

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Arkansas Department of Corrections  
Maximum Security Unit (ARDOC)  
Tucker, Arkansas

March 8 - 11, 2021

**VISITING COMMITTEE MEMBERS**

Brian A. Neagle, Chairperson

ACA Auditor

Jamil Niazi

ACA Auditor

Gerald Carnes

ACA Auditor

**A. Introduction**

The reaccreditation audit of the Arkansas Department of Corrections- Maximum Security Unit [MSU], Tucker, Arkansas was conducted on March 8-10, 2021, by the following visiting committee team: Brian A. Neagle, Chairperson; Jamil Niazi, Member; and Gerald Carnes, Member/Healthcare.

**B. Facility Demographics**

Rated Capacity:	656
Operating Capacity:	662
Actual Population:	550
Average Daily Population for the last 12 months:	560
Average Length of Stay:	4 years, 9 months, 10days
Average Sentence Length:	35 years
Security/Custody Level:	Maximum, Medium and Minimum and High Security
Age Range of Offenders:	19 - 78
Gender:	Male
Full-Time Staff:	175
21-Administrative/Support, 0-Program, 143-Security, 1-Other [ part-time]	

**C. Facility Description**

ARDOC Mission:

The mission of the Arkansas department of Correction [ADC} is to provide public safety by carrying out the mandates of the courts, provide a safe and humane environment for staff and inmates, provide programs to strengthen the work ethic and provide opportunities for spiritual, mental and physical growth.

The vision of the Arkansas Department of Corrections is to be an elite correctional organization dedicated to public safety through ethical, innovative, and professional leadership at all levels, delivering superior service to the citizens of Arkansas.

Mission:

The mission of the Maximum security Unit is to provide for the custody, housing and treatment of male inmates, whose assaultive and insubordinate behavior patterns warrant increased security and supervision.

In October, 2016, the Tucker Re-Entry Facility for females became part of the Maximum-Security Unit. It primarily served as a work release and release preparation unit. In June, 2017, this unit was renovated to make more living space for the work release inmates, which resulted in an operating capacity of 124. On 3/2/18, the facility was closed and its' 25 correctional officers were transferred to larger units with greater staffing needs.

This action was a move necessary to address the large gaps in staffing at several higher security facilities with a considerable number of vacancies to the extent that as of 3/1.18, the ADC was experiencing a 22.5% vacancy rate of all the correctional officer positions statewide.

This situation exists despite a recent pay bump. A report indicated that the ADC lost 38% of the officer workforce hired in 2017 resulting in a considerable amount of mandatory overtime. Consequently, the audit team opted to consider the existence of the Re-Entry facility germane to this audit cycle since it was operational for almost one half of that period. The agency did prepare their accreditation files accordingly with documentation of the female minimum-security operation.

In 1983, the ADC constructed the first 108 beds for the Maximum-Security Unit. In 1985, those beds increased to 324. In 1986 the Death Row inmates were transferred from the Cummins Unit when the capacity reached 432. In 1996, the last 100 beds were constructed. In 2007, the unit chapel was built with funds raised by local churches and organizations. The Maximum-Security Unit is all inclusive, meaning that all the administrative offices, program and support staff and inmate housing is in one building. The facility is located in Tucker, Arkansas, approximately 40 miles south of Little Rock and sits on 2,140 acres of which 12.73 is within the security perimeter. The main structure is of brick and block building materials, there are eight cell blocks, four open barracks and two isolation Units. Four of the cell blocks, 1-4, houses general population inmates [mostly building workers, inside utility squads, food service workers, outside utility squads, maintenance workers, hoe squads and horse barn trustees]; the other four cell blocks [5-8], houses offenders that require restrictive housing [mostly administrative segregation]. These 8 cell blocks have a capacity of 54 inmates each. The open barracks, 9-12, houses general population inmates [mostly building workers, food service workers, horse barn trustees, maintenance workers, outside utility squads and the PAWS program] with a capacity of 25 inmates per unit. The isolation areas are located on either end of the main/central corridor. Both these living areas have a capacity of 30 inmates, who are mostly on punitive segregation status. Administrative/support/program areas within the building include but are not limited to: infirmary/medical unit, laundry, inmate and staff dining halls, kitchen, gymnasium, school, general/law library, chapel, contact and noncontact visitation areas for general/legal visits, staff offices for security/support/program personnel, master control and other security related functions like camera/count room, a property storage area, and commissary. There is an outdoor recreation area at one end of the facility and outdoor exercise cages for the restricted population at the other end.

Outside the perimeter fence line is an entrance building for all staff and visitors, four towers, armory, stand-alone maintenance structure, horse barn/field detail area, gun range and training facility. To the rear of the building is the vehicle sally port where transport and delivery vehicles are processed.

During the growing season, the field crews work on about 28 acres where vegetables are grown for use by the MSU and other nearby correctional units.

To provide for more effective management of inmates and staff, a modified unit management concept was implemented dividing the operation into five distinct zones.

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

The team met on March 7, 2021 in White Hall Arkansas to discuss the information provided by the association staff and the officials from Maximum Security Unit (ARDOC). the schedule for the week, as well as the general goals and procedures for the audit were discussed.

The chairperson divided standards into the following groups:

Standards # 5-ACI -1A-01 to 2G- 03 - Brian A. Neagle, Chairperson

Standards # 5-ACI - 3A-01 to 5F-08 - Jamil Niazi, Member

Standards # 5-ACI - 6A-01 to END - Gerald Carnes, Member/Healthcare

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

##### 1. Transportation

The team was escorted to the facility through the week by: Shelly Lawrence, Agency ACA Coordinator.

##### 2. Entrance Interview

The audit team arrived at the Maximum Security Unit Tucker Arkansas at approximately 8:00am on the first day. The team was escorted to an administrative conference room. The team expressed the appreciation of the association for the opportunity to be involved with the Maximum Security Units reaccreditation. At this time all initial introductions were made. The chairperson discussed the audit schedule for the week including but not limited to the tour, standard review, visitation of the shifts and departmental follow up visits. At this time we also discussed any areas of concern involving isolations/quarantines and any other COVID related information that may pose any concerns. Warden Bayer was then advised that the audit team would provide daily informal close out briefings at the end of each audit day. This would be done with staff of his choosing to discuss the progress and any concerns up to that point.

The chairperson stated that it was important the audit team observe normal operations of the facility and requested there not be any changes to operations or procedures unless the audit team was informed. The need to interview personnel on all shifts was also emphasized and a tentative schedule was discussed to accomplish this goal.

The chairperson made a request to staff that all the teams' interviews will be conducted without facility staff monitoring. This would ensure the integrity of all the interviews conducted.

It was agreed that any monitoring would interfere in any interviews conducted with inmates or staff. The Warden was asked if there was anything in which he was aware of that would interfere with the reaccreditation of the facility, in which his reply was no.

