American Correctional Association

Accreditation Report



Commission on Accreditation for Corrections

Arkansas Department of Correction
Tucker Unit
Tucker, Arkansas

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

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April 10, 2026

Arkansas Department of Correction
Tucker Unit
Tucker, Arkansas

Congratulations!

It is a pleasure to officially inform you that the Tucker Unit was accredited by the Commission on Accreditation for Corrections at the 2026 Winter Conference on February 7, 2026, in Long Beach, California.

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

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

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

Sincerely,

TJ Stickrath

Thomas Stickrath, Chairperson
Commission on Accreditation for Corrections

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For Immediate Release

Tucker Unit Awarded National Accreditation

Thomas Stickrath, Chairperson of the Commission on Accreditation for Corrections (CAC), and David Haasenritter, Director of Standards and Accreditation, American Correctional Association recently announced the accreditation of the Tucker Unit. The award was presented in conjunction with the 2026 Winter Conference on February 7, 2026, in Long Beach, California.

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

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

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

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

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

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

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



David Haasenritter, Director
Standards and Accreditation Department
American Correctional Association

Overview of the American Correctional Association

The American Correctional Association (ACA) is a professional membership organization composed of individuals, agencies and organizations involved in all facets of the corrections field, including adult and juvenile services, community corrections, probation and parole and jails. It has thousands of members in the United States, Canada and other nations, as well as over 100 chapters and affiliates representing states, professional specialties, or university criminal justice programs. For more than 155 years, ACA has been the driving force in establishing national correctional policies and advocating safe, humane and effective correctional operations. Today, ACA is the world-wide authority on correctional policy and expected practices, disseminating the latest information and advances to members, policymakers, individual correctional workers and departments of correction. ACA was founded in 1870 as the National Prison Association and became the American Prison Association in 1907.

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

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

Membership in ACA is open to any individual, agency, or organization interested in corrections and the purposes and objectives of the association. Members include the majority of state, local, provincial, and territorial correctional agencies, community corrections, individual correctional institutions, local jails, pretrial programs and agencies, juvenile justice programs, schools of criminal justice in colleges and universities, libraries, and various probation, parole, and correctional agencies. Many of ACA's members are employed at federal, military, private, state, and local agencies.

Organizational Purposes of the American Correctional Association

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

- *To provide a professional association of persons, agencies, and organizations, both public and private, who hold in common the goal of improving the profession of corrections and enhancing their contribution to that profession.*

- *To broaden and strengthen support for the Association's goals by advocating Association policies, resolutions, positions, and standards to policymakers and the public and by forming coalitions with other professional organizations sharing these goals.*

- *To develop expected practices for all areas of corrections and implement a system for accreditation for correctional programs, facilities and agencies based on these excepted practices. Where feasible, excepted practices shall be based on performance outcome.*

- *To conduct or sponsor corrections conferences, congresses, institutes, forums, seminars and meetings.*

- *To publish and distribute journals and other informative materials relating to criminology, crime prevention, and corrections and to encourage and stimulate research of these matters.*

- *To promote recognition of corrections as a profession, and those who work in corrections as professionals, and to ensure validity of that recognition by encouraging the recruitment and development of highly qualified corrections professionals, and by developing and implementing a certification program for corrections professionals*

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

Organizational Structure of the American Correctional Association

Executive Committee

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

Board of Governors

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

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

Delegate Assembly

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

Committees

The majority of the Association's activities take place through committees. In this way, the association collectively benefits from the involvement and contribution of the hundreds of individuals who function on the various committees. Ad-hoc committees are appointed by the president of the association.

Affiliates and Chapters

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

Major Activities of the American Correctional Association

Standards and Accreditation

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

Legislation

The American Correctional Association is involved with all major issues affecting corrections today. Members and ACA staff maintain close working relationships with committees of the U.S. Congress and all federal agencies and groups whose decisions affect correctional policy.

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

Professional Development

The Office of Professional Development is ready and equipped to assist you with professional growth and development. Our team of training and development professionals offers expertise, consultation, and professional development services that are comprehensive, affordable, and flexible. We take pride in providing you with relevant, innovative, and high-quality training solutions to support your quest to learn, grow, and excel as a corrections professional.

In addition to curating educational programming for the Association's bi-annual conferences, the Association offers a Corrections Certifications Program (CCP) for professionals, *across all disciplines and correctional settings*, to affirm your knowledge and experience in the field.

If you are interested in self-paced learning opportunities, you are encouraged to enroll in ACA's e-learning courses that allow you to select courses aligned with your immediate professional development needs.

In partnership with leaders and agencies, our team creates professional development experiences customized to the unique needs and goals of teams, facilities, agencies and organizations, and communities of corrections professionals. We design customized

training solutions for professional teams that include, but are not limited to, focus on the following topics:

- Leadership Development Training (for leaders at all levels of the agency/organization)
- Leadership Coaching (for leaders at all levels of the agency/organization)
- Organizational Culture Training
- Organizational Development Training
- Performance Improvement Coaching and Training (inclusive of Lean/Six Sigma approach)
- Professional Development Training (skill-based and general topics)
- Strategic Planning (consultation AND retreat planning and facilitation)
- Team Building and Team Development Training
- Technical Corrections Training
- Crisis Intervention and De-escalation

Within our association, your membership has benefits. As a new member, you receive member-only pricing. We encourage you to continue exploring the professional development resources that are within your reach. Take advantage of the opportunity to advance, connect, and achieve with ACA.

For additional information about Professional Development, please visit aca.org.

Office of Correctional Health

American Correctional Association is committed to its mission of improving practices in correctional systems by helping agencies provide correctional populations with safe and effective health service delivery. ACA is the leader in setting international and national standards for the quality of life and safety of correctional systems. ACA's Office of Correctional Health serves ACA members, jurisdictions and its affiliates by supporting health services programs for the effective delivery of health to offender populations. We offer comprehensive services, support, and resources to help correctional facilities provide security and quality care for the offender population.

The professional certification program recognizes the expertise and integrity of correctional health care professionals in nursing, nurse management, and behavioral health. It promotes continued learning to improve health services within corrections. Training to prepare for certification is available through on-site sessions, webinars, and training packets.

Publications

The Communications and Publications Department at ACA produces trusted resources tailored for corrections professionals. We plan, publish and promote a wide range of materials, including books, standards and expected practices manuals, a quarterly flagship magazine, newsletters, social media, electronic media and graphics, all designed to support correctional staff, administrators, trainers and researchers. Should you have any questions, please email us at publications@aca.org.

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

> *Corrections Today* is the major corrections magazine in the United States. Published seven times a year, it focuses on the interests of the professional

correctional employee and administrator. Articles include reports of original research, experiences from the field, discussion of public policy, and the perspectives of prominent practitioners and academicians.

Correctional expected practices are the most significant improvement in correctional programming. As the basis for accreditation, they give administrators a nationally recognized system for upgrading and improving their correctional services. The Association currently publishes over 28 manuals for every correctional discipline.

Conferences

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

Overview of the Commission on Accreditation for Corrections

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

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

The Commission is governed by a Board of Commissioners who reflect the Association's composition, including adult and juvenile components. The responsibility of rendering accreditation decisions rests solely with the Commission.

They represent the following specific categories:

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

Association Staff

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

Auditors

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

All auditors have a minimum of five years of corrections experience, have received recommendations from an agency administrator, have worked in ACA accredited facility or agency and have demonstrated knowledge in the substantive area(s) in which they are engaged to assist the Association. In addition, all auditors must successfully complete the auditor orientation course, participate in an ACA sanctioned training every three years and be members of the ACA in good standing. All auditors are approved by ACA.

Performance Based Standards and Expected Practices Development

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

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

Performance-Based Core Jail Standards
Performance-Based International Correctional Core Standards- Adult
Performance-Based International Correctional Core Standards- Juvenile
Performance-Based International Correctional Core Standards- Mexico
Standards for International Correctional Training Academy
Performance-Based Standards and Expected Practices for Adult Correctional Institutions
Performance-Based Standards for Adult Community Residential Services
Performance-Based Standards and Expected Practices for Adult Local Detention Facilities
Performance-Based Standards for Adult Probation and Parole Field Services
Performance-Based Standards for Correctional Industries
Performance-Based Standards for Juvenile Correctional Facilities
Performance-Based Standards for Therapeutic Communities
Performance-Based Health Care Standards for Adult Correctional Institutions
Performance-Based Health Care Standards for Adult Local Detention Facilities
Performance-Based Health Care Standards for Juvenile Correctional Facilities

Performance-Based Standards and Expected Practices for Transportation of Inmates
Standards for Administration of Correctional Agencies
Standards for Adult Correctional Boot Camps Programs
Standards for Adult Correctional Institutions
Standards for Adult Parole Authorities
Standards for Correctional Training Academies
Standards for Electronic Monitoring Programs
Standards for Food Service Programs
Standards for International Correctional Training Academy
Standards for Juvenile Community Residential Facilities
Standards for Juvenile Correctional Boot Camps
Standards for Juvenile Day Treatment Programs
Standards for Juvenile Detention Facilities
Standards for Juvenile Probation and Aftercare Services
Standards for Small Juvenile Detention Facilities

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

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

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

Accreditation Process Descriptions

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

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

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

The Visiting Committee Report

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

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

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

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

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

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

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

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

Accreditation Hearings

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

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

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

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

Conduct of Hearings

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

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

- If a Visiting Committee member is present at the hearing, the panel chairperson may request that the auditor present an account of the visit, focusing on matters particularly pertinent to the decision or specific panel actions. In some cases, however, the panel may wish to call on the Visiting Committee member only to request additional information at different points during the hearing.

