

**COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT**

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

May 1-3, 2017

VISITING COMMITTEE MEMBERS

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A. Introduction

The audit of the East Arkansas Regional Unit, Brickeys, Arkansas was conducted on May 1-3, 2017 by the following team: Nancy Bailey, Chairperson; Ray Tamminga, Member; and Anne Cybulski-Sandlian, Member.

B. Facility Demographics

Rated Capacity: 1664
Actual Population: 1680
Average Daily Population for the last 12 months: 1675
Average Length of Stay: Five yrs. two months, five days
Security/Custody Level: Maximum/Max, Med, Min.
Age Range of Offenders: 18-80 years
Gender: Male
Full-Time Staff: 306
47 Administrative, 10 Program, 259 Security, 49 Other

C. Facility Description

EARU is located in Brickeys, Arkansas which is 97 miles from Little Rock and 50 miles from Memphis, Tennessee. There are a total of six buildings at this facility and offender housing consists of single cells, multiple occupancy cells and dormitories. It sits on two, 949 acres and was built in 1992 with a capacity of 200.

The mission of the East Arkansas Regional Unit is to protect, educate and train male inmates who are minimum, medium or maximum custody level so they can be released to become law-abiding citizens. There is a small jail unit on the ground that is staffed by EARU.

There are 72 vacancies at this facility and records reveal that 82 staff has been employed at this facility less than one year. This speaks to the tremendous training challenge that faces this facility. Critical staff such as the Fire Safety Officer, Armory Officer and Health Services Administrator are all new to their positions.

This facility was accredited by the American Correctional Industry in August 2015 and the Correctional Education Association in March 2016. It has been accredited by the American Correctional Association since 1995.

D. Pre-Audit Meeting

The team met on April 30, 2017 in Forest City, Arkansas to discuss the information provided by the Association staff and the officials from Eastern Arkansas Regional Unit.

The chairperson divided standards into the following groups:

Standards #4-4001 to #4-4160 to Ray Tamminga, Member

Standards #4-4170 to #4-4342 to Nancy Bailey, Chairperson

Standards # 4-4343 to #4-4521 to Anne Cybulski-Sandlian, Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by Sandra Kennedy, Agency Accreditation Manager.

2. Entrance Interview

The audit team proceeded to the office of Jeremy Andrews, Warden. The following persons were in attendance:

Jeremy Andrews, Warden
Sandra Kennedy, Agency Accreditation Manager, ADC
Linda Gibson, Pine Bluff Fire & Safety Lieutenant
Lonetta Howard, Accreditation Specialist
Dale Reid, Chief Director, ADC
James Dycus, Deputy Warden
Dexter Payne, Chief Deputy Director, ADC
Ms. Branch, Deputy Warden EARU
Rory Griffin, Chief Duty Director, ADC

The team expressed the appreciation of the Association for the opportunity to be involved with East Arkansas Regional Unit in the accreditation process. The general schedule was discussed as well as daily briefings with the Warden.

Warden Andrews escorted the team to Visiting Room where the formal entry meeting was held. There was approximately 75 staff in attendance.

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

Team members introduced themselves and shared their background with the staff. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 9:00 a.m. to 1:15 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Chris Ashcraft, Construction Supervisor
Lt. Davis, Fire & Safety Lieutenant
Linda Gibson Pine Bluff Fire & Safety
Jerri Mallard, Administrative Specialist II
Dale Reid, Chief Duty Director, ADC
Dexter Payne, Chief Deputy Director, ADC
Deputy Warden Ms. Branch
Deputy Warden Mr. Dycus
Major Rodney Ford, Building Major of Security
Major Jeffery Deen, Field Major
Sgt. Foreman, Sergeant EARU
Sandra Kennedy, Internal Auditor, ADC
Lonetta Howard, Accreditation Specialist
Valerie Westbrook, Classification Officer
Cpl. J. Massey, Fusion Center Corporal

Facility notices were posted throughout the facility.

4. Conditions of Confinement/Quality of Life

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

Security:

The Correctional Facility is surrounded by a double perimeter fence that is approximately a mile and a half in distance. The fence is a 12 foot outer chain link with two rolls of razor wire stacked on the inner and the outer fence. The fence is numbered thus enabling quick response to fence alarms. There is a lethal fence surrounding this facility. The perimeter of the facility is patrolled on each shift by an armed staff member in a utility vehicle. There are 11 exterior cameras and 160 interior cameras and recordings are maintained for 30 days. With few exceptions, the cameras are fixed cameras. The facility has a main control center located adjacent to the administration area.

All individuals entering the secure perimeter of the institution, inclusive of staff, are processed through a walk thru metal detector. They must also pass a cell phone detector and their possessions are passed through an x-ray machine.

Correctional Officers document the name(s) of visitor(s) in a registration log, signifying their presence in the Unit. Offender visitors and staff must be identified via a biometrics program which displays a picture for proper identification.

There is a Master Control Room and smaller Control Rooms that overlook housing units. The function of the Main Control Room includes gate access, telephones and distribution of keys and equipment. Within the Main Control Room is a Camera Room where a staff member monitors the facility cameras. The control centers are staffed 24 hour a day, seven days a week. There is also a toilet and sink in plain view of people walking by the area. There is no privacy, it is not used and is taking up valuable space. It is recommended that the toilet is removed from the area.

There is good accountability at this facility. There are seven formal counts a day and random informal counts. The count is a single person count where the officer counts and then counts in the reverse direction. Counts are facilitated in the Count Room where housing changes and counts are documented. Movement in the facility is by announcement or escort. There are numerous walk thru metal detectors and staff was observed pat searching offenders often.

There is also good accountability of staff and visitors. They are accounted for and documented at the entrance and again in the lobby. At all times there is an excellent record of all individuals within the facility.

The majority of keys is issued from the Main Control Room and is inventoried daily. A log system or chit system is utilized for the issue of keys. The Key Room is neat and clean and well organized. The key control Sergeant is responsible for the maintenance and upkeep of keys. The key repairs and duplications are made at the facility and welded rings contain a chit denoting ring number and the number of keys on the ring.

The arsenal is located outside the perimeter fence and close to the East Tower. The supervisor of the area was temporary and has been in the position for approximately six months. There is a firing range on the grounds of this facility. The arsenal stores weapons, chemical agents, ammunition, and emergency equipment. The weapons at this facility are the shotgun, handgun and rifle.

Documentation reflects that weapons are cleaned and inspected on a regular basis and a random check indicated that weapons were clean. All ammunition and chemical munitions are inventoried on a monthly basis and upon our review it was noted that a significant number of chemical munitions expire in 2017.

