

COMMISSION ON ACCREDITATION FOR CORRECTIONS  
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Community Correction  
Central Arkansas Community Correction Center  
Little Rock, Arkansas

May 10-11, 2022

VISITING COMMITTEE MEMBERS

William Gallaher, Chairperson  
ACA Auditor

Renee Watkins  
ACA Auditor

**A. Introduction**

The re-accreditation audit of Central Arkansas Community Correction Center was conducted on May 10-11, 2022, by the following team: William Gallaher, Chairperson; and Renee Watkins, Team Member.

**B. Facility Demographics**

Rated Capacity:	150
Actual Population in last 12 months:	150
Average Daily Population for the last 12 months:	143
Average Length of Stay:	9 - 12 months
Security/Custody Level:	Minimum
Age Range of Residents:	16 - 99 years
Gender:	Male
Full-Time Staff:	
Administrative/Support:	16
Programs:	14
Security:	39

**C. Facility Description**

The Central Arkansas Community Corrections Center (CACCC) is located at 4823 West 7<sup>th</sup> Street in Little Rock, Arkansas and occupies a two-story brick building that was built in 1960. Its original use was as a mental health facility, and housed Arkansas’ “criminally insane.”

The program emerged in 1993 as part of the community programming; first as Department Community Punishment (DCP), and in 2001 as the Department of Community Correction (DCC) per legislation name change for the Department. The bill signed by the Governor as Act 323 of 2001 changed the agency name to the Department of Community Correction (DCC). This act also changed the Board of Correction and Community Punishment to the Board of Corrections (BOC). In 2013, the Department of Community Correction became known as Arkansas Community Correction (ACC).

The Central Arkansas Community Correction Center (CACCC) houses only males and is a minimum - security facility consisting of a two-story brick structure. There is an additional stand - alone building adjacent to the structure that serves as the facilities Maintenance building. The only perimeter fencing located on facility grounds is the razor wire affixed to the rear outdoor recreation walls.

CACCC has four points of egress. The Administrative entrance services staff, contractors, and volunteers entering and exiting the facility. One side entrance services is used for visitors entering and exiting the facility, an additional side entrance services the resident community work crew entering and exiting out of the building, and the fourth point of egress located on the back kitchen dock services contractors and food delivery vehicles entering and exiting the facility.

Adjacent to the side sally-port area is a parking lot which is used for visitation, access by law enforcement and new resident intake. Two freezers and a large walk-in cooler are also positioned next to the parking lot.

The facility offers on-site/off-site programs and services to include Modified Therapeutic Community (MTC) programming, food services, medical and dental care, recreation, religious programs, work programs, academic education, vocational training, visitation, social services, library, laundry, commissary, mail and telephone access.

The living quarters are divided into wings located on two floors:

- “A” wing is utilized for restrictive housing houses and houses 27 residents
- “B” wing houses 30 residents
- “C” wing houses 38 residents
- “D” wing houses 30 residents
- “E” wing houses 60 residents.

The stated goals of the facility are “to provide appropriate and effective supervision of offenders in the community.” The program seeks “to provide for the confinement, control, and treatment of offenders sentenced to or confined in community correction centers in an adequate, safe, and secure environment.” An additional goal is “to develop and implement sanctions, programs and services needed to function within the scope of the mission.” The final stated goal is “to improve staff recruiting, retention and training efforts.”

As stated in the program’s mission statement, the program seeks “to enhance public safety by enforcing State laws and court mandates through community partnerships and evidence-based programs that hold offenders accountable while engaging them in opportunities to become law-abiding, productive citizens. Priority is given to public safety, serving justice, and providing opportunities for positive change.”

The program’s philosophy is “We place our priority on public safety while providing opportunities for positive change.”

“Serving Justice” is the program’s motto.

Admission and release policies are distributed to appropriate courts, prosecuting attorneys, and the state’s Sentencing Commission. This information includes statements that CACCC will not exclude an offender from placement based solely on his ability to speak, read, write, hear, or understand English.

Additionally, the facility information states CACCC prohibits discrimination in accepting referrals, making administrative decisions, and access to programs based on sex, disability, race, religion, national origin, or political views.

CACCC provides for all of the resident’s basic needs; however, residents are required to pay \$3 for self-initiated sick call services but not for service required by a chronic illness. The facility has no arrangements for restitution but provides community service through a

work program.

The facility activities center on a MTC approach to substance abuse needs. An integral part of the MTC program is the cognitive intervention process, which assists residents in developing more effective beliefs and associated behaviors.

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

Warden Mark Warner and Debbie Ruff, ACA Coordinator Residential Services for the Arkansas Community Corrections agency picked the Chairperson up at the airport on May 9, 2022, and we discussed information provided by the ACA staff and the officials from CACCC audit procedures and a recommended itinerary. The Chairperson expressed the appreciation of the Association for the opportunity to be involved with the Central Arkansas Community Correction Center (CACCC) in their reaccreditation process.

The Chairperson discussed with Warden Warner and Debbie Ruff an ongoing review of the progress of the audit and any problems that were encountered. The Chairperson advised the audit team would attempt to review all the mandatory standards on the first day.

The Chairperson divided the standards into the following groups:

Standards #4-ACRS-1A-01 to #4-ACRS-5A-16 to William Gallaher, Chairperson  
Standards #4-ACRS-5A-17 to #4-ACRS-7F-10 to Renee Watkins, Team Member.

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

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

The team was escorted to and from the facility by Warden Mark Warner and Debbie Ruff.

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

The team was escorted to the large gym/multi-purpose room where the formal entry meeting was conducted. The audit team members gave a brief introduction. The following persons were in attendance:

Mark Warner, Warden  
Rodney L. Petty, Captain/CSO  
Christine Walker, Kitchen Manager  
Ruth Akins, Records  
Jeannie Mayan, Business Office  
Joshua Doles, ARO  
Darrell Williams, Sergeant: Fire and Safety  
William Anthony, Unit Trainer

Jason Kelley, Regional Manager / Wellpath  
Jayne Lawson, HSA / Wellpath  
Kim Rosenthal, Director of Operations / Wellpath  
Andrea Little, Treatment Supervisor  
Venita Bannister, Treatment Administrator  
Cheryl Brown, Facility ACA Manager  
Derwin Clark, Treatment Coordinator  
Karen Mattis, Treatment Coordinator  
Patrick Mead, Chaplain  
Sarah Barrett, Corporal: Issuance  
Debbie Ruff, ACA Coordinator

The team informed the attendees that the goal of the visiting team was to be as helpful and nonintrusive as possible during the conduct of the audit. The audit schedule and tour plan were also discussed at this time.

The team members then offered information about their respective professional backgrounds as well as experience with the standards and accreditation process.

The team was advised escorts would accompany the auditors on the tour and subsequent visits to departments. The chairperson requested that the assigned escort/scribes provide the audit team members space during the process when interviewing inmates and/or staff to facilitate open interaction.

The team requested that the number of inmates, but not their names, be recorded. The team further requested the scribes to record the names and titles of employees with whom the auditors spoke and the locations. No requests were made, by either staff or residents, to speak with the team.

### 3. Facility Tour

The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Mark Warner – Warden

Andrea Little – Treatment Supervisor

Debbie Ruff – ACA Coordinator for the division

Cheryl Brown – ACA Manager – CAC

Rodney Petty – Captain

ACA notification signs were observed posted strategically throughout the facility.

### 4. Conditions of Confinement/Quality of Life

During the tour and subsequent review of supporting documentation, the team evaluated conditions of confinement at the facility.

The following narrative description of the relevant programmatic services and functional areas summarizes findings regarding quality of life.

**Security:**

The primary access and egress point for pedestrian traffic is a small vestibule just inside the main entrance door, and adjacent to the central control center (PBX).

Staff must present a photo ID and complete a log prior to passing through the secure door to the facility, and cell phones are stored during the shift. Security staff presence in the facility is accounted for by way of a visible tracking board next to the PBX adjacent to the Administrative front entrance.

Community visitors have the same requirements with added precautions of prior approval and/or a NCIC background check. Entrance through the security door requires wearing a “Visitor” or “Volunteer” badge.

Resident visitors enter/leave the secure area of the building through the intake sallyport. Access requires a photo ID and prior approval.

Residents enter/leave the secure area through the intake sallyport. Egress requires prior staff approval and verification of ID by way of questions from his facility record. An additional side entrance services the resident community work crew entering and exiting out of the building, and the fourth point of egress located on the back kitchen dock services contractors and food delivery vehicles entering and exiting the facility.