- The panel chairperson leads review of each individual non-compliance finding. The agency representative presents information relative to their requests for waivers, plans of action, and appeals. The agency may also present additional materials, including photographs or documentation, for review by the panel.

- Following the agency presentation, the chairperson has the option of calling the panel into executive session to consider the information provided, determine findings, and make an accreditation decision. Whether or not panel deliberations occur in the presence of agency personnel or in executive session, varies from panel to panel, considering the preference of panel members and the sensitivity of issues to be discussed regarding the application.

In final deliberations, the Commission panel:

- Ensures compliance with all mandatory expected practices and at least 90 percent of all other expected practices

- Responds with a formal vote to all appeals submitted by the applicant agency

- Responds with a formal vote to all requests for waivers, and plans of action submitted by the applicant agency

At this time, the panel also:

- Assures that an acceptable plan of action will be submitted for every non-compliance finding, including those for which appeals of non-compliance and waiver requests have been denied by the panel. In judging the acceptability of plans of action, the panel ensures that all of the information requested on the form is provided. Furthermore, the feasibility of plans to achieve compliance is considered, including specific tasks, time frames, and resource availability (staff and funding) for implementing proposed remedies.

- Addresses to its satisfaction any concerns it has with Visiting Committee comments about the quality of life in the facility or program, patterns of non-compliance, or any other conditions reviewed by the panel relating to the life, health, and safety of residents and staff

- For each application, a roll call vote to award accreditation, extend an agency in Candidate or Correspondent Status, or deny accreditation is conducted. The options for final action available to the panel are outlined in the next section.

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

Accreditation Decisions

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

- *Three-year accreditation award* based on sufficient compliance with expected practices, acceptance of adequate plans of action for all applicable non-compliant findings, (or approval of the Waivers of the requirement that a plan of action be submitted) and satisfaction of any other life, health, and safety conditions established by the panel.

- *Extension of the applicant agency in initial accreditation process* (initial accreditation only) for reasons of insufficient compliance, inadequate Plans of Action, or failure to meet other requirements as determined by the panel, the Commission may stipulate additional requirements for accreditation if, in its opinion, conditions exist in the facility or program that adversely affect the life, health, or safety of the offenders or staff. Extension of an agency is for a period of time specified by the panel and for identified deficiencies if in the panel's judgment, the agency is actively pursuing compliance.

- Continuation of accreditation in *Probationary Status* after reaccreditation hearings is considered when the panel specifies that compliance levels are marginal, there is a significant decrease in compliance from the previous audit (in the case of reaccreditation), or there are quality of life issues that would indicate continued monitoring. Probationary Status lasts for a specific period of time designated by the Commission to allow for correction of deficiencies. While an award of accreditation is granted, a monitoring visit *must* be completed, and the report presented at the next meeting of the Commission. At the end of the probationary status, another monitoring visit may be conducted to ensure that the deficiencies have been corrected. Following the visit, a report is prepared for review by the Commission at its next regularly scheduled meeting. The Commission again reviews the program and considers removing the probationary status or the revocation of accreditation. When the agency corrects the deficiencies within the probationary status period and the corrections have been verified and accepted by the Commission on Accreditation of Corrections, the agency resumes its status as an accredited agency.

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

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

Appeal Process

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

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

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

The procedures for reconsideration are as follows:

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

- If the decision is made to conduct a hearing, the hearing is scheduled for as soon as possible if the appeal is made verbally or if in writing, for the next full Commission meeting and the agency is notified of the date.

- The agency, at its option and expense, has the right of representation, including counsel.

- Following the hearing held before the Commission, the decision, reflecting a majority opinion, is made known to the agency immediately.

- Pending completion of the reconsideration process, the agency maintains its prior status.

- Until a final decision has been reached, all public statements concerning the agency's accredited status are withheld.

Accredited Status

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

Annual Report

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

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

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

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

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

Critical Incident Report

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

Performance Monitoring Visit

A Performance Monitoring Visit will occur between 14-24 months following an ACA audit (reaccreditation or initial). It is scheduled with limited notice to the facility. Visits will be conducted by an ACA auditor or ACA staff over one or two days depending on facility size and population. A visit will start with guidance by an ACA staff member to the auditor on what will be reviewed during the visit based on the last ACA audit, panel minutes from the Commission hearing, annual reports, critical incident reports and letters addressed to ACA. The assigned auditors will receive these documents from the assigned ACA staff members.

The schedule included an entrance interview, a partial tour of the facility, review of some current ACA files identified by ACA to ensure accreditation is being maintained, review of the current Significant Incident Summary and Outcome Measures, interviews of staff and offenders (clients, etc.) and an exit interview.

The auditor will also be looking at any plans of action for non-compliance of expected practices from their last audit. They will check if the plan of action has brought it into compliance; and if not, they will ask for a status update and what issues there are.

The auditor will then write a report for the Director of Standards and Accreditation to review and if needed send it to the Commission. All ACA accredited organizations and facilities will go through this process since it is written in all new contracts.

Monitoring Visits

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

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

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

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

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

When a monitoring visit to the agency reveals deficiencies in maintaining compliance levels that existed at the time of accreditation, the agency prepares a response providing explanation of the problems indicated in the report. The monitoring visit report and the agency response are submitted to the Commission for review during a regular hearing. Agency representatives are advised of the date, time, and location of the review, and must attend. At the discretion of the Commission, the agency may be placed in probationary status and a revisit conducted to determine if deficiencies have been corrected.

Revocation of Accreditation

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

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

Accreditation is revoked for the following reasons:

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

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

Expiration of Accredited Status

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

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

Visiting Committee Report and Hearing Minutes

CONFIDENTIALITY

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Arkansas Department of Corrections
Tucker Unit
Tucker, Arkansas

October 7, 2025 - October 9, 2025

VISITING COMMITTEE MEMBERS

Douglas Sproat, Chairperson
ACA Auditor

Mike Killmer
ACA Healthcare Auditor

Ronald Embry
ACA Auditor

A. Introduction

The audit of the Tucker Unit (TU) of the Arkansas Department of Correction (ADC) was conducted on October 7-9, 2025, using the Manual for Adult Correctional Institutions, 5th Edition, by the following team: Doug Sproat, Chairperson; Mike Killmer, Member; and Ronald Embry, Member.

B. Facility Demographics

Rated Capacity:	982
Actual Population:	1,012
Average Daily Population for the last 12 months:	1,013
Average Length of Stay:	2 years, 1 month and 27 days
Security/Custody Level:	Maximum, Medium, Minimum
Age Range of Offenders:	20-79 years of age
Gender:	Male
Full-Time Staff:	197

Administrative/ Support 44, Security 215, Other 33

C. Facility Description

The Tucker Unit (TU), is located in Tucker, Arkansas, which is approximately 30 miles south of Pine Bluff, Arkansas. Its physical address is 2400 State Farm Rd, Tucker, Arkansas. The facility houses adult male inmates with custody levels of maximum, medium, and minimum. The TU sits on 3,800 acres, with 22 acres within two secure perimeter fences. There are nine buildings inside the secure fence. These building houses the administrative offices, visitation, food service, the laundry, mailroom, commissary, Restrictive House Unit (RHU), gymnasium, medical/mental health, academic/vocational complex, chapel, commissary, warehouse, and prison industries. There are nine buildings outside of the secure perimeter fence. They house the main entrance building, the farm garage, a utility building, a horse barn, armory, staff training building, and the canine kennel.

According to the welcome book, the mission of the ADC is "to provide public safety by carrying out the mandate of the courts, provide a safe humane environment for staff and inmates, strengthen the work ethic through teaching of good habits, and provide opportunities for staff and inmates to improve spiritually, mentally, and physically."

The welcome book further states the mission of the TU is to:

- Protect society by providing incarceration as a deterrent to the commission of crime,
- Ensure the safety and security of inmates, employees, and visitors at the TU, and
- Provide programs, including drug treatment, self-improvement training, academic and vocational education to rehabilitate inmates.

D. Pre-Audit Meeting

The team met on October 6, 2025, in White Hall, Arkansas, to discuss the information provided by the Association staff and the officials from the ADC and the TU.

The chairperson divided the standards into the following groups:

Standards 5-ACI-1A-01 – 5-ACI-2G-03 to Ronald Embry, Member
Standards 5-ACI-5E-01 – 5-ACI-5F-08 to Ronald Embry, Member
Standards 5-ACI-3A-01 - 5-ACI-5D-15 to Doug Sproat, Chairperson
Standards 5-ACI-6A-01 – 5-ACI- 7F-08 to Mike Killmer, Member

E. The Audit Process

1. Transportation

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

2. Entrance Interview

   On October 7, 2025, the audit team proceeded to the administrative conference room, escorted by Warden James Dycus, for a briefing with the Warden and his administrative staff. The Warden was asked whether staff and inmates were aware of the audit and whether signs regarding the audit were posted. He responded that everyone had been made aware of the audit, and during the course of the audit, the team observed many prominently-displayed signs throughout the facility.

