

**COMMISSION ON ACCREDITATION FOR CORRECTIONS**

**STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Arkansas Department of Community Corrections  
Northwest Arkansas Community Corrections Center  
Fayetteville, Arkansas

August 17-18, 2021

**VISITING COMMITTEE MEMBERS**

Kenneth Valentine,  
Chairperson  
ACA Auditor

Ronald Alexander Brereton, CCM  
ACA Auditor

**A. Introduction**

The audit of the Northwest Arkansas Community Corrections Center, in Fayetteville, AR, was conducted on August 17-18, 2021, by the following team: Ken Valentine, Chairperson; Ronald Brereton, Member.

**B. Facility Demographics**

Rated Capacity:	114
Actual Population:	83
Average Daily Population for the last 12 months:	102
Average Length of Stay:	One year
Security/Custody Level:	Minimum
Age Range of Offenders:	18+
Gender:	Female
Full-Time Staff:	61 positions; 9 vacancies
	5 Administrative, 8 Support, 8 Program, 28 Security, 3 Other

**C. Facility Description and Program Description**

The Arkansas Department of Corrections, Northwest Community Center is in Fayetteville, Arkansas. The center is located on a busy street passing through town. There is nothing about the center which identifies to the public the nature of the center except for a sign. The center fits in beautifully with surrounding business buildings.

The center itself is comprised of three buildings. The first building is the administrative building which houses the Center Supervisor, Assistant Center Supervisor, HR Office, Business Office, and other offices. The entry point for this building is through the main door which is unlocked during regular business hours. Once entering individuals are unable to proceed further without staff assistance.

The building housing the population is the main building where visitors go upon arriving at the center. All persons entering must be screened by the central control staff. All persons are subject to a search and to enter past the main lobby requires persons to go through the metal detector and temperature check. If the person is seeking an administrator, they are escorted to the administrative building.

The third building is the warehouse which houses various equipment.

The residential building is unique in that each pod has been painted by the residents and each has a different theme, for example one pod is done as “Under the Ocean”, another is the “Wizard of Oz”, another as, “Hobbit”, etc. Residents are offered training in Art.

In addition, hallways are painted to reflect the City of Fayetteville several years past. Each mural is well done and brings the outside into the facility. Each living area is comfortable, well furnished and the number of residents assigned to each pod is dependent upon criteria used by the center.

The goal of the center is to create a positive peer culture and facilitate overall lifestyle changes. These lifestyle changes are demonstrated by residents remaining drug-free and having the ability to interact in society without further criminal activity, while taking responsibility for ongoing recovery and contributing to their communities.

The Modified Therapeutic Community program has three basic phases that are progress driven. The normal length of stay is six months to one year. As soon as the resident enters the program, an extensive assessment is completed, and the resident is placed in the phase system.

The short-term program is for drug court offenders. Their typical stay is for a 30-to-90-day intensive treatment. The residential treatment program is provided by skilled, certified treatment specialist. These individuals receive individual and group therapy, participants receive 25-28 hours of treatment per week. Treatment for this program includes 12-step Alcoholics Anonymous and Narcotics Anonymous, process/static group, pre-release, life skills group, cognitive intervention, parenting, peer support, mental health referrals, relapse prevention and anger management.

Probation plus is designed for the prosecuting attorney and court to sentence an offender on probation and orders a period the offender is to be confined, but not to exceed one year. Meritorious good time does not apply.

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

The team met on August 16, 2021, in Fayetteville to discuss the information provided by the Association staff and the officials from the Northwest Arkansas Community Corrections Center.

The chairperson divided standards into the following groups:

Standards # 4-1A-01 to 4-5A-26 to Ken Valentine (Chairperson)

Standards # 4-6A-01 to 4-7F-10 to Ronald Brereton (Member)

## **E. The Audit Process**

### 1. Transportation

The team was escorted to the facility by Debbie Ruff, Agency Accreditation Manager for Community Corrections.

### 2. Entrance Interview

The audit team proceeded to the facility lobby for the formal entry meeting. The team expressed the appreciation of the Association for the opportunity to be involved with Northwest Arkansas Community Corrections Center (NWACCC) in the accreditation process.

