



Office of the Secretary
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December 31, 2019

Senator Lance Eads, Co-Chair
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 as the Department of Corrections quarterly report on new and revised administrative directives issued in the previous quarter. There was no new or revised administrative memorandums for the previous quarter. Submitted along with this letter are copies of the following administrative directives:

Department of Corrections	
Secretarial Directive Summary	Beginning Page #
SD 19-01 Policy Development and Implementation (<i>effective: 8/8/2019</i>) <ul style="list-style-type: none">This directive was created to establish the procedures by which the Secretary, and the entities within the Department, will develop and implement operational policies.	Clean: 1
SD 19-02 Incident Notification Procedures (<i>effective: 10/15/2019</i>) <ul style="list-style-type: none">This directive is intended to ensure the consistent notification of incidents within the Department.	Clean: 5
SD 19-04 Equal Employment Opportunity (<i>effective: 10/17/2019</i>) <ul style="list-style-type: none">This directive was created to ensure that the Department of Corrections, as an Equal Opportunity Employer, will comply with the non-discrimination provisions of all applicable State and Federal laws and regulations regarding equal opportunity employment.	Clean: 9
SD 19-05 Employment (<i>effective: 10/17/2019</i>) <ul style="list-style-type: none">This directive is intended to ensure that the Department will implement fair and consistent employment policies.	Clean: 12
SD 19-03 Employee Work Schedule and Leave (<i>effective: 11/18/2019</i>) <ul style="list-style-type: none">This directive was created to implement the standard work schedule that meets the needs of the Department and Executive expectations set by the Governor.	Clean: 23
SD 19-06 Employee Involved Solicitations (<i>effective: 11/18/2019</i>) <ul style="list-style-type: none">This directive was created to reduce the disruptions and conflicts of interest caused by solicitations or by Department employees.	Clean: 42
SD 19-07 Data-driven Decision Making (<i>effective: 8/8/2019</i>) <ul style="list-style-type: none">This directive was created to instill and promote a culture of data-driven decision making within the Department. By improving information sharing and coordination efforts relating to data and application development, the Department can better serve its stakeholders.	Clean: 45

Division of Community Correction	
Administrative Directive Summary	Beginning Page #
The Division of Community Correction did not publish any new or revised administrative directives during the quarter.	
AD 18-13 Equal Employment Opportunity & Affirmative Action Program <i>(effective: 11/19/19)</i> <ul style="list-style-type: none"> Repealed and replaced by SD19-04 Equal Employment Opportunity 	Markup: 50
AD 17-31 Employee Leave" Administrative Directive <i>(effective: 11/12/19)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-03 Employee Work Schedule and Leave 	Markup: 53
AD 17-8 Recruiting and Hiring Administrative Directive <i>(effective: 10/24/19)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 2019-05 Employment 	Markup: 64

Division of Correction	
Administrative Directive Summary	Beginning Page #
AD 19-32 Incident Notification Procedures <i>(effective: 10/18/2019)</i> <ul style="list-style-type: none"> This Administrative Directive (AD) was amended to reflect current procedures within Internal Affairs State Police notification. This amended directive also included changes required by Secretarial Directive (SD) 19-02. 	Markup: 79 Clean: 85
AD 19-33 Release Process <i>(effective: 10/18/2019)</i> <ul style="list-style-type: none"> This Administrative Directive (AD) was amended to clarify that the Unit's Institutional Release Officer must be notified if the inmate was release with an ADC ID. 	Markup: 90 Clean: 121
AD 13-11 Equal Employment Opportunity <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD19-04 Equal Employment Opportunity 	Markup:134
AD 19-14 Employment <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-05 Employment 	Markup:138
AD 16-18 Administrative Leave <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-03 Employee Work Schedule and Leave 	Markup:147
AD 16-37 Children's Educational Activity Leave <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-03 Employee Work Schedule and Leave 	Markup:150
AD 16-52 Shared Leave <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-03 Employee Work Schedule and Leave 	Markup:154
AD 17-18 Catastrophic Leave <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-03 Employee Work Schedule and Leave 	Markup:159
AD 19-21 Family Medical Leave Act <i>(effective: 11/12/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 19-03 Employee Work Schedule and Leave 	Markup:168
AD 19-35 Tuberculosis Screening for Inmates <i>(effective: 11/18/2019)</i> <ul style="list-style-type: none"> This Administrative Directive (AD) was amended to comply with the changes from the Arkansas Health Department regarding when screenings are required. 	Markup:178 Clean:183
AD 19-36 Searches of Inmates, unit Searches and Control of Contraband <ul style="list-style-type: none"> This Administrative Directive (AD) was amended to clarify the procedure for disposition of contraband and evidence; A Standard Operation of Procedure (SOP) was also created for staff. 	Markup:187 Clean: 192
AD 19-34 Inmate Grievance Procedure <i>(effective: 12/2/2019)</i> <ul style="list-style-type: none"> This Administrative Directive (AD) was amended to update the Grievance Extension form and the Acknowledgment of Grievance Appeal form. 	Markup:197 Clean: 230
AD 13-071 Continuing Education for Staff <i>(repealed: 12/4/2019)</i> <ul style="list-style-type: none"> The Division of Correction encourages staff members to continue their education however, there was no need for an Administrative Directive, since education differentials are no longer available from OPM. 	Markup:261
AD 13-073 Job Descriptions and Qualifications <i>(effective: 12/4/2019)</i> <ul style="list-style-type: none"> Repealed and replaced by SD 2019-05 Employment 	Markup:262

Division of Correction	
Administrative Directive Summary	Beginning Page #
AD 13-075 Temporary Employment (<i>effective: 12/4/2019</i>) <ul style="list-style-type: none"> Repealed and replaced by SD 2019-05 Employment 	Markup:264
AD 13-74 Employee Handbook (<i>repealed: 12/4/2019</i>) <ul style="list-style-type: none"> This information is covered in the DOC Employee Handbook (issued). 	Markup:266
AD 19-05 Insurance Company Solicitation (<i>effective: 12/4/2019</i>) <ul style="list-style-type: none"> Repealed and replaced by SD 19-06 Employee Involved Solicitations 	Markup:267
AD 14-25 Solicitation of ADC Employees (<i>effective: 12/4/2019</i>) <ul style="list-style-type: none"> Repealed and replaced by SD 19-06 Employee Involved Solicitations 	Markup:269
AD 13-138 ADC Museum Committee (<i>repealed: 12/4/2019</i>) <ul style="list-style-type: none"> All artifacts have been transferred to the Division of Heritage. 	Markup:271
AD 2013-179 Career Lines of Advancement (<i>effective: 12/4/2019</i>) <ul style="list-style-type: none"> Repealed and replaced by SD 19-05 Employment 	Markup:273
AD 13-184 Video Conferencing Training (<i>repealed: 12/4/2019</i>) <ul style="list-style-type: none"> There is no need for an Administrative Directive concerning video conferencing training due to the fact that training is provided by the training instructor and 	Markup:275
AD 14-26 Character First (<i>repealed: 12/4/2019</i>) <ul style="list-style-type: none"> This class is no longer offered through training. The Division now implements the Culture of Responsibility and Professionalism (CORP) in its training. 	Markup:277
AD 19-37 Emergency Furlough (<i>effective: 12/5/2019</i>) <ul style="list-style-type: none"> This Administrative Directive (AD) was created to document specific eligibility requirements and procedures for all emergency furloughs; in addition to procedures for Processing emergency furlough requests. 	Markup:279 Clean:284
AD 19-38 Inmate Classification Manual (<i>effective: 12/5/2019</i>) <ul style="list-style-type: none"> This Administrative Directive was updated to include language pertaining to classification of Youth Inmates. Updates were also made to the list of Administrative Directive and Administrative Regulations appropriate for consideration during consideration during classification process 	Markup:288 Clean:296
AD 19-39 Custody Classification (<i>effective: 12/6/2019</i>) <ul style="list-style-type: none"> This Administrative Directive (AD) was amended to provide the increase to the custody scores of inmates with an institutional history of escape To generalize language regarding disciplinary rule infraction and to reflect our current facility listing. 	Markup:300 Clean:315

Sincerely,



Solomon Graves
Chief of Staff

Cc: Wendy Kelley, Secretary, Department of Corrections
Christine Cryer, Chief Legal Counsel, Department of Corrections
Dexter Payne, Director, Division of Correction
Jerry Bradshaw, Director, Division of Community Correction
Benny Magness, Chairman, Board of Corrections
File

Enclosure

Asa Hutchinson
Governor

Wendy Kelley
Secretary



Office of the Secretary
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SECRETARIAL DIRECTIVE

SUBJECT: Policy Development and Implementation

NUMBER: 2019-01

SUPERSEDES: N/A

APPLICABILITY: All Department of Corrections Employees

REFERENCE: Ark. Code Ann. §§ 25-43-103, 25-43-107, 25-43-108, 25-43-403; and Executive Order 15-02 **PAGE 1 of 4**

ISSUED BY: Signature on File

EFFECTIVE DATE: August 8, 2019

I. POLICY:

As the executive head of the Department of Corrections, it is the statutory responsibility of the Secretary to administer the rules, orders, directives, and other forms of operational policy promulgated or issued by the entities within the Department. This responsibility will be implemented through generally applicable directives issued by the Secretary. The goal of those directives will be to ensure the efficient, effective, and consistent implementation of all operational policies throughout the Department.

II. PURPOSE:

The purpose of this directive is to establish the procedures by which the Secretary, and the entities within the Department, will develop and implement operational policies.

III. DEFINITIONS:

Entity - A board, commission, committee, office, department, institution, bureau, council, administrative program, agency, or division whose administrative functions were transferred to the Department of Corrections under the Transformation and Efficiencies Act of 2019 (hereafter referred to as Act 910 or the Act).

Operational Policy – Documents issued by an entity that provide guidance or direction for employees regarding the expected implementation of an entity's responsibilities. Operational policies also include documents which govern the management of offenders under the custody or supervision of the divisions within the Department.

Office of the Secretary – An office within the Department established by the Secretary to support the Secretary's leadership of the Department. Functional areas within the Office of the Secretary include Policy, Research and Planning, Fiscal and Administrative Services, Legal Services, Legislative Affairs, and Communications; in addition to other areas which may be deemed necessary by the Secretary.

Secretarial Directives – Official statements, authorized or issued by the Secretary, which direct the implementation of administrative rules, federal or state laws, Executive Orders, or Departmental expectations.

IV. PROCEDURES:

A. Operational policies must, at a minimum, adhere to the following guidelines:

1. Operational policies must be written clearly and concisely in order to be understood by staff at all levels of the Department involved in the implementation of the policy.
2. Operational policies must not be unnecessarily burdensome to the operations of the Department.
3. Operational policies must not unnecessarily create entry barriers for business, prohibit entrepreneurial activity, or curb innovation.

B. Operational policies issued by the Secretary will be issued as a Secretarial Directive. These directives will be properly abbreviated as "SD," followed by the year in which the directive was issued and a two-digit number reflecting the order in which the directive was issued (e.g. SD 2019-01).

1. The Secretary will ensure that the Board of Corrections is notified of the issuance of a Secretarial Directive through the Board's Compliance Division.
2. All Secretarial Directives will be reviewed at least annually by the Office of the Secretary.

- C. The Chief of Staff is the Secretary's designee for coordinating policy development and implementation throughout the Department.
1. Coordination will include the supervision of employees tasked with supporting policy development and implementation within the Divisions of Correction and Community Correction.
 2. Coordination will also include maintaining regular contact with the leadership of all entities within the Department regarding operational policy.
- D. The entities within the Department may issue operational policies in the form of Administrative Directives, Administrative Memoranda; manuals, guides, and other necessary formats. They are encouraged to involve employees at all levels in the development of operational policies.
- E. All operational policies within the Department must be preserved and maintained in an electronic format with availability and distribution determined by current law and policies.
- F. All entities must promptly report to the Secretary, via the Chief of Staff, any operational policy issued within that entity.
- G. Entities within the Department may propose Administrative Rules. When submitting rules to the Governor's Office for review and approval, pursuant to Executive Order 15-02, the proposing entity will also notify the Chief of Staff of the submission.
- H. Guidance Regarding the Effect of Act 910 of 2019 on Preexisting Policies.
1. Act 910 does not affect the orders, rules, regulations, directives, or standards made or promulgated prior to the effective date of the Act by an entity subject to a cabinet-level Department transfer initiated by the Act.
 2. The orders, rules, regulations, directives, or standards referenced in paragraph one (1) of this subsection continue with full force and effect until properly amended or repealed.
 3. Existing rules and operational policies properly referencing the Department of Correction are applicable to the Division of Correction.

4. Existing rules and operational policies properly referencing the Department of Community Punishment, the Department of Community Correction, or Arkansas Community Correction are applicable to the Division of Community Correction.

IV. IMPLEMENTATION:

The entities within the Department are directed to review their existing operational policies and ensure that those policies reflect the procedures contained within this directive.



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SECRETARIAL DIRECTIVE

SUBJECT: Incident Notification Procedures

NUMBER: 2019-02

SUPERSEDES: New

APPLICABILITY: All Employees Responsible for the
Custody or Supervision of Offenders

REFERENCE: Ark. Code Ann. §§ 25-43-108,
25-43-403; AR 005 Reporting of
Incidents; AR 011 News Media,
Interviews, and Correspondence

PAGE 1 of 4

ISSUED BY: SIGNATURE ON FILE

EFFECTIVE DATE: OCTOBER 7, 2019

I. POLICY:

As the executive head of the Department of Corrections (Department), it is the responsibility of the Secretary to exercise direction, control, and supervision over the Divisions within the Department responsible for maintaining the custody or supervision of offenders. As used in this Secretarial Directive, the term "offender" applies to inmates, parolees, and probationers; in addition to residents in a community correction center, transitional living facility, or reentry center.

II. PURPOSE:

This directive is intended to ensure the consistent notification of incidents within the Department.

III. PROCEDURES:

- A. The divisions within the Department responsible for maintaining the custody or supervision of offenders will establish operational policies, and incident notification checklists, which provide for the notification of incidents. The Division Directors shall establish specific procedures for the immediate notification of serious incidents, and the notification of incidents determined to not require immediate notification.

- B. The immediate notification of serious incidents shall provide for the notification to the Board of Corrections, the Office of the Secretary, and the Governor's Office:
1. The notification requirements for the Governor's Office contained within this Secretarial Directive are in addition to the minimum notification requirements contained in Attachment 1 to be made by the Secretary or the Chief of Staff.
 2. Upon notification to the Chair of the Board of Corrections, the Chair will advise of the appropriate method of notifying Board Members and Board staff (i.e. phone call, text message, or email).
 3. The individuals within the Office of the Secretary requiring immediate notification are as follows:
 - a. The Secretary;
 - b. The Chief of Staff; and
 - c. The Communications Director.
- C. For use in the development of operational policies, the term "serious incident" refers to, at a minimum, those incidents involving:
1. Death or the serious injury of an offender, employee, contract employee, or visitor in a Department facility or office (not suspected to be due to natural causes);
 2. Escapes from correctional facilities and centers, to include walkaways from transitional housing facilities or reentry centers;
 3. Work stoppages;
 4. Use of lethal force by an employee in the line of duty;
 5. Discharge of a state-issued firearm, at any time other than in training, by an employee;
 6. Suspected felony activity within a Department facility or office;
 7. An employee's arrest on felony charges;
 8. Hostage situations involving employees or offenders;
 9. Riots or mass disturbances involving offenders on or off Department leased or owned property (involves six or more offenders);
 10. Chemical spills injuring, or potentially injuring, employees and offenders;
 11. Natural disasters or fires damaging Department leased or owned property;

12. Any incident on Department property requiring outside assistance from first-responders (law enforcement or firefighters);
 13. Any criminal activity believed to involve the commission of a homicide, Rape, or Battery in 1st Degree, by an offender on furlough, community work assignment, Act 309 assignment, Work Release job assignment, Reentry Center, Transitional Living Facility, or otherwise off Department property; and
 14. An incident, not of a routine nature, worthy of media notification, or upon media inquiry.
- D. The Communications Director will have primary responsibility for any communication with the news media regarding incidents. The Chief of Staff will communicate with the media in the absence of the Communications Director. Incidents will be reported to the news media only after contact has been made with the Board of Corrections, the Governor's Office, the Secretary, and other officials as required by operational policy.
- E. When referenced in operational policy, the immediate notification of serious incidents may be made by either telephone call or text message, at the discretion of the recipient.

IV. IMPLEMENTATION:

The Divisions within the Department responsible for maintaining the custody or supervision of offenders are directed to review their existing operational policies and incident notification checklists and ensure that those documents reflect the guidance contained within this Secretarial Directive.

V. ATTACHMENTS:

* Governor's Incident Notification Matrix

GOVERNOR'S INCIDENT NOTIFICATION MATRIX

	IMMEDIATE VIA PHONE	IMMEDIATE VIA TEXT	4 HOUR VIA EMAIL	12 HOUR VIA EMAIL	IMMEDIATE APPROVAL REQUIRED
Facility Riot or Mass Disturbance	X				
Death of Inmate/Resident				X	
State Employee arrested on Felony Charges				X	
Executive Branch loss or compromise of Personal identifiable information (PII)*		X		X	
Death of State Employee in Line of Duty*		X			
FOI Request with anticipated media or public interest*			X		
Cyber Attack with loss, or the compromising of data*		X			
Damage to state property in excess of \$100K* <i>Notification will also be made to the Arkansas Insurance Department</i>				X	
Environmental Damage of Media Interest*			X		
Other Event with High Media Interest*		X			
Note: Immediate and 4 Hour Notifications will be made by either the Secretary or Chief of Staff (when authorized by the Secretary). Notifications will be made to the Governor's Chief of Staff and to the Department's Liaison.					

This notification matrix was approved by the Governor on September 25, 2019.

* Applicable to ALL entities within the Department of Corrections.



Office of the Secretary

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SECRETARIAL DIRECTIVE

SUBJECT: Equal Employment Opportunity

NUMBER: 2019-04

SUPERSEDES: N/A

APPLICABILITY: All Department of Corrections Employees

REFERENCE: Administrative Regulation 228, Ark. Code Ann.
§§ 25-43-105, 25-43-108, and 25-43-403

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ISSUED BY: Wendy Kelley

EFFECTIVE DATE: 10/17/2019

I. POLICY:

The Department of Corrections is an equal opportunity employer and does not discriminate against employees or job applicants based on age, race, sex, pregnancy, sexual orientation and gender identity, national origin, religion, disability, genetic orientation or any other status or condition protected by applicable State or Federal Laws. Discrimination by any employee shall constitute grounds for dismissal. Individuals are hired based on the qualifications for each position. All promotion decisions and other personnel actions, such as transfers, layoffs, return from layoffs and other actions are made in accordance with Equal Employment Opportunity principles.

II. PURPOSE:

This directive seeks to ensure that the Department of Corrections, as an Equal Opportunity Employer, will comply with the non-discrimination provisions of all applicable State and Federal laws and regulations regarding equal opportunity employment.

III. PROCEDURES:

A. Information dissemination:

1. The above policy statement will be referenced in employee handbooks and annual reports.
2. Annually the Secretary will prepare an Equal Employment Opportunity Statement for dissemination to all divisions for posting.

3. "The Law" poster provided by the Equal Employment Opportunity Commission will be posted. The poster will be placed in a conspicuous location where notices to applicants and employees are customarily posted. The poster will be placed in a location that is accessible to applicants and employees with disabilities that limit mobility. Notices will be read to applicants and employees with disabilities that limit seeing or reading ability.
 4. The agency will maintain contact with businesses that are closing, educational and community organizations in an effort to recruit members of all protected classes.
 5. All employment advertisements and recruitment brochures will contain assurance of equal employment opportunity.
 6. As defined by the Uniform Classification and Compensation Act, classified positions will be posted in such places as employee bulletin boards, in locations where applicants apply for jobs, and on the Arkansas Government Jobs website. Employment applications will be accepted through Arkansas Government Jobs website.
 7. Management will ensure employees who are members of a protected class receive equal consideration whenever promotional or incentive opportunities occur.
- B. Minority Purchasing
- The agency will comply with the Minority Business Economic Development Act.
- C. Training
- All training programs supported or sponsored by the agency will continue to be open to all employees, as appropriate, based on qualifications, job relatedness and other non-discriminatory criteria.
- D. Hiring, Placement, Transfer, Promotion, Lay-Off, Recall, Retention, Termination
- The Agency recognizes that that all job opportunities must be made available to everyone, including members of protected classes.
- Employee discipline will be administered by supervisors in a consistent, objective, good faith and non-discriminatory manner.
- E. Compensation
- All employees will receive compensation in accordance with the same standards. Opportunities for earning increased compensation will be afforded equally to all qualified employees.

F. Reporting

To provide a system for reporting and monitoring agency status with regard to this policy, Central Human Resource will provide the Secretary, Directors, Deputy and Assistant Directors the following two reports:

- Quarterly report showing the composition of the security and non-security workforce by race and gender.
- Quarterly list of promotions by race and gender

IV. IMPLEMENTATION AND EXCLUSIONS:

1. The entities within the Department are directed to review their existing operational policies and ensure that those policies reflect the procedures contained within this Secretarial Directive.
2. The employees of the Correctional School District are governed by the personnel policies set by the Board of Corrections (when convened as the Board of Education for the Arkansas Correctional School System).



Office of the Secretary

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SECRETARIAL DIRECTIVE

SUBJECT: Employment

NUMBER: 2019-05

SUPERSEDES: NEW

APPLICABILITY: All Department of Corrections Employees

REFERENCE: Ark. Code Ann. §§ 25-43-105,
25-43-108, and 25-43-403

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ISSUED BY: Wendy Kelley

EFFECTIVE DATE: 10/17/2019

I. POLICY:

It shall be the policy of the Arkansas Department of Corrections to ensure all applicants are given fair and equal opportunity for employment in accordance with all state and federal guidelines.

II. PURPOSE:

This directive is intended to ensure that the Department will, an Equal Opportunity Employer, implement fair and consistent employment policies.

III. DEFINITIONS:

A. Class or Classification.

1. A group of positions sufficiently similar as to
 - Duties performed,
 - Scope of discretion and responsibility,
 - Minimum requirements of training,

- Minimum requirements of experience, and
 - Minimum requirements of skill,
2. That the same
 - Title,
 - Scale of Compensation, and
 - Same test of fitness (if applicable),
 3. Have been or may be applied.
- B. At Will Employment. All Employees are “at will” under Arkansas Law meaning, the employer or the employee may end the employment relationship at any time. It can be for any reason or no reason. Advance notice is not required.
- C. Conditional Offer of Employment. An offer of employment based upon an applicant meeting certain job-related requirements prior to hire and/or during the probationary period.
- D. Convictions. A conviction may include, but is not limited to a guilty plea, plea of nolo contendere, negotiated plea, or finding of guilt by a judge or jury.
- E. Demotion. A change in duty assignment of an employee from a position in one classification to a position of a lower salary and grade requiring fewer qualifications, such as lower skill requirements, less job-related experience, and a lower level of responsibility. When an employee voluntarily or is administratively demoted to a classification one or more grades below the classification within their current pay grid, a base salary decrease of 10% will normally be required. However, provisions of the state pay plan will govern in all situations as years of service and other applicable situations may limit the decrease that may be required for that position/classification. An employee who applies for and receives a demotion, or who has been administratively demoted, will not be eligible to receive a promotion to a higher classification during the twelve (12) months following the demotion.

- F. Employee. A person appointed or employed in a position of the Department of Corrections for which he or she is compensated on a full-time basis and which has a class title and pay grade in Arkansas Code Annotated §21-5-208.
- G. Essential Job Functions. The fundamental duties of a job.
- H. Extra Help. Positions specifically designated in the agency budget to be filled by temporary employees who work 1,500 hours or less per fiscal year.
- I. Fiscal Positions. Fiscal positions include employees in Administrative Services, Center Business Managers, Commissary Supervisors, and any position in a center that has fiscal responsibilities.
- J. Grant Position. A position that is funded for a specified period of time and from sources other than State General Revenue or Agency Funds.
- K. Hiring Official. Administrators, Area Managers, Center Supervisors, Human Resources Administrator, Wardens, Superintendents or higher who are authorized to make a final selection of applicants for positions available within the Department of Corrections
- L. Law Enforcement Officer (LEO). Parole/Probation Officer/Agent, Parole/Probation Manager/Assistant Manager, Parole/Probation Assistant Director, Deputy Director of Parole/Probation Services, and others as designated by a Division Director who have met, or are in the process of meeting, Arkansas Law Enforcement certification requirements of Specialized Police Personnel.

- M. New Hire. Employees entering state service for the first time.
- N. Probationary Period. A continuous period of on-the-job work experience during which a new employee/rehire completes conditions of employment and during which the employee and the Division may evaluate employee suitability in terms of knowledge, skill, ability, character, interest and conduct in order to determine whether employment should be continued.
- O. Promotion. A change in duty assignment of an employee from a position in one classification to another position with a higher salary and/or grade requiring higher qualifications, such as greater skill, more experience, and involving a higher level of responsibility. An employee is not eligible to apply for or receive a promotion or transfer while on probation as a result of disciplinary action, unless a waiver has been granted by the Division's Director. An employee who applies for and receives a demotion, or who has been administratively demoted, will not be eligible to receive a promotion to a higher classification during the twelve (12) months following the demotion. An employee that promotes will have a six month probationary period in the new position.
- P. Rehire. Employees returning to state service after a break in employment of two or more pay periods.
- Q. Transfers. Employees transferring between state agencies, institutions, or laterally within the divisions of the Department of Corrections without a break in service. When transferring to another job classification within the Department of Corrections, there will be a six month probationary period.

IV. PROCEDURES

A. Exclusions

1. The provisions of this Directive do not govern to the selection or removal of members of the Parole Board. The selection or removal of Parole Board Members is governed by Ark. Code Ann. § 16-93-201.
2. The employees of the Correctional School are governed by the personnel policies set by the Board of Corrections (when convened as the Board of Education for the Arkansas Correctional School System).

B. Position Vacancies

1. The Hiring Official must initiate a Position Vacancy Request in order to fill any vacant position. This document must be submitted to the Central Human Resources Office.
2. GS13 and above, IT08 and above, MP03 and above, or Senior Executive position vacancies are not required to be advertised. The Secretary and/or Director has the authority and discretion to appoint or transfer individuals into these classifications.
3. Vacant positions within the general salary pay plan must be advertised according to procedures established by the Office of Personnel Management, except when an emergency hire is warranted.
4. A Request for advertisement of a position that require additional actions (newspapers or websites) must be submitted to and coordinated by the Central Human Resources Office.
5. Applications received must be complete and will be reviewed to determine if the applicant meets minimum qualifications for the position. All qualified applications will be submitted to the Hiring Official/Human Resources Manager after the closing date of the advertised position. Work credit will only be given for paid positions, or

internship under a higher education program relative to the qualifications for the position.

C. Employment/Selection Process

1. The Rating System set forth in this policy shall be utilized by the Hiring Official and/or interview committee for scoring applicants selected for an interview. Scoring shall be conducted in a manner that ensures objective criteria are used for selection of the most qualified applicants for vacant positions. Points shall be awarded to applicants for the following criteria: education, experience, and military service. The pre-score process determines eligibility of the applicant being interviewed.

- Education. The applicant must meet minimum requirements for the job classification or must be approved as a qualified applicant per state requirements. A maximum of ten (10) points may be awarded to an applicant for completion of related education above and beyond the minimum educational requirements for the position. Example: If the minimum qualifications require a high school diploma, and the applicant possesses a related Associate's degree, two and one-half (2.5) points will be awarded; if the applicant possesses a related Bachelor's degree, five (5) points will be awarded, and if the applicant possesses a related Master's degree, ten (10) points will be awarded. A copy of the diploma or degree showing the award of the educational level is required. All diplomas received must be from an institution accredited by the Department of Education for the applicable state. All degrees received must be from a college or university accredited by one of the Regional Institutional Accrediting agencies recognized by the United States Department of Education.
- Experience. An applicant's experience level for the job classification is awarded one-quarter (0.25) points for each month of related experience exceeding the minimum requirements, up to a maximum of ten (10) points.

- Veteran's Preference. An applicant may qualify for five (5) or ten (10) points in accordance with provisions of the Arkansas Veteran's Preference Law. To claim Veteran's Preference, an applicant must be Honorably Discharged from a tour of active duty, other than active duty for training only, with the Armed Forces of the United States, or served Honorably in the National Guard or Reserve Forces of the United States for a period of at least six (6) years, whether retired or discharged. Five (5) points are awarded for standard veteran's preference. A disability discharge is ten (10) points. Discharge must be for "Honorable" or Under Honorable Conditions" only. Disabled veterans, or the spouse of a disabled veteran, shall have ten (10) points added to his/her final rating score. The applicant must produce a copy of their DD214 long form or NGB22 form to receive veteran's preference points. Total points awarded for veteran's preference cannot exceed ten (10) points.
 - Interview. Scoring for interviews shall be determined by the applicant's responses to the questions that support the knowledge, skills and abilities (KSA's) of the job specification. The interview score must be 70% or higher to be considered for the position. One-half of the education pre-score, one half of the experience pre-score and all military pre-score points will be added to the interview score, to determine the highest scored applicant.
2. The Hiring Official shall appoint the interview committee, which will consist of at least two or more members from the Department of Corrections. These committee members must be representative of the racial and gender composition of the applicant pool, the same or higher grade as the advertised position, and familiar with the knowledge, skills, and abilities of the position being filled. A Hiring Official may elect to bypass the committee for Non-Exempt positions, with the exception of the entry level Parole/Probation Officer positions. A Hiring Official who either participated as a committee member or not, may still elect to interview the top three (3) applicants. Written justification in clear and

- unambiguous terms is required if the applicant selected by the Hiring Official did not receive the highest score, and this justification must state why this person was selected over the top scoring applicant of the interview.
3. The Hiring Official or Human Resources must conduct a background check on all new employees, contractors, volunteers, and Interns/Student Services prior to them assuming their duties, in order to identify whether there are criminal convictions that have a specific relationship to the job performance. The background check shall include comprehensive identifier information to be collected and run against law enforcement indices. The background check shall include, but is not limited to, the Arkansas Office of Courts, NCIC/ACIC record review, Justice Exchange, two (2) or more favorable employment reference checks, and Maltreatment Registries. If the NCIC/ACIC report reveals ten (10) or more points assessed against an applicant's driver's license, or reveals that a license is suspended or not valid, the applicant is not eligible for hire if the position applied for requires a driver's license or requires driving a state vehicle. A waiver will need to be submitted if the applicant only has one (1) favorable employment reference, or has no employment history, requesting approval to hire by Central Human Resources.
 4. Incumbent staff who promote or demote to business positions in areas such as accounting, inmate banking, commissary, or any other area which has access to agency financial accounts, must have a background check completed and submitted as part of the packet for approval. This also applies to staff that promote or demote to a position in Information Technology Services. Employees occupying these positions will have an updated background check every five (5) years. Although a criminal conviction, (i.e. embezzlement, fraud, etc.) does not automatically eliminate an applicant, approval may not be granted due to the nature of the criminal charge if it may conflict with the type of duties being performed.
 5. Pre-employment screenings as may be required by Department of Corrections policy or procedure will be conducted prior to final review

and approval of selectee. Such screenings may include, but are not limited to:

- A drug test screening
 - A physical assessment
 - A tuberculosis skin test
 - The ability to perform essential job functions.
6. A final offer of employment may not be made until approved by Central Human Resources.
 7. Following acceptance of an offer of employment all other applicants will be notified of the decision by Central Human Resources. Approved promotions and transfers should occur within two (2) weeks following the employee's acceptance of the position and notice to his/her supervisor, unless alternative arrangements are authorized by the gaining and losing Hiring Officials.

D. Demotion

1. Administrative Demotion. Employees may be demoted to a lower-graded position classification in accordance with provisions of the department's employee conduct standards policy. All demotions must be approved by the applicable Division's Director or comparable position or designee.
2. Voluntary Demotion. Employees of the Department of Corrections may request a voluntary demotion from their current position classification at one location to a lower graded position classification at the same or at another location, provided a vacancy has been advertised. A completed state application must be received during the advertisement period. The applicant will be considered with all other qualified applicants in the interview process.

E. Rehire

The Hiring Authority will review Rehire applications and related previous work history to determine the reason(s) the employee terminated employment with the Department of Corrections. Applications from persons not recommended for Rehire will not be considered for at least twelve (12) months from their date of termination; however, the Human Resources Administrator may approve rehire after six (6) months upon request of the Hiring Authority if termination was unrelated to either (1) contraband or (2) inappropriate relationships with inmates, unless the employee left pending an investigation.

An applicant that was not recommended for rehire will not be eligible to apply for a promotion for one (1) year from the rehired date.

Potential applicants that are attempting to be rehired into a security position must be terminated out of the system for ninety (90) days before they are considered for a position at another facility.

F. Transfer

1. Administrative Transfer. The Secretary and/or Division Directors may at any time transfer employees and/or their positions to another location when the transfer is in the best interest of the Department/Division.
2. Voluntary Transfer. An Employee of the Department of Corrections may request a voluntary transfer from a position classification at one location within a Division to the same position classification at another location within a Division provided there is an open advertisement for that position at the desired location. It is the applicant's responsibility to obtain and route a request for a voluntary transfer through the Hiring Official (releasing and receiving) for consideration and approval. The applicant will need to submit the approved transfer form when applying for the open advertisement in Arkansas State Jobs website. The Hiring Official has the option of selecting a transfer applicant in lieu of interviewing for the vacant position. Employees that have received and are currently on disciplinary probation are not eligible to transfer.

G. Procedures Manual/Required Forms

Central Human Resources shall develop detailed administrative procedures and required forms to guide the employment process. The forms will be placed on the Department's intranet site.



Office of the Secretary

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SECRETARIAL DIRECTIVE

SUBJECT: Employee Work Schedules and Leave

NUMBER: 2019-03

SUPERSEDES: NEW

APPLICABILITY: All Department of Corrections Employees

REFERENCE: Ark. Code Ann. §§ 25-43-105,
25-43-108, and 25-43-403

PAGE 1 of 19

ISSUED BY: Signature on File

EFFECTIVE DATE: November 18, 2019

I. POLICY:

It is the policy of the Department of Corrections that all employees will abide by a standard work schedule that meets the needs of the Department and Executive expectations set by the Governor. When not performing Department business, employees will follow the leave guidelines contained within this policy.

II. PROCEDURES:

A. WORK SCHEDULE

1. The various locations of the Department of Corrections, other than correctional facilities, will be open for regular business between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, except for observed holidays and inclement weather adjustments. Correctional facilities operate twenty-four (24) hours a day, seven (7) days a week.
2. Area Parole and Probation Managers may adjust office hours to allow for offenders to report at times outside of regular business days and times.
3. Wardens will set staff schedules that provide for the necessary coverage of security and non-security facility job assignments.

4. Any Supervisor may adjust their employees' work schedule as needed in order to meet Department needs. Employees will follow the schedule provided to them by their immediate supervisor

- B. Lunch Breaks:** All employees not assigned to a unit security post are required to take an unpaid lunch break during their workday. Lunch breaks will be for either thirty (30) or sixty (60) minutes depending on the employee's approved work schedule. Lunch breaks cannot be taken in order to allow an employee to arrive late or leave early. Supervisors are encouraged to allow employees to take short breaks as necessary to remain productive and attentive.
- C. ADMINISTRATIVE LEAVE:** Administrative Leave should only be utilized, as a last resort, by the Director or Designee when allegations and/or complaints have been filed or made known that will affect the good order and security of the institution. This includes but is not limited to felonies, misdemeanors, arrests, complaints, protective orders and indictments. The **Human Resources Administrator** must be notified when an employee is being placed on Administrative Leave. If the facts and circumstances of an allegation are not readily available, the task of investigating should be assigned/assumed by an employee suited to make an objective and unbiased determination of fact. The Internal Affairs Division is available to assist and must be notified of any allegation(s) that would violate the sexual harassment policy. This investigation should be completed within five (5) working days, when possible, beginning the day of notification of the allegation.
1. If possible, the Administrator/Area Manager/Warden should consider alternative duties in their area, institution or another unit for the employee under investigation. In those sensitive positions where an employee's behavior reflects on their ability to perform the job, and where no alternate duties can be assigned, an Administrator /Area Manager/Warden may have no alternative but to relieve an employee of duty, pending the outcome of an investigation.
 2. If no alternative is available, the Administrator/Area Manager/Warden will place the employee on leave for up to five (5) working days and will arrange to perform or have performed an internal investigation surrounding the circumstances. The leave will be administrative paid leave if the employee is found innocent of all allegations. If the employee is found guilty, of all allegations, the leave will not be paid administrative leave. The employee will have the option of utilizing their annual, holiday, straight time or comp leave on the books if found guilty. If the investigation is not completed within five (5)

working days, the Administrator/Area Manager/Warden via the Human Resource Administrator may make a written request to the Director to extend the leave with a copy to the appropriate Deputy Director. The Director may grant an extension of administrative leave, approve a job reassignment of the employee until the investigation is completed, or deny the request.

3. Following the completion of the investigation, the Administrator/Area Manager/Warden may:
 - a. Return the employee to regular duty status.
 - b. Return the employee to duty status but reassign to another post.
 - c. Initiate disciplinary action in accordance with the administrative directive governing employee conduct standards.
4. Employees of the Department of Corrections involved in any serious incident where force has been used against another person or persons may be placed under Administrative Leave with pay status at the discretion of the Director. The Administrative Leave shall be until a time that the Director deems appropriate to return the employee to duty or after all documentation and investigations are complete.
5. The Administrator/Area Manager/Warden will submit to the appropriate Director and Deputy Director a written report covering the results of the investigation and their decision on the employee's work status.
6. Administrative leave cannot be initiated by an employee.

D. ANNUAL LEAVE: Annual leave is earned at a predetermined rate based on years of service. Leave is earned during each month and is available the first day of the following month. Leave cannot be used until it is available. Annual leave can be used in increments of 15 minutes.

1 through 3 years	8 hours a month	12 days annually
4 through 5 years	10 hours a month	15 days annually
6 through 12 years	12 hours a month	18 days annually
13 through 20 years	14 hours a month	21 days annually
Over 20 years	15 hours a month	22.5 days annually

For employees using approved alternative work schedules of 10-hour days, when taking a full day of annual leave, it will be charged at a rate of 10 hours a day not to exceed 40 working hours in a seven-day work week or 80 hours in a 14-day pay period.

Employees must request leave in advance and receive approval by the supervisor prior to the leave beginning. Supervisors may deny a leave request due to "business necessity." An employee will not earn annual leave when on leave without pay for ten (10) or more cumulative days within a calendar month.

Annual Leave is cumulative, and no employee can have more than 30 days (240 hours) accumulated on December 31 of each year. Accrued leave may exceed 30 days (240 hours) during the calendar year, but those days in excess of 30 days (240 hours) will be forfeited if not used by December 31 of each year. Employees who have a balance exceeding 30 days (240 hours) at the end of the calendar year may donate their time over 30 days (240 hours) to the Catastrophic Leave Bank. Accrued Birthday and Holiday leave balances are not forfeited at the end of the year even though the employee is carrying more than 30 days (240 hours) of annual leave. Employees cannot borrow from anticipated future accruals and may not use annual leave accrued by other employees.

All compensatory time should be used before the use of annual leave. Employees transferring without a break in service or between state agencies and/or state-supported institutions of higher education that are covered by these policies will retain all accumulated annual leave. When an employee terminates employment with the state, he/she is eligible to receive a payout of annual, birthday and holiday leave balances; however, the payout cannot exceed 30 days or 240 hours.

- E. CATASTROPHIC LEAVE:** The Catastrophic Leave Program allows the continuation of salary and benefits for an eligible employee who has exhausted all paid leave due to a medical condition and/or catastrophic illness. A catastrophic illness is a medical condition as certified by a physician of the employee or the employee's spouse, parent or child who may be claimed as a dependent under the Arkansas Income Tax Act of 1929 that requires the employee's absence from duty for a prolonged period of time and that, except for the catastrophic leave program, would result in a substantial loss of income to the employee because of the exhaustion of all earned sick and annual leave. A prolonged period of time is a continuous period of time (minimum of thirty (30) days) whereby a medical condition prevents the employee from performing his/her duties.

The catastrophic leave bank is a pool of accrued annual and sick leave voluntarily donated by state employees and managed by Department of Transformation and Shared Services Office of Personnel

Management that may be approved for use by employees who meet the catastrophic illness/injury eligibility requirements.

All Catastrophic Leave requests will be submitted to TSS-OPM for review and determination. This policy includes a brief summary of OPM Catastrophic Leave Bank Program. For more detailed guidance, see the policy and forms on the TSS-OPM website.

The combination of catastrophic leave for the stated medical conditions that are due to illness/injury or for maternity purposes, which an employee receives may not exceed 1,200 hours in a calendar year (1,040 hours for illness/injury and 160 hours for maternity purposes).

1. Eligibility Requirements to Apply for Catastrophic Leave (see Maternity Leave for eligibility requirements for maternity purposes):

- a. The applicant must be a regular full-time employee.
- b. The employee must have been employed by the State of Arkansas for at least one (1) year in a regular, full-time position.
- c. Employees must have exhausted all sick, annual, holiday and compensatory leave, and at the onset of the illness or injury, had to his/her credit at least eighty (80) hours of combined sick and annual leave. "Onset of the Illness" means the initial beginning or start, as certified by a physician, of the medical condition that created the need for the catastrophic leave request. If a recurrence of the same illness necessitates a subsequent catastrophic leave request, the eligibility requirement that the employee has eighty (80) hours of combined sick and annual leave at the onset of the illness will not be required on the illness recurrence date.
- d. The "80-hour requirement" may be waived for an otherwise eligible employee if an "extraordinary circumstance" is declared by the Secretary of the Department due to the applicant providing documentation that one of the following conditions has occurred:
 - 1) The employee applying for catastrophic leave had, during the previous one (1) year period, another medically documented, catastrophic illness, as defined by this policy, that was not compensated under the Catastrophic Leave Bank Program that

caused the exhaustion of all annual and/or sick leave, or

2) The employee applying for catastrophic leave had, during the previous one (1) year period; exhausted his/her sick and annual leave as a direct result of supplementing workers' compensation benefits, which were received due to an on-the-job injury or illness with the State of Arkansas.

- e. The employee has not been disciplined for leave abuse during the past year from the date of application.
- f. An employee is eligible for approved catastrophic leave due to injury/illness for a maximum of six (6) months (1,040 hours) within a five (5) year period. Additional requests within the five (5) year period may be submitted for review and determination by the OPM Catastrophic Leave Bank Committee and State Personnel Administrator. This requirement does not apply for maternity purposes.
- g. An employee must not be approved for catastrophic leave for a maternity purpose unless the employee has provided acceptable proof of the birth or placement. For the birth of an employee's biological child, acceptable proof includes a hospital announcement with the mother's name and/or the biological child's name, hospital discharge papers with the mother's name and the biological child's name, or a birth certificate of the biological child. For the placement of an adoptive child in an employee's home, acceptable proof includes a formal document from the placement entity with the mother's name and the child's name or legal guardianship papers with the mother's name and the child's name. The acceptable proof will be maintained by the agency submitting the request but certified as part of the application process or as follow-up to the application using the Maternity Purposes Eligibility Date Verification form.
- h. Approved catastrophic leave for a medical emergency or for maternity purposes must be applied concurrently with the Family and Medical Leave Act, if the employee is eligible.

2. Donations of Leave to the Catastrophic Leave Bank Program.

- a. Accrued leave may be donated to the Catastrophic Leave Bank Program only in one (1) hour increments. Donations of leave will be granted hour-for-hour and not dollar-for-dollar.
- b. No employee of a participating agency/institution will be allowed to donate leave to the Catastrophic Leave Bank Program if such donation will reduce that employee's accrued sick and annual leave balance to less than eighty (80) hours. This restriction does not apply to employees who are terminating their employment.
- c. Annual and/or sick leave that have been donated to the Catastrophic Leave Bank may not be restored to the employee who donated the leave time.
- d. Approved donations of leave will be transmitted to the Catastrophic Leave Bank Program by submitting the approved donor form.

To donate leave to the Catastrophic Leave Bank Program, employees must secure the necessary forms from HR, the timekeeper, the Department's Intranet Site; complete the forms; and return them to the timekeeper to be promptly submitted to the Human Resources Section.

3. Catastrophic Leave Bank Program Administration

- a. To be considered for catastrophic leave an employee must complete an application, with attachments, and forward them to the Human Resources Section. HRS will notify the applicant of approval or disapproval of the request. Catastrophic leave will not be awarded retroactively.
- b. Employees on catastrophic leave will continue to accrue leave in accordance with existing leave policies and will receive the normal state benefits, such as agency contributions to insurance and retirement.
- c. Employees in a catastrophic leave status for maternity purposes during a four (4) week period will have the accrued annual and sick leave removed for the month the catastrophic leave status begins. If the employee in a catastrophic leave status for maternity purposes accrues

birthday leave during that time, the accrued birthday leave will be removed at the time of the birthday. If the employee in a catastrophic leave status for maternity purposes accrues holiday leave during that time, the holiday leave will be removed. Birthday and holiday leave during the catastrophic maternity leave period will be reflected as paid catastrophic leave. No accrued annual, sick, holiday and/or birthday leave will be returned to the OPM Catastrophic Leave Bank.

- d. An employee may be dismissed for failing to report to work promptly at the expiration of the period of approved/granted catastrophic leave. Nothing, however, shall prevent the agency from accepting satisfactory reasons provided by the employee in advance of the date the employee is scheduled to return to work and from granting leave without pay status to an employee prior to or after the expiration of catastrophic leave if, in the view of the Secretary, such action is warranted. Supervisors should not take disciplinary action for such leave until the application has been formally approved or denied.
- e. Alleged or suspected abuse of the Catastrophic Leave Program will be investigated and on a finding of wrongdoing, an employee must repay all of the leave hours awarded from the Catastrophic Leave Bank Program and will be subject to disciplinary action as determined by the Director.

F. CHILD EDUCATIONAL ACTIVITIES LEAVE: All state employees shall be entitled to 8 total hours of leave, regardless of the number of children, during a calendar year for the purpose of engaging in and traveling to and from the educational activities or interscholastic activities of a child.

Child: a person enrolled in pre-kindergarten through grade 12 who is of the following relation to a state employee:

1. Natural child;
2. Adopted child;
3. Stepchild;
4. Foster child;
5. Grandchild;
6. Ward of the state employee by virtue of the state employee's having been appointed the person's legal guardian or custodian; or
7. Any other legal capacity where the state employee is acting as a parent for the child.

A Child includes a person who meets the criteria above this section but is:

1. Over eighteen (18) years of age; and
2. Declared legally incompetent.

Developmental Disability: A disability of a person that:

1. Is attributable to mental retardation, cerebral palsy, spina bifida, down syndrome, epilepsy, or autism; is attributable to any other condition of a person found to be closely related to mental retardation because the condition results in an impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation or requires treatment and services similar to that required for a person with mental retardation; or is attributable to dyslexia resulting from a disability;
2. Originates before the person attains the age of twenty-two (22) years;
3. Has continued or can be expected to continue indefinitely; and
4. Constitutes a substantial handicap to the person's ability to function without appropriate support services, including, but not limited to planned recreational activities, medical services such as physical therapy and speech therapy, and possibilities for sheltered employment or job training.

Educational Activity: Any school-sponsored activity including without limitations:

1. Attending a parent-teacher conference;
2. Participating in school-sponsored tutoring of the child;
3. Participating in a volunteer program sponsored by the school in which the child is enrolled;
4. Attending a field trip with the child;
5. Attending a school-sponsored program or ceremony in which the child is participating;
6. Attending a graduation or homecoming ceremony in which the child is participating;
7. Attending an awards or scholarship presentation in which the child is participating;
8. Attending a parent's or grandparent's breakfast in which the child is participating;
9. Attending a classroom party in which the child is participating;
10. Attending a school committee meeting of the school in which the child is enrolled;
11. Attending an academic competition in which the child is participating;
12. Attending an athletic, music, or theater program in which the child is enrolled;

13. Engaging in any of the activities listed above that are connected with a prekindergarten program.

Home-schooled student: A student legally enrolled in an Arkansas home school. **Interscholastic activity:** An activity between schools subject to regulations of the Arkansas Activities Association that is outside the regular curriculum of a school district, including without limitation an athletic activity, a fine arts program, or a special interest club or group; and taught by an individual with a minimum of a high school diploma. A home-schooled student shall not participate in interscholastic activities a public school other than the student's resident school.

Prekindergarten: means an educational and child development program that is designed to prepare children who are at least three (3) years of age for an academic kindergarten program.

Resident school: The school to which the student would be assigned by the resident school district in which the home-schooled student's parent resides.

State Agency: An agency, bureau, board or commission of any branch of state government and all state-supported institutions of higher education.

State Employee: A full-time employee of the State of Arkansas or any branch, department, board, bureau, commission, or state-supported institution of higher education.

Leave that is unused may not be carried over to the next year and is not compensable to the state employee at the time of retirement.

G. COURT AND JURY LEAVE:

1. Employees serving as a juror in a state or federal court are entitled to use "Court and Jury Leave" for compensation and to retain any fees paid for such services.
2. Employees who are subpoenaed as a witness to give a deposition or testimony in state or federal court, at a hearing, or before any body with the power to issue a subpoena, are entitled to the following:
 - a. If the employee is a witness in a matter within the employee's scope of employment:
 - To use "Court and Jury Leave" for compensation if subpoenaed to appear on a work day
 - To mileage fees if they use a personal vehicle for travel in obeying the subpoena and the agency does not reimburse the employee for travel expenses if subpoenaed to appear on a work day.

*To retain any witness and mileage fees rendered to him/her if subpoenaed to appear on a non-workday.

- b. If the employee is a witness in a matter outside the scope of employment and the employee is not serving as a paid expert witness or is not a party to the matter.
 - To use "Court and Jury Leave" for compensation.
 - To mileage fees if the employee does not use a state-owned vehicle for travel in obeying the subpoena.
- c. If the witness is a law enforcement officer who is subpoenaed to appear when the officer is not scheduled for regular duty, he is not entitled to salary but is entitled to:
 - To retain any witness or mileage fees paid to him or her.
- d. If the matter is outside the employee's scope of employment and the employee is serving as a paid expert or is a party the employee is not entitled to use "Court and Jury Leave" and is required to use annual leave.

H. FAMILY AND MEDICAL LEAVE ACT (FMLA): For detailed guidance on FMLA, see the policy of the TSS-OPM website The Federal Family and Medical Leave Act (FMLA) of 1993 requires all public agencies to provide up to 12 weeks of unpaid, job-protected leave per calendar year to eligible employees for certain family and medical reasons or any qualifying need arising out of the fact that the spouse, child or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation. Federal law has expanded FMLA to provide up to 26 weeks of leave per calendar year to care for an injured military service member. All employees are eligible if they have worked within state government for at least one year (cumulative) and for 1,250 hours over the previous 12 months.

1. Procedures:

- a. The FMLA provides for leave for any of the following reasons:
 - 1.) To care for the employee's child after birth or placement by adoption or foster care;
 - 2.) To care for the employee's spouse, son or daughter (under age 18 or if 18 or older, incapable of self-care due to a mental or physical disability as defined by the Americans with Disabilities Act), or parent who has a serious health condition;
 - 3.) For a serious health condition that makes the employee unable to perform the employee's job;

- 4.) To care for the employee's spouse, child (over the age of 18), parent or next of kin who was injured on active duty; or
 - 5.) For the qualifying need when an employee's spouse, child (over the age of 18), or parent is called to or on active duty.
- b. An employee must use accrued paid leave in place of unpaid leave. An employee may take FMLA on a full time or intermittent basis.
 - c. An employee is required to provide the employer with at least 30 days advance notice before FMLA leave is to begin if the need for leave is foreseeable based on an expected birth, placement by adoption or foster care, or planned medical treatment for an employee's or family member's serious health condition. If 30 days' notice is not practicable, notice must be given as soon as possible. It is expected that an employee will give notice within no less than one or two working days of learning of the need for leave.
 - d. An employee will provide at least verbal notice to his/her supervisor upon application to HR for FMLA, and the anticipated timing and duration of the leave requested. The employee must follow policy regarding call-in procedures for reporting any absence, unless there are extenuating circumstances. A leave slip must also be completed including this information.
 - e. The Human Resources Section will provide a packet of information and forms for employees requesting FMLA leave. If verbal notice is given by the employee, the Human Resources Section may complete the Family and Medical Leave Request (see FMLA forms); however, the employee is required to provide medical certification to support the request for leave. When this is not possible, the employee must provide the certification to the employer within the period requested by the employer (no later than 15 calendar days after employer notification). Additional certification may be required if the employee is unable to return to work from leave at the end of the original requested period. FMLA leave may be denied or delayed if the medical certification requirements are not met.
 - f. If the agency has reason to believe an employee's leave may be FMLA qualifying, the employee will be provided promptly with the FMLA packet. An absence of more than five (5) consecutive days that involves continuing treatment by a health care provider may be considered sufficient "reason to believe."
 - g. The supervisor must notify the Human Resources Section that an employee has been out of work for five (5) days. The Agency Human Resources Manager will abide by the following procedures:

- 1.) FMLA papers will be mailed to the employee via certified mail.
- 2.) The Human Resources Section will advise the employee of the 15-calendar day timeframe from the date information was mailed to return the completed FMLA paperwork.
- 3.) If at the end of the 15 days the FMLA paperwork has not been returned, the FMLA may be denied or delayed if the medical certification requirements are not met.
- 4.) If an employee submits medical certification that is incomplete or insufficient, the Human Resources Section will specify in writing which information is lacking and give the employee seven (7) calendar days to cure the deficiency.
- 5.) Upon completion of the 12-week period (26 weeks in the event the employee is caring for an injured military service member), if the employee is unable to return to work, perform the essential functions of his/her position, and has depleted all accrued leave, the employee may be terminated. However, if a physician determines an employee is unable to perform one of the essential functions of his/her current job due to a permanent disability, the Human Resources Section must be notified and the procedures stipulated in the Administrative Directive on ADA must be followed.
- 6.) Prior to returning to work, an employee who has been on FMLA leave due to his/her own health condition, must provide to his/her supervisor or HRS an essential job function questionnaire completed by his/her physician certifying fitness for duty.