Warden Bayer then escorted the team to the Chapel where we met the rest of his team so formal introductions could take place.

The following persons were in attendance:

Jared Byers - Warden  
Dale Reed - Chief Deputy,  
Director  
Dexter Payne - Director  
William Straughn - Chief Deputy Director  
Claudia Harris - Deputy Warden  
Sgt. T. Roger - Fire/Safety Officer  
Latoris Willis - Unit Accreditation Manager  
Captain B. Davis - Shift Commander  
Kim Hoffman - Medical Regional Director  
Patti Conley - Health Services Administrator  
Shelly Lawrence - Agency ACA Coordinator  
Randy Callas - Training Academy Administrator  
Jasmine Saih - Medical Director of Nurse  
Byron Brown - Agency Safety/Fire Coordinator  
Lt. James Gardner

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 the correctional systems throughout the United states. The audit schedule and tour route were also discussed at this time.

As a result of postings around the facility announcing the upcoming audit, the staff stated that no inmate, staff or member of the public had asked them to speak to the team.

### 3. Facility Tour

The team toured the entire facility from approximately 9:02am - 1:20pm. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

William Straughn - Chief Deputy Director  
Jared Bayer - Warden  
Claudia Harris - Deputy Warden

Shelly Lawrence - Agency ACA Coordinator  
Brandon Davis - Captain  
Joshua Caudell - Lieutenant  
James Gardner - Lieutenant  
Mike Moseley - Lieutenant  
Byron Brown - Lieutenant Agency Safety/Fire Coordinator  
Joseph Powell - Corporal  
Cadajah Jackson - Deputy Warden Secretary/Visitation Clerk  
Ashley King - Admin. Specialist I/Grievance Asst.  
Carmel Steward - Admin. Specialist III/Records Asst.

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:**

Security is a very primary concern at the Maximum Security Unit. The outer perimeter is surrounded by an asphalt road. Perimeter security is maintained through the use of three 12' high fences. The interior and exterior chain link fences are topped with a single strand of razor wire with a strand of barbed wire running through the middle. The center fence is electrified and a four-zone motion activated microwave system enhances the fence line. If activation occurs, it will alert in Master Control. The officer in the front tower also has contact with responding staff in case of an alert.

There are three openings through the perimeter fence: one pedestrian front entrance sally port controlled by the south tower officer, one vehicular sally port controlled by the north side tower officer and a walk-through gate next to this area used by designated staff and inmates. Of the four available towers only two are manned 24/7. Outer buildings operational keys and back up emergency keys are also located in these towers. The other two have been unmanned since the installation of the electrified fence. There is an armed mobile patrol staffed 24/7 as well. An officer conducts a fence line check once per shift. In addition, there are approximately 20 exterior cameras to enhance perimeter security.

Upon arrival, all staff and visitors enter through the outer perimeter front entrance building and must produce a picture ID and sign in a log. All personal belongings are sent through an X-Ray machine and searched. Everyone is required to step on a body scanner for additional search. Once the body scanner is complete all personnel will stand and rotate 360 degrees in front of a cell phone detector. Personnel are also subject to screening with a handheld metal detector and submit to a pat search. Once cleared all proceed to the administration building where staff go through another screening at the administration officer's station.

Visitors are always escorted and must display the pass received upon entrance.

The 24-hour Master Control is located at the front of the main building and is staffed by one officer who is responsible for controlling movement in and out of the secure facility. They also control the issuance of radios, operational and emergency keys, restraints and chemical agents.

In addition, this person monitors all cameras and internal radio transmissions, the microwave detection system, and 17 panic alarms located throughout the facility. The fire alarm panel and radio base station are also in this area which is also part of their duty. There are approximately 140 cameras throughout the facility which show real time movement and activity.

The team noted throughout the tour that each security post had post orders. To which all staff assigned were well aware of their specific responsibilities and duties.

The small armory is located outside the perimeter fence at the base of the north tower behind two locked doors. A full-time armory officer is assigned to control weapons and chemical munitions. Access is strictly controlled and limited to a list approved by the warden. There is a small inventory of lethal and non-lethal weapons and ammunition. These items were inventoried by the audit team and no issues were observed. Loading and unloading barrels were observed in various areas.

The key room is located near the visitation area. The facility has a Key Control Officer. The Key Control Officer is responsible for maintenance and repair of the locks and keys. During the course of the audit key logs were checked for accuracy and no issues were observed.

Keys are assigned to Master Control, satellite controls, north and south tower and the key room. Keys are color coded and replacement and blank keys are kept in secure key boxes in the key room.

The movement of inmates is closely controlled by staff and monitored by the Master Control Center. The movement is controlled by the assigned building schedule and the pass system. The facility conducts 10 official counts per day. Both scheduled and unscheduled searches are conducted of the inmates as well as their living areas throughout the day.

The Maximum Security Unit is divided into five zones having one Sergeant responsible for up to eight Correctional officers. Posts within each zone are classified as Priority 1 and Priority 2. The unit's security depends on the cooperative efforts of all security staff working within and between zones to maintain proper control.

### **Environmental Conditions:**

The environmental conditions in all the housing were good. The facility in general has a good inmate climate, with good inmate/staff relations. The temperature of the facility was within normal comfort range. Noise levels throughout the facility were within acceptable ranges. Inmate housing areas were clean, property neatly stored, and inmate uniforms clean and in good repair.

All interior fixtures observed were in good working order. the housing units that were observed had adequate ventilation and there were no noticeable odors. Lighting levels were well within standards.

The general condition of the entire facility was clean and in fairly good re[air. All housing units have an appropriate number of showers, sinks, and toilets which are easily accessible to all inmates. Classification system appears to work well with the placement of inmates in the various housing units.

Although the area's toured were well within acceptable ranges the auditors did find some areas of minor concern. Restrictive Housing Barracks 5 had what appeared to be minor roof leakage. Issues with some showers and also with condensation in the cells around the window areas. All of these issues were addressed with staff and corrections had begun before the audit was over.

Also noted in Barracks 9 were issues with the shower ceiling and A/C pipe insulation. Both of these issues were repaired by the end of the first audit day. Maintenance also informed the team that painting of the Barracks and individual cells is ongoing all year. When a cell becomes vacant it is cleaned and then painted.

### **Sanitation:**

The Facility has placed a very high priority on sanitation and especially at the time of this audit which was conducted during COVID Pandemic. The level of sanitation observed by the team was well within the standards. The facility is continuously being cleaned . Inmates under the direct supervision of staff, provide sanitation services.

Chemical control was good throughout the housing units as well as the control of other cleaning materials. the appropriate Material Safety Data Sheets were at locations where chemicals were being stored. Housekeeping plans are utilized and inspections are conducted as required.



