



## Office of the Secretary

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October 23, 2019

Arkansas Legislative Council  
Administrative Rules and Regulations Subcommittee  
*Via Email*

Representative Dan Sullivan, Co-Chair  
Arkansas Legislative Council  
Administrative Rules and Regulations Subcommittee  
*Via Email*

Dear Co-Chairs,

Please consider this letter as the Division of Community Correction's quarterly report on new and revised administrative directives issued in the previous quarter. Submitted along with this letter are the following administrative directives:

### **Commissary Administrative Directive 19-17 (effective 7/20/2019)**

- A requirement for the Business Manager to ensure new items are added to the eOMIS Inmate Banking System was added to the policy.
- Obsolete information about item costs was removed. The Board of Corrections approves pricing. The pricing information is then entered into the commissary management system by the commissary contractor.

**Commissary Administrative Directive 19-17 CLEAN COPY – Page 4**

**Commissary Administrative Directive 19-17 MARKUP – Page 5**

### **Use of Restraints Administrative Directive 19-14 (effective 7/1/2019)**

- Revisions include details for the use of restraints on pregnant residents following the passage of Act 566 of 2019. When used, the Center Supervisor must make a written report.
- In situations where there exists a valid concern as to the appropriate level of degree of security restraint devices to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

- If it has been determined that the resident or offender is required to be restrained, the restraints shall be removed if a physician, nurse, or other health professional requests that the resident or offender not be restrained.

#### **Use of Restraints Administrative Directive 19-14 CLEAN COPY – Page 7**

#### **Use of Restraints Administrative Directive 19-14 MARKUP – Page 12**

#### **Prenatal Care/Pregnant Residents Administrative Directive 19-16 (effective 7/1/2019)**

- The policy was updated to document that necessary prenatal vitamins and nutrition will be provided to pregnant residents. A prenatal diet is established by the Licensed Dietitian. Also, the medical provider will provide a medical limitation or restriction requesting a lower bunk assignment. The policy was also updated to state that the use of restraints on pregnant residents will be governed by the Use of Restraints Administrative Directive.
- Additional changes also provided that:
  - Access for a pregnant resident to nonprofit educational programming, such as prenatal care, pregnancy specific hygiene, and parenting classes shall be provided; and
  - Residents identified as pregnant shall be provided a necessary and adequate number of hygiene products and undergarments.

#### **Prenatal Care/Pregnant Residents Administrative Directive 19-16 CLEAN COPY – Page 19**

#### **Prenatal Care/Pregnant Residents Administrative Directive 19-16 MARKUP – Page 25**

#### **Offender Case Records Administrative Directive 19-18 (effective 8/26/2019)**

- We added “Employees must protect the confidentiality of records containing information about child support.” Additionally, all ACC employees must be trained on this policy during new employee orientation.
- Also, the following instructions were provided to staff regarding a potential breach of data security: *“Employees must promptly complete an incident report when there is a breach of data security and also send an email to the ACC Information Technology Administrator and Internal Affairs Administrator. Also, if there is a suspected breach of data security, send an email to the ACC Information Technology Administrator and Internal Affairs Investigator.”*

#### **Offender Case Records Administrative Directive 19-18 CLEAN COPY – Page 31**

#### **Offender Case Records Administrative Directive 19-18 MARKUP – Page 41**

**Facility Sanitation & Food Service Administrative Directive 19-19 (effective 8/26/2019)**

- Food is stored in conformity with Arkansas Department of Health Rules and Regulations. Freshness is encouraged through prescribed procedures such as stock rotation and use of pallets or shelves to hold stored food at least 4 inches off the wall and 6 inches off the floor.
- A representative tray of food from each meal will be retained for 3 days to aid in the investigation of incidents of food-related illness.
- Food will be used or discarded within 7 days of being served.
- Whenever possible, food service staff will be on duty during all hours of food operations and the staff member will be "ServSafe™" certified.
- Additional changes were made to the recordkeeping requirements.

**Facility Sanitation Administrative Directive 19-19 CLEAN COPY Page 52**

**Facility Sanitation Administrative Directive 19-19 CLEAN COPY Page 61**

**Personal Cleanliness & Grooming for Residents Administrative Directive 19-13 (effective 7/1/2019)**

- Residents arriving at ACC will be clean-shaven to provide a clean-shaven photo for security reasons. If a religious accommodation is approved for a beard, the resident may then grow a beard. A picture must be taken with the beard. Security will take updated pictures as needed based on appearance changes and keep all pictures in the electronic institutional file.

**Personal Cleanliness & Grooming for Residents Administrative Directive 19-13 CLEAN COPY Page 70**

**Personal Cleanliness & Grooming for Residents Administrative Directive 19-13 MARKUP Page 73**

There were no new or revised administrative memoranda issued during the previous quarter. Please do not hesitate to contact me with any questions or comments.

Sincerely,



Solomon Graves  
Chief of Staff

CC: Ms. Wendy Kelley, Secretary, Department of Corrections  
Mr. Kevin Murphy, Director, Division of Community Correction  
Ms. Christine Cryer, Chief Legal Counsel, Arkansas Department of Corrections  
Mr. Benny Magness, Chairman, Arkansas Board of Corrections

Commissary Administrative Directive 19-17 CLEAN COPY



**Arkansas Community Correction**

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE: 19-15 Commissary**

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 15-01

**APPROVED** Signature on File **EFFECTIVE:** July 20, 2019

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees.
- II. POLICY.** The commissary pricing will be as approved by the Board of Corrections. Center staff must adhere to this and related policy.
- III. GUIDANCE.**

**A. Commissary Pricing**

Commissary pricing is as follows:

1. Pre-stamped envelopes must be sold at cost.
2. Commissary pricing policies shall be established by the Board of Corrections.

**B. Commissary Approved Items List**

The Business Manager must ensure the only items sold in the commissary are those items on the Commissary Approved Items list. He/she must ensure new items are added to the eOMIS Inmate Banking System.

Center Supervisors may choose to prohibit the sale of items on the Commissary Approved Items List.

Center Supervisors may propose adding items to the list by sending a request to the Deputy Director of Residential Services.

**C. Accounting**

Refer to other sources for commissary accounting and inventory guidance.

Commissary Administrative Directive 19-17 MARKUP



## Arkansas Community Correction

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105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE:** ~~15-04~~19-15 Commissary

**TO:** Arkansas Community Correction Employees

**FROM:** ~~Sheila Sharp~~Kevin Murphy, Director

**SUPERSEDES:** AD ~~00-03~~15-01

**APPROVED** Signature on File  
~~16, 2015~~ July 20, 2019

**EFFECTIVE:** ~~January~~

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees.
- II. POLICY.** The commissary pricing ~~in this policy~~ will be as approved by the Board of Corrections. Center staff must adhere to this and related policy.
- III. GUIDANCE.**

**A. Commissary Pricing**

Commissary pricing is as follows:

1. Pre-stamped envelopes must be sold at cost.
- ~~2. All food items deemed healthy by the ACC Dietitian and over the counter health aids must be sold at 40 percent above cost inclusive of state tax and local tax rate of each center's location.~~
2. Commissary pricing policies shall be established by the Board of Corrections.
- ~~3. All remaining items must be sold at 50 percent above cost inclusive of state tax and local tax rate of each center's location.~~

**B. Commissary Approved Items List**

The Business ~~Office~~ Manager must ensure the only items sold in the commissary are those items on the Commissary Approved Items list. He/she must ensure new items are added to the eOMIS Inmate Banking System.

Center Supervisors may choose to prohibit the sale of items on the Commissary Approved Items List.

Center Supervisors may propose adding items to the list by sending a request to the Deputy Director of Residential Services.

~~The Deputy Director of Residential Services is the approval authority for the Commissary Approved Items List. He/she must ensure new items are added to the eOMIS Inmate Banking System before items are stocked.~~

### **C. Accounting**

Refer to other sources for commissary accounting and inventory guidance.

Use of Restraints Administrative Directive 19-14 CLEAN COPY



## Arkansas Community Correction

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Little Rock, AR 72201-5731  
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### ADMINISTRATIVE DIRECTIVE: 19-14 Use of Restraints

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 18-05

**APPROVED:** Signature on File

**EFFECTIVE:** July 1, 2019

- I. APPLICABILITY.** Arkansas Community Correction employees.
- II. POLICY.** Restraints will only be used when appropriate and by trained employees as prescribed in this directive and in accordance with “Use of Force” policy. (4-ACRS-6A-03)
- III. GUIDANCE.**
  - A. Situations when Restraints may be appropriate.** Appropriate circumstances for using restraints include protection of self or others, deterrence from escape, control of significant behavioral problems or for medical reasons at the direction of a physician or psychiatrist. Following are examples of situations where restraints may be appropriate:
    1. When an offender is being arrested
    2. When an offender is being transported. Exceptions may be made when transporting for work crew/detail, work study, medical appointment of residents and other situations specified by Residential Center Supervisors
    3. When an offender has threatened violence or shown a propensity for violence or self injury
    4. When a judge or the Parole Board requires the offender to wear restraints while in court, at a hearing or otherwise
    5. When necessary to protect staff, offenders or others from harm or to deter the possibility of escape, or
    6. When necessary to render medical or mental health care.

## **B. Use of Restraint Equipment.**

1. Mechanical Restraints must only be applied by employees trained to use restraints and in accordance with the Use of Force policy. Mechanical restraints include: flex cuffs, soft restraints, hard metal handcuffs, a black box, chubb cuffs, leg iron, belly chain, a security tether or chain, a convex shield, and / or restraints connecting more than one resident or offender
2. Unless circumstances indicate removal is appropriate, restraints should not be removed until the offender is placed in a secure area or delivered to the receiving authority.
3. Use of restraints in a cell must be determined by the Center Supervisor in consultation with medical/mental health authority.
4. Restraints must not be used as punishment and must not be used longer than necessary.
5. Pregnant Residents. Reasonable and prudent correctional practices must be applied to pregnant residents.

The use of security restraints, such as flex cuffs, soft restraints, hard metal handcuffs, a black box, chubb cuffs, leg iron, belly chain, a security tether or chain, a convex shield, and / or restraints connecting more than one resident or offender shall be in accordance with this policy.

Restraints shall not be applied to a resident or offender verified to be pregnant, in labor, or in post-partum recovery unless:

- a. A reasonable and individual determination has been made that the resident or offender presents a substantial flight risk
- b. An extraordinary medical or security circumstance dictates that the resident or offender be restrained to:
  - (i) ensure the safety and security of the resident, offender, or child;
  - (ii) ensure the safety and security of the staff of the correctional facility or medical facility;
  - (iii) ensure the safety and security of other residents or offenders, or the public.
- c. Prevent the risk of escape by the resident or offender that cannot be reasonably minimized through a safer method than restraints

If it has been determined that the resident or offender is required to be restrained, the restraints shall be removed if a physician, nurse, or other health professional requests that the resident or offender not be restrained. The physician, nurse, or other health professional providing resident or offender obstetric care shall have final decision-making authority on the use of restraints while the resident or offender is in labor or delivery.

If restraints are used on a pregnant resident or offender:

- a. the type of restraint shall be the least restrictive type necessary, and the restraints shall be applied in the least restrictive manner necessary.
- b. leg or waist restraints shall not be used on any resident or offender who is in labor.
- c. leg restraints shall not be used on a pregnant resident or offender who is not in a wheelchair, bed, or gurney.
- d. the restraints shall always be forward-facing, designed to restrain the person's hands



in front of the person to protect the person and others.

- e. only soft restraints may be used.

The Center Supervisor shall make written report and findings within 10 days regarding the substantial flight risk of that resident or offender, or other extraordinary medical or security circumstances that dictated the resident or offender to be restrained to ensure the safety and security of the resident or offender, the child, staff, or medical facility, other residents or offenders, or the public. Written findings shall be maintained for at least five years and made available for public inspection, except that information identifying any Resident or offender or they could be lead to the identifying of the resident or offender should not be made to the public.

Use of restraints during labor will be reported to the Board of Corrections and the Attorney General.

In situations where there exists a valid concern as to the appropriate level of degree of security restraint devices to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

- 6. Use of Restraint Chair. The Restraint Chair must be used as described in the form titled "Checklist for Restraint Chair Use."

#### **C. Transporting or Escorting Restrained Offenders.**

- 1. If restraints are used, employees must ensure security procedures and safety precautions are followed while escorting or transporting offenders (e.g. appropriate restraints properly applied, isolation from others during arrest, proper wearing of identification and weapons, use of well-maintained vehicle for transport) while escorting or transporting offenders.
- 2. When possible, at least one employee of the same gender as the offender should be present when transporting a restrained offender.
- 3. To avoid a security breach, restrained offenders are not permitted visits when being transported or escorted.

#### **IV. FORMS.**

AD 19-14 Form 1 Checklist for Restraint Chair Use

**Arkansas Community Correction**  
**CHECKLIST FOR RESTRAINT CHAIR USE**

**Instructions.** The Restraint Chair must only be used to prevent or intervene in high-risk situations such as to help control combative, self-destructive or potentially violent residents. Violent behavior may mask serious medical conditions; therefore, restrained residents must be monitored and provided with medical and/or mental health treatment when needed.

When use of the Restraint Chair is appropriate this checklist must be followed.

