

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Correction
Varner Unit
Gould, Arkansas

October 8-10, 2024

VISITING COMMITTEE MEMBERS

Doug Sproat, Chairperson
ACA Auditor

Jim Imholte
ACA Auditor

Donnis Chatman
ACA Auditor

A. Introduction

The audit of the Varner Unit (VU) of the Arkansas Department of Correction (ADC) was conducted on October 8 - 10, 2024, using the Manual for Adult Correctional Institutions, 5th Edition, by the following team: Doug Sproat, Chairperson; Jim Imholte, Member; and Donnis Chatman, Member.

B. Facility Demographics

Rated Capacity: 1,630
Actual Population: 1,705
Average Daily Population for the last 12 months: 1,699
Average Length of Stay: 2 years, 6 months and 17 days
Security/Custody Level: Maximum, Medium, Minimum, High
Age Range of Offenders: 20-79 years of age
Gender: Male
Full-Time Staff: 292
Administrative/ Support 44, Security 215, Other 33

C. Facility Description

The VU, which includes a Restrictive Housing Unit (RHU) referred to as the Varner Super Max Unit (VSMU), is an extremely secure single facility that houses maximum security level inmates who require close supervision due to their highly assaultive and insubordinate behavior. The facility's rated capacity is 1,630 inmates with security levels of maximum, medium, minimum, and high. The facility's rated capacity also includes the aforementioned 468-bed RHU, commonly called the VSMU.

The facility is located in Gould, Arkansas, which is approximately 30 miles south of Pine Bluff, Arkansas. Its physical address is 320 Highway 368, Gould, Arkansas.

The compound sits on 26.34 acres within two 12-foot-high perimeter secure fences. In the middle of the two perimeter fences is an electrified fence. The interior and the exterior fences have a strand of razor wire at the top with concrete at the bottom of the entire fence line. There is an entrance building located outside of the secure perimeter fence where staff and visitors go through security checks before entering the facility. These security checks are very strict and apply to all visitors and staff regardless of rank or position.

There are five buildings inside the secure fence that houses general population inmates in twenty-two dormitories located off the main corridor. The buildings also house the administrative offices, visitation, food service, the laundry, mailroom, commissary, Restrictive House Unit (RHU), gymnasium, and medical. There are six buildings outside the secure perimeter fence that house the horse barn, maintenance, the vegetable processing plant, grounds maintenance, and the Vocational Complex.

According to the welcome book, the mission of the Varner Unit and the Arkansas Department of Correction is “to provide public safety by carrying out the mandates of the courts; provide a safe humane environment for staff and inmates; strengthen the work ethic through teaching of good habits; and provide opportunities for staff and inmates to improve spiritually, mentally, and physically.”

D. Pre-Audit Meeting

The team met on October 7, 2024, in Pine Bluff, Arkansas, to discuss the information provided by the Association staff and the officials from the Arkansas Department of Correction and the Varner Unit.

The chairperson divided standards into the following groups:

Standards #5-ACI-1A-01 – #5-ACI-2G-03 to Doug Sproat, Chairperson
Standards #5-ACI-5E-01 – #5-ACI-5F-08 to Doug Sproat, Chairperson
Standards #5-ACI-3A-01 - #5-ACI-5D-15 to Donnis Chatman, Member
Standards #5-ACI-6A-01 – #5-ACI- 7F-08 to Jim Imholte, Member

E. The Audit Process

1. Transportation

The team was escorted to the facility each day by Shelly Jones, ADC State Accreditation Manager.

2. Entrance Interview

The audit team proceeded to the administrative conference room, escorted by Warden James Gibson, where a briefing was held with the Warden and his administrative staff. The Warden was asked whether staff and inmates were aware of the audit and whether signs regarding the audit were posted. He responded that everyone had been made aware of the audit, and during the course of the audit, the team observed many prominently-displayed signs throughout the facility.

Warden Gibson was asked whether any staff or inmates had requested, either orally or in writing, to speak to the audit team. He advised the team that no one had requested to speak to the auditors

The Warden was asked whether there was anything the audit team needed to be aware of that had occurred or was occurring that could jeopardize the audit. He informed us that nothing of that nature had occurred or was occurring.

The Warden was also asked if there were any consent decrees, class action lawsuits, adverse judgments against the facility or monitoring reports.

He stated that there were none in that regard.

The audit team was escorted to the chapel where the formal entry meeting was held. The team expressed the appreciation of the Association for the opportunity to be involved with the VU in their reaccreditation process. 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. It was emphasized that the goals of accreditation promoted the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time. In attendance:

NAME & TITLE	LOCATION
Shermain Trotter IPO	Varner
Floria Washington, Classification	Varner Super Max
William Fowler, Assistant Dir. Tech. Institu.	Varner
Brianna Bell, Classification	Varner
Kerry Downen, Visitation	Varner
Raeshawn Howard, Chaplain	Varner
Karen Mitchell, IPO	Varner
Felicia Gordon, Fire/Safety Sgt.	Varner
Dalphia Hill, Mailroom	Varner
Debra Conrad, VU Major Secretary	Varner
Cheryl Johnson, Utility	Varner
Malcom Crompton, Utility	Varner
Eddy Deaton, Training	Varner
Gladys Evans, Treatment	Varner
Edward Lane, Recreation	Varner
Mark Thompson, CAMA	Varner
Kiona Evans, HSA	Varner
Sondra Parker, Regional Manager	Varner
Angela Fortenberry, DON	Varner
Nancy Straughn, Records	Varner
Charlotte Jones, Hobby Craft	Varner
Joyce Jackson, Food Service	Varner
Jerome Perez, Sgt.	Varner
Shannon Fitzgerald, Bookkeeper	Varner
Barbara Smallwood, Business Manager	Varner
Lathan Harris, Armory	Varner
Donald Compton, Mental Health	Varner
Nicole Taylor, VP of Mental Health	Central Office
Kim Rosenthal, RDO, Wellpath	Central Office
Dexter Payne, Director	Central Office
Richard Cooper, Asst. Director	Central Office
Dale Reed, Chief Deputy Director	Central Office
William Straughn, Deputy Director	Central Office
Shelly Byers, Asst. Medical Admin.	Central Office
Sherry Conrad, Human Resources	Varner
Mandy James, Program Specialist	Varner Super Max
Misty Barnes, ACA	Varner
James Gibson, Warden	Varner
Carl Lewis, Deputy Warden	Varner
Lt. Jacob Higgins	Central Office
Ronald Martin, Construction	Construction

LaJoya Norman, Captain	Varner Super Max
Dexter McDonnell, Chaplain	Varner
Aundrea Culclager, Deputy Director	Central Office
Gaylon Lay, Superintendent	Central Office
Shelly Jones, Agency ACA Manager	Central Office
Caitlin Thrower, Grievance	Varner Super Max
William Freeman, Major	Varner Super Max
Roosevelt Barden, Major	Varner
Tasha Griffin, Deputy Warden	Varner Super Max
Charles James, Maintenance	Varner
Jeremy Jones, Captain	Varner
Chaz Jones, Lt. Field Security	Varner

The team toured the facility from 8:45 a.m. to 11:30 p.m. The following persons accompanied the team on the tour:

James Gibson	Warden
Carl Lewis	Deputy Warden
Roosevelt Barden	Chief of Security
Shelly Jones	ACA Manager ADC
Felicia Gordon	Fire/Safety Officer
Tasha Griffin	Deputy Warden Varner Supermax
Chaz Jones	Lieutenant Field Security
Charles James	Maintenance
William Freeman	Major
Sherry Conrad	Human Recourses
Malcom Crompton	Utility
Dale Reed	Chief Deputy Director ADC
William Straughn	Deputy Director ADC
Shelly Byers	Assistant Medical Director ADC
Misty Barnes	ACA Coordinator VU
Ronald Martin	Construction ADC
Jacob Higgins	Lieutenant Central Office ADC

4. Conditions of Confinement/Quality of Life

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

Security

The VU secure perimeter fence is two 12-foot-high chain link fences. The fences are mounted on a concrete base; the interior and exterior fencing has one strand of razor wire along the top of each fence. There is also a center fence to enhance the perimeter security that is electrified.

The facility also has an armed roving patrol which monitors the perimeter security 24/7. A correctional officer also walks the interior fence line on every shift.

There are two towers that are manned on all shifts.

The VU uses cameras to enhance its security measures; there are 45 digital exterior cameras that monitor the perimeter of the facility and 100 digital interior cameras that monitor the interior of the housing units, food service, laundry, hallways, and other areas of the facility. The cameras have pan/tilt capability and can maintain recordings for approximately 30-45 days. Cameras are monitored from the major's office, and central control.

The VU has one vehicle sallyport for deliveries and inmate transports. Entry is controlled by the east tower officer. All drivers and vehicles are inspected prior to entering and exiting from the facility.

The facility has one main entrance for staff and visitors. All staff and visitors must go through a screening process to be allowed access to the facility. Staff and visitors must remove all items from their pockets, remove shoes, belts, and any objects of metal and walk through a metal detector; all items are searched and passed through an x-ray machine. Staff as well as visitors are subject to a possible pat search. Visitors are required to show photo identification and sign in before being allowed inside the secure perimeter. Visitors are always under escort while in the facility.

