

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Community Correction
Southwest Arkansas Community Correction Center
Texarkana, Arkansas

May 12-13, 2022

VISITING COMMITTEE MEMBERS

William Gallaher, Chairperson
ACA Auditor

Renee Watkins
ACA Auditor

A. Introduction:

The re-accreditation audit of Southwest Arkansas Community Correction Center was conducted on May 12-13, 2022, by the following team: William Gallaher, Chairperson; and Renee Watkins, Team Member.

B. Facility Demographics:

Rated Capacity:	525
Average Daily Population for the last 12 months:	255
Average Length of Stay:	9 months
Security/Custody Level:	Minimum
Age Range of Residents:	18-69 years
Gender:	Male
Full-Time Staff:	
Administrative:	27
Treatment:	35
Security:	71

C. Facility Description and Program Description

The Southwest Community Corrections Center (SWACCC) is located at 506 Walnut Street in Texarkana, Arkansas. Built in 1948, the facility is the former Saint Michaels Hospital and is located in the city's downtown area.

The program emerged in 1995 as part of the community programming; first as Department Community (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 main facility consists of a seven floor concrete building covering approximately one city block. The floor plans include:

- Basement which houses commissary, barber shop, maintenance, supply, SOD, inside recreation and visitation
- First floor houses administration, intake (13 cells/35 beds), control center, kitchen/dining hall, records, and treatment administration
- Second floor includes classrooms, GED, orientation, and Chapel
- Third floor contains resident living areas with 28 rooms and 65 beds
- Fourth floor N contains resident living areas with 27 rooms and 57 beds
- Fourth floor S contains resident living areas with seven rooms and 75 beds
- Fifth floor houses general population residents with 26 rooms and 104 beds. Medical services are also on this floor
- Sixth floor contains resident living areas with 27 rooms and 108 beds

- Seventh floor contains resident living areas with 26 rooms and 104 beds

There are no physical perimeter measures as all residents are housed in the single secure building. The recreation yard is located across the street from the center, is fenced in and contains one row of razor wire and one single observation tower. Access to the recreation yard requires the closing off an adjacent street while the unit residents are escorted in groups of ten to and from.

The facility sally port is located on the west side of the main building. The sally port is covered with a capacity of two automobiles. The sally port entrance consists of two secure doors and a small atrium. Immediately inside the entrance is a shakedown area. The Community Work Crew yard is located adjacent to the area and is also fenced.

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 stated goals of the facility are:

- To provide appropriate and effective supervision of offenders in the community
- 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
- To develop and implement sanctions, programs and services needed to function within the scope of the mission
- 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 SWACCC 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 SWACCC prohibits discrimination in accepting referrals, making administrative decisions, and access to programs based on sex, disability, race, religion, national origin, or political views.

SWACCC provides for all of the resident's basic needs. However, residents are required to pay \$3.00 for self-initiated sick call services. Residents with a chronic illness are not charged fees.

The facility has no arrangements for restitution but provides community service through the Community Work Crew (CWC).

The facility activities center on the 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

The Chairperson expressed the appreciation of the Association for the opportunity to be involved with the Southwestern Arkansas Community Correction Center (SWACCC) in their reaccreditation process.

The Chairperson discussed with Warden Miners 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 from Little Rock, Arkansas to Texarkana, Arkansas by Debbie Ruff, and Venita Banister, to facilitate this audit.

Subsequent transportation to/from the facility was provided by Debbie Ruff and Venita Banister.

2. Entrance Interview

The team was escorted to a multi-purpose room where the formal entry meeting was conducted. The audit team was greeted by department heads and various other staff who attended the opening briefing. 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 residents, 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. Tour

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

John Miners, Warden

Stephanie Davis SWACC ACA Coordinator

Debbie Ruff, ACA/PREA Coordinator Arkansas Community Correction
Division

Shauna Scoggins, Program Coordinator

Lacante Martin, Admin Specialist III/Timekeeper

Alan Schenfeld, Maintenance Supervisor

ACA facility notice 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 faces the central control center.

Staff must present a photo ID, complete a log and staff wand the individual prior to securing keys.

Community visitors have the same requirements with added precautions of prior approval, and/or a NCIC background check or face-to-face verification. Visitors must also pass through a cell phone detector. Visitors are accompanied by staff at all times and their movement is monitored by camera.

Residents enter the building through a separate door at the front of the facility. A newly placed resident arrives handcuffed with belly chins and shackles. The resident is moved directly to records to verify covid testing and verify transfer paperwork.

The Warden and Departmental staff systematically reviews and determines staffing requirements on an ongoing basis to ensure routine and emergency 24 hour security coverage and the demands of programmatic and support service needs. Assessment includes staffing patterns, and facility resources

Security shifts are scheduled on a quarterly rotating basis with higher levels of coverage during day light hours. Each shift has at least one supervisor.

Shift schedules for the 133 security officers are:

- 6:45 a.m.-3:00 p.m. (A)
- 2:45 p.m.-11:00 p.m. (B)
- 10:45 p.m.-7:00 a.m. (C)

Additionally, treatment staff are scheduled seven days a week, including holidays. The leadership team rotates on the Duty Officer's schedule which includes unannounced visits and walk-throughs of the facility, which is documented in the weekly *Duty Officer's Report*.

