Taylor- Emergency Preparedness Coordinator Lieutenant  
Derrick Jones-Utility Lieutenant  
Andre Williams-Captain  
Pam Burke -Accreditation Manager  
Stanley Smith -Captain  
Patricia Tabb-School Principal  
Lisa Bass-Records Supervisor  
Jenifer Hadley-Director of Nursing Medical  
Shammon McFadden-Classification Officer  
Kim Lum-Field Captain  
Linda Dykes-Deputy Warden  
Serena McCoy-Corporal  
Lue Bailey-Mental Health  
Donald Compton-Mental Health  
Jacqueline Summerville-Fire and Safety Sergeant  
Gene Phillips-Maintenance Supervisor  
Mike Moseley-Armory/Key Control Sergeant  
Danielle Knight-Mail room Supervisor  
Byron Brown-Fire and Safety (Central Office)  
Mandy James-Human Resource Manager  
Sandra Kennedy-ACA Central Office  
Shelli Maroney-ACA Central Office

3. Facility Tour

The team toured the entire facility from 8:05 a.m. to 11:10 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Chris Budnik-Facility Warden  
Kim Hoffman-Regional Manager, Central Office Medical  
Loretta Brown-Major Secretary  
Katherine Stone-Industry Supervisor  
Gary Nalls-Corporal  
Angela King-Training Officer

Jonathan Taylor- Emergency Preparedness Coordinator Lieutenant  
Derrick Jones-Utility Lieutenant  
Andre Williams-Captain  
Pam Burke -Accreditation Manager  
Stanley Smith -Captain  
Patricia Tabb-School Principal  
Lisa Bass-Records Supervisor  
Jenifer Hadley-Director of Nursing Medical  
Shammon McFadden-Classification Officer  
Kim Lum-Field Captain  
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Gene Phillips-Maintenance Supervisor  
Mike Moseley-Armory/Key Control Sergeant  
Danielle Knight-Mail room Supervisor  
Byron Brown-Fire and Safety (Central Office)  
Mandy James-Human Resource Manager

Notices of the ACA audit were posted 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:**

DRU operates on two 12-hour shifts, 6:00 a.m. - 6:00 p.m. and 6:00 p.m. - 6:00 a.m. Security is supervised at the time of the audit by one Major, three Captains, two Shift Captains, one Field Captain, four Shift Lieutenants, two Utility Lieutenants, 12 Shift Sergeants, four Utility Sergeants and three Transportation Sergeants. There are Field Training Officers (FTOs) assigned to mentor young officers.

Counts are conducted eight times per day. Count sheets, inventory logs, and disciplinary paperwork are completed before each twelve hour shift ends. The visiting team attended multiple changes of shift briefings. The briefings were participatory, and information flowed freely.

There are four towers, manned 24-hours a day to provide security in and around the compound. The towers are equipped with AR15 rifles, short guns, radio controls, and binoculars and mounted spot lights.



There is a roving patrol with a 12-hour rotation operating outside the main compound 24 hours a day and equipped with a 12 gauge shot gun.

DRU is equipped with 12 feet of primary and secondary egress systems with over 3,110 linear square feet of double chain-linked fencing laced with two rolls of razor wire connected to a Senstar Security microwave alarm system that is activated by motion.

The facility is equipped with 118 inside the building and 36 outside or perimeter security cameras. Cameras record all activities. Recordings are maintained for 30 days. These cameras can be viewed in master control, the Major's office and the command center which is located next to the Warden's office. Medical, education and housing barracks staff officer have panic alert buttons for immediate back-up if needed.

Keys are maintained in the master control, tower one (by main entry) and in the armory. The master control is a very busy place but is kept clean and organized. Keys are stored on numbered pegs. They are signed out on control logs noting the key number, who it is issued to and the time in and out. Each shift accounts for the keys at the end of their shift. Additionally, the master control monitors the cameras located throughout the facility. Also issued from the master control are radios, OC, tasers and other security equipment. Restricted keys issued must have the Lieutenant's approval. Tower One issue keys to staff in work areas outside the perimeter. Inmates are allowed to use certain keys i.e. tractor and mower keys. There are 63 sets of keys issued to staff as on-person take home keys. Staff must sign for the take home keys. An inventory of all keys is conducted monthly. Keys in the armory are in a locked secure cabinet. Emergency keys are checked monthly to ensure they are in working order. The key inventories were checked in the master control and the armory and were accurate.

The armory is small but clean and very well organized. It includes .223 caliber AR 15 rifles, 40 caliber Glock handguns, 12-gauge shotguns, 37 mm gas launchers and various non-lethal weapons. Firearms and gas canisters were kept in separate locked caged and cabinets. Staff must qualify annually on weapons. A list is posted that indicates the staff member, what weapon/s they are qualified on and the date they last qualified. All equipment for the emergency response team is issue from the armory. Also posted is a list of who can access the armory and the armorer's qualifications. Inventories were spot checked and accurate. Expired OCs and supplies are monitored and sometime used for training purposes or disposed accordingly.

Tools are etched with a tool number and stored on shadow boards. Tool issue is recorded on a tool log. Inmates are allowed to issue class B tools (less sensitive) but staff must issue class A tools (sensitive). Tools are accounted for at the beginning and end of each shift. Broken tools must have appropriate paperwork completed for replacement or disposal.

The tool issue room in maintenance is small but very organized. It was easy to verify issued tools from the shadow boards and inventory logs. Chemicals and flammables are stored in hazardous storage cabinets and are accurately recorded and accounted for.

There is a central chemical storage area for the facility that is kept neat and tidy. Chemical are issued daily to various areas of the facility including the laundry and returned at the end of the day. A very accurate account of the chemicals is maintained. Daily cleaning chemicals are dispersed through a dilution station into labeled bottles. Some of the labels on the bottles had worn off. The bottles with new labels were all replaced by the next day. The inmates and staff were very proud of the area. The auditor was impressed at how accurate the records were kept.

All employees and visitors enter through a main entrance manned by a security officer and controlled and monitored through the North tower. There is a biometric identification system in place for inmates, staff and visitors. All employees and visitors follow the Coronavirus (COVID-19) precautions for entering the facility, including the temporal temperature checks. The visiting committee found the process organized. They must also pass through a metal detector, their personal item screened through an x-ray machine and are subject to pat down searches.

There are “Main Line” stations on the hallways to help improve communication between staffs and inmates. This station is manned daily and allows inmates the opportunity to discuss their concerns with staff without going through the chain of command. This process provides for transparency, contributes positively to a safe facility and greatly reduces grievances.

#### Special Management and Restrictive Housing

DRU has written policies and procedures that governs the operation of Special Management Unit (SMU) and the Restrictive Housing Unit (RHU). There is a separate orientation book for the Restrictive Housing Unit (RHU). DRU operates a Restrictive Housing Unit (RHU) consisting of 12 single beds (ten-Maximum and two-Isolation) and 14 single cell punitive/investigation unit. There are also seven cells Special Management Unit (SMU)-Protective Custody. DRU does not participate in Extended Restrictive Housing program.

The visiting committee toured both the RHU and the SMU-PC and interviewed several inmates; there were access health care, basic personal items except when items pose imminent danger or induce self-injury. However, the visiting committee was concerned about some SMU inmates not provided with mattresses.

Living conditions in the RHU and the SMU-PC approximates those of the general inmate population.

They maintain acceptable level of personal hygiene and are provided with laundry, barbering, hair services and linen, clothing, bedding and clothing exchanges as inmates in general population. Documentations are maintained on activities and behavior and changes in services, including room checks. There is opportunity to exercise one hour/five days per week. There is access to visitation, legal materials, telephone privileges, educational services, commissary services, library services, social services, religious services and recreational programs. There are 20 recreational cages available for RHU inmates.

Staffs employed to work in the RHU, and the SMU-PC are provided with specialized training and rotated based on the intensity of the assignment. Meals are delivered to the cells as opposed to inmates eating in the inmate dining room. There is provision for alternative meal service.

The visiting committee reviewed log books and documentation regarding key staff member to ensure that health and well-being are maintained and found the records in compliance.

#### **Environmental Conditions:**

The facility was very clean and well lit. Maintenance of the physical plant was excellent, and the day-to-day operation was conducted in a quiet and orderly fashion. The lighting, airflow, and temperature controls were all within acceptable levels at the time of the audit. All facility buildings and inmates living areas are both heated and air conditioned.

The facility maintenance is staffed with one Supervisor, two Maintenance Staff, one Office Tool Officer, one Maintenance Sergeant and 16 inmate workers at the time of the audit.

There were some concerns about building foundation water leaks in Barack #7; the problem was being addressed at the time of the audit. DRU is a smoke-free facility.

The noise levels were extremely low throughout the facility. The movement in all areas did not reflect overcrowding. There was a good amount of activities going on in the living and program areas. Adequate toilets and washbasins were available. Water temperature appeared to be within acceptable limits as evidence by physical checks by the team and additionally, the team received no complaints from the inmates regarding water temperature. The grounds were well kept throughout the institution.

DRU has an effective recycling program for composts, cans, cardboard, pallets, and used motor oils from the vehicle maintenance shop.