Central control is staffed with two officers that manage the flow of staff, visitors, and offenders throughout the facility. The control officers are responsible for opening doors, radio communication, issuance of keys, chemical agents, and other security equipment. They are also responsible for monitoring the fence line.

The VU armory/key room is located outside the secure perimeter fence, directly across from the main entrance to the facility. Access is strictly controlled; issuing of weapons is only to certified staff by the shift supervisor. The armory has the following weapons: AR15's, Remington 12-gauge shotguns, and Glock handguns. All weapons, munitions, and chemical agents are inventoried, maintained, and inspected according to policy. A spot check of weapons, munitions, and chemical agent inventories was conducted and no deficiencies were found.

The key room is also located in this area and access is strictly controlled; only designated staff have access to this area. All emergency keys are appropriately identified, numbered and on tamper proof rings. The facility also has an Emergency Response Team (ERT) that is trained to handle all emergency situations.

Special Management and Restrictive Housing

The VU does not have a Special Management Unit. The facility has a Restrictive Housing Unit (RHU). Within RHU is an extended restrictive housing program for inmates who require longer than 15 days of confinement. Some of these inmates will be released back into the community directly from this program. Staff are specially trained to work with these inmates.

They provide an intensive therapeutic program to try to work these inmates back into the general population.

Inmates who pose a threat to staff, other inmates, and/or themselves are removed from the general population for the safety and security in the facility. The living conditions in this unit approximate those of the general population; all exceptions are clearly documented.

The inmates in this unit are allotted two hours out of cell time daily, provided they are not a threat to staff and other inmates. Inmates in this unit are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart on an irregular schedule.

Daily rounds are made by senior correctional supervisors in charge, as well as by qualified health care and mental health professionals. Correctional officers assigned to this unit receive specialized training to be able to deal with the behavior of the inmates in this unit.

The cells in RHU are either double occupancy or single cell, as follows:

Isolation 1

4 single occupancy cells

26 double occupancy cells

At the time of this audit there were 56 inmates housed in Isolation 1.

Isolation 3

1 single occupancy cell

9 double occupancy cells

At the time of this audit there were 19 inmates in Isolation 3.

Isolation 4

30 single occupancy cells

At the time of this audit there were 30 inmates in Isolation 4.

Cellblock 1, 2, 3, 5, and 6

78 single occupancy cells

At the time of this audit there were 78 inmates in Cellblocks 1, 2, 3, 5, and 6.

Cellblock 4

78 single cells

At the time of this audit there were 26 death row inmates housed in this unit.

The Classification Committee or authorized staff must review the status of every inmate assigned to RHU every seven days for the first 60 days and then every 30 days thereafter. These reviews are to determine if the reason for assignment to the RHU continues to exist. At every 30-day review, the inmate is interviewed by the Classification Committee or authorized staff. All reviews are documented on the appropriate facility form.

Inmates assigned to this unit can work their way back to the open population with appropriate behavior. This unit also has a step-down program that includes a system of review and established criteria to prepare an inmate for transition to the general population or to the community. When an inmate is released from RHU directly to the community, the facility is required to notify local law enforcement in the community where the inmate is being released.

Environmental Conditions

The grounds and flower beds inside the secure perimeter fence were extremely well manicured, as were the grounds and flower beds outside the secure perimeter fence. The inmate population provides all the labor for the up keep of the grounds and are under staff supervision at all times.

The facility's maintenance department is responsible for monitoring environmental conditions at the facility. The maintenance department is also responsible for all preventive maintenance on all equipment and machinery on the compound. When preventive maintenance is beyond that which the facility's maintenance staff can perform, the facility refers the issue to ADC's regional maintenance.

Temperature ranges in the housing areas were comfortable and within the required temperature requirements. The housing units are not all air-conditioned but have adequate working ventilation systems.

The VU has three emergency generators with a total combined KW of 1,430. The batteries and fluid levels of all the emergency generators are checked weekly, and monthly preventative maintenance is by contract with McDuffy and in-house staff. All emergency generators are load tested monthly by in-house staff. The emergency generators are capable of carrying 100 per cent of the electrical load to avoid any interruption in the facility's daily operation. The preventive maintenance on the facility's boiler system is by contract with Fowler and by in-house staff. Preventive maintenance on the heating and air conditioning system is by contract with Mace and in house staff.

The maintenance department is staffed by a maintenance supervisor, two maintenance assistants, and twenty-five inmate workers. The maintenance department's preventive maintenance program for all machinery and equipment was in order and documented.

Tools, chemicals, caustics, and fuels were inventoried, logged, and controlled for accountability purposes. Although small, the facility's maintenance department is very organized, efficient, and well run.

Sanitation

The audit team was very impressed with the sanitation level throughout the entire facility. The facility has an outstanding detailed housekeeping plan in place and uses it as a standard for maintaining its sanitation level. It was obvious to the auditors the inmates took pride in keeping the facility clean. The required sanitation inspections were documented and met standard requirements. It was obvious to the auditors the administration at the VU sets a very high priority on sanitation. This was evident throughout the audit process as the auditors toured the facility and made revisits to different areas and departments.

The inmates are responsible for all of the cleaning of the facility, and it was obvious that the cleaning was continuous on all shifts. The cleanliness of the facility is the result of diligent work by the inmates. All the chemicals and cleaning supplies used for cleaning of the facility were controlled, well documented, and under lock and key.

The facility provides its own solid waste removal. The facility also contracts with All State Pest Control for vermin and insect control. The VU is on the city of Cummins water and waste water treatment system.

Fire Safety

Staff members were well aware of the emergency fire evacuation plans and procedures. There are 165 fire extinguishers located in various locations throughout the facility, and all fire extinguishers were serviced and documented. The preventive maintenance on the fire extinguishers is by contract with Summit Fire and Safety. Fire safety inspections and drills are conducted by standard requirements and documented. Fire safety egress routes were clearly posted, and all exit signs were illuminated.

There are 14 fire hydrants located inside the secure perimeter fence. They are checked, flushed, and pressure tested by maintenance. The Cummins Fire Department, located half a mile away, is the first responder for fire related issues at the facility.

The Arkansas State Fire Marshal's office performs an annual fire safety inspection at the facility and an up-dated copy was on hand. The facility's fire safety system and sprinkler system are inspected and certified annually by State Systems.

The auditors were extremely impressed with the facility's emergency plan and procedures with all the checks and balances in place to provide fire safety protection for staff and inmates alike. This has resulted in a safe work environment for staff and a safe environment for inmates, which adds positively to their quality of life.

Food Service

The food service department is staffed by a kitchen captain, a supervisor cook, and a cook. There are also 132 inmates classified to work in food service. All staff and inmates have been cleared by medical to work in food service.

Food service provides three meals per day and works from a monthly menu cycle approved by a registered dietician. Changes to the menu only occur when fresh produce is available. The calorie count for each day is approximately 3,000 calories. Food service served approximately 90,000 meals in the last month at a cost of \$6.00 per day for three inmate meals. Inmates provide the majority of the labor and are trained in food service preparation.

The audit team was very impressed with the efficiency and cleanliness of the food service department. The orderliness of the inmates while working under the supervision of the food service staff was also worth noting. The inmates obviously took pride in their work. The inmates are served breakfast at 3:00 a.m., lunch at 10:00 a.m., and supper at 3:00 p.m. and they have 20 minutes to eat their meals.

Temperatures for the freezers, chillers, dishwasher, and dry storage met standard requirements. The preventive maintenance on the vent hood fire suppression system was in order. The cleaning and the inspection of the vent hood fire suppression system is by contract with Ansul Inc. Preventive maintenance on the dishwasher and ice machine is by contract with Hobart Inc.

The sharps inventory was in order and under lock and key. The chemicals used for cleaning and for the dishwasher were controlled, inventoried and in order.

Religious diets are offered to meet religious dietary requirements. Special medical diets are also prepared when requested. Numerous inmates were interviewed and none complained about the quality or quantity of food provided at the facility. The audit team sampled the noon meal on the first day of the audit and found it to be very filling and tasty.

Medical Care:

Wellpath is the contractor for all-health related services at the VU, either directly supplying the healthcare staff or contracting with other vendors for services. The staff consists of:

1 physician – part time

- 1 health services administrator (HSA)
- 2 nurse practitioners (NPs) - full time
- 6 registered nurses (RNs) – full time
- 8 licensed practical nurses (LPNs)– full time
- 2 LPNs as needed
- 2 medical records clerks
- 1 administrative assistant

In addition to the Wellpath staff, a correctional officer is assigned to the medical unit from 8:00 a.m. to 4:30 p.m., Monday through Friday.

Incoming inmates are given an orientation as they enter the institution. Written instructions in English or Spanish are given on how to request medical, dental and mental health services. Illiterate inmates are given oral instructions. An initial medical and mental health assessment is performed at the VU, but the initial dental assessment is done prior to the inmates' arrival at the facility.

The health services unit has two appropriately equipped exam rooms. There is also one exam room in the SMU. The waiting area has water, restrooms, and educational materials for the inmates. There is no infirmary at the VU.

There are no crash carts in the medical area since codes are not addressed on-site, with referrals being sent to Dumas Hospital in Dumas, Arkansas, or to Jefferson Regional Hospital in Pine Bluff, Arkansas. However, there are two automated external defibrillators (AEDs) and emergency medications available. An additional AED is located in the RHU, and there are nine emergency medical kits throughout the institution which are checked and logged regularly.