Inventory checks of weapons encountered difficulty as the staff member was uncertain, without double and triple counts, the number of authorized weapons. With these recounts, all weapons were accounted for properly.

It was noted that recently a weapon was checked out in the morning and returned after hours by a different individual. No one person was responsible to receive that weapon nor did an on duty supervisor know that it was checked out. It could have been unaccounted for until the following day. Thirteen staffs are authorized to enter the armory and it is recommended that this number is significantly reduced in order to maintain strict accountability of weapons at all times. This number increased from a previous authorization of seven staff at the time of the previous ACA review. The responsibility to issue and receive weapons should be delegated to a very limited number of staff. Shift commanders are always present and available to perform this task. Authorization to enter the area should be based on absolute necessity and not convenience. This is a critical area and the visiting team recommends an intensive review of the procedures and processes.

The facility has tool located throughout the institution: Food Service, Medical Unit, Dental Unit, Maintenance and the Barbershop. Tools are classified as Class A and Class B. Class A tools require direct staff supervision and Class B tools can be used by offenders with intermittent staff supervision. The staff member responsible for the area completes inventory of the tool areas monthly and checks daily to ensure accountability. The tools are etched and on a shadow board or in a locked cage. A random check of the accountability of the tools demonstrated solid procedures.

There are two towers in use at this facility. The tower staff supervises the facility pedestrian and vehicle sally port. The sallyport system allows vehicles to securely enter and exit via two drive through gates. All vehicles utilizing the sallyport are searched upon entry and exit. Additionally there is a heartbeat detection system in place at the rear sallyport. A smaller access gate is utilized by security staff to access the sallyport.

Written post orders have been established for every security post. When security staff was asked by the visiting committee, they were able to produce post orders for their assignment along with documentation that they had read the post orders. All officers interviewed by the visiting committee were able to answer questions and explain their duties.

Radios are issued to each officer. No man down or panic alarm are on the radios. Officers, properly trained and certified in the authorized use of chemical agents, carry an OC canister.

This facility has fourteen emergency plans to address disruptive and emergency events that occur at the facility. There is an area that measures approximately 25' by 20' that serves as the Command Center. Staff receives annual training in these procedures and table top drills were conducted in April 2014, 2015 and 2016. There are a number of levels of responses to emergency situations. An all-call alert is transmitted over the radio for on-duty staff to respond. This could be complemented by the K-9 staff, then the Field Staff (staff assigned to outside areas) and if needed for major events, the Emergency Response Team.

This team would include assistance from other Arkansas Department of Corrections staff. It was reported that approximately 100 outside staff assisted recently in controlling multi-unit disturbance involving gang members and required the use of chemical weapons to quell the disturbance.

The facility operates a 28 dog Canine Unit that assists the community and institution in tracking individuals. Twenty one horses are also housed in the area and are used for security on the work details. This highly trained unit has received numerous letters and awards for their performance. There are six offenders, some of which are serving life sentences, who live outside the facility in order to care for the canine and horses.

The Restricted Housing Unit is a 550 bed housing unit that has appropriate video surveillance camera systems and communication systems. Offenders housed in this unit have failed to function in general population. Reasons for placement include protective custody, administrative detention, disciplinary detention status and mental health monitoring. The offenders housed in this setting receive the proper medical and mental health access as general population offenders. Visiting is non-contact. There is an outdoor recreation area for these offenders and the unit has a dedicated kitchen area and gymnasium. A Step-Down Program allows the offender to gradually re-enter general population.

There are ten different gangs housed at this facility that includes 515 members. Monitoring of these offenders is via housing assignments.

The facility security staffing total is 259 security staff which includes the following: two Majors, six Captains, eight Lieutenants, 54 Sergeants assigned to various shifts to accommodate the facility daily operation. Records reveal that 82 staff has been employed at this facility less than one year; most of which are correctional officer positions. This speaks to the tremendous training challenge that faces this facility. Observations and interviews revealed that there are less enforced rules such as living area sanitation, lights out not enforced and torn sheets and shoelaces strung across cells. This may be attributed to the newness of staff.

Environmental Conditions:

There are a total of six buildings in this facility. The buildings and grounds are maintained in an excellent fashion by Maintenance staff which consists of the supervisor, three tradesmen, a secretary and one security officer. Areas are very well maintained. Maintenance shops throughout the facility are well organized and implement a well-controlled tool program.

The facility is covered with five generators which are tested monthly.

There are 470 singles cells and 20 dormitories. Each offender has a storage area that is built into the bed. Each unit has a day room for television viewing, telephones, video visitation, and cameras.

They are two story units with table/seats available for writing. There is a correctional officer patrols between units and has a mini Control Room that overlooks the units.

The showers, sinks, and toilet ratios at this facility were within the requirements of the ACA standards. Sound and light levels are appropriate. The units are air conditioned and the temperature was appropriate.

Sanitation:

Sanitation in this facility is good and reflective of a solid housekeeping plan. There was no accumulation of debris viewed in any areas and there were no signs of vermin or pest. Throughout the visit, offenders were observed in housekeeping activities. It was recommended that individual living areas are more closely inspected to ensure beds are made neatly as indicated in the Inmate Handbook and that no sheets and shoe laces are strung on the cell bars etc. While this is a sanitation issue it is also a security concern.

Fire Safety:

Weekly area inspections are conducted by the area supervisor and they are followed by monthly inspections by the Fire Safety Officer.

Evacuation routes are posted throughout the facility and contain the primary and secondary routes and location of equipment. The local fire department is located within a fifteen minute response time to the facility. The state Fire Marshal conducted annual inspections of the facility in May 2016, March 2015 and March 2014. Documentation reflected that fire drills are conducted quarterly. There are 35 fire hoses in this facility and these are checked on a monthly basis and documentation exists to reflect monthly inspection fire extinguishers. This is a nonsmoking facility.

The system of distribution of cleaning supplies was reviewed in many areas of this facility. The control and inventory of toxic and flammable substances is well documented and is accompanied by a Safety Data Sheet. All toxics and flammables are inventoried and properly stored however the measurements on cans are recorded as full or half-full and the team recommends a more reliable measurement with a weight scale.

Food Service:

The Food Service department is managed by nine staffs who are assisted by 84 offenders. Supervision in the area is enhanced with six cameras located throughout the area.

Temperatures of the dish machine, dry storage area, coolers and freezers are documented on a daily basis and the logs reflected proper temperatures. Cooler and freezer temperature logs were properly maintained and demonstrated that the equipment operated within proper range. Dish machine temperatures were appropriate. Wet serving trays are stacked awaiting the next meal and it is recommended that the trays are vertically stored to allow for proper drying. The menu is a four week cycle menu which has been analyzed each year by a registered dietician.