   Warden Dycus was asked whether any staff or inmates had requested, either orally or in writing, to speak to the audit team. He advised the team that no one had requested to speak to the auditors. The Warden also was asked whether there was anything the audit team needed to be aware of that had occurred or was occurring that could jeopardize the audit. He informed us that nothing of that nature had occurred or was occurring. The Warden was then asked if there were any consent decrees, class action lawsuits, or adverse judgments against the facility or monitoring reports. He stated that there were none in that regard.

   The audit team was escorted to the chapel where the formal entry meeting was held. The team expressed the appreciation of the Association for the opportunity to be involved with the TU in their reaccreditation process. It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. It was emphasized that the goals of accreditation promoted the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

The following persons were in attendance:

Latoris Willis Norris	Unit ACA Manager
Gaylon Lay	ADC Assistant Director
Nicholas Stewart	ADC Deputy Chief of Staff
Bill Straughn	ADC Chief Deputy Director
Allen Gibson	Tucker Unit Maintenance
Kaci Golden	Tucker Unit Inmate Grievance Manager
Sarah Apel	Tucker Unit Visitation Clerk
Samantha Gates	Tucker Unit ACA Manager
Jacob Higgins	ADC Fire & Safety Officer
Ronald Martin	ADC Construction Manager
James MacAlla	Tucker Unit Emergency Preparedness Coordinator
Natasha Odom	Tucker Unit Chief of Security
Antonio Johnson	Tucker Unit Deputy Warden
J. McMillion	Tucker Unit Lieutenant
Shelly Jones	Agency ACA Manager
James Dycus	Tucker Unit Warden
Richard Powell	Maintenance
Amanda Pasley	Wellpath ACA Coordinator
Dona Buie	Wellpath ACA Regional Vice President
Katrice Surratt	Tucker Human Resources Management
Dana Haynes	Wellpath Regional Manager
Lyndsey Blake	Tucker Unit Director of Nursing
Ryan Flemmons	Norris Unit Health Services Administrator
Emily Wood	Tucker Unit Program Manager
Dexter Payne	ADC Director
Ronald Chism	Tucker Unit Program Manager
H. Washington	Tucker Unit Principal
Rebecca Alexander	Tucker Unit Deputy Warden Secretary
Clinesha Jones	Tucker Unit Training Officer

3. Facility Tour

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

James Dycus	Warden
Antonio Johnson	Deputy Warden
Shelly Jones	ACA Manager ADC
Jacob Higgins	Fire/Safety Officer ADC
Natasha Odom	Chief of Security
Gaylon Lay	Assistant Director ADC
Nicholas Stewart	Deputy Chief of Staff ADC
Bill Straughn	Chief Deputy Director ADC

Ronal Martin	Construction Manager ADC
Dexter Payne	Director ADC
Samantha Gates	ACA Manager TU
Emily Wood	Program Manager TU

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

Security:

The TU houses inmates with custody levels of minimum, medium, and maximum. As noted above under "Facility Description," the compound sits on 22 acres within two 12-foot-high perimeter fences. These fences are topped with razor wire and enhanced with a microwave detection system. There are three-gun towers that are manned 24/7. There is also an armed mobile perimeter patrol.

There is a gate at the main entrance for staff and visitors, and at the rear of the prison there is also a vehicle sallyport gate for free world deliveries and inmate transports. All staff and visitors undergo the same screening process of walking past a cell phone sensor and metal detector. Visitors must also present a valid ID and sign a log before being allowed into the facility.

The armory is located outside the secure perimeter; this is a restricted area that only approved staff can enter. All persons entering must sign in and out of the entry log. A spot check of chemical agents, weapons, and munitions inventory was accurate. The lock shop is also located in the armory and the facility's emergency keys are located in master control, and in towers one and three.

The facility has nine formal counts: 7:00 a.m., 8:00 a.m., 1:00 p.m., 5:00 p.m., 6:00 p.m., 10:00 p.m., 12:00 a.m., 2:00 a.m., and 4:00 a.m. Master control is located at the east end of the main hallway of the facility. There is one officer assigned per shift who is responsible for all inmate movement, callouts, issuing keys, operating electronic doors and gates, and monitoring the perimeter microwave system and facility cameras. There are 58 exterior cameras and 197 interior cameras. Select cameras can record sound, but no camera at the TU has pan-tilt-zoom capability. Phone calls into the facility are answered by the officer assigned to gun tower one.

The Tucker unit has an emergency response team; its members are certified and respond to emergency situations at the institution. Tucker Unit also has a canine unit that is used in facility escapes and to support local law enforcement.

<u>Special Management and Restrictive Housing</u>

The TU does not have a Special Management Unit. The facility has a Restrictive

Housing Unit (RHU). Inmates who pose a threat to staff, other inmates, and/or themselves are removed from the general population for the safety and security in the facility. This unit has a capacity of 30 inmates in single occupancy cells.

The living conditions in this unit approximate those of the general population; all exceptions are clearly documented. The inmates in this unit are allowed one hour of recreation five days a week, provided they are not a threat to staff and other inmates. Daily rounds are made by senior correctional supervisors in charge, as well as by qualified health care and mental health professionals. Inmates in this unit are personally observed by a correctional officer twice per hour, but no more than 40 minutes apart on an irregular schedule.

Correctional officers assigned to this unit receive specialized training to be able to deal with the behavior of the inmates in this unit. They provide an intensive therapeutic program to try to work these inmates back into the general population.

At the time of this audit, there were 26 inmates housed in the unit. The Classification Committee or authorized staff must review the status of every inmate assigned to RHU every seven days for the first 60 days and then every 30 days thereafter. These reviews are to determine if the reason for assignment to the RHU continues to exist. At every 30-day review, the inmate is interviewed by the Classification Committee or authorized staff. All reviews are documented on the appropriate facility form.

Inmates assigned to this unit can work their way back to the open population with appropriate behavior. When all efforts by staff fail, the inmate is transferred to a facility that has an Extended Restricted Housing Unit. When an inmate is released from RHU directly to the community, the facility is required to notify local law enforcement in the community where the inmate is being released.

Environmental Conditions:

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

The facility's maintenance department is responsible for monitoring environmental conditions at the facility. The maintenance department is also responsible for all preventive maintenance on all equipment and machinery on the compound. When preventive maintenance is beyond that which the facility's maintenance staff can perform, the facility refers the issue to ADC's regional maintenance.
Temperature ranges in the housing areas were comfortable and within the required temperature requirements. The housing units are not all air-conditioned but have adequate working ventilation systems.

The TU has 14 emergency generators with a total combined KW of 1,063. The batteries and fluid levels of all the emergency generators are checked weekly, and monthly preventative maintenance is by facility maintenance. All emergency generators are load tested monthly by facility maintenance. The emergency generators are capable of carrying 50 per cent of the electrical load to avoid any interruption in the facility's daily operation. The preventive maintenance on the facility's boiler system is by facility maintenance. Preventive maintenance on the heating and air conditioning system is by facility maintenance.

The maintenance department is staffed by a maintenance supervisor, a maintenance assistant, administrative assistant, maintenance security and fourteen inmate workers. The maintenance department's preventive maintenance program for all machinery and equipment was in order and documented. Tools, chemicals, caustics, and fuels were inventoried, logged, and controlled for accountability purposes. Although small, the facility's maintenance department is very organized, efficient, and well run.

Sanitation:

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

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

The facility contracts with Republic Waste Management for solid waste removal. The facility also contracts with All State Pest Control for vermin and insect control. The TU has its own water and sewer system. TU's gas is provided by contract through Summit Utilities.

Fire Safety:

Staff members were well aware of the emergency fire evacuation plans and procedures. There are 197 fire extinguishers located in various locations throughout

the facility, and all fire extinguishers were serviced and documented. The preventive maintenance on the fire extinguishers is by contract through Fire Side. Fire safety inspections and drills are conducted by standard requirements and documented. Fire safety egress routes were clearly posted, and all exit signs were illuminated.

There are twelve fire hydrants located inside the secure perimeter fence. They are checked, flushed, and pressure tested by facility maintenance. The city of Tucker Volunteer Fire Department, located three miles away, is the first responder for fire related issues at the facility. All staff are trained as first responders for fire related issues.

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

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

Food Service:

The food service is staffed by a supervisor cook, cooks, and inmate workers. All staff and inmates have been cleared by medical to work in food service.

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

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

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

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

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

Medical Care:

The TU medical and mental health care is contracted with Wellpath LLC and is in a central location of the facility for easy accessibility.

