COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Corrections
Pine Bluff Complex
Pine Bluff, Arkansas

March 4-6, 2025

VISITING COMMITTEE MEMBERS

Brian A. Neagle, Chairperson
ACA Auditor

Samantha Mooney
ACA Auditor

Brenda Boyd
ACA Auditor

A. Introduction

The audit of the Pine Bluff Complex, Pine Bluff, Arkansas was conducted on March 4-6, 2025, by the following team: Brian A. Neagle, Chairperson; Samantha Mooney, Member; and Brenda Boyd, Healthcare/Member.

B. Facility Demographics

Rated Capacity:
Ester Unit: 579
Pine Bluff Unit: 564
Randall L. Williams Unit: 518

Actual Population:
Ester Unit: 705
Pine Bluff Unit: 547
Randall L. Williams Unit: 540

Average Daily Population for the last 12 months:
Ester Unit: 699
Pine Bluff Unit: 558
Randall L. Williams Unit: 552

Average Length of Stay:
Ester Unit: 1 Year, 0 Months, 0 Days
Pine Bluff Unit: 1 Year, 2 Months, 27 Days
Randall L. Williams Unit: 0 Years, 9 Months, 15 Days

Security/Custody Level:
Ester Unit: C-1 to C-3, Minimum -Medium
Pine Bluff Unit: Minimum, - Medium, - Maximum
Randall L. Williams Unit: C2-C3, Minimum-Medium

Age Range of Offenders:
Ester Unit: 19-83
Pine Bluff Unit: 18-83
Randall L. Williams: 16-74

Gender:
Ester Unit: Male
Pine Bluff Unit: Male
Pine Bluff Re-Entry: Male
Randall L. Unit: Male

Full-Time Staff:
<u>Pine Bluff Unit</u>
166 Other 2
Program
Administrative 4
Security 48
Vacancies 54

Full-Time Staff
<u>Randall L. Williams</u>
141 Other 6
Program

	Administrative Security Vacancies 57
Full-Time Staff	<u>Ester Unit</u> 108 Other 39 Program 2 Administrative 14 Security 92 Support 3 Vacancies 41

C. Facility Description

The Pine Bluff Complex is composed of three separate facilities referred to as Units. The first Unit you arrive to upon entering the complex is the Randall L. Williams Unit. Further into the complex after passing through a security gate, you will arrive at the Pine Bluff and Ester Units.

<u>Randall L. Williams Unit</u>
Construction began on a Jefferson County Jail/ Correctional Facility began in June 1989, to house 72 jail detainees and 328 state inmates opening in 1990. A 34-bed expansion to the Jefferson County jail was completed in June 1995. Construction of the modular unit to house an additional 180 state inmates was later completed.

Jefferson County opened a new adult detention facility in October 2007. In December 2007, the Arkansas Department of Corrections purchased the 106 beds, Jail Side of the facility, and the 10 acres of land. The facility was officially renamed the Randall L. Williams Correctional Facility in April 2008, after the Circuit Judge Randall L. Williams' who served as Chairman of the Board of Corrections and Community Punishment. Now being a part of the Pine Bluff Complex housing 553 male inmates, medium security level. The physical plant includes four main barracks and a large modular unit off the west hall. There are three cell blocks off the east hall and a segregation unit that consists of 13 cells. There are several small yards off the living units and also a larger yard. There is a central laundry, kitchen and dining area, infirmary off the main hallway. The administrative offices, visiting room and training room are off the main entrance.

<u>Barbara Ester Unit</u>
Original construction of this facility began in 1978 with inmate labor bussed from Cummins Unit each day until the latter part of 1979. Temporary housing was established for the inmate labor until the first structures were completed. The Diagnostic Unit began operating as a reception center for ADC in 1981 when the first inmates were delivered from the county jails. The initial construction had not been completed when it was expanded to a capacity of 486 inmates. In 1993, modifications to accommodate inmates with special needs reduced the capacity to 467 and then in 1995, beds were added back. In February

2012 this facility was closed, moving all operation to the Ouachita River Correction Facility in Malvern.

In 2015 the remodeling of this unit began with inmate living area first. In July 2015 inmates moved in starting with 184 then in December adding another 196 inmates making the capacity 380. The kitchen was opened in January of 2016 at the Ester Unit. The opening of the last barracks and the Medical Department opened in 2017. The first day for the infirmary was November 1, 2017. Bringing the total count up to 6.

The Barbara Ester Unit is a tribute to an Arkansas prison guard who lost her life in the line of duty January 20, 2012, at the hands of a prisoner.

Pine Bluff Unit

The Pine Bluff Unit was built in 1976, originally as the Women's Unit, to house the State's 128 female offenders who had been transferred from the Cummins Unit. By 1994, the women had outgrown this facility and were transferred to the Tucker Unit at Tucker, Arkansas. Male inmates from the Tucker Unit were transferred to this unit and the name was changed to the Pine Bluff Unit. Today, the Pine Bluff Unit has a capacity to house 540 inmates. Twenty of these beds are devoted to the Work Release Program and 520 beds for those who work in various jobs in and around the unit. Some of those assignments include, Food Service, Construction, Maintenance, Regional Maintenance, Barrack Porters, Free Line Lawn, Horse barn.

The Pine Bluff Unit serves as a dual accommodation facility, housing both work release and general inmate populations. The only work release living area that is located at the physical plant is barracks three. Apartments one through five are all multi-occupancy rooms. Barracks two is comprised of rooms capable of housing two occupants, and barracks four is made up of single person rooms. The general population housing area consists of 10 barracks total and includes three dormitory styled housing units with either one or two person rooms, and seven open barracks spread across three separate buildings, and a separate segregation unit designed with single person cells and a capacity to hold up to 17 inmates. Other structures within the perimeter fence include the administration offices, a chapel, the food service area, infirmary, laundry area, and a large recreation yard. The facility has covered walkways that connect the administrative building, chapel, gym, infirmary, kitchen, laundry, and an outside courtyard.

Mission Statement

It is the mission of the Pine Bluff Complex to provide a secure and humane correctional environment for staff and inmates. This is accomplished through strict adherence to established security practices and programs opportunities for inmates to develop physically, mentally, and spiritually.

D. Pre-Audit Meeting

The team met on March 3, 2025, in Pine Bluff, Arkansas, to discuss the information provided by the Association staff and the officials from Pine Bluff Complex.

The chairperson divided standards into the following groups:

Standards # 5-ACI-1A-01 to 5-ACI-2G-03 to Brian A. Neagle, Chairperson
Standards # 5-ACI-3A-01 to 5-ACI-5F-08 to Samantha Mooney, Member
Standards # 5-ACI-6A-01 to 5-ACI-7F-08 to Brenda Boyd, Healthcare/Member

E. The Audit Process

1. Transportation

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

2. Entrance Interview

The audit team arrived at The Pine Bluff Complex at approximately 8:00 a.m. on the first day. The audit team was brought to the administration building by Superintendent DeAngelo Earl. The team expressed their appreciation for the opportunity to be involved with the Pine Bluff Complex reaccreditation process. At this time, all initial introductions were made. The chairperson discussed the audit schedule for the week including but not limited to the tour, standard review, visitation of shifts and departmental follow-up visits. At this time, we also discussed areas of concern involving isolations/quarantines and any other COVID related information that may pose any concerns. Superintendent Earl was then advised that the audit team would provide a daily informal closeout briefing at the end of each audit day. This would be done with the staff of his choosing to discuss progress and any concerns up to that point.

The chairperson stated that it was important the audit team observed normal operations of the facility and requested there not be any changes to operations or procedures unless the audit team is informed. The need to interview personnel in all shifts also emphasized inattentive schedules discussed to accomplish this goal.

The chairperson made a request to the staff that all the team interviews be conducted without facility staff monitoring. This would ensure the integrity of all the interviews conducted. It was agreed that any monitoring would interfere in any interview conducted with inmates or staff.

The Superintendent was asked if there was anything which he was aware of that would interfere with the reaccreditation of the facility, to which his reply was no.

Superintendent DeAngelo Earl then escorted the team to the visitation room at the Barbara Ester Unit where the formal entry meeting was held.

The following people were in attendance:
DeAngelo Earl, Pine Bluff Complex Superintendent

Jay la Burnett, PBU Complex EPC Lieutenant
Tasha Clark, RLW Key Control Sergeant
Tanye Hegler, RLW Fire & Safety Sergeant
Candice Tyson, RLW Sanitation Sergeant
Richard Cooper, Assistant Director of Construction
Scott Taylor RLW Chief of Security
Natasha Odom, RLW A&B Shift Captain
Linda Arnold, PBU A&B Shift Captain
Jardena Swann, PBU Disciplinary Officer
Damika Fuller, PBU Fire & Safety Sergeant
Cheryl Hutchinson, PBU PBX Officer
Latrina Rayford, BEU A&B Shift Captain
Canessa King BEU Disciplinary, RHU Sergeant
Jimmy Via Jr., BEU Key Control
Michael Lowe, BEU Chief of Security
Steven Ricketts, BEU Deputy Warden
Antwon Emsweller, RLW Deputy Warden
Roanld Martin, Maintenance Coordinator
Hunter Glover, Maintenance Director
Herman Shields, Maintenance Director
Adam Clark, PBU Deputy Warden
Shelly Jones, Agency Accreditation Manager
Heather Holley Public Information Officer
Jacob Higgins, Fire & Safety Lieutenant
Jessica Parent, PB Complex ACA Manager
Melissa Moore, ADC Health Service Administrator
Shelly Byers, ADC Assistant Health Service Administrator
Dexter Payne, ADC Director
Dale Reed, ADC Chief Deputy Director
Amanda Pasley, Wellpath Accreditation Manager
Aundrea Culclager, ADC Deputy Director
William Straughn, ADC Deputy Director
Tiffanye Compton, ADC Superintendent of Administration Operations
Ross Anderson, PBU Key Control Sergeant
Jessica Benefield, RLW Health Service Administrator
Patti Vanlandingham, BEU Health Service Administrator
Sondra Parker, Wellpath Regional Manager
Lee Skinner, Wardens Secretary
Katrina Rowland, RLW Program Specialist
Randall Champion, ADC Communications Director
Lavarco Hawkins, RLW Majors Secretary

It was explained that the goal of the visiting team was to be as helpful and nonintrusive as possible during the conduct of the audit.

