

COMMISSION ON ACCREDITATION FOR CORRECTIONS  
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Corrections  
Pine Bluff Complex  
Pine Bluff, Arkansas

March 1-3, 2022

VISITING COMMITTEE MEMBERS

Gregory T. Knowlin, Chairperson  
ACA Auditor

Ronald Embry  
ACA Auditor

Michael J. Marutiak  
ACA Auditor

**A. Introduction**

The audit of the Pine Bluff Complex, Pine Bluff, Arkansas was conducted on March 1-3, 2022, by the following team: Gregory T. Knowlin, Chairperson; Ronald Embry, Member; and Michael Marutiak, Member.

**B. Facility Demographics**

Rated Capacity:	Ester Unit: 579 Pine Bluff Unit: 540 Pine Bluff Re-Entry: 54 Randall L. Williams Unit: 562
Actual Population:	Ester Unit: 539 Pine Bluff Unit: 508 Pine Bluff Re-Entry: 50 Randall L. Williams Unit: 487
Average Daily Population for the last 12 months:	Ester Unit: 511 Pine Bluff Unit: 479 Pine Bluff Re-Entry: 52 Randall L. Williams Unit: 494
Average Length of Stay:	Ester Unit: 1 Year, 5 Months, 7 Days Pine Bluff Unit: 1 Year, 2 Months, 22 Days Pine Bluff Re-Entry: 0 Years, 9 Months, 14 Days Randall L. Williams Unit: 0 Years, 11 Months, 5 Days
Security/Custody Level:	Ester Unit: 43.2% Minimum, 37.7% Medium, 19.1% Maximum Pine Bluff Unit: 51.8% Minimum, 36.6% Medium, 11.6% Maximum Pine Bluff Re-Entry: 96% Minimum, 4% Medium Randall L. Williams Unit: 59.8% Minimum, 28.3% Medium, 11.9% Maximum
Age Range of Offenders:	Ester Unit: 18-81 Pine Bluff Unit: 19-87 Pine Bluff Re-Entry: 22-66 Randall L. Williams: 17-80
Gender:	Ester Unit: Male Pine Bluff Unit: Male Pine Bluff Re-Entry: Male Randall L. Unit: Male

Full-Time Staff:	<u>Pine Bluff Unit</u> 112 Food Service 4 Program 4 Administrative 15 Security 89
Full-Time Staff	<u>Randall L. Williams</u> 120 Food Service 5 Program 14 Administrative 18 Security 83
Full-Time Staff	<u>Ester Unit</u> 135 Food Service 5 Program 3 Administrative 17 Security 110

**C. Facility Description**

The Pine Bluff Complex is composed of three separate facilities referred to as Units. The first Unit you arrive to upon entering the complex is the Randall L. Williams Unit. Further into the complex after passing through a security gate, you will arrive at the Pine Bluff and Ester Units.

Randall L. Williams Unit

Construction began on a Jefferson County Jail/ Correctional Facility began in June 1989, to house 72 jail detainees and 328 state inmates opening in 1990. A 34-bed expansion to the Jefferson County jail was completed in June 1995. Construction of the modular unit to house an additional 180 state inmates was later completed.

Jefferson County opened a new adult detention facility in October 2007. In December 2007, the Arkansas Department of Corrections purchased the 106 beds, Jail Side of the facility, and the 10 acres of land. The facility was officially renamed the Randall L. Williams Correctional Facility in April 2008, after the Circuit Judge Randall L. Williams' who served as Chairman of the Board of Corrections and Community Punishment. Now being a part of the Pine Bluff Complex housing 553 male inmates, medium security level. The physical plant includes four main barracks and a large modular unit off the west hall. There are three cell blocks off the east hall and a segregation unit that consists of 13 cells. There are several small yards off the living units and also a larger yard. There is a central laundry, kitchen and dining area, infirmary off the main hallway. The administrative offices, visiting room and training room are off the main entrance.

Barbara Ester Unit

Original construction of this facility began in 1978 with inmate labor bussed from Cummins Unit each day until the latter part of 1979. Temporary housing was established

for the inmate labor until the first structures were completed. The Diagnostic Unit began operating as a reception center for ADC in 1981 when the first inmates were delivered from the county jails. The initial construction had not been completed when it was expanded to a capacity of 486 inmates. In 1993, modifications to accommodate inmates with special needs reduced the capacity to 467 and then in 1995, beds were added back. In February 2012 this facility was closed, moving all operation to the Ouachita River Correction Facility in Malvern.

In 2015 the remodeling of this unit began with inmate living area first. In July 2015 inmates moved in starting with 184 then in December adding another 196 inmates making the capacity 380. The kitchen was opened in January of 2016 at the Ester Unit. The opening of the last barracks and the Medical Department opened in 2017. The first day for the infirmary was November 1, 2017. Bringing the total count up to 6.

The Barbara Ester Unit is a tribute to an Arkansas prison guard who lost her life in the line of duty January 20, 2012, at the hands of a prisoner.

#### Pine Bluff Unit

The Pine Bluff Unit was built in 1976, originally as the Women's Unit, to house the State's 128 female offenders who had been transferred from the Cummins Unit. By 1994, the women had outgrown this facility and were transferred to the Tucker Unit at Tucker, Arkansas. Male inmates from the Tucker Unit were transferred to this unit and the name was changed to the Pine Bluff Unit. Today, the Pine Bluff Unit has a capacity to house 540 inmates. Twenty of these beds are devoted to the Work Release Program and 520 beds for those who work in various jobs in and around the unit. Some of those assignments include, Food Service, Construction, Maintenance, Regional Maintenance, Barrack Porters, Free Line Lawn, Horse barn.

The Pine Bluff Unit serves as a dual accommodation facility, housing both work release and general inmate populations. The only work release living area that is located at the physical plant is barracks three. Apartments one through five are all multi-occupancy rooms. Barracks two is comprised of rooms capable of housing two occupants, and barracks four is made up of single person rooms. The general population housing area consists of 10 barracks total and includes three dormitory styled housing units with either one or two person rooms, and seven open barracks spread across three separate buildings, and a separate segregation unit designed with single person cells and a capacity to hold up to 17 inmates. Other structures within the perimeter fence include the administration offices, a chapel, the food service area, infirmary, laundry area, and a large recreation yard. The facility has covered walkways that connect the administrative building, chapel, gym, infirmary, kitchen, laundry, and an outside courtyard.

#### Mission Statement

It is the mission of the Pine Bluff Complex to provide a secure and humane correctional environment for staff and inmates. This is accomplished through strict adherence to established security practices and programs opportunities for inmates to develop physically, mentally, and spiritually.

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

The team met on March 1, 2022, in Pine Bluff, Arkansas, to discuss the information provided by the Association staff and the officials from Pine Bluff Complex.

The chairperson divided standards into the following groups:

Standards # 5-ACI-1A-01 to 5-ACI-2G-03 to Gregory T. Knowlin, Chairperson

Standards # 5-ACI-3A-01 to 5-ACI-5F-08 to Ronald Embry, Member

Standards # 5-ACI-6A-01 to 5-ACI-7F-08 to Michael Marutiak, Member

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

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

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

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

The audit team proceeded to the visitation room at the Barbara Ester Unit by Shelly Lawrence, State Regional Accreditation Manager. The team expressed the appreciation of the Association for the opportunity to be involved with Pine Bluff Complex in the accreditation process.

Joe Page, III, Warden escorted the team to visitation room at the Barbara Ester Unit where the formal entry meeting was held.

The following persons were in attendance:

Joe Page III- Pine Bluff Complex Superintendent  
Richard Cooper- Department of Corrections Assistant Director  
William Straughn- Department of Corrections Deputy Director  
Dexter Payne- Department of Corrections Director  
Aundrea Culclager- Superintendent  
Adam Clark- Deputy Warden Randall L Williams Unit  
Emmer Branch- Deputy Warden Ester Unit  
Shelly Lawrence- Agency Accreditation Manager  
Byron Brown- Agency Fire and Safety Coordinator  
Mary Reynolds- Work Release Supervisor  
Beckie Shields- Pine Bluff Unit Tool Control  
Arkeame R. Johnson- Lt  
Shelly Byers- Assistant Medical Program Manager  
Melissa Moore- ADC Health Services Administrator  
Ramona Huff- Health Services Administrator Pine Bluff Unit

Lauretha Thompson- Health Services Administrator Randall L Williams Unit  
Rebekah Davis- Regional Manager Wellpath  
Vashti Day- Pine Bluff Unit Kitchen Captain  
Kim Rosenthal- Wellpath Director of Operations  
Mary Carter- Health Services Administrator Ester Unit  
Latoris Willis- Accreditation Manager Max Unit  
Virginia Robins- Accreditation Manager McPherson Unit  
Andrea Moore- Visitation Ester Unit  
Sandra Redwood- Grievance Ester Unit  
Cozette Fuller- Program Specialist Ester Unit  
Kennie Bolden- Deputy Warden Pine Bluff Unit  
Mary Cobbs- Major Pine Bluff Unit  
Lee Skinner- Warden Secretary Pine Bluff Complex  
Jessica Parent- Accreditation Assistant Pine Bluff Complex  
Pam Burke- Accreditation Manager Delta Unit  
Saundra Lockett- Mental Health Advisor Randall L Williams Unit  
Tammy Courtney- Laundry  
Ryan Robinson- Utility Staff  
Everett Litzsey- Major Randall L Williams Unit  
Dean Shields- Director of Maintenance Pine Bluff Complex  
Michael Lowe- Major Ester Unit  
Samantha Jernigan- Count Room Ester Unit  
Gregg Moore- Captain Ester Unit  
Rick Compton- Business Manager Ester Unit  
Lisa Anderson- Deputy Warden's Secretary Pine Bluff Unit  
Laura Robbins- Comms. Department

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.

It is through the accreditation process that you are able to maintain a balance between protecting the public and providing an environment that is safe for both staff and inmates.

The goal of the audit team is to be as helpful and as non-intrusive as possible during the audit. Please do not change any of your normal facility schedules or operations. We want to be able to see you under normal conditions.

No new policy or procedures are to be created during the audit. We will hold the facility accountable to high standards.

We are the eyes and ears of the Commission and over the next 2 ½ days the audit team will be reviewing your compliance levels with the ACA standards and making a recommendation to the Commission.

### 3. Facility Tour

The team toured the entire facility from 9:10am to 3:30pm. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

#### Ester Unit

Emmer Branch Deputy Warden Ester Unit  
Greg Moore Captain  
Dexter Payne Director Arkansas Department of Corrections  
Joe Page III Superintendent of the Pine Bluff Complex  
William Straughn Deputy Director  
Shelly Lawrence Agency Accreditation Manager  
Byron Brown Agency Fire and Safety Coordinator  
Lee Skinner- Warden Secretary Pine Bluff Complex- Gregory Knowlin's Scribe  
Lisa Anderson – Deputy Warden's Secretary Pine Bluff Unit- Auditor Mike's Scribe  
Cozette Fuller- Program Specialist Ester Unit- Ronald Embry's Scribe  
David Ryles Mental Health Supervisor  
Herman Shields Maintenance Supervisor Pine Bluff Complex  
Shelly Byers Assistant Medical Program Manager  
Melissa Moore Agency Health Services Administrator  
Jessica Parent Pine Bluff Complex Accreditation Assistant

#### Pine Bluff Unit

Kennie Bolden Deputy Warden Pine Bluff Unit  
Mary Cobbs Major Pine Bluff Unit  
Joe Page III Superintendent of the Pine Bluff Complex  
William Straughn Deputy Director  
Shelly Lawrence Agency Accreditation Manager  
Byron Brown Agency Fire and Safety Coordinator  
Lee Skinner- Warden Secretary Pine Bluff Complex- Gregory Knowlin's Scribe  
Lisa Anderson – Deputy Warden's Secretary Pine Bluff Unit- Auditor Mike's Scribe  
Cozette Fuller- Program Specialist Ester Unit- Ronald Embry's Scribe  
David Ryles Mental Health Supervisor  
Herman Shields Maintenance Supervisor Pine Bluff Complex  
Shelly Byers Assistant Medical Program Manager  
Melissa Moore Agency Health Services Administrator  
Jessica Parent Pine Bluff Complex Accreditation Assistant

#### Randall L Williams Unit

Major Litzy Randall L Williams  
Adam Clark Deputy Warden Randall L Williams  
Joe Page III Superintendent of the Pine Bluff Complex  
William Straughn Deputy Director  
Shelly Lawrence Agency Accreditation Manager  
Byron Brown Agency Fire and Safety Coordinator  
Lee Skinner- Warden Secretary Pine Bluff Complex- Gregory Knowlin's Scribe  
Lisa Anderson – Deputy Warden's Secretary Pine Bluff Unit- Auditor Mike's Scribe  
Cozette Fuller- Program Specialist Ester Unit- Ronald Embry's Scribe  
David Ryles Mental Health Supervisor

Herman Shields Maintenance Supervisor Pine Bluff Complex  
Shelly Byers Assistant Medical Program Manager  
Melissa Moore Agency Health Services Administrator  
Jessica Parent Pine Bluff Complex Accreditation Assistant  
Sgt Hegler  
Sgt Surveyor  
Sgt Millan  
Lt West  
Lt Johnson  
Sgt Overs

The audit team observed facility notices of the upcoming audit throughout the facility. Staff and inmates were aware of the audit as well.