Note: Employees receiving Catastrophic Leave and/or Workers' Compensation benefits may be FMLA qualified for up to 12 weeks. These awards will run concurrently if eligibility requirements are met.

h. Under FMLA, job benefits and protection include:

- 1.) For the duration of FMLA leave, the Agency will maintain the employee's health insurance coverage under any "group health plan," under the conditions that the coverage would have been provided if the employee had continued to work (matching portion paid by the Agency while the employee continues to pay his/her portion).

- 2.) Upon return from FMLA leave, most employees should be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- 3.) The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of the employee's leave.
- 4.) Employees must meet all merit criteria to be eligible regardless of being absent from work because of medical leave.

Employees approved for FMLA will be approved for only the amount of time noted on the medical paperwork. If more FMLA is needed, the employee must request submit additional FMLA paperwork to the Human Resources Section.

- I. HOLIDAY LEAVE:** Employees will be granted time off to observe the following regularly scheduled legal holidays:

New Year's Day	January 1
Dr. Martin Luther King, Jr.'s Birthday	Third Monday in January
George Washington's Birthday & Daisy Gatson Bates Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veterans' Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Eve	December 24
Christmas Day	December 25

The Governor may issue an Executive Proclamation to declare additional days as holidays in observance of special events or for other reasons. Employees are not allowed to work on a holiday unless they are required for security or other reasons at a 24-hour facility; they are designated as essential staff; the General Assembly is in session; or the employee is authorized by a supervisor. If a state-observed holiday falls on a scheduled workday, the holiday is taken that day. If it falls on a Saturday, the holiday will be observed the day before the holiday. If it falls on a Sunday, the holiday will be observed on the following Monday.

- J. EASE** (Empowering Arkansas State Employees): Employees are to request leave using the EASE electronic process, which can be done through their desktop, laptop, or mobile device unless instructed otherwise.

K. EMPLOYEE BIRTHDAY: Employees are given one (1) day (8 hours leave) in recognition of their birthday to be taken on or after their birthday. Employee birthday leave is taken at the discretion of the employee and with the supervisor's approval.

L. LEAVE WITHOUT PAY (LWOP): LWOP is discouraged (except in cases of catastrophic, family medical leave and military) because it results in staff shortages.

An employee must use all leave prior to going into LWOP status with the following exceptions:

1. In the case of maternity leave, the employee may elect to take leave without pay;
2. In the case of disciplinary actions resulting in leave without pay; and
3. Military leave.

M. MATERNITY LEAVE: Is to be treated as any other leave for sickness or disability. However, an employee may elect to take leave without pay to avoid exhausting accumulated annual and sick leave. Before taking maternity leave, employees must submit a doctor's statement to their supervisor indicating when maternity leave will begin and end. An Essential Job Functions form is required upon return from Maternity Leave.

While on maternity leave, employees will continue to earn annual and sick leave unless they are on leave without pay status. Employees have the option of choosing to take leave without pay instead of using earned annual or sick leave. Consult HRS or the section on Family and Medical Leave Policy for requirements that may impact maternity leave. Eligibility requirements for Catastrophic Leave are as follows:

- The employee must be employed in state government for one year or more.
- The employee cannot have disciplinary actions for leave abuse during the past year from the time of application.
- Up to four (4) consecutive weeks of catastrophic leave with full pay may be granted to employees for maternity purposes.
- After the four weeks has expired, maternity will be treated as any other leave for sickness or disability.
- An employee is eligible only within the first 12 weeks **after** birth or adoption of a child.

If an employee is eligible for both catastrophic leave for maternity purposes and family medical leave for maternity purposes, the two will run concurrently.

N. MILITARY LEAVE:

- 1. Military Leave for Annual Training:** Regular, full-time state employees who are members of the National Guard or the reserve branches of the United States Armed Forces will be granted leave at the rate of fifteen (15) working days per calendar year, plus necessary travel time for annual training purposes. Up to fifteen (15) unused military leave days may be carried over to the succeeding year for a maximum of thirty (30) military leave days for military training purposes for that calendar year.

Employees who are members of the Inactive Reserve Corps of the United States Public Health Service (USPHS) who desire to take leave for the purpose of participating in the civil defense and public health training programs made available by the United States Public Health Service are eligible for this leave benefit. Employees who are drafted, called up for active duty or for specialized training may also be eligible for military leave benefits. The employee must submit a copy of his/her first orders for a calendar year through their supervisor and timekeeper to HRS so that HRS may establish the 15-day quota in AASIS. Thereafter, the employee must submit military leave requests with orders through his/her supervisor to the timekeeper and the timekeeper maintains the documentation.

- 2. Military who perform active military service for fewer than 31 days** must report for work on the first regularly scheduled workday within 8 hours after discharge from military service. If they serve more than 30 but less than 181 days, they must report within 14 days after discharge. If they serve more than 180 days, they must report within 90 days after discharge from military service.
- 3. Uniformed Services Employment and Reemployment Rights Act (USERRA):** For information about USERRA refer to the poster in your place of employment, the U.S. Department of Labor website, or contact the HRS Administrator.
- 4. Active Duty for Military Service:** A regular full-time employee who is drafted or called to active duty in the Armed Forces of the United States or who volunteers for military service is placed on extended military LWOP. Unused sick and annual leave at the time of military leave will be reinstated at the time the employee returns unless he/she requests and receives a lump-sum payment for the annual leave balance when placed on the extended military leave.

If an employee voluntarily goes on active or full time military duty, he/she must notify the agency prior to going on active duty. If the employee fails to provide such notice, he/she may be terminated.

- 5. Active Duty for the Purpose of Specialized Training:** When military members volunteer or are ordered to active duty for the purpose of special training, they are placed on LWOP for the period of training unless they elect to use accrued annual leave. The LWOP is given in addition to the paid leave for annual military training. In such situations the military member will retain eligibility rights including accumulated annual leave and sick leave. Sick and annual leave do not accrue during the LWOP period.
- 6. Exigency Leave:** Eligible employees are entitled to up to 12 weeks of leave in a calendar year because of “any qualifying exigency” arising because the spouse, son, daughter, or parent of the employee is on covered active duty or has been notified of an impending call or order to covered active duty status in support of a contingency operation. The qualifying exigencies for which employees can use exigency leave are as follows:

 - a. Short-notice deployment
 - b. Military events and related activities
 - c. Childcare and school activities
 - d. Financial and legal arrangements
 - e. Counseling, rest, and recuperation
 - f. Post-deployment activities
 - g. Additional activities not encompassed in the other categories but agreed to by the agency and employee.
- 7. Military Caregiver Leave:** Eligible employees who are the spouse, parent, child or next of kin of a service member who incurred a serious injury or illness on active duty in the Armed Forces may take up to 26 weeks of leave in a calendar year to care for the injured service member. Military Caregiver Leave is used in combination with regular FMLA leave. FMLA leave is without pay; however, if an eligible employee has accumulated unused sick or annual leave, the employee is required to substitute the

paid leave, including any paid catastrophic leave benefits, for any FMLA leave taken during the 12-week period, with the exception that an employee taking maternity leave may elect to not substitute accrued, unused sick and annual leave while on FMLA leave. Time taken prior to a request or approval for FMLA leave may be charged against the allowable FMLA time.

- O. SICK LEAVE:** Sick leave is earned at the rate of eight (8) hours per month regardless of years of service. It is available the first day of the following month. Sick leave cannot be used until it is available. It can be used in increments of 15 minutes. An employee will not earn sick leave when on leave without pay for 10 or more cumulative days within a calendar month.

The use of sick leave is contingent upon the occurrence of one of the events listed below. If the event never occurs, the employee is not entitled to the sick leave benefits:

1. Employee is unable to work because of sickness, injury, or has the need to seek medical, dental or optical treatment; or
2. Death or serious illness of an immediate, family member (father, mother, sister, brother, spouse, child, grandchild, grandparents, in-laws or a person acting as a parent, guardian or ward of the employee).

Request to use sick leave for medical appointments should be made in advance. Employees must notify their supervisor within the first 15 minutes of the duty day every day of absence due to unexpected illness. If physically unable to make the notification within 15 minutes, the employee must notify the supervisor as soon as possible. The employee must complete a sick leave request upon his/her return to work and no later than two days following the return. An employee is not required to divulge medical symptoms, diagnosis or prognosis when on sick leave or when a doctor's excuse is requested. However, if requested, a doctor's statement must be provided that orders the employee to be off work and specifying the time period. This does not preclude the requirement for detailed medical information for such purposes as FMLA, catastrophic leave, required fitness exams, Americans with Disabilities Act, Workers' Compensation claims, etc. Banked holidays, straight time, and overtime may be used in lieu of sick leave.

Employees at work sites with an approved 10 hour a day work schedule will be charged at a rate of 10 hours a day when off a full day not to exceed 40 working hours in a seven (7) day work week or 80 hours in a 14 day pay period.

The maximum sick leave that can be carried over to the next calendar year on December 31st is 960 hours.

If an employee is off work 40 or more consecutive hours, a medical "certificate of illness" is required upon returning to work. However, a supervisor may request a medical "certificate of illness" at any time. Employees should provide a signed physician's statement that the illness prevented the employee from performing his/her normal work for a specified period of time.

Employees are not entitled to payment for accrued and unused sick leave when they terminate their employment.

Upon retirement or death, an employee, or beneficiary of an employee, will receive compensation not to exceed \$7,500 for accumulated unused sick leave as outlined in the Sick Leave Incentive Payout policy of the Transformation and Shared Services-Office of Personnel Management. For details of accrued sick leave payouts, please refer to the state policy, on OPM's website.

Upon retirement or death, if the balance of the employee's sick leave does not reach the criteria for a Sick Leave Incentive Payout, the employee or their beneficiary may donate their sick leave to the catastrophic leave bank. When an employee receives a payout for unused sick leave at retirement or death, hours used to calculate the maximum payout of \$7,500 cannot be donated to the catastrophic leave bank. Once the calculation of the number of accrued hours needed to receive a full payout of \$7,500 has been made, any remaining hours may be donated to the catastrophic leave bank.

III. IMPLEMENTATION:

The divisions within the Department are directed to review their existing operational policies and ensure that those policies reflect the procedures contained within this Secretarial Directive.



Office of the Secretary

6814 Princeton Pike
Pine Bluff, Arkansas 71602

Phone: 870-267-6200

Fax: 870-267-6244

SECRETARIAL DIRECTIVE

SUBJECT: Employee Involved Solicitations

NUMBER: 2019-06

SUPERSEDES: New

APPLICABILITY: All Department of Corrections Employees

REFERENCE: Ark. Code Ann. §§ 25-43-108, 25-43-403,
12-27-105; AR 107 Conflicts of Interest;
August 13, 2019 Gubernatorial Memorandum
on Open Enrollment

PAGE 1 of 3

ISSUED BY: Signature on File

EFFECTIVE DATE: November 18, 2019

I. POLICY:

As the executive head of the Department of Corrections (Department), it is the duty of the Secretary to exercise direction, control, and supervision over the entities comprising the Department. This duty requires that the Secretary implement operational policies which provide for the orderly operations of the Department by reducing the disruptions and conflicts of interest caused by solicitations of or by Department employees. As used in this Secretarial Directive, and subsequent operational policies, the term "solicitation" refers to any activity conducted to advertise, promote, or otherwise market any product or service or encourage membership in or fundraise for any external group, association or organization.

II. PURPOSE:

The purpose of this policy is to create within the Department an environment focused on its core business areas, by reducing the disruptions and conflicts of interest caused by solicitations of or by Department employees.

III. PROCEDURES:

- a. Employees must adhere to state law in their relationships with vendors in order to avoid any conflict of interest. At no time will an employee of an entity within the Department solicit financial or material support from a vendor involved in business

with the Department for the benefit of any group, association or organization. Nor will any current employee of an entity within the Department facilitate the solicitation of financial or material support from a vendor involved in business with the Department for the benefit of any group, association or organization.

- b. Subject to any limitations imposed by a Division Director, Chief Administrative Officer, or Board Chair, solicitations by or for recognized Employee Corporations/Associations, the Paws in Prison Foundation, the Arkansas Adult Probation and Parole Association, or the Arkansas Association of Correctional Employees Trust may be distributed in or on department-owned or leased facilities or offices. This paragraph does not remove the prohibition against soliciting vendors in Paragraph III.a.
- c. The solicitation of employees within the Department by the Employee Benefits Division, official representatives of the Employee Benefits Division, the Arkansas State Employees Benefit Advisors, and the Arkansas Diamond Deferred Compensation Plan is permitted (see attached gubernatorial memorandum). These solicitations will be coordinated by the Department's Human Resources Section.
- d. Solicitations by or for outside programs and services benefiting correctional employees following a natural disaster or inmates/residents/offenders may not be distributed in or on department-owned or leased facilities or offices absent written permission of the appropriate Division Director, Chief Administrative Officer, or Board Chair. This paragraph does not remove the limitation on marketing benefits or policies that must be approved by the Employee Benefits Division in Paragraph III.c.

Note: An employee violating these procedures is subject to discipline, as established by applicable procedures, up to and including termination of employment.

IV. IMPLEMENTATION

The entities within the Department are directed to review their existing operational policies and ensure that those policies reflect the procedures contained within this Secretarial Directive. Human Resources will develop a process for the annual acknowledgement of this Secretarial Directive.

Note: The Board of Corrections establishes the code of ethics for institutional and community correction employees; pursuant to A.C.A. § 12-27-105. Employees of the Divisions impacted by this requirement will implement this Secretarial Directive in conjunction with their Division's Code of Ethics.

V. ATTACHMENTS

August 13, 2019 Gubernatorial Memorandum on Open Enrollment

Attachment 1



STATE OF ARKANSAS
ASA HUTCHINSON
GOVERNOR

August 13, 2019

Attn: Agency Secretaries and Agency Leadership

Four years ago, the State and Public School Life and Health Insurance Program Legislative Task Force recommended that each state employee receive a one-on-one consultation from the state's Employee Benefits Division (EBD) regarding available benefits coverages. On July 23, 2015, I issued a memo to state agency health insurance representatives encouraging balance between meeting this recommendation and the potential workability issues it could create.

As you know, federal law restricts the timeframe within which most benefit programs are allowed to market their products to state employees. During open enrollment, you may be contacted by other employee benefits vendors who want to make presentations regarding products that are sponsored by the Employees Benefit Division. None of these products qualify for pre-tax payroll deductions or for income tax savings. These vendors are not limited by the federal law regarding open enrollment contact and can sell their products any time during the year.

It is important that state employees receive accurate and clear information about official employee benefit programs that can only be marketed during open enrollment season (September-October). Therefore, I am directing that, during open enrollment season, one-on-one employee consultations should be limited to those conducted by EBD and/or EBD's official representatives, Arkansas State Employees Benefit Advisors (ARSEBA) and the Arkansas Diamond Deferred Compensation Plan. The directive is intended to limit incoming contact from other vendors during open enrollment season. Employees with questions or a need to contact other vendors during open enrollment season are not restricted in doing so.

If you have any questions about this guidance, please contact Chris Howlett, Director of EBD, at chris.howlett@dfa.arkansas.gov or 501-682-5502.

Sincerely,

A handwritten signature in blue ink, appearing to read "Asa Hutchinson", is written over a horizontal line.

Asa Hutchinson

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Office of the Secretary

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SECRETARIAL DIRECTIVE

SUBJECT: Data-driven Decision-Making

NUMBER: 2019-07

SUPERSEDES: New

APPLICABILITY: All Department of Corrections employees, especially those involved in data collection, data quality, and application development

REFERENCE: Ark. Code Ann. §§ 25-43-108, 25-43-403
12-1-101; AR 854 Research and
Experimentation; and AR 1.9 Research
and Program Evaluation

PAGE: 1 of 5

ISSUED BY: Wendy Kelley

EFFECTIVE DATE: November 18, 2019

I. POLICY:

As the executive head of the Department of Corrections ("Department"), it is the responsibility of the Secretary to facilitate a consistent approach to data and application development within the Department. This approach considers the statewide importance of data-driven decision making, and ensures collaboration across the entities within the Department.

II. PURPOSE:

This directive is intended to instill and promote a culture of data-driven decision making within the Department. By improving information sharing and coordination efforts relating to data and application development, the Department can better serve its stakeholders.

III. PROCEDURES:

A. Secretarial Designee

1. The Secretary's designee for facilitating a Department-wide approach to data and application development within the department is the Chief of Staff. The Chief of Staff will supervise a Research and Planning Section tasked with supporting the Department's data and application development activities within a shared services delivery model.

2. The Chief of Staff has the delegated authority to approve and prioritize data-related projects and system enhancements within the Department. The Chief of Staff may, at his or her discretion, further delegate this role to subordinate staff.

B. Data Collection and Performance Measures

1. Each entity within the Department will utilize evidenced-based or industry-recognized performance measures to determine the efficiency and effectiveness of their programs and services.
2. Each entity will develop a system for the collection of measurable data for their established performance measures.
3. The Chief of Staff, in consultation with the Secretary and Directors (or comparable position) within each entity, will establish a distribution schedule, and the format, for reporting the performance measures within the Department.
4. **Recidivism will be used as a performance measure within the Divisions responsible for maintaining the custody or supervision of offenders.
 - a. The Office of the Secretary will coordinate the Department's recidivism reporting.
 - b. Pursuant to A.C.A. § 12-1-101, recidivism will be defined as any criminal act that results in an individual's rearrest, reconviction, or return to incarceration, with or without a new sentence, during a three-year period following their release from a correctional facility or a community correction center.

C. Research and Program Evaluation

1. Entities within the Department are encouraged to engage in research and program evaluation activities outside of those specifically referenced herein.
2. Entities within the Department are encouraged to support outside programs of research and program evaluation and similar activities. Researchers must protect the privacy of individual employees, inmates, offenders, and other involved parties; in addition to their records. Researchers must comply with all policy and legal guidance concerning their activities.
3. Entities within the Department will not engage in, nor approve, research activities which involve either medical or pharmaceutical experimentation of inmates or offenders.
4. Research and program evaluation or similar activities involving two (2) or more entities within the Department require the approval of the entity's Director (or comparable position) and the Chief of Staff. In determining the approval of a research or program evaluation activity, the Chief of Staff will consider the impact of the activity on the Department's operations. Consideration will also be given to

how the project relates to the implementation of legislation, grants, and to its role in promoting statewide priorities such as reentry or interdepartmental data sharing.

Note: Research and program evaluation or similar activities involving one (1) entity only require the approval of that entity's Director (or comparable position).

D. Business Intelligence Tools

1. Entities within the Department are encouraged to utilize business intelligence tools to support their operations. Business intelligence tools are those which generally provide an organization with the ability to:
 - a. Collect data from multiple sources;
 - b. Compile the data in such a way that supports analysis;
 - c. Develop and run queries of the data; and
 - d. Construct reports, dashboards, or other data visualizations.
2. The Secretary will evaluate and approve the use of business intelligence tools within the Department. This includes those tools in use on the initial effective date of this directive.

E. Application Development and Enhancement

1. The Department will continue its use of an integrated electronic offender management information system.
 - a. A program of continuous improvement will be maintained to ensure that the system remains reflective of industry trends and maximizes utilization of the Department's limited resources.
 - b. The management of any maintenance, support, or development agreements for the system will be coordinated by the Chief of Staff and the Department's Chief Technology Officer.
2. Submission of Enhancements
 - a. Each entity within the Department will designate a single individual authorized to propose enhancements to the offender management information system.
 - b. The entities within the Department are encouraged to establish and consider the feedback from user groups when developing enhancement proposals. These groups should be comprised of subject-matter employees who are directly impacted by the functionality of the system.

3. Approval and Prioritization of Enhancements

- a. The approval thresholds for enhancements are contained within Attachment 1.
- b. The prioritization of submitted enhancements will be made by the Chief of Staff, subject to direction from the Secretary. Priority setting shall include the following:
 - i. The Chief of Staff will chair an interdepartmental working group comprised of staff drawn from employees involved in application development. The working group is tasked with encouraging collaboration between these entities and advising the Chief of Staff on prioritization.
 - ii. In determining the priority of a project, the Chief of Staff will consider the impact of the project on the Department's operations. Consideration will also be given to how the project relates to the implementation of legislation, grants, and to its role in promoting statewide priorities such as reentry or interdepartmental data sharing.

F. Data Quality

1. Ensuring the quality of the data used by the Department will be a priority for all employees.
2. Before receiving access to the offender management and information system, an employee will receive notice regarding the Department's expectation regarding data quality.
3. The Chief of Staff will work with the Directors (or a comparable position) within each entity to determine data quality priorities for each entity. Strategies will be implemented to track progress toward addressing those priorities.

IV. IMPLEMENTATION:

The entities within the Department are directed to review their existing operational policies and ensure that those policies reflect the guidance contained within this Secretarial Directive.

V. ATTACHMENT:

Application Development Approval Thresholds

Attachment 1

Application Development Approval Thresholds		
Number of Entities Impacted	Total Cost of Enhancement	Approval Required
One (1)	Greater than \$7,500 (Less than \$7,500 Entity Director Only)	Entity Director and Chief of Staff
(Two) 2 or more	\$5,000 to \$15,000 (Less than \$5,000 Entity Directors Only)	Entity Directors and Chief of Staff
Any	\$15,000 or More	Entity Directors and Secretary



Arkansas Community Correction

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501-682-9510 (office) 501-682-9513 (fax)

ADMINISTRATIVE DIRECTIVE: 18-13 **Equal Employment Opportunity and Affirmative Action Program**

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

FROM: **Sheila Sharp, Director**

SUPERSEDES: **AD 11-13**

APPROVED: **Signature on File** **EFFECTIVE:** **May 28, 2018**

I. APPLICABILITY. This policy applies to Arkansas Community Correction (ACC) employees.

II. POLICY. The ACC is an equal opportunity employer providing equal employment opportunities without regard to race, color, gender, creed, religion, age, genetic information, national origin, disability or other biases prohibited by State or federal law. This commitment is supported by practical good faith efforts to implement and maintain a policy and practice of employing minority group members, women, and members of other protected classes, on a non-discriminatory basis. This policy and practice relates to all phases of employment, including, but not limited to recruiting, hiring, placement, promotion, transfer, layoff, recall, termination, rates of pay or other forms of compensation, training, use of facilities and participation in ACC-sponsored employee activities and programs. The ACC desires to employ individuals who are dependable, sincerely interested in serving the mission of the Department, and who can handle agency matters in a professional manner. ACC will comply with the non-discrimination provisions of all applicable State and federal regulations and all personnel actions will be carried out on a non-discriminatory basis. The following types of discrimination are prohibited by law: age, disability, equal pay/compensation, genetic information, harassment, national origin, pregnancy, race/color, religion, retaliation, sex, and sexual harassment. (2 CO 1C 09, 3 APPFS 3052, 4 ACRS 7E 05)

III. GUIDELINES.

A. Information Dissemination. Supervisors and managers are responsible for implementing and administering this policy, applying these principles in good faith for meaningful progress in the employment of minorities, women and members of other protected classes. Following are some ways in which the ACC Equal Employment Opportunity (EEO)

policy statement above will be communicated:

1. The above policy statement will be referenced in all issues or reissues of employee handbooks, and recruiting brochures.
2. Information will be made accessible to applicants, key members of business, educational and community organizations and institutions through employment advertisements containing assurance of equal employment opportunity,
3. Employment and recruiting sources will be provided a copy of the ACC policy statement, and
4. Job openings will be posted in such places as the Arkansas Government Jobs Web Site, local newspapers when needed, and ACC's social media sites when deemed appropriate.

~~B. Additional Employment Law Information.~~

~~Additional information about federal employment law is summarized on the posters titled: "Equal Employment Opportunity is the Law" and "Your Rights Under USERA: The Uniformed Services Employment and Reemployment Rights Act" at each ACC office.~~

~~C. Implementing and Administering the EEO Program/Affirmative Action Plan.~~

1. The Human Resources Section Administrator (HRSA) must monitor employment trends and document an annual review of minority employment. If it is determined that deficiencies exist regarding practices for employment of minority groups and women, the HRSA must document the implementation of an affirmative action program that is approved by the Office of Personnel Management. (2 CO 1C 09)
2. The HRSA will confer with and assist supervisors in understanding and meeting EEO/Affirmative Action Program responsibilities.
3. Special attention will be given to recruiting efforts for positions that are difficult to fill and/or have an under representation of minorities and women. Requests will be made to each recruiting source to lend a special effort in the recruiting and referral of members of the underrepresented group.
4. Increased emphasis will be given to seeking and encouraging applicants from minority groups where such applicants with the necessary qualifications or potentials are available. Organizations assisting the ACC in obtaining employees will be notified of the adoption of this affirmative action program.
5. Supervisors are encouraged to employ qualified minority group individuals in available positions.
6. Supervisors will advise staff of increased interest in qualified members of minority groups for job assignments where they have not been employed previously.
7. Supervisors will ensure minority group employees receive equal consideration whenever promotional or incentive opportunities occur.

- ~~———— **D. Training.** Training programs supported or sponsored by the ACC will continue to be open to all employees, as appropriate, on the basis of qualifications, job relatedness and other non-discriminatory reasons. Such employees who appear to have management potential will be encouraged to seek advancement into supervisory or other management positions.~~
- ~~———— **E. Hiring, Placement, Transfer, Promotion, Lay-off, Recall, Retention, Termination.** The ACC recognizes that to accomplish the long-range objectives of this EEO/Affirmative Action Program, action must be taken to ensure that job opportunities of all kinds are made available to members of minority groups and communities and that qualified members of minority groups should be offered positions on the same basis as all other applicants or employees. To assure achievement, employment practices will be reviewed periodically with top management by the HRSA.~~
- ~~———— **F. Compensation.** All employees will receive compensation in accordance with the same standards. Opportunities for performing overtime work or otherwise earning increased compensation, when available, will be afforded to all qualified employees.~~
- ~~———— **G. Liaison.** The HRSA will serve as liaison to enforcement agencies and minority, women and community organizations that are concerned with equal employment opportunity.~~

Repealed Policy



Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: AD 17-31 Employee Leave

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

FROM: ~~Sheila Sharp, Director~~

SUPERSEDES: ~~AD 16-18~~

APPROVED: ~~Signature on file~~ EFFECTIVE: ~~July 7, 2017~~

~~(this was replaced by Employee Work Schedules and Leave SD 2019-03 on 11/18/2019)~~

- ~~I. APPLICABILITY. This policy applies to all ACC employees.~~
- ~~II. POLICY. All employees are expected to abide by the leave guidelines as outlined in this policy.~~
- ~~III. EMPLOYEE LEAVE.~~
 - ~~A. ANNUAL LEAVE. Annual leave is earned at a predetermined rate based on years of service. Leave is earned during each month and is available the first day of the following month. Leave cannot be used until it is available. Annual leave can be used in increments of 15 minutes.~~
 - ~~For employees using approved alternative work schedules of 10-hour days, when taking a full day of annual leave, it will be charged at a rate of 10 hours a day not to exceed 40 working hours in a seven-day work week or 80 hours in a 14-day pay period.~~
 - ~~Employees must request leave in advance and receive approval by the supervisor prior to the leave beginning. Supervisors may deny a leave request due to "business necessity." An employee will not earn annual leave when on leave without pay for ten (10) or more cumulative days within a calendar month.~~
 - ~~Annual Leave is cumulative and no employee can have more than 30 days (240 hours) accumulated on December 31 of each year. Accrued leave may exceed 30 days (240 hours) during the calendar year, but those days in excess of 30 days (240 hours) will be forfeited if not used by December 31 of each year. Employees who have a balance exceeding 30 days (240 hours) at the end of the calendar year may donate their time over 30 days (240 hours) to the Catastrophic Leave Bank. Accrued Birthday and Holiday leave balances are not forfeited at the end of the year even though the employee is carrying more than 30 days (240 hours) of annual leave. Employees cannot borrow from anticipated future accruals and may not use annual leave accrued by other employees.~~
 - ~~All compensatory time should be used before the use of annual leave. Employees transferring without a break in service or between state agencies and/or state-supported institutions of higher education that are covered by these policies will retain all accumulated annual leave. When an employee terminates employment with the state, he/she is eligible to receive a payout~~

of annual, birthday and holiday leave balances; however, the payout cannot exceed 30 days or 240 hours.

B. CATASTROPHIC LEAVE. The Catastrophic Leave Program allows the continuation of salary and benefits for an eligible employee who has exhausted all paid leave due to a medical condition and/or catastrophic illness. A catastrophic illness is a medical condition as certified by a physician of the employee or the employee's spouse, parent or child who may be claimed as a dependent under the Arkansas Income Tax Act of 1929 that requires the employee's absence from duty for a prolonged period of time and that, except for the catastrophic leave program, would result in a substantial loss of income to the employee because of the exhaustion of all earned sick and annual leave. A prolonged period of time is a continuous period of time (minimum of thirty (30) days) whereby a medical condition prevents the employee from performing his/her duties.

The catastrophic leave bank is a pool of accrued annual and sick leave voluntarily donated by state employees and managed by Department of Finance and Administration Office of Personnel Management that may be approved for use by employees who meet the catastrophic illness/injury eligibility requirements.

All Catastrophic Leave requests will be submitted to DFA-OPM for review and determination. This policy includes a brief summary of OPM Catastrophic Leave Bank Program. For more detailed guidance, see the policy on the DFA-OPM website.

The combination of catastrophic leave for the stated medical conditions that are due to illness/injury or for maternity purposes, which an employee receives may not exceed 1,200 hours in a calendar year (1,040 hours for illness/injury and 160 hours for maternity purposes).

1. Eligibility Requirements to Apply for Catastrophic Leave (see Maternity Leave for eligibility requirements for maternity purposes):

- a. The applicant must be a regular full-time employee.
- b. The employee must have been employed by the State of Arkansas for at least one (1) year in a regular, full-time position from the date of application.
- c. Employees must have exhausted all sick, annual, holiday and compensatory leave, and at the onset of the illness or injury, had to his/her credit at least eighty (80) hours of combined sick and annual leave. "Onset of the Illness" means the initial beginning or start, as certified by a physician, of the medical condition that created the need for the catastrophic leave request. If a recurrence of the same illness necessitates a subsequent catastrophic leave request, the eligibility requirement that the employee have eighty (80) hours of combined sick and annual leave at the onset of the illness will not be required on the illness recurrence date. For maternity purposes, the eighty (80) hours of combined sick and annual leave credit is not required at the time of application for catastrophic leave.
- d. The "80-hour requirement" may be waived for an otherwise eligible employee if an "extraordinary circumstance" is declared by the ACC director due to the applicant providing documentation that one of the following conditions has occurred:
 - 1) The employee applying for catastrophic leave had, during the previous one (1) year period, another medically documented, catastrophic illness, as defined by this

policy, that was not compensated under the agency approved Catastrophic Leave Bank Program and caused the exhaustion of all annual and/or sick leave, or

2) The employee applying for catastrophic leave had, during the previous one (1) year period; exhausted his/her sick and annual leave as a direct result of supplementing workers' compensation benefits, which were received due to an on-the-job injury or illness with the State of Arkansas.

e. The employee has not been disciplined for leave abuse during the past year from the date of application.

f. An employee is eligible for approved catastrophic leave due to injury/illness for a maximum of six (6) months (1,040 hours) within a five (5) year period. Additional requests within the five (5) year period may be submitted for review and determination by the OPM Catastrophic Leave Bank Committee and State Personnel Administrator. This requirement does not apply for maternity purposes.

g. An employee must not be approved for catastrophic leave for a maternity purpose unless the employee has provided acceptable proof of the birth or placement. For the birth of an employee's biological child, acceptable proof includes a hospital announcement with the mother's name and/or the biological child's name, hospital discharge papers with the mother's name and the biological child's name, or a birth certificate of the biological child. For the placement of an adoptive child in an employee's home, acceptable proof includes a formal document from the placement entity with the mother's name and the child's name or legal guardianship papers with the mother's name and the child's name. The acceptable proof will be maintained by the agency submitting the request but certified as part of the application process or as follow-up to the application using the Maternity Purposes Eligibility Date Verification form.

h. Approved catastrophic leave for a medical emergency or for maternity purposes must be applied concurrently with the Family and Medical Leave Act, if the employee is eligible.

2. Donations of Leave to the Catastrophic Leave Bank Program.

a. Accrued leave may be donated to the Catastrophic Leave Bank Program only in one (1) hour increments. Donations of leave will be granted hour-for-hour and not dollar-for-dollar.

b. No employee of a participating agency/institution will be allowed to donate leave to the Catastrophic Leave Bank Program if such donation will reduce that employee's accrued sick and annual leave balance to less than eighty (80) hours. This restriction does not apply to employees who are terminating their employment.

c. Annual and/or sick leave that have been donated to the Catastrophic Leave Bank may not be restored to the employee who donated the leave time.

d. Approved donations of leave will be transmitted to the Catastrophic Leave Bank Program by submitting the approved donor form.

~~To donate leave to the Catastrophic Leave Bank Program, employees must secure the necessary forms from HR, the timekeeper, or ACCess; complete the forms; and return them to the timekeeper to be promptly submitted to the Human Resources Section.~~

~~3. Catastrophic Leave Bank Program Administration~~

- ~~a. To be considered for catastrophic leave an employee must complete an application, with attachments, and forward them to the Human Resources Section. HRS will notify the applicant of approval or disapproval of the request. Catastrophic leave will not be awarded retroactively.~~
- ~~b. Employees on catastrophic leave will continue to accrue leave in accordance with existing leave policies and will receive the normal state benefits, such as agency contributions to insurance and retirement.~~
- ~~c. Employees in a catastrophic leave status for maternity purposes during a four (4) week period will have the accrued annual and sick leave removed for the month the catastrophic leave status begins through time evaluation. If the employee in a catastrophic leave status for maternity purposes accrues birthday leave during that time, the accrued birthday leave will be removed at the time of the birthday through time evaluation. If the employee in a catastrophic leave status for maternity purposes accrues holiday leave during that time, the holiday leave will have to be manually removed through a quota correction for non-exempt employees. Birthday and holiday leave during the catastrophic maternity leave period will be reflected as paid catastrophic leave. No accrued annual, sick, holiday and/or birthday leave will be returned to the OPM Catastrophic Leave Bank.~~
- ~~d. An employee may be dismissed for failing to report to work promptly at the expiration of the period of approved/granted catastrophic leave. Nothing, however, shall prevent the agency from accepting satisfactory reasons provided by the employee in advance of the date the employee is scheduled to return to work and from granting leave without pay status to an employee prior to or after the expiration of catastrophic leave if, in the view of the Director, such action is warranted. Supervisors should not take disciplinary action for such leave until the application has been formally approved or denied.~~
- ~~e. Alleged or suspected abuse of the Catastrophic Leave Program will be investigated and on a finding of wrongdoing, an employee must repay all of the leave hours awarded from the Catastrophic Leave Bank Program and will be subject to disciplinary action as determined by the Director.~~

~~C. Child Educational Activities Leave.~~ All state employees are be entitled to eight (8) total hours of leave, regardless of the number of children, during any one (1) calendar year for the purpose of engaging in and traveling to and from the educational activities or interscholastic activities of a child.

~~Children's Educational Activities Leave that is unused will not be carried over to the next year. Children's Educational Activities Leave is not compensable to the state employee at the time of retirement.~~

~~D. FAMILY AND MEDICAL LEAVE ACT (FMLA).~~ For detailed guidance on FMLA, see

the policy on the DFA-OPM website. The federal Family and Medical Leave Act (FMLA) of 1993 requires all public agencies to provide up to 12 weeks of unpaid, job-protected leave per calendar year to eligible employees for certain family and medical reasons or any qualifying need arising out of the fact that the spouse, child or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation. Federal law has expanded FMLA to provide up to 26 weeks of leave per calendar year to care for an injured military service member. All employees are eligible if they have worked within state government for at least one year (cumulative) and for 1,250 hours over the previous 12 months.

1. Procedures:

- a. The FMLA provides for leave for any of the following reasons:
 - 1.) To care for the employee's child after birth or placement by adoption or foster care;
 - 2.) To care for the employee's spouse, son or daughter (under age 18 or if 18 or older, incapable of self-care due to a mental or physical disability as defined by the Americans with Disabilities Act), or parent who has a serious health condition;
 - 3.) For a serious health condition that makes the employee unable to perform the employee's job;
 - 4.) To care for the employee's spouse, child (over the age of 18), parent or next of kin who was injured on active duty; or
 - 5.) For the qualifying need when an employee's spouse, child (over the age of 18), or parent is called to or on active duty.
- b. An employee must use accrued paid leave in place of unpaid leave. An employee may take FMLA on a full time or intermittent basis.
- c. An employee is required to provide the employer with at least 30 days advance notice before FMLA leave is to begin if the need for leave is foreseeable based on an expected birth, placement by adoption or foster care, or planned medical treatment for an employee's or family member's serious health condition. If 30 days' notice is not practicable, notice must be given as soon as possible. It is expected that an employee will give notice within no less than one or two working days of learning of the need for leave.
- d. An employee will provide at least verbal notice to his/her supervisor upon application to HR for FMLA, and the anticipated timing and duration of the leave requested. The employee must follow ACC policy regarding call in procedures for reporting any absence, unless there are extenuating circumstances. A leave slip must also be completed including this information.
- e. The Human Resources Section will provide a packet of information and forms for employees requesting FMLA leave. If verbal notice is given by the employee, the Human Resources Section may complete the ACC Family and Medical Leave Request (see FMLA forms); however, the employee is required to provide medical certification to support the request for leave. When this is not possible, the employee must provide

~~the certification to the employer within the period requested by the employer (no later than 15 calendar days after employer notification). Additional certification may be required if the employee is unable to return to work from leave at the end of the original requested period. FMLA leave may be denied or delayed if the medical certification requirements are not met.~~

~~f. If the agency has reason to believe an employee's leave may be FMLA qualifying, the employee will be provided promptly with the FMLA packet. An absence of more than three (3) consecutive days that involves continuing treatment by a health care provider may be considered sufficient "reason to believe."~~

~~g. The supervisor must notify the Human Resources Section that an employee has been out of work for four (4) days. The Agency Human Resources Manager will abide by the following procedures:~~

~~1.) FMLA papers will be mailed to the employee via certified mail.~~

~~2.) The Human Resources Section will advise the employee of the 15-calendar day timeframe from the date information was mailed to return the completed FMLA paperwork.~~

~~3.) If at the end of the 15 days the FMLA paperwork has not been returned, the FMLA may be denied or delayed if the medical certification requirements are not met.~~

~~4.) If an employee submits medical certification that is incomplete or insufficient, the Human Resources Section will specify in writing which information is lacking and give the employee seven (7) calendar days to cure the deficiency.~~

~~5.) Upon completion of the 12-week period (26 weeks in the event the employee is caring for an injured military service member), if the employee is unable to return to work, perform the essential functions of his/her position, and has depleted all accrued leave, the employee may be terminated. However, if a physician determines an employee is unable to perform one of the essential functions of his/her current job due to a permanent disability, the Human Resources Section must be notified and the procedures stipulated in the Administrative Directive on ADA must be followed.~~

~~6.) Prior to returning to work, an employee who has been on FMLA leave due to his/her own health condition, must provide to his/her supervisor or HRS an essential job function questionnaire completed by his/her physician certifying fitness for duty.~~

Note: ~~Employees receiving Catastrophic Leave and/or Workers' Compensation benefits may be FMLA qualified for up to 12 weeks. These awards will run concurrently if eligibility requirements are met.~~

~~h. Under FMLA, job benefits and protection include:~~

~~1.) For the duration of FMLA leave, ACC will maintain the employee's health insurance coverage under any "group health plan," under the conditions that the~~

~~coverage would have been provided if the employee had continued to work (matching portion paid by ACC while the employee continues to pay his/her portion):~~

- ~~2.) Upon return from FMLA leave, most employees should be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms:~~
- ~~3.) The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of the employee's leave:~~
- ~~4.) Employees must meet all merit criteria to be eligible regardless of being absent from work because of medical leave:~~

~~Employees approved for FMLA will be approved for only the amount of time noted on the medical paperwork. If more FMLA is needed, the employee must request submit additional FMLA paperwork to the Human Resources Section:~~

~~**E. HOLIDAY LEAVE.** Employees will be granted time off to observe the following regularly scheduled legal holidays:~~

New Year's Day	January 1
Dr. Martin Luther King, Jr.'s Birthday	Third Monday in January
George Washington's Birthday & Daisy Gatson Bates Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Christmas Eve	December 24
Christmas Day	December 25

~~The Governor may issue an Executive Proclamation to declare additional days as holidays in observance of special events or for other reasons. ACC employees are not allowed to work on a holiday unless they are required for security or other reasons at an ACC 24-hour facility; they are designated as essential staff in Pulaski County; the General Assembly is in session; or the employee is authorized by a supervisor. If a state-observed holiday falls on a scheduled workday, the holiday is taken that day. If it falls on a Saturday, the holiday will be observed the day before the holiday. If it falls on a Sunday, the holiday will be observed on the following Monday.~~

~~Employees at work sites with an approved 10-hour a day work schedule will accrue worked holidays at 10 hours a day; however, there is no change for the annual or sick leave accrual. When a holiday is worked, it must be entered as "banked" in AASIS for future use. If an employee is on paid leave when a holiday occurs, the holiday time will be applied rather than another type of leave, if possible.~~

~~**F. EASE (Empowering Arkansas State Employees).** Employees are to request leave using the~~

EASE electronic process, which can be done through their desktop, laptop, or mobile device. Employees who do not have access to a computer, must notify their supervisor.

Note: Requests for Catastrophic, Military, Workers Compensation, and any other type of leave not listed in the EASE drop down must be submitted to the Time Administrator. Questions about the EASE System should be directed to the Time Administrator.

G. EMPLOYEE BIRTHDAY. Employees are given one (1) day (8 hours leave) in recognition of their birthday to be taken on or after their birthday. Employee birthday leave is taken at the discretion of the employee and with the supervisor's approval. Employee birthday leave is not automatically deducted as a holiday in lieu of other time off such as sick or annual.

H. LEAVE WITHOUT PAY (LWOP). LWOP is discouraged (except in cases of catastrophic and family medical leave) because it results in staff shortages. LWOP in excess of 40 consecutive hours requires the approval of the appropriate Deputy Director.

An employee must use all leave prior to going into LWOP status with the following exceptions:

1. In the case of maternity leave, the employee may elect to take leave without pay.
2. In the case of disciplinary actions resulting in leave without pay.

An employee approved to go on LWOP is responsible for making timely payments (including ACC match) for group health and life insurance to continue coverage. However, if the employee is receiving Worker's Compensation benefits or is in Family and Medical Leave Act (FMLA) status, ACC will continue to pay the employer matching amount. Failure to comply with the due dates and premium amounts will result in cancellation of the group health/life insurance. Once insurance is cancelled, the employee cannot reapply until the next open enrollment period.

An employee who is in LWOP status for 10 or more days during a month does not accrue sick or annual leave for that month. Employees may be dismissed if they fail to report to work promptly upon the expiration of the period of LWOP. However, the Director may approve an extension in advance of the date to return to work.

I. MATERNITY LEAVE. Is to be treated as any other leave for sickness or disability. However, an employee may elect to take leave of absence without pay without exhausting accumulated annual and sick leave. Before taking maternity leave, employees must submit a doctor's statement to their supervisor indicating when maternity leave will begin and end. An Essential Job Functions form is required upon the return from Maternity Leave.

While on maternity leave, employees will continue to earn annual and sick leave unless they are on leave without pay status. Employees have the option of choosing to take leave without pay instead of using earned annual or sick leave. Consult HRS or the section on Family and Medical Leave Policy for requirements that may impact maternity leave. Eligibility requirements for Catastrophic Leave are as follows:

- The employee must be employed in state government for one year or more.
- The employee cannot have disciplinary actions for leave abuse during the past year from the time of application.

- Up to four (4) consecutive weeks of catastrophic leave with full pay may be granted to employees for maternity purposes. After the four weeks has expired, maternity will be treated as any other leave for sickness or disability.
- An employee is eligible only within the first 12 weeks after birth or adoption of a child.

If an employee is eligible for both catastrophic leave for maternity purposes and family medical leave for maternity purposes, the two will run concurrently.

J. MILITARY LEAVE.

1. **Military Leave for Annual Training.** Regular, full-time state employees who are members of the National Guard or the reserve branches of the United States Armed Forces will be granted leave at the rate of fifteen (15) working days per calendar year, plus necessary travel time for annual training purposes. Up to fifteen (15) unused military leave days may be carried over to the succeeding year for a maximum of thirty (30) military leave days for military training purposes for that calendar year.

Employees who are members of the Inactive Reserve Corps of the United States Public Health Service (USPHS) who desire to take leave for the purpose of participating in the civil defense and public health training programs made available by the United States Public Health Service are eligible for this leave benefit. Employees who are drafted, called up for active duty or for specialized training may also be eligible for military leave benefits. The employee must submit a copy of his/her first orders for a calendar year through their supervisor and timekeeper to HRS so that HRS may establish the 15-day quota in AASIS. Thereafter, the employee must submit military leave requests with orders through his/her supervisor to the timekeeper and the timekeeper maintains the documentation.

2. **Military who perform active military service for fewer than 31 days** must report for work on the first regularly scheduled workday within 8 hours after discharge from military service. If they serve more than 30 but less than 181 days, they must report within 14 days after discharge. If they serve more than 180 days, they must report within 90 days after discharge from military service.

3. **Uniformed Services Employment and Reemployment Rights Act (USERRA).** For information about USERRA refer to the poster in your place of employment, the U.S. Department of Labor website, or contact the HRS Administrator.

4. **Active Duty for Military Service.** A regular full-time employee who is drafted or called to active duty in the Armed Forces of the United States or who volunteers for military service is placed on extended military LWOP. Unused sick and annual leave at the time of military leave will be reinstated at the time the employee returns to ACC unless he/she requests and receives a lump-sum payment for the annual leave balance when placed on the extended military leave.

If an employee voluntarily goes on active or full-time military duty, he/she must notify the agency prior to going on active duty. If the employee fails to provide such notice he/she may be terminated.

5. **Active Duty for the Purpose of Specialized Training.** When military members volunteer or are ordered to active duty for the purpose of special training, they are placed on LWOP for the period of training unless they elect to use accrued annual leave. The LWOP is given in addition to the paid leave for annual military training. In such situations the military

~~member will retain eligibility rights including accumulated annual leave and sick leave. Sick and annual leave do not accrue during the LWOP period.~~

~~6. **Exigency Leave.** Eligible employees are entitled to up to 12 weeks of leave in a calendar year because of “any qualifying exigency” arising because the spouse, son, daughter, or parent of the employee is on covered active duty or has been notified of an impending call or order to covered active duty status in support of a contingency operation. The qualifying exigencies for which employees can use FMLA leave are as follows:~~

- ~~a. Short notice deployment~~
- ~~b. Military events and related activities~~
- ~~c. Childcare and school activities~~
- ~~d. Financial and legal arrangements~~
- ~~e. Counseling rest and recuperation~~
- ~~f. Post deployment activities~~
- ~~g. Additional activities not encompassed in the other categories but agreed to by the agency and employee.~~

~~7. **Military Caregiver Leave.** Eligible employees who are the spouse, parent, child or next of kin of a service member who incurred a serious injury or illness on active duty in the Armed Forces may take up to 26 weeks of leave in a calendar year to care for the injured service member. Military Caregiver Leave is used in combination with regular FMLA leave. FMLA leave is without pay; however, if an eligible employee has accumulated unused sick or annual leave, the employee is required to substitute the paid leave, including any paid catastrophic leave benefits, for any FMLA leave taken during the 12-week period, with the exception that an employee taking maternity leave may elect to not substitute accrued, unused sick and annual leave while on FMLA leave. Time taken prior to a request or approval for FMLA leave may be charged against the allowable FMLA time.~~

~~K. **SICK LEAVE.** Sick leave is earned at the rate of eight (8) hours per month regardless of years of service. It is available the first day of the following month. Sick leave cannot be used until it is available. It can be used in increments of 15 minutes. An employee will not earn sick leave when on leave without pay for 10 or more cumulative days within a calendar month.~~

~~The use of sick leave is contingent upon the occurrence of one of the events listed below. If the event never occurs, the employee is not entitled to the sick leave benefits:~~

- ~~1. Employee is unable to work because of sickness, injury, or has the need to seek medical, dental or optical treatment; or~~
- ~~2. Death or serious illness of an immediate family member (father, mother, sister, brother, spouse, child, grandchild, grandparents, in-laws or a person acting as a parent, guardian or ward of the employee).~~

~~Requests to use sick leave for medical appointments should be made in advance. Employees must notify their supervisor within the first 15 minutes of the duty day every day of absence due to unexpected illness. If physically unable to make the notification 15 minutes, notify the supervisor as soon as possible. The employee must complete a sick leave request upon his/her return to work and no later than two days following the return. An employee is not required to divulge medical symptoms, diagnosis or prognosis when on sick leave or when a doctor's excuse is requested. However, if requested, a doctor's statement must be provided that orders the employee to be off work and specifying the time period. This does not preclude the requirement for detailed medical information for such purposes as FMLA, catastrophic leave, required fitness~~

~~exams, Americans with Disabilities Act, Workers' Compensation claims, etc.~~

~~Banked holidays, straight time, and overtime may be used in lieu of sick leave.~~

~~Employees at work sites with an approved 10 hour a day work schedule will be charged at a rate of 10 hours a day when off a full day not to exceed 40 working hours in a seven (7) day work week or 80 hours in a 14 day pay period.~~

~~The maximum sick leave that can be carried over to the next calendar year on December 31 is 960 hours.~~

~~If an employee is off work 40 or more consecutive hours, a medical "certificate of illness" is required upon returning to work. However, a supervisor may request a medical "certificate of illness" at any time. Employees should provide a signed physician's statement that the illness prevented the employee from performing his/her normal work for a specified period of time.~~

~~Employees are not entitled to payment for accrued and unused sick leave when they terminate their employment.~~

~~Upon retirement or death, an employee, or beneficiary of an employee, will receive compensation not to exceed \$7,500 for accumulated unused sick leave as outlined in the Sick Leave Incentive Payout policy of the Department of Finance and Administration Office of Personnel Management. For details of accrued sick leave payouts, please refer to this state policy, which is available at www.dfa.arkansas.gov.~~

~~Upon retirement or death, if the balance of the employee's sick leave does not reach the criteria for a Sick Leave Incentive Payout, the employee or their beneficiary may donate their sick leave to the catastrophic leave bank. When an employee receives a payout for unused sick leave at retirement or death, hours used to calculate the maximum payout of \$7,500 cannot be donated to the catastrophic leave bank. Once the calculation of the number of accrued hours needed to receive a full payout of \$7,500 has been made, any remaining hours may be donated to the catastrophic leave bank.~~

~~IV. FORMS:~~

~~Catastrophic Leave Bank Physicians Certification OPM 013~~

~~Catastrophic Leave Bank Program Application for Maternity Purposes~~

~~FMLA Designation Notice~~

~~FMLA Certification or Qualifying Exigency for Military Family Leave Form~~

~~FMLA Healthcare Provider for Employee Serious Health Condition Form~~

~~FMLA Healthcare Provider for Family Member Serious Health Condition Form~~

~~FMLA Leave Request Form~~

~~FMLA Serious Injury Illness Military Family Form~~

~~Liability Agreement Catastrophic Leave Form OPM 014~~

~~Returned or Accrued Catastrophic Leave Transmittal OPM 016~~

~~FMLA - Your Rights under the Family Medical Leave Act OPM 006~~

~~Donation of Sick and Annual Leave to the Catastrophic Leave Program OPM 015~~

~~Dependent Child Certification OPM 008~~

~~Application for Benefits Catastrophic Leave OPM 012~~



Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: 17-08 RECRUITING AND HIRING

TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES

FROM: SHEILA SHARP, DIRECTOR

SUPERSEDES: AD-16-07

APPROVED: Signature on File EFFECTIVE: May 12, 2017

I. APPLICABILITY. This policy applies to Arkansas Community Correction (ACC) employees and applicants for classified positions.