The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 9:10 a.m. to 3:30 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

Ester Unit

DeAngelo Earl, Pine Bluff Complex Superintendent
Steven Ricketts, Ester Unit Deputy Warden
Michael Lowe, Ester Chief of Security
Dean Shields, Construction Manager
Shelly Jones, Agency ACA Manager
Jesssica Parent, PB Complex ACA Manager
Sondra Parker, Wellpath Regional Manager
Heather Holley, Public Information Specialist
LaTrina Rayford, Captain
Cainna Tyson, Lieutenant
Caneesa King, Sergeant
Dale Reed, Chief Deputy Director
William Straughn, Deputy Director
Ronald Martin, Construction Manager
Hunter Glover, PBC Maintenance Director
Jacob Higgins, Lieutenant – Agency Fire & Safety Officer
Shelly Byers, Assistant Medical Manager
Amanda Pasley, Wellpath ACA Manager
Jimmy Via, Sergeant – Ester Key Control

Pine Bluff Unit

Dale Reed, Chief Deputy Director
William Straughn, Deputy Director
DeAngelo Earl, Superintendent
Adam Clark, Deputy Warden
Jameisha Madden, Major
Linda Arnold, Captain
Ryan Robinson, Sergeant
Damika Fuller, Sergeant
Jardena Swann, Cpl.
Ronald Martin, Construction/Maintenance
Hunter Glover, Construction/Maintenance
Shelly Jones, Agency ACA Manager
Amanda Pasley, Wellpath ACA Manager

Jessica Parent, PB Complex ACA Manager
Shelly Byers, Assistant Medical Manager
Sondra Parker, Wellpath Regional Manager

Randall L Williams Unit

Dexter Payne, Director
Dale Reed, Chief Deputy Director
William Straughn, deputy Director
DeAngelo Earl, Superintendent
Antwon Emsweller Sr., Deputy Warden
Scott Taylor, Major
Natasha Odom, Captain
Jacob Higgins, Lieutenant Agency Fire and Safety
Tanye Hegler, Sergeant RLW Fire & Safety
Candice Tyson, Sergeant – RLW Sanitation
Tasha Clark, Sergeant RLW Key Control
Amanda Pasley, Wellpath Accreditation Manager
Sondra Parker, Regional Director for Wellpath
Shelly Jones, Agency Accreditation Manager
Herman Shields, Maintenance Director
Hunter Glover, Maintenance Director
Randall Champion, Public Information Officer
Heather Holley, Public Information Specialist
Shelly Byers, Assistant Medical Manager
Jessica Parent, PB Complex Accreditation Manager

The audit team observed facility notices of the upcoming audit throughout the facility. Staff and inmates were aware of the audit as well.

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 Pine Bluff Complex is surrounded by a 12-foot chain link fence, topped with razor wire with a shaker assembly whereby the wiring detects movement that is monitored by cameras. Towers are located around the Pine Bluff Unit and the Ester Unit and are manned and armed 24 hours and seven days a week.

Each unit has four security four security shifts, one Captain over shifts A and B and the other is over C and D. Each shift is made up of a Lieutenant, two to four Sergeants and multiple Corporals. Each unit has a utility group of security staff

who oversee special job assignments. These assignments include Fire Safety, Key Control, Tool Control, Sanitation, School Security, Medical, Radio Room, Maintenance Security, etc. Each unit also has a Major assigned. The field security division supervises inmate field utility and other work details as needed. The team is responsible for the outer perimeter landscaping. Field security also supervises the inmates who work to maintain the grounds of the Pine Bluff Complex and free line.

All Units at the Complex have Central Control Centers that are manned 24 hours and seven days a week. The Control Centers are responsible for issuance of security equipment, keys, mechanical restraints, and handheld radios. All security equipment was properly stored and accounted for by inventories and inspections. The officers assigned are responsible for monitoring the cameras and inmate movement both inside and outside the Units. Emergency keys were secured in each Control Center. The Ester Unit has a total of 176 cameras, Pine Bluff Unit has 148 total cameras, and the Randall L. Unit has 139 cameras throughout that are located on the interior and exterior of the Complex.

Each Unit has entrance points into the Units. The Ester Unit has a main entrance, sallyport walkthrough gate, and a sallyport drive through gate. The Pine Bluff Unit has a front entrance, back sallyport, walkthrough gate, sallyport delivery gate, and 9 Barracks delivery gate. The Randall L. Williams has a sallyport delivery gate and front entrance.

Key control is under the supervision of a Key Control Officer, who maintains a master inventory for all keys including blanks. There is one key cutting machine at the Complex located in the Key and Lock shop located outside the secured perimeter. All keys were properly stored and accounted for through daily, weekly, and monthly inspections and inventories. Keys were notched and color coded so they could be easily identified.

The armory is a highly restricted room located in a separate building outside the main facility perimeter fence. Access to the armory is restricted to designated staff members, and all entry is documented in a logbook.

Inventories of both weapons and munitions were examined and found to be accurate. Although the armory appeared in good working order some suggestions were made and noted by staff.

The Pine Bluff Complex conducts 10 formal counts within a 24-hour period. On weekends at the end of the visitation period an additional count is conducted. Informal counts are conducted throughout the day by officers on post to ensure accountabilities for all inmates. Additional counts may be conducted at the discretion of the shift supervisors.

Special Management/Restrictive Housing

The Pine Bluff Complex reserves assignments to the Restrictive Housing Units to inmates who either: pose a direct threat to persons or who threaten safe and secure operations of the facility of assignment. Inmates assigned to the Restrictive Housing Units at the Pine Bluff Complex are assigned for 30 days or less. Inmates assigned to Restrictive Housing Units are afforded general privileges that are the same as those provided to the general population. Inmate health and hygiene is maintained by offering showers and barber services at least 3 times per week, recreation opportunities offered at least five times per week, and Medical and Mental Health professionals make meaningful rounds in the Restrictive Housing Units daily. Safe, Secure, and Effective operations of the units are established and maintained by monitoring conditions of confinement on a regular basis with monitoring visits made by shift supervisors at least once per shift, Deputy Warden's at least once per week, and the Superintendent at least once per month. The Barbara Ester Unit has 8 cells in its Restrictive Housing Unit located in 6 Barracks. The Pine Bluff Unit has 17 cells in its Restrictive Housing Unit located in 6 Barracks. The Randall L. Williams Unit has 14 cells in its Restrictive Housing Unit located in its own area separate from the institution's barracks and cellblocks. Review boards are in place to make decisions regarding release from restrictive housing units back to general population or transfer of inmates from the restrictive housing unit to another facility that can provide long term restrictive housing when required.

Environmental Conditions

The environmental conditions of all the units were good. The facility in general has a good inmate climate, with good inmate/staff relations. The temperatures of the facilities were within normal comfort range. Noise levels throughout the facility were within acceptable ranges. Inmate housing areas were clean, property neatly stored, and inmate uniforms clean and in good repair.

All interior fixtures observed were in good working order. The housing units that were observed had adequate ventilation and there were no noticeable odors. Lighting levels were well within standards.

The general condition of the entire complex was clean and in good repair. All housing units have an appropriate number of showers, sinks, and toilets which are easily accessible to all inmates. The classification system appears to work well on the placement of inmates in the various housing units.

The complex has four operational emergency generators and two backup generators that are capable of providing 100 per cent of the essential power needed at the complex during emergency shutdowns. The emergency generators are run tested weekly and fully load tested quarterly. Run testing, load testing and servicing of the generators were all documented.

Note: During the audit the area experienced a severe rainstorm in which several buildings throughout the Complex were leaking from the roof and window areas. When staff were questioned, they stated that repairs have been made over the course of this audit cycle, but issues are still occurring. New work orders were produced for these areas. Chairperson made a strong suggestion that these reoccurring issues be addressed with the contractors who performed the work as these issues should not persist.

Sanitation

It was obvious that the Pine Bluff Complex had placed a very high priority on sanitation, especially at the time of this audit since COVID is still a concern of people's daily lives along with facility operations. The level of sanitation observed by the audit team was well within standards.

The facilities were free of litter and debris. This was also true of the interior of all housing units. Chemical control was good throughout the housing units as well as the control of other cleaning materials. The appropriate material safety data sheets (SDS) were at locations where chemicals were stored. Random spot checks of inventory chemicals revealed no discrepancies.

Housekeeping plans are utilized, and inspections are conducted as required. Access to cleaning supplies and hygiene items is appropriate for the custody level of the offender population.

Sanitation inspections are conducted:

Safety and sanitation inspections are conducted:

- annually by the State Fire Marshall,
- quarterly by the Department's Fire & Safety Officer,
- monthly by facility's Fire & Safety Officer,
- weekly by Department Head and Area Supervisory staff
- daily by Housing and Area Supervisors as required by policy.

All services for drinking water, sewage, waste management and pest control are provided by certified and approved vendors.

Note: While touring the Randall L. Williams Unit specifically 4 Barracks the Audit Chairperson informed Deputy Warden Emsweller and Superintendent Earl that during my inspection said Barracks sanitation/housekeeping was not up to standard. I informed them that I would reinspect Barracks at some point during the audit.

Superintendent and Deputy Warden assured me that this was not the norm, and the issue would be rectified. Superintendent Earl informed me the Barracks had been cleaned but upon inspection later the same day they were again not up to

standards. The Superintendent informed me the next day that an inmate who was disciplined and a gang member who lived in that Barracks was intimidating the inmates in Barracks #4 to not clean and cause any type of housekeeping disruption during the audit. This inmate was threatening bodily harm and ordering his STG members to do the same to any inmate that did not participate in the barracks being trashed. Superintendent then informed me that this inmate had been transferred to Varner/SuperMax. Upon reinspecting 4 Barracks it was found to be well within standards.

Fire Safety

The Pine Bluff Complex has a full-time Fire & Safety Officer for each unit that oversees all fire, and safety issues and ensures compliance with all fire and safety standards.

Throughout the Complex there are approximately 258 fire extinguishers, along with smoke detectors, heat detectors, sprinklers, hose reels, SCBA's and audible systems. There are also nine fire hydrants located throughout the Complex grounds that provide fire protection. During our tour of the Complex spot checks were done to ensure monthly inspections were made to the fire extinguishers. An Ansul hood range suppression system is in the kitchen and is checked regularly and was in good working order.