Central control has at least one officer each shift and is equipped with a video monitoring system that covers all floors and perimeters of the building. Monitoring includes 190 cameras connected to digital video recorders. Upper-level supervisors have the capability to view monitoring activity on their computers.

Security equipment is also kept in this area including a metal detector, handcuffs, leg irons, radios, flashlights, and cell phones. Chemical agents are also available to staff.

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, maintenance and safety-related entries. This data provides 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 sally port.

Frequent official counts are completed according to the following schedule:

- A Shift
 - 7:00 a.m. (Shift Change)
 - 9:30 a.m.
 - 12:00 p.m.
 - 1:30 p.m.
 - 3:00 p.m.

- B Shift
 - 3:00 p.m. (Shift Change)
 - 6:00 p.m.
 - 8:30 p.m.
 - 11:00 p.m.
- C Shift
 - 11:00 p.m. (Shift Change)
 - 1:30 a.m.
 - 3:30 a.m.
 - 5:30 a.m.
 - 7:00 a.m.

Resulting data is reported in the *Master Count Sheet*. This document provides count totals in all living units, activity areas, outside details, furloughs, community appointments, court, visitation, and hospital. It further refines in/out count totals, total count and time cleared. The report is prepared by central control staff, reviewed, and cleared by the Shift Supervisor and forwarded to the Captain.

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 and hand wand scanning. At least ten routine facility searches, including resident property and all areas of the facility, are completed each shift. Three times each shift, staffs check the perimeter and parking areas.

Prior to entering, after exiting the kitchen, all assigned residents are pat searched. Staff also employs random strip searches. All search activity is documented in the respective post log and duty log, which is reviewed by the Major.

Non-routine searches are authorized by the Shift Supervisor or Lieutenant when indicated. If illegal contraband is found, detecting staff secures the contraband and notifies the ranking supervisor. The ranking supervisor then moves the contraband to the intake area where contraband is then documented in a log, and pictures are taken of the contraband.

The Lieutenant in turn receives the contraband and secures the contraband in a locked cabinet. This cabinet is not accessible to other staff.

The Major secures the contraband, and it is turned over to the Warden. The Warden then notifies Internal Affairs, and their staff are responsible for the subsequent investigation.

The chain-of-custody procedures for legal contraband are similar, but contraband is placed in an envelope and affixed with a confiscation form. The contraband is then secured in the Lieutenant's office and disposed of at the end of the month

These chain-of-custody procedures are well-documented. The documents reviewed were thorough, neat, legible, and well-maintained.

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, 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.

The audit team found the facility's procedures and controls regarding tools and sensitive items to be effective. Primary responsibility lies with the locksmith and maintenance staff. Items are secured in the facility basement and at the exterior CWC building.

Class A tools are locked in areas separate from lock-secured Class B tools. All tools are engraved with a number and corresponding tools and numbers are recorded on bin cards and inventory lists.

Inventories are taken at the time of check out, afternoon and when returned. The facility has seven toolboxes and contents are recorded on bin cards and most tools are kept on a shadow board.

When tools are damaged or broken, a report is completed and reviewed by the Warden. The Warden then notifies the locksmith who arranges for repairs or discards. Controls for damaged or broken tools and equipment include documentation of the item, and a paper trail for discarding or repairing items. If discarded, the tools are scrapped and disposed of outside the facility perimeter.

Staff issue class A tools and residents can check-out class B tools for their work assignments. Issuance/return is documented. Tools are etched and affixed on shadow boards in locked cages, rooms, or toolboxes.

The facility locksmith manages a chit system of key issuance and return for general and emergency use keys. The facility accounts for 833 keys and over 130 key rings which are maintained in central control. Each key has its own number and are attached to key rings with varying numbers of keys. Attached to each ring is a chit on which is engraved the ring number and number of keys assigned.

There are 15 emergency key rings. Emergency release keys are identified by a red plastic and notch format and are inventoried at the beginning of each shift.

The locksmith inventories keys daily, weekly and completes an annual formal inventory. When a key is damaged, it is attached to a work order form. Upon receipt, the locksmith hammers down the teeth and forwards the key to CWC staff who disposes the keys. The locksmith fabricates replacement keys on-site. Replacement keys are etched with the same number of the disposed key.

The locksmith is also responsible for replacement or repair of locks. If damaged, attempts are made to repair the lock. If unsuccessful, new locks are utilized. Locks that are not repairable are discarded off-site.

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.

SWACCC program design and its dedicated staff provide clear expectations of the facility's rules, regulations, acceptable behaviors and expected levels of progress. SWACCC 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.

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 has 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 prepares a *Disciplinary Hearing Committee Docket*, schedules hearings before the Disciplinary Committee and serves as the committee Chair. Other members include the Lieutenant, Treatment Supervisor, and an administrative staff member.

At the conclusion of the hearing, the ARO completes a *Disciplinary Hearing Committee Sanctions* form that identifies each resident’s housing unit, rule violation, plea/findings and sanctions imposed.