Wellpath provides comprehensive health care and is staffed and equipped to provide services on-site 24/7 for medical/chronic care, mental health, dental, optometry, radiology, HIV telehealth, lab, pharmaceutical, and basic emergency services. There is a physician on-call during any of their off hours to handle all emergencies. The medical area was small but well organized. Medical staffing consists of the current positions:

1 Director of Nursing (DON) currently Acting as Health Services Administrator (HSA)
1 Physician/Medical Director (2 days per week)
1 Advanced Practice Registered Nurse (APRN)
5 Licensed Practical Nurse (LPN)
1 Registered Nurses (RN)
1 Certified Nursing Assistant (CAN)
1 Dentist (2 days per week)
1 Dental Assistant
1 Dental Hygienist (1day per week)

The clinic was very clean and organized with adequate space for equipment and supplies. The compound has a capacity of up to 1012 inmates. There is adequate space available inside the medical unit for staff, equipment, supplies, and two examination rooms. There is a waiting area for six inmates, with a bathroom available, with educational material available to all inmates. There is a pharmacy/medication room, lab, and a nursing station. Examination rooms are equipped with a sink that has hot/cold water. Refrigerator temperature logs verified in the clinic were found to be accurate. Bathroom facilities are also available to all inmates and are handicap accessible. There are two suicide watch cells located in the RHU equipped with cameras. (It was noted that these cameras currently do not block out the toilet area). Laboratory specimens are collected daily and sent to LabCorp for evaluation. Results are returned via call and/or email.

Professional credentials were reviewed and found to be current. The Peer Review Program of the health care practitioners/providers was conducted and reviewed

and found acceptable.

All inmates on suicide watch are observed by a staff member--either by constant one on one or every 15 minutes--as well as by a camera, as determined by a mental health authority. It was noted that any inmate engaging in self-harm would be placed in a five-point restraint for up to 24 hours. Anything over this time must be approved by the ADC mental health clinician supervisor.

Radiology services are accomplished via a mobile unit and are contracted with Express Mobile Diagnostics Services LLC, which also provides on-site services upon special request. The radiology examination is completed and evaluated by the Express Mobile imaging radiologist with results emailed within 24 hours. The Jefferson Regional Medical Center in Pine Bluff performs emergency radiology services and results are received the same day.

Medical services include intra-system transfer assessments, sick call, chronic care, emergency stabilization, self-administered medications, nurse administered medications, dental, and mental health services. Medical and custody staff receive annual training in Cardiopulmonary Resuscitation (CPR) and first aid. There is one Automated External Defibrillator (AED) located in the medical jump bag. This jump bag also contains a gurney, as well as emergency medications, to include Narcan. There are currently 12 first aid kits located in all transport vehicles, as well as in buildings located outside of the facilities perimeter. Eye wash stations are in several areas of the facility, including maintenance, industrial operations, training, food service, and areas where chemicals are stored.

The institution has a General Population Medical Orientation Handbook in English and Spanish. The handbook is clear in outlining medical, dental, and mental health services. The information provided in the handbook primarily goes over the rules and regulations of health care with processing for emergency treatment, sick call processes, and a general scope of practice. There is currently a $3.00 copay for medical services. Medical care is not denied to indigent inmates. It was noted there is a negative balance system in place to ensure indigent inmates are provided medical services with no immediate copay; this copay will be deducted when the inmates' account is increased to a sufficient positive balance.

Inmates access health care sick call by obtaining a medical request form and filling it out and placing it in the kiosk located in the unit. Inmates in the RHU access sick call by filling out a sick-call form and giving it to the nurse making daily cell side rounds. A nurse triages the medical request forms and schedules visits within 24 to 48 hours; inmates requiring urgent care are seen on the same day. Facility sick call is conducted seven days a week during the 1st shift, with emergency sick call being available as needed for chronic care, emergencies, mental health, and follow-up appointments. Sick call rounds in the RHU are conducted seven days per week, to include holidays, and documented accordingly.

Pill-call is three times per day, which occurs at 1:00 a.m., 8:00 a.m., 1:30 p.m., and includes Accu-Chek and insulin. The actual dispensing of medication is conducted by a nurse from a pill-call window located at the medical department. The RHU pill-call, to include the two suicide watch rooms, is accomplished by a nurse doing cell daily side calls. These cell side rounds are documented in the unit log. Each inmate is required to provide his institutional identification. If an inmate does not have identification, the inmate must obtain identification from the barracks/unit officer. There are currently 128 inmates that have Keep on Person (KOP) medications.

The pharmacy, where all medication is stored and distributed, is in the clinic. It was noted that narcotics are behind a two-lock system. All medications are adequately secured with accurate inventory. A check of the instruments/tools and needles was completed in medical and dental with no discrepancies. The auditor noted that the clinic maintains bulk needles. These bulk boxes come with 100 needles but are not sealed. The nurse opens the box and counts them to verify the count. They then place tape over the lid. It was suggested that they utilize red security tape which can be signed and dated. This would ensure that the box is not tampered with. The dental needles in bulk are received in a box that is shrink wrapped.

There is a formulary, with Diamond Pharmacy Services providing medication to the unit in two to three business days. The physician can go off formulary by completing a non-formulary request and receiving the necessary approval from the ADC medical director. The Tucker Unit has a backup pharmacy for emergencies and immediate needs with Arcare Pharmacy in England. These medications are received the same day.

The last pharmacy inspection was conducted on August 20, 2025, by Josh Winningh, ADC Regional Manager of Diamond Pharmacy Services. There was also an inspection performed on August 7, 2025, by Dana Haynes, ADC Regional Manager. It was noted that these inspections occur every three months.

The storage and maintenance of the medical records are in a secure room and comply with all disposal processes. There is an established record retention process. Wellpath maintains an electronic offender management information system.

Biohazard waste disposal is provided on contract by Stericycle. The biohazard waste is sent out in special bags that properly identify the associated risk. Review of the chemical inventory was performed with accurate results, with the SDS's readily available.

The Tucker Unit uses on-site and off-site specialty clinics by means of tele-med and clinics for the following:

Ophthalmology (Off-site)
Cardiology (Telemed & off-site) electrocardiograms (EKG) are performed on-site

Nephologist (Telemed & off-site)
Endocrinologist (Telemed & off-site)
Gastrologist (Off-site)
Urologist (Off-site)
Pulmonologist (Off-site)
Infectious Disease Specialist (Off-site)
Radiologist (On-site Express Mobile & off-site)
General Surgery (Off-site)

Most of the specialty care continues to be accomplished by contracted services for emergencies and treatment. Ambulatory services continue to be provided by Emergency Ambulance Services in Pine Bluff, with inmates being transported to the Jefferson Regional Medical Center in Pine Bluff.

Discharge planning for HIV offenders is coordinated through the appropriate intake medical and behavioral health staff. TB skin tests are performed on each employee prior to employment, with an annual follow-up. Offenders are provided with annual TB skin tests and treatment as needed. Hepatitis B vaccine is available to all staff and inmates. It was noted that the infectious control program overseeing chronic care such as HIV, FLU, and TB is extremely streamlined and very effective.

There is one dental clinic, which has one dentist for two days per week. There is a dental hygienist for one day per week. There is a full-time dental assistant. There is one dental chair and one panoramic x-ray machine. The dental department provides the inmate population with the following dental care:

Preventive
Extractions
Restorative
Fillings
Dental Hygiene
Dentures (partials & complete)

All tools and sharps were counted and found to be accurate. The clinician and dentist do a good job maintaining a routine care waiting list for dental care. Emergency dental care includes infection, swelling, trauma, and bleeding. To make sure their name is in the queue, the inmate has to sign up for dental sick call.

Patients requesting to be seen were scheduled the following day. This exceeded the standard that required a patient to be seen within seven days. Oral surgery, to include root canals and jaw injuries, were sent to outside providers.

The dental staff utilized universal precautions. A review of the inventory of sharps and instruments was found to be accurate and well documented. An autoclave is used for sterilization of instruments. Spore counts were taken weekly, and records

were kept on each spore count test. The staff practiced excellent security for sharps and instruments.

Dental emergencies were handled by nursing staff during off hours of the clinic. These nurses contact the dentist on call for instructions on how to treat the emergency.

The TU has on-site mental health staff available to inmates five days per week. On-call mental health assistance is available after hours and on weekends, through a Wellpath psychiatrist/psychologist. The mental health team consists of the following staff:

1 mental health professional provider
1 mental health social worker (MHSW)
1psychiatrist (telehealth)
1 psychologist (telehealth)
1 mental health technician

These staff provide mental health therapy, group therapy, individual therapy, and assist with psychotropic medication management (which is approximately 13% of the overall population).

The following are the most common psychotropic medications:

Celexa
Paxil
Prozac

Recreation:

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

The TU has two outdoor recreation yards that include a softball field, basketball courts, volleyball courts, a soccer field, horseshoe pits and a walking track. The facility's leisure time activities include chess, checkers, dominoes, and reading. Competitive activities include basketball, volleyball, soccer, kick ball, hand ball, horse shoes, table tennis, checkers, dominoes, and bingo.

The inmate population gets a minimum of one hour daily of large muscle exercise each week., as well as an hour daily of leisure time recreation. The inmate population gets all the leisure and competitive recreation and exercise they can

handle, a fact which leaves little room for idle time and consequently reduces the pressures leading to assaultive behavior.

Religious Programming:

The facility has a very strong religious program led by a full-time chaplain assisted by one volunteer chaplain and 12 trained inmate workers. The chaplain plays a major role in the inmates' adjustment to life within the prison system.

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

The chaplain also has the responsibility of arranging and scheduling worship services for religious groups that provide volunteer services at the facility. The facility has approximately 28 active volunteers**.** These volunteers provide approximately 100 hours per week of volunteer services and activities for the inmate population. Volunteer services occur seven days a week in the facility's very spacious chapel.