The medication room is secured under a double lock. A controlled substances/sharps count was observed, with both counts being accurate. The RHU has its own controlled substance inventory, and that count was also observed to be accurate. The medication for the inmates is ordered from Diamond Pharmaceuticals, with a turnaround time of two days. The local supplier is Dumas Pharmacy in Dumas, and the medication from that pharmacy is supplied on the day ordered. Pharmacy inspections are done by Diamond Pharmacy quarterly. The last two inspections were in June and September of 2024.

Pill lines are held at 9:00 a.m. and 9:00 p.m., and the medication is passed in the units from a pill line cart. Diabetics are seen at 2:00 a.m. and 4:00 p.m. Keep on person (KOP) medications are allowed. Chronic care medications are automatically reordered and filled. Pill line no-shows are tracked; after three missed doses, the inmate is referred to the physician.

Sick call hours are from 8:00 a.m.-4:30 p.m., Monday through Friday. The general population sick call requests are initiated through the kiosks in the units. The requests are triaged overnight by the nurse.

The inmate is usually seen the following day, but the facility's policy specifies that the time from the sick call request to appointment time depends on the type of request. Sick call requests are classified as follows:

- Type 1 – Urgent – seen within 24 hours from request,
- Type 2 – less urgent – seen within 48 hours from request, and
- Type 3 – non urgent – seen within 72 hours from request.

In the RHU, the sick call requests are made during the cell side morning pill pass. The sick call requests are triaged by the nurse, and the inmate is seen the same day or next day. All requests are documented in the Electronic Health Record. These electronic medical records are kept secured by logins issued to the personnel authorized to patient information.

RHU sick call is done cell-side daily. The institution charges a co-pay of \$3.00 for routine sick call requests. If an emergency request is deemed to be non-emergent, the co-pay is charged. There is no co-pay charge for staff referrals, chronic care follow ups, or diabetes follow ups.

The medical providers may order specialized diets as a part of an individual's treatment. The therapeutic diets available are cardiac, low carbohydrate, and low cholesterol diets. The food services department does not monitor the special diets and does not report no-shows to the medical unit.

Inmate grievances about any aspect of health services at the VU go to the Grievance Officer; those regarding medical services are referred to the HSA who will respond to the grievance. If the inmate disagrees with the HSA's decision an appeal to ADC can be filed.

Communicable disease/infection control is coordinated by an RN with specialized training for this role. TB tests are offered to the inmates annually. Inmates with communicable diseases are clinically followed by the coordinator. Staff are offered testing off-site. Laboratory findings of communicable diseases are reported to the State Health Department by Labcorp, the contract laboratory provider. The institution is a draw-only site. Lab results are received from Labcorp in two days, although critical values are called to the institution when read.

Radiology services are provided onsite by Express Mobile Control once a week. The medical unit receives the report the following day. Emergency needs are sent to the Dumas Hospital with the results received the following day.

Specialty services provided on site include audiology as needed and optometry services bi-monthly. Telemedicine is available on site, with a telemedicine wound clinic every two weeks, an HIV clinic every three months, and a hepatitis C clinic every three months. Specialty consultations are sent to the University of Arkansas Medical System (UAMS) in Little Rock.

Appointments are made when requested, and the wait time to be seen varies. The wait time can be weeks, depending on the urgency of the request.

Health services participates in disaster drills twice annually and fire drills monthly. Man-down drills are held periodically. All drills are documented and critiques recorded. CPR certification for healthcare staff is required every two years. Certifications are tracked and are up to date.

The Continuing Quality Improvement Committee consists of the HSA, the Quality Improvement Regional Coordinator, a provider, a dental representative, and the Infection Control Coordinator. The committee meets monthly, and minutes are kept and reviewed. Annual goals and objectives are set and progress monitored by the Regional Coordinator.

Universal precaution supplies are ordered from McKesson with no supply problems. The bio-hazardous waste disposal is contracted with Stericycle.

The dental unit consists of two dental chairs in the health services area and one chair in the SMU. The dental staff consists of one full time dentist, one full time dental assistant and one full time dental hygienist. Dental services are available Tuesday through Friday, 6:00 a.m. to 4:30 p.m. Services offered by the dental unit include restorations, extractions and dentures. Outside consultations are sent to UAMS in Little Rock or to the Malvern unit of ADC. Dental emergencies after hours are handled by the nurses on duty with a consultation with the dentist on call. The inmate is then seen in the dental unit the following day.

Hygiene instructions are given when dental services are provided. Toothbrushes and toothpaste are purchased through the dental services department and then distributed by security in the units. Dental floss is available in the commissary. The dental unit utilizes universal precautions with supplies secured. The sharps and chemicals are secured and logged. A spot check of a sharps inventory met standard requirements.

The mental health portion of health care services was transferred from ADC to Wellpath on October 1, 2024, one week prior to the audit. The current staffing of the mental health unit consists of a director, one part time psychiatrist, and a full-time clinician. A licensed social worker has been hired but is not yet onsite. The staffing plan of the unit is to have a director, four clinicians, four mental health technicians, and an administrative assistant.

Services currently provided include crisis interventions, individual counseling, and individual treatment plans. Classes provided include: substance abuse education, stress management, anger management, common skills, domestic violence, and parenting.

The general population inmates can access mental health services by a written request through the kiosk on the unit or by a verbal request. RHU inmates can request services with a written request or a verbal request. Mental health rounds are made daily in RHU, as well as additionally when requested.

Non-emergency requests are seen within five days of the request, and emergency requests are seen as soon as possible. After-hours emergency requests are handled by the nursing staff who receive mental health training annually. There are also mental health staff on call for consultation.

Suicidal ideations are seen immediately; if a watch is warranted, the inmate is placed in a single cell isolation room. The watch is observed by security personnel. A special sleeping bag, shroud, or paper gown can be ordered. If the watch needs to continue after 72 hours, the inmate is transferred to the Malvern Unit. Health care staff are trained to provide mental health assessments.

The psychiatrist prescribes psychotropic medications as necessary. The inmates on psychotropic medications are evaluated every 90 days or more often by the psychiatrist. Most of the evaluations are provided through telehealth, with occasional on-site evaluations. Mental health restraints are not used; however, there is a policy in place should restraints become necessary. There were no restraint logs to review since the restraints have not been used. This is a well-run unit that provides a quality service in a timely manner.

Recreation

The recreation department is coordinated by a full-time staff member, assisted by six trained inmate workers. The facility's recreation department provides a wide range of recreational, athletic, and leisure time programs. The VU has a large gymnasium that is used for all recreational activities. The recreation schedule includes all security levels of the inmate population.

The VU has two outdoor recreation yards that include a softball field, basketball courts, handball courts, volleyball courts, a soccer field, and horseshoe pits. The facility's leisure time activities include chess, checkers, dominoes, and reading. Competitive activities include kick ball, basketball, volleyball, soccer, and handball.

The inmate population gets a minimum of one hour daily of large muscle exercise each week, as well as an hour daily of leisure time recreation. The inmate population gets all the leisure and competitive recreation and exercise they can handle, a fact which leaves little room for idle time and consequently reduces the pressures leading to assaultive behavior.

Religious Programming

The facility has a very strong religious program led by a full-time chaplain assisted by eight very active volunteer chaplains. The chaplain plays a major role in the inmates' adjustment to life within the prison system.

The chaplain also provides religious orientation to the new inmates at intake and coordinates the volunteer program at the facility. The audit team was very impressed with the chaplain's genuine concern for the welfare of the entire inmate population.

The chaplain also has the responsibility of arranging and scheduling worship services for religious groups that provide volunteer services at the facility. The facility has approximately eight active volunteers. These volunteers provide approximately 37 hours per week of volunteer services and activities for the inmate population. Volunteer services occur seven days a week. The faith-based organizations that provide religious activities and services at the VU are Church of Christ, Baptist, Pentecostal, Catholic, Mid America College, Islamic, Assembly of God, Christ on Monocycles Association, Word and Spirit, COOPs, Gideons, Angel Tree, Salvation Army, American Rehabilitation Ministries, and Timothy Gift and various others.

The religious volunteers must pass annual background checks and must complete their initial training before they are allowed to work with the inmates. This orientation training is provided by the facility's training staff.

Offender Work Programs

As noted in the Sanitation section, the facility's inmates are responsible for all the cleaning of their residential living units. This cleaning is done daily under staff supervision on every shift. The inmate population is responsible for the cleaning of all other areas of the facility.

This certainly speaks volumes as to why the facility is so clean and the grounds and flower beds are so well maintained. The administration should be commended for instilling in the inmate population the need to take ownership in keeping their units and the grounds neat and clean. There are 1,124 inmate job assignments at the VU, and these positions are always filled. Inmates are classified into job assignments upon arrival.

Academic and Vocational Education

The academic school is in operation 3.75 hours per day and is staffed by a principal and five teachers, all of whom are state licensed and certified. There are also four inmate tutors.

The academic instruction centers on GED preparation. During the past twelve months 236 inmates attempted the GED test and 29 were successful. There are presently 395 inmates attending the academic school.

