

Please print in ink or type

RECEIVED

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

☐ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Tina Almanza #751538 Claimant

vs.

State of Arkansas, Respondent

Dept. of Correction

Do Not Write in These Spaces

Claim No.	15-0644-CC	
Date Filed	March 25, 2015	
(Month)	(Day)	(Year)
Amount of Claim \$	650,000.00	
Fund	DOC	

Personal injury, Pain & suffering
Negligence

COMPLAINT

Tina Almanza #751538 the above named Claimant, of 302 Corrections Drive, Newport, AR 72112
(Name) (Street or R.F.D. & No.) (City)
AR 72112 County of Jackson represented by
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: McPherson Prison Newport AR Amount sought: \$650,000

Month, day, year and place of incident or service: December 3, 2014 at the McPherson Prison BXS #6 Newport AR

Explanation: I am filing this complaint due to bodily harm/head injury that occurred on 12-3-14 at approx 5:55 am. On this date I was asleep in my Barracks #6 Bed 14 top bunk when I was suddenly awoken by falling concrete/brick that came crashing down from the ceiling/loft. The concrete hit me in the top left of my forehead causing bleeding and swelling as well as a lot of pain in which I'm still experiencing a lot of severe headaches. Seeing that I was bleeding after I was hit I went to inform the officers about the incident in which they came in to check it out and saw the blood on me and the shattered concrete in my bed and all on the floor then looked up to where it had come from. I was then sent to medical for treatment where they cleaned the blood off me and gave me an ice pack it was swollen and scratched up. Pictures were taken as well then I was given a bandaid and tylenol as well as a drug test, it took them 11 days to get me any type of X-Ray or even Ken by the Doctor and that was because I kept having a lot of pain and headaches so I continued to drop sick calls.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?

No; when? (Month) (Day) (Year); to whom? (Department)
(Yes or No)

and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? : if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows:

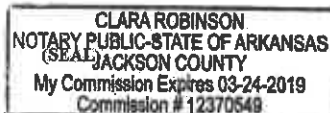
: and was acquired on : in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

Tina L. Almanza
(Print Claimant/Representative Name)

Tina Almanza
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Newport AR 72112



on this 23 day of March 2015
(Date) (Month) (Year)

Clara Robinson
(Notary Public)

My Commission Expires: 3 23 2015
(Month) (Day) (Year)

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center McPherson UnitName Tina AlmanzaADC# 751538 Brks # 10-116 Job Assignment Field Squad

FOR OFFICE USE ONLY

GRV. # MCP14-01071Date Received: 12-11-14GRV. Code #: 50812-5-14 (Date) STEP ONE: Informal Resolution12-8-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: This still does not change the fact that concrete fell & hit me in the head causing injury still in p

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: _____

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel

At approx 3:10 am I was suddenly awakened by a loud crackling noise then hit in the left side of the forehead by falling concrete from the ceiling right before it hit the floor and shattered into pieces. I sat up in shock then noticed blood coming from the cut/wound. The burst concrete was all on the floor between bunks 13+17. Some pipes also hit inmate Osburn on the head bunk #17. While she was lying there needing to go to inform the officers on duty of the situation and that I was bleeding MR. Pope said he would take care of it then Mr. Johns came in to check out the broken concrete and my head and sent me to medical. I was and still am in a lot of pain, my head is swollen and bruised up. They (MR. Pope) came & bagged up the shattered concrete with inmate Glasscock and MR. Pope came to medical and got pictures of my head. Inmates in bunks also witnessed this incident are C. Robinson, S. Jindinez, C. Gantner, A. Osburn, R. Turner & L. Williams. ~~MR. Pope~~ ~~MR. Pope~~ ~~MR. Pope~~ I am writing this grievance because I was injured due to bullying being unsafe "obviously" I was sleeping and falling concrete fell and hit me in the head. This could have possibly been worse or caused death. This has made me a nervous wreck and is very detrimental.

Tina Almanza #751538

Inmate Signature

12-5-14

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLYThis form was received on 12-5-14 (date), and determined to be **Step One** and/or an Emergency GrievanceYes (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____Sgt. Robert O'Melia52092Sgt. Robert O'Melia12-5-14

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: You were treated by medical and moved from the effected area.Sgt. Robert O'Melia 12-8-14

Staff Signature & Date Returned

Tina Almanza 12-7-14

Inmate Signature & Date Received

This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? _____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____

If forwarded, provide name of person receiving this form: _____ Date: _____

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; **BLUE** – Grievance Officer; **ORIGINAL** – Given back to Inmate After Completion of Step One and Step Two.

UNIT LEVEL GRIEVANCE FORM (Attachment I)Unit/Center McPherson

Dec. 11 2014

Name Tina Almanza

FOR OFFICE USE ONLY

GRV. MC14-01068Date Received: 12/11/14GRV. Code #: 600DC# 751538 Brks # 60 Job Assignment Field Squad12-7-14 (Date) STEP ONE: Informal Resolution12-8-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Still doesn't change the fact I have he injury/non-stop pain & no X-rays - Cat scan were done & now I have to wait for days to be seen for the pain.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? If yes, circle one: medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):At approx 5:55 am on 12-5-14 I was suddenly awoken by a huge falling brick/concrete that had fell from the ceiling while I was on my top bunk & sleep. My head was bleeding and very swollen & bruised. It was very painful and has caused dizziness and severe headaches. I was sent to medical for treatment but that only consisted of wiping off the blood and a band-aid as well as a drug test. My pain is still non-stop, my head is killing me and possibly have a concussion or worse damage. I'm not sure as to why X-RAY or Cat scan has not been done or why this has not been taken more seriously. I'm having to drop sick calls and wait for days just to be seen. This was not my fault. I should be able to sleep in place w/out worrying about falling concrete hitting me in the head.Tina Almanza # 751538

Inmate Signature

12-7-14
DateIf you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 12/7/14 (date), and determined to be **Step One** and/or an Emergency GrievanceYES (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form:James Hooper62392[Signature]Date 12/7/14

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: You were seen & evaluated by qualified medical personnel & instructed to FU with sick call if needed.Mubayland - 12-8-14

Staff Signature & Date Returned

Tina Almanza 12-8-14

Inmate Signature & Date Received

This form was received on (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance:

Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: 12/15/15If forwarded, provide name of person receiving this form: Date: 20**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

IGTT420

Attachment IV

3GH

INMATE NAME: Almanza, Tina L.ADC #: 751538DGRIEVANCE #: MCP14-01068

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619) Your 12/7/14 grievance has been received and reviewed as well as your medical record to determine if medically necessary health care, as determined by your health care providers, has been provided to you.