**Sanitation:**

The DRU is clean and well maintained in all areas. Inmate workers/porters are responsible, under the direction of staff for cleaning the facility. Inspections by staff ensure the areas are maintained at a high level. Weekly safety and sanitation inspections are conducted by appropriate staff and are documented on inspection forms. Inmate housing units has a janitor/mop closet and there is cleaning supplies maintained on the units. There are eye wash stations in key critical areas of the facility. All chemicals are controlled and have proper SDS sheets readily available. The visiting committee team recommended the need to highlight all the SDS sheets (name of chemicals and the first aid section) for easy reference.

Staff and inmates are required to know the proper use and what to do in case of an emergency involving chemical and caustics. All staffs are trained on safety precautions. Personal hygiene items are available to inmates and staff. There is a housekeeping plan. Daily, weekly and monthly inspections are performed by facility staff and were made available for review. There are inmates assigned for cleaning the outside areas of the facility, such as sidewalks and the inner perimeter.

Facility grounds are well maintained and groomed. Safety and sanitation inspections are conducted annually, monthly, weekly, and daily. All floors were clean and polished. There was no smell of fresh paints. Offices were free of clutter, and grounds were free of trash. Vents, ceilings, and inmate's individual living areas were all clean.

DRU is on public water and sewage system. Waste management and pest control are provided by certified and/or approved vendors. Furnishing throughout the facility had appropriated fire-rating as required. The facility has a well-established housekeeping plan that outlines areas for cleaning on a daily, weekly and monthly basis.

**Fire Safety:**

DRU has a fulltime certified Fire and Safety Officer on staff. Weekly fire safety inspections are conducted by qualified staff with monthly inspections being conducted by the Fire and Safety Officer. Annual fire and safety inspections are conducted by the Arkansas State Fire Marshall. There are 110 fire extinguishers located in various areas inside and outside of the facility, with four replacements available.

There are ten self-contained breathing apparatus (SCBA) tanks located in the ADC/Jail Book-in Vestibule, Main Control, and Barracks Control Booths. A Simplex Fire Alarm System has been installed that ties into the automatic sprinkler system and the smoke and heat detectors; the Food Service area is equipped with a new Ansul Fire Suppression System in the kitchen area and staff dining area.

The facility is supported by Dermott Volunteer Fire Department located approximately three minutes/1.1 miles from the facility. Last fire inspection was conducted by the Arkansas State Police, Fire Marshall Office, Little Rock, AR on 8/15/2019.

All fire equipment is serviced as required and routine inspections are conducted by qualified staff. All areas of the facility have clearly marked and posted fire exits and emergency evacuation plans. All staff and inmates are well trained on emergency procedures and were able to verbalize to the visiting committee those procedures. Due to the custody level of the facility, fire drills are a combination of simulated and actual drills. Fire drills are conducted on all shifts quarterly as required by policy and documented accordingly.

The facility's fire plan is reviewed and approved annually is in compliance with all applicable state fire safety regulations. Smoke sensors are a combination of smoke and heat throughout the facility.

DRU has a 600 KW Caterpillar electric diesel generator with capacity of 2,000 gallon underground and 300 gallon above ground tanks. The Generator is tested full load quarterly and routine tested weekly. Inspection of outside security lights found all operational.

#### **Food Service:**

Food service is provided through ADC employees. At the time of the audit, there were 85 inmates assigned to food service with four supervisors to operate three shifts. Food service is through a "blind serving" where servers and inmates cannot see each other. Meals are served in a main dining hall for inmates; trays are prepared for segregated inmates and delivered to their housing area in the East Wing. Average cost per tray is \$1.49 per inmate. DRU follows a four week rotating menu. All inmates assigned to work in food service are housed separately and medically cleared before being assigned to work in kitchen.

Food service is equipped with one walk-in cooler, one walk-in refrigerator and one walk-in dry storage, a kitchen, food preparation area and a dining hall which has an inmate capacity of 85; inmates are allowed approximately 20 minutes to eat.

Temperatures of walk-in freezers and walk-in coolers met standards as verified by observation and logs reviewed by the visiting committee team. Dry goods are organized neatly with caustic substances properly controlled and logged. Foods items are dated and rotated and did not exceed expiration dates. Kitchen sharps and tools are properly shadow-boarded and logs matched counts.

Three hot meals a day are provided that are nutritionally adequate, properly prepared and served in pleasant surroundings.

There is an ADC diet manual that is reviewed annually by the Medical Director, and ADC Dietician Therapeutic diets are prescribed by the physician or dentist. There is provision to accommodate “Pork Free” menu.

Meal serving times are:

Breakfast: 3:00 a.m. - 4:30 a.m.  
Lunch: 10:00 a.m. - 11:30 p.m.  
Dinner: 3:00 p.m. - 5:00 p.m.

There is a separate dining room for officers/staff that is available 24 hours.

The visiting committee team on the second day of the audit ate a lunch meal of BBQ and baked chicken, pinto beans, mashed potatoes, green beans, pineapple cake diet peaches, cornbread and a choice of lowfat milk or koolade or tea and found the food to be tasty, reasonable portion size and temperature appropriate. Inmates interviewed were complimentary of the food service. The visiting team also verified that the same meals are served to employees and inmates. Cold/hot holding temperatures are appropriate.

### **Medical Care:**

Medical, dental and psychiatric cares for Dental Regional Unit (DRU) are provided through a contractual agreement with Wellpath.

According to information provided by the facility staff, there are a total of 12.85 FTE health services employees utilized in the healthcare delivery system for DRU.

The advanced provider staffing model for DRU consists of a 0.2 FTE physician medical director, 0.15 FTE Psychiatrist available through tele-health and an FTE nurse practitioner.

DRU is an ADA compliant facility. Barracks eight has a capacity of 66, which is designated as the handicapped barracks and provides a lift and bathroom facilities to accommodate inmate needs.

The nursing services staffing model allows for an FTE registered nurse, who is the Health Services Administrator and designated health authority for the facility, 8.2 FTE licensed practical nurses (2.6 vacancies), two FTE PRNs. licensed practical nurse positions, an FTE records clerk and an FTE certified nursing assistant.

DRU has a designated on-call system for a physician, dentist, psychiatrist, psychologist and mental health advisor to respond to emergency medical, dental and psychiatric telephone communication that occurs after normal working hours or on weekends and holidays.

The medical clinic is located off the facility's main hall, adjacent to the dining hall and is staffed by medical personnel 24/7. The medical clinic has a secure inmate waiting area with access to running water and a bathroom. The medical clinic has a well-equipped examination/emergency room, provider office/examination room, medication room, dental suite, medical record room and administrative offices. DRU does not have an infirmary. Inmates requiring infirmary level care are sent to the Arkansas Department of Corrections (ADC) infirmary at the Cummins Unit in Gould, Arkansas. Inmates requiring housing in a negative pressure room are sent to ADC Ouachita River Correctional Unit (ORCU) in Ouachita, Arkansas.

Prior to the fall of 2019, inmates submitted hand written inmate medical sick call request slips to communicate with the medical staff. During the fall of 2019, DRU installed a kiosk in each general population housing unit for inmates to communicate directly with the medical and mental health staff.

Inmates in restricted housing areas are seen twice a day by medical staff during segregation visits and inmates submit their medical sick call requests directly to the nurse at that time. Once each shift the nurse will access the kiosk and open the cue for pending medical and dental requests. The nurse will assign each sick call a triage number per published Wellpath nursing triage protocol: #1 indicates an urgent or emergent sick call and is responded to within 24 hours, #2 indicates an important sick call requiring the inmate be seen within 48 hours, #3 describes a sick call request that can be addressed within 72 hours and #4 suggests an administrative review that can be addressed with kiosk communication between the inmate and the nursing staff.

Nursing sick call is triaged by a licensed practical nurse seven days a week and nursing sick call is conducted five days a week by a licensed practical nurse. A lay-in report is published and distributed to the housing units Monday through Friday to communicate which inmates have an appointment to be seen in the medical clinic. DRU has been transitioning to an electronic medical health record in the Electronic Offender Management System (eOMIS). Nursing sick call entries are documented in the electronic health record following Wellpath nursing protocol guidelines, which provide structure to the nursing assessment.

During the facility intake process, inmates are advised verbally and in written format of the Arkansas Department of Corrections fee for service policy. There is \$3.00 co-pay for self-initiated medical and dental health care services and a \$3.00 co-pay for health care services provided due to a fight, sport injury or self-inflicted injury not associated with mental illness.

Inmate interviews conducted during the course of the reaccreditation audit affirmed sick call requests are responded to within 72 hours and all, but one inmate indicated that they were satisfied with their access to care and the care being provided. The medical auditor reviewed the medical file of the inmate who was dissatisfied with his health care and was satisfied that the care was appropriate.

There was one letter sent to ACA that detailed an inmate's dissatisfaction with his medical care provided. At the time of the reaccreditation audit the inmate was no longer at the facility.

The nurse practitioner is on-site Monday through Friday 1630-0030 to conduct sick call and chronic care visits. The medical director is on-site as needed to assist and supervise the nurse practitioner. Wellpath arranges chronic care visits with physician specialists via tele-health through a licensed zoom account that interfaces with chronic care specialists in the Arkansas Department of Corrections North Central Unit in Calico Rock, Arkansas by protocol and as clinically appropriate.