The dining area contains stainless steel tables with attached seats. The capacity of the area is 132 offenders. Meals begin at 2:00 a.m., 9:15 a.m. and 2:00 p.m. The small size of the dining area results in almost continuous serving. This is an extremely busy area with satellite feeding to the Jail Unit. Bulk food is delivered to the Maximum Housing for preparation of food trays which are distributed to the cells. Approximately 120 bag lunches are prepared each day for outside work details as well as 300 therapeutic diets and one religious diet. Food costs are approximately \$1.19 cents per offender per meal.

The sanitation in the area was good and there were no signs of accumulated dirt or debris nor were there signs of insects in any area. The offender restroom was clean and contained soap and hot water. The preparation area and the dining area were found to be clean and reflected an effective daily cleaning routine.

Cleaning chemicals were inventoried and were found to be fully accounted. Food is stored at the proper temperatures and stock is dated and rotated. The Department of Health inspected Food Service each year; October 2016, September 2015 and June 2014.

The audit team sampled a lunch meal consisting of spaghetti, beans, green peas and bread and found it to be well seasoned and tasty.

Medical Care:

The East Arkansas Regional Unit (EARU) is a 1680 offender multi classification prison located in Brickeys, Arkansas. Health care is provided by a private vendor contract with Correct Care Solutions (CCS). Health trained staff are on duty twenty-four hours per day, seven days per week.

Medication pill call is scheduled four times per day. Diabetic call for blood sugar checks is at 1:30 a.m. followed by insulin call, 9:00 a.m., 1:30 p.m. and 9:00 p.m. While these times may appear extreme, offenders at EARU are required to work and program. Some jobs begin prior to sunrise. Diabetic offenders are provided snack bags to cover food needs during the work day.

CCS staffing matrix contains 34 FTE's which include: one Health Service Administrator, one Assistant Health Service Administrator, one DON, 2.6 RN's, 11 LPN's, seven CNA's, two Medical records staff, two Mid-level practitioners, one Interim physician, one dentist, one dental assistant and 0.8 dental hygienist.

Mental Health/Social Services staffing matrix contains 11 FTE's which include: one Program Manager, one administrative specialist, one interim psychologist, one licensed Social Worker, one Licensed Clinical Social Worker (vacant during audit), six Mental Health Advisors (two vacant during audit). The contracted eye doctor comes on-site two times per month and brings his own equipment, setting up in the library. It is reported he schedules and completes 25-30 exams and refractions per visit.

Health service areas located off the main corridor were bright, clean and spacious with waiting areas for offenders which had access to restrooms and water fountains. Security staff stations were open and within sight lines of the clinic areas. The mental health program area was not co-located with health services. Clinic areas for medical include a patient waiting room; provider office; dental suite with two chairs, cleaning and sterilization area, and bite wing x-ray equipment; four staff offices; staff restrooms; porter closet; biohazard room; storage closet; two isolation cells (not negative air flow); six bed medical open housing area; medical records; offender restrooms with shower (ADA compliant and located near medical housing); supply room; laboratory and radiology room; staff breakroom; three exam/treatment rooms; pill room/pharmacy. Mental health program areas are located at the end of the main corridor and have security staff station; seven private offices/interview rooms; three large classrooms; staff breakroom; staff and offender restrooms; file room; and large waiting area for inmates. A query of the medication administration record system demonstrated 292 of the 1680 offenders receiving psychotropic medications during the dates of the audit. Mental health services are provided by ADOC employees.

Digital radiology services are provided by Mobile X, who receives images and sends electronic reports back to the facility. LabCorp is the contracted provider for laboratory services. Medications are provided by Diamond Pharmacy and delivered to the facility in unit dose blister packages for inmate specific medications as well as stock medications. Medications distributed at pill calls are documented by scanning the item into the electronic medical record (EOMIS).

Should the inmate require a higher level of care than that available at the facility, they are transferred to community hospitals under contract with CCS. Facilities of choice include: St. Vincent Infirmary Medical Center in Little Rock, Jefferson Regional Hospital in Pine Bluff, and Forest City Medical Center ER. Ambulance services are contracted to Pafford EMS.

Pill call and medication distribution is conducted from the main pill window with security presence in the hallway. The facility permits a limited Keep on Person (KOP) medication program for those with controlled chronic conditions who have been determined appropriate for program participation. Medications for this program are provided in 30 day blister dose packages kept in the offenders' property. Medical diets are available for those who required them based on medical need and provider written orders. The orders are sent to the kitchen and include a start and stop date. Available medical diets include: clear liquid, full liquid, pureed, mechanical soft, diabetic calorie counts (various), bland, high fiber, low fat, high protein, renal, low sodium and allergy.

Counts of sharps, tools and chemicals were found to be correct in all medical, dental, pharmacy and storage areas. Several recommendations were made on various methods to increase accountability and prevent the possibility of items being on two inventory sheets during the course of any one shift. These recommendations were well received and put into use prior to the end of the audit.

ADOC Policy requires the offenders to pay a \$3.00 co-payment for any offender generated request for health services; however care is not denied based on the inability to pay the copayment. Copayment is exempt for the following: chronic clinic care, medications, provider scheduled appointments/follow up, and emergency treatment.

Offenders in all housing areas have access to health services by submitting a written request. Locked clearly marked boxes are noted in all main hallways and in restricted housing areas. These boxes are checked daily at 10:00 a.m. and triaged to determine needs and schedule nurse sick call and provider appointments.

Commissary has two locations and provides the following health items for offender purchase (based on housing and property restrictions if applicable): allergy tablets, Band-Aids, cough drops, loop dental floss, hydrocortisone cream, laxative, foot powder, Tonaftate cream, Chap Stick, antibacterial soap and shoe inserts. Offenders have access to commissary one time per week.

Restrictive and maximum housing units have medications delivered cell to cell. Nurses and mental health staff make rounds in these areas and sign bound log books at the officers' stations using green ink. Medical staff round eight times per day. Sick call requests are collected at these times and triaged. Telemedicine equipment is utilized for monthly medication management and periodic checks with the psychiatrist.

Recreation:

There is a main recreation yard which has basketball, volleyball, soccer and exercise equipment. Board games are available in the housing units and unit televisions periodically show movies. The Hobby craft program provides offenders with the opportunity to work on leather project and woodworking items that are sold to staff and the community. Offenders in Max Unit may utilize the gymnasium and have individual outside recreation areas that measure 15' x 15'.