The vocational education department is staffed by an Assistant Director Technical Institute and eight instructors. Two of the instructors are state licensed and certified. There are presently 90 inmates attending vocational classes. The inmates are in class seven hours each day. Inmates who complete the classes that they are enrolled in receive certificates that can help them find employment upon release. The classes being taught in the vocational department are as follows:

- HVAC
- Electricity
- Welding
- Carpentry
- Food Service
- Heavy Equipment
- Commercial and Residential Roofing

Social Services

The facility has a very good social service program which is based on the unit management concept. It provides for a more effective management of inmates by staff. This system encourages staff/inmate interactions, communication, and allows staff to take a more active role in the coordination of inmate services, classification programs, and in security functions.

The VU provides unit managers for the entire inmate population. They are responsible for monthly case management and dealing with any and all issues with inmates on their case load. They answer inmate request forms, as well as interviewing and assessing inmates for mental health disorders and/or psychological and emotional problems.

Unit managers make daily rounds in RHU. They also schedule inmates for the Arkansas Post-Prison Transfer Board screening and hearings. Unit managers are available to the inmate population on a daily basis.

Visitation

The inmates are allowed visitation with family and/or friends who are on their approved visitation list. Inmates are only allowed 20 approved visitors on their visitation list. The facility allows four visitors per visit.

Visitors must fill out appointment times online. Once the appointment time reaches capacity, the system will not allow anyone else into that appointment time period. The visitation area has a capacity of 75 visitors. Inmates are allowed four visitors per visit.

Visitation for the general population is Saturday and Sunday from 11:30 a.m. to 1:30 p.m. and again from 2:00 p.m. to 4:00 p.m. Visitation for the general population inmates is either contact or non-contact.

RHU visitation is on Tuesdays from 11:30 a.m. to 1:30 p.m. and again from 2:00 p.m. to 4:00 p.m. Extended Restrictive Housing Unit (death row) visitation is Thursdays from 11:30 a.m. to 1:30 p.m. and again from 2:00 p.m. to 4:00 p.m. Visitation for these inmates is either contact or non-contact.

The visitation area has ample room for inmate families to visit comfortably, and it is also handicap assessable. It is spacious with restroom facilities and vending machines for inmate families' use. The vending machines will accept debit cards, credit cards, or cash/coins.

Special visits are allowed with prior approval from the warden. The administration feels that visitation is a vital part of the inmate's adjustment to the facility and encourages families to participate as much as possible

Library Service

The educational and law libraries are located in the academic school. The libraries are open daily for inmate use in the mornings and in the evenings. The inmates are allowed to checkout at least two books a day for leisure reading. The facility's library participates in an interlibrary loan program with the local library system.

The inmates have access to bound volumes as well as Westlaw in the law library. The law library ensures that the inmate population has unimpeded access to the courts, counsel, and public officials. The facility uses trained inmate law clerks to help other inmates with their research in the law library.

Laundry

The VU laundry is staffed by a sergeant, a corporal, and eight inmate workers. The laundry is open Monday through Saturday.

Equipment in the laundry consists of four large commercial washers and three large commercial dryers. The laundry also has three pressers and two sewing machines. Inmates assigned these tasks mend and press inmate clothing for special occasions. The needles for these sewing machines are well controlled and accounted for.

There is no shortage of clean clothing, sheets, or towels for the inmate population at the facility. There should be no reason an inmate should not have a clean set of clothing every day. The facility also has an ample inventory of inmate clothing, sheets and towels for emergency purposes.

F. Examination of Records

Following the facility tour, the team proceeded to the administrative conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility’s accreditation files were extremely auditor friendly. The facility had no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

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

2. Significant Incidents/Outcome Measures

Significant Incident Summary

A review of the Significant Incident Summary shows a well-run facility, given the level of security of its inmate population. There were two inmate-on-inmate assaults and one inmate-on-staff assault. The inmates that the audit team interviewed or spoke with stated the they did not fear for their safety at the VU.

Healthcare Outcome Measures

A review of three years of Health Care Outcomes was conducted. There were four suicides and eleven natural deaths in this three-year audit period.

There was one offender grievance filed for safety or sanitation concerns during the entire audit cycle. While a total of 452 inmate grievances related to healthcare were filed during the three-year period, only 14 were found in favor of the inmate.

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>
Administration	James Gibson, Warden Carl Lewis, Deputy Warden Roosevelt Barden, Major
Fire Safety	Felicia Gordon, Sergeant Fire Safety Officer
Food Service	Joyce Jackson, Food Production Manager

Medical	Kiana Evans, Health Services Administrator Donald Compton, Mental Health Services
Maintenance	Charles James, Maintenance Supervisor
Religious Programing	Dexter McDonnell, Senior Chaplain

4. Shifts

The VU deploys its correctional officers on two 12-hour shifts. The shifts are 6:00 a.m. to 6:00 p.m. and 6:00 p.m. to 6:00 a.m.

a. Day Shift 6:00 a.m. – 6:00 p.m.

The team was present at the facility during the day shift from 7:30 a.m. – 6:00 p.m. Shift change was very orderly and extremely organized. The audit team observed shift change and briefing. During the briefing the shift supervisor covered all unusual incidents from the previous shift.

The officers were advised to review post orders and fire safety procedures. The auditors were very impressed with the shift change and briefing. The entire shift was well groomed and very professional.

b. Evening Shift 6:00 p.m. – 6:00 a.m.

The team was present at the facility during the evening shift from 6:00 p.m. to 6:30 p.m. The audit team observed interaction between staff and inmates, and there seemed to be respect for each other on the part of staff as well as inmates.

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

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

Standard #5-ACI-1C-05: Plan of action approved/updated plan in 30 days. This standard remains non-compliant.

G. Interviews

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

1. Offender Interviews

The audit team interviewed or spoke to 54 inmates during the audit process. They were very positive about the staff, and all felt staff cared about their welfare. They felt safe and stated staff was always available when they needed them.

The inmates appreciated the available programs that could help them upon their release. Some of the inmate work assignments were viewed in a very positive manner by some of the inmates the auditors interviewed. The experience from work assignments in facility maintenance, such as electrical, plumbing, and carpentry, would certainly open doors for employment upon release.

They all understood the grievance process and how to access medical services. They did not fear for their safety and had no complaints about food service or medical services.

2. Staff Interviews

The audit team interviewed or spoke to 50 staff. They were all proud of their facility and understood policy, procedure, and post orders. Most felt that they had the support of the administration while performing their daily responsibilities. They were also happy to have a job during these tough times.

It was very obvious to the auditors that the staff understood their role in the facility's overall operation, and it was evident that they had bought into the facility's program. This was observed during the initial tour of the facility and during revisits to different departments and areas and during staff interviews.

A practical measure of the staff's approval of the facility's program approach is by the number of years of service of staff members. The audit team was very impressed with the very large number of staff that had double digit years of employment experience with either the VU or other ADC facilities. This is certainly a plus for the facility and obviously adds to staff cohesiveness.

H. Exit Discussion

The exit interview was held at 10:30 a.m. with Warden Gibson and 29 staff in attendance. The following persons were also in attendance:

NAME & TITLE	LOCATION
Melissa Moore ADC Medical Administrator	Central Office
William Straughn Deputy Director	Central Office
Dona Gordon RVP Wellpath	Central Office
Ardelico Rodgers Regional Mental Health Dr	Regional Office
Gaylon Lay Assistant Director	Central Office
Gary Musselwhite Warden	Cummins Unit
Jimmy Coleman Major	Cummins Unit
Kelly Beatty	Farm
Mary Ann Allen Unit ACA	Cummins
Aundrea Culclager Deputy Director	Central Office
Thomasena McNutt Asst. Reg. Med. Director	Central Office
Kim Rosenthal RDO	Wellpath Central Office
Manda Bass Public Information Specialist	Central Office
Shelly Jones Agency ACA Manager	Central Office
Jacob Higgins Fire Safety	Central Office
Dub Byers Board of Corrections	
Ronald Martin Construction	
Lloyd Holcomb Chaplain	Randall L Williams
Anthony Jackson Warden	Tucker Unit
Dexter Payne Director	Central Office

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. He encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 5 th Edition	
Supplement	Not Applicable	
Facility/Program	Varner Unit Arkansas Department of Correction	
Audit Dates	March 8-10, 2024	
Auditor(s)	Doug Sproat, Chairperson; Donnis Chatman, Member; Jim Imholte, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	64	509
Number Not Applicable	2	73
Number Applicable	62	436
Number Non-Compliance	0	2
Number in Compliance	62	434
Percentage (%) of Compliance	100%	99.54%
<ul style="list-style-type: none"> • Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable • Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance • Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Correction
Varner Unit
Gould, Arkansas

October 8-10, 2024

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #5-ACI-1C-05

THE WARDEN/SUPERINTENDENT CAN DOCUMENT THAT THE OVERALL VACANCY RATE AMONG THE STAFF POSITIONS AUTHORIZED FOR WORKING DIRECTLY WITH INMATES DOES NOT EXCEED 10 PERCENT FOR ANY 18-MONTH PERIOD.

FINDINGS:

The standard states that there should be documentation that the overall vacancy rate among staff positions authorized for working directly with inmates does not exceed 10% for any 18-month period. The overall vacancy rate at the Varner Unit among staff positions authorized for working directly with inmates exceeds 10% for any 18-month period. The actual vacancy rate is 30.69%.