The facility medical staffs respond to emergencies with a well-equipped emergency bag that includes Narcan, AED, suction and oxygen. The unit has a stretcher and wheelchair that can be used for patient transport if necessary. A spot check of the emergency bag indicated all supplies were in date, well organized for ease of use and appropriate for the types of emergencies most commonly encountered in the facility. Discussion with facility staff indicates that the most common emergencies are seizures and chest pain. Medical staff receives first aid and CPR training bi-annually and participate in mock code drills quarterly. Medical staff participates in quarterly fire drills and disaster drills. Discussion with facility staff indicate the last disaster drill was conducted on 3/11/20. It was a table top drill on how the facility would respond to an outbreak of the COVID-19 virus in the facility. The drill included topics such as, but not limited to, how to deal with staff shortages, how the staff would sanitize the various areas in the facility, how the facility would quarantine and care for inmates infected with the virus, how the facility would feed persons in quarantine, and how to minimize traffic coming in and out of the unit.

Inmates requiring emergency services outside the scope of practice of the on-site practitioners are transported by ambulance to McGehee-Desha County Hospital, approximately ten miles, away or Delta Memorial Hospital, approximately 25 miles away. Elective hospitalizations and procedures are scheduled at the Arkansas Department of Corrections Hospital at the Ouachita River Correctional Unit, approximately 128 miles away in Pine Bluff, Arkansas.

Inmates being assigned to restrictive housing units are taken to the medical clinic, where they are screened by the medical staff. A copy of the screening examination is maintained in the inmate's eOMIS medical record. Medical staff makes restrictive housing visits twice a day, which is documented electronically in eOMIS. Discussion with facility staff indicates the nurse visits each inmate in restricted housing cell-side and asks if he is ok and requires the inmate make a gesture acknowledging the nurse's presence; sick call requests are accepted at that time and the nurse documents the visit electronically in eOMIS.

Wellpath contracts with Diamond Pharmacy for on-site pharmacy services. There is a designated medication room in the medical unit that has a window that opens to the facility main hallway across from the dining hall.



During the reaccreditation audit, the medication room was inspected and found to be clean and well organized. A spot check of medication storage areas did not indicate any evidence of outdated or improperly stored medications. A random inspection of medication control practices identified no deficiencies. A random audit of needles, syringes, and instruments indicated excellent accountability practices. There was evidence of quarterly pharmacy inspections in the reaccreditation files. Medications are available to the inmate population as keep-on-person individual medication blister cards and directly administered medication by the nurse at the pill window. Medication administration hours are 4:00, 12:00, and 8:00. Diabetic pill call is 3:30 and 2:30. The nurse administers medications cell-side to inmates assigned to restrictive housing units. Medication administration is documented electronically in eOMIS.

### Dental

The dental staffing model for DRU consists of a 0.6 dentist, 0.6 dental assistant and a 0.15 dental hygienist. The dentist and dental assistant are on-site Monday and Tuesday 6:00 to 6:00. The dental hygienist is on site every other Thursday. A spot check of the dental instruments was done, and no discrepancies were noted. There is an autoclave in the dental suite and a review of weekly spore testing was conducted and all required documentation was available. Discussion with facility staff indicated a memo dated 3/16/20 from the Chief Dental Officer for Wellpath indicating dental services would be limited to sick calls and trauma due to the potential of transmission of COVID-19 in aerosolization of fluids occurring in treatments being rendered. Dental hygienists were instructed to perform cleanings with hand instruments only. A review of the dental wait list indicated there was only a one week wait list for any dental services.

An Optometrist is contracted with to come on-site every other month to provide eye exams to the inmates.

Laboratory services are provided through a contractual arrangement with LabCorp. Facility medical staff collects and prepare all ordered medical laboratory specimens and place them in a box outside the secure area of the prison for pick up by LabCorp courier. Laboratory specimens are transported to LabCorp for analysis Monday through Friday and the report of analysis is dropped into eOMIS electronically for review by the ordering practitioner.

Radiology services are provided through a contractual agreement with Express Mobile. This contract was effective December 2019. Express Mobile comes on-site every Thursday and as needed. The results of the radiology examinations are transmitted to the facility by facsimile as Express mobile is still working on an interface with eOMIS.

Stericycle is contracted with for the removal of biohazards waste materials.

## Mental Health

Wellpath provides a 0.15 FTE Psychiatrist to the facility for inmate psychotropic medication management by tele-health.

Mental health services are provided by Arkansas Department of Corrections Mental Health Services Division staff. The designated mental health staff are bachelor level staff titled “advisors”. A psychologist is on-call for the facility and is on-site for supervision and consultation with the advisors 1-2 times a month. The staffing model for the mental health services is 2 FTE Advisors. The mental health advisors are on-site Monday-Friday 0800-1630. Inmates communicate with mental health staff by submitting sick call requests through the Kiosk located in each housing unit. Mental health staff provide group counseling to inmates, crises management, individual counseling with on-call psychology staff, comprehensive mental health evaluations as required by protocol with on-call staff and do cell side restricted housing visits three times a week.

Inmates identified as being in crises by security staff during normal working hours are referred to mental health staff that will assess the inmate utilizing the Columbia-Suicide Severity Rating Scale (C-SSR), review the inmate’s behavioral, medical and psychiatric history and will consult with the psychologist. There are two levels of treatment precautions available:

- a. The first level is the Restriction Status (Therapeutic Seclusion) has inmates placed in Restriction Status for 72 hours. At this level, some restriction on the inmate’s movement or access to items of potential harm are deemed necessary to ensure the safety of the inmate or others as the inmate is deemed to be at risk to harm himself or others. The inmate is placed in a suicide/observation cell, and if deemed necessary, given a paper gown. The inmate is visited by mental health twice the first day of placement in Restriction Status and daily thereafter. The inmate is reevaluated within 48 hours. Security staff will check the inmate at random 15-minute intervals and document their observations. After normal working hours the security staff is allowed to place the inmate in a secure area and the mental health advisor is called and responds to the facility to evaluate the inmate.
- b. The second level is the Restraint Status (Restraint Chair). This treatment precaution is allowed by policy but not practiced in this facility. Inmates requiring Restraint Status treatment precautions or inpatient hospitalization are sent to Ouachita River Correctional Facility. A Psychological Autopsy is performed after a successful suicide attempt.

- c. Discussion with facility staff indicates that two licensed psychologists not associated with the facility would review the inmate's medical, mental health and security records and activities prior to his suicide and complete the Psychological Autopsy Form within 30 days of the suicide.

### **Recreation:**

DRU has a fulltime Recreation Supervisor. Inmates are trained as recreation assistants. Recreation is provided to all inmates seven days per week. Yard call schedules may vary dependent upon security and weather conditions. Additional yard calls are conducted during the evening hours of daylight-saving time as coordinated by the Recreation Supervisor.

Special recreation events as coordinated by the Recreation Supervisor can include the following: Winter season: domino, chess, checkers, basketball, handball and ping pong tournaments. Summer: basketball, softball, homerun derby, horseshoes, sack races, team relay, and 50-over tournaments.

The outdoor recreation area for general population covers 62,520 square feet and an indoor gymnasium measuring 5,980 square feet with heating and cooling units. Softball field and volleyball areas are included and provide for routine sports events with participants from throughout the facility. Single-man recreation units are provided for inmates in the Maximum-security area.

DRU has a work/hobby craft leisure activity programs. An area is provided in Class I for inmates who are eligible to make leather goods, wood products and other handmade items. There are 13 inmates participating in the program at the time of the audit. Work craft hours are from 5:00 p.m. to 9:00 p.m. from Monday through Thursday, 7:00 p.m. to 11:00 p.m. on Fridays and 8:00 a.m. until 11:00 p.m. weekends and holidays. In addition, there is an art craft leisure program consisting of 33 inmates at the time of the audit, and producing paintings, drawings, bracelets, beads and cards. Inmates must be disciplinary free to participate in these leisure activities. Supplies are obtained through prescribed vendors. Inmates can profit from these crafts by selling the items during visitation period or through contracts. This opportunity provides inmates the avenue to have some spending money and to help develop entrepreneurial spirit.

The visiting committee recommended that procedures to be put in place to ensure that gymnasium equipment, including basket balls are sanitized after each use.

### **Religious Programming:**

DRU has a full-time Chaplain (Not Ordained) on staff. The religious programing is supported with one inmate porter, one volunteer (ordained) inter-denominational Chaplain and 30 volunteers (five-active/badged and 25 non-badged).

DRU has a small chapel located in the main hall, however, free-world services are conducted in the visitation area with approximately 100 participants. The Chaplain and volunteers provide religious services, pastoral counseling, study groups, revivals and other special events including the Thread of Hope Recovery similar to the Alcoholics Anonymous Program. There are 24 religious faiths.

The chaplain approves religious diets and faith change requests and solicit donations. There are ample supplies of various religious books to accommodate other faiths. There is no outside prayer ground.

DRU provides baptism and coordinates marriage services. Inmates must be Class 1 to submit a marriage request.