There are two commissary units at this facility that provide a wide range of options. Offenders submit their paper order and pick up the items on an assigned day. Items include Beverages, cakes, candy, snacks, health & hygiene items and clothing. Offenders in general housing may spend up to \$100 a week. Participation by those in the Max Unit varies according to their level in the Step Down Program.

Approximately 2000 pieces of offender mail is received each day. Monday through Saturday offenders receive mail that has been opened and searched and they submit their mail unopened. All mail is passed through the x-ray to detect contraband. Logs are kept of various types of mail such as certified, legal and indigent. They are allowed to receive an unlimited number of publications directly from a publisher. Legal mail is distributed by a Lieutenant and documented. Inmates receive a returned mail notice if the item cannot be sent or received. Personal Protective Equipment is present in the mail room to handle and contain suspicious items. All standards and requirements for delivery and posting of mail are met.

Religious Programming:

EARU is served by three full time Chaplains. There is a large chapel area with seating for 250. There are two offender workers in this area. There is a religious library and certificate program available for inmates to earn Theology credits as well as access religious materials. There are two large classrooms. The main area has space identified for a choir, band, baptismal, pulpit and large stage area.

Audio visual equipment and sound system components are also used and securely stored here. Crisis counselling and emergency notifications are handled by the Chaplains. A variety of religious services are regularly scheduled throughout the week to include, but not limited to, Hispanic service, Jehovah Witness, KAIROS, Pentecostal, Jum'ah Prayer, Mennonites, Baptist, Catholic, and Church of Christ. During the offenders interviews, many positive comments were received regarding the faith based housing unit.

Offender Work Programs:

All offenders who are medically cleared are assigned to a work detail. Assignments include food service, porter, maintenance (inside and outside), canine unit, recreation and library. Offenders assigned to vegetable production plant and harvest items used to feed the population. In prior years they harvested 300,000 pounds of vegetables. Arkansas Department of Corrections does not pay wages to offenders.

Academic and Vocational Education:

The educational program at EARU is accredited by the Arkansas Correctional School District and Correctional Education Association. The program building contains a security station, seven classrooms, one computer lab with 20 terminals, two offices, staff and inmate restrooms and water fountains, audio visual equipment, storage rooms and a staff break room. There are seven full time teachers and one principle. There were three hundred and three students enrolled during the audit. There were thirty two GED graduates posted on the bulletin board. Offenders are required to attend school, program and work at EARU. School is in session Monday and Wednesday for one group and Tuesday and Thursday for another group.

Social Services:

Mental health / Social Services programming consists primarily of self- study groups which meet weekly. There is no formal substance abuse treatment program in place. Those offenders who require this level or type of treatment are transferred to facilities who offer this service. Programs available include: Domestic Violence Awareness and Prevention, Stress Management, Thinking Errors, Communication Skills, and Parenting Skills.

Re-entry programming is provided by ADOC using the "Think Legacy" materials. Offenders may sign up and apply for this six month voluntary program. Inmates approved for this program must be within 12-18 months of release or discharge date. There is a handbook provided which contains self-study and group chapters on topics such as parole, transfer, early release, community corrections settings, various rights such as voting, obligations such as child support, driver records and licenses, health and human services agencies, department of workforce services, and social security benefits. EARU utilizes Barracks #20 as the re-entry housing unit.

Offenders have opportunity to address staff concerning their case. Various staff is assigned the duties of Main Line where they are positioned outside the dining hall to answer any questions that an offender may have about their case. Additionally there is an Inmate Council that allows offenders to communicate with staff about specific issues.

Visitation:

All visitors must be on an approved visitors lists and may visit on Saturday or Sunday. Custody classification determines if visiting may occur. Special visiting privileges may be extended to those who live more than 300 miles from the facility. General population offenders visit in the visiting room and Max Unit offenders have non-contact visiting. The Visiting Room has a separate visitor's entrance and they are properly identified via a bio-metrics system. There is a Children's' Area, vending machines and restroom for visitors in the Visiting Room.

Library Services:

The library is open seven days per week with morning and evening hours. Offenders have access based on barracks schedules. Two books may be checked out at one time for duration of two weeks. There are four library trained workers under the supervision of a Masters prepared librarian. The facility participates in the inter-system library book exchange program.

There are 3500 books inventoried and four monthly magazines. West Law and Lexus Nexus legal library materials available. There are three computer terminals and one printer. Offenders may receive legal assistance by submitting the appropriate form to the librarian who arranges for assistance. There are books on tape and braille materials available, though none in use during the audit. Library carts are available for use in restrictive housing units.

Laundry:

Offenders are issued three sets of clothing and have three laundry opportunities a week. Offenders at this facility wear a two piece white uniform with their printed name. The laundry contains four washing machines and four dryers. Ironing boards and irons are for use in the laundry.

F. Examination of Records

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

1. Litigation

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

2. Significant Incidents/Outcome Measures

The Significant Incident Report reflects a very active population that consists of higher classification levels of offenders. Many of the events are consistent with a Medium and Maximum security facility. The number of assaults on offenders and staff has significantly increased since 2015 and this was explained as a different type of offender now confined at EARU. Disturbances have occurred in July 2016 and April 2017. The number of suicides and/or attempts is significant and it is recommended that an intensified review of all facets of these suicides and/or attempts is conducted in order to implement preventative measures.

Discussion was held with the health care administrative staff related to the Outcome Measures submitted to the ACA for this audit cycle. Item 2A2, number of new staff was reviewed and determined to be tied to the large number of pool or PRN nursing positions. Rather than increase the base staffing matrix, CCS supplements staffing with pool/PRN staff. Item 3A1 for all three years was examined and noted the majority of grievances found in favor of the offenders were related to provision of over the counter analgesic medications and copayment issues. Item 3A3 related to number of offender lawsuits related to medical services.

These suits were a result of offender disagreements with provider plans of care and desire for services determined to not be medically necessary. There were no successful suits against the medical department. Section 4A1 was reviewed and it should be noted the CCS administration submitted revised outcome measures based on findings during this review. CCS utilizes a perpetual "rolling" CQI document which may cover multiple reporting periods for the ACA years in review therefore creating a higher number. CCS is required to achieve a 95% score for three consecutive months of review on the same topic before the item is considered completed.