You state that on 12/5/14 a piece of brick fell and hit you while you were sleeping. You ask why x rays were not done.

According to your record, you were seen in medical following the incident and the nurse gave you an ice pack for swelling and stock APAP for pain. She also applied Betadine and a dressing to the abrasion. You were seen by Dr. Hughes on 12/12/14 and he noted no bruising, no swelling, and a small scab with tenderness around scab. He ordered a x ray to be done. The x ray was performed on 12/16/14 and the results revealed "multiple views of the skull demonstrates normal ossification pattern. No linear or depressed fracture."

In conclusion, you were seen and treated by healthcare professionals on the day of incident and for a follow up. Due to the delay in the x rays your grievance is with merit but resolved.

If your medical condition changes, please address any concerns through the sick call process.

Deena Powell

RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

JAN 22 2015
22

Director of Nursing

01/14/2015

Title

Date

HEALTH & CORRECTIONAL PROGRAMS

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? *yes I was treated for this*

on 12-5-14 and it doesn't change the fact I'm still experiencing severe headaches and that it took 11 days for me to get an x-ray done which I had to drop sick calls to get. That should have been the first thing ordered on that day. If someone is injured to the head & bleeding-swelled up it shouldn't be looked at almost 2 weeks later-that's

https://eomiscluster.state.ar.us:7002/eomis/interface/interface_2_0_clearPage.jsp?skipBod... 1/14/2015

then when I got to the MD it was a Scab.

Tina Almanza 751538

1-15-15

4

INMATE NAME: Almanza, Tina L.

ADC #: 751538

GRIEVANCE#: MCP14-01068

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On December 7, 2014, you grieved that you are not receiving adequate medical treatment. You state that on December 5, 2014 at 5:55 am you were awakened by a huge falling brick/concrete that had fell from the ceiling. You state that your head was bleeding, swollen, and bruised. You state that your head was very painful and has caused you dizziness and headaches. You state that you were sent to medical for treatment but that only consisted of wiping the blood off, getting a band aid, and a drug test. You state that your pain is nonstop and your head is killing you. You state that you may have a concussion or worse damage. You state that you are not sure why you did not have an x-ray or CT scan done. You state that you have to place sick calls and wait for days to be seen. You state that you should be able to sleep without worrying about falling concrete hitting you in the head.

The medical department responded, "According to your record, you were seen in medical following the incident and the nurse gave you an ice pack for swelling and stock APAP for pain. She also applied Betadine and a dressing to the abrasion. You were seen by Dr. Hughes on 12/12/14 and he noted no bruising, no swelling, and a small scab with tenderness around scab. He ordered an x ray to be done. The x ray was performed on 12/16/14 and the results revealed "multiple views of the skull demonstrates normal ossification pattern. No linear or depressed fracture. "In conclusion, you were seen and treated by healthcare professionals on the day of incident and for a follow up. Due to the delay in the x rays your grievance is with merit but resolved. If your medical condition changes, please address any concerns through the sick call process. "

Your appeal states that you were treated on December 5 but you are still having severe headaches. You state that you did not get an x-ray for 11 days and you had to place a sick call to get the x-ray. You state that if someone is injured to the head and bleeding it should not take almost two weeks to be seen. You state that when you were seen by the doctor you only had a scab left.

On December 5, 2014 you were seen by medical for an accident. The nurse noted that you had a small abrasion to the left side of your forehead with slight swelling and redness present. The nurse noted that you had no deformity and no bleeding at that time. According to your medical records you were given an ice pack for swelling, Tylenol for the pain, and a dressing to the left side of your forehead. On December 12, 2014, you were seen by Dr. Hughes and he noted that you had a contusion to the frontal scalp and ordered x-rays. Dr. Hughes noted that you were to follow up as needed or via the sick call process. You are seen regularly by providers who are licensed to practice medicine in the state of Arkansas. You have been seen for your complaints and treated as deemed appropriate and clinically indicated based your provider's medical judgment; therefore, I find this appeal without merit.



Director

Date

3/3/15

IGTT410
3GS

Attachment III

INMATE NAME: Almanza, Tina L.ADC #: 751538DGRIEVANCE #: MCP14-01071

WARDEN/CENTER SUPERVISOR'S DECISION

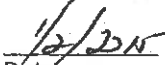
You were seen by medical staff on 12/5/14 following this incident. You were given medication for pain, and the abrasion was treated. You were advised to drop a sick call for any further complaints. A review of your medical records found no further complaints regarding this incident. You were moved to a different bed area on the day of the incident.

Mr. Drost, Maintenance Supervisor, stated that corrective action was taken to repair the ceiling which was completed on 12/5/14.

Your grievance is with merit but already resolved.


Signature of Warden/Supervisor or
Designee


Title



Date

RECEIVED

INMATE'S APPEAL

JAN 08 2015

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATIVE

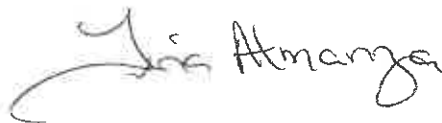
If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? I completely disagree with the above statement. I am still having complaints and pain/headaches often since this incident I'm having to drop sick calls due to the headaches which I'm being charged for. Also it is not true that Mr. Drost made corrective action to repair the ceiling on 12-5-14. He did not show up until Wednesday December 10th 2014 at approx: 7:30 a.m. with Warden Budnick to only send up an inmate to inspect the damage and only paint over the damage. Not once did a professional or supervisor check out the damage.

Inmate Signature

ADC# 751538

Date 1-6-15



RECEIVED

JAN 02 2015

WARDEN'S OFFICE

IGTT430
3GD

Attachment VI

INMATE NAME: Almanza, Tina L.

ADC #: 751538

GRIEVANCE#: MCP14-01071

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Your appeal dated 1/6/15 was received on 1/8/15. After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.


Director

Date 1-15-15

APR 10 2015

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TINA ALMANZA (ADC 751538)

RECEIVED
CLAIMANT

V.