#### 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 Pine Bluff Complex is surrounded by a 12-foot chain link fence, topped with razor wire with a shaker assembly whereby the wiring detects movement that is monitored by cameras. Towers are located around the Pine Bluff Unit and the Ester Unit and are manned 24 hours and seven days a week and armed with AR-15 rifles.

Each unit has four security four security shifts, one Captain over shifts A and B and the other is over C and D. Each shift is made up of a Lieutenant, 2 to 4 Sergeants and multiple Corporals. Each unit has a utility group of security staff who oversee special job assignments. These assignments include Fire Safety, Key Control, Tool Control, Sanitation, School Security, Medical, Radio Room, Maintenance Security, etc. Each unit also has a Major assigned. The field security division supervises inmate field utility and other work details as needed. The team is responsible for the outer perimeter landscaping. Field security also supervises the inmates who work to maintain the beautiful grounds of the Pine Bluff Complex and free line.

All Units at the Complex have Central Control Centers that are manned 24 hours and 7 days a week. The Control Centers are responsible for issuance of security equipment, keys, mechanical restraints, and handheld radios. All security equipment was properly stored and accounted for by inventories and inspections. The officers assigned are responsible for monitoring the cameras and inmate movement both inside and outside the Units. Emergency keys were secured in each Control Center. The Ester Unit has a total of 176 cameras, Pine Bluff Unit has 148 total cameras, and the Randall L. Unit has 139 cameras throughout that are located on the interior and exterior of the Complex.



Each Unit has entrance points into the Units. The Ester Unit has a main entrance, sallyport walkthrough gate, and a sallyport drive through gate. The Pine Bluff Unit has a front entrance, back sallyport, walkthrough gate, sallyport delivery gate, and 9 Barracks delivery gate. The Randall L. Williams has a sallyport delivery gate and front entrance.

Key control is under the supervision of a Key Control Officer, who maintains a master inventory for all keys including blanks. There is one key cutting machine at the Complex located in the Key and Lock shop located outside the secured perimeter. All keys were properly stored and accounted for through daily, weekly, and monthly inspections and inventories. Keys were notched and color coded so they could be easily identified.

The Armory for the Complex is secured behind a perimeter fence that can be accessed by key. The armory key is located in the West Tower and can be only issued to authorized staff. The armory has an active inventory of less than lethal weapons that include smoke, triple chasers, Riot Control, flameless tri chambers, pocket tactical, aerosol grenade, rubber baton, 32 Cal. Stinger, OC muzzle blast, bean bag, rubber buckshot, 60 Cal. Stringer, wood baton, and various MK3/4/9 chemical munition canisters. The Armory has the following firearms on their inventory Remington 12gauge shot guns, Ruger Mini 14, Ruger AR-15, Windham AR-15/M4, Combined Tactical 37mm, Penns Arms 37mm, and Glock Model 22. All weapons and ammunitions were accounted for and on appropriate inventories. The weapons were inspected by an auditor and were clean as required. The Complex has an Emergency Response Team assigned. All members were properly trained.

#### Special Management and Restrictive Housing

The Ester Unit has eight cells for Restrictive Housing Unit inmates located in 6 Barracks. Inmates assigned to RHU are there for assaultive behavior, cell phones, and disturbances. During the audit there were no inmates assigned to RHU. Inmates that are assigned are house in RHU for 30 days or less. Inmates can receive showers every Monday, Wednesday, and Friday. Cell check logs would be used as well as Mental Health and Medical staff visiting the Barracks daily. The Randall L. Williams has an RHU located in six Barracks. There was a total of 16 inmates assigned. The RHU can house a total of 17 inmates. Each side has a shower. The Barracks also has a Restraint chair. There are 6 outside recreation cages, where inmates can receive recreation 5 days a week. Inmates are afforded the same services as general population. The library visits RHU weekly. Both the Ester and Randall L. Williams RHU operate consistently with services and programs offered to the inmates. Reviews boards determine release of inmates.

#### **Environmental Conditions:**

Pine Bluff Complex environmental conditions were observed to be well within ACA standards and compliance levels. The housing unit had sufficient natural lighting throughout the Complex. PBC meet all standards with airflow conditions, noise levels, and light levels that were tested by a qualified staff person. All inmate housing areas had adequate shower, sink, and lavatory facilities that meet ACA standards. The temperature of the water was tested by the audit team and found the water temperature to be acceptable.

**Note:** The Randall L. Williams Unit 8 barracks (general population), barracks 1-4 and 5-8 have to shower in a gang shower located down the hallway from the housing area. There are not enough showers to accommodate. In 3 barracks there are no showers.

The Ester Unit cools the unit with chiller and heats the unit with 2 hot water boilers. The Pine Bluff Unit cools the unit with electric and heats with gas. The Randall L. Williams Unit cools with electric and heats with 2 steam boilers and also gets heat off boilers and hot water. The PBC has a total of 7 generators throughout the Complex. Randall L. Williams has one 400 kw generator, Ester Unit has one 600kw generator, Pine Bluff Unit has three 360kw generators, the Pumping Station has one 100kw generator, and Pine Bluff Re-entry has one 60kw generator. Water and sewage are contracted through Liberty Water.

**Note:** There were several housing units in the Randall L. Williams Unit that leaked from the roof that was documented in the previous VCR. It was noted that a bid was going out to repair the roof. During the audit Dexter Payne, Director of Arkansas Department of Corrections stated the bid was approved and the parts and materials were ordered and awaiting arrival from the Ports.

### **Sanitation**

The Pine Bluff Complex was observed by the audit team to be very clean and well maintained. All three units utilize the same Housekeeping Plan consistently. Inmate workers are responsible for cleaning of the Complex under direct staff supervision. The Complex has a Preventative Maintenance Plan that includes weekly inspections conducted by staff. All janitor/mop closets were neat and clutter free. Cleaning supplies were properly inventoried and had SDS manuals for all chemicals stored in the respective areas. The Pine Bluff Complex has a contract with a Pest Control Services that come to the Complex once a month. The outside areas of the Complex were well maintained, the grass was appropriately cut, and shrubs were neatly trimmed. There were no signs of debris or any unsightly trash on the Complex. Inmate housing areas were clean and neat. There were no signs of excess property in the inmates' cell/rooms, all cells/rooms the audit team visited were clutter free and orderly.

### **Fire Safety**

Fire Safety at PBC has a Fire Safety officer assigned to each unit. The fire safety officers are responsible for conducting quarterly fire drills for each shift. The Randall L. Williams Unit has approximately 127 fire extinguishers and 6 wall mounted SCBA devices mounted on walls. Pine Bluff Unit has approximately 118 fire extinguishers and 5 SCBA devices mounted on the walls. Ester Unit has approximately 56 fire extinguishers and 2 SCBA devices mounted on the walls. Emergency exit signs and emergency lights were observed throughout the Complex. Staff and inmates were knowledgeable of emergency procedure for fire evacuation. The Complex has the following fire suppression equipment; sprinkler system, fire hoses, fire extinguishers, and Self-Contained Breathing Apparatus (SCBA). The Fire Marshall conducts an annual inspection, Fire extinguishers are serviced annually.

A review of the Fire Marshalls annual inspection noted minimal deficiencies found and appropriate corrective action had been completed. Mirmar Fire Department would be responsible for responding to emergencies at the Complex, they are approximately five minutes away.

### **Food Service**

Pine Bluff Complex has a kitchen in all three Units. Each Unit has a Food Production Manager and Food Service Supervisors and inmate workers assigned. Food Service operates a monthly rotating menu cycle that is approved by a certified dietician. The average cost per meal ranges from \$1.12 to \$1.50. The Complex serves three hot meals daily. The Complex has medical and religious diets that are approved by medical and/or the Chaplain. Inmate workers are seen by medical prior to employment in the kitchen. The freezers, refrigerators, coolers, and storage rooms meet all requirement for temperatures. Temperatures were properly logged and documented. The storage room had dates on all items stored. The tool cages in all kitchens meet all standards, all utensils were appropriately placed on shadow boards and were properly signed out as required.

Staff can eat a meal at the kitchen at no cost. The audit team sampled the evening meal on the second day of the audit. The meal consisted of chicken and rice, string beans, pinto beans, and 3 biscuits. The meal was tasty, and the portions was appropriate, and the temperature of the meal was warm.

### **Medical Care**

This audit was conducted during the state of the worldwide COVID-19 pandemic. All the practices and programs listed below were affected to some degree, substantially, or minimally. Strict protocols were observed, which included among other things the mandatory wearing of face masks by staff and inmates, provisions for hand sanitizers and physical distancing, temperature monitoring at entrance points, and inmate temperature testing when entering the “chow hall”. The Pine Bluff Complex (PBC) Health Care staff was quite initiative-taking in adhering to COVID-19 management practices, as was the ACA Audit Team.

The largest impact of the COVID-19 pandemic for the PBC, in terms of virus positive numbers, was around September of 2020 and in the early and fall months of 2021. At the audit time, there were two (2) inmates on count but in isolation elsewhere with positive and active COVID-19 cases and two (2) barracks quarantined in the Ester Unit for potential contact with a positive case. All intakes and all inmates returning from a court are tested upon arrival.

About sixty percent (60%) of the inmate population at the complex is currently vaccinated.

The PBC medical and dental services are provided under contract with Wellpath, Inc. A regional medical director and a statewide medical director oversee the services at the PBC. Wellpath’s contract started in 2014 and continues until at least June of 2023. Mental health

services are provided directly the Arkansas Department of Corrections. Certain services such as radiology, oncology, and ophthalmology are provided through outside contracts.

The PBC Health Care services are in multipurpose buildings in each of the Units. The areas themselves appeared well lighted with sufficient workspace for the staff. A member of the audit team visited and inspected the locations several times.

The design of the hallways and doors can accommodate handicapped inmates if needed. The examination rooms allow for a measure of privacy from non-medical personnel during examinations or procedures by means of limited inmate movement in the area, the placement of examination tables and, if desired, a privacy screen. The room doors are largely solid doors with small windows. An Officer can be stationed inside or outside of the examination rooms, depending on the situation.

The Health Care areas themselves vary in size depending on their respective services to the Complex. The Ester Unit area consist of a dental office, an HSA office, an Infection Control Office, a laboratory and chronic care office, two (2) examination rooms, a records room, a biohazard waste storage room, three (3) supply closets, a room for storage of clean linen, crutches, oxygen, and similar items), a medical ward, a pill room, and a nearby mental health office.

The Randall Williams area consists of an examination and treatment room, a medication room, an HSA office, a provider's office, a room for medical records and employee breaks, a laboratory room, a sick-call room, a biohazard waste storage room, a room used for storage but capable of use as an alternative treatment room, a chronic care and infection room, and three (3) storage closets.

The Pine Bluff Unit area consist of an HSA office, a medical records office, an infection control and laboratory room, two (2) nurse offices, an examination room, a medication room, a provider's room, two (2) storage closets, a linen supply room, and a biohazard waste storage room.

A standard of cleanliness, hygiene and orderliness was observed. An auditor made some suggestions on orderliness in the Pine Bluff Unit. Staff in all areas expressed a general satisfaction with their working spaces and locations. All noted areas appeared well organized when viewed by the audit team.

**Staffing for Health Care:**

Medical:

Pine Bluff Unit:

Health Services Administrator (also an RN)  
Physician (part time)  
Licensed Practical Nurses (8), (one on leave at present)  
Medical Records/Administrative Assistant

Randall L. Williams Unit:

Health Services Administrator (also an RN)  
Registered Nurse  
Licensed Practical Nurses (7), (one vacancy)  
Physician (part time)  
Advanced Practice Nurse  
Certified Nursing Assistant

Ester Unit:

Health Services Administrator  
Physician (part time)  
Advance Practice Nurse  
Charge Registered Nurse  
Registered Nurse  
Certified Nursing Assistant  
Medical Records Clerk  
Medicaid Clerk

Dental: at the Ester unit for all Unit populations:

Dentist  
(a PRN dentist as well)  
Dental Assistant  
Dental Hygienist (2) (both part time)

Mental Health for all Units:

Psychiatrist (part time, by video)  
Mental Health Supervisor  
Mental Health Advisor (2) (one vacancy)  
Psychological Examiner (vacant position)  
Certified Social Worker (vacant position)

Medical Records:

The medical records are kept in paper and electronic formats at the PBC, pending full conversion to an electronic system, the EMRA system, in 2022. ERMA is currently used for medication orders. The records room is secured by a locked door with a list of authorized people/position to access the records.