	<b>Involved Employee(s):</b>	
1	Call for assistance when necessary	
2	When possible, before using the Restraint Chair get approval from the Center Supervisor or Assistant Center Supervisor	
3	Before using the Restraint Chair, inform medical of the intent to use the Restraint Chair. However, if delay would add to the risk of injury, notify Medical Services as soon as the resident/scene is secured	
4	The resident will be placed in the Restraint Chair by staff, at least one of whom has been trained in Restraint Chair use	
5	Ensure aid is given to any injured person	
6	Have a person who is trained in Restraint Chair use – who is NOT the person who applied the restraints – check each restraint to ensure the restraints are sufficiently tight for safety, but do not impair blood circulation	
7	If not already done, obtain approval from the Center Supervisor or Assistant Center Supervisor	
8	If not already done, inform Medical Services	
9	If not already done, inform the Shift Supervisor	
	<b>Employees Standing by:</b>	
10	If there are employees who are not directly involved in subduing the resident, one of them should get the video camera & record the incident to include placement in the Restraint Chair	
	<b>The Shift Supervisor must:</b>	
11	Ensure the above checklist items have been completed	
12	Make a note of the time and assign a staff member who has been trained in Restraint Chair use to begin monitoring the resident	
13	Ensure the staff person monitoring the resident understands and is following procedures	
14	Work with the staff person who is monitoring the resident in the Restraint Chair and other staff to ensure procedures are followed. In particular, make a timely decision on when to release the resident from the Restraint Chair	
15	<p>The Shift Supervisor must ensure an incident report and security log is completed on all uses of the Restraint Chair that includes the following information:</p> <ul style="list-style-type: none"> <li>• Behavior leading to the use of the Restraint Chair</li> <li>• Name of person authorizing use of the Restraint Chair</li> <li>• Time the resident was placed in the Restraint Chair</li> <li>• Names of staff involved in securing and managing the resident in the Restraint Chair</li> <li>• Description of the resident's behavior and status at fifteen-minute intervals</li> <li>• Actions of medical and/or mental health providers</li> </ul>	

**Arkansas Community Correction  
CHECKLIST FOR RESTRAINT CHAIR USE**

	<ul style="list-style-type: none"> <li>• Relief breaks and other significant incidents</li> <li>• Time of release from the Restraint Chair</li> </ul>	
	<b>The staff person assigned to monitor the restrained resident must:</b>	
16	If Medical Services states that the Restraint Chair places the resident at risk due to a medical condition, place the Restraint Chair in the medical area and ask medical staff to monitor and document the health condition of the resident. If this is not prudent, consider alternatives. If placed in the medical area, residential staff must continue to monitor	
17	<p>If the Restraint Chair is not placed in the Medical Services area, to the extent possible, ensure it is in a place that is:</p> <ul style="list-style-type: none"> <li>• Placed away from contact with other residents and in an area secured from unauthorized entry</li> <li>• In clear view of a security post or under continuous video monitoring or a member of staff must be assigned to supervise the resident in the Restraint Chair</li> </ul>	
18	Observe the restrained resident at a minimum every 15 minutes to ensure the restraints are sufficiently tight for safety, and they are not impairing blood circulation. Make a record of each observation to include the time. This check must be done even when Medical Services staff is observing the resident	
19	With each 15-minute observation consider whether the resident should be released from the Restraint Chair. The Restraint Chair must NOT be used any longer than necessary to ensure that the resident has regained the ability to control the violent or destructive behavior	
20	<p>Every two hours:</p> <ul style="list-style-type: none"> <li>• Obtain approval from the Center Supervisor to authorize continued use of the Restraint Chair</li> <li>• Ensure Medical Services conducts a physical assessment every two hours; this assessment must include: <ul style="list-style-type: none"> <li>○ vital signs</li> <li>○ mental status</li> <li>○ circulation status/conditions</li> </ul> </li> <li>• Provide for access to toilets facilities using appropriate alternative restraints. If the resident continues to be so violent that this cannot be safely done, a urinal or bedpan may be obtained from medical services</li> <li>• Give the restrained resident the opportunity for unrestrained movement/exercise of hands and feet. This may be done in the Restraint Chair, one limb at a time, if the resident is violent or threatening. Other appropriate restraints such as handcuffs and leg irons may be used during this time</li> <li>• Provide food and drink as the behavior of the resident allows</li> <li>• Consider asking Center treatment staff and/or the Chaplain to meet with the restrained resident</li> </ul>	
	<b>Staff involved in the incident:</b>	
21	Staff involved in the incident must follow policy guidance for “Reporting and Investigating Incidents, Hazards and Maltreatment	

Use of Restraints Administrative Directive 19-14 MARKUP



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Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

ADMINISTRATIVE DIRECTIVE: ~~18-05~~19-14 Use of Restraints

TO: Arkansas Community Correction Employees

FROM: ~~Sheila Sharp~~Kevin Murphy, Director

SUPERSEDES: AD ~~17-12~~18-05

APPROVED: \_\_\_\_\_

EFFECTIVE: ~~March 12, 2018~~ July 1, 2019

I. **APPLICABILITY.** Arkansas Community Correction employees.

II. **POLICY.** Restraints will only be used when appropriate and by trained employees as prescribed in this directive and in accordance with “Use of Force” policy. (4-ACRS-6A-03)

### III. GUIDANCE.

A. **Situations when Restraints may be appropriate.** Appropriate circumstances for using restraints include protection of self or others, deterrence from escape, control of significant behavioral problems or for medical reasons at the direction of a physician or psychiatrist. Following are examples of situations where restraints may be appropriate:

1. When an offender is being arrested
2. When an offender is being transported. Exceptions may be made when transporting for work crew/detail, work study, ~~sports competitions~~, medical appointment of residents and other situations specified by Residential Center Supervisors
3. When an offender has threatened violence or shown a propensity for violence or self injury
4. When a judge or the Parole Board requires the offender to wear restraints while in court,

at a hearing or otherwise

5. When necessary to protect staff, offenders or others from harm or to deter the possibility of escape, or
6. When necessary to render medical or mental health care.

#### **B. Use of Restraint Equipment.**

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2. Unless circumstances indicate removal is appropriate, restraints should not be removed until the offender is placed in a secure area or delivered to the receiving authority.
3. Use of restraints in a cell must be determined by the Center Supervisor in consultation with medical/mental health authority.
4. Restraints must not be used as punishment and must not be used longer than necessary.
5. Pregnant Residents. Reasonable and prudent correctional practices must be applied to pregnant residents. ~~The use of security restraint devices, such as handcuffs/shackles, etc., must be in accordance with established policy. At no time must any such device be applied to a pregnant resident during the final stages of active labor, while occupying a delivery room, or if such application is determined by a physician to be a health risk to the unborn child or the health status of the resident. In situations where there exists a valid concern as to the appropriate level or degree of security restraint device(s) to be applied to a pregnant resident, the Deputy Director of Residential Services must be contacted.~~

The use of security restraints, such as flex cuffs, soft restraints, hard metal handcuffs, a black box, chubb cuffs, leg iron, belly chain, a security tether or chain, a convex shield, and / or restraints connecting more than one resident or offender shall be in accordance with established this policy.

Restraints shall not be applied to a resident or offender verified to be pregnant, in labor, or in post-partum recovery unless:

- a. A reasonable and individual determination has been made that the resident or offender presents a substantial flight risk
- b. An extraordinary medical or security circumstance dictates that the resident or offender be restrained to:
  - (i) ensure the safety and security of the resident, offender, or child;

(ii) ensure the safety and security of the staff of the correctional facility or medical facility;

(iii) ensure the safety and security of other residents or offenders, or the public.

c. Prevent the risk of escape by the resident or offender that cannot be reasonably minimized through a safer method than restraints

If it has been determined that the resident or offender is required to be restrained, the restraints shall be removed if a physician, nurse, or other health professional requests that the resident or offender not be restrained. The physician, nurse, or other health professional providing resident or offender obstetric care shall have final decision-making authority on the use of restraints while the resident or offender is in labor or delivery.

If restraints are used on a pregnant resident or offender:

a. the type of restraint shall be the least restrictive type necessary, and the restraints shall be applied in the least restrictive manner necessary.

b. leg or waist restraints shall not be used on any resident or offender who is in labor.

c. leg restraints shall not be used on a pregnant resident or offender who is not in a wheelchair, bed, or gurney.

d. the restraints shall always be forward-facing, designed to restrain the person's hands in front of the person to protect the person and others.

e. only soft restraints may be used.

The Center Supervisor shall make written report and findings within 10 days regarding the substantial flight risk of that resident or offender, or other extraordinary medical or security circumstances that dictated the resident or offender to be restrained to ensure the safety and security of the resident or offender, the child, staff, or medical facility, other residents or offenders, or the public. Written findings shall be maintained for at least five years and made available for public inspection, except that information identifying any Resident or offender or they could be lead to the identifying of the resident or offender should not be made to the public.

Use of restraints during labor will be reported to the Board of Corrections and the Attorney General.

In situations where there exists a valid concern as to the appropriate level of degree of security restraint devices to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

6. Use of Restraint Chair. The Restraint Chair must be used as described in the form titled "Checklist for Restraint Chair Use."

### **C. Transporting or Escorting Restrained Offenders.**

1. If restraints are used, employees must ensure security procedures and safety precautions are followed while escorting or transporting offenders (e.g. appropriate restraints properly

applied, isolation from others during arrest, proper wearing of identification and weapons, use of well-maintained vehicle for transport) while escorting or transporting offenders.

2. When possible, at least one employee of the same gender as the offender should be present when transporting a restrained offender.
3. To avoid a security breach, restrained offenders are not permitted visits when being transported or escorted.

#### **IV. FORMS.**

AD ~~18-05~~19-14 Form 1 Checklist for Restraint Chair Use

**Arkansas Community Correction  
CHECKLIST FOR RESTRAINT CHAIR USE**

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When use of the Restraint Chair is appropriate this checklist must be followed.

	<b>Involved Employee(s):</b>	
1	Call for assistance when necessary	
2	When possible, before using the Restraint Chair get approval from the Center Supervisor or Assistant Center Supervisor	
3	Before using the Restraint Chair, inform medical of the intent to use the Restraint Chair. However, if delay would add to the risk of injury, notify Medical Services as soon as the resident/scene is secured	
4	The resident will be placed in the Restraint Chair by staff, at least one of whom has been trained in Restraint Chair use	
5	Ensure aid is given to any injured person	
6	Have a person who is trained in Restraint Chair use – who is NOT the person who applied the restraints – check each restraint to ensure the restraints are sufficiently tight for safety, but do not impair blood circulation	
7	If not already done, obtain approval from the Center Supervisor or Assistant Center Supervisor	
8	If not already done, inform Medical Services	
9	If not already done, inform the Shift Supervisor	
	<b>Employees Standing by:</b>	
10	If there are employees who are not directly involved in subduing the resident, one of them should get the video camera & record the incident to include placement in the Restraint Chair	
	<b>The Shift Supervisor must:</b>	
11	Ensure the above checklist items have been completed	
12	Make a note of the time and assign a staff member who has been trained in Restraint Chair use to begin monitoring the resident	
13	Ensure the staff person monitoring the resident understands and is following procedures	
14	Work with the staff person who is monitoring the resident in the Restraint Chair and other staff to ensure procedures are followed. In particular, make a timely decision on when to release the resident from the Restraint Chair	
15	The Shift Supervisor must ensure an incident report and security log is completed on all uses of the Restraint Chair that includes the following information: <ul style="list-style-type: none"> <li>• Behavior leading to the use of the Restraint Chair</li> <li>• Name of person authorizing use of the Restraint Chair</li> <li>• Time the resident was placed in the Restraint Chair</li> <li>• Names of staff involved in securing and managing the resident in the Restraint Chair</li> </ul>	



Arkansas Community Correction CHECKLIST FOR RESTRAINT CHAIR USE		
	<ul style="list-style-type: none"> <li>• Description of the resident's behavior and status at fifteen-minute intervals</li> <li>• Actions of medical and/or mental health providers</li> <li>• Relief breaks and other significant incidents</li> <li>• Time of release from the Restraint Chair</li> </ul>	
	<b>The staff person assigned to monitor the restrained resident must:</b>	
16	If Medical Services states that the Restraint Chair places the resident at risk due to a medical condition, place the Restraint Chair in the medical area and ask medical staff to monitor and document the health condition of the resident. If this is not prudent, consider alternatives. If placed in the medical area, residential staff must continue to monitor	
17	<p>If the Restraint Chair is not placed in the Medical Services area, to the extent possible, ensure it is in a place that is:</p> <ul style="list-style-type: none"> <li>• Placed away from contact with other residents and in an area secured from unauthorized entry</li> <li>• In clear view of a security post or under continuous video monitoring or a member of staff must be assigned to supervise the resident in the Restraint Chair</li> </ul>	
18	Observe the restrained resident at a minimum every 15 minutes to ensure the restraints are sufficiently tight for safety, and they are not impairing blood circulation. Make a record of each observation to include the time. This check must be done even when Medical Services staff is observing the resident	
19	With each 15-minute observation consider whether the resident should be released from the Restraint Chair. The Restraint Chair must NOT be used any longer than necessary to ensure that the resident has regained the ability to control the violent or destructive behavior	
20	<p>Every two hours:</p> <ul style="list-style-type: none"> <li>• Obtain approval from the Center Supervisor to authorize continued use of the Restraint Chair</li> <li>• Ensure Medical Services conducts a physical assessment every two hours; this assessment must include: <ul style="list-style-type: none"> <li>○ vital signs</li> <li>○ mental status</li> <li>○ circulation status/conditions</li> </ul> </li> <li>• Provide for access to toilets facilities using appropriate alternative restraints. If the resident continues to be so violent that this cannot be safely done, a urinal or bedpan may be obtained from medical services</li> <li>• Give the restrained resident the opportunity for unrestrained movement/exercise of hands and feet. This may be done in the Restraint Chair, one limb at a time, if the resident is violent or threatening. Other appropriate restraints such as handcuffs and leg irons may be used during this time</li> <li>• Provide food and drink as the behavior of the resident allows</li> <li>• Consider asking Center treatment staff and/or the Chaplain to meet with the restrained resident</li> </ul>	

Arkansas Community Correction CHECKLIST FOR RESTRAINT CHAIR USE		
	Staff involved in the incident:	
21	Staff involved in the incident must follow policy guidance for “Reporting and Investigating Incidents, Hazards and Maltreatment	

**Prenatal Care/Pregnant Residents Administrative Directive 19-16 CLEAN COPY**



**Arkansas Community Correction**

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE: 19-16 Prenatal Care/Pregnant Residents**

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSIDES:** AD 17-07

**APPROVED:** \_\_\_\_\_ **Signature on File**

**EFFECTIVE:** July 1, 2019

- I. APPLICABILITY.** This policy applies to Residential Services employees, contract medical staff and Arkansas Community Correction (ACC) pregnant residents.
- II. POLICY.** It is ACC policy that residents are provided appropriate and timely counseling in planning for their unborn children and comprehensive health care services necessary to reach term or to interrupt pregnancy in accordance with applicable statutes, standards and regulations.
- III. DEFINITIONS.**
  - A. Staff.** All employees paid by or engaged by contract to provide service(s) to ACC.
  - B. Resident.** Any individual incarcerated or confined in an ACC residential center.
- IV. GUIDELINES.** Comprehensive counseling and assistance shall be provided to pregnant residents in keeping with their expressed desire in planning for their unborn children. Counseling and social services shall be available through staff and/or community-based agencies as facilitated by staff.

## **V. PROCEDURE.**

### **A. Initial Screening.**

1. During intake into a residential center, an inquiry shall be made by appropriate staff as to the pregnancy status of all female residents. Inquiry and resultant response shall be made a permanent part of any intake screening document.
2. A female resident who is obviously pregnant, or responds to the inquiry in a manner which may suggest that the resident may be pregnant, shall be referred to health care staff for immediate evaluation prior to placement in any institutional housing area. Intake staff shall record such health care referral as a permanent part of any intake screening document(s).
3. Upon receipt of intake referral, health care staff shall conduct an appropriate physical assessment of the resident to determine need for immediate examination by a physician or mid-level practitioner. The assessment shall include determination as to immediate need for prescriptive medication(s), dietary accommodation(s), and/or need for special housing or physical activity restriction(s). Health care staff shall record this assessment as a special entry within the resident's permanent health care record and make it available for review by the center physician or mid-level practitioner at the regularly scheduled intake health appraisal.

### **B. Health Services.**

1. All residents entering a residential center shall receive a complete health appraisal within seven (7) calendar days of reception.
2. As part of this health appraisal, all female residents shall have a urine pregnancy test performed. Test results shall be made a standard entry to form MSF-100, Report of Physical Examination. Verification of early term shall be accomplished via a blood test.
3. The following shall be required of residents identified as pregnant:
  - a. examination by a physician to determine level of pregnancy term, i.e., 1st trimester, etc., and the need for supportive health services such as follow-up examinations, special laboratory procedures, diet, vitamins, referral to obstetrical care, and/or other special needs; and,
  - b. necessary prenatal vitamin and nutrition. Medical provider shall provide prenatal vitamins and provide a prenatal diet authorization to dietary. A prenatal diet is established by the Licensed Dietitian.
  - c. a lower bunk assignment. Medical provider shall provide a medical limitation or restriction requesting a lower bunk assignment.
  - d. referral to the staff social worker for establishment of a post-delivery Infant Care

Plan (see paragraph IV. C.).