The following persons were in attendance:

Jerry Bradshaw	Director of Community Corrections
Jimmy Banks	Deputy Director of Residential Services
Debbie Ruff	ACA Manager for Community Corrections
Venita Banister	Assistant Director Residential Services
Gary Tabor	Center Supervisor NWACCC
Thelma Gardner	Assistant Center Director
Major Steven Russell	Chief of Security
Kenitra Edwards	Treatment Supervisor
Iva Bernard	ACA Manager NWACCC
Heather Schmidt	Human Resource Coordinator
Rebekah Davis	Wellpath Regional Manager
Sandra Stratton	Wellpath Nurse- Health Services
Administrator	
Christy Moore	Wellpath Nurse
Brenda Hill	Wellpath Nurse
Sgt. Michelle Jarrett	Security/Fire Safety Officer
Cpl. Carrie Marshall	Security/Administrative Review Officer
Sgt. Jessica Arnold	Transport Officer
Cpl. Kristen Gonzalez	Intake Officer
Rena Baillie	Food Prep Manager
Jamie Benoit	Food Prep Supervisor
Autumn Nichols	Food Prep Supervisor

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

### 3. **Facility Tour**

The team toured the entire facility from 8:10 am to 10:25 am. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Gary Tabor	Center Supervisor
Steve Russell	Chief of Security
Kenitra Edwards	Treatment Supervisor
Heather Schmidt	Human Resources Coordinator

Facility notices were observed throughout the facility and in the individual pods.

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

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

#### **Security:**

The facility has three buildings, in two of the buildings are entry points for visitors, staff and residents. Located at the housing complex all persons enter through the front entry point and into a reception lounge. Also, upon entrance persons notice the security control center where all persons entering must provide identification, provide a reason why they are present, sign-in, be subject to search and receive an identification badge. If the individual is at the center for a visit, they are escorted to the visitation area. If the individual is seeking an administrator, they are escorted to the administrative building.

Persons who go directly to the administrative building may enter the building during business hours. Once inside the doors which lead to individuals are locked and staff must escort the persons to the individual, they are at the center to do business with.

The central control center located at the housing building is monitored by a security person who monitors as many as sixty-five cameras. Within the control center locked behind a closed area are mechanical restraints which include belly chains, handcuffs, pepper spray (issued to Lieutenants), bull horns, and leg irons.

Law Enforcement arriving at the center in times that are not considered an emergency place their weapons in a controlled/locked gun box.

Within the administrative building there is a camera which focuses on a classroom. Other services are provided in residential housing.

There are six “official” counts per day at minimum, with unofficial counts occurring hourly. Strip searches occur following each visit. Body cavity searches are permitted, but only with the approval of the center supervisor or persons higher up in the chain of command.

Staff carry radios for communication purposes

#### **Environmental Conditions:**

The facility exceeds all lighting requirements as well as air circulation flow. The buildings are well maintained and fit nicely in the community without noticeable signs identifying the purpose of the center.

The grounds are maintained by center staff and the team found the green area to be well kept and maintained.

Indoor temperature was found to be appropriate for the weather conditions. The center does have three generators which are tested weekly.

#### **Sanitation:**

The center meets all health standards and all zoning requirements. Waste is hauled away by the city sanitation department. The team found the center to be immaculate and found no waste buildup. Medical waste is collected by Steri-cycle.

The City of Fayetteville provides for recycling for metal, aluminum cans, plastic and cardboard.

The center has a pest and vermin control contract with an exterminator who comes to the site on a set schedule or more often if required.

In the kitchen there was no grease buildup or grease trappings.

The facility has a weekly housekeeping plan. Residents are assigned chores and the housekeeping plan includes repairs which might be required. Undoubtedly this plan helps to keep the facility clean and sanitized.

**Fire Safety:**

All facility staff are trained in the implementation of written emergency plans, these plans are disseminated to local authorities. Additionally, there is a written evacuation plan that is used in the event of an emergency or a fire. The plan is certified and is reviewed annually.

From the fire station to the center is three minutes as documented by the firedepartment.

Throughout the center are sprinkler heads as well as fire extinguishers and a fire protection alarm system as well as an automatic detection system.

All furnishings comply with fire safety performance requirements. Staff is trained in the proper use and safe handling of toxic and caustic materials. The facility has regularly scheduled fire drills and each shift is included in each drill.

Throughout each building are arrow directional maps as well as all exit signs are lighted. The facility has forty-two fire extinguishers.

