



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

COORDINATOR'S OFFICE

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<http://www.arkansas.gov/dfa>

Facility Name: Pulaski County Detention Center	Judicial District: 6 th
Date of Inspection: 12/3/2018	
Mailing Address: 2301 W. Roosevelt Rd. Little Rock, AR 72204	
Physical Address (if different):	
Facility Phone Number: 501-340-7000	Facility Fax Number: 501-340-7071
Sheriff/ Chief of Police: Doc Holladay	Sheriff/ Chief of Police Email Address: docholladay@pcso.org
Facility Supervisor: Mike Sylvester	Facility Supervisor's Email: msylvester@pcso.org
County Judge/Mayor: Barry Hyde	County Judge/Mayor's Email: bhyde@pulaskicounty.net
County/City Clerk: Larry Crane	County/City Clerk's Email: lcrane@pulaskiclerk.com
Facility Construction Date: 1974 / 1994	Latest Remodel Date: 2011

Type of Facility: ☐ Book In Facility ☐ 24 Hour Facility
☐ Short-term Facility ☒ Long-term Facility

☐ Juvenile Status: _____

AVERAGE DAILY POPULATION AND STAFFING INFORMATION

Detainee Population Information	Male	Female	Total
Facility Capacity	1050	160	1210 (No 309s)
Average Daily Population	1045	170	1215
Today's Population	1030	179	1209
Facility Staffing Information	Male	Female	Total
Administrator	1		1
Detention Officer	110	108	218
Medical Personnel			Private Contract
Jailer/Dispatch			
Other			

INSPECTION CHECKLIST	Status
Health Department Inspection	Current
Fire Department Inspection	Current
Written Policies	Current
Training Booklet	Current
Menu Approved by Licensed Dietician	Pending
Annual Budget	Current

Overview:

The leadership team is professional, knowledgeable, and oversees a clean facility.

The facility is funded and designed for a capacity of 1,210.

The facility usually operates near, at, or just above capacity.

On occasion, the site may near a population of 1,225 or so for 2 to 3 days.

The Review Committee commends the facility staff, which works well and closely with criminal justice partners concerning the ongoing effort to keep the inmate population proportional to the site's format and design.

On an average day, the facility population will consist of some 80 Federal inmates and some 250 Pulaski County – ADC-bound inmates.

At times, the female population exceeds the facility's cell space. At times, the male population exceeds the facility's cell areas.

At times, various male dayrooms are used for inmate housing.

Due to inmate overcrowding and staff vacancies, the agency will struggle, at times, with relation to staff / inmate gender frameworks and goals.

The site's health care team is composed of a medical doctor, physician's assistant, social worker, dentist, psychiatrist, RNs, LPNs, EMTs, and medical assistants. Health care staff is on site 24 hours a day.

Each new officer secures some 280 hours of training. Each officer, in succeeding years, secures some 40 hours of training per year. Of the detention staff, 141 officers are specialized law enforcement officers. The staff is working to update / finalize the officer training documentation log. The Review Committee commends the agency with concern to employee training frameworks and the agency's work in assisting other agencies with relation to training goals.

The staff is working to update / post the rules / rights form. The staff is working to update the booking system. The staff is working to install / update the electronic data collection process / protocol. The staff is working to update the library policy.

Due to staff vacancies, the agency, at times, will struggle with regard to inmate time / usage of dayroom space(s).

The staff is exploring options with concern to possible camera system updates. The administration is exploring options with concern to employee safety equipment, with relation to off-site inmate transports.

The staff is exploring options with concern to elevator updates with relation to detention grade fixtures.

The staff is working to implement some updates with concern to climate control equipment and plumbing components.

The County is assessing / reviewing the site's protocol and operation, in terms of housing inmates under the age of 18, with concern to employee training goals, space, policies, and other housing facets.

The staff is working to update the classification / housing plan. The staff is working to update the trustee selection / protocol.

The Review Committee commends the County as a number of shower areas were recently updated.

The Review Committee applauds the facility, as the site provides classes and programs on literacy, parenting, anger management, GED, substance abuse, success programs, and personal health.

The Review Committee wishes Sheriff Holladay well as he prepares for new endeavors. He has long served his profession and community.

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:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
2 - 1003: Written Policy	☒	☐	☐

2-1004: Budget

	☒	☐	☐
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III. PERSONEL:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
3-1002 A-B-C-D: Personnel File with required records	☒	☐	☐

3-1002 E-F-G: Have all jailers completed Jail Standards Course in the prescribed time frame?

	☒	☐	☐
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3-1002 H: Does the facility have sufficient personnel?
If not, has the administrator requested such in writing?