II. POLICY. ACC policy is to recruit, select, and employ qualified persons with the character, record of conduct, and experience consistent with agency policies, philosophy, and mission. Selection will be nondiscriminatory and based on applicant qualifications, background investigations, interview(s), other job related criteria, and the needs of the ACC. Nothing contained in ACC policies, handbooks, applications, other documents, the granting of any interview, placement in a probationary status, or any other administrative act, creates a contract between an individual and ACC for either employment or the provision of benefits. The ACC does not guarantee continued employment for any specific period of time and employment can be terminated with or without cause, and with or without notice, at any time, at the option of either the ACC or the employee. (4 APPFS-3E-02[P]; 4 APPFS-3E-08)

III. DEFINITIONS.

A. Conditional Offer of Employment. An offer of employment conditioned upon an applicant meeting certain job-related requirements prior to hire and/or during the probationary period.

B. Constitutional Officer. Governor, Lieutenant Governor, Secretary of State, Treasurer of State, Attorney General, Commissioner of State Lands, and Auditor of State.

C. Convictions. A conviction must include a guilty plea, plea of nolo contendere, negotiated plea, or finding of guilt by a judge or jury.

D. Direct Threat. A significant risk of substantial harm to the health or safety of a person.

~~**E. Essential Job Functions.** The fundamental (not incidental) duties of a job.~~

~~**F. Extra Help.** Positions specifically designated in the agency budget to be filled by temporary employees who work 1,500 hours or less per fiscal year.~~

~~**G. Family Members.** The husband, wife, mother, father, stepmother, stepfather, mother-in-law, father-in-law, sister, brother, stepsister, stepbrother, half-sister, half-brother, sister-in-law, brother-in-law, daughter, son, stepdaughter, stepson, daughter-in-law, son-in-law, aunt, uncle, first cousin, niece or nephew.~~

~~**H. Grant Position.** A position that is funded for a specified period of time and from sources other than State General Revenue or Agency Funds.~~

~~**I. Hiring Official.** The Center Supervisor, Area Manager, Administrator or higher who manages the recruiting and hiring process for a position in his or her supervision chain.~~

~~**J. Law Enforcement Officer (LEO).** Parole/Probation Officer/Agent, Parole/Probation Manager/Assistant Manager, Parole/Probation Assistant Director, Deputy Director of Parole/Probation Services, and others as designated by the Director who have met, or are in the process of meeting, Arkansas law enforcement certification requirements of Specialized Police Personnel.~~

~~**K. Fiscal Positions.** Fiscal positions include Administrative Services employees and Center Business Managers, Commissary Supervisors, and any other positions in a center that have fiscal responsibilities.~~

~~**L. Probationary Period.** A continuous period of on-the-job work experience during which a new employee completes conditions of employment and during which the employee and the ACC may evaluate employee suitability in terms of knowledge, skill, ability, character, interest and conduct, and determine whether employment should be continued.~~

~~**M. Qualified Individual with a Disability.** An individual with a disability who satisfies the requisite skill, experience, education, and other job-related requirements for the employment position that the individual holds or desires and who, with or without reasonable accommodation, can perform the essential functions of such position.~~

~~**N. Reasonable Accommodation.** Modifications or adjustments that do not pose an undue hardship on the employer and which enable qualified applicants with disabilities to access the job application process or enable qualified employees with disabilities to perform the essential job functions and to enjoy the same terms, conditions, and privileges of employment that are available to persons without disabilities.~~

~~**O. Rehire.** A rehire is a former employee who previously left state service.~~

~~**P. Undue Hardship.** "Undue hardship" is defined as an "action requiring significant difficulty or expense" when considered in light of a number of factors. These factors include the nature and cost of the accommodation in relation to the size, resources, nature, and structure of the employer's operation.~~

IV. SPECIAL REQUIREMENTS:

~~A. ACC employees must meet the minimum qualifications for their jobs, be able to perform the essential job functions (including providing a signed form to that effect after a conditional offer is made), be fingerprinted, receive favorable background investigations, and successfully complete training requirements and probationary periods, and if applicable, obtain and/or maintain certification and/or licensing.~~

B. Reasonable Accommodations in Employment. (2 CO 1C 09 1; 4 ACRS 7E 03; 4 APPFS 3E 03)

~~1. ACC will not waive essential job functions; however, upon request, the ACC will make reasonable accommodation(s) for the known physical and/or mental impairment of a qualified employee or applicant with a disability so that he/she may have the same access to the employment application processes, terms, conditions, and privileges of employment that are available to a person without disabilities unless doing so imposes an undue hardship or would otherwise pose a direct threat to the health and safety to themselves or others. Supervisors who have an applicant or employee requesting reasonable accommodation should immediately contact the Human Resources Administrator (HRA) to facilitate an accommodation determination. (4 APPFS 3E 03)~~

~~2. If a supervisor observes a qualified employee with a known disability having apparent difficulty in the performance of the essential job functions, he/she may inquire of the employee as to whether accommodation is needed. Otherwise, a supervisor or other hiring official must not inquire into apparent or unknown physical or mental disabilities.~~

~~3. Qualified applicants and employees with a disability may make requests for accommodations for physical and/or mental impairments to the Human Resources Administrator, who will in good faith make every effort to facilitate (in coordination with the agency legal counsel and appropriate Deputy or Chief Deputy Director) a determination of reasonable accommodation necessary to enable the employee to perform the essential job functions. The Human Resources Administrator will solicit a written recommendation, justification, and information relative to the expense through the supervisory chain to the Director for review and approval, prior to responding to the request.~~

~~4. Because of the physical demands associated with working in a corrections setting, an applicant for a position assigned to the Parole/Probation or Residential Services Divisions will complete a questionnaire regarding his/her ability (with or without accommodation) to perform the essential job functions. (2 CO 1C 19)~~

C. Law Enforcement Officer (LEO). Bachelor's degrees must be from a four year college or university that is accredited by an organization recognized by the U.S. Department of Education, and the degree must meet the minimum qualifications specified in the Office of Personnel Management position class specifications. (4 APPFS 3A 01). Physical and psychological examinations are also required (4 APPFS 3A 04). A LEO must complete the law enforcement training requirements as set forth in the Arkansas Commission on Law Enforcement Standards and Training (CLEST) rules and regulations manual.

~~Psychological Exam for Law Enforcement Officers—All Law Enforcement Officers must take the Minnesota Personality Inventory (MMPI). The HRS must schedule the administration of the MMPI (to include purchasing documents) with a psychologist or psychiatrist to be completed within thirty (30) days of the new employee's first workday whenever possible. The psychologist will send the F-2b form to HRS to retain in LEO file.~~

~~Once a Law Enforcement Officer has met all requirements required by CLEST within the twelve (12) month employment probationary period, application must be made for certification.~~

~~The Application for Award of Special Law Enforcement Officer Certificate (CLEST F-7) form must be completed by the supervisor, signed by applicant, notarized, and sent to the HRS 10 business days before the employee's one year anniversary (one year in the Parole/Probation Officer position). A copy of the ACC Law Enforcement Training Academy certificate must accompany the CLEST F-7.~~

~~Additional supplemental forms must be submitted as appropriate for certified Law Enforcement Officers in compliance with the guidelines set forth by CLEST. All Supplemental Forms should be signed by the supervisor and employee and notarized before being sent to HRS who will forward to CLEST.~~

~~—Supplemental forms include:~~

- ~~1. Personnel Change in status Report (CLEST F-4). This form must be submitted to HRS within 10 days of a LEO resignation, dismissal, retirement, death, change in rank, change of name, or other change in status, at which time HRS will notify CLEST.~~
- ~~2. Personnel Separation Notice (CLEST F-4a). The hiring official must present or mail this form to the LEO within 10 days of resignation, retirement, termination, or other form of separation. A copy of the form must be provided to the HRS.~~
- ~~3. Application for Award of Law Enforcement Instructor Certificate (CLEST F-8). This form must be completed by the supervisor, signed by employee, notarized, and sent to the Central Training Section. The Instructor Development Course certificate must accompany the F-8.~~
- ~~4. Law Enforcement Officer or Instructor Certificates. When received in response to the CLEST F-7 or CLEST F-8 application, the original certificate will be mailed to the HRS. HRS will make a copy for the LEO file and send the original to the hiring official who should copy the certificate for the supervisory file and present the original to the officer.~~

~~**D. Residential Services Positions.** Hire selections for residential services positions must complete the Essential Job functions form. If the answer is "Yes with Accommodations" to any of the statements, the form must be completed and signed by a physician. New employees must be promptly screened for Tuberculosis (TB).~~

~~**E. Treatment Staff.** Within the initial 30 days of employment with ACC, a person hired in a treatment position must at minimum be certified as an Alcohol/Drug Counselor (ADC), Advanced Alcohol/Drug Counselor (AADC), Co-occurring Disorders Professional (CCDP), or registered with the Arkansas Substance Abuse Certification Board (ASACB) as a Counselor in~~

~~Training (CIT). A CIT must test and pass for one of these certifications within three years. An employee who fails to obtain certification within the designated time frame or otherwise does not maintain required certification or licensure does not meet the requirements of the job will be terminated from that position. Upon becoming certified, employees must present the certification documentation to their supervisors who will forward such certification documents to Human Resources.~~

~~Persons hired into a position as a clinical supervisor must be a Certified Clinical Supervisor (CCS) or must test and pass the test as a CCS within two years of being hired as a CCS. Persons who fail to get a passing score within the two year period no longer meet the essential functions of the job and will be terminated from that position.~~

~~The "ASACB Policy and Procedure Manual" available on the ASACB website describes the "Certification Standards," "Training/Education Approval Guidelines," and other related information. Failure to obtain and maintain certification within the designated time frame constitutes failure to meet the essential functions of the job (4 ACRS 7B-02)~~

~~**F. Training Staff.** When hiring Central Training staff, excluding administrative staff, the same process and forms must be used as are used for Law Enforcement Officers (Parole/Probation Officer positions). All staff trainers in the CTS must become a CLEST certified law enforcement instructor within the first year of employment as a CTS trainer.~~

~~**G. Polygraph Examiners.** Polygraph Examiners must be licensed as required by the Arkansas Board of Private Security Agencies and the Arkansas Polygraph Examiners Act (Arkansas law section 17-39-101 through 17-39-308). Examiners must also follow the rules and regulations of this Board concerning conducting truth verification testing. A minimum of 40 hours of post-conviction sex offender testing training, beyond the basic examiner's course requirements, is required for those who practice post conviction truth verification testing. Examiners must obtain a minimum of 30 hours of continuing education in a two year time period with 16 of the 30 hours consisting of specialized sex offender polygraph training. Examiners should complete a minimum of 25 examinations prior to undertaking post conviction sex offender testing. Examiners who have conducted fewer than 25 such exams should conduct these types of exams under the supervision of an experienced examiner in post conviction sex offender testing. Examiners may not serve as both Polygraph / CVSA examiner and Supervision Officer to the offender.~~

~~**H. Use of Vehicles for Conducting State Business.** ACC employees in security and LEO positions, positions assigned State vehicles, and employees who use a personal or State vehicle to conduct State business, are required to have valid Arkansas driver's licenses and meet the Vehicle Safety Program guidelines for driving a State vehicle. (4 ACRS 1B-03)~~

~~**I. Positions Requiring Commercial Driver Licenses (CDL).** Applicants for positions requiring a CDL must authorize ACC to contact the Arkansas Office of Driver Services regarding past positive alcohol and/or drug tests. Applicants with a history of a positive test must submit documentation of completing a treatment program or an educational program prescribed by a substance abuse counselor.~~

~~**J. Avoiding Conflicts of Interest.**~~

~~1. Constitutional Officers and Their Spouses. ACC will not hire a constitutional officer serving in an elected office. Spouses of constitutional officers may be hired by ACC only with prior approval from the Legislature and the Governor. Former constitutional officers may not be hired into a job created or which had a salary enhancement of more than 15% by legislation enacted in the two-year period immediately preceding the conclusion of the constitutional officer's term in office. The continued employment of an ACC employee who becomes a constitutional officer or a spouse of a constitutional officer will be in accordance with Arkansas Code Ann. §21-1-402. Upon notification from the hiring official, ACC HRS will notify the State Chief Fiscal Officer, the Governor, and the Legislative Council of the hiring of any former constitutional officer.~~

~~2. Employment of Family Members. Hiring officials must not hire, promote, or demote a person into a position supervising or being supervised by a member of his/her family, working with or having access to sensitive confidential information regarding other family members, or where there is a conflict of interest. If employees become related after employment and a conflict of interest or supervision results, or if a reorganization creates such conflicts, up to 30 calendar days may be allowed to resolve the matter. If a resolution is not reached, the hiring official, with approval of the appropriate Deputy Director, may require one of the employees to transfer or resign immediately following the 30-calendar day allowance.~~

~~V. GUIDELINES.~~ ACC will use various announcements and competitive processes to attract, hire and retain qualified applicants and encourage the professional advancement of experienced and qualified ACC staff. The ACC HRA must ensure use of the Arkansas State Jobs website to advertise all job vacancies for classified positions, as defined in the Statewide Classification and Compensation system. Additionally, job advertisements will affirm that ACC is an equal opportunity, at will, drug and smoke-free criminal justice agency. Employees will be subject to drug and/or alcohol testing and undergo background investigations. (4 APPFS 3A-02)

~~A. Special Programs/Initiatives.~~ When consistent with the ACC mission and acceptable human resources practices, ACC may hire or engage the services of minors or extra help employees based on its participation in special programs/initiatives.

~~1. Employment of Minors. ACC Employees must have graduated from high school. However, students or others who are at least 18 years old may be hired for extra help positions under special conditions and when approved by the appropriate Deputy Director. Some restrictions may also apply regarding employing minors in sensitive security areas. Minors will be paid at least the federal minimum wage. A minor must have a valid work permit, certificate of high school proficiency, or be a high school graduate.~~

~~a. A minor who is a high school graduate or has a certificate of high school proficiency may work the same hours as an adult.~~

~~b. A minor who has not graduated or achieved a certificate of high school proficiency may work up to 8 hours per day, 40 hours per week when school is not in session. When school is in session, a minor is limited to working up to 4 hours per day unless written permission is received from school authorities allowing the minor to work up to 8 hours on any day immediately prior to a non-school day.~~

~~e. Before an employment offer is made to a minor, the hiring official should consult with the HRA and verify authorization of the hire.~~

~~2. Extra Help. ACC will allow extra help and temporary personnel only when justification warrants, funds are available, a position is available and it is approved by the Director.~~

~~a. The supervisor will submit a request, justification and number of hours through the established supervisory approval process. Approved requests will be forwarded to the Deputy Director of Administrative Services and Human Resources Section to ensure availability of a position and funding.~~

~~b. Before making an employment offer for an extra help position, the requesting supervisor must interview the applicant, check employment and character references, obtain a favorable ACIC/NCIC check, and if hired, forward necessary papers (including, but not limited to, employment application, reference checks, NCIC/ACIC results, INS forms, and W-4) to HRS and obtain a start date from HRS.~~

~~c. In case of an emergency, the Director may waive any and all of the above steps. In emergencies, personnel may be hired from a temporary employment service using procedures identified by the Deputy Director of Administrative Services and with the Director's approval~~

VI. FILLING VACANCIES.

~~**A. Request to Fill Job Vacancy.** When a vacancy occurs, the hiring official must make a request to advertise the position to HRS by submitting a Job Vacancy Request form and a Hiring Freeze Exception Request form, as well as supporting documentation.~~

~~**B. Advertising/Screening Applicants.** Unless authorized to perform these functions locally, the central HRS Office will advertise vacancies, screen applications for completeness and minimum qualifications, and forward them to the hiring officials. Hiring officials, or a selected designee, must pre-score qualified applicants using the rating procedures as outlined below in D (Rating System) and by using the appropriate form. Upon request and approval, HRS will provide standardized information for advertisement in the local media. Supervisors may ask to have more detailed information added. Position advertisements must be posted for a minimum of five (5) business days. Advertising positions will follow OPM Policy.~~

~~**C. Employment Applications.** Applicants are encouraged to submit applications using the Arkansas State Jobs website. A separate completed application is required for each advertised position. All applications must be entered into the Arkansas State Jobs website or received in the Central Office, Human Resources Section on or before the position closing date.~~

~~**D. Rating System.** A Rating System approved by Human Resources shall be utilized by the Hiring Official and/or Interview Committee for scoring applicants selected for interview. Scoring shall be conducted in a manner that ensures objective criteria are used for selection of the most qualified applicants for vacant positions. Using the Applicant Rating Sheet, points shall be awarded for various criteria, which when totaled, comprise the total score for each applicant interviewed. The Rating System shall include:~~

~~1. Related Education. The applicant must meet minimum requirements for the job classification or must be approved as a qualified applicant per state requirements. A maximum of eight (8) points may be awarded to an applicant for completion of Related Education above the Minimum Educational Requirements for the position.~~

~~— If the Minimum Qualifications require a high school diploma and the applicant possesses a related Associate's degree, two (2) points will be awarded; if the applicant possesses a related Bachelor's degree, four (4) points will be awarded; and if the applicant possesses a related Master's degree, six (6) points will be awarded.~~

~~— If a Bachelor's degree is required and the applicant possesses a Master's degree, two (2) points will be awarded, and if the applicant possesses a related Doctorate's degree, four (4) points will be awarded.~~

~~— A copy of the diploma or degree showing the award of the educational level is required.~~

~~2. All diplomas received must be from the Department of Education for the applicable state.~~

~~3. All degrees received must be from a college or university accredited by one of the Regional Institutional Accrediting agencies recognized by the United States Department of Education.~~

~~4. Related Experience. An applicant's experience level for the job classification is awarded pre-calculated points for each month of related experience exceeding the minimum requirements. A year of experience is calculated in twelfths to appropriately level the score in conjunction with education. If the applicant is approved for a substitution, then those years used to substitute must be subtracted from the total years in the appropriate section of the pre-scoring sheet.~~

~~5. Veteran's Status. An applicant may qualify for 5 or 10 points in accordance with provisions of the Arkansas Veteran's Preference Law. To claim Veteran's Preference, an applicant must be honorably discharged from a tour of active duty, other than active duty for training only, with the Armed Forces of the United States or served honorably in the National Guard or Reserve Forces of the United States for a period of at least six (6) years, whether retired or discharged. Five (5) points are awarded for standard veteran's preference. Disabled veterans, veterans over the age of fifty five (55) and who are disabled and entitled to a pension or compensation, or the spouse of a disabled veteran should have ten (10) points added to his/her final rating score. The applicant must produce a copy of the DD214 long form or NGB form 22 prior to the closing of the application process to receive veteran's preference points during the pre-score process.~~

~~6. Disposition Codes. Attached to this policy is a list of disposition codes that must be utilized for the purpose of non-selections during the pre-score/interview portion of the selection process.~~

- **E. Substitution of Minimum Qualifications.** The Human Resources Section will automatically substitute experience and/or education. The substitution will allow the applicant to move forward in the process, but it does not guarantee he/she will receive an interview or will be selected for the position.

Substitution equations:

One year of related experience = one year of education from an accredited college

One year of education from an accredited college = one year of related experience

If the Applicant is selected for the position, ACC HRS must submit the request to ACC Qualifications Review Committee for final approval of substitution request.

F. Applicant Interview Process. Hiring officials are responsible for following established procedures for the Interview Process:

1. Based on the pre-score, the interview will be conducted with a minimum of the top three (3) applicants. Fewer than three (3) qualified applicants will result in all applicants being interviewed. The pool of qualified applicants must be exhausted before the position may be advertised again.

The pre-score determines the applicants selected for interview. The top three applicants with the highest pre-scores must get an interview; however, if the third applicant pre-score is tied with other applicants, and then those applicants must also receive an interview.

2. Interview committee members are responsible for documenting and scoring the interview responses on the Applicant Scoring Form.

The rating shall be multiplied times the numerical weight (importance) assigned for each KSA to determine the total interview score. The sum of all the numerical weights combined must total 400. The selected applicant's total applicant score must average 300 or higher. The Hiring Official and interview committee must use objective questions relative to the knowledge, skills, abilities and requirements of the position. Questions and model answers must be attached to the hire/promotion packet.

3. An interview committee must be used for the selection of applicants for any classified position that is exempt from provisions of the FLSA. An interview committee must consist of at least two people who reflect local demographics and may include the Hiring Official. The Hiring Official may select the top scoring applicant or may elect to re-interview the top three applicants prior to making a final selection. If the selected applicant does not have the highest score, written justification in clear and unambiguous terms is required on the Applicant Recommendation Summary.

4. An interview committee is not required for the selection for applicants for positions classified as non-exempt under FLSA. However, an interview committee must be used for entry level Parole/Probation Officer positions. The interview committee must consist of at least two people who reflect local demographics and may include the Hiring Official.

~~**G. Selection Criteria.** The Hiring Official makes the initial recommendation for hire based on information furnished by the applicant, responses on Qualification Inquiry Form, applicant interview responses, work and/or character references, ACIC/NCIC reports, and an assessment of knowledge, skills, and abilities (KSAs). Persons applying for rehire will be evaluated on the same basis as other applicants plus past job performance and the circumstances surrounding termination of previous ACC employment; physical, and psychological exams (when appropriate); and in compliance with legal, budgetary, and regulatory requirements. Consequently, the applicant with the highest interview score will not necessarily be the applicant hired for the position. (2 CO 1C 13; 4 ACRS 7B 04)~~

~~**H. Background Investigation:**~~

~~1. For positions requiring a CDL, the HRS must request information from the Office of Driver Services Commercial Driver Alcohol and Drug Testing Database (CDADTD) and maintain the results for three (3) years. A person with a record of a positive drug and/or alcohol test may not work for ACC in a position requiring a CDL.~~

~~2. Fiscal Positions. If the background check reveals a financial misdemeanor conviction or a felony conviction, the applicant shall not be hired.~~

~~3. LEO and Residential Security Positions. Applicants and incumbents for law enforcement officer positions are prohibited by CLEST rules and regulations from having a felony conviction. The fact that an individual has received a pardon or their record has been sealed/expunged does not release the person from having a felony record for the purpose of the CLEST requirements. A person must not be employed as an ACC LEO if he or she has a felony or a misdemeanor conviction for domestic violence or sexual abuse by force or coercion. ACC also requires applicants for Residential Services positions to meet the above Commission standard on misdemeanor and felony convictions except as outlined below in Conviction Exceptions. Residential Services and Central Office Hiring Officials must be consistent with federal, state, and local laws and make efforts to contact all prior correctional facility employers (jails, prisons, or community correction facilities) for information on substantial allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. (PREA 115.217)4. Conviction Considerations:~~

~~4. An ex-offender status will not automatically disqualify an applicant for employment with ACC, except for Law Enforcement Officers/Security Officer positions. The following should be considered in determining whether convictions other than those described in the preceding paragraphs are sufficient to refuse employment or discharge from employment:~~

- ~~a. the job duties and responsibilities;~~
- ~~b. the nature and number of convictions;~~
- ~~c. the facts of each conviction;~~
- ~~d. the length of time between a conviction and the employment decision;~~
- ~~e. rehabilitation efforts; and~~
- ~~f. if the particular conviction would prevent acceptable job performance.~~

~~The Director must approve the hiring of an ex-offender for any ACC position.~~

~~5. Hiring Officials must conduct a comprehensive background investigation using the following tools: Authorization for Release of Information, addresses listed on the Child and Adult Maltreatment forms for last five (5) years, Qualification Inquiry, ACIC/NCIC reports and responses from local courts. This information must be included in the hire packet sent to HRS.~~

~~6. A minimum of two positive employment reference checks on the selected applicant's work history are required, however the reference checks will be done with the understanding that recent graduates may not have established a work history. Military veterans must submit a DD Form 214 long form, or NGB form 22, so the Hiring Official can determine whether the discharge was "Honorable" or "Under Honorable Conditions".~~

~~7. The comprehensive background investigation and packet will be reviewed by the HRS BD on each recommended applicant. If during the investigation or review, the Hiring Official or HRS encounters information that indicates a potential connection or involvement with terrorism, the information must be forwarded through the Internal Affairs Administrator (IAA) to the Arkansas State Police (ASP) for review by the Joint Fusion Center (the Arkansas Joint Terrorism Task Force). (4 ACRS 7B-05; 2 CO 1C-18).~~

~~8. Following review of the background investigation and hire packet, the HRS BD will forward it to the appropriate Deputy Director. If the background is not acceptable, the HRS must provide the supporting information.~~

~~9. The Deputy Director must review the complete packet and sign indicating "approved" or "not approved." Approved hire packets are sent to HRS.~~

~~10. When a Deputy Director approves an applicant, his/her Administrative Specialist must communicate the information on the Information Systems Access Request form to the Information Technology department.~~

~~I. Rehire of Retired State of Arkansas Employees.~~ ~~Candidates who have retired from State of Arkansas jobs are subject to a mandatory waiting period before they can be rehired. Anyone who enters the DROP on or after March 1, 2011, cannot return to APERS covered employment.~~

~~☐ Regular Retirement On or after July 1, 2009 — 180 days waiting period~~

~~☐ DROP Retirement:~~

~~• On or before January 1, 2009 — 30 days~~

~~• February 1, 2009 — February 1, 2011 — 180 Days~~

~~• March 1, 2011 — Not eligible to return (includes employers covered under reciprocal plans)~~

J. Inter-Agency Movements.

1. Administrative transfer—The Director may at any time transfer employees and/or their positions to another location when the transfer is in the best interest of the Department.
2. Lateral Transfer ACC employees have the opportunity to transfer laterally within the agency. The lateral transfer process can only be utilized to move from an employee's current title and grade to the exact same title and grade somewhere else within ACC, if approved.
 - a. The employee is responsible for obtaining all required signatures on the Request for Lateral Transfer form. If an employee is on disciplinary probation, he/she must attach a copy of the most current letter, along with any supporting documentation, to allow for full disclosure of the circumstances regarding the disciplinary action. Once completed, the Request for Lateral Transfer form and the DEA Disclosure/Certifications Forms must be sent to HRS on or before the day the position advertisement on the Arkansas State Jobs website closes. HRS will validate transfer eligibility and forward transfer requests to the hiring official.
 - b. The hiring official may interview and process his/her hiring recommendation or request HRS to forward remaining applications for the position and resume the normal interview and selection process. The Hiring Official is responsible for notifying non-selected candidates referred to him/her for consideration; HRS will notify all other applicants. HRS will confirm the Lateral Transfer Date and will notify both the Releasing Official and the Hiring Official. The Releasing Official may allow the transfer in less than two weeks. 4 APPFS 3E-09
3. Transfer. Any transfer of a position or employee within an Area requires immediate supervisor and Division Deputy Director approval.
4. Promotions. ACC employees may compete for subsequent promotion within the agency using the State application to apply for a higher graded job (4 APPFS 3E-09). Reference checks for promotion applicants may be limited to internal checks. Criminal history checks will be conducted. Upon change to a higher grade, an employee's salary will be increased in accordance with OPM Policy and guidelines of the Timekeeping and Compensation Policy.
5. Demotion:
 - a. Voluntary—Employees can opt to demote to a vacant position with approval from the immediate supervisor and Division Deputy Director
 - b. Involuntary—Refer to Administrative Directive: Employee Discipline

K. Conditional Offer of Employment

1. The Hiring Official must make a written conditional offer of employment. Candidates for employment should be informed of any position requirements, such as

~~training, certification, travel requirements/frequency, and extended or irregular work hours. The written conditional offer of employment may be electronic; however, a signed letter must be obtained prior to start of ACC employment and must be provided to HRS on or before HR in-processing day, which is usually on the hire date.~~

~~2. Certified counselors must provide HRS a copy of the certification the first day of or before HR in-processing or orientation otherwise; promptly forward attainment of certification.~~

~~L. Final Processing~~

~~The HRS, upon receipt of a completed and correct hire packet, will issue an effective hire date to the Hiring Official.~~

~~The hiring official will work with the HRS to ensure candidates who were interviewed, but not selected, are notified that the position has been filled by another qualified applicant. Notification may include an e-mail via ARStateJobs website.~~

~~M. Orientation:~~

~~The Hiring Official must facilitate enrollment for new employees in the orientation process as described in the Employee Training policy. The Hiring Official must submit new employee information via ACC HR IT Notify.~~

~~**N. Probationary Period.** All new employees, rehires, transfers (including lateral transfers), and promotions must complete a probationary period as outlined below.~~

- ~~☐ New Hire — 12 months~~
- ~~☐ Rehire — 12 months~~
- ~~☐ Internal Transfers (including lateral transfers) — 6 months~~
- ~~☐ Promotions — 6 months~~
- ~~☐ Voluntary Demotions — 6 months~~
- ~~☐ Disciplinary Probation — 3-12 months as outlined in the “Employee Discipline” Administrative Directive.~~

~~Multiple probationary periods run concurrently, and each one must be completed.~~

~~Completion of a probationary period does not affect the “at-will” employment status of the employee or create or constitute a contract for employment. In the event of a major illness or other necessity that results in approved, long-term absences from the work place during the probationary period, the period will be extended until such time as the total amount of time on the job reaches the equivalency of 12 months. (2-CO-1C-15)~~

~~O. Veteran’s Requests for Information:~~

~~When a person who has qualified for veteran’s preference makes a request for scoring information, the hiring official must provide the person with his/her base score, adjusted score, and the successful candidate’s score. Also upon request, the hiring official must provide in writing the reason that the veteran was not included on a list of qualified~~

~~candidates for interview and why the veteran was not selected for the position. (Arkansas law section 21-3-302)~~

VII. FORMS LIST

- ~~Form 1A Hire Pack Checklist for Non-Security/Non-LEO~~
- ~~Form 1B Hire Pack Checklist for Law Enforcement Officers~~
- ~~Form 1C Hire Pack Checklist for Residential Services Security~~
- ~~Form 2 Request for Job Vacancy Advertisement~~
- ~~Form 3 Applicant Scoring~~
- ~~Form 4 Applicant Recommendation Summary~~
- ~~Form 5 Workplace Notices~~
- ~~Form 6 Qualification Inquiry (All Employees)~~
- ~~Form 7 Employment Reference Form~~
- ~~Form 9 Grant Position Acknowledgement~~
- ~~Form 10 Applicant Rating Sheet~~
- ~~Form 11 Authorization for Release of Information~~
- ~~Form 12 Request for Lateral Transfer~~
- ~~Form 13 Law Enforcement Code of Ethics~~
- ~~Form 14 Essential Job Functions Non-Security/ Non-LEO~~
- ~~Form 15 Essential Job Functions Law Enforcement~~
- ~~Form 16 Essential Job Functions Residential Security~~
- ~~Form 17 Information Systems Access Request Form~~
- ~~Form 18 Conditional Offer of Employment (LEO)~~
- ~~Form 19 Conditional Offer of Employment (Residential Services)~~
- ~~Form 20 Conditional Offer of Employment (Non-Security/Non-LEO)~~
- ~~Form 21 Previous State Agency Education Information~~
- ~~Form 22 Notice to Applicant's Selected for Interview~~
- ~~Form 23 Applicant Pre-Score~~

OTHER ITEMS AS NEEDED:

~~APS-0001 Authorization for Adult Maltreatment Central Registry (Check) Form~~
~~CFS-316 Request for Child Maltreatment Central Registry (Check) Form~~
~~DFA Disclosure Forms~~
~~W-4 Federal Withholding Form~~
~~AR4EC Arkansas Tax Form~~
~~I-9 Employment Eligibility Verification Form~~
~~Direct Deposit Form~~
~~AASIS Information Confidentiality and Security Agreement~~
~~VSP-1 Authorization to Operate State or Private Vehicles on State Business~~

~~Disposition Codes~~

~~OPM Form 023 Statement of Selective Service Status~~
~~OPM Form Hiring Freeze Exception Request~~

~~CLEST F-1 Initial Employment Form~~
~~CLEST F-2 Medical Examination Form~~
~~CLEST F-2a Medical History Questionnaire~~
~~CLEST F-3 Personal History Statement~~

~~CLEST F-4 Personnel Change in Status Report~~
~~CLEST F-4a Personnel Separation Notice~~
~~CLEST F-7 Application for Award of Law Enforcement Certificate~~
~~CLEST F-8 Application for Law Enforcement Instructor Certificate~~
~~ALETA Training Application Forms~~

VIII. REFERENCES:

~~Arkansas Dept. of Finance & Administration (DFA)~~
~~Disclosure of Employment of Family Members forms is available on the Department of Finance and Administration: Human Resources website~~

REPEALED



DIVISION OF
CORRECTION

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ADMINISTRATIVE DIRECTIVE

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SUBJECT: Incident Notification Procedures

NUMBER: ~~19-8-28~~

SUPERSEDES: ~~17-3218-28~~

APPLICABILITY: Director, Deputy and Assistant Directors, Assistants to the Director, Superintendents, Wardens, Center Supervisors, and Administrators

REFERENCE: AR 011 News Media Interviews
and Correspondence, AR 005
Reporting of Incidents

PAGE: 1 of ~~545~~

APPROVED: Original Signed by ~~Wendy Kelley~~

EFFECTIVE DATE: ~~6/15/18~~

I. POLICY:

It shall be the policy of the ~~Arkansas Department of Correction (the Department)~~ Division of Correction that all serious incidents within the ~~Department~~ Division will be reported fully and completely to the appropriate ~~Departmental~~ Divisional personnel, ~~the Office of the Secretary of Corrections~~, the Board of Corrections, the Assistant to the Board and the Governor's Office. Additionally, the State Medical Examiner and outside law enforcement agencies will be promptly contacted in accordance with Department policy.

II. DEFINITIONS:

A. Serious Illness or Injury

An illness or injury that requires immediate offsite medical treatment resulting in an ambulance transport and/or admission to a non-ADC hospital.

B. Serious Incidents Requiring Immediate Notification

1. Death, serious injury or illness of an inmate, staff member, contract staff member, or visitor; in a Department/Division facility or office (not suspected to be due to natural causes). This is to include any use of force by an employee in the line of duty;
2. Serious incident involving an inmate on furlough, in a Work Release Program, Act 309 assignment, or otherwise off ADC property, which includes but is not limited to all homicides, Rape, or Battery in the First Degree.
- ~~2-3.~~ Discharge of a state-issued firearm, at any time other than in training, by an employee;
- ~~3-4.~~ Hostage situation;
- ~~4-5.~~ Riot or other mass disturbance (six or more inmates);
- ~~5-6.~~ Major breach of security;
- ~~6-7.~~ Natural disaster;
- ~~7-8.~~ Chemical spill;
- ~~8-9.~~ Escape;
- ~~9-10.~~ Work strike;
- ~~10-11.~~ Suspected criminal activity;
- ~~11-12.~~ An incident requiring outside assistance (law enforcement, or firefighting); or
- ~~12-13.~~ Any incident worthy of media notification, or upon media inquiry.

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C. Serious Incidents Requiring Notification During Normal Work Hours

1. Deaths by natural causes will be reported during a work day or the next work day with the exception of notification to the Medical Services Administrator, or designee, the Administrator of Internal Affairs, the chaplain, the Arkansas State Police, and the Public Information Officer (PIO) Communications Director, who are to be notified immediately upon the death of any inmate.
2. Incidents where excessive Use of Force appears after unit level inquiry are to be reported during normal working hours.

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D. Death from "Natural Causes"

Death from “Natural Causes” includes death that was expected due to age, previously diagnosed illnesses or injuries. All other deaths, including those suspected to be suicide, homicide, or occurring during or shortly after an altercation or accident, will not be assumed to be of “natural causes”.

E. Normal Working Hours

Normal Working Hours: Monday – Friday, 8:00 a.m. until 5:00 p.m., excluding holidays.

III. PROCEDURES:

~~The Superintendent/Warden/Center Supervisor/Administrator (“Warden”) or Duty Warden will contact and report the incident by telephone to the appropriate Deputy Director or Duty Director, the Administrator of Medical and Dental Services, Chaplain, PIO/Communications Director, and the Administrator of Internal Affairs will be notified where applicable.~~

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- ~~A. The Superintendent/Warden/Center Supervisor/Administrator (“Warden”) or Duty Warden will contact and report the incident by telephone to the appropriate Deputy Director or Duty Director, the Administrator of Medical and Dental Services, Chaplain, Communications Director, and the Administrator of Internal Affairs will be notified where applicable.~~

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- ~~A. The appropriate Deputy Director, or an Assistant to the Director will be responsible for collecting complete and concise information concerning the incident, and for notifying the Director and the PIO/Communications Director. Unless directed otherwise by the Director, the The PIO-Communications Director will notify the Chairman of the Board of Corrections, the department’s Board liaison, the Assistant to the Board, the Secretary of Corrections, the Secretary’s Chief of Staff, the Governor’s liaison and the Governor’s spokesperson. All Board Members and Assistant to the Board will be notified at the Chairman’s or liaison’s request.~~

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B.

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- ~~B.C. Following notification by telephone, an e-mail will be sent by the Warden or designee no later than the following business day summarizing the incident. The e-mail should be sent through EOMIS to the ADC Incident e-mail distribution list and will include the following:~~

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1. The unit/center/location where the incident occurred;
2. The date and time the incident occurred;
3. The nature of the incident;
4. The location of the incident within the unit/center;
5. The persons involved in the incident; and

6. If injury, the extent of the injury.

E.D. During the investigative phase of the incident/occurrence, any significant update or change in initial data will be forwarded to the appropriate officials covered in Section III. Procedures – Subsection B.

E. Pursuant to Arkansas Code § 12-12-315, the occurrence of any death in a correctional facility requires the County Coroner and the State Medical Examiner be notified. In addition, the facility Warden or designee will immediately notify the following individuals when any death, serious injury, or illness occur:

1. the Arkansas State Police contact person designated by the Arkansas State Police and the Administrator of the Internal Affairs Division. The Administrator of the Internal Affairs Division, who will then promptly confirm that the Arkansas State Police has received notification the contact person designated by the Arkansas State Police;

2. notification of the death.

3. When any inmate death, serious injury or illness occurs, the Warden or designee will immediately notify the Administrator of Internal Affairs, the Chaplain,

4. The PIO/Communications Director, the contact person designated by the Arkansas State Police, and and

5. The Administrator of Medical and Dental Services, or designee, who will notify the State Medical examiner.

Note: Pursuant to Arkansas Code § 12-12-315, the occurrence of any death in a correctional facility requires the County Coroner and the State Medical Examiner be notified. If the death occurs at the facility, the Warden or designee will notify the county coroner.

E.F. The Chaplain, upon notification of an inmate death, serious injury or illness that requires immediate offsite medical treatment resulting in an ambulance transport and/or admission to a non-ADC hospital, will immediately notify the Primary or Alternate Emergency Contact(s) of the inmate. The Warden or designee is responsible for notifying the Chaplain.

H. Notification Process for outside law enforcement agencies:

1. Any contact with outside law enforcement agencies by ADC personnel will only be through the Internal Affairs Division, except in cases of inmate death, escape or serious institutional disturbance, which will be performed in accordance with this Administrative Directive and the Department's emergency preparedness procedures.

2. The Internal Affairs Administrator or designee will immediately report to the Arkansas State Police:

a. Any life-threatening battery;

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Commented [TM8]: This statement is untrue but is corrected in the 2nd paragraph, which is now paragraph #1

- b. Any escape or serious disturbance (if ASP has not already been contacted); and
- c. Fires where arson is suspected and substantial damage occurs.
- d. Alleged forcible rape;
- e. Major drug, alcohol, or tobacco finds; or,
- f. Intelligence information regarding any probable felony.

~~The Internal Affairs Administrator will also confirm with the Arkansas State Police that the Arkansas State Police has received notification of an inmate death.~~

g. -

I. Guidelines for Internal Affairs Investigations initiated through the Incident Notification Process:

1. The Internal Affairs Administrator will initiate an internal investigation when instructed to do so by the Director, or in the Director's absence, the appropriate Deputy or Assistant Director.
2. Investigations by Internal Affairs will be required when:
 - a. It is unclear from initial reports whether a crime occurred;
 - b. The incident notification involves use of force in which the inmate is seriously injured or in which the force used appears excessive;
 - c. A Departmental issue co-exists with an investigation by the Arkansas State Police;
 - d. The Department may be liable for damages in an accident; or
 - e. Any unresolved rape allegations.

J. Notification of the Media

1. ~~The media will be notified by the Public Information Officer (PIO) when so instructed by the Director, or designee. Incidents will be reported to the news media by the Communications Director only after contact has been made with the Board of Corrections, the Governor's Office, the Secretary, the Division Director, and other officials as required by operational policy to receive notification by Board, Secretarial, or Division policy.~~

Note: The Secretary's Chief of Staff will communicate with the media in the absence of the Communications Director.

2. If the Director or designee is not available, the ~~(PIO)~~Communication Director will act in accordance with Administrative Regulation (AR) 011: News Media Interviews and Correspondence.
3. ~~The PIO will notify the Director, Chairman of the Board of Corrections,~~

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~~the department's Board liaison, the Assistant to the Board, the Governor's liaison and the Governor's spokesperson of any contact with the media.~~

3. The ~~PIO-Communications Director~~ will, upon request, will notify the media whether the death of an inmate is known to be due to Natural Causes (see "Natural Causes" under Section II. Definitions – Subsection ~~DE~~ – Number 1).

~~4.1. The Chief of Staff will communicate with the media in the absence of the Communications Director.~~

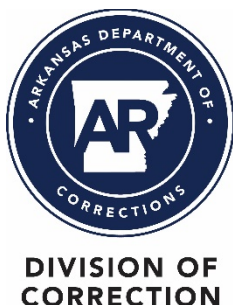
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K. Notification of other Departmental Officials

1. Other Departmental officials who are notified will act according to any instructions given; or,
2. In the absence of instructions, officials will act in a fashion consistent with both that person's duties and divisional standard operating procedure.
3. All individuals notified will be responsible for exploring any issues raised that relates to their area of responsibility. Each is also responsible for recommending corrective measures if such measures are needed.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Incident Notification Procedures

NUMBER: 19-32

SUPERSEDES: 18-28

APPLICABILITY: Director, Deputy and Assistant Directors, Assistants to the Director, Superintendents, Wardens, Center Supervisors, and Administrators

**REFERENCE: AR 011 News Media Interviews
and Correspondence, AR 005
Reporting of Incidents**

PAGE: 1 of 5

APPROVED: Original Signed by Dexter Payne

EFFECTIVE DATE: 10/18/2019

I. POLICY:

It shall be the policy of the Division of Correction that all serious incidents within the Division will be reported fully and completely to the appropriate Division personnel, the Office of the Secretary of Corrections, the Board of Corrections, the Assistant to the Board and the Governor's Office. Additionally, the State Medical Examiner and outside law enforcement agencies will be promptly contacted in accordance with Department policy.

II. DEFINITIONS:

A. Serious Illness or Injury

An illness or injury that requires immediate offsite medical treatment resulting in an ambulance transport and/or admission to a non-ADC hospital.

B. Serious Incidents Requiring Immediate Notification

1. Death, serious injury or illness of an inmate, staff member, contract staff member, or visitor; in a Division facility or office (not suspected to be due to natural causes). This is to include any use of force by an employee in the line of duty;
2. Serious incident involving an inmate on furlough, in a Work Release

Program, Act 309 assignment, or otherwise off ADC property, which includes but is not limited to all homicides, Rape, or Battery in the First Degree.

3. Discharge of a state-issued firearm, at any time other than in training, by an employee;
4. Hostage situation;
5. Riot or other mass disturbance (six or more inmates);
6. Major breach of security;
7. Natural disaster;
8. Chemical spill;
9. Escape;
10. Work strike;
11. Suspected criminal activity;
12. An incident requiring outside assistance (law enforcement, or firefighting); or
13. Any incident worthy of media notification, or upon media inquiry.

C. Serious Incidents Requiring Notification During Normal Work Hours

1. Deaths by natural causes will be reported during a work day or the next work day with the exception of notification to the Medical Services Administrator, or designee, the Administrator of Internal Affairs, the chaplain, the Arkansas State Police, and the Communications Director, who are to be notified immediately upon the death of any inmate.
2. Incidents where excessive Use of Force appears after unit level inquiry are to be reported during normal working hours.

D. Death from “Natural Causes”

Death from “Natural Causes” includes death that was expected due to age, previously diagnosed illnesses or injuries. All other deaths, including those suspected to be suicide, homicide, or occurring during or shortly after an altercation or accident, will not be assumed to be of “natural causes”.

E. Normal Working Hours

Normal Working Hours: Monday – Friday, 8:00 a.m. until 5:00 p.m., excluding holidays.

III. PROCEDURES:

- A.** The Superintendent/Warden/Center Supervisor/Administrator (“Warden”) or Duty Warden will contact and report the incident by telephone to the appropriate Deputy Director or Duty Director, the Administrator of Medical and Dental Services, Chaplain, Communications Director, and the Administrator of Internal Affairs will be notified where applicable.
- B.** The appropriate Deputy Director or Assistant Director will be responsible for collecting complete and concise information concerning the incident, and for notifying the Director and the Communications Director. The Communications Director will notify the Chairman of the Board of Corrections, the department’s Board liaison, the Assistant to the Board, the Secretary of Corrections, the Secretary’s Chief of Staff, the Governor’s liaison and the Governor’s spokesperson. All Board Members will be notified at the Chairman’s or liaison’s request.
- C.** Following notification by telephone, an e-mail will be sent by the Warden or designee no later than the following business day summarizing the incident. The e-mail should be sent through EOMIS to the ADC Incident e-mail distribution list and will include the following:
 - 1. The unit/center/location where the incident occurred;
 - 2. The date and time the incident occurred;
 - 3. The nature of the incident;
 - 4. The location of the incident within the unit/center;
 - 5. The persons involved in the incident; and
 - 6. If injury, the extent of the injury.
- D.** During the investigative phase of the incident/occurrence, any significant update or change in initial data will be forwarded to the appropriate officials covered in Section III. Procedures – Subsection B.
- E.** The facility Warden or designee will immediately notify the following individuals when any death, serious injury, or illness occur:
 - 1. The Administrator of the Internal Affairs Division, who will then notify the contact person designated by the Arkansas State Police;
 - 2. The Chaplain,
 - 3. The Communications Director, and
 - 4. The Administrator of Medical and Dental Services, or designee, who will notify the State Medical examiner.

Note: Pursuant to Arkansas Code § 12-12-315, the occurrence of any death in a correctional facility requires the County Coroner and the State Medical Examiner be notified. If the death occurs at the facility, the Warden or designee will notify the county coroner.

- F.** The Chaplain, upon notification of an inmate death, serious injury or illness that requires immediate offsite medical treatment resulting in an ambulance transport and/or admission to a non-ADC hospital, will immediately notify the Primary or Alternate Emergency Contact(s) of the inmate. The Warden or designee is responsible for notifying the Chaplain.
- H.** Notification Process for outside law enforcement agencies:
1. The Internal Affairs Administrator or designee will immediately report to the Arkansas State Police:
 - a. Any life-threatening battery;
 - b. Any escape or serious disturbance (if ASP has not already been contacted); and
 - c. Fires where arson is suspected and substantial damage occurs.
 - d. Alleged forcible rape;
 - e. Major drug, alcohol, or tobacco finds; or,
 - f. Intelligence information regarding any probable felony.
 - g. Inmate death.
- I.** Guidelines for Internal Affairs Investigations initiated through the Incident Notification Process:
1. The Internal Affairs Administrator will initiate an internal investigation when instructed to do so by the Director, or in the Director's absence, the appropriate Deputy or Assistant Director.
 2. Investigations by Internal Affairs will be required when:
 - a. It is unclear from initial reports whether a crime occurred;
 - b. The incident notification involves use of force in which the inmate is seriously injured or in which the force used appears excessive;
 - c. A Departmental issue co-exists with an investigation by the Arkansas State Police;
 - d. The Department may be liable for damages in an accident; or
 - e. Any unresolved rape allegations.
- J.** Notification of the Media
1. Incidents will be reported to the news media by the Communications Director only after contact has been made with the Board of Corrections, the Governor's Office, the Secretary, the Division Director, and other officials required to receive notification by Board, Secretarial, or Division policy.

Note: The Secretary's Chief of Staff will communicate with the media in the absence of the Communications Director.

2. If the Director or designee is not available, the Communication Director will act in accordance with Administrative Regulation (AR) 011: News Media Interviews and Correspondence.
3. The Communications Director upon request, will notify the media whether the death of an inmate is known to be due to Natural Causes (see "Natural Causes" under Section II. Definitions – Subsection D – Number 1).

K. Notification of other Departmental Officials

1. Other Departmental officials who are notified will act according to any instructions given; or,
2. In the absence of instructions, officials will act in a fashion consistent with both that person's duties and divisional standard operating procedure.
3. All individuals notified will be responsible for exploring any issues raised that relates to their area of responsibility. Each is also responsible for recommending corrective measures if such measures are needed.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Release Process

NUMBER: ~~18-2019-~~

SUPERSEDES: ~~18-11~~18-20

APPLICABILITY: To Unit/Center employees, especially records staff

REFERENCE: AR 803

PAGE 1 of

~~141~~

APPROVED: Original signed by ~~Wendy Kelley~~

EFFECTIVE DATE: ~~6/7/2018~~

I. POLICY:

To establish a procedure by which all inmates are released from the institution.

II. PURPOSE:

Appropriate guidelines must exist to ensure all obligations have been met before an inmate is released.

III. PROCEDURE:

When an inmate is scheduled for release from the institution, it will be necessary for the appropriate sections to clear the inmate and sign the attached Clearance Sheet verifying that the inmate is cleared for release. The Clearance Sheet will originate in the Records Office and will be made part of the inmate's permanent institutional file.

Each section will be responsible for checking the following pertaining to the inmate being released:

1. Shift Lieutenant/Captain - Disciplinarys which may not have reached the file that could affect inmate's release; notification to count room for adjusting unit count.

2. Commissary - Close out of inmate's account.
3. Mail - Check for any undistributed mail and obtain forwarding address.
4. Medical/Mental Health - Issue any current prescribed medications to inmate and provide written instructions for continuation of medical/mental health care upon release if appropriate.
5. Property - Ascertain that inmate is in possession of all personal property and not in possession of any state property.
6. Key Control Officer- To ascertain that all state issued keys, locks/ lock cylinders have been returned
7. Laundry - Ascertain that all state issued clothing has been returned.
8. Parole/Transfer - Ascertain that inmate is eligible and has been approved for parole/transfer whether regular parole/transfer, or regular parole/transfer with special conditions; verify receipt of debit card (if applicable), and confirm that transportation arrangements are made.
9. Records –
 - a. Ascertain that all other individuals designated by this policy have signed off on the Clearance Sheet.
 - b. Check all commitment orders, directly from the commitment paperwork, to verify time computation and release eligibility; and complete the appropriate Release Verification Checklist (Regular Parole/Transfer, Discharge, or Court Order).
 - c. Ensure that all ACIC/NCIC arrests and warrants have been verified for a disposition with the appropriate arresting County agencies.
 - d. Verify all pending cases and document all findings on the Release Contact Sheet and obtain documentation when needed.
 - e. Notify the Shift Lieutenant/Captain if the inmate is being released to a detainer.
 - f. Notify the Warden/Deputy Warden of any pending, or questionable, charges. Notify all details of a case or charge if county does not wish to place a detainer
 - g. Use all available methods to research the status of any case or charge, such as the Administrative Office of the Court (Court Connect), County Circuit Clerk's Office, County Sheriff's Office and the Prosecuting Attorney's Office. If there are any pending cases, notify that County of the inmate's pending release, and confirm they have placed a detainer. Record staff should enter a detainer if the county indicates they will pick up the inmate.
 - h. Ensure that the proper sex offender paperwork is completed if applicable.
 - i. Document whether the inmate is being released with a State ID/DL or their ADC ID. If the inmate is being released with an ADC ID, the unit's Institutional Release Officer must be notified, and this information must be documented.