Additionally, eye washing stations were observed for the same purpose. No deficiencies were observed.

Staff interviewed were knowledgeable of the system and procedures to be followed in the event of an emergency. Emergency exit signs were appropriately posted along with evacuation plans.

Actual fire drills are conducted monthly in all areas of facility except for segregation where drills are simulated.

The Pine Bluff Fire Department is located approximately 2.5 miles from the facility with a response time of approximately five to ten minutes and would respond in case of an emergency.

Toxic, caustic, inflammable materials were stored properly. All fire equipment was maintained in good condition. There is also a detailed fire emergency plan in place. Fire inspections are conducted annually by the Fire Marshall and Regional Safety inspector.

The last annual fire inspection was conducted by the State Fire Marshall as follows:

Pine Bluff Unit - June 11, 2024

Randall L. Williams – June 12, 2024
Ester Unit – June 11, 2024

The last fire safety inspection was conducted by the Regional Safety Office as follows:

Pine Bluff Unit – February 6, 2025
Randall L. Williams – February 21, 2025
Ester Unit – January 22, 2025

Food Service

The Pine Bluff Complex has three full-time food service operations, which are maintained by both staff and inmates. There are approximately 170 inmate food service workers between the three units. All inmate workers receive pre assignment exams and are then medically approved. Inmates are trained prior to work assignments and receive annual in-service training.

The kitchen is a full-service commercial style cooking area. The Complex produces approximately 5400 meals each day.

There are three different inmate dining halls. The Pine Bluff Unit has seating capacity of 58. The Ester Unit has 60 inmate seating capacity, and the RLW unit seating capacity is 112 inmates. Each inmate is allowed 20 minutes per meal.

A 30-day menu cycle planning guide is approved by a certified dietitian employed by the TDCJ annually and is utilized to develop weekly menus.

During the tour we inspected the food service areas where all rooms and equipment were checked. The temperatures of the freezers and refrigerators were well within standards. All inventory items were in place or checked out and accounted for.

Although the areas checked were clean and in order, auditors did find some areas of minor concern. These areas of concern were immediately rectified and were found to be of no issue upon revisit.

The visiting committee did sample an inmate meal, and the meal was found to be nutritious, respectfully hot, and appropriately season.

The audit team during the audit did not receive any complaints out of the ordinary from any inmate about the quality of the meals.

Medical Care

This report details the findings and corrective actions from the recent audit

conducted at the three units are Barbara Ester, Randall L. Williams and Pine Bluff Units of the Pine Bluff correctional Complex an all-male institution. The audit aimed to assess compliance with established policies, procedures, and best practices, ensuring the safety, security, and efficient operation of the facilities.

The primary objectives of the audit were:

- Evaluate adherence to medical care using the facilities protocols and inmate management procedures.
- Review the effectiveness of medication administration, sick call, medical consults and chronic care clinics.
- Assess the condition and maintenance of facility medical units.
- Identify any areas of non-compliance and recommend corrective actions.

  The audit involved a thorough review of documentation, on-site inspections, and interviews with staff and inmates. The audit team employed both qualitative and quantitative methods to gather and analyze data, ensuring a comprehensive evaluation of the units.
- The audit found that while all units generally adhered to security protocols, there were instances of lapses in routine checks and supervision. The Pine Bluff complex medical and dental services are provided under contract with Wellpath incorporation. A regional director and statewide medical director overseas the services at the Pine Bluff complex. Wellpath contract continues at this time. Mental health services are also provided by Wellpath. Certain services such as radiology, oncology and ophthalmology are provided through outside contracts.
- The Pine Bluff Complex (PBC) healthcare services are in multi-purpose purpose buildings in each of the units. The areas themselves appeared to be well lighted with sufficient work space for staff. A member of the audit team visited and inspected the locations several times during the audit.
- The design of the hallways and doors can accommodate handicapped inmates as needed. The examination rooms allow for measure of privacy from non-medical personnel during examination or procedures by means of limited inmate movement in the area, the placement of examination tables and privacy screenings.
- The healthcare areas vary in size depending on their respective services to the complex. The Ester unit consists of a dental office and health service administrative office, infection control office, a laboratory and chronic care office, two examination rooms, a record room a biohazard waste storage room, three supply closets, a room for storage of clean linen, crutches, oxygen, and other durable medical equipment, a medical ward, a pill room, and a nearby mental health office.

Staffing for the Ester unit:

- One health administrator, one director of nursing, one registered nurse, eight licensed practical nurses, two certified nursing assistants, one physician, one dentist, one dental assistant, one dental hygienist, one medical records clerk and one administrative assistant.
- During the audit the Ester unit had one registered nurse vacancy.

The Randall L. Williams unit consists of an examination room and treatment room, a medication room, a health service administrative office, the providers office, a room for medical records and employee breaks, a laboratory room, a sick call room, a bio hazard waste storage room, a room used for storage but capable of use as alternative treatment room, a chronic care and infection control room, and three storage closets.

Staffing for Randall Williams unit:

- One health service administrator, one registered nurse, eight licensed practical nurses, one physician, one nurse practitioner, one medical records clerk, and one certified nursing assistant.
- During the audit the Randall L. Williams unit had one registered nurse vacancy and three licensed practical nurse vacancies.
- The Pine Bluff unit consists of a health service administrative office, a medical records office, and infection control and laboratory room, two nurses offices, and examination room, a medication room, a provider room, two storage closets, a linen room supply room, and a valve hazard waste storage room.
- Staffing for Pine Bluff unit:
- One health service administrator, one registered nurse, eight licensed practical nurses, one physician, one nurse practitioner, one medical clerk and 1certified nursing assistant.

Mental health for all units staffing:

- Psychiatrist (part time, by video), mental health supervisor mental health advisor psychological examiner and certified social worker.

Medical records:

The medical records are kept in paper and electronic formats in the units. The alternative viewed randomly selected records from for the chronological entries, consistency of entries, and orderliness of documents.

During the review it was noted that the provider orders, progress notes by clinicians and the initials mental health screenings were completed and the medical records are organized into sections with tabs separating the respective screen sections and documentations in reverse chronological order.

The process for inactive records for deceased and discharge inmates continue to be transferred for retention to the Arkansas management for retention center.

Infirmary and medical housing:

The PBC has four bed, licensed Infirmary in the Ester unit for inmates with medical needs that interfere with living in general population. However, they do not require full hospitalization. Nursing staff and a custody officer are present 24/7.

Services and care:

Services provided at the Pine Bluff complex include orientation intake screening emergency care telehealth and telepsychiatry, sick call, pill call, dental, phlebotomy physical therapy treatment management plans, stable chronic care including infectious diseases, hypertension, diabetes, lipid, cancer, seizures, hepatitis A, B&C, HIV infection, insulin dependent diabetic, renal, and gastrointestinal. Periodic health exams are done by dental, mental health, laboratory, and referral for specialty care period individual risk factors are reviewed in relationship to hepatitis conditions. Services by outside providers include orthopedics, ultrasound, cardiology, neurology, Oculus, radiation, oncology, rheumatology, ideology, dermatology, pain management, oral surgery, and neurology, among other specialties. On an average month there are Approximately greater than 600 inmates in the various chronic care clinics.

Upon admission to the PBC all intra -system transfer inmates are initially screened by a nurse for medical issues, mental health concerns, That is sufficient for proper housing assignments.

The screening is later reviewed by the provider. The documentation showed a provider review was made within a day or two of intake. The initial screening includes an orientation, keep on person medications, copays, sicko procedures, a inmate handbook, and other medical educational guides. A checklist form is used to ensure all areas are addressed. Within 14 days of the intake, referred inmates are seen by a practitioner for more comprehensive evaluation and history - the healthcare appraisal. The inmates' pamphlets and other information are provided in both English and Spanish. If needed other translation services are available via language line.

Sick call referrals for an inmate may be generated by any staff member and provided to healthcare staff. PBC handles approximately 700 sick call requests

per month. Sickout boxes are available to the inmates in their housing units and hallway areas if an inmate is unable to complete his own sick call request due to an impairment or disability a nurse will assist him during the pill call. There is a $3 copay for sick call visits.

Periodic exams for the inmates are done by physicians or mid-level providers. Those over the age of 65 can receive an annual examination. Those between 40 to 64 can receive an examination every three years. Those under 40 are eligible every five years. Health screenings are done upon intake as noted previously for the intra transfers and before placement in any special housing.

Medical diets for inmates are available. These diets are approved by the medical provider. The medical department conveys the order to the food service department where a daily list is maintained and where the diets are prepared.

Tuberculosis testing of inmates is done upon intake to the state system. Additionally, Voluntary HIV testing is done and available annually thereafter. Testing is also done for any inmate displaying symptoms of tuberculosis or for any inmate in contact with a known or suspected TB case. All direct care employees, for example custody staff civilian staff with inmate contact, are tested upon and then annually as documented in the ACA files for the expected practice 5- AC1-6B-05.

Other services, including laboratory specimens, are taken at the PBC so specimens can be collected by LabCorp a Courier makes rounds at PBC five days a week. The ordering provider at the PBC then received the results often the next day electronically any critical results are reported immediately to the PBC stat lab can be provided so that by local hospital after PBC provides the specimen or if LabCorp is used the results can be telephoned to the PBC.

AED's are in place in the medical area the health care area maintains an emergency jump cart including an inventory of its contents along with the AED and oxygen, all of which are checked daily by nursing staff. First aid kits are in the medical areas in maintenance and food service. Inventories of the contents of the first aid kits are on the outside of the boxes. Medical staff restock the kits when custody staff bring them after use. In order to check the inventory and contents of several of the kits and found most of them to be accurate. The routine practice however is for the staff to send an inmate with any type of injury to the medical area. The self harm prevention garment if needed is a paper gown.

Documentation was provided to the auditor regarding the maximum 4-minute response time to urgent calls documentation of drills and the files demonstrated that the participation and involvement of the medical staff and a medical response time of two to four minutes there was sufficient documentation of medical staff training on emergency responses drills.

Medication and pharmacy:

Prescription medications are ordered through Diamond pharmacy with deliveries to the facility within 72 hours but normally within a day. There is a backup local pharmacy at Walgreens in Pine Bluff.