**Fire Safety:**

The facility Fire and Safety Sergeant is in charge of all fire/safety issues and ensuring compliance with all fire and safety inspections. Smoke detectors, sprinklers, standpipes, fire extinguishers along with hoses and hydrants provide fire protection throughout the facility. An Ansul hood suppression is located in the kitchen. The fire suppression systems are checked regularly and are in good working order. There are over 101 fire extinguishers, 8 hydrants, 18 pull stations, 125 smoke detectors and 42 duct detectors and 4 SCBA's about the facility. During our tour of the facility spot checks were done to ensure monthly inspections were being made to the fire extinguishers. Additionally, eye wash stations were observed for the same purpose. No deficiencies were observed .

Staff interviewed was knowledgeable of the system and procedures to be followed in the event of an emergency. Emergency exit signs were appropriately posted along with evacuation plans.

Actual fire drills are conducted quarterly in all areas of the facility, except for segregation where drills are simulated, to which staff is aware of the plan for the immediate release of inmates.

The responding fire department is the Tucker Volunteer Fire Department, located approximately 2.3 miles from the facility. annual inspections are done by the State Fire Marshal.

Toxic, caustic, flammable materials were properly stored . All fire equipment was maintained in good condition. There is also a detailed fire emergency plan in place. Fire And Safety inspections are conducted both weekly and monthly. The facility contracts with Fire Extinguishers Sales & Services and Johnson Control for inspections, maintenance and pressure testing.

**Food Service:**

The food services are maintained on sites by both staff and inmates. There are five full time staff along with inmate workers. All inmates are trained and receive medical prior to being assigned to the kitchen. The mess hall holds up to approximately 92 inmates and has 23 tables. One of which can accommodate handicap inmates. During COVID, the protocol in the mess hall is temperature checks prior to entry and only two inmates per table. Inmates are then seated opposite of each other. Upon exiting the mess hall all inmates are pat frisked and sent through a metal detector.

During the tour we inspected the Food Service areas where all rooms and equipment were checked. The temperatures of the freezers and refrigerators were well within standards. All inventoried items were in place or checked out and accounted for. Although the areas checked were clean and in order, auditors did find some areas of minor concern. These concerns were immediately rectified and were found to be no issue upon revisit.

The visiting committee did sample an inmate meal. The meal was found to be nutritious, respectfully hot, and appropriately seasoned.

The audit team during the course of the audit did not receive any complaints out of the ordinary from any inmate about the quality of the meals.

### **Medical Care :**

The audit of the Arkansas Maximum Security Unit's medical department was conducted by 1) an audit of all medical standards, 2) an interview with HSA Conley, Reg. Manager Hofmann and DON Jasmine Saih, and 3) a walk-through inspection of the facilities and staff "meet and greet."

Covid protocols were very evident and apparently very successful; at the time of the audit no staff or inmates were shown to be positive. As a result, there were no significant outcomes in the operations of this department due to this pandemic. Medical and dental staff are employees of Wellpath. All staff have received the TB testing and offered the Hep B series. Current allotted medical and dental positions are as follows, with current vacancies noted:

HSA- 1.0  
DON- 1.0  
Physician (Med. Auth) .4 (vacant)  
Psychiatrist- 0.1  
NP- 0.5  
CNA- 3.0 (1 vacant)  
RN- 0.6  
LPN- 10.4 (3 vacant)  
Dentist- 0.8  
Dental Asst.- 0.8  
Dent. Hyg.- 0.2  
Med. Rec. Clerk- 1.0  
Admin. Asst.- 0.75

Medical coverage is provided 24/7, with people on call. All inmates are screened on arrival for medical, dental, mental health, and PREA issues. Inmates access routine and specialized services through kiosks located in the H.U.- those in restricted populations give a request slip to housing staff. Cases are triaged and addressed likewise; routine sick call cases are seen within 24 hours. There are an average of 250 sick calls per month, which runs Mon. through Saturday.

There is a \$3.00 co-pay, with some exceptions, including follow-up and indigency. Any Emergency care not provided at MSU is sent to Jefferson Regional Medical Center (located about 20 minutes away) using EASI (Emergency Ambulance Services Inc.) Informed consent and refusal of HC procedures are in place.

On-site specialty services provided include X-Ray, EKG, ultrasounds, optometry, and labs drawn (which are then sent to LabCorp). A long list of a variety of offsite specialty services was observed, along with documentation showing inmates being sent to these sites. Prosthetic devices are provided where needed. Interviews with inmates showed that they felt their medical needs were being addressed.

There is a written plan for infectious diseases, including TB, Hep ABC, and HIV. An RN oversees the plan and its administration. Levels of these diseases among inmates are within normal ranges for an institution of this size and type. There is also a chronic care plan also overseen by an RN. Patients are typically seen every 3 months by either an NP or MD.

Inmates are given annual flu shots, and the Hep. A, B vaccines are given. There are exercise areas for any physical therapy patients. Four single-bed cells (none of which are “negative pressure”) within the medical area are used for infirmary care. Each has its own toilet and sink; a nearby shower is used for those purposes.

Detox is not done at MSU; any cases would be sent to Jefferson Regional.

Pharmaceuticals are obtained from Diamond (Pennsylvania) and typically received the day after requested. A local pharmacy is used for backup. About 391 inmates currently receive medications. Unused/expired meds are sent to the AR Dept. of Health for destruction; some can be returned to Diamond for credit. Some KOP medications are used, with instruction for the patient. A pill window is used three times daily- 9 am, 3 pm, and 1 am.

A basket is taken to restricted housing for distribution. Over-the-counter meds are provided by the medical department, and several are available for purchase in the commissary. Pharmaceuticals are kept behind a secure door, with narcotics further locked in a secure cabinet, with only certain staff allowed. A check of inventories showed them to be accurate and up-to-date. Sharps and tools are sanitized by autoclave; a count shows their numbers to be accurate also.

Medical records are in the process of transition from paper to electronic. They are kept secure in both cases, with access by authorized staff. An inspection showed them to be comprehensive and well-kept. Processes are in place for transfer and for the dissemination of information to any authorized outside sources. Inactive records are sent to the regional office, for storage consistent with policy and law.

First aid kits are found in various places around the institution; HC keeps them updated and documented. There is one AED on grounds, located in Health Care. Although ACA standards require only one, it was suggested to the Warden that due to the size and type of institution, at least one more should be obtained.

Biohazards and sharps are kept in a secure location and are picked up and disposed of via a contract with Stericycle.

Any medical grievances are answered by the DON. Any appeals are addressed by the HSA, and third step appeals by the Deputy Director of the AR DOC. A check shows that the number and the nature of the issues are within the expectations for an institution of this level and size.

The dental area consists of one chair. Routine services, including cleaning, extractions, are done by the staff consisting of a dentist, dental assistant, and hygienist. Any inmate requiring advanced care or oral surgery are transferred outside the institution.