The Warden and Departmental staff systematically determines and review staffing requirements on an ongoing basis to ensure routine and emergency 24 hour security coverage and the demands of programmatic and support service needs. Security shifts are scheduled from:

- 6:45 am to 3:15 pm (A)
- 2:15 pm to 11:15 pm (B)
- 10:45 pm to 7:15 am (C)

CACCC program design and its dedicated staff provide clear expectations of the facility’s rules, regulations, acceptable behaviors and expected levels of progress. CACCC residents are held accountable from the time they walk through the facility door until release.

Resident intake is a multi-disciplinary activity that includes security, medical and treatment staff. Security staff meets the newly-placed residents in the facility parking lot where their temperature is taken, and their pre-placement quarantine measures are verified. If this information is affirmative, the resident is escorted into the building, where formal intake begins.

Medical begins its assessment of the resident’s physical and emotional status.

PREA screening and access to medical procedures are reviewed with the resident. Treatment staffs subsequently review and discuss a wide range of topics including, but not limited to, program goals and expectations, services available, rules, grievance procedures, PREA information, daily schedule, and mail. The resident is also provided a resident handbook for retention.

The facility has Spanish speaking staff and access to an on-line interpretation service to assist with language difficulties. Staff is also available to assist with literacy problems.

When the resident expresses an understanding of the information presented, he and staff provide verification by signing a form which is kept in the resident file and the resident is given a copy for his retention.

A risk assessment and screening interview tool, the *Addiction Severity Index (ASI)*, is completed within 48 hours of intake. The results are summarized in the master treatment plan and are used as a basis for identifying risks and determining needs.

Upon completion of intake, staff assigns a resident to a living area, issues clothing, bedding, and hygiene items.

During the several tours of the facility, permanent logs were found at each post documenting the routine and special activities on a shift by shift basis. Documentation such as ongoing counts, resident movement, key assignments, equipment issued, as well as maintenance and safety-related entries help provide information vital to the preparation of shift and other summary reports. The logs were found to be informative, neat, and legible.

Possession and use of weapons is prohibited in the facility, and each access door has a posted notice. Law enforcement officers entering the facility are required to store their weapons in a lock box adjacent to the intake sallyport.

There is a small armory which is adjacent the main hallway and managed by a Sergeant. Stored items include radios, flashlights, search mirrors, an electronic and a riot shield, handcuffs, leg irons, handcuff/leg iron combo, belly chains, metal detectors, flex cuff cutters and suicide knives.

Chemical agents were on back-order and not available. All items were accurately inventoried, and the inventory sheets were legible and well maintained.

Staff uses five counts per shift to account for each resident's location. The Shift Supervisor is responsible for coordinating and clearing each count. Results, including residents away from the facility, are entered into the post logs, a central log sheet and on a white board in the Shift Supervisor's office.

Additional security is provided by 48 cameras throughout the facility. The cameras are monitored from the PBX and the Lieutenant's office. Data is managed by a third party and images are saved for seven days.

The PBX is staffed by one staff member each shift. This position is responsible for the issuance, inventory, and accountability of all keys used at the facility. Keys are secured on key rings; issuance is tracked via key logs.

This post is also responsible for statewide monitoring and distribution of warrants and related documentation. Staff generates an estimated 20 electronic reports daily.

In the event of an escape, the ranking officer is required to notify the Warden and/or the Duty Warden and the Department. An investigation is immediately launched by reviewing information in the resident's file and related data. Information from all involved staff is gathered and a *Critical Incident Report* is developed. The Warden and security management staff review the report and other data, with the intent of determining how to prevent further escapes and to improve the facility's response.

Use of force policies and procedures are addressed during initial orientation training and is an ongoing topic of review with correctional staff. The *Critical Incident Report* and review process is utilized with use of force incidents and assess whether the use of force was appropriate and assess staff responses.

The facility's search procedures include pat searches, hand wand scanning, and property searches are conducted in all areas of the facility. Facility staffs engage in random search activity of the residents and facility on a daily basis.

Non-routine searches are authorized by the Shift Supervisor or Lieutenant when indicated. If contraband is found, the chain of custody procedures requires staff who found the contraband to notify the ranking supervisor. The ranking supervisor receives the contraband, and it is locked in a safe.

The Lieutenant in turn receives the contraband and locks the contraband in other safe, inventories the contraband and documents results in a log. The Lieutenant's safe is not accessible to other staff.

Records reviewed found these procedures are well-documented. The documents reviewed for neat, legible, and well-maintained.

The captain's office also stores certain keys, blanks, and combination codes in the facility safe. Staff keys are inventoried. Keys are inventoried daily at shift. Control and inventory documents were spot-checked with no discrepancies noted. Armory keys are inventoried at the onset of each shift.



A set of back-up emergency keys are maintained at a local police station.

The facility's tool and equipment accountability system further enhance the facility's security measures. All tools and equipment are identified in a perpetual inventory and staff document issuance and returns. Items are kept in locked storage areas and the facility utilizes shadow boards. Procedures related to disposition of damaged or broken items are appropriate and well-documented. Related documents were accurate, legible and well-maintained.

Another factor contributing to facility security is the MTC and its approach to behavioral intervention. MTC has developed a system of community, peer driven behavioral intervention, as well as formal, traditional disciplinary procedures. Intervention is progressive and designed to increase the individual's level of acceptable behaviors.

In most cases, the therapeutic community and its residents provide verbal intervention by describing the inappropriate behaviors to the offending resident. From there, the community and resident work together to modify behavior. There are also "Major" and "House Rules" for which sanctions, or "Learning Experiences," are issued by MTC. Sanctions include loss of privileges, extra duty, or reduction in program status.

Another aspect is the "Cardinal Rules" which include 26 major offenses such as escape, assault, arson and contraband. Commission of these behaviors will result in formal, traditional disciplinary hearings and sanctions.

The formal disciplinary process is thoroughly discussed with the resident during orientation. These discussions include a working description of violations, sanctions and penalties.

These disciplinary matters are coordinated by the Administrative Review Officer (ARO) who received 16 hours of specialized departmental training. The ARO receives all reports and reviews for accuracy and compliance with policy. All phases of the process are documented, tabulated, and analyzed on an ongoing basis.

The ARO schedules hearings before the Disciplinary Committee and serves as the Chair. Other members include the Lieutenant, Treatment Supervisor, and an administrative staff member.

Sanctions may include a confinement for 30 days, loss of privileges, a facility requesting imposition of suspending sentences or parole revocation. The committee may order a suspension of sanctions pending improved behavior. The first level of appeal is the Warden and the final authority rests with the Deputy Director of Residential Services.

The Department promulgates the related disciplinary policies, which are reviewed annually and updated as indicated. Staff is trained in the implementation of the disciplinary process during initial training, through annual refresher training and on-the-job training.

Security-related training begins with basic training offered through the Division of Community Corrections. The 2022 Training Plan for the Division reports staff are required to successfully complete, training that includes offender supervision and report preparation, emergency preparedness, mental health first aid, use of force and 32 hour defensive tactics course.

Other training is available such as transport, defensive tactics certification, de-escalation techniques. The Department further utilizes on-line training in conjunction with face-to-face instruction.

The Training Plan reports the training is ACA compliant and staff must score at least 70% on written exams.

#### **Environmental Conditions:**

Available information and observation indicate CACCC provides a safe environment for the community, staff, and offenders.

The facility's potable water source is the Central Arkansas Water Department. A current analysis was on file.

The facility meets expected practices regarding lighting and air circulation and annual testing for both was completed November 9, 2021. Representative light level measurements were taken at desk level, in the sleeping areas, day rooms and in personal grooming areas. The light level measurements ranged from a low of 39.3 foot candles in the hygiene areas to a high of 94.7 foot candles in the dining hall.

Air flow levels were measured by an Alnor Loflor Balometer (Model 6200) and ranged from CFMs 180 in the kitchen to CFMs 55 in a C wing room.

Housing areas comply with ACA expected practices as adequate seating and writing space was observed throughout the living areas. Additionally, the ratio of showers, washbasins and toilets to resident are in compliance with state statutes and ACA expected practices.

The automatically-controlled shower and washbasin temperatures are regularly tested, documented and deficiencies addressed. Water temperatures were within acceptable limits as evidenced by physical checks by the audit team. Further, the audit team received no complaints from residents regarding water temperatures.

Sleeping areas included a bed, fire-rated mattress and pillow, two sheets, pillowcase and adequate personal storage areas for each resident. Blankets are available when indicated.

All fixtures and items were in good repair. Temperatures inside the building were comfortable.

Residents are provided with clothing appropriate clothing for the various seasons and job assignments. During the audit, resident clothing was observed to be clean and in good repair.

### **Sanitation:**

The facility maintains a high level of sanitation and safety as evidenced by clean floors, a near absence of dust, no debris, and the absence of foul odors.

