



STATE OF ARKANSAS
**Department of Finance
 and Administration**
 Criminal Detention Facilities Review
 Committees

COORDINATOR'S OFFICE
 1515 West Seventh Street, Suite 222
 Post Office Box 3278
 Little Rock, AR 72203-3278
 Phone: (501) 324-9493
 Fax: (501) 683-6919
<http://www.arkansas.gov/dfa>

DETENTION FACILITY INFORMATION

Facility Name: Sevier County Detention Center		Judicial District: 9 th W
Date of Inspection: 7/29/2016		
Mailing Address: 137 West Robinson Rd. De Queen, AR 71832		
Physical Address (if different):		
Facility Phone Number: 870-642-2125	Facility Fax Number: 870-642-3916	
Sheriff/ Chief of Police: Benny Simmons	Sheriff/ Chief of Police Email Address: seviersheriff@windstream.net	
Facility Supervisor: Chris Wolcott	Facility Supervisor's Email: sevierso2@windstream.net	
County Judge/Mayor: Greg Ray	County Judge/Mayor's Email: sevcjudge@windstream.net	
County/City Clerk: Debbie Hughes	County/City Clerk's Email: sevierclerk@arkansasclerks.com	
Facility Construction Date: 2007	Latest Remodel Date:	
Type of Facility:	<input type="checkbox"/> Book In Facility <input type="checkbox"/> 24 Hour Facility <input type="checkbox"/> Short-term Facility <input checked="" type="checkbox"/> Long-term Facility	
<input type="checkbox"/> Juvenile Status:	_____	

AVERAGE DAILY POPULATION AND STAFFING INFORMATION

Detainee Population Information

	Male	Female	Total
Facility Capacity	62	12	74
Average Daily Population	25	10	35
Today's Population	27	12	39

Facility Staffing Information

	Male	Female	Total
Administrator	1		1
Supervisor	2		2
Detention Officer	8	4	12
Medical Personnel	1		1
Jailer/Dispatch	2	2	4
Other	1	1	2

INSPECTION CHECKLIST

	Obtained Copy for File?	Any Changes Since Last Inspection?	Complaint? Y or N
Health Department Inspection	X		
Fire Department Inspection	PENDING		
Jailer Training Certificates	X		
Written Policies	UPDATING		
Menu Approved by Licensed Dietician.	X		
Annual Budget	X		

Deficiency Overview:

- NOTE: The Review Committee commends Sevier County for its recent acquisition of a computer software/information management system.
- NOTE: The Committee applauds the County for its use of Officer Body Camera systems as well as facility camera upgrades.
- NOTE: The Committee commends Sevier County for employing an LPN for health and wellness services.
- 2-1003: The staff is in the process of updating and modifying the agency's policies and procedures handbook.
- 3-1002 D: The staff is working to secure an applicant screening protocol regarding physicals.
- 3-1002 F: The staff is working to craft an employee training documentation booklet for Committee review.
- 7-1001: The staff is working to secure a proper female housing plan to implement inmate separation goals.
- 8-1001 C: The facility needs more female officer/staff positions to ensure a female staff presence at all times.
- 13-1002-1003: The staff is working to secure a current fire inspection and fire plan update; a recent weather storm damaged the jail's fire alarm system.
- 13-1008: The staff is working to secure a second SCBA.
- NOTE: The staff is professional and knowledgeable.

All Adult Detention Facilities in Arkansas must comply with all applicable mandatory requirements. Failure to meet applicable requirements will cause the facility to be considered in non-compliance and subject to future action by this agency in compliance with 1185 of 2001.

MINIMUM MANDATORY REQUIREMENTS

II. Administration

In Compliance **Out of Compliance** **See Overview**

Does the Facility's operation comply with requirements as stated in Chapter III relative to the following?

2 - 1003: Written Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2-1004: Budget	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Personnel:

In Compliance **Out of Compliance** **See Overview**

Does the facility's operation meet the personnel requirements as states in Chapter III relative to the following?

3-1002 A-B-C-D: Personnel File with required records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3-1002 E: Have all jailers completed Jail Standards Course in the prescribed time frame?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-1002 H: Does the facility have sufficient personnel? If not, has the administrator requested such in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IV. RULES OF CONDUCT FOR PERSONEL:

4-1001-1002: Does facility policy and procedures manual provide for requirements listed in these sections?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------------------------------	--------------------------	--------------------------

V. RECORD SYSTEM:

In Compliance **Out of Compliance** **See Overview**

Does the Facility's maintain a minimum record system in compliance with Chapter V relative to the following?