The stock medications were inventoried every month and reordered. All inventory records viewed were dated and initial. A process was put in place since their last annual ACA audit. Therefore, when the auditor reviewed the documentation it was in compliance. The control substances work inventory beginning and end of each shift was documented in a separate logbook by the staff. Controlled substances are maintained behind two locks. Refrigerated medication were maintained at a proper temperature. The auditor randomly checked medication inventories and found them to be accurate.

Many medications, excluding controlled substances, are issued in blister packs as keep on person medications. Other medications are administered from the pill windows. Medication time for all units are 2:30 a.m., 9:45 a.m., 2:30 p.m. For inmates and restricted housing medication administration is done by the nurse at the cell. A procedure is in place for confirming an inmate's identity and for post administration. Auditor witnessed the pill call process. Mouth checks were being done after the inmates received their medications after at the window.

Expired medications are returned to Diamond pharmacy per protocol.

Quality improvement:

There is a quality improvement program as well as regularly reviewed healthcare specific goals and objectives in place at the PVC, all documents in the audit files. Custody and administrative staff are committee members of some of the various committees as required. For example, the performance improvement program, no quality assurance program, mental health and suicide prevention protocols crisis intervention services Sharps, instruments, and bio-hazard wasted.

The medical auditor team member reviewed the inventories for sharps, syringes, and instruments maintained in the healthcare areas. Inventories was randomly checked. The audit member found the inventories to be accurate and consistent. Documentation showed that the inventories for sharps, syringes, and instruments were conducted daily at the beginning and the end of each work shift. Past daily inventory sheets were maintained and available for the auditor to review period usage of sharps could be cross checked by means of sick call notations and or a use law. All items were securely stored. Bulk inventories are checked monthly.

Medical staff count sharps at the earliest point possible.

The company used for medical biohazard materials/waste is Stericycle Company.

The inmate interviews gave the impression that the inmates do not view health care as part of PBC custody operation, an impression that leads to better and more honest communication between the inmates and healthcare staff. Inmates when interviewed had few complaints to express about the health care services. Generally, the inmate expressed satisfaction with the timeliness of medical call outs and responses.

All recommendations to the staff during the audit was well received and any corrective issues was done immediately on site. This was a very good audit.

Recreation

The PBC recreation program is coordinated by three (3) full-time Recreation Directors, one(1) at each unit.

Recreation activities include the recreation yards adjacent to the housing units, with the yards equipped in different areas with basketball courts and volleyball courts. Each housing unit has access to a gymnasium or indoor recreation area. The gym has basketball courts and storage areas. Indoor dayrooms are equipped with games such as dominoes, chess, checkers, and scrabble.

The yard hours were scheduled for mornings and afternoons in one (1) hour blocks for the designated housing areas. Recreation options include handball, badminton, basketball, volleyball, croquet, board games, rubber horseshoes, ping pong, shuffleboard, soccer, among other things. The equipment appeared to be in fairly good condition.

Religious Programming

Each Unit has a full-time chaplain and the PBU also has two part-time chaplains that provide religious offerings with the assistance of several volunteers. The Pine Bluff and Ester Units have a Chapel, and the Randall L. Williams Unit utilizes the visitation room for chapel services.

Each unit also has a religious library that provides an assortment of religious materials and books which are available to the inmate population.

When there has been a death or serious illness in an inmate's family or close social circle, the Chaplain provides notification and support for the inmate. The Chaplain provides spiritual counseling to the inmate population as needed. The Chaplain visits RHU once a week or as needed.

A review of recent worship services and classes/program scheduling indicated the following programs are available: (This list is not all inclusive)
Juvenile Services

Jumah Prayer
Catholic Mass
Malachi Dads
Care and Recovery
Kairos (Prayer & Share)
Taleem Services
Muslim Services
Bible Study
Sunday Morning Services
Life Principles
Life Skills
Addiction Resolution
Ramadan
Orthodox Islam
Roman Catholic

Offender Work Programs

Complex job assignments include food service, laundry, barracks porter, chapel porter, classification porter, commissary, free world barber, inmate barber, infirmary porter, inside grounds, painter, recreation. Outside work includes back dock, boiler room, carwash, freeline grounds, garden squad, horse barn, field utility, and mowing crew to name a few.

Incentives for inmates to work include good time for work. Other incentives might include extra privileges and special housing placement.

The PBC does not have an industries program.

Academic and Vocational Education

The Pine Bluff complex has one school located at the Pine Bluff unit. There's a walkway that connects the Ester unit to the Pine Bluff unit with the Randall L Williams unit inmates being transported by bus to the school area. The Arkansas Department of Corrections has adopted a mandatory school attendance policy. Any inmate without verified proof of a high school diploma or GED, regardless of age, job assignment, amount of time being served for standardized test scores must attend school until he passes the GED testing process. Inmates who have a high school diploma or a GED are able to further their education through the Shorter College.

Social Services

Pine Bluff Complex offers various programs to the inmate population such as Self-Help Group which is a two-week program that consists of Anger Management, Thinking Errors, Communication Skills, Substance Abuse, Domestic Violence, and Parenting. Inmates are tested and if eligible can earn good time.

Beyond Limits is an 8-week program. It's a self-help program that helps with suicidal thoughts, inmates get a new module every week.

Substance Abuse Treatment Program is a 6–12-month behavior modification program, where inmates receive certification for substance abuse treatment and anger management.

Outside volunteers from the Workforce Center, Probation and Parole, and Continuing Education and provide programming in Cognitive Behavior Therapy, Domestic Violence, and Life Skills.

Pine Bluff Complex has a PAWS in Prison located in the Randall L. Williams Unit. The program consists of three dogs that are taught obedience skills. Once the dogs have mastered the skills they are adopted out of the program.

The Randall L Williams unit off also offers programming for the juveniles incarcerated in their unit. The following is a list of programming Character Traits (Building Character), Value & Personal Responsibilities, Anger Management, Grief, Conflict Resolution, Goals (Short Long Term), Job Readiness, Money Management, Core Beliefs, Hygiene & Self-Care, Communications Skills, Team Building, and Healthy Relationships.

Visitation

Inmates are allowed contact visitation sessions with approved visitors. Visitation is conducted every Saturday and Sunday including holidays from 12:00 p.m. to 4:00 p.m. Special visitation sessions are permitted Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m. Special visitation sessions are designed for visitors who must travel long distances and must be arranged at least 24 hours in advance. These visits must be approved by the Superintendent.

The Pine Bluff Complex has Visiting Rooms in each unit with the PBU using the gymnasium. All visiting areas have access to vending machines, tables and chairs, and visitor restrooms.

Telephones are present in all the general population housing units. General population inmates have access to the telephones whenever their unit is not in lockdown status. Device Telephone services for inmates are provided through contract with Securus Technologies.

Library Services

A Library and Law Library are maintained in all three Units. Each Unit has a Library Supervisor.

The general library materials are categorized by subject matter. Categories include biographies, special interest, religion, romance, Spanish, science fiction and fantasy, suspense and drama, war, history, along with numerous newspapers and magazines.. There are also reference and research materials. Between all three libraries there are over 10,000 books and over 600 magazines and newspapers. Several personnel in the ADOC have Master of Library Science degrees and can be used for consultation by PBC staff.

The library hours are Monday – Friday 8:00 a.m. to 10:30 a.m. and again at 1:00 p.m. 6:00 p.m. Weekends and holiday schedule is from 6:00 p.m. to 9:00 p.m.

Each unit has the Westlaw Program for the law library. The law libraries also have hard copies for the inmate population. Each unit law library has a computer assigned for the law library.

Inmates in Restrictive Housing have library materials delivered to them upon written requests.

Laundry

The Pine Bluff Complex has laundry service in all three Unit which provides laundry services for their individual inmate population. At all the Units both staff and inmates operate the laundry. They are equipped with commercial washers, commercial dryers, pressers and sewing machines. Some of the housing units in Ester also have washers and dryers.

All washers and dryers appeared to be in good order. The laundries were clean and organized. Dryer vents were clear of debris and appeared to be cleaned on a regular basis.

The chemicals are stored in a secure area and dispensed automatically except for the housing units. SDS for these chemicals are located in the laundry, and housing units and are readily accessible if needed. The check of inventory items was conducted with no discrepancies.

There is a sufficient stock of clothing and linen to supply the inmate population. Inmates are able to exchange laundry and linen on a weekly basis. All the inmates observed had clean clothing and linens with all being in good repair.

Although all the laundries were clean and in good repair period auditors did observe some minor issues. These issues were easily rectified upon revisit.

F. Examination of Records

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

1. Litigation

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

2. Significant Incidents/Outcome Measures

   Based on the audit team's professional judgement and experience, the Significant Incident Summary and Outcome Measures for the Pine Bluff Complex did not have any inconsistencies noted in the overall numbers reflected in the reports. The numbers reflected were consistent with the overall mission and custody level of the facility.

3. Departmental Visits

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

Department Visited	Person(s) Contacted
Infirmary- Ester Unit	Starlisha Pride, Correctional Officer
12 Barracks	Trawan Brown, Correctional Officer
10 Barracks (Control)	Waukyna Richardson, Cpl.
7 Barracks (Veterans)	Arlie West, Cpl.
6 Barracks (RHU)	Charles Holiday, Cpl.
Kitchen	Odell Spiers, Captain
1D Barracks	Kedrick Jackson, Cpl.
Kitchen (PBU)	Kathy Daniels, Kitchen Supervisor
1 Barracks (PBU)	Damika Fuller, Sergeant
Infirmary	Lakita Davis, Nurse Practitioner
Maintenance	Hunter Glover, Director
Key Control (RLW)	Tasha Clark, Sergeant
Key Control (PBU)	Ross Anderson
5 Barracks (PBU)	Linda Arnold, Captain

4. Shifts

   a. Day Shift (6:00 a.m. - 6:00 p.m.)

The team was present at the facility during the day shift. During the first day we toured the facility and visited with staff and inmates as we were moved about the facility. The team observed all programs that were in progress, inmate dining, and recreation along with normal operations. Shift members were very professional, understood policy and procedure and were familiar with their post orders.

b. Evening Shift (6:00 p.m. - 6:00 a.m.)