A GANT flow chart was shown to the auditor documenting the times these reviews will be completed. Section 4A3 was updated due the numbers being calculated on a calendar year rather than the audit cycle year and reflects the number of offenders placed on suicide precautions for any reason (several examples given of offenders stating "I'm going to kill myself" without an attempt or gesture as means to avoid accountability or consequence but who were counted for this reporting item based on ADOC instruction). In the future, item 4A5 will ensure all deaths are placed in the appropriate category and correspond with facility findings and/or findings of mortality and morbidity Serious Incident Review Committee reports. It is recommended the Health Services Administrator and the Warden review the Significant Incident Report and Outcome Measures for Healthcare together each reporting period as there is opportunity for confusion and differing numbers between these two documents. Definitions should be consistent between security and health services.

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>
Food Service	Tanya Timmons, Captain
Main Control	Rodney Ford, Major
Infirmery	Nurse Kimble Nurse Butler
Dental	J. Crump, Dental Assistant
Visiting Room	Major Ford
Mental Health	Ms. Bean
Health Services	Roderick Davis, HAS Greg Rechcigl, AHSA Kim Hofman, Regional Mgr. CCS Tammy Kimble, Director of Nursing

4. Shifts

This facility has two twelve hour shifts.

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 6:00 p.m.

During this time staff was involved in supervising offenders on their work details and in the activity areas such as the dining hall and housing units. Staff was professional in their appearance and in their interactions with the offenders.

b. Evening Shift

The team was present at the facility during the evening shift from 6:00 p.m. to 7:25 p.m.

A member of the audit team attended shift briefing and found it to be informative and helpful to the oncoming staff. There was information sharing, instructional information and communal prayer. A great sense of teamwork was evident.

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

There were no previously non-compliant standards.

G. Interviews

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

1. Offender Interviews

The visiting committee members spoke with 43 offenders in both formal and informal settings. Generally, offenders feel safe at this facility however a number expressed concern about the amount of drugs at this facility and some specifically noted K-2. Several spoke of the inconsistency of staff in enforcing the rules. Positive comments were voiced about the Faith Base Unit and Food Service.

2. Staff Interviews

The team members spoke to 33 staffs that were all very complimentary of the facility and the supervisors. They were happy to work at this facility and supported each other. There is a great sense of family and teamwork at EARU.

H. Exit Discussion

The exit interview was held at 10:30 a.m. in the Visiting Room with the Jeremy Andrews, Warden and 78 staff in attendance.

The following persons were also in attendance:

Dale Reed, Chief Duty Director, Arkansas Department of Corrections
Rory Griffin, Duty Director, Arkansas Department of Corrections
Mary Ann, ACA Manager, Cummins Units
Kelly Beatty, ACA Manager, Varner Unit
Garret Sefives, ITS, Pine Bluff
Donna Gordon, Manager CCS
Tammy Robertson, ACA Manager, Pine Bluff Unit
Kim Huffman, Regional Manager CCS

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

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 4 th Edition	
Supplement	2014 Standards Supplement	
Facility/Program	Eastern Arkansas Regional Unit	
Audit Dates	May 1 – 3 , 2017	
Auditor(s)	Nancy Bailey, Chairperson , Ray Tamminga, Member, Anne Cybalski-Sandlian, Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	62	463
Number Not Applicable	6	27
Number Applicable	56	436
Number Non-Compliance	0	1
Number in Compliance	56	435
Percentage (%) of Compliance	100%	99.8 %
<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

May 1-3, 2017

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-4052

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 facility has had a vacancy rate over 10% of the authorized positions during many of the months of the audit cycle.

FACILITY RESPONSE:

Plan of Action

The Human Resource Manager will be attending the local job fair invites as we always do. We will make more contact to graduating seniors. Send flyers to the local Workforce offices to assist with filling the vacancies. We will continue to advertise on social media to fill the vacancies. Assist with the staff training to increase employee morale.

Task

- a. Job Fair
- b. Job Fair
- c. Job Fair

Responsible Agency

- a. East Arkansas Regional Unit(HR Department)
- b. East Arkansas Regional Unit (HR Department)
- c. East Arkansas Regional Unit (HR Department)

Assigned Staff

- a. Mrs. Rogers
- b. Mrs. Rogers
- c. Mrs. Rogers

Anticipated Completion Date

- a. 5-11-17
- b. 5-26-17
- c. 6-22-17

AUDIT TEAMS RESPONSE

We do not find this response an aggressive approach to the critical employment issue as no new initiatives are presented.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

May 1-3, 2017

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #4-4306

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ADJUDICATED DELINQUENT OFFENDERS AND YOUTHS CHARGED WITH OFFENSES THAT WOULD NOT BE CRIMES IF COMMITTED BY ADULTS DO NOT RESIDE IN THE INSTITUTION.

FINDINGS:

Youthful offenders are not housed at this facility.

Standard #4-4353

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:

This is an all-male facility.

Standard #4-4362

INTAKE MEDICAL SCREENING FOR OFFENDER TRANSFERS, EXCLUDING INTRA-SYSTEM, COMMENCES UPON THE OFFENDER'S ARRIVAL AT THE FACILITY AND IS PERFORMED BY HEALTH-TRAINED OR QUALIFIED HEALTH CARE PERSONNEL. ALL FINDINGS ARE RECORDED ON A SCREENING FORM APPROVED BY THE HEALTH AUTHORITY. THE SCREENING INCLUDES AT LEAST THE FOLLOWING:

INQUIRY INTO:

- ANY PAST HISTORY OF SERIOUS INFECTIOUS OR COMMUNICABLE ILLNESS, AND ANY TREATMENT OR SYMPTOMS (FOR EXAMPLE, A CHRONIC COUGH, HEMOPTYSIS, LETHARGY, WEAKNESS, WEIGHT LOSS, LOSS OF APPETITE, FEVER, NIGHT SWEATS THAT ARE SUGGESTIVE OF SUCH ILLNESS), AND MEDICATIONS
- CURRENT ILLNESS AND HEALTH PROBLEMS, INCLUDING COMMUNICABLE DISEASES
- DENTAL PROBLEMS
- USE OF ALCOHOL AND OTHER DRUGS, INCLUDING TYPE(S) OF DRUGS USED, MODE OF USE, AMOUNTS USED, FREQUENCY USED, DATE OR TIME OF LAST USE, AND HISTORY OF ANY PROBLEMS THAT MAY HAVE OCCURRED AFTER CEASING USE (FOR EXAMPLE, CONVULSIONS)
- THE POSSIBILITY OF PREGNANCY AND HISTORY OF PROBLEMS (FEMALE ONLY); AND OTHER HEALTH PROBLEMS DESIGNATED BY THE RESPONSIBLE PHYSICIAN

OBSERVATION OF THE FOLLOWING:

- BEHAVIOR, INCLUDING STATE OF CONSCIOUSNESS, MENTAL STATUS, APPEARANCE, CONDUCT, TREMOR, AND SWEATING
- BODY DEFORMITIES, EASE OF MOVEMENT, AND SO FORTH
- CONDITION OF THE SKIN, INCLUDING TRAUMA MARKINGS, BRUISES, LESIONS, JAUNDICE, RASHES, AND INFESTATIONS, RECENT TATTOOS, AND NEEDLE MARKS OR OTHER INDICATIONS OF DRUG ABUSE

MEDICAL DISPOSITION OF THE OFFENDER:

- GENERAL POPULATION
- GENERAL POPULATION WITH PROMPT REFERRAL TO APPROPRIATE HEALTH CARE SERVICE
- REFERRAL TO APPROPRIATE HEALTH CARE SERVICE FOR EMERGENCY TREATMENT

OFFENDERS, WHO ARE UNCONSCIOUS, SEMICONSCIOUS, BLEEDING, OR OTHERWISE OBVIOUSLY IN NEED OF IMMEDIATE MEDICAL ATTENTION, ARE REFERRED. WHEN THEY ARE REFERRED TO AN EMERGENCY DEPARTMENT, THEIR ADMISSION OR RETURN TO THE FACILITY IS PREDICATED ON WRITTEN MEDICAL CLEARANCE. WHEN SCREENING IS CONDUCTED BY TRAINED CUSTODY STAFF, PROCEDURES WILL REQUIRE A SUBSEQUENT REVIEW OF POSITIVE FINDINGS BY THE LICENSED HEALTH CARE STAFF. WRITTEN PROCEDURES AND SCREENING PROTOCOLS ARE ESTABLISHED BY THE RESPONSIBLE PHYSICIAN IN COOPERATION WITH THE FACILITY MANAGER. INMATES CONFINED WITHIN A CORRECTIONAL COMPLEX WITH CONSOLIDATED MEDICAL SERVICES DO NOT REQUIRE HEALTH SCREENING FOR INTRA-SYSTEM TRANSFERS.

FINDINGS:

There are no inter-system transfers at this facility.

Standard #4-4365

A COMPREHENSIVE HEALTH APPRAISAL FOR EACH OFFENDER, EXCLUDING INTRASYSTEM TRANSFERS, IS COMPLETED AS DEFINED BELOW AFTER ARRIVAL AT THE FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY. HEALTH APPRAISAL INCLUDES THE FOLLOWING:

WITHIN FOURTEEN DAYS AFTER ARRIVAL AT THE FACILITY:

- REVIEW OF THE EARLIER RECEIVING SCREEN
- COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES
- LABORATORY OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING VENEREAL DISEASE AND TUBERCULOSIS
- RECORD OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE
- OTHER TESTS AND EXAMINATIONS AS APPROPRIATE

WITHIN FOURTEEN DAYS AFTER ARRIVAL FOR INMATES WITH IDENTIFIED SIGNIFICANT HEALTH CARE PROBLEMS:

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITH SIGNIFICANT HEALTH PROBLEMS DISCOVERED ON EARLIER SCREENING SUCH AS CARDIAC PROBLEMS, DIABETES, COMMUNICABLE DISEASES, AND SO FORTH)

- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

WITHIN 30 DAYS AFTER ARRIVAL FOR INMATES WITHOUT SIGNIFICANT HEALTH CARE PROBLEMS:

- MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS (FOR THOSE INMATES WITHOUT SIGNIFICANT HEALTH CARE CONCERNS IDENTIFIED DURING EARLIER SCREENING-NO IDENTIFIED ACUTE OR CHRONIC DISEASE, NO IDENTIFIED COMMUNICABLE DISEASES, AND SO FORTH)
- REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A HEALTH CARE PRACTITIONER OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, IF SUCH IS AUTHORIZED IN THE MEDICAL PRACTICE ACT
- INITIATION OF THERAPY, WHEN APPROPRIATE
- DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

INTERPRETATION JANUARY 2004. THE CRITERION FOR TESTING FOR VENEREAL DISEASES IS AT THE DISCRETION OF THE AGENCY'S/FACILITY'S HEALTH AUTHORITY.

FINDINGS:

There are no inter-system transfers at this facility.

Standard #4-4371

ALL INTERSYSTEM OFFENDER TRANSFERS WILL UNDERGO A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH PROFESSIONAL WITHIN FOURTEEN DAYS OF ADMISSION TO A FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS NINETY DAYS, A NEW MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH APPRAISALS INCLUDE, BUT ARE NOT LIMITED TO:

- REVIEW OF AVAILABLE HISTORICAL RECORDS OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT
- REVIEW OF HISTORY OF TREATMENT WITH PSYCHOTROPIC MEDICATION
- REVIEW OF HISTORY OF PSYCHOTHERAPY, PSYCHO-EDUCATIONAL GROUPS AND CLASSES OR SUPPORT GROUPS
- REVIEW OF HISTORY OF DRUG AND ALCOHOL TREATMENT
- REVIEW OF EDUCATION HISTORY
- REVIEW OF HISTORY OF SEXUAL ABUSE-VICTIMIZATION AND PREDATORY BEHAVIOR
- ASSESSMENT OF CURRENT MENTAL STATUS AND CONDITION
- ASSESSMENT OF CURRENT SUICIDAL POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT INCREASE SUICIDE POTENTIAL
- ASSESSMENT OF VIOLENCE POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT INCREASE VIOLENCE POTENTIAL
- ASSESSMENT OF DRUG AND ALCOHOL ABUSE AND/OR ADDICTION
- USE OF ADDITIONAL ASSESSMENT TOOLS, AS INDICATED
- REFERRAL TO TREATMENT, AS INDICATED
- DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION

FINDINGS:

There are no inter-system transfers at this facility.

Standard #4-4376

DETOXIFICATION IS DONE ONLY UNDER MEDICAL SUPERVISION IN ACCORDANCE WITH LOCAL, STATE, AND FEDERAL LAWS. DETOXIFICATION FROM ALCOHOL, OPIATES, HYPNOTICS, OTHER STIMULANTS, AND SEDATIVE HYPNOTIC DRUGS IS CONDUCTED UNDER MEDICAL SUPERVISION WHEN PERFORMED AT THE FACILITY OR IS CONDUCTED IN A HOSPITAL OR COMMUNITY DETOXIFICATION CENTER. SPECIFIC GUIDELINES ARE FOLLOWED FOR THE TREATMENT AND OBSERVATION OF INDIVIDUALS MANIFESTING MILD OR MODERATE SYMPTOMS OF INTOXICATION OR WITHDRAWAL FROM ALCOHOL AND OTHER DRUGS.