The faith-based organizations that provide religious activities for the inmate population at the TU are:

Kairos of Arkansas
Celebration Church
No Man Left Behind Ministry
Christian Motorcycle Association
Know the Truth Ministry
Greater Galilee Missionary
New Harvest Church of God
Gideons International
A.R.M. Prison Outreach
Catholic Diocese of Arkansas
Kenneth Copeland Ministry
Yahweh Assembly in Yahshua
Joyce Meyer Ministries, Inc.
Prison Fellowship
Haven Ministries

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

Offender Work Programs:

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

This certainly speaks volumes as to why the facility is so clean and the grounds and flower beds are so well maintained. The administration should be commended for instilling in the inmate population the need to take ownership in keeping their units and the grounds neat and clean. There are 1,000 inmate job assignments at the TU, and these positions are always filled. Inmates are classified into job assignments upon arrival.

Listed below are job assignments available to the inmate population at the TU:

Industry Bus Factory
Regional Maintenance
Food Service
Commissary
Sanitation
Shower Porters
Laundry
Lawn Maintenance
Agri Farm
Picket men
Building Maintenance
Field Utility
Barber
Chapel Porters
Inside maintenance
Outside Maintenance
Library

Academic and Vocational Education:

The TU is part of the Arkansas Correctional School. Education for inmates is mandatory in Arkansas, and inmates who do not have a high school diploma or a GED are required to attend school. In addition, Philander Smith College provides the TU inmates with the opportunity to obtain their bachelor's degree while incarcerated.

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

The academic instruction centers on General Education Development (GED) preparation. During the past twelve months, 61 inmates attempted the GED test,

and 37 were successful. This factors in to a 61 percent passing rate, which isn't bad at all for an inmate population. There are presently 116 inmates attending the academic school. There are no vocational programs at the TU at the present time.

Social Services:

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

The TU utilizes the unit management system for the entire inmate population. This includes a classification officer, a grievance officer, a mailroom supervisor, and a records supervisor.

The grievance officer processes inmate complaints as well as investigates the grievance to see if it has any truth to it. The records supervisor stores inmate records, job screens, background checks, processes parolees and discharges. The classification officer oversees the unit population by housing inmates according to their class, medical restrictions and job assignments. The classification officer also oversees the count room by moving inmates according to the job assignment given in classification. The mailroom supervisor's responsibility is to distribute mail as in media mail, legal mail, taking postage off inmates' books, using the postage machine for the inmate's mail/packages, privileged mail, emails, digital mail, in-house prison mail, truck mail through all prisons, packages such as books or religious items, inmate requests going to all departments, and all inmates' mail going out to the free world.

Visitation:

The inmates are allowed visitation with family and/or friends who are on their approved visitation list. Inmates are only allowed 20 approved visitors on their visitation list. The facility allows four visitors per visit. The visitation area has a capacity of 37 visitors. Inmates are allowed four visitors per visit. Visitation takes place in the facility's Gymnasium.

Visitation for the general population is Saturday and Sunday from 11:30 a.m. to 1:30 p.m. and again from 2:00 p.m. to 4:00 p.m. Non-contact visitation for RHU is on Saturday and Sunday from 11:30 a.m. to 1:30 p.m. and again from 2:00 p.m. to 4:00 p.m.

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

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

Library Services:

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

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

Laundry:

The TU laundry is staffed by a sergeant, a staff member, and 20 inmate workers. The laundry is open Monday through Saturday from 12:00 a.m. to 5:00 p.m. and on Sunday from 10:00 a.m. to 4:00 p.m.

Equipment in the laundry consists of five large commercial washers and four large commercial dryers. The laundry also has three pressers and one sewing machine. Inmates assigned these tasks mend and press inmate clothing for special occasions. The needles for these sewing machines are well controlled and accounted for. The dryer lint traps are cleaned daily or multiple times per shift as needed.

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

F. Examination of Records

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

1. Litigation

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

2. Significant Incidents/Outcome Measures

A review of the Significant Incident Summary shows a well-run facility, given the level of security of its inmate population. There were six inmate-on-inmate assaults. With an average daily population of 1013, six inmate-on-inmate assaults is well within the expected range for a facility of the size and security level of the TU. The inmates whom the audit team interviewed or spoke with stated that they did not fear for their safety at the TU.

HEALTH CARE OUTCOME MEASURES

A review of three years of Health Care Outcomes was conducted. There was one natural death during the three-year audit period.

3. Departmental Visits

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

Department Visited	Person(s) Contacted
Administration	James Dycus, Warden Antonio Johnson, Deputy Warden Natasha Odom, Chief of Security Shelly Jones, ACA Manager ADC Samantha Gates, ACA Manager TU
Fire Safety	Jacob Higgins, Fire Safety Officer ADC
Food Service	Joyce Jackson, Food Production Manager
Medical	Lindsey Blake, DON Acting HAS Dana Haynes, Regional Medical Director Lajoya Norman, Regional Mental Health
Maintenance	Allen Gibson, Maintenance

4. Shifts

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

Day Shift 6:00 a.m. – 6:00 p.m.

The team was present at the facility during the day shift from 7:30 a.m. – 6:00 p.m. Shift change was very orderly and extremely organized. The audit team observed

shift change and briefing. During the briefing the shift supervisor covered all unusual incidents from the previous shift.

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

Evening Shift 6:00 p.m. – 6:00 a.m.

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

Status of Previously Non-compliant Standards/Plans of Action

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found that there were no previously non-complaint standards.

G. Interviews

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

1. Offender Interviews

The audit team interviewed or spoke to 44 inmates during the audit process. They were very positive about the staff, and all felt staff cared about their welfare. They felt safe and stated staff was always available when they needed them.

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

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

2. Staff Interviews

The audit team interviewed or spoke to 40 staff. They were all proud of their facility and understood policy, procedure, and post orders. Most felt that they had the support of the administration while performing their daily responsibilities. They were also happy to have a job during these tough times.

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

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

H. Exit Discussion

The exit interview was held at 10:30 a.m. with Warden Dycus and 36 staff in attendance. The following persons were also in attendance:

Shelly Jones, Agency ACA Manager ADC
Jacob Higgins, Fire Safety Officer ADC
Amanda Pasley, Wellpath ACA Manager
Dana Haynes, Wellpath Regional Director
Aundrea Culcager, Deputy Director Treatment ADC
William Straughn, Chief Deputy Director ADC
Todd Ball, Warden
Latoris Willis, Norris Unit ACA Manager
Dexter Payne, Director ADC
Gaylon Lay, Assistant Director Work Release ADC
Tiffanye Compton, Assistant Director Operations ADC
Dona Buie, Wellpath Regional Vice President

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

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 5th Edition
Supplement	Not Applicable
Facility/Program	Arkansas Department of Corrections Tucker Unit
Audit Dates	October 7-9, 2025
Auditor(s)	Doug Sproat, Chairperson; Mike Killmer, Member; Ronald Embry, Member

	MANDATORY	**NON-MANDATORY**
Number of Standards in Manual	64	509
Number Not Applicable	7	71
Number Applicable	57	438
Number Non-Compliance	0	1
Number in Compliance	57	437
Percentage (%) of Compliance	100%	99.8%

- 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

Arkansas Department of Corrections
Tucker Unit
Tucker, Arkansas

October 7-9, 2025

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard 5-ACI-2C-04

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

FINDINGS:

The Tucket Unit does not provide a minimum of 35 square feet of space per inmate for the maximum number of inmates who use the dayroom at one time period.

AGENCY RESPONSE:

Waiver Request

The Tucker Unit was constructed in 1916. Since then, there have been changes made to enhance the quality of life for the inmate population at Tucker Unit. During the hours of 7:00 a.m. (wake-up) to 4:30 p.m. (end of workday), the dayroom is only utilized by a small number of inmates. Many of the inmates spend the evening hours on their respective beds reading, writing letters or visiting with one another.

Inmates who are physically able to work, go out each day to their respective jobs. Dayrooms with space for varied inmate activities include playing board games, writing letters, reading and watching television. Inmates can sit on their beds and view the television. Inmates can listen to the television with their headphones during viewing hours.

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

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

AUDITOR'S RESPONSE:

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Tucker Unit
Tucker, Arkansas

October 7-9, 2025

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #5-ACI-4A-01(MANDATORY)

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

FINDINGS:

The Tucker Unit does not have a special management unit.

Standard #5-ACI-6A-01 (MANDATORY)

AT THE TIME OF ADMISSION/INTAKE, ALL INMATES ARE INFORMED ABOUT PROCEDURES TO ACCESS HEALTH SERVICES, INCLUDING ANY COPAY REQUIREMENTS, AS WELL AS PROCEDURES FOR SUBMITTING GRIEVANCES. MEDICAL CARE IS NOT DENIED BASED ON AN INMATE'S ABILITY TO PAY. THIS INFORMATION IS COMMUNICATED ORALLY AND IN WRITING, AND IS CONVEYED IN A LANGUAGE THAT IS EASILY UNDERSTOOD BY EACH INMATE. WHEN A LITERACY PROBLEM PREVENTS AN INMATE FROM

UNDERSTANDING WRITTEN INFORMATION, A STAFF MEMBER OR TRANSLATIOR ASSISTS THE INMATE.

FINDINGS:

The Tucker Unit is not an intake unit.