Sanctions may include a confinement for 30 days, loss of privileges, modification to MTC program standing and disciplinary detention. The facility can also notify the court and request imposition of suspended 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.

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.

It appears the facility’s security and program policies, procedures and practices do well to protect residents from sexual harassment, as the facility features robust PREA efforts. Information is posted liberally throughout the facility including reporting procedures and hot line numbers. The resident handbook is presented during intake/orientation and contains considerable PREA-related information. Additional information is verbally communicated during intake/orientation.

Treatment staff and medical staff also spend considerable time assessing such concerns as a history of being a victim or perpetrator.

The facility staffing pattern includes a PREA Coordinator and the agency has a State Coordinator position. The facility is currently considering applicants for these positions.

Additional staff involvement includes the agency's Internal Affairs department, as all reports of sexual harassment are referred to Internal Affairs for investigation and disposition.

The facility recently concluded an internal PREA Audit, with no concerns reported. Lastly, there were no incidents of sexual violence reported during the audit cycle.

Environmental Conditions:

Available information and observation indicate SWACCC 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.

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.

The facility utilizes a condensing boiler that is fueled by natural gas and receives regular service by a community vendor. The most recent annual State inspection occurred in April 2022. There were reportedly "some valve issues" that were quickly repaired.

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

Sanitization:

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 were no peeling paint, missing flooring, or ceiling panels.

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.

All chemicals used through the facility are inventoried and dispensed from one Central Caustic supply room. The housing units utilize a locked caustic container that is issued and returned daily and is under the control of the housing unit staff.

Cleaning supplies maintained in the housing units are limited. Inspections of the supplies were found to be organized, properly stored, and accurately inventoried. Safety Data Sheets and safety equipment including goggles, aprons, and gloves were located in the Central Caustic supply room.

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.

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 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.

Residents presented with good personal hygiene, beds were made, properly stored, and shoes properly placed. Housing unit furnishings were found to be cleaned and in good order.

Fire/Safety:

The Fire Safety/Sanitation Sergeant is responsible for activities related to the emergency and fire plans including fire drills, emergency evacuation 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.

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, during annual refresher training and plans are available to all staff. Residents receive initial training during orientation and participate in monthly evacuation drills.

Staff and residents interviewed presented a command of evacuation procedures and responsibilities. There were no emergencies reported during the audit cycle.

On February 17, 2022, the Fire Marshall for the Texarkana Arkansas Fire Department completed his annual fire inspection, with the facility receiving a "pass" for all required areas.

SWACCC received a letter from the Fire Marshal of Texarkana Fire Department, dated February 17, 2022, noting he had reviewed SWACCC's emergency contingency plans for emergency evacuation, identification of emergency exits, and placement of fire extinguishers. He noted the "facility is in compliance with fire and life safety requirements for an institutional occupancy."

The Fire Marshall attached separate correspondence confirming his agency is the responding fire agency for SWACCC. The agreement states that in the event of an emergency the Texarkana Arkansas Fire Department would respond with two ladder trucks, three pumper trucks and a Battalion Chief. An additional pumper truck would also be available. In the event more resources are needed, the Texarkana Arkansas Fire Department has mutual contracts with other jurisdictions bordering Texarkana, Texas.

The Texarkana Fire Department is located two blocks from the facility with a response time frame of two minutes.

On July 2, 2021, an independent contractor completed a semi-annual inspection of the Kidde range hood fire protection system inspection and test. The equipment was uses wet chemicals and features a 19 foot double-sided stainless hood. Equipment protected includes two tilt skillets, two griddles, a steam kettle, three ovens and three fryers.

Components tested included two slave cylinders, eight metal alloy/thermo bulb links and 18 nozzles. 31 operational conditions were evaluated, with three non-applicable elements, and all passed with no recommendations.

On November 19, 2021, an independent contractor completed an inspection of the water-based fire protection system and found the following discrepancies: five year inspection due, FDC hydro due, gauges out of date.

The inspection included visual and pressure testing of six risers, nine control valves, three supervisory tamper switch devices and four water flow devices. All elements passed the inspections.

The facility provided copies of purchase orders indicating these discrepancies were addressed and corrected prior to the audit, except for the five year inspection. The vendor has reportedly not yet scheduled the inspection as the vendor is unsure if a five year inspection is needed at the facility.

Annual fire extinguisher inspections were completed by an independent contractor on February 16, 2022. A total of 170 ABC extinguishers were inspected with 59 failures reported, but all were repaired onsite. Three BC dry chemical and three K class extinguishers were inspected with zero failures.

On November 19, 2022, an independent contractor completed an annual inspection of the fire alarm system inspection and report. The technician reported "9 troubles on panel upon arrival."

Detection devices were tested, and 50 manual station devices were tested and all passed. 403 smoke detectors were inspected and 23 failed. Four heat detectors, 29 duct smoke detectors, and four flow switches were tested, and all passed.

Audio-visual appliances and features were also inspected. 11 horns, 94 horn/strobes, and 32 strobes passed inspection. The annunciator panel also passed.

The facility quickly responded to the above-noted discrepancies, and at the time of the audit, all needed repairs had been accomplished.