An auditor viewed randomly selected records for the chronology of entries, consistency of entries, and orderliness of documents. The auditor noted the provider orders, progress notes by clinicians and the initial mental health screenings. The medical records are organized into fourteen (14) distinct sections with tabs separating the respective sections and documentation in reverse chronological order.

Inactive records for deceased and discharged inmates are transferred for retention to the Arkansas Management for Retention center.

### Infirmary and Medical Housing:

The PBC has a four (4) bed, licensed infirmary in the Ester Unit for inmates with medical needs that interfere with living in general population but do not require full hospitalization. Nursing staff and a custody officer are present 24/7.

Inmates in the infirmary have a toilet and sink near the beds and access to a shower and tub area across the hallway. All the ratios (toilet, sink, shower) are 1:4. All of the beds have a “call bell” system in place and all infirmary inmates are within sight and sound of nursing staff and the custody officer.

Inmates requiring a level of care higher than what is available at the PBC are transferred to another facility or a hospital, as appropriate. The same is done for any inmate requiring isolation.

### Services and Care:

The PBC has 24/7 onsite medical care. Clinic hours for providers are generally until 6:00 p.m. The APRN is on-site Monday to Thursday and the physician is on-site for a portion of Fridays. Nighttime and weekend emergencies are managed by nursing staff who can contact the on-call provider who can have an inmate sent to an emergency room of a local hospital if needed.

The ACA expected practices applicable only to “inter-system” or “in-transit” transfers do not apply to the PBC as it only receives intra-system transfers.

Provided services at the PBC include orientation, in-take screening, emergency care, telehealth and tele-psychiatry, sick call, pill call, dental, phlebotomy, physical therapy, treatment management plans, stable chronic care (including infectious diseases, hypertension, diabetes, lipid, cancer, seizures, Hepatitis A, B and C, HIV infection, insulin dependent diabetics, renal, and gastrointestinal), periodic health exams, dental, mental health, laboratory, and referral for specialty care. Individual risk factors are reviewed in relation to hepatitis conditions. Services by outside providers include orthopedics, ultrasound, cardiology, neurology, oculist, radiation, oncology, rheumatology, audiology, dermatology, pain management, oral surgery, and urology, among others. On an average month there are about six hundred and fifty (650) inmates in the various chronic care clinics (counting an inmate only once even though he is enrolled in several clinics).

Upon admission to the PBC all intra-system transfer inmates are initially screened by a nurse (normally an LVN but also by an RN at times) for medical issues, mental health concerns, dental, and proper housing assignments. (The inmates having previously underwent an initial intake process at the Ouachita River Correctional Center in Malvern, Arkansas.) The screening is later reviewed by a provider. Documentation showed a provider’s review within a day or two of intake. The initial screening includes an orientation, “KOP” medications, copays, “sick-call” procedures, a handbook, and other medical educational guides. A checklist form is used to ensure all points are covered with the inmate. Within fourteen (14) days of the intake, referred inmates are seen by a practitioner for a more comprehensive evaluation and history – the health care appraisal.

Health education for inmates includes the initial orientation and screening, signage and pamphlets, periodic screening, chronic care clinic assessments, a handbook with separate sections on how to access medical care, dental care, and mental health, personal hygiene,

and handouts in the medical areas for inmates. The inmates sign a form at orientation to acknowledge their understanding of how to access health care. Information is available in English and Spanish and, if needed, translation services are available via Language Line.

An individual treatment plan (ITP) is written for all inmates in the chronic care category. Chronic care plans are reviewed with the inmates as ordered by the provider but minimally seen by a provider every three (3) months and by a physician at least annually. An auditor viewed several records of chronic care inmates. Those inmates experiencing difficulties with the control of their chronic care condition(s) are seen on a more frequent basis. Chronic care treatment plans include a review of medications, diagnostic tests, subjective and objective findings, and a review and update with the inmates.

Sick-call requests, medication refills, and clinical and specialty services are routinely initiated by general population inmates from a housing kiosk, though the requests can be done in paper form also. Inmates can obtain the blank request forms from staff in the housing units and put them in a locked box for daily collection and triage on every shift by medical staff (for the Restricted Housing area, daily rounds are made by medical staff and inmates can discretely place their request form in box carried by a nurse). Drop boxes are in the housing units and hallway areas. If an inmate is unable to complete his own sick call request due to impairment or disability, a nurse will assist him during the time of pill call. Inmates with symptoms of concern are normally seen on the same or following day. Numerous inmate interviews corroborated the documentation about 24–48-hour responses to requests. Sick call referrals for an inmate may also be generated by any staff member. To give a perspective, Health Care at the PBC handles approximately seven hundred (700) sick call requests a month.

Periodic health exams for the inmates are done by a physician or mid-level provider. Those over the age of sixty-five (65) can receive an annual examination. Those between forty and sixty-four (40-64) can receive an examination every three (3) years. Those under forty (40) are eligible every five (5) years. Health screenings are done upon intake (as already noted), for intra-system transfers, and before placement in any special housing.

Tuberculosis testing of inmates is done upon intake to the state system (as is voluntary HIV testing) and annually thereafter. Testing is also done for any inmate displaying symptoms of tuberculosis or for any inmate in contact with a known or suspected TB case. All direct care employees (custody staff, civilian staff with inmate contact, etc.) are tested upon hire and then annually, as documented in the ACA files for the expected practice (5-ACI-6B-05).

Radiology services to include x-rays and ultrasounds are provided onsite by Express Mobile with results regularly available within several hours. A radiologist offsite reviews the reports. For more urgent services an inmate can be sent offsite to a local hospital, the Jefferson Regional Medical Center (JRMC) in Pine Bluff, for radiology, or if needed to another medical center in Little Rock.

Optometry services are provided onsite under contract once per month or more often if needed under contract with Mobile Eye. Eyeglasses can be delivered with several weeks.

A list of 24-hour emergency medical, mental health, and dental contacts is maintained, as is a posted protocol on the step-by-step process for offsite emergency care. The list also contains current off-hours contact information for health care staff. Minor-type emergencies are managed on site. Telehealth is utilized.

Written plans are in place for onsite emergencies, emergency vehicles, designated hospitals, and security for transport. Written plans are also in place for the management of Hepatitis A, B, and C. An RN position is devoted to management of communicable and infectious diseases. The guidelines of the Arkansas Department of Health (ADH) and the Center for Disease Control and Prevention (CDC) are followed. An Exposure Control Plan is in place, as is an Infection Control Manual (last updated in December of 2021).

Health Care services provide adaptive devices such as canes, crutches, walkers, and wheelchairs, hearing aids, and eyeglasses for inmates, as necessary. An auditor viewed the items and reviewed past provider orders for them. The items appeared organized and sanitized. An inmate can be transferred to a disability placement program at another facility. Areas for physical therapy include the exercise yards and in-cell or dayroom activity.

Any severe withdrawal management cases from alcohol, opiates, hypnotics, stimulants, and sedative hypnotic drugs would be treated symptomatically by medical staff and/or sent to one (1) of the outside hospitals or inpatient facilities. Narcan is maintained in the medical areas and in the Mailroom.

Laboratory specimens are taken at the PBC (a “draw lab” only) so the specimens can be collected by LabCorp. A courier makes rounds to the PBC five (5) days a week. The ordering provider at the PBC then receives the results – often the next day – electronically. Any critical results are reported immediately to the PBC. STAT labs can be provided by a local hospital after the PBC provides the specimens or, if LabCorp is used, the results can be telephoned to the PBC.

The copay charge for routine sick-call appointments excluding follow-up care is three dollars (\$3.00). Inmates are not charged for any appointment initiated by staff, intake health exams, routine treatment orders, laboratory work and x-rays, health education issues, referrals to specialists and sub-specialists, and chronic care appointments. The copay applies to dental services as well. Inmates are not denied or delayed services for indigence reasons and the documentation substantiated that fact. Inmates are informed of the copay standards at the time of their admission to the state system and during the later medical screening upon transfer to the PBC.

Medical staff were aware of a maximum 4-minute response time to urgent calls. Documentation of “drills” in the files demonstrated the participation and involvement of medical staff and a medical response time of two to four (2-4) minutes. There was documentation of medical staffs’ training on emergency response.

AEDs are in place in the medical areas. The Health Care area maintains an emergency “jump cart,” including an inventory of its contents, along with an AED and oxygen, all of which are checked daily by nursing staff. First-aid kits are in the medical areas, in



maintenance, and in the food service area. Inventories of the contents of the first-aid kits are on the outside of the boxes. Medical staff restock the kits when custody staff bring them after use. An auditor checked the inventory and contents of several of the kits and found most of them to be accurate. The routine practice however is for staff to send an inmate with any type of injury to the medical area. The self-harm prevention garment, if needed, is a paper gown.

Medically ordered diets for inmates are available. Said diets are approved by the medical provider. The medical department conveys the orders to the Food Service Department where a daily list is maintained and where the diets are prepared.

The PBC does not employ inmate assistants for familiar duties to assist other inmates with activities of daily living, peer support, and hospice-type activities. No students, interns, or residents were used in health care during the audit period.

Inmate interviews gave the impression that inmates do not view Health Care as part of PBC custody operation, an impression that leads to better and more honest communications between the inmates and Health Care staff. Inmates, when asked, had few complaints to express about Health Care services other than the current COVID inconveniences. Inmates generally expressed satisfaction with the timeliness of medical callouts and responses.

The audit team was well satisfied with the documentation and interviews demonstrating a continuity of care from intake to discharge or release.

#### Medications and Pharmacy:

Prescription medications are ordered through Diamond Pharmacy with deliveries to the facility within seventy-two (72) hours but normally within a day. There is a back-up, local pharmacy of Walgreens in Pine Bluff.

The stock medications are inventoried every month and re-ordered. All inventory records viewed were dated and initialed. One concern noted was the Pine Bluff's reconciliation of actual bulk inventory with their "balance" documentation only by using "plus or minus" documentation and not with an additional counting of the bulk inventory for confirmation.

The limited number of controlled substances present are inventoried at the beginning and end of each shift with a separate logbook. Controlled substances are maintained behind two (2) locks. Refrigerated medications were maintained at a proper temperature. An audit team member randomly checked medication inventories and found them to be accurate.

Many medications, excluding controlled substances, are issued in blister packs as KOP (Keep on Person). Other medications are administered from the "pill windows". Medication times for all units are 2:30 a.m., 9:45 a.m., and 2:30 p.m. For inmates in Restricted Housing, medication administration is done by a nurse at the cell. A procedure is in place for confirming an inmate's identity and for a post-administration

“mouth cavity check.” An auditor witnessed a routine pill call process. Nearly a thousand (1,000) inmates are receiving medications.

An audit team member viewed the current formulary, the process for disposal of biohazard materials, and the current licensing and certification for health care staff and the medication rooms. No abnormalities or lack of documentation was noted. Decontamination protocols are used daily. A process is in place for obtaining non-formulary medications if needed.

Selected over-the-counter medications can be bought by inmates in the commissary from a list approved by the Medical Authority and administration.

Expired or discontinued medications, if not returnable to Diamond Pharmacy, are destroyed under a contract with Arkansas Redistributors.

Protocols for Sharps, Instruments and Biohazard Waste in Medical Areas:

An audit team member reviewed the inventories for sharps, syringes and instruments maintained in the Health Care areas. Inventories were randomly checked. The audit team member found the inventories to be accurate and consistent. Documentation showed that the inventories for sharps, syringes and instruments were conducted daily at the beginning and end of each work shift. Past daily inventory sheets were maintained and available for the auditor. Usage of sharps could be cross-checked by means of the sick call notations and/or a “use log.” All items were securely stored. Bulk inventories are checked monthly.

Medical staff count sharps at the earliest point possible: when a supply of boxes is received (i.e., even though the sharps are not needed at the time, the boxes are opened to verify the count and to repackage them into groups of ten (10)).

Biohazard waste is safely and separately stored and collected weekly or as needed by the Stericycle company. An audit team member observed biohazard waste stored and secured in proper containers. The larger containers are kept in rooms used exclusively for biohazard waste. Some of the rooms were ventilated and some were not.