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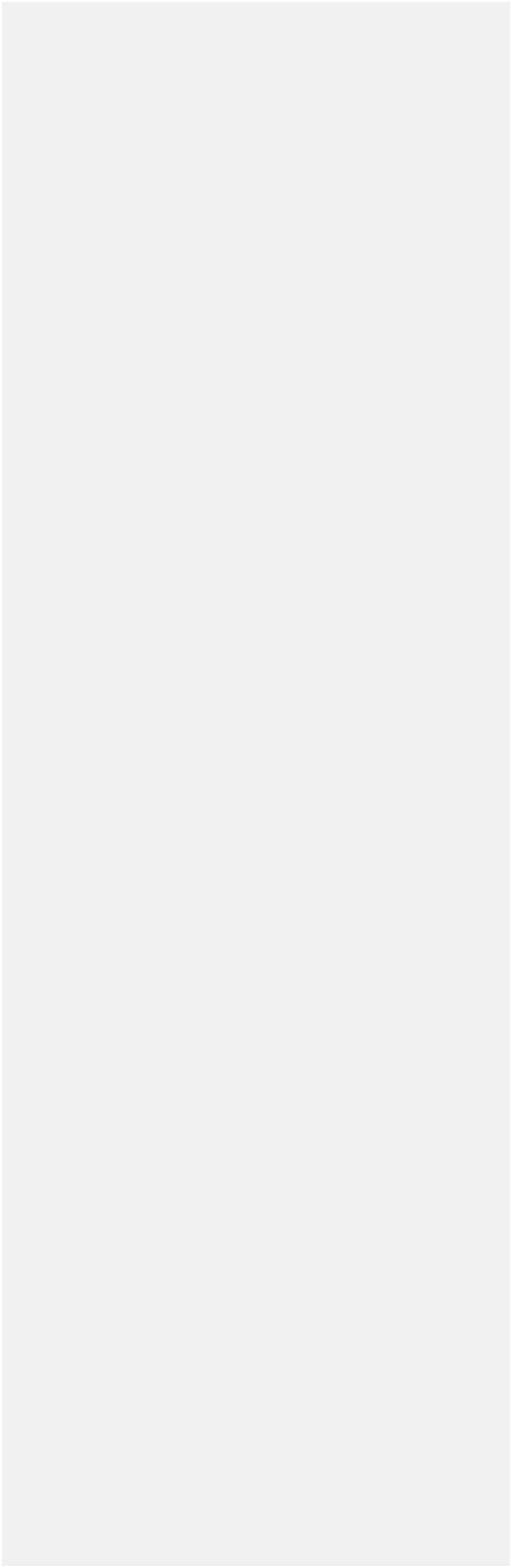
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| If not, document whether or not the unit's Institutional Release Officer has been notified.



10. Hobby Craft Supervisor – To verify that the inmate has no work craft pending debts.
11. Work Release Supervisor – To notify the employer and coordinate the return of the work release uniforms.
12. Victim Notification – Upon discharge/parole of an inmate, the Records Supervisor/Institutional Release Officer will be responsible for notifying the Victim Coordinator by written notification and/or by phone call.
13. All inmates must have a DNA test before being released on parole or discharge.
14. Chaplain will offer inmates a resource guide to assist them in transition, a list of ex-inmate friendly religious institutions, and any other faith based related assistance requested.
15. Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed at the discretion of the Chief Deputy/Deputy/Assistant Director.
16. Warden/Deputy Warden shall escort the inmate out of the unit once all release paperwork is completed.

V. **ATTACHMENTS:**

- #1 - Clearance Sheet
- #2 – Release Contact Sheet
- #3 - Release Verification Checklist - Regular Parole
- #4 - Release Verification Checklist - Discharge
- #5 - Release Verification Checklist - Court Order
- #6 – Sex Offender Acknowledgement Form
- #7 – Sex Offender Registration Form

ATTACHMENT #1

ARKANSAS DEPARTMENT OF CORRECTION
UNIT

CLEARANCE SHEET

INMATE: _____ ADC # _____

T.E. OR DISCHARGE DATE: _____

The above named inmate is being released from this institution by:

_____ Regular Parole/Transfer	_____ Early Parole (Act 418) Emergency Powers Act
_____ Transfer Eligibility	_____ Early Parole (Act 1721) Emergency Powers Act
_____ Transitional Housing (Act 679)	_____ Per Court Order
_____ Act 290	_____ BOND
_____ DISCHARGE	
_____ Parole to Detainer	
_____ Discharge to Detainer	

The following sections, prior to release by the Records Office, must clear each inmate being processed for release from this institution.

Shift Lieutenant/Captain: _____ (Signature)	Time and Date: _____
Commissary: _____ (Signature)	Time and Date: _____
Mail Room: _____ (Signature)	Time and Date: _____
Medical Records: _____ (Signature)	Time and Date: _____
Mental Health: _____ (Signature)	Time and Date: _____
Property: _____ (Signature)	Time and Date: _____
Key Control: _____ (Signature)	Time and Date: _____
Laundry: _____ (Signature)	Time and Date: _____
Parole: _____ (Signature)	Time and Date: _____
Classification: _____ (Signature)	Time and Date: _____
Work Release Supervisor: _____ (Signature)	Time and Date: _____
Hobby Craft Supervisor: _____ (Signature)	Time and Date: _____
Inmate Debit Card: _____ (Inmate Signature) (ADC Number)	Time and Date: _____

The above named inmate has been cleared by each of the above sections, the Records Office has checked all commitment papers, verified the time computation and release eligibility dates, and the inmate is cleared for release. I have advised the Warden/Center Supervisor or Designee if this inmate is being released to a detainer and of any pending, or questionable, charges or cases.

Records Supervisor (Signature)

Warden/Center Supervisor or Designee (Signature)

RELEASE CONTACT SHEET

NAME _____ ADC # _____

DOB _____

COUNTY _____

CONTACT PERSON FOR THE FOLLOWING DEPARTMENTS:

PROSECUTING ATTORNEY'S OFFICE _____

Comments: _____

SHERIFF'S DEPARTMENT _____

Comments: _____

CIRCUIT CLERK'S OFFICE _____

Comments: _____

POLICE DEPARTMENT _____

Comments: _____

MUNICIPAL COURT _____

Comments: _____

_____ Per the above contact person(s) this inmate has no pending charges and may be released from ADC.

_____ per the above contact person(s) this inmate has pending charges and will be taken custody by the above county.

ADDITIONAL NOTES:

Person Conducting Release Checks _____ Date _____

Inmate Name: _____ ADC # _____
 T.E./P.E. Date: _____ E.P.A.? Yes () No ()

REGULAR PAROLE/TRANSFER
Release Verification

		<u>YES</u>	<u>NO</u>
1.	Has time computation been verified by checking felony class, Act sentenced under, term status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time?	_____	_____
1a.	If so, have the computer entries been compared against the commitment documents?	_____	_____
2.	Has P.E/T.E. eligibility date, both in the computer and Institutional file been cross-checked for accuracy?	_____	_____
2a.	If so, has parole date been reached?	_____	_____
3.	Has information in Parole Vote Sheet been verified to ensure compliance with an imposed release date, completion of any special condition or programs, or parole detainer (i.e., Have all special conditions been met)?	_____	_____
4.	Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility?	_____	_____
4a.	If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	_____	_____
5.	DNA testing completed.	_____	_____
6.	Does Sex & Child Offender Act of 1997 apply (Arkansas Conviction)?	_____	_____
6a.	Does Sex & Child Offender Act of 1997 apply (Out of State Conviction)? _____	_____	_____
6b.	If YES, has offender been registered or has registration been updated?	_____	_____
7.	Has inmate been out to Free World Court during this incarceration?	_____	_____
7a.	If YES, did inmate receive New Time? Verify with any court attended during the inmate's incarceration.	_____	_____
8.	Has inmate been to disciplinary court?	_____	_____
8a.	If YES, did inmate receive a reduction in class or loss of Good Time?	_____	_____
9.	Has Conditional Order of Release been signed by all appropriate parties?	_____	_____
10.	Is inmate paroling or being released to detainer?	_____	_____
10a.	If YES, has the shift supervisor been advised the inmate is to be released to a detainer only?	_____	_____
11.	Is the inmate being released with State ID/DL or ADC ID	_____	_____
11a.	<u>If NO, has the unit's Institutional Release Officer been notified?</u>	_____	_____
11b.	<u>If released with an ADC ID, has the unit's institutional Release Officer been notified?</u>	_____	_____

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 Records Supervisor

 Warden/Center Supervisor or Designee

Regular Parole Release Check Sheet

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Inmate Name: _____ ADC # _____

Discharge Date: _____

DISCHARGE
Release Verification **YES NO**

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1. Has time computation been verified by checking felony class, ACT sentenced under, termier status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time, and by comparing computer entries against the commitment documents(s)?
2. Has minimum release date, both in the computer and institutional file been cross checked for accuracy and, if so, has minimum release date been reached?
3. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility? If outstanding warrant is present or additional term requires recalculation of time, answer is NO.
4. Has the discharge been signed by the Unit Warden or his/her designee?
5. Has DNA testing completed?
6. Does Sex & Child Offender Act of 1997 apply? If YES, has offender been registered or has registration been updated?
7. Has inmate been out to Free World Court during this incarceration?
- 7a. If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration.
8. Has inmate been to disciplinary court? If YES, did inmate receive a reduction in class or loss of Good Time?
9. Does inmate have victims listed? If yes, have they been contacted?
10. Is inmate discharging to a detainer?
- 10a. If YES, has the shift supervisor been advised the inmate is to be released to detainer only?
11. Is the inmate being released with State ID/DL or ADC ID
- 11a. If NO, has the unit's Institutional Release Officer been notified?
- 11b. IF released with an ADC ID, has the unit's institutional Release Officer been notified?

YES NO

1. Has time computation been verified by checking felony class, Act sentenced under, termier status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time, and by comparing computer entries against the commitment document(s)?

== ==

2.	Has minimum release date, both in the computer and institutional file been cross checked for accuracy and if so, has minimum release date been reached?	==	==
3.	Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility? If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	==	==
4.	Has the discharge been signed by the Unit Warden or his/her designee?	==	==
5.	DNA testing Completed?	==	==
6.	Does Sex & Child Offender Act of 1997 apply? If YES, has offender been registered or has registration been updated?	==	==
7.	Has inmate been out to Free World Court during this incarceration?		
7a.	If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration.	==	==
8.	Has inmate been to disciplinary court? If YES, did inmate receive a reduction in class or loss of Good Time?	==	==
9.	Does inmate have victims listed? If yes, have they been contacted?	==	==
10.	Is inmate discharging to a detainer?	==	==
10a.	If YES, has the shift supervisor been advised the inmate is to be released to <u>detainer</u> only?		
11.	Is the inmate being released with State ID/DL or ADC ID	==	==
11a.	If NO, has the unit's Institutional Release Officer been notified?	==	==

Records Supervisor

Warden/Center Supervisor or Designee

DISCHARGE CHECK SHEET

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ATTACHMENT #5

Inmate Name: _____ ADC # _____
Release Date: _____

COURT ORDER
Release Verification

	<u>YES</u>	<u>NO</u>
1. Is court order an original or certified copy?	_____	_____
2. Has the discharge form been signed by the Unit Warden or his/her designee?	_____	_____
3. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility?	_____	_____
3a. If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	_____	_____
4. DNA testing Completed?	_____	_____
5. Does Sex & Child Offender Act of 1997 apply (Arkansas Conviction)?	_____	_____
5a. Does Sex & Child Offender Act of 1997 apply (Out of State Conviction)?	_____	_____
6. Has inmate been out to Free World Court during this incarceration?	_____	_____
6a. If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration.	_____	_____
7. Does inmate have victims listed?	_____	_____
7a. If YES, have they been contacted?	_____	_____
8. Is inmate discharged to a detainer?	_____	_____
8a. IF YES, has the shift supervisor been advised the inmate is to be released to a detainer only?	_____	_____
9. Is the inmate being released with State ID/DL or ADC ID	_____	_____
9a. If NO, has the unit's Institutional Release Officer been notified?	_____	_____
9b. If released with an ADC ID, has the unit's institutional Release Officer been notified?	_____	_____

Records Supervisor

Warden/Center Supervisor or Designee

Court Order Release Check Sheet

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Sex Offender Acknowledgement Form

Offender must **carefully** read and sign this form

1. Pursuant to Act 989 of 1997, anyone convicted of a sex offense as defined by state and federal law are required to register prior to release from incarceration, placed on probation or upon entry to this state from another state. All offenders are required to provide fingerprints, palm prints, photos, DNA and pay all fees pertaining to registration before or upon registration.
2. Pursuant to §12-12-906, Arkansas state law requires the offender to report any changes in residence, mailing address, temporary domicile, employment, volunteer, email, social network information **IN Person** to the local law enforcement agency having jurisdiction at the time of the change. When changing residence/ mailing address or temporary domicile, this must be done no later than ten (10) days before the offender establishes residence or temporary domicile unless otherwise indicated such as eviction or natural disaster. When changing address within the state of Arkansas the offender must also report to the local law enforcement agency having jurisdiction at the new address within three (3) days after relocation to the new address. If the offender moves here from another state and is required or has been required to register in the other state, the offender must report to the jurisdictional law enforcement agency any residency or temporary domicile in which you will be **residing** for an aggregate of five (5) or more consecutive days during a calendar year. Other than a change of address, an offender shall report a change of any other information required to the local law enforcement agency having jurisdiction within ten (10) days of the change.
3. Pursuant to § 12-12-925 Offender must report any travel or move to a foreign country to the jurisdictional agency. This must be done twenty-one (21) days before leaving the US. The offender must provide the dates of travel and the name(s) of the foreign country to which the offender is moving or visiting.
4. Pursuant to § 12-12-906 (g) (3) the offender must submit any passport(s) and/or any immigration documents to the jurisdictional agency along with any other documents pertaining to travel out of the US.
5. If the offender moves to another state or lives in Arkansas and works in another state, the offender must register in that state no later than three (3) business days after the offender establishes residency or employment in the new state. If the offender attends school, does volunteer work or is employed at any institute of higher education, the offender shall register with the law enforcement agency having jurisdiction over the campus. This may be a Department of Public Safety or the local law enforcement agency. A nonresident worker or student shall register in compliance with Pub. L. No. 109-248 as exists 01-01-07 no later than seven (7) calendar days after establishing residency, employment or student status.
6. Pursuant to § 12-12-909, the offender is required to verify their residence within ten (10) days after the *Verification of Residency date* indicated on the bottom portion of this form. Verification of residency is required of every registered offender either every six (6) months after registration, or every ninety (90) days depending on the offender's assessment level. Offenders who claim to be homeless shall verify registration every thirty (30) days during the period of time in which the offender is required to register as a sex offender and claims to be homeless.
7. All offenders who were convicted as adults or were adjudicated as juveniles and moved to Arkansas from another state and are now 18 years of age or older, are required to submit to a risk assessment to be completed by the Sex Offender Community Notification Assessment Program (SOCNA). If the offender was adjudicated delinquent in juvenile court in another state and is now under the age of 18, will be assessed by the Family Treatment Center (FTP) or other agency or entity authorized to conduct juvenile sex offender assessments. The offender will be notified by certified mail of the location, date and time of the assessment. It is a Class C Felony to fail to appear for assessment or to not fully submit to the assessment process. The offender will be assessed as a default Level 3 or Level 4 -Sexually Dangerous Person (SDP) should this occur. The offender, assessed as an adult, can request a reassessment after 5 years from the date of the original assessment. Said offender is responsible for contacting SOCNA to arrange this reassessment.
8. Pursuant to § 5- 14-128. It is unlawful for a sex offender who is required to register and who has been assessed as a Level 3 or Level 4 offender to reside within two thousand (2,000) feet of the property on which any public, private, secondary school or daycare facility is located. Act 818 of 2007 includes public parks and youth centers and Act 394 of 2007 prohibits Level 3 and Level 4 offenders from residing within 2,000 feet of the residence of his/ her victim or to have direct or indirect contact with his/ her victim for the purpose of harassment as defined under § 5-17-208. Act 376 of 2015 amended § 12-12-128 to wit: level 4 offenders may not knowingly reside within two thousand (2,000) feet of a church or any other place of worship.
9. Pursuant to the Sex Offender Registration Act of 1997, §12-12-901 et seq., it is unlawful for a sex offender who is required to register, and who has been assessed as a Level 3 or Level 4 offender to engage in an occupation or participate in a volunteer position that requires the sex offender to work or interact primarily and directly with children under sixteen (16) years of age.
10. Pursuant to § 5-14-133 it is unlawful for a sex offender who has been assessed as a level 3 or level 4 offender to knowingly enter a water park owned or operated by a local government. It is also unlawful for a registered sex offender who has been assessed as a level 3 or level 4 to enter a swimming area or children's playground contained within an Arkansas State Park pursuant to § 5-14-134. Violation of either of these offenses is a Class D felony. This does not include privately owned water parks.
11. Pursuant to § 12-12-907, no later than ten (10) days after release from incarceration or after the date of sentencing, the offender shall report to the local law enforcement agency having jurisdiction to update registration information. Even if you have registered either during or upon release from incarceration, you must report to the local authorities no later than ten (10) days after release.

_____/_____/_____
Offender initial and date

Sex Offender Acknowledgement Form

12. Pursuant to Title 18, United States Code, Section 2250; Whoever is required to register under the Sex Offender Registration and Notification Act; by reason of a conviction under Federal law (including the Uniform Code of Military Justice), the law of the District of Columbia, Indian tribal law, or the law of any territory or possession of the United States; or travels in interstate or foreign commerce, or enters or leaves, or resides in, Indian country; and knowingly fails to register or update a registration as required by the Sex Offender Registration and Notification Act; shall be fined under this title or imprisoned not more than 10 years, or both.
13. Pursuant to § 5-14-130 (1), it is a Class D Felony to provide false information to obtain identification cards or driver's licenses with incorrect permanent physical addresses.
14. Pursuant to § 5-14-132 et seq., it is unlawful for a registered sex offender who has been assessed as level 3 or level 4 to knowingly enter upon the campus of an of a public school except under certain circumstances listed in the act. Level 3 offenders may enter a ticketed school sponsored event if they are a parent, guardian or relative as defined by § 28-9-212 and give a 24 hour notice to the school. Level 4 offenders may not attend ticketed school sponsored events. It is also unlawful for a registered sex offender who is a level 3 or level 4 to enter the campus of a private school without notifying the school and complying with any terms the private school requires.
15. Pursuant to §12-12-919 termination of obligation to register is the responsibility of the offender. In order to be removed from the Arkansas state registry the offender who has been convicted as an adult must petition the sentencing court if convicted in Arkansas. Offender must register for a minimum of 15 years. If the conviction was out of state, the offender must petition the court in the county in which they reside in Arkansas. The offender will continue to be required to register in Arkansas if petition is not granted or if the offender does not petition. Not every offender is eligible to petition for removal. If a court denies a petition the offender may not file a new petition for one year.
16. Pursuant to § 12-12-925 anyone required to register as a sex offender cannot provide goods and services under the Arkansas Medicaid Program.

I hereby acknowledge that I have been advised of my duty to register as a sex offender required by Arkansas ACA 12-12-907. I have also been advised that failure to verify my address or failure to report any change of address, School or employment status as required by ACA 12-12-904 constitutes a Class C Felony and may result in subsequent arrest and/or prosecution.

I acknowledge I have read and/or understand that I must verify my residence every ____ month(s) (calculated from initial registration date) by appearing in person to the jurisdictional law enforcement where I reside as required Arkansas statute. I understand that not doing so could result in arrest and prosecution. I acknowledged that I have received a copy of this document upon signing and understand the date of next verification.

Offender Signature

Date signed

Print Offender name clearly

Witness signature (law enforcement only)

Agency Name

OFFENDER MUST BE PROVIDED A COPY OF THIS SIGNED FORM

State of Arkansas
Sex Offender Registration Form
Reporting this information is required by ACA §12-12-904.

CSN#

Sentencing Court							
Offender's Last Name	First Name	Middle Name	AKA				
Date of Birth	Race	Sex	Height ft in	Weight	Hair Color	Eye Color	
AR SID (if offender does not have AR SID please submit 2 sets of prints by mail)			FBI #		Driver License or ID Card # and state		SSN #
Scars/Marks/Tattoos							
Vehicle License # state	Make/Model	Vehicle Year	Color	Owner of vehicle if not offender:			
Vehicle License # state	Make/Model	Vehicle Year	Color	Owner of vehicle if not offender:			
Vehicle License # state	Make/Model	Vehicle Year	Color	Owner of vehicle if not offender:			
Vehicle License # state	Make/Model	Vehicle Year	Color	Owner of vehicle if not offender:			
Aircraft Registration #/ state	Registration Year	License Type	Make/Model	Aircraft Year	Color	Manufacturer of Plane / Style	
Passport #	Alien Registration #		Country of Origin				

Sex Offense Information

Date Of Arrest	Arresting Agency	Offense for which found guilty or acquitted by reason
Date Of Conviction		
Arrest Tracking #		

Institute of Higher Education (known or anticipated)

(If currently attending/volunteering/employed, check here) ☐

Name of Institute	Location
-------------------	----------

Residence Information (including houseboat or any type of vessel)

Mailing Address (if different from residence, for example P.O.Box)

Street #, Street Name: RR # & Box; Apt #; Mobile Home # (Do not use P.O. Box here)					Street #, Street Name: RR # & Box; Apt #; Mobile Home # or P.O. Box #		
City	County	State	Zip	Phone #	City	State	Zip
				Cell #			
If residence is vessel/vehicle ID number	Color/description	License #	Vehicle/Vessel Misc. information				

Place of Employment---date employed_____

Name of Employer (Company and/or individual)	Street #, Street Name/ RR# & Box	City	State	Zip	Phone #
Professional License #	Professional License #	Professional License #			

Acknowledgement by Offender

_____/____/____

Offender initial and Date

Brief Description of the Crime(s) for which this registration is required (If additional space is needed, list on additional page)

Victim Information	<u>Age</u> Victim 1	<u>Race</u> Victim 1	<u>Sex</u> Victim 1	Offender <u>Relationship</u> to Victim 1	<u>Age</u> Victim 2	<u>Race</u> Victim 2	<u>Sex</u> Victim 2	Offender <u>Relationship</u> to Victim 2
Victim Information	<u>Age</u> Victim 3	<u>Race</u> Victim 3	<u>Sex</u> Victim 3	Offender <u>Relationship</u> to Victim 3	<u>Age</u> Victim 4	<u>Race</u> Victim 4	<u>Sex</u> Victim 4	Offender <u>Relationship</u> to Victim 4

List ALL your personal social media account information: "Social Media Account" means a personal account with an electronic medium or service in which a user may create, share, or access user-generated content. Including any screen name, user identification; or user name.
Per § 12-12-903 (16)(A)

(REQUIRED INFORMATION)

Registering Agency or Court		<u>Campus Registration?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)	
Address		City and Zip	
Signature of official completing this form		Area Code & Phone #	

Acknowledgement by Offender

Signature of Offender

Date signed

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender



CSN#

Arkansas Crime Information Center State Sex Offender Registry
Change of Information Form for Registered Sex Offenders

Failure to report any change of information as required by Act 989 of 1997 as amended constitutes a Class C Felony and may result in subsequent arrest and prosecution.

Form completed by: _____ Date form completed: _____
(law enforcement personnel)

Offender's Name (please print): _____ Race: _____ Sex: _____

Date of Birth: _____

Social Security No: _____

Current Address:

Street name or Rural Route & box number

City State Zip

New Institute of Higher Education:

Name of institution (if currently attending) Location

New Place of Employment:

Name of employer (company or individual) Phone #

Address (street name, number or box number)

City State Zip

Professional License:

License Number

New Vehicle(s) Information:

(1.) _____
Year/make/ model /color Vehicle license # / State

Name of registered owner if not your own

(2.) _____
Year/make/ model /color Vehicle license # / State

Name of registered owner if not your own

New Aircraft(s) Information:

Registration # License type

Aircraft year make/model style/color

New Vessel/Vehicle(s) Information:

ID Number License number

Color/Description Vehicle/Vessel Misc Info

New Place of Residence: (DO NOT use Post Office Box for residential address)

Street name or Rural Route & Box number

City State Zip

Phone # _____ Cell # _____

Jurisdictional Agency Name(at a new place of residence)
[Put Drop Down Box]

New Mailing Address: If different from new place of residence : (may use PO Box if not your residence)

Street name or Rural Route & box or PO Box number

City State Zip

Date moved or planning to move: _____

If new place of residence has been physically verified, sign below:

Law enforcement official Signature date verified

New Email addresses currently used and all IM screen names used and any social web pages registered
(MySpace, Facebook, etc)

Email 1

Email 2

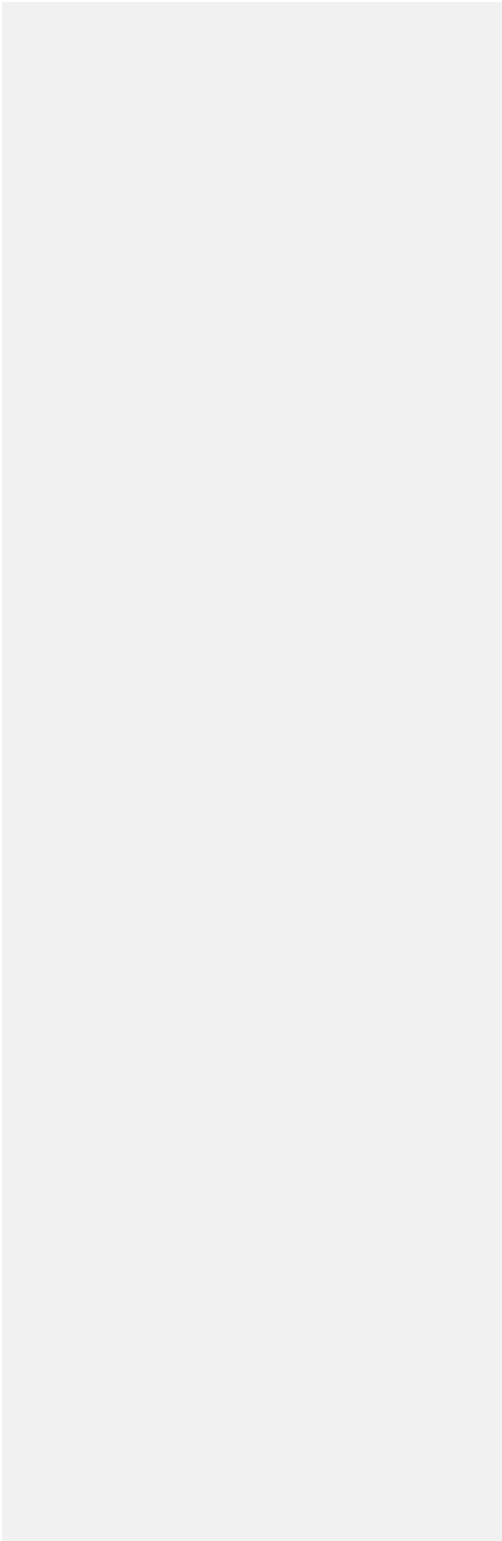
Signature of offender (required)

Date signed (required)

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender

Arkansas Crime Information Center • 322 S. Main Street, Ste. 615 • Little Rock, AR. 72201 • (501-682-2222) FAX: (501) 683-5592

Revised 07/26/13





**DIVISION OF
CORRECTION**



Arkansas Depart

6814 Princeton Pike
Pine Bluff, AR 71611
Phone: 870-267-6999 • Fax: 870-267-6244
www.adc.arkansas.gov

ADMINISTRATIVE DIRECTIVE

SUBJECT: Release Process

NUMBER: 19-

SUPERSEDES: 18-20

APPLICABILITY: To Unit/Center employees, especially records staff

REFERENCE: AR 803

PAGE 1 of

134

APPROVED: Original signed by

EFFECTIVE DATE:

I. POLICY:

To establish a procedure by which all inmates are released from the institution.

II. PURPOSE:

Appropriate guidelines must exist to ensure all obligations have been met before an inmate is released.

III. PROCEDURE:

When an inmate is scheduled for release from the institution, it will be necessary for the appropriate sections to clear the inmate and sign the attached Clearance Sheet verifying that the inmate is cleared for release. The Clearance Sheet will originate in the Records

Office and will be made part of the inmate's permanent institutional file.

Each section will be responsible for checking the following pertaining to the inmate being released:

1. Shift Lieutenant/Captain - Disciplinaries which may not have reached the file that could affect inmate's release; notification to count room for adjusting unit count.

2. Commissary - Close out of inmate's account.
3. Mail - Check for any undistributed mail and obtain forwarding address.
4. Medical/Mental Health - Issue any current prescribed medications to inmate and provide written instructions for continuation of medical/mental health care upon release if appropriate.
5. Property - Ascertain that inmate is in possession of all personal property and not in possession of any state property.
6. Key Control Officer- To ascertain that all state issued keys, locks/ lock cylinders have been returned
7. Laundry - Ascertain that all state issued clothing has been returned.
8. Parole/Transfer - Ascertain that inmate is eligible and has been approved for parole/transfer whether regular parole/transfer, or regular parole/transfer with special conditions; verify receipt of debit card (if applicable) and confirm that transportation arrangements are made.
9. Records –
 - a. Ascertain that all other individuals designated by this policy have signed off on the Clearance Sheet.
 - b. Check all commitment orders, directly from the commitment paperwork, to verify time computation and release eligibility; and complete the appropriate Release Verification Checklist (Regular Parole/Transfer, Discharge, or Court Order).
 - c. Ensure that all ACIC/NCIC arrests and warrants have been verified for a disposition with the appropriate arresting County agencies.
 - d. Verify all pending cases and document all findings on the Release Contact Sheet and obtain documentation when needed.
 - e. Notify the Shift Lieutenant/Captain if the inmate is being released to a detainer.
 - f. Notify the Warden/Deputy Warden of any pending, or questionable, charges. Notify all details of a case or charge if county does not wish to place a detainer
 - g. Use all available methods to research the status of any case or charge, such as the Administrative Office of the Court (Court Connect), County Circuit Clerk's Office, County Sheriff's Office and the Prosecuting Attorney's Office. If there are any pending cases, notify that County of the inmate's pending release, and confirm they have placed a detainer. Record staff should enter a detainer if the county indicates they will pick up the inmate.
 - h. Ensure that the proper sex offender paperwork is completed if applicable.
 - i. If the inmate is only being released with an ADC ID, the unit's Institutional Release Officer must be notified, and this information notification must be documented in EOMIS.

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10. Hobby Craft Supervisor – To verify that the inmate has no work craft pending debts.
11. Work Release Supervisor – To notify the employer and coordinate the return of the work release uniforms.
12. Victim Notification – Upon discharge/parole of an inmate, the Records Supervisor/Institutional Release Officer will be responsible for notifying the Victim Coordinator by written notification and/or by phone call.
13. All inmates must have a DNA test before being released on parole or discharge.
14. Chaplain will offer inmates a resource guide to assist them in transition, a list of ex-inmate friendly religious institutions, and any other faith based related assistance requested.
15. Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed at the discretion of the Chief Deputy/Deputy/Assistant Director.
16. Warden/Deputy Warden shall escort the inmate out of the unit once all release paperwork is completed.

V. ATTACHMENTS:

- #1 - Clearance Sheet
- #2 – Release Contact Sheet
- #3 - Release Verification Checklist - Regular Parole
- #4 - Release Verification Checklist - Discharge
- #5 - Release Verification Checklist - Court Order
- #6 – Sex Offender Acknowledgement Form
- #7 – Sex Offender Registration Form

ATTACHMENT #1

ARKANSAS DEPARTMENT OF
CORRECTIONS
DIVISION OF CORRECTION

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UNIT

CLEARANCE SHEET

INMATE: _____ ADC # _____

T.E. OR DISCHARGE DATE: _____

The above named inmate is being released from this institution by:

_____ Regular Parole/Transfer	_____ Early Parole (Act 418) Emergency Powers Act
_____ Transfer Eligibility	_____ Early Parole (Act 1721) Emergency Powers Act
_____ Transitional Housing (Act 679)	_____ Per Court Order
_____ Act 290	_____ BOND
_____ DISCHARGE	
_____ Parole to Detainer	
_____ Discharge to Detainer	

The following sections, prior to release by the Records Office, must clear each inmate being processed for release from this institution.

Shift Lieutenant/Captain: _____ (Signature)	Time and Date: _____
Commissary: _____ (Signature)	Time and Date: _____
Mail Room: _____ (Signature)	Time and Date: _____
Medical Records: _____ (Signature)	Time and Date: _____
Mental Health: _____ (Signature)	Time and Date: _____
Property: _____ (Signature)	Time and Date: _____
Key Control: _____ (Signature)	Time and Date: _____
Laundry: _____ (Signature)	Time and Date: _____
Parole: _____ (Signature)	Time and Date: _____
Classification: _____ (Signature)	Time and Date: _____
Work Release Supervisor: _____ (Signature)	Time and Date: _____
Hobby Craft Supervisor: _____ (Signature)	Time and Date: _____
Inmate Debit Card: _____ (Inmate Signature) (ADC Number)	Time and Date: _____

The above named inmate has been cleared by each of the above sections, the Records Office has checked all commitment papers, verified the time computation and release eligibility dates, and the inmate is cleared for release. I have advised the Warden/Center Supervisor or Designee if this inmate is being released to a detainer and of any pending, or questionable, charges or cases.

Records Supervisor (Signature)

Warden/Center Supervisor or Designee (Signature)

RELEASE CONTACT SHEET

NAME _____ ADC # _____
DOB _____
COUNTY _____

CONTACT PERSON FOR THE FOLLOWING DEPARTMENTS:

PROSECUTING ATTORNEY'S OFFICE _____
Comments: _____

SHERIFF'S DEPARTMENT _____
Comments: _____

CIRCUIT CLERK'S OFFICE _____
Comments: _____

POLICE DEPARTMENT _____
Comments: _____

MUNICIPAL COURT _____
Comments: _____

_____ Per the above contact person(s) this inmate has no pending charges and may be released from ADC.

_____ per the above contact person(s) this inmate has pending charges and will be taken custody by the above county.

ADDITIONAL NOTES:

Person Conducting Release Checks _____ Date _____

Inmate Name: _____ ADC # _____
 T.E./P.E. Date: _____ E.P.A.? Yes () No ()

REGULAR PAROLE/TRANSFER**Release Verification**

	<u>YES</u>	<u>NO</u>
1. Has time computation been verified by checking felony class, Act sentenced under, term status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time?	_____	_____
1a. If so, have the computer entries been compared against the commitment documents?	_____	_____
2. Has P.E/T.E. eligibility date, both in the computer and Institutional file been cross-checked for accuracy?	_____	_____
2a. If so, has parole date been reached?	_____	_____
3. Has information in Parole Vote Sheet been verified to ensure compliance with an imposed release date, completion of any special condition or programs, or parole detainer (i.e., Have all special conditions been met)?	_____	_____
4. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility?	_____	_____
4a. If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	_____	_____
5. DNA testing completed.	_____	_____
6. Does Sex & Child Offender Act of 1997 apply (Arkansas Conviction)?	_____	_____
6a. Does Sex & Child Offender Act of 1997 apply (Out of State Conviction)?	_____	_____
6b. If YES, has offender been registered or has registration been updated?	_____	_____
7. Has inmate been out to Free World Court during this incarceration?	_____	_____
7a. If YES, did inmate receive New Time? Verify with any court attended during the inmate's incarceration.	_____	_____
8. Has inmate been to disciplinary court?	_____	_____
8a. If YES, did inmate receive a reduction in class or loss of Good Time?	_____	_____
9. Has Conditional Order of Release been signed by all appropriate parties?	_____	_____
10. Is inmate paroling or being released to detainer?	_____	_____
10a. If YES, has the shift supervisor been advised the inmate is to be released to a detainer only?	_____	_____
11. Is the inmate being released with State ID/DL or ADC ID	_____	_____
11a. If NO, has the unit's Institutional Release Officer been notified?	_____	_____
11b. If released with an ADC ID, has the unit's institutional Release Officer been notified?	_____	_____

 Records Supervisor

 Warden/Center Supervisor or Designee

 Regular Parole Release Check Sheet

Inmate Name: _____ ADC # _____
 Discharge Date: _____

DISCHARGE
Release Verification

YES NO

- | | | |
|---|-------|-------|
| 1. Has time computation been verified by checking felony class, ACT sentenced under, term status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time, and by comparing computer entries against the commitment documents(s)? | _____ | _____ |
| 2. Has minimum release date, both in the computer and institutional file been cross checked for accuracy and if so, has minimum release date been reached? | _____ | _____ |
| 3. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility? If outstanding warrant is present or additional term requires recalculation of time, answer is NO. | _____ | _____ |
| 4. Has the discharge been signed by the Unit Warden or his/her designee? | _____ | _____ |
| 5. Has DNA testing completed? | _____ | _____ |
| 6. Does Sex & Child Offender Act of 1997 apply? If YES, has offender been registered or has registration been updated? | _____ | _____ |
| 7. Has inmate been out to Free World Court during this incarceration? | _____ | _____ |
| 7a. If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration. | _____ | _____ |
| 8. Has inmate been to disciplinary court? If YES, did inmate receive a reduction in class or loss of Good Time? | _____ | _____ |
| 9. Does inmate have victims listed? If yes, have they been contacted? | _____ | _____ |
| 10. Is inmate discharging to a detainer? | _____ | _____ |
| 10a. If YES, has the shift supervisor been advised the inmate is to be released to detainer only? | _____ | _____ |
| 11. Is the inmate being released with State ID/DL or ADC ID | _____ | _____ |
| 11a. If NO, has the unit's Institutional Release Officer been notified? | _____ | _____ |
| 11b. If released with an ADC ID, has the unit's institutional Release Officer been notified? | _____ | _____ |

Records Supervisor

 Warden/Center Supervisor or Designee

DISCHARGE CHECK SHEET

ATTACHMENT #5

Inmate Name: _____ ADC # _____
Release Date: _____

COURT ORDER
Release Verification

	<u>YES</u>	<u>NO</u>
1. Is court order an original or certified copy?	_____	_____
2. Has the discharge form been signed by the Unit Warden or his/her designee?	_____	_____
3. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility?	_____	_____
3a. If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	_____	_____
4. DNA testing Completed?	_____	_____
5. Does Sex & Child Offender Act of 1997 apply (Arkansas Conviction)?	_____	_____
5a. Does Sex & Child Offender Act of 1997 apply (Out of State Conviction)?	_____	_____
6. Has inmate been out to Free World Court during this incarceration?	_____	_____
6a. If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration.	_____	_____
7. Does inmate have victims listed?	_____	_____
7a. If YES, have they been contacted?	_____	_____
8. Is inmate discharged to a detainee?	_____	_____
8a. If YES, has the shift supervisor been advised the inmate is to be released to a detainee only?	_____	_____
9. Is the inmate being released with State ID/DL or ADC ID	_____	_____
9a. If NO, has the unit's Institutional Release Officer been notified?	_____	_____
9b. If released with an ADC ID, has the unit's institutional Release Officer been notified?	_____	_____

Records Supervisor

Warden/Center Supervisor or Designee



Sex Offender Acknowledgement Form



Offender must carefully read and sign this form

1. Pursuant to Act 989 of 1997, anyone convicted of a sex offense as defined by state and federal law are required to register prior to release from incarceration, placed on probation or upon entry to this state from another state. All offenders are required to provide fingerprints, palm prints, photos, DNA and pay all fees pertaining to registration before or upon registration.
2. Pursuant to §12-12-906, Arkansas state law requires the offender to report any changes in residence, mailing address, temporary domicile, employment, volunteer, email, social network information **IN Person** to the local law enforcement agency having jurisdiction at the time of the change. When changing residence/ mailing address or temporary domicile, this must be done no later than ten (10) days before the offender establishes residence or temporary domicile unless otherwise indicated such as eviction or natural disaster. When changing address within the state of Arkansas the offender must also report to the local law enforcement agency having jurisdiction at the new address within three (3) days after relocation to the new address. If the offender moves here from another state and is required or has been required to register in the other state, the offender must report to the jurisdictional law enforcement agency any residency or temporary domicile in which you will be **residing** for an aggregate of five (5) or more consecutive days during a calendar year. Other than a change of address, an offender shall report a change of any other information required to the local law enforcement agency having jurisdiction within ten (10) days of the change.
3. Pursuant to § 12-12-925 Offender must report any travel or move to a foreign country to the jurisdictional agency. This must be done twenty-one (21) days before leaving the US. The offender must provide the dates of travel and the name(s) of the foreign country to which the offender is moving or visiting.
4. Pursuant to § 12-12-906 (g) (3) the offender must submit any passport(s) and/or any immigration documents to the jurisdictional agency along with any other documents pertaining to travel out of the US.
5. If the offender moves to another state or lives in Arkansas and works in another state, the offender must register in that state no later than three (3) business days after the offender establishes residency or employment in the new state. If the offender attends school, does volunteer work or is employed at any institute of higher education, the offender shall register with the law enforcement agency having jurisdiction over the campus. This may be a Department of Public Safety or the local law enforcement agency. A nonresident worker or student shall register in compliance with Pub. L. No. 109-248 as exists 01-01-07 no later than seven (7) calendar days after establishing residency, employment or student status.
6. Pursuant to § 12-12-909, the offender is required to verify their residence within ten (10) days after the *Verification of Residency date* indicated on the bottom portion of this form. Verification of residency is required of every registered offender either every six (6) months after registration, or every ninety (90) days depending on the offender's assessment level. Offenders who claim to be homeless shall verify registration every thirty (30) days during the period of time in which the offender is required to register as a sex offender and claims to be homeless.
7. All offenders who were convicted as adults or were adjudicated as juveniles and moved to Arkansas from another state and are now 18 years of age or older, are required to submit to a risk assessment to be completed by the Sex Offender Community Notification Assessment Program (SOCNA). If the offender was adjudicated delinquent in juvenile court in another state and is now under the age of 18, will be assessed by the Family Treatment Center (FTP) or other agency or entity authorized to conduct juvenile sex offender assessments. The offender will be notified by certified mail of the location, date and time of the assessment. It is a Class C Felony to fail to appear for assessment or to not fully submit to the assessment process. The offender will be assessed as a default Level 3 or Level 4 -Sexually Dangerous Person (SDP) should this occur. The offender, assessed as an adult, can request a reassessment after 5 years from the date of the original assessment. Said offender is responsible for contacting SOCNA to arrange this reassessment.
8. Pursuant to § 5- 14-128. It is unlawful for a sex offender who is required to register and who has been assessed as a Level 3 or Level 4 offender to reside within two thousand (2,000) feet of the property on which any public, private, secondary school or daycare facility is located. Act 818 of 2007 includes public parks and youth centers and Act 394 of 2007 prohibits Level 3 and Level 4 offenders from residing within 2,000 feet of the residence of his/ her victim or to have direct or indirect contact with his/ her victim for the purpose of harassment as defined under § 5-17-208. Act 376 of 2015 amended § 12-12-128 to wit: level 4 offenders may not knowingly reside within two thousand (2,000) feet of a church or any other place of worship.
9. Pursuant to the Sex Offender Registration Act of 1997, §12-12-901 et seq., it is unlawful for a sex offender who is required to register, and who has been assessed as a Level 3 or Level 4 offender to engage in an occupation or participate in a volunteer position that requires the sex offender to work or interact primarily and directly with children under sixteen (16) years of age.
10. Pursuant to § 5-14-133 it is unlawful for a sex offender who has been assessed as a level 3 or level 4 offender to knowingly enter a water park owned or operated by a local government. It is also unlawful for a registered sex offender who has been assessed as a level 3 or level 4 to enter a swimming area or children's playground contained within an Arkansas State Park pursuant to § 5-14-134. Violation of either of these offenses is a Class D felony. This does not include privately owned water parks.
11. Pursuant to § 12-12-907, no later than ten (10) days after release from incarceration or after the date of sentencing, the offender shall report to the local law enforcement agency having jurisdiction to update registration information. Even if you have registered either during or upon release from incarceration, you must report to the local authorities no later than ten (10) days after release.

_____/_____/_____
Offender initial and date

Sex Offender Acknowledgement Form

12. Pursuant to Title 18, United States Code, Section 2250; Whoever is required to register under the Sex Offender Registration and Notification Act; by reason of a conviction under Federal law (including the Uniform Code of Military Justice), the law of the District of Columbia, Indian tribal law, or the law of any territory or possession of the United States; or travels in interstate or foreign commerce, or enters or leaves, or resides in, Indian country; and knowingly fails to register or update a registration as required by the Sex Offender Registration and Notification Act; shall be fined under this title or imprisoned not more than 10 years, or both.
13. Pursuant to § 5-14-130 (1), it is a Class D Felony to provide false information to obtain identification cards or driver's licenses with incorrect permanent physical addresses.
14. Pursuant to § 5-14-132 et seq., it is unlawful for a registered sex offender who has been assessed as level 3 or level 4 to knowingly enter upon the campus of an of a public school except under certain circumstances listed in the act. Level 3 offenders may enter a ticketed school sponsored event if they are a parent, guardian or relative as defined by § 28-9-212 and give a 24 hour notice to the school. Level 4 offenders may not attend ticketed school sponsored events. It is also unlawful for a registered sex offender who is a level 3 or level 4 to enter the campus of a private school without notifying the school and complying with any terms the private school requires.
15. Pursuant to §12-12-919 termination of obligation to register is the responsibility of the offender. In order to be removed from the Arkansas state registry the offender who has been convicted as an adult must petition the sentencing court if convicted in Arkansas. Offender must register for a minimum of 15 years. If the conviction was out of state, the offender must petition the court in the county in which they reside in Arkansas. The offender will continue to be required to register in Arkansas if petition is not granted or if the offender does not petition. Not every offender is eligible to petition for removal. If a court denies a petition the offender may not file a new petition for one year.
16. Pursuant to § 12-12-925 anyone required to register as a sex offender cannot provide goods and services under the Arkansas Medicaid Program.

I hereby acknowledge that I have been advised of my duty to register as a sex offender required by Arkansas ACA 12-12-907. I have also been advised that failure to verify my address or failure to report any change of address, School or employment status as required by ACA 12-12-904 constitutes a Class C Felony and may result in subsequent arrest and/or prosecution.

I acknowledge I have read and/or understand that I must verify my residence every ____ month(s) *(calculated from initial registration date)* by appearing in person to the jurisdictional law enforcement where I reside as required Arkansas statute. I understand that not doing so could result in arrest and prosecution. I acknowledged that I have received a copy of this document upon signing and understand the date of next verification.

Offender Signature

Date signed

Print Offender name clearly

Witness signature (law enforcement only)

Agency Name

OFFENDER MUST BE PROVIDED A COPY OF THIS SIGNED FORM

State of Arkansas
Sex Offender Registration Form
Reporting this information is required by ACA §12-12-904.

CSN#

		Sentencing Court					
Offender's Last Name		First Name		Middle Name		AKA	
Date of Birth	Race	Sex	Height ft in	Weight	Hair Color	Eye Color	
AR SID (if offender does not have AR SID please submit 2 sets of prints by mail)			FBI #		Driver License or ID Card # and state		SSN #
Scars/Marks/Tattoos							
Vehicle License #/ state		Make/Model		Vehicle Year	Color	Owner of vehicle if not offender:	
Vehicle License #/ state		Make/Model		Vehicle Year	Color	Owner of vehicle if not offender:	
Vehicle License #/ state		Make/Model		Vehicle Year	Color	Owner of vehicle if not offender:	
Vehicle License #/ state		Make/Model		Vehicle Year	Color	Owner of vehicle if not offender:	
Aircraft Registration #/ state	Registration Year	License Type		Make/Model	Aircraft Year	Color	Manufacturer of Plane / Style
Passport #		Alien Registration #				Country of Origin	

Sex Offense Information

Date Of Arrest	Arresting Agency	Offense for which found guilty or acquitted by reason
Date Of Conviction		
Arrest Tracking #		

Institute of Higher Education (known or anticipated)	(If currently attending/volunteering/employed, check here) <input type="checkbox"/>
Name of Institute	Location

Residence Information (including houseboat or any type of vessel)				Mailing Address (if different from residence, for example P.O.Box)			
Street #, Street Name; RR # & Box; Apt #; Mobile Home # (Do not use P.O. Box here)				Street #, Street Name; RR # & Box; Apt #; Mobile Home # or P.O. Box #			
City	County	State	Zip	Phone #	City	State	Zip
				Cell #			
If residence is vessel/vehicle ID number	Color/description		License #	Vehicle/Vessel Misc. information			

Place of Employment---date employed _____

Name of Employer (Company and/or individual)	Street #, Street Name/ RR# & Box	City	State	Zip	Phone #
Professional License #	Professional License #	Professional License #			

Acknowledgement by Offender

_____/____/____
Offender initial and Date

Brief Description of the Crime(s) for which this registration is required (If additional space is needed, list on additional page)

Victim Information	<u>Age</u> Victim 1	<u>Race</u> Victim 1	<u>Sex</u> Victim 1	Offender <u>Relationship</u> to Victim 1	<u>Age</u> Victim 2	<u>Race</u> Victim 2	<u>Sex</u> Victim 2	Offender <u>Relationship</u> to Victim 2
Victim Information	<u>Age</u> Victim 3	<u>Race</u> Victim 3	<u>Sex</u> Victim 3	Offender <u>Relationship</u> to Victim 3	<u>Age</u> Victim 4	<u>Race</u> Victim 4	<u>Sex</u> Victim 4	Offender <u>Relationship</u> to Victim 4

List ALL your personal social media account information: "Social Media Account" means a personal account with an electronic medium or service in which a user may create, share, or access user-generated content. Including any screen name, user identification; or user name.
Per § 12-12-903 (16)(A)

(REQUIRED INFORMATION)

Registering Agency or Court		<u>Campus Registration?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)	
Address		City and Zip	
Signature of official completing this form		Area Code & Phone #	

Acknowledgement by Offender

Signature of Offender

Date signed

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender



Arkansas Crime Information Center State Sex Offender Registry
Change of Information Form for Registered Sex Offenders

CSN#

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Failure to report any change of information as required by Act 989 of 1997 as amended constitutes a Class C Felony and may result in subsequent arrest and prosecution.

Form completed by: _____ Date form completed: _____
(law enforcement personnel)

Offender's Name (please print): _____ Race: _____ Sex: _____

Date of Birth: _____

Social Security No: _____

Current Address:

Street name or Rural Route & box number

City State Zip

New Institute of Higher Education:

Name of institution (if currently attending) Location

New Place of Employment:

Name of employer (company or individual) Phone #

Address (street name, number or box number)

City State Zip

Professional License:

License Number

New Vehicle(s) Information:

(1.) _____
Year/make/ model /color Vehicle license # / State

Name of registered owner if not your own

(2.) _____
Year/make/ model /color Vehicle license # / State

Name of registered owner if not your own

New Aircraft(s) Information:

Registration # License type

Aircraft year make/model style/color

New Vessel/Vehicle(s) Information:

ID Number License number

Color/Description Vehicle/Vessel Misc Info

New Place of Residence: (DO NOT use Post Office Box for residential address)

Street name or Rural Route & Box number

City State Zip

Phone # _____ Cell # _____

Jurisdictional Agency Name(at a new place of residence)
[Put Drop Down Box]

New Mailing Address: If different from new place of residence : (may use PO Box if not your residence)

Street name or Rural Route & box or PO Box number

City State Zip

Date moved or planning to move: _____

If new place of residence has been physically verified, sign below:

Law enforcement official Signature date verified

New Email addresses currently used and all IM screen names used and any social web pages registered
(MySpace, Facebook, etc)

Email 1

Email 2

Signature of offender (required)

Date signed (required)

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender

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6814 Princeton Pike
Pine Bluff, AR 71611
Phone: 870-267-6999 • Fax: 870-267-6244
www.adc.arkansas.gov

ADMINISTRATIVE DIRECTIVE

SUBJECT: Release Process

NUMBER: 19-33

SUPERSEDES: 18-20

APPLICABILITY: To Unit/Center employees, especially records staff

REFERENCE: AR 803

PAGE 1 of 13

APPROVED: Original signed by Dexter Payne

EFFECTIVE DATE: 10/18/2019

I. POLICY:

To establish a procedure by which all inmates are released from the institution.

II. PURPOSE:

Appropriate guidelines must exist to ensure all obligations have been met before an inmate is released.

III. PROCEDURE:

When an inmate is scheduled for release from the institution, it will be necessary for the appropriate sections to clear the inmate and sign the attached Clearance Sheet verifying that the inmate is cleared for release. The Clearance Sheet will originate in the Records Office and will be made part of the inmate's permanent institutional file.

Each section will be responsible for checking the following pertaining to the inmate being released:

1. Shift Lieutenant/Captain - Disciplinarys which may not have reached the file that could affect inmate's release; notification to count room for adjusting unit count.