The facility has two emergency power generators which are powered by #2 diesel fuel. Each fuel tank holds 900 gallons which can power the facility for 48 hours. When the tanks run to 450 gallons, the tanks will be refilled.

The generators are load tested weekly, for one hour. Ongoing preventative maintenance includes checking voltage, fluids, connections, oil, water and filters. Staff reported arrangements with an outside service provider are pending final arrangements.

Flammables/hazardous materials were found properly inventoried and accounted for. The storage areas were clean, orderly and free of clutter. Safety Data Sheets and proper protective equipment are available and utilized by responsible staff and residents.

Cleaning agents issued to housing units and other facility areas are properly diluted to levels for use by staff and residents. Eyewash stations were present at appropriate locations and found to be in good working order.

First aid kits were strategically located throughout the facility. The AED was found properly maintained and is located in the medical department.

Food Service:

The Food Service department is under the direction of a Kitchen Manager. Assisting her are four Food Production Managers and all 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. 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.

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 am and the PM shift begins at 10:30 a.m.

Staff adheres 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: 10:15 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 blenderized 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 is approximately \$1.29 per meal.

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 grills, stoves, mixers, deep fryers, and steam kettles. Also utilized are a steam line, an industrial toaster, a coffee pot, several prep areas, a warmer, a meat slicer and reach-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 and recorded each meal and records are archived in the Kitchen Manager's office. Samples reviewed were legible and well-maintained.

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 Kitchen Manager completes a weekly *Safety and Security Inspection Checklist* that is thorough and addresses such areas as flammable or combustible materials, safety hazards, contraband and safe work practices.

Inspection results are forwarded to the Safety and Security Representative for review. The inspection results are also forwarded to the Warden to review, assume or assign responsibility for resolving deficiencies.

An additional inspection is completed by the Safety/Sanitation Coordinator who completes a *Kitchen Sanitation Inspection Checklist* that addresses such areas as the conditions of the interior walls, floors, dishwashers, lighting, temperatures, cleanliness and furniture. This inspection is conducted by a LVN, and results are forwarded to the Health Services Administrator for review.

A separate inspection, *Food Service Inspection Report*, is also completed. This tool evaluates temperatures of the food in the serving line, coolers, freezers, dishwasher pot sinks. Also evaluated are thawing procedures, dates of foods, chemicals, utensils, hand washing sinks and overall cleanliness.

The Arkansas Department of Health Environmental Health Protection Services completes an annual facility *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 April 14, 2022 and identified three violations. The hand washing sink next to the serving line was out of soap, but the Inspector noted that the violation was corrected during the inspection as “soap placed at sink.”

A second violation found chicken being stored over beef. The report stated the violation was “corrected chicken moved to lower shelf.”

The third violation noted there was no internal food thermometer and established a correction date no later than April 29, 2022. The Kitchen reported the thermometer was ordered April 14, 2022.

Medical Care:

Medical care is contractually provided by Wellpath and locally supervised by a Health Services Administrator (HSA) who is a LPN/LVN. 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 PRN Registered Nurse, eight Licensed Practical Nurses, a physician who works 3 days per week and one clerical staff. The area is maintained by an assigned resident porter.

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.

The medical area consists of three exam rooms, with a waiting room that provides seating for 25 patients.

Prior to a resident’s initial entry into the facility, security staff completes resident covid testing. Health assessments begin shortly within reception and include 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 also consists of a shower/tub area, only used in emergency instances, and a medical observation room servicing needs requiring less than 23 hours coverage.

The facility pharmacy shares space with the “pill distribution” room. There are five first aid kits strategically located throughout the facility. Medical staff is responsible for the proper inventory of the first aid kits.

Housekeeping in the medical area was exceptional. The area was clean, well-lit, and equipped.

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

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

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

Medications and controlled substances are secured in a locked cabinet, in a separate secure room.

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, 1st Aid kits readily available throughout the facility and all staff is trained in CPR/1st Aid. Due to covid

restrictions, staff was trained on-line through the services of the American Heart Association regional office.

Lab 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 posttest and all results are reviewed with the resident. Residents receive education in the areas of other Sexually Transmitted Diseases (STDs), Hepatitis, and Tuberculosis.

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.

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.

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

Recreation:

SWACCC offers a variety of indoor and outdoor recreational activities for the resident population. The facility offers outdoor holiday picnics as well as baseball, basketball, and volleyball games. When residents are not recreating in their rooms, the day rooms provide board games such as chess, checkers, dominoes, and cards. Each floor has a small room with chairs dedicated to residents watching sporting events on TV. Vending machines and microwave ovens are available on each floor. The residents are also provided the opportunity to participate in talent shows, art contests, and fitness challenges.

Religion:

SWACCC’s religious programming is under the supervision of the full time Chaplain. The Chaplain provides direct service to the residents, religious literature and resource material to residents housed at SWACCC upon request. Requests for religious diets are evaluated and approved by the Chaplain.

The Chaplain serves as the Volunteer Coordinator and is responsible for the training and screening of all volunteers.

