

American Correctional Association

ACCREDITATION REPORT



Commission on Accreditation for Corrections

Commission on Accreditation for Corrections

Arkansas Division of Corrections
Omega Supervision Sanction Center
Malvern, Arkansas

The mission of the Commission on Accreditation for Corrections is to upgrade and improve practices and conditions in adult and juvenile correctional facilities and programs through an accreditation process which is founded on a commitment to accountability, professionalism and respect for basic human rights and which recognizes sound and effective correctional practices, while striving towards excellence in the field of corrections.



January 28, 2025

Arkansas Department of Corrections
Omega Supervision Sanction Center
Malvern, Arkansas

Congratulations!

It is a pleasure to officially inform you that the Omega Supervision Sanction Center was accredited by the Commission on Accreditation for Corrections at the American Correctional Association Winter Conference on January 11, 2025, in Orlando, Florida.

Your accreditation represents the satisfactory completion of a rigorous self-evaluation, followed by an outside review by a team of experienced, independent auditors.

Every profession strives to provide a high quality of service to society. To know that you, your staff, and other officials are complying with the requirements of the accreditation process is indeed a statement of a high level of commitment to the staff and people under your care.

On behalf of the American Correctional Association and the Commission on Accreditation for Corrections, thank you for your commitment to the corrections profession and to the accreditation process.

Sincerely,

Thomas Stickrath, Chairperson
Commission on Accreditation for Corrections



For Immediate Release

Omega Supervision Sanction Center Awarded National Accreditation

Thomas Stickrath, Chairperson of the Commission on Accreditation for Corrections (CAC), and David Haasenritter, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the Omega Supervision Sanction Center. The award was presented in conjunction with the American Correctional Association Winter Conference on January 11, 2025, in Orlando, Florida.

In presenting the award, Thomas Stickrath, Chairperson of the CAC, and Denise Robinson, President of the American Correctional Association (ACA), complimented the facility on their professional level of operation and their success in completing the accreditation process. The agency is one of over 1,265 correctional organizations currently involved in accreditation across the nation.

The accreditation program is a professional peer review process based on national standards that have evolved since the founding of the Association in 1870. The standards were developed by national leaders from the field of corrections, law, architecture, health care, and other groups who are interested in sound correctional management.

ACA standards address services, programs, health care and security operations essential to effective correctional management. Through accreditation, an agency can maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Standards set by ACA reflect practical up-to-date policies and procedures and function as a management tool for agencies and facilities throughout the world.

The three-year accreditation award granted to the Omega Supervision Sanction Center does not signal the end of their involvement in the accreditation process. During the award period, staff will work to improve any deficiencies identified during the audit and maintain continuous compliance with the standards.

www.aca.org



American Correctional Association

206 N. Washington Street, Suite 200

Alexandria, Virginia 22314

703-224-0000 • Fax: 703-224-0010

www.aca.org

Congratulations on your accreditation award! You are now a member of the elite in achieving correctional excellence. The certificate you have received is but a small symbol of the enormous dedication and commitment demonstrated by each and every member of your staff to the accreditation process, and I urge you to display it prominently as a continual reminder of the level of professionalism achieved. This is just the beginning of your journey, however, for the true test of excellence is the test of time. It is critical that your operation be able to sustain this achievement over time and be constant through both prosperity and adversity.

Achieving American Correctional Association Accreditation means you have demonstrated your dedication to getting the job done right, and that you are holding your agency to a higher standard.

Thank you for your commitment to the American Correctional Association and the accreditation process.

A handwritten signature in black ink, appearing to read 'D. K. Haasenritter', with a long, sweeping underline.

David Haasenritter,
Director, Standards and Accreditation Department
American Correctional Association

Overview of the American Correctional Association

The American Correctional Association (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole and jails. It has thousands of members in the United States, Canada and other nations, as well as over 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs. For more than 150 years, ACA has been the driving force in establishing national correctional policies and advocating safe, humane and effective correctional operations. Today, ACA is the world-wide authority on correctional policy and expected practices, disseminating the latest information and advances to members, policymakers, individual correctional workers and departments of correction. ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907.

At its first meeting in Cincinnati, the assembly elected Rutherford B. Hayes, then governor of Ohio and later U.S. president, as the first president of the association. At that same meeting, a *Declaration of Principles* was developed, which became the accepted guidelines for corrections in the United States and Europe. At the 1954 annual Congress of Correction in Philadelphia, the name of the American Prison Association was changed to the American Correctional Association, reflecting the changing philosophy of corrections and its increasingly important role in society.

Since that time, ACA has continued to take a leadership role in corrections and work toward a professional unified voice in correctional policy. In recent years, one of the Association's major goals has been the development of national and international policies and resolutions of significant issues in corrections. Policies are considered for ratification at the Association's two annual conferences and ratified policies are then widely disseminated. Since its formation, ACA has also had a major role in designing professional standards, and more recently performance based standards and expected practices, for correctional organizations. Since the early 1980s ACA has been involved in a program of accreditation to recognize programs representing excellence in more than 20 different disciplines within the field, with emphasis on evidenced based practices.

Membership in ACA is open to any individual, agency, or organization interested in corrections and the purposes and objectives of the Association. Members include the majority of state, local, provincial, and territorial correctional agencies, individual correctional institutions, local jails, pretrial programs and agencies, juvenile justice programs, schools of criminal justice in colleges and universities, libraries, and various probation, parole, and correctional agencies. Many of ACA's members are employed at federal, military, private, state, and local agencies. Members also include volunteers affiliated with these agencies as service providers or as members of advisory boards and committees.

Organizational Purposes of the American Correctional Association

Among the most significant purposes of the Association as outlined in its Constitution, are:

- *To provide a professional association of persons, agencies, and organizations, both public and private, who hold in common the goal of improving the profession of corrections and enhancing their contribution to that profession.*
- *To broaden and strengthen support for the Association's goals by advocating Association policies, resolutions, positions, and standards to policymakers and the public and by forming coalitions with other professional organizations sharing these goals.*
- *To develop standards for all areas of corrections and implement a system for accreditation for correctional programs, facilities and agencies based on these standards. Where feasible, standards shall be based on performance outcome.*
- *To conduct or sponsor corrections conferences, congresses, institutes, forums, seminars and meetings.*
- *To publish and distribute journals and other informative materials relating to criminology, crime prevention, and corrections and to encourage and stimulate research of these matters.*
- *To promote recognition of corrections as a profession, and those who work in corrections as professionals, and to ensure validity of that recognition by encouraging the recruitment and development of highly qualified corrections professionals, and by developing and implementing a certification program for corrections professionals*

In carrying out these purposes, ACA supports programs for policy analysis, demonstration, effective delivery of health services to offender populations and research. ACA also provides testimony, consultation, publications, conferences, workshops, and other activities designed to stimulate constructive action regarding correctional issues.

Organizational Structure of the American Correctional Association

Executive Committee

The Executive Committee is composed of the elected officers of the Association - president, vice president, treasurer, two Board of Governors members, the immediate past president, the president-elect, and the ACA executive director. The Executive Committee meets at least quarterly and exercises most of the powers of the Board of Governors during the intervals between meetings of the board.

Board of Governors

ACA's bylaws vest control of the Association with a 19-member elected Board of Governors composed of the officers of the Association and five at-large members. The 19 elected governors shall general reflect the Association's composition. The following areas of practice shall be represented by at least one board member:

Correctional Administration	Detention
Institutions	Education
Juvenile	Health Care
Probation	Community Programs
Parole, Aftercare or Post-Release Supervision	

Delegate Assembly

The Delegate Assembly is composed of delegates from the professional affiliates, geographical chapters, membership at-large, Board of Governors, past presidents of ACA, and representatives of each military service. The Delegate Assembly can establish policy, define Association positions on broad social and professional issues, and determine major programs and legislative priorities. They meet at least twice annually, at the Winter Conference and Congress of Correction.

Committees

The majority of the Association's activities take place through committees. Each committee chair reports to the Association's Board of Governors at least twice a year. In this way, the Association collectively benefits from the involvement and contribution of the hundreds of individuals who function on the various committees. Ad-hoc committees are appointed by the president of the Association.

Affiliates and Chapters

Affiliates and state chapters are major features of the Association's structure. They represent professional, regional, and state groups across the United States and Canada. Affiliates and chapters contribute to the professional development of all members by providing consultation in their respective areas of interest and by participating in seminars and workshops at ACA's annual conferences.

Major Activities of the American Correctional Association

Standards and Accreditation

Perhaps ACA's greatest influence has been the development of Expected Practices and the accreditation process. ACA Expected Practices address services, programs, and operations essential to effective correctional management. Through accreditation, an agency is able to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders. Expected Practices set by ACA reflect practical up-to-date policies and procedures and function as a management tool for correctional agencies internationally. The Standards and Accreditation Department manage the expected practices for all standards manuals and the accreditation process.