Religious services are conducted as follows:

- Sunday Service/Chaplain Shockey, 7:00 a.m. - 8:00 a.m.
- Tuesday Night Free World Service, 7:00 p.m. - 8:30 p.m.
- Thursday Service/Denominational Studies, 7:00 p.m. - 8:30 p.m.
- Friday/Jumu'ah Prayer, 1:00 p.m. - 2:00 p.m.

Free-world volunteers from various faiths conduct most services, with special services being conducted throughout the year as requested and approved. Services include: Church of Christ, Baptist, Nondenominational, Pentecostal, Faith Fellowship, Victory Prison Ministry, Presbyterian, Church of God in Christ, African Methodist Episcopal, Baptist, Taleen Classes, Jumah Prayer, and Bikers for Jesus. The chaplaincy program hosts two revivals per year, one of which is the Bikers for Jesus Motorcycle Rodeo which is scheduled in the spring, beginning on Friday evening and ending on Sunday.

The PAL Program (character and bible-based) open to all inmates focuses on incarcerated individuals as holistic individuals who have psychological, educational, physical, and spiritual needs. The PAL Program seeks to address, through educational and group sessions, all of these elements from a faith based perspective. Principals and Applications for Life (PAL) Program is being conducted by a three free-world volunteers as well as the Chaplain three half-days a week with approximately 24 participants for 12 months.

Think Legacy is a six to eighteen month voluntary program that focuses on employability, family reunification, cognitive behavior therapies, anger management, substance abuse, parenting, thinking errors, victim impact, budgeting, credit building, and other areas. At the time of the audit, there were 22 inmates in the program. There are tablets available for the program.

Part of the "Think Legacy" programs includes the Workforce Alliance for Growth in the Economy (WAGE) consisting of nine inmates at the time of the audit.

WAGE is a work readiness program administered by the Adult Education Division of the Arkansas Department of Career Education. The program is designed to ensure that unemployed and underemployed Arkansas have the skills necessary to be successful in the workplace. WAGETM includes 112 basic skills competencies based on the Secretary's Commission on Achieving Necessary Skills (SCANS) which have been determined as essential by the nation's and Arkansas' employers. There are six computers assigned for the WAGE. Certificates are issued through the Adult Education at the end of the programs.

Literacy is supervised by the Chaplain with approximately seven inmate tutors working one-on-one with seven inmate students.

### **Offender Work Programs:**

ADC-DRU does not pay wages to inmates. Inmates are provided with meritorious good time. Basic work opportunities are available for the majority of inmates confined at the DRU. Jobs include the following:

#### Regional Maintenance

This work force operates in the surrounding communities and counties aiding in clearing ditches, cleaning up over-grown cemeteries, picking up trash after events and along highways, maintenance of state and county parks, demolishing buildings and natural disasters. This work force was instrument in sand-bagging during the 2017 levee breach. This work force consists of 36 inmates.

#### Utility/landscape

This work force operates in and around the compound to maintain grounds, pick up litter and maintain ditches.

#### Vegetable Garden

This work force prepares the gardens by tilling soil, planting vegetable seeds, weeding the garden and harvesting the produce for Unit consumption. They produce Okra, Potatoes, Cumbers, Turnips, zucchinis and peppers. In 2017, 9,000 tons was produced, 22,000 tons in 2018 and 44,000 tons in 2019 approximately. The production serves to supplement food cost. The excess produce is delivered to other facilities. DRU has a pesticide license.

#### Maintenance

This work force provides upkeep and repair of the unit's physical plant and surrounding buildings.

### Horse Barn

This work crew maintains the Field Officers' horses and tack. Work consists of shoeing horses to stacking hay/feed in the barn and cleaning the stalls. The Horse Barn consists of 13 horses used by Field Officers. There is an annual contract with a local veterinarian to inspect the horses. Staffs are trained to administer basic medications, including injections. Tools and sharps accounts were accurate.

### Inmate Care and Custody (ICC) Garage

This work force consists of experienced inmate in the maintenance of vehicles, lawn mowers and equipment. The facility vehicle consists of three 15-passenger vans, three cars, five trucks and one 36-passenger bus. Vehicles have fire extinguishers, roadside emergency kits and necessary insurance documents. Tools are engraved, inventoried and shadow-boarded. There is a process to dispose used oil, oiled-rags and chemicals. There are available flammable containers.

### Food Service

This work crews ranges from cooks to dish washers and providing a quality meal in a clean environment. The food service work crews are housed separately.

### Domestic

This work force operate the unit compound in performing various skilled services for the unit and on-post housing facilities assigned to unit administrators.

Other work assignment includes Laundry, Inside Utility, Administrative Porters, Barber Shops (inmate and staff), Librarian, and Industrial Janitorial and Supply.

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

DRU education program (The Delta Regional School) is accredited by the Correctional Education Association for the period of July 1, 2018 through June 30, 2021. The school is staffed with a principal and four full-time certified teachers. There are three classrooms, a resource room, and a computer lab to enhance learning techniques, additional office space, and storage. The classrooms are equipped with smart boards. Every inmate without a GED is automatically enrolled in educational programming and students with special needs are individually assisted by instructors.

The school offers a day educational program allowing for scheduling flexibility, which includes a GED program.

There were 106 GED graduates from Delta Regional Unit in the 2016-2019 academic year (34 in 2016-17, 38 in 2017-18 and 34 in 2018-19), with 125 students enrolled this semester. Students with special needs are identified by the instructors. Special materials are utilized to enhance their classroom activities. Inmate tutors are used for one-on-one instruction.

The school offers correspondence college courses offered through the Shorter College and the Arkansas State University. Students who wish to take the correspondence courses are allowed to do so with the approval of the Warden and at their expense. Students can also apply for a Second Chance Grant in order to fund their coursework.

### **Social Services:**

Social services include guidance and counseling services, and comprised of Mental Health Professional to provided individual psychotherapy, case management, developing individualized service plans, continuity of care planning, crisis intervention and counseling, anger management classes, psychological evaluations, substance abuse, alcoholics anonymous discharge planning and re-entry classes that are character and faith-based.

DRU participate in PAL Program that focuses on incarcerated individuals as holistic individuals who have psychological, educational, physical, and spirituals needs. In addition, there is the “Think Legacy” Program to help reduce recidivism by promoting social skills development, job readiness skills, and awareness of community resources, and connection to free world mentors for a successful and permanent reentry into the community.

Inmates are provided commissary/canteen and mail services. Inmates are allowed \$100.00 commissary purchases every two weeks. Commissary hours are form 8:00 a.m. - 4:40 p.m. (Monday - Friday) and supported by five inmates. Commissary is managed by the State, orders received every two weeks through a sourced vendors. There is a program to accommodate indigent inmates in commissary and mail services.

DRU has a policy that governs the delivery of mails and packages. The mail room is located in the administration area and supported by one F/T Mail Room Clerk. Mails are picked up and delivered to the facility. Incoming/outgoing mails are screen for contrabands and delivered to inmates daily except on weekends and holidays. Inmates can utilize the Kiosk for Request for Sick Call, commissary and Mental Health request.

The Visiting Committee team received no complaint regarding mail services, telephone services or canteen. There are barber services available for the inmates with an established schedule and good tool inventory and sanitizing procedures.

**Library Services:**

The facility library is managed by the ADC staff librarian who is responsible for multiple facilities. Inmate workers at DRU are trained and receive certificates in order to work in the facility library. The general library is supported with two inmate Library Clerks. There are book carts available.

The library consists of 6,573 volumes book. The library is well organized and holds a significant number of hardcover, fictions, magazines, newspaper, paperback books, large print books, periodicals and other media, including book repairs. There is available interlibrary loan process with the State of Arkansas Library.

Library hours are from 7:30 a.m. to 9:30 p.m., Monday to Friday. Inmates in the Restricted Housing has access to library services.

The law library is supported with two inmate Law Library Clerks. Law books for all Arkansas and Federal rulings are available and the law clerks have access to West Law online. The Law Library clerks are available for typing legal documents that are required by the court to be typed. Inmates in segregation can either receive materials requested in writing or may be allowed to access the library with an approved pass, one day per week.

**Visitation:**

DRU has a contact visitation area. Contact visitation for general population is Saturday and Sunday from 12:00 p.m. until 4:00 p.m. Class I inmates may visit every Saturday or Sunday and Class II through IV inmates may visit every other Saturday or Sunday. Inmates on punitive status are permitted no-contact visitation for two hours once a month (calendar). Protective Custody visitation is held from 7:30 a.m. to 11:30 a.m. Four visitors are allowed during any one visit, including children. Children 12 years of age or younger may be allowed to visit only when accompanied by an adult. The visitation room has an area for the provision of refreshments and snacks.

Visitors are prescreened and entered into the bio-metric identification system if approved. All employees and visitors follow the Coronavirus (COVID-19) precautions for entering the facility, including the temporal temperature checks. They must also pass through a metal detector, their personal item screened through an x-ray machine and are subject to pat down searches. There is a plan to restrict visitations only through video visitations due to the Coronavirus (COVID-19) pandemic.