2. Commissary - Close out of inmate's account.
3. Mail - Check for any undistributed mail and obtain forwarding address.
4. Medical/Mental Health - Issue any current prescribed medications to inmate and provide written instructions for continuation of medical/mental health care upon release if appropriate.
5. Property - Ascertain that inmate is in possession of all personal property and not in possession of any state property.
6. Key Control Officer- To ascertain that all state issued keys, locks/ lock cylinders have been returned
7. Laundry - Ascertain that all state issued clothing has been returned.
8. Parole/Transfer - Ascertain that inmate is eligible and has been approved for parole/transfer whether regular parole/transfer, or regular parole/transfer with special conditions; verify receipt of debit card (if applicable) and confirm that transportation arrangements are made.
9. Records –
 - a. Ascertain that all other individuals designated by this policy have signed off on the Clearance Sheet.
 - b. Check all commitment orders, directly from the commitment paperwork, to verify time computation and release eligibility; and complete the appropriate Release Verification Checklist (Regular Parole/Transfer, Discharge, or Court Order).
 - c. Ensure that all ACIC/NCIC arrests and warrants have been verified for a disposition with the appropriate arresting County agencies.
 - d. Verify all pending cases and document all findings on the Release Contact Sheet and obtain documentation when needed.
 - e. Notify the Shift Lieutenant/Captain if the inmate is being released to a detainer.
 - f. Notify the Warden/Deputy Warden of any pending, or questionable, charges. Notify all details of a case or charge if county does not wish to place a detainer
 - g. Use all available methods to research the status of any case or charge, such as the Administrative Office of the Court (Court Connect), County Circuit Clerk's Office, County Sheriff's Office and the Prosecuting Attorney's Office. If there are any pending cases, notify that County of the inmate's pending release, and confirm they have placed a detainer. Record staff should enter a detainer if the county indicates they will pick up the inmate.
 - h. Ensure that the proper sex offender paperwork is completed if applicable.
 - i. If the inmate is only being released with an ADC ID, the unit's Institutional Release Officer must be notified, and this notification must be documented in EOMIS.

10. Hobby Craft Supervisor – To verify that the inmate has no work craft pending debts.
11. Work Release Supervisor – To notify the employer and coordinate the return of the work release uniforms.
12. Victim Notification – Upon discharge/parole of an inmate, the Records Supervisor/Institutional Release Officer will be responsible for notifying the Victim Coordinator by written notification and/or by phone call.
13. All inmates must have a DNA test before being released on parole or discharge.
14. Chaplain will offer inmates a resource guide to assist them in transition, a list of ex-inmate friendly religious institutions, and any other faith based related assistance requested.
15. Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed at the discretion of the Chief Deputy/Deputy/Assistant Director.
16. Warden/Deputy Warden shall escort the inmate out of the unit once all release paperwork is completed.

V. ATTACHMENTS:

- #1 - Clearance Sheet
- #2 – Release Contact Sheet
- #3 - Release Verification Checklist - Regular Parole
- #4 - Release Verification Checklist - Discharge
- #5 - Release Verification Checklist - Court Order
- #6 – Sex Offender Acknowledgement Form
- #7 – Sex Offender Registration Form

DIVISION OF CORRECTION

UNIT

CLEARANCE SHEET

INMATE: _____ ADC # _____

T.E. OR DISCHARGE DATE: _____

The above named inmate is being released from this institution by:

_____ Regular Parole/Transfer	_____ Early Parole (Act 418) Emergency Powers Act
_____ Transfer Eligibility	_____ Early Parole (Act 1721) Emergency Powers Act
_____ Transitional Housing (Act 679)	_____ Per Court Order
_____ Act 290	_____ BOND
_____ DISCHARGE	
_____ Parole to Detainer	
_____ Discharge to Detainer	

The following sections, prior to release by the Records Office, must clear each inmate being processed for release from this institution.

Shift Lieutenant/Captain: _____ (Signature)	Time and Date: _____
Commissary: _____ (Signature)	Time and Date: _____
Mail Room: _____ (Signature)	Time and Date: _____
Medical Records: _____ (Signature)	Time and Date: _____
Mental Health: _____ (Signature)	Time and Date: _____
Property: _____ (Signature)	Time and Date: _____
Key Control: _____ (Signature)	Time and Date: _____
Laundry: _____ (Signature)	Time and Date: _____
Parole: _____ (Signature)	Time and Date: _____
Classification: _____ (Signature)	Time and Date: _____
Work Release Supervisor: _____ (Signature)	Time and Date: _____
Hobby Craft Supervisor: _____ (Signature)	Time and Date: _____
Inmate Debit Card: _____ (Inmate Signature) (ADC Number)	Time and Date: _____

The above named inmate has been cleared by each of the above sections, the Records Office has checked all commitment papers, verified the time computation and release eligibility dates, and the inmate is cleared for release. I have advised the Warden/Center Supervisor or Designee if this inmate is being released to a detainer and of any pending, or questionable, charges or cases.

Records Supervisor (Signature) _____

Warden/Center Supervisor or Designee (Signature) _____

RELEASE CONTACT SHEET

NAME _____ ADC # _____
DOB _____
COUNTY _____

CONTACT PERSON FOR THE FOLLOWING DEPARTMENTS:

PROSECUTING ATTORNEY'S OFFICE _____

Comments: _____

SHERIFF'S DEPARTMENT _____

Comments: _____

CIRCUIT CLERK'S OFFICE _____

Comments: _____

POLICE DEPARTMENT _____

Comments: _____

MUNICIPAL COURT _____

Comments: _____

_____ Per the above contact person(s) this inmate has no pending charges and may be released from ADC.

_____ per the above contact person(s) this inmate has pending charges and will be taken custody by the above county.

ADDITIONAL NOTES:

Person Conducting Release Checks _____ Date _____

Inmate Name: _____ ADC # _____
 T.E./P.E. Date: _____ E.P.A.? Yes () No ()

REGULAR PAROLE/TRANSFER
Release Verification

	<u>YES</u>	<u>NO</u>
1. Has time computation been verified by checking felony class, Act sentenced under, term status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time?	_____	_____
1a. If so, have the computer entries been compared against the commitment documents?	_____	_____
2. Has P.E./T.E. eligibility date, both in the computer and Institutional file been cross-checked for accuracy?		
2a. If so, has parole date been reached?	_____	_____
3. Has information in Parole Vote Sheet been verified to ensure compliance with an imposed release date, completion of any special condition or programs, or parole detainer (i.e., Have all special conditions been met)?	_____	_____
4. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility?	_____	_____
4a. If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	_____	_____
5. DNA testing completed.	_____	_____
6. Does Sex & Child Offender Act of 1997 apply (Arkansas Conviction)?	_____	_____
6a. Does Sex & Child Offender Act of 1997 apply (Out of State Conviction)?	_____	_____
6b. If YES, has offender been registered or has registration been updated?	_____	_____
7. Has inmate been out to Free World Court during this incarceration?	_____	_____
7a. If YES, did inmate receive New Time? Verify with any court attended during the inmate's incarceration.	_____	_____
8. Has inmate been to disciplinary court?	_____	_____
8a. If YES, did inmate receive a reduction in class or loss of Good Time?	_____	_____
9. Has Conditional Order of Release been signed by all appropriate parties?	_____	_____
10. Is inmate paroling or being released to detainer?	_____	_____
10a. If YES, has the shift supervisor been advised the inmate is to be released to a detainer only?	_____	_____
11. Is the inmate being released with State ID/DL or ADC ID	_____	_____
11a. If NO, has the unit's Institutional Release Officer been notified?	_____	_____
11b. If released with an ADC ID, has the unit's institutional Release Officer been notified?	_____	_____

 Records Supervisor

 Warden/Center Supervisor or Designee

Inmate Name: _____ ADC # _____
 Discharge Date: _____

DISCHARGE
Release Verification

YES NO

- | | | |
|---|-------|-------|
| 1. Has time computation been verified by checking felony class, ACT sentenced under, term status, consecutive or concurrent sentences, sentence begin date, jail time credits, dead time, and by comparing computer entries against the commitment documents(s)? | _____ | _____ |
| 2. Has minimum release date, both in the computer and institutional file been cross checked for accuracy and if so, has minimum release date been reached? | _____ | _____ |
| 3. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility? If outstanding warrant is present or additional term requires recalculation of time, answer is NO. | _____ | _____ |
| 4. Has the discharge been signed by the Unit Warden or his/her designee? | _____ | _____ |
| 5. Has DNA testing completed? | _____ | _____ |
| 6. Does Sex & Child Offender Act of 1997 apply? If YES, has offender been registered or has registration been updated? | _____ | _____ |
| 7. Has inmate been out to Free World Court during this incarceration? | _____ | _____ |
| 7a. If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration. | _____ | _____ |
| 8. Has inmate been to disciplinary court? If YES, did inmate receive a reduction in class or loss of Good Time? | _____ | _____ |
| 9. Does inmate have victims listed? If yes, have they been contacted? | _____ | _____ |
| 10. Is inmate discharging to a detainer? | _____ | _____ |
| 10a. If YES, has the shift supervisor been advised the inmate is to be released to detainer only? | _____ | _____ |
| 11. Is the inmate being released with State ID/DL or ADC ID | _____ | _____ |
| 11a. If NO, has the unit's Institutional Release Officer been notified? | _____ | _____ |
| 11b. If released with an ADC ID, has the unit's institutional Release Officer been notified? | _____ | _____ |

Records Supervisor

 Warden/Center Supervisor or Designee

Inmate Name: _____ ADC # _____
 Release Date: _____

COURT ORDER
 Release Verification

	<u>YES</u>	<u>NO</u>
1. Is court order an original or certified copy?	_____	_____
2. Has the discharge form been signed by the Unit Warden or his/her designee?	_____	_____
3. Have query files, QW, QH, and QR been checked to ascertain that there are no outstanding warrants or additional terms that would alter release eligibility?	_____	_____
3a. If outstanding warrant is present or additional term requires recalculation of time, answer is NO.	_____	_____
4. DNA testing Completed?		
5. Does Sex & Child Offender Act of 1997 apply (Arkansas Conviction)?	_____	_____
5a. Does Sex & Child Offender Act of 1997 apply (Out of State Conviction)?	_____	_____
6. Has inmate been out to Free World Court during this incarceration?	_____	_____
6a. If YES, did inmate receive New Time? Verify with any court attended during inmate's incarceration.	_____	_____
7. Does inmate have victims listed?	_____	_____
7a. If YES, have they been contacted?	_____	_____
8. Is inmate discharged to a detainer?	_____	_____
8a. If YES, has the shift supervisor been advised the inmate is to be released to a detainer only?	_____	_____
9. Is the inmate being released with State ID/DL or ADC ID	_____	_____
9a. If NO, has the unit's Institutional Release Officer been notified?	_____	_____
9b. If released with an ADC ID, has the unit's institutional Release Officer been notified?	_____	_____

 Records Supervisor

 Warden/Center Supervisor or Designee

Court Order Release Check Sheet



Sex Offender Acknowledgement Form

Offender must *carefully* read and sign this form

1. Pursuant to Act 989 of 1997, anyone convicted of a sex offense as defined by state and federal law are required to register prior to release from incarceration, placed on probation or upon entry to this state from another state. All offenders are required to provide fingerprints, palm prints, photos, DNA and pay all fees pertaining to registration before or upon registration.
2. Pursuant to §12-12-906, Arkansas state law requires the offender to report any changes in residence, mailing address, temporary domicile, employment, volunteer, email, social network information **IN Person** to the local law enforcement agency having jurisdiction at the time of the change. When changing residence/ mailing address or temporary domicile, this must be done no later than ten (10) days before the offender establishes residence or temporary domicile unless otherwise indicated such as eviction or natural disaster. When changing address within the state of Arkansas the offender must also report to the local law enforcement agency having jurisdiction at the new address within three (3) days after relocation to the new address. If the offender moves here from another state and is required or has been required to register in the other state, the offender must report to the jurisdictional law enforcement agency any residency or temporary domicile in which you will be **residing** for an aggregate of five (5) or more consecutive days during a calendar year. Other than a change of address, an offender shall report a change of any other information required to the local law enforcement agency having jurisdiction within ten (10) days of the change.
3. Pursuant to § 12-12-925 Offender must report any travel or move to a foreign country to the jurisdictional agency. This must be done twenty-one (21) days before leaving the US. The offender must provide the dates of travel and the name(s) of the foreign country to which the offender is moving or visiting.
4. Pursuant to § 12-12-906 (g) (3) the offender must submit any passport(s) and/or any immigration documents to the jurisdictional agency along with any other documents pertaining to travel out of the US.
5. If the offender moves to another state or lives in Arkansas and works in another state, the offender must register in that state no later than three (3) business days after the offender establishes residency or employment in the new state. If the offender attends school, does volunteer work or is employed at any institute of higher education, the offender shall register with the law enforcement agency having jurisdiction over the campus. This may be a Department of Public Safety or the local law enforcement agency. A nonresident worker or student shall register in compliance with Pub. L. No. 109-248 as exists 01-01-07 no later than seven (7) calendar days after establishing residency, employment or student status.
6. Pursuant to § 12-12-909, the offender is required to verify their residence within ten (10) days after the *Verification of Residency date* indicated on the bottom portion of this form. Verification of residency is required of every registered offender either every six (6) months after registration, or every ninety (90) days depending on the offender's assessment level. Offenders who claim to be homeless shall verify registration every thirty (30) days during the period of time in which the offender is required to register as a sex offender and claims to be homeless.
7. All offenders who were convicted as adults or were adjudicated as juveniles and moved to Arkansas from another state and are now 18 years of age or older, are required to submit to a risk assessment to be completed by the Sex Offender Community Notification Assessment Program (SOCNA). If the offender was adjudicated delinquent in juvenile court in another state and is now under the age of 18, will be assessed by the Family Treatment Center (FTP) or other agency or entity authorized to conduct juvenile sex offender assessments. The offender will be notified by certified mail of the location, date and time of the assessment. It is a Class C Felony to fail to appear for assessment or to not fully submit to the assessment process. The offender will be assessed as a default Level 3 or Level 4 -Sexually Dangerous Person (SDP) should this occur. The offender, assessed as an adult, can request a reassessment after 5 years from the date of the original assessment. Said offender is responsible for contacting SOCNA to arrange this reassessment.
8. Pursuant to § 5- 14-128. It is unlawful for a sex offender who is required to register and who has been assessed as a Level 3 or Level 4 offender to reside within two thousand (2,000) feet of the property on which any public, private, secondary school or daycare facility is located. Act 818 of 2007 includes public parks and youth centers and Act 394 of 2007 prohibits Level 3 and Level 4 offenders from residing within 2,000 feet of the residence of his/ her victim or to have direct or indirect contact with his/ her victim for the purpose of harassment as defined under § 5-17-208. Act 376 of 2015 amended § 12-12-128 to wit: level 4 offenders may not knowingly reside within two thousand (2,000) feet of a church or any other place of worship.
9. Pursuant to the Sex Offender Registration Act of 1997, §12-12-901 et seq., it is unlawful for a sex offender who is required to register, and who has been assessed as a Level 3 or Level 4 offender to engage in an occupation or participate in a volunteer position that requires the sex offender to work or interact primarily and directly with children under sixteen (16) years of age.
10. Pursuant to § 5-14-133 it is unlawful for a sex offender who has been assessed as a level 3 or level 4 offender to knowingly enter a water park owned or operated by a local government. It is also unlawful for a registered sex offender who has been assessed as a level 3 or level 4 to enter a swimming area or children's playground contained within an Arkansas State Park pursuant to § 5-14-134. Violation of either of these offenses is a Class D felony. This does not include privately owned water parks.
11. Pursuant to § 12-12-907, no later than ten (10) days after release from incarceration or after the date of sentencing, the offender shall report to the local law enforcement agency having jurisdiction to update registration information. Even if you have registered either during or upon release from incarceration, you must report to the local authorities no later than ten (10) days after release.

Sex Offender Acknowledgement Form

12. Pursuant to Title 18, United States Code, Section 2250; Whoever is required to register under the Sex Offender Registration and Notification Act; by reason of a conviction under Federal law (including the Uniform Code of Military Justice), the law of the District of Columbia, Indian tribal law, or the law of any territory or possession of the United States; or travels in interstate or foreign commerce, or enters or leaves, or resides in, Indian country; and knowingly fails to register or update a registration as required by the Sex Offender Registration and Notification Act; shall be fined under this title or imprisoned not more than 10 years, or both.
13. Pursuant to § 5-14-130 (1), it is a Class D Felony to provide false information to obtain identification cards or driver's licenses with incorrect permanent physical addresses.
14. Pursuant to § 5-14-132 et seq., it is unlawful for a registered sex offender who has been assessed as level 3 or level 4 to knowingly enter upon the campus of an of a public school except under certain circumstances listed in the act. Level 3 offenders may enter a ticketed school sponsored event if they are a parent, guardian or relative as defined by § 28-9-212 and give a 24 hour notice to the school. Level 4 offenders may not attend ticketed school sponsored events. It is also unlawful for a registered sex offender who is a level 3 or level 4 to enter the campus of a private school without notifying the school and complying with any terms the private school requires.
15. Pursuant to §12-12-919 termination of obligation to register is the responsibility of the offender. In order to be removed from the Arkansas state registry the offender who has been convicted as an adult must petition the sentencing court if convicted in Arkansas. Offender must register for a minimum of 15 years. If the conviction was out of state, the offender must petition the court in the county in which they reside in Arkansas. The offender will continue to be required to register in Arkansas if petition is not granted or if the offender does not petition. Not every offender is eligible to petition for removal. If a court denies a petition the offender may not file a new petition for one year.
16. Pursuant to § 12-12-925 anyone required to register as a sex offender cannot provide goods and services under the Arkansas Medicaid Program.

I hereby acknowledge that I have been advised of my duty to register as a sex offender required by Arkansas ACA 12-12-907. I have also been advised that failure to verify my address or failure to report any change of address, School or employment status as required by ACA 12-12-904 constitutes a Class C Felony and may result in subsequent arrest and/or prosecution.

I acknowledge I have read and/or understand that I must verify my residence every ____ month(s) (*calculated from initial registration date*) by appearing in person to the jurisdictional law enforcement where I reside as required Arkansas statute. I understand that not doing so could result in arrest and prosecution. I acknowledged that I have received a copy of this document upon signing and understand the date of next verification.

Offender Signature

Date signed

Print Offender name clearly

Witness signature (law enforcement only)

Agency Name

OFFENDER MUST BE PROVIDED A COPY OF THIS SIGNED FORM

State of Arkansas Sex Offender Registration Form

Reporting this information is required by ACA §12-12-904.

CSN#

		Sentencing Court							
Offender's Last Name		First Name		Middle Name				AKA	
Date of Birth	Race	Sex	Height ft in		Weight	Hair Color	Eye Color		
AR SID (if offender does not have AR SID please submit 2 sets of prints by mail)			F B I #			Driver License or ID Card # and state			SSN #
Scars/Marks/Tattoos									
Vehicle License #/ state		Make/Model		Vehicle Year		Color		Owner of vehicle if not offender:	
Vehicle License #/ state		Make/Model		Vehicle Year		Color		Owner of vehicle if not offender:	
Vehicle License #/ state		Make/Model		Vehicle Year		Color		Owner of vehicle if not offender:	
Vehicle License #/ state		Make/Model		Vehicle Year		Color		Owner of vehicle if not offender:	
Aircraft Registration #/ state		Registration Year		License Type		Make/Model		Aircraft Year	Color Manufacturer of Plane / Style
Passport #			Alien Registration #					Country of Origin	

Sex Offense Information

Date Of Arrest		Arresting Agency	Offense for which found guilty or acquitted by reason
Date Of Conviction			
Arrest Tracking #			

Institute of Higher Education (known or anticipated)

(If currently attending/volunteering/employed, check here) ☐

Name of Institute		Location
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Residence Information (including houseboat or any type of vessel)

Mailing Address (if different from residence, for example P.O.Box)

Street #, Street Name; RR # & Box; Apt #; Mobile Home # (Do not use P.O. Box here)					Street #, Street Name; RR # & Box; Apt #; Mobile Home # or P.O. Box #		
City	County	State	Zip	Phone #	City	State	Zip
				Cell #			
If residence is vessel/vehicle ID number		Color/description		License #	Vehicle/Vessel Misc. information		

Place of Employment---date employed_____

Name of Employer (Company and/or individual)		Street #, Street Name/ RR# & Box		City		State	Zip	Phone #
Professional License #			Professional License #			Professional License #		

Acknowledgement by Offender

_____/____/____

Offender initial and Date

Brief Description of the Crime(s) for which this registration is required (If additional space is needed, list on additional page)

--	--	--	--	--	--	--	--	--	--

Victim Information	<u>Age</u> Victim 1	<u>Race</u> Victim 1	<u>Sex</u> Victim 1	Offender <u>Relationship</u> to Victim 1	<u>Age</u> Victim 2	<u>Race</u> Victim 2	<u>Sex</u> Victim 2	Offender <u>Relationship</u> to Victim 2
Victim Information	<u>Age</u> Victim 3	<u>Race</u> Victim 3	<u>Sex</u> Victim 3	Offender <u>Relationship</u> to Victim 3	<u>Age</u> Victim 4	<u>Race</u> Victim 4	<u>Sex</u> Victim 4	Offender <u>Relationship</u> to Victim 4

List ALL your personal social media account information: "Social Media Account" means a personal account with an electronic medium or service in which a user may create, share, or access user-generated content. Including any screen name, user identification; or user name.
Per § 12-12-903 (16)(A)

(REQUIRED INFORMATION)

Registering Agency or Court		<u>Campus Registration?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)	
Address		City and Zip	
Signature of official completing this form		Area Code & Phone #	

Acknowledgement by Offender

Signature of Offender

Date signed

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender



CSN#

**Arkansas Crime Information Center State Sex Offender Registry
Change of Information Form for Registered Sex Offenders**

Failure to report any change of information as required by Act 989 of 1997 as amended constitutes a Class C Felony and may result in subsequent arrest and prosecution.

Form completed by: _____ Date form completed: _____
(law enforcement personnel)

Offender's Name (please print): _____ Race: _____ Sex: _____

Date of Birth: _____

Social Security No: _____

Current Address:

Street name or Rural Route & box number

City State Zip

New Institute of Higher Education:

Name of institution (if currently attending) Location

New Place of Employment:

Name of employer (company or individual) Phone #

Address (street name, number or box number)

City State Zip

Professional License:

License Number

New Vehicle(s) Information:

(1.) _____
Year/make/ model /color Vehicle license # / State

Name of registered owner if not your own

(2.) _____
Year/make/ model /color Vehicle license # / State

Name of registered owner if not your own

New Aircraft(s) Information:

Registration # License type

Aircraft year make/model style/color

New Vessel/Vehicle(s) Information:

ID Number License number

Color/Description Vehicle/Vessel Misc Info

New Place of Residence: (DO NOT use Post Office Box for residential address)

Street name or Rural Route & Box number

City State Zip

Phone # _____ Cell # _____

Jurisdictional Agency Name(at a new place of residence)
[Put Drop Down Box]

New Mailing Address: If different from new place of residence : (may use PO Box if not your residence)

Street name or Rural Route & box or PO Box number

City State Zip

Date moved or planning to move: _____

If new place of residence has been physically verified, sign below:

Law enforcement official Signature date verified

New Email addresses currently used and all IM screen names used and any social web pages registered (MySpace, Facebook, etc)

Email 1

Email 2

Signature of offender (required)

Date signed (required)

Print a signed copy of this form together with a signed copy of the acknowledgement form and provide to offender



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Equal Employment Opportunity and Affirmative Action Program

NUMBER: 13-11

SUPERSEDE: 01-17

APPLICABILITY: All Employees

REFERENCE: AR 228

PAGE: 1 of 4

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 04-26-2013

I. POLICY:

The mission of the Arkansas Department of Correction (ADC) is to: provide for the protection of public safety by carrying out the mandates of the courts; provide a safe humane environment for staff and inmates; strengthen the work ethic through teaching of good habits; and provide opportunities for staff and inmates to improve spiritually, mentally, and physically. In keeping with this mission, the ADC desires to employ individuals who are committed and sincerely interested in serving the mission of the Department in a professional manner.

The ADC is an equal opportunity employer providing equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability, or veteran status, i.e., protected classes. This policy and practice relates to all phases of employment including, but not limited to: recruiting, hiring, placement, promotion, transfers, layoffs, recall, termination, rates of pay or other forms of compensation, training, use of all facilities and participation in all ADC sponsored employee activities and programs. All positions are open equally to qualified men and women.

All members of the ADC's management staff should be familiar with this statement of policy, the philosophy behind it, and their responsibility to apply

these principles in good faith for meaningful progress in the utilization of protected classes.

II. EXPLANATION:

The ADC is an Equal Opportunity Employer. The ADC will comply with the non-discrimination provisions of all applicable state and federal laws and regulations regarding equal opportunity employment.

III. PROCEDURE:

A. Information dissemination:

1. The above policy statement will be referenced in employee handbooks and annual reports.
2. Annually the Director will prepare an Equal Employment Opportunity Statement for dissemination to all divisions for posting on employee bulletin boards.
3. The ADC's Equal Employment Opportunity Statement will be addressed in the Basic Correctional Officer's Training and the Correctional Security for Non-Security personnel training classes.
4. ADC will post "The Law" poster provided by the Equal Employment Opportunity Commission. The poster will be placed in a conspicuous location where notices to applicants and employees are customarily posted. The poster will be placed in a location that is accessible to applicants and employees with disabilities that limit mobility. Notices will be read to applicants and employees with disabilities that limit seeing or reading ability.
5. ADC will maintain contact with business, educational and community organizations in an effort to recruit members of all protected classes.
6. All employment advertisements, letterhead, and recruitment brochures will contain assurance of equal employment opportunity.
7. Classified employee (as defined by the Uniform Classification and Compensation Act) positions will be posted in such places as employee bulletin boards in locations where applicants apply for jobs and on the Arkansas Government Jobs website of the

Arkansas Employment Security Department. The ADC will accept employment applications submitted on the Arkansas Government Jobs website by job seekers.

B. Implementing and Administering the EEO Program/Affirmative Action Plan.

1. The Human Resource Administrator (HRA) and EEO/Grievance Officer have primary responsibility for facilitating the implementation and maintenance of this program, rendering assistance in taking affirmative action, as appropriate.
2. The HRA and EEO/Grievance Officer will confer with and assist management in understanding and meeting EEO/Affirmative Action Program responsibilities.
3. Special attention will be given to recruiting efforts for positions that are difficult to fill and/or have an under representation of a protected class. Requests will be made to each recruiting source to assist in the recruiting and referral of members of the under represented protected classes.
4. ADC management will ensure employees who are members of a protected class receive equal consideration whenever promotional or incentive opportunities occur.

C. Minority Purchasing. ADC will comply with the Minority Business Economic Development Act.

D. Training. All training programs supported or sponsored by the ADC will continue to be open to all employees, as appropriate, based on qualifications, job relatedness and other non-discriminatory criteria.

E. Hiring, Placement, Transfer, Promotion, Lay-Off, Recall, Retention, Termination. The ADC recognizes that to accomplish the long-range objectives of this EEO/Affirmative Action Program, action must be taken to ensure that all job opportunities are made available to members of protected classes.

Employee discipline will be administered by supervisors in a consistent, objective, good faith and non-discriminatory manner.

F. Compensation. All employees will receive compensation in accordance with the same standards. Opportunities for earning increased compensation will be afforded equally to all qualified employees.

G. Reporting. To provide a system for reporting and monitoring agency status with regard to this policy, the HRA will provide to Administrators and Wardens the following two reports:

1. Quarterly report showing the composition of the security and non-security workforce by race and gender of each unit.
2. Quarterly list of promotions by race and gender.
3. Equal Employment Hiring Report

Summary of agency expenditures by purchase code will be provided to the Department of Economic Development.

IV. REFERENCES:

ACA Standards
The Civil Rights Act of 1964
Equal Employment Opportunity Executive Order 11246
Minority Business Economic Development Act, ACA 15-4-311 thru 15-4-319
Administrative Directive on Employment
Act 1226 of 2001



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Employment

NUMBER: 19-14

SUPERSEDES: 19-11

APPLICABILITY: All Employees and Applicants

REFERENCE: AR-204 Employment Policy

PAGE: 1 of 9

APPROVED: Original signed by Wendy Kelley

EFFECTIVE DATE: 4/11/19

I. POLICY:

It shall be the policy of the Arkansas Department of Correction (ADC) to ensure all applicants are given fair and equal opportunity for employment in accordance with all state and federal guidelines.

II. PURPOSE:

The Arkansas Department of Correction is an Equal Opportunity Employer. All positions are open equally to qualified male and female applicants.

III. DEFINITIONS:

- A. Employee. A person regularly appointed or employed in a position of the Department of Correction for which he or she is compensated on a full-time basis and which has a class title and pay grade in Arkansas Code Annotated § 21-5-208.
- B. Class or Classification. A group of positions sufficiently similar as to duties performed, scope of discretion and responsibility, minimum requirements of training and experience or skill, and other characteristics that the same title, the same test of fitness, and the same scale of compensation have been or may be applied.

- C. Promotion. A change in duty assignment of an employee from a position in one classification to a position in another classification of a higher salary and/or grade requiring higher qualifications, such as greater skill and longer experience, and involving a higher level of responsibility.

In accordance with the AD governing Employee Conduct Standards, an employee is not eligible to apply for or receive a promotion or transfer while on probation as a result of disciplinary action unless a waiver has been granted by the Director.

An employee who applies for and receives a demotion, or who has been administratively demoted, will not be eligible to receive a promotion to a higher classification during the twelve (12) months following the demotion.

If an employee promotes to a classification one or more grades higher than the current classification within their current pay grid, a 10% salary increase on the salary, less any enhancements or differentials, will normally be awarded. If an employee promotes from the career service pay grid to the professional and executive pay grid, a 12% salary increase on the salary, less any enhancements or differentials, will normally be awarded. However, provisions of the state pay plan will govern in all situations as years of service and other applicable situations may limit the increase that may be awarded.

- D. Demotion. A change in duty assignment of an employee from a position in one classification to a position in another classification of a lower salary and grade requiring fewer qualifications such as lower skill requirements, less job-related experience, and a lower level of responsibility. When an employee voluntarily or is administratively demoted to a classification one or more grades below the current classification within their current pay grid, a salary decrease of 10% or 12%, less any enhancements or differentials, will normally be required. However, provisions of the state pay plan will govern in all situations as years of service and other applicable situations may limit the decrease that may be required. An employee who applies for and receives a demotion, or who has been administratively demoted, will not be eligible to receive a promotion to a higher classification during the twelve (12) months following the demotion.
- E. New Hire. Employees entering state service for the first time.
- F. Rehire. Employees returning to state service after a break in employment of two or more pay periods.
- G. Displaced Worker. An individual who has worked for an employer that has downsized or closed within the last twelve (12) months, in which they were continuously employed for three (3) or more years, will be considered for hire with the ADC without a high school diploma or GED. All other criteria must be successfully completed. This individual will not be eligible for any

type of promotion and/or merit increase/promotion until he/she has acquired a GED.

- H. Transfer. Employees transferring between state agencies or institutions or laterally within the Department of Correction without a break in service.
- I. Hiring Authority. Human Resources Administrator/Wardens/Center Supervisors/Administrators are authorized to make final selection of applicants for positions available within the Arkansas Department of Correction.
- J. Human Resources. Any employee assigned or designated by a Deputy/Assistant Director, Warden, Center Supervisor, or Administrator, whether within a division, unit, or Central Human Resources, to perform employment-related functions.
- K. Safety Sensitive Position: any position involving a safety sensitive function, which shall include any position which requires any of the following activities: (a) carrying a firearm, (b) performing life-threatening procedures, (c) working with confidential information or documents pertaining to criminal investigations, (d) working with hazardous or flammable materials, controlled substances, food, or medicine, or (e) a position in which a lapse of attention could result in injury, illness, or death, including without limitation a position that includes the operating, repairing, maintaining, or monitoring of heavy equipment, machinery, aircraft, motorized watercraft, or motor vehicles as part of job duties. Every position in the Department is a Safety Sensitive Position.

IV. PROCEDURES:

- A. Position Vacancies:
 - 1. The Hiring Authority must initiate a Position Vacancy Request in order to fill any vacant position. This document must be submitted to the Central Human Resource Office.
 - 2. Positions assigned to GS13 and above, IT08 and above, MP03 and above, or Senior Executive position vacancies, are not required to be advertised. The Director has the authority and discretion to appoint or transfer individuals into these classifications.
 - 3. Classified position vacancies within the general salary pay plan must be advertised according to procedures established by the Department of Finance and Administration, Office of Personnel Management, except when an emergency hire is warranted.
 - 4. Requests for recruitment or advertisement of positions that require additional actions, (e.g., newspapers, mail-outs, etc.), must be

submitted to and coordinated by the Central Human Resource Office.

5. Applications received must be complete and will be reviewed to determine if the applicant meets minimum qualifications for the vacancy. Work credit will only be given for paid positions, or internship under a higher education program relative to the qualifications for the position. All qualified applications will be submitted to the Hiring Authority after the closing date of the advertised vacancy.

B. Employment/Selection Process:

1. The Rating System set forth in this policy shall be utilized by the Hiring Authority and/or interview committee for scoring applicants selected for interview. Scoring shall be conducted in a manner that ensures objective criteria are used for selection of the most qualified applicants for vacant positions. Points shall be awarded to applicants for the following criteria: education, experience, and military service. The Rating System shall include:
 - a. Related Education. The applicant must meet minimum requirements for the job classification or must be approved as a qualified applicant per state requirements. A maximum of ten (10) points may be awarded to an applicant for completion of Related Education above and beyond the Minimum Educational Requirements for the position. (For example: If the Minimum Qualifications require a high school diploma, and the applicant possesses a related Associate's degree, two and one-half (2.5) points will be awarded; if the applicant possesses a related Bachelor's degree, five (5) points will be awarded, and if the applicant possesses a related Master's degree, ten (10) points will be awarded. If a Bachelor's degree is required and the applicant possesses a related Master's degree, five (5) points will be awarded, and if the applicant possesses a related Doctorate's degree, ten (10) points will be awarded.) A copy of the diploma or degree showing the award of the educational level is required. All diplomas received must be from an institution accredited by the Department of Education for the applicable state. All degrees received must be from a college or university accredited by one of the Regional Institutional Accrediting agencies recognized by the United States Department of Education.
 - b. Related Experience. An applicant's experience level for the job classification is awarded one-quarter (.25) points for

each month of related experience exceeding the minimum requirements, up to a maximum of ten (10) points.

- c. Veteran's Status. An applicant may qualify for five (5) or ten (10) points in accordance with provisions of the Arkansas Veteran's Preference Law. To claim Veteran's Preference, an applicant must be honorably discharged from a tour of active duty, other than active duty for training only, with the Armed Forces of the United States, or served honorably in the National Guard or Reserve Forces of the United States for a period of at least six (6) years, whether retired or discharged. Five (5) points are awarded for standard veteran's preference. A disability discharge is ten (10) points. Discharge must be for "Honorable" or "Under Honorable Conditions" only. Disabled veterans or the spouse of a disabled veteran shall have ten (10) points added to his/her final rating score. The applicant must produce a copy of their DD214 long form or NGB form 22 to receive veteran's preference points. Total points awarded for veteran's status cannot exceed ten (10) points.
 - d. Interview. Scoring for interviews shall be determined by assessing 1) the completed application form, 2) other written material gathered or presented and the applicant's responses to questions which support the knowledge, skills, and abilities (KSA's) of each job specification. The rating shall be multiplied times the numerical weight (importance) assigned for each KSA to determine the interview score, which must be 60% or higher. Any supervisory position requires an interview score of 70% or higher.
2. The Hiring Authority shall appoint the interview committee, which will consist of three (3) to five (5) members of the Department. These committee members must be representative of the racial and gender composition of the applicant pool, the same or higher grade as the advertised position, and familiar with the knowledge, skills, and abilities of the position to be filled or positions consisting of General Salary 1-4 can be interviewed by the immediate supervisor of the position without a committee. The Hiring Authority may also bypass the committee system if there are three (3) or fewer applicants eligible for the position. At least one (1) member of the interviewing process must have successfully completed Structured Interviewing Training. The Hiring Authority may select the top-scoring applicant if the Hiring Authority sat on the original interview panel; or, prior to making a final selection, the Hiring Authority may elect to re-interview the top three (3) applicants if the Hiring Authority did not sit on the original interview panel. Written justification in clear and unambiguous terms is required if the

applicant selected did not receive the highest score, and this justification must state why this person was selected over the top scoring applicant.

3. Interviews will be conducted for advertised positions if there are applicants with a natural, maximum pre-score cut-off of ten (10) points based on: education, military service, and work experience. Work experience and education must be applicable to the advertised position in order to receive points. However, no applicant can receive more than thirty (30) pre-score points. There is no minimum or maximum number of applicants that can be interviewed for a position. All applicants with military service, who provide a copy of their DD214 showing an honorable discharge, will receive veteran's preference points and must be interviewed, regardless of their pre-score points.

If the Hiring Authority chooses to interview only those applicants with a minimum pre-score, then all applicants with that pre-score, or above, must be interviewed.

4. The Hiring Authority or Human Resources must conduct a background check on all new employees, contractors, volunteers, and Interns/Student Services prior to them assuming their duties, in order to identify whether there are criminal convictions that have a specific relationship to the job performance. The background check shall include comprehensive identifier information to be collected and run against law enforcement indices. If suspect information on matters with a potential terrorism connection is returned on an applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or other similar agency. The background check shall include, but is not limited to, NCIC/ACIC record review, Justice Exchange, two (2) or more favorable employment reference checks, and Maltreatment Registries check. If the NCIC/ACIC report reveals ten (10) or more points assessed against an applicant's driver's license, or reveals that a license is suspended or not valid, the applicant is not eligible for hire if the position applied for requires a driver's license or requires driving a state vehicle. If the applicant only has one (1) favorable employment reference, or has no employment history, approval to hire may be granted by Central Human Resource.
5. Incumbent staff who promote or demote to business positions in areas such as accounting, inmate banking, commissary, or any other area which has access to agency financial accounts, must have a background check completed and submitted as part of the packet for approval. This also applies to staff that promote or demote to a position in Information Technology. Employees occupying these positions will have an updated background check every five (5) years. Although a criminal conviction, (i.e. embezzlement, fraud, etc.), does

not automatically eliminate an applicant, approval may not be granted due to the nature of the criminal charge if it may conflict with the type of duties being performed.

6. Pre-employment screenings as may be required by department policy or procedure will be conducted prior to final review and approval of selectee. Such screenings may include, but are not limited to: 1) a drug test, 2) a physical assessment, 3) a tuberculosis test, and 4) the ability to perform essential job functions. Applicants rejected for failing to pass a test for drugs will not be reconsidered for twelve (12) months from the date of rejection and upon reapplication must have successfully completed a state licensed drug rehabilitation program during the twelve-month period. A final offer of employment may not be made until approved by Central Human Resource.
7. Positions classified as GS09 and above; IT08 and above; and MP03 and above will be approved by the Director. GS07 and GS08; IT06 and IT07; and MP02 and below will be approved by the applicable Deputy/Assistant Director. GS06 and below will be approved by the Hiring Authority and the Human Resources Administrator.
8. Following acceptance of an offer of employment, all other applicants will be notified of the decision by the Central Human Resource Office. Approved promotions and transfers should occur within two (2) weeks following the employee's acceptance of the position and notice to his/her supervisor, unless alternative arrangements are authorized by the gaining and losing Hiring Authority.

C. Transfer:

1. Administrative Transfer. The Director may at any time transfer employees and/or their positions to another location when the transfer is in the best interest of the Department.
2. Voluntary Transfer. An Employee of the Department of Correction may request a voluntary transfer from a position classification at one location to the same position classification at another location provided there is an open advertisement for that position at the desired unit. The applicant will route requests for voluntary transfers through the Hiring Authority (releasing and receiving) for consideration and approval. The Hiring Authority has the option of selecting a transfer applicant in lieu of interviewing for the vacant position.

D. Demotion:

1. Administrative Demotion. Employees may be demoted to a lower-graded position classification in accordance with provisions of the department's employee conduct standards policy. All demotions must be approved by the applicable Deputy/Assistant Director or Administrator.
2. Voluntary Demotion. Employees of the Department of Correction may request a voluntary demotion from their current position classification at one location to a lower graded position classification at the same or at another location provided a vacancy has been advertised. A completed state application must be received during the advertisement period. The applicant will be considered with all other qualified applicants in the interview process.

E. Rehire:

1. The Hiring Authority will review Rehire applications and related previous work history to determine the reason(s) the employee terminated employment with the Department of Correction. Applications from persons not recommended for Rehire will not be considered for at least twelve (12) months from date of termination; however, the Human Resources Administrator may approve rehire after six (6) months if termination was unrelated to either (1) contraband or (2) inappropriate relationships with inmates, unless the employee left pending an investigation. Applications from persons terminated for violation of the drug testing policy will not be considered for at least six (6) months, and the applicant must have successfully completed a state licensed drug rehabilitation program since termination to qualify for rehire consideration.

A rehire applicant that has not been gone for at least ninety (90) days will be considered for re-employment only at his or her previous unit of assignment unless this requirement is waived by the Director. A rehired employee with a NO for rehire status that has been waived by the director will not be eligible for promotion for 12 months from rehire date.

2. The Hiring Authority will include the Rehire application, along with the applicant's previous termination notice(s) and all documentation of previous employment periods with the Department of Correction. This information must be submitted with the Rehire packet and forwarded to Central Human Resources.
3. The Director or Human Resources Administrator will make the final decision regarding all Rehire applicants.

F. Procedures Manual/Required Forms:

The Human Resources office shall develop detailed administrative procedures and required forms to guide the employment process. The forms will be placed on the Department intranet site.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Administrative Leave

NUMBER: 16-18

SUPERSEDES: 13-23

APPLICABILITY: All Employees

REFERENCE: AR 225 Employee Conduct Standards **PAGE:** 1 of 3

APPROVED: Original signed by Wendy Kelley **EFFECTIVE DATE:** 6/10/2016

I. POLICY:

Employees of the Arkansas Department of Correction will be dealt with consistently and fairly when allegations and/or complaints have been alleged, while at the same time, ensuring that safety, security and good order is maintained throughout the Department.

II. EXPLANATION:

Based on the nature of the allegations, the Warden/Administrator may deem it necessary to place an employee away from the work place pending the results of administrative procedures.

III. DEFINITIONS:

Employee: A person regularly appointed or employed in a position of the Department of Correction for which a class, title, and pay grade is established in the agency's appropriation act.

Allegations/Complaint: A formal accusation or a formal charge.

Deadly Force: Any force that under the circumstances is readily capable of causing death or serious physical injury.

IV. **PROCEDURES:**

- A. Administrative Leave should only be utilized, as a last resort, by the Warden/Administrator when allegations and/or complaints have been filed or made known that will affect the good order and security of the institution. This includes felonies, misdemeanors, arrests, complaints, protective orders and indictments. The **Human Resources Administrator** must be notified when an employee is being placed on Administrative Leave. If the facts and circumstances of an allegation are not readily available, the task of investigating should be assigned/assumed by an employee suited to make an objective and unbiased determination of fact. This investigation should be completed within five (5) working days, when possible, beginning the day of notification of the allegation.
- B. If possible, the Warden/Administrator should consider alternative duties at their institution or another unit for the employee under investigation. In those sensitive positions where an employee's behavior reflects on their ability to perform the job, and where no alternate duties can be assigned, a Warden/ Administrator may have no alternative but to relieve an employee of duty, pending the outcome of an investigation.
- C. If no alternative is available, the Warden/Administrator will place the employee on leave for up to five (5) working days and will arrange to perform or have performed an internal investigation surrounding the circumstances. The leave will be administrative paid leave if the employee is found innocent of all allegations. If the employee is found guilty of all allegations, the leave will not be paid administrative leave. The employee will have the option of utilizing their annual, holiday, straight time or comp leave on the books if found guilty. If the investigation is not completed within five (5) working days, the Warden/Administrator via the Human Resource Administrator may make a written request to the Director to extend the leave with a copy to the appropriate Deputy/Assistant Director. The Director may grant an extension of administrative leave, approve a job reassignment of the employee until the investigation is completed, or deny the request.
- D. Following the completion of the investigation, the Warden/Administrator may:
 - 1. Return the employee to regular duty status.
 - 2. Return the employee to duty status but reassign to another post.
 - 3. Initiate disciplinary action in accordance with the administrative directive governing employee conduct standards.

- E. Employees of the Department of Correction involved in any serious incident where force has been used against another person or persons may be placed under Administrative Leave with pay status at the discretion of the Director. The Administrative Leave shall be until a time that the Director deems appropriate to return the employee to duty or after all documentation and investigations are complete.
- F. The Warden/Administrator will submit to the appropriate Deputy/Assistant Director a written report covering the results of the investigation and their decision on the employee's work status.
- G. An employee may not take or request Administrative Leave.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Children's Educational Activity Leave

NUMBER: 16-37

SUPERSEDES: 14-06

APPLICABILITY: All Staff

REFERENCE: Act 134 of 2013

PAGE: 1 of 4

APPROVED: Original Signed by Wendy Kelley

EFFECTIVE DATE: 08/26/2016

I. POLICY:

The purpose of this policy is to allocate leave time for state employees to participate in their children's educational activities.

II. EXPLANATION:

This policy establishes guidelines for implementing provisions of state law allowing leave time for state employees to participate in their children's approved educational activities. State employees are entitled to eight (8) hours of leave time during any one (1) calendar year for the purpose of engaging in and traveling to and from the educational activities or interscholastic activities of their child.

III. DEFINITIONS:

Child: A person enrolled in pre-kindergarten through grade 12, including a home-schooled student, who is a natural child; adopted child; stepchild; foster child; grandchild of the state employee; ward of the state employee by virtue of having been appointed the person's legal guardian, over eighteen (18) years of age with a developmental disability; or legally declared incompetent.

Developmental Disability: Defined as the disability of a person whose condition:

1. Is attributable to mental retardation, cerebral palsy, spina bifida, down syndrome, epilepsy, or autism;
2. Is attributable to any other condition found to be closely related to mental retardation because the condition results in an impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation; or requires treatment and services similar to that required for a person with mental retardation;
3. Is attributable to dyslexia resulting from a disability described in (A)(1) or (A)(2);
4. Originates before the person attains the age of twenty-two (22) years;
5. Has continued or can be expected to continue indefinitely; and
6. Constitutes a substantial handicap to the person's ability to function without appropriate support services, including, but not limited to, planned recreational activities; medical services such as physical therapy; speech therapy; and possibly sheltered employment or job training.

Educational Activity: Any school sponsored activity such as: parent-teacher conferences; school sponsored tutoring; participation in a school sponsored volunteer program; field trips; classroom programs; school committee meetings; academic competitions, or assisting with athletic, music, or theater programs.

An Educational Activity includes:

1. Attending a parent-teacher conference;
2. Participating in school-sponsored tutoring of the child;
3. Participating in a volunteer program sponsored by the school in which the child is enrolled;
4. Attending a field trip with the child;
5. Attending a school-sponsored program or ceremony in which the child is participating;
6. Attending a graduation or homecoming ceremony in which the child is participating;

7. Attending an awards or scholarship presentation in which the child is participating;
8. Attending a parents' or grandparents' breakfast in which the child is participating;
9. Attending a classroom party in which the child is participating;
10. Attending a school committee meeting of the school in which the child is enrolled;
11. Attending an academic competition in which the child is participating;
12. Attending an athletic, music, or theater program of the school in which the child is enrolled; and
13. Engaging in any of the activities listed above that are connected with a pre-kindergarten program.

Home-Schooled Student: A student legally enrolled in an Arkansas home school.

Interscholastic Activity: An activity between schools subject to regulations of the Arkansas Activities Association that is outside the regular curriculum of a school district, including without limitation an athletic activity, a fine arts program, or a special interest club or group; and taught by an individual with a minimum of a high-school diploma.

Pre-Kindergarten Program: Any educational and/or child development program that is designed to prepare children, who are at least three (3) years of age, for an academic kindergarten program.

Resident School: The school to which the student would be assigned by the resident school district in which the home-schooled student's parent resides.

IV. PROCEDURES:

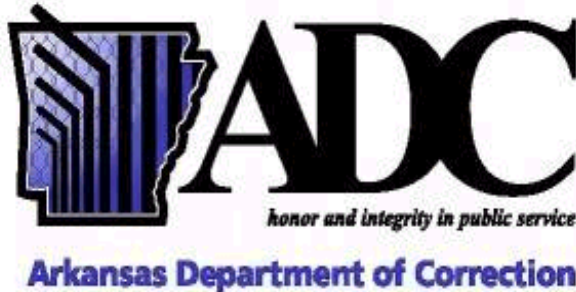
- A. Employees requesting leave in order to participate in a child's educational activity must acquire approval from their supervisor in advance of the activity by submitting the appropriate leave form and required documentation. The abbreviation of Children's Educational Activities Leave (C.E.A.L.) shall be noted in the blank for the category of leave indicated as "other."

- B. Documentation from the school verifying the activity must be attached to the request for leave.
- C. The minimum leave amount an employee may request and be approved for is fifteen (15) minutes. No smaller amounts shall be authorized or used.
- D. Unused leave may not be carried over to the next calendar year.
- E. Unused leave is not compensable to the employee upon separation of employment.
- F. The Unit Human Resources Manager is responsible for ensuring leave slips submitted provide proper documentation that no more than eight (8) hours of Children's Educational Activities Leave (C.E.A.L.) are utilized each calendar year, and that payment of leave is processed properly.

V. SPECIFIC PROVISIONS:

A home-schooled student shall not participate in interscholastic activities at a public school other than the student's resident school.

Children's Educational Activities Leave that is unused may not be carried over to the next year. Children's Educational Activities Leave is not compensable to the state employee at the time of retirement or termination.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Shared Leave

NUMBER: 16-52

SUPERSEDES: 13-31

APPLICABILITY: All Employees

REFERENCE: Arkansas Code Annotated
21-4-203 & 21-4-217

PAGE: 1 of 5

APPROVED:

EFFECTIVE DATE: 11/04/2016

I. POLICY:

Arkansas law establishes Shared Leave to be administered by the Office of Personnel Management (OPM) of the Department of Finance and Administration. This policy establishes a Shared Leave Program to be administered by the Arkansas Department of Correction (ADC) as authorized by Arkansas Code Annotated (A.C.A.) §§ 21-4-203 and 21-4-217. The ADC Shared Leave Program creates no expectation or promise of continued employment and is intended simply to assist employees during medical emergencies.

II. DEFINITIONS:

Shared Leave: The donation of an employee's earned sick or annual leave to another employee who is employed by the same state employer or same state-supported institution, who:

1. is suffering from a severe illness;
2. has an immediate family member who is severely ill; or
3. Has approved Paternity Leave or Maternity Leave after:
 - A. The birth of a biological child;
 - B. The placement of an adoptive child in the adoptive home of the employee; or
 - C. The placement of a foster child in the foster home of the employee for

an appropriate transition period that is in the best interests of the foster child as determined by the Division of Children and Family Services of the Department of Human Services (DCFS-DHS).

Severe Illness: An acute onset medical condition of an employee or an employee's immediate family member:

1. Which is catastrophic in nature;
2. Which could not be anticipated;
3. That requires continuous inpatient or outpatient medical treatment; and
4. That requires the employee or employee's immediate family member to be absent from duty for a prolonged period.

Catastrophic Nature: Any unforeseen medical condition. Examples include, but are not limited to, a terminal illness, cancer, or surgery as a result of an unforeseen medical condition.

Immediate Family: An employee's father, mother, sister, brother, husband, wife, child, grandmother, grandfather, grandchild, father-in-law, mother-in-law, and an individual acting as a parent or guardian of an employee.

Employee: A person regularly appointed or employed in a position of state service by ADC for which he or she is compensated on a full-time basis.

Prolonged Period of Time: A continuous period of time (minimum of thirty (30) working days) whereby a medical condition prevents the employee from performing the employee's duties.

III. PROCEDURES:

1. The applicant applying for Shared Leave must complete the Application for Shared Leave and provide the Donation of Sick and Annual Leave Form to the applicable donor(s) for donation.
2. The donor must sign the Application for Shared Leave, complete the Donation of Sick and Annual Leave Form, indicate the appropriate number of hours that he/she wishes to donate to the applicant and return the application and Donation Form to the applicant.
3. The applicant must submit the Application for Shared Leave, all applicable Donation of Sick and Annual Leave Forms and a completed Physician Certification Form to the Unit Human Resources (HR) Manager.
4. Upon receipt of the Application for Shared Leave and donor forms by the Unit HR Manager, the application must be date stamped; the Personnel/Payroll verification

section must be completed and sent to the Assistant HR Administrator – Benefits at Central Human Resources for processing.

5. The Assistant HR Administrator – Benefits will verify eligibility for both applicant and donor and submit to the Agency Director for appropriate approval/denial.
6. The Director's decision shall be final and binding at the Agency level.
7. Upon return receipt of the Agency Director's decision, the Assistant HR Administrator will forward the Application for Shared Leave, Shared Leave Donation Forms, and the eighty (80) hour Waiver Letter/Memo, if applicable, to the Chief Fiscal Officer of the State or designee for final decision.
8. If the application for Shared Leave is approved, the leave will be donated accordingly in the payroll system and the employee notified of availability for use. If the application for Shared Leave is denied, the applicant will be notified in writing.