The facility approach to fire prevention is a life safety program that is accomplished through commitments to planning, practice, and an effective detection and suppression systems. The Fire Emergency Plan and Evacuation Plan are maintained in the Security Control Center room, copies have been issued to the Washington County Fire Marshal, Washington County Sheriff Office, City of Fayetteville, and the Emergency Operation Center.

The City of Fayetteville Fire Department responds to fire calls. All fire inspections are conducted by the Washington County Fire Marshal for fire and safety compliance. DUNK Fire and Security Company inspects annually all life safety equipment. Marmic Fire and Safety Company conducts semi-annual inspections on all the ANSUL system in the kitchen.

Flammable chemicals are inventoried and stored in a flame-resistant cabinet in a separate location outside of the main building. Regular training is also part of the fire prevention system. New employees receive fire safety and evacuation training upon hire.

Annual refresher training is given to all employees.

**Food Service:**

Food service is provided at the center. One food production manager and three food preparation staff are part of the food service team. The menu is on a 4-week cycle and is prepared by a dietician in the central office located in Little Rock. The calorie count ranges between 2500 hundred and three thousand calories per day. The dining area is made up of round metal tables anchored to the floor as well as four metal seats attached to the table.

Special Diets are provided to those who have a medical condition requiring a substitution of food items, also for those who have religious beliefs requiring food changes these persons are accommodated.

Temperature control logs are maintained as well as an inventory of sharps.

Residents work in the food service area helping to prepare food, serve at mealtime, and clean/maintain the kitchen. Residents must be approved by the medical department prior to working in food service. Medical conducts TB testing of all residents and kitchen staff annually. The Food Service department is inspected regularly by the local health department. Safety training is provided weekly for residents.

Residents can earn four certifications while working in the kitchen. Residents can earn SaveSafe Food Handler Training certification and the ServSafe Food Protection Manager certification. The ServSafe certification is valid for five years. Residents can further continue their training and receive a 150 hour "Food Service Technology" certification, and a 300 hour "culinary Art" Certification. Both certifications are through the Arkansas Riverside Vocational Technical School.

Meals are served cafeteria style. There is a cold server and a steam table for the serving line. The dining room can accommodate 60 residents at one time.

The dining area is supplied with artificial lighting.

Kitchen staff wears uniforms to separate their appearance from other staff and residents.

The audit team sampled an evening meal which consisted of chicken spaghetti, green beans, garlic toast, and chocolate pudding. The meal was substantial and tasty.



**Medical Care:**

Medical care is provided on a twenty-four basis. The facility has a total of four nurses. A medical doctor is on site seventeen hours per week.

The Medical Department is contracted to Correct Care Solutions; it is open and staffed 24 hours a day. Residents have access to nurse sick call 5 days a week and on an emergency basis. Residents are then triaged to the physician on call as needed. There is an advanced practice nurse on site 8 hours a week, the physician provides for a total of 17 hours per week.

The advance practice nurse completes all physicals for new residents, addresses gynecological issues, and other medical issues that are emergent as needed.

The clinic is capable of handling non-emergent medical conditions. If the condition is critical and/or emergent and requires hospitalization or more extensive treatment care; the physician will transfer the resident to the ADC Hawkins in Wrightsville, Arkansas. If the condition requires immediate care, then the resident is transferred to a nearby hospital. Mobile X USA has been contracted by Correct Care Solutions to provide on-site x-ray services and an optometry clinic. The x-ray services are done on an as-needed basis and the optometry services are set on a regular schedule.

A dentist and dental assistant provide triaging services once per week and residents are seen in the dental clinic on site for preventative and maintenance services. The dentist is on-call 24/7 if needed for emergencies. The dentist is on site 4 hours per week.

Four pill calls are scheduled per day. Residents are identified as well as the medication they have been prescribed. Each resident is handed a cup with the medication inside. Each resident then takes the medication under the observation of staff.

Medication waste is disposed of every two weeks and is picked up by a contracted vendor.

The facility has several first aid kits and one defibrillator.

The facility has 24-hour emergency medical, dental, and mental health care which includes arrangements for on-site emergency first aid and crisis intervention, emergency evacuation from the facility, use of an emergency vehicle, use of one or more designated hospital emergency rooms or other appropriate health facilities, emergency on-call physicians, dentists, and medical health professionals, security procedures for providing emergency transfer of offenders when appropriate.

### **Recreation:**

The center has five recreational yards, all enclosed and all varying in size. One is used for residents who are segregated. Residents may exercise, play basketball or other games.