Legislation

The American Correctional Association is involved with all major issues affecting corrections today. Members and ACA staff maintain close working relationships with committees of the U.S. Congress and all federal agencies and groups whose decisions affect correctional policy. Expert testimony on a wide range of correctional issues is prepared for congressional committee and subcommittee hearings, and recommendations are provided to federal administrative agencies.

To ensure that the concerns and issues of the corrections profession are represented in proposed legislation and public policy, ACA's legislative liaison is addressing legislative and government concerns that will impact the corrections profession. ACA has established partnerships between chapters and affiliates and other national policy making organizations to present a strong collective voice for correctional reform throughout the world.

Professional Development

The purpose of the Association's Professional Development Department is to plan, promote, and coordinate professional development through training seminars, workshops, and published materials including curriculums, resource guides, and monographs.

ACA's training plan calls for a variety of professional development activities. Nationally advertised workshops cover topics such as training for trainers, management training, community-based employment programs, and stress management. On-site workshops for state and local departments of corrections are offered in curriculum development, supervision, communications, and report-writing skills.

The *Training for Correctional Staff Trainers* workshops further the skills of correctional professionals qualified to initiate and deliver training. These workshops also enable agencies to comply with national expected practices for accreditation and ensure that training is job-related and professionally developed and presented.

The department also offers correspondence courses to further professional development. More than 6,000 correctional personnel have completed or are in the process of completing ACA's self-instruction training program for correctional officers. This program, developed under the auspices of the National Institute of Corrections, provides 40 hours of basic training in accordance with ACA expected practices. A score of at least 80 percent on the comprehensive examination must be attained to achieve certification. The Association has similar courses available for correctional supervisors, juvenile caseworkers, and food service employees. Additional courses which cover report writing skills, correctional management skills, legal issues for probation and parole officers, and legal issues for correctional officers are also available.

Office of Correctional Health

ACA's Office of Correctional Health serves ACA members, jurisdictions and its affiliates by supporting health services programs for the effective delivery of health to offender populations. We offer comprehensive services, support, and resources to help correctional facilities provide security and quality care for the offender population. The office is responsible for improving ACA's performance-based health care expected practices, trainings and the health certification program. The health certification program includes Nurse, Nurse Manager, Health Services Administrator and Correctional Behavioral Health.

Publications

As one of the leading publishers of practical correctional publications, ACA produces books, videos, and lesson plans. Among the wide ranging subjects available are management, community, security, counseling, law, history, and health. These excellent resources for career advancement appeal to practitioners and scholars alike. Directories for every major sector of corrections are also published by ACA.

The following is just a few of the many publications that ACA offers:

Corrections Today is the major corrections magazine in the United States. Published seven times a year, it focuses on the interests of the professional correctional employee and administrator. Articles include reports of original research, experiences from the field, discussion of public policy, and the perspectives of prominent practitioners and academicians.

Correctional expected practices are the most significant improvement in correctional programming. As the basis for accreditation, they give administrators a nationally recognized system for upgrading and improving their correctional services. The Association currently publishes over 20 manuals for every correctional discipline.

To aid in the development of policy with relation to accreditation, *Guidelines for the Development of Policies and Procedures* are available for adult correctional institutions, adult parole authorities/adult probation and parole field services, adult local detention facilities, adult community residential services, juvenile detention facilities, and juvenile training schools.

Conventions

ACA hosts two national conventions each year that attract more than 5,000 professionals from all aspects of corrections; the Winter Conference held in January, and the Congress of Correction, held in August. These events include a variety of workshops, exhibits, and seminars devoted to addressing topics specific to the corrections profession.

Contracts and Grants

The American Correctional Association has a history of successful grant and contract management and administration. ACA has completed contracts and grants of more than \$30 million. These diverse initiatives, which are funded through federal and private sources, add to the technical expertise and knowledge of the organization as well as to the total field of corrections.

Overview of the Commission on Accreditation for Corrections

The Commission on Accreditation for Corrections (CAC) is a private, nonprofit organization established in 1974 with the dual purpose of developing comprehensive, national expected practices for corrections and implementing a voluntary program of accreditation to measure compliance with those expected practices.

The Commission was originally developed as part of the American Correctional Association. In 1979, by joint agreement, the Commission separated from the Association in order to independently administer the accreditation program. Between 1978 and 1986, the organizations shared the responsibility for developing and approving expected practices and electing members of the Commission. On November 7, 1986, the Commission on Accreditation for Corrections officially realigned itself with the American Correctional Association.

The Commission is governed by a Board of Commissioners who reflect the Association's composition, including adult and juvenile components; the geographical distribution of its membership; and representation of ethnic and racial minorities, women, and management and non-management staff. The responsibility of rendering accreditation decisions rests solely with the Commission.

They represent the following specific categories:

- Correctional Administration
- Juvenile
- Institutions
- Probation
- Parole, Aftercare or Post-Release Supervision
- Community Programs
- Detention
- Education
- Health Care
- Legal

Association Staff

Accreditation activities are supported by the staff of the American Correctional Association, Standards and Accreditation Department, under the leadership of the director of the department. Standards and Accreditation Department staff is responsible for the daily operation of the accreditation program. Agencies in the process have contact primarily with the accreditation specialist responsible for their state or agency.

Auditors

Auditors are corrections professionals who have been selected, trained, and certified by the Association. These individuals perform the field work for the Association which includes providing assistance to agencies working toward accreditation and conducting on-site audits of agencies to assess compliance with program requirements. In certain cases, when the Commission believes it necessary, they monitor agencies to ensure maintenance of the conditions required for accreditation. Teams of auditors, referred to as Visiting Committees, are formed to conduct compliance audits of agencies seeking accreditation and reaccreditation.

Auditors are recruited through announcements in prominent criminal justice publications, online and at major correctional meetings. Affirmative action and equal employment opportunity requirements and guidelines are followed in the recruitment of auditors. All auditors have a minimum of five years of corrections experience, have received a recommendation from an agency administrator, and have demonstrated knowledge in the substantive area(s) in which they are engaged to assist the Association. In addition, all auditors must successfully complete the auditor orientation course, participate in an ACA sanctioned training every three years (check out www.aca.org for details on training dates and times) and be members of the ACA in good standing. All auditors are approved by ACA.

Performance Based Standards and Expected Practices Development

Development of the traditional ACA standards began in 1974 with an extensive program of drafting, field testing, revising, and approving them for application to all areas of corrections. Since then, local, state, national, and international correctional facilities and programs have adopted the traditional standards, performance-based standards, and expected practices as outlined in ACA's accreditation manuals, for implementation through accreditation.

In the development of expected practices, the goal was to prescribe the best possible practices that could be achieved in the United States today, while both being realistic and practical. Steps were taken to ensure that the expected practices would be representative of past standards development efforts, reflect the best judgment of corrections professionals regarding good corrections practice, recognize current case law, and be clear, relevant, and comprehensive. The expected practices development and approval process has involved participation by a wide range of concerned individuals and organizations. Twenty-five manuals of performance-based standards and expected practices are now used in the accreditation process:

Performance-Based Standards and Expected Practices for Adult Correctional Institutions,
Performance-Based Core Jail Standards
Performance-Based International Correctional Core Standards—Adult
Performance-Based International Correctional Core Standards—Juvenile
Performance-Based Standards for Adult Community Residential Services
Performance-Based Standards for Adult Local Detention Facilities
Performance-Based Standards for Adult Probation and Parole Field Services
Performance-Based Standards for Correctional Industries
Performance-Based Standards for Juvenile Correctional Facilities
Performance-Based Standards for Therapeutic Communities

Performance-Based Health Care Standards for Adult Correctional Institutions
Performance-Based Health Care Standards for Adult Local Detention Facilities
Performance-Based Health Care Standards for Juvenile Correctional Facilities
Standards for Administration of Correctional Agencies
Standards for Adult Correctional Boot Camps Programs
Standards for Adult Parole Authorities
Standards for Correctional Training Academies
Standards for Electronic Monitoring Programs
Standards for Food Service Programs
Standards for Juvenile Community Residential Facilities
Standards for Juvenile Correctional Boot Camps
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Detention Facilities
Standards for Juvenile Probation and Aftercare Services
Standards for Small Juvenile Detention Facilities

Performance-based standards and expected practices establish clear goals and objectives critical to the provision of constitutional and humane correctional programs and services. The performance-based expected practices include the requirement for practices to promote sound administration and fiscal controls, an adequate physical plant, adherence to legal criteria and provision of basic services. Basic services called for by the performance-based standards and expected practices include the establishment of a functional physical plant, training of staff, adoption of sanitation and safety minimums, and provision of a safe and secure living environment. In offering specific guidelines for facility and program operations, the manuals of performance-based standards and expected practices address due process and discipline, including access to the courts, mail and visitation, searches, and conditions of confinement of special management offenders.