There is adequate space for janitorial supplies and equipment such as brooms, mops/buckets and wet floor signage. Staff control access to chemicals and instruct residents in the use of cleaning chemicals and safety practices. Residents were observed throughout the audit actively engaged in cleaning and sanitizing chores throughout the facility.

Guiding these activities are current housekeeping and preventative maintenance plans which include daily, weekly, and monthly inspections by qualified staff. It also appears there are prompt responses to problem areas.

Documentation indicates inspections by the Safety and Security Representative (SSR) are thorough and communicated to key staff including the Lieutenant and Warden. Deficiencies are addressed by work orders or other directives in a timely manner.

The Little Rock Fire Department completed an inspection on April 11, 2022 and reported trash and rubbish is routinely removed from the building areas and the interior ceilings and walls were in good repair and that storage is neat and orderly.

The facility has contracts with a local vendor for waste removal and the dumpster area was clean and free of debris. Medical waste is handled by Stericycle and no deficiencies were reported or observed.

Pests and vermin services are provided by a local vendor. There was no evidence of either throughout the audit.

The facility's Outcome Measures state there were no sanitation or health code violations identified by external agencies and no accidents resulting in property damage.

Toxic and caustic materials are stored in bulk and dispensed by staff. Bleach is the only corrosive maintained and there is a single irritant-a metal polish product. Inventory sheets for each product are maintained and report date/time of issue, starting amount, amount issued and amount remaining. Staffs verify access by signature. SDS sheets were observed and readily available.

Staff prepares cleaning kits for the living units that include citrus based cleaning agents, glass cleaner and a stain-removal product in spray containers. Separate kits, with differing products, are prepared for the administration area, kitchen, laundry and barber shop.

Issuance logs report the name of staff receiving the kits, the time it was passed out, and the beginning ounces. Staff then enters the return time and ounces returned. Documents observed were accurate, legible and well-maintained. The chemical room is well-supervised, clean, and orderly and all products are stored off the floor.

### **Fire Safety:**

The Fire Safety/Sanitation Sergeant is responsible for activities related to the emergency and fire plans including fire drills, emergency drills, quarterly fire inspections, equipment testing and coordinating the annual fire inspection. Nine extensive emergency plans have been developed and lay a good foundation for effective response to major emergencies. The plans address:

- Escape
- Post emergency
- Evacuation plans
- Fire control and Safety plan
- Tornado
- Bomb threat
- Adverse weather
- Resident death
- Utility failure

Each plan has a checklist regarding procedural steps. The facility also has a current work stoppage plan which is maintained in the Warden's office, Captain and Shift Supervisor's offices and PBX.

Evacuation information is posted in all major areas of the facility including the entry foyer. The information includes diagrams of the building floor plan, directional arrows to guide movement and identifies the relative location of the viewer.

Following a major incident, an “After Action Review” is completed to determine the effects of staff and offender responses to the situation. These reviews are conducted by the Lieutenant and reviewed by the Warden to develop more effective responses to future incidents.

All staff receives emergency plan training during new employee orientation, annual refresher training and plans are available to all staff. Staff interviewed presented a command of evacuation procedures and responsibilities. There were no emergencies reported during the audit cycle.

A current fire prevention plan provides for a comprehensive fire protection system. Copies of the plan were forwarded to Little Rock Police and Little Rock Fire Department in March 2022. A fire station is located .8 miles from the facility with a response time of two minutes.

The Little Rock Fire Department completed an inspection on December 22, 2021, with deficiencies noted. The inspector noted “inspection results will be compared to future inspections.”

On April 11, 2022, the Little Rock Fire Department completed a follow-up inspection and reported an overall result of “passed” with no violations identified. On October 27, 2021, an independent contractor completed annual inspections and service for 48 fire extinguishers. The April 11, 2022, Fire Inspection reported the fire extinguishers used are of the proper type, size and distribution and that they are properly mounted. The report confirmed compliance with annual service and maintenance of the fire extinguishers.

An inspection of and service to the ANSUL system was completed on October 27, 2021. The range hood systems report noted that the next hydrostatic test is due in 2032 and the system is compliant with no deficiencies.

The April 11, 2022, Fire Inspection report confirmed the facility’s hood system is of the proper type and purpose. The report further noted the facility has records of an annual cleaning company performing services and that the hood extinguishing system has been serviced and maintained on an ongoing basis. The hoods, fans, filter and ducts were further found to be maintained in clean condition.

The facility has a Simplex fire alarm system, with the FACP located in the PBX. The system includes 11 manual stations, 35 smoke detectors, 2 heat detectors, 12 duct smoke detectors, 1 horn, and 16 strobes. Secondary power is provided by two sealed lead acid batteries. The annual fire alarm inspection was completed on December 8, 2021.

The April 11, 2022, Fire Inspection report noted the system is properly

maintained and reported a “pass” for the system.

Residents receive initial training during orientation and participate in monthly evacuation drills. Residents and staff interviewed were knowledgeable and familiar with evacuation procedures and responsibilities.

Results reported in the April 11, 2022, Fire Inspection, facility-provided documentation, and audit team observations indicate facility furnishings comply with fire safety performance standards. The Fire Inspection also reported flammable materials and oily rags are properly stored.

### **Food Service:**

The Food Service department is managed by a Kitchen Manager who has 26 years of experience in the industry including restaurant management and culinary training in the Air Force. The Kitchen Manager is also a trained Proctor and Instructor for the ServSafe curriculum.

Assisting her are four kitchen supervisors who also have considerable food service experience and are ServSafe certified.

Staff pre-employment health procedures include TB testing, a review of hepatitis history, a physical assessment, and signs and symptoms of contagious disease. A physical by a personal physician is also required.

There are 20 residents who assist staff. Staffs teach the residents “mind, body, and skills for fostering life independence upon their release back into society.” The residents are taught basic and advanced cooking techniques, use of industrial cooking equipment, food safety practices, personal hygiene, and time management.

Placement requires an interview with the Warden, Treatment Supervisor and the Kitchen Manager who also review the resident’s progress in program. The resident’s placement is further contingent on the results of a medical screening. The screening includes review of hepatitis history, status of TB testing, examination for rashes and coughs, questions regarding diarrhea, signs and symptoms of contagious disease.

Upon placement, residents’ complete OJT that includes safety, sanitation, equipment operation and health education. Residents are taught hand washing techniques, the requirement to report sickness such as diarrhea, vomiting, or if they have a rash. Hand washing signs were present, and staff monitors resident health upon report for work. Any concerns require an assessment and clearance by medical staff prior to return. Further emphasis is placed on use of hair nets and other PPE. Removal from the job is usually due to “personality problems.”

Resident workers on the AM shift begin their day at 3:30 a.m. and are relieved by the PM shift at 10:30 a.m. On weekends, the AM shift begins at 4:30 a.m. and the PM shift begins at 10:30 a.m.

Staff adhere to an Arkansas Department of Community Corrections dietitian-approved, 28 day cycle, 2200 calorie menu. The menu provides three hot meals daily, with provisions for substitutions, and is reviewed annually for nutritional adequacy. The weekly menu includes portions for regular, high/medium/low cholesterol, cardiac, salt and sugar free diets.

Food service staff begins serving meals, Sunday through Saturday unless otherwise scheduled, as per the following schedule:

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

When required, snacks are given at the evening meal.

Medical staff order special diets and menus are available for diabetic, regular with high protein, mechanical soft, and blended liquid diets. Additional menus include full/clear liquid, bland, no wheat, vegan menus, and pack outs. Medical staff is alerted when residents fail to adhere to the menu, and typically results in restriction in the living unit. Religious diets are reviewed and approved by the Chaplain and Warden.

Records of meals served, and approved substitutions are maintained daily. Sample meals are held for seven days. Food stuffs are primarily ordered through state-wide contracts. Food cost per meal is \$1.29.

The audit team ate a resident meal and found it tasty with proper temperatures. Portions were adequate and the meal corresponded to the posted menu. It is obvious that staff take into consideration the taste, texture and palatability of the meals served.

Kitchen equipment includes a three-compartment sink and a sanitizing agent that is bleach and iodine free. Staff hand-measure the chemical and use test strips to verify strength. Washed items are air dried. Food preparation equipment includes one flat top grill, a four burner stove, a mixer, two deep fryers, and 40 gallon steam kettle. Also utilized are four ovens, a four-hole steam line, an industrial toaster, a coffee pot, three prep areas, two overhead pot racks, a warmer, a meat slicer and one reach-in cooler. Outside, there are two freezers and a walk-in cooler.

Staff monitor temperature requirements on an ongoing basis, and regularly document results in logs. Serving line, cooler, freezer, dish machine and food temperatures were within recommended ranges during the walk-through.

The facility observes proper techniques for thawing and prepping food for the next day. All food items are stored at appropriate distances off the ground and the ceilings and recommended storage area temperatures and related logs were observed.