Standard #5-ACI-6A-10 (MANDATORY)

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

- PREGNANCY TESTING
- ROUTINE PRENATAL CARE
- HIGH-RISK PRENATAL CARE
- MANAGEMENT OF THE CHEMICALLY ADDICTED PREGNANT INMATE
- POSTPARTUM FOLLOW-UP
- UNLESS MANDATED BY STATE LAW, BIRTH CERTIFICATES/REGISTRY DOES NOT LIST A CORRECTIONAL FACILITY AS THE PLACE OF BIRTH

FINDINGS:

The Tucker Unit houses male inmates only.

Standard #5-ACI-6A-21(MANDATORY)

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:

<u>INQUIRY INTO</u>:

- 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

<u>OBSERVATION OF THE FOLLOWING</u>:

- 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

<u>MEDICAL DISPOSITION OF THE OFFENDER</u>:

- 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:

The Tucker Unit is not an intake unit.

Standard #5-ACI-6A-25 (MANDATORY)

EFFECTIVE NLT JANUARY 1, 2021) A COMPREHENSIVE HEALTH APPRAISAL FOR EACH INMATE, EXCLUDING INTRASYSTEM TRANSFERS, IS COMPLETED BY QUALIFIED HEALTH CARE PERSONNEL WITHIN 14 DAYS AFTER ARRIVAL AT THE FACILITY. IF THERE IS DOCUMENTED EVIDENCE OF A HEALTH APPRAISAL AND EVIDENCE OF REVIEW BY QUALIFIED STAFF WITHIN THE PREVIOUS 90 DAYS, A NEW HEALTH APPRAISAL IS NOT REQUIRED, EXCEPT AS DETERMINED BY THE DESIGNATED HEALTH AUTHORITY. HEALTH APPRAISAL DATA COLLECTION AND RECORDING INCLUDES THE FOLLOWING:

1. A UNIFORM PROCESS AS DETERMINED BY THE HEALTH AUTHORITY
2. DOCUMENTATION OF REVIEW OF THE EARLIER RECEIVING SCREENING
3. RECORDING OF HEIGHT, WEIGHT, PULSE, BLOOD PRESSURE, AND TEMPERATURE BY HEALTH-TRAINED OR QUALIFIED HEALTH PERSONNEL
4. COLLECTION OF ADDITIONAL DATA TO COMPLETE THE MEDICAL, DENTAL, MENTAL HEALTH, AND IMMUNIZATION HISTORIES BY HEALTH-TRAINED OR QUALIFIED HEALTH PERSONNEL
5. MEDICAL EXAMINATION, INCLUDING REVIEW OF MENTAL AND DENTAL STATUS BY QUALIFIED HEALTH PERSONNEL
6. LABORATORY AND/OR DIAGNOSTIC TESTS TO DETECT COMMUNICABLE DISEASE, INCLUDING VENEREAL DISEASE AND TUBERCULOSIS
7. OTHER TESTS AND EXAMINATIONS AS APPROPRIATE
8. DEVELOPMENT AND IMPLEMENTATION OF TREATMENT PLAN, INCLUDING RECOMMENDATIONS CONCERNING HOUSING, JOB ASSIGNMENT, AND PROGRAM PARTICIPATION
9. INITIATION OF THERAPY, WHEN APPROPRIATE
10. REVIEW OF THE RESULTS OF THE MEDICAL EXAMINATION, TESTS, AND IDENTIFICATION OF PROBLEMS BY A PHYSICIAN OR MED-LEVEL PRACTITIONER, AS ALLOWED BY LAW.

FINDINGS:

The Tucker Unit is not an intake unit.

Standard #5-ACI-6A-32 (MANDATORY)

(EFFECTIVE NLT JANUARY 1, 2021) 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:
3.
    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

4. 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
    C. CIRCUMSTANCES THAT MAY INCREASE VIOLENCE POTENTIAL
    D. DRUG AND ALCOHOL ABUSE AND/OR ADDICTION

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

FINDINGS:

The Tucker Unit is not an intake unit.

Standard #5-ACI-6C-09 (MANDATORY)

WRITTEN AGENCY POLICY PERMITS INMATE PARTICIPATION IN MEDICAL OR PHARMACEUTICAL RESEARCH. FACILITIES ELECTING TO PERFORM SUCH BIOMEDICAL RESEARCH WILL BE IN COMPLIANCE WITH ALL STATE AND FEDERAL GUIDELINES.

FINDINGS:

The Tucker Unit does not allow inmates to participate in medical or pharmaceutical research.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Arkansas Department of Corrections
Tucker Unit
Tucker, Arkansas

October 7-9, 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:

The Tucker Unit is not responsible for restitution.

Standard #5-ACI-2B-01

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). THE PHYSICAL PLANT DESIGN FACILITATES PERSONAL CONTACT AND INTERACTION BETWEEN STAFF AND INMATES.

FINDINGS:

The Tucker Unit has had no new construction after January 1, 1990.

Standard #5-ACI-2B-04

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

FINDINGS:

The Tucker Unit has had no new construction after January 1, 1990.

Standard #5-ACI-2C-06

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

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

FINDINGS:

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

Standard #5-ACI-2C-08

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

FINDINGS:

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

Standard #5-ACI-2C-10

(NEW CONSTRUCTION AFTER JUNE 2014). INMATES HAVE ACCESS TO

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

FINDINGS:

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

Standard #5-ACI-2C-12

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

FINDINGS:

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

Standard #5-ACI-2D-04

(RENOVATION, NEW CONSTRUCTION AFTER JUNE 1, 2008). ALL INMATE ROOMS/CELLS PROVIDE INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST THREE-SQUARE FEET OF TRANSPARENT GLAZING, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN ROOMS/CELLS WITH THREE OR MORE INMATES.

FINDINGS:

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

Standard #5-ACI-2D-05

(NEW CONSTRUCTION OR RENOVATION AFTER JUNE 1, 2014). EACH DORMITORY PROVIDES INMATES WITH ACCESS TO NATURAL LIGHT BY MEANS OF AT LEAST 12 SQUARE FEET, PLUS TWO ADDITIONAL SQUARE FEET OF TRANSPARENT GLAZING PER INMATE IN THE DORMITORY

FINDINGS:

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

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:

The Tucker Unit has had no new construction after January 1, 1990.

Standard #5-ACI-2D-08

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). CIRCULATION IS AT LEAST 15 CUBIC FEET OF OUTSIDE OR RECIRCULATED FILTERED AIR PER MINUTE PER OCCUPANT FOR CELLS/ROOMS, OFFICER STATIONS, AND DINING AREAS, AS DOCUMENTED BY A QUALIFIED TECHNICIAN AND SHOULD BE CHECKED NOT LESS THAN ONCE EVERY 3-YEAR ACCREDITATION CYCLE.

FINDINGS:

The Tucker Unit has had no new construction after January 1, 1990.

Standard #5-ACI-2E-02

(EFFECTIVE NLT JANUARY 1, 2021) 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 AREAS: 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).
- INDIVIDUAL AREAS: 180-SQUARE FEET OF UNENCUMBERED SPACE.

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

FINDINGS:

The Tucker Unit does not have a special management unit.

Standard #5-ACI-2E-04

(RENOVATION, NEW CONSTRUCTION ONLY AFTER JANUARY 1, 1990). IN INSTITUTIONS OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES.

FINDINGS:

The Tucker Unit has had no new construction after January 1, 1990.

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 Tucker Unit houses male inmates only.

Standard #5-ACI-3A-17

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

FINDINGS:

The Tucker Unit houses male inmates only.

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 Tucker Unit houses male inmates only.

Standard #5-ACI-4A-02

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-03

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-04

WHEN SPECIAL MANAGEMENT HOUSING UNITS EXIST, WRITTEN POLICY AND PROCEDURE GOVERN THEIR OPERATION FOR THE SUPERVISION OF INMATES

UNDER ADMINISTRATIVE STATUS, PROTECTIVE CUSTODY, AND DISCIPLINARY DETENTION.

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-05

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-06

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-07

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-08

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-09

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-10

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-11

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT ALL SPECIAL MANAGEMENT INMATES ARE PERSONALLY OBSERVED BY A CORRECTIONAL OFFICER TWICE PER HOUR, BUT NO MORE THAN 40 MINUTES APART, ON AN IRREGULAR SCHEDULE.

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-12

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-13

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-14

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-15

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-16

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-17

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES IN SPECIAL MANAGEMENT HOUSING RECEIVE LAUNDRY, BARBERING, AND HAIR CARE SERVICES AND ARE ISSUED AND EXCHANGE CLOTHING, BEDDING, AND LINEN ON THE SAME BASIS AS INAMTES 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 JSUTIFIED IN WRITING.

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-18

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-19

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-20

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-21

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-22

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-23

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-24

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit

Standard #5-ACI-4A-25

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-26

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4A-27

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

FINDINGS:

The Tucker Unit does not have a Special Management Unit.

Standard #5-ACI-4B-26

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATE 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 Tucker Unit does not have Extended 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).

FINDINGS:

The Tucker Unit does not have an Extended Restrictive Housing Unit.

Standard #5-ACI-4B-30

(EFFECTIVE NLT OCTOBER 1, 2020) AN INDIVIDUAL DIAGNOSED WITH A SERIOUS MENTAL ILLNESS ILL 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 Tucker Unit does not have an Extended Restrictive Housing Unit.