The expected practices are systematically revised to keep pace with the evolution of different correctional practices, case law, and after careful examination of experiences, applying them over a period of time and circumstances. The ACA Standards Committee, which includes membership from the Commission on Accreditation for Corrections, is responsible for expected practices development and revision.

Suggestions and proposals for revisions to the expected practices from the field and interested others are encouraged. The Standards and Accreditation Department has developed an on-line process specifically for this purpose. Proposals should be submitted via the ACA website.

Accreditation Process Descriptions

For over 120 years, the American Correctional Association has been the only national body involved in the development of performance-based standards and expected practices for the correctional field. ACA expected practices are supported by ACA's Standards and Accreditation Department and the Commission on Accreditation for Corrections, which is the evaluating and certifying body for accreditation. The department is responsible for the administration of accreditation and ongoing development of correctional expected practices.

The accreditation process is a voluntary program for all types of correctional agencies. For these agencies, accreditation offers the opportunity to evaluate their operations against international expected practices, to remedy deficiencies, and to upgrade the quality of programs and services. The recognized benefits of such a process include: improved management; a defense against lawsuits through documentation; demonstration of a "good faith" effort to improve conditions of confinement; increased accountability and enhanced public credibility for administrative and line staff; a safer and more humane environment for personnel and offenders; and the establishment of measurable criteria for upgrading programs, staffing, and physical plant on a continuous basis.

A major component of the accreditation process is the expected practices compliance audit conducted by a visiting committee. The purpose of the audit is to measure operations against the expected practices, based on documentation provided by the agency.

The Visiting Committee Report

The results of the compliance audit are contained in the Visiting Committee report. The finished report consists of a number of sections, which are compiled through an exchange of information between the Visiting Committee, the agency, and Standards and Accreditation Department staff. The report is sent to agency staff for review and distribution to the agency administrator. The completed Visiting Committee report is submitted to the Commission for consideration at the next regularly scheduled panel hearing.

The following information is usually contained in the visiting committee report:

Agency and Audit Narrative— The agency narrative includes a description of program services, a description of physical plant, number of offenders served on the days of the audit, a summary significant incidents and consent decrees, class action lawsuits and/or judgments against the agency/facility, if applicable. The audit narrative, prepared by the visiting committee chairperson, describes audit activities and findings. The narrative examines issues or concerns that may affect the quality of life and services in an agency or facility. Quality of life issues include areas such as staff training, adequacy of medical service, sanitation, use of segregation and detention, reported and/or documented incidences of violence and crowding in institutions, offender activity levels, programming and provision of basic services. The audit narrative also contains comments as a result of staff and offender interviews, and a detailed explanation of all noncompliant and not applicable expected practices.

Agency Response– The agency has three options for expected practices found in noncompliance: a plan of action; an appeal; or a waiver for the requirement of a plan of action request.

A **plan of action** is a detailed statement of tasks to be performed in order to achieve compliance with an expected practice found in noncompliance at the time of the audit. The plan of action designates staff responsibilities and timetables for completion.

An **appeal** is the agency's attempt to change the visiting committee's decision on an expected practice. The result of a successful appeal is a change in the status of the expected practice and a recalculation of the compliance tally.

A **waiver** may be requested when noncompliance with an expected practice does not adversely affect the life, health, or safety of staff and offenders and when quality of life conditions compensate for the lack of implementation of a plan of action. The granting of a waiver by the Commission waives the requirement for submitting a plan of action; however, it does not change the non-compliant finding.

Auditor's Response– This section contains the visiting committee's final reply to all responses received from the agency and includes comments regarding the acceptability of plans of action, appeals, and waivers.

Accreditation Hearings

The Commission on Accreditation for Corrections is solely responsible for rendering accreditation decisions and considers an agency's application at its next regular meeting following completion of the visiting committee report. The Commission is divided into panels that are empowered to reach and render accreditation decisions. These panels hear the individual application for accreditation and include a quorum of at least three Commissioners which includes the panel hearing chairperson. Agencies are notified in writing of the date, time, and location of the hearings by Standards and Accreditation Department Staff.

The panel hearing is the last step in the process. With the panel chairperson presiding, panel members discuss issues and raise questions relative to all aspects of agency operations and participation in the process. The information presented during the hearing and in the visiting committee report is considered by the panel members in rendering accreditation decisions.

The agency is invited to have a representative at the hearing and, in most cases, one or more individuals attend. When special conditions warrant, the visiting committee chairperson or a member of the visiting committee also may be asked to attend the hearings. When this occurs, the auditor provides information to help clarify controversial issues and responds to questions and concerns posed by panel members.

Attendance by any other parties (i.e. media representatives, public officials, or personnel from agencies other than the applicant) occurs only with the permission of the applicant agency. In these cases, the applicant agency representatives and panel members discuss procedures to be followed before commencement of the hearing.

Conduct of Hearings

The panel schedule provides ample time for review of each individual agency pursuing accreditation. Hearings are conducted by the panel chairperson in accordance with established procedures. Panel proceedings require that a formal vote be taken on all final actions, i.e., agency appeals, Waiver requests, and the final accreditation decision of the Commission. All panel proceedings are tape-recorded to assist in preparing minutes of the hearings. Panel activities generally occur as follows:

- Applicant agency representatives are requested by Standards and Accreditation Department staff to be on-call to allow for scheduling flexibility.
- A designated waiting area is usually provided for this purpose.
- When the panel is ready to review the agency, the Standards and Accreditation Department staff representative notifies agency representative(s)
- The hearing opens with an introduction by the panel chairperson
- The agency representative is asked to give a brief description of the program

- If a Visiting Committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the Visiting Committee member only to request additional information at different points during the hearing.
- The panel chairperson leads review of each individual non-compliance finding. The agency representative presents information relative to their requests for Waivers, Plans of Action, and appeals. The agency may also present additional materials, including photographs or documentation, for review by the panel.
- Following the agency presentation, the chairperson has the option of calling the panel into executive session to consider the information provided, determine findings, and make an accreditation decision. Whether or not panel deliberations occur in the presence of agency personnel or in executive session, varies from panel to panel, considering the preference of panel members and the sensitivity of issues to be discussed regarding the application.

In final deliberations, the Commission panel:

- Ensures compliance with all mandatory expected practices and at least 90 percent of all other expected practices
- Responds with a formal vote to all appeals submitted by the applicant agency
- Responds with a formal vote to all requests for Waivers, and Plans of Action submitted by the applicant agency

At this time, the panel also:

- Assures that an acceptable Plan of Action will be submitted for every non-compliance finding, including those for which appeals of non-compliance and Waiver requests have been denied by the panel. In judging the acceptability of Plans of Action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.
- Addresses to its satisfaction any concerns it has with Visiting Committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to the life, health, and safety of residents and staff
- For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next chapter.

- If the panel has deliberated in executive session, agency representatives are invited back into the meeting and informed of the panel's final decision and actions or recommendations on all other issues raised by the applicant. If accreditation has not been granted, the chairperson discusses with agency personnel specific reasons for the decision and the conditions of extension in Candidate or Correspondent Status and procedures for appeal.

Accreditation Decisions

The decisions available to the Commission panel relating to the accreditation of an agency are:

- *Three-year accreditation award* based on sufficient compliance with expected practices, acceptance of adequate Plans of Action for all applicable non-compliant findings, (or approval of the Waivers of the requirement that a Plan of Action be submitted) and satisfaction of any other life, health, and safety conditions established by the panel.
- *Extension of the applicant agency in initial accreditation process* (initial accreditation only) for reasons of insufficient compliance, inadequate Plans of Action, or failure to meet other requirements as determined by the panel, the Commission may stipulate additional requirements for accreditation if, in its opinion, conditions exist in the facility or program that adversely affect the life, health, or safety of the offenders or staff. Extension of an agency is for a period of time specified by the panel and for identified deficiencies if in the panel's judgment, the agency is actively pursuing compliance.
- Continuation of accreditation in *Probationary Status* after reaccreditation hearings is considered when the panel specifies that compliance levels are marginal, there is a significant decrease in compliance from the previous audit (in the case of reaccreditation), or there are quality of life issues that would indicate continued monitoring. Probationary Status lasts for a specific period of time designated by the Commission to allow for correction of deficiencies. While an award of accreditation is granted, a monitoring visit *must* be completed, and the report presented at the next meeting of the Commission. At the end of the probationary status, another monitoring visit *MAY* be conducted to ensure that the deficiencies have been corrected. Following the visit, a report is prepared for review by the Commission at its next regularly scheduled meeting. The Commission again reviews the program and considers removing the probationary status or the revocation of accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted by the Commission on Accreditation of Corrections by the Commission on Accreditation of Corrections, the agency resumes its status as an accredited agency.