AGENCY RESPONSE

Plan of Action

The Varner Unit's goals are to recruit and retain staff. Our goals cannot be accomplished by one person or one process. To achieve these two goals for the Varner Unit we will utilize the resources available to us, for example, use of the internet, social media, word of mouth, an open opportunity five days a week for applicants to become potential new employees by directly visiting the Varner Unit compound, job fairs, build a recruiting team, attend cadet graduations and boost morale. Once staff have been recruited the unit will seek to retain them by implementing proper training, encourage long term staff to be professional role models and provide proper guidance. The task for recruiting and retaining staff are listed below and will be a continuous ongoing process for our unit.

Task

- a. Recruit Staff.
- b. Process Available Applicants at the unit or online
- c. The Arkansas Department of Correction has a website: www.arcareers.arkansas.gov that list all available jobs and an on-line application process to aid all interested parties in seeking employment at the ADC.
- d. Utilize social media for advertising vacant positions.
- e. Coordinate with the community job fairs in local counties at educational events, and community events, and festivals.
- f. Offering incentives to other staff for recruiting possible applicants.
- g. The Varner Unit employees will also form a recruitment team that will work diligently and consistently to assist the unit with recruitment efforts through various methods such as conducting quarterly job fairs in the community.
- h. Regional Academy offered at unit to cadets going to work at our unit and sister units.
- i. Retain Staff
- j. Properly train and prepare staff through the academy for working in a correctional facility.
- k. Pilot program-staff work for 2 weeks at unit before entering academy.
- l. Mentor all staff in developing the skills needed for a career with the ADC.
- m. Though this may sound insignificant we also allow food trucks to come to the unit which boost morale.
- n. All our administrators and ranking security staff have an open-door policy for staff.

Responsible Agency

- a. Human Resource Administrator
- b. Human Resource Staff
- c. Warden and Human Resource Manager

Assigned Staff

- a. Human Resource Administration Staff
- b. Unit Human Resource Manager
- c. Unit Recruitment Team
- d. All Staff are encouraged to recruit

Anticipated Completion Date

- a. ACA Audit 2027 or sooner

AUDITORS RESPONSE

The audit team supports the facility's Plan of Action. The Varner Unit's Plan of Action seems to be carefully considered. The incentive for other staff to recruit new staff should be helpful, and the plan for mentoring new hires and placing new hires at a facility for two weeks should contribute to greater job satisfaction and reduced turnover for those who successfully complete the academy.

Standard 5-ACI-2C-04

DAYROOMS WITH SPACE FOR VARIED INMATE ACTIVITIES ARE SITUATED IMMEDIATELY ADJACENT TO THE INMATE SLEEPING AREAS. DAYROOMS PROVIDE SUFFICIENT SEATING AND WRITING SURFACES AND ALL FURNISHINGS ARE CONSISTENT WITH THE CUSTODY LEVEL OF THE INMATES ASSIGNED. DAYROOMS PROVIDE A MINIMUM OF 35-SQUARE FEET OF SPACE PER INMATE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS) FOR THE MAXIMUM NUMBER OF INMATES WHO USE THE DAYROOM AT ONE TIME, AND NO DAYROOM ENCOMPASSES LESS THAN 100 SQUARE FEET OF SPACE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS).

FINDINGS

The dayrooms in the Varner Unit's inmate living units do not provide 35 square feet of dayroom space per inmate. The actual square footage is 23.5 square feet per inmate.

AGENCY RESPONSE

Waiver Request

The Varner Unit was constructed in 1987. Since then, there have been changes made to enhance the quality of life for the inmate population at Varner Unit. During the hours of 7:00 a.m. (wake-up) to 4:30 p.m. (end of workday), the dayroom is only utilized with the minimum number of inmates many of the inmates spending the evening hours on their respective beds reading, writing letters or visiting with one another.

May it be noted, a good majority of the inmates who are physically able to work, go out each day to their respective jobs. Dayrooms with space for varied inmate activities include playing board games, writing letters, reading and watching television. As in the past some inmates can sit on their beds and view one of the two televisions in the barracks with upgrades in equipment inmates now can listen to the television with their headphones during viewing hours.

For those who cannot work, leisure activities outside of their barracks include, church call, gym call, yard call, library/law library call, commissary call, and school. With changes in unit bed counts dayrooms space has become an issue, to try to come into compliance with this standard would be cost prohibitive. For this reason, we are requesting a waiver for standard 5-ACI-2C-04

1-6 Barracks Dayroom 1071/50=21.42 Ft per inmate
7-14 Barracks Dayroom 1071/54=19.8 Ft per inmate
15-22 Barracks Dayroom 1024/50= 20.48 Ft per inmate

AUDITORS RESPONSE

The audit team supports the facility's Request for a Waiver. The lack of dayroom space has apparently not had a direct effect on the inmates' quality of life. No inmate that the team spoke to or interviewed mentioned any concern about a lack of dayroom space. The team fully recognizes that retrofitting all dayrooms to meet this requirement would certainly be cost prohibitive for most any state--and very likely far beyond an amount that would be legislatively authorized for the Arkansas Department of Correction for such a project.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Correction
Varner Unit
Gould, Arkansas
October 8-10, 2024

Visiting Committee Findings

Mandatory Standards

Non-Applicable

Standard #5-ACI-4A-01

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

FINDINGS

The Varner Unit does not have a special management unit.

Standard #5-ACI-6A-10

IF FEMALE OFFENDERS ARE HOUSED, ACCESS TO PREGNANCY MANAGEMENT IS SPECIFIC AS IT RELATES TO THE FOLLOWING:

- PREGNANCY TESTING
- ROUTINE PRENATAL CARE
- HIGH-RISK PRENATAL CARE
- MANAGEMENT OF THE CHEMICALLY ADDICTED PREGNANT INMATE
- POSTPARTUM FOLLOW-UP

- UNLESS MANDATED BY STATE LAW, BIRTH CERTIFICATES/REGISTRY DOES NOT LIST A CORRECTIONAL FACILITY AS THE PLACE OF BIRTH

FINDINGS

The Varner Unit houses male inmates only.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Correction
Varner Unit
Gould, Arkansas

October 8-10, 2024

Visiting Committee Findings

Non-Mandatory Standards

Non-Applicable

Standard #5-ACI-1C-12

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT EMPLOYEES COVERED BY MERIT SYSTEMS, CIVIL SERVICE REGULATIONS, OR UNION CONTRACT ARE APPOINTED INITIALLY FOR A PROBATIONARY TERM OF AT LEAST SIX MONTHS BUT NO LONGER THAN ONE YEAR UNLESS NATIONAL OR STATE REGULATIONS SPECIFY OTHERWISE.

FINDINGS

The employees at the Varner Unit are not covered by a merit system, civil service regulations, or union contracts.

Standard #5-ACI-2C-06

(New Construction after June 2014). INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24-HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS.

TOILETS ARE PROVIDED AT A MINIMUM RATIO OF 1 FOR EVERY 12 INMATES IN MALE FACILITIES AND 1 FOR EVERY 8 INMATES IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS

The Varner Unit has had no new construction after June, 2014.

Standard #5-ACI-2C-08

(New Construction after June 2014). INMATES HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE HOUSING UNITS AT A MINIMUM RATIO OF 1 BASIN FOR EVERY 12 OCCUPANTS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS

The Varner Unit has had no new construction after June, 2014.

Standard #5-ACI-2C-10

(New Construction after June 2014). INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY 12 INMATES, UNLESS APPLICABLE CODES REQUIRE ADDITIONAL FIXTURES. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS

The Varner Unit has had no new construction after June, 2014.

Standard #5-ACI-2C-12

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

FINDINGS

The Varner Unit does not house offenders who cannot perform basic life functions.

Standard #5-ACI-2D-04

(Renovation, New Construction after June 1, 2008). ALL INMATE ROOMS/CELLS PROVIDE INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE-SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO

ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES.

FINDINGS

The Varner Unit has had no new construction after June 1, 2008.

Standard #5-ACI-2D-05

(New Construction or Renovation after June 1, 2014). EACH DORMITORY PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN THE DORMITORY.

FINDINGS

The Varner Unit has had no new construction after June 1, 2014.

Standard #5-ACI-2E-02

SPECIAL MANAGEMENT HOUSING UNITS HAVE EITHER OUTDOOR UNCOVERED OR OUTDOOR COVERED EXERCISE AREAS. THE MINIMUM SPACE REQUIREMENTS FOR OUTDOOR EXERCISE AREAS FOR SPECIAL MANAGEMENT UNITS ARE AS FOLLOWS: FOLLOWING:

- GROUP YARD MODULES: 330-SQUARE FEET OF UNENCUMBERED SPACE CAN ACCOMMODATE TWO INMATES. FOR EACH ADDITIONAL 150-SQUARE FEET OF UNENCUMBERED SPACE, AN ADDITIONAL INMATE MAY USE THE EXERCISE AREA SIMULTANEOUSLY. (FORMULA: FOR EACH 150-SQUARE FEET OF UNENCUMBERED SPACE EXCEEDING THE BASE REQUIREMENT OF 180-SQUARE FEET FOR THE FIRST INMATE, EQUALS THE MAXIMUM NUMBER OF INMATES WHO MAY USE THE RECREATION AREA SPACE SIMULTANEOUSLY). NO MORE THAN FIVE INMATES ARE TO USE A GROUP MODULE AT ONE TIME.
- INDIVIDUAL YARD MODULES: 180-SQUARE FEET OF UNENCUMBERED SPACE.