Standard #5-ACI-4B-31

(EFFECTIVE NLT OCTOBER 1, 2020) WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT STEP DOWN PROGRAMS ARE OFFERRED 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 OPORTUNITIES TO GRADUALLY INCREASING PRIVILEGES
- A STEP-DOWN TRANSITION COMPLIANCE REVIEW
- POST-SCREENING EVALUATION

FINDINGS:

The Tucker Unit does not have an Extended Restrictive Housing Unit.

Standard #5-ACI-4B-32

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

FINDINGS:

The Tucker Unit houses male inmates only.

Standard #5-ACI-4B-33

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

FINDINGS:

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

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 Tucker Unit is not a reception center.

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 Tucker Unit is not a reception center.

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 Tucker Unit is not a reception center.

Standard #5-ACI-5A-04

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT NEW INMATES RECEIVE WRITTEN ORIENTATION MATERIALS AND/OR TRANSLATIONS IN THEIR OWN LANGUAGE. THESE MATERIALS MAY ALSO BE PROVIDED ELECTRONICALLY, BUT INMATES IN 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 Tucker Unit is not a reception center.

Standard #5-ACI-5B-13

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

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

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

FINDINGS:

The Tucker Unit does not house youthful offenders.

Standard #5-ACI-5B-14

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

FINDINGS:

The Tucker Unit does not house youthful offenders.

Standard #5-ACI-5B-15

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

FINDINGS:

The Tucker Unit does not house youthful offenders.

Standard #5-ACI-5B-16

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

FINDINGS:

The Tucker Unit does not house youthful offenders.

Standard #5-ACI-5B-17

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

FINDINGS:

The Tucker Unit does not house youthful offenders.

Standard #5-ACI-5B-18

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

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES

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

FINDINGS:

The Tucker Unit does not house youthful offenders.

Standard #5-ACI-5E-10

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

FINDINGS:

The Tucker Unit does not house female inmates.

Standard #5-ACI-5F-08

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

FINDINGS:

The Tucker Unit does not offer a facilitated victim/offender dialogue at this time.

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 Tucker Unit houses male inmates only.

Standard #5-ACI-6A-24

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

FINDINGS:

The Tucker Unit does not house in-transit offenders.

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 Tucker Unit has full-time qualified health care staff.

Standard #5-ACI-6B-10

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

AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION

FINDINGS:

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

Standard #5-ACI-6B-11

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

FINDINGS:

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

Standard #5-ACI-6B-12

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

- PROVIDING PEER SUPPORT AND EDUCATION
- PERFORMING HOSPICE ACTIVITIES
- ASSISTING IMPAIRED OFFENDERS ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING

- SERVING AS A SUICIDE COMPANION OR BUDDY IF QUALIFIED AND TRAINED THROUGH AFORMAL PROGRAM THAT IS PART OF SUICIDE-PREVENTION PLAN
- HANDLING DENTAL INSTRUMENTS FOR THE PURPOSE OF SANITIZING AND CLEANING, WHEN DIRECTLY SUPERVISED AND IN

COMPLIANCE WITH APPLICABLE TOOL CONTROL POLICIES, WHILE IN A DENTAL ASSISTANT'S TRAINING PROGRAM CERTIFIED BY THE STATE DEPARTMENT OF EDUCATION OR OTHER COMPARABLE APPROPRIATE AUTHORITY

OFFENDERS ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:

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

FINDINGS:

The Tucker Unit does not use inmates for familial duties.

Standard #5-ACI-6E-02

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

FINDINGS:

The Tucker Unit does not have an infirmary unit.

Standard #5-ACI-6E-03

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

FINDINGS:

The Tucker Unit does not have an infirmary unit.

Standard #5-ACI-6E-04

OFFENDERS HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THE MEDICAL HOUSING UNIT OR IN THE INFIRMARY AREA. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF 1 FOR EVERY 12 OFFENDERS IN MALE FACILITIES AND 1 FOR EVERY 8 OFFENDERS IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES.

FINDINGS:

The Tucker Unit does not have an infirmary unit.

Standard #5-ACI-7A-14

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

FINDINGS:

There are no private industries operating on the grounds of the Tucker Unit.

Standard #5-ACI-7A-15

(EFFECTIVE NLT JULY 1, 2021) WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES EMPLOYED IN THE COMMUNITY BY PUBLIC OR PRIVATE ORGANZIATIONS IN POSITIONS NORMALLY OCCUPIED BY PRIVATE CITIZENS MAY BE COMPESATED AT THE PREVAILTING WAGE RATE FOR THE POSITION OCCUPIED. INMATES RECEIVING SUCH COMPENSATION MAY BE REQUIRED TO REIMBURSE THE JURISDICTION FOR A REASONABLE SHARE OF ITS COST IN MAINTAINING THEM.

FINDINGS:

There are no private industries operating on the grounds of the Tucker Uni

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 Community Residential Facilities, Juvenile Correctional Facilities, Juvenile Detention Facilities, Adult Community Residential Services, and Small Juvenile Detention Facilities.

Facility Name: Tucker Unit Reporting Period: October 2024 through September 2025

Incident Type	Months ⇨	October	November	December	January	February	March	April	May	June	July	August	September	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	1	0	0	0	0	0	0	0	1	2	2	6
	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	1	0	0	0	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.*

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

			Cycle Dates: Oct. 1st, 2022 Through Sept. 30th 2023			Cycle Dates: Oct. 1st 2023 Through Sept 30th 2024			Cycle Dates: Oct. 1st,2024 Through Sept. 30th, 2025		
Performance Standards		**Outcome Measures**	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 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.	2	3	.666	2	3	.666	2	3	.666
	1A-2	Number of expected practices in compliance divided by the number of applicable expected practices.	497	498	.997	497	498	.997	437	439	.995
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.	631	128	4.929	988	121	8.16	982	143	6.88
	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.	57	128	.445	78	121	.644	35	143	.245
	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.	21	128	.445	14	121	.115	11	143	.077
	1C-4	The number of staff terminated for conduct violations in the past 12 months divided by the average number of filled full time staff positions in the past 12 months.	16	128	.125	17	121	.14	11	143	.077
	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.	85	111	.765	69	77	.896	105	200	.525
	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.	58	165	.351	57	165	.345	111	165	.673
	1C-7	Number of security staff who left employment in the past 12 months divided by the total number of authorized security positions.	46	165	.278	9	165	.157	32	165	.194

Performance Standards		Outcome Measures	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
1D: Training & Development - The facility conducts pre-service, in-service, and specialized development programs to promote the effectiveness of staff, volunteers and other effected parties.		*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.	3405	631	5.396	5063	988	5.12	5157	1013	5.091
2. Physical Plant: The facilities' physical plant is designed, equipped and maintained in a manner that promotes safety, program function and access.											
2A: Building and Safety Codes - The facility complies with professional building and fire safety codes to help ensure the safety of all persons within the facility.	2A-1	Number of worker's compensation claims filed in the past 12 months divided by the average number of filled full-time staff positions in the past 12 months.	10	128	.078	9	121	.074	29	143	.203
	2A-2	Number of sanitation or health-code violations identified by external agencies in the past 12 months.			0			0			0
	2A-3	The number of fire and safe code violations identified by the governing jurisdiction in the past 12 months.			4			1			5

Performance Standards		**Outcome Measures**	**Year 1 Numerator**	**Year 1 Denominator**	**Accreditation Cycle Year 1**	**Year 2 Numerator**	**Year 2 Denominator**	**Accreditation Cycle Year 2**	**Year 3 Numerator**	**Year 3 Denominator**	**Accreditation Cycle Year 3**
2B: Size & Organization - Facility capacity and functional design promote safety, an acceptable quality of life and operational innovation.	2B-1	Number of days facility population exceeded the operational capacity in the past 12 months divided by 365.	0	365	0	0	365	0	304	365	.83
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.*									

Performance Standards		Outcome Measures	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
3. Institutional Operations: The facility protects the community, the staff, the offenders, and others from harm while maintaining an orderly environment with clear expectations of behavior and systems of accountability.											
3A: Security and Control - The facility utilizes a combination of supervision, inspection, accountability, and measured force response to promote safe and orderly operations.	3A-1	The number of incidents in which force, as defined by the agency, was used in the past 12 months divided by the average daily population in the past 12 months.	31	631	.049	47	988	.047	50	1013	.049
	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.	232	631	.367	76	988	.076	81	1013	.080
	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	631	0	0	988	0	0	1013	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	631	0	0	988	0	0	1013	0
	3A-5	The number of acts of sexual violence, as defined in the Significant Incident Summary, in the past 12 months divided by the average daily population in the past 12 months.	6	631	.009	1	988	.001	0	1013	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	631	0	0	988	0	0	1013	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.*									