Mental Health Staff are employed by the state of Arkansas (with the exception of the Psychiatrist, who is employed by Wellpath.) There are four full-time positions, two of which are currently filled (ADC/DCC Advisors) and two (Lic. Cert. Social Worker and Psychologist) that are vacant. An Administrative Assistant also works about 2 hours per week. Coverage is from Monday through Friday, 8- 5, with a rotational on call for nights and weekends.

Referrals for MH issues are seen by one of two case managers. There are currently 40 individual treatment plans, and 40 currently on psychotropic medications. Services provided include SA Treatment, crisis intervention, group and individual therapy, and medication management. Education includes Thinking Errors, Anger Management, Parenting, Communication Skills, Domestic Violence, and substance abuse education.

An MD conducts suicide prevention training for staff. There are two cells located in the isolation unit designated for such (including cameras), with others available if needed. Smocks, gowns, and blankets are on hand for use. Any in need of more comprehensive treatment and stabilization would be transferred to the Ouachita River Correctional Unit Residential Program located in Malvern, AR.

HC Outcome Measures were discussed; there were none that would fall beyond the expected instances in an institution of this level and size.

**Recreation:**

The recreation/exercise program is under the supervision of a Recreational Activities Specialist who reports to the Deputy Warden assisted by gym and yard porters. On days when there is inclement weather, general population inmates go to the large gymnasium where they can recreate with basketball, volleyball, ping pong, handball and other exercise equipment such as jump ropes, ab wheels and mats. Only 27 inmates are permitted in the area per session. Inmates may also use the available board games, cards and TV in their respective dayroom area as leisure time activities.

There is also a yard for the general population, weather and staffing permitting, which offers volleyball, soccer, a walking/running track area and benches for outside activities. There is a published and posted schedule which shows what inmates/blocks are allowed in the recreation yard at specific times.

The restricted housing/isolation units have access to 32 separate one-person yard cages.

**Religious Programming:**

The religious services program including counseling, barracks visitation, crisis ministry, procuring religious sources, scheduling spiritual advisor visits, identifying and training volunteers and scheduling worship services is under the direction of a full-time chaplain, who has the assistance of over 450 community volunteers, of which 40 or so are active, representing a number of faiths and religious disciplines. In addition, there are two inmate workers assigned to assist, primarily in the maintenance and dissemination of an extensive religious programming library, which has not only numerous written materials but an impressive array of spiritually based CDs and DVDs.

The chaplain has an office adjacent to this reference area and a large and well-equipped chapel with musical instruments, video capability and seats to accommodate a large number of attendees at services. The Chaplain also develops and shares a monthly newsletter with the facility staff and inmates, provides an orientation to new inmate arrivals at intake and develops and posts a chapel calendar unit-wide on the first of the month with a listing of groups that will be visiting the facility. As with many of the facilities programs and events all have been affected in some sort of way due to the Coronavirus.

**Offender Work Programs:**

All job assignments are mandatory. Initial assignments are usually to the Hoe Squad, Field Utility or Inside Utility. Inmates are also responsible for cleaning their own living space under the supervision of staff.

Inmates are not paid nor do they receive diminution credits, only the opportunity to get out of their housing unit and be productive in some way. All ADC inmates receive \$6 per year. All the inmates interviewed expressed an appreciation for the opportunity to be involved in these out of cell opportunities and several had been on their assignments for multiple years.

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

There are no vocational programs at MSU, primarily due to the nature of the inmate population. However, there is a small education program which is held from 4:00 - 8:00 p.m. on Monday and 4:00 - 8:00 p.m. on Tuesday - Thursday, specifically concentrating on GED preparation. There is a small classroom with computer stations off the main corridor used by students from the general population. There is one teacher who does not go to the cell areas of the restricted population nor are learning materials provided to them.

There are two programs which have a positive impact on the inmates and provide a valuable service to the community and ADC.

The Paws in Prison [PIP] program is made possible by a partnership between the ADC, the Central Arkansas Rescue Effort for animals [CARE] and other animal shelters and animal advocacy groups across the state.

The community partners rescue dogs and place them in the prison program where selected inmates trained by professional dog trainers work with the animals teaching them basic obedience and socialization skills, which makes them more adoptable. The program has about eight dogs at a time and lasts for eight weeks on average. At the time of the audit, there were seven dogs in the program. The inmates involved live in one of the open barracks with the dogs. They are charged with feeding, grooming, exercising, training and otherwise caring for the dogs. The outdoor dog recreation/relief area is on the opposite side of the main corridor.

### **Social Services:**

The chaplain provides spiritual counselling as requested or deemed appropriate, especially as related to death and family emergency notifications. In addition, the Mental Health Services unit provides individual and group counselling as determined by need. This unit also provides Anger Management classes for inmates required to attend before release. The class will also accommodate those who wish to volunteer and participate. The MSU utilizes a unit management concept with a designated unit manager for each unit along with other staff assigned to assist and support in maintaining personal contact and interaction with inmates, keeping open the lines of communication and promoting improved inmate behavior/actions. The facility also provides a Substance Abuse Treatment Program [SATP] in coordination with the nearby Tucker Unit to address alcohol/drug treatment needs.

**Visitation:**

Visitation is manned by assigned staff with rotating weekend duty. All visits must be pre-arranged and are by appointment only from an approved list of visitors.

There are 8 restrictive housing non-contact, 16 non-contact, and 22 contact booths in the visitation area. Visitation is held on Saturdays and Sundays. Visitation is by appointment only, with at least 24 hours prior notice. No visitation on holidays unless the holiday falls on a regularly scheduled visiting day. There are no more than four people allowed to visit during one visitation period. Minor children of the inmate allowed to visit may exceed the limit of four visitors, however only two approved adult visitors may accompany the minor children. The Warden must authorize any other exception.

Only class I inmates with job assignments are eligible for contact visits. From 8:30am - 11:30am or 12:30pm - 4:00pm. Class I inmates who receive non-contact visits will have two Hour visitation on Sunday.

All class II, III and IV inmates are permitted two visits a month, either on the first and third Saturday of the month or the second and fourth Saturday of the month.

The visiting areas are located off the main corridor near the master control center. It is spacious with several stations, lavatory facilities and vending machines. The open barracks [9-12] also has video visitation capability with several stations. Higher security housing locations have one or more mobile stations allowing for access to visitation without having to move these high-risk inmates off their living unit.

**Library Services:**

At the current time inmates are not allowed to enter the library due to COVID. The general/leisure library is located off the main corridor near the academic school classroom. The library is operated by an assigned Program Specialist who is assisted by two inmate aides. A Regional Librarian is available for consultation/assistance.