IN CASES WHERE COVER IS NOT PROVIDED TO MITIGATE THE INCLEMENT WEATHER, APPROPRIATE WEATHER-RELATED EQUIPMENT AND ATTIRE SHOULD BE AVAILABLE TO THE INMATES WHO DESIRE TO TAKE ADVANTAGE OF THEIR AUTHORIZED EXERCISE TIME.

FINDINGS

The Varner Unit does not have a special management unit.

Standard #5-ACI-3A-07

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER ARE ON DUTY AT ALL TIMES.

FINDINGS

The Varner Unit houses male inmates only.

Standard #5-ACI-3A-17

WRITTEN POLICY, PROCEDURE AND PRACTICE, IN GENERAL, PROHIBIT THE USE OF RESTRAINTS ON FEMALE OFFENDERS DURING ACTIVE LABOR AND THE DELIVERY OF A CHILD. ANY DEVIATION FROM THE PROHIBITION REQUIRES APPROVAL BY, AND GUIDANCE ON, METHODOLOGY FROM THE MEDICAL AUTHORITY AND IS BASED ON DOCUMENTED SERIOUS SECURITY RISKS. THE MEDICAL AUTHORITY PROVIDES GUIDANCE ON THE USE OF RESTRAINTS ON PREGNANT OFFENDERS PRIOR TO ACTIVE LABOR AND DELIVERY.

FINDINGS

The Varner Unit houses male inmates only.

Standard #5-ACI-3A-43

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

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

FINDINGS

The Varner Unit does not have a canine unit.

Standard #5-ACI-3A-44

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

- CRITERIA FOR SELECTION, TRAINING, AND CARE OF ANIMALS

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

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

FINDINGS

The Varner Unit does not have a canine unit.

Standard #5-ACI-3A-45

WHERE A CANINE UNIT EXISTS, POLICY, PROCEDURE, AND PRACTICE PROVIDE DAILY AND CURRENT RECORDS ON TRAINING, CARE OF DOGS, AND SIGNIFICANT EVENTS.

FINDINGS

The Varner Unit does not have a canine unit.

Standard #5-ACI-3D-05

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT MALE AND FEMALE INMATES HOUSED IN THE SAME INSTITUTION HAVE SEPARATE SLEEPING QUARTERS BUT EQUAL ACCESS TO ALL AVAILABLE SERVICES AND PROGRAMS. NEITHER SEX IS DENIED OPPORTUNITIES SOLELY ON THE BASIS OF THEIR SMALLER NUMBER IN THE POPULATION.

FINDINGS

The Varner Unit houses male inmates only.

Standard #5-ACI-4A-02

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-03

ALL CELLS/ROOMS IN SPECIAL MANAGEMENT HOUSING PROVIDE A MINIMUM OF 80 SQUARE FEET, AND SHALL PROVIDE 35 SQUARE FEET OF UNENCUMBERED SPACE FOR THE FIRST OCCUPANT AND 25 SQUARE FEET OF UNENCUMBERED SPACE FOR EACH ADDITIONAL OCCUPANT.

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-04

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-05

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-06

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-07

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-08

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-09

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-10

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

INMATES – MORE FREQUENTLY IF PRESCRIBED BY THE CHIEF MEDICAL AUTHORITY.

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-11

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-12

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-13

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-14

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-15

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-16

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-17

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-18

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-19

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-20

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-21

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-22

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-23

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-24

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-25

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-26

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4A-27

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

FINDINGS

The Varner Unit does not have a Special Management Unit.

Standard #5-ACI-4B-32

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

FINDINGS

The Varner Unit houses male inmates only.

Standard #5-ACI-4B-33

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

FINDINGS

The Varner Unit does not house offenders under the age of 18.

Standard #5-ACI-5B-13

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- A VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT; AND/OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE PREPARATION OF A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE WARDEN OR HIS OR HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE WARDEN OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS

The Varner Unit does not house youthful offenders.

Standard #5-ACI-5B-14

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE DIRECT SUPERVISION OF YOUTHFUL OFFENDERS HOUSED IN THE SPECIALIZED UNIT TO ENSURE SAFETY AND SECURITY.

FINDINGS

The Varner Unit does not house youthful offenders.

Standard #5-ACI-5B-15

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS THAT DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS SHALL INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS

The Varner Unit does not house youthful offenders.

Standard #5-ACI-5B-16

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ADEQUATE PROGRAM SPACE BE PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP-ORIENTED ACTIVITIES.

FINDINGS

The Varner Unit does not house youthful offenders.

Standard #5-ACI-5B-17

YOUTHFUL OFFENDERS SHALL NOT HAVE PHYSICAL CONTACT WITH ANY ADULT INMATE THROUGH USE OF A SHARED DAYROOM, SHOWER AREA, OR SLEEPING QUARTERS. IN AREAS OUTSIDE THE HOUSING UNITS, AGENCIES SHALL EITHER: (1) MAINTAIN SIGHT AND SOUND SEPARATION BETWEEN YOUTHFUL OFFENDERS OR (2) PROVIDE DIRECT STAFF SUPERVISION WHEN YOUTHFUL INMATES AND ADULT OFFENDERS HAVE SIGHT, SOUND, OR PHYSICAL CONTACT.

FINDINGS

The Varner Unit does not house youthful offenders.

Standard #5-ACI-5B-18

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS FROM THE SPECIALIZED UNIT BE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF SPECIFICALLY ASSIGNED TO THE UNIT OR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. THE TRAINING SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES

- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- THE MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING, PROBLEM SOLVING AND RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS

The Varner Unit does not house youthful offenders.

Standard #5-ACI-5E-10

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT COMPREHENSIVE COUNSELING AND ASSISTANCE ARE PROVIDED TO PREGNANT INMATES IN KEEPING WITH THEIR EXPRESSED DESIRES IN PLANNING FOR THEIR UNBORN CHILDREN.

FINDINGS

The Varner Unit houses male inmates only.

Standard #5-ACI-5E-11

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR SUBSTANCE ABUSE PROGRAMS, TO INCLUDE MONITORING AND DRUG TESTING FOR INMATES WITH DRUG AND ALCOHOL ADDICTION PROBLEMS.

FINDINGS

The Varner Unit does not have a substance abuse treatment program.

Standard #5-ACI-5E-12

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE ALCOHOL AND DRUG ABUSE TREATMENT PROGRAM HAS A WRITTEN TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONS SYSTEM, AS WELL AS GOALS AND MEASURABLE

OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS

The Varner Unit does not have a substance abuse treatment program.

Standard #5-ACI-5E-13

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISIONS AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS

The Varner Unit does not have a substance abuse treatment program.

Standard #5-ACI-5E-14

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY SHALL BE DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND INDIVIDUAL TREATMENT FILES.

FINDINGS

The Varner Unit does not have a substance abuse treatment program.

Standard #5-ACI-5E-15

WHERE A SUBSTANCE USE DISORDER TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS

The Varner Unit does not have a substance abuse treatment program.

Standard #5-ACI-5F-08

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

FINDINGS

The Varner Unit does not have a victim-offender dialogue program.

Standard #5-ACI-6A-11

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

FINDINGS

The Varner Unit houses male inmates only.

Standard #5-ACI-6A-23

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR EARLY IDENTIFICATION AND TREATMENT OF OFFENDERS WITH ALCOHOL AND DRUG ABUSE PROBLEMS THROUGH A STANDARDIZED BATTERY ASSESSMENT. THIS BATTERY SHALL BE DOCUMENTED AND INCLUDE AT A MINIMUM THE FOLLOWING:

- SCREENING AND SORTING
- CLINICAL ASSESSMENT AND REASSESSMENT
- MEDICAL ASSESSMENT FOR APPROPRIATE DRUG AND ALCOHOL PROGRAM ASSIGNMENT TO THE NEEDS OF THE INDIVIDUAL INMATES
- REFERRALS

FINDINGS

The Varner Unit does not have a substance abuse treatment program

Standard #5-ACI-6A-24

ALL IN-TRANSIT OFFENDERS RECEIVE A HEALTH SCREENING BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL ON ENTRY INTO THE AGENCY SYSTEM. FINDINGS ARE RECORDED ON A SCREENING FORM THAT WILL ACCOMPANY THE OFFENDER TO ALL SUBSEQUENT FACILITIES UNTIL THE OFFENDER REACHES HIS OR HER FINAL DESTINATION. HEALTH SCREENS WILL BE REVIEWED AT EACH FACILITY BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL. PROCEDURES WILL BE IN PLACE FOR CONTINUITY OF CARE.

FINDINGS

The Varner Unit does not house in-transit offenders.

Standard #5-ACI-6A-39

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

FINDINGS

The Varner Unit does not have an in-patient care unit.

Standard #5-ACI-6B-04

WHEN INSTITUTIONS DO NOT HAVE QUALIFIED HEALTH CARE STAFF, HEALTH-TRAINED PERSONNEL COORDINATE THE HEALTH DELIVERY SERVICES IN THE INSTITUTION UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND WARDEN OR SUPERINTENDENT.