The team was present at the facility during the evening shift. Auditors spoke with staff in their various areas. Again, staff was very professional and well maintained. The staff and inmates understood the importance of the accreditation process and seem motivated to do a good job in their areas of responsibility.

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

The team reviewed the status of standards previously found non-compliant and found Standard #5-ACI-1C-05 relative to vacancy rates 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 team interviewed a total of approximately 97 inmates. The inmates interviewed were cooperative and willing to speak to the team. We received no complaint of a repetitive nature regarding the facility. The inmates/staff interaction was good in general; They all reported that they were being treated fairly by staff and their basic needs including food, and medical care, were being met. The inmates had adequate access to telephones, mail and staff as needed.

Staff were observed interacting with the inmate population in most of all areas visited. There were no major consistent complaints received by the audit team. Auditors did observe inmates engage staff with basic concerns and questions. In turn we observe staff doing what they could do to rectify the issue. The inmates that were interviewed reported this facility was as safe as it could be. They also stated the staff treated them fairly and respectfully.

The inmate morale appeared to be good. They seemed to understand and accept the audit process. They were cooperative and respectful during the audit and with the audit team.

2. Staff Interviews

The team had the pleasure of speaking with a staff of dedicated, knowledgeable, professionals. The audit team spoke with approximately 58 staff during the audit. Staff were professional in their interaction with the inmates and other staff. There was a great deal of support for all levels of the management team and the administration. The audit team observed a sense of pride by all levels of staff in the facility regarding the jobs they perform. They stated they enjoyed working at the facility and felt they were in a fairly safe working environment. They were polite, cooperative, and conducted themselves in a professional manner. There was a normal working correlation between departments and the communication flowed freely.

Notices of the audit were posted throughout the facility.

H. Exit Discussion

The exit interview was held at 11:00 a.m. in the Barbara Ester Unit visitation room with DeAngelo Earl and the same staff as the in-brief.

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

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

AMERICAN CORRECTIONAL ASSOCIATION

AND THE

COMMISSION ON ACCREDITATION FOR CORRECTIONS

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 5th Edition	
Supplement	Not Applicable	
Facility/Program	The Pine Bluff Complex	
Audit Dates	March 4-6, 2025	
Auditor(s)	Brian Neagle, Chairperson; Samantha Mooney, Member; Brenda Boyd, Member	
	MANDATORY	**NON-MANDATORY**
Number of Standards in Manual	64	509
Number Not Applicable	6	56
Number Applicable	58	453
Number Non-Compliance	0	3
Number in Compliance	58	450
Percentage (%) of Compliance	100%	99.3%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

COMMISSION ON ACCREDITATION FOR CORRECTIONS

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:

Pine Bluff Complex exceeded the 10% vacancy rate for any 18-month period.

AGENCY RESPONSE:

Plan of Action

We will challenge all staff at the Pine Bluff Complex to recruit prospective employees. The AR-DOC Recruiter (1-888-ADC-Jobs) continually recruits for all AR-DOC units; the recruiter remains vigilant in conducting weekly and monthly job fairs in all communities within the State of Arkansas. The Arkansas Division of Corrections has a website (www.state.ar.us/doc) that lists all available jobs and an on-line application process to aid all interested parties in seeking employment at the AR-Division of Correction. The job openings for the Pine Bluff Complex are advertised weekly on the Radio Stations and various community job fairs are held. The Work Force Centers have Push Cards, which contain direct information about this unit that is handed out during hiring events. The AR-DOC Recruiter or the Unit Human Resource Manager have placed Yard Signs which are in multiple areas in our communities with the Pine Bluff Complex information for public viewing. The Workforce Centers in the surrounding area have applications as well as all available job openings. The Pine Bluff Complex Superintendent has implemented a recruitment and training center at the Pine Bluff Complex, this center allows for individuals to come in and speak with department staff in person to answer any questions they may have about working for the department, or the application process, receive any needed assistance in completing the application process, as well as assist with find a career opportunity offered at the complex that is the best fit for them. The Recruitment and Training center also hosts weekly interviews to take place to ensure efficiency in the screening and hiring process. The State of Arkansas is also

currently working to adjust the current pay scale to make opportunities with the Department of Corrections more attractive to potential applicants.

Task
a. Recruit Staff
b. Retain Staff
c. Process available applicants
d. Mentor all staff in developing the skills needed for a career with AR-DOC.
e. Utilize Newly Implemented Training and Hiring Center to fill vacant positions quickly and efficiently.

Responsible Agency
a. Human Resource Administrator
b. Human Resource Staff/Recruiter
c. Warden and Human Resource Manager

Assigned Staff
a. ADC Recruiter
b. Human Resource Administration Staff
c. Unit Human Resource Manager

Anticipated Completion Date
a. As soon as possible but no later than March 2028.

AUDITOR'S RESPONSE:

The audit team supports the facility's Plan of Action.

Standard # 5-ACI-1D-18

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT CORRECTIONAL OFFICERS ASSIGNED TO AN EMERGENCY UNIT HAVE AT LEAST ONE YEAR OF CORRECTIONS AND 40 HOURS OF SPECIALIZED TRAINING BEFORE UNDERTAKING THEIR ASSIGNMENTS. PRIOR MILITARY OR CIVILIAN CORRECTIONS OR LAW ENFORCEMENT EXPERIENCE CAN SUBSTITUTE FOR ONE YEAR OF EXPERIENCE. OTHER STAFF MUST HAVE AT LEAST ONE YEAR OF EXPERIENCE WITHIN THE CORRECTIONAL SETTING. THE SPECIALIZED TRAINING MAY BE PART OF THEIR FIRST YEAR TRAINING PROGRAM. OFFICERS AND STAFF ASSIGNED TO AN EMERGENCY UNIT RECEIVE 40 HOURS OF TRAINING ANNUALLY, AT LEAST 16 OF WHICH ARE SPECIFICALLY RELATED TO THE EMERGENCY UNIT ASSIGNMENT AND WHICH COVER EMERGENCY PLAN RESPONSE. STAFF ASSIGNED TO EMERGENCY UNITS SHALL BE REQUIRED TO PARTICIPATE IN ANNUAL TRAINING THAT TEST EMERGENCY PLAN SYSTEMS FOR NATURAL AND MADE-MADE DISASTERS.

FINDINGS:

Pine Bluff Complex had an emergency unit during years 1 & 2 of the audit cycle. Year #3 they only had one member left. Documentation in the file stated that there was no training for the Unit in year #3.

AGENCY RESPONSE:

Appeal of the Visiting Committee Finding

The Pine Bluff Complex believes that the finding of non-compliance in regard to this standard is not accurate. The Complex maintains that it was compliant because in the event of an emergency the Pine Bluff Complex would utilize the Agency Resource of the K- 9 Team which does classify as an emergency response team and is utilized in emergency situations universally across all institutions in the state, and members meet or exceed all training requirements. The Pine Bluff Complex also demonstrated access to additional emergency units to be used in the event of institutional need that meet all necessary training requirements. In addition, although the complex did not have a designated emergency response team on site, there was still one certified member that remained at the complex and she did receive recertification training as well as other specialized training during the third year of the audit cycle at the Pine Bluff Complex. The memo in the file was to indicate we did not have an emergency response team to send to training but that we did have access to an emergency unit with the appropriate training and that all staff members receive Emergency Preparedness training.

AUDITOR'S RESPONSE:

Standard # 5-ACI-4B-11 NEW August 2018

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ALL RESTRICTIVE HOUSING INMATES ARE PERSONALLY OBSERVED BY A CORRECTIONAL OFFICER TWICE PERHOUR, 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 OR SELF-HARM RECEIVE MORE FREQUENT OBSERVATION; SUICIDAL INMATES ARE UNDER CONTINUOUS OBSERVATION. OBSERVATION SHALL BE DOCUMENTED ON A LOG. A QUALIFIED MENTAL HEALTH PROFESSIONAL WILL DETERMINE THE TYPE OF OBSERVATION (MINIMAL TO CONSTANT).

FINDINGS:

PBC had several instances of checks over an hour apart over several days.

AGENCY RESPONSE:

Plan of Action

The Pine Bluff Complex Superintendent and Deputy Warden's implemented immediate training to staff members concerning Restrictive Housing standard operations and expected practices, and the importance of accurately documenting all events; to include standard security rounds. These expected practices will also be added to the Post Orders that are read prior to assuming the post, to ensure understanding and compliance with these practices. Unannounced documentation checks to ensure that practices are observed and documented accordingly will be performed to ensure ongoing compliance. Corrective action will be taken in the event of non-compliance to hold staff accountable to consistently perform the expected practices.

Task
a. Update Post Orders
b. Ensure Compliance through Documentation Checks
c. Hold Staff Members Accountable to Expected Practices

Responsible Agency
a. Department of Corrections
b. Pine Bluff Complex, Restrictive Housing

Assigned Staff
a. Deputy Warden/Warden
b. Majors
c. Restrictive Housing Supervisors

Anticipated Completion Date
a. March 14, 2025

AUDITOR'S RESPONSE:

The audit team supports the facility's Plan of Action.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Pine Bluff Complex
Pine Bluff, Arkansas

March 4-6, 2025

Visiting Committee Findings

Mandatory Standards

Not Applicable

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:

PBC does not house female inmates.

Standard # 5-ACI-6A-21

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 AND MENTAL ILLNESS
- 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
- ANY PAST HISTORY OF MENTAL ILLNESS, THOUGHTS OF SUICIDE OR SELF-INJURIOUS BEHAVIOR ATTEMPTS

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:

PBC does not receive inter-system transfers.

Standard # 5-ACI-6A-25

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 90 DAYS, A NEW HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY. HEALTH APPRAISALS INCLUDES THE FOLLOWING:

WITHIN 14 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 SEXUALLY TRANSMITTED DISEASES AND TUBERCULOSIS
- RECORD OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE
- OTHER TESTS AND EXAMINATIONS AS APPROPRIATE

WITHIN 14 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 A 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

FINDINGS:

PBC receives only intra-system transfers.