Quality Improvement Program:

There is a Quality Improvement program as well as regularly reviewed health care specific goals and objectives in place at the PBC, all documented in the audit files. Custody and administrative staff are committee members of some of the various committees, as required.

A Performance Improvement Program (PIP) is charged by policy with fulfilling all elements of 5-ACI-6D-02. Quarterly and annual reports are issued. A Medical Administration Committee (MAC) also focuses on performance improvement (the Warden, Medical Director, HSA, and DON are members, among others).

Minutes from a series of meetings were reviewed by an auditor. The minutes and accompanying charts showed a system for collecting, trending, and analyzing data and then moving to a reassessing stage and then to action steps and assignments. Examples of topics at the MAC meetings included quality improvement summaries, inmate

grievance statistics, infection control, and environmental factors needing improvement. Health Care outcomes are monitored on a regular basis, as shown in the meeting minutes.

No interviewed staff member in the health care areas expressed any concern or experience of having health care decisions overridden or interfered with by non-medical staff.

Documentation was present to show that external peer reviews of the physician, dentist, past psychologist, and advanced practice nurse were completed as required and reviews were done for other practitioners. The actual external reviews were not provided but copies of the criteria used, and a verification statement were. An auditor concluded that the external reviews were satisfactorily meaningful and substantive. A policy consistent with 5-ACI-6D-03 is in place.

#### Dental Care:

The dental area for all units is adjacent to the medical area in the Ester Unit. As noted earlier, dental care is provided by contract with Wellpath. Preventive, restorative, and prosthetic dental treatment are normally provided by the full-time dentist and the dental assistant. The dental area has two (2) chairs. The services include fillings, extractions, and endodontics. Denture work is done only when medically necessary and in such cases the inmate might be referred offsite.

Dental services are available Monday to Friday. Inmates may submit written or kiosk requests to access dental care. The requests are collected and/or reviewed daily. Taken together the units generate about ninety (90) dental request a month.

Dental care includes a screening at intake by a nurse with special training and a later comprehensive examination by the dentist when referred.

Nursing staff triage any after-hours emergencies and contact the on-call dentist. A protocol and contact information are in place for dental emergencies.

Inmates are provided with educational information on proper oral hygiene and care, as demonstrated by literature and graphics on brushing and flossing.

An autoclave is maintained in the dental area for dental and medical instruments. A log is kept of the usage, time, temperature, pressure, results, and operating staff member for the autoclave.

#### Mental Health and Suicide Prevention:

Mental health services are provided directly by the ADOC. As shown earlier in this report, a staff shortage exists because of unfilled vacancies. Tele-psychiatry services are utilized.

Most of the initial inmate contacts with mental health staff occur as the result of a referral, usually during the intake screening process. Inmates may generate a request to mental health via the written request system (same form used for medical and dental) or by kiosk. The process can also be generated by a referral from any staff member.

Those inmates referred, at intake or any time later by any staff member, for mental health concerns receive an assessment by a mental health professional within fourteen (14) days. The intake information of inmates who are not referred for mental health concerns are nevertheless reviewed by a mental health professional who can determine if an assessment or evaluation or one-on-one counseling is needed. When a mental health evaluation beyond the present capabilities of the PBC is needed, the inmates are sent to the Ouachita River Unit (5-ACI-6A-32).

Crisis intervention services are available 24-hours a day by means of an on-call system. At the time of the audit there were a hundred and eighty (180) inmates receiving psychotropic medications.

A review of key logbooks and housing visitor logs showed weekly rounds by mental health staff in restrictive housing. Inmates with conditions that cannot be currently treated at the PBC are transferred.

Inmates released from the PBC receive referrals to their local mental or behavioral health programs, as needed.

A written suicide prevention program is in place. Inmates displaying signs of risk (or reported to have signs of risk) are interviewed and if warranted placed in 1:1 observation pending transfer. Documentation showed that medical and security staff were trained in suicide behavior observations and reporting.

A policy is in place for a psychological autopsy to be done by a mental health practitioner in the event of an inmate death by suspected suicide. An auditor viewed and confirmed the completion of a psychological autopsy after an inmate's suicide at the Randall Unit in 2020.

## **Recreation**

The PBC recreation program is coordinated by three (3) full time Recreation Directors, one (1) at each unit.

Recreation activities include the recreation yards adjacent to the housing units, with the yards equipped in different areas with basketball courts and volleyball courts. Each housing unit has access to a gymnasium or indoor recreation area. The gym has basketball courts and storage areas. Indoor dayrooms are equipped with games such as dominoes, chess, checkers, and scrabble.

Yard hours on the schedule are mornings and afternoons in one (1) hour periods for designated housing areas. The recreation equipment was organized and stored. An inventory was present. A range of recreational equipment in relation to the inmate population was observed. It included badminton sets, basketballs, volleyballs, croquet sets, board games, rubber horseshoes, ping pong equipment, shuffleboard equipment, soccer balls, and a tug-of-war rope, among other things. The equipment appeared to be repaired as needed.

Documentation and examples of interaction with the community, pre-COVID, through various recreation activities was provided (5-ACI-7C-05). It appeared from the ACA files and interviews that such community interactions have been suspended since early 2020.

### **Religious Programming**

Each Unit has its own full-time Chaplain, all of whom have the required pastoral education and endorsements. Inmate-assistants are used.

All services or religious activities are conducted by or supervised by a Chaplain or a regular volunteer. There are free-standing chapels with seating and platform. The Pine Bluff and Ester Units have a Chapel, and the Randall L. Williams Unit utilizes the visitation room for chapel services.

A monthly schedule of activities is published along with a calendar of special religious and holiday days for all religions. Regularly scheduled programs include Bible Study, Sunday Morning Services, Jumu'ah Prayer, Life Principles, Life Skills, and Addiction Resolution. Pastoral visits from the community have been limited for COVID-related reasons.

The office areas include additional rooms for counseling or additional staff, and spaces for religious library materials. The Chaplains are responsible for notifying inmates of any deaths or illness of family members. The Chaplain visits RHU once a week. Band equipment was donated to the facility. The Chaplain sets up marriages and conducts baptisms.

A process is in place to accept donations of materials and an auditor viewed several documented examples.

### **Offender Work Programs**

Inmates may be assigned to one of the customary job positions such as custodial or building maintenance, Food Service (cook, baker, sanitation, morning, or afternoon shifts), building utility, laundry, painter or porter, or other positions. There is a written policy on employment of inmates and the goals to be achieved. The shortage of custody staff negatively impacts to some degree how many inmates can report to their jobs each day.

There is also an outside work crew with up to sixty-eight (68) inmates for daily work in a variety of community businesses and services. Work release inmates get paid the same amount of pay the civilian workers get paid at the job site. The 309 Program inmates work at the County Jail and do not receive pay. 309 Program inmates are on Trustee status.

Incentives for inmates to work include good time for work, education, vocational, drug or alcohol treatment, or pre-release programs. Other incentives might include extra privileges and special housing placement.

The PBC does not have an industries program.

## **Academic and Vocational Education**

This area was not audited by ACA. The Academic and Vocational Education is audited by Correctional Education Association (CEA).

## **Social Services**

Pine Bluff Complex offers various programs to the inmate population such as Self-Help Group which is a two-week program that consists of Anger Management, Thinking Errors, Communication Skills, Substance Abuse, Domestic Violence, and Parenting. Inmates are tested and if eligible can earn good time.

Beyond Limits is an 8-week program. It's a self-help program that helps with suicidal thoughts, inmates get a new module every week.

Substance Abuse Treatment Program is a 6–12-month behavior modification program, where inmates receive certification for substance abuse treatment and anger management.

Outside volunteers from the Workforce Center, Probation and Parole, and Continuing Education and provide programming in Cognitive Behavior Therapy, Domestic Violence, and Life Skills.

Pine Bluff Complex has a PAWS in Prison located in the Randall L. Williams Unit. The program consists of 3 dogs that are taught obedience skills. Once the dogs have mastered the skills they are adopted out of the program.

## **Visitation**

In-person visitation at the PBC was still under suspension for COVID-related reasons during the audit (and for most of the audit period). Video visitation is exclusively used except for some attorney visits. Inmates are given pamphlets during their PBC orientation on visitation rules, hours, processes, etc.

The PBC Visiting Rooms (3) are large-sized, with natural light, with vending machines, with tables and chairs for regular visitation, and with visitor restrooms. Visitation hours – normally, non-COVID, were on Saturdays and Sundays from noon to 4:00 p.m.

Special and extended visits can be permitted.

Telephones are present in all the general population housing units. General population inmates have access to the telephones whenever their housing unit is not in lockdown status. The telephones have volume control to increase sound. The rules place a limit of thirty (30) minutes on calls except for attorney calls. The PBC has a TTD (Telecommunications Device for Deaf).

Telephone services for inmates are provided through contract with Securus Technologies. Typical charges are \$.21 per minute for direct local calls and \$.21 cents per minute for interstate calls.

## **Library Services**

A Library and Law Library are maintained in all three Units. Each Unit has a Library Supervisor.

The general library materials are categorized by subject matter. Categories include biographies, special interest, religion, romance, Spanish, science fiction and fantasy, suspense and drama, war, history, and more. There are also reference and research materials. Several personnel in the ADOC have Master of Library Science degrees and can be used for consultation by PBC staff.

Numerous newspapers and magazines were available on the library shelves, yet, as an auditor noted, all of them were 2-6 months old.

The libraries were closed to inmate visitation during the time of the audit (for COVID-19 related reasons). Library materials were being provided in response to written requests from inmates. The basic library hours, pre-COVID, did include evening hours (seven days per week).

Each unit has the Westlaw Program for the law library. The law libraries also have hard copies for the inmate population. Each unit law library has a computer assigned for the law library.

Inmates in Restrictive Housing have library materials delivered to them in response to written requests.

Written policy is in place for the criteria used in the selection and maintenance of materials.

## **Laundry**

Pine Bluff Complex operates laundry services for the inmate population in all three Units on the Complex. Each laundry room has industrial washers and dryers. The detergents are cycled through the washers automatically. All chemicals were properly stored and inventoried as required. The inmate workers were trained on how to operate the equipment. Inmates are provided the opportunity to have their cloths laundered weekly. There is an active schedule for each unit posted in the housing areas.

All laundry rooms were consistently clean and clutter free. Each laundry room had eye wash stations and SDS manuals.

## **F. Examination of Records**

Following the facility tour, the team proceeded to the Ester Unit training 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

Based on the audit team's professional judgement and experience, the Significant Incident Summary and Outcome Measures for the Pine Bluff Complex did not have any inconsistencies noted in the overall numbers reflected in the reports. The numbers reflected were consistent with the overall mission and custody level of the facility.

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>
Randall L. Williams	Shondra Byrd, Substance Abuse Counselor
Pine Bluff Unit	David Ryles, Mental Health Services
Infirmery (PBU)	Ramona Huff, HAS
	Victoria Holmes, Infirmery Records
Infirmery (RLW)	Loretha Thompson, HAS
Chapel	Chaplain Tolbert
Grievance	Sarah Redwood
South Tower	Cpl, Banister
CB 1	Katrina Rowland, Program Specialist
Armory	Lt. Weast
Laundry/Issuance	Melissa Smith, Sergeant
Recreation	Robert McConnell, Recreation Supervisor
RHU	Ruben Milan, Sergeant
Master Control	Chestine Sims
Fire Safety	Sherry Owens, Fire & Safety officer

4. Shifts

a. Day Shift (6:00am-6:00pm)

The team was present at the facility during the day shift from 7:00am to 6:45pm. The audit team meet with the Warden and staff and toured the Complex. The audit team reviewed standards for compliance levels. The audit team interviewed staff and inmates during the tour. Inmate programs, inmate dining and inmates performing job assignments was observed. Inmate movement was observed throughout the tour.



b. Evening Shift (6:00pm-6:00am)

The team was present at the facility during the evening shift from 7:50am to 6:15. The audit team was present for the shift briefing of the oncoming evening shift. The audit team briefly interviewed some staff prior to reporting to their posts. The audit team observed a shift conduct a count in a housing unit. The audit team continued working on standards. Inmates were observed going to the evening meal. Interviewed a couple of inmates while they were eating their evening meal.

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 # 4-4082 was found compliant during audit. The facility meets the Plan of Action request from the previous audit. Documentation was provided for the 3-year cycle for new full-time employees completing 40-hour orientation program before undertaking their assignments.

Standard # 4-4135 was found compliant during the audit. The facility provided documentation during the audit cycle to support the dayroom space in 2 and 3 Barrack of Ester Unit.

Standard # 4-4262 was found compliant during the audit. The facility had supportive documentation proving inmates were given the opportunity to shave and shower at least three time per week.

