

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

February 8 - 10, 2021

VISITING COMMITTEE MEMBERS

Kenneth Valentine, Chairperson
ACA Auditor

Donnis Chatman-Harris
ACA Auditor

Mike Hatten
ACA Auditor

A. Introduction

The audit of the East Arkansas Regional Unit, Brickeys, Arkansas was conducted on February 8-10, 2021, by the following team: Ken Valentine, Chairperson; Donnis Chatman-Harris, Member; and Mike Hatten, Member.

B. Facility Demographics

Rated Capacity:	1642
Actual Population:	1486
Average Daily Population for the last 12 months:	1526
Average Length of Stay:	5 years, 2 months
Security/Custody Level:	Maximum, medium, minimum
Age Range of Offenders:	19-75
Gender:	Male
Full-Time Staff:	356 (actual filled positions 246)
40 Administrative, 165 Security, 41 program and other staff	

C. Facility Description

EARU is in Brickeys, Arkansas which is 97 miles from Little Rock and 50 miles from Memphis, Tennessee. There are a total of six buildings at this facility and offender housing consists of single cells, multiple occupancy cells and dormitories. It sits on 2,949 acres and was built in 1992 with a capacity of 200.

In 1993 an additional 400 beds were added and an isolation wing was also built. In 1995, the Lee County Jail was completed on the same grounds, housing both male and female detainees, In 1996, after raising more than \$185,000 in donations, a new chapel was opened at the East Arkansas Regional Unit under the guidance of Chaplain Don Yancey. In 1997, an additional 400 beds were added to the unit. In 1998, the Maximum-Security Unit with two isolation wings was opened adding another 500 beds.

The East Arkansas Regional Unit currently has the capacity to house 1700 inmates, which includes the 500 bed Max Unit. The Lee County Jail houses 32 male inmates no longer housing female detainees from Lee County, Arkansas.

Some of the operating programs at EARU include Agriculture, growing edible crops, row crops, garden and field crops; GED program; Chaplaincy Services, Life skills programs; Think Legacy (reentry program); Vo-Tech; regional maintenance; substance abuse education; anger management; stress relief; and parenting.

The mission of the East Arkansas Regional Unit is to protect, educate and train male inmates who are minimum, medium, or maximum custody level so they can be released to become law-abiding citizens. There is a small jail unit on the ground that is staffed by EARU.

D. Pre-Audit Meeting

The team met on February 7, 2021 in Forrest City, AR to discuss the information provided by the Association staff and the officials from East Arkansas Regional Unit.

The chairperson divided standards into the following groups:

Standards # 1A-01 to 3A-21 - Ken Valentine (Chairperson)

Standards # 3A-22 to 5D-15 – Donnis Chatman (Member)

Standards # 5E-01 to 7F-08 - Mike Hatten (Member)

E. The Audit Process

1. Transportation

The team was escorted to the facility by Shelly Lawrence, Agency Accreditation Manager.

2. Entrance Interview

The audit team proceeded to the Warden Rex Lay's conference room. Warden Lay was out on medical leave. The team expressed the appreciation of the Association for the opportunity to be involved with Eastern Arkansas Regional Unit in the accreditation process to Deputy Wardens Anthony Jackson and Antwon Emsweller.

Deputy Warden Jackson escorted the team to the facility chapel where the formal entry meeting was held.

The following persons were in attendance:

Antwon Emsweller, Deputy Warden, Operation

Anthony Jackson, Deputy Warden, Security

Dexter Payne, Director

William Straughn, Deputy Director

Bryon Brown, Agency Fire Safety & Sanitation Lieutenant

Shelly Lawrence, Internal Auditor Accreditation

Dale Reed, Chief Deputy Director

Lonetta Howard, Accreditation Specialist

Ken Valentine, Auditor Chairperson

Donnis Chatman-Harris, Auditor

Mike Hatten, Auditor

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 8:15 am to 10:30 am. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Anthony Jackson, Deputy Warden
Antwon Emsweller, Deputy Warden
Major Jeffery Deen, Field Major
Major Kenyon Randle, Security Major
Sgt. Brenda Foreman, Count Room Officer
Mrs. Jerri Swinney, Warden Secretary
Lt. Bryon Brown, Agency Fire and Safety
Lt. Corthran, Field Lieutenant
Lt. Latosha Davis, Fire, Safety, and Sanitation Supervisor
Lonetta Howard, Accreditation Specialist
Shelly Lawrence, Agency Accreditation Director

Audit notices were observed in different locations in 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:

The Correctional Facility is surrounded by a double perimeter fence that is approximately a mile and a half in distance. The fence is a 12-foot outer chain link with two rolls of razor wire stacked on the inner and the outer fence. The fence is numbered thus enabling quick response to fence alarms. There is a lethal fence surrounding this facility. The perimeter of the facility is patrolled on each shift by an armed staff member in a utility vehicle. There are 20 exterior cameras, and 266 interior cameras and recordings are maintained for 45 days. With few exceptions, the cameras are fixed cameras. The facility has a main control center located adjacent to the administration area.

All individuals entering the secure perimeter of the institution, inclusive of staff, are processed through a walk thru metal detector. They must also pass a cell phone detector and their possessions are passed through an x-ray machine. In addition, since the outbreak of COVID 19 virus, everyone entering the facility has a temperature check to make sure that they are not infectious. All staff and inmates receive a weekly test for the virus, which has helped to significantly reduce the number of staff/inmate infections.

Correctional Officers document the name(s) of visitor(s) in a registration log, signifying their presence in the Unit. Offender visitors and staff must be identified via a biometrics program which displays a picture for proper identification.

There is a Master Control Room and smaller Control Rooms that overlook housing units. The function of the Main Control Room includes gate access, telephones and distribution of keys and equipment. Within the Main Control Room is a Camera Room where a staff member monitors the facility cameras. The control centers are staffed 24 hour a day, seven days a week.