Special visits may be approved in advance for those traveling from out of the local area. Non-contact visits are available for those inmates in the RHU. There are available nine non-contact visitation rooms. Attorney non-contact visits also take place by appointment during weekdays.



## **Laundry:**

Laundry is centralized at the DRU. Duties include sorting of clothes, washing, pressing and sewing torn garments. Laundry is picked up, laundered and returned to the barracks daily. Linens are laundered weekly. The laundry service is supervised by an officer. There are over 20 inmates assigned to the laundry.

Replacement clothing and clothing repairs are done by “Request for Interview” slips that are available in all housing units. The laundry was in operation during the visiting committee team’s facility tour and appeared very well organized and efficient. The laundry utilizes three commercial washers (300 lbs. capacity each), three commercial dryers (500 lbs. capacity each) and four pressers to accommodate the needs of 615 inmates. DRU-Laundry utilizes powdered chemicals.

The laundry and storeroom are very clean, organized and well stocked. Chemicals were properly logged, and inventory amounts matched the entries. Inventory on sewing machine needle counts was verified accurate. SDS books outlined chemicals utilized with an easy to locate index. The laundry has an eye wash station.

Inmates working in the laundry were knowledgeable and seemed pleased to be assigned there for work. One of the impressive observations was that inmates were given pressed uniforms for the upcoming Parole Board hearing and for visits on weekends.

## **E. Examination of Records**

Following the facility tour, the team proceeded to the administration conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. DRU utilized electronic files for this audit and the files were well prepared. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

### **1. Litigation**

The Delta Regional Unit did not have had any class action lawsuits, consent decrees or adverse judgments since the last audit cycle.

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

#### **Significant Incidents**

During reporting period March 2017 to February 2018 there was one inmate escape on June 20, 2017 due to lapse of security during a work program.

The facility identified areas of concern and made recommendations for improvement of procedures. These areas have been identified and corrected. In addition, there was one inmate death by suicide during this reporting period on March 29, 2017.

During reporting period March 2019 to February 2020 there was one inmate death by suicide on September 29, 2019. This is a jail detainee contracted through the Chicot County Regional Jail.

### Outcome Measures

The medical auditor reviewed the medical outcome measures for the three-year reaccreditation audit from March 2017 through February 2020 and felt that they were reasonable for the size and mission of the facility with the exception of the following.

1A (12) The number of specialty consults ordered and completed within the last 12 months. This outcome measure has improved every year of this audit cycle, but the percentage of completed consults from March 2019 to February 2020 remains at 75%. Discussion with facility staff indicate that consults ordered and completed are added each month. Many of the consults ordered are for chronic care visits or follow up visits with specialists that are scheduled 3, 6 or 12 months out and inmates are released during that time. A review of transportation logs did not suggest a back log of appointments. It was suggested this would be a good aspect of care to explore in a QI study.

1A (13 and 14) The number of diabetic and hypertensive inmates that were not in good control is a rather consistent number of 26-30%. Discussion with facility staff indicates many of the inmates on chronic care medication have “keep on person” medication for self-administration. They also have special diets ordered for them but may elect to select a regular diet each meal if desired. Lastly, there is no restriction on commissary items bought.

2A(4) The number of direct care staff tested for TB infection this past 12 months was 0 compared to 168 and 155 in the previous audit years. Discussion with facility staff indicate that, with the approval of the health department, direct care staff now have annual TB symptom screening as opposed to TB tests and chest x-rays, unless clinically indicated.

There were two deaths during year one of the three-year audit cycle. One was a suicide and one cardiac death secondary to an underlying chronic condition. There were no deaths during the second year of the audit cycle and there was one death during the third year of the audit cycle, which was a suicide by a jail inmate being housed in the facility. All deaths had a comprehensive mortality review and were discussed in administrative and staff meetings to review any areas of concern and or make recommendations for improvement in procedures or performance.

A psychological autopsy was not performed on the suicide event noted in year three of the reaccreditation audit cycle as the inmate was not considered to be a prison inmate and was not carried on the facility inmate count.

### 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>
<u>March 17, 2020</u>	
Administration	Christopher Budnik, Warden Linda Dykes, Deputy Warden Pamela Burke, Accreditation Manager Kathy Gladden, Business Operations Manager Beverly Cokley, Warden's Administrative Assistant
Human Resource Department	Mandy James HR Manager
Security	Kim Lumm, Captain-Field, ICC Regional Maintenance Marylyn Washington, Corporal Johnathan Taylor, Emergency Preparedness Lieutenant Percy Arnold, Chief of Security Michael Moseley, Armory Sergeant Shamon McFadden, Classification Officer Marjorie Johnson, Corporal Serena McCoy, Tool Control Officer/Disciplinary Officer Gary Nalls, Disciplinary Officer/Work Craft Supervisor Oscar Green, Admin Review Officer
Barracks #7	67 Inmates
Barracks #2	Delania Burchfield, CO II 5 Inmates
Barracks #3	Drashun James, CO II 3 Inmates
School	Patricia Tabb, School Principal
Library /Law Library	5 Inmates

Medical	Jennifer Hadley, Director of Nursing Monica Adams, LPN Kimberly Hofmann, Regional Health Services Manager Sharon Harston-Young, CAN Brenda Still, LPN
Dental	Abby Culverhouse, Dental Assistant
A-Pod, Max and ISO	Carla Neal, Security Sergeant 12 Inmates
Records	Lisa Bass, Records Supervisor
Maintenance	Gene Phillips, Maintenance Supervisor Garvin Owen, Maintenance Assistant Supervisor 4 Inmates
Chapel	Toni Shockey, Chaplain 1 Inmate
Mental Health	Donald Compton, Rehab Program Manager Lisa Thrower, Mental Health Luberther Bailey, Mental Health
Dining Hall	Delton Gladden, Corporal Evan Thomas, Cadet (OJT) I'zanae Henderson, Cadet Destiny Temple, Cadet
Kitchen	14 inmates Martha Block, Food Preparation Supervisor
Gymnasium	Keitrich Wade, Recreation Supervisor 3 Inmates
Laundry	Russell McCrimmon, Sergeant 4 Inmates
Program-Think Legacy	Shelia Allen, Program Coordinator 22 inmates
D-Pod (East Wing)-PAL Program	10 Inmates
B-Pod (East Wing)	1 Inmate
Max Unit (East Wing)	3 Inmates
Jail (Contracted)	1 Inmate
Commissary	2 inmates Monica Terry, Commissary Manager

March 18, 2020

Armory	Shondreka Cooper, CO II/Key Control Michael Moseley, Sergeant Supervisor of Key Control and Armory
Tools Maintenance	Darren Rawls, CO II Marjorie Johnson, CO II Maintenance Tool Control
Laundry	Russell McCrimmon, Sergeant-Laundry Supervisor 1 Inmate

March 19, 2020

Mail Room	Danielle Knight, Mail Room Supervisor
Security	Lanette Britt-Wolf, Mail Room Percy Arnold, Chief Security Officer Kim Lumm, Captain-Field, ICC Regional Maintenance Stanley Smith, Captain- Building Andre Williams, Captain-Building
Work Craft Shop	4 Inmates
Art Craft Shop	2 Inmates
Barber Shop-Staff	1 Inmate

4. Shifts

a. Day and Evening Shifts

DRU operates two main 12-hour shifts in the security and the clinic. The security shift is from 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m., and the clinic shift is from 7:00 a.m. to 7:30 p.m. and 7:00 p.m. to 7:30 a.m.

The visiting committee team was present at the facility on the first day of the audit from 6:30 a.m. to 7:47 p.m., the second day from 7:36 a.m. to 7:40 p.m. and the third day from 7:45 a.m. to 12:10 p.m. to observe both day and the evening shifts. The team observed shift changes, programs, pills passes while the rest of the security and medical staffs were busy taking care of the inmates. The briefing was mutual and participatory. The team briefly introduced themselves and discussed the purpose of the audit and matters pertaining to the audit.

The team emphasized the importance of the night shift in the overall security footprint of the facility. There were approximately 26 security staffs excluding the supervisors on each security shift.

The team reviewed post orders for updates and signature acknowledgements and found it current. The facility was calm and orderly. There was no outside security lights out. The staffs observed were alert, appeared well trained for the duties they were assigned, and were professional, and courteous.

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

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following: There was no standard found.

**G. Interviews**

1. Offender Interviews

The visiting committee team interviewed and spoke to approximately 165 inmates who stated that they generally felt safe in the facility and were treated fairly by staff. Their basic needs were being met and they felt that they were making positive progress towards eventual and successful release. They also felt that their basic medical needs were being met.

There were limited complaints about quality of food, commissary, mail service, recreation, reading materials/access to the library and legal assistance and sick call process. They have ready access to sick call process and were aware of the grievance process. Inmate morale appeared to be good and they were cooperative, respectful and were aware of the audit, and participated in the preparation for the audit. The team did not experience any kind of tension. Inmates felt that staffs are helpful and concerned about their safety and wellbeing. Inmates felt that the facility is managed in a professional manner and acknowledges the Warden and the executive team.

There were three inmates that wrote letters to the ACA regarding various concerns they had with the facility; the team verified and discussed the letters with the Warden. However, those inmates have been transferred out of the facility.