4. A pregnant resident shall receive appropriate prenatal care from an obstetrician and routine acute/chronic care health support by residential center medical staff throughout her term of pregnancy while in Arkansas Community Correction custody. In addition, health care and social service staff shall ensure that pregnant residents are provided access to prenatal/post-partum education and counseling assistance, as may be required, to prepare the pregnant resident for labor, delivery, and separation from her newborn after delivery.
5. As determined by and under the direction of the physician or attending obstetrician, medical staff shall coordinate the delivery of any required mental health services to ensure total care for the pregnant resident. Medical staff shall also coordinate with the attending obstetrician on matters related to hospital planning and discharge planning if the resident is subject to release from Arkansas Community Correction custody prior to or at the time of scheduled delivery.
6. Health care program managers, in conjunction with attending obstetrical staff, shall ensure that a pregnant resident is provided a reasonable opportunity for post-delivery contact and interaction with her newborn child. For purposes of this Regulation, 'reasonable' shall mean no less than 24 hours post-delivery,
7. Reasonable and prudent correctional practices shall be applied to pregnant residents. The use of security restraints shall be in accordance with the Use of Restraints Administrative Directive. In situations where there exists a valid concern as to the appropriate level or degree of security restraint device(s) to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

#### **C. Infant Care Plan.**

1. Upon the identification or confirmation of pregnancy, all pregnant residents shall be referred to the social worker who shall be responsible for development of an Infant Care Plan.

2. The plan shall include the following components being required:
  - a. A statement by the pregnant resident as to her desire to go full term with pregnancy and her plan for the placement of the infant post-delivery, which may include adoption should that be the desire of the resident.
  - b. Identification of that person(s) who shall assume care and custody of the infant post-delivery and until such time as the resident is released from custody/confinement at Arkansas Community Correction.
    - (1) The person(s) identified by the resident as post-delivery custodian(s) must meet the eligibility requirements for visitation of residents.
    - (2) If the person(s) identified by the resident as post-delivery custodian of the infant is a blood-relative of the mother or infant, a durable Power of Attorney shall be required to take custody of the resident's child. A durable Power of Attorney is not required of a legal spouse.
    - (3) If the person(s) identified by the resident as post-delivery custodian of the infant is not a blood-relative of the mother or infant or legal spouse, the custodian shall be required to petition and obtain an Order of Appointment as Temporary Guardian for a Minor.
  - c. If the staff social worker determines that the proposed custodial candidate does not meet visitation eligibility requirements, he/she shall meet again with the resident to determine an alternative custodian.

- d. If the proposed custodian meets the visitation eligibility requirements, the social worker shall refer the candidate to DHS for a background check within the DHS Child Abuse Registry. DHS shall communicate findings of such review to the social worker.
- e. Any custodial candidate who does not meet visitation eligibility requirements or who appears on the DHS Child Abuse Registry will not be approved as a custodian by Arkansas Community Correction. DHS Division of Child and Family Services may, upon application by the resident, have the discretion to approve a custodial candidate found ineligible pursuant to Arkansas Community Correction criteria.
- f. Person(s) who meet the conditions of paragraph C.2.b.(2) or C.2.b.(3) herein, to include legal spouse, shall, in addition to any other requirements, be required to submit a notarized statement of understanding that, upon delivery of the infant from a resident confined in Arkansas Community Correction, the person(s) designated shall assume all financial responsibility for the infant and after delivery; this to include any intensive care services or protracted hospitalization needs that may be required for the infant.

- g. Should a resident be unable to identify a person(s) who meets the conditions specified by paragraph C.2.b.(2) or C.2.b.(3) herein, the social worker shall make immediate referral of the case to the Division of Child and Family Services, Arkansas Department of Health and Human Services.

**D. Termination of Pregnancy.**

1. Arkansas Community Correction shall not intentionally be engaged in the decision-making process of a resident to seek termination of her pregnancy.
  2. Should a resident desire to seek termination of her pregnancy, a written request shall be submitted to the physician who shall thereafter conduct an interview with the resident and coordinate thereafter an appointment with an appropriate community- based Family Planning Clinic.
  3. ACC shall accommodate transportation of a resident to and from any scheduled appointment with a community-based Family Planning Clinic. All costs, including transportation costs, associated with the appointment or any subsequent services determined necessary and with the informed consent of the resident shall be borne by the resident, her family, or other third-party payer. ACC shall not authorize the expenditure of any State funds for the purpose of paying for the interruption of a pregnancy EXCEPT in cases of saving the mother's life or as otherwise required by federal law.
- E.** Unless otherwise provided for by the center, access for a pregnant resident to nonprofit educational programming, such as prenatal care, pregnancy specific hygiene, and parenting classes shall be provided.
- F.** Residents identified as pregnant shall be provided a necessary and adequate number of hygiene products and undergarments.
- G.** Any pregnant resident who determines it necessary to complain on her own behalf regarding the requirements or application of this Administrative Directive is directed to address such complaint in accordance with the Administrative Rule and Administrative Directive titled Grievance Procedures for Offenders.
- H.** Any case, case matter or day-to-day procedure not adequately addressed by the requirements of this Administrative Directive shall be referred to the attention of the Deputy Director of Residential Services for review and direction.

**VI. STANDARDS.**

American Correctional Association (ACA) Standards for Adult Community Residential Services, 4th Edition, 4-ACRS-4C-14

Arkansas Code beginning at §12-32-101



Prenatal Care/Pregnant Residents Administrative Directive 19-16 MARKUP



## Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE:** ~~17-07~~19-16 Prenatal Care/Pregnant Residents

**TO:** Arkansas Community Correction Employees

**FROM:** ~~Sheila Sharp~~Kevin Murphy, Director

**SUPERSIDES:** AD ~~00-02~~17-07

**APPROVED:** \_\_\_\_\_

**EFFECTIVE:** ~~February 10, 2017~~ July 1, 2019

**I. APPLICABILITY.** This policy applies to Residential Services employees, contract medical staff and Arkansas Community Correction (ACC) pregnant residents.

**II. POLICY.** It is ACC policy that residents are provided appropriate and timely counseling in planning for their unborn children and comprehensive health care services necessary to reach term or to interrupt pregnancy in accordance with applicable statutes, standards and regulations.

### III. DEFINITIONS.

**A. Staff.** All employees paid by or engaged by contract to provide service(s) to ACC.

**B. Resident.** Any individual incarcerated or confined in an ACC residential center.

**IV. GUIDELINES.** Comprehensive counseling and assistance shall be provided to pregnant residents in keeping with their expressed desire in planning for their unborn children. Counseling and social services shall be available through staff and/or community-based agencies as facilitated by staff.

**V. PROCEDURE.**

**A. Initial Screening.**

1. During intake into a residential center, an inquiry shall be made by appropriate staff as to the pregnancy status of all female residents. Inquiry and resultant response shall be made a permanent part of any intake screening document.

2. A female resident who is obviously pregnant, or responds to the inquiry in a manner which may suggest that the resident may be pregnant, shall be referred to health care staff for immediate evaluation prior to placement in any institutional housing area. Intake staff shall record such health care referral as a permanent part of any intake screening document(s).
3. Upon receipt of intake referral, health care staff shall conduct an appropriate physical assessment of the resident to determine need for immediate examination by a physician or mid-level practitioner. The assessment shall include determination as to immediate need for prescriptive medication(s), dietary accommodation(s), and/or need for special housing or physical activity restriction(s). Health care staff shall record this assessment as a special entry within the resident's permanent health care record and make it available for review by the center physician or mid-level practitioner at the regularly scheduled intake health appraisal.

#### **B. Health Services.**

1. All residents entering a residential center shall receive a complete health appraisal within seven (7) calendar days of reception.
2. As part of this health appraisal, all female residents shall have a urine pregnancy test performed. Test results shall be made a standard entry to form MSF-100, Report of Physical Examination. Verification of early term shall be accomplished via a blood test.
3. The following shall be required of residents identified as pregnant:
  - a. examination by a physician to determine level of pregnancy term, i.e., 1st trimester, etc., and the need for supportive health services such as follow-up examinations, special laboratory procedures, diet, vitamins, referral to obstetrical care, and/or other special needs; and,
  - b. necessary prenatal vitamin and nutrition. Medical provider shall provide prenatal vitamins and provide a prenatal diet authorization to dietary. A prenatal diet is established by the Licensed Dietitian.
  - c. a lower bunk assignment. Medical provider shall provide a medical limitation or restriction requesting a lower bunk assignment.
  - d. referral to the staff social worker for establishment of a post-delivery Infant Care Plan (see paragraph IV. C.).
4. A pregnant resident shall receive appropriate prenatal care from an obstetrician and routine acute/chronic care health support by residential center medical staff throughout her term of pregnancy while in Arkansas Community Correction custody. In addition, health care and social service staff shall ensure that pregnant residents are provided access

to prenatal/post-partum education and counseling assistance, as may be required, to prepare the pregnant resident for labor, delivery, and separation from her newborn after delivery.

5. As determined by and under the direction of the physician or attending obstetrician, medical staff shall coordinate the delivery of any required mental health services to ensure total care for the pregnant resident. Medical staff shall also coordinate with the attending obstetrician on matters related to hospital planning and discharge planning if the resident is subject to release from Arkansas Community Correction custody prior to or at the time of scheduled delivery.
6. Health care program managers, in conjunction with attending obstetrical staff, shall ensure that a pregnant resident is provided a reasonable opportunity for post-delivery contact and interaction with her newborn child. For purposes of this Regulation, 'reasonable' shall mean no less than 24 hours post-delivery,
7. Reasonable and prudent correctional practices shall be applied to pregnant residents. The use of security restraints shall be in accordance with the Use of Restraints Administrative Directive. The use of security restraint devices, such as handcuffs/shackles, etc., shall be in accordance with established policy. At no time shall any such device be applied to a pregnant resident during the final stages of active labor, while occupying a delivery room, or if such application is determined by a physician to be a health risk to the unborn child or the health status of the resident. In situations where there exists a valid concern as to the appropriate level or degree of security restraint device(s) to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

### **C. Infant Care Plan.**

1. Upon the identification or confirmation of pregnancy, all pregnant residents shall be referred to the social worker who shall be responsible for development of an Infant Care Plan.
2. The plan shall ~~be styled as a 'Patient's Living Declaration'~~ with include the following components being required:
  - a. A statement by the pregnant resident as to her desire to go full term with pregnancy and her plan for the placement of the infant post-delivery, which may include adoption should that be the desire of the resident.
  - b. Identification of that person(s) who shall assume care and custody of the infant post-delivery and until such time as the resident is released from custody/ confinement at Arkansas Community Correction.

(1) The person(s) identified by the resident as post-delivery custodian(s) must meet

the eligibility requirements for visitation of residents.

- (2) If the person(s) identified by the resident as post-delivery custodian of the infant is a blood-relative of the mother or infant, a durable Power of Attorney shall be required to take custody of the resident's child. A durable Power of Attorney is not required of a legal spouse.
  - (3) If the person(s) identified by the resident as post-delivery custodian of the infant is not a blood-relative of the mother or infant or legal spouse, the custodian shall be required to petition and obtain an Order of Appointment as Temporary Guardian for a Minor.
- c. If the staff social worker determines that the proposed custodial candidate does not meet visitation eligibility requirements, he/she shall meet again with the resident to determine an alternative custodian.
  - d. If the proposed custodian meets the visitation eligibility requirements, the social worker shall refer the candidate to DHS for a background check within the DHS Child Abuse Registry. DHS shall communicate findings of such review to the social worker.
  - e. Any custodial candidate who does not meet visitation eligibility requirements or who appears on the DHS Child Abuse Registry will not be approved as a custodian by Arkansas Community Correction. DHS Division of Child and Family Services may, upon application by the resident, have the discretion to approve a custodial candidate found ineligible pursuant to Arkansas Community Correction criteria.
  - f. Person(s) who meet the conditions of paragraph C.2.b.(2) or C.2.b.(3) herein, to include legal spouse, shall, in addition to any other requirements, be required to submit a notarized statement of understanding that, upon delivery of the infant from a resident confined in Arkansas Community Correction, the person(s) designated shall assume all financial responsibility for the infant and after delivery; this to include any intensive care services or protracted hospitalization needs that may be required for the infant.

- g. Should a resident be unable to identify a person(s) who meets the conditions specified by paragraph C.2.b.(2) or C.2.b.(3) herein, the social worker shall make immediate referral of the case to the Division of Child and Family Services, Arkansas Department of Health and Human Services.

#### **D. Termination of Pregnancy.**

1. Arkansas Community Correction shall not intentionally be engaged in the decision-making process of a resident to seek termination of her pregnancy.
2. Should a resident desire to seek termination of her pregnancy, a written request shall be submitted to the physician who shall thereafter conduct an interview with the resident and coordinate thereafter an appointment with an appropriate community-based Family Planning Clinic.
3. ACC shall accommodate transportation of a resident to and from any scheduled appointment with a community-based Family Planning Clinic. All costs, including transportation costs, associated with the appointment or any subsequent services determined necessary and with the informed consent of the resident shall be borne by the resident, her family, or other third-party payer. ACC shall not authorize the expenditure of any State funds for the purpose of paying for the interruption of a pregnancy EXCEPT in cases of saving the mother's life or as otherwise required by federal law.

**E.** Unless otherwise provided for by the center, access for a pregnant resident to nonprofit educational programming, such as prenatal care, pregnancy specific hygiene, and parenting classes shall be provided.

**F.** Residents identified as pregnant shall be provided a necessary and adequate number of hygiene products and undergarments.

**EG.** Any pregnant resident who determines it necessary to complain on her own behalf regarding the requirements or application of this Administrative Directive is directed to address such complaint in accordance with the Administrative ~~Regulation~~ Rule and Administrative Directive titled Grievance Procedures for Offenders.

**FH.** Any case, case matter or day-to-day procedure not adequately addressed by the requirements of this Administrative Directive shall be referred to the attention of the Deputy Director of Residential Services for review and direction.