**G. Interviews**

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

1. Offender Interviews

The audit team interviewed approximately 45 inmates during the audit. Inmates appeared to be courteous and willing to speak with auditors. Majority of the inmates felt that the staff were approachable and provided them with the necessary programs and services to assist them when they are released. There was little complaint about medical, food service, or grievances. Inmates stated they felt safe at the Complex.

## 2. Staff Interviews

The audit team interviewed approximately 60 staff during the audit. Staff were very professional while performing their duties. There was a great sense of team work among the staff. The staff stated they had full support from the leadership staff. All staff interviewed stated they felt safe and enjoyed working at the Complex. The facility conducts various functions for all three units to team build together. Staff were very knowledgeable of their job duties.

## H. Exit Discussion

The exit interview was held at 11:00am in the Barbara Ester Unit visitation room with Joe Page, III, Warden and 46 staff in attendance.

The following persons were also in attendance:

Solomon Graves- DOC Secretary  
Dexter Payne- Director  
Dale Reed- Chief Deputy Director  
Richard Cooper- Assistant Director  
Rory Griffin- Deputy Director  
William Straughn- Deputy Director  
Shelly Lawrence- Agency Accreditation Manager  
Virginia Robins- McPherson Accreditation Manager  
Latoris Willis- Max Accreditation Manager  
Byron Brown- Agency Fire and Safety Coordinator  
Carolyn Bolden- Transportation Sgt  
Dona Gordon- Wellpath Staff  
Steve Stringfellow- Wellpath Staff  
Chris Horan- Wellpath Staff  
Kim Rosenthal- Wellpath Staff  
Rebecca Davis- Regional Manager Wellpath

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

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

AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

<b>COMPLIANCE TALLY</b>
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<b>Manual Type</b>	Adult Correctional Institutions, 5 <sup>th</sup> Edition
<b>Supplement</b>	Not Applicable
<b>Facility/Program</b>	The Pine Bluff Complex
<b>Audit Dates</b>	March 1-3, 2022
<b>Auditor(s)</b>	Gregory T. Knowlin, Chairperson; Ronald Embry, Michael Marutiak

	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	64	509
Number Not Applicable	4	67
Number Applicable	60	442
Number Non-Compliance	0	2
Number in Compliance	60	440
Percentage (%) of Compliance	100%	99.5%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Pine Bluff Complex  
Pine Bluff, Arkansas

March 1-3, 2022

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.

FINDINGS:

Pine Bluff Complex exceeded the 10% vacancy rate for any 18-month period during the audit cycle 2019-2021.

AGENCY RESPONSE:

Plan of Action

We will challenge all staff at the Pine Bluff Complex to recruit prospective employees. The AR-DOC Recruiter (1-888-ADC-Jobs) continually recruits for all AR-DOC units; the recruiter remains vigilant in conducting weekly and monthly job fairs in all communities within the State of Arkansas. The Arkansas Division of Corrections has a website ([www.state.ar.us/doc](http://www.state.ar.us/doc)) that list all available jobs and an on-line application process to aid all interested parties in seeking employment at the AR-Division of Correction. The job openings for the Pine Bluff Complex are advertised weekly on the Radio Stations and various community job fairs are held. The Work Force Centers have Push Cards, which contain direct information about this unit that is handed out during hiring events. The AR-DOC Recruiter or the Unit Human Resource Manager have placed Yard Signs which are in multiple areas in our communities with the Pine Bluff Complex information for public viewing. The Workforce Centers in the surrounding area have applications as well as all available job openings and pay scale for potential applicants.

Task

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

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. By the next ACA Audit or sooner
- b.
- c.

AUDITOR'S RESPONSE:

Pine Bluff Complex has implemented appropriate measures to attempt to become compliant with this standard. The audit team supports the facility's Plan of Action.

**Standard # 5-ACI-4B-06 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* 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.

FINDINGS:

The cells/rooms in RHU measured 34 ½ square feet of unencumbered space.

AGENCY RESPONSE:

Waiver Request

The Pine Bluff Complex has three different Units; The Ester Unit the was built in 1978, The Randall Williams Unit that was built in 1989 and the Pine Bluff Unit that was built in 1976. 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 audit team supports the facility's Waiver Request.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Pine Bluff Complex  
Pine Bluff, Arkansas

March 1-3, 2022

Visiting Committee Findings

Mandatory Standards

Not Applicable

**Standard # 5-ACI-4A-01**

WHEN AN OFFENDER IS TRANSFERRED TO SPECIAL MANAGEMENT HOUSING, HEALTH CARE STAFF WILL BE INFORMED IMMEDIATELY AND WILL PROVIDE A SCREENING AND REVIEW, AS INDICATED BY THE PROTOCOLS ESTABLISHED BY THE HEALTH AUTHORITY. UNLESS MEDICAL ATTENTION IS NEEDED MORE FREQUENTLY, EACH OFFENDER IN SPECIAL MANAGEMENT HOUSING RECEIVES A DAILY VISIT FROM A QUALIFIED HEALTH CARE PROFESSIONAL. THE VISIT ENSURES THAT OFFENDERS HAVE ACCESS TO THE HEALTH CARE SYSTEM. THE PRESENCE OF A HEALTH CARE PROVIDER IN SPECIAL MANAGEMENT HOUSING IS ANNOUNCED AND RECORDED. THE FREQUENCY OF PHYSICIAN VISITS TO SPECIAL MANAGEMENT HOUSING IS DETERMINED BY THE HEALTH AUTHORITY.

FINDINGS:

PBC does not house special management inmates.

**Standard # 5-ACI-6A-10 (MANDATORY)**

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:

PBC does not house female inmates.

**Standard # 5-ACI-6A-21 (MANDATORY)**

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 AND MENTAL ILLNESS
- DENTAL PROBLEMS
- USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE (FOR EXAMPLE, CONVULSIONS)
- THE POSSIBILITY OF PREGNANCY AND HISTORY OF PROBLEMS (FEMALE ONLY); AND OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN
- ANY PAST HISTORY OF MENTAL ILLNESS, THOUGHTS OF SUICIDE OR SELF-INJURIOUS BEHAVIOR ATTEMPTS

OBSERVATION OF THE FOLLOWING:

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



**MEDICAL DISPOSITION OF THE OFFENDER:**

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

OFFENDERS, WHO ARE UNCONSCIOUS, SEMICONSCIOUS, BLEEDING, 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:**

PBC does not receive inter-system transfers.

**Standard # 5-ACI-6A-25 (MANDATORY)**

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 90 DAYS, A NEW HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY. HEALTH APPRAISALS INCLUDES THE FOLLOWING:

**WITHIN 14 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 SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS
- RECORD OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE

- OTHER TESTS AND EXAMINATIONS AS APPROPRIATE

WITHIN 14 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 A 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:

PBC receives only intra-system transfers.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections  
Pine Bluff Complex  
Pine Bluff, Arkansas

March 1-3, 2022

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

**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:

Restitution is addressed in Arkansas Code Annotated 5-4-205, Act 817-1997, Arkansas Crime Victims Reparations Act.

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

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

FINDINGS:

PBC has not had any renovations, additions, or new construction.

**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 UNLESS NATIONAL OR STATE REGULATIONS SPECIFY OTHERWISE.

FINDINGS:

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

**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 THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS:

PBC was constructed prior to June 2014.

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

(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:

PBC was constructed prior to 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 12 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 TO PROMOTE HYGIENIC PRACTICES.

**FINDINGS:**

PBC was construction prior to June 2014.

**Standard # 5-ACI-2C-12**

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

**FINDING:**

PBC contracts Medical Services through CCS/Wellpath. The complex only has an infirmary located at the Ester Unit. All inmates requiring assistance with performing basic life functions are transferred to the ADC Hospital.

**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:**

There was no new or remodeling of the complex during this ACA cycle.

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

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

FINDINGS:

No units were built after January 1990.

**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:

PBC does not house female inmates.

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

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:

PBC does not house female inmates.

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

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

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

FINDINGS:

PBC does not have a Canine Unit.

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

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

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

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

FINDINGS:

PBC 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:

PBC 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:

PBC only houses male inmates.

**Standard # 5-ACI-4A-02**

SPECIAL MANAGEMENT UNITS PROVIDE LIVING CONDITIONS THAT APPROXIMATE THOSE OF THE GENERAL INMATE POPULATION; ALL EXCEPTIONS ARE CLEARLY DOCUMENTED. SPECIAL MANAGEMENT CELLS/ROOMS PERMIT THE INMATES ASSIGNED TO THEM TO CONVERSE WITH AND BE OBSERVED BY STAFF MEMBERS.

FINDINGS:

PBC does not house Special Management inmates.

**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.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-04**

WHEN SPECIAL MANAGEMENT HOUSING UNITS EXIST, WRITTEN POLICY AND PROCEDURE GOVERN THEIR OPERATION FOR THE SUPERVISION OF INMATES UNDER ADMINISTRATIVE STATUS, PROTECTIVE CUSTODY, AND DISCIPLINARY DETENTION.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-05**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT AN INMATE IS ADMITTED TO THE SPECIAL MANAGEMENT HOUSING UNIT FOR PROTECTIVE CUSTODY ONLY WHEN THERE IS DOCUMENTATION THAT PROTECTIVE CUSTODY IS WARRANTED, AND NO REASONABLE ALTERNATIVES ARE AVAILABLE.

FINDINGS:

PBC does not house Special Management inmates.

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

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT AN INMATE IS PLACED IN DISCIPLINARY DETENTION FOR A RULE VIOLATION ONLY AFTER A HEARING BY THE DISCIPLINARY COMMITTEE OR HEARING EXAMINER.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-07**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR A REVIEW OF THE STATUS OF INMATES IN SPECIAL MANAGEMENT HOUSING BY THE CLASSIFICATION COMMITTEE OR OTHER AUTHORIZED STAFF GROUP EVERY SEVEN DAYS FOR THE FIRST TWO MONTHS AND AT LEAST EVERY 30 DAYS THEREAFTER.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-08**

WRITTEN POLICY, PROCEDURE, AND PRACTICE SPECIFY THE REVIEW PROCESS USED TO RELEASE AN INMATE FROM ADMINISTRATIVE STATUS AND PROTECTIVE CUSTODY.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-09**

THERE IS A SANCTIONING SCHEDULE FOR INSTITUTIONAL RULE VIOLATIONS. CONTINUOUS CONFINEMENT FOR MORE THAN 30 DAYS REQUIRES THE REVIEW AND APPROVAL OF THE WARDEN/SUPERINTENDENT OR DESIGNEE. INMATES HELD IN DISCIPLINARY STATUS FOR PERIODS EXCEEDING 60 DAYS ARE PROVIDED THE SAME PROGRAM SERVICES AND PRIVILEGES AS INMATES IN ADMINISTRATIVE STATUS AND PROTECTIVE CUSTODY.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-10**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT A QUALIFIED MENTAL HEALTH PROFESSIONAL PERSONALLY INTERVIEWS AND PREPARES A WRITTEN REPORT ON ANY INMATE REMAINING IN SPECIAL MANAGEMENT HOUSING FOR MORE THAN 30 DAYS. IF CONFINEMENT CONTINUES BEYOND 30 DAYS, A MENTAL HEALTH ASSESSMENT BY A QUALIFIED MENTAL HEALTH PROFESSIONAL IS MADE AT LEAST EVERY 30 DAYS FOR INMATES WHO HAVE AN IDENTIFIED MENTAL HEALTH NEED, AND EVERY THREE MONTHS FOR ALL OTHER INMATES – MORE FREQUENTLY IF PRESCRIBED BY THE CHIEF MEDICAL AUTHORITY.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-11**

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ALL SPECIAL MANAGEMENT INMATES ARE PERSONALLY OBSERVED BY A CORRECTIONAL OFFICER TWICE PER HOUR, BUT NO MORE THAN 40 MINUTES APART, ON AN IRREGULAR SCHEDULE. INMATES WHO ARE VIOLENT OR MENTALLY DISORDERED OR WHO DEMONSTRATE UNUSUAL OR BIZARRE BEHAVIOR RECEIVE MORE FREQUENT OBSERVATION; SUICIDAL INMATES ARE UNDER CONTINUING OR CONTINUOUS OBSERVATION.

FINDINGS:

PBC does not house Special Management inmates.