### **Religious Programming:**

Religious programming is a major component of the center. Sixteen different groups of Volunteers provide religious services. However, due to COVID restrictions, in house services have been suspended, but are still offered by television, DVD, and other printed material. Six of the groups have been with the facility since it has opened. Amazingly the same people in those groups have been volunteering their services during that time. The facility has ample space and room to conduct services. Attendance is based upon each resident choosing to attend or not.

### **Offender Work Programs:**

Residents split their day into two separate parts, 1) work within the facility, or volunteer in the community providing volunteer work. (2, being involved in treatment which includes group treatment and/or individual counseling. Residents are not paid for their work.

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

The center has one teacher who focuses on assisting residents obtain their GED. During calendar year 2020, 29 residents achieved success with obtaining their GED. Each resident who receives a GED attends a ceremony if they choose to receive a certificate of accomplishment on stage. These individuals are provided with a cap and gown just as any other graduate is provided with a cap and gown. If an individual transitions from the facility back into the community before graduation, they are notified of having earned their GED and are invited to attend the graduation ceremony should they wish to.

The Arkansas Correctional School System is an Arkansas constituted system which includes Riverside Vo-Technical School. The school is funded by the Arkansas

Department of Education.

Residents are enrolled in the educational program based on their current educational level as demonstrated in results from the “Test of Adult Basic Education” (TABE). Residents can take the GED test as soon as they successfully complete the official GED PRE-Test.

The school has been in operation since 2008. Classes are held Monday through Thursday and are divided up into morning and afternoon sessions. Class curriculums are individualized to meet the needs of the student.

The classroom is fully equipped with a variety of educational materials and tools. Two Smart Boards and a computer lab are available for hands-on participation by the student’s multimedia lessons which engages the students and promotes more efficient learning.

GED tests are conducted on average every 8 weeks during the school year. Tests are administered by the school districts GED certified instructor.

Residents are also able to attend Shorter College. on line On Tuesdays, Wednesdays, and Saturdays.

### **Social Services**

The center has a total of 6 counselors. The primary function of the counselor is to provide residents with individualized treatment that addresses their risk and needs. Every resident upon entry to the program is assigned to a specific counselor. The counselor conducts a screening and an objective assessment.

Counselors facilitate psycho-educational and process groups. The psycho- educational groups are divided into three phases. The initial phase or orientation phase is 15 days. During the orientation phase residents learn the goals of the program, services available, rules, expectations, hygiene, and education on communicable diseases such as HIV. The second phase, Phase II is 4-10 months and focuses on life skills. The third phase is 45 days. Phase III focuses on preparing the resident for release, addressing relapse prevention, employment, community resources and transitioning.

The audit team was able to observe a couple of group sessions in progress during the tour.

Treatment staff providing services to residents are credentialed as Certified Clinical Supervisors, Licensed Alcohol and Drug Abuse Counselors, Certified Anger Management Specialist and Certified Co-Occurring Disorder Professionals.

## **Visitation**

Visitation is permitted on Saturday's and Sundays. A visitation schedule is provided to approved visitors and residents. Two visitors are allowed for one hour per visit. Following each visit, a strip search of the resident is conducted.

The facility allows for special visits when there is a reason to do so. Attorneys may visit as needed. The center has a visitation room that can accommodate visitation in a comfortable setting. All visitors are made aware of what is allowed inside the facility as well as what potentially can be seized.

## **Library Services**

The center has three libraries. One library has several books and other reading material such as novels. Library 2 has self-help books and religious materials. The third library is a law library. It was pointed out the law library is not used often because all residents pled at the time of their court hearing, thus they are not researching law pertaining to their case. Most books such as novels are donated from the community. Residents can check out books on Saturdays and Sundays and may keep the book for approximately two weeks.

## **Laundry**

Within the facility is a laundry room which has multiple heavy-duty washers and dryers. Residents may be assigned to the laundry room as part of their work assignment. The facility can accommodate both the needs of residents and facility needs.

## **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 the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

### **1. Litigation**

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

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

After a review of the Significant Incident Summary and The Outcome Measures revealed no issues of concerns and are in line with facilities of this type.