NO. 15-0644-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

ANSWER

COMES NOW the Respondent, Arkansas Department of Correction, and for its Answer, states and alleges as follows:

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
 - a. Agency number: 0480
 - b. Cost Center: HCA 0100
 - c. Internal Order: 340301
 - d. Fund Center: 509

WHEREFORE, for the reasons cited above the Respondent prays that the claim be dismissed with prejudice and that Claimant take nothing, or in the alternative that the matter be held in abeyance until completion of the investigation by internal affairs.

Respectfully submitted,
Department of Correction Office of Counsel

by: Lisa Mills Wilkins 80038
LISA MILLS WILKINS Ark. Bar #87190
Attorney Supervisor
Post Office Box 8707
Pine Bluff, AR 71611
(870)267-6844 Office
(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 9 day of April, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Tina Almanza (ADC 751538)
McPherson Unit
302 Corrections Drive
New Port, AR 72112

by: Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

TINA ALMANZA (ADC #751538)

Arkansas
State Claims Commission
OCT 26 2015

CLAIMANT

V.

NO. 15-0644-CC

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED

RESPONDENT

RESPONDENT'S MOTION TO DISMISS

COMES NOW the Respondent, Arkansas Department of Correction, and for its MOTION TO DISMISS, states and responds as follows:

1. Claimant alleges that on DECEMBER 5, 2014, she was struck in the head by concrete falling from the ceiling on the unit. She seeks \$650,000.00 in damages. Claimant has failed to state a claim under ARCP Rule (b)(6) failure to state a claim upon which relief can be granted and the claim should be dismissed. "A motion to dismiss should be granted if 'it appears beyond doubt that the plaintiff can prove no set of facts which would entitle him to relief.'"
2. Claimant was assigned to this bed on November 7, 2014. If Claimant noticed any breach in the integrity of the structure from the top bunk, she did not report it to any officer.
3. Weekly visual inspections are completed. Attached are the inspections for the month prior to the incident which shows no problem with the integrity of the wall was known by the Respondent and the report for the week ending the week of the incident which shows that a 'piece of brick wall broke off' is noted in the report.
4. The area which fell was a previously patched area of concrete. The area of patch had been in place for a number of according to the testimony of the maintenance staff as a repair ticket could not be found for this job it had occurred so long ago. Maintenance testimony will show that there were no previous requests for repairs to this wall. After this incident, the bunks were moved from this area and the wall was repaired on December 10, 2015. See Exhibit "B" which shows the broken area and the repaired area.
5. During this time, this facility was reaccredited by the American Correctional Association on March 19-21, 2012, and received a 100% rating on mandatory and 99.8% on non-mandatory standards. Structures were considered as part of the accreditation. See Exhibit "C".
6. Claimant was seen in the infirmary and it was noted, "AAOX3, RESP EVEN AND NON LABORED, HRRR, PERRLA, LUNG SOUNDS CLEAR BILAT, AFEBRILE, STEADY GAIT, SMALL ABRASION NOTED TO LEFT SIDE OF FOREHEAD, W/ SLIGHT SWELLING AND REDNESS PRESENT, NO SIGN OF DEFORMITY NOTED, NO BLEEDING AT THIS TIME." She was given an ice pack for swelling and stock APAP for pain. Betadine and dressing were applied for the abrasion to the left side of the forehead. See Exhibit "D"
7. In order for the Respondent to be negligent, Claimant must prove that Respondent breached a duty to the Claimant. The fact that an injury occurred is not, of itself, evidence of negligence on the part of the Respondent. Claimant must prove that Respondent did something wrong.

8. Respondent had no knowledge that the ceiling was in disrepair as it was conducting weekly inspections for this very reason. The unit passed accreditation two years before this incident. Claimant slept under this area for eleven months before this incident and never reported noticing any breach in the ceiling.
9. Respondent maintained regular checks on the facility to ensure that it was safe and structurally sound. There is no evidence that it was on notice, despite reasonable efforts to be aware of any problems, of any problems to the ceiling.
10. Claimant has failed to state a cause of action for relief and a motion to dismiss is proper when there are no facts upon which relief can be granted or that the plaintiff can prove no set of facts which would entitle him to relief. ARCP 12(B)(6).

WHEREFORE, for the reasons stated above and the evidence submitted the Claim must be dismissed.

Respectfully submitted,

Department of Correction
Office of Counsel



LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor
Post Office Box 8707
Pine Bluff, AR 71611
(870)267-6844 Office
(870)267-6373 Facsimile

CERTIFICATE OF SERVICE

I certify that a copy of the MOTION TO DISMISS has been served this 23 day of October 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

TINA ALMANZA (ADC #751538)
MCIPHERSON UNIT
302 CORRECTIONS DRIVE
NEWPORT, AR 72112



LISA MILLS WILKINS Ark. Bar #87190

Weekly Inspection

Week Ending Date: November 1, 2014

This report must be submitted to my office by 8:00 am on Monday of each week.