#### **VI. STANDARDS.**

American Correctional Association (ACA) Standards for Adult Community Residential Services, 4th Edition, 4-ASCRS-4C-14

Arkansas Code beginning at §12-32-101

Offender Case Records Administrative Directive 19-18 CLEAN COPY



Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE: 19-18 Offender Case Records**

**TO:** Arkansas Community Correction Employees and Agents

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 16-02

**APPROVED:** Signature on File

**EFFECTIVE:** August 26, 2019

- I. APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees and agents who handle or may have a demonstrated need for access to offender records. For purposes of this policy, agents are contractors, transitional housing licensees, consultants, researchers, volunteers, and interns.
- II. POLICY.** A full and complete record must be maintained for each offender under ACC supervision or in custody. Offender records must be protected from inspection or disclosure, copying or issuing except as authorized by law, ACC policy, or by order of a court of competent jurisdiction. **(2-CO-1E-01, 2-CO-1E-06, 2-CO-1E-07; 4-ACRS-7D-08 and 4ACRS-7D-09; 4-APPFS-3D-28)**
- III. GUIDELINES.** ACC must maintain a full and complete record for each offender under agency supervision or in custody. When an area office or center has the capability to create electronic copies of documents, all offender information must be entered into the electronic Offender Management Information System (eOMIS) or placed in eOMIS as a “PDF” document. It is not necessary to maintain hard copies of documents that are accessible in eOMIS or that are available from eOMIS reports. The Information Technology Administrator must establish and maintain a master index identifying all residents committed or assigned to ACC. **(2-CO-1F-08)** This policy pertains to all offender case records, unless otherwise specified. The *Record Management* administrative directive does **not** apply to offender records. **( 4-APPFS-3D-28, -3D-29, -3D-30)**

#### IV. PROCEDURES.

**A. Record Entries.** All entries on paper documents in an offender's records must be signed or initialed and dated. **(4-ACRS-7D-08)**

**B. Offender Photos.** At every intake of a probationer, parolee or ACC resident, a digital photograph must be taken of the offender and entered into eOMIS unless a photo less than one year old is already in eOMIS. Offender photographs must be taken in front of a white measurement board. A new photograph should be taken each year and whenever an offender's appearance changes substantially.

The Omega Supervision Sanction Program must take a photograph of every offender at intake, regardless of the age of existing photos in eOMIS, and must take the photo in front of a yellow measurement board.

**C. Intake of Offender "Patients".** For the purposes of this policy, "patient" means any offender who has applied for or been given diagnosis or treatment for alcohol or drug abuse at a federally-assisted program and includes any individual who, after arrest or sentence on a felony charge, is identified as an alcohol or drug abuser in order to determine that individual's eligibility to participate in a program. (Reference: 42 CFR section 2.11)

Offenders who are "patients," as defined in this policy must be informed of the federal law protecting confidentiality. This must be done at the time of intake or as soon thereafter as the patient is capable of rational communication.

**D. Community Correction Center (CCC) Case Records Content.** Attachment 1 lists minimum content for records at CCCs when those records are not available in the e-OMIS system. **(4-ACRS-6A-10, 4-ACRS-7D-07)**

**E. Transfer of Resident Case Records.** When a center resident transfers to another facility, the updated case record must be transferred at the same time or at the latest within 72 hours. **(2-CO-1E-04; 4-ACRS-7D-10)**

**F. Offender Record Protection and Disclosure.** Offender records must be protected from disclosure, copying, or inspection except as required by law, administrative regulation, or by order of a court.

1. Protection/Confidentiality of Offender Records. **(2-CO-1E-08)**

- a. Employees must follow policy guidance to ensure offender records are provided only to authorized persons.
- b. Employees must ensure offender records are stored in a way that provides reasonable protection from inappropriate access or disclosure, theft, loss, or destruction. **(4-ACRS-7D-08)**



- c. Records custodians must have a system for tracking offender records that are temporarily transferred to another authorized person. Borrowed offender records should be promptly returned.
  - d. Computerized records will be protected according to guidance in this policy and policy governing data and/or computer systems.
  - e. Employees must protect the confidentiality of records containing information about child support.
2. Disclosure and Reporting a Breach of Security. The following must be used in determining whether disclosure is appropriate and for reporting a breach of security:
- a. Disclosure is authorized by law or ACC policy, ordered by a court of competent jurisdiction or requested by law enforcement, the Arkansas Parole Board, or other government official.
  - b. Disclosure is in accordance with an audit or research plan approved by the ACC Director prior to its start.
  - c. Disclosure of patient identifying information (PII) is authorized pursuant to a signed release form from the offender, subject to any legal restrictions or concerns for safety, security or confidentiality.

Personally identifiable information (PII) is any information that can be used to identify, contact, or locate an individual, either alone or when combined with other easily accessible sources. Examples include name, address, fingerprints, email address, telephone number, social security number or driver's license number.

- d. Patient identifying information may be disclosed without the offender patient's written consent, but only as allowed under Title 42 CFR Part 2 or relevant state statute.
- e. Disclosure of medical, dental, mental health information is in accordance with contract health care provider policies. ACC staff may be given medical, dental, or mental health information when there is a "need to know." Other servicing health care or treatment program organizations may obtain medical, dental, or mental health information necessary to provide treatment in accordance with guidelines established by ACC or the contract health care provider's manual. These organizations may obtain information from ACC staff when Form 2, "Drug /Alcohol Treatment Information Disclosure" has been completed. A copy of the form should be attached to release information. **(4-ACRS-7D-08)**
- f. Disclosure on a "need to know" basis. Generally, based upon job duties and responsibilities, ACC employees and agents have access to information from offender records on a need to know basis. An employee may request verbal or written authorization from a requesting employee's or agent's supervisor before providing access to records when the "need to know" is not apparent.
- g. Employees are subject to disciplinary action if there is improper disclosure of information.
- h. Employees must promptly complete an incident report when there is a breach of data security and also send an email to the ACC Information Technology Administrator

and Internal Affairs Administrator. Also, if there is a suspected breach of data security, send an email to the ACC Information Technology Administrator and Internal Affairs Investigator.

- i. The ACC Information Technology Administrator, upon notification of a breach of data security must:
  - if the data security breach involves Office of Child Support Enforcement (OCSE) data, report the breach within 24 hours to: the DFA Chief Information Officer, DFA Senior Security Officer and the OCSE Primary or Secondary Officer. OSCE data is information in eOMIS provided through data transfer from the Office of Child Support Enforcement this data includes money owed for child support and to whom the money is owed.
  - work with the Internal Affairs Administrator to investigate the root cause of the data breach.
  - Comply with other applicable policy to include the ACIC/NCIC Criminal Information Systems policy.
3. Offender Access to Records. An offender will not be permitted to peruse his/her file at will. Access to an offender's own record may be granted or information from the record may be released to the offender and/or his attorney as needed to resolve legitimate questions about the accuracy of information in a particular record or as required by rules of discovery in pending litigation.

The review request should be made in writing and should be acted upon within three days. The offender must state with particularity the information or parts of the case record to which access is requested, and the offender's request must be supported by a showing of compelling need. The decision of the Center Supervisor or Area Manager or his/her designee to grant or deny the offender's request is final. An offender cannot have access to the records of another offender.

The record custodian must closely supervise the offender during the record review and may limit the review to 30 minutes. Offender reviews can be limited to one review per three month period.

Before the record is reviewed by the offender or his/her legal counsel, the record custodian must remove information such as the following from offender access: **(4-ACRS-7D-08)**

- a. information that indicates or suggests names of witnesses, enemies, accomplices, victims or their families against whom the offender could retaliate
- b. information received from other agencies under conditions where ACC is not allowed to disclose it without prior approval (for example, patient identifying information that was obtained from another source),
- c. information from third parties when the disclosure could create a danger to the third party
- d. psychological reports and information unless these records will be disclosed in person by the psychiatrist, psychologist, social worker, or licensed therapist.

### **G. Retirement and Destruction of Paper Offender Case Records.**

1. Parolee and Probationer Case Records (Paper files). These records may be destroyed three years after the offender completes supervision; however, before destroying any record, the custodian of the record must document the date and type of record. (Arkansas law section 13-4-301).
2. Clinical Files (Paper files). Retirement and destruction of clinical file records is addressed in the Clinical File Manual. Before destroying any record, the custodian of the record shall document the date and type of record. (Arkansas law section 13-4-301)
3. Resident Case Records.
  - a. Judicial and Administrative Transfer Cases. Prior to transferring an offender to ADC who is a Judicial or Administrative Transfer, the case record must be reviewed by the Records Supervisor to ensure proper content and forwarded to the ADC Central Office, Records Section.
  - b. Probation Plus Cases. Case Records for residents released to probation supervision should be retained on location for one year after release from the CCC. At the end of one year, files may be retired to the designated records holding area and retained three years. These records may be destroyed four years after the resident leaves CCC supervision; however, before destroying any record, the custodian of the record must document the date and type of record. (Arkansas law section 13-4-301).
4. Acceptable means for destroying records are as follows:
  - a. transfer the documents to a credible recycling company that guarantees document protection from disclosure until they are destroyed, or
  - b. shred the documents. After shredding they may be recycled or discarded with regular trash.

### **H. Offender Case Record Preservation.**

eOMIS records are preserved indefinitely and are not destroyed. However, managers are allowed to edit inaccurate documentation. Users are role mapped in eOMIS security profile groups such as a Parole/Probation Officer or Parole/Probation Treatment staff. Each profile group can see and revise portions that pertain to the profile group's work.

### **I. Training.**

All ACC employees must be trained on this policy during new employee orientation.

## **V. ATTACHMENTS.**

- |                 |   |
|-----------------|---|
| Attachment 1    | Minimum Content for Case Records in Community Correction Centers  |
| AD 19-18 Form 1 | Release of Drug /Alcohol Treatment Information to Agencies or Agency Representatives within the Criminal Justice System |
| AD 19-18 Form 2 | Drug /Alcohol Treatment Information Disclosure  |

## Offender Records

Attachment-1

**Arkansas Community Correction**  
**MINIMUM CONTENT FOR CASE RECORDS IN**  
**COMMUNITY CORRECTION CENTERS**

	<b>Resident Case Record</b>	<b>Clinical File or Treatment File</b>	<b>Medical or Dental Record</b>	<b>Mental Health Record</b>	<b>Grievance &amp; Discipline Record</b>
Initial intake information form*	x	x			
Commitment Order, judgment & disposition, conditions, PSI	x				
Case History & other information from the referral source*	x	x			
Case History/Social History*	x	x			
Medical Record*			x		
Individual Plan or Program*		x			
Signed Release of Information forms*	x	x			
Evaluation & Progress Notes*		x			
Current Employment Data (if employed)*	x	x			
Current Education Data*	x	x			
Program Rules & Disciplinary Policy, signed by Resident*	x				
Documented Legal Authority to Accept Resident*	x				
Grievance & Disciplinary Records*	x				x
Referrals to Other Agencies*	x		x	x	
Approved Visitation List*	VISITATION RECORD				
Final Discharge Report*	x				
Personal Property Inventory*	x				
Name, Address, Social Security Number	x	x	x	x	
Date of Birth; Gender	x	x	x	x	
Race or Ethnic Origin	x	x	x	x	
Reason for Referral		x			
Who to Notify in Case of an Emergency	x				
Referring Agency or Committing Authority	x				

Special Medical Problems or Needs			x		
Personal Physician, if Applicable			x		
Signature of both Interviewee & Interviewer (ACC Employee)	X	X			

### **\*INFORMATION REQUIRED BY THE AMERICAN CORRECTIONAL ASSOCIATION STANDARDS**

**NOTE:** Additional requirements may exist in other policy guidance.

### **Arkansas Community Correction RELEASE OF DRUG /ALCOHOL TREATMENT INFORMATION TO AGENCIES OR AGENCY REPRESENTATIVES WITHIN THE CRIMINAL JUSTICE SYSTEM**

#### **CONFIDENTIAL**

**Prohibition Regarding Disclosure:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The Federal rules prohibit you from making further disclosure of this information except with the specific written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. 42 CFR § 2.35 places the following restrictions on re-disclosure and use by elements of the criminal justice system: A person who receives patient information under this section may re-disclose and use it only to carry out that person's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

**Instructions for ACC Staff:** Complete this at intake for all offenders (residents, parolees, and probationers). Refer to the policy for additional guidance.

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print or Type Offender's Name)

Offender Number: \_\_\_\_\_

authorize: Arkansas Community Correction

to disclose the following drug/alcohol information: diagnosis, prognosis, attendance, cooperation, progress or lack thereof, and drug/alcohol test results. Information may be disclosed to individuals within the criminal justice system who have a need for the information in connection with their duty to monitor offender progress (e.g., disclosure by a residential center treatment staff member to a Resident Management Team member monitoring progress; disclosure by a residential center staff member to a Parole/Probation Officer so he/she may supervise/monitor progress; disclosure to a judge or other court employee in connection with their duty to monitor the offender's/patient's progress; disclosure to a prosecuting attorney who is withholding charges against the patient; or disclosure to a court granting pretrial or post-trial release.) (Reference 42 CFR, Part 2)

The purpose for releasing information is to allow the requesting person within the criminal justice system to monitor progress and ensure appropriate supervision.

This authorization and consent are subject to revocation upon release from court-ordered supervision/confinement by the undersigned except for action taken prior to release from supervision.

My signature also acknowledges the "notice to the offender regarding release of drug/alcohol treatment information" on the back of this form.

_____ Offender Signature	_____ Date	_____ Witness Signature
_____ Offender Printed Name	_____ Date	_____ Witness Printed Name

AD 19-18 Form 1

**CONFIDENTIAL**

**Arkansas Community Correction  
NOTICE TO OFFENDER REGARDING  
CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by federally-supported alcohol or drug treatment programs is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal and ACC regulations.

Federal law and regulations do not protect any information about a crime committed by an offender/patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under Arkansas law to appropriate state or local authorities.(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

Reference: 42 CFR § 2.22

AD 19-18 Form 1

**Arkansas Community Correction  
OFFENDER DRUG/ALCOHOL TREATMENT INFORMATION DISCLOSURE**

**CONFIDENTIAL**

**PROHIBITION REGARDING DISCLOSURE:**

Information attached to this document has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making further disclosure of this information, except with the specific written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. According to statute, a general authorization for the release of medical or other information is not sufficient for this purpose.

**INSTRUCTIONS FOR ACC STAFF:** Refer to the pertinent policy for guidance.

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Resident's Name (Print)

ACC Number : \_\_\_\_\_ Do hereby authorize Arkansas Community Correction to disclose  
the following information (specify the nature & extent of information to be released):

**NOTE: THE OFFENDER HAS CONTROL OF WHICH TYPE OF INFORMATION TO BE DISCLOSED.**

- ☐ Diagnosis    ☐ Prognosis    ☐ Attendance    ☐ Progress/Lack Thereof  
☐ Cooperation    ☐ Drug/Alcohol Test Results  
☐ OTHER \_\_\_\_\_

TO: \_\_\_\_\_ for the following purpose:  
Name of Person Requesting Information

\_\_\_\_\_ ☐ **TREATMENT**  
Requesting Department or Agency

\_\_\_\_\_ ☐ **OTHER** \_\_\_\_\_  
Street/Address

\_\_\_\_\_ City State Zip Code

**This authorization and consent are subject to revocation by the undersigned at any time, except for action already taken. If not otherwise revoked, this consent terminates and expires:**

- ☐ Upon Release from Court-Ordered Supervision/Confinement  
- or -  
☐ OTHER (specify date, event, or condition): \_\_\_\_\_

**My signature also acknowledges the "Notice to Offender Regarding Release of Drug/Alcohol Treatment Information," attached to this form.**

_____ Offender's Name (Print)	_____ Date	_____ Witness's Name (Print)
_____ Signature of Offender	_____ Date	_____ Signature of Witness
<b>Arkansas Community Correction</b>		

**CONFIDENTIAL**

**NOTICE TO OFFENDER/PATIENT REGARDING CONFIDENTIALITY  
OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug abuse patient records maintained by federally-supported alcohol or drug treatment program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing.
- (2) The disclosure is allowed by a court order.
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by an offender/patient, either at the program or against any person who works for the program, nor about any threat to commit such a crime.