- *Denial of accreditation* denies initial accreditation or removes the agency from Accredited Status (in the case of reaccreditation) and withdraws the agency from the accreditation program. Situations such as insufficient compliance, inadequate Plans of Action, failure to meet other requirements as determined by the panel or quality of life issues may lead to the denial of accreditation. If an agency is denied accreditation by the panel, it is immediately appealed to the full commission. If the agency is denied accreditation by the full commission, it is withdrawn from the process and is not eligible to re-apply (as an applicant) for accreditation status for a minimum of six months from the date of that panel hearing.

The agency receives written notification of all decisions relative to accreditation after the hearing.

Appeal Process

The accreditation process includes an appeal procedure to ensure the equity, fairness, and reliability of its decisions, particularly those that constitute either denial or withdrawal of Accredited Status, or placement into probationary status. Therefore, if an agency is denied accreditation, it is immediately appealed to the full commission.

If an agency is put in probationary status by the panel, it may submit an appeal of the placement into probationary status. The basis for reconsideration of probationary status is based on grounds that the decision(s) were:

- A misinterpretation of the criteria and/or procedures promulgated by the Commission
- Based on incorrect facts or an incorrect interpretation of facts
- Unsupported by substantial evidence
- Based on information that is no longer accurate
- The reasonableness of the expected practices, criteria, and/or procedures for the process may not serve as the basis for reconsideration.

The procedures for reconsideration are as follows:

- The agency can submit a verbal appeal immediately to the Director of Standards and Accreditation or a written request for reconsideration within 30 days of the adverse decision stating the basis for the request.
- The Executive Committee of the Commission, composed of the officers of the Commission, reviews the request and decides whether or not the agency's request presents sufficient evidence to warrant a reconsideration hearing before the Commission. The agency is notified in writing of the Executive Committee's decision.

- If the decision is made to conduct a hearing, the hearing is scheduled for as soon as possible if the appeal is made verbally or if in writing, for the next full Commission meeting and the agency is notified of the date.
- The agency, at its option and expense, has the right of representation, including counsel.
- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.
- Pending completion of the reconsideration process, the agency maintains its prior status.
- Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.

Following completion of the reconsideration process, any change in the status of an agency is reflected in the next regularly published list of accredited agencies.

Accredited Status

The accreditation period is three years, during which time the agency must maintain the level of compliance achieved during the audit and work towards compliance of those expected practices found in non-compliance. Regular contact with Standards and Accreditation Department staff should also be maintained. The Annual Report, Critical Incident Report and Significant Incident Summary forms discussed below are available on the ACA website at www.aca.org or through your Accreditation Specialist.

Annual Report

During the three year accreditation period, the agency submits an annual report to the Standards and Accreditation Department. This report is due on the anniversary of the accreditation (panel hearing) date utilizing the template provided by ACA staff (also available at www.aca.org). It contains the following information:

Current Compliance Levels - This includes any changes in compliance since accreditation, listing on a case by case basis any expected practice with which the agency has fallen out of compliance or achieved compliance.

Update of Plans of Action - A progress report is included with respect to Plans of Action submitted to the hearing panel, indicating the status of the completion of the plans. potential revision to plans reflecting the need to request additional time, funds, and/or resources to achieve compliance should also be included.

Significant Incident Report Summary - A report is made of events and occurrences at the agency during the preceding year that impact on compliance, agency operation, or the quality of services provided by the agency.

Standards and Accreditation Department staff review the annual report received from the agency and respond to clarify issues or request additional information if necessary.

Critical Incident Report

In addition to submission of the annual report, the agency is responsible for notifying Standards and Accreditation Department staff of any critical incident that has the potential to affect compliance or facility accreditation as soon as possible within the context of the event itself. This information is to be submitted to ACA as soon as possible within the context of the incident itself, using the Critical Incident Report template available at www.aca.org.

Monitoring Visits

Monitoring visits to agencies in Accredited Status are conducted by an ACA auditor(s) or staff in order to assess continuing compliance. A monitoring visit may be conducted at any time during the accreditation period with notice to the agency. The determination of need for a monitoring visit is based on:

- Compliance levels, findings, and recommendations by the Commission on Accreditation for Corrections during the hearing
- Incidents or events reported by the agency in its annual report.
- Problems indicated by adverse media reports or correspondence received by Standards and Accreditation Department staff, disturbances at the agency, or special investigations.

The length of the visit varies depending on the number of expected practices or special issues that must be addressed during the visit. The visits are conducted similar to expected practice compliance audits, but on a reduced scale. Monitoring visits are charged to the agency at a rate of cost plus twenty-five percent or as stipulated in the contract.

Activities, as a general rule, involve a review of all mandatory expected practices, all expected practices found in non-compliance at the time of accreditation, and any other concerns identified by the Commission. The visit also involves a tour of the agency and interviews with staff and offenders to ensure maintenance of the requirements of accreditation. It concludes with an exit interview during which the auditor informs the agency staff of the findings of the visit.

Following the visit, the auditor prepares a monitoring visit report that addresses findings of the visit. The report includes a list of expected reviewed, explanation of noncompliance findings, results of the tour and interviews with agency staff and offenders, and discussion of any issues believed to be relevant to the agency's accreditation. The report, as with others prepared by auditors, is reviewed and sent to the agency by Standards and Accreditation Department staff.

When a monitoring visit to the agency reveals deficiencies in maintaining compliance levels that existed at the time of accreditation, or less than 100 percent compliance with mandatory expected practices, the agency prepares a response providing explanation of the problems indicated in the report. When the agency has failed to maintain compliance with all mandatory expected practices, the monitoring visit report and the agency response are submitted to the Commission on Accreditation for Corrections for review during a regular hearing. Agency representatives are advised of the date, time, and location of the review, and are invited to attend. At the discretion of the Commission, the agency may be placed in probationary status and a revisit conducted to determine if deficiencies have been corrected.

Revocation of Accreditation

If the Commission panel believes that an agency's failure to maintain continuous compliance with certain expected practices is detrimental to life, health, and safety of residents and staff, the Commission may place an agency on probation. Probationary status last for a specific period of time designated by the Commission at its next regularly schedule meeting. The Commission again reviews the program and considers removing the probationary status or revoking accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted, the agency resumes its status as an accredited agency. An agency that does not satisfactorily correct the deficiencies may be withdrawn from accreditation.

Another condition that may result in a rehearing and consideration of revocation is following a significant event in an agency (i.e. major disturbance, death from other than natural causes or allegations of physical/sexual abuse of offenders). Failure to notify the Standards and Accreditation Department in a timely manner may result in suspension of the agency's accreditation. Once ACA is notified of the major event, the Director of Standards and Accreditation may consult with the Executive Committee of the Commission, who may request a monitoring visit. If a visit is warranted, ACA will notify the agency and a date will be established with the concurrence of the facility. The monitoring visit will take place within 14 days of this notification. The monitoring visit report will be sent to the Director of Standards and Accreditation within 7 days of the monitoring visit and then forwarded to the Executive Committee of the Commission. Following review of the report, a determination will be made by the Executive Committee as to whether revocation of accreditation is warranted. Prior to any rehearing, agency representatives will be notified, so that any issues may be addressed and responded to in writing.

Accreditation is revoked for the following reasons:

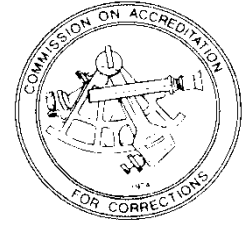
- Failure on the part of the agency to adhere to the provisions on the contract.
- Failure on the part of the agency to maintain continuous compliance with the expected practices at levels sufficient for accreditation.
- Intentional misrepresentation of facts, lack of good faith, or lack of deliberate speed or a concerted effort to progress in the accreditation process, including the implementation of plans of action.
- Failure to notify ACA of significant incidents in the annual report to the Commission.
- Adverse conditions of confinement that affect the life health, and/or safety of staff and offenders.
- Failure to comply with the conditions of probation or suspension.

Standards and Accreditation Department staff notify the agency in writing of the specific reasons identified by the Commission for the revocation hearing.

Expiration of Accredited Status

Accreditation is granted for a three year period. Unless the agency has applied for reaccreditation and completed activities in the process required for reaccreditation, the Commission withdraws the agency from Accreditation Status after this three year period.

For agencies in Accredited Status that are seeking subsequent accreditation, administrative extensions of Accredited Status may be granted under certain conditions. For example, relocation of the facility, staff turnover, and major renovations often warrant an extension. In these cases, a written request to the Director of Standards and Accreditation is required, outlining the reasons for extending the accreditation period. Agencies that fail to successfully complete an audit within the three year period, or do not receive an extension prior to their expiration date, are withdrawn from Accredited Status.



Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

The American Correctional Association and the Commission on Accreditation for Corrections do not disclose to external parties specific information contained in this Accreditation Report or information discussed in the Accreditation Hearing. The Association encourages all participating agencies to provide information to the media about their accreditation activities, including disclosure of the Self-Evaluation and Accreditation Report.

COMMISSION ON ACCREDITATION FOR CORRECTIONS STANDARDS

COMPLIANCE REACCREDITATION AUDIT

Division of Community Corrections
Omega Supervision Sanction Center
Malvern, AR

November 7-8, 2024

VISITING COMMITTEE MEMBERS

Ken Valentine, Chairperson
ACA Auditor

Chris Zych,
ACA Auditor

A. Introduction

The audit of the Omega Supervision Sanction Unit in Malvern, AR, was conducted on November 7-8, 2024, by the following team: Ken Valentine, Chairperson; and Chris Zych, Member.

B. Facility Demographics

Rated Capacity:372

Actual Population: 369

Average Daily Population for the last 12 months:372

Average Length of Stay: 62 days

Security/Custody Level: Minimum to Medium

Age Range of Offenders:18-70

Gender: Male

Full-Time Staff: 60

4 Administrative, 9 Support, 9 Program, 31 Security, 4 Food Service, 12 Health Services

C. Facility Description AND Program Description

The Omega Center is a 372-bed facility for male offenders on parole or probation who have violated the conditions of their Community Supervision. Those who are eligible are offered a Sanction Hearing to contest the allegations of their violation, where Parole Board appointed Hearing Judges preside over each case. If found guilty, the offender is sanctioned to the Center. Prior to the hearing, offenders may also opt to sign a hearing waiver and begin their sanction without protest. For parolees, the sanctioned lengths of stay are for either sixty (60) or one hundred-twenty (120) days depending on the seriousness of the violation committed. For probationers, the sanctions can be either ninety (90) and one hundred-eighty (180), also dependent on the seriousness of their non-compliance with their conditions of supervision. For offenders who are not eligible for the Sanction Program, Omega also facilitates the State’s Short-Term Revocation Program. Offenders revoked or waived to the STRP have had their Community Supervision revoked but may earn release upon completion of ninety (90) days of incarceration with good behavior.

The staff members interact as a team that is constantly involved in the security and therapeutic process. This consistency allows the offender a more structured base for recovery and presents a unified front in correcting criminal and addictive thinking errors.

Programming begins immediately upon intake, by staff assessing and targeting substance abuse history and the addictive criminal lifestyle. The program emphasizes acknowledging past problems, accepting responsibility for negative actions, and practicing new behaviors that lead to long-term change.

Programming includes but is not limited to Cognitive Behavioral Therapy (CBT), instruction in Anger Management, Relationships, Substance Abuse, Re-entry Social Interaction, Life Skills, Role Play, Role Modeling, Peer Pressure, 12 Step Programs, GED, Computer Labs, Mentoring, Workforce Suitability Certification, and Religious Services. AA and Life Recovery Support groups are held by Volunteers each week.

The facility's general population area is designed in two separate single level housing blocks, designated as Northside and Southside. Housing is divided into six areas per side, each with a 31-man open barrack layout arranged with 12 bunk style beds and one normal bed, reserved for the Resident House Coordinator. There is 49.5 square feet of unencumbered space for each resident. Each is equipped with two telephones and a video visitation kiosk for resident use.

The intake/segregation area has twelve cells, each with two wall mounted beds, a wash basin/toilet combination unit, and a wall mounted table surface and seat. Segregation is used to house offenders needing to be segregated from general population due to housing classification, such as offenders on disciplinary detention or residents not medically cleared for the general population.

Offenders are offered a wide prospectus of substance abuse, behavioral, and lifestyle counseling and instruction through the New Freedom curriculum. The center is operated utilizing the Therapeutic Community concept where offenders maintain accountability over not only their own behavior, but also that of their fellow offenders. Classroom instruction is coupled with small group and one-on-one sessions dealing with specific criminogenic interests to aid in their recovery and in their successful reintegration into society upon release.

Mission Statement:

“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.”

D. Pre-Audit Meeting

The team met on November 6, 2024, in Malvern to discuss the information provided by the Association staff and the officials from the Omega Supervision Sanction Unit.

The chairperson divided standards into the following groups:

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

Standards # 4-ACRS- 6A-01 to 4-ACRS-7F-10 to Chris Zych (Member)

E. The Audit Process

1. Transportation

The team was escorted to the facility by Shelly Jones, Agency Accreditation Manager.

2. Entrance Interview

The audit team proceeded to the office of Walter White, Warden. The team expressed the appreciation of the Association for the opportunity to be involved with the Omega Unit in the accreditation process.

Walter White, Warden, escorted the team to the Training Room where the formal entry meeting was held.

The following persons were in attendance:

Baker, Bradley	Staff Supervisor on Duty (Fire Safety & Key Control)
Beardslee, Alissa	Institutional Parole Officer
Bishop, Macy	Treatment Coordinator
Blees, Mark	Sergeant (Intake)
Brown, Beverly	Administrative Specialist III
Cameron, Alyssa	HR Coordinator
Canady, Caroline	Substance Abuse Program Leader
Dixon, Doug	Substance Abuse Program Leader
Fagan, John	Advisor
Fortner, Trina	Advisor
Higgins, Jacob	DOC Lieutenant
Jackson, Tony	Staff Supervisor on Duty
Jones, Shelly	Internal Auditor (ADC)
Laginja, Christopher	Advisor
Lambel, Jason	Corporal (Maintenance)
Lee, Jackie	Administrative Specialist II (Treatment)
Moore, Melissa	ADC Health Services Administrator
Moreno, Jerrilynn	Administrative Specialist II (Reception & Mail)
Morrow, Abigail	Administrative Review Officer
Owens, Keisha	Records Supervisor
Patrick, Amanda	Substance Abuse Program Leader
Robertson, Carol	Treatment Supervisor
Shavlever, Thomas	Sergent
Stephens, Wendy	Fiscal Support Specialist
Story, Brianna	Advisor
Straughn, William	ADC Deputy Director
Strother, Michaelyn	Captain (Food Prep. Manager)

Strother, Rebecca	Lieutenant (Training & Utility) Administrative Analyst (ACA Coordinator & PREA Compliance)
Thompson, Roxanna	Advisor
Vineyard, Emily	Chaplain
Wittig, Jeffery	Warden
White, Walter	Business Manager
Woods, Nicole	Health Services Administrator -Wellpath
*Aunspaugh, Kelly	Wellpath Regional Manager
*Haynes, Dana	Wellpath ACA
*Pasley, Amanda	GED Facilitator
*Rogers, Marcia	ACA Auditor (Chairperson)
*Valentine, Ken	ACA Auditor
*Zych, Chris	

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 8:45 a.m. to 11:00 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Walter White, Warden
Roxanna Thompson, ACA Analyst
Freddie Otts, Chief of Security
Carol Roberson, Treatment Supervisor
Shelly Jones, Agency Accreditation Manager

Facility notices were posted throughout the facility.

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 one main entrance and exit. Within the control center, cameras are monitored by assigned staff who are on duty 24-7. There are over 100 cameras which monitor both the inside and outside of the facility. The facility has what it

refers to as older cameras which has a an analog DVR system that can be retrieved up to 21 days, the newer system has a retrieval period for up to two months.

The center has 14-foot-high wire fencing with barbed wired across the top. The facility security staff are issued chemical spray while on duty for which they have been trained. A Sally port is used for all new admissions. The Sally port leads directly into the intake area where the intake process begins. Staff conduct fence checks three times each 8-hour shift. Perimeter lighting is monitored daily to ensure lights are operational during all times of diminished natural light and limited visibility. Omega has 15 exterior light poles located around the perimeter with four lights on each pole. Plus, a new gravel/rock perimeter road was put in place around the facility in 2022 to facilitate security checks by staff.

The facility conducts twelve counts daily. The counts are conducted at 1:00 a.m., 3:00 a.m., 5:00 a.m., 7:00 a.m., 9:00 a.m., 10:45 a.m., 1:00 p.m., 3:00 p.m., 5:00 p.m. 7:00 p.m. and 9:00 p.m. and 11:00 p.m. The counts at 7:00 a.m., 3:00 p.m. and 11:00 p.m. are two person counts, the others are one person counts. These are the shift change times when both staff are utilized to count. The audit team monitored two counts during the audit. Minor recommendations were made by the audit team to improve the count procedures.