	☒	☐	☐
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IV. RULES OF CONDUCT FOR PERSONNEL:

4-1001-1002: Does facility policy and procedures manual provide for requirements listed in these sections?	☒	☐	☐
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V. RECORD SYSTEM:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
5-1002: Are proper papers for commitment being maintained?	☒	☐	☐

5-1003: Is a proper jail log or detention record being kept?

	☒	☐	☐
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5-1004: Is confinement information being gathered for each inmate?

	☒	☐	☐
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5-1005: Is prisoner's personal property being handled properly?

	☒	☐	☐
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5-1006: Are proper medical records being kept relating condition of inmate at intake?

	☒	☐	☐
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5-1007: Does the facility have a written policy on strip searches?

	☒	☐	☐
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5-1009: Is a copy of the jail rules provided to the inmate?

	☒	☐	☐
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5-1011: Are disciplinary actions recorded in writing?

	☒	☐	☐
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5-1012: Is there a written record of unusual occurrences?

	☒	☐	☐
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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?	☒	☐	☐

6-1002: Do inmate rights contain provisions A through G?

	☒	☐	☐
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6-1003: Does written policy for disciplinary actions provide for requirements A through D?

	☒	☐	☐
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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?	☒	☐	☐
7-1001: Are juveniles, charged as adults, separated from the rest of the inmates?	☒	☐	☐
7-1001: Are inmates under age 18, under the jurisdiction of Juvenile Court incarcerated?	☒	☐	☐
7-1001: If so, are they completely separated from the rest of the jail population?	☒	☐	☐
7-1001: Are inmates being separated by class?	☒	☐	☐
7-1002: Are work release and trustee-status inmates separated from other prisoners?	☒	☐	☐

VIII. SECURITY:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
8-1001: Does the Facility have sufficient personnel on duty at all times?	☒	☐	☐
8-1001 A,B,K: Are proper cell checks being made and recorded?	☒	☐	☐
8-1001 C: Are female officers on duty for females inmates?	☒	☐	☐
8-1001 D: Does the policy manual have a search procedure for control of contraband?	☒	☐	☐
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?	☒	☐	☐
8-1001 G: Are officers' weapons removed before entering secure areas?	☒	☐	☐
8-1001 I: Does the Facility have a policy for key control?	☒	☐	☐
8-1001 J: Does the Facility have a written policy addressing security measures for trustee-status inmates?	☒	☐	☐

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, mental and dental plan in writing and on file to insure that medical services or practices are available to all those in custody?	☒	☐	☐
9-1002: If medical care is provided at the facility, is proper space provided?	☒	☐	☐
9-1003: Does the facility have an emergency and sick- call procedure?	☒	☐	☐
9-1004: Are there written records of an inmate's medical and dental complaints, procedures, and results?	☒	☐	☐
9-1005: Are records kept of medicine prescribed and administered?	☒	☐	☐
9-1005: Is medicine kept in a secure area?	☒	☐	☐
9-1009: Is there a medical training program such as CPR and first aid or a suitable alternative?	☒	☐	☐
9-1009: Is there an AED present in the facility and has Personnel been trained on its proper use?	☒	☐	☐

X. MAIL, COMMUNICATIONS AND VISITING:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
10-1001: Is a visitor's log kept?	☒	☐	☐
10-1003: Rules for visiting?	☒	☐	☐
10-1005-1007: Is there a written policy for correspondence and incoming mail?	☒	☐	☐
10-1008: Is there a written policy for the use of the phone and are inmates' calls logged where necessary?	☒	☐	☐

XI. FOOD SERVICE:

	<u>In Compliance</u>	<u>Out of Compliance</u>	<u>See Overview</u>
11-1001: Are meals being served as required?	☒	☐	☐
11-1001: Are menus approved by a dietician?	☐	☐	☒
11-1002: Are records being kept of the food actually served?	☒	☐	☐
11-1003: Has the kitchen been inspected by the Health Department?	☒	☐	☐
11-1005: Is garbage removed from the cells immediately after eating?	☒	☐	☐

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 self-contained breathing apparatus (SCBA)?

☒☐☐**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 exercise outside of the cell area provided?

☒☐☐

XV. EXISTING FACILITIES:

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

Dec-2018

Inspection Date

Signature: [Signature]
Committee Member

Signature: [Signature]
Committee Member

Signature: _____
Committee Member

Signature: [Signature]
Chairperson

Signature: _____
Committee Member

Signature: _____
Committee Member

Signature: [Signature]
~~Committee Member~~
Staff

Signature: [Signature]
Criminal Detention Facilities Review Coordinator