The library does participate in the interlibrary loan program with the local public library system. Inmates may check out three books at a time for a seven-day period. The library hours for the general population during normal times are posted in the living units with each unit having access at least once a week during the hours of 7:00 a.m. to 5:00 p.m. and 5:00 p.m. to 10:30 p.m. Monday - Friday and on weekends from 8:00 a.m. To 4:30 p.m. The books available are provided by donations as well as purchased using a designated line item in the budget. The library seemed well lit, spacious and appropriate to inmate needs except there is little counter space and no chairs.

When an inmate wishes to do legal research, he must submit a request slip to the librarian. A copy of the appropriate legal cases is printed from the computer using the Westlaw program as researched by the two trained inmate law clerks and given to the inmate. The facility also makes use of pertinent hard copy legal reference materials. Requests for typing paper, legal envelopes etc. must also be formally requested. Lockdown inmates are afforded Law Library/Library access/usage by having the materials brought to their respective cells in accordance with an established schedule.

**Laundry:**

The laundry is located off the main corridor near the inmate dining hall and gang shower. Staff and inmates operate the laundry. There is one full time staff and seven inmate workers. There are three washers, three dryers and three pressers. The washers and dryers along with the pressers appeared to be in good working order. The laundry area was very clean and well organized. Dryer vents are cleaned regularly. The tour showed inmate uniforms and supplies to be clean and in serviceable condition.

Chemicals are automatically dispensed into machines, eliminating the need for inmates to have access to the chemicals.

**F. Examination of Records**

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

1. Litigation

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

2. Significant Incidents/Outcome Measures

The audit team reviewed and discussed the Significant Incident Summary and Outcome Measures worksheet and found the numbers reflected in the report are consistent with the overall mission and security level of the facility.



3. Departmental Visits

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

Kitchen - Captain L. Jackson

Restrictive Housing (Barracks #5) - Captain Davis

Barracks #9 - Captain Davis

Laundry - Sergeant Cloird

4. Shifts

The administrative hours are usually M - F from 8:00 a.m. to 4:45 p.m.

a. Day Shift [6:15 a.m. to 6:30 p.m.]

The team was present at the facility during the day shift. On the first day of the audit we toured the facility and we visited with both staff and inmates as we moved about the facility. The team observed all programs, inmate dining and recreation along with normal operations. Shift members were very professional, understood policy & procedure and were familiar with their post orders.

b. Evening Shift [6:30 p.m. to 6:15 .m.]

The team was present at the facility during the evening shift. Auditors were present and spoke with staff at their shift briefing and also again as they came off shift. Again, staff was very professional and well maintained. The staff and inmates appeared to understand the importance of the accreditation process and seemed motivated to do a good job.

5. Status of Previously Noncompliant Standards/Plans of Action

The team reviewed the status of the standards audit from the previous site visit and found that no standards were determined to be in non-compliance.

**G. Interviews**

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

## 1. Offender Interviews

During the course of the audit, the team spoke with approximately 79 inmates. We received no complaint of a repetitive nature regarding the facility. any complaints were of normal concern. The inmate/staff interaction was good. In general, the inmates interviewed all reported that they are being treated fairly by staff and their basic needs, including food and medical were being met. The inmates have adequate access to telephones, mail and staff as needed.

Staff was observed interacting with the inmate population in almost all areas visited. There were no major consistent complaints received by the audit team. Auditors did observe inmates engage staff with basic concerns and questions. In turn we observed staff doing what they could to rectify the issue. The inmates that were interviewed reported the facility was as safe as it could be. they also stated staff treated them fairly and respectfully.

## 2. Staff Interviews

The team had the pleasure of speaking with staff of dedicated, knowledgeable professionals. The team spoke with approximately 61 staff members. The staff was professional, motivated and job knowledgeable. they stated that they enjoyed working at the facility and felt they were in a fairly safe work environment and were respected by the administration. They feel that the training they have received is adequate and efficient which enables them to perform their duties with confidence.

Staff spoke very highly and openly of the Warden and their supervisors. They were polite , cooperative and conducted themselves in a highly professional manner. There was a normal working correlation between the departments and the communication flowed freely.

There were four letters submitted to the ACA related to this facility. Two of the inmates were no longer incarcerated at MSU. The remaining two inmates were interviewed regarding his correspondence to ACA. The letters were related work issues and programming. The content of the interviews were relayed to Warden Jared Bayer. Both inmate correspondence were sent in 2018/2019. Both inmates stated things at the facility have gotten better since Warden Bayer arrived.

## **H. Exit Discussion**

The exit interview was held at approximately 11:00 a.m. on March 11, 2021 in the gymnasium. There were approximately 51 staff members present for the close out.

The chairperson explained the procedures that would follow the audit. the team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

**COMPLIANCE TALLY**

<b>Manual Type</b>	Adult Correctional Institutions, 5 <sup>th</sup> edition	
<b>Supplement</b>	Not Applicable	
<b>Facility/Program</b>	ADC Maximum Security Unit	
<b>Audit Dates</b>	March 8 -10, 2021	
<b>Auditor(s)</b>	Brian A Neagle, Chairperson, Jamil Niazi Member, Gerald Carnes, Member/Healthcare	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	64	509
Number Not Applicable	4	42
Number Applicable	60	467
Number Non-Compliance	0	5
Number in Compliance	60	462
Percentage (%) of Compliance	100%	98.9%
<p>Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</p> <p>Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</p> <p>Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</p>		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Maximum Security Unit (ARDOC)  
Tucker, Arkansas

March 8 - 10, 2021

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

**Standard # 5-ACI-1C-05**

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

FINDING:

The facility has had a vacancy rate exceeding 10% for almost the entire audit cycle.

AGENCY RESPONSE:

Plan of Action

All staff will be challenged to recruit prospective employees. The ADC has a website <https://arcareers.arkansas.gov/> that lists all available jobs and an online application process to aid all interested parties in seeking employment at ADC.

Task

- a. Retain staff
- b. Process available applicants
- c. Mentor all staff in developing the skills needed for a career in the ADC

Responsible Agency

- a. Human Resources Administrator
- b. Human Resources Staff
- c. Warden and Human Resources Manager

Assigned Staff

- a. Human Resources Administration Staff
- b. Unit Human Resources Manager

Anticipated Completion Date

- c. ACA audit in 2024 or sooner

AUDITOR'S RESPONSE:

The team supports the plan of action as being realistic, given the circumstances, and attainable.

**Standard # 5-ACI-2C-02**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT SINGLE-OCCUPANCY CELLS/ROOMS SHALL BE AVAILABLE, WHEN INDICATED, FOR THE FOLLOWING:

- INMATES WITH SEVERE MEDICAL DISABILITIES
- INMATES SUFFERING FROM SERIOUS MENTAL ILLNESS
- SEXUAL PREDATORS
- INMATES LIKELY TO BE EXPLOITED OR VICTIMIZED BY OTHERS
- INMATES WHO HAVE OTHER SPECIAL NEEDS FOR SINGLE HOUSING

WHEN CONFINEMENT EXCEEDS 10-HOURS A DAY, THERE IS AT LEAST 80-SQUARE FEET OF TOTAL FLOOR SPACE, OF WHICH 35-SQUARE FEET IS UNENCUMBERED SPACE.