IV. Applicant Eligibility Requirements:

An employee is eligible to receive Shared Leave if the employee has:

1. Been continuously employed for more than one (1) year by ADC from the date of application.
2. Has cumulative earned Sick and Annual Leave in excess of eighty (80) hours at the onset of the severe illness.
3. Has applied in writing for Shared Leave.
4. Has received written approval for Shared Leave from his or her employer.
5. Not been disciplined for leave abuse by ADC within two (2) years from the date of application.
6. The eighty (80) hour requirement may be waived for an otherwise eligible employee at the discretion of the agency Director.
7. No employee shall be approved for Shared Leave unless the employee is, or is reasonably expected to be, on leave without pay status because of a severe illness.
8. An employee who applies for Shared Leave shall provide his or her employer an acceptable medical certificate from a healthcare provider documenting the severe illness or the birth of the employee's biological child that made the employee eligible for Shared Leave; a final decree of adoption issued by a court of competent jurisdiction approving the

adoption of a child by an employee; or documentation provided by the DCFS-DHS approving the placement of a foster child in the foster home of the employee.

NOTE : Shared Leave may be used on a full-time or intermittent basis; however, in no case shall the employee be granted Shared Leave beyond the date certified by a healthcare provider as the date when the employee is able to return to work.

9. The combination of Shared and Catastrophic Leave received by an employee may not exceed two thousand eighty (2,080) hours in a calendar year. Shared Leave received by an employee may not exceed two thousand eighty hours (2,080) hours per shared leave event.
10. Shared Leave may only be used in the calendar year the leave quotas and amounts were established in the Arkansas Administrative Statewide Information System (AASIS).
11. Shared Leave may be used in conjunction with Family Medical Leave.
12. Any Shared Leave donated to an employee that is not used by the employee shall be converted to the employer's Catastrophic Leave Bank Program.
13. Leave that is accrued by an employee while on Shared Leave shall be donated to the employer's Catastrophic Leave Bank.
14. Donations of Shared Leave shall be granted hour-for-hour and not dollar-for-dollar.
15. OPM will not approve crossgrades/downgrades or pool position requests to accommodate a Shared Leave request.

V. Donor Eligibility Requirements:

An employee is eligible to donate Shared Leave if the employee:

1. Is employed by the same employer as the employee receiving Shared Leave.
2. Has cumulative earned Sick and Annual Leave in excess of eighty (80) hours, prior to donation, and the donation will not cause the donating employee to have less than eighty (80) hours, except at termination or retirement.
3. Has not been disciplined for leave abuse by ADC within two (2) years from the date of application.

4. The eighty (80) hour requirement may be waived for an otherwise eligible employee at the discretion of the Agency Director.
5. Once Shared Leave is approved, granted, and extracted from the donor's leave bank, it is irrevocable.

VI. Approval:

Shared Leave shall be approved in writing by the Agency Director, and Chief Fiscal Officer (CFO) of the State to determine the employer's funding availability. If Shared Leave is granted to an employee, the employee shall use the Shared Leave after the employee has exhausted the following:

1. Earned Sick Leave;
2. Earned Annual and Holiday Leave; and
3. Earned Compensatory Leave.

When submitting Shared Leave requests to the Chief Fiscal Officer, only the Shared Leave application, eighty (80) hour Waiver Letter/Memo (if applicable), Dependent Child Certification Form, and Shared Leave Donation Forms and documentation substantiating severe illness – Physician's Certification; Adoption Decree, or DCFS-DHS approval are required.

VII. Prohibition of Coercion:

An employee may not directly or indirectly intimidate, threaten or coerce, or attempt to intimidate, threaten or coerce, another employee for the purpose of interfering with that employee with respect to donating, receiving or using annual or sick leave. Any report of such described instances shall be reported in writing to the Director. All written reports of such described instances shall be investigated thoroughly and appropriate disciplinary action may be taken for any substantiated violation.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Catastrophic Leave Bank Program

NUMBER: 17-18

SUPERSEDES: 13-29

APPLICABILITY: All Full-Time Employees

REFERENCE: AR-204 - Employment

PAGE: 1 of 9

APPROVED: Original Signed by Wendy Kelley **EFFECTIVE DATE:** 07/01/2017

I. POLICY:

This policy establishes a Catastrophic Leave Bank Process to be utilized by the Arkansas Department of Correction (ADC). This process is based on Catastrophic Leave Policy 50.02 administered by the Arkansas Department of Finance and Administration (DFA). The Catastrophic Leave Bank Program creates no expectation or promise of continued employment and is intended simply to assist eligible employees during medical emergencies or maternity leave.

II. PURPOSE:

The purpose of this policy and procedure is to establish a Catastrophic Leave Bank process for the use of the regular full-time employees of the Arkansas Department of Correction. All contained herein is in accordance with Arkansas Code Annotated (A.C.A.) § 21-4-203, 21-4-209, 21-4-214, and the Rules and Regulations submitted to and approved by the Office of Personnel Management of the Arkansas Department of Finance and Administration.

III. DEFINITIONS:

Catastrophic Leave Bank: A pool of accrued annual and sick leave voluntarily donated by employees which may be approved for use by employees who meet

eligibility requirements for a medical emergency due to illness/injury and/or for maternity leave.

Catastrophic Illness/Injury: A medical condition of an employee, spouse, parent of the employee, or a child of the employee who may be claimed as a dependent under the Arkansas Income Tax Act of 1929, as certified by a physician or other appropriate healthcare provider. The medical condition requires an employee's absence from duty for a prolonged period of time, and except for the catastrophic leave program, would result in a substantial loss of income to the employee because of the exhaustion of all earned sick, annual, holiday, and compensatory leave.

Catastrophic Leave for Maternity Leave: An eligible female employee may receive up to four (4) consecutive weeks of paid leave within the first twelve (12) weeks after the birth of the employee's biological child, or placement of an adopted child in the employee's home.

Prolonged Period: An extended period of time whereby a medical condition prevents the employee from performing the employee's duties. The period of time may be continuous or intermittent, except for maternity leave, which must be continuous.

Medical Condition: An emergency limited to a catastrophic and debilitating medical situation, severely complicated disabilities, and/or severe accident of the employee or a qualifying family member. The emergency could not have been anticipated and would cause the employee to be unable to perform his/her job, require a prolonged period of recuperation, and/or require the employee's absence from duty, as documented by a physician or other appropriate healthcare provider. Elective surgery does not qualify as a medical condition for catastrophic leave purposes.

For maternity leave, the birth of the employee's biological child, or placement of an adopted child in the employee's home is the medical condition. Approved catastrophic leave will be granted for the birth of the employee's biological child effective the date of the birth, or after, but within the first twelve (12) weeks after the birth. Approved catastrophic leave will be granted for the placement of an adopted child in the employee's home effective the date the child is placed in the home, or after, but within the first twelve (12) weeks after the placement.

Dependent Child Certification: Complete the "Dependent Child Certification Form," sign and attach to the catastrophic leave request. If the child was acquired after the most current income tax filing, provide other proof, i.e., birth certificate, adoption order, etc.

Substantial Loss of Income: A continuous period during which the employee will not be compensated by the employing state agency due to a medical condition after

the exhaustion of all earned sick, annual, holiday, and compensatory leave. This requirement does not apply for maternity leave.

IV. PROCEDURES:

- A. The applicant must be a regular, benefits-eligible, full-time employee of the ADC. A person who works less than full-time, forty (40) hours per week, or who is in an extra-help position, is ineligible to participate as a recipient in the Catastrophic Leave Bank Program. An employee in a regular, part-time position may elect to donate annual and sick leave.
- B. The employee must currently be employed by the State of Arkansas for at least one (1) year in a regular, full-time position.
- C. Employees with a medical emergency must have exhausted all sick, annual, holiday, and compensatory leave time and, at the “onset of the illness or injury”, had to his or her credit at least eighty (80) hours of combined sick and annual leave. For maternity leave, the eighty (80) hours of combined sick and annual leave credit is not required at the time of the application for catastrophic leave.
- D. “Onset of illness” means the initial beginning or start of a medical condition, as certified by a physician or other appropriate healthcare provider, which creates the need for the catastrophic leave request. If a recurrence of the same illness necessitates a subsequent catastrophic leave request, the eligibility requirement that the employee have eighty (80) hours of combined sick and annual leave at the onset of the illness will not be required on the illness recurrence date. The “eighty (80) hour requirement” for a medical emergency due to illness/injury may be waived for an otherwise eligible employee if an “extraordinary circumstance” is declared by an agency director due to the applicant providing documentation that one of the following conditions has occurred:
 - 1. The employee applying for the catastrophic leave bank program benefits had, during the previous one (1) year period, another medically documented illness or injury which was not compensated under an approved Catastrophic Leave Bank Program, but was documented under the Family and Medical Leave Act (FMLA) as a qualifying event, and caused the exhaustion of all annual and sick leave; or
 - 2. The employee applying for catastrophic leave had, during the previous one (1) year period, exhausted his or her sick and annual leave as a direct result of supplementing workers’ compensation benefits, which were received due to an on-the-job injury or illness while employed by the State of Arkansas.

- E. If the medical condition is due to illness/injury or for maternity, and the employee is covered by workers' compensation, the compensation based on catastrophic leave when combined with the weekly workers' compensation benefit received by the employee shall not exceed the compensation being received by the employee at the onset of the illness/injury or maternity leave.
- F. The employee has not received a documented disciplinary action for leave abuse during the past one (1) year period from the date of application. This requirement does not apply for maternity leave.
- G. An employee shall not be approved for catastrophic leave unless that employee is reasonably expected to be on leave-without-pay (LWOP) status as a result of the catastrophic illness/injury. This requirement does not apply for maternity leave.
- H. An employee is eligible for approved catastrophic leave due to injury/illness for a maximum of six (6) months (1,040 hours) within a five (5) year period. Additional requests within the five (5) year period may be submitted for review and determination by the OPM Catastrophic Leave Bank Committee and State Personnel Administrator. This requirement does not apply for maternity leave.
- I. The combination of catastrophic leave for the stated medical conditions due to illness/injury, or for maternity leave, received by an employee may not exceed one thousand two hundred (1,200) hours in a calendar year, (1,040 hours for illness/injury and 160 hours for maternity leave).
- J. The Catastrophic Leave Bank Committee shall not grant the employee catastrophic leave beyond the date to return to work as certified by a physician or other appropriate provider.
- K. An employee shall not be approved for catastrophic leave for a medical emergency unless that employee has provided an acceptable medical certificate from a physician, or other appropriate health care provider, supporting the continued absence and setting forth that the employee is, and will continue to be, unable to perform the employee's duties due to a catastrophic illness/injury of the employee, or a qualifying family member. The employee is responsible for providing information regarding his/her assigned job duties to the physician in order to have a more accurate medical certification. This requirement does not apply for maternity leave.

An employee shall not be approved for catastrophic leave for maternity, unless the employee has provided acceptable proof of the birth or placement of an adopted child. For the birth of an employee's biological child, acceptable proof includes a hospital announcement with the mother's name

and/or the biological child's name, hospital discharge papers with the mother's name and the biological child's name, or a birth certificate of the biological child. For the placement of an adopted child in an employee's home, acceptable proof includes a formal document from the placement entity with the mother's name and the child's name, or legal guardianship papers with the mother's name and the child's name. The acceptable proof will be maintained by the agency submitting the request, but certified as part of the application process or as follow-up to the application using the Maternity Purposes Eligibility Date Verification form.

V. DONATION OF LEAVE TO THE OPM CATASTROPHIC LEAVE BANK:

The Assistant Human Resources Administrator shall screen leave donated by the employees of ADC to ensure that the following criteria are met:

- A. Accrued leave may be donated to the OPM Catastrophic Leave Bank in one (1) hour increments. Donations of leave shall be granted hour-for-hour and not dollar-for-dollar.
- B. No employee shall be allowed to donate leave to the OPM Catastrophic Leave Bank if such donations will reduce that employee's accrued sick and annual leave balance to less than eighty (80) hours. This restriction does not apply to employees who are terminating their employment.
- C. Annual and/or sick leave previously donated to the OPM Catastrophic Leave Bank may not be restored to the employee who donated the leave time.
- D. Approved donation of leave shall be transmitted to the OPM Catastrophic Leave Bank by submitting the Donation of Annual and Sick Leave form.

VI. OPM CATASTROPHIC LEAVE COMMITTEE:

Membership: The OPM Catastrophic Leave Bank encompasses employees of various agencies. The Committee members shall be comprised of a rotating registry of agency employees with the majority having a medical (licensed) or medically related background. Members shall elect a Committee chairperson.

Responsibility: The purpose of the Committee is to review all medical emergency catastrophic leave requests and make recommendations for approval, denial, or pending for additional information or clarification. The Committee will reconsider applications submitted by the State Personnel Administrator as requested by an agency director, or as deemed appropriate.

VII. OPM CATASTROPHIC LEAVE BANK ADMINISTRATION:

The OPM Catastrophic Leave process will be administered in accordance with the following guidelines:

- A. All eligible employees applying for catastrophic leave may obtain the applicable application from either their Unit Human Resources Manager, Central Human Resources or Spotlight.
- B. All completed applications and supporting documentation, if applicable, may be turned in to the Unit Human Resources Manager, or to Central Human Resources Benefits Division.
- C. Upon receipt of application by Central Human Resources Benefits Division, the application will be reviewed for eligibility requirements and forwarded to the OPM Catastrophic Leave Committee for approval/denial.
- D. OPM Catastrophic Leave Committee will provide either approval/denial or request additional supporting medical information if needed.
- E. If the Director does not agree with any of the determinations, an appeal may be made to the State Personnel Administrator for reconsideration by the OPM Catastrophic Leave Committee.

The Catastrophic Leave Coordinator will be responsible for making all eligibility determinations prior to any applications being forwarded to the OPM Catastrophic Leave Committee. Any employee disqualified for failure to meet eligibility requirements will be notified in writing.

- F. Catastrophic leave may be granted or donated in one (1) hour increments only, not on a monetary basis.
- G. Catastrophic leave which would result in a negative balance in the OPM Catastrophic Leave Bank shall not be approved.
- H. Catastrophic leave shall not be awarded retroactively for maternity leave. Catastrophic leave will be awarded up to twelve (12) weeks after the birth of a biological child, or placement of an adopted child, but shall not begin prior to February 16, 2017, and shall not exceed four (4) continuous weeks.
- I. Employees in a catastrophic leave status for a medical emergency due to illness/injury, lasting a period of ten (10) or more days in a month, will have the accrued annual and sick leave for the month returned to the OPM Catastrophic Leave Bank. If the employee is in a catastrophic leave status for a medical emergency due to illness/injury and accrues holiday and birthday leave during that time, the accrued holiday and birthday leave will be removed through a quota correction and the days will be reflected as paid

catastrophic leave. Holiday and birthday leave will not be returned to the OPM Catastrophic Leave Bank.

The leave codes and categories for catastrophic leave due to a medical emergency are CATL – Catastrophic Leave and FMLT – Family Medical Leave Catastrophic.

- J. Employees in a catastrophic leave status for maternity leave during a four (4) week period will have the accrued annual and sick leave removed for the month the catastrophic leave status begins through time evaluation. If the employee is in a catastrophic leave status for maternity and accrues birthday leave during that time, the accrued birthday leave will be removed at the time of the birthday through time evaluation. If the employee is in a catastrophic leave status for maternity leave and accrues holiday leave during that time, the holiday leave will have to be manually removed through a quota correction for non-exempt employees. Birthday and holiday leave during the catastrophic maternity leave period will be reflected as paid catastrophic leave. No accrued leave, annual, sick, holiday, and/or birthday leave will be returned to the OPM Catastrophic Leave Bank.

The leave codes and categories for catastrophic leave due to maternity leave are CATM – Catastrophic Leave Maternity and FMMC – Family Medical Leave Maternity Catastrophic Leave.

- K. Employees receiving catastrophic leave for a medical emergency due to illness/injury, or for maternity leave, will receive their normal rate of pay and normal state benefits, such as agency contributions to insurance and retirement.
- L. The use of catastrophic leave for a medical emergency or maternity leave will not change an employee's merit eligibility date.
- M. In the event that an employee on catastrophic leave for a medical emergency due to illness/injury is terminated, retires, dies, or returns to work prior to expiration of previously approved catastrophic leave time, all unused catastrophic leave shall be returned to the OPM Catastrophic Leave Bank.
- N. An employee may be dismissed if such employee fails to report to work promptly at the expiration of the period of approved/ catastrophic leave.

Nothing, however, shall prevent ADC from accepting satisfactory reasons provided by the employee, in advance of the date the employee is scheduled to return to work, and from granting leave without pay status to an employee prior to or after the expiration of such catastrophic leave if, in the view of the agency director, such action is warranted. Supervisors should not take disciplinary action for such leave until the application has been formally approved or denied.

- O. Alleged or suspected abuse, misrepresentation or fraud of the OPM Catastrophic Leave Bank Program shall be investigated by OPM and the employee's agency, and on a finding of wrongdoing, an employee shall repay all of the leave hours awarded from the OPM Catastrophic Leave Bank and shall be subject to such other disciplinary action as is recommended by the State Personnel Administrator and determined by the Director.
- P. Approved catastrophic leave for a medical emergency or for maternity leave shall be applied concurrently with the Family and Medical Leave Act, if the employee is eligible.
- Q. Recommendations of the OPM Catastrophic Leave Bank Committee or the State Personnel Administrator are not subject to grievance, arbitration, or litigation.

VIII. RECORD KEEPING:

The ADC Catastrophic leave record keeping procedure will track the following:

- 1. The amount of leave donated by each employee, the rate of pay and dollar value of such donated leave at the time of donation;
- 2. The amount of Catastrophic Leave awarded, including the name of the recipient, position number, rate of pay, and personnel number; and
- 3. Any other such data as required by the DFA Director, or the State Personnel Administrator.

IX. PROHIBITION OF COERCION:

An employee may not directly or indirectly intimidate, threaten, coerce, or attempt to intimidate, any other employee for the purpose of interfering with any employee with respect to donating, receiving, or using annual or sick leave. Any report of such described instances shall be reported in writing to the Director. All written reports of such described instances shall be investigated thoroughly and appropriate disciplinary action may be taken for any substantiated violation.

X. REFERENCES:

Act 169 of 1991
Act 1176 of 1999

Act 194 of 2003

Act 182 of 2017

OPM Catastrophic Leave Program



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Family Medical Leave Act

NUMBER: 19-21

SUPERSEDES: 18-47

APPLICABILITY: All Employees

REFERENCE: Family Medical Leave Act of 1993;
GPD 8; National Defense
Authorization Act of 2008; and OPM Policy

PAGE: 1 of 10

APPROVED: Original Signed by Wendy Kelley

EFFECTIVE DATE: 7/22/2019

I. POLICY:

It shall be the policy of the Arkansas Department of Correction (ADC) (hereinafter ADC is also referred to as Agency) to provide guidelines for the administration of job-protected leave taken under the Family and Medical Leave Act (FMLA) of 1993 as amended by the National Defense Authorization Act (NDAA) of 2008.

II. PURPOSE:

The federal Family and Medical Leave Act (FMLA) of 1993 requires all public agencies to provide up to twelve (12) weeks of unpaid, job-protected leave per calendar year to “eligible” employees for certain family and medical reasons or any qualifying need arising out of the fact that the spouse, child or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation. The

NDAA has also expanded FMLA to provide up to twenty-six (26) weeks of leave per calendar year to care for an injured military service member. All employees are eligible if they have worked within state government for at least one (1) year (cumulative), and have at least 1,250 hours of service for the employer during the twelve month period preceding the commencement of the leave.

Spouses who are both employed by the state are entitled to a total of twelve weeks of leave (rather than twelve weeks each) for the birth or adoption of a child, or for care of a sick parent. However, each spouse would be entitled to twelve (12) weeks for their own serious health condition or the care of a child or spouse.

Each employee is entitled to FMLA for the care of his/her parent only.

Nevertheless, the marital couple is limited to a combined twelve (12) weeks for this purpose regardless of which parent, or the number of parents, involved.

III. DEFINITIONS:

- A. Serious Health Condition means an illness, injury, impairment or physical or mental condition that involves:
1. Inpatient care: Any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice, or residential medical care facility.
 2. Continuing treatment by a health care provider: Any period of incapacity of more than five (5) consecutive working days that also involves continuing treatment as follows:
 - a. Treatment two (2) or more times by a health care provider; by a nurse or physician's assistant under direct supervision of a health care provider; or a provider of health care services (e.g., physical therapist) under orders of, or on referral by a health care provider.
 - b. Treatment by a health care provider on at least one (1) occasion which results in a regimen of continuing treatment under supervision of a health care provider. A regimen of continuing treatment includes, for example, a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition. It does not include taking of over-the-counter medications or other similar activities that can be initiated without a visit to a health care provider.
 3. Any period of incapacity due to pregnancy or for prenatal care.
 4. Treatment for a chronic health condition that requires: periodic visits for treatment by a health care provider, or by a nurse or

physician's assistant under direct supervision of a health care provider; continues over an extended period of time (including recurring episodes of a single underlying condition; or may cause episodic rather than a continuing period of incapacity (eg., asthma, diabetes, epilepsy, etc.).

5. A period of incapacity, which is permanent or long-term, due to a condition for which the treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include: Alzheimer's disease, severe stroke or the terminal stages of a disease.
6. Multiple treatments for non-chronic conditions, and any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by a health care provider, either for restorative surgery after an accident or other injury, or for a condition such as cancer, severe arthritis, or kidney disease that would likely result in a period of incapacity of more than five (5) consecutive working days in the absence of medical intervention or treatment.
7. Continuing supervision of, but not necessarily active treatment by a health care provider due to a serious long-term or chronic condition or disability, and which cannot be cured.

NOTE: FMLA only allows leave for substance abuse in order to undergo treatment by a health care provider and specifically excludes employee absence because of the use of the substance. Stress qualifies as a serious health condition only if it rises to the level of a mental illness or results in a physical illness.

- B. Period of Incapacity means a period of time when an employee or family member is unable to work, attend school, or perform other regular daily activities due to the serious health condition, treatment thereof, or recovery therefrom.
- C. Treatment for purposes of FMLA, includes examinations to determine if a serious health condition exists and evaluations of the condition, but does not include routine physical examinations, eye examinations, or dental examinations.
- D. Group Health Plan is a plan (including a self-insured plan) of, or contributed to by an employer (including a self-employed person) or employee organization to provide health care directly or otherwise to

employees, former employees, the employer, or others associated or formerly associated with the employer in a business relationship, or their families.

- E. Health Care Provider is defined as a doctor of medicine or osteopathy who is authorized to practice medicine or surgery by the State in which the doctor practices or any other person determined by the United States Department of Labor to be capable of providing health care services. Included in the second part of that definition are Podiatrists, Dentists, Clinical Psychologists, Clinical Social Workers, Optometrists, and Chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated to exist by x-ray), Nurse Practitioners and Nurse-Midwives and Christian Science Practitioners.
- F. Spouse is determined by applicable state law and U.S. Supreme Court decisions.
- G. Parent means the biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the employee when the employee was a child. This term does not include parents “in law.”
- H. Son or Daughter means a biological, adopted, foster child, stepchild, legal ward or a child of a person standing in loco parentis.
 - 1. Under eighteen (18) years of age; or
 - 2. Eighteen (18) years of age or older and incapable of self-care because of mental or physical disability at the time FMLA is to commence.
- I. In Loco Parentis: Those with day-to-day responsibilities to care for or financially support a child. Employees who have no biological or legal relationship with a child may, nonetheless, stand in loco parentis to the child and be entitled to FMLA leave. Similarly, an employee may take leave to care for someone who, although having no legal biological relationship to the employee when the employee was a child, stood in loco parentis to the employee when the employee was a child, even if they have no legal or biological relationship.
- J. Next of Kin under the amendment made by the NDAA means the nearest blood relative of the injured service member.
- K. Qualifying Exigency Leave apply to family members of National Guard and Reserve members so that they may manage their affairs while the member is on active duty in support of a contingency operation. The categories that are considered qualifying exigencies are short-notice deployment; military events and related activities; childcare and school

activities; financial and legal arrangements; counseling; rest and recuperation; post-deployment activities; and additional activities not encompassed in the other categories, but agreed to by the employer and employee.

- L. Military Caregiver Leave is for eligible employees who are the spouse, parent, child, or next of kin of a service member who incurred a serious injury or illness on active duty in the Armed Forces and may take up to 26 weeks of leave in a calendar year to care for the injured service member. Military Caregiver Leave is used in combination with regular FMLA leave.

IV. PROCEDURES:

- A. Unpaid FMLA leave must be granted for any of the following reasons:
1. To care for the employee's child after birth, or placement for adoption or foster care;
 2. To care for the employee's spouse, son, or daughter (under age eighteen (18), or if eighteen (18) or older, incapable of self-care due to a mental or physical disability as defined by the Americans with Disabilities Act), or a parent who has a serious health condition;
 3. For a serious health condition that makes the employee unable to perform the employee's job;
 4. To care for the employee's spouse, child (over the age of eighteen (18), parent, or next of kin who was injured on active duty; or
 5. For the qualifying need when an employee's spouse, child (over the age of eighteen (18), or parent is called to or on active duty.
- B. Under ADC policy, an employee must use accrued paid leave in place of unpaid leave. An employee may take FMLA on a full time or intermittent basis, or work a reduced leave schedule.
- C. An employee is required to provide the employer with at least thirty (30) days advance notice before FMLA leave is to begin if the need for leave is foreseeable based on an expected birth, placement for adoption or foster care, or planned medical treatment for an employee's or family member's serious health condition. If thirty (30) day's notice is not practicable, notice must be given as soon as possible. It is expected that an employee will give notice within no less than one (1) or two (2) working days of learning of the need for leave.

- D. An employee will provide at least verbal notice sufficient to make the supervisor aware of the need for FMLA leave, and the anticipated timing and duration of the leave. The employee must follow ADC policy regarding call-in procedures for reporting any absence, absent unusual circumstances. A leave slip should also be completed including this information.
- E. The Unit Human Resources Manager will provide a packet of information and forms for employees requesting FMLA leave. If verbal notice is given by the employee, his or her supervisor or Unit HR Manager may complete the ADC Family and Medical Leave Request (see FMLA forms); however, the employee is required to provide medical certification to support the request for leave. When this is not possible, the employee must provide the certification to the employer within the period requested by the employer (at least fifteen (15) calendar days after employer notification). Additional certification may be required if the employee is unable to return to work from leave at the end of the original requested period. FMLA leave may be denied or delayed if the medical certification requirements are not met.
- F. If the agency has reason to believe an employee's leave may be FMLA qualifying, the employee will be provided with the FMLA packet promptly. An absence of more than five (5) consecutive work days that involves continuing treatment by a health care provider may be considered sufficient "reason to believe."
- G. The Supervisor must notify the Unit HR Manager that an employee has been out of work for four days, the HR Manager will abide by the following procedure:
 - 1. FMLA papers will be mailed to the employee via certified mail.
 - 2. Along with the FMLA papers, the HR Manager will advise the employee of the fifteen (15) calendar day timeframe from the date information was mailed to return the completed FMLA paperwork.
 - 3. If at the depletion of the fifteen (15) days, the FMLA paperwork has not been returned, the FMLA may be denied or delayed if the medical certification requirements are not met.
 - 4. If an employee submits medical certification that is incomplete or insufficient, the Central HR will specify in writing what information is lacking, and give the employee seven calendar days to cure the deficiency.

5. Upon completion of the twelve (12) week period (twenty-six (26) weeks in the event the employee is caring for an injured military service member), if the employee is unable to return to work, perform the essential functions of their position and has depleted all of their accrued leave, the employee will be terminated.
6. If at the end of the twelve (12) weeks (twenty-six (26) weeks in the event the employee is caring for an injured military service member), the employee still has leave balances, the employee will be permitted to deplete their accrued leave balances prior to being terminated.
7. If an employee has been on FMLA leave due to his/her own health condition, the employee shall provide an essential job function questionnaire completed by their health care provider certifying their fitness for full duty or a release form without restrictions signed by their health care provider prior to the employees return to work. The department may require security staff to submit to a physical assessment once the employee has returned to work.
8. If a physician determines that an employee is unable to perform one of the essential functions of their current job due to a permanent disability, the Human Resources Administrator should be notified and the procedures stipulated in the Administrative Directive on ADA should be followed.

NOTE: Employees receiving Catastrophic Leave and/or Workers’

Compensation benefits may be qualified for FMLA Leave up to twelve (12) weeks. These awards will run concurrently if eligibility requirements are met.

- H. If the agency does not learn of the reason for an employee’s absence until the employee’s return (usually a brief period of absence), the employer will provide the FMLA packet promptly; in this case, the employee must notify his or her supervisor within two business days of returning to work of the reason for the leave. In the absence of such timely notification by the employee, the leave may not qualify for FMLA leave.

Under FMLA, job benefits and protection include:

1. For the duration of FMLA leave, ADC will maintain the employee’s health insurance coverage under any “group health plan,” under the conditions that the coverage would have been provided if the employee had continued to work (matching portion paid by ADC while employee continues to pay his/her portion).

2. Upon return from FMLA leave, most employees should be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
3. The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of the employee's leave.
4. Employee's participation in the Performance, Goals, Compensation System (PGCS) must meet all criteria regardless of being absent from work because of medical leave.

I. Confidentiality

Medical information as a result of a serious health condition is considered confidential. If an employee submits a complete certification signed by a health care provider, the employee's supervisor may not request additional information from the employee's health care provider. However, a Human Resources professional, another health care provider or a management official may contact the employee's health care provider for purposes of clarification and authenticity of the medical certificate.

J. Second Medical Certification

If there is reason to doubt the validity of a medical certification, the employer may require a second opinion from a health care provider designed or approved by the employer so long as that provider is not employed by the state on a regular basis.

K. Recertification

The employer may request the employee to provide a recertification no more than every 30 days and only in connection with an absence by the employee. If a certification indicates that the minimum duration of the serious health condition is more than 30 days, the employer must generally wait until that minimum duration expires before requesting recertification. However, in all cases, including cases where the condition is of an indefinite duration, the employer may request a recertification for absences every six months.

The employer may request a recertification in less than 30 days only if:

1. The employee requests an extension of leave;
2. The circumstances described by the previous certification have changed significantly, or;

3. The employer receives information that causes it to doubt the employee's stated reasons for the absence or the continuing validity of the existing medical certification.

L. OTHER LAWS AND EMPLOYER PRACTICES ON FMLA
EMPLOYEE RIGHTS

A. State Law

Nothing in FMLA supersedes any provision of state law that proves greater family or medical leave rights than those provided by FMLA. For example, State of Arkansas employees who take maternity leave have the option to reserve annual and sick leave balances when on FMLA leave. Even though the employer would normally require employees to use their leave balances during FMLA leave, state law, with regard to maternity leave, extends certain exceptions.

B. Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA)

An employer's obligation under FMLA ceases and a COBRA qualifying event may occur when, and if:

1. The employment relationship would have terminated if the employee had not taken FMLA (i.e. his/her position eliminated due to Reduction In Force and no transfer is available)
2. An employee informs the employer of his or her intent not to return from leave (which may be before the leave starts), or the employee fails to return from leave after exhausting his or her FMLA entitlement.

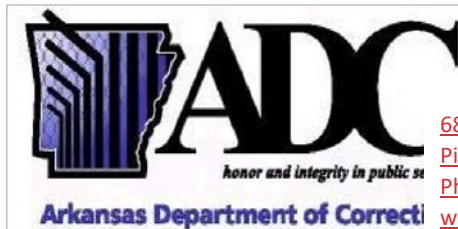
C. Employee Retirement Security Act (ERISA)

There is no requirement that unpaid FMLA leave be counted as additional service for eligibility, vesting, or benefit accrual purposes. However, the final regulations clarify that if a plan requires an employee to be employed on a specific date in order to be credited with a year of service for participation, vesting, or contribution purposes, an employee on FMLA leave is deemed to have been employed on that date. Previously, employees were required to return to work in order to receive the year of service. If an employee has a question about their years of service they should contact APERS.

D. Posting Requirements

All state agencies and institutions are required to post and keep posted on its premises, in conspicuous places where employees are employed, a notice explaining the Act's provision and providing information concerning the procedures for filing complaints of

violations of the Act with the Wage and Hour Division of the Department of Labor. The notice must be posted prominently where it can be readily seen by employees and applicants for employment. Agencies and institutions may duplicate the text of the notice contained in “YOUR RIGHTS FORM”, or copies of the required notice may be obtained from local offices of the Wage and Hour Division.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Tuberculosis Screening for Inmates

NUMBER: 19-

SUPERSEDES: 12-22

APPLICABILITY: Wardens/Center Supervisors,
Administrative staff, Medical
Service Contractor, all Inmates
and Detainees

PAGE 1 of 5

REFERENCE: AR-833 – Health Services, Arkansas Department of Health
Center for Disease Control

APPROVED: Original signed by ~~Dexter Payne~~
EFFECTIVE DATE:

I. POLICY:

To ensure reasonable efforts to stem the spread of airborne diseases, especially tuberculosis, and to adhere to regulations of the Arkansas Department of Health and to follow the guidelines of the Center for Disease Control.

II. DEFINITIONS:

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1. Tuberculosis (TB) testing – The process of injecting 0.1 ml of Purified Protein Derivative (PPD) into the skin of the forearm and the reaction to the PPD read in 48 to 72 hours.
-
2. Tuberculosis screening – The process of interviewing an individual for current symptoms of TB. The interview shall consist of screening for current symptoms (cough, unexplained weight loss, night sweats). -If symptoms are reported, sputum samples will be obtained for smear and culture and a chest x-ray will be done.
2. —
3. Contact screening – TB screening of those persons believed to have been in contact through facility, work or housing assignment with an individual found to have active tuberculosis disease.
4. Contact testing – TB testing of those persons believed to have been in contact through facility, work or housing assignment with an individual found to have active tuberculosis disease.
5. Mass screening – TB screening of all inmates at an Arkansas Division of Correction (ADC) facility, or facilities, at the recommendation of the Arkansas Department of Health based on potential exposure to an active case or cases.
6. Mass testing – TB testing of all inmates at an ADC facility, or facilities, at the recommendation of the Arkansas Department of Health based on potential exposure to an active case or cases.
7. Annual screening – Routine TB screening of all inmates, at all ADC facilities, on the second Friday of the appropriate month according to the inmate's last two terminal digits of their ADC number.
8. Converter – **Any** individual whose PPD reactions have been less than 5 mm (<5 mm), but now shows a reaction greater than or equal to 15 mm will be tested via the T-Spot. If the T-Spot results are positive, the inmate will be considered positive. An abnormal chest X-ray changes the status of a converter to that of a suspect.
9. Suspect – Any individual who shows clinical and X-ray and/or sputum culture evidence of having TB disease as determined by the Arkansas Department of Health.
10. ADC Tuberculosis (TB) Coordinator – An individual employed by the ADC, supervised by the ADC Administrator of Medical Services, or designee, charged

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with the responsibility of coordinating preventive, screening, treatment, tracking and educational efforts regarding tuberculosis.

10.

11. Respiratory Isolation – A designated single room intended to separate individuals, who are suspects or are known to have tuberculosis in an infectious stage, from other staff and inmates, providing for UV air sterilization and appropriate ventilation in the room.

11.

III. PROCEDURE:

1. All individuals received into the ADC will receive TB testing within 72 hours of their delivery to any receiving facility. -Any individual sentenced to 14 days or more in a jail or detention facility operated by the ADC will be similarly screened. Exceptions to this are: individuals who have a documented non-reactive TB skin test within 24 months of intake and individuals who have a documented past positive TB skin test.
2. Annual screening will be conducted on the second Friday of each month corresponding with the inmate's last two terminal digits of their ADC number as follows:

Month	Inmates whose ADC # ends in	Month	Inmates whose ADC # ends in
January	10 – 19	July	70 – 79
February	20 – 29	August	80 – 89
March	30 – 39	September	90 – 99
April	40 – 49	October	00 – 09
May	50 – 59	November	<u>Employees</u>
June	60 – 69	December	<u>Reports</u>

3. Contact screening/testing or mass screening/testing will be conducted at the recommendation of the Arkansas Department of Health based on potential exposure to an active case or cases, and upon the concurrence of the vendor's Medical Director, the ADC Administrator of Medical Services, and the ADC Deputy Director over Healthcare and Programs.
4. To the extent consistent with the security and good order of the facility, all moves in and out will be suspended between the time that the need for contact

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screening/testing or mass screening/testing is agreed upon and that screening can take place.

5. TB screening/testing is mandatory, under the *Rules and Regulations of the Arkansas Board of Health pertaining to the Control of Communicable Diseases*. Noncompliance will result in counseling. Disciplinary action and/or respiratory isolation may be invoked for the protection of staff and inmates. -If counseling fails, and if necessary, for the health and safety of other inmates and staff, correctional officers may restrain an inmate or detainee for testing.
6. ADC Health Services policies and procedures will be followed for tuberculosis screening and prevention.
7. The ADC will provide computer generated listings for any screening and will maintain a database of results. -The ADC Tuberculosis Program Coordinator will ensure that these activities are carried out, and will act as liaison between the ADC, the Arkansas Department of Health, and the contracted medical vendor.
8. The contracted medical vendor will provide the necessary trained and certified nurses to carry out any TB screening or testing, will complete MS-703's on all new reactors, arrange for necessary materials, and will ensure that X-rays and lab samples are forwarded to the Arkansas Department of Health in a timely manner.
9. The Arkansas Department of Health will read and provide written interpretation of chest X-rays and provide consultation on prevention and management of tuberculosis.
10. Mantoux skin tests shall be administered and read by licensed staff and shall be within their scope of practice.
11. The contracted medical vendor in conjunction with the Arkansas Department of Health will provide semiannual in-service training regarding tuberculosis for health services staff and will document the occurrence of training to the ADC Tuberculosis Program Coordinator.
12. The contracted medical vendor will document efforts to educate the inmate population and will see that pamphlets or other educational materials are readily available.
13. Treatment for Converters will be per the recommendations of the Arkansas Department of Health. -This treatment is mandatory except when drug toxicity is suspected. -Non-compliance may result in disciplinary action and/or respiratory isolation. -Suspected toxicity should lead to suspension of administration of the drug(s) and prompt liver function studies.

14. Suspects will be housed in respiratory isolation until such time as three successive sputa are found to be clear, or until they have been on medication for treatment of tuberculosis for a minimum of two weeks, or until cleared by the Arkansas Department of Health. -Observed sputa shall be obtained weekly.
- ~~15.~~ The ADC Tuberculosis Program Coordinator will regularly audit the Medication Administration Record (MAR) to ensure proper medication delivery and compliance with Arkansas Department of Health and Human Services Standards.
- 15.
16. Testing of urine for INH levels may be ordered to determine compliance with preventive treatment.

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ADMINISTRATIVE DIRECTIVE

SUBJECT: Tuberculosis Screening for Inmates

NUMBER: 19-35

SUPERSEDES: 12-22

APPLICABILITY: Wardens/Center Supervisors,
Administrative staff, Medical
Service Contractor, all Inmates
and Detainees

PAGE 1 of 4

REFERENCE: AR-833 – Health Services, Arkansas Department of Health
Center for Disease Control

APPROVED: Original signed by Dexter Payne

EFFECTIVE DATE: 11/18/2019

I. POLICY:

To ensure reasonable efforts to stem the spread of airborne diseases, especially tuberculosis, and to adhere to regulations of the Arkansas Department of Health and to follow the guidelines of the Center for Disease Control.

II. DEFINITIONS:

1. Tuberculosis (TB) testing – The process of injecting 0.1 ml of Purified Protein Derivative (PPD) into the skin of the forearm and the reaction to the PPD read in 48 to 72 hours.
2. Tuberculosis screening – The process of interviewing an individual for current symptoms of TB. The interview shall consist of screening for current symptoms (cough, unexplained weight loss, night sweats). If symptoms are reported, sputum samples will be obtained for smear and culture and a chest x-ray will be done.

3. Contact screening – TB screening of those persons believed to have been in contact through facility, work or housing assignment with an individual found to have active tuberculosis disease.
4. Contact testing – TB testing of those persons believed to have been in contact through facility, work or housing assignment with an individual found to have active tuberculosis disease.
5. Mass screening – TB screening of all inmates at an Arkansas Division of Correction (ADC) facility, or facilities, at the recommendation of the Arkansas Department of Health based on potential exposure to an active case or cases.
6. Mass testing – TB testing of all inmates at an ADC facility, or facilities, at the recommendation of the Arkansas Department of Health based on potential exposure to an active case or cases.
7. Annual screening – Routine TB screening of all inmates, at all ADC facilities, on the second Friday of the appropriate month according to the inmate's last two terminal digits of their ADC number.
8. Converter – **Any** individual whose PPD reactions have been less than 5 mm (<5 mm), but now shows a reaction greater than or equal to 15 mm will be tested via the T-Spot. If the T-Spot results are positive, the inmate will be considered positive. An abnormal chest X-ray changes the status of a converter to that of a suspect.
9. Suspect – Any individual who shows clinical and X-ray and/or sputum culture evidence of having TB disease as determined by the Arkansas Department of Health.
10. ADC Tuberculosis (TB) Coordinator – An individual employed by the ADC, supervised by the ADC Administrator of Medical Services, or designee, charged with the responsibility of coordinating preventive, screening, treatment, tracking and educational efforts regarding tuberculosis.
11. Respiratory Isolation – A designated single room intended to separate individuals, who are suspects or are known to have tuberculosis in an infectious stage, from other staff and inmates, providing for UV air sterilization and appropriate ventilation in the room.

III. PROCEDURE:

1. All individuals received into the ADC will receive TB testing within 72 hours of their delivery to any receiving facility. Any individual sentenced to 14 days or more in a jail or detention facility operated by the ADC will be similarly screened.

Exceptions to this are: individuals who have a documented non-reactive TB skin test within 24 months of intake and individuals who have a documented past positive TB skin test.

2. Annual screening will be conducted on the second Friday of each month corresponding with the inmate's last two terminal digits of their ADC number as follows:

Month	Inmates whose ADC # ends in	Month	Inmates whose ADC # ends in
January	10 – 19	July	70 – 79
February	20 – 29	August	80 – 89
March	30 – 39	September	90 – 99
April	40 – 49	October	00 – 09
May	50 – 59	November	<u>Employees</u>
June	60 – 69	December	<u>Reports</u>

3. Contact screening/testing or mass screening/testing will be conducted at the recommendation of the Arkansas Department of Health based on potential exposure to an active case or cases, and upon the concurrence of the vendor's Medical Director, the ADC Administrator of Medical Services, and the ADC Deputy Director over Healthcare and Programs.
4. To the extent consistent with the security and good order of the facility, all moves in and out will be suspended between the time that the need for contact screening/testing or mass screening/testing is agreed upon and that screening can take place.
5. TB screening/testing is mandatory, under the *Rules and Regulations of the Arkansas Board of Health pertaining to the Control of Communicable Diseases*. Noncompliance will result in counseling. Disciplinary action and/or respiratory isolation may be invoked for the protection of staff and inmates. If counseling fails, and if necessary, for the health and safety of other inmates and staff, correctional officers may restrain an inmate or detainee for testing.
6. ADC Health Services policies and procedures will be followed for tuberculosis screening and prevention.
7. The ADC will provide computer generated listings for any screening and will maintain a database of results. The ADC Tuberculosis Program Coordinator will

ensure that these activities are carried out, and will act as liaison between the ADC, the Arkansas Department of Health, and the contracted medical vendor.

8. The contracted medical vendor will provide the necessary trained and certified nurses to carry out any TB screening or testing, will complete MS-703's on all new reactors, arrange for necessary materials, and will ensure that X-rays and lab samples are forwarded to the Arkansas Department of Health in a timely manner.
9. The Arkansas Department of Health will read and provide written interpretation of chest X-rays and provide consultation on prevention and management of tuberculosis.
10. Mantoux skin tests shall be administered and read by licensed staff and shall be within their scope of practice.
11. The contracted medical vendor in conjunction with the Arkansas Department of Health will provide semiannual in-service training regarding tuberculosis for health services staff and will document the occurrence of training to the ADC Tuberculosis Program Coordinator.
12. The contracted medical vendor will document efforts to educate the inmate population and will see that pamphlets or other educational materials are readily available.
13. Treatment for Converters will be per the recommendations of the Arkansas Department of Health. This treatment is mandatory except when drug toxicity is suspected. Non-compliance may result in disciplinary action and/or respiratory isolation. Suspected toxicity should lead to suspension of administration of the drug(s) and prompt liver function studies.
14. Suspects will be housed in respiratory isolation until such time as three successive sputa are found to be clear, or until they have been on medication for treatment of tuberculosis for a minimum of two weeks, or until cleared by the Arkansas Department of Health. Observed sputa shall be obtained weekly.
15. The ADC Tuberculosis Program Coordinator will regularly audit the Medication Administration Record (MAR) to ensure proper medication delivery and compliance with Arkansas Department of Health and Human Services Standards.
16. Testing of urine for INH levels may be ordered to determine compliance with preventive treatment.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Searches of Inmates, Unit Searches and Control of Contraband

NUMBER: 19-8-49

SUPERSEDES: 18-4915

APPLICABILITY: All employees and inmates

REFERENCE: AR 401 Searches for and Control of Contraband

AD - Inmate Property Control,

AD - Body Cavity Searches for

Contraband; AD - Inmate

Correspondence Containing Contraband

PAGE 1 of 5

APPROVED: Original signed by ~~Wendy Kelley~~

EFFECTIVE DATE: 12/15/18

I. POLICY:

It shall be the policy of the Arkansas ~~Division~~Department of Correction (ADC) to have procedures in place to detect and deter the introduction, manufacture, possession and/or conveyance of contraband.

II. PURPOSE:

The control of contraband within a correctional environment is necessary to provide a safe, secure environment for inmates, employees and visitors. -The following will provide Arkansas ~~Department~~Division of Correction (ADC) staff with information and guidelines regarding approved procedures for the suppression of contraband and to specify approved search methods.

III. DEFINITIONS:

- A. "Contraband" means any item or items determined by the Board of Corrections or ADC to jeopardize the safety, security, or good order of its institutions, including but not limited to the following:

1. Nuisance Contraband - Any item or article which may be or may have been authorized for possession, but which is now prohibited because excessive quantities present health or fire hazards or have become a housekeeping problem.
 2. Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.
 3. Unauthorized articles seized during a search of living quarters, place of assignment, vehicle or personal search.
 4. Items which are illegal or banned by policies.
- B. "Inmates" mean persons incarcerated by the Department of Correction.
- C. "Staff" means all ADC employees, volunteers, contract medical and mental health employees, Arkansas Correctional School employees and employees of Riverside Vo-Tech.
- D. "Strip Search" means an unclothed body search, which requires the person to remove his or her clothing in conformance with approved procedures and professional practices.
- E. "Pat Search" means a clothed body search consisting of an individual's garments and personal effects ready at hand and the surface of the individual's body and the area within the individual's immediate control.

IV. **PROCEDURE:**

A. Searches in General

Searches may include but are not limited to the following elements:

1. Searches of inmates on or off ADC property, including search of persons, clothing, and other personal items; or
2. Searches of all vehicles transporting inmates; or
3. Inspection of packages and other nonvehicular items entering and leaving the facility to include inspection by electronic means; or
4. Use of hand-held and walk-through detectors to detect and deter the movement of contraband; or
5. Use of ion scanning devices, drug dogs, and other electronic or advanced technological detection devices.

B. Inmate Searches

Searches of inmates are conducted as often as necessary to control contraband, but never for purposes of punishment or harassment.

All searches will be conducted in a professional manner with training in cross-gender pat searches, as well as searches of transgender and intersex inmates in the least intrusive manner possible consistent with security needs. Procedures for inmate searches shall include but are not limited to the following:

1. Facility wide searches carried out in accordance with established Procedures including prior to all holidays;
2. Searches in other common areas, including but not limited to inmate and program work areas such as the kitchen, visitation room, school, day rooms, activity areas, outside recreation and work areas.
 - a. Pat Searches of Inmates (clothed body search)

Pat searches may be conducted by an employee of either gender and may be performed at any time in any area of the facility; however, in recognition of the Prison Rape Elimination Act standards acknowledging the increased likelihood that female inmates may have a history of trauma, if a female officer is present and available (not otherwise occupied), the female officer will conduct the pat search of a female inmate¹. Pat searches ordinarily do not require an inmate to remove clothing other than hats, gloves, coats and shoes.
 - b. Strip Search of Inmates (unclothed body search)

Strip searches shall be conducted by staff of the same gender as the inmate except in cases of emergency (i.e., escape, riot, etc.)². Strip searches of inmates do not require reasonable suspicion that the individual is concealing contraband.
 - c. All inmates who will be restrained will be strip searched prior to being removed from their cell.
3. Use of body cavity will be searches in accordance with established procedures.

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¹ Should a female officer be present and available, but a male officer conduct the pat search of a female inmate, documentation will be completed as to why that officer conducted the search.

² Should an officer of the opposite gender of the inmate conduct a strip search, documentation will be completed describing the emergency.

C. Unit Contraband Searches

1. All areas of the units shall be searched thoroughly for contraband on a routine basis.
 - a. The search may be limited to a specific building or area of the unit.
 - b. All routine unit contraband searches shall be randomly scheduled and conducted in accordance with existing procedures.

D. Institutional Lockdown Searches

1. The warden shall consult with the appropriate Deputy or Assistant Director regarding the necessity of a complete search for contraband with an associated institutional lockdown.
2. The appropriate Deputy or Assistant Director shall inform the Director of the lockdown and search, including the specific reasons for the request and the proposed dates.
3. All contraband searches accomplished in association with an institutional lockdown shall be conducted in accordance with established procedures.
4. The warden may request additional resources and support to assist the unit during the institutional lockdown and search.
4. The institutional lockdown and search is to be followed up with written documentation following established incident notification procedures.

In addition, the warden shall prepare a written report to the appropriate Assistant or Deputy Director within 48 hours after completion of the lockdown and search. ~~The report shall include, but~~include but is not limited to the following information: (1) what was confiscated, (2) number of major disciplinary prepared, and (3) summary of significant events.

E. Personal Property

1. Any item, whether contraband or personal property, taken from an inmate shall be documented on the appropriate ADC confiscation form (for example: Form 401).
2. Although it is essential that all searches are thorough and systematic, it is equally important that no damage, loss or abuse occurs to any personal property. ~~-Any such loss or damage that is determined to be through neglect may result in disciplinary action against the negligent employee(s) and officer(s), and they may be liable for the replacement cost of such items.~~

F. Disposition of Contraband

All contraband except as noted herein shall be dealt with in accordance with the policy regarding inmate property control or other applicable policies.

1. Any instrument of criminality such as drugs or firearms shall be secured in a safe or other appropriate location within the unit. Notification shall be given to Internal Affairs and all contraband evidence that may be involved in any outside free world court will be turned over to the Internal Affairs Division no later than seven (7-) business working days from the time of discovery, excluding weekends. ~~The~~ Proper chain of custody shall be maintained in accordance with established procedure. ~~No~~ drugs/weapons are to be destroyed without first obtaining written approval from Internal Affairs to ensure the preservation of evidence relative to any criminal proceedings.
2. U.S. currency and money orders recovered from inmates shall be properly receipted, documented, and deposited in the Inmate Welfare Fund. ~~Excess~~ currency may be held and secured as evidence for criminal or administrative proceedings.

~~3. Weapons, other than those in item 1, should be destroyed at the unit.~~

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3. Unauthorized Confiscated mobile/wireless telephone devices ~~that are confiscated~~ will be taken to the Central Office Radio Shop ~~or East Arkansas Regional Unit~~ for processing within seven (7) business working days, excluding weekends as soon as possible. ~~These~~ devices may be donated to a non-profit or other outside agency in lieu of destruction, at the discretion of the Director.

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4. Weapons, other than those in paragraph #1, should be destroyed at the unit.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Searches of Inmates, Unit Searches and Control of Contraband

NUMBER: 19-36

SUPERSEDES: 18-49

APPLICABILITY: All employees and inmates

REFERENCE: AR 401 Searches for and Control of Contraband

AD - Inmate Property Control,

AD - Body Cavity Searches for

Contraband; AD – Inmate

Correspondence Containing Contraband

PAGE 1 of 5

APPROVED: Original signed by Dexter Payne

EFFECTIVE DATE: 11/18/2019

I. POLICY:

It shall be the policy of the Division of Correction to have procedures in place to detect and deter the introduction, manufacture, possession and/or conveyance of contraband.

II. PURPOSE:

The control of contraband within a correctional environment is necessary to provide a safe, secure environment for inmates, employees and visitors. The following will provide the Division of Correction staff with information and guidelines regarding approved procedures for the suppression of contraband and to specify approved search methods.