2. Staff Interviews

The visiting committee team interviewed and spoke to approximately 80 staffs and observed them in the performance of their duties. The team observed structured security/medical shift change briefings. Staffs were polite, cooperative, and conducted themselves in a professional manner.

There was a normal working relationship between medical, dental, mental health, programs and security, and communication flowed freely. Gender and ethnic diversity was good, and morale also appeared to be good. Staff indicated that their training were excellent and are applicable to their positions and job needs. No complaints were brought to the team and no staff asked for a private interview.

It was clear that staffs took ownership for their specific areas and were proud of the facility. Staffs were complimentary concerning the administration. No staff reported that they do not feel safe at the facility. The staff applauded the use of the standing mainline to listen to the inmates and the use of the Field Training Officers (FTOs) to mentor young officers for effective communication and staff retention.

## **H. Exit Discussion**

The exit interview was held at 12:10 p.m. in the visiting room with the Facility Warden and 54 staff in attendance.

The following persons were also in attendance:

1. William Straughn-Deputy Director, Division of Corrections
2. Dexter Payne-Director, Division of Corrections
3. Kim Hoffman-Central Office Medical
4. Dale Reed-Deputy Director, Division of Corrections
5. Sandra Kennedy-ACA Central Office
6. Bryan Brown-Fire & Safety Coordinator
7. Shelli Maroney-ACA Central Office
8. Donald Compton-Mental Health
9. Tammy Robertson ,Unit Accreditation Specialist – Pine Bluff Unit
10. Mary Allen, Unit Accreditation Specialist- Cummins 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

**COMPLIANCE TALLY**

<b>Manual Type</b>	Adult Correctional Institutions, 5 <sup>th</sup> Edition	
<b>Supplement</b>	N/A	
<b>Facility/Program</b>	Delta Regional Unit	
<b>Audit Dates</b>	March 17 - 19, 2020	
<b>Auditor(s)</b>	Ernest Umunna, Chairperson Tamera Williams, Member Marmie Schuster-Walker, Member	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	64	509
Number Not Applicable	4	50
Number Applicable	60	459
Number Non-Compliance	0	0
Number in Compliance	60	459
Percentage (%) of Compliance	100%	100%
<ul style="list-style-type: none"> <li>• Number of Standards minus Number of Not Applicable equals Number Applicable</li> <li>• Number Applicable minus Number Non-Compliance equals Number Compliance</li> <li>• Number Compliance divided by Number Applicable equals Percentage of Compliance</li> </ul>		



COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Delta Regional Unit  
Dermott, Arkansas

March 17 - 19, 2020

Visiting Committee Findings

Mandatory Standards

Not Applicable

**Standard 5-6A-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:

Delta Regional Unit does not house female inmates.

**Standard 5-6A-4362**

INTAKE MEDICAL SCREENING FOR OFFENDER TRANSFERS, EXCLUDING INTRA-SYSTEM, COMMENCES UPON THE OFFENDERS 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 AND MENTAL ILLNESS
- 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 (FEMAL ONLY); AND OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN
- ANY PAST HISTORY OF MENTAL ILLNESS, THOUGHTS OF SUICIDE OR SELF-INJURIOUS BEHAVIOR ATTEMPTS

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, 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:**

Delta Regional Unit is not an Intake facility. Intake screening is conducted at the Ouachita River Correctional Unit.

**Standard 5-6A-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

FINDINGS:

Delta Regional Unit is not an Intake facility. Intake screening is conducted at the Ouachita River Correctional Unit.

#### **Standard 5-6A-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, PSYCHOEDUCATIONAL GROUPS AND CLASSES OR SUPPORT GROUPS
- REVIEW OF HISTORY OF SUBSTANCE USE AND TREATMENT
- REVIEW OF EDUCATIONAL AND SPECIAL EDUCATION HISTORY
- REVIEW OF HISTORY OF SEXUAL OR PHYSICAL ABUSE-VICTIMIZATION AND PREDATORY BEHAVIOR AND/OR SEXUAL OFFENSES
- REVIEW OF HISTORY OF SUICIDAL OR VIOLENT BEHAVIOR
- REVIEW OF HISTORY OF CEREBRAL TRAUMA OR SEIZURES
- ASSESSMENT OF CURRENT MENTAL STATUS AND CONDITION, SYMPTOMS, CONDITIONS, AND RESPONSES TO INCARCERATION
- 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 USE 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:**

Delta Regional Unit does not participate in intersystem offender transfers, and the DRU is not an intake facility.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Delta Regional Unit  
Dermott, Arkansas

March 17 - 19, 2020

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard 5-1C-4059**

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

FINDINGS:

ADOC employees are not covered by Merit Systems, Civil Service regulations or Union Contracts.

**Standard 5-2B-4125**

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). THE PHYSICAL PLANT DESIGN FACILITATES PERSONAL CONTACT AND INTERACTION BETWEEN STAFF AND INMATES.

FINDINGS:

Delta Regional Unit was not constructed after Jan. 1, 1990.

**Standard 5-2B-4128**

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

FINDINGS:

Delta Regional Unit was not constructed after Jan. 1, 1990.

**Standard 5-2C-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:**

Delta Regional Unit was constructed in 1990.

**Standard 5-2C-4138-1**

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

**FINDINGS:**

Delta Regional Unit was constructed in 1990.

**Standard 5-2C-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:**

Delta Regional Unit was constructed in 1990.

**Standard 5-2C-4143**

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

**FINDINGS:**

Delta Regional Unit does not house inmates who cannot perform basic life functions.

**Standard 5-2C-4144**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE EDUCATION, EQUIPMENT AND FACILITIES, AND THE SUPPORT NECESSARY FOR INMATES WITH DISABILITIES TO PERFORM SELF-CARE AND PERSONAL HYGIENE IN A REASONABLY PRIVATE ENVIRONMENT.

**FINDINGS:**

Delta Regional Unit does not house inmates with disabilities that require self-care and personal hygiene.

**Standard 5-2D-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:**

Delta Regional Unit has had no renovation, addition or new construction after June 1, 2008.

**Standard 5-2D-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:**

Delta Regional Unit was built in 1990.



**Standard 5-2D-4149**

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

**FINDINGS:**

Delta Regional Unit was built in 1990.

**Standard 5-2D-4151**

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). CIRCULATION IS AT LEAST 15 CUBIC FEET OF OUTSIDE OR RECIRCULATED FILTERED AIR PER MINUTE PER OCCUPANT FOR CELLS/ROOMS, OFFICER STATIONS, AND DINING AREAS, AS DOCUMENTED BY A QUALIFIED TECHNICIAN AND SHOULD BE CHECKED NOT LESS ONCE EVERY 3-YEAR ACCREDITATION CYCLE.

**FINDINGS:**

Delta Regional Unit was built in 1990.

**Standard 5-3A-4181**

WRITTEN POLICY, PROCEDURES, 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:**

Delta Regional Unit does not house female inmates.

**Standard 5-3A-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:

Delta Regional Unit does not house female inmates.

**Standard 5-3A-4208**

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

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

FINDINGS:

Delta Regional Unit does not have a canine unit.

**Standard 5-3A-4209**

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

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

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

FINDINGS:

Delta Regional Unit does not have a canine unit.

**Standard 5-3A-4210**

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

FINDINGS:

Delta Regional Unit does not have a canine unit.

**Standard 5-3D-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:

Delta Regional Unit does not house female inmates.

**Standard 5-4B-0033 (New)**

FEMALES INMATES DETERMINED TO BE PREGNANT WILL NOT BE HOUSED IN EXTENDED RESTRICTED HOUSING.

FINDINGS:

Delta Regional Unit does not house female inmates and/or participate extended restricted housing.

**Standard 5-4B-0034 (New)**

CONFINEMENT OF OFFENDERS UNDER THE AGE OF 18 OF AGE IN RESTRICTIVE HOUSING IS PROHIBITED.

FINDINGS:

Delta Regional Unit does not house youthful offenders under the age of 18 and/or participate extended restricted housing.

**Standard 5-5A-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:**

Delta Regional Unit is not a reception center for new admissions.

**Standard 5-5A-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:**

Delta Regional Unit is not a reception center for new admissions.

**Standard 5-5A-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:**

Delta Regional Unit is not a reception center for new admissions.

**Standard 5-5B-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:**

Delta Regional Unit does not house youthful offenders.

**Standard 5-5B-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:

Delta Regional Unit does not house youthful offenders.

**Standard 5-5B-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:

Delta Regional Unit does not house youthful offenders.

**Standard 5-5B-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:

Delta Regional Unit does not house youthful offenders.

**Standard 5-5B-4311**

YOUTHFUL OFFENDERS SHALL NOT HAVE PHYSICAL CONTACT WITH ANY ADULT INMATE THROUGH USE OF A SHARED DAYROOM, SHOWER AREA, OR SLEEPING QUARTERS. IN AREA OUTSIDE THE HOUSING UNITS, AGENCIES SHALL EITHER: 1) MAINTAIN SIGHT AND SOUND SEPARATION BETWEEN YOUTHFUL OFFENDERS OR 2) PROVIDE DIRECT STAFF SUPERVISION WHEN YOUTHFUL INMATES AND ADULT OFFENDERS HAVE SIGHT, SOUND, OR PHYSICAL CONTACT.