There is good accountability at this facility. There are seven formal counts a day and random informal counts. The count is a single person count where the officer counts and then counts in the reverse direction. Counts are facilitated in the Count Room where housing changes and counts are documented. Movement in the facility is by announcement or escort. There are numerous walk-through metal detectors and staff was observed pat searching offenders often.

Access and egress of staff and visitors are well controlled. They are accounted for and documented at the entrance and again in the lobby. At all times there is an excellent record of all individuals within the facility.

Keys are issued from the Main Control Room and are inventoried daily. A log system or chit system is utilized for the issuance of keys. The Key Room is neat, clean, and well organized. The key control Sergeant is responsible for the maintenance and upkeep of keys. Key repairs and duplications are made in the key room at the facility. Welded key rings contain a chit denoting ring number and the number of keys on the ring.

The arsenal is located outside the perimeter fence and close to the East Tower. There is a firing range on the grounds of this facility. The arsenal stores weapons, chemical agents, ammunition, and emergency equipment. Weapons at this facility include shotguns, handguns, and rifles.

Documentation reflects that weapons are cleaned and inspected on a regular basis and a random check indicated that weapons were clean. All ammunition and chemical munitions are inventoried monthly.

The facility has tool located throughout the institution: Food Service, Medical Unit, Dental Unit, Maintenance, and the Barbershop. Tools are classified as Class A and Class B. Class A tools require direct staff supervision and Class B tools can be used by offenders with intermittent staff supervision. The staff member responsible for the area completes inventory of the tool areas monthly and checks daily to ensure accountability. The tools are etched and on a shadow board or in a locked cage. A random check of the accountability of the tools demonstrated solid procedures.

There are two towers in use at this facility. The tower staff supervises the facility pedestrian and vehicle sally port. The sallyport system allows vehicles to securely enter and exit via two drive through gates. All vehicles utilizing the sallyport are searched upon entry and exit. Additionally, there is a heartbeat detection system in place at the rear sallyport. A smaller access gate is utilized by security staff to access the sallyport.

Written post orders have been established for every security post. When security staff was asked by the visiting committee, they were able to produce post orders for their assignment along with documentation that they had read the post orders. All officers interviewed by the visiting committee were able to answer questions and explain their duties.

Radios are issued to each officer. No man down or panic alarm are on the radios. Officers, trained and certified in the authorized use of chemical agents, carry an OC canister.

The facility operates a 27 dog Canine Unit that assists the community and institution in tracking individuals. Twenty-one horses are also housed in the area and are used for security on the work details. This highly trained unit has received numerous letters and awards for their performance. There are six offenders, some of which are serving life sentences, who live outside the facility that care for the canine and horses.

The facility security staffing total is 165 security staff which includes the following: two Majors, six Captains, 14 Lieutenants, 45 Sergeants assigned to various shifts to accommodate the facility daily operation. Despite their best efforts, the number of staff vacancies remains high.

Special Management and Restrictive Housing:

The Restricted Housing Unit is a 550-bed housing unit that has appropriate video surveillance camera systems and communication systems. Offenders housed in this unit have failed to function in general population. Reasons for placement include protective custody, administrative detention, disciplinary detention status and mental health monitoring. The offenders housed in this setting receive the proper medical and mental health access as general population offenders. Visiting is non-contact. There is an outdoor recreation area for these offenders and the unit has a dedicated kitchen area and gymnasium. A Step-Down Program allows the offender to gradually re-enter general population.

Environmental Conditions:

There are a total of six buildings in this facility. The buildings and grounds are maintained in an excellent fashion by Maintenance staff which consists of the supervisor, three tradesmen, a secretary and one security officer. Areas are very well maintained. Maintenance shops throughout the facility are well organized and implement a well-controlled tool program.

The facility is covered with five generators which are tested monthly.

There are 470 singles cells and 20 dormitories. Each offender has a storage area that is built into the bed. Each unit has a day room for television viewing, telephones, video visitation, and cameras.

They are two story units with table/seats available for writing. There are correctional officer patrols between units with a mini-Control Room that overlooks the units.

The showers, sinks, and toilet ratios at this facility were within the requirements of the ACA standards. Sound and light levels are appropriate. The units are air conditioned and the temperature was appropriate.

Sanitation:

Sanitation in this facility is good and reflective of a solid housekeeping plan. There was no accumulation of debris viewed in any areas and there were no signs of vermin or pest. Throughout the visit, offenders were observed in housekeeping activities.

Fire Safety:

Weekly area inspections are conducted by the area supervisor and are followed by monthly inspections by the Fire Safety Officer.

Evacuation routes are posted throughout the facility containing the primary and secondary routes and location of equipment. The local fire department is located within a fifteen-minute response time to the facility. The state Fire Marshal conducted annual inspections of the facility annually. Documentation reflects that fire drills are conducted quarterly. There are 35 fire hoses in this facility which are checked monthly. Documentation exists to reflect monthly inspection fire extinguishers. This is a nonsmoking facility.

The system of distribution of cleaning supplies was reviewed in many areas of this facility. The control and inventory of toxic and flammable substances is well documented and is accompanied by a Safety Data Sheet. All toxics and flammables are inventoried and safely stored.

Food Service:

The Food Service department is managed by five staff who are assisted by 118 offenders. Supervision in the area is enhanced with 17 cameras located throughout the area.

Temperatures of the dish machine, dry storage area, coolers and freezers are documented daily and the logs reflected proper temperatures. Cooler and freezer temperature logs were properly maintained and demonstrated that the equipment operated within proper range. Dish washing machine temperatures were appropriate. Wet serving trays are stacked vertically to allow for proper drying. The menu is a four-week cycle menu which has been analyzed each year by a registered dietician.

The dining area contains stainless steel tables with attached seats. The capacity of the area is 132 offenders. Meals begin at 2:00 a.m., 9:15 a.m. and 2:00 p.m. The small size of the dining area results in almost continuous serving. This is an extremely busy area with satellite feeding to the Jail Unit. Bulk food is delivered to the Maximum Housing for preparation of food trays which are distributed to the cells. Approximately 120 bag lunches are prepared each day for outside work details. Religious and therapeutic meals are also available. Food costs are approximately \$1.19 cents per offender per meal.