FINDINGS

The Varner Unit has full-time qualified health care staff.

Standard #5-ACI-6B-10

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND A DEFINITION OF TASKS, RESPONSIBILITIES AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS

The Varner Unit does not use volunteers in the delivery of health care services.

Standard #5-ACI-6B-11

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING, OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS

The Varner Unit does not use students, interns, or residents in the delivery of health care services.

Standard #5-ACI-6B-12

UNLESS PROHIBITED BY STATE LAW, OFFENDERS (UNDER STAFF SUPERVISION) MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE:

- PROVIDING PEER SUPPORT AND EDUCATION
- PERFORMING HOSPICE ACTIVITIES
- ASSISTING IMPAIRED OFFENDERS ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SERVING AS A SUICIDE COMPANION OR BUDDY IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF SUICIDE-PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANT'S TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS
- DETERMINING ACCESS OF OTHER OFFENDERS TO HEALTH CARE SERVICES
- HANDLING OR HAVING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS
- OPERATING DIAGNOSTIC OR THERAPEUTIC EQUIPMENT EXCEPT UNDER DIRECT SUPERVISION (BY SPECIALLY TRAINED STAFF) IN A VOCATIONAL TRAINING PROGRAM

FINDINGS

The Varner Unit does not use inmates for familial duties.

Standard #5-ACI-6E-02

THERE ARE SUFFICIENT BATHING FACILITIES IN THE MEDICAL HOUSING UNIT AND INFIRMARY AREA TO ALLOW OFFENDERS HOUSED THERE TO BATHE DAILY.

FINDINGS

The Varner Unit does not have an infirmary unit.

Standard #5-ACI-6E-03

OFFENDERS HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER IN THE MEDICAL HOUSING UNIT OR INFIRMARY AREA AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS STATE OR LOCAL BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS

The Varner Unit does not have an infirmary unit.

Standard #5-ACI-6E-04

OFFENDERS HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THE MEDICAL HOUSING UNIT OR IN THE INFIRMARY AREA. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF 1 FOR EVERY 12 OFFENDERS IN MALE FACILITIES AND 1 FOR EVERY 8 OFFENDERS IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE OFFENDERS HAVE A MINIMUM OF 2 TOILETS. THESE RATIOS APPLY UNLESS STATE OR LOCAL BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS

The Varner Unit does not have an infirmary unit.

5-ACI-7A-08

WHERE AN INDUSTRIES PROGRAM EXISTS, THERE WILL BE A STATUTE AND/OR WRITTEN POLICY AND PROCEDURE THAT AUTHORIZES THE ESTABLISHMENT OF AN INDUSTRIES PROGRAM AND DELINEATES THE AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY FOR THE PROGRAM.

FINDINGS

The Varner Unit does not have industries programs on institutional grounds.

5-ACI-7A-09

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE SECURITY AND PROGRAM DETERMINATIONS NECESSARY FOR ANY INDIVIDUAL TO BE ELIGIBLE FOR INDUSTRIES WORK ARE MADE BY THE

CLASSIFICATION COMMITTEE.

FINDINGS

The Varner Unit does not have industries programs on institutional grounds.

5-ACI-7A-10

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEET THE REALISTIC WORKLOAD NEEDS OF EACH INDUSTRIES OPERATING UNIT.

FINDINGS

The Varner Unit does not have industries programs on institutional grounds.

5-ACI-7A-11

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

FINDINGS

The Varner Unit does not have industries programs on institutional grounds.

Standard #5-ACI-7A-12

A COST ACCOUNTING SYSTEM FOR EACH OPERATING INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS

The Varner Unit does not have industries programs on institutional grounds.

Standard #5-ACI-7A-14

PRIVATE INDUSTRIES ON THE INSTITUTION GROUNDS EMPLOYING INMATES IN POSITIONS NORMALLY FILLED BY PRIVATE CITIZENS PAY INMATES THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED.

FINDINGS

The Varner Unit does not have a private industry on institutional grounds.

Standard #5-ACI-7A-15

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANIZATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS ARE COMPENSATED AT THE PREVAILING WAGE RATE FOR THE POSITION OCCUPIED. INMATES RECEIVING SUCH COMPENSATION REIMBURSE THE JURISDICTION FOR A REASONABLE SHARE OF ITS COST IN MAINTAINING THEM.

FINDINGS

The Varner Unit does not have inmates employed in the community.

Significant Incident Summary

This report is required for all residential accreditation programs. (*Adult Correctional Institutions; Adult Local Detention Facilities; Core Jail Facilities; Boot Camps; Therapeutic Communities; Juvenile Detention Facilities; and Juvenile Small Detention Facilities.*)

Facility Name: VARNER/VARNER SUPER MAX Reporting Period: OCTOBER 2023 TO SEPTEMBER 2024

Incident Type	Months	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 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	1	0	0	1	2
	Offender/Staff	1	0	0	0	0	0	0	0	0	0	0	0	1
Suicide		0	0	0	1	0	0	1	0	0	1	0	0	3
Mandatory Non-Compliance*		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
Other*		1 natural	2 natural	1 natural	0	0	1 natural	0	0	1 natural	1 accident	1 natural	0	8



Appendix E

American Correctional Association: Adult Correctional Institutions Accreditation Manual - 5th Edition Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24			
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
1. Administration & Management: Administer and manage the facility in a professional and responsible manner, consistent with statutory requirements.											
1A: Facility Administration - The facility is administered efficiently and responsibly. Performance is based on goals, objective, and standard operating procedures and a system of regular review.	1A-1	Number of Plans of Action completed in the past 12 months divided by the number of Plans of Action approved by the Commission on Accreditation.	1	1	1	0	0	0			
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.									
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
1C: Personnel - The facility promotes diversity and competency through employee staffing, recruitment, promotions, benefit allocations and performance reviews.	1C-1	The average offender population in the past 12 months divided by the average number of filled full time positions in the past 12 months.	2,532	1,592	1.59	1656	242	6.84			
	1C-2	The number of staff who left employment for any reason in the past 12 months divided by the average number of filled full time positions in the past 12 months.	84	2,532	0.03	99	242	.41			
	1C-3	The number of verified employee violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.	6	2,532	0.002	39	242	.16			
	1C-4	The number of staff terminated for conduct violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.	53	2,532	0.05	74	242	.31			
	1C-5	The number of performance reviews rated acceptable or higher in the past 12 months divided by the total number of performance reviews conducted in the past 12 months.	159	205	.77	183	221	.83			
	1C-6	Average number of security staff positions filled per month for the past 12 months divided by the total number of authorized security positions.	2,262	302	7.49	202	297	.68			
	1C-7	Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.	75	302	0.24	92	297	.31			

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24		
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
1D: Training & Development - The facility conducts pre-service, in-service, and specialized development programs to promote the effectiveness of staff, volunteers and other effected parties.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to it's care.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
1G: Citizen Involvement & Volunteers - The facility is a responsible member of the community, supporting citizen involvement and volunteer initiatives as well as other community interaction.	1G-1 The total number of hours of volunteer service delivered by members of the community in the past 12 months divided by the average daily population in the past 12 months.	112	1,592	0.07 4m – (covid)	1214	1656	.73			
	1G-2 The total number of hours of community service work delivered by offenders in the past 12 months divided by 12. Delete 2022-003 approved	1,920	12	160						
2. Physical Plant: The facilities' physical plant is designed, equipped and maintained in a manner that promotes safety, program function and access.										
2A: Building and Safety Codes - The facility complies with professional building and fire safety codes to help ensure the safety of all persons within the facility.	2A-1 Number of worker's compensation claims filed in the past 12 months divided by the average number of filled full-time staff positions in the past 12 months.	50	188.50	0.265	77	242	.32			
	2A-2 Number of sanitation or health-code violations identified by external agencies in the past 12 months.			1			0			
	2A-3 The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.			0			1			