**Standard #5-ACI-4A-12**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING RECEIVE DAILY VISITS FROM THE SENIOR CORRECTIONAL SUPERVISOR IN CHARGE, DAILY VISITS FROM A QUALIFIED HEALTH CARE OFFICIAL (UNLESS MEDICAL ATTENTION IS NEEDED MORE FREQUENTLY), AND VISITS FROM MEMBERS OF THE PROGRAM STAFF UPON REQUEST.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-13**

WRITTEN POLICY AND PROCEDURE GOVERN THE SELECTION CRITERIA, SUPERVISION, AND ROTATION OF STAFF WHO WORK DIRECTLY WITH INMATES IN SPECIAL MANAGEMENT HOUSING ON A REGULAR AND DAILY BASIS.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-14**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT STAFF OPERATING SPECIAL MANAGEMENT HOUSING UNITS MAINTAIN A PERMANENT LOG.

FINDINGS:

PBC does not house Special Management inmates.

**Standard #5-ACI-4A-15**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ALL INMATES IN SPECIAL MANAGEMENT HOUSING ARE PROVIDED PRESCRIBED MEDICATION, CLOTHING THAT IS NOT DEGRADING AND ACCESS TO BASIC PERSONAL ITEMS FOR USE IN THEIR CELLS UNLESS THERE IS IMMINENT DANGER THAT AN INMATE OR ANY OTHER INMATE(S) WILL DESTROY AN ITEM OR INDUCE SELF-INJURY.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-16**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING HAVE THE OPPORTUNITY TO SHAVE AND SHOWER AT LEAST THREE TIMES PER WEEK.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-17**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING RECEIVE LAUNDRY, BARBERING, AND HAIR CARE SERVICES AND ARE ISSUED AND EXCHANGE CLOTHING, BEDDING, AND LINEN ON THE SAME BASIS AS INMATES IN THE GENERAL POPULATION. EXCEPTIONS ARE PERMITTED ONLY WHEN FOUND NECESSARY BY THE SENIOR OFFICER ON DUTY; ANY EXCEPTION IS RECORDED IN THE UNIT LOG AND JUSTIFIED IN WRITING.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-18**

ALTERNATIVE MEAL SERVICE MAY BE PROVIDED TO AN INMATE IN SPECIAL MANAGEMENT HOUSING WHO USES FOOD OR FOOD SERVICE EQUIPMENT IN A MANNER THAT IS HAZARDOUS TO SELF, STAFF, OR OTHER INMATES. ALTERNATIVE MEAL SERVICE IS ON AN INDIVIDUAL BASIS, IS BASED ON HEALTH OR SAFETY CONSIDERATIONS ONLY, MEETS BASIC NUTRITIONAL REQUIREMENTS, AND OCCURS WITH THE WRITTEN APPROVAL OF THE WARDEN/SUPERINTENDENT, OR DESIGNEE AND RESPONSIBLE HEALTH AUTHORITY, OR DESIGNEE. THE SUBSTITUTION PERIOD SHALL NOT EXCEED SEVEN DAYS.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-19**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT WHENEVER AN INMATE IN SPECIAL MANAGEMENT HOUSING IS DEPRIVED OF ANY USUALLY AUTHORIZED ITEM OR ACTIVITY, A REPORT OF THE ACTION IS FILED IN THE INMATE'S CASE RECORD AND FORWARDED TO THE CHIEF SECURITY OFFICER.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-20**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING CAN WRITE AND RECEIVE LETTERS ON THE SAME BASIS AS INMATES IN THE GENERAL POPULATION.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-21**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING HAVE OPPORTUNITIES FOR VISITATION UNLESS THERE ARE SUBSTANTIAL REASONS FOR WITHHOLDING SUCH PRIVILEGES.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-22**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING HAVE ACCESS TO LEGAL MATERIALS.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-23**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING HAVE ACCESS TO READING MATERIALS.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-24**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING RECEIVE A MINIMUM OF ONE HOUR OF EXERCISE PER DAY OUTSIDE THEIR CELLS, FIVE DAYS PER WEEK, UNLESS SECURITY OR SAFETY CONSIDERATIONS DICTATE OTHERWISE.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-25**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN ADMINISTRATIVE STATUS OR PROTECTIVE CUSTODY ARE ALLOWED TELEPHONE PRIVILEGES.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-26**

WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT AN INMATE IN DISCIPLINARY STATUS IS ALLOWED LIMITED TELEPHONE PRIVILEGES UNLESS PHONE RESTRICTIONS HAVE BEEN INVOKED BY THE WARDEN/SUPERINTENDENT OR DESIGNEE. RESTRICTIONS WOULD NOT APPLY TO CALLS RELATED SPECIFICALLY TO ACCESS TO THE ATTORNEY OF RECORD.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4A-27**

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN ADMINISTRATIVE STATUS AND PROTECTIVE CUSTODY HAVE ACCESS TO PROGRAMS AND SERVICES THAT INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING: EDUCATIONAL SERVICES, COMMISSARY SERVICES, LIBRARY SERVICES, SOCIAL SERVICES, COUNSELING SERVICES, RELIGIOUS GUIDANCE, AND RECREATIONAL PROGRAMS.

FINDINGS:

PBC does not house Special Management inmates.

**Standard # 5-ACI-4B-26 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN EXTENDED RESTRICTIVE HOUSING HAVE ACCESS TO PROGRAMS AND SERVICES THAT INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: EDUCATIONAL SERVICES, COMMISSARY SERVICES, LIBRARY SERVICES, SOCIAL SERVICES, BEHAVIORAL HEALTH AND TREATMENT SERVICES, RELIGIOUS GUIDANCE, AND RECREATIONAL PROGRAMS.

FINDINGS:

PBC does not have Extended Restrictive Housing.

**Standard # 5-ACI-4B-27 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT NEW INMATES ASSIGNED DIRECTLY TO RESTRICTIVE HOUSING RECEIVE WRITTEN ORIENTATION MATERIALS AND/OR TRANSLATIONS IN THEIR OWN LANGUAGE. 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:

PBC does not accept inmates directly to Restrictive Housing

**Standard # 5-ACI-4B-29**

*(EFFECTIVE NLT OCTOBER 1, 2020)* WRITTEN POLICY, PROCEDURE AND PRACTICE REQUIRE THAT THE AGENCY WILL ATTEMPT TO ENSURE OFFENDERS ARE NOT RELEASED DIRECTLY INTO THE COMMUNITY FROM EXTENDED RESTRICTIVE HOUSING. IN THE EVENT THAT THE RELEASE OF AN OFFENDER DIRECTLY FROM EXTENDED RESTRICTIVE HOUSING INTO THE COMMUNITY IS IMMINENT, THE FACILITY WILL DOCUMENT THE JUSTIFICATION AND RECEIVE AGENCY LEVEL OR DESIGNEE APPROVAL (DOES NOT APPLY TO IMMEDIATE COURT ORDER RELEASE).

IN ADDITION TO REQUIRED RELEASE PROCEDURES (SEE 5-ACI-5F-05) THE FOLLOWING MUST BE TAKEN AT A MINIMUM:

- DEVELOPMENT OF A RELEASE PLAN THAT IS TAILORED TO SPECIFIC NEEDS OF THE OFFENDER (DOES NOT APPLY TO IMMEDIATE COURT ORDER RELEASE)
- NOTIFICATION OF RELEASE TO STATE AND LOCAL LAW ENFORCEMENT



- NOTIFY RELEASING OFFENDER OF APPLICABLE COMMUNITY RESOURCES
- VICTIM NOTIFICATION (IF APPLICABLE/THERE IS A VICTIM)

FINDINGS:

PBC does not have Extended Restrictive Housing.

**Standard # 5-ACI-4B-30 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* AN INDIVIDUAL DIAGNOSED WITH A SERIOUS MENTAL ILLNESS WILL NOT BE PLACED IN EXTENDED RESTRICTIVE HOUSING, UNLESS THE MULTIDISCIPLINARY SERVICE TEAM DETERMINES THERE IS AN IMMEDIATE AND PRESENT DANGER TO OTHERS OR THE SAFETY OF THE INSTITUTION. THERE MUST BE AN ACTIVE INDIVIDUALIZED TREATMENT PLAN THAT INCLUDES WEEKLY MONITORING BY MENTAL HEALTH STAFF, TREATMENT AS NECESSARY, AND STEPS TO FACILITATE THE TRANSITION OF THE OFFENDER BACK INTO GENERAL POPULATION

FINDINGS:

PBC does not have Extended Restrictive Housing.

**Standard # 5-ACI-4B-31 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT STEP DOWN PROGRAMS IS OFFERED TO EXTENDED RESTRICTIVE HOUSING INMATES TO FACILITATE THE REINTEGRATION OF THE INMATE INTO GENERAL POPULATION OR THE COMMUNITY. THESE PROGRAMS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING:

- PRE-SCREENING EVALUATION
- MONTHLY EVALUATIONS USING A MULTIDISCIPLINARY APPROACH TO DETERMINE THE INMATE'S COMPLIANCE WITH PROGRAM REQUIREMENTS
- SUBJECT TO MONTHLY EVALUATIONS; TO GRADUALLY INCREASING OUT-OF-CELL TIME TO GRADUALLY INCREASING GROUP INTERACTION TO GRADUALLY INCREASING EDUCATION AND PROGRAMMING OPPORTUNITIES TO GRADUALLY INCREASING PRIVILEGES
- A STEP-DOWN TRANSITION COMPLIANCE REVIEW
- POST-SCREENING EVALUATION

\*SEE DEFINITION FOR MULTIDISCIPLINARY SERVICES TEAM AND MULTIDISCIPLINARY TREATMENT TEAMS

**\*\*DEFINITION OF STEP-DOWN PROGRAM:** A PROGRAM THAT INCLUDES A SYSTEM OF REVIEW AND ESTABLISHES CRITERIA TO PREPARE AN INMATE FOR TRANSITION TO GENERAL POPULATION OR THE COMMUNITY. INDIVIDUALIZED PROGRAMS INVOLVE A COORDINATED, MULTIDISCIPLINARY TEAM APPROACH THAT INCLUDES MENTAL HEALTH, CASE MANAGEMENT, AND SECURITY PRACTITIONERS. MEDICAL PERSONNEL WILL BE PART OF THE MULTIDISCIPLINARY TEAM WHEN INMATES WHO HAVE CHRONIC CARE OR OTHER SIGNIFICANT MEDICAL ACCOMMODATION NEEDS PARTICIPATE IN THIS PROGRAM.

FINDINGS:

PBC does not have Extended Restrictive Housing.

**Standard # 5-ACI-4B-32 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* FEMALE INMATES DETERMINED TO BE PREGNANT WILL NOT BE HOUSED IN EXTENDED RESTRICTIVE HOUSING.

FINDINGS:

PBC does not have Extended Restrictive Housing.

**Standard # 5-ACI-4B-33 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* CONFINEMENT OF OFFENDERS UNDER THE AGE OF 18 YEARS OF AGE IN EXTENDED RESTRICTIVE HOUSING IS PROHIBITED.

FINDINGS:

PBC does not house Extended Restrictive Housing.

**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:

- DETERMINING THAT THE INMATE IS LEGALLY COMMITTED TO THE INSTITUTION
- THOROUGH SEARCHING OF THE INDIVIDUAL AND POSSESSIONS
- DISPOSING OF PERSONAL PROPERTY
- SHOWERING AND HAIR CARE, IF NECESSARY
- ISSUING 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:

Pine Bluff Unit nor The Randall L. Williams Correctional facility receive new inmates.

**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
- PREINSTITUTIONAL ASSESSMENT INFORMATION

FINDINGS:

PBC does not receive new inmates

**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:

PBC does not receive new inmates.

**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 CHILDREN.

FINDINGS:

PBC only houses male inmates.

**Standard # 5-ACI-5F-08 NEW August 2018**

*(EFFECTIVE NLT OCTOBER 1, 2020)* WHERE A FACILITATED VICTIM OFFENDER DIALOGUE PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT THERE IS A PROGRAM INITIATED AND REQUESTED ONLY BY A VICTIM OR VICTIM/SURVIVOR THAT PROVIDES AN OPPORTUNITY FOR SUCH VICTIMS OR SURVIVORS TO MEET FACE-TO-FACE OR BY OTHER MEANS WITH THE INMATE RESPONSIBLE FOR THEIR VICTIMIZATION IN A SAFE, SECURE, AND CONFIDENTIAL SETTING AFTER THOROUGH PREPARATION WITH, AND WITH THE ASSISTANCE OF A PROPERLY TRAINED FACILITATOR.

FINDINGS:

PBC does not have a facilitated victim offender dialogue 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:

PBC houses male inmates only.