The sanitation in the area was good and there were no signs of accumulated dirt or debris, nor signs of insects or other vermin in any area. The offender restroom was clean and contained soap and hot water. The preparation area and the dining area were found to be clean and reflected an effective daily cleaning routine.

Cleaning chemicals were inventoried and were found to be fully accounted. Food is stored at the proper temperatures and stock is dated and rotated. The Department of Health inspected Food Service each year; 2017 through 2019.

One of the team members had an inmate meal of fried chicken with corn bread. She advised that it was very tasty.

Medical Care:

The East Arkansas Regional Unit (EARU) is a 1680 offender multi classification prison located in Brickeys, Arkansas. Health care is provided by a private vendor contract with Wellpath. Health trained staff are on duty twenty-four hours per day, seven days per week. Medication pill call is scheduled four times per day. Diabetic call for blood sugar checks is at 1:30 a.m. followed by insulin call, 9:00 a.m., 1:30 p.m. and 9:00 p.m. While these times may appear extreme, offenders at EARU are required to work and program. Some jobs begin prior to sunrise.

Upon reviewing a sampling, the medical records, there was not a significant number of refusals resulting from these times. Therefore, this was not viewed as an impediment to healthcare. Diabetic offenders are provided snack bags to cover food needs during the workday.

The staffing matrix contains 34 FTE's which include: one Health Service Administrator, Gregory Rechaig and one Assistant Health Service Administrator/Director of Nursing, Tammy Kimble. In addition, 2.6 RN's, 11 LPN's, seven CNA's, two Medical records staff, two Mid-level practitioners, one Interim physician, one dentist, one dental assistant and 0.8 dental hygienist. The contracted eye doctor comes on-site two times per month and brings his own equipment, setting up in the library. It is reported he schedules and completes 25-30 exams and refractions per visit.

The Mental Health Staff at EARU are all employees of ADOC. Mental Health/Social Services staffing matrix contains 11 FTE's which include: one Program Manager, one administrative specialist, one interim psychologist, one licensed Social Worker, one Licensed Clinical Social Worker, six Mental Health Advisors. The mental health program area was not co-located with health services. Mental health program areas are located at the end of the main corridor and have a security staff station; seven private offices/interview rooms; three large classrooms; staff breakroom; staff and offender restrooms; file room; and large waiting area for inmates. The mental health caseload was 236 on the day of the audit. During the current pandemic routine Provider visits are conducted via tele-psych visits, along with Psychiatric support on a weekly basis.

Health service areas located off the main corridor were bright, clean, and spacious with waiting areas for offenders which had access to restrooms and water fountains. Security staff stations were open and within sight lines of the clinic areas. Clinic areas for medical include a patient waiting room; provider office; dental suite with two chairs, cleaning and sterilization area, and bite wing x-ray equipment; four staff offices; staff restrooms; porter closet; biohazard room; storage closet; two isolation cells (not negative air flow); six bed medical open housing area; medical records; offender restrooms with shower (ADA compliant and located near medical housing); supply room; laboratory and radiology room, staff breakroom; three exam/treatment rooms; pill room/pharmacy. Digital radiology services are provided by Mobile X, who receives images and sends electronic reports back to the facility. LabCorp is the contracted provider for laboratory services. Medications distributed at pill calls are documented by scanning the item into the electronic medical record (EOMIS). There is limited movement within the facility, and therefore medications are delivered to the housing units, rather than a medication pass window. Medication pass was observed and was without incident. Medications were passed after the offender presented his picture ID, and security performed mouth checks to assure medications were being swallowed.

The facility permits a limited Keep on Person (KOP) medication program for those with controlled chronic conditions who have been determined appropriate for program participation. Medications for this program is provided in 30-day blister dose packages kept in the offenders' property.

Medical diets are available for those who required them based on medical need and provider written orders. The orders are sent to the kitchen and include a start and stop date. Available medical diets include clear liquid, full liquid, pureed, mechanical soft, diabetic calorie counts (various), bland, high-fiber, low fat, high protein, renal, low sodium, and allergy.

Should the inmate require a higher level of care than that available at the facility, they are transferred to community hospitals under contract with Wellpath. Facilities of choice include St. Vincent Infirmary Medical Center in Little Rock, Jefferson Regional Hospital in Pine Bluff, and Forest City Medical Center ER. Ambulance services are contracted to a local ambulance Provider.

Counts of sharps, tools and chemicals were found to be correct in all medical, dental, pharmacy and storage areas. ADOC Policy requires the offenders to pay a \$3.00 co-payment for any offender generated request for health services; however, care is not denied based on the inability to pay the copayment. Copayment is exempt for the following: chronic Clinic-care, medications, provider scheduled appointments/follow up, and emergency treatment. Offenders in all housing areas have access to health services via kiosk located within each housing unit. Offenders in restricted housing have access to written sick call requests from the medication nurses at each medication pass.

Commissary has two locations and provides the following health items for offender purchase (based on housing and property restrictions if applicable): allergy tablets, Band-Aids, cough drops, loop dental floss, hydrocortisone cream, laxative, foot powder, Tolnaftate cream, Chap Stick, antibacterial soap and shoe inserts. Offenders have access to commissary one time per week. Restrictive and maximum housing units have medications delivered cell to cell. Nurses and mental health staff make rounds in these areas and sign bound logbooks at the officers' stations using green ink. Medical staff round eight times per day. Sick call requests are collected at these times and triaged. Telemedicine equipment is utilized for monthly medication management and periodic checks with the psychiatrist.

EARU is following the established CDC guidelines for the pandemic. Staff and offender wear masks. Staff and visitor temperatures are taken prior to staff entering the main building via electronic thermometers. Staff and visitors are tested on a weekly basis utilizing the rapid tests. During the audit period there were no offenders in isolation, and there were no confirmed cases of Covid-19 in the offender population.