VISUAL INSPECTION															
DEPARTMENT	CLEAN- LINESS	FIRE EXTING- UISHER		ELEC. EQUIP. COND.		FIRE EXITS COND.		FIRE ALARM SPRINKLER EMER. LIGHTS		MAINT. ISSUES		EXIT SIGNS		EVAC. PLANS POSTED	
	S	S	UNS	S	UNS	S	UNS	S	UNS	S	UNS	S	UNS	S	UNS
PROGRAMS/VO-TECH															
Vo-Tech Supervisor C-127 A	1 2 3 4			✓		✓		✓		✓		✓			
Vo-Tech Counselor C-127 D	1 2 3 4			✓				✓		✓					
Classroom C-120 F	1 2 3 4	✓		✓				✓		✓					
Classroom C-120 E	1 2 3 4	✓		✓				✓		✓					
Classroom C-120 D	1 2 3 4	✓		✓				✓		✓					
Classroom C-120 C	1 2 3 4	✓		✓				✓		✓					
Cosmetology C-122 C	1 2 3 4			✓				✓		✓					
Classroom C-120 B	1 2 3 4			✓				✓		✓					
Classroom C-120 A	1 2 3 4			✓				✓		✓					
Classroom C-119 A	1 2 3 4			✓				✓		✓					
Classroom C-119 B	1 2 3 4			✓				✓		✓					
Library C-117	1 2 3 4			✓				✓		✓					
School Office C-119 E	1 2 3 4	✓		✓		✓		✓		✓					
Classroom C-119 D	1 2 3 4			✓				✓		✓					
Classroom C-119 C	1 2 3 4			✓				✓		✓					
Classroom C-125 B	1 2 3 4	✓		✓				✓		✓					
Storage C-121 A	1 2 3 4			✓				✓		✓					
Salon Room C-121 B	1 2 3 4	✓		✓				✓		✓					
Secretary's Office C-126	1 2 3 4			✓				✓		✓					
Bathroom Area	1 2 3 4	✓		✓				✓		✓					
Vo-Tech Break Room	1 2 3 4			✓				✓		✓					
HOUSING UNIT 1	S	S	UNS	S	UNS	S	UNS	S	UNS	S	UNS	S	UNS	S	UNS
Housing Control 301	1 2 3 4	✓			✓	✓		✓			✓	✓		✓	
1 BARRACKS 304	1 2 3 4				✓	✓		✓			✓	✓		✓	
2 BARRACKS 308	1 2 3 4				✓	✓		✓			✓	✓		✓	
3 BARRACKS 313	1 2 3 4				✓	✓		✓			✓	✓		✓	
4 BARRACKS 317	1 2 3 4				✓	✓		✓			✓	✓		✓	
5 BARRACKS 321	1 2 3 4				✓	✓		✓			✓	✓		✓	
6 BARRACKS 325	1 2 3 4			✓		✓		✓			✓	✓		✓	
7 BARRACKS 330	1 2 3 4				✓	✓		✓			✓	✓		✓	
H1 Control Tower Cage 300	1 2 3 4	✓			✓	✓		✓			✓	✓		✓	
Mechanical Room 302	1 2 3 4			✓		✓		✓			✓	✓		✓	
Vestibule 303	1 2 3 4			✓		✓		✓							

Printed Name

1. Oil light and floor cleaner
1. Dayroom light
1. TV black box not working
1. Clean behind fridge
2. 2x pictures hanging
2. Dayroom light
2. Handcar sink leaks
2. Windows near #1 scratched
3. Cell 107, 111 need paint
3. 1st window leaks
3. 1-2 All main doors

[illegible]

WADC
 Women and AIDS Development Center
 4000 University Avenue, Suite 200
 Berkeley, CA 94702-1162
 Tel: (415) 841-1162
 Fax: (415) 841-1163
 Email: info@wadc.org

Exhibit

A

A Matthews
Sgt. Martin

To: Sgt. Martin
From: Department - Fire, Safety & Sanitation Programs & Housing I
Area 5
Weekly Inspection
Please ensure that this report is complete and legible.
Week Ending Date November 8, 2014

It is required by AR 407 and Unit Policies 8.3.0 and 12.1.0 that you, or your designee, perform and report a weekly Fire, Safety and Sanitation Inspection. Please review the attached form for your area and let me know if you have any problems with it or need any additions to it.
This report must be submitted to my office by 8:00 am on Monday of each week.

Evaluate the area by the following standards: Satisfactory or Unsatisfactory

MCPHERSON FIRE, SAFETY AND SANITATION REPORT VISUAL INSPECTION

DEPARTMENT	CLEAN- LINESS	FIRE EXTING- UISHER	ELEC. EQUIP. COND.	FIRE EXITS COND.	FIRE ALARM SPRINKLER EMER. LIGHTS	MAINT. ISSUES	EXIT SIGNS	EVAC. PLANS POSTED
PROGRAMS/VO-TECH	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Vo-Tech Supervisor C-127 A	1 2 3 4	X	X	X	X	X	X	X
Vo-Tech Counselor C-127 D	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 F	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 E	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 D	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 C	1 2 3 4	X	X	X	X	X	X	X
Cosmetology C-122 C	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 B	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 A	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 A	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 B	1 2 3 4	X	X	X	X	X	X	X
Library C-117	1 2 3 4	X	X	X	X	X	X	X
School Office C-119 E	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 D	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 C	1 2 3 4	X	X	X	X	X	X	X
Classroom C-125 B	1 2 3 4	X	X	X	X	X	X	X
Storage C-121 A	1 2 3 4	X	X	X	X	X	X	X
Salon Room C-121 B	1 2 3 4	X	X	X	X	X	X	X
Secretary's Office C-126	1 2 3 4	X	X	X	X	X	X	X
Bathroom Area	1 2 3 4	X	X	X	X	X	X	X
Vo-Tech Break Room	1 2 3 4	X	X	X	X	X	X	X
HOUSING UNIT 1	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Housing Control 301	1 2 3 4	X	X	X	X	X	X	X
1 BARRACKS 304	1 2 3 4	X	X	X	X	X	X	X
2 BARRACKS 305	1 2 3 4	X	X	X	X	X	X	X
3 BARRACKS 313	1 2 3 4	X	X	X	X	X	X	X
4 BARRACKS 317	1 2 3 4	X	X	X	X	X	X	X
5 BARRACKS 321	1 2 3 4	X	X	X	X	X	X	X
6 BARRACKS 325	1 2 3 4	X	X	X	X	X	X	X
7 BARRACKS 330	1 2 3 4	X	X	X	X	X	X	X
H1 Control Tower Cage 300	1 2 3 4	X	X	X	X	X	X	X
Mechanical Room 302	1 2 3 4	X	X	X	X	X	X	X
Vestibule 303	1 2 3 4	X	X	X	X	X	X	X
Turn Out Door / Side Walk	1 2 3 4	X	X	X	X	X	X	X
Ad-Seg Recreation Yard	1 2 3 4	X	X	X	X	X	X	X
Gen. Population Rec. Yard	1 2 3 4	X	X	X	X	X	X	X

Inspected by:

Matthews
Printed Name

Matthews
Signature

11-6-14
date

COMMENTS: Program area seems to be turned too high and it is hot

A-2
12

A Matthews

To: Sgt. [redacted] Martin
 From: Department - Fire, Safety & Sanitation Programs & Housing I
 Area 5
 Weekly Inspection
 Please ensure that this report is complete and legible.
 Week Ending Date: November 15, 2014
 is required by AR 407 and Unit Policies 8.3.0 and 12.1.0 that you, or your designee, perform and report a weekly Fire, Safety and Sanitation Inspection. Please review the attached form for your area and let me know if you have any problems with it or need any additions to it.
 This report must be submitted to my office by 8:00 am on Monday of each week.
 Evaluate the area by the following standards: Satisfactory or Unsatisfactory