**Standard #5-ACI-6A-19**

ROUTINE AND EMERGENCY DENTAL CARE IS PROVIDED TO EACH OFFENDER UNDER THE DIRECTION AND SUPERVISION OF A LICENSED DENTIST. THERE IS A DEFINED SCOPE OF AVAILABLE DENTAL SERVICES, INCLUDING EMERGENCY DENTAL CARE, WHICH INCLUDES THE FOLLOWING:

- A DENTAL SCREENING (EXCLUDING INTRA-SYSTEM TRANSFERS) UPON ADMISSION BY A QUALIFIED HEALTH CARE PROFESSIONAL OR HEALTH TRAINED PERSONNEL
- A FULL DENTAL EXAMINATION (EXCLUDING INTRA-SYSTEM TRANSFERS) BY A DENTIST WITHIN 30 DAYS
- ORAL HYGIENE, ORAL DISEASE EDUCATION, AND SELF-CARE INSTRUCTION ARE PROVIDED BY A QUALIFIED HEALTH CARE PROVIDER WITHIN 30 DAYS
- A DEFINED DENTAL TOOTH AND HYGIENE CHARTING SYSTEM THAT IDENTIFIES THE ORAL HEALTH CONDITION AND SPECIFIES THE PRIORITIES FOR TREATMENT BY CATEGORY IS COMPLETED
- CONSULTATION AND REFERRAL TO DENTAL SPECIALISTS, INCLUDING ORAL SURGERY IS PROVIDED, WHEN NECESSARY

FINDINGS:

PBC does not receive initial admissions into the system.

**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:

PBC does not receive or house in-transit inmates.

**Standard # 5-ACI-6A-39 NEW August 2018**

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

FINDINGS:

PBC does not have an inpatient psychiatric 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:

PBC has full time qualified health trained 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 A 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 delivery of health care services at PBC.

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

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 THE FACILITY AND TRAINING, OR EDUCATIONAL FACILITY THAT COVERS THE 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:**

PBC does not utilize students, interns, or residents to deliver Health Care Memo of record.

**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:

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

FINDINGS:

PBC do not use inmates to assist other inmates.

**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 PROGRAM.

FINDINGS:

PBC does not have an industries program.

**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:

PBC 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:

PBC does not have an industries program.

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

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



FINDINGS:

PBC does not have 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:

PBC does not have industries program.

**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:

There are no Private Industries operating on the grounds of the Pine Bluff Complex.

### 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: Pine Bluff Complex (Ester Unit)**

**Reporting Period: March 2021 – Feb. 2022**

Incident Type	Months	Mar. 2021	April 2021	May 2021	June 2021	July 2021	Aug. 2021	Sept. 2021	Oct. 2021	Nov. 2021	Dec. 2021	Jan. 2022	Feb. 2022	Total for Reporting Period
	➔													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	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.*

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	➔													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	1	0	0	0	0	0	0	0	0	0	0	0	1
	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.*

**American Correctional Association: Adult Correctional Institutions Accreditation  
Manual - 5th Edition Outcome Measures  
Pine Bluff Complex (Ester Unit)  
Reporting Period: March 2021-Feb. 2022**

Performance Standards		Outcome Measures	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
<b>1. Administration &amp; Management: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.</b>					
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 6 months divided by the number of Plans of Action approved by the Commission on Accreditation.	3	3	1
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.	514	514	1
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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 6 months divided by the average number of filled full time positions in the past 6 months.	516	127	4.1
	1C-2	The number of staff who left employment for any reason in the past 6 months divided by the average number of filled full time positions in the past 6 months.	21	127	0.17
	1C-3	The number of verified employee violations in the past 6 months divided by the average number of filled full time staff positions in the past 6 months.	33	127	0.26
	1C-4	The number of staff terminated for conduct violations in the past 6 months divided by the average number of filled full time staff positions in the past 6 months.	4	127	0.03
	1C-5	The number of performance reviews rated acceptable or higher in the past 6 months divided by the total number of performance reviews conducted in the past 6 months.	98	104	0.94
	1C-6	Average number of security staff positions filled per month for the past 6 months divided by the total number of authorized security positions.	2.27	139	0.016
	1C-7	Number of security staff who left employment in the past 6 months divided by the total number of authorized security positions.	20	139	0.14
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

<b>1F: Information Systems &amp; Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>1G: Citizen Involvement &amp; Volunteers - The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.</b>	1G-1	The total number of hours of volunteer service delivered by members of the community in the past 6 months divided by the average daily population in the past 6 months.	0	516	0
	1G-2	The total number of hours of community service work delivered by offenders in the past 6 months divided by 6.	N/A		
<b>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.</b>					
	2A-1	Number of worker's compensation claims filed in the past 6 months divided by the average number of filled full-time staff positions in the past 6 months.	39	127	0.31
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 6 months.			
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 6 months.			
<b>2B: Size &amp; Organization - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.</b>	2B-1	Number of days facility population exceeded the operational capacity in the past 6 months divided by 182.5.	0	365	0
<b>2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>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.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>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.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>2G: Security - The physical plan supports the orderly and secure functioning of the institution.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.</b>					
	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 6 months divided by the average daily population in the past 6 months.	3	516	0.006
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	7	516	0.006

	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	516	0
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	516	0
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	516	0
	3A-6	The number of homicides as defined in the Significant Incident Summary, in the past 6 months, divided by the average daily population in the past 6 months.	0	516	0
<b>3B: Safety &amp; Emergency Procedures - The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>3C: Rules &amp; 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.</b>	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	200	516	0.39
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	210	516	0.41
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 6 months divided by the average daily population in the past 6 months.	0	516	0
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 6 months divided by the average daily population in the past 6 months.	0	516	0
<b>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.</b>	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 6 month period.	2	182	0.01

<b>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.</b>	4A-1	Average number of offenders in Special Management Housing per month over the past 6 months divided by the average daily population in the past 6 months.	N/A		
<b>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</b>	4B-1	Average number of offenders in Restricted Housing per month over the past 6 months divided by the average daily population in the past 6 months.	3	516	0.006

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-2	Average number of offenders in Extended Restricted Housing per month over the past 6 months divided by the average daily population in the past 6 months.	0	516	0
	4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 6 months divided by the total placed in Restrictive Housing in the past 6 months.	5	48	0.104
	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 6 months divided by the total number of offenders released in the past 6 months.	0	289	0
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5E: Social Services - Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.	5E-1	Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 6 months.	N/A		
	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 6 months.	N/A		
	5E-3	Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 6 months.	N/A		
	5E-4	Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 6 months.	N/A		
5F: Reentry - 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 6 months divided by the number of inmates released in the past 6 months.	N/A		

<b>6A: Access to Services</b> <b>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.</b>	6A-1	Number of offenders diagnosed with a MRSA infection within the past six (6) months divided by the average daily population	0	516	0
	6A-2	Number of offenders diagnosed with active tuberculosis in the past six (6) months divided by the average daily population.	0	516	0
	6A-3	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past six (6) months divided by the Number of offenders administered tests for TB infection in the past six (6) months as part of periodic or clinically-based testing, but not intake screening.	0	0	0
	6A-4	Number of offenders who completed treatment for latent tuberculosis infection in the past six (6) months divided by number of offenders treated for latent tuberculosis infection in the past six (6) months.	65	556	11.7
	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.	4	556	11.7
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.	2	556	0.004
	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.	2	3	0.67
	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.	2	3	0.67
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.	58	484	0.12
	6A-10	Number of offender admissions to off-site hospitals in the past six (6) months divided by average daily population	35	516	0.068
	6A-11	Number of offenders transported off-site for treatment of emergency health conditions in the past six (6) months divided by the average daily population in the past 6 months.	38	516	0.07
	6A-12	Number of offender specialty consults completed during the past six (6) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past six (6) months.	657	588	1.12



	6A-13	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.	17	61	0.28
	6A-14	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.	1	11	0.10
	6A-15	The number of completed dental treatment plans within the past six (6) months divided by the average daily population during the reporting period.	579	516	1.12
<b>6B. Staff Training</b>  The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.	6B-1	Number of health care <i>staff</i> with lapsed licensure or certification during a six (6) month period divided by Number of licensed or certified staff during a six (6) month period.	0	23	0
	6B-2	Number of new health care staff during a six (6) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the six (6) month period.	3	4	0.75
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past six (6) months divided by the number of employees.	0	22	0
	6B-4	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past six (6) months divided by the number of direct care staff tested for TB infection in the past six (6) months during periodic or clinically indicated evaluations.	0	0	0
<b>6C. Offender Treatment</b>  Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past six (6) months divided by number of evaluated offender grievances related to health care services in the past six (6) months.	6	142	0.04
	6C-2	Number of offender grievances related to safety or sanitation sustained during a six (6) month period divided by the number of evaluated offender grievances related to safety or sanitation during a six (6) month period.	0	0	0
	6C-3	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past six (6) months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past six (6) months	0	4	0
<b>6D. - Performance Improvement</b>  Health care services are evaluated and continually improved	6D-1	Number of problems identified by quality assurance program that were corrected during a six (6) month period divided by the number of problems identified by quality assurance program during a six (6) month period.	3	1	3

	6D-2	Number of high-risk events or adverse outcomes identified by the quality assurance program during a six (6) month period.	X		
	6D-3	Number of offender suicide attempts in the past six (6) months divided by average daily population	0	516	0
	6D-4	Number of offender suicides in the past six (6) divided by average daily population.	1	1	1
	6D-5	Number of unexpected natural deaths in the past six (6) months divided by Total number of deaths in the same reporting period.	0	0	0
	6D-6	Number of serious medication errors in the past six (6) months	x		
<b>6E. - Safety, Sanitation and Offender Hygiene</b>  The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

<b>7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.</b>	7A-1	The number of academic/vocational educational program slots available in the past 6 months divided by the average daily population in the past 6 months.	15	516	14
	7A-2	The average number of offenders with full time work/program assignments in the past 6 months divided by the average number of offenders eligible for work assignment in the past 6 months.	0	0	0
<b>7B: Academic and Vocational Education - The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review.</b>	7B-1	The number of academic/vocational slots available divided by the average daily population in the past 6 months.	0	516	0
	7B-2	The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 6 months divided by the average daily population in the last 6 months.	N/A		
	7B-3	The number of academic/vocational competency certificates issued in the past 6 months divided by the number of program slots available in the past 6 months.	10	0	0
<b>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</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

<p><b>7D: Mail, Telephone &amp; Visiting -</b> 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.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>			
<p><b>7E: Library -</b> 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.</p>		<p><i>Compliance verified through expected practice files. No outcome measure required.</i></p>			
<p><b>7F: Religious Programs -</b> 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.</p>	<p>7F-1</p>	<p>The number of regular participants as defined by the agency, in structured religious programming in the past 6 months divided by the average daily population in the past 6 months.</p>	<p>40</p>	<p>516</p>	<p>0.077</p>

**American Correctional Association: Adult Correctional Institutions Accreditation  
Manual - 5th Edition Outcome Measures  
Pine Bluff Complex (Pine Bluff Unit)  
Reporting Period: March 2021-Feb. 2022**

Performance Standards		Outcome Measures	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
<b>1. Administration &amp; Management: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.</b>					
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 6 months divided by the number of Plans of Action approved by the Commission on Accreditation.	3	3	1
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.	514	514	1
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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 6 months divided by the average number of filled full time positions in the past 6 months.	479	123	3.9
	1C-2	The number of staff who left employment for any reason in the past 6 months divided by the average number of filled full time positions in the past 6 months.	37	123	0.15
	1C-3	The number of verified employee violations in the past 6 months divided by the average number of filled full time staff positions in the past 6 months.	10	123	0.081
	1C-4	The number of staff terminated for conduct violations in the past 6 months divided by the average number of filled full time staff positions in the past 6 months.	7	123	0.06
	1C-5	The number of performance reviews rated acceptable or higher in the past 6 months divided by the total number of performance reviews conducted in the past 6 months.	86	95	0.91
	1C-6	Average number of security staff positions filled per month for the past 6 months divided by the total number of authorized security positions.	1	148	0.007
	1C-7	Number of security staff who left employment in the past 6 months divided by the total number of authorized security positions.	19	148	0.13
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

<b>1F: Information Systems &amp; Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>1G: Citizen Involvement &amp; Volunteers - The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.</b>	1G-1	The total number of hours of volunteer service delivered by members of the community in the past 6 months divided by the average daily population in the past 6 months.	0	479	0
	1G-2	The total number of hours of community service work delivered by offenders in the past 6 months divided by 6.	N/A		
<b>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.</b>					
	2A-1	Number of worker's compensation claims filed in the past 6 months divided by the average number of filled full-time staff positions in the past 6 months.	13	123	0.11
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 6 months.			
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 6 months.			
<b>2B: Size &amp; Organization - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.</b>	2B-1	Number of days facility population exceeded the operational capacity in the past 6 months divided by 182.5.	0	365	0
<b>2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>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.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>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.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>2G: Security - The physical plan supports the orderly and secure functioning of the institution.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.</b>					
	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 6 months divided by the average daily population in the past 6 months.	25	479	0.052
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	73	479	0.152