Recreation:

There is a main recreation yard which has basketball, volleyball, soccer, and exercise equipment. Board games are available in the housing units and unit televisions periodically show movies. The Hobby craft program provides offenders with the opportunity to work on leather project and woodworking items that are sold to staff and the community. Offenders in Max Unit may utilize the gymnasium and have individual outside recreation areas that measure 15' x 15'.

There are two commissary units at this facility that provide a wide range of options. Offenders submit their paper order and pick up the items on an assigned day. Items include Beverages, cakes, candy, snacks, health & hygiene items, and clothing. Offenders in general housing may spend up to \$100 a week. Participation by those in the Max Unit varies according to their level in the Step-Down Program.

Approximately 2000 pieces of offender mail is received each day. Monday through Saturday offenders receive mail that has been opened and searched and they submit their mail unopened. All mail is passed through the x-ray to detect contraband. Logs are kept of various types of mail such as certified, legal, and indigent. They can receive an unlimited number of publications directly from a publisher. Legal mail is distributed by a Lieutenant and documented. Inmates receive a returned mail notice if the item cannot be sent or received. Personal Protective Equipment is present in the mail room to handle and contain suspicious items. All standards and requirements for delivery and posting of mail are met.

Religious Programming:

EARU is served by three full time Chaplains. There is a large chapel area with seating for 250. There are two offender workers in this area. There is a religious library and certificate program available for inmates to earn Theology credits as well as access religious materials. There are two large classrooms. The main area has space identified for a choir, band, baptismal, pulpit and large stage area.

Audio visual equipment and sound system components are also used and securely stored here. Crisis counselling and emergency notifications are handled by the Chaplains. A variety of religious services are regularly scheduled throughout the week to include, but not limited to, Hispanic service, Jehovah Witness, KAIROS, Pentecostal, Jum'ah Prayer, Mennonites, Baptist, Catholic, and Church of Christ. During the offenders' interviews, many positive comments were received regarding the faith-based housing unit.

Offender Work Programs:

All offenders who are medically cleared are assigned to a work detail. Assignments include food service, porter, maintenance (inside and outside), canine unit, recreation, and library. Offenders assigned to vegetable production plant and harvest items used to feed the population. In prior years they harvested 300,000 pounds of vegetables. Arkansas Department of Corrections does not pay wages to offenders.

Academic and Vocational Education:

The educational program at EARU is accredited by the Arkansas Correctional School District and Correctional Education Association. The program building contains a security station, seven classrooms, one computer lab with 20 terminals, two offices, staff and inmate restrooms and water fountains, audio visual equipment, storage rooms and a staff break room. There are seven full time teachers and one principle. There were three hundred and three students enrolled during the audit. There were thirty-two GED graduates posted on the bulletin board. Offenders are required to attend school, program, and work at EARU. School is in session Monday and Wednesday for one group and Tuesday and Thursday for another group.

Social Services:

Mental health / Social Services programming consists primarily of self- study groups which meet weekly. There is no formal substance abuse treatment program in place. Those offenders who require this level or type of treatment are transferred to facilities who offer this service. Programs available include: Domestic Violence Awareness and Prevention, Stress Management, Thinking Errors, Communication Skills, and Parenting Skills.

Re-entry programming is provided by ADOC using the "Think Legacy" materials. Offenders may sign up and apply for this six-month voluntary program. Inmates approved for this program must be within 12-18 months of release or discharge date. There is a handbook provided which contains self-study and group chapters on topics such as parole, transfer, early release, community corrections settings, various rights such as voting, obligations such as child support, driver records and licenses, health and human services agencies, department of workforce services, and social security benefits. EARU utilizes Barracks #20 as the re-entry housing unit.

Offenders have opportunity to address staff concerning their case. Various staff is assigned the duties of Main Line where they are positioned outside the dining hall to answer any questions that an offender may have about their case. Additionally, there is an Inmate Council that allows offenders to communicate with staff about specific issues.

Visitation:

All visitors must be on an approved visitor list and may visit on Saturday or Sunday. Custody classification determines if visiting may occur. Special visiting privileges may be extended to those who live more than 300 miles from the facility. General population offenders visit in the visiting room and Max Unit offenders have non-contact visiting. The Visiting Room has a separate visitor's entrance, and they are properly identified via a bio-metrics system. There is a Children's' Area, vending machines and restroom for visitors in the Visiting Room. In person visitation has been temporarily suspended in an attempt to control the COVID 19 virus. Visitation is allowed by schedule via phone kiosk.

Library Services:

The library is open seven days per week with morning and evening hours. Offenders have access based on barracks schedules. One book may be checked out at one time for duration of two weeks. There are four library trained workers under the supervision of a Masters educated librarian. The facility participates in the inter-system library book exchange program.

There are 3500 books inventoried and four monthly magazines. West Law and Lexus Nexus legal library materials available on computer. There are three computer terminals and one printer. Offenders may receive legal assistance by submitting the appropriate form to the librarian who arranges for assistance. There are books on tape and braille materials available. Library carts are available for use in restrictive housing units.

Laundry:

Offenders are issued three sets of clothing and have three laundry opportunities a week. Offenders at this facility wear a two-piece white uniform with their printed name. The laundry contains four washing machines and four dryers. Ironing boards and irons are for use in the laundry.

F. Examination of Records

Following the facility tour, the team proceeded to the Warden's conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

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

2. Significant Incidents/Outcome Measures

A review of the Significant Incident Summary and the Outcome Measures revealed no unusual statistics for a facility of this size and security level types (Max, Medium, and Minimum). The previous auditors commented that the number of suicides reported during the previous audit cycle was “significant.” The number of suicides reported during the current three-year audit cycle was a total of 11, down slightly from the previous audit, but still significant.