MCPHERSON FIRE, SAFETY AND SANITATION REPORT VISUAL INSPECTION

DEPARTMENT	CLEAN- LINESS	FIRE EXTING- UISHER	ELEC. EQUIP. COND.	FIRE EXITS COND.	FIRE ALARM SPRINKLER EMER. LIGHTS	MAINT. ISSUES	EXIT SIGNS	EVAC. PLANS POSTED
PROGRAMS/VO-TECH	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Vo-Tech Supervisor C-127 A	1 2 3 4	X	X	X	X	X	X	X
Vo-Tech Counselor C-127 D	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 F	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 E	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 D	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 C	1 2 3 4	X	X	X	X	X	X	X
Cosmetology C-122 C	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 B	1 2 3 4	X	X	X	X	X	X	X
Classroom C-120 A	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 A	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 B	1 2 3 4	X	X	X	X	X	X	X
Library C-117	1 2 3 4	X	X	X	X	X	X	X
School Office C-119 E	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 D	1 2 3 4	X	X	X	X	X	X	X
Classroom C-119 C	1 2 3 4	X	X	X	X	X	X	X
Classroom C-125 B	1 2 3 4	X	X	X	X	X	X	X
Storage C-121 A	1 2 3 4	X	X	X	X	X	X	X
Salon Room C-121 B	1 2 3 4	X	X	X	X	X	X	X
Secretary's Office C-126	1 2 3 4	X	X	X	X	X	X	X
Bathroom Area	1 2 3 4	X	X	X	X	X	X	X
Vo-Tech Break Room	1 2 3 4	X	X	X	X	X	X	X
HOUSING UNIT 1	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Housing Control 301	1 2 3 4	X	X	X	X	X	X	X
1 BARRACKS 304	1 2 3 4	X	X	X	X	X	X	X
2 BARRACKS 308	1 2 3 4	X	X	X	X	X	X	X
3 BARRACKS 313	1 2 3 4	X	X	X	X	X	X	X
4 BARRACKS 317	1 2 3 4	X	X	X	X	X	X	X
5 BARRACKS 321	1 2 3 4	X	X	X	X	X	X	X
6 BARRACKS 325	1 2 3 4	X	X	X	X	X	X	X
7 BARRACKS 330	1 2 3 4	X	X	X	X	X	X	X
H1 Control Tower Cage 300	1 2 3 4	X	X	X	X	X	X	X
Mechanical Room 302	1 2 3 4	X	X	X	X	X	X	X
Vestibule 303	1 2 3 4	X	X	X	X	X	X	X
Turn Out Door / Side Walk	1 2 3 4	X	X	X	X	X	X	X
Ad-Seg Recreation Yard	1 2 3 4	X	X	X	X	X	X	X
Gen. Population Rec. Yard	1 2 3 4	X	X	X	X	X	X	X

Inspected by:

Printed Name

Signature

date

COMMENTS:

A-3
13

To: Sgt. Martin
 From: Department - Fire, Safety & Sanitation
 Programs & Housing I
 Area 5
 Weekly Inspection
 Week Ending Date: November 22, 2014

Please ensure that this report is complete and legible.
 is required by AR 407 and Unit Policies 8.3.0 and 12.1.0 that you, or your designee, perform and report a weekly Fire, Safety and Sanitation Inspection. Please review the attached form for your area and let me know if you have any problems with it or need any additions to it.
 This report must be submitted to my office by 8:00 am on Monday of each week.
 Evaluate the area by the following standards: Satisfactory or Unsatisfactory

MCPHERSON FIRE, SAFETY AND SANITATION REPORT VISUAL INSPECTION

DEPARTMENT	CLEAN- LINESS	FIRE EXTING- UISHER	ELEC. EQUIP. COND.	FIRE EXITS COND.	FIRE ALARM SPRINKLER EMER. LIGHTS	MAINT ISSUES	EXIT SIGNS	EVAC. PLANS POSTED
PROGRAMS/VO-TECH	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Vo-Tech Supervisor C-127 A	1234	✓	✓	✓	✓	✓	✓	✓
Vo-Tech Counselor C-127 D	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-120 F	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-120 E	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-120 D	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-120 C	1234	✓	✓	✓	✓	✓	✓	✓
Cosmetology C-122 C	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-120 B	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-120 A	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-119 A	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-119 B	1234	✓	✓	✓	✓	✓	✓	✓
Library C-117	1234	✓	✓	✓	✓	✓	✓	✓
School Office C-119 E	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-119 D	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-119 C	1234	✓	✓	✓	✓	✓	✓	✓
Classroom C-125 B	1234	✓	✓	✓	✓	✓	✓	✓
Storage C-121 A	1234	✓	✓	✓	✓	✓	✓	✓
Salon Room C-121 B	1234	✓	✓	✓	✓	✓	✓	✓
Secretary's Office C-126	1234	✓	✓	✓	✓	✓	✓	✓
Bathroom Area	1234	✓	✓	✓	✓	✓	✓	✓
Vo-Tech Break Room	1234	✓	✓	✓	✓	✓	✓	✓
HOUSING UNIT 1	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Housing Control 301	1234	✓	✓	✓	✓	✓	✓	✓
1 BARRACKS 304	1234	✓	✓	✓	✓	✓	✓	✓
2 BARRACKS 308	1234	✓	✓	✓	✓	✓	✓	✓
3 BARRACKS 313	1234	✓	✓	✓	✓	✓	✓	✓
4 BARRACKS 317	1234	✓	✓	✓	✓	✓	✓	✓
5 BARRACKS 321	1234	✓	✓	✓	✓	✓	✓	✓
6 BARRACKS 325	1234	✓	✓	✓	✓	✓	✓	✓
7 BARRACKS 330	1234	✓	✓	✓	✓	✓	✓	✓
H1 Control Tower Cage 300	1234	✓	✓	✓	✓	✓	✓	✓
Mechanical Room 302	1234	✓	✓	✓	✓	✓	✓	✓
Vestibule 303	1234	✓	✓	✓	✓	✓	✓	✓
Turn Out Door / Side Walk	1234	✓	✓	✓	✓	✓	✓	✓
Ad-Seg Recreation Yard	1234	✓	✓	✓	✓	✓	✓	✓
Gen. Population Rec. Yard	1234	✓	✓	✓	✓	✓	✓	✓

Inspected by:

Printed Name

COMMENTS:

H-3 Shower need changed
 H-5 Shower need changed
 H-7 Refectorm need changed

A-4
 14

Sgt. Dickinson

To: Sgt. Martin
 From: Department - Fire, Safety & Sanitation Programs & Housing I
 Area 5
 Weekly Inspection
 Please ensure that this report is complete and legible.
 Week Ending Date: November 28, 2014
 It is required by AR 407 and Unit Policies 8.3.0 and 12.1.0 that you, or your designee, perform and report a weekly Fire, Safety and Sanitation Inspection. Please review the attached form for your area and let me know if you have any problems with it or need any additions to it.
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MCPHERSON FIRE, SAFETY AND SANITATION REPORT VISUAL INSPECTION

DEPARTMENT	CLEAN- LINESS	FIRE EXTING- UISHER	ELEC. EQUIP. COND.	FIRE EXITS COND.	FIRE ALARM SPRINKLER EMER. LIGHTS	MAINT. ISSUES	EXIT SIGNS	EVAL. POSTED
PROGRAMS/VO-TECH	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Vo-Tech Supervisor C-127 A	1 2 3 4							
Vo-Tech Counselor C-127 D	1 2 3 4							
Classroom C-120 F	1 2 3 4							
Classroom C-120 E	1 2 3 4							
Classroom C-120 D	1 2 3 4							
Classroom C-120 C	1 2 3 4							
Cosmetology C-122 C	1 2 3 4							
Classroom C-120 B	1 2 3 4							
Classroom C-120 A	1 2 3 4							
Classroom C-119 A	1 2 3 4							
Classroom C-119 B	1 2 3 4							
Library C-117	1 2 3 4							
School Office C-119 E	1 2 3 4							
Classroom C-119 D	1 2 3 4							
Classroom C-119 C	1 2 3 4							
Classroom C-125 B	1 2 3 4							
Storage C-121 A	1 2 3 4							
Salon Room C-121 B	1 2 3 4							
Secretary's Office C-126	1 2 3 4							
Bathroom Area	1 2 3 4							
Vo-Tech Break Room	1 2 3 4							
HOUSING UNIT 1	S	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS	S UNS
Housing Control 301	1 2 3 4							
1 BARRACKS 304	1 2 3 4							
2 BARRACKS 308	1 2 3 4							
3 BARRACKS 313	1 2 3 4							
4 BARRACKS 317	1 2 3 4							
5 BARRACKS 321	1 2 3 4							
6 BARRACKS 325	1 2 3 4							
7 BARRACKS 330	1 2 3 4							
H1 Control Tower Cage 300	1 2 3 4							
Mechanical Room 302	1 2 3 4							
Vestibule 303	1 2 3 4							
Turn Out Door / Side Walk	1 2 3 4							
Ad-Seg Recreation Yard	1 2 3 4							
Gen. Population Rec. Yard	1 2 3 4							

Inspected by:

Sgt. M. Dickinson
 Printed Name

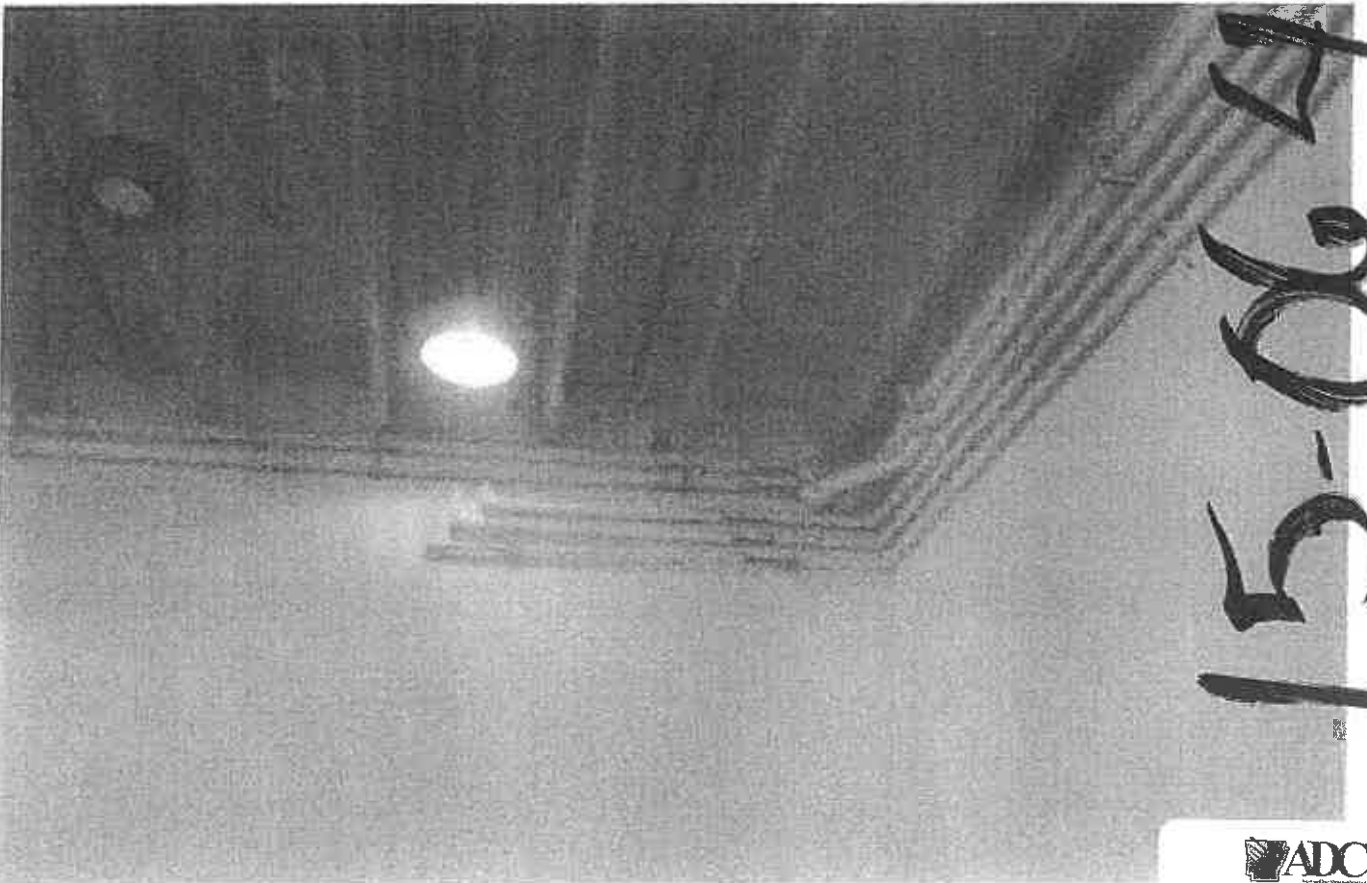
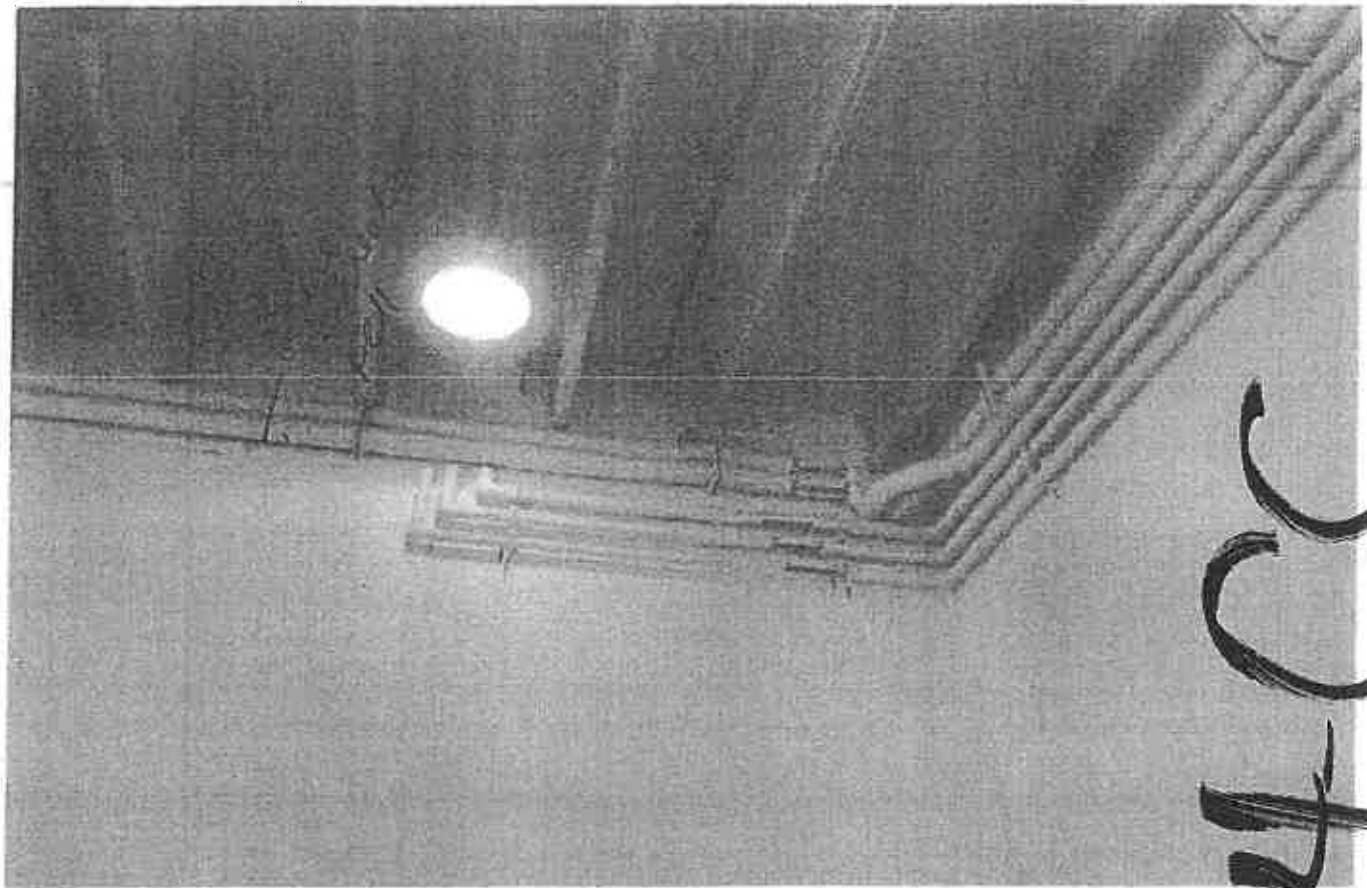
[Signature]
 Signature

COMMENTS:

School office break room table needs cleaning. Program's janitor is consistently full of trash. Housing 1 (Central) needs to be vacuumed.

113 WALKWAY NEEDS SURF, 113 WALKWAY DON'T HAVE EXIT SIGNS OR ANY MARKINGS, 113 BREAKWAY DON'T HAVE SMOKE ALARMS, AD-SEG REC YARDS DON'T HAVE ANY EXIT SIGNS GEN POP RECREATION YARD DON'T HAVE EXIT SIGNS.