Volunteer clergy and community churches assist the Chaplain in providing monthly and weekly religious services, and religious education. The facility’s daily schedule identifies services provided by the Baptist and Catholic churches, as well as services from *New Testament House of Prayer* and Bible studies. *Passing Down the Faith* ministerial services and the *Holy Temple* has a presence, and Christian cinema activities are available.

Requests for pastoral care are conducted in the Specialized Housing Unit at a minimal of two to three times per week or more often as needed.

Resident Work Program:

All of SWACCC’s residents are required to work with the exception of those who present security risks, medical restrictions, or competing educational activities. There are no paid residential work assignments or programs.

Some residents arrive with technical and vocational skills that make them employable in the operation of the facility such as maintenance, food service, barber services and clerks. Lesser skilled work assignments include housekeeping, laundry, tutors, and library aides.

SWACCC’s residential work assignments are also incorporated in the MTC. As residents advance through treatment phases, they are assigned to appropriate therapeutic jobs. Progression through positions helps develop skills useful in appropriately resolving personal problems and making lifestyle changes.

SWACCC has a large Community Work Crew (CWC) program which is overseen by a Lieutenant. CWC provides janitorial, maintenance, and landscaping services to various local area agencies.

The CWC consists of approximately 20 residents and four staff. The residents work around the facility and throughout the county when needed (picking up trash, cleaning up after storms, etc.) Below is an example of a typical month.

Community Work Crews

Man, Hours worked this Month	<u>2,339</u>
Man, Hours worked Year to Date	<u>8413</u>
Impact Savings this Month	<u>21,635.75</u>

Impact Savings Year to Date	87,820.25
Number of Project Locations this Month	6

CWC Work Sites	Man, Hours Worked
SWACCC	1,373
Texarkana City Street	280
Miller County	140
Highway Dept.	308
Smith Park	98
Hope, Ark. (U of A)	140
Total Man Hours Worked	2,339

The team toured the CWC complex which includes a large indoor workshop, tool shed and repair service areas. In addition to the activities described above, CWC participants are responsible for the facility’s 12 vehicles.

Security of tools includes storage in a locked area on shadow boards and use of a chit check-out/return system and logs. A spot check found all tools accounted for and properly logged. Ladders are not chained due to being kept in a locked area when not in use.

The area has a flammable can that is emptied daily. The Lieutenant reported that safe handling techniques are observed, and that the resident OJT includes safe handling of chemicals and flammables. PPE available included safety goggles, gloves, masks. The area also had an eye wash station.

Academic and Vocational Education:

SWACCC offers a variety of educational services and activities. Educational testing is provided to each resident upon entering the Center and staff work to verify whether the resident has a GED or high school diploma.

The facility GED program includes three instructors, and all activities are self-paced and range from nonreader level to high school level. The number of students enrolled during the audit totaled 48.

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.

The facility also offers some innovative educational activities including *Seeking Safety*, which is a treatment program for residents that suffer with PTSD and Substance Abuse Issues. This treatment approach has five central ideas:

- Safety as the priority of this first-stage of treatment
- Integrated treatment of PTSD and Substance Abuse
- A focus on ideals
- Four content areas: cognitive, behavioral, interpersonal, and case management
- Attention to therapist process.

This program is an eight-week class that is taught by trained professionals. After completion of the program, residents are presented with a Certificate of Achievement.

SWACCC also offers a domestic violence course which is designed to provide a model for intervention which identifies and remediates tactics of "power and control" and other abusive behaviors. This course utilizes the *Duluth Curriculums* of creating a process of change for men who batter and helps explain the different ways an abusive partner can use power and control to manipulate a relationship. The approach seeks to hold the residents accountable for their past and current emotional, verbal, and physical behaviors. A major goal is for the resident to acknowledge that men are not always the aggressors during domestic violence situations.

After successful completion of the course, residents can provide a model of violence-free behavior among themselves, family members and significant others.

The facility also offers a parenting/budgeting course offered by the Educational Opportunity Center at Henderson State University.

Another specialized course is *Medication Assisted Treatment*. This program provides skills that allow the resident to safely use medication along with counseling and other supports to address opioid or alcohol misuse.

SWACCC participates in the *Workforce Alliance for Growth in the Economy (WAGE)* job readiness program. The target population is unemployed and underemployed adults within the Division of Workforce Services, Adult Education Section.

WAGE is unique from other career readiness programs in that it focuses on improving the academic basic skills of participants while providing workforce preparation and workforce training activities. Participants can earn a Level 1 and Level II WAGE Certificate by completing the requirements of each module.

Another valuable educational activity is the ServSafe program which offers nationally recognized certification in safe handling of food. Successful completion helps residents gain employment in the food service industry.

Additionally, SWACCC partners with a variety of agencies to provide workshops, including:

- *Department of Workforce Services*- monthly workshops that cover Mock Interviews, resumes, & job searches.
- *Child Support Enforcement*- quarterly workshops to help and work with residents with Child Support.
- Treatment Options
- Returning Home
- Relapse Prevention
- Home Plans
- Co-Occurring Disorders
- Cultural Diversity
- Commitment to Change

Post-secondary secondary educational services include assistance with seeking student aid, ACT activities and college classes. SWACCC's college classes are sponsored by Shorter College, a private faith based, two-year Liberal Arts College.