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>
Chapel:	Chaplain Arlen Parham Chaplain James Neely Chaplain Albert McKinney
Mental Health:	Supervisor Marvin Barnett
Kitchen:	Captain Erma Bell FPS Denise Jones FPS Shorando McKinney
Property:	Sgt. Angela Jenkins
Laundry:	Sgt. Tiantha Westbrook
Infirmary:	Regional HAS Administrator Bernard Williams HAS Administrator Greg Rechigel Nurse Shauffhauser Security Gloria Harris
Max 2&4	Cpl. Indigol Counslor
Classification (MAX)	Sallie Woods Chanaka Smith
Library:	Program Specialist Tashor Kelly
Disciplinary	Sgt. Sandra Davis
ICC Garage:	Major Jeffery Deen Sgt. Michael Bean

Maintenance:	Herman Shields
Key Control:	Sgt. Roland Geror
Institutional Parole:	Donna Cobb
Records:	Assistant Supervisor Jena Caldwell Earlene Edwards Aaliyah Medley Tyler Randle
Human Resources:	Derrick Bailey Connie Turner
Count Room:	Sgt. Brenda Foreman
K-9 Unit:	Lt. Eddie Hamilton
Gym:	Tawanda Wright

4. Shifts

The facility has two twelve-hour shifts.

a. Day Shift

The team was present at the facility during the day shift from 7:45 am to 6:00 pm.

During this time staff was involved in supervising offenders on their work details and in the activity areas such as the dining hall and housing units. Staff was professional in their appearance and in their interactions with the offenders.

b. Night Shift

The team was present at the facility during the evening shift from 6:00 pm to 6:30 pm.

The team was present during the shift briefing and found it to be informative and helpful to the oncoming shift. There was information sharing, instructional information, and communal prayer. A great sense of teamwork was evident.

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:

Standard #5-1C-4052

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

FINDINGS:

The previous plan of action of holding Job Fairs was accepted by the Commission. However, the overall vacancy rate still exceeds 10% significantly. Their efforts to fill vacancies is evident by the number of frequent new hires, signs observed in the community advertising vacant positions with salaries, and job advertisements on local TV networks.

G. Interviews

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

1. Offender Interviews:

The audit team spoke with 31 inmates in both formal and informal settings. Generally, offenders felt safe at this facility. Concerns about the temporary elimination of face-to-face visitation were expressed. However, offenders are able to schedule televised visits on phone kiosks located in each of the barracks.

Three inmates had contacted ACA with complaints. All three were met with and their concerns were discussed.

Scott Nell #135903A complained that even though he had been granted parole, the Institutional Parole Officer, Donna Cobb, was intentionally denying all his residence proposals thereby denying his release. It was determined that this inmate is a tier three sex offender and that each of his residence proposals, including those submitted for Interstate Compact approval have been denied, not by MS. Cobb but by parole agents tasked with investigating residence plans for release.

John Ross #158910A complained that due to his disability, he at one time was provided with a walker with wheels and a seat, but the new facility HSA reevaluated his condition and determined that he did not need that type of walker. After meeting with the offender, then discussing the issue with the Regional Health Service Administrator, Bernard Williams, it was suggested that it would be in the best interest of the health provider, Wellpath, to reassess the offender's medical condition and needs to which he agreed and advised it would be done by someone other than the facility administrator for an unbiased assessment.

Ricky Green #117055 sent a long list of complaints about mistreatment by staff as he is routinely placed in isolation and or maximum security. When meeting with this offender who was again in isolation for beginning "another" hunger strike, he was unable to cite any specific complaints other than he wanted to be moved to another facility. He failed to mention any of the complaints that he had listed in his letter to ACA. Auditor Donnis Chatman-Harris discussed offender Green's behavior and how to improve his standing in prison and in the community when he is released in October 2021, to which he was surprisingly attentive.

2. Staff Interviews:

The team spoke with 35 staff members. All were complimentary of the facility and the supervisors. They were happy to work at this facility and supported each other. There is a great sense of family and teamwork at EARU.

H. Exit Discussion

Due to a developing ice storm, the exit interview was held at 11:30 am in the Chapel with Deputy Warden Anthony Jackson and 32 staff in attendance.

The following persons were also in attendance:

Dexter Payne, Director
Antwon Emsweller, Deputy Warden
Shelly Lawrence, Agency Accreditation Manager
Byron Brown, Agency Fire and Safety Inspector
Dale Reed, Deputy Director
William Straughn, Deputy Director
Rick Cooper, Deputy Director
Roy Griffin, Deputy Director
Kenyon Randle, Major of Security
Loretta Howard, Accreditation Specialist

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

Manual Type	Adult Correctional Institutions, 5th edition	
Supplement	N/A	
Facility/Program	East Arkansas Regional Unit	
Audit Dates	February 8-10, 2021	
Auditor(s)	Ken Valentine (chair), Donnis Chatman, Mike Hatten	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	64	509
Number Not Applicable	5	36
Number Applicable	59	473
Number Non-Compliance	0	1
Number in Compliance	59	472
Percentage (%) of Compliance	100%	99.8%
<ul style="list-style-type: none"> Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

February 8 - 10, 2021

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #5-1C-4052

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

FINDINGS:

There has not been an 18-month period in the past three years in which Vacancy rates did not exceed 10%. Vacancy rates exceeded 20% during the entire three-year audit cycle despite the Agency's efforts to recruit additional staff.

FACILITY RESPONSE:

Plan of Action

We will encourage East Regional Unit staff members to recruit any prospective employees. The ADC Recruiter (1-888-ADC-JOBS) continually recruits for all ADC units; the recruiter remains vigilant in conducting job fairs in all communities with the State of Arkansas. The Arkansas Department of Corrections has a website (arcareers@arkansas.gov) that list all available jobs and an on-line application process to aid all interested parties in seeking employment at the ADC. The Workforce Centers in the surrounding area has applications as well as all available job openings and pay scale for potential applicants.

In the order of anticipated completion dates, list the tasks necessary to achieve compliance, the responsible agency (including parent agency), and assigned staff member.

Task

- a. Retain staff
- b. Process available applicants
- c. Mentor all staff for developing the skills needed for career with the Department of Correction.