FINDING:

Except for the East/West Isolation sections, all other restrictive housing cells, where inmates are confined for more than 10 hours a day, range from 73 to 75 square feet of total floor space instead of the 80 square feet required.

AGENCY RESPONSE:

Waiver Request

The Maximum-Security Unit was built in 1982. It would be cost prohibitive to try to come into compliance with this standard, therefore, we are requesting a waiver for this standard.

AUDITOR'S RESPONSE:

The team supports the waiver request given the cost and practical implications.

**Standard # 5-ACI-4B-06**

ALL CELLS/ROOMS IN RESTRICTIVE HOUSING PROVIDE A MINIMUM OF 80 SQUARE FEET, AND SHALL PROVIDE 35 SQUARE FEET OF UNENCUMBERED SPACE FOR THE FIRST OCCUPANT AND 25 SQUARE FEET OF UNENCUMBERED SPACE FOR EACH ADDITIONAL OCCUPANT.

FINDING:

All restrictive housing cells fail to meet the 80 square foot requirement with 73-75 square feet currently available.

AGENCY RESPONSE:

Waiver Request

The Maximum-Security Unit was built in 1982. It would be cost prohibitive to try to come into compliance with this standard, therefore, we are requesting a waiver for this standard.

AUDITOR'S RESPONSE:

The team supports the waiver request given the cost and practical implications.

**Standard # 5-ACI-4A-03**

ALL CELLS/ROOMS IN SPECIAL MANAGEMENT HOUSING PROVIDE A MINIMUM OF 80 SQUARE FEET, AND SHALL PROVIDE 35 SQUARE FEET OF UNENCUMBERED SPACE FOR THE FIRST OCCUPANT AND 25 SQUARE FEET OF UNENCUMBERED SPACE FOR EACH ADDITIONAL OCCUPANT.

FINDING:

Special management housing unit cells do not meet the 80 square feet requirement. Currently cells have 73-75 square feet.

AGENCY RESPONSE:

Waiver Request

The Maximum-Security Unit was built in 1982. it would be cost prohibitive to try to come into compliance with this standard, therefore we are requesting a waiver for this standard.

AUDITORS RESPONSE:

The team supports the waiver request given the cost and practical implications.

**Standard # 5-ACI-2E-01**

BOTH OUTDOOR AND COVERED/ENCLOSED EXERCISE AREAS FOR GENERAL POPULATION INMATES ARE PROVIDED IN SUFFICIENT NUMBER TO ENSURE THAT EACH INMATE IS OFFERED AT LEAST ONE HOUR OF ACCESS DAILY. USE OF OUTDOOR AREAS IS PREFERRED, BUT COVERED/ENCLOSED AREAS MUST BE AVAILABLE FOR USE IN INCLEMENT WEATHER. COVERED/ENCLOSED AREAS CAN BE DESIGNED FOR MULTIPLE USES AS LONG AS THE DESIGN AND FURNISHINGS DO NOT INTERFERE WITH SCHEDULED EXERCISE ACTIVITIES.

THE MINIMUM SPACE REQUIREMENTS FOR EXERCISE AREAS ARE AS FOLLOWS:

- OUTDOOR EXERCISE AREAS IN FACILITIES WHERE 100 OR MORE INMATES UTILIZE ONE RECREATION AREA-15 SQUARE FEET PER INMATE FOR THE MAXIMUM NUMBER OF INMATES EXPECTED TO USE THE SPACE AT ONE TIME, BUT NOT LESS THAN 1,500 SQUARE FEET OF UNENCUMBERED SPACE.
- OUTDOOR EXERCISE AREAS IN FACILITIES WHERE LESS THAT 100 INMATES HAVE UNLIMITED ACCESS TO AN INDIVIDUAL RECREATION AREA-15 SQUARE FEET PER INMATE FOR THE MAXIMUM NUMBER OF INMATES EXPECTED TO USE THE SPACE AT ONE TIME, BUT NOT LESS THAN 750 SQUARE FEET OF UNENCUMBERED SPACE.
- COVERED/ENCLOSED EXERCISE AREAS IN FACILITIES WHERE 100 OR MORE INMATES UTILIZE ONE RECREATION AREA-15 SQUARE FEET PER INMATE FOR THE MAXIMUM NUMBER OF INMATES EXPECTED TO USE THE SPACE AT ONE TIME, WITH A MINIMUM CEILING HEIGHT OF 18 FEET, BUT NOT LESS THAN 1,000 SQUARE FEET OF UNENCUMBERED SPACE.
- COVERED/ENCLOSED EXERCISE AREAS IN FACILITIES WHERE LESS THAN 100 INMATES UTILIZE ONE RECREATION AREA-15 SQUARE FEET PER INMATE FOR THE MAXIMUM NUMBER OF INMATES EXPECTED TO USE THE SPACE AT ONE TIME, WITH A MINIMUM CEILING HEIGHT OF 18 FEET, BUT NOT LESS THAT 500 SQUARE FEET OF UNENCUMBERED SPACE.

**FINDINGS:**

Inmates in the general population are only offered one hour. recreation for five days instead of everyday.

Plan of Action



Task

- a. Answer all standard entirely.
- b. Keep communication with auditor when in danger of losing a standard.
- c. Bring all standard into compliance before close of an audit.

Responsibility Agency

- a. Accreditation Manager

Assigned Staff

- a. Accreditation Manager

Anticipated Completion Date

- a. March 18, 2021

AUDITOR'S RESPONSE:

The team supports the plan of action as being realistic, given the circumstances, and attainable.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Maximum Security Unit (ARDOC)  
Tucker, Arkansas

March 8 - 10, 2021

Visiting Committee Findings

Mandatory Standards

Not Applicable

**Standard # 5-ACI-6A-10**

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:

Maximum Security Unit does not house female inmates.

**Standard # 5-ACI-6A-21**

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

INQUIRY INTO:

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

OBSERVATION OF THE FOLLOWING:

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

MEDICAL DISPOSITION OF THE OFFENDER:

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

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

FINDINGS:

The facility is not an initial intake unit.

**Standard # 5-ACI-6A-25**

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 HEALTHCARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

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

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITHOUT SIGNIFICANT HEALTH CARE CONCERNS IDENTIFIED DURING EARLIER SCREENING- NO IDENTIFIED ACUTE OR CHRONIC DISEASE, NO IDENTIFIED COMMUNICABLE DISEASES, AND SO FORTH)
  - REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
  - INITIATION OF THERAPY, WHEN APPROPRIATE
  - DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION
- INTERPRETATION JANUARY 2004. THE CRITERION FOR TESTING FOR VENEREAL DISEASES IS AT THE DISCRETION OF THE AGENCY'S/FACILITY'S HEALTH AUTHORITY.