Standard # 5-ACI-6A-32

INMATES WHO ARE REFERRED AS A RESULT OF THE MENTAL HEALTH SCREENING OR BY STAFF REFERRAL WILL RECEIVE A MENTAL HEALTH APPRAISAL BY A QUALIFIED MENTAL HEALTH PERSON WITHIN 14 DAYS OF ADMISSION TO THE FACILITY OR THE REFERRAL. IF THERE IS DOCUMENTED EVIDENCE OF A MENTAL HEALTH APPRAISAL WITHIN THE PREVIOUS 90 DAYS, A NEW MENTAL HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED MENTAL HEALTH AUTHORITY. MENTAL HEALTH EXAMINATIONS INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

1. REVIEW OF THE MENTAL HEALTH SCREENING
2. HISTORICAL REVIEW OF THE FOLLOWING:
   a. AVAILABLE HISTORICAL RECORDS OF INPATIENT AND OUTPATIENT PSYCHIATRIC TREATMENT
   b. TREATMENT WITH PSYCHOTROPIC MEDICATION
   c. PSYCHOTHERAPY, PSYCHO-EDUCATIONAL GROUPS, AND CLASSES OR SUPPORT GROUPS
   d. EDUCATIONAL STATUS
   e. DRUG AND ALCOHOL USE/ABUSE; TREATMENT
   f. SEXUAL ABUSE-VICTIMIZATION AND PREDATORY BEHAVIOR
3. ASSESSMENT OF CURRENT MENTAL STATUS AND CONDITION, INCLUDING
   a. CURRENT SUICIDAL POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT MAY INCREASE SUICIDE POTENTIAL

b. VIOLENCE POTENTIAL AND PERSON-SPECIFIC CIRCUMSTANCES THAT MAY INCREASE VIOLENCE POTENTIAL

c. DRUG AND ALCOHOL ABUSE AND/OR ADDICTION

4. USE OF ADDITIONAL ASSESSMENT TOOLS, AS INDICATED
5. DEVELOPMENT AND IMPLEMENTATION OF A TREATMENT PLAN, AS INDICATED, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION.
6. REFERRAL TO TREATMENT, AS INDICATED

FINDINGS:

Pine Bluff Complex is not an intake unit.

Standard # 5-ACI-6A-35

THERE IS A WRITTEN SUICIDE-PREVENTION PLAN THAT IS APPROVED BY THE HEALTH AUTHORITY AND REVIEWED BY THE FACILITY OR PROGRAM ADMINISTRATOR. THE PLAN INCLUDES STAFF AND OFFENDER CRITICAL-INCIDENT DEBRIEFING THAT COVERS THE MANAGEMENT OF SUICIDAL INCIDENTS, SUICIDE WATCH, AND SUICIDES. IT ENSURES A REVIEW OF SUICIDAL INCIDENTS, SUICIDE WATCH, AND SUICIDES BY ADMINISTRATION, SECURITY, AND HEALTH SERVICES. ALL STAFF WITH RESPONSIBILITY FOR OFFENDER SUPER- VISION ARE TRAINED ON AN ANNUAL BASIS IN THE IMPLEMENTATION OF THE PROGRAM. MENTAL HEALTH STAFF SHOULD BE INVOLVED IN THE DEVELOPMENT OF THE PLAN AND THE TRAINING WHICH SHOULD INCLUDE BUT NOT BE LIMITED TO:

- IDENTIFYING THE WARNING SIGNS AND SYMPTOMS OF IMPENDING SUICIDAL BEHAVIOR
- UNDERSTANDING THE DEMOGRAPHIC AND CULTURAL PARAMETERS OF SUICIDAL BEHAVIOR, INCLUDING INCIDENCE AND VARIATIONS IN PRECIPITATING FACTORS
- RESPONDING TO SUICIDAL AND DEPRESSED OFFENDERS
- COMMUNICATION BETWEEN CORRECTIONAL AND HEALTH CARE PERSONNEL
- REFERRAL PROCEDURES
- HOUSING OBSERVATION AND SUICIDE WATCH LEVEL PROCEDURES
- FOLLOW-UP MONITORING OF OFFENDERS WHO MAKE A SUICIDE ATTEMPT
- POPULATION SPECIFIC FACTORS, PERTAINING TO SUICIDE RISK IN THE FACILITY

FINDINGS:

Pine Bluff Units not considered an intake facility.

Standard # 5-ACI-6A-39

INPATIENT CARE UNIT IS AVAILABLE FOR THOSE WHO ARE IN NEED OF INPATIENT MENTAL HEALTH TREATMENT. WHERE A FACILITY HAS AN INPATIENT CARE UNIT, 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 IN- MATE AND TRANSITION PLAN UPON DISCHARGE FROM THE INPATIENT CARE UNIT.

FINDINGS:

Pine Bluff Complex is not an intake facility.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Pine Bluff Complex
Pine Bluff, Arkansas

March 4-6, 2025

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #5-ACI-1B-24

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:

Per Act 1262 of 1997, ADC is not responsible

Standard #5-ACI-2B-04

(NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). SINGLE-CELL LIVING UNITS SHALL NOT EXCEED 80 INMATES.

FINDINGS:

No New Construction at the Pine Bluff Complex

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:

No New Construction at the Pine Bluff Complex

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:

No New Construction at the Pine Bluff Complex

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:

No New Construction at the Pine Bluff Complex

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:

Inmates requiring assistance with performing basic life functions are transferred to the ADC Hospital at the Ouachita River Unit

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:

No New Construction at the Pine Bluff Complex

Standard #5-ACI-2D-06

(NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). EACH DAYROOM PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET OF TRANSPARENT GLAZING IN THE DAYROOM, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE WHOSE ROOM/CELL IS DEPENDENT ON ACCESS TO NATURAL LIGHT THROUGH THE DAYROOM.

FINDINGS:

No New Construction at the Pine Bluff Complex

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:

Pine Bluff Complex does not have Special Management Housing

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 Pine Bluff Complex houses male offenders 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 Pine Bluff Complex houses male offenders 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 Pine Bluff Complex 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 Pine Bluff Complex 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 Pine Bluff Complex 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 Pine Bluff Complex houses male offenders only.

Standard #5-ACI-4A-01

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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.

FINDINGS:

The Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

Standard #5-ACI-4A-14

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

FINDINGS:

The Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

Standard #5-ACI-4A-22

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

FINDINGS:

The Pine Bluff Complex does not have Special Management Housing.

Standard #5-ACI-4A-23

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

FINDINGS:

The Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

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 Pine Bluff Complex does not have Special Management Housing.

Standard #5-ACI-4B-26

(EFFECTIVE NLT OCTOBER 1, 2020) WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN EXTENDED RESTRICTIVE HOUSING HAVE ACCESS TO PROGRAMS AND SERVICES THAT INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING: EDUCATIONAL SERVICES, COMMISSARY SERVICES, LIBRARY SERVICES, SOCIAL SERVICES,

BEHAVIORAL HEALTH AND TREATMENT SERVICES, RELIGIOUS GUIDANCE, AND RECREATIONAL PROGRAMS.

FINDINGS:

The Pine Bluff Complex does not have Special Management Housing.

Standard #5-ACI-4B-27

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT NEW INMATES ASSIGNED DIRECTLY TO RESTRICTIVE HOUSING RECEIVE WRITTEN ORIENTATION MATERIALS AND/OR TRANSLATIONS IN THEIR OWN LANGUAGE. 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:

The Pine Bluff Complex does not accept inmates directly to Restrictive Housing.

Standard #5-ACI-4B-29

(Effective NLT October 1, 2020) Written policy, procedure and practice require that the agency will attempt to ensure offenders are not released directly into the community from Extended Restrictive Housing. In the event that the release of an offender directly from Extended Restrictive Housing into the community is imminent, the facility will document the justification and receive agency level or designee approval (does not apply to immediate court order release).

In addition to required release procedures (see 5-ACI-5F-05) the following must be taken at a minimum:

- development of a release plan that is tailored to specific needs of the offender (does not apply to immediate court order release)
- notification of release to state and local law enforcement
- notify releasing offender of applicable community resources
- victim notification (if applicable/there is a victim)

FINDINGS:

The Pine Bluff Complex does not have Extended Restrictive Housing.

Standard #5-ACI-4B-30

(EFFECTIVE NLT OCTOBER 1, 2020) AN INDIVIDUAL DIAGNOSED WITH A SERIOUS MENTAL ILLNESS WILL NOT BE PLACED IN EXTENDED RESTRICTIVE HOUSING, UNLESS THE MULTIDISCIPLINARY SERVICE TEAM DETERMINES THERE IS AN IMMEDIATE AND PRESENT DANGER TO OTHERS OR THE SAFETY OF THE INSTITUTION. THERE MUST BE AN ACTIVE INDIVIDUALIZED TREATMENT PLAN THAT INCLUDES WEEKLY MONITORING BY MENTAL HEALTH STAFF, TREATMENT AS NECESSARY, AND STEPS TO FACILITATE THE TRANSITION OF THE OFFENDER BACK INTO GENERAL POPULATION.

FINDINGS:

The Pine Bluff Complex does not have Extended Restrictive Housing.

Standard #5-ACI-4B-31

(EFFECTIVE NLT OCTOBER 1, 2020) WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT STEP DOWN PROGRAMS ARE OFFERED TO EXTENDED RESTRICTIVE HOUSING INMATES TO FACILITATE THE REINTEGRATION OF THE INMATE INTO GENERAL POPULATION OR THE COMMUNITY. THESE PROGRAMS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING:

- PRE-SCREENING EVALUATION
- MONTHLY EVALUATIONS USING A MULTIDISCIPLINARY APPROACH TO DETERMINE THE INMATE'S COMPLIANCE WITH PROGRAM REQUIREMENTS
- SUBJECT TO MONTHLY EVALUATIONS; TO GRADUALLY INCREASING OUT-OF-CELL TIME TO GRADUALLY INCREASING GROUP INTERACTION TO GRADUALLY INCREASING EDUCATION AND PROGRAMMING OPPORTUNITIES TO GRADUALLY INCREASING PRIVILEGES
- A STEP-DOWN TRANSITION COMPLIANCE REVIEW
- POST-SCREENING EVALUATION

*SEE DEFINITION FOR MULTIDISCIPLINARY SERVICES TEAM AND MULTIDISCIPLINARY TREATMENT TEAMS

**DEFINITION OF STEP-DOWN PROGRAM: A PROGRAM THAT INCLUDES A SYSTEM OF REVIEW AND ESTABLISHES CRITERIA TO PREPARE AN INMATE FOR TRANSITION TO GENERAL POPULATION OR THE COMMUNITY. INDIVIDUALIZED PROGRAMS INVOLVE A COORDINATED, MULTIDISCIPLINARY TEAM APPROACH THAT INCLUDES MENTAL HEALTH, CASE MANAGEMENT, AND SECURITY PRACTITIONERS. MEDICAL PERSONNEL WILL BE PART OF THE MULTIDISCIPLINARY TEAM WHEN

INMATES WHO HAVE CHRONIC CARE OR OTHER SIGNIFICANT MEDICAL ACCOMMODATION NEEDS PARTICIPATE IN THIS PROGRAM.