All storage areas had adequate air flow and space. Cooked and ready-to-eat foods were stored above raw foods; containers were dated with no discrepancies observed. If not in original containers, food is stored in sanitary and well-marked containers. Storage areas are locked and accessed by staff.

Class B tools are locked in a drawer in a locked room, and access is recorded in a daily log. Class A tools are locked behind a steel door, inside a steel cage and maintained on a shadow board. All inventories are checked at the start/end of each shift. Entries were found to be accurate, legible and when completed are retained in the Food Manager's office.

Dishwasher chemicals are auto-fed, stored in a locked cabinet and managed by staff. Temperatures are monitored by a digital self-contained thermometer that is run through the machine on dish racks. Temperatures are recorded each meal and records are archived in the Kitchen Manager's office. Samples reviewed were legible and well-maintained.

The dining area includes 12 tables and 48 seats. One wing is fed at a time, under the supervision of one officer. This area is also used for volunteer groups and kitchen-related training.

The kitchen and dining areas are well-lit, free of odors and there was no pipe leakage observed. A high level of sanitation was observed during several visits to the kitchen area. Staff and offenders were wearing hair nets, rubber boots, plastic gloves and relatively clean clothing. Restroom facilities for both residents and staff were nearby and included hand washing signage.

The Arkansas Department of Health Environmental Health Protection Services completes an annual Food Establishment Inspection Report. This report summarizes areas such as foodborne illness risk factors, food time/temperatures, good retail practices, proper use of utensils and physical facilities.

An inspection was completed in March 2022 and identified violations related to temperature of food items and a lack of a self-closure device in the walk-in cooler and expired sanitizer strips. Deficiencies were to be corrected within four days. The follow-up inspection reported "all critical items on the previous report were corrected."

**Medical Care:**

Medical care is contractually provided by Wellpath and locally supervised by a Health Services Administrator (HSA).



As reported by the facility, the facility's HSA manages and evaluates health care delivery in accordance with State and local regulations. The HSA further ensures, medical, dental, and mental health program activities are based upon goals, objectives, aims, and policies of Wellpath and the facility. The HSA is further responsible for communicable disease/infection control activities and Quality Assurance efforts.

Medical staffing includes one fulltime Registered Nurse, five Licensed Practical Nurses, and a physician who works 36 hours per week. The area is maintained by an assigned resident porter.

Prior to a resident's initial entry into the facility, security staff completes resident covid testing in the parking lot. Health assessments begin "within minutes" of reception and includes contacting the previous facility for additional information or medications have not been received.

PREA information is discussed, and a sexual victimization/abusiveness assessment is completed. This assessment addresses the potential for victimization and aggression and guides staff in determining the resident's program participation. Staff also assess whether the resident is withdrawing from alcohol, sedative hypnotics, and opiates.

A language line is available for translation services. Literacy problems are managed by medical staff.

The medical area consists of one exam room, and a waiting area that provides seating for ten. Educational information is available for resident and staff viewing. The area was clean, well lit, and well equipped.

Sick call services are provided seven days a week, from 7:30 am to 9:30 am. Residents have ready access to sick call forms and place completed forms into a designated and secure box located in the main hall. Medical staffs retrieve the forms around 2 p.m. each day and develop a daily sick call log. This log notes the date the request was received, who completed triage, date seen, the need for referrals and the date referred.

Residents come to the medical area for services and restrictive housing residents are afforded rounds several times a day. The facility pharmacy area is small and limited in supply. Medications are dispensed at the following times:

- 4:30 a.m.
- 11:00 a.m.
- 3:30 p.m.
- 8:30 p.m.

Medical staff maintain medications in a secured cart in a secured room. Controlled substances are secured in a locked cabinet, in a separate secure room.

There were two residents on psychotropic medications during the audit. Wellpath has a national contract for medications and the turnaround time is typically one day. A contracted pharmacist inspects the pharmacy quarterly, most recently in April of this year.

Emergency health care includes use of the Metropolitan Emergency Medical Services for transportation. Medical services are available at a hospital located 2.4 miles from the facility with an estimated response time of 3-5 minutes. Facility resources include a vehicle, a treatment room, an AED and all staff is trained in CPR/1<sup>st</sup> Aid. Due to covid restrictions, staff was trained on-line through the services of the American Heart Association regional office.

The facility lab area is co-located with the medical treatment room. Testing includes a nation-wide contract with Lab Corp who dispatches couriers as needed and results are usually received within 24 hours. Staff reported difficulties with maintaining the integrity of frozen samples.

Staff is afforded covid and TB testing, and during the height of the pandemic all residents were tested for covid and TB. Outbreaks are reported to the local infection control offices.

All residents participate in an HIV/AIDS educational program with a goal of reducing high-risk behaviors. Residents take written pre-tests to determine their level of knowledge and following the course, complete a post test and all results are reviewed with the resident. Residents receive education in the areas of other Sexually Transmitted Diseases (STDs), Hepatitis, and Tuberculosis.

A contract dentist is on-site one day a week. His duties include an initial examination and services as needed.

Mental health services are provided by a contract psychiatrist who visits the facility weekly and is on-call. Additional services are provided by a contract certified substance abuse counselor who works 4-5 hours per week. Duties include intake screening and referrals.

Crisis intervention services are available through an on-call contract psychologist. Three security cells are available to manage suicide response procedures and residents are clothed in a paper gown and issued paper sheets.

The level of security checks is determined by the psychiatrist, beginning with five minute intervals. The psychiatrist visits within 72 hours and will determine if a turtle suit is appropriate. Restraints have reportedly been used “twice in 19 years.”

During new employee orientation, all staff is advised to proactively respond to any indication of suicidal ideation or a potentially suicidal resident and to prevent self-injurious behaviors. Alertness, observation, and the cooperation of all staff on an on-going basis are communicated to all staff.

A mobile radiology service provides x-rays and ultra-sounds on site. Small in size, there is no need for first-aid kits in the main building. 1<sup>st</sup> aid kits are available in medical, all facility vehicles the maintenance area and work crews.

Medical sharps, tools, and equipment were found to be properly labeled, inventoried, and accounted for.

### **Recreation:**

The facility has spacious indoor and outdoor recreational areas, facilitating a variety of passive recreational activities. Access to recreation is part of the daily schedule.

During state holidays, the residents are allowed extra recreation and competition in sporting activities, tournaments, talent shows, door decoration, poetry, inspirational readings, dance, or arts. Certificates are awarded for exemplary efforts.

The daily schedule reports residents have access to musical instruments from 8:00 p.m. – 9:15 p.m., Monday, Wednesday, and Friday.

Outdoor recreation is scheduled from 1:30 p.m.–2:30 p.m. and 4:30 p.m.-5:30 p.m. Monday through Friday. Weekend access runs from 11:00 a.m.–12:00 p.m. The program design limits resident access to television, for news only, in the mornings from 5:15 a.m. to 5:45 a.m. Evening access, news only, is allowed from 5:00 p.m.- 5:30 p.m. and 9:00 p.m.- 9:30 p.m.

### **Religion:**

The facility's religious programming is led by the CACCC's Chaplain who offers Protestant church services, baptisms, and Bible studies. The Chaplain provides religious literature and resource material to residents upon request. Requests for religious diets are evaluated and approved by the Chaplain.

Rounds for pastoral care are conducted in the Restrictive Housing Unit on a weekly basis or more often as requested.

Pre-Covid programming included 27 volunteers who visited monthly and provided services, donations, and clothing. The facility reported being able to recruit volunteers from all cultural and socioeconomic parts of the community.

Church services are held every night and on Sunday mornings.

Special religious activities include:

*Series 33* is a discipleship class which instructs men how to lead family with Godly principles.

*Celebrate Recovery* is a Christian-centered program that helps people struggling with any type of addiction. The principles of Recovery, based on the step program of AA and the Beatitudes.

A more in-depth program, *Celebrate Recovery Step Sunday*, works to guide the resident while completing the 12 Steps of Celebrate Recovery.

*Men's Fraternity* is a combination of *Authentic Manhood* and *Stepping Up* classes designed to help residents teach their sons a biblical way of life as they grow.

AA and NA meetings are held each night and conducted by various volunteers. Discussions using the Blue Book as reference are held as well as in instruction in the 12 step program.

*Search for Significance* is an elective class designed to build self-worth, self-esteem, create more meaning in life by having a more meaningful relationship with God. The class also discusses eliminating shame and guilt and how to avoid harmful thoughts and emotions.

Another offering, *Jesus 101*, is an elective class and also functions as a basic Bible study class.

*Conquering Chemical Dependency-CCD* is considered unique because the material presented is in a format which communicates from the view of the peer recovery support specialist. The classes focus on the 12 steps of AA from a Christ-centered approach.