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Reference: 42 CFR § 2.22



Offender Case Records Administrative Directive 19-18 MARKUP



## Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

### ADMINISTRATIVE DIRECTIVE: ~~46-0219-18~~ Offender Case Records

TO: ~~-~~Arkansas Community Correction Employees and Agents

FROM: ~~Sheila Sharp~~Kevin Murphy, Director

SUPERSEDES: AD ~~07-1916-02~~

APPROVED: Signature on File ~~-~~  
2019

EFFECTIVE: ~~April 18, 2016~~August 26,

- I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees and agents who handle or may have a demonstrated need for access to offender records. For purposes of this policy, agents are contractors, transitional housing licensees, consultants, researchers, volunteers, and interns.
- II. **POLICY.** A full and complete record must be maintained for each offender under ACC supervision or in custody. Offender records must be protected from inspection or disclosure, copying or issuing except as authorized by law, ACC policy, or by order of a court of competent jurisdiction. (~~2-CO-1E-01, 2-CO-1E-06, 2-CO-1E-07; 4-ACRS-7D-08 and 4ACRS-7D-09; 4-APPFS-3D-28~~)
- III. **GUIDELINES.** ACC must maintain a full and complete record for each offender under agency supervision or in custody. When an area office or center has the capability to create electronic copies of documents, all offender information must be entered into the electronic Offender Management Information System (eOMIS) or placed in eOMIS as a “PDF” document. It is not necessary to maintain hard copies of documents that are accessible in eOMIS or that are available from eOMIS reports. The Information Technology Administrator must establish and maintain a master index identifying all residents committed or assigned to ACC. (~~2-CO-1F-08~~) This policy pertains to all offender case records, unless otherwise specified. The *Record Management* administrative directive does *not* apply to offender records. (~~4-APPFS-3D-28, -3D-29, -3D-30~~)

#### IV. PROCEDURES.

**A. Record Entries.** All entries on paper documents in an offender's records must be signed or initialed and dated. **(4-ACRS-7D-08)**

**B. Offender Photos.** At every intake of a probationer, parolee or ACC resident, a digital photograph must be taken of the offender and entered into eOMIS unless a photo less than one year old is already in eOMIS. Offender photographs must be taken in front of a white measurement board. A new photograph should be taken each year and whenever an offender's appearance changes substantially.

The Omega ~~Technical Violator Center~~ Supervision Sanction Program must take a photograph of every offender at intake, regardless of the age of existing photos in eOMIS, and must take the photo in front of a yellow measurement board.

**C. Intake of Offender "Patients".** For the purposes of this policy, "patient" means any offender who has applied for or been given diagnosis or treatment for alcohol or drug abuse at a federally-assisted program and includes any individual who, after arrest or sentence on a felony charge, is identified as an alcohol or drug abuser in order to determine that individual's eligibility to participate in a program. (Reference: 42 CFR section 2.11)

Offenders who are "patients," as defined in this policy must be informed of the federal law protecting confidentiality. This must be done at the time of intake or as soon thereafter as the patient is capable of rational communication.

**D. Community Correction Center (CCC) Case Records Content.** Attachment 1 lists minimum content for records at CCCs when those records are not available in the e-OMIS system. **(4-ACRS-6A-10, 4-ACRS-7D-07)**

**E. Transfer of Resident Case Records.** When a center resident transfers to another facility, the updated case record must be transferred at the same time or at the latest within 72 hours. **(2-CO-1E-04; 4-ACRS-7D-10)**

**F. Offender Record Protection and Disclosure.** Offender records must be protected from disclosure, copying, or inspection except as required by law, administrative regulation, or by order of a court.

1. Protection/Confidentiality of Offender Records. **(2-CO-1E-08)**

- a. Employees must follow policy guidance to ensure offender records are provided only to authorized persons.
- b. Employees must ensure offender records are stored in a way that provides reasonable protection from inappropriate access or disclosure, theft, loss, or destruction. **(4-ACRS-7D-08)**
- c. Records custodians must have a system for tracking offender records that are temporarily transferred to another authorized person. Borrowed offender records

should be promptly returned.

- d. Computerized records will be protected according to guidance in this policy and policy governing data and/or computer systems.
  - e. Employees must protect the confidentiality of records containing information about child support.
2. Disclosure- and Reporting a Breach of Security. The following must be used in determining whether disclosure is appropriate and for reporting a breach of security:
- a. Disclosure is authorized by law or ACC policy, ordered by a court of competent jurisdiction or requested by law enforcement, the Arkansas Parole Board, or other government official.
  - b. Disclosure is in accordance with an audit or research plan approved by the ACC Director prior to its start.
  - c. Disclosure of patient identifying information (PII) is authorized pursuant to a signed release form from the offender, subject to any legal restrictions or concerns for safety, security or confidentiality.
- Personally identifiable information (PII) is any information that can be used to identify, contact, or locate an individual, either alone or when combined with other easily accessible sources. Examples include name, address, fingerprints, email address, telephone number, social security number or driver's license number.
- d. Patient identifying information may be disclosed without the offender patient's written consent, but only as allowed under Title 42 CFR Part 2 or relevant state statute.
  - e. Disclosure of medical, dental, mental health information is in accordance with contract health care provider policies. ACC staff may be given medical, dental, or mental health information when there is a "need to know." Other servicing health care or treatment program organizations may obtain medical, dental, or mental health information necessary to provide treatment in accordance with guidelines established by ACC or the contract health care provider's manual. These organizations may obtain information from ACC staff when Form 2, "Drug /Alcohol Treatment Information Disclosure" has been completed. A copy of the form should be attached to release information. **(4-ACRS-7D-08)**
  - f. Disclosure on a "need to know" basis. Generally, based upon job duties and responsibilities, ACC employees and agents have access to information from offender records on a need to know basis. An employee may request verbal or written authorization from a requesting employee's or agent's supervisor before providing access to records when the "need to know" is not apparent.
  - g. Employees are subject to disciplinary action if there is improper disclosure of information.
  - h. Employees must promptly complete an incident report when there is a breach of data security and also send an email to the ACC Information Technology Administrator and Internal Affairs Administrator. Also, if there is a suspected breach of data security, send an email to the ACC Information Technology Administrator and Internal Affairs Investigator.

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i. The ACC Information Technology Administrator, upon notification of a breach of data security must:

- if the data security breach involves Office of Child Support Enforcement (OCSE) data, report the breach within 24 hours to: the DFA Chief Information Officer, DFA Senior Security Officer and the OCSE Primary or Secondary Officer. OSCE data is information in eOMIS provided through data transfer from the Office of Child Support Enforcement this data includes money owed for child support and to whom the money is owed.
- work with the Internal Affairs Administrator to investigate the root cause of the data breach.
- Comply with other applicable policy to include the ACIC/NCIC Criminal Information Systems policy.

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3. Offender Access to Records. An offender will not be permitted to peruse his/her file at will. Access to an offender's own record may be granted or information from the record may be released to the offender and/or his attorney as needed to resolve legitimate questions about the accuracy of information in a particular record or as required by rules of discovery in pending litigation.

The review request should be made in writing and should be acted upon within three days. The offender must state with particularity the information or parts of the case record to which access is requested, and the offender's request must be supported by a showing of compelling need. The decision of the Center Supervisor or Area Manager or his/her designee to grant or deny the offender's request is final. An offender cannot have access to the records of another offender.

The record custodian must closely supervise the offender during the record review and may limit the review to 30 minutes. Offender reviews can be limited to one review per three month period.

Before the record is reviewed by the offender or his/her legal counsel, the record custodian must remove information such as the following from offender access: **(4-ACRS-7D-08)**

- a. information that indicates or suggests names of witnesses, enemies, accomplices, victims or their families against whom the offender could retaliate
- b. information received from other agencies under conditions where ACC is not allowed to disclose it without prior approval (for example, patient identifying information that was obtained from another source),
- c. information from third parties when the disclosure could create a danger to the third party
- d. psychological reports and information unless these records will be disclosed in person by the psychiatrist, psychologist, social worker, or licensed therapist.

## **G. Retirement and Destruction of Paper Offender Case Records.**

1. Parolee and Probationer Case Records (Paper files). These records may be destroyed three years after the offender completes supervision; however, before destroying any record, the custodian of the record must document the date and type of record. (Arkansas law section 13-4-301).
2. Clinical Files (Paper files). Retirement and destruction of clinical file records is addressed in the Clinical File Manual. Before destroying any record, the custodian of the record shall document the date and type of record. (Arkansas law section 13-4-301)
3. Resident Case Records.
  - a. Judicial and Administrative Transfer Cases. Prior to transferring an offender to ADC who is a Judicial or Administrative Transfer, the case record must be reviewed by the Records Supervisor to ensure proper content and forwarded to the ADC Central Office, Records Section.
  - b. Probation Plus Cases. Case Records for residents released to probation supervision should be retained on location for one year after release from the CCC. At the end of one year, files may be retired to the designated records holding area and retained three years. These records may be destroyed four years after the resident leaves CCC supervision; however, before destroying any record, the custodian of the record must document the date and type of record. (Arkansas law section 13-4-301).
4. Acceptable means for destroying records are as follows:
  - a. transfer the documents to a credible recycling company that guarantees document protection from disclosure until they are destroyed, or
  - b. shred the documents. After shredding they may be recycled or discarded with regular trash.

## **H. Offender Case Record Preservation.**

eOMIS records are preserved indefinitely and are not destroyed. However, managers are allowed to edit inaccurate documentation. Users are role mapped in eOMIS security profile groups such as a Parole/Probation Officer or Parole/Probation Treatment staff. Each profile group can see and revise portions that pertain to the profile group's work.

## **I. Training.**

All ACC employees must be trained on this policy during new employee orientation.

## **V. ATTACHMENTS.**

Attachment 1 Minimum Content for Case Records in Community Correction Centers  
AD ~~46-0219-18~~ Form 1 Release of Drug /Alcohol Treatment Information to Agencies or  
Agency Representatives within the Criminal Justice System  
AD ~~46-0219-18~~ Form 2 Drug /Alcohol Treatment Information Disclosure

## Offender Records

Attachment-1

**Arkansas Community Correction**  
**MINIMUM CONTENT FOR CASE RECORDS IN**  
**COMMUNITY CORRECTION CENTERS**

	<b>Resident Case Record</b>	<b>Clinical File or Treatment File</b>	<b>Medical or Dental Record</b>	<b>Mental Health Record</b>	<b>Grievance &amp; Discipline Record</b>
Initial intake information form*	x	x			
Commitment Order, judgment & disposition, conditions, PSI	x				
Case History & other information from the referral source*	x	x			
Case History/Social History*	x	x			
Medical Record*			x		
Individual Plan or Program*		x			
Signed Release of Information forms*	x	x			
Evaluation & Progress Notes*		x			
Current Employment Data (if employed)*	x	x			
Current Education Data*	x	x			
Program Rules & Disciplinary Policy, signed by Resident*	x				
Documented Legal Authority to Accept Resident*	x				
Grievance & Disciplinary Records*	x				x
Referrals to Other Agencies*	x		x	x	
Approved Visitation List*	VISITATION RECORD				
Final Discharge Report*	x				
Personal Property Inventory*	x				
Name, Address, Social Security Number	x	x	x	x	
Date of Birth; Gender	x	x	x	x	
Race or Ethnic Origin	x	x	x	x	
Reason for Referral		x			
Who to Notify in Case of an Emergency	x				
Referring Agency or Committing Authority	x				

Special Medical Problems or Needs			x		
Personal Physician, if Applicable			x		
Signature of both Interviewee & Interviewer (ACC Employee)	X	X			

### **\*INFORMATION REQUIRED BY THE AMERICAN CORRECTIONAL ASSOCIATION STANDARDS**

**NOTE:** Additional requirements may exist in other policy guidance.

### **Arkansas Community Correction RELEASE OF DRUG /ALCOHOL TREATMENT INFORMATION TO AGENCIES OR AGENCY REPRESENTATIVES WITHIN THE CRIMINAL JUSTICE SYSTEM**

#### **CONFIDENTIAL**

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**Instructions for ACC Staff:** Complete this at intake for all offenders (residents, parolees, and probationers). Refer to the policy for additional guidance.

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print or Type Offender's Name)

Offender Number: \_\_\_\_\_

authorize: Arkansas Community Correction

to disclose the following drug/alcohol information: diagnosis, prognosis, attendance, cooperation, progress or lack thereof, and drug/alcohol test results. Information may be disclosed to individuals within the criminal justice system who have a need for the information in connection with their duty to monitor offender progress (e.g., disclosure by a residential center treatment staff member to a Resident Management Team member monitoring progress; disclosure by a residential center staff member to a Parole/Probation Officer so he/she may supervise/monitor progress; disclosure to a judge or other court employee in connection with their duty to monitor the offender's/patient's progress; disclosure to a prosecuting attorney who is withholding charges against the patient; or disclosure to a court granting pretrial or post-trial release.) (Reference 42 CFR, Part 2)

The purpose for releasing information is to allow the requesting person within the criminal justice system to monitor progress and ensure appropriate supervision.

This authorization and consent are subject to revocation upon release from court-ordered supervision/confinement by the undersigned except for action taken prior to release from supervision.

My signature also acknowledges the "notice to the offender regarding release of drug/alcohol treatment information" on the back of this form.

---

Offender Signature

---

Date

---

Witness Signature

---

Offender Printed Name

---

Date

---

Witness Printed Name

AD ~~16-02~~19-18 Form 1

**CONFIDENTIAL**



**Arkansas Community Correction  
NOTICE TO OFFENDER REGARDING  
CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

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1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal and ACC regulations.

Federal law and regulations do not protect any information about a crime committed by an offender/patient either at the program or against any person who works for the program or about any threat to commit such a crime.

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Reference: 42 CFR § 2.22

Arkansas Community Correction  
**OFFENDER DRUG/ALCOHOL TREATMENT INFORMATION DISCLOSURE**

**CONFIDENTIAL**

**PROHIBITION REGARDING DISCLOSURE:**

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**INSTRUCTIONS FOR ACC STAFF:**

Refer to the pertinent policy for guidance.