Performance Standards		Outcome Measures	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
3C: Rules & Discipline - The institution's rules of conduct and sanctions and procedures for violations are communicated to all inmates and staff. The disciplinary process respects due process.	3C-1	The total number of major disciplinary reports, as defined by the agency, in the past 12 months divided by the average daily population in the past 12 months.	1024	631	1.622	912	988	.923	1127	1013	1.113
	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.	139	631	.220	249	988	.252	291	1013	.287
	3C-3	Number of offender on offender assaults, as defined in the SIS form, in the past 12 months divided by the average daily population in the past 12 months.	2	631	.003	1	988	.001	6	1013	.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	0	631	0	0	988	0	0	1013	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.	35	447	.078	45	382	.117	53	684	.077
4. Special Management Housing & Restrictive Housing: In general, inmates who threaten the secure and orderly management of the institution, posing a threat to others or a danger to themselves, are removed from the general population and placed in designated units. Such assignments are made appropriately and justifiably and offenders placed into such categories are treated justly, humanely, in a constitutionally correct manner and prepared for return to less restrictive units.											
4A: Special Management - Inmates who pose a threat are separated from general population and placed in a cell in a special management unit; (defined as segregation and including administrative segregation, protective custody or disciplinary detention); for periods of time less than 22 hours per day.	4A-1	Average number of offenders in Special Management Housing per month over the past 12 months divided by the average daily population in the past 12 months.	NA	NA	NA	NA	NA	NA	NA	NA	NA

Performance Standards		Outcome Measures	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
4B: Restrictive Housing - Inmates who pose a direct and clear threat to the safety of persons or a clear threat to the safe and secure operation of the facility are separated from general population and placed in restrictive housing units / cells for periods of time 22 hours per day or greater.	4B-1	Average number of offenders in Restricted Housing per month over the past 12 months divided by the average daily population in the past 12 months.	25	631	.039	20	988	.020	30	1013	.029
	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.	NA	NA	NA	NA	NA	NA	NA	NA	NA
	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.	43	256	.167	62	252	.246	7	326	.021
	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.	NA	NA	NA	NA	NA	NA	NA	NA	NA
Institutional Services: Internal assignment to housing and program services should meet the basic needs of the offender consistent with the safe operation of the facility and should prepare the offender for successful reintegration into society upon release as appropriate.											
5A: Reception & Orientation - All incoming inmates undergo thorough screening and assessment at admission and receive a thorough orientation to the institution's procedures, rules, programs, and services.		*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.*									

Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
5D: Sanitation and Hygiene - The institution's sanitation and hygiene program protects the health and safety of staff and offenders.		*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.	62	631	.098	62	988	.062	62	1013	.061
	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.	76	631	.120	104	988	.105	85	1013	.084
	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.	NA	NA	NA	NA	NA	NA	NA	NA	NA
	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.	NA	NA	NA	NA	NA	NA	NA	NA	NA
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.	29	173	.167	89	381	.233	105	281	.374
6. Healthcare: Each offender receives appropriate physical and behavioral health care necessary to foster the restoration and maintenance of acceptable levels of wellness.											
6A: Access to Services - Offenders have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.	6A-1	Number of offenders diagnosed with a MRSA infection within the past twelve (12) months divided by the average daily population	0	631	0	0	988	0	0	1013	0

Performance Standards		**Outcome Measures**	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
101	6A-2	Number of offenders diagnosed with active tuberculosis in the past twelve (12) months divided by the average daily population.	0	631	0	0	988	0	0	1013	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	1013	0	0	988	0	0	1013	00
	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.	3	3	1	0	0	0	0	0	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.	76	613	.123	3	988	.003	3	1013	.002
	6A-6	Number of offenders diagnosed with HIV infection at a given point in time divided by Total offender population at that time.	4	613	.006	11	911	.011	10	1013	.009
	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	3	1	6	6	1	4	4	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 total number of treated offenders with HIV infection that were reviewed	9	10	.9	5	5	1.00	8	8	1

Performance Standards		Outcome Measures	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
	6A-9	Number of offenders with an active individualized services/treatment plan for a diagnosed mental disorder (excluding sole diagnosis of substance abuse) at a given point in time divided by the total offender population at that time.	55	621	.09	113	969	.117	27	1013	.026
	6A-10	Number of offender admissions to off-site hospitals in the past twelve (12) months divided by average daily population.	16	631	.025	25	988	0.03	6	1013	.005
	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.	33	631	0.52	32	988	0.32	42	1013	.041
	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.	65	536	1.21	686	874	0.785	590	830	.710
	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.	10	40	.25	13	53	0.25	4	18	.222
	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.	7	25	.28	3	5	0.60	11	20	.55
	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.	182	631	.288	113	988	0.114	100	1013	.098

Performance Standards		Outcome Measures	Year1 Numerator	Year1 Denominator	Accreditation Cycle Year 1	Year2 Numerator	Year2 Denominator	Accreditation Cycle Year 2	Year3 Numerator	Year3 Denominator	Accreditation Cycle Year 3
6B: Staff Training - The provision of health services should be done in a professionally acceptable manner including the requirement that all staff be adequately trained and qualified and can demonstrate competency in their assigned duties.	6B-1	Number of health care staff with lapsed licensure or certification during a twelve (12) month period divided by Number of licensed or certified staff during a twelve (12) month period.	0	22	0	0	27	0	0	26	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.	10	10	1	11	27	.407	26	26	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	0	28	0	0	26	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	23	0	0	0	0	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	79	.03	5	78	.064	4	210	0.019
	6C-2	Number of offender grievances related to safety or sanitation sustained during a twelve (12) month period divided by the number of evaluated offender grievances related to safety or sanitation during a twelve (12) month period.	0	0	0	0	0	0	0	0	0

Performance Standards		**Outcome Measures**	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
	6C-3	Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender in the past twelve (12) months divided by Number of offender adjudicated lawsuits related to healthcare delivery in the past twelve (12) months.	0	0	0	0	0	0	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.	1	2	0.5	8	8	1.00	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	0	0	5	0	0	0	0	0
	6D-3	Number of offender suicide attempts in the past twelve (12) months divided by average daily population.	0	631	0	0	988	0	1	1013	0.001
	6D-4	Number of offender suicides in the past twelve (12) divided by average daily population.	0	631	0	0	988	0	0	1013	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	0	0	0	0	1	1	1
	6D-6	Number of serious medication errors in the past twelve (12) months	0	0	0	0	0	0	0	0	0
6E: Safety, Sanitation and Offender Hygiene - The facility or program is safe and sanitary. Appropriate services and supplies are provided to promote the maintenance of acceptable levels of offender hygiene.		*Compliance verified through expected practice files. No outcome measure required.*									

Appendix E: Outcome Measures

Performance Standards		Outcome Measures	Year 1 Numerator	Year 1 Denominator	Accreditation Cycle Year 1	Year 2 Numerator	Year 2 Denominator	Accreditation Cycle Year 2	Year 3 Numerator	Year 3 Denominator	Accreditation Cycle Year 3
7. Inmate Programs: The institution's programs for inmates provide meaningful work, educational, and recreational programs designed to facilitate a stable institutional environment and the inmate's subsequent reentry into the community.											
7A: Work and Correctional Industries - Work and correctional industries programs incorporate work conditions that reflect jobs in equivalent work categories outside of the institution.	7A-1	The number of academic/vocational educational program slots available in the past 12 months divided by the average daily population in the past 12 months.	120	631	.190	120	988	.121	120	1013	.118
	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.	572	606	.943	919	927	.991	989	989	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.	120	631	.190	120	988	.121	120	1013	.118
	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.	17	631	.026	37	988	.121	38	1013	.037
	7B-3	The number of academic/vocational competency certificates issued in the past 12 months divided by the number of program slots available in the past 12 months.	NA	NA	NA	NA	NA	NA	NA	NA	NA
7C: Recreation and Activities - Recreation and similar leisure activities are provided to reduce idleness, provide opportunities for skill acquisition, promote healthy activities and foster positive group interaction		*Compliance verified through expected practice files. No outcome measure required.*									

Performance Standards		**Outcome Measures**	**Year 1 Numerator**	**Year 1 Denominator**	**Accreditation Cycle Year 1**	**Year 2 Numerator**	**Year 2 Denominator**	**Accreditation Cycle Year 2**	**Year 3 Numerator**	**Year 3 Denominator**	**Accreditation Cycle Year 3**
7D: Mail, Telephone & Visiting - The maintenance of family and community ties through the provision of comprehensive mail, telephone and visiting services is critical to stable institutional adjustment and improves opportunities for successful reintegration.		*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 a s 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.	290	631	.46	362	988	.366	323	1013	.318

COMMISSION ON ACCREDITATION FOR CORRECTIONS
PANEL ACTION REPORT

Long Beach Convention Center
Long Beach, California

Saturday, February 7, 2026

Agency Name:	Arkansas Department of Corrections
Facility Name:	Tucker Unit
Facility Location:	Tucker, Arkansas
Agency Representatives:	James Dycus, Warden Shelly Jones, Agency Accreditation Manager Dexter Payne, Assistant Director Aundrea Culclager, Deputy Director of Treatment
Panel Members:	Linda Janes, Chairperson Randall Liberty Ken Williams
Staff:	Monica Glover, Senior Accreditation Specialist

Panel Action	**Result**
Standard # 5-ACI-2C-04	The waiver request was granted.

Accreditation Panel Decision

Moved:	Commissioner Williams
Seconded:	Commissioner Liberty
Three-Year Accreditation:	**Yes**

Accreditation Vote	**Yes**	**No**
Commissioner Janes:	✓	
Commissioner Liberty:	✓	
Commissioner Williams:	✓	

Final Tally

Mandatory	100%
Non-Mandatory	99.8%