### **Academic and Vocational Programs:**

Residents are provided academic classes and vocational education to obtain a GED or high school diploma. CACCC has two certified educators and testing is on-site.

In 2019 16 residents obtained their GED, in 2020 there were 16 and in 2021 six residents who earned their GED. Graduation ceremonies are held 3-4 times a year. The facility also features a work readiness program, WAGE, designed to ensure unemployed and underemployed resident having completed high school or a GED program, to obtain the skills needed to be successful in the workplace.

Also available is a software program, *Mavis Beacon Teaches Typing*. The program uses a step-by-step approach to improve speed and accuracy and includes detailed assessments, customized lessons and skill building games. In addition to typing instruction, the program provides detailed progress reports to assist in identifying specific strengths and weaknesses.

Upon successful completion, a resident receives a certificate of achievement showing their typing speed. Every six weeks, seven residents enter the class, and to date every participant has completed the course.

Shorter College, a private faith-based, two-year college, located in Little Rock, has a working arrangement with the facility. Residents earn the opportunity to attend in-house classes three days a week and earn an associate degree.

The *ServSafe* food production manager certification is also offered residents. Successful completion helps with employment acquisition and over 90 residents have graduated to date.

To further treat the mind and body, the facility offers basic gardening skills which has included straw bale and raised bed gardening techniques and application. The Warden had a bee farm on the premises. Plans are being developed to a small-scale program of quail and chicken husbandry.

### **Social Services:**

The urban location of the facility facilitates access to and use of community-based services and opportunities. Partnering with the Little Rock Food Bank and the Hunger Relief Alliance, CACCC also offers a Cooking Matters for Adults course which is designed to combat the negative health and economic effects of hunger and poor eating habits.

The course helps foster cooking and eating in a family, in a healthy social activity. Residents learn about shopping, budgeting, and preparing healthy low-cost meals for themselves and their families. The class is half instruction and half hands-on cooking and food safety instruction.

MTC is the modality used to target factors related to criminal behavior and substance abuse. This modality provides a structure and process that facilitates positive behavioral change as well as release planning.

A variety of interdisciplinary treatment services are provided within MTC to facilitate this positive behavioral change. Case management, alcohol and/or other drug abuse assessments as well as individual and group counseling sessions are offered.

Additional activities include development of peer support, participation in educational classes, provision of information regarding community resources and crisis intervention.

Treatment centers on a therapeutic community environment and features three distinct programs:

**Long-term treatment:**

Long-term treatment has three phases that are progress driven:

Phase I consists of an introduction to cognitive intervention and an introduction the 12-step approach to recover.

Phase II is the main treatment phase and includes anger management, cognitive activities, and relationships. An additional component is the faith-based *New Freedom Phoenix Program*.

Phase III is the relapse prevention component and includes life skills, a continuation of the New Freedom Phoenix Program and transitional activities.

Placement in the long-term program is open-ended. To a certain extent, the resident determines his release date, as participation is results-driven, based on the resident's pace of achievement.

**Short-term drug court:**

This is a specialized program in which the court places an offender in a community corrections center for a 30-90 day intensive residential program.

**Long-term drug court:**

Long term drug court is a 365 day, court-ordered placement for intensive residential treatment.

For all programs, a major goal is for each resident to acquire basic recovery skills and the motivation and ability to continue using these skills when they return to the community. The recovery skills addressed include, but are not limited to, an ability to recognize and deal appropriately with problems as they arise, an ability to recognize triggers and high risk situations.

Other skills include choosing appropriate actions, accepting that they alone are responsible for their choices and behavior, better communication, effective decision making and coping skills. Residents learn that continued sobriety and crime-free living is a process that must be worked on every day.

MTC includes a variety of case management activities and services. Staff assists the resident with completion of a *Risk Needs Assessment (RNA)* within 48 hours of admission. The RNA is used in collaboration with the resident to formulate goals and strategies for the *Master Treatment Plan* and assign resident program placement.

Within 72 hours of admission, the counselor will review the resident file and develop the *Initial Treatment Plan (ITP)*. The resident and counselor jointly identify immediate needs and actions to be taken.

A *Master Treatment Plan* is then developed, within 14 days of admission, after completion of the RNA and *Addiction Severity Index (ASI)*. *The Master Treatment Plan* is signed by the primary counselor, the resident, and approved by the Treatment Coordinator.

The *Master Treatment Plan* has specific goals and objectives for each identified problem. Each objective is written in measurable terms and includes expected and actual dates of completion. The resident acknowledges participation and agreement with each plan by his signature and date of signature.

Evaluations of progress are dynamic and occur at least monthly. Whenever a resident is not progressing adequately, the counselor and resident work to revise the treatment plan to include new goals and strategies. Modifications are documented in the resident file.

Transitional services include job acquisition activities which begin at least three months prior to a resident's anticipated discharge. This includes the resident identifying an employment plan, which is discussed at his next *Master Treatment Plan* review. The counselor will assist with a job search in the area where the resident is being discharged to include a list of area employers who will hire felons and current job openings. This information is made available to the resident for transitional furlough planning.

An aftercare plan is written for each resident being released from the facility. The plan addresses all areas of concern and/or those goals which were not completed while the resident was in the program. The plan also lists strengths plus strategies for avoiding situations that might lead to relapse. The aftercare plan is due one week prior to the resident release.

Discharge documentation includes conditions of discharge, environmental change, referrals made, date and signature and credentials of staff.

Also, within one week of release, a discharge summary is prepared by the primary counselor that includes:

- The reason for discharge

- A review of the resident's progress toward each of the problem/goals in the *Master Treatment Plan*.
- A prognosis for success
- A list of unusual occurrences such as divorce, death of a family member
- Negative disciplinary hearing committee sanctions as well as progress such as GED participation
- Involvement in community activities.

A major feature of MTC is to help ensure residents are treated fairly. As described in the facility's handbook, a resident's basic rights extend to virtually all aspects of CACCC programs and services.

Residents have a stated right to access the judicial system and the facility affords several options. Residents have access to telephones, confidential correspondence and special visits.

Residents prepare and submit a list of prospective contacts. The list is reviewed, contacts verified and submitted for approval. Following approval by the Warden, access is limited only by the daily schedule and the resident's ability to pay. The facility has four phones on each floor and the daily schedule includes telephone access.

Legal mail is handled by staff Monday through Friday. Residents place outgoing mail in a locked box and staff pass out received mail, inspecting but not reading the contents.

The resident handbook states a resident "shall have the opportunity to initiate grievance procedures on any condition or action." The process also provides for emergency intervention should the resident subject to a substantial risk of personal injury or otherwise serious or irreparable harm."

Grievance procedures are discussed during resident orientation. The procedures are also discussed with staff during new employee orientation. Grievances are collected daily, and designated staff review the complaint for compliance with policy and procedure. Staff meets with grievant and involved parties and renders an initial decision. If the resident elects to appeal the initial decision, the form is forwarded to the Warden who has final dispositional authority.

Grievance procedures and related policy is reviewed annually. The facility aggregates and documents the number of grievances filed, and the nature of the grievances through use of a grievance log. Data recorded includes the grievance type, resident completion date, facility receipt date and date initially reviewed with resident.



The facility also records how many grievances are pending, how many require no further action, the number of grievances waived by resident, number of grievances rejected, number appealed, and total grievances for the data period. These results are available on ongoing basis for review and analysis.

### **Visitation:**

Information regarding in-person visitation is made available to residents during orientation. Residents are responsible for communicating visitation information to potential visitors.

Regular visitation is scheduled on Saturday and Sundays, from 8:00 a.m. to 4:00 p.m., but not on holidays. Visitation occurs in the gym and visitors have access to vending machines.

Visitors are not allowed to give items to residents without prior permission. Bags, purses and the like are prohibited precluding the need for visitor property lockers. Cellphones and other communication devices, tobacco products, smokeless vaping devices are prohibited. Violations may result in loss of visitation privileges and criminal prosecution.

Visitation rules state the number of visitors per resident will be subject to space and allows visits for children. Currently, due to Covid-19 protocols, six residents are able to visit at a time.

Residents and visitors can briefly embrace, and small children are allowed to sit on the resident's lap. Visitors are required to exhibit "exemplary behavior and to control the behavior and loudness of children.

Special visits are arranged for out-of-state visitors and legal visits during the weekdays. Any prospective visitor is required to complete on-line request form. Once received, the facility completes a background check prior to approval.

All residents are eligible to participate in *HomeWav* video telephone call daily. *HomeWav* allows virtual visits with families and friends in a home environment without traveling or setting up an appointment to visit the resident at the facility. Once an account is established with the company, contributions can be made to the account. This form of visitation is subjected to the rules of in-person visits. All video visits can be monitored and recorded.