FINDINGS:

There is no detoxification program at this facility.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
East Arkansas Regional Unit
Brickeys, Arkansas

May 1-3, 2017

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-4137-1

(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 3 OR MORE INMATES HAVE A MINIMUM OF 2 TOILETS. THESE RATIOS APPLY UNLESS ANY APPLICABLE BUILDING OR HEALTH CODES REQUIRE ADDITIONAL FIXTURES.

FINDINGS:

There has been no new construction or renovations at this facility.

Standard #4-4138-1

(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:

There has been no new construction or renovations at this facility.

Standard #4-4139-1

(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 TWELVE 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 PROMOTE HYGIENIC PRACTICES.

FINDINGS:

There has been no new construction or renovations at this facility.

Standard #4-4143

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:

Offenders who cannot perform basic life functions are not housed at this facility.

Standard #4-4147-1

(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:

There has been no new construction or renovations at this facility.

Standard #4-4147-2

(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:

There has been no new construction or renovation at this facility.

Standard #4-4181

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:

This is an all-male facility.

Standard #4-4190-1

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:

This is an all-male facility.

Standard #4-4278

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:

This is an all-male facility.

Standard #4-4285

WRITTEN POLICIES AND PROCEDURES GOVERN THE ADMISSION OF INMATES NEW TO THE SYSTEM. THESE PROCEDURES INCLUDE AT A MINIMUM THE FOLLOWING:

- DETERMINATION THAT THE INMATE IS LEGALLY COMMITTED TO THE INSTITUTION
- THOROUGH SEARCHING OF THE INDIVIDUAL AND POSSESSIONS
- DISPOSING OF PERSONAL PROPERTY
- SHOWER AND HAIR CARE, IF NECESSARY
- ISSUE OF CLEAN, LAUNDERED CLOTHING AS NEEDED
- PHOTOGRAPHING AND FINGERPRINTING, INCLUDING NOTATION OF IDENTIFYING MARKS OR OTHER UNUSUAL PHYSICAL CHARACTERISTICS
- MEDICAL, DENTAL, AND MENTAL HEALTH SCREENING
- ASSIGNING TO HOUSING UNIT
- RECORDING BASIC PERSONAL DATA AND INFORMATION TO BE USED FOR MAIL AND VISITING LIST
- EXPLAINING MAIL AND VISITING PROCEDURES
- ASSISTING INMATES IN NOTIFYING THEIR NEXT OF KIN AND FAMILIES OF ADMISSION
- ASSIGNING OF REGISTERED NUMBER TO THE INMATE
- GIVING WRITTEN ORIENTATION MATERIALS TO THE INMATE
- DOCUMENTING ANY RECEPTION AND ORIENTATION PROCEDURE COMPLETED AT A CENTRAL RECEPTION FACILITY

FINDINGS:

EARU does not receive offenders new to the system.

Standard #4-4286

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THE PREPARATION OF A SUMMARY ADMISSION REPORT FOR ALL NEW ADMISSIONS. THE REPORT INCLUDES AT A MINIMUM THE FOLLOWING INFORMATION:

- LEGAL ASPECTS OF THE CASE
- SUMMARY OF CRIMINAL HISTORY, IF ANY
- SOCIAL HISTORY
- MEDICAL, DENTAL, AND MENTAL HEALTH HISTORY
- OCCUPATIONAL EXPERIENCE AND INTERESTS
- EDUCATIONAL STATUS AND INTERESTS
- VOCATIONAL PROGRAMMING

- RECREATIONAL PREFERENCE AND NEEDS ASSESSMENT
- PSYCHOLOGICAL EVALUATION
- STAFF RECOMMENDATIONS
- PRE-INSTITUTIONAL ASSESSMENT INFORMATION

FINDINGS:

EARU is not a reception center.

Standard #4-4287

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR A RECEPTION PROGRAM FOR NEW INMATES UPON ADMISSION TO THE CORRECTIONAL SYSTEM. EXCEPT IN UNUSUAL CIRCUMSTANCES, INITIAL RECEPTION AND ORIENTATION OF INMATES IS COMPLETED WITHIN 30 CALENDAR DAYS AFTER ADMISSION.

FINDINGS:

EARU is not a reception center.

Standard #4-4288

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT NEW INMATES RECEIVE WRITTEN ORIENTATION MATERIALS AND/OR TRANSLATIONS IN THEIR OWN LANGUAGE. THESE MATERIALS MAY ALSO BE PROVIDED ELECTRONICALLY, BUT INMATES IN SEGREGATION MUST BE PROVIDED THE INFORMATION IN A WRITTEN FORMAT SO THAT THEIR ACCESS TO THE INFORMATION IS NOT IMPEDED BY THEIR CUSTODY STATUS. WHEN A LITERACY PROBLEM EXISTS, A STAFF MEMBER ASSISTS THE INMATE IN UNDERSTANDING THE MATERIAL. COMPLETION OF ORIENTATION IS DOCUMENTED BY A STATEMENT SIGNED AND DATED BY THE INMATE.

FINDINGS:

EARU is not a reception center.

Standard #4-4307

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:

Youthful offenders are not housed at this facility.

Standard #4-4308

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

FINDINGS:

Youthful offenders are not housed at this facility.

Standard #4-4309

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:

Youthful offenders are not housed at this facility.

Standard #4-4310

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

FINDINGS:

Youthful offenders are not housed at this facility.

Standard #4-4311

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT OFFENDERS FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

FINDINGS:

Youthful offenders are not housed at this facility.

Standard #4-4312

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 THAT IS 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:

Youthful offenders are not housed at this facility.

Standard #4-4353-1

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

FINDINGS:

This is an all-male facility.

Standard #4-4383

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:

There are full time staff at this facility.

Standard #4-4391

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION, AND 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:

Volunteers are not used in the delivery of health care.

Standard #4-4392

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 FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS 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:

Students, interns or residents are not used at this facility.

Standard #4-4436

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:

This is an all-male facility.

Standard #4-4441

WHERE A DRUG AND ALCOHOL 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:

There is no drug or alcohol treatment program at this facility.

Standard #4-4461-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT, CONSISTENT WITH THE LAWS AND LEGAL PRACTICES WITHIN THE JURISDICTION, RESTITUTION IS COLLECTED AND ULTIMATELY MADE AVAILABLE TO THE VICTIMS OF CRIME AND/OR THEIR SURVIVORS. WHERE SUPPORTED BY STATUTE, AND FEASIBLE, VICTIM AWARENESS CLASSES ARE OFFERED TO HELP OFFENDERS UNDERSTAND THE IMPACT OF THEIR CRIMES ON THE VICTIMS, THEIR COMMUNITIES, AND THEIR OWN FAMILIES.