Responsible Agency

- a. Human Resource Administrator
- b. Human Resource Staff/Recruiter
- c. Warden and Human Resource Manager

Assigned Staff

- a. ADC Recruiter
- b. Human Resource Administration Staff
- c. Unit Human Resource Manager

Anticipated Completion Date

- a. This is an on-going process to hire staff
- b. By the next ACA Audit

AUDIT TEAMS' RESPONSE:

All three of the team members come from a state in which high vacancy rates and difficulty in filling vacancies are major issues. Consequently, the team was sympathetic to this issue and find that the agency's plan of action is appropriate and acceptable.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

February 8 - 10, 2021

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #5-5B-4306 (M)

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ADJUDICATED DELINQUENT OFFENDERS AND YOUTHS CHARGED WITH OFFENSES THAT WOULD NOT BE CRIMES IF COMMITTED BY ADULTS DO NOT RESIDE IN THE INSTITUTION.

FINDINGS:

Youthful offenders are not housed at this facility.

Standard #5-6A-4353 (M)

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:

This is an all-male facility.

Standard #5-6A-4362 (M)

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

INQUIRY INTO:

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

OBSERVATION OF THE FOLLOWING:

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

MEDICAL DISPOSITION OF THE OFFENDER:

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

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

FINDINGS:

EARU is not an intake facility. Intakes are completed at a central recurring facility.

Standard #5-6A-4365 (M)

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:

EARU does not perform intake physical assessments. The designated intake facility at ORCU completes all initial assessments.

Standard #5-6A-4371 (M)

ALL INTERSYSTEM OFFENDER TRANSFERS WILL UNDERGO A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH PROFESSIONAL WITHIN FOURTEEN DAYS OF ADMISSION TO A FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW

MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH APPRAISALS INCLUDE, BUT ARE NOT LIMITED TO:

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

FINDINGS:

There are no inter-system transfers at this facility.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

February 8 - 10, 2021

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

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:

There has been no new construction or renovations at this facility.

Standard #5-2C-4138-1

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

FINDINGS:

There has been no new construction or renovations at this facility.

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:

There has been no new construction or renovations at this facility.

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:

Offenders who cannot perform basic life functions are not housed at this facility.

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:

There has been no new construction or renovations at this facility.

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:

There has been no new construction or renovation at this facility.

Standard #5-3A-4181

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

FINDINGS:

This is an all-male facility.

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:

This is an all-male facility.

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:

This is an all-male facility.

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:

EARU does not receive offenders new to the system.

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:

EARU is not a reception center.

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:

EARU is not a reception center.

Standard #5-5A-4288

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

FINDINGS:

EARU is not a reception center.

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:

Youthful offenders are not housed at this facility.

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:

Youthful offenders are not housed at this facility.

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:

Youthful offenders are not housed at this facility.

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:

Youthful offenders are not housed at this facility.

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 AREAS OUTSIDE THE HOUSING UNITS, AGENCIES SHALL EITHER:

- MAINTAIN SIGHT AND SOUND SEPARATION BETWEEN YOUTHFUL OFFENDERS OR
- PROVIDE DIRECT STAFF SUPERVISION WHEN YOUTHFUL INMATES AND ADULT OFFENDERS HAVE SIGHT, SOUND, OR PHYSICAL CONTACT

FINDINGS:

Youthful offenders are not housed at this facility.

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:

Youthful offenders are not housed at this facility.

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:

This is an all-male facility.

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:

Transfers into the Agency system are completed at ORCU.

Standard #5-6A-4374-2

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 INATE AND TRANSITION PLAN UPON DISCHARGE FROM THE INPATIENT CARE UNIT.

FINDINGS:

This facility does not have an inpatient care 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 staff 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:

Volunteers are not used in the delivery of health care.

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:

Students, interns, or residents are not used at this facility.

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-TO-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 ASSISTANT'S 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 TRAINED STAFF) IN A VOCATIONAL PROGRAM

FINDINGS:

EARU does not use Peer Counselors.

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:

This is an all-male facility.

Standard #5-5E-4438

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE ALCOHOL AND DRUG ABUSE TREATMENT PROGRAM HAS A WRITTEN TREATMENT PHILOSOPHY 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:

EARU does not have an A&D unit.

Standard #5-5E-4439

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

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRE-RELEASE AND TRANSITION SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRE-RELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS:

EARU does not have an A&D program.

Standard #5-5E-4440

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

FINDINGS:

EARU does not have an A&D unit.

Standard #5-5E-4441

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

FINDINGS:

There is no drug or alcohol treatment program at this facility.

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 WITHH WITH ASSISTANCE OF A PROPERLY TRAINED FACILITATOR.

FINDINGS:

EARU does not have an offender dialogue program.

Standard #5-7A-4461-1

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

FINDINGS:

EARU is not required to collect restitution.

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:

EARU does not allow offenders to be employed in the community.

Standard #5-4B-0033 (NEW)

FEMALE INMATES DETERMINED TO BE PREGNANT WILL NOT BE HOUSED IN EXTENDED RESTRICTIVE HOUSING.

FINDINGS:

EARU does not house female offenders.

Standard #5-4B-0034 (NEW)

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

FINDINGS:

EARU does not house offenders under the age of 18.

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: East Arkansas Regional Unit

Reporting Period: May 2019 -April 2020

Incident Type	Months ➡	May 2019	June 2019	Jul 2019	Aug 2018	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Apr 2020	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	1	1	1	0	0	2	0	0	0	2	2	5
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	2	0	2	0	0	0	1	0	0	0	0	3	8
	Offender/Staff	4	4	3	4	3	3	1	2	1	4	3	3	35
Suicide		2	0	1	0	0	0	1	0	0	0	0	0	4
Non-Compliance with Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

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



Significant Incident Summary Glossary

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

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

Escape: As defined by the jurisdiction reporting.

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

Homicide: As defined by the jurisdiction reporting.