### **Library Services:**

CACCC's treatment team is responsible for library management, with the assistance of four residents. The facility's library services include access to a variety of general reading and reference materials, a law library, and a community networking system.

The general reading library is adequately furnished and comfortable. The facility houses approximately 500 donated books, which can be checked out.

Facility staff schedule resident access following a request from the resident. Law library services include four workstations where residents can access assistance through the *Lexus-Nexus* research system. Also contained in the library is a copy of Arkansas Community Correction policies. Residents are assigned that can assist others with legal matters. On as limited basis, residents can request copy services.

The library/law library can be accessed:

- 8:30 a.m.–9:30 a.m. (M-F)
- 1:30 p.m.–2:30 p.m. (M-F)
- 8:30 a.m.–9:30 a.m. (Sat/Sun)
- 1:30 p.m.–2:30 p.m. (Sat/Sun)

The workstations also facilitate access to the *Good Grid* network system. This system is the result of collaboration between Protech Solutions, Inc., which is a nationwide information technology services provider for development, maintenance, and enhancement of automated systems, and Arkansas Community Corrections.

After setting up their profile, residents can develop a resume, as well as view and save job opportunities, locate resources and volunteers. Residents are afforded the opportunity to enroll in learning management modules designed to tailor to meet release needs.

The facility reports this system allows the resident to work together with the community to break the cycles of poverty, unemployment, crime and facilitate a successful return to the community.

### **Laundry:**

The facility laundry is adjacent to the main hallway and is managed by the Issuance Corporal. Equipment includes two washers and two dryers, which were in full operation during the several walk-throughs.

Other equipment includes a clothing press and sewing machine. Sewing machine needles are securely stored, distributed by staff and inventories were found to be accurate.

There are up to 12 resident workers assigned to this area and are placed following a review by the *Residential Management Team* (RMT). Residents seeking placement are required to complete a face-to-face interview with RMT.

Other elements related to eligibility include a review and assessment of the resident's security risk, interest level, skills, legal background and progression in program. The resident must also complete a medical review prior to job duties as well as OJT activities related to sanitation, safety, and machine operation.

The resident AM shift begins at 3:30 am and are relieved by the PM shift at 10:30 am. On weekends, the AM shift begins at 4:30 a.m. and the PM shift begins at 10:30 a.m.

Upon arrival, each resident is provided with:

- Three complete sets of resident uniforms
- One pair of shoes/boots (if needed)
- One complete set of bed linens
- Three each T-shirts, underwear and socks
- Shampoo
- Toothpaste/ toothbrush
- Stick pen
- Bar soap
- Deodorant
- 10 sheets of paper

Replacement items are the responsibility of the resident, unless determined indigent. Upon request, indigent residents have free access to all items issued at intake.

Clothing, towels/washcloths are issued daily. Sheets, pillowcases, and blankets are issued weekly. Residents' pick-up return items and fold the clothing prior to issuance. Mattresses and pillows are sanitized when transferred to a new resident.

Facility cleaning and hygiene supplies are also maintained in this area. Handling of chemicals is either by staff or residents under direct staff supervision. All items were properly stored and SDS sheets were readily available. Issuance logs were accurate, legible, and well-maintained.

Security measures include resident pat searches prior to work, following movement throughout the facility and at the end of each shift. Staff also complete random resident and work area searches through the day.

## **F. Examination of Records**

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

**1. Litigation Over the past three year:**

CACCC has had no consent decrees, class action lawsuits, or adverse judgments.

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

The values presented in the Outcome Measures appeared consistent with the size and type/level of the facility.

**3. Departmental Visits:**

On the first day, team members visited the following departments to review conditions relating to departmental policy and operations:

Medical Department  
Law Library  
Kitchen/Storage Area  
Issuance/Laundry/C Wing  
Commissary  
Living Units  
Armory  
Training Office  
Central Control (PBX)  
Community Work Crew  
Maintenance

On the second day, this auditor returned to medical to confirm inventories, controls, and daily operational procedures.

This auditor also met with the Kitchen Supervisor, her staff, and all PM scheduled residents. Inventories of all storage areas were reviewed as well as tool control procedures.

Later, the audit team met with all treatment staff and complimented them on their efforts. Each staff member was afforded the opportunity to address the team and several informative discussions were held.

**4. Shifts:**

“A” Shift (7:00 a.m. – 3:00 p.m.)

The team was present at the facility during the first day of the audit from 8:00 a.m. to 6:00 p.m. During this timeframe, the audit team conducted the initial audit tour, reviewed the accreditation files, conducted both staff and resident interviews, and conducted the closing session meeting.

Also, during this period, the audit team observed residents in their various program activities, medication call and resident workers cleaning in various areas throughout the facility.

“B” Shift (2:15 p.m. to 7:15 a.m.)

This auditor met with all staff on duty and reviewed post logs and all living areas. This auditor found staff to be energetic, dedicated, and well-versed in policy, procedures, and emergency procedures. All residents were enthusiastically engaged in MTC activities.

“C” Shift (10:45 p.m. to 7:15 a.m.)

Warden Walker transported this auditor who spoke with all overnight staff and the facility Chaplain. Logs were reviewed, post orders and emergency procedures were discussed. Staff presented as dedicated to and satisfied with their jobs. Residents were heard and seen participating in MTC activities with considerable energy.

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

There were no non-compliant standards from the previous audit.

**G. Interviews**

During the course of the audit, team members met with both staff and residents to further assess the conditions of confinement:

1. Offender Interviews:

The audit team interviewed and spoke to approximately 36 residents, most for brief periods of time due to their active engagement in MTC activities. Each reported feeling safe and received fair treatment from staff.

The residents offered no complaints about their conditions of confinement and expressed gratitude for the opportunity for CACCC placement. Positive comments were received regarding program progress while observing their participation was demanding. There were no complaints received regarding medical access, food, clothing or the physical and environmental surroundings.

The team viewed activities in all areas and the level of energy required to meet the daily physical and emotional requirements is impressive. Resident interaction with the team was polite, respectful and they carried themselves with pride. There were no resident requests for a private interview.

2. Staff Interviews:

The audit team interviewed and spoke to approximately 28 staff and observed them in the performance of their duties. The audit team observed structured security/medical shift change briefings.

Staff were polite, cooperative, and conducted themselves in a professional manner. There was a normal working relationship between medical, program and security, and communication flowed freely, and morale also appeared to be good.

Staff indicated that their training were excellent and are applicable to their positions and job needs. No complaints were brought to the team and no staff asked for a private interview.

It was clear staff took ownership for their specific areas and were proud of the facility. Staffs were complimentary concerning the administration. No staff reported feeling unsafe at the facility. Staff advised that the Warden and executive staff maintain a high profile with staff residents and are very approachable.

**H. Exit Discussion**

The exit interview was held at 11:05 am on May 17, 2022, in the gymnasium room with the Facility Warden and 28 staff members in attendance:

Christine Walker, Kitchen Manager  
Loujean McDougal, Human Resources  
Michael Webb, Classification  
Teresa Krick, PMO Coordinator  
Ruth Atkins, Records  
Jeanne Mayhan, Business Office  
Derwin Webb, Treatment Coordinator  
Carla A. Robinson, Advisor  
Krystal Neal, Advisor  
De'Angela Fields, Advisor  
Patrick Mead, Chaplain  
Karen Mattin, Treatment Coordinator  
Venita Brewster, Treatment  
Andrea Little, Treatment Supervisor  
Tonya K. Bryant, ASIII  
Donnie Brown, Program Specialist  
Chase Lay, Lt. SOD/TCS  
Renee' Bridges, Advisor  
Ronald Lantehammer, Maintenance  
Melanie Lucas, SAPL

Dorothy Nichols, Advisor  
Jayne Lawson, RN HSA  
Jason Kelly, Regional Manager  
Sarah Barrett, Cpl. Issuance  
Joshua Doles, ARO  
William Anthony, Unit Trainer  
Rodney L. Petty, Captain/CSO  
Darrell Williams, Sgt. Fire Safety  
Debbie Ruff, ACA CO  
Cheryl Brown, ACA Manager / CAC

Also in attendance was Jerry Bradshaw, Director Residential Services for the Arkansas Division of Community Corrections.