	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	479	0
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	479	0
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	479	0
	3A-6	The number of homicides as defined in the Significant Incident Summary, in the past 6 months, divided by the average daily population in the past 6 months.	0	479	0
<b>3B: Safety &amp; Emergency Procedures - The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>3C: Rules &amp; 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.</b>	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	784	479	1.64
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	41	479	0.09
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 6 months divided by the average daily population in the past 6 months.	1	479	0.002
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 6 months divided by the average daily population in the past 6 months.	0	479	0
<b>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.</b>	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 6 month period.	3	192	0.02

<b>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.</b>	4A-1	Average number of offenders in Special Management Housing per month over the past 6 months divided by the average daily population in the past 6 months.	N/A		
<b>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</b>	4B-1	Average number of offenders in Restricted Housing per month over the past 6 months divided by the average daily population in the past 6 months.	17	479	0.035

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-2	Average number of offenders in Extended Restricted Housing per month over the past 6 months divided by the average daily population in the past 6 months.	0	479	0
	4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 6 months divided by the total placed in Restrictive Housing in the past 6 months.	60	48	1.25
	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 6 months divided by the total number of offenders released in the past 6 months.	0	151	0
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5E: Social Services - Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.	5E-1	Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 6 months.	N/A		
	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 6 months.	N/A		
	5E-3	Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 6 months.	N/A		
	5E-4	Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 6 months.	N/A		
5F: Reentry - 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 6 months divided by the number of inmates released in the past 6 months.	0	172	0

<b>6A: Access to Services</b> <b>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.</b>	6A-1	Number of offenders diagnosed with a MRSA infection within the past six (6) months divided by the average daily population	2	479	0.004
	6A-2	Number of offenders diagnosed with active tuberculosis in the past six (6) months divided by the average daily population.	0	479	0
	6A-3	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past six (6) months divided by the Number of offenders administered tests for TB infection in the past six (6) months as part of periodic or clinically-based testing, but not intake screening.	0	2	0
	6A-4	Number of offenders who completed treatment for latent tuberculosis infection in the past six (6) months divided by number of offenders treated for latent tuberculosis infection in the past six (6) months.	0	0	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.	43	525	0.082
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.	2	525	0.004
	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.	2	2	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.	2	2	1
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.	54	543	0.10
	6A-10	Number of offender admissions to off-site hospitals in the past six (6) months divided by average daily population	21	479	0.043
	6A-11	Number of offenders transported off-site for treatment of emergency health conditions in the past six (6) months divided by the average daily population in the past 6 months.	29	479	0.06
	6A-12	Number of offender specialty consults completed during the past six (6) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past six (6) months.	604	663	0.91



	6A-13	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.	8	20	0.4
	6A-14	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.	6	12	0.5
	6A-15	The number of completed dental treatment plans within the past six (6) months divided by the average daily population during the reporting period.	439	479	0.92
<b>6B. Staff Training</b>					
The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.	6B-1	Number of health care <i>staff</i> with lapsed licensure or certification during a six (6) month period divided by Number of licensed or certified staff during a six (6) month period.	0	9	0
	6B-2	Number of new health care staff during a six (6) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the six (6) month period.	0	1	0
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past six (6) months divided by the number of employees.	0	11	0
	6B-4	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past six (6) months divided by the number of direct care staff tested for TB infection in the past six (6) months during periodic or clinically indicated evaluations.	0	11	0
<b>6C. Offender Treatment</b>					
Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past six (6) months divided by number of evaluated offender grievances related to health care services in the past six (6) months.	0	34	0
	6C-2	Number of offender grievances related to safety or sanitation sustained during a six (6) month period divided by the number of evaluated offender grievances related to safety or sanitation during a six (6) month period.	0	0	0
	6C-3	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past six (6) months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past six (6) months	0	3	0
<b>6D. - Performance Improvement</b>					
Health care services are evaluated and continually improved	6D-1	Number of problems identified by quality assurance program that were corrected during a six (6) month period divided by the number of problems identified by quality assurance program during a six (6) month period.	2	2	1

	6D-2	Number of high-risk events or adverse outcomes identified by the quality assurance program during a six (6) month period.	x		
	6D-3	Number of offender suicide attempts in the past six (6) months divided by average daily population	0	479	0
	6D-4	Number of offender suicides in the past six (6) divided by average daily population.	0	479	0
	6D-5	Number of unexpected natural deaths in the past six (6) months divided by Total number of deaths in the same reporting period.	1	1	1
	6D-6	Number of serious medication errors in the past six (6) months	x		
<b>6E. - Safety, Sanitation and Offender Hygiene</b>  The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

<b>7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.</b>	7A-1	The number of academic/vocational educational program slots available in the past 6 months divided by the average daily population in the past 6 months.	0	385.5	0
	7A-2	The average number of offenders with full time work/program assignments in the past 6 months divided by the average number of offenders eligible for work assignment in the past 6 months.	431	446	0.97
<b>7B: Academic and Vocational Education - The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review.</b>	7B-1	The number of academic/vocational slots available divided by the average daily population in the past 6 months.	0	385.5	0
	7B-2	The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 6 months divided by the average daily population in the last 6 months.	34	385.5	0
	7B-3	The number of academic/vocational competency certificates issued in the past 6 months divided by the number of program slots available in the past 6 months.	N/A		
<b>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</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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 6 months divided by the average daily population in the past 6 months.	0	479	0

<b>American Correctional Association: Adult Correctional Institutions Accreditation Manual - 5th Edition Outcome Measures Pine Bluff Complex (Randall L. Williams Unit) Reporting Period: March 2021-Feb. 2022</b>					
Performance Standards		Outcome Measures	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
<b>1. Administration &amp; Management: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.</b>					
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 6 months divided by the number of Plans of Action approved by the Commission on Accreditation.	3	3	1
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.	514	514	1
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
1C: Personnel - The facility promotes diversity and competency through employee staffing, recruitment, promotions,	1C-1	The average offender population in the past 6 months divided by the average number of filled full time positions in the past 6 months.	494	96	5.15

benefit allocations and performance reviews.	1C-2	The number of staff who left employment for any reason in the past 6 months divided by the average number of filled full time positions in the past 6 months.	26	96	0.02
	1C-3	The number of verified employee violations in the past 6 months divided by the average number of filled full time staff positions in the past 6 months.	9	96	0.09
	1C-4	The number of staff terminated for conduct violations in the past 6 months divided by the average number of filled full time staff positions in the past 6 months.	9	96	0.09
	1C-5	The number of performance reviews rated acceptable or higher in the past 6 months divided by the total number of performance reviews conducted in the past 6 months.	17	79	0.22
	1C-6	Average number of security staff positions filled per month for the past 6 months divided by the total number of authorized security positions.	8	126	0.06
	1C-7	Number of security staff who left employment in the past 6 months divided by the total number of authorized security positions.	9	126	0.07
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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 6 months divided by the average daily population in the past 6 months.	0	494	0
	1G-2	The total number of hours of community service work delivered by offenders in the past 6 months divided by 6.	29,956	12	2,496.3
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 6 months divided by the average number of filled full-time staff positions in the past 6 months.	11	96	0.11
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 6 months.			
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 6 months.			
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 6 months divided by 182.5.	59	365	0.16

2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
2G: Security - The physical plan supports the orderly and secure functioning of the institution.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 6 months divided by the average daily population in the past 6 months.	32	494	0.065
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	61	494	0.123
	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	494	0
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	494	0
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 6 months divided by the average daily population in the past 6 months.	0	494	0
	3A-6	The number of homicides as defined in the Significant Incident Summary, in the past 6 months, divided by the average daily population in the past 6 months.	0	494	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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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 6 months divided by the average daily population in the past 6 months.	1036	494	2.097
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 6 months divided by the average daily population in the past 6 months.	558	494	1.13

	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 6 months divided by the average daily population in the past 6 months.	7	494	0.014
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 6 months divided by the average daily population in the past 6 months.	0	494	0
<b>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.</b>	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 6 month period.	7	182	0.038

<b>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.</b>	4A-1	Average number of offenders in Special Management Housing per month over the past 6 months divided by the average daily population in the past 6 months.	N/A		
<b>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.</b>	4B-1	Average number of offenders in Restricted Housing per month over the past 6 months divided by the average daily population in the past 6 months.	21	494	0.04
	4B-2	Average number of offenders in Extended Restricted Housing per month over the past 6 months divided by the average daily population in the past 6 months.	2	494	0.004
	4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 6 months divided by the total placed in Restrictive Housing in the past 6 months.	39	182	0.21
	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 6 months divided by the total number of offenders released in the past 6 months.	0	220	0
<b>5A: Reception &amp; 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.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
<b>5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.</b>		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
5E: Social Services - Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.	5E-1	Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 6 months.	95.83	494	0.39
	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 6 months.	125	494	0.25
	5E-3	Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 6 months.	N/A		
	5E-4	Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 6 months.	N/A		
5F: Reentry - 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 6 months divided by the number of inmates released in the past 6 months.	N/A		
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 six (6) months divided by the average daily population	0	494	0
	6A-2	Number of offenders diagnosed with active tuberculosis in the past six (6) months divided by the average daily population.	0	494	0
	6A-3	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past six (6) months divided by the Number of offenders administered tests for TB infection in the past six (6) months as part of periodic or clinically-based testing, but not intake screening.	0	7	0
	6A-4	Number of offenders who completed treatment for latent tuberculosis infection in the past six (6) months divided by number of offenders treated for latent tuberculosis infection in the past six (6) months.	0	0	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.	1	480	0.002
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.	0	480	0

	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.	7	7	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.	7	7	1
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.	59	495	0.119
	6A-10	Number of offender admissions to off-site hospitals in the past six (6) months divided by average daily population	12	494	0.024
	6A-11	Number of offenders transported off-site for treatment of emergency health conditions in the past six (6) months divided by the average daily population in the past 6 months.	31	494	0.06
	6A-12	Number of offender specialty consults completed during the past six (6) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past six (6) months.	391	447	0.87
	6A-13	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.	21	71	0.3
	6A-14	Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.	6	13	0.46
	6A-15	The number of completed dental treatment plans within the past six (6) months divided by the average daily population during the reporting period.	440	494	0.89
<b>6B. Staff Training</b>					
The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.	6B-1	Number of health care <i>staff</i> with lapsed licensure or certification during a six (6) month period divided by Number of licensed or certified staff during a six (6) month period.	1	11	0.9
	6B-2	Number of new health care staff during a six (6) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the six (6) month period.	4	4	1
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past six (6) months divided by the number of employees.	0	119	0



	6B-4	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past six (6) months divided by the number of direct care staff tested for TB infection in the past six (6) months during periodic or clinically indicated evaluations.	0	6	0
<b>6C. Offender Treatment</b>  Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past six (6) months divided by number of evaluated offender grievances related to health care services in the past six (6) months.	0	1	0
	6C-2	Number of offender grievances related to safety or sanitation sustained during a six (6) month period divided by the number of evaluated offender grievances related to safety or sanitation during a six (6) month period.	0	0	0
	6C-3	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past six (6) months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past six (6) months	0	3	0
<b>6D. - Performance Improvement</b>  Health care services are evaluated and continually improved	6D-1	Number of problems identified by quality assurance program that were corrected during a six (6) month period divided by the number of problems identified by quality assurance program during a six (6) month period.	0	0	0
	6D-2	Number of high-risk events or adverse outcomes identified by the quality assurance program during a six (6) month period.	x		
	6D-3	Number of offender suicide attempts in the past six (6) months divided by average daily population	1	494	0.002
	6D-4	Number of offender suicides in the past six (6) divided by average daily population.	0	494	01
	6D-5	Number of unexpected natural deaths in the past six (6) months divided by Total number of deaths in the same reporting period.	1	1	1
	6D-6	Number of serious medication errors in the past six (6) months	x		
<b>6E. - Safety, Sanitation and Offender Hygiene</b>  The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			

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 6 months divided by the average daily population in the past 6 months.	15	494	0.03
	7A-2	The average number of offenders with full time work/program assignments in the past 6 months divided by the average number of offenders eligible for work assignment in the past 6 months.	442	460	0.96
7B: Academic and Vocational Education - The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review.	7B-1	The number of academic/vocational slots available divided by the average daily population in the past 6 months.	0	494	0
	7B-2	The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 6 months divided by the average daily population in the last 6 months.	N/A		
	7B-3	The number of academic/vocational competency certificates issued in the past 6 months divided by the number of program slots available in the past 6 months.	10	0	0
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		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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.		<i>Compliance verified through expected practice files. No outcome measure required.</i>			
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 6 months divided by the average daily population in the past 6 months.	5.17	494	0.03