The facility has an armory where restraint gear, chemical spray, and riot gear is stored (no firearms are permitted on-site). Security staff carry radios and chemical spray. Security shift leaders carry handcuffs. Restraints include belly chains and handcuffs. The area was found to be very well organized with accurate inventories of all supplies, equipment and pepper spray. Access inside the area is strictly controlled to allow entry by only designated staff.

The facility does place a high emphasis on tool control. The main tool room in located outside the facility in the maintenance building. Tools in the kitchen, maintenance shops, units, and other areas are maintained on shadow boards and signed in/out. A broken tool is indicated by a chit. Each flammable cabinet is secured and all items inside are documented on inventory sheets. All tools are recalled and accounted for daily. Tools were observed to be well controlled and properly maintained.

A segregation unit exists which consists of 12 double bed cells. They can house 24 residents at maximum capacity. During the audit there were 16 residents in restrictive housing. There are two showers in the units and the offenders can shower every Tuesday, Thursday and Saturday if they desire. Offenders have access to law library materials by completing a form provided by security staff. Security rounds are being made every 30 minutes by staff and documented accordingly. Proper rounds are also being conducted by medical, religious and classification staff. Satellite feeding is received from the main kitchen in hot carts for serving. Temperatures were logged and tracked appropriately.

Staff secure the movement of all residents who when moving are in a single file and are escorted by staff.

Environmental Conditions

Lighting, airflow, air and water temperatures were found to be in acceptable ranges. Noise levels were found to be quite low. All doors, which are made of steel, are unlocked electronically or by keys carried by staff.

The facility has a generator which is tested weekly. The power/strength of the generator will allow for all lighting and control of doors to continue. In the event the generator is required, the facility will be able to maintain all operations. The maintenance department conducts a weekly check of the unit, and a load test is conducted monthly.

Sanitation

The facility was found to be immaculate as far as cleanliness. Floors and dining tables, as well as equipment used throughout the facility, were exceptionally clean and well cared for.

The facility has a contract for pest control and there was no evidence of rodent or pest issues.

Waste removal is provided per contract. Both the outdoors and the indoors of the facility had no waste buildup.

Facility inspections are on file. Supplies and toxic/caustic chemicals are maintained in locked fireproof cabinets and inventoried. Material Safety Data Sheets were present, and all caustics and solvents were accounted for.

Fire Safety

Omega has a Lieutenant assigned to manage and direct the fire prevention and safety program. He is highly trained and knowledgeable of all facets of fire safety. The facility's fire suppression system includes sprinkler systems, smoke detectors, duct detectors, heat detectors and manual pull stations with annunciator panels.

All fire systems are inspected, tested and serviced in accordance with the manufacturer's recommendation and all systems were operational during the audit. Equipment is serviced as required and routine inspections are conducted by the lieutenant. There are an ample number of fire extinguishers located throughout the facility and are inspected in accordance with policy. Staff were knowledgeable of the closest fire extinguisher in their immediate work areas. There are 42 fire extinguishers, and 5 fire hydrants located on the complex. Fire extinguishers are inspected monthly as required and documented on the attached tag on the fire

extinguishers by the lieutenant. Fire hydrants are inspected annually. The last Fire Marshal inspection was conducted in October 2024 with no concerns.

The facility is supported by the Malvern City Fire Department located approximately two miles away with an arrival time of 5-7 minutes. Fire drills are conducted on each shift monthly. Primary and secondary exit evacuation routes are clearly marked in all areas throughout the facility. Exit signs and emergency lighting were present and functioning properly during the audit.

The facility staff uses proper storage procedures and inventory control for caustics and toxic materials. Chemical products are stored in labeled containers and Safety Data Sheet (SDS) information is readily available. The SDS are kept in all proper locations for immediate review of the appropriate first aid required in the event of an emergency. Eye wash stations are readily available throughout the facility where chemicals are being utilized and all worked properly.

Additionally, the audit team identified the fire annunciation panel went down in October 2024 and the facility immediately implemented fire safety protocols and initiated fire watch calls on every shift until the annunciation panel was back online. Staff had to walk and check their areas hourly and call into the control center verifying there was no fire or smoke in their areas. The logs were reviewed, and the documentation was outstanding.

The local fire marshal has on file blueprints indicating location of occupancy throughout the building.

Should a fire occur, there is a procedure in place on how to address the situation. This includes a quick assessment of the fire and how to proceed. The security staff know how to access the fire department should this be required.

Weekly, monthly, quarterly, and annual inspections of fire equipment are made and documented. The Malvern Fire Department inspects the facility annually. The sprinkler system and fire extinguishers are serviced by vendors.

Offenders as well as staff are trained in fire safety regulation and evacuation procedures.

Food Service

Food service is provided by staff at the Omega facility. An inspection of the kitchen and dining hall proved to be very clean and well managed. Facility staff and residents assigned to the kitchen assure grease traps, vent hoods, ice machine, and all equipment is cleaned on a regular basis. All individuals working in the kitchen are trained in food service equipment.

Food is served via a chow line that passes by a serving window where residents are handed a tray of food. Offenders then sit at metal round tables with attached stools. One housing unit at a time enters the dining hall and eats their meal before the next housing unit enters.

The kitchen has on file safety inspection reports from the agency with the authority to inspect kitchens. The food manager keeps an inventory of sharps, and all were accounted for. The inventory of kitchen utensils was correct. Food temperatures are maintained for refrigerators, freezers, and stored foods. The facility receives food products from both Sysco and US Foods.

The kitchen and dining hall are areas where offenders can apply to work. Each shift has between 12 and 14 offenders who assist with cleanup.

The menu is on a 4-week rotation cycle which is prepared and distributed from the central office following approval by the dietician.

For offenders requiring special diets for medical or religious reasons, accommodations are made.

The facility has a dining area specific to officers. These people may bring in food or eat the same meal provided to offenders. This specific dining area is separate from the offenders dining hall.

Medical Care

Medical care for the Omega Supervision Sanction Center is provided under contract by staff employed by Wellpath. The Medical Department at the Center operates 24 hours each day, seven days a week.

Nursing coverage is provided with mental health, dental, and physicians on call 24 hours per day. The department staffing includes one Health Services Administrator, who is an RN, two APRNs, an RN, four LPNs, one CNA, and one MRC. A Psychiatrist is available (Tuesday through Friday), one Psychologist 30 hours a per week, and one Clerical Support.

An advanced practice nurse is on site for eight hours each week and primarily handles chronic care and sick calls. An advanced practice nurse is on site five days a week on first and second shifts and primarily handle intake medical screenings.

The Medical Department has one dental examining room, one emergency room with a crash bag containing emergency medications, and one AED.

Offenders needing routine access for illness or injury are required to fill out a sick call form through the kiosks in each housing area. Paper sick call forms are utilized in the Segregation and Administrative Housing areas which are submitted daily.

Nurses triage requests and generate a call out list. During sick call, offenders are treated according to WellPath nursing protocol and referred to higher level providers if necessary.

Dental services consist of a weekly clinic with a Dentist and Dental Assistant, intake screenings, emergency consultations, and 24-hour on call availability.

Any emergencies that cannot be handled by the healthcare staff can be referred to the prison hospital which is located next to the Omega facility or to the Hot Spring County Hospital.

Due to the size and mission of the facility, there is not an infirmary.

The medication room is located within the main area of the department. All medications are dispensed through a pill call window which faces the hallway. Pill calls are held three times each day, 6:30 a.m., 12:00 p.m., and 8:30 p.m. Diabetic medications are dispensed more frequently as needed. If a resident misses his pill call, it is logged in, and the provider is notified after three misses. Medications are inventoried at the change of each shift. Medications are procured from Diamond. Emergency needs can be procured from the local Walgreens or Youngs Pharmacy (both in Malvern). Turnaround time from Diamond is generally 24 to 48 hours, and locally it is immediate. An inventory of controlled medications and sharps was conducted by this auditor, and all inventories were found to be accurate and up to date, with no discrepancies noted.

Several of the resident population are on controlled medications. Medications included are Psychotropic; Benzotropine, Haloperidol, Cogentin, Ziprasidone, Lithium Carbonate, and Risperidone. Anti-Depressants include; Paroxetine, Venlafaxine, Fluoxetine, Citalopram, Buspirone, Sertraline, and Depakote.

For offenders with chronic care issues such as high blood pressure, offenders are allowed to have in their possession their medications. These are closely monitored by nursing staff members.

Both the Examining and Emergency areas have Bio-Hazard containers which are sealed and put in the Bio-Hazard storage area. The needle containers are emptied as indicated on the container, and these are also placed in the Bio-Hazard storage area. The facility contracts with Steri-Cycle for disposal of all Bio-Hazard materials. Steri-Cycle picks up quarterly or sooner if needed.