I, \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Resident's Name (Print)

ACC Number : \_\_\_\_\_ Do hereby authorize Arkansas Community Correction to disclose  
the following information (specify the nature & extent of information to be released):

**NOTE: THE OFFENDER HAS CONTROL OF WHICH TYPE OF INFORMATION TO BE DISCLOSED.**

Diagnosis	Prognosis	Attendance	Progress/Lack Thereof
<p>1. [ ] [ ]</p> <p>2. [ ] [ ]</p> <p>3. [ ] [ ]</p> <p>4. [ ] [ ]</p> <p>5. [ ] [ ]</p> <p>6. [ ] [ ]</p> <p>7. [ ] [ ]</p> <p>8. [ ] [ ]</p> <p>9. [ ] [ ]</p> <p>10. [ ] [ ]</p>	<p>1. [ ] [ ]</p> <p>2. [ ] [ ]</p> <p>3. [ ] [ ]</p> <p>4. [ ] [ ]</p> <p>5. [ ] [ ]</p> <p>6. [ ] [ ]</p> <p>7. [ ] [ ]</p> <p>8. [ ] [ ]</p> <p>9. [ ] [ ]</p> <p>10. [ ] [ ]</p>	<p>1. [ ] [ ]</p> <p>2. [ ] [ ]</p> <p>3. [ ] [ ]</p> <p>4. [ ] [ ]</p> <p>5. [ ] [ ]</p> <p>6. [ ] [ ]</p> <p>7. [ ] [ ]</p> <p>8. [ ] [ ]</p> <p>9. [ ] [ ]</p> <p>10. [ ] [ ]</p>	<p>1. [ ] [ ]</p> <p>2. [ ] [ ]</p> <p>3. [ ] [ ]</p> <p>4. [ ] [ ]</p> <p>5. [ ] [ ]</p> <p>6. [ ] [ ]</p> <p>7. [ ] [ ]</p> <p>8. [ ] [ ]</p> <p>9. [ ] [ ]</p> <p>10. [ ] [ ]</p>

☐ ☐ Cooperation ☐ ☐ Drug/Alcohol Test Results

☐ OTHER

TO: \_\_\_\_\_ for the following purpose:  
Name of Person Requesting Information

Requesting Department or Agency

## TREATMENT

☐ OTHER

---

Street/Address

City	State	Zip Code
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**This authorization and consent are subject to revocation by the undersigned at any time, except for action already taken. If not otherwise revoked, this consent terminates and expires:**

☐ ☐ Upon Release from Court-Ordered Supervision/Confinement

- Or -

☐ ☐ OTHER (specify date, event, or condition): \_\_\_\_\_

**My signature also acknowledges the “Notice to Offender Regarding Release of Drug/Alcohol Treatment Information,” attached to this form.**

Offender’s Name (Print)	Date	Witness’s Name (Print)
Signature of Offender	Date	Signature of Witness

**Arkansas Community Correction**

**CONFIDENTIAL**

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Reference: 42 CFR § 2.22

Facility Sanitation & Food Service Administrative Directive 19-19 CLEAN COPY



## Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

### ADMINISTRATIVE DIRECTIVE: AD 19-19 Facility Sanitation and Food Service

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 17-10

**APPROVED:** \_\_\_\_\_ Signature on File

**EFFECTIVE:** August 26, 2019

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction Residential Services employees, residents, volunteers, and contractors involved in facility sanitation, food service or maintenance.
- II. POLICY.** It is ACC policy to operate sanitary residential facilities and to provide residents well balanced and nutritious meals in sufficient quantity, and served in a safe, professional manner. Center staff will comply with applicable state and local health and sanitation regulations, and appropriate American Correctional Association (ACA) standards. (4-ACRS-4A-04, 4-ACRS-1A-02)
- III. DEFINITIONS.**
  - A. Communicable Disease.** An illness that is readily transmittable from one person to another.
  - B. Center Supervisor.** The chief administrative officer of a Arkansas Community Correction residential facility.
  - C. Contaminants.** Particles that can be a vector for contaminating food (e.g., pet hair or dander; animal, bird, or insect droppings; or food particles that have become a medium for bacteria growth).
  - D. Food.** Any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or sale wholly or in part for human consumption.

- E. Food Borne Disease.** A disease that is transmittable through food. For the purposes of this policy, food borne diseases are limited to the following:
1. Salmonella Typhi
  2. Shigella spp.
  3. E. coli (Escherichia coli 0157:H7)
  4. Hepatitis A virus
  5. Norovirus
- F. Food Service Area.** The central kitchen, congregate dining areas, bathrooms made available to food service employees and/or diners, and the vicinity.
- G. Food Service Equipment.** Stoves, ovens, ranges, hoods, slicers, mixers, meat blocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables, and similar items other than utensils used in the food service area.
- H. Food Service Manager.** The manager having overall responsibility for food service at a Residential Correction facility.
- I. Food Service Staff.** ACC employees who are assigned to work in food service.
- J. Food Preparation Surfaces.** Those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces from which food may drain, drip, or splash back onto surfaces normally in contact with food.
- K. Food-Proximate Activities.** The handling, preparation, and serving of food including receiving, moving, stocking, packaging and removing packaging, mixing, slicing, cooking, cleaning/sanitizing food preparation surfaces, serving, and the handling of clean equipment, utensils, linens, or unwrapped single-use articles.
- L. Best by Date.** The date beyond which a food item is no longer considered fresh.
- M. Use by Date.** The date beyond which the item should not be used.
- N. Menu.** A plan that specifies the components of a meal and is based on a prescribed recipe system.
- O. Standardized Recipes.** A listing of ingredients, assembly and processing instructions for producing a meal component.
- P. Registered Dietitian.** A person registered by the Commission on Dietetic Registration, a national certifying agency for voluntary professional credentialing in dietetics.
- Q. Stock Rotation.** The practice of making food items that were purchased earlier available for use before those that were purchased later.

- R. Therapeutic Diet.** A deviation from the standard diet served to the population at large to accommodate the medical or dental needs of a resident.
- S. Religious Diet.** A deviation from the standard diet served to the population at large to accommodate a particular religious dietary restriction or guidelines.
- T. Utensils.** Any implement used in the storage, preparation, transportation, or service of food.

#### IV. GUIDELINES.

- A. Program Planning.** Food, sanitation, and maintenance services will be planned in accordance with relevant rules, regulations, and standards. The food service program provides an important underpinning for the therapeutic, supervisory, and security interests of the Center. Therefore, meeting the nutritional needs of residents is a function that will be planned and executed with forethought and diligence. At a minimum, the following planning processes are to be employed.
  - 1. A food service plan outlines logistical plans for implementing the food service program and will include the following:
    - a. The approximate times of day meal service will occur (no more than 14 hours will elapse between the evening meal and breakfast).
    - b. The development of menus by a registered dietitian at least one week in advance of meal service.
    - c. Indication of appropriate space and equipment to be used for food preparation, storage of food supplies, including provisions for the storage of dry food in a clean, dry, and ventilated room; and the storage of refrigerated and frozen foods in accordance with Arkansas Department of Health requirements. (4-ACRS-4A-06)
    - d. Indication of appropriate space for all who dine at the same time including plans for managing the flow of residents into and out of the dining facility to avoid confusion and overcrowding. (4-ACRS-4A-05)
    - e. Plans for creating a calm and pleasant atmosphere in which residents may dine.
    - f. Processes for removing all foods from the dining and cooking areas after meal service.
  - 2. Budgeting is based on historical information drawn from records of food purchases, meal counts, projected census, and prevailing food prices.
- B. Training.**
  - 1. Food service staff will receive orientation and in-service training as required by the Administrative Directive titled "Employee Training and Certification" Food service staff and residents working in food service will receive in-service or on-the-job training in topics related to how communicable disease spreads, precautions for handling potentially hazardous food, common sources of food contamination, the correct procedures for storing and serving food, sanitization, first aid, fire safety, and safety procedures for using equipment (e.g., meat slicers, mixers, fryers, etc.).

2. Staff conducting inspections will be instructed specifically in the application of food service and sanitation rules and regulations.

**C. Food Service.** Food will be handled and prepared to preserve its freshness, and protect it from contamination. Sanitary food handling and preparation areas will be maintained. Every effort shall be made to serve meals at appropriate temperatures. At a minimum, the following protections are to be employed:

1. Wholesome foods are acquired from approved sources and, where appropriate, food grown at the Center is approved.
2. Food is transported at appropriate temperatures.
3. Food is stored in conformity with Arkansas Department of Health Rules and Regulations and its freshness and purity is ensured through prescribed procedures such as stock rotation and use of pallets or shelves to hold stored food at least 4 inches off the wall and 6 inches off the floor.
4. Food is handled, prepared, and served at safe temperatures as established in Department of Health rules. Food temperature is routinely monitored.
5. Written standardized recipes are used for all food preparation.
6. Appropriate infection control guidelines and procedures are established and followed including the appropriate use of hair/beard nets, proper hand washing, and the use of disposable gloves on the serving line.
7. A representative tray of food from each meal will be retained for 3 days to aid in the investigation of incidents of food-related illness.
8. Food service equipment, food preparation surfaces, and utensils will be clean, sanitized, and maintained. Filters in ventilation hoods will be cleaned weekly, or more frequently if needed to keep them free from grease, condensation, and other contaminants.
9. When a food service employee or resident working in food service suspects he or she may be infected with a food borne disease (as defined), he or she will report the condition to his or her supervisor or the contract medical services provider.
10. A food service staff person (or resident working in food service) who is ill with a food borne illness will be excluded from the food service area. He or she will be allowed to return only on the written recommendation of a physician or contract medical staff stating that he or she is no longer contagious and ready to return to food service duties.
11. A food service staff person (or resident working in food service) who is experiencing persistent sneezing, coughing, or discharges from the eyes, nose, or mouth will be excluded from food-proximate activities.
12. The clothes worn by food service staff in the food service area will comply with established guidelines.
13. Food service workers will observe any precautions or prohibitions that are established to guard against contaminants being brought into the food service area.
14. Sack lunches for community work crews will be stored and transported at safe temperatures.
15. Food will be used or discarded within 7 days of being served.
16. The food service area is inspected daily to determine whether safe and hygienic

conditions are being maintained and food service policies are being followed. At a minimum, the following items are checked: (4-ACRS-4A-07)

- a. Cooking, dining, and food storage areas are clean, well ventilated, and at appropriate temperatures.
- b. Food preparation equipment is in sanitary condition and in good repair.
- c. Food handlers are using hygienic food handling techniques and are free of symptoms of communicable disease or open exposed wounds.
- d. Food handlers are in the appropriate attire.
- e. Food is fresh, being held at safe temperatures, and palatable.
- f. Refrigerator, freezer, and water temperatures are at prescribed levels.

**D. Facility Sanitation and Maintenance.** Minimum requirements for the sanitation, maintenance, and repair of Center facilities and supplies for resident hygiene include the following:

1. Cleaning, maintenance, and repair of facilities through routine scheduled activities.
2. A capacity for promptly responding to cleaning, maintenance, and repair requests as needs arise including procedures for emergency and non-emergency requests.
3. Conditions such as the following will be corrected: dirt or disrepair, such as large cracks in plaster, holes in walls and ceiling, chipped and peeling paint, or broken windows.
4. The maintenance and operation of systems for liquid and solid waste disposal in accordance with the requirements of the appropriate regulatory authority including regular trash and garbage removal. (4-ACRS-1A-04)
5. The control of pests and vermin by a reputable vendor for pest control through routine inspections and episodic inspections when infestations are observed or suspected. (4-ACRS-1A-05)
6. Weekly facility inspections including inspections to locate breeding places for rodents and insects. This inspection may be combined or coordinated with Daily/Weekly Safety and Security inspections required by Safety and Security policy.
7. The use of covered, cleanable, insect- and rodent-proof containers for garbage that do not leak or absorb liquids.
8. Regular cleaning of the area in which garbage is collected.
9. Cleaning of resident clothing through use of laundering equipment operated individually or centrally. (4-ACRS-4B-02)
10. Thorough cleaning of residents' personal clothes and, when necessary, disinfecting clothes before they are stored or before the resident is allowed to keep and wear them.



**E. Hygienic Supplies Issued to Residents.** At a minimum, the following supplies are to be issued to each resident:

1. Suitable, clean bedding and linen, including two sheets, pillow and pillowcase, one mattress, and sufficient blankets to provide comfort under existing temperature controls. (4-ACRS-4B-04)
2. Adequate and appropriate articles necessary for maintaining proper personal hygiene. (4-ACRS-4B-01)

**F. Recordkeeping.** The following records are to be maintained:

1. Health and sanitation requirements to which the Center is subject.
2. Permits/approvals documenting the Center's current status. Reports from authorized inspectors for the current certification period shall be kept at the Center and made available to auditors or other persons authorized to review them.
3. Menus as they were planned and record of any modifications (kept on file for the current accreditation period).
4. The number of meals served to residents and staff, respectively.
5. Monthly inventories of food supplies and calculation of meal cost per resident on the "Monthly Food Service Report" form and retained for the current accreditation period).
6. Therapeutic diets for as long as the resident remains in custody (following a resident's release therapeutic diets will remain on file for auditing purposes for the current accreditation period).

## **V. PROCEDURES.**

### **A. Center Supervisor Duties.**

1. Apply for, obtain, and maintain the permits, certifications, and other approvals necessary to operate the Center in compliance with State and local health and sanitation laws, codes, and ordinances.
2. Develop and follow plans and standard operating procedures.
3. Ensure job descriptions for ACC staff (including residents working in food service) are written to uphold appropriate health and sanitation standards.
4. Budget adequately for sanitation, maintenance, and the food service program using systems for procurement and bookkeeping that conform to State purchasing policies and accurately account for food service costs.
5. Annually calculate a cost per meal per resident using the Monthly Food Service Report form.
6. Develop a food service plan as described in Section IV.A.1 of this policy.
7. Develop Standard Operating Procedures to ensure compliance with Section IV.C.1

above of this policy and as needed to maintain continuing compliance with the Arkansas Department of Health and other rules and regulations and standards. Such guidance will include responses to disruptions in the safe storage and serving of food, such as during power outages, until usual practices can resume. At minimum, alternate locations will be specified for transportation and temporary storage of refrigerated/frozen food items in the event that cooling units become inoperable.

8. Whenever possible, ensure a food service staff is on duty during all hours of food operations and the staff member is "ServSafe™" certified.
9. Annually review Standard Operating Procedures and modify them as needed.
10. Employ a qualified food service manager.

**B. Food Service Manager.** The following duties will either be performed by the Food Service Manager or delegated to a capable staff person.

1. Check food deliveries for accuracy against the purchase order(s) and check for current freshness dates.
2. Refuse spoiled or damaged food or food with an imminent expiration date.
3. Inventory stored food supplies at least monthly and make inventory reports available to the dietitian, budgetary administrators, and other appropriate personnel for review.
4. Post current menus in the food service department for reference by employees and residents.
5. Post therapeutic diets for those preparing and serving meals to help ensure that residents for whom therapeutic diets are ordered receive them.
6. Ensure that all diners who are required to sign for their meals do so on the appropriate form.
7. Conduct daily inspections as required in Section IV.C.16a-f of this policy.
8. The following procedures will be used to monitor the temperature of refrigerators and freezers:
  - a. The time, date, and internal temperature reading of refrigerators and freezers will be logged and posted in the vicinity of the appliance.
  - b. If readings are taken from a gauge external to the appliance, then the external thermometer reading will be compared to reading on a thermometer located inside the appliance at least weekly. Variations greater than three degrees Fahrenheit will be reported to the Food Service Manager who will ensure the necessary replacement or repair.
  - c. If a comparison of internal and external temperatures exceeds three degrees Fahrenheit, then readings will be taken only from a thermometer located inside the appliance until the external thermometer is replaced or repaired.
9. Ensure all inspection results are reviewed and deficiencies are corrected.  
(4-ACRS-1A-03 [P])
10. Post-inspection results or make them readily available as documentation.
11. Authorize deviations from or substitutions in planned menus only with food of equivalent nutritional value (a current and recognized dietary manual will be used to guide menu deviations and meal preparation).