### **3. Departmental Visits**

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Human Resources	Heather Schmidt, Coordinator
Food Service	Rebecca Graham, Assistant Manager
Treatment	Kenitra Edwards, Treatment Supervisor
Medical	Sandra Stratton, HSA
Education	Stephanie Coleman, Teacher
Maintenance	Don Glover, Assistant Manager
Fire Safety/Sanitation	Sgt. Michelle Jarrett
Administrative Review	Carrie Marshall, ARO Officer
Accreditation Office	Iva Bernard, Administrative Analyst
Chaplaincy Program	Terry Schlinker, Chaplain

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8 am to 2:45 pm on the first day. During this shift the team observed shift change between day shift and evening shift. The team observed count, medical services, and group meetings. The building housing residents was quiet and orderly.

b. Evening Shift

The team was present at the facility during the evening shift from 2:45 pm to 5:00 pm on the first day. The team observed residents studying and preparing for their GED and staff involved in group sessions and other assigned duties.

c. Night Shift

The team was present at the facility during the night shift from 6:30 am to 7:00 am on the second day. The team observed shift change and observed residents beginning their day. The team addressed the night shift advising them of how important they are, and their job is in the accreditation process

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

There were no previously non-compliant standards

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

N/A

## **G. Interviews**

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

### **1. Offender Interviews**

The team interviewed approximately 25 residents. All stated they felt safe at this facility. They further advised that staff is responsive to their requests and that staff had a genuine interest in them and their progress. Each was grateful for the opportunity to be at this facility and felt that the programming was very helpful.

### **2. Staff Interviews**

Twenty-five staff members were interviewed. Each stated that they knew their job and that the ADC Department of Community Corrections is genuinely concerned. They each felt like they are making a difference in the lives of the residents. All had a positive attitude about the facility, their co-workers, and the administration.

## **H. Exit Discussion**

The exit interview was held at 10:30 am in the lobby with the Warden Gary Tabor and 19 staff in attendance. The exit meeting was held early to accommodate Secretary Graves' schedule.

The following persons were also in attendance:

Solomon Graves  
Jimmy Banks

Secretary of ADC  
Deputy Director of Community Corrections

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

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS  
AND THE  
AMERICAN CORRECTIONAL ASSOCIATION

**COMPLIANCE TALLY**

<b>Manual Type</b>	ACRS, 4 <sup>th</sup> edition	
<b>Supplement</b>	2016 Standards Supplement	
<b>Facility/Program</b>	Northwest Arkansas Community Corrections Center	
<b>Audit Dates</b>	August 17-18, 2021	
<b>Auditor(s)</b>	Ken Valentine, Chair Ronald Brereton, Member	
	<b>MANDATORY</b>	<b>NON-MANDATORY</b>
Number of Standards in Manual	32	218
Number Not Applicable	0	17
Number Applicable	32	201
Number Non-Compliance	0	0
Number in Compliance	32	201
Percentage (%) of Compliance	100%	100%
!	Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable	
!	Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance	
!	Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance	

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

NONE



COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

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

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

FINDINGS:

The program serves females only.

**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:

The facility serves females only.

**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:

Employees are not contract employees. All employees are "At Will" employees.

**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:

Electronic monitoring is not offered.

**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:

Electronic monitoring is not offered.

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

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

FINDINGS:

Electronic monitoring is not offered.

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

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

FINDINGS:

Electronic monitoring is not offered.

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

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

FINDINGS:

Electronic monitoring is not offered.

**Standard #4-ACRS-4C-13:**

IF MEDICATIONS ARE DISTRIBUTED BY FACILITY STAFF, RECORDS ARE MAINTAINED AND AUDITED MONTHLY, AND INCLUDE THE DATE, TIME AND NAME OF THE RESIDENT RECEIVING THE MEDICATION, AND THE NAME OF THE STAFF DISTRIBUTING IT.

FINDINGS:

Staff do not distribute medications.

**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:

The program does not house mothers and infants.

**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:

The facility 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

The facility does not accept individuals who are unable to perform basic life functions.

**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:

The facility is state operated.

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

THE AGENCY SATISFIES PERIODIC FILING REQUIREMENTS NECESSARY TO MAINTAIN ITS LEGAL AUTHORITY TO CONTINUE OPERATIONS. (PRIVATE AGENCIES ONLY).

FINDINGS:

The facility is state operated.

**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:

The facility is state operated.