5-1002: Are proper papers for commitment being maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1003: Is a proper jail log or detention record being kept?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1004: Is confinement information being gathered for each inmate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1005: Is prisoner's personal property being handled properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1006: Are proper medical records being kept relating condition of inmate at intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1007: Does the facility have a written policy on strip searches?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5-1009: Is a copy of the jail rules provided to the inmate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1011: Are disciplinary actions recorded in writing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-1012: Is there a written record of unusual occurrences?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. RIGHTS OF THE ACCUSED IN CUSTODY:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
6-1001: Are inmate rights posted and is a copy furnished them?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-1002: Do inmate rights contain provisions A through G?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-1003: Does written policy for disciplinary actions provide for requirements A through D?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. PRISONER SEPERATION:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
7-1001: Does the Facility provide complete separation of Females from the area where males are confined?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-1001: Are juveniles, charged as adults, separated from the rest of the inmates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-1001: Are inmates under age 18, under the jurisdiction of Juvenile Court incarcerated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-1001: If so, are they completely separated from the rest of the jail population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7-1001: Are inmates being separated by class?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7-1002: Are work release and trustee-status inmates separated from other prisoners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. SECURITY:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
Does the facility's security procedures and practices comply with the minimum requirements as stated in Chapter IX relative to the following?			
8-1001: Does the Facility have sufficient personnel on duty at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-1001 A-B: Are proper cell checks being made and recorded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-1001 C: Are female officers on duty for females inmates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8-1001 D: Does the policy manual have a search procedure for control of contraband?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-1001 E: Does the policy manual have a procedure for emergency situations in case of fire, escapes, riots, smoke situations, inmate disturbances and assaults?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-1001 G: Are officers' weapons removed before entering secure areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-1001 I: Does the Facility have a policy for key control?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-1001 J: Does the Facility have a written policy addressing security measures for trustee-status inmates?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

IX: MEDICAL, DENTAL, AND MENTAL HEALTH CARE:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
9-1001: Does the Facility have a medical and dental plan in writing and on file to insure that medical services or practices are available to all those in custody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-1002: If medical care is provided at the facility, is proper space provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-1003: Does the facility have an emergency and sick- call procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-1004: Are there written records of an inmate's medical and dental complaints, procedures, and results?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-1005: Are records kept of medicine prescribed and administered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-1005: Is medicine kept in a secure area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-1009: Is there a medical training program such as CPR and first aid or a suitable alternative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. MAIL, COMMUNICATIONS AND VISITING:

Does the Facility comply with minimum requirements regarding privileges as stated in Chapter XI relative to the following?

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
10-1001: Rules for visiting?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-1002: Is a visitor's log kept?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-1005-1007: Is there a written policy for correspondence and incoming mail?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-1008: Is there a written policy for the use of the phone and are inmates' calls logged where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

XI. FOOD SERVICE:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
11-1001: Are meals being served as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-1001: Are menus approved by a dietician?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-1003: Are records being kept of the food actually served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-1003: Has the kitchen been inspected by the Health Department?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-1005: Is garbage removed from the cells immediately after eating?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XIII. SAFETY:

13-1002: Has the Facility been inspected by the local Fire Department in the past year?

In Compliance Out of Compliance See Overview

13-1003: Does the Facility have written fire plan and are personnel familiar with it?

13-1004: Does the Facility have a written plan for all other emergencies and are evacuation procedures detailed?

13-1005: Are exits plainly marked?

13-1006: Are cleaning fluids, toxic and caustic materials stored properly?

13-1008: Does the facility have up-to-date firefighting equipment and access to a compressed air breathing apparatus?

XIV. INMATE SERVICES:

In Compliance Out of Compliance See Overview

14-1002: Does the facility have a written policy to provide recreation and leisure time activities, library services, social and religious services?

14-1005: Is outside exercise provided?

XV. EXISTING FACILITIES:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
15-1004: Is lighting adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1004: Is temperature maintained at a proper level?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1004: Is an automatic cut-in generator for emergency lighting and equipment provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1005: Are smoke and fire alarms present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1006: Is there a cell that can be used to house the disabled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1007: Are there at least two exits from each housing area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1008: Is there a proper booking area located inside the secure area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1009: Is there an alcohol unit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1010: Do the cells meet general housing requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1011-1012: Do the cells meet the footage requirement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1013: Is there an observation cell?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1014: Will activity rooms meet requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1015: Is there proper storage space for bedding and clothing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1016: Are indoor or outdoor exercise areas provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1017: Is there storage space for security equipment and cleaning supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1018: Is adequate space provided for administrative and staff functions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1019: Is there adequate space provided for food preparation and handling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15-1020: Is there a proper visiting area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7-29-16

Inspection Date

Signature: Richard G. [Signature]
Chairperson

Signature: [Signature]
Committee Member

Signature: _____
Committee Member

Signature: [Signature]
Committee Member

Signature: _____
Committee Member

Signature: _____
Committee Member

Signature: _____
Committee Member

Signature: [Signature]
Criminal Detention Facilities Review Coordinator