FINDINGS:

The facility is not an initial intake unit.

**Standard # 5-ACI-6A-32**

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

- REVIEW OF AVAILABLE HISTORICAL RECORDS OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT
- REVIEW OF HISTORY OF TREATMENT WITH PSYCHOTROPIC MEDICATION
- REVIEW OF HISTORY OF PSYCHOTHERAPY, PSYCHO-EDUCATIONAL GROUPS AND CLASSES OR SUPPORT GROUPS
- REVIEW OF HISTORY OF DRUG AND ALCOHOL TREATMENT
- REVIEW OF EDUCATION HISTORY
- REVIEW OF HISTORY OF SEXUAL ABUSE-VICTIMIZATION AND PREDATORY BEHAVIOR
- ASSESSMENT OF CURRENT MENTAL STATUS AND CONDITION
- ASSESSMENT OF CURRENT SUICIDAL POTENTIAL AND PERSON-

- SPECIFIC CIRCUMSTANCES THAT INCREASE SUICIDE POTENTIAL
- ASSESSMENT OF VIOLENCE POTENTIAL AND PERSON- SPECIFIC CIRCUMSTANCES THAT INCREASE VIOLENCE POTENTIAL
- ASSESSMENT OF DRUG AND ALCOHOL ABUSE AND/OR ADDICTION
- USE OF ADDITIONAL ASSESSMENT TOOLS, AS INDICATED
- REFERRAL TO TREATMENT, AS INDICATED
- DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

FINDINGS:

The facility is not an initial intake unit.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Maximum Security Unit (ARDOC)  
Tucker, Arkansas

March 8 - 10, 2021

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**Standard # 5-ACI-1C-12**

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

FINDINGS:

The ADC is not covered by merit systems, civil service regulations or union contracts.

**Standard # 5-ACI-2B-04**

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

FINDINGS:

The facility has had no new construction after 1/1/90.

**Standard # 5-ACI-2C-06**

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

**FINDINGS:**

The facility has had no new construction after June 2014.

**Standard # 5-ACI-2C-10**

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

**FINDINGS:**

The facility has had no new construction after June 2014.

**Standard # 5-ACI-2D-04**

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

**FINDINGS:**

The facility has had no new construction or renovation after June 1, 2008.



**Standard # 5-ACI-2D-05**

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

**FINDINGS:**

The facility has had no new construction or renovation after June 1, 2008.

**Standard # 5-ACI-2D-08**

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). CIRCULATION IS AT LEAST 15 CUBIC FEET OF OUTSIDE OR RECIRCULATED FILTERED AIR PER MINUTE PER OCCUPANT FOR CELLS/ROOMS, OFFICER STATIONS, AND DINING AREAS, AS DOCUMENTED BY A QUALIFIED TECHNICIAN AND SHOULD BE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE INTERPRETATION AUGUST 2002. THE WORDS "ACCREDITATION CYCLE" ARE INTERPRETED AS WITHIN THE PAST THREE YEARS.

**FINDINGS:**

The facility has had no new construction or renovation after 1/1/90.

**Standard # 5-ACI-3A-07**

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

**FINDINGS:**

The facility only houses male inmates.

**Standard # 5-ACI-3A-17**

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

FINDINGS:

The facility does not house female inmates.

**Standard # 5-ACI-3A-25**

AN ANNUAL SAFETY INSPECTION OF ALL VEHICLES IS CONDUCTED BY QUALIFIED INDIVIDUALS IN ACCORDANCE WITH STATE STATUTES FOR ANY VEHICLE THAT IS OWNED, LEASED, OR USED IN THE OPERATION OF THE FACILITY.

FINDINGS:

Arkansas DMV does not require annual safety inspections.

**Standard # 5-ACI-3A-43**

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

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

FINDINGS:

The facility does not have a canine unit.

**Standard # 5-ACI-3A-44**

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

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

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

FINDINGS:

The facility does not have a canine unit.

**Standard # 5-ACI-3A-45**

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

FINDINGS:

The facility does not have a canine unit.

**Standard # 5-ACI-3D-05**

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

FINDINGS:

The facility only houses male inmates.

**Standard # 5-ACI-4B-32**

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

FINDINGS:

ARDOC Max Unit does not house female inmates.

**Standard # 5-ACI-4B-0033**

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

FINDINGS:

ARDOC Max Unit does not house offenders under the age of 18.

**Standard # 5-ACI-5A-01**

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

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

FINDINGS:

The facility is not an initial intake unit.

**Standard # 5-ACI-5A-02**

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

- LEGAL ASPECTS OF THE CASE
- SUMMARY OF CRIMINAL HISTORY, IF ANY
- SOCIAL HISTORY
- MEDICAL, DENTAL, AND MENTAL HEALTH HISTORY
- OCCUPATIONAL EXPERIENCE AND INTERESTS
- EDUCATIONAL STATUS AND INTERESTS
- VOCATIONAL PROGRAMMING
- RECREATIONAL PREFERENCE AND NEEDS ASSESSMENT

- PSYCHOLOGICAL EVALUATION
- STAFF RECOMMENDATIONS
- PRE-INSTITUTIONAL ASSESSMENT INFORMATION

FINDINGS:

The facility is not an initial intake unit.

**Standard # 5-ACI-5A-03**

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

FINDINGS:

The facility is not an initial intake unit.

**Standard # 5-ACI-5B-14**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard # 5-ACI-5B-15**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard # 5-ACI-5B-16**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard # 5-ACI-5B-17**

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

FINDINGS:

The facility does not house youthful offenders.

**Standard # 5-ACI-5B-18**

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:

FINDINGS:

The facility does not house youthful offenders.

**Standard # 5-ACI-5D-11**

THE INSTITUTION PROVIDES FOR THE THOROUGH CLEANING AND, WHEN NECESSARY, DISINFECTING OF INMATE PERSONAL CLOTHING BEFORE STORAGE OR BEFORE ALLOWING THE INMATE TO KEEP AND WEAR PERSONAL CLOTHING.

FINDINGS:

The facility only receives intra-system transfers who come with ADC clothing and not personal clothing.

**Standard # 5-ACI-5E-10**

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.

FINDINGS:

ARDOC Max Unit does not house female inmates.

**Standard # 5-ACI-5F-08**

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/SURVIVOR THAT PROVIDES AN OPPORTUNITY OR SUCH VICTIMS OR SURVIVORS TO MEET FACE-TO-FACE OR BY OTHER MEANS WITH THE INMATE RESPONSIBLE FOR THEIR VICTIMIZATION IN A SAFE, SECURE , AND CONFIDENTIAL SETTING AFTER THOROUGH PREPARATION WITH, AND WITH ASSISTANCE OF A PROPERLY TRAINED FACILITATOR.