**Standard #4-ACRS-7D-25:**

WHEN A COMMISARY 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:**

The Commissary at NWACCC is owned and operated by Keefe Company

**Standard #4-ACRS-7D-30:**

ANY FINACIAL TRANSACTIONS PERMITTED BETWEEN OFFENDERS, OFFENDERS AND STAFF, OR OFFENDERS AND VOLUNTEERS MUST BE APPROVED BY THE FACILITY ADMINISTRATOR.

**FINDINGS:**

By policy, financial transactions between offenders, offenders and staff, and offenders and volunteers are not permitted.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Visiting Committee Findings

Mandatory Standards

Not Applicable

NONE

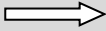
**Significant Incident Summary**

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: Northwest Arkansas Community Correction Center  
Reporting Period: May 1, 2020 – April 30, 2021

Incident Type	Months													Total for Reporting Period
		May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with Mandatory Standard <sup>a</sup> *		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	1	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.*



**Performance-Based Standards for Adult Community Residential Services  
Outcome Measures Worksheet 5/1/20-4/30/21**

<b>Standard</b>	<b>Outcome Measure</b>	<b>Numerator / Denominator</b>	<b>Value</b>	<b>Calculated O.M</b>
1A	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months	9	
	divided by	Average number of Full-Time Equivalent staff positions during the past 12 months	61	.148
	(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	102	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	102	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	102	0
1B	(1)	Number of accidents resulting in property damage in the past 12 months	0	
	divided by	total number of miles driven in the past 12 months unless otherwise noted	68963	0
	(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.	68963	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.	68963	0
1C	(1)	Number of emergencies, caused by forces external to the facility, that result in property damage in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	102	0
	(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.	102	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.	102	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.	102	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.	102	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.	102	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	102	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.	102	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.	102	0
	(12)	Number of code violations cited in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	102	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.	102	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.	102	0
2A	(1)	Number of incidents in the past 12 months	0	

	divided by	Average Daily Offender Population for the Past 12 Months.	102	0
	(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.	102	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	102	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.	102	0
2B	(1)	Number of instances in which force was used in the past 12 months.	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	102	0
	(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	0	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.	102	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.	102	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.	102	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	102	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	102	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	102	0
	(2)	Number of incidents involving tools in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	102	0
3A	(1)	Number of rule violations in the past 12 months	182	
	divided by	Average Daily Offender Population for the Past 12 Months	102	1.78
	(2)	Number of offenders terminated from the facility due to rule violations in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	102	0
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	102	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	102	0
	(2)	Number of offender suicides in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	102	0
	(3)	Number of offender grievances regarding access to health care in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	102	0
	(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	102	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	102	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	N/A	
	divided by	Number of offenders released in the past 12 months	130	0
	(2)	Number of offenders who move into permanent housing upon release in the past 12 months	N/A	
	divided by	Number of offenders released in the 12 months	130	0
	(3)	Number of offender substance abuse tests for which the results were positive in the past 12 mos.	34	
	divided by	Number of tests administered in the past 12 months	260	0.13
	(4)	Total number of offenders who successfully completed the program in the past 12 months	60	
	divided by	Number of offenders who left the program in the past 12 months	135	.44
	(5)	Number of offenders who showed improvement as measured by the objective assessment instrument prior to release in the past 12 months	210	
	divided by	Number of offenders released in the past 12 months	130	1.62
	(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	102	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	0	
	divided by	Average Daily Offender Population for the Past 12 Months	102	0
	(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	5	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	102	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	102	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	102	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	5	0
6C	(1)	Number of disciplinary incidents resolved informally in the past 12 months	6	
	divided by	Average Daily Offender Population for the Past 12 Months	102	.06
	(2)	Number of formal offender disciplinary decisions that were appealed in the past 12 months	48	

	divided by	Total number of disciplinary decisions made in the past 12 months	182	.26
	(3)	Number of appealed disciplinary decisions decided in favor of the offender in the past 12 months	25	
	divided by	Total number of disciplinary decisions made in the past 12 months	182	.14
	(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	102	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	102	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	182	
	divided by	Average Daily Offender Population for the Past 12 Months	102	1.78
	(9)	Number of offenders terminated from the facility due to rule violations in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	102	0
6D	(1)	Number of offenders released in the past 12 months who made regular payments toward their restitution obligations	N/A	