FINDINGS:

Delta Regional Unit does not house youthful offenders.

#### **Standard 5-5B-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:**

Delta Regional Unit does not house youthful offenders.

#### **Standard 5-5E-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:**

Delta Regional Unit does not house female inmates.

**Standard 5-5E-4437**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR SUBSTANCE ABUSE PROGRAMS, TO INCLUDE MONITORING AND DRUG TESTING, FOR INMATES WITH DRUG AND ALCOHOL ADDICTION PROBLEMS.

**FINDINGS:**

Delta Regional Unit does not provide substance abuse program.

**Standard 5-5E-4438**

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXIST, WRITTEN POLICY, PROCEDURE, AND PRATICE PROVIDE THAT THE ALCOHOL AND DRUG TREATMENT PROGRAM HAS A WRITTEN TREATMENT PHYLOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONS SYSTEM, AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

**FINDINGS:**

Delta Regional Unit does not have a substance use disorder treatment program.

**Standard 5-5E-4439**

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

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICE NEEDS



- COORDINATION EFFORTS WITHIN COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

**FINDINGS:**

Delta Regional Unit does not have a substance use disorder treatment program.

**Standard 5-5E-4440**

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRATICE PROVIDE THAT THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY SHALL BE DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND INDIVIDUAL TREATMENT FILES.

**FINDINGS:**

Delta Regional Unit does not have a substance use disorder treatment program.

**Standard 5-5E-4441**

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXIST, WRITTEN POLICY, PROCEDURE, AND PRATICE PROVIDE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

**FINDINGS:**

Delta Regional Unit does not have a substance use disorder treatment program.

**Standard 5-5F-4447-1**

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

- SPECIFIC SERVICES AVAILABLE TO CRIME VICTIMS
- CHANGES IN LAWS IMPACTING VICTIMS
- WAY(S) OF GAINING ACCESS TO THE SERVICES
- CONFIDENTIALITY OF VICTIM INFORMATION
- WAY(S) FOR VICTIMS TO COMMUNICATE COMPLAINTS AND OTHER CONCERNS

- PROGRAM-EVALUATION MEASURES, WHICH INCLUDES VICTIM INPUT REGARDING THE EFFECTIVENESS OF SERVICES AND WAYS FOR THEM TO MAKE SUGGESTIONS REGARDING AGENCY POLICIES AND PRACTICES INTENDED TO ASSIST CRIME VICTIMS.

**FINDINGS:**

The Arkansas Crime Victims Reparations Program coordinates victim's programs.

**Standard 5-5F-4447-2 (New)**

WHERE A FACILITATED VICTIM OFFENDER DIALOGUE PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT THERE IS A PROGRAM INITIATED AND REQUESTED ONLY BY A VICTIM OR VICTIM/SURVIVOR THAT PROVIDES AN OPPORTUNITY FOR SUCH VICTIMS OR SURVIVORS TO MEET FACE-TO-FACE OR BY OTHER MEANS WITH THE INMATE RESPONSIBLE FOR THEIR VICTIMIZATION IN A SAFE, SECURE, AND CONFIDENTIAL SETTING AFTER THOROUGH PREPARATION WITH, AND WITH THE ASSISTANCE OF A PROPERLY TRAINED FACILITATOR.

**FINDINGS:**

The Arkansas Crime Victims Reparations Program coordinates victim's programs.

**Standard 5-6A-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:**

Delta Regional Unit does not house female inmates.

**Standard 5-6A-4363-1**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR EARLY IDENTIFICATION AND TREATMENT OF OFFENDERS WITH ALCOHOL AND DRUG ABUSE PROBLEMS THROUGH A STANDARDIZED BATTERY ASSESSMENT. THE BATTERY SHALL BE DOCUMENTED AND INCLUDE AT A MINIMUM THE FOLLOWING:

- SCREENING AND SORTING
- CLINICAL ASSESSMENT AND REASSESSMENT

- MEDICAL ASSESSMENT FOR APPROPRIATE DRUG AND ALCOHOL PROGRAM ASSIGNMENT TO THE NEEDS OF THE INDIVIDUAL INMATES
- REFERRAL

**FINDINGS:**

Delta Regional Unit is not a reception/intake facility to conduct early identification and treatment.

**Standard 5-6A-4364**

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

**FINDINGS:**

Delta Regional Unit does not participate in in-transit inmate transfers.

**Standard 5-6A-4374-2 (New)**

(EFFECTIVE NLT OCTOBER 1, 2020) INPATIENT CARE UNIT IS FOR THOSE WHO ARE IN NEED OF INPATIENT MENTAL HEALTH TREATMENT. THESE UNITS SHOULD HAVE 24 HOUR SERVICES SUCH AS NURSING AND AVAILABILITY OF A QMHP, BEHAVIORAL HEALTH TRAINED CORRECTIONAL OFFICERS, AND CLINICAL PROGRAMMING. INDIVIDUAL TREATMENT PLANS WHICH WILL DEFINE THE TYPES AND FREQUENCY OF CONTACTS WITH MENTAL HEALTH STAFF FOR INMATES IN THE PROGRAM, HOUSING TO MEET THE THERAPEUTIC NEEDS OF THE INMATE AND TRANSITION PLAN UPON DISCHARGE FROM THE INPATIENT CARE UNIT.

**FINDINGS:**

Delta Regional Unit does not have an inpatient mental health treatment unit.

**Standard 5-6B-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:**

There are full-time qualified health trained personnel at this facility.

**Standard 5-6B-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:**

Delta Regional Unit does not use volunteers in the delivery of health care services.

**Standard 5-6B-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:**

Delta Regional Unit does not use residents, interns, or students in the delivery of health care services.

**Standard 5-6B-4393**

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

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

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

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

FINDINGS:

Delta Regional Unit does not use inmates to perform familial duties.

**Standard 5-6E-4417**

THERE ARE SUFFICIENT BATHING FACILITIES IN THE MEDICAL HOUSING UNIT AND INFIRMARY AREA TO ALLOW OFFENDERS HOUSED THERE TO BATHE DAILY.

FINDINGS:

Delta Regional Unit does not have a medical housing unit or an infirmary area.

**Standard 5-6E-4418**

OFFENDERS HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE MEDICAL HOUSING UNIT OR INFIRMARY AREA AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS STATE OR LOCAL BUILDING/HEALTH CODES SPECIFY A DIFFERENT RATIO.

**FINDINGS:**

Delta Regional Unit does not have a medical housing unit or an infirmary area.

**Standard 5-6E-4419**

OFFENDERS 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 THE MEDICAL HOUSING UNIT OR IN THE INFIRMARY AREA. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 OFFENDERS IN MALE FACILITIES AND ONE FOR EVERY 8 OFFENDERS IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE OFFENDERS HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS STATE OR LOCAL BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

**FINDINGS:**

Delta Regional Unit does not have a medical housing unit or an infirmary area.

**Standard 5-7A-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 Delta Regional Unit.

**Standard 5-7A-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:**

Delta Regional Unit does not have inmates who 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:** Delta Regional Unit

**Reporting Period:** March 2019 through February 2020

Incident Type	Months ➔	March	April	May	June	July	August	September	October	November	December	January	February	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	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	1	0	0	0	0	0	1
Mandatory Non-Compliance*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		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.





# Appendix E

## American Correctional Association: Adult Correctional Institutions Accreditation Manual - 5th Edition Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX	Cycle Dates: XX-XX-XX through XX-XX-XX	Cycle Dates: 03-01-19 through 02-29-20					
Performance Standards	Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
1. Administration & Management: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.										
1A: Facility Administration - The facility is administered efficiently and responsibly. Performance is based on goals, objective, and standard operating procedures and a system of regular review.	1A-1	Number of Plans of Action completed in the past 12 months divided by the number of Plans of Action approved by the Commission on Accreditation.						0	0	0
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.						509	511	.99
1B: Fiscal Management- The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		Compliance verified through expected practice files. No outcome measure required.								
1C: Personnel - The facility promotes diversity and competency through employee staffing, recruitment, promotions, benefit allocations and performance reviews.	1C-1	The average offender population in the past 12 months divided by the average number of filled full time positions in the past 12 months.						147	619	.237
	1C-2	The number of of staff who left employment for any reason in the past 12 months divided by the average number of filled full time positions in the past 12 months.						28	181	.154
	1C-3	The number of verified employee violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.						54	181	.298
	1C-4	The number of staff terminated for conduct violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.						2	181	.011
	1C-5	The number of performance reviews rated acceptable or higher in the past 12 months divided by the total number of performance reviews conducted in the past 12 months.						101	181	.558
	1C-6	Average number of security staff positions filled per month for the past 12 months divided by the total number of authorized security positions.						147	147	1
	1C-7	Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.						28	147	.190