12. Supervise all food service staff and appoint a shift or daily supervisor to provide continuous supervision and oversight of food service activities.
13. Instruct and monitor food service staff and residents concerning their duties in the kitchen and dining areas.
14. Prepare and maintain accurate and appropriate records and reports as required by any permit or approval concerning food service and Section IV.F of this policy.

**C. Food Service Staff and Residents Working in Food Service.**

1. As appropriate to their job description, food service staff and residents are responsible for becoming familiar with and following Center policies and procedures for the safe and sanitary handling, storage, processing, and service of food.
2. Food service staff and residents who work in food service will do so after being screened for a history of or current infection with a food borne disease and any other condition deemed by current and appropriate standards of medical practice to preclude work in food service.

**D. Dietitian.** At a minimum, the following are duties of the contracted registered dietitian .

1. Plan menus for centers to meet or exceed the dietary allowances and the minimum daily nutrition standards of the Food and Nutrition Board of the National Research Council and the Arkansas Department of Health. (4-ACRS-4A-01)
2. Conduct an annual review of menus as served to ensure that they meet the nationally recommended allowances for basic nutrition for the types of residents housed in the facility.

**E. Contract Medical Services.** The contracted medical service provider will review the food service program to ensure compliance with the National Commission on Correctional Health Care: Standards for Health Services in Prisons, ACA standards, and this policy.

**VI. ATTACHMENTS.**

[AD 19-19 Form 1 Monthly Food Service Report](#)

### Arkansas Community Correction MONTHLY FOOD SERVICE REPORT

To ACC Dietitian: _____		Date: _____	
Dietitian's Name (Print)			
From: _____	_____	_____	_____
(Print Name)		Title	Residential Center
Re: Monthly Food Service Report	Month of: _____		

  

	Last Month's Ending Inventory	This Month's Purchases	Current Month's Ending Inventory	This Month's Usage
Milk	\$ _____	\$ _____	\$ _____	\$ _____
Meat, Poultry, Eggs	_____	_____	_____	_____
Bread	_____	_____	_____	_____
Groceries	_____	_____	_____	_____
Frozen Foods	_____	_____	_____	_____
Produce	_____	_____	_____	_____
Chips	_____	_____	_____	_____
Cold Cereal	_____	_____	_____	_____
Other*	_____	_____	_____	_____
Subtotals (A) \$	_____	(B) \$ _____	(C) \$ _____	\$ _____
Kitchen/Janitorial Supplies	_____	_____	_____	_____
Totals (D) \$	_____	(E) \$ _____	(F) \$ _____	\$ _____

  

Beginning Inventory Value	(A) \$ _____	Total Inventory Value	(D) \$ _____
Month's Food Purchases	(B) + _____	Month's Total Purchases	(E) + _____
Value of Food Available	\$ _____	Food/Supplies Available	\$ _____
Month's Ending Inventory	(C) - _____	Month's Ending Inventory	(F) - _____
Cost of Food Used for Month	(G) \$ _____	Cost of Food/Supplies Used	(H) \$ _____
Meals Served		Average Food Cost Per Meal	\$ _____
<21 Resident Count	_____	(G ÷ I)	
Resident Count	_____	Average Meal Cost (H ÷ I)	\$ _____
Staff Count	_____		
Total (I)	_____	*Other (specify):	_____

Facility Sanitation & Food Service Administrative Directive 19-19 MARKUP



## Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE:** AD ~~17-10~~ FACILITY SANITATION AND 19-19 Facility Sanitation and Food Service  
FOOD SERVICE

**TO:** Arkansas Community Correction Employees

**FROM:** ~~SHEILA SHARP, DIRECTOR~~ Kevin Murphy, Director

**SUPERSEDES:** AD ~~08-4417-10~~

**APPROVED:** Signature on file  
2019

**EFFECTIVE:** August 26,

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction Residential Services employees, residents, volunteers, and contractors involved in facility sanitation, food service or maintenance.
- II. **POLICY.** It is ACC policy to operate sanitary residential facilities and to provide residents well balanced and nutritious meals in sufficient quantity, and served in a safe, professional manner. Center staff will comply with applicable state and local health and sanitation regulations, and appropriate American Correctional Association (ACA) standards. (4-ACRS-4A-04, 4-ACRS-1A-02)
- III. **DEFINITIONS.**
  - A. **Communicable Disease.** An illness that is readily transmittable from one person to another.
  - B. **Center Supervisor.** The chief administrative officer of a Arkansas Community Correction residential facility.
  - C. **Contaminants.** Particles that can be a vector for contaminating food (e.g., pet hair or dander; animal, bird, or insect droppings; or food particles that have become a medium for bacteria growth).
  - D. **Food.** Any raw, cooked, or processed edible substance, ice, beverage, or ingredient used or intended for use or sale wholly or in part for human consumption.

**E. Food Borne Disease.** A disease that is transmittable through food. For the purposes of this policy, food borne diseases are limited to the following:

1. Salmonella Typhi
2. Shigella spp.
3. E. coli (Escherichia coli 0157:H7)
4. Hepatitis A virus
5. Norovirus

**F. Food Service Area.** The central kitchen, congregate dining areas, bathrooms made available to food service employees and/or diners, and the vicinity.

**G. Food Service Equipment.** Stoves, ovens, ranges, hoods, slicers, mixers, meat blocks, tables, counters, refrigerators, sinks, dishwashing machines, steam tables, and similar items other than utensils used in the food service area.

**H. Food Service Manager.** The manager having overall responsibility for food service at a Residential Correction facility.

**I. Food Service Staff.** ACC employees who are assigned to work in food service.

**J. Food Preparation Surfaces.** Those surfaces of equipment and utensils with which food normally comes in contact, and those surfaces from which food may drain, drip, or splash back onto surfaces normally in contact with food.

**K. Food-Proximate Activities.** The handling, preparation, and serving of food including receiving, moving, stocking, packaging and removing packaging, mixing, slicing, cooking, cleaning/sanitizing food preparation surfaces, serving, and the handling of clean equipment, utensils, linens, or unwrapped single-use articles.

**L. ~~Freshness~~Best by Date.** The date beyond which a food item is no longer considered fresh ~~and~~.

**~~M.~~ Uae by Date.** The date beyond which the item should not be used.

**~~MN.~~Menu.** A plan that specifies the components of a meal and is based on a prescribed recipe system.

**~~NO.~~Standardized Recipes.** A listing of ingredients, assembly and processing instructions for producing a meal component.

**~~OP.~~Registered Dietitian.** A person registered by the Commission on Dietetic Registration, a national certifying agency for voluntary professional credentialing in dietetics.

**~~PQ.~~Stock Rotation.** The practice of making food items that were purchased earlier available for use before those that were purchased later.

**QR. Therapeutic Diet.** A deviation from the standard diet served to the population at large to accommodate the medical or dental needs of a resident.

**S. Religious Diet.** A deviation from the standard diet served to the population at large to accommodate a particular religious dietary restriction or guidelines.

**R. Utensils.** Any implement used in the storage, preparation, transportation, or service of food.

#### IV. GUIDELINES.

**A. Program Planning.** Food, sanitation, and maintenance services will be planned in accordance with relevant rules, regulations, and standards. The food service program provides an important underpinning for the therapeutic, supervisory, and security interests of the Center. Therefore, meeting the nutritional needs of residents is a function that will be planned and executed with forethought and diligence. At a minimum, the following planning processes are to be employed.

1. A food service plan outlines logistical plans for implementing the food service program and will include the following:
  - a. The approximate times of day meal service will occur (no more than 14 hours will elapse between the evening meal and breakfast).
  - b. The development of menus by a registered dietitian at least one week in advance of meal service.
  - c. Indication of appropriate space and equipment to be used for food preparation, storage of food supplies, including provisions for the storage of dry food in a clean, dry, and ventilated room; and the storage of refrigerated and frozen foods in accordance with Arkansas Department of Health requirements. (4-ACRS-4A-06)
  - d. Indication of appropriate space for all who dine at the same time including plans for managing the flow of residents into and out of the dining facility to avoid confusion and overcrowding. (4-ACRS-4A-05)
  - e. Plans for creating a calm and pleasant atmosphere in which residents may dine.
  - f. Processes for removing all foods from the dining and cooking areas after meal service.
2. Budgeting is based on historical information drawn from records of food purchases, meal counts, projected census, and prevailing food prices.

#### **B. Training.**

1. Food service staff will receive orientation and in-service training as required by the Administrative Directive titled "Employee Training and Certification" Food service staff and residents working in food service will receive in-service or on-the-job training in topics related to how communicable disease spreads, precautions for handling potentially hazardous food, common sources of food contamination, the correct procedures for storing and serving food, sanitization, first aid, fire safety, and safety procedures for using equipment (e.g., meat slicers, mixers, fryers, etc.).

2. Staff conducting inspections will be instructed specifically in the application of food service and sanitation rules and regulations.

**C. Food Service.** Food will be handled and prepared to preserve its freshness, and protect it from contamination. Sanitary food handling and preparation areas will be maintained. Every effort shall be made to serve meals at appropriate temperatures. At a minimum, the following protections are to be employed:

1. Wholesome foods are acquired from approved sources and, where appropriate, food grown at the Center is approved.
2. Food is transported at appropriate temperatures.
3. Food is stored in conformity with Arkansas Department of Health Rules and Regulations and its freshness and purity is ensured through prescribed procedures such as stock rotation and use of pallets or shelves to hold stored food at least [4 inches off the wall and 6 inches off the floor](#).
4. Food is handled, prepared, and served at safe temperatures as established in Department of Health rules. Food temperature is routinely monitored.
5. Written standardized recipes are used for all food preparation.
6. Appropriate infection control guidelines and procedures are established and followed including the appropriate use of hair/beard nets, proper hand washing, and the use of disposable gloves on the serving line.
7. A representative tray of food from each meal will be retained [for 3 days](#) to aid in the investigation of incidents of food-related illness.
8. Food service equipment, food preparation surfaces, and utensils will be clean, sanitized, and maintained. Filters in ventilation hoods will be cleaned weekly, or more frequently if needed to keep them free from grease, condensation, and other contaminants.
9. When a food service employee or resident working in food service suspects he or she may be infected with a food borne disease (as defined), he or she will report the condition to his or her supervisor or the contract medical services provider.
10. A food service staff person (or resident working in food service) who is ill with a food borne illness will be excluded from the food service area. He or she will be allowed to return only on the written recommendation of a physician or contract medical staff stating that he or she is no longer contagious and ready to return to food service duties.
11. A food service staff person (or resident working in food service) who is experiencing persistent sneezing, coughing, or discharges from the eyes, nose, or mouth will be excluded from food-proximate activities.
12. The clothes worn by food service staff in the food service area will comply with established guidelines.
13. Food service workers will observe any precautions or prohibitions that are established to guard against contaminants being brought into the food service area.
14. Sack lunches for community work crews will be stored and transported at safe temperatures.
15. Food will be used or discarded within ~~24 hours~~ [7 days](#) of being served.
16. The food service area is inspected daily to determine whether safe and hygienic



conditions are being maintained and food service policies are being followed. At a minimum, the following items are checked: (4-ACRS-4A-07)

- a. Cooking, dining, and food storage areas are clean, well ventilated, and at appropriate temperatures.
- b. Food preparation equipment is in sanitary condition and in good repair.
- c. Food handlers are using hygienic food handling techniques and are free of symptoms of communicable disease or open exposed wounds.
- d. Food handlers are in the appropriate attire.
- e. Food is fresh, being held at safe temperatures, and palatable.
- f. Refrigerator, freezer, and water temperatures are at prescribed levels.

**D. Facility Sanitation and Maintenance.** Minimum requirements for the sanitation, maintenance, and repair of Center facilities and supplies for resident hygiene include the following:

1. Cleaning, maintenance, and repair of facilities through routine scheduled activities.
2. A capacity for promptly responding to cleaning, maintenance, and repair requests as needs arise including procedures for emergency and non-emergency requests.
3. Conditions such as the following will be corrected: dirt or disrepair, such as large cracks in plaster, holes in walls and ceiling, chipped and peeling paint, or broken windows.
4. The maintenance and operation of systems for liquid and solid waste disposal in accordance with the requirements of the appropriate regulatory authority including regular trash and garbage removal. (4-ACRS-1A-04)
5. The control of pests and vermin by a reputable vendor for pest control through routine inspections and episodic inspections when infestations are observed or suspected. (4-ACRS-1A-05)
6. Weekly facility inspections including inspections to locate breeding places for rodents and insects. This inspection may be combined or coordinated with Daily/Weekly Safety and Security inspections required by Safety and Security policy.
7. The use of covered, cleanable, insect- and rodent-proof containers for garbage that do not leak or absorb liquids.
8. Regular cleaning of the area in which garbage is collected.
9. Cleaning of resident clothing through use of laundering equipment operated individually or centrally. (4-ACRS-4B-02)
10. Thorough cleaning of residents' personal clothes and, when necessary, disinfecting clothes before they are stored or before the resident is allowed to keep and wear them.

**E. Hygienic Supplies Issued to Residents.** At a minimum, the following supplies are to be issued to each resident:

1. Suitable, clean bedding and linen, including two sheets, pillow and pillowcase, one mattress, and sufficient blankets to provide comfort under existing temperature controls. (4-ACRS-4B-04)
2. Adequate and appropriate articles necessary for maintaining proper personal hygiene. (4-ACRS-4B-01)

**F. Recordkeeping.** The following records are to be maintained:

1. Health and sanitation requirements to which the Center is subject.
2. Permits/approvals documenting the Center's current status. Reports from authorized inspectors for the current certification period shall be kept at the Center and made available to auditors or other persons authorized to review them.
3. Menus as they were planned and record of any modifications (kept on file for ~~five years~~the current accreditation period).
4. The number of meals served to residents and staff, respectively.
5. Monthly inventories of food supplies and calculation of meal cost per resident on ~~AD-08-11 Form 1 (the "Monthly Food Service Report" form and~~ retained for ~~five years~~the current accreditation period).
6. Therapeutic diets for as long as the resident remains in custody (following a ~~resident's~~resident's release therapeutic diets will remain on file for auditing purposes for ~~one year~~the current accreditation period).

## **V. PROCEDURES.**

### **A. Center Supervisor Duties.**

1. Apply for, obtain, and maintain the permits, certifications, and other approvals necessary to operate the Center in compliance with State and local health and sanitation laws, codes, and ordinances.
2. Develop and follow plans and standard operating procedures.
3. Ensure job descriptions for ACC staff (including residents working in food service) are written to uphold appropriate health and sanitation standards.
4. Budget adequately for sanitation, maintenance, and the food service program using systems for procurement and bookkeeping that conform to State purchasing policies and accurately account for food service costs.
5. Annually calculate a cost per meal per resident using ~~AD-08-11 Form 1~~the Monthly Food Service Report form.
6. Develop a food service plan as described in Section IV.A.1 of this policy.
7. Develop Standard Operating Procedures to ensure compliance with Section IV.C.1

above of this [memorandum policy](#) and as needed to maintain continuing compliance with the Arkansas Department of Health and other rules and regulations and standards. Such guidance will include responses to disruptions in the safe storage and serving of food, such as during power outages, until usual practices can resume. At minimum, alternate locations will be specified for transportation and temporary storage of refrigerated/frozen food items in the event that cooling units become inoperable.