Sick calls for the general population is conducted from 6:30 p.m. until complete. Sick call is conducted in segregation twice daily during nurse medication rounds. Stops are made at all occupied cells.

All medical staff are CPR certified and are required to renew their certification every two years.

Radiology services are provided through a contract with Mobile X. The facility receives the results of all x-rays within 3-4 hours. If there is an emergency and Mobile X is not available, the local hospital provides services with results being received within 5 days or immediate if the situation is urgent.

Recreation

The center has a large outdoor recreation yard which consists of volleyball courts, basketball courts, and ample room for walking or jogging. Recreation is planned and is set on a facility schedule of daily activities. Inside the facility offenders may play board games, watch television, or participate in other recreational activities.

Religious Programming

Offenders are offered a multitude of faith-based programs and services through the course of the week. All religious service participation is voluntary, and include Sunday Morning Islamic Taleem Service, Sunday Evening Interdenominational Service, Life Recovery Meetings, Friday Jumu'ah Islamic Prayer, Weekday Bible Study, and special events throughout the year.

To help in providing ample religious support to the offenders, the Chaplain's office utilizes the service of community volunteers. The volunteers have a great rapport with the offenders, and attendance is consistently high to the services they conduct.

The Chaplain's Library lends books of religious nature and has several reference books. Publications such as Bibles, Qurans, "Our Daily Bread," and "In Touch" devotional readings are donated by various groups and are distributed by request.

Offender Work Programs

There are no external work programs for offenders due to the mission of this facility. Work assignments are available within the facility after a brief orientation period.

Academic and Vocational Education

Alongside the mission of addressing the needs of recovery, the facility partners with external educational resources to further the offenders' chances for success. The Arkansas Department of Correction Special School District is responsible for providing classes for any offender without a High School Diploma or GED. The education level of each offender is verified by the school's instructor, and a knowledge level assessment is performed to best place the individual in the appropriate grade level instruction, ranging from illiterate to high school. Classes are conducted Monday through Thursday. When an offender has demonstrated

readiness through a series of pre-tests, an actual GED exam is administered and proctored at the facility.

Additionally, Omega partners with Arkansas State University – Three Rivers to facilitate their WAGE (Workforce Alliance for Growth in the Economy) Program. Offenders enrolled in WAGE are assessed for placement, taken through a series of training on different workplace competencies, and can receive a certificate to show employability to future employers.

Social Services

Offenders in the Supervision Sanction Program are offered a wide prospectus of substance abuse, behavioral, and lifestyle counseling and instruction through the Living in Balance curriculum. The Sanction Program is operated utilizing the Therapeutic Community concept where offenders maintain accountability over not only their own behavior, but also that of their fellow offenders, their “Family.” Classroom instruction is coupled with small group and one-on-one sessions dealing with specific criminogenic interests to aid in their recovery and in their successful reintegration into society upon release. Core classes include Program Orientation, Substance Abuse, Anger Management, Relationships/Socialization, Life Skills training, Reentry, and Cognitive Behavioral Therapy.

Visitation

Visitation is permitted each Saturday and Sunday for those eligible. The visitation is limited to five persons who have been screened by facility staff. All visitors are subject to search. Prior to a visit, the visitor must notify the center of their intent to visit and receive clearance.

Special visits may be approved by the Warden depending on circumstances. Attorneys may visit their clients as needed.

Library Services

The Center’s Law Library uses the West Law software-based resource to provide offenders with access to Federal and State Statutes, Case Law, and many other tools. The library also offers pre-drafted legal templates to assist offenders in their legal needs. Library visits are scheduled by appointment, Monday through Friday, 8:00 a.m. - 12:00 p.m. and 12:30 p.m.- 4:30 p.m. Offenders must submit a written request to the Administrative Review Officer (ARO), who schedules an appointment date that is least conflicting with their class/job assignment. There is a one-hour time limit for offender appointments. If the resources an offender requests are not available in the Law Library, the offender is referred to another source, such as his attorney. No legal advice is given by staff.

An additional library exists which provides reading materials such as books for enjoyment or educational purposes. The library has approximately 1,000 books that are available to offenders. Included are recovery material and novels, both factual and fiction. An offender librarian is on duty Monday through Thursday during commissary hours. Books are checked in one at a time and returned by ID badge.

Laundry

The facility has a fully equipped laundry which uses industrial size washers and dryers. Offenders may apply to work in the laundry and assist with washing and drying. A schedule exists when each housing unit is to provide their laundry to the laundry center.

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

2. Significant Incidents/Outcome Measures

The team reviewed both the Significant Incident Report and Outcome Data Sheet as provided by the Warden for the Omega Center. The team found no areas of concern and concluded all reporting data falls into a category of no concerns. This facility receives offender violators from Community Supervision who have a very different attitude than offenders released from institutional settings preparing for release. Consequently, a large number of incidents are to be expected in this setting.

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>
Central Control	Ricki Wood, Corporal
Laundry and Issuance	Rebecca Strother, Lieutenant
Maintenance Shop	Jason Lambel, Corporal
Intake and Sally Port	Mark Blee, Sergeant
Armory (equipment room)	Freddie Otts, Major
Segregation	Angelah Kennedy, Lieutenant

Clinic	Ian Thomas, Sargeant
GED	Kelly Aunspaugh, HAS
Training	Marcia Rogers
Food Service	Rebecca Strother, Lieutenant
	Michaelyn Strother, Captain

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 3:00 p.m. While at the facility, the team observed the movement of offenders. The team further noted offenders attending various group sessions and housekeeping details.

b. Evening Shift

The team was present at the facility during the evening shift from 4:00 p.m. to 5:00 p.m. During this period, the team observed shift change and the passing of information between shifts. Also, during shift change, the shift change leader reviewed procedures to others as a refresher.

c. Night Shift

The team was present at the facility during the night shift from 6:15 a.m. to 7:00 a.m. At the time of the audit, the team again witnessed shift change. The change of staff was orderly and informative. Offenders were up and about and preparing for the morning meal and treatment classes they would soon be attending.

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

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

No previously non-compliant standards

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 met with over 25 offenders mostly in a group setting in the dining hall. The offenders were polite and courteous to the audit team as well as to others.

Offenders felt safe, understood how to access medical care, spoke highly of treatment groups, and had knowledge of their release date.

2. Staff Interviews

During the audit the team interviewed 17 staff members. Each was able to fully describe their duties and responsibilities for the posts they were assigned to.

The team found each individual to be enthusiastic and heard many express gratitude for the position they hold. Without hesitation, all stated they are committed to their work, mission of the center, and to the Division of Community Corrections.

H. Exit Discussion

The exit interview was held at 11:00 a.m. in the training room with Walter White, Warden, and 26 staff in attendance.

The following persons were also in attendance:

Andrea Culclager, Deputy Director

Gaylon Lay, ADC Assistant Director

Tiffanye Compton, ADC Superintendent

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

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

AMERICAN CORRECTIONAL ASSOCIATION
AND THE
COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	ACRS 4 th edition	
Supplement	2016 Standards Supplement	
Facility/Program	Omega Supervision Sanction Unit	
Audit Dates	November 7-8, 2024	
Auditor(s)	Ken Valentine, Chairperson; Chris Zych, Member	
	MANDATORY	NON-MANDATORY
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%
<p>! Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable</p> <p>! Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance</p> <p>! Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance</p>		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Division of Community Corrections
Omega Supervision Sanction Center
Malvern, AR

November 7-8, 2024

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

(Expected practice files were presented in PowerDMS. Expected practice checklists were not prepared and are not available for the non-applicable files.)

Standard #4-ACRS-1A-14

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

FINDINGS:

Omega 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:

Omega 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:

Employees are not contract employees and 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:

The facility does not have 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:

The facility does not use electronic monitoring.

Standard #4-ACRS-2A-15

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

FINDINGS:

The Omega Supervision Sanction Unit does not have electronic monitoring.

Standard #4-ACRS-2A-16

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

FINDINGS:

The Omega Supervision Sanction Unit does not have electronic monitoring.

Standard #4-ACRS-2A-17

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

FINDINGS:

The Omega Supervision Sanction Unit does not have electronic monitoring.

Standard #4-ACRS-4C-14

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

FINDINGS:

Females are not housed at the Omega Supervision Sanction Unit.

Standard #4-ACRS-4C-14-1 ADDED JANUARY 2003

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:

Females are not housed at the Omega Supervision Sanction Unit.

Standard #4-ACRS-5A-26

THE FACILITY'S LOCATION FACILITIES ACCESS TO AND THE USE OF COMUNNITY-BASES SERVICES, RESOURCES, AND PUBLIC TRANSPORTION, (NEW CONSTRUCTION ONLY)

FINDINGS:

The Omega Supervision Sanction Unit is not new construction.