III. DEFINITIONS:

- A. “Contraband” means any item or items determined by the Board of Corrections, state law, division policy to jeopardize the safety, security, or good order of its institutions, including but not limited to the following:

1. Nuisance Contraband - Any item or article which may be or may have been authorized for possession, but which is now prohibited because excessive quantities present health or fire hazards or have become a housekeeping problem.
 2. Articles in excess of established facility limits, articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.
 3. Unauthorized articles seized during a search of living quarters, place of assignment, vehicle or personal search.
 4. Items which are illegal or banned by policies.
- B. "Inmates" mean persons incarcerated by the Division of Correction.
- C. "Staff" means all Division of Correction employees, volunteers, contract medical and mental health employees, Arkansas Correctional School employees and employees of Riverside Vo-Tech.
- D. "Strip Search" means an unclothed body search, which requires the person to remove his or her clothing in conformance with approved procedures and professional practices.
- E. "Pat Search" means a clothed body search consisting of an individual's garments and personal effects ready at hand and the surface of the individual's body and the area within the individual's immediate control.

IV. **PROCEDURE:**

A. Searches in General

Searches may include but are not limited to the following elements:

1. Searches of inmates on or off Division of Correction property, including search of persons, clothing, and other personal items; or
2. Searches of all vehicles transporting inmates; or
3. Inspection of packages and other nonvehicular items entering and leaving the facility to include inspection by electronic means; or
4. Use of hand-held and walk-through detectors to detect and deter the movement of contraband; or
5. Use of ion scanning devices, drug dogs, and other electronic or advanced technological detection devices.

B. Inmate Searches

Searches of inmates are conducted as often as necessary to control contraband, but never for purposes of punishment or harassment. All searches will be conducted in a professional manner with training in cross-gender pat searches, as well as searches of transgender and intersex inmates in the least intrusive manner possible consistent with security needs. Procedures for inmate searches shall include but are not limited to the following:

1. Facility wide searches carried out in accordance with established Procedures including prior to all holidays;
2. Searches in other common areas, including but not limited to inmate and program work areas such as the kitchen, visitation room, school, day rooms, activity areas, outside recreation and work areas.
 - a. Pat Searches of Inmates (clothed body search)

Pat searches may be conducted by an employee of either gender and may be performed at any time in any area of the facility; however, in recognition of the Prison Rape Elimination Act standards acknowledging the increased likelihood that female inmates may have a history of trauma, if a female officer is present and available (not otherwise occupied), the female officer will conduct the pat search of a female inmate¹. Pat searches ordinarily do not require an inmate to remove clothing other than hats, gloves, coats and shoes.
 - b. Strip Search of Inmates (unclothed body search)

Strip searches shall be conducted by staff of the same gender as the inmate except in cases of emergency (i.e., escape, riot, etc.)². Strip searches of inmates do not require reasonable suspicion that the individual is concealing contraband.
 - c. All inmates who will be restrained will be strip searched prior to being removed from their cell.
3. Use of body cavity will be searches in accordance with established procedures.

¹ Should a female officer be present and available, but a male officer conducts the pat search of a female inmate, documentation will be completed as to why that officer conducted the search.

² Should an officer of the opposite gender of the inmate conduct a strip search, documentation will be completed describing the emergency.

C. Unit Contraband Searches

1. All areas of the units shall be searched thoroughly for contraband on a routine basis.
 - a. The search may be limited to a specific building or area of the unit.
 - b. All routine unit contraband searches shall be randomly scheduled and conducted in accordance with existing procedures.

D. Institutional Lockdown Searches

1. The Warden shall consult with the appropriate Deputy or Assistant Director regarding the necessity of a complete search for contraband with an associated institutional lockdown.
2. The appropriate Deputy or Assistant Director shall inform the Director of the lockdown and search, including the specific reasons for the request and the proposed dates. The Director will notify the secretary of the Department.
3. All contraband searches accomplished in association with an institutional lockdown shall be conducted in accordance with established procedures.
4. The Warden may request additional resources and support to assist the unit during the institutional lockdown and search.
5. The institutional lockdown and search are to be followed up with written documentation following established incident notification procedures.

In addition, the Warden shall prepare a written report to the appropriate Assistant or Deputy Director within 48 hours after completion of the lockdown and search. The report shall include but is not limited to the following information: (1) what was confiscated, (2) number of major disciplinarys prepared, and (3) summary of significant events.

E. Personal Property

1. Any item, whether contraband or personal property, taken from an inmate shall be documented on the appropriate Division of Correction confiscation form (for example: Form 401).
2. Although it is essential that all searches are thorough and systematic, it is equally important that no damage, loss or abuse occurs to any personal property. Any such loss or damage that is determined to be through neglect may result in disciplinary action against the negligent employee(s) and officer(s), and they may be liable for the replacement cost of such items.

F. Disposition of Contraband

All contraband except as noted below shall be handled with in accordance with the policy regarding inmate property, or other applicable policies.

1. Any instrument of criminality such as drugs or firearms shall be secured in a safe or other appropriate location within the unit. Notification shall be made to the Internal Affairs Division and all evidence that may be involved in any criminal case will be turned over to the Internal Affairs Division no later than seven (7) business days from the date of discovery. The proper chain of custody form will be maintained in accordance with established procedure. No drugs or weapons are to be destroyed without first obtaining written approval from Internal Affairs to ensure the preservation of evidence relative to any criminal proceedings.
2. U.S. currency and money orders recovered from inmates will be properly receipted, documented, and deposited in the Inmate Welfare Fund. Excess currency may be held and secured as evidence for criminal or administrative proceedings.
3. Confiscated mobile or wireless telephone devices will be taken to the Central Office Radio Shop for processing within seven (7) business days. These devices may be donated to a non-profit or other outside agency in lieu of destruction, at the discretion of the Director.
4. Weapons, other than those in Paragraph #1, should be destroyed at the unit.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Grievance Procedure

NUMBER: 19-~~20~~

SUPERSEDES: 19-204-16

APPLICABILITY: All employees and inmates

PAGE 1 of 31

REFERENCE: AR 835 - Grievance Procedure for Offenders

APPROVED: Original signed by ~~Wendy Kelley~~ _____ EFFECTIVE DATE
8/1/2019

I. POLICY:

It is the policy of the Arkansas ~~Department~~ Division of Correction to provide inmates in its custody an administrative process for the resolution of complaints, problems and other issues.

II. EXPLANATION:

The grievance procedure is an administrative process for the submission and resolution of inmate problems and complaints. The process is designed to solve the problem at the lowest level, as promptly as feasible, and in a manner that is fair, reasonable, and consistent with the ~~Department~~ Division of Correction's mission.

The administrative process for the resolution of complaints and identification of problem areas is intended to supplement but not replace daily and routine communication between staff and inmates.

III. DEFINITIONS:

- A. Informal Resolution – the first step consisting of a written complaint (Unit Level Grievance Form, Attachment I) by an inmate that is intended to allow staff the opportunity to resolve an issue on an informal basis, and to serve as a prerequisite to the second step, a formal grievance.
- B. Grievance – the second (formal) step where a written complaint using the same form used for the Informal Resolution (Unit Level Grievance Form, Attachment I) is submitted by an inmate on the inmate's own behalf (an inmate cannot grieve on behalf of another inmate) regarding:
1. A policy applicable within his or her unit/center of assignment that personally affects the inmate;
 2. A condition in the facility that personally affects the inmate;
 3. An action of another inmate, or inmates, that personally affects the inmate;
 4. An action of an employee(s), contractor(s), or volunteer(s) that personally affects the inmate; or
 5. An incident occurring within his or her facility that personally affects the inmate.
- C. Warden – the Warden or Center Supervisor of the facility or designee.
- D. Appeal – a written request directed to a Chief Deputy/Deputy/Assistant Director for further action to resolve the issue or complaint in the grievance based upon the inmate's assertion that the issue has not been resolved at the Unit level. (The appeal cannot raise new or additional issues or complaints.)
- E. Working Days – Monday through Friday, excluding state observed holidays.
- F. Emergency – a problem that, if not immediately addressed, subjects the inmate to a substantial risk of personal injury or other serious and irreparable harm such as, physical abuse. If a grievance, submitted as an emergency grievance by the inmate, is deemed an emergency by the problem solver, the grievance is immediately submitted to the Warden/highest ranking supervisor at the unit without the completion of Step One, the informal process; however, if the grievance is not an Emergency, it will be processed under Step One.
- G. PREA Grievance – Grievance where inmate is alleging staff-on-inmate or inmate-on-inmate sexual ~~abuse~~ ~~or~~ ~~abuse or~~ sexual harassment as those terms are defined in the PREA Administrative Directive. A Problem Solver should immediately submit a suspected PREA grievance to the highest ranking supervisor at the unit, who will then contact the duty warden, without the completion of Step One, the informal process; however, if the duty warden finds that the grievance is not a

PREA grievance, it will be returned to the Problem Solver and processed under Step One.

H. Non-Grievable Issues – the following matters are not grievable:

1. Parole;
2. Release;
3. Transfer;
4. Job Assignments unless in conflict with medical restrictions;
5. Disciplinary;
6. Anticipated events (i.e., events or activities which may or may not occur in the future);
7. Matters beyond the control of the ~~Division~~Department of Correction, including issues controlled by State or Federal law or regulation;
8. Rejection of a Publication
9. A grievance submitted by an inmate on behalf of another inmate.

Note: Claims of Retaliation, even if related to an issue referenced above, are Grievable.

- I. Available Remedies –if the facts asserted by the inmate would, if true, fall within the definition of Grievance, the matter shall be investigated, unless previously investigated. If the grievance is found to be with merit, the ~~Department~~Division official designated to respond to the grievance shall have the authority, within the exercise of his or her discretion and consistent with the ~~Department~~Division policies and the safety, security and good order of the facility, to offer actions by the ~~Department~~Division designed to resolve the inmate's grievance. However, such available remedies do not include disciplinary action against an employee, contractor, or volunteer, nor monetary damages.
- J. Problem Solver – staff designated at each facility to serve as a contact for resolution of a problem or complaint, and specifically, to resolve Step One issues raised in this process. A list of these individuals will be posted in each housing unit. If the Problem Solver(s) is not available, any staff member of the rank of sergeant or above can collect Step One grievances (also referred to as “informal”) and shall then act as the Problem Solver for that Step One grievance.
- K. Medical Department – Health Services Administrator (HSA) or designee.
- L. Mental Health Supervisor – the ~~Department~~Division of Correction employee supervising the mental health staff and programs at the unit level.

IV. PROCEDURES:

The inmate grievance procedure is an internal administrative process for the resolution of complaints and the identification of potentially problematic

management areas; however, it does not replace daily and routine communication between inmates and staff. Prior to filing a formal grievance (Step Two), an inmate must first seek a resolution of the complaint informally by taking Step One under this policy.

One form (Attachment I) will be used for both Step One (informal resolution) and Step Two (formal grievance). This same form will be used to submit all inmate grievance issues, including emergencies.

A. Proposed Changes to the Procedure

When the ~~Department~~ Division proposes to adopt changes to any policy which affects the inmate grievance process, the proposed changes shall be posted in prominent locations **(to include employee and inmate bulletin boards and including electronic distribution) throughout the institution at least 30 days prior to the adoption of the changes.** All comments shall be considered prior to adoption of the change and shall be kept as part of the appropriate policy file documentation. **Inmates in Restrictive Housing will be provided a copy of the proposed change by the Grievance Officer at least 30 days prior to the adoption of the change.**

B. Communication of Procedure

1. Written notification of the Inmate Grievance Procedure, and any changes there to, will be distributed to both inmates and employees. In addition, arriving inmates and new employees will have an opportunity to ask questions about the procedure and have them answered verbally.
2. If an inmate has a disability affecting communication or is not fluent in the English language, interpretive or explanatory services will be made available.
3. All employees at the facility level shall receive training by designated staff in the skills necessary to assist or participate in the inmate grievance procedure.
4. A summary of the Inmate Grievance Procedure will be included in the Inmate Handbook. However, the Inmate Grievance procedure is governed by this Administrative Directive and not any summary in the Inmate Handbook. All inmates shall be provided access to this Administrative Directive.

C. Accessibility

Each inmate shall be entitled to utilize the Inmate Grievance Procedure regardless of his or her security status, custody level, job classification, disciplinary status, or any administrative/ judicial decisions affecting the inmate.

1. Copies of this policy shall be available for examination in each Unit's Law Library.
2. The Attachment I grievance form shall be readily available to any inmate in any housing area at any time; however, no more than five (5) forms per week, except in the case of an emergency as defined in this policy, may be requested by an individual inmate. Additionally, an inmate may not have more than ten (10) blank Attachment I grievance forms in his or her possession at any one time, and no more than twenty (20) unsubmitted (not signed by a Problem Solver) Attachment I grievance forms in his or her possession at any one time.
3. An inmate may request one copy of his or her grievance from the facility grievance staff upon presenting a completed Section 1983 lawsuit or Claims Commission claim. The inmate must provide the grievance number for the particular grievance he/she is requesting.
4. A Grievance must specifically name each individual involved in order that a proper investigation and response may be completed. An inmate must fully exhaust the grievance procedure as a prerequisite to pursuing any legal action related to the subject matter of the grievance. All inmates are hereby advised that the ~~Division~~~~department~~ reserves the right to raise any and all defenses, including the failure to exhaust the grievance procedure, as to any claim which may have been subject to the grievance procedure and as to any person or entity.

An inmate who fails to name all parties during the grievance process may have his or her lawsuit or claim dismissed by the court or commission for failure to exhaust against all parties.

D. Completion of Forms

1. Inmates who have difficulty understanding how to complete the grievance forms or difficulty actually completing the forms should request and will be provided with assistance from staff. -However, there is no prohibition against an inmate seeking assistance from another inmate if the grievant has language barriers or cannot read or write.
2. Only one Unit Level Grievance Form (Attachment I) can be submitted per grievance and only one problem/issue should be stated in the grievance, not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed in the response to a grievance.

Additional problems/issues contained in the grievance will not be addressed and will not be considered as exhausted. Inmates are reminded that exhaustion of an issue is a prerequisite to filing a lawsuit related to that issue in accordance with the Prison Litigation Reform Act of 1995.

3. If the inmate is legally using a name other than the name under which he or she was committed to the Arkansas ~~Division~~department of Correction, both the legal and commitment names shall be used when completing the forms.
4. All forms, except those submitted electronically where and when electronic submission is available, must be legible and in ink, if available. Tape and other adhesive substances should not be used on any grievance forms.
5. If any Grievance Form is received in an unsanitary condition, that form(s) may be photographed and logged and held for evidence for appropriate disciplinary action against the inmate. Unsanitary grievance forms will not be accepted. The Problem Solver will return the grievance form to the inmate and then complete an Incident Report (Form 005).

E. Step One: Informal Resolution Procedure

Inmates are required to seek an informal resolution of a problem/complaint prior to filing a grievance.

1. The Unit Level Grievance Form (Attachment I) shall be completed and submitted within 15 days after the occurrence of the incident, with the date indicated beside "Step 1: Informal Resolution". PREA grievances are not subject to the 15 day time limit.
2. On the Unit Level Grievance Form (Attachment I), and only in the space provided, the inmate should write a brief statement that is specific as to the substance of the issue or complaint to include the date, place, personnel involved or witnesses, and how the policy or incident affected the inmate submitting the form. Illegible or unintelligible grievances will not be accepted, but rather will be returned to the inmate by the Problem Solver with an explanation stating why the grievance will not be accepted. The Problem Solver will then complete an Incident report (Form 005).

Additional sheets, including additional pages of the grievance written on Unit Level Grievance Forms (Attachment I) should not be attached and will be returned to the inmate upon submission or as soon as practical. **ONLY THE STATEMENT IN THE SPACE PROVIDED ON THE ATTACHMENT I FORM WILL BE MAINTAINED AND**

CONSIDERED THE GRIEVANCE SUBMISSION. However, additional sheets attached to PREA grievances will be maintained with the grievance.

3. The Unit Level Grievance Form (Attachment I) should be presented to one of the individuals whose name is posted in the housing unit as a designated Problem Solver. If a Problem Solver is not available, any staff member holding the rank of sergeant or above can collect a Step One grievance and shall then act as the Problem- Solver for that Step One grievance. -If it is a PREA grievance, any staff member may act as the problem solver. At this time, the Problem Solver or staff member must sign and date the form, giving the inmate back the yellow and pink copies as receipts.
4. After receipt of the Unit Level Grievance Form (Attachment I), the Problem Solver will:
 - a. meet with the inmate within three working days to resolve the issue; or
 - b. meet with the inmate immediately to resolve the issue if it is an emergency; or
 - c. refer medical issues to the HSA (examples include, but are not limited to, missed medications, inability to access medical services, failure to be seen at Sick Call or clinic appointments, or failure to receive lab or test results) as soon as practical, but in any event within one working day; or
 - d. refer mental health issues to the Mental Health Supervisor as soon as practical, but in any event within one working day; or
 - e. If the grievance is a PREA grievance, immediately notify the highest ranking officer at the unit or Duty Warden who will immediately cause the initiation of an investigation.
5. If the inmate believes the matter to be an Emergency, as defined in this Administrative Directive, he/she will fill in the date beside "Emergency Grievance" on the Unit Level Grievance Form to designate the grievance as an Emergency, and present the form to any staff member, but preferably a designated Problem Solver. If that staff recipient determines that an Emergency does exist, corrective action shall be taken as soon as possible and within no more than twenty-four (24) hours. If the staff recipient determines that no Emergency exists, the informal resolution form shall be processed within the normal time limits stated within this policy.
6. Upon receipt of a Unit Level Grievance Form submitted under Step One, the HSA, or medical department representative appointed by the HSA, or the Mental Health Supervisor will take whatever action is deemed clinically appropriate to fully resolve the problem, document the action taken, or state why no action is necessary or appropriate. The HSA or Mental Health Supervisor or designee will sign the form in the space

provided for the staff signature which is found on the same line as the inmate signature following the description of the action taken to resolve the complaint. Please note the staff signature should NOT be in the space provided for the signature of the designated Problem Solver.

7. As soon as practical, the HSA, Mental Health Supervisor, or designee will return the Unit Level Grievance Form to the ~~inmate, and~~inmate and provide a copy to the Grievance Officer. NOTE: In no event should this period exceed three (3) working days from submission of the Unit Level Grievance Form for Step One by the inmate to the Problem Solver. The HSA, Mental Health Supervisor, or designee should not respond to a grievance that is alleging misconduct by that individual against the inmate; however, where the inmate still has another step in the grievance process to challenge the conduct or the inmate is alleging indirect misconduct (failure to act) as opposed to direct misconduct, such as physical abuse or retaliation, by the HSA or the Mental Health Supervisor, then the Regional Manager or Mental Health Administrator will respond after the medical or mental health department has appropriately logged the resolution.
8. The HSA or Mental Health Supervisor will retain a copy for his or her records and for quality improvement purposes.
9. If the problem (those not referred to medical or mental health departments) can be resolved at the informal level, the Problem Solver should document the action taken on the Unit Level Grievance Form (Attachment I) and then both the inmate and the Problem Solver must sign and date the form.
10. If the problem cannot be resolved at Step One, the informal level, the Problem Solver must still document the resolution attempt on Attachment I, and then the inmate and the Problem Solver must sign and date the form. At this time, if the inmate chooses, he/she may now proceed to Step Two (the formal grievance) using this same form (Attachment I). See procedures for Step Two below.
11. If the designated Problem Solver (or substituted person to resolve the issue such as a medical or mental health staff member) has failed to contact the inmate and attempt resolution of the complaint or failed to return Step One (the grievance) within the designated three working days, the inmate may proceed to Step Two, the formal grievance, without the completion of Step One. In that instance, Step Two, the formal grievance, must be filed no later than six (6) working days from the original submission of the Unit Level Grievance Form pursuant to Step One: this allows three (3) working days to wait for a response to Step One, and three (3) working days to initiate Step Two. (These are not three (3) additional days, i.e., if the Problem Solver returns Step One on the day it was submitted, the inmate

has only three (3) working days from receipt of that response to file Step Two.) The inmate will submit a copy of his/her Unit Level Grievance Form using the pink or yellow copy, whichever is most legible, that he/she retained following the instructions for Step Two.

12. Whether or not the problem is resolved, the inmate should retain either the pink or yellow copy, whichever he did not submit for Step Two. A copy may be retained by the designated Problem Solver, and a copy is forwarded to the Grievance Officer for entry into the offender tracking system if necessary.
13. If an inmate has been transferred from the Unit where the incident or issue arose within the fifteen (15) days allowed to file Step One and the inmate submits Step One at a different Unit, and if the Problem Solver, HSA, or Mental Health Supervisor cannot address the issue because of the transfer, then the response to Step One should be "proceed to Step Two." Upon submission of Step Two, the Grievance Officer will complete the portion of the Unit Level Grievance Form indicating the date received and to whom it was sent and immediately forward the grievance to the Grievance Officer at the unit where the incident or issue arose to process with a grievance number from that Unit. The deadlines will remain the same under this procedure to submit the grievance steps, and to respond with the date of submission to the first Grievance Officer beginning the response time.

F. Step Two: the Formal Grievance Procedure

After attempting to resolve the issue through Step One, informal resolution, an inmate can proceed to Step Two by filing a formal grievance on the same Unit Level Grievance Form (Attachment I) that was used for Step One.

1. The inmate should complete the date beside "Step Two: Formal Grievance" and the section regarding resubmission (of this form) including an explanation why the inmate considers the informal resolution unsuccessful, and deposit it into the designated grievance box, or submit it to a Staff Member if the inmate's assignment prevents access to the grievance box. The Grievance Officer shall collect grievance forms daily, excluding weekends and holidays.
2. Additional sheets cannot be attached to the Unit Level Grievance Form (unless it is a PREA grievance) and only information in the space provided will be considered part of the grievance submission. Any new issues added to the form will not be considered.
3. Upon receipt, the Grievance Officer shall complete the box "for office use only" on the Unit Level Grievance form by assigning a number to the

grievance (using unit and subject codes as described in the Grievance Procedure Codes-Attachment VII), and logging the date the grievance was received, inmate's name, ADC number, type of grievance, and the text of the inmate's complaint contained within the appropriate space on Attachment I in eOMIS.

- a. All medical issues will be coded 600 by the Unit Grievance Officer. All mental health issues will be coded 630.
 - b. The Medical and Mental Health Departments will assign more specific type codes as indicated on Attachment VII into eOMIS when completing the response to the grievance.
4. The Grievance Officer shall then transmit an Acknowledgement or Rejection of the Unit Level Grievance Form (see Attachment II) to the inmate within five (5) working days after receipt. No acknowledgment is required if a written response to the grievance, signed by the Warden, Health Services Administrator, or Mental Health Supervisor or designees, can be provided within five (5) working days.
5. The Grievance Officer will note whether the grievance is medical or mental health related. Such Step Two medical or mental health grievances will be forwarded as soon as possible, and in no event later than five (5) days, to the appropriate medical or mental health department for investigation and response to the inmate.
 - a. If the grievance is medical in nature, it is forwarded to the Health Services Administrator (HSA) at the Unit Medical Department for a response. The HSA, or designee, should not respond to a grievance that is alleging misconduct by that individual unless the inmate still has another step in the grievance process to challenge the conduct, or the inmate is alleging indirect misconduct (failure to act). Where the inmate is alleging direct misconduct (such as physical abuse or retaliation) by the HSA, then the appropriate Regional Manager will respond after the medical department has appropriately logged the resolution.
 - b. If the grievance relates to mental health services, the supervisor of mental health services for the facility, or designee, will answer the grievance. The Mental Health Supervisor, or designee, should not respond to a grievance that is alleging misconduct by that individual unless the inmate still has another step in the grievance process to challenge the conduct, or the inmate is alleging indirect misconduct (failure to act). Where the inmate is alleging direct misconduct (physical abuse or retaliation) by the Mental Health Supervisor, then the Mental Health Administrator at Central Office

will respond after the mental health department has appropriately logged the resolution.

6. The Inmate Grievance Worksheet (see Attachment VIII) may be used by staff when investigating grievances.
7. Every inmate grievant shall receive a written or electronic response to his or her grievance within 20 working days of receipt (or more promptly in the case of an Emergency grievance). The response will be on the form entitled Warden/Center Supervisor Decision (Attachment III~~, and~~) and signed by the Warden or the Warden's designee. In the case of a medical or mental health grievance, the response will be on the form entitled Health Services Response to Unit Level Grievance (see Attachment IV) from the medical or mental health department.

The Unit Level Grievance Response/Decision shall include:

- a. the reason for the decision, in clear, well reasoned terms; and
 - b. a statement that the Grievance:
has merit and requires further action for resolution; or
has merit, but is being resolved; or
had merit but has been resolved; or
has no merit.
8. The Grievance Officer will meet with the Warden for the appropriate response to the grievance. If the Warden refers a PREA investigation to IAD, the grievance response is sent after the Warden receives the Director's disposition of suspected PREA allegation.
 9. If an inmate has not received a response to his/her Unit Level Grievance within the allotted time frame as stated on the Acknowledgement Form or the Extension Form, if applicable, the inmate may move to the next level of the process, an appeal to the Chief Deputy/Deputy/Assistant Director Level. In this instance, the appeal must be filed no later than five (5) working days.

The Grievance Extension Form will be used in cases where a longer period is required for a response to or resolution of the problem. The inmate shall be notified by the responding authority, in writing, of the reason for the delay and its expected length on the Grievance Extension Form (see Attachment X). Time limits for responding will be extended automatically upon the completion of the Grievance Extension Form (Attachment X), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the extension, the inmate understands and agrees that, with that decision, no further action will be taken on the issue,

and the grievance will be returned to the inmate without a decision on its merit. By disagreeing with the extension, the inmate waives his or her right to have the grievance issue considered. If a second or additional extension is needed, the extension will be granted only upon approval of the Warden or Deputy Warden at the Step Two level.

G. Steps to Appeal the Unit Level Grievance Decision:

After receiving a response from the Warden, the Health Services Administrator (HSA), the Mental Health Supervisor, or applicable designee, if the inmate is not satisfied, he or she may appeal to the appropriate Chief Deputy/Deputy/Assistant Director who will attempt to resolve the matter or assign an appropriate staff member to do so. In this instance, the appeal must be filed within the five (5) working days from the date of the response.

1. The appeal must be written in the space provided above the signature line on the original Warden/Center Supervisor's Decision Form (Attachment III), the Health Services Response to Unit Level Grievance Form (Attachment IV) for medical or mental health grievances entitled Inmate's Appeal (see Attachment III and IV), or the Acknowledgement or Rejection of Unit Level Grievance (Attachment II). Only what is written in the space provided above the signature line for appeal will be considered part of the grievance appeal. Except for a PREA grievance, additional sheets should not be attached and will be returned to the inmate upon receipt of the appeal or as soon as practical. **ONLY THE STATEMENT IN THE SPACE PROVIDED ABOVE THE SIGNATURE LINE WILL BE MAINTAINED AND CONSIDERED PART OF THE APPEAL SUBMISSION.**
2. To appeal the inmate must include the original (no photocopies) Unit Level Grievance Form (Attachment I), which describes the matter originally grieved, and either the Warden/Center Supervisor Decision Form (Attachment III), the Health Services Response to Unit Level Grievance (Attachment IV), or the Acknowledgement or Rejection of Unit Level Grievance (Attachment II) if the inmate is asserting the grievance was improperly rejected or if the inmate did not receive a response or extension within the applicable timeframe. The inmate should deposit the appeal into the designated grievance box; or submit it to a Staff Member if the inmate's assignment prevents access to the grievance box. If these two (2) pages are not submitted with the inmate's appeal portion completed, the appeal may be returned to the inmate as rejected.

To complete the appeal, the inmate must state a reason for the appeal, and must date, sign, and write the inmate's ADC number on the attachment being appealed.

Do not list additional issues, requests, or names which were not a part of the original grievance, as those will not be addressed.

3. The Chief Deputy/Deputy/Assistant Director may process a grievance appeal not meeting the criteria set forth above when necessary for the safety and security of the Department
4. Appeals relating to medical, mental health or treatment program issues are submitted to the Deputy Director for Health and Correctional Programs.

All other grievances will be forwarded to the appropriate Chief Deputy/Deputy/Assistant Director for Institutions.

All Appeals will be answered by the Chief Deputy/Deputy/Assistant Director regardless of whether those individuals are named in the grievance.

5. Receipt of the appeal shall be acknowledged or rejected within five (5) working days unless a response can be provided within five (5) working days to the grievance signed by the Chief Deputy/Deputy/Assistant Director. The response shall be in written or electronic format.
6. The Chief Deputy/Deputy/Assistant Director will respond to the inmate concerning the decision within thirty (30) working days unless there is an extension or the appeal is rejected and the inmate is notified of the reason for rejection on the Acknowledgment of Grievance Appeal/Rejection of Appeal form (see Attachment V). A decision or rejection of an appeal at this level is the end of the grievance process. The response shall be in written format.
7. If a grievance appealed is a duplicate of one previously appealed by the inmate with regard to the staff member named, the date of the incident, and the subject of the grievance, the inmate will be sent an Acknowledgment of Grievance Appeal/Rejection on Attachment V, and it will be noted as "Duplicate of _____" and the earlier grievance number will be filled in the blank; the duplicate will be returned to the inmate with the Attachment V.
8. The Grievance Extension Form will be used in cases where a longer period is required for a response or resolution of the problem. The inmate shall be notified by the responding authority, in writing, of the reason for the delay and its expected length on the Grievance Extension Form (see Attachment X). Time limits for responding will be extended automatically upon completion of the Grievance Extension Form (Attachment X), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the extension, the inmate understands and agrees that, with that

decision, no further action will be taken on the issue, and the grievance appeal will be returned to the inmate without a decision on its merit. By disagreeing with the extension, the inmate waives his or her right to have the grievance issue considered or exhausted. A second or subsequent extension can be granted only with the approval of the Chief Deputy/Deputy/Assistant Director. -

9. The entire grievance procedure should be completed within seventy-six (76) working days unless a valid extension has been executed, or it can be documented that unforeseen circumstances have occurred.
10. Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed at the discretion of the Chief Deputy/Deputy/Assistant Director, or designee.

H. Remedies

A grievance with merit will be afforded a reasonable range of meaningful remedies.

1. The responsible authority will review the conditions, policies or practices grieved and take appropriate action.
2. When a higher authority than the responding authority must authorize appropriate action, the lower authority shall note its agreement or disagreement with the inmate and transmit the completed grievance form to the higher authority with notice to the inmate.
3. The ~~Department~~ Division is to encourage the resolution of grievances found to have merit involving property losses, confiscations or forfeitures through the return of the property or replacement.
4. Errors in record keeping may be corrected and action by the staff or Classification Committees may be modified as appropriate.
5. No grievance should be discussed between or among employees and inmates except as necessary to obtain statements or to resolve the issues.
6. No employee should respond to a grievance that is alleging misconduct by that employee against the inmate unless (a) the inmate still has another step in the grievance process to challenge the conduct, or (b) the inmate's allegation was of indirect misconduct (conduct by omission). Where the inmate is alleging direct misconduct (such as physical abuse) by the employee, the employee shall not respond to the grievance. No employee

may respond to a grievance that is alleging sexual harassment or sexual abuse by that employee against the inmate.

I. Allegations of Abuse

Any credible allegation of excessive force, sexual harassment or abuse, assault, or similar physical abuse of an inmate will be forwarded to the Internal Affairs Division for an investigation consistent with Arkansas ~~Department~~ Division of Correction policies.

J. Abuse of the Grievance Procedure

Abuse of the grievance procedure by inmates will be dealt with in the following manner:

1. Excessive Use of the Procedure
 - a. Step One, Informal Resolutions, are limited to five (5) per seven-day period because excessive submissions may cause a delay in processing inmate grievances. The Warden or designee must maintain a record of five (5) submissions each seven-day period before rejecting one from that inmate. Only the first five (5) informal grievances, Step One, will require a response. The seven-day period will begin each Saturday and end on Friday. The submissions that exceed the limit will be marked as "No action necessary-exceeds weekly limit," followed by the staff person's name, signature and date verifying that person verified (1) that five (5) submissions under Step One had already been received from the inmate that seven-day period, and (2) it was not an emergency. A submission rejected under this section shall be returned to the inmate.
 - b. Inmates are only allowed to submit three formal grievances, Step Two, each seven-day period which begins each Saturday and ends on Friday. Only the first three formal grievances, Step Two, submitted each seven-day period by an inmate require an investigation and response. This limit includes both institutional and medical or mental health grievances. All other formal grievances will be logged and reviewed to determine if an emergency exists. If it is determined to be an emergency, action will be taken promptly to resolve the issue; however, a written response to the inmate is not required. If no emergency exists, the grievance will be logged out on the same day received, and it shall be written on the Unit Level Grievance Form "No action necessary-exceeds weekly limit," dated and signed. The original

grievance will then be placed in the grievance file and no written response will be given to the inmate.

- c. If the formal grievance is regarding a health issue, but exceeds the inmate's limit for weekly submission, the grievance officer will note at the top of the grievance form "EXCEEDS WEEKLY LIMIT." The formal grievance will then be forwarded to the medical or mental health department to determine if an emergency exists. If the medical or mental health departments determine the grievance to be an emergency, the Health Services Administrator or Mental Health Supervisor will ensure that prompt action is taken to resolve the issue; however, a written response to the inmate is not required. If neither the medical nor mental health departments determine the grievance to be an emergency, it will be noted at the top of the grievance form, "not an emergency" beside the "EXCEEDS WEEKLY LIMIT" statement, dated and signed by the Health Services Administrator or Mental Health Supervisor and returned to the Grievance Officer for filing.
- d. If a formal grievance is a duplicate of one previously submitted by the inmate with regard to the staff member named, the date of the incident, and the subject of the grievance, the duplicate grievance will be logged into eOMIS, the inmate will be sent a Rejection of Grievance on Attachment II, and note at the top of the grievance form as "Duplicate of _____" and the earlier grievance number will be filled in the blank; the duplicate will be returned to the inmate with the Attachment II and counted as one of the inmate's weekly submissions.
- e. If the duplicate grievance is regarding a health issue, the grievance officer will forward the logged grievance and Rejection of Grievance Attachment II to medical or mental health to determine if a response is necessary or an emergency exists. If necessary, the Health Services Administrator or Mental Health Supervisor will ensure that prompt action is taken to resolve the issue, and if not, the medical or mental health staff will note at the top, "no response necessary on duplicate," date and sign it, and return both the grievance and Rejection of Grievance Attachment II to the inmate.

2. Frivolous and Vexatious (Provoking or Harassing) Use of the Procedure

- a. A frivolous or vexatious submission at any step will be logged and returned to the inmate with a Rejection form (Attachment II or Attachment V) and counted as one of the inmate's weekly submissions.

- b. A submission is frivolous when it is clearly insufficient on its face to allege an issue or concern and is readily recognizable as devoid of merit and insufficient for resolution or appeal.
- c. A submission is vexatious when it merely agitates, provokes, harasses or irritates by petty provocation and is not designed to lead to any practical result, resolution, or appeal.

3. Use of Threats

An inmate who use the grievance procedure to direct threats at another will have the grievance rejected and copies will be referred to Internal Affairs to consider for referral for prosecution.

4. Malicious Use of the Procedure

Any inmate who knowingly makes false statements in a submission for the purpose of harming another person will have the grievance rejected.

K. Reprisals or Retaliation

1. No inmate shall suffer any threat or action based on his or her appropriate use of, or participation in, the grievance procedure. If an inmate believes he/she has been retaliated against for the use of the grievance procedure, he/she must contact the Warden/Center Supervisor or in a case of alleged retaliation by the Warden/Center Supervisor, the inmate shall contact the appropriate Chief Deputy/Deputy/Assistant Director. Regardless, the inmate must exhaust their remedies through the grievance process.
2. Any reprisal or retaliation by staff is absolutely prohibited and will be dealt with in accordance with the appropriate policy regarding employee conduct and discipline. All personnel shall receive written and oral notice that formal and/or informal reprisals will not be tolerated.

The Training Academy has implemented a training program regarding inmate problem resolutions and complaints. The training is mandatory for all staff involved in the inmate grievance process.

3. Once an inmate initiates the grievance process, the process shall be followed through all stages without interference by administrators or employees of the ~~department~~division. Anytime an inmate voluntarily decides to withdraw a grievance, he or she must submit a Grievance Waiver Form (see Attachment IX). The appropriate staff will verify receipt of the waiver in writing.

4. If reprisal or retaliation is suspected or determined after the unit/center investigation, the grievance shall be forwarded to Internal Affairs for further review with all relevant documentation.

L. Records

1. Each designated administrator at each level of response shall collect and systematically maintain records regarding the filing and disposition of grievances. These records will be maintained pursuant to the ~~Department's~~ Division's record retention policy in either hard copy or in a retrievable form, as well as in the inmate's electronic record, and shall be available for inspection as required by law.
2. At a minimum, such records shall include aggregate information regarding the numbers, types and disposition of grievances, as well as individual records of the dates and reasons for each disposition at the formal grievance (Step Two) and appeal stages of the procedure and shall be logged in the electronic offender records system. Such records shall be preserved in accordance with the policy regarding records retention.
3. Records regarding the participation of an individual in grievance proceedings shall not be available for review by any inmate other than the grievant.
4. Grievance records, including statements and testimony provided during the process, are confidential and are not available to inmates. ~~Department~~ Division personnel other than those directly involved in the grievance process may not have access to the information, unless the person's job requires access to such records.
5. Except as otherwise provided by Arkansas law, grievance records will not be available to non-departmental personnel other than those representing the ~~Department~~ Division of Correction or providing services such as imaging or destruction of records under an agreement with the ~~Department~~ Division of Correction.
6. No entries concerning grievances, or an inmate's participation in a grievance proceeding through testimony or submission of evidence, shall be recorded in the inmate's paper institutional file.
7. Only those positions authorized by the appropriate Chief Deputy/Deputy/Assistant Director will have access to the Grievance Tracking Program.

M. Evaluation

1. Monthly, quarterly and annual reports may be generated from the tracking system.
2. Records of staff efforts at problem solving may be considered by supervisors evaluating the performance of staff.

N. Prison Litigation Reform Act Notice

Inmates are hereby advised that they must exhaust their administrative remedies as to all defendants at all levels of the grievance procedure before filing a Section 1983 lawsuit ~~or Claims~~ Claims Commission claim. If this is not done, the lawsuit or claim may be summarily dismissed.

Inmates must attach a copy of the Chief Deputy/Deputy/Assistant Director's response to any petition or complaint; otherwise, the court or commission may dismiss the case.

Inmates are also advised that they shall be subject to paying filing fees in Federal Court pursuant to the Prison Litigation Reform Act.

V. REFERENCES:

Prison Litigation Reform Act
Prison Rape Elimination Act

VI. ATTACHMENTS:

Attachment I – Unit Level Grievance (Informal Resolution/Formal Grievance/Emergency Grievance)
Attachment II – Acknowledgment of Unit Level Grievance
Attachment III – Warden/Center Supervisor's Decision/Inmate Appeal
Attachment IV – Health Services Response to Unit Level Grievance
Attachment V – Acknowledgment of Grievance Appeal/Rejection of Appeal
Attachment VI – Chief Deputy/Deputy/Assistant Director's Decision
Attachment VII – Grievance Codes
Attachment VIII – Inmate Grievance Investigation Worksheet
Attachment IX – Grievance Waiver
Attachment X – Grievance Extension

UNIT LEVEL GRIEVANCE FORM**Attachment I**

Unit/Center _____

Name _____

ADC# _____ Brks # _____ Job Assignment _____

_____ (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: _____

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

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, and place, name of personnel involved and how **you** were affected. (Please Print):

Inmate Signature _____

Date _____

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance ____ (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) _____

ID Number _____

Staff Signature _____

Date Received _____

Describe action taken to resolve complaint, including **dates**: _____**Print and Sign Staff Name & Date Returned** _____**Inmate Signature & Date Received** _____This form was received on _____ (date), pursuant to **Step Two**. Is it an Emergency? ____ (Yes or No).

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

FOR OFFICE USE ONLY

GRV. # _____

Date Received: _____

GRV. Code #: _____

ACKNOWLEDGE OR REJECTION OF UNIT LEVEL GRIEVANCE

Date: _____

To: Inmate _____ ADC# _____

From: _____ Title: _____ Grievance # _____

Please be advised I have received your Grievance dated _____ on _____.

You should receive communication regarding the Grievance by _____ * OR

Your grievance was rejected as non-grievable, untimely, duplicative, frivolous, or vexatious.

CHECK ONE OF THE FOLLOWING

_____ This Grievance will be addressed by the Warden/Center Supervisor or designee.

_____ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.

_____ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.

_____ This Grievance has been determined to be an emergency, as you so indicated.

Action Taken: _____

_____ This Grievance has been determined to not be an emergency because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a non-emergency.

_____ This Grievance was REJECTED because it was either non-grievable (_____), untimely, a duplicate of _____, or was frivolous or vexatious.

B. INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days *. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature_____
ADC#_____
Date

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Attachment III

INMATE NAME _____ ADC# _____ GRIEVANCE # _____

WARDEN/CENTER SUPERVISOR'S DECISION

Signature of Warden/Supervisor or Designee

Title

Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

Inmate Signature

ADC#

Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

Inmate Name: _____ ADC# _____ Grievance # _____
HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

Signature of Health Services Administrator/Mental Health Supervisor or Designee & Title

Date

If follow up by Health Services Staff is required, are the details included in the response above?
Yes _____ or, No follow up is necessary _____

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Inmate Signature

ADC#

Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Acknowledgment of Grievance Appeal, *or* Rejection of Appeal

TO: Inmate _____ ADC # _____

FROM: _____ TITLE: _____

RE: Receipt of Grievance Appeal # _____ DATE: _____

Please be advised your Appeal dated _____ was received in my office on _____

The Chief Deputy/Deputy/Assistant Director will answer this appeal~~You will receive communication from this office regarding this Grievance~~ by _____,

OR,

Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:

_____ **The time allowed for appeal has expired.**

_____ **The matter is non-grievable and does not involve retaliation.**

_____ **Request disciplinary action against employee, contractor, or volunteer**

_____ **Claim for monetary damage**

_____ **Parole and/or Release matter**

_____ **Transfer**

_____ **Job Assignment (Unrelated to Medical Restriction)**

_____ **Disciplinary matter**

_____ **Matter beyond the ~~Department's~~ Division's control and/or matter of State/Federal law**

_____ **Involves an anticipated event**

_____ **Publication**

_____ **You did not send all the proper Attachments:**

_____ **Unit Level Grievance Form (Attachment I)**

_____ **Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)**

_____ **Acknowledgement and/or Rejection form (Attachment II)**

_____ **Step Two was appropriately rejected**

_____ **Did not give reason for appeal in space provided for appeal**

_____ **Did not complete Attachment III or IV by signing your name, ADC #, and/or the date**

_____ **Unsanitary form (s) or documents received**

_____ This Appeal was REJECTED because it was a duplicate of _____, or was
frivolous or vexatious.

Attachment VI

INMATE NAME _____ ADC# _____ GRIEVANCE # _____

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

SIGNATURE

DATE

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

GRIEVANCE PROCEDURE CODES

Attachment VII (Page 1)

Each Unit/Center is assigned a unit code as follows:

BC	Boot Camp	MC	Mississippi County Work	PB	Pine Bluff Unit
BOW	Bowie County		Release	PBR	Pine Bluff Reentry Center
BU	Benton Unit	MCP	McPherson Unit	PBW	Pine Bluff Unit Work Release
CU	Cummins Unit	MCS	McPherson Special Needs Unit	TU	Tucker Unit
CMU	Cummins Modular Unit	MX	Maximum Security Unit	TX	Texarkana Regional
DR	Delta Regional Unit	NC	North Central Unit		Correctional Center
EA	East Arkansas – population	OR	Ouachita River Corr. Unit SAT	VU	Varner Unit – population
EAM	East Arkansas – Max Sec		Wrightsville Satellite Unit	VSM	Varner Super Max
ESU	Ester Unit	SNU	ORCU Special Needs Unit	WR	Wrightsville Unit
GR	Grimes Unit	SNN	ORCU New Commitment	WHM	Wrightsville Hawkins Males
RLW	Randall L. Williams Facility	SNH	ORCU Hospital		
HA	Hawkins Unit	NW	Northwest AR Work Release		

Which is succeeded by the last two digits of the calendar year, followed by a five digit sequential number beginning with 00001 (i.e., CU-03-00001).

GRIEVANCE TYPE CODES

100	Transfer	400	Disciplinary Matters
101	Unit Transfer		
102	Interstate Compact		
200	Institutional Assignment		
201	Cell Barracks		
202	Job	500	Institution Operations
203	Classification	501	Food/Food Services
204	Enemy Alert List	502	Commissary
205	Protective Custody	503	Inmate Funds
206	Punitive	504	Sanitation – Showers, etc.
207	Administrative Segregation	505	Inmate Property Claims
208	School/Vocation Training	506	Clothing – Bedding/Footwear
209	Rehabilitation Programs	507	Activity Rotation
210	Counselors	508	Living Conditions
211	Investigative Status – DCR	509	Working Conditions
212	48 Hour Relief Privileges	510	Grooming
		511	Recreation
300	Communication	512	Searches
301	Visits (non-legal)	513	Contraband/Confiscation Forms
302	Telephone	514	Alternative Meals
303	Radio/Television/Movie	515	Hunger Strike
304	Interview Request	516	Diet
305	Unit Policy/ADC Policy		
306	Publication	600	Medical
307	Mail	601	Denial of Treatment
308	Marriage	602	Harassment or Abuse
		603	Records
		604	Footwear/Orthotics

GRIEVANCE TYPE CODES

Attachment VII (Page 2)

605	Sick Call – not otherwise specified	704	Law Library
606	Vision	705	Legal Visits with Inmate
607	Food/Special Diet	706	Other Legal Visits
608	Medication/Pill Call – not otherwise Specified		
		707	Retaliation/Harassment – Use of the Grievance Process
		708	Retaliation/Harassment – Access to Courts Rights
609	Medical Classification	709	Notary Services
610	Hearing	710	Access to Grievance Forms
611	Housing conditions (medical reasons)	711	Storage of Legal Materials
612	Chronic Care	712	Legal Mail
613	Chronic Care not seen	713	No Response to Grievance
614	Chronic Care rx's not prescribed	714	Other Legal Matters
615	delete	715	No Further Action is Necessary(NFAN)
615	Orthopedic	716	Freedom of Information Act (FOIA)
616	Sick Call no security escort	717	Multiple Issues Grieved
617	Sick Call not seen timely	718	Welfare
618	Sick Call referred not seen	719	Copies Made
619	Other	720	Retaliation – other
620	Dental	721	Loss of Property
621	Dental Prosthetics		
622	Medical Appointments (outside not otherwise specified)	800	Complaints Against Staff
623	Surgery	801	Physical Abuse
		802	Verbal Abuse
630	Mental Health	803	Other Complaints Against Staff
631	Mental Health Appointments		
632	Mental Health – Medication side effects	900	Other
633	Mental Health – Housing	901	Good Time
640	Medication not given	902	Furlough
641	Medication prescribed	903	Other Complaints Against Inmates/Cellmate
642	OPM medications	904	Time Computation
643	Medication not ordered	905	Hobby Craft
644	Medication error	906	Religion
645	Medication pharmacy error	907	Parole Matters
650	Co-pay	908	Discrimination (Race, Religion, Sex, etc).
651	Lab	909	Name Change
652	X-ray	910	Urine Testing
653	Treatment call	911	Work Release
654	Informal resolution not answered	912	Maintenance
655	Consults	913	Grieving for Another Inmate
		914	Detainer Removed
		915	PREA
700	Legal		
701	Access to courts		
702	Indigent Inmate Supplies		
703	Law Books/Pages		

Attachment VIII

The below listed inmate has filed a grievance/appeal with this office. Please give a detailed statement in regards to the issue(s) stated by the inmate in this grievance. The statement, "I have no knowledge," is not acceptable. Also, please submit any supporting documentation with your response, (i.e., disciplinary, 005's, logs, medical information, other officer and/or inmate statements, etc.).

EMPLOYEE: _____ **UNIT:** _____

RE: INMATE: _____ **ADC#** _____

FROM: _____ **DUE DATE:** _____

GRIEVANCE #: _____ **DATE & TIME OF INCIDENT** _____

Inmate's Complaint:

EMPLOYEE STATEMENT BELOW

STATEMENT: _____

Responding Staff Signature

Date

You are not to retaliate against this inmate in any shape, form or fashion for submitting this grievance. If you are found to have retaliated against any inmate for using the grievance procedure, you will be subject to disciplinary action, which may be a verbal warning, a written warning, and/or termination.

GRIEVANCE WAIVER

TO: _____ DATE: _____
FROM: _____ SUBJECT: _____

I, _____, ADC# _____, do hereby agree
that grievance number _____, dated _____, has been resolved/and/or,
I no longer want to pursue this matter. This decision is voluntary and made without threats or coercion of any
type.

Inmate Signature

Date

Witness Signature

Date

GRIEVANCE EXTENSION

TO: Inmate _____ ADC# _____

FROM: _____ TITLE: _____

DATE: _____ GRIEVANCE # _____

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

The Chief Deputy/Deputy/Assistant Director will answer this appeal by _____ ~~YOU WILL~~
~~RECEIVE COMMUNICATION FROM THIS OFFICE BY:~~ _____

This extension is automatic unless you specifically disagree; if you agree to the extension then no action is required on your part. If you DO NOT agree to an extension, check DISAGREE, complete the signature line and return the original to this office. If you do not agree, you understand that, with your decision, NO FURTHER ACTION will be taken on this issue, you WILL NOT have exhausted your administrative remedies, and your grievance will be returned to you without a decision regarding its merit.

_____ **DISAGREE** **By disagreeing with this extension, I waive my right to have this grievance issue considered.**

_____ **Inmate Signature** ADC# _____ **DATE:** _____

_____ **Warden/Center Supervisor Signature** **DATE:** _____

_____ **DATE:** _____

Chief Deputy/Deputy/Assistant Director/Director Signature



6814 Princeton Pike
Pine Bluff, AR 71611
Phone: 870-267-6999 • Fax: 870-267-6244
www.adc.arkansas.gov

ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Grievance Procedure

NUMBER: 19-34

SUPERSEDES: 19-20

APPLICABILITY: All employees and inmates

PAGE 1 of 31

REFERENCE: AR 835 - Grievance Procedure for Offenders

APPROVED: Original signed by Dexter Payne

EFFECTIVE DATE: 12/2/2019

I. POLICY:

It is the policy of the Arkansas Division of Correction to provide inmates in its custody an administrative process for the resolution of complaints, problems and other issues.

II. EXPLANATION:

The grievance procedure is an administrative process for the submission and resolution of inmate problems and complaints. The process is designed to solve the problem at the lowest level, as promptly as feasible, and in a manner that is fair, reasonable, and consistent with the Division of Correction's mission.

The administrative process for the resolution of complaints and identification of problem areas is intended to supplement but not replace daily and routine communication between staff and inmates.

III. DEFINITIONS:

- A. Informal Resolution – the first step consisting of a written complaint (Unit Level Grievance Form, Attachment I) by an inmate that is intended to allow staff the

opportunity to resolve an issue on an informal basis, and to serve as a prerequisite to the second step, a formal grievance.

- B. Grievance – the second (formal) step where a written complaint using the same form used for the Informal Resolution (Unit Level Grievance Form, Attachment I) is submitted by an inmate on the inmate's own behalf (an inmate cannot grieve on behalf of another inmate) regarding:
1. A policy applicable within his or her unit/center of assignment that personally affects the inmate;
 2. A condition in the facility that personally affects the inmate;
 3. An action of another inmate, or inmates, that personally affects the inmate;
 4. An action of an employee(s), contractor(s), or volunteer(s) that personally affects the inmate; or
 5. An incident occurring within his or her facility that personally affects the inmate.
- C. Warden – the Warden or Center Supervisor of the facility or designee.
- D. Appeal – a written request directed to a Chief Deputy/Deputy/Assistant Director for further action to resolve the issue or complaint in the grievance based upon the inmate's assertion that the issue has not been resolved at the Unit level. (The appeal cannot raise new or additional issues or complaints.)
- E. Working Days – Monday through Friday, excluding state observed holidays.
- F. Emergency – a problem that, if not immediately addressed, subjects the inmate to a substantial risk of personal injury or other serious and irreparable harm such as, physical abuse. If a grievance, submitted as an emergency grievance by the inmate, is deemed an emergency by the problem solver, the grievance is immediately submitted to the Warden/highest ranking supervisor at the unit without the completion of Step One, the informal process; however, if the grievance is not an Emergency, it will be processed under Step One.
- G. PREA Grievance – Grievance where inmate is alleging staff-on-inmate or inmate-on-inmate sexual abuse or sexual harassment as those terms are defined in the PREA Administrative Directive. A Problem Solver should immediately submit a suspected PREA grievance to the highest ranking supervisor at the unit, who will then contact the duty warden, without the completion of Step One, the informal process; however, if the duty warden finds that the grievance is not a PREA grievance, it will be returned to the Problem Solver and processed under Step One.