8. Whenever possible, ensure a [designated “person-in-charge” food service staff](#) is on duty during all hours of food operations and the [“person-in-charge” staff member](#) is “ServSafe™” certified.

9. Annually review Standard Operating Procedures and modify them as needed.

10. Employ a qualified food service manager.

**B. Food Service Manager.** The following duties will either be performed by the Food Service Manager or delegated to a capable staff person.

1. Check food deliveries for accuracy against the purchase order(s) and check for current freshness dates.

2. Refuse spoiled or damaged food or food with an imminent expiration date.

3. Inventory stored food supplies at least monthly and make inventory reports available to the dietitian, budgetary administrators, and other appropriate personnel for review.

4. Post current menus in the food service department for reference by employees and residents.

5. Post therapeutic diets for those preparing and serving meals to help ensure that residents for whom therapeutic diets are ordered receive them.

6. Ensure that all diners who are required to sign for their meals do so on the appropriate form.

7. Conduct daily inspections as required in Section IV.C.16a-f of this [memorandum policy](#).

8. The following procedures will be used to monitor the temperature of refrigerators and freezers:

a. The time, date, and internal temperature reading of refrigerators and freezers will be logged and posted in the vicinity of the appliance.

b. If readings are taken from a gauge external to the appliance, then the external thermometer reading will be compared to reading on a thermometer located inside the appliance at least weekly. Variations greater than three degrees Fahrenheit will be reported to the Food Service Manager who will ensure the necessary replacement or repair.

c. If a comparison of internal and external temperatures exceeds three degrees Fahrenheit, then readings will be taken only from a thermometer located inside the appliance until the external thermometer is replaced or repaired.

9. Ensure all inspection results are reviewed and deficiencies are corrected.

(4-ACRS-1A-03 [P])

10. Post-inspection results or make them readily available as documentation.

11. Authorize deviations from or substitutions in planned menus only with food of equivalent nutritional value (a current and recognized dietary manual will be used

to guide menu deviations and meal preparation).

12. Supervise all food service staff and appoint a shift or daily supervisor to provide continuous supervision and oversight of food service activities.
13. Instruct and monitor food service staff and residents concerning their duties in the kitchen and dining areas.
14. Prepare and maintain accurate and appropriate records and reports as required by any permit or approval concerning food service and Section IV.F of this [memorandum policy](#).

**C. Food Service Staff and Residents Working in Food Service.**

1. As appropriate to their job description, food service staff and residents are responsible for becoming familiar with and following Center policies and procedures for the safe and sanitary handling, storage, processing, and service of food.
2. Food service staff and residents who work in food service will do so after being screened for a history of or current infection with a food borne disease and any other condition deemed by current and appropriate standards of medical practice to preclude work in food service.

**D. Dietitian.** At a minimum, the following are duties of the contracted registered dietitian

1. Plan menus for centers to meet or exceed the dietary allowances and the minimum daily nutrition standards of the Food and Nutrition Board of the National Research Council and the Arkansas Department of Health. (4-ACRS-4A-01)
2. Conduct an annual review of menus as served to ensure that they meet the nationally recommended allowances for basic nutrition for the types of residents housed in the facility.

**E. Contract Medical Services.** The contracted medical service provider will review the food service program to ensure compliance with the National Commission on Correctional Health Care: Standards for Health Services in Prisons, ACA standards, and this policy.

**VI. ATTACHMENTS.**

[AD 17-10 Form 1—Monthly Food Service Report](#)

[AD 19-?? Form 1 Monthly Food Service Report](#)

### Arkansas Community Correction MONTHLY FOOD SERVICE REPORT

To DCC Dietitian: _____		Date: _____	
Dietitian's Name (Print)			
From: _____	_____	_____	_____
(Print Name)		Title	Residential Center
Re: Monthly Food Service Report	Month of: _____		

  

	Last Month's Ending Inventory	This Month's Purchases	Current Month's Ending Inventory	This Month's Usage
Milk	\$ _____	\$ _____	\$ _____	\$ _____
Meat, Poultry, Eggs	_____	_____	_____	_____
Bread	_____	_____	_____	_____
Groceries	_____	_____	_____	_____
Frozen Foods	_____	_____	_____	_____
Produce	_____	_____	_____	_____
Chips	_____	_____	_____	_____
Cold Cereal	_____	_____	_____	_____
Other*	_____	_____	_____	_____
Subtotals (A) \$	_____	(B) \$ _____	(C) \$ _____	\$ _____
Kitchen/Janitorial Supplies	_____	_____	_____	_____
Totals (D) \$	_____	(E) \$ _____	(F) \$ _____	\$ _____

  

Beginning Inventory Value	(A) \$ _____	Total Inventory Value	(D) \$ _____
Month's Food Purchases	(B) + _____	Month's Total Purchases	(E) + _____
Value of Food Available	\$ _____	Food/Supplies Available	\$ _____
Month's Ending Inventory	(C) - _____	Month's Ending Inventory	(F) - _____
Cost of Food Used for Month	(G) \$ _____	Cost of Food/Supplies Used	(H) \$ _____
Meals Served		Average Food Cost Per Meal	\$ _____
<21 Resident Count	_____	(G ÷ I)	
Resident Count	_____	Average Meal Cost (H ÷ I)	\$ _____
Staff Count	_____		
Total (I)	_____	*Other (specify):	_____

Personal Cleanliness & Grooming for Residents Administrative Directive 19-13 CLEAN COPY



**Arkansas Community Correction**

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE: 19-13 Personal Cleanliness & Grooming for Residents**

**TO: Arkansas Community Correction (ACC) Employees**

**FROM: Kevin Murphy, Director**

**SUPERSEDED: AD 15-06**

**APPROVED: \_\_\_\_\_ Signature on File \_\_\_\_\_**

**EFFECTIVE: July 1, 2019**

- I. APPLICABILITY.** This policy applies to residents under the care and custody of the Arkansas Community Correction employees.
- II. POLICY.** To provide for the health and hygiene of residents, and to maintain a standard appearance throughout the period of confinement/ incarceration, minimizing opportunities for disguise and transport of contraband and weapons.
- III. STANDARDS.**
  - A.** All residents are expected to conform to the grooming policy. Male residents' hair will be cut during the intake process, or as soon as possible upon reaching the ACC, to comply with the standards set forth in this policy.
  - B.** Residents' hair must be clean and neatly combed. No extreme styles are permitted. The hair of a male resident must be worn loose and cut so as to be above the ear, with sideburns no lower than the middle of the ear lobe, and no longer in the back than the nape of the neck. Female residents must keep their hair so as not to extend longer than shoulder length.
  - C.** Only a neatly trimmed mustache that does not extend beyond the corner of the mouth or over the lip is authorized.
  - D.** Medical staff may prescribe that residents with diagnosed dermatological problems may wear facial hair no longer than one quarter of an inch. A resident must present permission or exceptions pass from the medical staff upon demand.
  - E.** The wearing of make-up by female residents is a privilege and must be requested and may be granted by clinical staff according to ACC therapeutic procedures.

- F. Fingernails and toenails will be clipped so as not to extend beyond the tips of the fingers or toes.
- G. Residents will maintain standards of hygiene so as not to create a health hazard or public nuisance. If personal hygiene falls below these standards, the RMT or Center Supervisor may order that the necessary steps be taken to ensure compliance.
- H. Failure to abide by grooming standards is grounds for action based on Department policy.
- I. Residents may seek an appropriate accommodation for sincerely held religious beliefs by using the Religious Affiliation form. Residents with escape histories or histories of smuggling or concealing contraband in his/her hair or facial hair may be denied an accommodation. Even if the resident's belief is sincere, an accommodation may be withdrawn if the resident abuses the exemption or fails to comply with the Department's request to document changes in appearance.

#### **IV. PROCESS.**

During orientation staff must inform new residents of the standards in the Personal Cleanliness and Grooming policy.

A resident may request a special religious diet or an exception to the Grooming policy based on religious beliefs by submitting a Request for Interview form to the Chaplain.

The Chaplain may consult with the resident and must offer the resident a Religious Affiliation form. The resident may then provide the Chaplain with a completed Religious Affiliation form. The Chaplain may comment on the form and he/she must forward the form to the Center Supervisor who will approve or disapprove.

Approved request forms must be placed in the resident's institutional file and an appropriate entry made in eOMIS.

Residents arriving at ACC will be clean-shaven to provide a clean-shaven photo for security reasons. If a religious affiliation accommodation is approved for a beard, the resident may then grow a beard. A picture must be taken with the beard. Security will take updated pictures as needed based on appearance changes and keep all pictures in the electronic institutional file.

Residents with an approved religious affiliation accommodation for facial hair are required to have another clean-shaven updated photograph in the event the resident's appearance changes significantly due to age, weight gain/loss, or a natural change in facial hair pattern.

#### **V. REFERENCES AND FORMS.**

AD 19-13 Form 1 Religious Affiliation

**Arkansas Community Correction**  
**RELIGIOUS AFFILIATION**

☐ ADC# or ☐ PID#

Resident's Name	Resident's #	Date
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**Instructions.** After submitting a "Request for Interview" form about a request for religious accommodations, a resident may use this form to request a special religious diet or an exception to the Personal Cleanliness and Grooming policy for a sincerely held religious belief. Submit this to the Chaplain.

As of this date my religious affiliation is: \_\_\_\_\_

This religion ☐ does not ☐ does require a Special Religious Diet.

The specific dietary requirements, such as pork free, are as follows:

\_\_\_\_\_

This religion ☐ does not ☐ does require an exception to the Personal Cleanliness and Grooming policy.

The specific accommodation my religion requires is as follows:

\_\_\_\_\_

I formally request that a copy of this update be placed in my institutional jacket and that all necessary records indicating my religious affiliation indicate this as my religion.

I acknowledge that if I abuse this Religious Diet, disciplinary action may result and that I will be removed from the Special Diet list. Abuse includes, but is not limited to, refusal to eat the Special Religious Diet food, eating foods from the regular diet line, and/or purchasing commissary items not allowed on the Special Religious Diet. Such abuse will result in my forfeiture of any religious diet for a period of 12 months. The decision to remove me rests with the Resident Management Team or the Center Supervisor.

I acknowledge that if I abuse my accommodation regarding the grooming policy by failing to comply with the Department's request to shave for photographs that allow documentation of my appearance in compliance with the grooming policy and upon a change of my appearance due to age, weight gain/loss, or change of hair patterns, I may lose the accommodation. I acknowledge if I hide contraband or attempt an escape, I may not receive or continue to receive an accommodation.

Resident's Signature	Date
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Staff Notes: \_\_\_\_\_

☐ Approved ☐ Not Approved

\_\_\_\_\_  
Center Supervisor's Signature



Personal Cleanliness & Grooming for Residents Administrative Directive 19-13 MARKUP



## Arkansas Community Correction

Two Union National Plaza Building  
105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE: ~~15-06~~19-13—Personal Cleanliness & Grooming for Residents**

**TO: Arkansas Community Correction (ACC) Employees**

**FROM: ~~Sheila Sharp~~Kevin Murphy, Director**

**SUPERSEDED: AD ~~14-07~~15-06**

**APPROVED: Signature on File EFFECTIVE: ~~February 13, 2015~~ July 1, 2019**

- I. **APPLICABILITY.** This policy applies to residents under the care and custody of the Arkansas Community Correction employees.
- II. **POLICY.** To provide for the health and hygiene of residents, and to maintain a standard appearance throughout the period of confinement/ incarceration, minimizing opportunities for disguise and transport of contraband and weapons.
- III. **STANDARDS.**
  - A. All residents, ~~including current residents~~, are expected to conform to the grooming policy. Male residents' hair will be cut during the intake process, or as soon as possible upon reaching the ACC, to comply with the standards set forth in this policy.
  - B. Residents' hair must be clean and neatly combed. No extreme styles are permitted. The hair of a male resident must be worn loose and cut so as to be above the ear, with sideburns no lower than the middle of the ear lobe, and no longer in the back than the nape of the neck. Female residents must keep their hair so as not to extend longer than shoulder length.
  - C. ~~The wearing of facial hair is a privilege. When this privilege is requested and granted by the clinical staff, only~~ Only a neatly trimmed mustache that does not extend beyond the corner of the mouth or over the lip is authorized.
  - D. Medical staff may prescribe that residents with diagnosed dermatological problems may wear facial hair no longer than one quarter of an inch. A resident must present permission or exceptions pass from the medical staff upon demand.

**DE.** The wearing of make-up ~~and jewelry are by female residents~~ is a privilege and must be requested and may be granted by clinical staff according to ACC therapeutic procedures.

**EF.** Fingernails and toenails will be clipped so as not to extend beyond the tips of the fingers or toes.

**FG.** Residents will maintain standards of hygiene so as not to create a health hazard or public nuisance. If personal hygiene falls below these standards, the RMT or Center Supervisor may order that the necessary steps be taken to ensure compliance.

**GH.** Failure to abide by grooming standards is grounds for action based on Department policy.

**HI.** Residents may seek an appropriate accommodation for sincerely held religious beliefs by using the Religious Affiliation form. Residents with escape histories or histories of smuggling or concealing contraband in his/her hair or facial hair may be denied an accommodation. Even if the resident's belief is sincere, an accommodation may be withdrawn if the resident abuses the exemption or fails to comply with the Department's request to document changes in appearance.

#### IV. PROCESS.

During orientation staff must inform new residents of the standards in the Personal Cleanliness and Grooming policy.

A resident may request a special religious diet or an exception to the ~~Personal Cleanliness and Grooming policy based on religious beliefs by submitting a Request for Interview form. The Staff on Duty (SOD) must route such requests~~ to the Chaplain.

The Chaplain may consult with the resident and must offer the resident a Religious Affiliation form. The resident may then provide the Chaplain with a completed Religious Affiliation form. The Chaplain may comment on the form and he/she must forward the form to the Center Supervisor who will approve or disapprove.

Approved request forms must be placed in the resident's institutional file and an appropriate entry made in eOMIS.

~~When a religious affiliation accommodation is approved for a beard, a picture must be taken with the beard; and then the resident must shave and have a clean-shaven picture taken. The resident may then grow a beard.~~

Residents arriving at ACC will be clean-shaven to provide a clean-shaven photo for security reasons. If a religious affiliation accommodation is approved for a beard, the resident may then grow a beard. A picture must be taken with the beard. Security will take updated pictures as needed based on appearance changes and keep all pictures in the electronic institutional file.

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#### V. REFERENCES AND FORMS.

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**Arkansas Community Correction  
RELIGIOUS AFFILIATION**

☐ ADC# or ☐ PID#

_____ Resident's Name	_____ Resident's #	_____ Date
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**Instructions.** After submitting a "Request for Interview" form about a request for religious accommodations, a resident may use this form to request a special religious diet or an exception to the Personal Cleanliness and Grooming policy for a sincerely held religious belief. Submit this to the Chaplain.

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The specific dietary requirements, such as pork free, are as follows:

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I formally request that a copy of this update be placed in my institutional jacket and that all necessary records indicating my religious affiliation indicate this as my religion.

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_____ Resident's Signature	_____ Date
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Staff Notes: \_\_\_\_\_

☐ Approved ☐ Not Approved

\_\_\_\_\_  
Center Supervisor's Signature