FINDINGS:

The Pine Bluff Complex does not have Extended Restrictive Housing.

Standard #5-ACI-4A-32

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

FINDINGS:

The Pine Bluff Complex does not have Extended Restrictive Housing.

Standard #5-ACI-5A-01

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

- DETERMINING THAT THE INMATE IS LEGALLY COMMITTED TO THE INSTITUTION
- THOROUGH SEARCHING OF THE INDIVIDUAL AND POSSESSIONS
- DISPOSING OF PERSONAL PROPERTY
- SHOWERING AND HAIR CARE, IF NECESSARY
- ISSUING 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:

The Pine Bluff Complex is not an intake facility.

Standard #5-ACI-5A-02

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
- PREINSTITUTIONAL ASSESSMENT INFORMATION

FINDINGS:

The Pine Bluff Complex is not an intake facility.

Standard #5-ACI-5A-03

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:

The Pine Bluff Complex is not an intake facility.

Standard #5-ACI-5A-04

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT NEW INMATES RECEIVE WRIT- TEN ORIENTATION MATERIALS AND/OR TRANSLATIONS IN THEIR OWN LANGUAGE. THESE MA- TERIALS MAY ALSO BE PROVIDED ELECTRONICALLY, BUT INMATES IN SPECIAL MANAGEMENT HOUSING AND RESTRICTIVE HOUSING MUST BE PROVIDED INFORMATION IN A WRITTEN FORMAT SO THAT THEIR ACCESS TO 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:

The Pine Bluff Complex is not an intake facility.

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 Pine Bluff Complex houses male offenders only

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 Pine Bluff Complex houses male offenders only.

Standard #5-ACI-6A-39

INPATIENT CARE UNIT IS AVAILABLE FOR THOSE WHO ARE IN NEED OF INPATIENT MENTAL HEALTH TREATMENT. WHERE A FACILITY HAS AN INPATIENT CARE UNIT, 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 IN- MATE AND TRANSITION PLAN UPON DISCHARGE FROM THE INPATIENT CARE UNIT.

FINDINGS:

The Pine Bluff Complex does not have an onsite Inpatient 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 Pine Bluff Complex has full-time qualified health-trained personnel.

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:

Volunteers are not utilized 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:

Students, interns, and/or residents are not utilized to deliver 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:

Offenders are not utilized in delivering assistance to other offenders.

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Pine Bluff Complex (Randell L. Williams)
Reporting Period: March 2024 – Feb 2025

	Months ⇨	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Total for Reporting Period**
Escapes		0	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances*		0	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Violence		0	0	0	0	0	0	0	0	0	0	0	0	0
Homicide*	Offender Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other Victim	0	0	0	0	0	0	0	0	0	0	0	0	0
Assaults	Offender/ Offender	0	0	0	0	0	0	0	0	0	0	0	0	0
	Offender/ Staff	0	0	0	0	0	0	0	0	0	0	0	0	0
Suicide		0	0	0	0	0	0	0	0	0	0	0	0	0
Non-Compliance with a Mandatory Standard*		0	0	0	0	0	0	0	0	0	0	0	0	0
Fire*		0	0	0	0	0	0	0	0	0	0	0	0	0
Natural Disaster*		0	0	0	0	0	0	0	0	0	0	0	0	0
Unnatural Death		0	0	0	1	0	0	0	0	0	1	0	0	2
Other*		0	0	0	0	0	0	0	0	0	0	0	0	0

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

Significant Incident Summary

This report is required for all **residential** accreditation programs.

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This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Pine Bluff Complex (Ester Unit)
Reporting Period: March 2024 – February 2025

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

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

Significant Incident Summary

This report is required for all **residential** accreditation programs.

This summary is required to be provided to the Chair of your visiting team upon their arrival for an accreditation audit and included in the facility's Annual Report. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. Please type the data. If you have questions on how to complete the form, please contact your Accreditation Specialist.

This report is for Adult Correctional Institutions, Adult Local Detention Facilities, Core Jail Facilities, Boot Camps, Therapeutic Communities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Pine Bluff Complex (Pine Bluff Unit)
Reporting Period: March 2024 – February 2025

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

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

Significant Incident Summary Glossary

Assaults: An altercation which results in serious injury requiring urgent and immediate medical attention and restricts usual activities.

Disturbance: Offender action that resulted in loss of control of the facility or a portion of the facility and required extraordinary measures to regain control.

Escape: As defined by the jurisdiction reporting.

Fire: A fire which results in evacuation of staff or offenders and/or significant damage to a facility or part of a facility structure.

Homicide: As defined by the jurisdiction reporting.

Non-Compliance with Mandatory Expected Practices: Determination that a condition results in non-compliance with a mandatory standard that is expected to result in sustained non-compliance.

Natural Disaster: A natural event such as a flood, tornado, tsunami, earthquake, or hurricane that causes great damage or loss of life.

Other: Any significant negative event or distraction that adversely impacts normal operations.

Serious Injury: Is a physical injury which creates a substantial risk of death, or which causes serious and protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

Sexual Violence (as defined by PREA)**:** A substantiated, non-consensual sexual act includes one or more of the following behaviors:

- Contact between the penis and the vagina or the penis and the anus involving penetration, however slight. It does not include kicking, grabbing or punching genitals when the intent is to harm or debilitate rather than to sexually exploit.
- Contact between the mouth and the penis, vagina, or anus.
- Penetration of the anal or genital opening of another person by a hand, finger, or other object.

Unnatural Death – Death of a person in confinement for causes other than suicide, homicide, or accident that is contrary to the ordinary course of nature or otherwise abnormal.

Facility: Ester Unit Reporting Period: March 1, 2024 – February 28, 2025

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

Performance Standards		Outcome Measures	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**
	1A-2	**Number of expected practices in compliance divided by the number of applicable expected practices.**	**514**	**514**	**1**
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**698.5**	**123.2**	**0.56**
	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.**	**33**	**123.2**	**0.56**
	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.**	**33**	**123.1**	**0.3**
	1C-4	**The number of staff terminated for conduct violations in the past 12 months divided by the aver- age number of filled full time staff positions in the past 12 months.**	**12**	**123.1**	**0.3**
	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.**	**n/a**	**n/a**	**n/a**
	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.**	**16**	**182**	**0.08**
	1C-7	**Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.**	**40**	**182**	**0.21**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to its care.		***Compliance verified through expected practice files. No outcome measure required.***			

1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**1454**	**695.8**	**2.08**
	1G-2	**The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.**	**0**	**12**	**0**
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.**	**9**	**123.1**	**0.7**
	2A-2	**Number of sanitation or health-code violations identified by external agencies in the past 12 months.**	**0**		
	2A-3	**The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.**	**1**		
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**
2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		***Compliance verified through expected practice files. No outcome measure required.***			
2G: Security - The physical plan supports the orderly and secure functioning of the institution.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**1**	**695.5**	**0.01**
	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.**	**0**	**695.5**	**0**
	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**	**695.5**	**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**	**695.5**	**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 month**	**0**	**695.5**	**0**
	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**	**695.5**	**0**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**579**	**695.8**	**0.8**
	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.**	**197**	**695.8**	**0.28**
	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.**	**4**	**695.8**	**0.005**
	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.**	**0**	**695.8**	**0**
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.**	**4**	**191**	**0.02**

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.**	**0**	**695.8**	**0**
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.**	**74**	**695.8**	**10**
	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.**	**0**	**695.8**	**0**
	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.**	**0**	**74**	**0**
	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.**	**0**	**387**	**0**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		***Compliance verified through expected practice files. No outcome measure required.***			
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		***Compliance verified through expected practice files. No outcome measure required.***			
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		***Compliance verified through expected practice files. No outcome measure required.***			

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**
	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**
	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**
	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**
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.**	**74**	**381**	**0.19**
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**	**695.8**	**0**
	6A-2	**Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.**	**0**	**695.8**	**0**
	6A-3	**Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the 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.**	**0**	**0**	**0**
	6A-4	**Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.**	**2**	**6**	**0.3**
	6A-5	**Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.**	**78**	**69.6**	**0.11**
	6A-6	**Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.**	**11**	**69.6**	**0.02**
	6A-7	**Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.**	**11**	**11**	**1**

	6A-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 divided by total number of treated offenders with HIV infection that were reviewed.**	**3**	**3**	**1**
	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.**	**0**	**69.6**	**0**
	6A-10	**Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.**	**48**	**695.8**	**0.07**
	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.**	**104**	**695.8**	**0.15**
	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.**	**606**	**914**	**0.7**
	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.**	**71**	**730**	**0.1**
	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.**	**2**	**22**	**0.1**
	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.**	**285**	**695.8**	**0.40**
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**	**23**	**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.**	**4**	**4**	**1**
	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**	**23**	**0**

	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**	**0**	**0**
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.**	**2**	**72**	**0.02**
	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**	**72**	**0**
	6C-3	**Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past 12 months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past 12 months**	**0**	**1**	**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.**	**2**	**2**	**1**
	6D-2	**Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.**	**0**		
	6D-3	**Number of offender suicide attempts in the past twelve (12) months divided by average daily population.**	**1**	**696**	**0.001**
	6D-4	**Number of offender suicides in the past twelve (12) divided by average daily population.**	**0**	**695.8**	**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.**	**0**	**1**	**0**
	6D-6	**Number of serious medication errors in the past twelve (12) months**	**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.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**230**	**695.8**	**0.33**
	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.**	**707**	**707**	**1**
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.**	**230**	**695.8**	**0.33**
	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.**	**58**	**695.8**	**0.08**
	7B-3	**Number of academic/vocational competency certificates issued in the past twelve (12) months divided by the number of program slots available in the past 12 months**	**14**	**230**	**0.06**
7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idle- ness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**9448**	**695.8**	**13.57**