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24		
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
2B: Size & Organization - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.	2B-1 Number of days facility population exceeded the operational capacity in the past 12 months divided by 365.	0	365	0	0	365	0			
2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
2D: Environmental Conditions - Environmental conditions significantly influence the overall effectiveness of institutional operations. Lighting, air quality, temperature and noise levels are designed to preserve the health and well-being of inmates and staff members.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
2E: Program and Service Areas - Adequate space is provided for the various program and service functions conducted within the institution. Spatial requirements reflect functional need.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
2G: Security - The physical plan supports the orderly and secure functioning of the institution.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24			
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
3. Institutional Operations: The facility protects the community, the staff, the offenders, and others from harm while maintaining an orderly environment with clear expectations of behavior and systems of accountability.											
3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 12 months divided by the average daily population in the past 12 months.	270	1,592	0.16	103	1656	.06			
	3A-2	Number of seizures of contraband, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	271	1,592	5.87	397	1656	.24			
	3A-3	The number of escapes, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.			0			0			
	3A-4	The number of disturbances, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.			0			0			
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.			0	1	1656	.0006			
	3A-6	The number of homicides, as defined in the Significant Incident Summary, in the past 12 months, divided by the average daily population in the past 12 months.			0	1	1656	.0006			
3B: Safety & Emergency Procedures - The number and extent of security, physical plant, environmental and other emergencies are minimized. When they occur, the response mechanism minimizes severity.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24			
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
3C: Rules & Discipline - The institution's rules of conduct and sanctions and procedures for violations are communicated to all inmates and staff. The disciplinary process respects due process.	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	2,356	12	1.47	4268	1656	2.58			
	3C-2	The total number of minor disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	42	12	0.02	1041	1656	.63			
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.	2	1,592	0.001	3	1656	.0018			
	3C-4	Number of offender on staff assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.	2	1,592	0.001	1	1656	.0006			
3D: Inmate Rights - The facility protects the constitutional rights of offenders and seeks a balance between the expression of protected liberties and the preservation of institutional order.	3D-1	Number of grievances found in an inmate's favor divided by the number of grievances filed in the 12 month period.	45	12	3.75	21	2003	.010			
4. Special Management Housing & Restrictive Housing: In general, inmates who threaten the secure and orderly management of the institution, posing a threat to others or a danger to themselves, are removed from the general population and placed in designated units. Such assignments are made appropriately and justifiably and offenders placed into such categories are treated justly, humanely, in a constitutionally correct manner and prepared for return to less restrictive units.											
4A: Special Management - Inmates who pose a threat are separated from general population and placed in a cell in a special management unit; (defined as segregation and including administrative segregation, protective custody or disciplinary detention); for periods of time less than 22 hours per day.	4A-1	Average number of offenders in Special Management Housing per month over the past 12 months divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A			

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24			
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
4B: Restrictive Housing - Inmates who pose a direct and clear threat to the safety of persons or a clear threat to the safe and secure operation of the facility are separated from general population and placed in restrictive housing units / cells for periods of time 22 hours per day or greater.	4B-1	Average number of offenders in Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.	30	1,592	0.01	30	1656	.02			
	4B-2	Average number of offenders in Extended Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.	442	1,592	0.27	458	1656	.28			
	4B-3	Number of offenders released from Restrictive Housing by the appropriate authority within 24-hours in the past 12 months divided by the total placed in Restrictive Housing in the past 12 months.	9	339	0.02	19	141	.13			
	4B-4	Number of offenders in Extended Restrictive Housing that were released directly into the community from either Restrictive Housing or Extended Restrictive Housing within the past 12 months divided by the total number of offenders released in the past 12 months.	24	264	0.09	24	365	.07			
5. Institutional Services: Internal assignment to housing and program services should meet the basic needs of the offender consistent with the safe operation of the facility and should prepare the offender for successful reintegration into society upon release as appropriate.											
5A: Reception & Orientation - All incoming inmates undergo thorough screening and assessment at admission and receive a thorough orientation to the institution's procedures, rules, programs, and services.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		<i>Compliance verified through expected practice files. No outcome measure required.</i>									

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24		
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
5E: Social Services - Professional services including individual and family counseling, family planning and parent education; and programs for inmates with drug and alcohol addiction problems, meet the needs of identified inmates.	5E-1 Where a substance use disorder treatment program exists, the number of treatment slot available divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A			
	5E-2 Where a substance use disorder treatment program exists, the number of completers of the program divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A			
	5E-3 Where a sex offender treatment/management program exists, the number of program slot divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A			
	5E-4 Where a sex offender treatment/management program exists, the number of completers divided by the average daily population in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A			
5F: Re-entry - The institution provides a structured program to help inmates make a satisfactory transition upon their release from incarceration.	5F-1 The number of offenders who have completed their re-entry plan, as defined by the agency, in the past 12 months divided by the number of inmates released in the past 12 months.	N/A	N/A	N/A	N/A	N/A	N/A			
6. Healthcare: Each offender receives appropriate physical and behavioral health care necessary to foster the restoration and maintenance of acceptable levels of wellness.										
6A: Access to Services - Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.	6A-1 Number of offenders diagnosed with a MRSA infection within the past twelve (12) months divided by the average daily population	0	1581.3	0	0	1656	0			

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24		
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
	6A-2	0	1581.3	0	0	1656	0			
	6A-3	0	6	0	0	2	0			
	6A-4	0	4	0	3	3	1			
	6A-5	116	1581.3	0.77	122	1656	.07			
	6A-6	10	1581.3	0.006	11	1656	.006			
	6A-7	6	7	0.857	11	11	1			
	6A-8	6	6	1	11	11	1			

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24		
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
	6A-9 Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.	133	1,579	0.084	145	1656	.88			
	6A-10 Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.	27	1581.3	0.017	38	1656	.02			
	6A-11 Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months divided by the average daily population in the past 12 months.	70	1581.3	0.044	106	1656	.06			
	6A-12 Number of offender specialty consults completed during the past twelve (12) months divided by Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	978	947	1.032	466	601	.77			
	6A-13 Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg divided by total number of offenders with hypertension who were reviewed.	7	9	0.778	7	10	.7			
	6A-14 Number of selected diabetic offenders at a given point in time who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent divided by Total number of diabetic offenders who were reviewed.	19	23	0.826	4	10	.4			
	6A-15 The number of completed dental treatment plans within the past twelve (12) months divided by the average daily population during the reporting period.	562	1581.3	0.355	250	1656	.15			

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24			
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
6B: Staff Training - The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.	6B-1	Number of health care staff with lapsed licensure or certification during a twelve (12) month period divided by Number of licensed or certified staff during a twelve (12) month period.	0	492	0	0	28	0			
	6B-2	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job divided by Number of new health care staff during the twelve (12) month period.	5	7	0.714	7	30	.23			
	6B-3	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months divided by the number of employees.	0	492	0	1	29	.03			
	6B-4	Number of direct care staff (employees and contractors) with a conversion of a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	0	28	0	2	2	1			
6C: Offender Treatment - Offenders are treated humanely, fairly, and in accordance with established policy and all applicable laws.	6C-1	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months divided by number of evaluated offender grievances related to health care services in the past twelve (12) months.	3	112	0.027	10	208	.048			
	6C-2	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period divided by the number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0	0	0	1	0			

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24					
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3			
	6C-3	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.			0	0	0	0	0	0			
6D: Performance Improvement - Health care services are evaluated and continually improved	6D-1	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period divided by the number of problems identified by quality assurance program during a twelve (12) month period.			0	0	0	1	1	1			
	6D-2	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.					0	0	0	0			
	6D-3	Number of offender suicide attempts in the past twelve (12) months divided by average daily population.			16	1581.3	0.01	1	1656	.10			
	6D-4	Number of offender suicides in the past twelve (12) divided by average daily population.			1	1581.3	0.0006	0	1656	0			
	6D-5	Number of unexpected natural deaths in the past twelve (12) months divided by Total number of deaths in the same reporting period.			2	5	0.4	3	5	.6			
	6D-6	Number of serious medication errors in the past twelve (12) months					0	0	0	0			
6E: Safety, Sanitation and Offender Hygiene - The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		<i>Compliance verified through expected practice files. No outcome measure required.</i>											

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24			
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3	
7. Inmate Programs: The institution's programs for inmates provide meaningful work, educational, and recreational programs designed to facilitate a stable institutional environment and the inmate's subsequent reentry into the community.											
7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.	7A-1	The number of work and correctional Industries slots available in the past 12 months divided by the average daily population in the past 12 months.	4,231	1,592	2.65	956	1656	.60			
	7A-2	The average number of offenders with full time work/program assignments in the past 12 months divided by the average number of offenders eligible for work assignment in the past 12 months.	1,045	1,047	1.00	956	1134	.84			
7B: Academic and Vocational Education - The facilities academic and vocational education programs improve the educational levels of assigned offenders and participate in program accreditation, promote staff professional certification, incorporate community resources and participate in internal and external peer review.	7B-1	The number of academic/vocational slots available divided by the average daily population in the past 12 months.	4,231	1,592	0.37	815	1656	.50			
	7B-2	The number of offenders who passed the General Equivalency Diploma (HI Set) exams while confined in the past 12 months divided by the average daily population in the last 12 months.	50	1,592	0.03	21	1656	.01			
	7B-3	The number of academic/vocational competency certificates issued in the past 12 months divided by the number of program slots available in the past 12 months.	110	4,231	38.4	300	1080	.28			
7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idleness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction		<i>Compliance verified through expected practice files. No outcome measure required.</i>									

Appendix E: Outcome Measures

Performance Standards	Outcome Measures	Cycle Dates: 10-1-2021 through 09-30-22			Cycle Dates: 10-01-22 through 09-30-23			Cycle Dates: 10-01-23 through 09-30-24		
		Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
7D: Mail, Telephone & Visiting - The maintenance of family and community ties through the provision of comprehensive mail, telephone and visiting services is critical to stable institutional adjustment and improves opportunities for successful reintegration.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
7E: Library - The facility should provide library services that support educational programs, promote reading skills, enhance leisure activities and maintain awareness of circumstances in the community at large.	<i>Compliance verified through expected practice files. No outcome measure required.</i>									
7F: Religious Programs - The offender population should have the opportunity to participate in the practices of their faith group as enhanced through the supplemental contributions of community resources.	7F-1 The number of regular participants, as defined by the agency, in structured religious programming in the past 12 months divided by the average daily population in the past 12 months.	14,679	1,592	9.22	16371	1656	9.89			