AMERICAN CORRECTIONAL ASSOCIATION  
AND THE  
COMMISSION ON ACCREDITATION FOR CORRECTIONS

**COMPLIANCE TALLY**

<b>Manual Type</b>	Adult Community Residential Services, 4 <sup>th</sup> Edition	
<b>Supplement</b>	2016 Standards Supplement	
<b>Facility/Program</b>	Central Arkansas Community Correction Center	
<b>Audit Dates</b>	May 10-11, 2022	
<b>Auditor(s)</b>	William Gallaher, Chair Renee Watkins, Member	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	32	218
Number Not Applicable	0	16
Number Applicable	32	202
Number Non-Compliance	0	0
Number in Compliance	32	202
Percentage (%) of Compliance	100%	100%
<ul style="list-style-type: none"> <li>• Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</li> <li>• Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</li> <li>• Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</li> </ul>		



COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Community Correction  
Center Central Arkansas Community Correction Center  
Little Rock, Arkansas

May 10-11, 2022

Visiting Committee Findings

Non-Mandatory Standards

Non-Applicable

**Standard #4-ACRS-1A-14**

MALE AND FEMALE OFFENDERS DO NOT OCCUPY THE SAME SLEEPING ROOM.

FINDINGS:

Central Arkansas Community Correction Center is an all-male facility.

**Standard #4-ACRS-2A-05**

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:

Central Arkansas Community Correction Center is an all-male facility.

**Standard #4-ACRS-2A-06**

IF EMPLOYEE'S CONTRACTS ARE GOVERNED BY CIVIL SERVICE OR UNIONS, PROCEDURES PROVIDE FOR PROVISIONAL APPOINTMENTS TO ENSURE THAT SHORT-TERM PERSONNEL, BOTH FULL-TIME AND PART-TIME, CAN BE AVAILABLE DURING EMERGENCIES.

FINDINGS:

Central Arkansas Community Correction Center employees do not have contracts which are governed by civil service or unions.

**Standard #4-ACRS-2A-13**

THE ELECTRONIC MONITORING PROGRAM HAS A SYSTEM OF ACCOUNTING FOR AN OFFENDER AT ALL TIMES, INCLUDING VERIFICATION OF ACTIVITIES, REPORTING OF TARDINESS AND/OR ABSENCE FROM REQUIRED SERVICES OR ACTIVITIES, AS WELL AS OTHER PROGRAM VIOLATIONS.

FINDINGS:

Central Arkansas Community Correction Center is not authorized to conduct electronic monitoring.

**Standard #4-ACRS-2A-14**

Access to computer equipment is limited to authorized personnel with security codes. Adequate power and communication backup systems provide continuous, uninterrupted operations.

FINDINGS:

Central Arkansas Community Correction Center is not authorized to conduct electronic monitoring.

**Standard #4-ACRS-2A-15**

ANY INTERRUPTION IN SERVICE IS DOCUMENTED AND REPORTED TO THE AUTHORITY HAVING JURISDICTION.

FINDINGS:

Central Arkansas Community Correction Center is not authorized to conduct electronic monitoring.

**Standard #4-ACRS-2A-16**

A DETAILED WRITTEN OFFENDER SCHEDULE IS DEVELOPED AND SIGNED BY A STAFF MEMBER AND THE OFFENDER.

FINDINGS:

Central Arkansas Community Correction Center is not authorized to conduct electronic monitoring.

**Standard #4-ACRS-2A-17**

PROVISIONS ARE MADE FOR THOSE WHO ARE UNABLE TO PAY PROGRAM COSTS.

FINDINGS:

Central Arkansas Community Correction Center is not authorized to conduct electronic monitoring.

**Standard #4-ACRS-4C-14**

IF FEMALE OFFENDERS ARE HOUSED, ACCESS TO PREGNANCY MANAGEMENT SERVICES IS MADE AVAILABLE.

FINDINGS:

Central Arkansas Community Correction Center is an all-male facility.

**Standard #4-ACRS-4C-14-1**

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

FINDINGS:

Central Arkansas Community Correction Center is an all-male facility.

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

THE FACILITY'S LOCATION FACILITATES ACCESS TO AND THE USE OF COMMUNITY-BASED SERVICES, RESOURCES, AND PUBLIC TRANSPORTATION. [NEW CONSTRUCTION ONLY]

FINDINGS:

Central Arkansas Community Correction Center is not new construction.

**Standard #4-ACRS-6A-04-1**

THE ASSIGNMENT OF APPROPRIATELY TRAINED INDIVIDUALS TO ASSIST DISABLED OFFENDERS WHO CANNOT OTHERWISE PERFORM BASIC LIFE FUNCTIONS IS PROVIDED.

FINDINGS:

Any offender who cannot perform basic life functions will be transferred to the appropriate ADC unit.

**Standard #4-ACRS-7A-02**

A SOLE PROPRIETOR OPERATING A FACILITY IS ABLE TO DOCUMENT THAT NECESSARY LEGAL MEASURES HAVE BEEN TAKEN TO PROVIDE CONTINUITY OF SERVICE IN THE EVENT OF BANKRUPTCY, INCAPACITATION, RETIREMENT, OR DEATH.

FINDINGS:

ACC and Central Arkansas Community Correction Center are not sole proprietors.

**Standard #4-ACRS-7A-03**

The agency satisfies periodic filing requirements necessary to maintain its legal authority to continue operations. (Private agencies only).

FINDINGS:

Central Arkansas Community Correction Center is not a private agency.

**Standard #4-ACRS-7A-04**

AT A MINIMUM, THE BYLAWS FOR THE GOVERNING AUTHORITY OF THE AGENCY INCLUDE:

- MEMBERSHIP (TYPES, QUALIFICATIONS, COMMUNITY REPRESENTATION, RIGHTS, DUTIES)
- SIZE OF GOVERNING BODY
- METHOD OF SELECTION
- TERMS OF OFFICE
- DUTIES AND RESPONSIBILITIES OF OFFICERS
- TIMES AUTHORITY WILL MEET
- COMMITTEES
- PARLIAMENTARY PROCEDURES
- RECORDING OF MINUTES
- METHOD OF AMENDING THE BYLAWS
- CONFLICT OF INTEREST PROVISIONS
- QUORUM

FINDINGS:

Central Arkansas Community Correction Center is not a private agency.

**Standard #4-ACRS-7D-29**

WHERE A COMMISSARY OR CANTEEN IS OPERATED FOR OFFENDERS, CANTEEN FUNDS ARE AUDITED INDEPENDENTLY FOLLOWING STANDARD ACCOUNTING PROCEDURES. AN ANNUAL FINANCIAL STATUS REPORT IS AVAILABLE AS A PUBLIC DOCUMENT.

FINDINGS:

Central Arkansas Community Correction Center commissary is controlled by Keefe Group.

### 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: Central Arkansas Community Corrections Center**  
**Reporting Period: April 2021 - March 2022**

	Months													
	→	Apr 2021	May 2021	Jun 2021	July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 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*		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.



Facility Name: Central Arkansas Correction Center (CACC)

Date: April 2020-March 2021

Standard	Outcome Measure	Numerator / Denominator	Value	Calculated O.M.
1A	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months	0	
	divided by	Average number of Full-Time Equivalent staff positions during the past 12 months	72	0
	(2)	Number of illnesses requiring medical attention as a result of the physical environment of the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the past 12 months	137	0
	(3)	Number of physical injuries or emotional trauma requiring treatment as a result of the physical environment of the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Number of sanitation or health code violations identified by external agencies in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
1B	(1)	Number of accidents resulting in property damage in the past 12 months	1	
	divided by	total number of miles driven in the past 12 months unless otherwise noted	51,371	0.0000194
	(2)	Number of accidents resulting in injuries requiring medical treatment for any party in the past 12 months	0	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	51,371	0
	(3)	Amount (\$) of damage from vehicle accidents in the past 12 months.	0	
	divided by	Total number of miles driven in the past 12 months unless otherwise noted.	51,371	0
	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0.00729
1C	(2)	Number of injuries, caused by forces external to the facility, requiring medical attention that results from emergencies in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0

	(3)	Number of times that normal facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(4)	Number of hours that facility operations were suspended due to emergencies caused by forces external to the facility in the past 12 months	0	
	divided by	Number of emergencies caused by forces external to the facility.	0	0
	(5)	Number of emergencies that were not caused by forces external to the facility that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(6)	Number of injuries requiring medical attention that result from emergencies that were not caused by forces external to the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(7)	Number of times that normal facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(8)	Number of hours that facility operations were suspended due to emergencies that were not caused by forces external to the facility in the past 12 months.	0	
	divided by	Number of emergencies.	0	0
	(9)	Number of injuries requiring medical treatment resulting from fires in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(10)	Number of fires that resulted in property damage in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(11)	Amount (\$) of property damage from fire in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(12)	Number of code violations cited in the past 12 months	0	