This "in-house" college provides residents the opportunity to obtain an associate's level of degree. The school's open enrollment policy makes this opportunity accessible to residents having earned a high school diploma or GED completion from an accredited agency. At the time of the audit, enrollment totaled 64 residents pursuing an Associate Degree in Entrepreneurial Studies

SWACCC also provides three state certified vocational training programs including the High-Pressure Boiler Operator program. While working the boiler program, the residents earn qualifying hours and experience needed to take the Licensing Exam. The program is overseen by the Construction and Maintenance Coordinator for the state.

Other offerings include:

- Welding
- Forklift operator
- Custodial Maintenance

Social Services:

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.

SWACCC describes this approach by stating their goal for MTC is to create a positive peer culture and facilitate overall lifestyle changes. Examples of lifestyle changes include remaining drug free and demonstrating the ability to interact in society without further criminal activity. It also includes taking responsibility for ongoing recovery and contributing to their communities.

MTC is a structured environment featuring explicit rules, the use of positive peer pressure, confrontation and sanctions. Negative behavior is confronted at a variety of levels from a simple verbal correction or a pull-up, to a strong structured encounter and/or activities designed to help a resident change a specific behavior or general attitude.

Change is also achieved through encounter or confrontation and process or static groups, therapeutic peer reprimands, program status change, modeling, and daily social interaction.

As part of the re-socialization process, role modeling, peer pressure for right living and 12-step principles are intertwined throughout the daily program. Basic 12-step education is offered, and voluntary 12-step peer support meetings are held at the facility. Volunteers from outside 12-step groups facilitate many of the 12-step meetings within the facility.

SWACCC has identified how non-violent or non-sex related offenders may be ordered to the facility:

- Judicial Transfer – the offender is sentenced with a transfer to the facility where the sentence is four years or less. Those who complete therapeutic programming may be released on parole, approved by the Parole Board.
- Probation Plus – Probationers may be ordered by the court, as an added condition of their probation, to serve up to 365 days of incarceration at the facility. The offenders remain under the authority of the court and return to probation once they have completed their confinement.
- Drug Court Short-Term Treatment – Offenders may be sentenced by the court to 30, 60, or 90 days of intensive drug treatment at the facility. These offenders remain under the authority of the court and return to drug court supervision once they completed their confinement. These offenders may also be sanctioned by the court to incarceration at the facility for up to 365 days.
- Supervision Sanction Program (SSP):- SSP operates as an alternative sanction for probation and parole technical violators. SSP is an intensive residential program followed by aftercare services while under community supervision. The resident completes the program by progressing through a phase system. A resident's length of time in treatment is based on their program track (90 or 180 days) as well as participation in treatment. A resident may be eligible for early release if criteria are met while in the program. Early release may be granted for up to fifty percent of their total time ordered to be served if participation and progress in treatment meet the eligibility criteria.

A variety of interdisciplinary treatment services are provided within MTC to facilitate this positive behavioral change. Service providers are credentialed as Certified Clinical Supervisor, Licensed Alcohol and Drug Abuse Counselor or Advanced Alcohol Drug Abuse Counselor. Other certifications include Certified Co-Occurring Disorder Professionals, Certified Tobacco Treatment Specialist and/or Counselor in Training.

The daily schedule is intense and begins as early as 2:15 a.m. and runs through 10:00 p.m. Residents participate in four to five hours of treatment a day for a total of 25-28 per week.

Treatment components include, but are not limited to, individual and group therapy, 12-Step Alcoholics Anonymous and Narcotics Anonymous. Other activities include Process/Static Group, Pre-release, Life Skills group, Anger Management, Cognitive Intervention, Parenting, Peer Support, mental health referrals and relapse prevention. The facility also provides for morning and evening devotion groups and re-entry support.

MTC includes a variety of case management activities and services. Newly placed residents meet with staff, and they complete a *Self-Report Survey – Prison Intake Tool (PIT)* to verify historical and current individual data.

Elements of this tool include verification of age, work history, familial circumstances, and drug/alcohol history.

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 *Risk-Needs Assessment (RNA)* and *Addiction Severity Index (ASI)*.

The *ASI* is used to gain information regarding medical status, employment/support status and drug/alcohol use. The resident is asked to report his history of drug use including heroin, methadone, cocaine, and other highly-addictive substances. Questions are also asked to help determine the resident's DSM-5 diagnostic code.

Additionally, The *ASI* delves into the resident's legal status. Questions are asked about the resident's history of arrests or charges for a variety of crimes ranging from shoplifting/vandalism to homicide. This section also facilitates tabulation of the resident's months of incarceration and his perceived need for treatment.

Family/social relationships are also probed. The resident is asked questions relating to marital status, familial history of substance abuse, and difficulties getting along with specific family members.

Information regarding the resident's psychiatric and trauma history is also secured by asking previous/current experience with depression, anxiety, or tension. Additional questions address violent behaviors, suicide, and cognitive status. The resident is also asked to comment his history with abusive relationships or forms of abuse.