	divided by	Number of offenders who had restitution obligations in the past 12 months	N/A	N/A
	(2)	Number of offenders who satisfy their court cost/fines obligations in the past 12 months	N/A	
	divided by	Number of offenders who had court cost/fine obligations in the past 12 months	N/A	N/A
	(3)	Total amount of restitution paid by offenders in the past 12 months	N/A	
	divided by	Average Daily Offender Population for the Past 12 Months	102	N/A
	(4)	Total number of hours of community service donated by offenders in the past 12 months	240.5	
	divided by	Average Daily Offender Population for the Past 12 Months	102	2.36
	(5)	Total number of offenders who participated in restitution in the past 12 months	N/A	
	divided by	Total number of offenders housed in the past 12 months	219	N/A
	(6)	Total number of offenders who participated in community service work in the past 12 months	143	
	divided by	Total number of offenders housed in the past 12 months	219	.65
	(7)	Total number of offenders who participated in victim awareness programs in the past 12 months	2	
	divided by	Total number of offenders housed in the past 12 months	219	.1
	(8)	Total amount of restitution paid by offenders in the past 12 months	N/A	
	divided by	Total number of offenders housed in the past 12 months	219	N/A
	(9)	Total number of hours delivered by offenders who participated in community service work in the past 12 months	240.5	
	divided by	Total number of offenders housed in the past 12 months	219	1.10
7A		None		

	(1)	Total number of years of staff members' education as of the end of the last calendar year	760	
	divided by	Number of staff at the end of the last calendar year	58	13.10
	(2)	Number of staff who left employment for any reason in the past 12 months	16	
	divided by	Number of full-time equivalent staff positions in the past 12 months	61	.26
	(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	0	
	divided by	Number of full-time equivalent staff positions in the past 12 months	61	0
	(4)	Number of professional development events attended by staff in the past 12 months	202	
	divided by	Number of full-time equivalent staff positions in the past 12 months	61	3.31
7C	(1)	Number of incidents in which staff were found to have acted in violation of facility policy in the past 12 months	1	
	divided by	Number of full-time equivalent staff positions in the past 12 months	61	.02
	(2)	Number of staff terminated for conduct violations in the past 12 months	1	
	divided by	Number of full-time equivalent staff positions in the past 12 months	61	.02
	(3)	Number of offender grievances attributed to improper staff conduct which were upheld in the past 12 months	0	
	divided by	Number of offenders grievances alleging improper staff conduct filed in the past 12 months	0	0
	(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	102	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	52	0
7D	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures)	N/A	
	divided by	Budget for the past 12 months	N/A	N/A
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit	N/A	N/A
	(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	102	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	6	
	divided by	Number of objectives for the past 12 months	6	1
	(6)	Number of program changes made in the past 12 months	0	
	divided by	Number of program changes recommended in the past 12 months	0	0
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.	61	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	250.5	
	divided by	Number of staff at the end of the last calendar year (e.g. Average number of years experience)	58	4.32
	(4)	Number of staff termination or demotion hearings in which the facility decision was upheld in the past 12 months	0	
	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	23.75	
	divided by	Average Daily Offender Population for the Past 12 Months	102	.233
	(2)	Total number of individual community members who provided voluntary service in the past 12 months	13	
	divided by	Average Daily Offender Population for the Past 12 Months	102	.13
	(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	102	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	102	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	102	0
	(6)	Total number of hours of community service work delivered by offenders in the past 12 months	240.5	
	divided by	Average Daily Offender Population for the Past 12 Months	102	2.36

OPT	(1)	Number of offenders released in the past 12 months who are employed for six months after release		
	divided by	Number of offenders released in the past 12 months		
	(2)	Number of offenders released in the past 12 months who continue substance abuse treatment for six months after release		
	divided by	Number of offenders released in the past 12 months		
	(3)	Number of offenders released in the past 12 months who support themselves for six months following their release		
	divided by	Number of offenders released in the past 12 months		
	(4)	Number of offenders released in the past 12 months who are convicted or adjudicated for a felony crime within 6 months after release		
	divided by	Number of offenders released in the past 12 months		
	(5)	Number of offenders released in the past 12 months who are convicted or adjudicated for a misdemeanor crime within 6 months after release		
	divided by	Number of offenders released in the past 12 months		
	(6)	Number of offenders released in the past 12 months who are convicted or adjudicated for a felony crime within 6 months after release		
	divided by	Number of offenders released in the past 12 months		
	(7)	Number of offenders released in the past 12 months who are convicted or adjudicated for a misdemeanor crime within 12 months after release		
	divided by	Number of offenders released in the past 12 months		