	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(13)	Number of incidents involving toxic or caustic materials in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(14)	Number of incidents of inventory discrepancies during the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
2A	(1)	Number of incidents in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0.00729
	(2)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(3)	Number of unauthorized offender absences from the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Number of times facility did not report offender absence to the responsible jurisdiction within the established time.	0	
	divided by	Number of unauthorized offender absences	0	0
	(5)	Number of instances of unauthorized access to the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
2B	(1)	Number of instances in which force was used in the past 12 months.	1	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0.00729
	(2)	Number of times that staff uses of force was found to have been inappropriate in the past 12 months.	0	
	divided by	number of instances in which force was used	1	0
	(3)	Number of offender grievances filed alleging inappropriate use of force in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(4)	Number of grievances alleging inappropriate use of force decided in favor of offender in the past 12 months.	0	
	divided by	number of grievances alleging inappropriate use of force filed	0	0

	(5)	Number of injuries requiring medical treatment resulting from staff use of force in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
2C	(1)	Number of incidents involving contraband in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	137	0
	(2)	Number of weapons found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(3)	Number of controlled substances found in the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
2D	(1)	Number of incidents involving keys in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(2)	Number of incidents involving tools in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.00729
3A	(1)	Number of rule violations in the past 12 months	141	
	divided by	Average Daily Offender Population for the Past 12 Months	137	1.0291
	(2)	Number of offenders terminated from the facility due to rule violations in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.02189
4A	(1)	Number of documented offender illnesses attributed food service operations in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(2)	Number of offender grievances about food service decided in favor of the offender the past 12 months	0	
	divided by	Number of offender grievances about food service in the past 12 months.	0	0
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months	0	0
4B	(1)	Offender grievances regarding offender access to personal hygiene decided in favor of the offender in the past 12 months	0	

	divided by	Number of offender grievances about access to personal hygiene in the past 12 months	0	0
4C	(1)	Number of suicide attempts in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(2)	Number of offender suicides in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(3)	Number of offender grievances regarding access to health care in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.01459
	(4)	Number of offender health care access complaints that are found to have merit in the past 12 months	0	
	divided by	Number of offender grievances regarding access to health care in the past 12 months	0	0
	(5)	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(6)	Number of health care access court cases decided against the facility in the past 12 months	0	
	divided by	Number of court suits filed against the facility challenging access to health care in the past 12 months	0	0
5A	(1)	Number of offenders who are employed upon release in the past 12 months	185	
	divided by	Number of offenders released in the past 12 months	219	1.4341
	(2)	Number of offenders who move into permanent housing upon release in the past 12 months	180	
	divided by	Number of offenders released in the 12 months	219	0.8219
	(3)	Number of offender substance abuse tests for which the results were positive in the past 12 mos.	0	
	divided by	Number of tests administered in the past 12 months	60	0
	(4)	Total number of offenders who successfully completed the program in the past 12 months	1.89	
	divided by	Number of offenders who left the program in the past 12 months	222	0.8513

	(5)	Number of offenders who showed improvement as measured by the objective assessment instrument prior to release in the past 12 months	189	
	divided by	Number of offenders released in the past 12 months	219	0.8630
	(6)	Number of offenders who were arrested while in residence in the past 12 months	0	
	divided by	Daily Offender Population for the Past 12 Months	137	0
6A	(1)	Total number of offender grievances in the past 12 months, regarding: (a) access to court; (b) mail or correspondence; (c) sexual harassment; (d) discipline; (e) discrimination; (f) protection from harm	4	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.0291
	(2)	Number of offender grievance (see a through e above) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of grievances filed in the past 12 months	0	0
	(3)	Total number of offender court suits alleging violation of offender rights filed against the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Number of offender court suits alleging violation of offender rights decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender suits filed in the past 12 months	0	0
6B	(1)	Number of offender grievances regarding discrimination in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(2)	Number of offender grievances regarding discrimination resolved in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances filed regarding discrimination in the past 12 months	0	0
	(3)	Number of grievances resolved in favor of offenders in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Number of grievances resolved in favor of offenders in the past 12 months	0	
	divided by	Total number of grievances filed in the past 12 months	0	0
6C	(1)	Number of disciplinary incidents resolved informally in the past 12 months	0	

	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(2)	Number of formal offender disciplinary decisions that were are appealed in the past 12 months	5	
	divided by	Total number of disciplinary decisions made in the past 12 months	99	0.0505
	(3)	Number of appealed disciplinary decisions decided in favor of the offender in the past 12 months	1	
	divided by	Total number of disciplinary decisions made in the past 12 months	65	0.0153
	(4)	Number grievances filed by offenders challenging disciplinary procedures in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(5)	Number of disciplinary-related grievances resolved in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary-related grievances filed in the past 12 months	0	0
	(6)	Number of court suits filed against the facility regarding discipline in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(7)	Number of court cases regarding discipline decided against the facility in the past 12 months	0	
	divided by	Total number of court decisions regarding discipline decided in the past 12 months	0	0
	(8)	Number of rule violations in the past 12 months	75	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.5474
	(9)	Number of offenders terminated from the facility due to rule violations in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.0218
6D	(1)	Number of offenders released in the past 12 months who made regular payments toward their restitution obligations	0	
	divided by	Number of offenders who had restitution obligations in the past 12 months	219	0
	(2)	Number of offenders who satisfy their court cost/fines obligations in the past 12 months	0	
	divided by	Number of offenders who had court cost/fine obligations in the past 12 months	0	0

	(3)	Total amount of restitution paid by offenders in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Total number of hours of community service donated by offenders in the past 12 months	3985	
	divided by	Average Daily Offender Population for the Past 12 Months	137	29.087
	(5)	Total number of offenders who participated in restitution in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	289	0
	(6)	Total number of offenders who participated in community service work in the past 12 months	231	
	divided by	Total number of offenders housed in the past 12 months	289	0.7993
	(7)	Total number of offenders who participated in victim awareness programs in the past 12 months	289	
	divided by	Total number of offenders housed in the past 12 months	289	1
	(8)	Total amount of restitution paid by offenders in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	289	0
	(9)	Total number of hours delivered by offenders who participated in community service work in the past 12 months	3985	
	divided by	Total number of offenders housed in the past 12 months	289	13.788
7A		None	0	
	(1)	Total number of years of staff members' education as of the end of the last calendar year	837	
	divided by	Number of staff at the end of the last calendar year	71	11.788
	(2)	Number of staff who left employment for any reason in the past 12 months	10	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	0.388
	(3)	Total number of credit hours in course relevant to their facility responsibilities earned by staff participating in higher education in the past 12 months	4	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	0.0555
	(4)	Number of professional development events attended by staff in the past 12 months	749	

	divided by	Number of full-time equivalent staff positions in the past 12 months	72	10.402
7C	(1)	Number of incidents in which staff were found to have acted in violation of facility policy in the past 12 months	2	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	0.0277
	(2)	Number of staff terminated for conduct violations in the past 12 months	0	
	divided by	Number of full-time equivalent staff positions in the past 12 months	72	0
	(3)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	1	
	divided by	Number of offenders grievances alleging improper staff conduct filed in the past 12 months	1	1
	(4)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	0	
	divided by	Average Daily Population for the past 12 months	137	0
	(5)	Where staff are tested, the number of staff substance abuse tests failed in the past 12 months	0	
	divided by	Number of staff substance abuse tests administered in the past 12 months	36	0
7D	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures)	0	
	divided by	Budget for the past 12 months	0	0
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit	0	0
	(3)	Number of grievances filed by offenders regarding their records or property in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Number of offender grievances (records/property) decided in favor of offenders in the past 12 months	0	
	divided by	Total number of offender grievances (records/property) in the past 12 months	0	0
	(5)	Number of objectives achieved in the past 12 months	3	
	divided by	Number of objectives for the past 12 months	3	1
	(6)	Number of program changes made in the past 12 months	3	
	divided by	Number of program changes recommended in the past 12 months	3	1

7E	(1)	Number of grievances filed by staff in the past 12 months	0	
	divided by	Number of full-time equivalent staff positions in the past 12 months.	72	0
	(2)	Number of staff grievances decided in favor of staff in the past 12 months	0	
	divided by	Total number of staff grievances in the past 12 months	0	0
	(3)	Total number of years of staff members' experience in the field as of the end of the last calendar year	749	
	divided by	Number of staff at the end of the last calendar year (e.g. Average number of years experience)	71	10.549
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months	2	
	divided by	Number of staff termination or demotion hearings requested in the past 12 months	0	0
7F	(1)	Total number of hours of volunteer service delivered by members of the community in the past 12 months	10	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.0729
	(2)	Total number of individual community members who provided voluntary service in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0.0145
	(3)	Total number of complaints filed by media regarding access to information in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(4)	Total number of positive statements made by media regarding the facility in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(5)	Total number of complaints from the community in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	137	0
	(6)	Total number of hours of community service work delivered by offenders in the past 12 months	3985	
	divided by	Average Daily Offender Population for the Past 12 Months	137	29.087