FINDINGS:

EARU is not required to collect restitution.

Standard #4-4463

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:

EARU does not allow offenders to be employed in the community.

Significant Incident Summary

Facility: Arkansas Department of Correction –East Arkansas Regional Unit

May 2016-April 2017

Incidents		May 2016	Jun 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017	April 2017
Assault:: Offenders/ Offenders*	Types (sexual** Physical)	P 6	P / S 19 / 6	P 0	P 3	P 17	P 3	P / S 17 / 7	P / S 17 / 7	P 8	P 7	P 13	P 12
	With Weapon	0	1	0	0	1	0	0	0	1	3	4	1
	Without Weapon	6	18	0	3	17	3	17	17	8	7	9	11
Assault: Offender/ Staff	Types (sexual** Physical)	0	P / S 11 / 4	0	P 5	P / S 10 / 5	P 5	P / S 10 / 5	P / S 10 / 5	P 8	P 4	P 4	P 8
	With Weapon	0	2	0	0	0	0	0	0	0	1	1	0
	Without Weapon	0	9	0	5	15	0	10	15	8	4	4	8
Number of Forced Moves Used***		0	0	0	0	0	0	0	0	0	0	0	0
Disturbances****		0	0	0	0	0	0	0	0	0	0	0	1
Number of Times Chemical Agents Used		0	3	0	0	1	0	1	0	3	5	2	8
Number of Times Special Reaction Team Used		0	0	0	0	0	0	0	0	0	0	0	1
Four/Five Point Restraints	Number	0	0	0	0	0	0	0	0	0	0	0	0
	Type (chair, bed, board, etc)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Offender Medical Referrals as a result of injuries sustained		0	6	0	0	0	5	0	2	2	1	0	0
Escapes	Attempted	0	0	1	0	0	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	0	0	0	0	0	0	0
Substantiated Grievances (resolved in favor of offender)	Reason	other Medical Co-pay	Clothing Medical SICK CALL CO-PAY	Medical Property	Medical Staff Classification Property	Footwear Staff cellmate Medical	funds Conditions Medical Co-pay Maint Legal Mail	Medical W/release	Co-pay	Medical Staff Classification	Medical Property staff	-	-
	Number	17	20	21	9	3	23	11	5	71	44	45	6
Deaths	Reason	Natural / Suicide	None	None	None	None	None	None	Natural	None	Natural	None	Natural / Suicide
	Number	2	0	0	0	0	0	0	0	1	0	2	0

EARU Year Three (May 1, 2016-April 30, 2017)

		Health Care Outcomes		
Standard	Outcome Measure	Numerator/Denominator	Value	Calculated O.M.
1A	(1)	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months.	7	
	divided by	The average daily population.	1690	.004
	(2)	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months.	0	
	divided by	Average daily population.	1690	0
	(3)	Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months.	3	
	divided by	Number of offenders administered tests for TB infection in the past twelve (12) months as part of periodic or clinically-based testing, but not intake screening.	1344	.002
	(4)	Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months.	8	
	divided by	Number of offenders treated for latent tuberculosis infection in the past twelve (12) months.	38	.211
	(5)	Number of offenders diagnosed with Hepatitis C viral infection at a given point in time.	131	
	divided by	Total offender population at that time.	1693	.077
	(6)	Number of offenders diagnosed with HIV infection at a given point in time.	28	
	divided by	Total offender population at that time.	1692	.017
	(7)	Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time.	26	
	divided by	Total number of offenders diagnosed with HIV infection at that time.	28	.929

	(8)	Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 cps/ml.	7	
	divided by	Total number of treated offenders with HIV infection that were reviewed.	7	1
	(9)	Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time.	31	
	divided by	Total offender population at that time.	1654	.019
	(10)	Number of offender admissions to off-site hospitals in the past twelve (12) months.	33	
	divided by	Average daily population.	1690	.02
	(11)	Number of offenders transported off-site for treatment of emergency health conditions in the past twelve (12) months.	77	
	divided by	Average daily population in the past twelve (12) months.	1690	.046
	(12)	Number of offender specialty consults completed during the past twelve (12) months.	1229	
	divided by	Number of specialty consults (on-site or off-site) ordered by primary health care practitioners in the past twelve (12) months.	1665	.738
	(13)	Number of selected hypertensive offenders at a given point in time with a B/P reading > 140 mmHg/ >90 mm Hg.	22	
	divided by	Total number of offenders with hypertension who were reviewed.	65	.338
	(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.	6	
	divided by	Total number of diabetic offenders who were reviewed.	35	.171
	(15)	The number of completed dental treatment plans within the past twelve (12) months.	1075	
	divided by	The average daily population during the reporting period.	1690	.636

2A	(1)	Number of health care staff with lapsed licensure or certification during a twelve (12) month period.	2	
	divided by	Number of licensed or certified staff during a twelve (12) month period.	43	.047
	(2)	Number of new health care staff during a twelve (12) month period that completed orientation training prior to undertaking their job.	34	
	divided by	Number of new health care staff during the twelve (12) month period.	32	1.063
	(3)	Number of occupational exposures to blood or other potentially infectious materials in the past twelve (12) months.	3	
	divided by	Number of employees.	43	.07
	(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.	0	
	divided by	Number of direct care staff tested for TB infection in the past twelve (12) months during periodic or clinically indicated evaluations.	282	0
3A	(1)	Number of offender grievances related to health care services found in favor of the offender in the past twelve (12) months.	51	
	divided by	Number of evaluated offender grievances related to health care services in the past twelve (12) months.	546	.093
	(2)	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period.	0	
	divided by	Number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0
	(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.	0	
	divided by	Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.	7	0

4A	(1)	Number of problems identified by quality assurance program that were corrected during a twelve (12) month period.	9	
	divided by	Number of problems identified by quality assurance program during a twelve (12) month period.	11	.819
	(2)	Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.	1	
	(3)	Number of offender suicide attempts in the past twelve (12) months	13	
	divided by	Average daily population.	1690	.008
	(4)	Number of offender suicides in the past twelve (12) months.	1	wrong
	divided by	Average daily population.	1690	.001
	(5)	Number of unexpected natural deaths in the past twelve (12) months.	4	
	divided by	Total number of deaths in the same reporting period.	5	.8
	(6)	Number of serious medication errors in the past twelve (12) months.	2	
5A	None			
6A	None			
7A	None			
7B	None			
7C	None			