FINDINGS:

ARDOC Max Unit does not offer this type of program.

**Standard # 5-ACI-6A-11**

WHERE NURSING INFANTS ARE ALLOWED TO REMAIN WITH THEIR MOTHERS, PROVISIONS ARE MADE FOR A NURSERY, STAFFED BY QUALIFIED PERSONS, WHERE THE INFANTS ARE PLACED WHEN THEY ARE NOT IN THE CARE OF THEIR MOTHERS.

FINDINGS:

The facility only houses male inmates and there are no infants/mothers.

**Standard # 5-ACI-6A-24**

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:

The facility does not house in-transit inmates.



**Standard # 5-ACI-6A-39**

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

FINDINGS:

ARDOC Max Unit does not have an inpatient care unit.

**Standard # 5-ACI-6B-04**

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:

ARDOC Max Unit only employs qualified health care personnel.

**Standard # 5-ACI-6B-10**

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:

ARDOC Max Unit does not use volunteers to provide medical services.

**Standard # 5-ACI-6B-11**

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTHCARE 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:**

ARDOC Max Unit does not use students, interns or residents to deliver health care services.

**Standard # 5-ACI-6B-12**

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

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

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

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

FINDINGS:

ARDOC Max Unit does not use inmates to perform familial duties.

**Standard # 5-ACI-7A-08**

WHERE AN INDUSTRIES PROGRAM EXISTS, THERE WILL BE A STATUTE AND/OR WRITTEN POLICY AND PROCEDURE THAT AUTHORIZES THE ESTABLISHMENT OF AN INDUSTRIES PROGRAM AND DELINEATES THE AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY FOR THE FINDINGS:

ARDOC Max Unit has no industry.

**Standard # 5-ACI-7A-09**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE SECURITY AND PROGRAM DETERMINATIONS NECESSARY FOR ANY INDIVIDUAL TO BE ELIGIBLE FOR INDUSTRIES WORK ARE MADE BY THE CLASSIFICATION COMMITTEE.

FINDINGS:

ARDOC Max Unit does not have an industries program.

**Standard # 5-ACI-7A-10**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEET THE REALISTIC WORKLOAD NEEDS OF EACH INDUSTRIES OPERATING UNIT.

FINDINGS:

ARDOC Max Unit does not have an industries program.

**Standard # 5-ACI-7A-11**

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

FINDINGS:

ARDOC Max Unit does not have an industries program.

**Standard # 5-ACI-7A-12**

A COST ACCOUNTING SYSTEM FOR EACH OPERATING INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS:

ARDOC Max Unit does not have an industries program.

**Standard # 5-ACI-1B-24**

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:

The ADC is not responsible for restitution programs or victim awareness programs for inmates.

**Standard # 5-ACI-7A-14**

PRIVATE INDUSTRIES ON THE INSTITUTION GROUNDS EMPLOYING INMATES IN POSITIONS NORMALLY FILLED BY PRIVATE CITIZENS PAY INMATES THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED.

FINDINGS:

ARDOC Max Unit has no private industries operating on the grounds.

**Standard # 5-ACI-7B-03**

VOCATIONAL TRAINING PROGRAMS ARE INTEGRATED WITH ACADEMIC PROGRAMS AND ARE RELEVANT TO THE VOCATIONAL NEEDS OF THE INMATE POPULATION AND TO EMPLOYMENT OPPORTUNITIES IN THE COMMUNITY.

- TO RECEPTION AND DIAGNOSTIC CENTERS WITH AN AVERAGE OFFENDER LENGTH OF STAY OF 90 DAYS OR LONGER

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

FINDINGS:

ARDOC Max Unit does not have vocational training.

## 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: Maximum Security Unit  
 Reporting Period: March 2020 -February 2021

Incident Type	Months ➔	March 20	April 20	May 20	June 20	July 20	August 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Total for Reporting Period
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	2	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with Mandatory Standard* <sup>a</sup>		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

Name of Facility: Maximum Security Unit

Date: March 2020 - February 2021

Number of Months Collected: 12

Standard	Outcome Measure	Numerator / Denominator	Value	
<b>1A</b>	<b>(1)</b>	Number of offenders diagnosed with MRSA infection within the past twelve (12) months	0	
	divided by	The average daily population	628	0
	<b>(2)</b>	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months.	0	
	divided by	The average daily population	628	0
	<b>(3)</b>	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	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	3	0
	<b>(4)</b>	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	0	0
	<b>(5)</b>	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time	65	
	divided by	Total offender population at that time	689	0.094
	<b>(6)</b>	Number of offenders diagnosed with HIV infection at a given point in time	6	
	divided by	Total offender population at that time.	689	.009
	<b>(7)</b>	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time	6	
	divided by	Total number of offenders diagnosed with HIV infection at that time.	6	100%
	<b>(8)</b>	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	6	
	divided by	Total number of treated offenders with HIV infection that were reviewed.	6	100%
	<b>(9)</b>	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	49	
	divided by	Total offender population at that time.	634	.08
	<b>(10)</b>	Number of offender admissions to off-site hospitals in the past twelve (12) months	28	



	divided by	Average daily population.	628	.04
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months	30	
	divided by	Average daily population in the past twelve (12) months.	628	.05
	(12)	Number of offender specialty consults completed during the past twelve (12) months	262	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	425	.62
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg	16	
	divided by	Total number of offenders with hypertension who were reviewed.	40	.4
	(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	3	
	divided by	Total number of diabetic offenders who were reviewed.	20	.15
	(15)	The number of completed dental treatment plans within the past twelve (12) months	117	
	divided by	The average daily population during the reporting period.	628	.19
<b>2A</b>	(1)	Number of health care <i>staff</i> with lapsed licensure or certification during a twelve (12) month period	0	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	18	0
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job	2	
	divided by	Number of new health care staff during the twelve (12) month period.	2	100%
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months	0	
	divided by	Number of employees.	18	0
	(4)	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	0	0
<b>3A</b>	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months	7	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	76	.09
	(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

	<b>(3)</b>	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	1	0
<b>4A</b>	<b>(1)</b>	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period	1	
	divided by	Number of problems identified by the quality assurance program during a twelve (12) month period.	1	100%
	<b>(2)</b>	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	0	
	<b>(3)</b>	Number of offender suicide attempts in the past twelve (12) months	3	
	divided by	Average daily population	628	.005
	<b>(4)</b>	Number of offender suicides in the past twelve (12) months	3	
	divided by	Average daily population	628	.005
	<b>(5)</b>	Number of unexpected natural deaths in the past twelve (12) months	2	
	divided by	Total number of deaths in the same reporting period.	7	.29
	<b>(6)</b>	Number of serious medication errors in the past twelve (12) months	0	0
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			