Facility: Randal L. Williams Correctional Facility Reporting Period March 1, 2024 to February 28, 2025

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

Performance Standards		Outcome Measures	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**
	1A-2	**Number of expected practices in compliance divided by the number of applicable expected practices.**	**514**	**514**	**1**
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**384**	**116.5**	**3.3**
	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.**	**41**	**116.5**	**0.35**
	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.**	**30**	**116.5**	**0.26**
	1C-4	**The number of staff terminated for conduct violations in the past 12 months divided by the aver- age number of filled full time staff positions in the past 12 months.**	**24**	**116.5**	**0.21**
	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.**	**n/a**	**n/a**	**n/a**
	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.**	**2.3**	**165**	**0.01**
	1C-7	**Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.**	**38**	**165**	**0.23**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to its care.		***Compliance verified through expected practice files. No outcome measure required.***			

1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**645**	**384.3**	**1.69**
	1G-2	**The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.**	**48**	**12**	**4**
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.**	**6**	**116.5**	**0.05**
	2A-2	**Number of sanitation or health-code violations identified by external agencies in the past 12 months.**	**2**		
	2A-3	**The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.**	**1**		
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**
2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		***Compliance verified through expected practice files. No outcome measure required.***			
2G: Security - The physical plan supports the orderly and secure functioning of the institution.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**34**	**384.3**	**0.09**
	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.**	**177**	**384.3**	**0.46**
	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**	**384.3**	**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**	**384.3**	**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 month**	**0**	**384.3**	**0**
	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**	**384.3**	**0**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**1011**	**384.4**	**2.63**
	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.**	**256**	**384.4**	**0.67**
	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.**	**6**	**384.4**	**0.016**
	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.**	**0**	**384.4**	**0**
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.**	**6**	**148**	**0.04**

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.**	**0**	**384.3**	**0**
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.**	**12.72**	**384.3**	**0.03**
	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.**	**0**	**384.3**	**0**
	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.**	**8**	**140**	**0.06**
	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.**	**0**	**167**	**0**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		***Compliance verified through expected practice files. No outcome measure required.***			
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		***Compliance verified through expected practice files. No outcome measure required.***			
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**150**	**384.3**	**0.39**
	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.**	**243**	**384.3**	**0.63**
	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**
	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**
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.**	**0**	**167**	**0**
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.**	**1**	**384.3**	**0.003**
	6A-2	**Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.**	**0**	**384.3**	**0**
	6A-3	**Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the 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.**	**0**	**1**	**0**
	6A-4	**Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.**	**5**	**12**	**0.41**
	6A-5	**Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.**	**63**	**384**	**0.16**
	6A-6	**Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.**	**3**	**384**	**0.008**
	6A-7	**Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.**	**3**	**384**	**0.008**

	6A-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 divided by total number of treated offenders with HIV infection that were reviewed.**	**4**	**37**	**0.11**
	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.**	**0**	**384**	**0**
	6A-10	**Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.**	**20**	**384**	**0.02**
	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.**	**90**	**384.3**	**0.23**
	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.**	**558**	**544**	**1.03**
	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.**	**3**	**110**	**0.03**
	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.**	**3**	**110**	**0.03**
	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.**	**1128**	**384.3**	**29.4**
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**	**19**	**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.**	**11**	**11**	**1**
	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**	**19**	**0**

	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**	**0**	**0**
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.**	**0**	**0**	**0**
	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**	**2**	**0**
	6C-3	**Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past 12 months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past 12 months**	**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.**	**98**	**107**	**0.92**
	6D-2	**Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.**	**0**		
	6D-3	**Number of offender suicide attempts in the past twelve (12) months divided by average daily population.**	**3**	**384.3**	**0.008**
	6D-4	**Number of offender suicides in the past twelve (12) divided by average daily population.**	**0**	**384.3**	**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**	**2**	**1**
	6D-6	**Number of serious medication errors in the past twelve (12) months**	**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.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**230**	**384.3**	**0.60**
	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.**	**538**	**538**	**1**
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.**	**230**	**384.3**	**0.60**
	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.**	**58**	**384.3**	**0.15**
	7B-3	**Number of academic/vocational competency certificates issued in the past twelve (12) months divided by the number of program slots available in the past 12 months**	**14**	**230**	**0.06**
7C: Recreation and Activities **- Recreation and similar leisure activities are provided to reduce idle- ness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction.**		***Compliance verified through expected practice files. No outcome measure required.***			
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.**		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**4833**	**384.3**	**12.58**

Facility: Pine Bluff Unit Reporting Period March 1, 2024 to February 28, 2025

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

Performance Standards		Outcome Measures	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**
	1A-2	**Number of expected practices in compliance divided by the number of applicable expected practices.**	**514**	**514**	**1**
1B: Fiscal Management - The facility utilizes appropriate fiscal planning, budgeting, and accounting procedures and provides for a system of regular review.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**539.5**	**119.4**	**4.52**
	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.**	**36**	**119.4**	**0.30**
	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.**	**33**	**119.4**	**0.28**
	1C-4	**The number of staff terminated for conduct violations in the past 12 months divided by the aver- age number of filled full time staff positions in the past 12 months.**	**9**	**119.4**	**0.07**
	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.**	**n/a**	**n/a**	**n/a**
	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.**	**24**	**196**	**0.12**
	1C-7	**Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.**	**32**	196	**0.17**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
1E: Case Records - The facility promotes appropriate security, access control, and other measures designed to assure the integrity of records entrusted to its care.		***Compliance verified through expected practice files. No outcome measure required.***			

1F: Information Systems & Research - Effective systems of data and information storage and retrieval are vital for the maintenance of operational effectiveness and research capability.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**1697**	**539.5**	**3.15**
	1G-2	**The total number of hours of community service work delivered by offenders in the past 12 months divided by 12.**	**n/a**	**n/a**	**n/a**
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.**	**14**	**119.4**	**0.12**
	2A-2	**Number of sanitation or health-code violations identified by external agencies in the past 12 months.**	**0**		
	2A-3	**The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.**	**0**		
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**
2C: Inmate Housing - Inmate housing areas are the foundation of institutional living and promote the safety and well-being of both inmates and staff.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
2F: Administrative and Staff Areas - All levels of staff are provided with adequate space to carry out their responsibilities safely and effectively.		***Compliance verified through expected practice files. No outcome measure required.***			
2G: Security - The physical plan supports the orderly and secure functioning of the institution.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**74**	**539.5**	**0.14**
	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.**	**224**	**539.5**	**0.42**
	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**	**539.5**	**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**	**539.5**	**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 month**	**0**	**539.5**	**0**
	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**	**539.5**	**0**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**1041**	**539.5**	**1.93**
	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.**	**73**	**539.5**	**0.14**
	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.**	**4**	**539.5**	**0.007**
	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.**	**0**	**539.5**	**0**
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.**	**5**	**172**	**0.03**

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**
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.**	**166**	**539.5**	**0.31**
	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.**	**0**	**539.5**	**0**
	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.**	**0**	**166**	**0**
	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.**	**0**	**180**	**0**
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.		***Compliance verified through expected practice files. No outcome measure required.***			
5B: Classification - Inmates are classified to the most appropriate level of custody and programming both on admission and upon review of their status.		***Compliance verified through expected practice files. No outcome measure required.***			
5C: Food Service - Meals are nutritionally balanced, well-planned, and prepared and served in a manner that meets established governmental health and safety codes.		***Compliance verified through expected practice files. No outcome measure required.***			
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		***Compliance verified through expected practice files. No outcome measure required.***			

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**
	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**
	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**
	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**
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**
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**	**539.5**	**0**
	6A-2	**Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.**	**0**	**539.5**	**0**
	6A-3	**Number of offenders who are new converters on a TB test that indicates newly acquired TB infection in the past twelve (12) months divided by the 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.**	**0**	**0**	**0**
	6A-4	**Number of offenders who completed treatment for latent tuberculosis infection in the past twelve (12) months divided by number of offenders treated for latent tuberculosis infection in the past twelve (12) months.**	**0**	**5**	**0**
	6A-5	**Number of offenders diagnosed with Hepatitis C viral infection at a given point in time divided by Total offender population at that time.**	**509**	**10**	**51**
	6A-6	**Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.**	**25**	**540**	**0.05**
	6A-7	**Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART) at a given point in time divided by Total number of offenders diagnosed with HIV infection at that time.**	**1**	**25**	**1**

	6A-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 divided by total number of treated offenders with HIV infection that were reviewed.**	**0**	**1**	**0**
	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.**	**0**	**540**	**0**
	6A-10	**Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.**	**30**	**539.5**	**0.05**
	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.**	**50**	**539.5**	**0.09**
	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.**	**534**	**732**	**0.72**
	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.**	**0**	**0**	**0**
	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.**	**0**	**0**	**0**
	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.**	**1076**	**539.5**	**1.99**
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**	**14**	**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.**	**16**	**16**	**1**
	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.**	**1**	**14**	**0.07**

	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**	**0**	**0**
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.**	**2**	**43**	**0.05**
	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.**	**10**	**1**	**0**
	6C-3	**Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past 12 months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past 12 months**	**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**
	6D-2	**Number of high-risk events or adverse outcomes identified by the quality assurance program during a twelve (12) month period.**	**0**		
	6D-3	**Number of offender suicide attempts in the past twelve (12) months divided by average daily population.**	**0**	**539.5**	**0**
	6D-4	**Number of offender suicides in the past twelve (12) divided by average daily population.**	**0**	**539.5**	**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.**	**0**	**0**	**1**
	6D-6	**Number of serious medication errors in the past twelve (12) months**	**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.		***Compliance verified through expected practice files. No outcome measure required.***			

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.**	**230**	**539.5**	**0.43**
	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.**	**561**	**561**	**1**
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.**	**230**	**539.5**	**0.43**
	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.**	**58**	**539.5**	**0.11**
	7B-3	**Number of academic/vocational competency certificates issued in the past twelve (12) months divided by the number of program slots available in the past 12 months**	**13**	**230**	**0.06**
7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idle- ness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.		***Compliance verified through expected practice files. No outcome measure required.***			
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.**	**7335**	**5395**	**13.60**