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

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

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

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

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

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

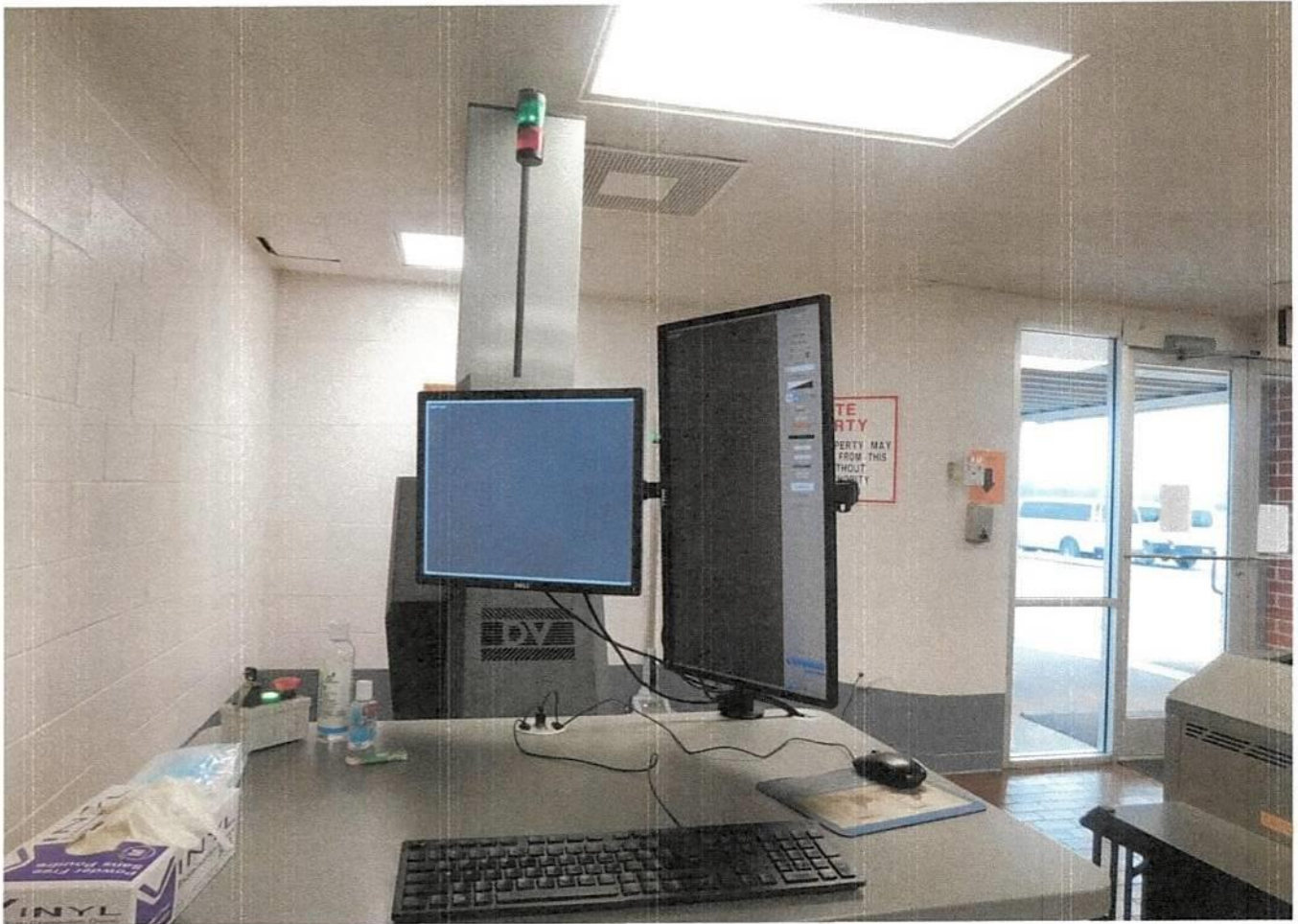
Unnatural Death – Death of a person in confinement for causes other than suicide, homicide, or accident that is contrary to the ordinary course of nature or otherwise abnormal.

		Health Care Outcomes		
Standard	Outcome Measure	Numerator/Denominator	Value	Calculated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months.	3	
	divided by	The average daily population.	1636	.022
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months.	0	
	divided by	Average daily population.	1636	0
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months.	5	
	divided by	Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening.	1156	.004
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months.	0	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months.	7	0
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time.	234	
	divided by	Total offender population at that time.	1673	.14
	(6)	Number of offenders diagnosed with HIV infection at a given point in time.	19	
	divided by	Total offender population at that time.	1537	.01
	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time.	16	
	divided by	Total number of offenders diagnosed with HIV infection at that time.	17	.94
	(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.	1	

	divided by	Total number of treated offenders with HIV infection that were reviewed.	20	.05
	(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time.	0	
	divided by	Total offender population at that time.	0	0
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months.	52	
	divided by	Average daily population.	1636	.03
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months.	184	
	divided by	Average daily population in the past twelve (12) months.	1636	.11
	(12)	Number of offender specialty consults completed during the past twelve (12) months.	2566	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	1757	1.46
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg.	5	
	divided by	Total number of offenders with hypertension who were reviewed.	40	.13
	(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.	12	
	divided by	Total number of diabetic offenders who were reviewed.	25	.48
	(15)	The number of completed dental treatment plans within the past twelve (12) months.	1143	
	divided by	the average daily population during the reporting period.	1636	.70
2A	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period.	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	55	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job.	39	
	divided by	Number of new health care staff during the twelve (12) month period.	39	1

	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months.	1	
	divided by	Number of employees.	57	.018
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months.	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	1	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months.	34	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	574	.06
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period.	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(3)	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months.	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.	4	0
4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period.	3	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	1	3
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
	(3)	Number of offender suicide attempts in the past twelve (12) months.	12	
	divided by	Average daily population.	1636	.007
	(4)	Number of offender suicides in the past twelve (12) months.	5	
	divided by	Average daily population.	1636	.003
	(5)	Number of unexpected natural deaths in the past twelve (12) months.	12	

	divided by	Total number of deaths in the same reporting period.	17	.71
	(6)	Number of serious medication errors in the past twelve (12) months.	1	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			



Body scanner monitor



Thermometer and sanitizer at front entrance



Body Scanner and cell phone detector in the rear near the wall.