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

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

FINDINGS:

The Omega Supervision Sanction Unit does not house offenders that cannot perform basic life functions.

Standard #4-ACRS-6D-02

FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE OFFENDERS TO MAKE RESTITUION TO THE VICTIMS OF THEIR CRIMES(S) AND/OR TO THE COMMUNITY

FINDINGS:

The Omega Supervision Sanction Unit does not have community work crews. The offenders have no income while incarcerated at this facility.

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 Omega Supervision Sanction Unit is a state agency.

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 Omega Supervision Sanction Unit is a part of a state 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:

The Omega Supervision Sanction Unit is part of a state agency.

Standard #4-ACRS-7D-29

OFFENDERS PAY FOR PROGRAM SERVICES RENDERED AT A REASONABLE RATE AS DETERMINED BY THE AUTHORITY HAVING JURISDICTION. PROVISIONS ARE MADE FOR THOSE WHO ARE UNABLE TO PAY PROGRAM COSTS.

FINDINGS:

Offenders do not pay program costs.

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: Reporting Period:

Incident Type	Months	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Total for Reporting Period
	→													
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender / Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender / Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	0	0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

*May require reporting to ACA using the Critical Incident Report as soon as possible within the context of the incident itself.



Standard	Outcome Measure	Numerator / Denominator	Value	Calculated O.M
1A	(1)	Number of worker compensation claims filed for injuries that resulted from the physical environment in the past 12 months	3	
	divided by	Average number of Full-Time Equivalent staff positions during the past 12 months	68	.0441
	(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	365	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	67	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.1835
	(4)	Number of sanitation or health code violations identified by external agencies in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.0082
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	47598	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.	47598	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.	47598	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.	365	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.	365	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.	365	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.	365	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.	365	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.	365	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	365	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.	365	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.	365	0
	(12)	Number of code violations cited in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months.	365	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.	365	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.	365	0
2A	(1)	Number of incidents in the past 12 months	802	
	divided by	Average Daily Offender Population for the Past 12 Months.	365	2.1972
	(2)	Number of physical injuries or emotional trauma requiring treatment as a result of the incidents in the past 12 months.	196	
	divided by	Average Daily Offender Population for the Past 12 Months.	365	.5369
	(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	365	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.	365	0
2B	(1)	Number of instances in which force was used in the past 12 months.	35	
	divided by	Average Daily Offender Population for the Past 12 Months.	365	.0958
	(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	35	0
	(3)	Number of offender grievances filed alleging inappropriate use of force in the past 12 months	3	
	divided by	Average Daily Offender Population for the Past 12 Months.	365	.0082
	(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	3	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.	365	0

2C	(1)	Number of incidents involving contraband in the past 12 months	19	
	divided by	Average Daily Offender Population for the Past 12 Months.	365	.052
	(2)	Number of weapons found in the facility in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.0027
	(3)	Number of controlled substances found in the facility in the past 12 months	1	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.0027
2D	(1)	Number of incidents involving keys in the past 12 months	15	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.041
	(2)	Number of incidents involving tools in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	365	0
3A	(1)	Number of rule violations in the past 12 months	839	
	divided by	Average Daily Offender Population for the Past 12 Months	365	2.2986
	(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	365	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	365	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.	33	0
	(3)	Number of violations cited by independent authorities for food service sanitation in the past 12 months	2	
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	6	0
4C	(1)	Number of suicide attempts in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	365	0

	(2)	Number of offender suicides in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	365	0
	(3)	Number of offender grievances regarding access to health care in the past 12 months	134	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.3671
	(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	134	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	365	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	225	
	divided by	Number of offenders released in the past 12 months	1625	.1384
	(2)	Number of offenders who move into permanent housing upon release in the past 12 months	334	
	divided by	Number of offenders released in the 12 months	1625.	.2055
	(3)	Number of offender substance abuse tests for which the results were positive in the past 12 mos.	370	
	divided by	Number of tests administered in the past 12 months	22540	.0164
	(4)	Total number of offenders who successfully completed the program in the past 12 months	583	
	divided by	Number of offenders who left the program in the past 12 months	21	27.76
	(5)	Number of offenders who showed improvement as measured by the objective assessment instrument prior to release in the past 12 months	582	
	divided by	Number of offenders released in the past 12 months	1625	.3581
	(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	365	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	73	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.200
	(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	656	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	365	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	2	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.0054
	(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	2	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	365	0
	(4)	Number of grievances resolved in favor of offenders in the past 12 months	2	
	divided by	Total number of grievances filed in the past 12 months	656	.003
6C	(1)	Number of disciplinary incidents resolved informally in the past 12 months	5	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.013
	(2)	Number of formal offender disciplinary decisions that were appealed in the past 12 months	64	
	divided by	Total number of disciplinary decisions made in the past 12 months	839	.076

	(3)	Number of appealed disciplinary decisions decided in favor of the offender in the past 12 months	0	
	divided by	Total number of disciplinary decisions made in the past 12 months	839	0
	(4)	Number grievances filed by offenders challenging disciplinary procedures in the past 12 months	64	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.1753
	(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	64	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	365	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	839	
	divided by	Average Daily Offender Population for the Past 12 Months	365	2.2986
	(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	365	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	
	(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	
	(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	N/A	
	(4)	Total number of hours of community service donated by offenders in the past 12 months	0	

	divided by	Average Daily Offender Population for the Past 12 Months	365	0
	(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	1431	N/A
	(6)	Total number of offenders who participated in community service work in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	1431	0
	(7)	Total number of offenders who participated in victim awareness programs in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	1431	0
	(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	1431	N/A
	(9)	Total number of hours delivered by offenders who participated in community service work in the past 12 months	0	
	divided by	Total number of offenders housed in the past 12 months	1431	0
7A		None		
	(1)	Total number of years of staff members' education as of the end of the last calendar year	1044	
	divided by	Number of staff at the end of the last calendar year	68	15.3529
	(2)	Number of staff who left employment for any reason in the past 12 months	19	
	divided by	Number of full-time equivalent staff positions in the past 12 months	68	.2794
	(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	4838.61	
	divided by	Number of full-time equivalent staff positions in the past 12 months	68	71.1560
	(4)	Number of professional development events attended by staff in the past 12 months	54	
	divided by	Number of full-time equivalent staff positions in the past 12 months	68	.7941
7C	(1)	Number of incidents in which staff were found to have acted in violation of facility policy in the past 12 months	2	
	divided by	Number of full-time equivalent staff positions in the past 12 months	68	.0294

	(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	68	.0147
	(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	348	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	365	0
	(5)	Where staff are tested, the number of staff substance abuse tests failed in the past 12 months	1	
	divided by	Number of staff substance abuse tests administered in the past 12 months	49	.0204
7D	(1)	Net amount of budget shortfalls or surplus at the end of the last fiscal year (budget less expenditures)	0	
	divided by	Budget for the past 12 months	N/A	N/A
	(2)	Number of material audit findings by an independent financial auditor at the conclusion of the last audit	0	
	(3)	Number of grievances filed by offenders regarding their records or property in the past 12 months	2	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.0054
	(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	5	
	divided by	Number of objectives for the past 12 months	5	1
	(6)	Number of program changes made in the past 12 months	2	
	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.	68	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	395	
	divided by	Number of staff at the end of the last calendar year (e.g. Average number of years experience)	68	5.8088
	(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	690.61	
	divided by	Average Daily Offender Population for the Past 12 Months	365	1.892
	(2)	Total number of individual community members who provided voluntary service in the past 12 months	37	
	divided by	Average Daily Offender Population for the Past 12 Months	365	.1013
	(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	365	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	365	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	365	0
	(6)	Total number of hours of community service work delivered by offenders in the past 12 months	0	
	divided by	Average Daily Offender Population for the Past 12 Months	365	0
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		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

PANEL ACTION REPORT

Hyatt Plaza International Ballroom
Orlando, Florida
Saturday, January 11, 2025

Agency Name: Arkansas Division of Correction
Facility Name: Omega Supervision Sanction Center
Facility Location: Malvern, Arkansas

Agency Representative(s): Dexter Payne, Director
Walter White, Warden
Shelly Jones, Agency ACA Manager

Panel Members: Commissioner Kristen Dauss
Commissioner Gerald Patterson
Commissioner Angela Arabie
Commissioner Alex Deshotels

Staff: Amanda Moon, ACA Volunteer

Standard

Panel Action

The was no panel action required.

Accreditation Panel Decision

Moved: Commissioner Arabie
Seconded: Commissioner Patterson

<u>Accreditation Vote:</u>	<u>Yes</u>	<u>No</u>
Commissioner: Dauss	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commissioner: Arabie	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commissioner: Patterson	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Commissioner: Deshotels	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final Tally

Mandatory: 100%
Non-Mandatory: 100%