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 *Master Treatment Plan* is signed by the primary counselor, the resident, and approved by the Treatment Coordinator. 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 MTP
- 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. At SWACCC a resident's basic rights extend to virtually all aspects of its 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 adequate telephones on each floor and the daily schedule includes telephone access

Residents place their mail in a secure mailbox where it is picked up by staff daily. Mail is delivered and picked up at the facility each weekday and all incoming/outgoing mail is recorded by staff and examined for contraband. Later that day, Monday through Friday, the mail is taken to staff at the law library where it is passed out a unit at a time.

Legal mail is handled like regular mail except it is not opened when received. Law library staff passes out received mail, the inmate opens mail in front of staff, and staff inspects but does not read the contents.

Rejected/returned mail is documented by a form stating the reasons that is sent to the sender. Residents are given a copy of the form during mail pass-out.

Residents have the opportunity to initiate grievance procedures on regarding any facility-based matter. 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.

Grievance-related data indicates the process is active, although rarely used, and decisions are rarely appealed.

Visitation:

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

Visitation is permitted on Saturdays and Sunday in the facility basement area. All visitors must receive prior approval and must show valid photo identification prior to signing in. All visitors must be processed through a metal detector.

The visitation area features a rarely-seen child's play area. There are vending machines and lockers available for visitors use.

All visitation activities are closely monitored by eight security cameras strategically located throughout the visitation area. Correctional staffs are also stationed to provide additional security monitoring.

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 will result in loss of visitation privileges and criminal prosecution.

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:

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 general library provides ample reading opportunity for the residents at SWACCC. Books are acquired by community donation and must be approved as proper reading material. Residents are able to check out books when the library is open.

Law library services include 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 an as limited basis, residents can request copy services.

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 managed by the Issuance Corporal. Equipment includes four commercial washers and five commercial dryers, which were in full operation during the several walk-throughs. There is an adjoining smaller laundry room which provides laundry services for residents that have medical communicable issues.

The work areas were found to be clean, well-organized and residents were hard at work. The dryers free of excessive lint and lint traps are cleaned throughout the day and at the end of the day.

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 approximately 15 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.

Clothing and 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. The facility maintains an inventory for ready replacement of all items.

Upon arrival, each resident is provided with:

- Three yellow tops
- Three yellow pants
- One pair of shoes/boots (if needed)
- One complete set of bed linens
- Three each T-shirts, underwear, and socks
- Two washcloths
- Two big towels

- Tissue paper
- Razor
- Plastic comb
- Shampoo
- Toothpaste/ toothbrush
- Bar soap
- Deodorant

Supervision Sanction Program residents provided red tops and red pants, due to MTC requirements.

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

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 completes random resident and work area searches.

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 years:

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

2. Significant Incidents/Outcome Measures

Significant Incidents:

There were no concerns regarding the Significant Incident Summary regarding activities or management at SWACCC during the period April 2021 through March 2022.

In the Significant Incident Summary for the period April 2020 – March 2021, two escapes were reported. The first escape occurred on April 12, 2020, and involved five residents.

Summary of April 12, 2020, escape:

The incident began at approximately 5:00 p.m. when a fire was detected in the kitchen. The fire was found and responding staff observed clothes and miscellaneous trash on fire.

At 5:03 p.m. another staff member reported witnessing at least three residents kick out the glass at the back of the kitchen and escaping. Several minutes later staff contacted the Warden and Deputy Warden, and staff was instructed to return all other residents to their assigned bunks.

The identities of the escapees were verified and approximately two hours later, the facility was notified by the Texarkana Police Department that they had taken three of the residents into custody. Approximately 15 minutes later, the Texarkana Police Department called and confirmed the arrest of the two remaining escapees.

At approximately 5:38 pm, SWACCC assumed custody of the escapees and they were returned to the facility. Upon their return, they were seen by medical staff and placed in individual cells.

Summary of August 18, 2020, escape:

This incident began at approximately 9:23 am, at the CWC building when several residents informed supervising staff of the escape.

Supervising staff made proper notifications to facility staff and then returned the remaining residents to the facility. All residents were ordered to their bunks. At approximately 9:29 a.m. a formal count was completed.

At approximately 9:30 a.m., several local law enforcement agencies were notified of the escape and staff then completed and distributed an *Escape Flyer*.

Staff searched the facility and found a door, in the maintenance area and a gate, located near a co-located agency, were disengaged. Staff began a search on foot and was approached by a civilian in a car, who reported observing an individual, who she thought to be a resident. She then informed staff of the direction the suspect was moving. An officer of the Texarkana Police Department arrived shortly thereafter, and the reported information was shared with the officer.

At approximately 9:39 am, staff secured a temporary warrant, and a BOLO was announced. Approximately 11 minutes later, staff was notified by authorities the escapee had been apprehended and was being transported to the Miller County Jail.

Upon the resident's return to the facility, staff initiated an internal investigation. The damaged areas were quickly repaired.

Summary of December 9, 2019, escape:

According to the reported timeline, the escapee was working in an outside trash crew and at approximately 8:41 am staff observed a resident leave the detail. The resident ignored staff's order to return.