A-5
15



15-0644CC



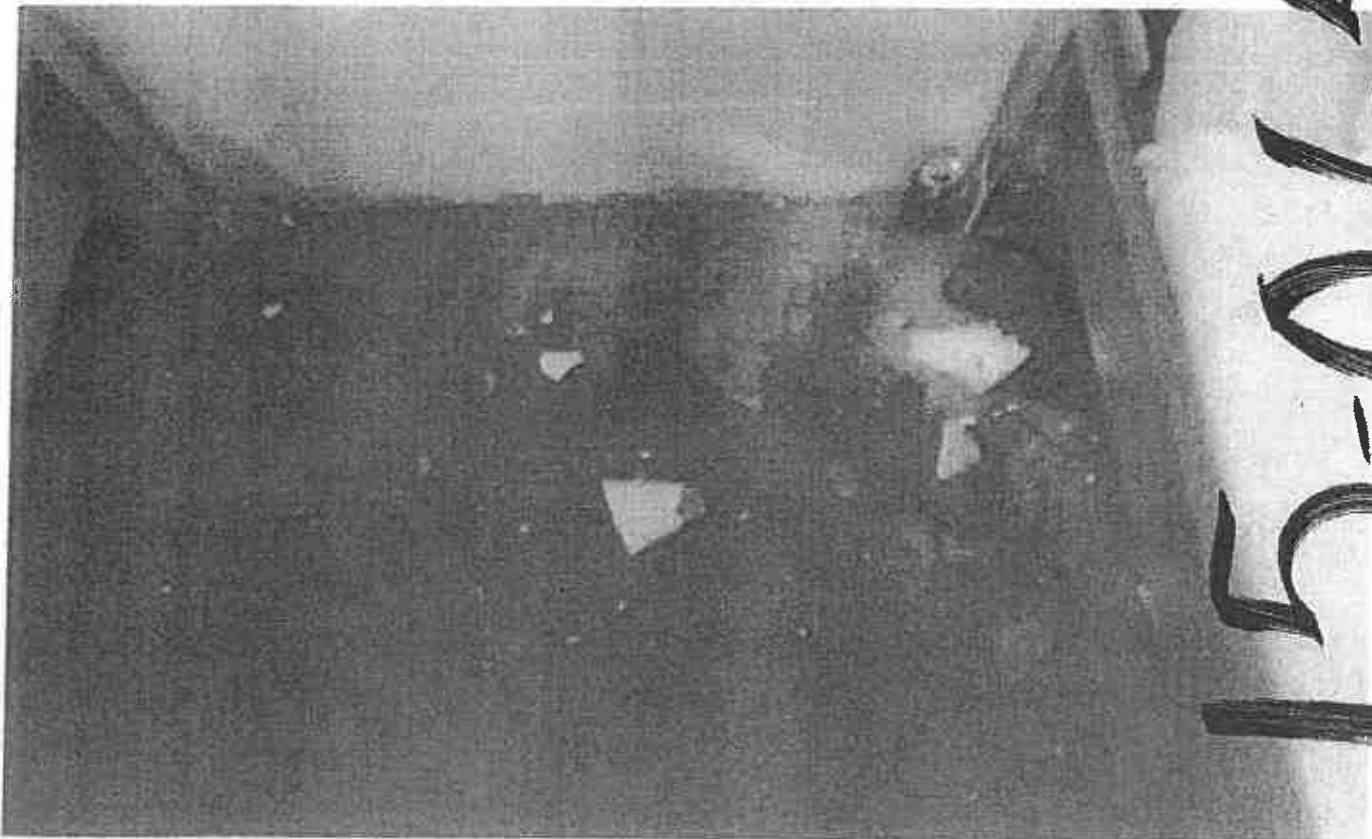
Exhibit
B

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 4 th Edition	
Supplement	2010 Standards Supplement	
Facility/Program	Newport Complex (Grimes and McPherson Units)	
Audit Dates	March 19-21, 2012	
Auditor(s)	<div style="background-color: black; width: 100px; height: 80px; display: inline-block;"></div> r, Chair Member Member Member	
	MANDATORY	NON-MANDATORY
Number of Standards in Manual	61	468
Number Not Applicable	0	21
Number Applicable	61	447
Number Non-Compliance	0	1
Number in Compliance	61	446
Percentage (%) of Compliance	100%	99.8%
<ul style="list-style-type: none"> • Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable • Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance • Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

15-01044-CC



ADC
Arizona Department of Corrections
Exhibit
D

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 650,000.00

Claim No. 15-0644-CC

Attorneys

Tina Almanza, #751538 Claimant
vs.

Pro se Claimant

Department of Corrections Respondent
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed March 25, 2015

Type of Claim Personal Injury, Negligence, Pain & Suffering

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," for Claimant's failure to respond to Respondent's "Motion to Dismiss." The Respondent states that they mailed the "Motion to Dismiss" to both the Claimant and the Claims Commission on October 23, 2015. The Claims Commission received and filed the "Motion to Dismiss" on October 26, 2015. The Claimant had ten (10) working days from October 26, 2015, to submit a response to the "Motion to Dismiss." No response was ever received from Claimant. Therefore, this claim is hereby unanimously denied and dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss," solely for Claimant's failure to respond to Respondent's "Motion to Dismiss." Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing November 12, 2015

Date of Disposition November 12, 2015

Rich I. May Chairman
W. H. H. H. H. Commissioner
James R. H. H. Commissioner

Arkansas State Claims Commission

Tina Almanza # 751538

Claim # 15-0644 CC

VS.

AR Dept. of Correction

Arkansas
State Claims Commission
NOV 16 2015

RECEIVED

Motion for Reconsideration

I am sending this letter in regards to my claim that was dismissed due to not meeting the timeframe. I am now requesting a reconsideration so I can continue with my claim and have my hearing on December 9, 2015. I have no legal council and I am trying to do this on my own and meet all the requirements. I wasn't aware of the timeframe of 10 days. I thought I had until November 25, 2015. I did however send off my response for the motion to Dismiss on November 10, 2015. I was two days behind due to the law library messing up my paperwork of copies. Please inform me of what I need to do at this time.

Respectfully,

Tina Almanza # 751538
11-13-15

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 650,000.00

Claim No. 15-0644-CC

Attorneys

Tina Almanza, #751538 Claimant
vs.

Pro se Claimant

Department of Corrections Respondent
State of Arkansas

Lisa Wilkins, Attorney Respondent

Date Filed March 25, 2015

Type of Claim Personal Injury, Negligence, Pain & Suffering

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's November 12, 2015, order remains in effect.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's November 12, 2015, order remains in effect.

Date of Hearing December 10, 2015

Date of Disposition December 10, 2015

[Signature] Chairman
[Signature] Commissioner
[Signature] Commissioner

Arkansas State Claims Commission

Tina L. Almanza # 151538

302 Corrections, Newport AR 72112

VS

Claim # 15-0644-CC

Arkansas Dep of Corrections

Arkansas
State Claims Commission

DEC 18 2015

Motion to File an Appeal

RECEIVED

This motion is in regards to my Claim #15-0644-CC being dismissed and not even considered for "Reconsideration" which I had also requested. I am an inmate who is incarcerated ~~with~~ with limited means to get the proper paperwork and help that I need for my claim. It was dismissed due to my paperwork being a couple days late. A pro se complaint should be held to less strict standards than a motion drafted by a lawyer. Just as it was in the Conkey v. Gibbon, 355 U.S. 41, 45-46 with the Supreme Court. Inmates don't always get their mail as quickly as the "freeworld". And at this time I am trying to retain a lawyer, but until then I am requesting that my claim be continued and allowed for hearing. My claim is legit and caused bodily harm due to the negligence of the Dep. of Corrections and I am requesting that my claim be heard in a court hearing.

Respectfully Submitted.

Tina Almanza 12-16-15