Appendix E

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

5/1/19 thru 1/31-20

			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
Performance Standards	Outcome Measures	Year 1	Year 1	Year 1	Year 2	Year 2	Year 2	Year 3	Year 3	Year 3	Year 3
		Numerator	Denominator	Accreditation	Numerator	Denominator	Accreditation	Numerator	Denominator	Accreditation	
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.									
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.									
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.									
	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.									
	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.									
	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.									
	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.									
	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.									
	1C-7	Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.									

		Cycle Dates: XX-XX-XX through XX-XX-XX	Cycle Dates: XX-XX-XX through XX-XX-XX	Cycle Dates: XX-XX-XX through XX-XX-XX						
		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	Ad Accreditation Cycle Year 3
Performance Standards										
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.										
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.										
1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.										
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.						3630	1657	2.19
	1G-2	The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.						22,600	12	1,883
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.						77	374	0.21%
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 12 months.						0	0	3
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.						0	0	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: XX-XX-XX through XX-XX-XX		
			Year 1 Numerator	Year 1 Denominator	Accreditation	Year 2 Numerator	Year 2 Denominator	Accreditation	Year 3 Numerator	Year 3 Denominator	Accreditation
Performance Standards		Outcome Measures									
2B: Size & Organization - 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	1657	0
2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff		Compliance verified through expected practice files. No outcome measure required.									
2D: Environmental Conditions - 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.		Compliance verified through expected practice files. No outcome measure required.									
2E: Program and Service Areas - Adequate space is provided for the various program and service functions conducted within the institution. Spatial requirements reflect functional need.		Compliance verified through expected practice files. No outcome measure required.									
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		Compliance verified through expected practice files. No outcome measure required.									
2G: Security - The physical plan supports the orderly and secure functioning of the institution.		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: XX-XX-XX through XX-XX-XX					
			Year 1 Numerator	Year 1 Denominator	Accreditation Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation 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.												
Performance Standards	3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.	Outcome Measures										
		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.							164	1657	.9
		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.							11,591	1657	6.9
		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	1657	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	1657	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.							5	1657	0.0302
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	1657	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.										

Appendix E: Outcome Measures

		Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
			Year 1 Numerator	Year 1 Denominator	Accreditation	Year 2 Numerator	Year 2 Denominator	Accreditation	Year 3 Numerator	Year 3 Denominator	Accreditation
Performance Standards	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.				4,504	1657	2.68
		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.				1850	1657	1.10
		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.				5	1657	0.00302
		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.				25	1657	0.0151
	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.				42	1243	30.2
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	1657	0

Performance Standards	Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX											
		Year 1 Numerator	Year 1 Denominator	Accreditation	Year 2 Numerator	Year 2 Denominator	Accreditation	Year 3 Numerator	Year 3 Denominator	Accreditation									
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.																	
	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.																	
	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.																	
	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.																	
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.																		

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX						r ough			Accreditation		
		Year 1		Year 2		Year 3		Year 3		Year 3		Year 3	
		Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
SD: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders. SE: 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.	Compliance verified through expected practice files. No outcome measure required.												
	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.										1657	
	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.										1657	
	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.										1657	
	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.										1657	
SF: 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.						17	424				0.40
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						3	1662				0.02

Performance Standards		Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
			Year 1 Numerator	Year 1 Denominator	Accreditation	Year 2 Numerator	Year 2 Denominator	Accreditation	Year 3 Numerator	Year 3 Denominator	Accreditation
	6A-2	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.							0	1662	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.							5	577	.009
	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.							0	7	0
	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.							213	1673	.127
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.							20	1673	.012
	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.							20	20	1
	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							1	10	.1

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
		Year 1 Numerator	Year 1 Denominator	Accreditation	Year 2 Numerator	Year 2 Denominator	Accreditation	Year 3 Numerator	Year 3 Denominator	Accreditation
	6A-9								1657	
	6A-10							41	1662	.025
	6A-11							143	1662	.086
	6A-12							1027	1575	.652
	6A-13							13	40	.325
	6A-14							6	25	.24
	6A-15							943	1662	.567

Mental Health

		Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
			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	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							0	51	0
		6B-2							34	40	.85%
		6B-3							1	55	.018
		6B-4							0	1	0
6C: Offender Treatment - Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.		6C-1							25	323	.077
		6C-2							0	0	0

Appendix E: Outcome Measures

		Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
			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
6D: Performance Improvement - Health care services are evaluated and continually improved	Performance Standards										
	6D-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	2	0
	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.							1	1	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.							3	1662	.002
	6D-4	Number of offender suicides in the past twelve (12) months divided by average daily population.							3	1662	.008
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.	6D-5	Number of unexpected natural deaths in the past twelve (12) months divided by Total number of deaths in the same reporting period.							11	15	.733
	6D-6	Number of serious medication errors in the past twelve (12) months							1	0	0
		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: XX-XX-XX through XX-XX-XX		
			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
7. Inmate Programs: The institution's programs for inmates provide meaningful work, educational, and recreational programs designed to facilitate a stable institutional environment and the inmate's subsequent reentry into the community.											
Performance Standards	7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.	7A-1	The number of academic/vocational educational program slots available in the past 12 months divided by the average daily population in the past 12 months.								
		7A-2	The average number of offenders with full time work/program assignments in the past 12 months divided by the average number of offenders eligible for work assignment in the past 12 months.								
		7B-1	The number of academic/vocational slots available divided by the average daily population in the past 12 months.								
		7B-2	The number of offenders who passed the General Equivalency Diploma (Hi Set) exams while confined in the past 12 months divided by the average daily population in the last 12 months.								
		7B-3	The number of academic/vocational competency certificates issued in the past 12 months divided by the number of program slots available in the past 12 months.								
7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idleness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction		Compliance verified through expected practice files. No outcome measure required.									

Votech

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX			Cycle Dates: XX-XX-XX through XX-XX-XX		
		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.										
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.							23,451	1657	14,153