At 8:43, the Chief Security Officer was notified. The perimeter was secured, and staff initiated a search. A command post was established, and the work detail returned to the facility at approximately 8:50 am.

An Escape Flyer was completed and distributed, and the agency's probation and parole staff was notified at approximately 9:13 am.

Approximately six minutes later, a BOLO was implemented, and a temporary warrant was secured.

The resident was apprehended the next day, at approximately 8:20 a.m. and returned to the facility at approximately 8:31 a.m.

Through a review of policy, procedure, and staff interviews, 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.

With exception of the above, the facility's *Significant Incident Summary Report* indicates staff and related procedures reflect a resident population that is well-supervised. The reports further suggest the policies, procedures and practice indicate staff is well-trained, conscientious, and motivated.

There were no disturbances, sexual violence or homicides involving residents, staff or other individuals through this audit cycle. Further, there were no offender/offender or offender/staff assaults or offender suicides.

Lastly, there were no instances of fires, natural disasters, unnatural death and "other" incidents during the reporting period and the facility remains in compliance with Mandatory Standards.

Outcome Measures:

A review of the Outcome Measures finds results with no significant incidents in either nature or frequency as previously discussed in the quality of life standards.

The values presented in the Outcome Measures appear 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:

Community Work Crew complex

Records
Intake
Living Areas
Medical Department
Law Library
Kitchen/Storage Area
Issuance/Laundry
Commissary
Living units
Armory
Training Office
Central Control
Community Work Crew
Maintenance

On the second day, this auditor visited the seventh floor, and 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.

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 time frame, 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.

This auditor attended this shift’s briefing on the last day of the audit. The shift was returning from several days off, and the briefing included a summary of the activities that occurred during their time away from work as well as current activities. This auditor explained the purpose of the audit and complimented staff on their excellent work and how impressed the team was with facility operations.

“B” Shift (2:15 p.m. to 10:45 p.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

Warden Miners transported this auditor to the facility to walk-through seventh floor. This auditor met with all staff working the floor and observed the residents were participating in MTC activities with a high level of energy and focus. Staffs were alert, talkative and spoke highly of the facility and expressed pride in the quality of their work. Logbooks and all living areas were inspected.

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:

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 SWACCC 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.

Staff Interviews:

The audit team met with staff on each shift, interviewed approximately 40 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. It was clear that staffs took ownership for their specific areas and were proud of the facility. Staff 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.

No complaints were brought to the team and no staff asked for a private interview.

H. Exit Interview

The exit interview was held at 11:00 a.m. on May 13, 2022, in the multi-purpose room with Warden Miners and 37 staff members in attendance:

Mary Davis	Health Services Administrator
Vicky Walker	Major
Tina Maxwell	Treatment Supervisor
Shaunda Scoggins	Program Coordinator
Bradley Warbritton	Chaplain/Volunteer Coordinator
Stephanie Davis	Administrative Analyst (ACA Manager)
Abigale Smith	Institutional Human Resources Coordinator
Lacante Martin	Payroll (Administrative Assistant)
Kevin Booth	Sargent Training Officer
Carlia Keener	Records Supervisor
Fredia Evans	Business Operations Specialist
Jacobo Sanchez	Inventory (Administrative Assistant)
Latisa Clewis	Fiscal Support Specialist
Kathy Brown	Record's Administrative Assistant
Myra Glass	Record's Administrative Assistant
April Francis	Classification Officer
Kristian Lamay	Administrative Review Officer (ARO)
Jessica Miners	Institutional Release Officer (IRO)
Barbara O'Guinn	Food Service Manager
Yoshiko Neely	Treatment Coordinator
Marilyn Darley	Treatment Coordinator
Rhonda Sherman	Treatment Coordinator

Debra Armstrong	Treatment Administrative Officer
Mai Vaughn	Warden Administrative Assistant
Teresa Welch	Major Administrative Assistant
Alan Schenfeld	Assistant Maintenance Supervisor
Michael Griffen	Assistant Maintenance Supervisor
Natalia Charles	Advisor
Jay Howard	Advisor
Brenda Nelson	Advisor CII
Devenny Zachary	CIT
Naquita Elmore	Advisor CIT
Shankita Witcher	Corporal
G. Gardner	Corporal
Angela Thompson	CIT
Shameka Smith	CIT
Shataris Davis	Advisor
Anthony Smith	Construction
Charles Sanders	Treatment

Also, in attendance were:

James Banks, Deputy Director Residential Services for the Arkansas Division of Community Corrections, Venita Brewster, Administrator of Treatment, Debbie Ruff, ACA Coordinator and Jason Kelly Well Path Regional Manager.

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Adult Community Residential Services, 4 th Edition
Supplement	2016 Standards Supplement
Facility/Program	Southwest Arkansas Community Correction Center
Audit Dates	May 12-13, 2022
Auditor(s)	William Gallaher, Chair, Renee Watkins, Member

	MANDATORY	NON-MANDATORY
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"> • Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable • Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance • Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Community Correction

Southwest Arkansas Community Correction Center

Little Rock, Arkansas

May 12-13, 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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:

SWACC 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 SWACC 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:

SWACC 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:

SWACC 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:

SWACC commissary is controlled by Keefe Group.