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			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards		Outcome Measures									
1D: Training & Development - The facility conducts pre-service, in-service, and specialized development programs to promote the effectiveness of staff, volunteers and other effected parties.		Compliance verified through expected practice files. No outcome measure required.									
1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to it's care.		Compliance verified through expected practice files. No outcome measure required.									
1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.		Compliance verified through expected practice files. No outcome measure required.									
1G: Citizen Involvement & Volunteers - The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.	1G-1	The total number of hours of volunteer service delivered by members of the community in the past 12 months divided by the average daily population in the past 12 months.							102.75	622	.165
	1G-2	The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.							0	12	0
2. Physical Plant: The facilities' physical plant is designed, equipped and maintained in a manner that promotes safety, program function and access.											
2A: Building and Safety Codes - The facility complies with professional building and fire safety codes to help ensure the safety of all persons within the facility.	2A-1	Number of worker's compensation claims filed in the past 12 months divided by the average number of filled full-time staff positions in the past 12 months.							12	181	.066
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 12 months.									0
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.									4

Appendix E: Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
<b>Performance Standards</b>		<b>Outcome Measures</b>									
<b>2B: Size &amp; Organization</b> - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.	2B-1	Number of days facility population exceeded the operational capacity in the past 12 months divided by 365.							0	365	0
<b>2C: Inmate Housing</b> - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
<b>2D: Environmental Conditions</b> - Environmental conditions significantly influence the overall effectiveness of institutional operations. Lighting, air quality, temperature and noise levels are designed to preserve the health and well-being of inmates and staff members.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
<b>2E: Program and Service Areas</b> - Adequate space is provided for the various program and service functions conducted within the institution. Spatial requirements reflect functional need.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
<b>2F: Administrative and Staff Areas</b> - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
<b>2G: Security</b> - The physical plan supports the orderly and secure functioning of the institution.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									

			Cycle Dates: XX-XX-XX through XX-XX-XX	Cycle Dates: XX-XX-XX through XX-XX-XX	Cycle Dates: 03-01-19 through 01-10-20					
Performance Standards	Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
3. Institutional Operations: The facility protects the community, the staff, the offenders, and others from harm while maintaining an orderly environment with clear expectations of behavior and systems of accountability.										
3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 12 months divided by the average daily population in the past 12 months.						24	619	.038
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.						20	619	.032
	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.						0	619	0
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.						0	619	0
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.						0	619	0
	3A-6	The number of homicides, as defined in the Significant Incident Summary, in the past 12 months, divided by the average daily population in the past 12 months.						0	619	0
3B: Safety & Emergency Procedures - The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.		Compliance verified through expected practice files. No outcome measure required.								

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
3C: Rules & Discipline - The institution's rules of conduct and sanctions and procedures for violations are communicated to all inmates and staff. The disciplinary process respects due process.	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.							2190	619	3.53
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.							281	619	.453
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.							0	619	0
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.							0	619	0
3D: Inmate Rights - The facility protects the constitutional rights of offenders and seeks a balance between the expression of protected liberties and the preservation of institutional order.	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 12 month period.							0	619	0
4. Special Management Housing & Restrictive Housing: In general, inmates who threaten the secure and orderly management of the institution, posing a threat to others or a danger to themselves, are removed from the general population and placed in designated units. Such assignments are made appropriately and justifiably and offenders placed into such categories are treated justly, humanely, in a constitutionally correct manner and prepared for return to less restrictive units.											
4A: Special Management - Inmates who pose a threat are separated from general population and placed in a cell in a special management unit; (defined as segregation and including administrative segregation, protective custody or disciplinary detention); for periods of time less than 22 hours per day.	4A-1	Average number of offenders in Special Management Housing per month over the past 12 months divided by the average daily population in the past 12 months.							0	619	0

				Cycle Dates: XX-XX-XX through XX-XX-XX		Cycle Dates: XX-XX-XX through XX-XX-XX		Cycle Dates: 03-01-19 through 01-10-20				
				Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards	4B: Restrictive Housing- Inmates who pose a direct and clear threat to the safety of persons or a clear threat to the safe and secure operation of the facility are separated from general population and placed in restrictive housing units/ cells for periods of time 22 hours per day or greater.	4B-1	Average number of offenders in Restrictive Housing per month over the past 12 months divided by the average daily population in the past 12 months.							28	619	.045
		4B-2	Average number of offenders in Extended Restrictive Housing per month over the past 12 months divided by the average daily population in the past 12 months.							7	619	.011
		4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 12 months divided by the total placed in Restrictive Housing in the past 12 months.							34	619	.054
		4B-4	Number of offenders in Extended Restrictive Housing that were released directly into the community from either Restrictive Housing or Extended Restrictive Housing within the past 12 months divided by the total number of offenders released in the past 12 months.							0	619	0
5. Institutional Services: Internal assignment to housing and program services should meet the basic needs of the offender consistent with the safe operation of the facility and should prepare the offender for successful reintegration into society upon release as appropriate.												
5A: Reception & Orientation - All incoming inmates undergo thorough screening and assessment at admission and receive a thorough orientation to the institution's procedures, rules, programs, and services.			Compliance verified through expected practice files. No outcome measure required.									
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.			Compliance verified through expected practice files. No outcome measure required.									
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.			Compliance verified through expected practice files. No outcome measure required.									



			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards		Outcome Measures									
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		Compliance verified through expected practice files. No outcome measure required.									
5E: Social Services - Professional services including individual and family counseling, family planning and parent education, and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.	5E-1	Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 12 months.							0	619	0
	5E-2	Where a substance use disorder treatment program exists, the number of completers of the program divided by the average daily population in the past 12 months.							0	619	0
	5E-3	Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 12 months.							0	619	0
	5E-4	Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 12 months.							0	619	0
	5F: Re-entry - The institution provides a structured program to help inmates make a satisfactory transition upon their release from incarceration.	5F-1	The number of offenders who have completed their re-entry plan, as defined by the agency, in the past 12 months divided by the number of inmates released in the past 12 months.							0	619
6. Healthcare: Each offender receives appropriate physical and behavioral health care necessary to foster the restoration and maintenance of acceptable levels of wellness.											
6A: Access to Services - Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.	6A-1	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months divided by the average daily population							0	616	0

Appendix E: Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards		Outcome Measures									
	6A-2	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.							0	616	0
	6A-3	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the 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.							2	340	.006
	6A-4	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.							1	7	.143
	6A-5	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.							82	612	.134
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.							6	612	.01
	6A-7	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.							6	7	.857
	6A-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 total number of treated offenders with HIV infection that were reviewed							5	5	1



Appendix E: Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards		Outcome Measures									
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.							46	616	.075
	6A-10	Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.							5	616	.008
	6A-11	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months divided by the average daily population in the past 12 months.							28	616	.045
	6A-12	Number of offender specialty consults completed during the past twelve (12) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.							511	668	.765
	6A-13	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.							9	30	.3
	6A-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 divided by Total number of diabetic offenders who were reviewed.							4	15	.267
	6A-15	The number of completed dental treatment plans within the past twelve (12) months divided by the average daily population during the reporting period.							1059	616	1.72

Appendix E: Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards		Outcome Measures									
6B: Staff Training - The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.	6B-1	Number of health care staff with lapsed licensure or certification during a twelve (12) month period divided by Number of licensed or certified staff during a twelve (12) month period.							0	15	0
	6B-2	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the twelve (12) month period.							6	6	1
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months divided by the number of employees.							0	15	0
	6B-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 divided by the number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.							0	0	0
6C: Offender Treatment - Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months divided by number of evaluated offender grievances related to health care services in the past twelve (12) months.							2	25	.08
	6C-2	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period divided by the number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.							1	12	0

Appendix E: Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
			Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
Performance Standards		Outcome Measures							0	1	0
	6C-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 divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.							0	1	0
6D: Performance Improvement - Health care services are evaluated and continually improved	6D-1	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period divided by the number of problems identified by quality assurance program during a twelve (12) month period.							2	2	1
	6D-2	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.							0	0	0
	6D-3	Number of offender suicide attempts in the past twelve (12) months divided by average daily population.							1	616	.002
	6D-4	Number of offender suicides in the past twelve (12) divided by average daily population.							1	616	.002
	6D-5	Number of unexpected natural deaths in the past twelve (12) months divided by Total number of deaths in the same reporting period.							0	1	0
	6D-6	Number of serious medication errors in the past twelve (12) months							0	0	0
6E: Safety, Sanitation and Offender Hygiene - The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		Compliance verified through expected practice files. No outcome measure required.									

Appendix E: Outcome Measures

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Appendix E: Outcome Measures

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: 03-01-19 through 01-10-20		
Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
7D: Mail, Telephone & Visiting - The maintenance of family and community ties through the provision of comprehensive mail, telephone and visiting services is critical to stable institutional adjustment and improves opportunities for successful reintegration.		Compliance verified through expected practice files. No outcome measure required.									
7E: Library - The facility should provide library services that support educational programs, promote reading skills, enhance leisure activities and maintain awareness of circumstances in the community at large.		Compliance verified through expected practice files. No outcome measure required.									
7F: Religious Programs - The offender population should have the opportunity to participate in the practices of their faith group, as enhanced through the supplemental contributions of community resources.	7F-1	The number of regular participants, as defined by the agency, in structured religious programming in the past 12 months divided by the average daily population in the past 12 months.							7277	619	11.7