H. Non-Grievable Issues – the following matters are not grievable:

1. Parole;
2. Release;
3. Transfer;
4. Job Assignments unless in conflict with medical restrictions;
5. Disciplinary;
6. Anticipated events (i.e., events or activities which may or may not occur in the future);
7. Matters beyond the control of the Division of Correction, including issues controlled by State or Federal law or regulation;
8. Rejection of a Publication
9. A grievance submitted by an inmate on behalf of another inmate.

Note: Claims of Retaliation, even if related to an issue referenced above, are Grievable.

- I. Available Remedies –if the facts asserted by the inmate would, if true, fall within the definition of Grievance, the matter shall be investigated, unless previously investigated. If the grievance is found to be with merit, the Division official designated to respond to the grievance shall have the authority, within the exercise of his or her discretion and consistent with the Division policies and the safety, security and good order of the facility, to offer actions by the Division designed to resolve the inmate's grievance. However, such available remedies do not include disciplinary action against an employee, contractor, or volunteer, nor monetary damages.
- J. Problem Solver – staff designated at each facility to serve as a contact for resolution of a problem or complaint, and specifically, to resolve Step One issues raised in this process. A list of these individuals will be posted in each housing unit. If the Problem Solver(s) is not available, any staff member of the rank of sergeant or above can collect Step One grievances (also referred to as “informal”) and shall then act as the Problem Solver for that Step One grievance.
- K. Medical Department – Health Services Administrator (HSA) or designee.
- L. Mental Health Supervisor – the Division of Correction employee supervising the mental health staff and programs at the unit level.

IV. **PROCEDURES:**

The inmate grievance procedure is an internal administrative process for the resolution of complaints and the identification of potentially problematic management areas; however, it does not replace daily and routine communication between inmates and staff. Prior to filing a formal grievance (Step Two), an

inmate must first seek a resolution of the complaint informally by taking Step One under this policy.

One form (Attachment I) will be used for both Step One (informal resolution) and Step Two (formal grievance). This same form will be used to submit all inmate grievance issues, including emergencies.

A. Proposed Changes to the Procedure

When the Division proposes to adopt changes to any policy which affects the inmate grievance process, the proposed changes shall be posted in prominent locations **(to include employee and inmate bulletin boards and including electronic distribution) throughout the institution at least 30 days prior to the adoption of the changes.** All comments shall be considered prior to adoption of the change and shall be kept as part of the appropriate policy file documentation. **Inmates in Restrictive Housing will be provided a copy of the proposed change by the Grievance Officer at least 30 days prior to the adoption of the change.**

B. Communication of Procedure

1. Written notification of the Inmate Grievance Procedure, and any changes there to, will be distributed to both inmates and employees. In addition, arriving inmates and new employees will have an opportunity to ask questions about the procedure and have them answered verbally.
2. If an inmate has a disability affecting communication or is not fluent in the English language, interpretive or explanatory services will be made available.
3. All employees at the facility level shall receive training by designated staff in the skills necessary to assist or participate in the inmate grievance procedure.
4. A summary of the Inmate Grievance Procedure will be included in the Inmate Handbook. However, the Inmate Grievance procedure is governed by this Administrative Directive and not any summary in the Inmate Handbook. All inmates shall be provided access to this Administrative Directive.

C. Accessibility

Each inmate shall be entitled to utilize the Inmate Grievance Procedure regardless of his or her security status, custody level, job classification, disciplinary status, or any administrative/ judicial decisions affecting the inmate.

1. Copies of this policy shall be available for examination in each Unit's Law Library.
2. The Attachment I grievance form shall be readily available to any inmate in any housing area at any time; however, no more than five (5) forms per week, except in the case of an emergency as defined in this policy, may be requested by an individual inmate. Additionally, an inmate may not have more than ten (10) blank Attachment I grievance forms in his or her possession at any one time, and no more than twenty (20) unsubmitted (not signed by a Problem Solver) Attachment I grievance forms in his or her possession at any one time.
3. An inmate may request one copy of his or her grievance from the facility grievance staff upon presenting a completed Section 1983 lawsuit or Claims Commission claim. The inmate must provide the grievance number for the particular grievance he/she is requesting.
4. A Grievance must specifically name each individual involved in order that a proper investigation and response may be completed. An inmate must fully exhaust the grievance procedure as a prerequisite to pursuing any legal action related to the subject matter of the grievance. All inmates are hereby advised that the Division reserves the right to raise any and all defenses, including the failure to exhaust the grievance procedure, as to any claim which may have been subject to the grievance procedure and as to any person or entity.

An inmate who fails to name all parties during the grievance process may have his or her lawsuit or claim dismissed by the court or commission for failure to exhaust against all parties.

D. Completion of Forms

1. Inmates who have difficulty understanding how to complete the grievance forms or difficulty actually completing the forms should request and will be provided with assistance from staff. However, there is no prohibition against an inmate seeking assistance from another inmate if the grievant has language barriers or cannot read or write.
2. Only one Unit Level Grievance Form (Attachment I) can be submitted per grievance and only one problem/issue should be stated in the grievance, not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed in the response to a grievance. Additional problems/issues contained in the grievance will not be addressed and will not be considered as exhausted. Inmates are reminded that exhaustion of an issue is a prerequisite to filing a lawsuit related to that issue in accordance with the Prison Litigation Reform Act of 1995.

3. If the inmate is legally using a name other than the name under which he or she was committed to the Arkansas Division of Correction, both the legal and commitment names shall be used when completing the forms.
4. All forms, except those submitted electronically where and when electronic submission is available, must be legible and in ink, if available. Tape and other adhesive substances should not be used on any grievance forms.
5. If any Grievance Form is received in an unsanitary condition, that form(s) may be photographed and logged and held for evidence for appropriate disciplinary action against the inmate. Unsanitary grievance forms will not be accepted. The Problem Solver will return the grievance form to the inmate and then complete an Incident Report (Form 005).

E. Step One: Informal Resolution Procedure

Inmates are required to seek an informal resolution of a problem/complaint prior to filing a grievance.

1. The Unit Level Grievance Form (Attachment I) shall be completed and submitted within 15 days after the occurrence of the incident, with the date indicated beside "Step 1: Informal Resolution". PREA grievances are not subject to the 15 day time limit.
2. On the Unit Level Grievance Form (Attachment I), and only in the space provided, the inmate should write a brief statement that is specific as to the substance of the issue or complaint to include the date, place, personnel involved or witnesses, and how the policy or incident affected the inmate submitting the form. Illegible or unintelligible grievances will not be accepted, but rather will be returned to the inmate by the Problem Solver with an explanation stating why the grievance will not be accepted. The Problem Solver will then complete an Incident report (Form 005).

Additional sheets, including additional pages of the grievance written on Unit Level Grievance Forms (Attachment I) should not be attached and will be returned to the inmate upon submission or as soon as practical. **ONLY THE STATEMENT IN THE SPACE PROVIDED ON THE ATTACHMENT I FORM WILL BE MAINTAINED AND CONSIDERED THE GRIEVANCE SUBMISSION.** However, additional sheets attached to PREA grievances will be maintained with the grievance.

3. The Unit Level Grievance Form (Attachment I) should be presented to one of the individuals whose name is posted in the housing unit as a designated Problem Solver. If a Problem Solver is not available, any staff

member holding the rank of sergeant or above can collect a Step One grievance and shall then act as the Problem- Solver for that Step One grievance. If it is a PREA grievance, any staff member may act as the problem solver. At this time, the Problem Solver or staff member must sign and date the form, giving the inmate back the yellow and pink copies as receipts.

4. After receipt of the Unit Level Grievance Form (Attachment I), the Problem Solver will:
 - a. meet with the inmate within three working days to resolve the issue; or
 - b. meet with the inmate immediately to resolve the issue if it is an emergency; or
 - c. refer medical issues to the HSA (examples include, but are not limited to, missed medications, inability to access medical services, failure to be seen at Sick Call or clinic appointments, or failure to receive lab or test results) as soon as practical, but in any event within one working day; or
 - d. refer mental health issues to the Mental Health Supervisor as soon as practical, but in any event within one working day; or
 - e. If the grievance is a PREA grievance, immediately notify the highest ranking officer at the unit or Duty Warden who will immediately cause the initiation of an investigation.
5. If the inmate believes the matter to be an Emergency, as defined in this Administrative Directive, he/she will fill in the date beside "Emergency Grievance" on the Unit Level Grievance Form to designate the grievance as an Emergency, and present the form to any staff member, but preferably a designated Problem Solver. If that staff recipient determines that an Emergency does exist, corrective action shall be taken as soon as possible and within no more than twenty-four (24) hours. If the staff recipient determines that no Emergency exists, the informal resolution form shall be processed within the normal time limits stated within this policy.
6. Upon receipt of a Unit Level Grievance Form submitted under Step One, the HSA, or medical department representative appointed by the HSA, or the Mental Health Supervisor will take whatever action is deemed clinically appropriate to fully resolve the problem, document the action taken, or state why no action is necessary or appropriate. The HSA or Mental Health Supervisor or designee will sign the form in the space provided for the staff signature which is found on the same line as the inmate signature following the description of the action taken to resolve the complaint. Please note the staff signature should NOT be in the space provided for the signature of the designated Problem Solver.

7. As soon as practical, the HSA, Mental Health Supervisor, or designee will return the Unit Level Grievance Form to the inmate and provide a copy to the Grievance Officer. NOTE: In no event should this period exceed three (3) working days from submission of the Unit Level Grievance Form for Step One by the inmate to the Problem Solver. The HSA, Mental Health Supervisor, or designee should not respond to a grievance that is alleging misconduct by that individual against the inmate; however, where the inmate still has another step in the grievance process to challenge the conduct or the inmate is alleging indirect misconduct (failure to act) as opposed to direct misconduct, such as physical abuse or retaliation, by the HSA or the Mental Health Supervisor, then the Regional Manager or Mental Health Administrator will respond after the medical or mental health department has appropriately logged the resolution.
8. The HSA or Mental Health Supervisor will retain a copy for his or her records and for quality improvement purposes.
9. If the problem (those not referred to medical or mental health departments) can be resolved at the informal level, the Problem Solver should document the action taken on the Unit Level Grievance Form (Attachment I) and then both the inmate and the Problem Solver must sign and date the form.
10. If the problem cannot be resolved at Step One, the informal level, the Problem Solver must still document the resolution attempt on Attachment I, and then the inmate and the Problem Solver must sign and date the form. At this time, if the inmate chooses, he/she may now proceed to Step Two (the formal grievance) using this same form (Attachment I). See procedures for Step Two below.
11. If the designated Problem Solver (or substituted person to resolve the issue such as a medical or mental health staff member) has failed to contact the inmate and attempt resolution of the complaint or failed to return Step One (the grievance) within the designated three working days, the inmate may proceed to Step Two, the formal grievance, without the completion of Step One. In that instance, Step Two, the formal grievance, must be filed no later than six (6) working days from the original submission of the Unit Level Grievance Form pursuant to Step One: this allows three (3) working days to wait for a response to Step One, and three (3) working days to initiate Step Two. (These are not three (3) additional days, i.e., if the Problem Solver returns Step One on the day it was submitted, the inmate has only three (3) working days from receipt of that response to file Step Two.) The inmate will submit a copy of his/her Unit Level Grievance Form using the pink or yellow copy, whichever is most legible, that he/she retained following the instructions for Step Two.

12. Whether or not the problem is resolved, the inmate should retain either the pink or yellow copy, whichever he did not submit for Step Two. A copy may be retained by the designated Problem Solver, and a copy is forwarded to the Grievance Officer for entry into the offender tracking system if necessary.
13. If an inmate has been transferred from the Unit where the incident or issue arose within the fifteen (15) days allowed to file Step One and the inmate submits Step One at a different Unit, and if the Problem Solver, HSA, or Mental Health Supervisor cannot address the issue because of the transfer, then the response to Step One should be "proceed to Step Two." Upon submission of Step Two, the Grievance Officer will complete the portion of the Unit Level Grievance Form indicating the date received and to whom it was sent and immediately forward the grievance to the Grievance Officer at the unit where the incident or issue arose to process with a grievance number from that Unit. The deadlines will remain the same under this procedure to submit the grievance steps, and to respond with the date of submission to the first Grievance Officer beginning the response time.

F. Step Two: the Formal Grievance Procedure

After attempting to resolve the issue through Step One, informal resolution, an inmate can proceed to Step Two by filing a formal grievance on the same Unit Level Grievance Form (Attachment I) that was used for Step One.

1. The inmate should complete the date beside "Step Two: Formal Grievance" and the section regarding resubmission (of this form) including an explanation why the inmate considers the informal resolution unsuccessful, and deposit it into the designated grievance box, or submit it to a Staff Member if the inmate's assignment prevents access to the grievance box. The Grievance Officer shall collect grievance forms daily, excluding weekends and holidays.
2. Additional sheets cannot be attached to the Unit Level Grievance Form (unless it is a PREA grievance) and only information in the space provided will be considered part of the grievance submission. Any new issues added to the form will not be considered.
3. Upon receipt, the Grievance Officer shall complete the box "for office use only" on the Unit Level Grievance form by assigning a number to the grievance (using unit and subject codes as described in the Grievance Procedure Codes-Attachment VII), and logging the date the grievance was received, inmate's name, ADC number, type of grievance, and the text of the inmate's complaint contained within the appropriate space on Attachment I in eOMIS.

- a. All medical issues will be coded 600 by the Unit Grievance Officer. All mental health issues will be coded 630.
 - b. The Medical and Mental Health Departments will assign more specific type codes as indicated on Attachment VII into eOMIS when completing the response to the grievance.
4. The Grievance Officer shall then transmit an Acknowledgement or Rejection of the Unit Level Grievance Form (see Attachment II) to the inmate within five (5) working days after receipt. No acknowledgment is required if a written response to the grievance, signed by the Warden, Health Services Administrator, or Mental Health Supervisor or designees, can be provided within five (5) working days.
5. The Grievance Officer will note whether the grievance is medical or mental health related. Such Step Two medical or mental health grievances will be forwarded as soon as possible, and in no event later than five (5) days, to the appropriate medical or mental health department for investigation and response to the inmate.
 - a. If the grievance is medical in nature, it is forwarded to the Health Services Administrator (HSA) at the Unit Medical Department for a response. The HSA, or designee, should not respond to a grievance that is alleging misconduct by that individual unless the inmate still has another step in the grievance process to challenge the conduct, or the inmate is alleging indirect misconduct (failure to act). Where the inmate is alleging direct misconduct (such as physical abuse or retaliation) by the HSA, then the appropriate Regional Manager will respond after the medical department has appropriately logged the resolution.
 - b. If the grievance relates to mental health services, the supervisor of mental health services for the facility, or designee, will answer the grievance. The Mental Health Supervisor, or designee, should not respond to a grievance that is alleging misconduct by that individual unless the inmate still has another step in the grievance process to challenge the conduct, or the inmate is alleging indirect misconduct (failure to act). Where the inmate is alleging direct misconduct (physical abuse or retaliation) by the Mental Health Supervisor, then the Mental Health Administrator at Central Office will respond after the mental health department has appropriately logged the resolution.
6. The Inmate Grievance Worksheet (see Attachment VIII) may be used by staff when investigating grievances.

7. Every inmate grievant shall receive a written or electronic response to his or her grievance within 20 working days of receipt (or more promptly in the case of an Emergency grievance). The response will be on the form entitled Warden/Center Supervisor Decision (Attachment III) and signed by the Warden or the Warden's designee. In the case of a medical or mental health grievance, the response will be on the form entitled Health Services Response to Unit Level Grievance (see Attachment IV) from the medical or mental health department.

The Unit Level Grievance Response/Decision shall include:

- a. the reason for the decision, in clear, well reasoned terms; and
 - b. a statement that the Grievance:
has merit and requires further action for resolution; or
has merit, but is being resolved; or
had merit but has been resolved; or
has no merit.
8. The Grievance Officer will meet with the Warden for the appropriate response to the grievance. If the Warden refers a PREA investigation to IAD, the grievance response is sent after the Warden receives the Director's disposition of suspected PREA allegation.
 9. If an inmate has not received a response to his/her Unit Level Grievance within the allotted time frame as stated on the Acknowledgement Form or the Extension Form, if applicable, the inmate may move to the next level of the process, an appeal to the Chief Deputy/Deputy/Assistant Director Level. In this instance, the appeal must be filed no later than five (5) working days.

The Grievance Extension Form will be used in cases where a longer period is required for a response to or resolution of the problem. The inmate shall be notified by the responding authority, in writing, of the reason for the delay and its expected length on the Grievance Extension Form (see Attachment X). Time limits for responding will be extended automatically upon the completion of the Grievance Extension Form (Attachment X), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the extension, the inmate understands and agrees that, with that decision, no further action will be taken on the issue, and the grievance will be returned to the inmate without a decision on its merit. By disagreeing with the extension, the inmate waives his or her right to have the grievance issue considered. If a second or additional extension is needed, the extension will be granted only upon approval of the Warden or Deputy Warden at the Step Two level.

G. Steps to Appeal the Unit Level Grievance Decision:

After receiving a response from the Warden, the Health Services Administrator (HSA), the Mental Health Supervisor, or applicable designee, if the inmate is not satisfied, he or she may appeal to the appropriate Chief Deputy/Deputy/Assistant Director who will attempt to resolve the matter or assign an appropriate staff member to do so. In this instance, the appeal must be filed within the five (5) working days from the date of the response.

1. The appeal must be written in the space provided above the signature line on the original Warden/Center Supervisor's Decision Form (Attachment III), the Health Services Response to Unit Level Grievance Form (Attachment IV) for medical or mental health grievances entitled Inmate's Appeal (see Attachment III and IV), or the Acknowledgement or Rejection of Unit Level Grievance (Attachment II). Only what is written in the space provided above the signature line for appeal will be considered part of the grievance appeal. Except for a PREA grievance, additional sheets should not be attached and will be returned to the inmate upon receipt of the appeal or as soon as practical. **ONLY THE STATEMENT IN THE SPACE PROVIDED ABOVE THE SIGNATURE LINE WILL BE MAINTAINED AND CONSIDERED PART OF THE APPEAL SUBMISSION.**
2. To appeal the inmate must include the original (no photocopies) Unit Level Grievance Form (Attachment I), which describes the matter originally grieved, and either the Warden/Center Supervisor Decision Form (Attachment III), the Health Services Response to Unit Level Grievance (Attachment IV), or the Acknowledgement or Rejection of Unit Level Grievance (Attachment II) if the inmate is asserting the grievance was improperly rejected or if the inmate did not receive a response or extension within the applicable timeframe. The inmate should deposit the appeal into the designated grievance box; or submit it to a Staff Member if the inmate's assignment prevents access to the grievance box. If these two (2) pages are not submitted with the inmate's appeal portion completed, the appeal may be returned to the inmate as rejected.

To complete the appeal, the inmate must state a reason for the appeal, and must date, sign, and write the inmate's ADC number on the attachment being appealed.

Do not list additional issues, requests, or names which were not a part of the original grievance, as those will not be addressed.

3. The Chief Deputy/Deputy/Assistant Director may process a grievance appeal not meeting the criteria set forth above when necessary for the

safety and security of the Department

4. Appeals relating to medical, mental health or treatment program issues are submitted to the Deputy Director for Health and Correctional Programs.

All other grievances will be forwarded to the appropriate Chief Deputy/Deputy/Assistant Director for Institutions.

All Appeals will be answered by the Chief Deputy/Deputy/Assistant Director regardless of whether those individuals are named in the grievance.

5. Receipt of the appeal shall be acknowledged or rejected within five (5) working days unless a response can be provided within five (5) working days to the grievance signed by the Chief Deputy/Deputy/Assistant Director. The response shall be in written or electronic format.
6. The Chief Deputy/Deputy/Assistant Director will respond to the inmate concerning the decision within thirty (30) working days unless there is an extension or the appeal is rejected and the inmate is notified of the reason for rejection on the Acknowledgment of Grievance Appeal/Rejection of Appeal form (see Attachment V). A decision or rejection of an appeal at this level is the end of the grievance process. The response shall be in written format.
7. If a grievance appealed is a duplicate of one previously appealed by the inmate with regard to the staff member named, the date of the incident, and the subject of the grievance, the inmate will be sent an Acknowledgment of Grievance Appeal/Rejection on Attachment V, and it will be noted as "Duplicate of _____" and the earlier grievance number will be filled in the blank; the duplicate will be returned to the inmate with the Attachment V.
8. The Grievance Extension Form will be used in cases where a longer period is required for a response or resolution of the problem. The inmate shall be notified by the responding authority, in writing, of the reason for the delay and its expected length on the Grievance Extension Form (see Attachment X). Time limits for responding will be extended automatically upon completion of the Grievance Extension Form (Attachment X), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the extension, the inmate understands and agrees that, with that decision, no further action will be taken on the issue, and the grievance appeal will be returned to the inmate without a decision on its merit. By disagreeing with the extension, the inmate waives his or her right to have the grievance issue considered or exhausted. A second or subsequent

extension can be granted only with the approval of the Chief Deputy/Deputy/Assistant Director.

9. The entire grievance procedure should be completed within seventy-six (76) working days unless a valid extension has been executed, or it can be documented that unforeseen circumstances have occurred.
10. Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed at the discretion of the Chief Deputy/Deputy/Assistant Director, or designee.

H. Remedies

A grievance with merit will be afforded a reasonable range of meaningful remedies.

1. The responsible authority will review the conditions, policies or practices grieved and take appropriate action.
2. When a higher authority than the responding authority must authorize appropriate action, the lower authority shall note its agreement or disagreement with the inmate and transmit the completed grievance form to the higher authority with notice to the inmate.
3. The Division is to encourage the resolution of grievances found to have merit involving property losses, confiscations or forfeitures through the return of the property or replacement.
4. Errors in record keeping may be corrected and action by the staff or Classification Committees may be modified as appropriate.
5. No grievance should be discussed between or among employees and inmates except as necessary to obtain statements or to resolve the issues.
6. No employee should respond to a grievance that is alleging misconduct by that employee against the inmate unless (a) the inmate still has another step in the grievance process to challenge the conduct, or (b) the inmate's allegation was of indirect misconduct (conduct by omission). Where the inmate is alleging direct misconduct (such as physical abuse) by the employee, the employee shall not respond to the grievance. No employee may respond to a grievance that is alleging sexual harassment or sexual abuse by that employee against the inmate.

I. Allegations of Abuse

Any credible allegation of excessive force, sexual harassment or abuse, assault, or similar physical abuse of an inmate will be forwarded to the Internal Affairs Division for an investigation consistent with Arkansas Division of Correction policies.

J. Abuse of the Grievance Procedure

Abuse of the grievance procedure by inmates will be dealt with in the following manner:

1. Excessive Use of the Procedure

- a. Step One, Informal Resolutions, are limited to five (5) per seven-day period because excessive submissions may cause a delay in processing inmate grievances. The Warden or designee must maintain a record of five (5) submissions each seven-day period before rejecting one from that inmate. Only the first five (5) informal grievances, Step One, will require a response. The seven-day period will begin each Saturday and end on Friday. The submissions that exceed the limit will be marked as "No action necessary-exceeds weekly limit," followed by the staff person's name, signature and date verifying that person verified (1) that five (5) submissions under Step One had already been received from the inmate that seven-day period, and (2) it was not an emergency. A submission rejected under this section shall be returned to the inmate.
- b. Inmates are only allowed to submit three formal grievances, Step Two, each seven-day period which begins each Saturday and ends on Friday. Only the first three formal grievances, Step Two, submitted each seven-day period by an inmate require an investigation and response. This limit includes both institutional and medical or mental health grievances. All other formal grievances will be logged and reviewed to determine if an emergency exists. If it is determined to be an emergency, action will be taken promptly to resolve the issue; however, a written response to the inmate is not required. If no emergency exists, the grievance will be logged out on the same day received, and it shall be written on the Unit Level Grievance Form "No action necessary-exceeds weekly limit," dated and signed. The original grievance will then be placed in the grievance file and no written response will be given to the inmate.

- c. If the formal grievance is regarding a health issue, but exceeds the inmate's limit for weekly submission, the grievance officer will note at the top of the grievance form "EXCEEDS WEEKLY LIMIT." The formal grievance will then be forwarded to the medical or mental health department to determine if an emergency exists. If the medical or mental health departments determine the grievance to be an emergency, the Health Services Administrator or Mental Health Supervisor will ensure that prompt action is taken to resolve the issue; however, a written response to the inmate is not required. If neither the medical nor mental health departments determine the grievance to be an emergency, it will be noted at the top of the grievance form, "not an emergency" beside the "EXCEEDS WEEKLY LIMIT" statement, dated and signed by the Health Services Administrator or Mental Health Supervisor and returned to the Grievance Officer for filing.
- d. If a formal grievance is a duplicate of one previously submitted by the inmate with regard to the staff member named, the date of the incident, and the subject of the grievance, the duplicate grievance will be logged into eOMIS, the inmate will be sent a Rejection of Grievance on Attachment II, and note at the top of the grievance form as "Duplicate of _____" and the earlier grievance number will be filled in the blank; the duplicate will be returned to the inmate with the Attachment II and counted as one of the inmate's weekly submissions.
- e. If the duplicate grievance is regarding a health issue, the grievance officer will forward the logged grievance and Rejection of Grievance Attachment II to medical or mental health to determine if a response is necessary or an emergency exists. If necessary, the Health Services Administrator or Mental Health Supervisor will ensure that prompt action is taken to resolve the issue, and if not, the medical or mental health staff will note at the top, "no response necessary on duplicate," date and sign it, and return both the grievance and Rejection of Grievance Attachment II to the inmate.

2. Frivolous and Vexatious (Provoking or Harassing) Use of the Procedure

- a. A frivolous or vexatious submission at any step will be logged and returned to the inmate with a Rejection form (Attachment II or Attachment V) and counted as one of the inmate's weekly submissions.
- b. A submission is frivolous when it is clearly insufficient on its face to allege an issue or concern and is readily recognizable as devoid of merit and insufficient for resolution or appeal.

- c. A submission is vexatious when it merely agitates, provokes, harasses or irritates by petty provocation and is not designed to lead to any practical result, resolution, or appeal.

3. Use of Threats

An inmate who use the grievance procedure to direct threats at another will have the grievance rejected and copies will be referred to Internal Affairs to consider for referral for prosecution.

4. Malicious Use of the Procedure

Any inmate who knowingly makes false statements in a submission for the purpose of harming another person will have the grievance rejected.

K. Reprisals or Retaliation

1. No inmate shall suffer any threat or action based on his or her appropriate use of, or participation in, the grievance procedure. If an inmate believes he/she has been retaliated against for the use of the grievance procedure, he/she must contact the Warden/Center Supervisor or in a case of alleged retaliation by the Warden/Center Supervisor, the inmate shall contact the appropriate Chief Deputy/Deputy/Assistant Director. Regardless, the inmate must exhaust their remedies through the grievance process.
2. Any reprisal or retaliation by staff is absolutely prohibited and will be dealt with in accordance with the appropriate policy regarding employee conduct and discipline. All personnel shall receive written and oral notice that formal and/or informal reprisals will not be tolerated.

The Training Academy has implemented a training program regarding inmate problem resolutions and complaints. The training is mandatory for all staff involved in the inmate grievance process.

3. Once an inmate initiates the grievance process, the process shall be followed through all stages without interference by administrators or employees of the division. Anytime an inmate voluntarily decides to withdraw a grievance, he or she must submit a Grievance Waiver Form (see Attachment IX). The appropriate staff will verify receipt of the waiver in writing.
4. If reprisal or retaliation is suspected or determined after the unit/center investigation, the grievance shall be forwarded to Internal Affairs for further review with all relevant documentation.

L. Records

1. Each designated administrator at each level of response shall collect and systematically maintain records regarding the filing and disposition of grievances. These records will be maintained pursuant to the Division's record retention policy in either hard copy or in a retrievable form, as well as in the inmate's electronic record, and shall be available for inspection as required by law.
2. At a minimum, such records shall include aggregate information regarding the numbers, types and disposition of grievances, as well as individual records of the dates and reasons for each disposition at the formal grievance (Step Two) and appeal stages of the procedure and shall be logged in the electronic offender records system. Such records shall be preserved in accordance with the policy regarding records retention.
3. Records regarding the participation of an individual in grievance proceedings shall not be available for review by any inmate other than the grievant.
4. Grievance records, including statements and testimony provided during the process, are confidential and are not available to inmates. Division personnel other than those directly involved in the grievance process may not have access to the information, unless the person's job requires access to such records.
5. Except as otherwise provided by Arkansas law, grievance records will not be available to non-departmental personnel other than those representing the Division of Correction or providing services such as imaging or destruction of records under an agreement with the Division of Correction.
6. No entries concerning grievances, or an inmate's participation in a grievance proceeding through testimony or submission of evidence, shall be recorded in the inmate's paper institutional file.
7. Only those positions authorized by the appropriate Chief Deputy/Deputy/Assistant Director will have access to the Grievance Tracking Program.

M. Evaluation

1. Monthly, quarterly and annual reports may be generated from the tracking system.
2. Records of staff efforts at problem solving may be considered by supervisors evaluating the performance of staff.

N. Prison Litigation Reform Act Notice

Inmates are hereby advised that they must exhaust their administrative remedies as to all defendants at all levels of the grievance procedure before filing a Section 1983 lawsuit or Claims Commission claim. If this is not done, the lawsuit or claim may be summarily dismissed.

Inmates must attach a copy of the Chief Deputy/Deputy/Assistant Director's response to any petition or complaint; otherwise, the court or commission may dismiss the case.

Inmates are also advised that they shall be subject to paying filing fees in Federal Court pursuant to the Prison Litigation Reform Act.

V. **REFERENCES:**

Prison Litigation Reform Act
Prison Rape Elimination Act

VI. **ATTACHMENTS:**

Attachment I – Unit Level Grievance (Informal Resolution/Formal Grievance/Emergency Grievance)
Attachment II – Acknowledgment of Unit Level Grievance
Attachment III – Warden/Center Supervisor's Decision/Inmate Appeal
Attachment IV – Health Services Response to Unit Level Grievance
Attachment V – Acknowledgment of Grievance Appeal/Rejection of Appeal
Attachment VI – Chief Deputy/Deputy/Assistant Director's Decision
Attachment VII – Grievance Codes
Attachment VIII – Inmate Grievance Investigation Worksheet
Attachment IX – Grievance Waiver
Attachment X – Grievance Extension

UNIT LEVEL GRIEVANCE FORM

Attachment I

Unit/Center _____

Name _____

ADC# _____ Brks # _____ Job Assignment _____

_____ (Date) STEP ONE: Informal Resolution

_____ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: _____

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

Is this Grievance concerning Medical or Mental Health Services? _____ If yes, circle one: medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint, **date**, and place, name of personnel involved and how **you** were affected. (Please Print):

Inmate Signature

Date

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

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on _____ (date), and determined to be **Step One** and/or an Emergency Grievance ____ (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including **dates**: _____

Print and Sign Staff Name & Date Returned

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

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

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

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

ACKNOWLEDGE OR REJECTION OF UNIT LEVEL GRIEVANCE

Date: _____

To: Inmate _____ ADC# _____

From: _____ Title: _____ Grievance # _____

Please be advised I have received your Grievance dated _____ on _____.

You should receive communication regarding the Grievance by _____ * OR

Your grievance was rejected as non-grievable, untimely, duplicative, frivolous, or vexatious.

CHECK ONE OF THE FOLLOWING

_____ This Grievance will be addressed by the Warden/Center Supervisor or designee.

_____ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.

_____ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.

_____ This Grievance has been determined to be an emergency, as you so indicated.

Action Taken: _____

_____ This Grievance has been determined to not be an emergency because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a non-emergency.

_____ This Grievance was REJECTED because it was either non-grievable (_____), untimely, a duplicate of _____, or was frivolous or vexatious.

B. INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. If you do not receive communication regarding your grievance by the date listed above, you may move to the next level of the process. To do so, indicate in the Inmate's Appeal Section below that you did not receive a response and mail it to the appropriate Chief Deputy/Deputy/Assistant Director within five working days *. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature_____
ADC#_____
Date

If appealing a rejection, please include both the Unit Level Grievance Form (Attachment I) and the Rejection (Attachment II)

Attachment III

INMATE NAME _____ ADC# _____ GRIEVANCE # _____

WARDEN/CENTER SUPERVISOR'S DECISION

Signature of Warden/Supervisor or Designee

Title

Date

INMATE'S APPEAL

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

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?

Inmate Signature

ADC#

Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Warden's Decision (Attachment III)

Inmate Name: _____ ADC# _____ Grievance # _____
HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

Signature of Health Services Administrator/Mental Health Supervisor or Designee & Title

Date

If follow up by Health Services Staff is required, are the details included in the response above?
Yes _____ or, No follow up is necessary _____

INMATE’S APPEAL

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

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Inmate Signature

ADC#

Date

If appealing, please submit both the Unit Level Grievance Form (Attachment I) and the Health Services Response (Attachment IV)

Acknowledgment of Grievance Appeal, *or* Rejection of Appeal

TO: Inmate _____ ADC # _____

FROM: _____ TITLE: _____

RE: Receipt of Grievance Appeal # _____ DATE: _____

Please be advised your Appeal dated _____ was received in my office on _____

**The Chief Deputy/Deputy/Assistant Director will answer this appeal by _____,
*OR,***

Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:

_____ **The time allowed for appeal has expired.**

_____ **The matter is non-grievable and does not involve retaliation.**

_____ **Request disciplinary action against employee, contractor, or volunteer**

_____ **Claim for monetary damage**

_____ **Parole and/or Release matter**

_____ **Transfer**

_____ **Job Assignment (Unrelated to Medical Restriction)**

_____ **Disciplinary matter**

_____ **Matter beyond the Division's control and/or matter of State/Federal law**

_____ **Involves an anticipated event**

_____ **Publication**

_____ **You did not send all the proper Attachments:**

_____ **Unit Level Grievance Form (Attachment I)**

_____ **Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)**

_____ **Acknowledgement and/or Rejection form (Attachment II)**

_____ **Step Two was appropriately rejected**

_____ **Did not give reason for appeal in space provided for appeal**

_____ **Did not complete Attachment III or IV by signing your name, ADC #, and/or the date**

_____ **Unsanitary form (s) or documents received**

_____ This Appeal was REJECTED because it was a duplicate of _____, or was frivolous or vexatious.

Attachment VI

INMATE NAME _____ ADC# _____ GRIEVANCE # _____

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

SIGNATURE

DATE

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

GRIEVANCE PROCEDURE CODES

Attachment VII (Page 1)

Each Unit/Center is assigned a unit code as follows:

BC	Boot Camp	MC	Mississippi County Work	PB	Pine Bluff Unit
BOW	Bowie County		Release	PBR	Pine Bluff Reentry Center
BU	Benton Unit	MCP	McPherson Unit	PBW	Pine Bluff Unit Work Release
CU	Cummins Unit	MCS	McPherson Special Needs Unit	TU	Tucker Unit
CMU	Cummins Modular Unit	MX	Maximum Security Unit	TX	Texarkana Regional
DR	Delta Regional Unit	NC	North Central Unit		Correctional Center
EA	East Arkansas – population	OR	Ouachita River Corr. Unit SAT	VU	Varner Unit – population
EAM	East Arkansas – Max Sec		Wrightsville Satellite Unit	VSM	Varner Super Max
ESU	Ester Unit	SNU	ORCU Special Needs Unit	WR	Wrightsville Unit
GR	Grimes Unit	SNN	ORCU New Commitment	WHM	Wrightsville Hawkins Males
RLW	Randall L. Williams Facility	SNH	ORCU Hospital		
HA	Hawkins Unit	NW	Northwest AR Work Release		

Which is succeeded by the last two digits of the calendar year, followed by a five digit sequential number beginning with 00001 (i.e., CU-03-00001).

GRIEVANCE TYPE CODES

100	Transfer		
101	Unit Transfer		
102	Interstate Compact		
200	Institutional Assignment	500	Institution Operations
201	Cell Barracks	501	Food/Food Services
202	Job	502	Commissary
203	Classification	503	Inmate Funds
204	Enemy Alert List	504	Sanitation – Showers, etc.
205	Protective Custody	505	Inmate Property Claims
206	Punitive	506	Clothing – Bedding/Footwear
207	Administrative Segregation	507	Activity Rotation
208	School/Vocation Training	508	Living Conditions
209	Rehabilitation Programs	509	Working Conditions
210	Counselors	510	Grooming
211	Investigative Status – DCR	511	Recreation
212	48 Hour Relief Privileges	512	Searches
		513	Contraband/Confiscation Forms
300	Communication	514	Alternative Meals
301	Visits (non-legal)	515	Hunger Strike
302	Telephone	516	Diet
303	Radio/Television/Movie	600	Medical
304	Interview Request	601	Denial of Treatment
305	Unit Policy/ADC Policy	602	Harassment or Abuse
306	Publication	603	Records
307	Mail	604	Footwear/Orthotics
308	Marriage	605	Sick Call – not otherwise specified
		606	Vision
400	Disciplinary Matters	607	Food/Special Diet
		608	Medication/Pill Call – not otherwise Specified

GRIEVANCE TYPE CODES

Attachment VII (Page 2)

609	Medical Classification	707	Retaliation/Harassment – Use of the Grievance Process
610	Hearing	708	Retaliation/Harassment – Access to Courts Rights
611	Housing conditions (medical reasons)	709	Notary Services
612	Chronic Care	710	Access to Grievance Forms
613	Chronic Care not seen	711	Storage of Legal Materials
614	Chronic Care rx's not prescribed	712	Legal Mail
615	delete	713	No Response to Grievance
615	Orthopedic	714	Other Legal Matters
616	Sick Call no security escort	715	No Further Action is Necessary(NFAN)
617	Sick Call not seen timely	716	Freedom of Information Act (FOIA)
618	Sick Call referred not seen	717	Multiple Issues Grieved
619	Other	718	Welfare
620	Dental	719	Copies Made
621	Dental Prosthetics	720	Retaliation – other
622	Medical Appointments (outside not otherwise specified)	721	Loss of Property
623	Surgery		
630	Mental Health	800	Complaints Against Staff
631	Mental Health Appointments	801	Physical Abuse
632	Mental Health – Medication side effects	802	Verbal Abuse
633	Mental Health – Housing	803	Other Complaints Against Staff
640	Medication not given	900	Other
641	Medication prescribed	901	Good Time
642	OPM medications	902	Furlough
643	Medication not ordered	903	Other Complaints Against Inmates/Cellmate
644	Medication error	904	Time Computation
645	Medication pharmacy error	905	Hobby Craft
650	Co-pay	906	Religion
651	Lab	907	Parole Matters
652	X-ray	908	Discrimination (Race, Religion, Sex, etc).
653	Treatment call	909	Name Change
654	Informal resolution not answered	910	Urine Testing
655	Consults	911	Work Release
700	Legal	912	Maintenance
701	Access to courts	913	Grieving for Another Inmate
702	Indigent Inmate Supplies	914	Detainer Removed
703	Law Books/Pages	915	PREA
704	Law Library		
705	Legal Visits with Inmate		
706	Other Legal Visits		

Attachment VIII

The below listed inmate has filed a grievance/appeal with this office. Please give a detailed statement in regards to the issue(s) stated by the inmate in this grievance. The statement, "I have no knowledge," is not acceptable. Also, please submit any supporting documentation with your response, (i.e., disciplinary, 005's, logs, medical information, other officer and/or inmate statements, etc.).

EMPLOYEE: _____ **UNIT:** _____

RE: INMATE: _____ **ADC#** _____

FROM: _____ **DUE DATE:** _____

GRIEVANCE #: _____ **DATE & TIME OF INCIDENT** _____

Inmate's Complaint:

EMPLOYEE STATEMENT BELOW

STATEMENT: _____

Responding Staff Signature

Date

You are not to retaliate against this inmate in any shape, form or fashion for submitting this grievance. If you are found to have retaliated against any inmate for using the grievance procedure, you will be subject to disciplinary action, which may be a verbal warning, a written warning, and/or termination.

GRIEVANCE WAIVER

TO: _____ DATE: _____

FROM: _____ SUBJECT: _____

I, _____, ADC# _____, do hereby agree that grievance number _____, dated _____, has been resolved/and/or, I no longer want to pursue this matter. This decision is voluntary and made without threats or coercion of any type.

Inmate Signature

Date

Witness Signature

Date

GRIEVANCE EXTENSION

TO: Inmate _____ **ADC#** _____

FROM: _____ **TITLE:** _____

DATE: _____ **GRIEVANCE #** _____

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

The Chief Deputy/Deputy/Assistant Director will answer this appeal by _____:

This extension is automatic unless you specifically disagree; if you agree to the extension then no action is required on your part. If you DO NOT agree to an extension, check DISAGREE, complete the signature line and return the original to this office. If you do not agree, you understand that, with your decision, NO FURTHER ACTION will be taken on this issue, you WILL NOT have exhausted your administrative remedies, and your grievance will be returned to you without a decision regarding its merit.

_____ **DISAGREE** **By disagreeing with this extension, I waive my right to have this grievance issue considered.**

_____ **ADC#** _____ **DATE:** _____
Inmate Signature

_____ **DATE:** _____
Warden/Center Supervisor Signature

_____ **DATE:** _____
Chief Deputy/Deputy/Assistant Director/Director Signature



PO Box 8707
Pine Bluff, AR 71611-8707
Phone: 870-267-6999
Fax: 870-267-6258
www.adc.arkansas.gov

ADMINISTRATIVE DIRECTIVE

SUBJECT: Continuing Education for Staff

NUMBER: 13-71

SUPERSEDES: 05-29

APPLICABILITY: All Employees

REFERENCE: AR 013 – Staff Training

PAGE 1 of 1

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. POLICY:

The Arkansas Department of Correction encourages staff members to further their education.

II. PROCEDURES:

- A. All employees within the Arkansas Department of Correction are encouraged to further their current educational status through enrolling in college courses at a regionally accredited college or university.



PO Box 8707
Pine Bluff, AR 71611-8707
Phone: 870-267-6999
Fax: 870-267-6258
www.adc.arkansas.gov

ADMINISTRATIVE DIRECTIVE

SUBJECT: Job Descriptions and Qualifications

NUMBER: 13-73

SUPERSEDES: 05-32

APPLICABILITY: Wardens/Administrators

REFERENCE: AR 204 – Employment

PAGE 1 of 2

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. POLICY:

To provide a written job description, minimum qualifications, and review annually to ensure that department objectives are met.

II. PROCEDURES:

It shall be the the policy of the Arkansas Department of Correction (ADC) to provide a written job description, minimum qualifications, and an annual review to ensure that department objectives are met.

- A. The purpose of the ADC job descriptions and minimum qualifications is to ensure completion of the agency's mission.
- B. ADC will utilize the written job description and job qualifications as designated by the Office of Personnel Management.
- C. ADC Administrators/Wardens will review the written job descriptions and qualifications to ensure they are adequate to meet the department's objectives with any discrepancies to be forwarded to Central Human Resources.
- D. Central Human Resource management will review this policy annually to ensure it is current.

III. REFERENCE:

Office of Personnel Management Section 205 Subsection 2.4

Office of Personnel Management Section 205 Subsection 2.9

Office of Personnel Management Section 205 Subsection 2.10



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Temporary Employment

NUMBER: 13-75

SUPERSEDES: 05-36

APPLICABILITY: Wardens/Administrators

REFERENCE: AR 204 - Employment

PAGE 1 of 2

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. POLICY:

To provide for temporary assignments for emergency situations.

II. EXPLANATION:

It shall be the policy of the Arkansas Department of Correction (ADC) to provide part-time or temporary employees, known as extra help or flex positions, for an emergency situation. Principles of this policy are:

- A. The purpose of the ADC utilizing temporary assignments is to enable completion of the agency's mission.
- B. ADC may use extra help or flex positions when needed in critical situations.
- C. ADC Administrators/Wardens are responsible for assessing the situation in determining the need for extra help.

- D. ADC management is responsible for requesting the use of an Extra Help position through Central Human Resources when needed who will then refer for budgetary approval.
- E. Central Human Resource management will review this policy annually to ensure it is current.

III. REFERENCE:

Arkansas Code Title 19 Chapter 4 Subchapter 521 Section 2

Current Appropriation Act

Office of Personnel Management Section 220.21.1



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Employee Handbook

NUMBER: 13-74

SUPERSEDES: 05-33

APPLICABILITY: All Employees of the Department of Correction

REFERENCE: AR 204 - Employment

PAGE 1 of 1

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. POLICY:

It is the policy of the Department to recognize the Employee Handbook as policy of the Department.

II. EXPLANATION:

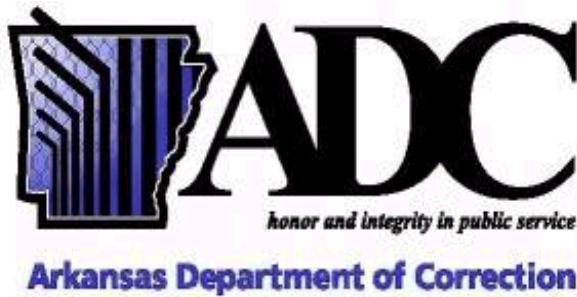
All information in the Employee Handbook of the Department will be considered policy. Any and all sections of the Employee Handbook are to be followed just as all other policies and procedures of the Department.

III. PROCEDURES:

- A. Each employee is to be presented an Employee Handbook during his/her initial hire and processing.
- B. The Employee Handbook is to be reviewed by Human Resources with each newly hired applicant.

IV. SUPERVISORY RESPONSIBILITY:

The supervisor's responsibility is to ensure that each new employee has received an employee handbook.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Insurance Company Solicitation

NUMBER: 19-05

SUPERSEDES: 13-106

APPLICABILITY: All Employees

PAGE 1 of 2

APPROVED: Original signed by Wendy Kelley

EFFECTIVE DATE: 2/8/19

I. POLICY:

To permit insurance companies' access to employees consistent with the Governor's Policy on solicitation of state employees.

II. PROCEDURES:

Only those insurance companies authorized by the State and Public School Health and Life Insurance Board will be permitted to solicit employees on the Department's premises. The following guidelines will be utilized in providing insurance companies permission to solicit employees.

All requests from insurance companies to present products to employees must be made to the Assistant Human Resource Administrator of Benefits.

A. Companies Authorized by the Insurance Board

Since these companies were selected by the Insurance Board as the sole provider of the particular product, employees may attend informative sessions and/or sign up for the product during working hours - the mechanics of the process are to be dictated by each location's Human Resource Manager. A company can offer the product that was authorized by the Insurance Board, only during open enrollment.

B. New Companies and/or Products

No solicitation of employees may be made without permission of the Director and subsequent written concurrence of the State and Public School Health and Life Insurance Board.

C. Notification to Employees

Beyond posting of notices on strategically located bulletin boards, the Department will not distribute nor assist in distribution of documentation promoting the product. The Human Resource Manager at the various locations of the Department will ensure that appropriate bulletin board(s) are available for such purposes.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Solicitation of ADC Employees

NUMBER: 14- 25

SUPERSEDES: New

APPLICABILITY: Departmental staff and all inmates

REFERENCE: AR 107, 204 and 225

PAGE 1 of 2

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 05/13/2014

I. POLICY:

It is the policy of the Department of Correction to have a work environment that is free from solicitation and distribution efforts that do not relate to the internal operations of the prison system. The distribution or posting of advertising material, commercial or charitable solicitation, merchandise catalogs, handbills or materials of a political or potentially adversarial nature are forbidden during work time and in work areas except as otherwise provided below. Non-employees are strictly prohibited from soliciting at any time on Department property unless permitted by Governor's Proclamation Directive-4 (GPD-4) of 2000 or Department of Correction (ADC) Insurance Company Solicitation Administrative Directive (AD). Unauthorized posting of notices, photographs or other printed or written materials on bulletin boards on any other state property is prohibited.

II. PURPOSE:

The Arkansas Department of Correction is committed to operating secure institutions that protect inmates, staff and the public. The Department must maintain a work environment with minimal interruptions, unnecessary annoyances, or interference.

III. DEFINITIONS:

Bulletin Boards: Department owned and maintained bulletin boards used to communicate Department information to employees and post notices required by law.

Solicitation: any activity conducted for advertising, promoting or selling any product or service or encouraging membership in any group, association or organization.

Work Time: that time when an employee is scheduled and expected to be properly engaged in performing his/her work tasks.

IV. PROCEDURES:

1. Staff found to be soliciting or distributing literature in violation of this policy will be subject to discipline in accordance with department policy.
2. Director approved charitable endeavors, such as Paws in Prison, Unit Employee Corporations in compliance with department rules, etc. may be posted or advertised at the Warden/Center Supervisor's discretion in designated areas.
3. Director approved agency services to inmates or their families may be posted at the Warden's discretion.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Arkansas Department of Correction Museum Committee

NUMBER: 13-138

SUPERSEDES: 08-48

APPLICABILITY: All ADC staff

REFERENCE: AR Code 13-7-205

PAGE 1 of 2

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. POLICY:

It is the policy of the Arkansas Department of Correction to provide a method to preserve Department of Correction documents and artifacts of historical significance.

II. EXPLANATION:

The Department of Correction has numerous documents and other artifacts depicting the history of the department that need to be professionally preserved.

III. PROCEDURE:

A. The Director of the Department of Correction will enter into an agreement with the State of Arkansas Old State House Museum Commission to form a working partnership to protect, maintain and preserve documents and other artifacts depicting the history of the Department of Correction. To this end:

1. The Department will donate artifacts currently in its collection to the Old State House Museum. A committee appointed by the Director of the Department shall meet with Museum officials once

a year to inspect said artifacts and to discuss plans for the collection. The committee will be designated as the Arkansas Department of Correction Museum Committee.

2. The Department will conduct an ongoing campaign to locate and obtain artifacts related to the history of the Department, and donate these objects to the Old State House Museum.
 3. The Department will route grant support and offers of financial support to the Old State House Museum. These funds will be used exclusively to maintain or enhance the Old State House Museum's collection of the Department's artifacts.
 4. The Department will hold fund raising events, the proceeds from which may go to help the Old State House Museum develop exhibits and programs about the history of the Department or maintain the museum's collection of Department artifacts.
- B. The Arkansas Department of Correction Museum Committee will monitor the support provided by the Old State House Museum Commission to assure that:
1. The Museum will provide curatorial care of the Department's artifacts in accordance with standards set by the American Association of Museums. No artifacts will be disposed of or loaned out by the Museum without the express written permission of the Department.
 2. The Museum will provide public access to artifacts of the Department's history through controlled access to collection items, by placing artifact images and related information on the Museum's website and, via exhibits and publications.
 3. The Museum will interpret the history of the Department through exhibits, educational programs and publications. While it is not possible to dedicate an entire gallery to the interpretation of the Department, the history of the organization will be included as part of the Museum's changing exhibit schedule.
 4. The Museum will conduct, sponsor and promote an event recognizing the Department's contribution to preserving Arkansas history.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Career Lines for Advancement

NUMBER: 13-179

SUPERSEDES: 09-48

APPLICABILITY: All Employees

REFERENCE: AR 204 - Employment

PAGE 1 of 2

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. POLICY:

The Arkansas Department of Correction has established career lines for employee advancement and provides guidelines for staff supervision.

II. EXPLANATION:

It shall be the the policy of the Arkansas Department of Correction (ADC) to provide established career lines for employee advancement and provide guidelines for staff supervision.

- A. Applicants must meet the minimum qualifications as designated by the Office of Personnel Management, including but not limited to any required Management Level Training.
- B. Career advancement within the Department of Correction is encouraged for all employees. There are established labor market rates for many classifications and tier plans for employees within certain occupational settings (i.e. security, mental health, substance abuse, treatment services, construction/maintenance). The Unit Human Resource Manager will

guide employees through the career opportunities, which are available to departmental employees.

III. STANDARDS:

Central Human Resource management will review this policy annually to ensure it is current.

IV. REFERENCES:

AD – Merit Increase Pay System



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SUBJECT: Video Conferencing Training

NUMBER: 13-184

SUPERSEDES: 07-13

APPLICABILITY: All Employees

REFERENCE:

PAGE 1 of 2

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 11/22/2013

I. PURPOSE:

To establish approved guidelines and procedures for all employees and units to utilize video conferencing equipment for training purposes.

II. POLICY:

Employees of the Arkansas Department of Correction are encouraged to participate in training through video conferencing resources to advance their knowledge and proficiency in their designated fields. While utilizing video conferencing, training will maintain the highest standards of presentation, instruction, and facilitation to ensure all employees receive professional and defensible training.

III. PROCEDURES:

- A. Sites other than the Training Academy can be designated as the host site for a training event pursuant to established training protocols.
- B. The access to, use of, handling of, and care of all video conferencing equipment is strictly limited to staff members expressly trained for that purpose or by authorized employees of the vendor.
- C. All equipment must be secured when not in use.

- D. The maximum number of employees enrolled at any video conferencing training location is thirty-five. Exceptions may be made for specialized training (i.e., seminars, etc.) as approved by the Human Resources Administrator, Training Director or designee.
- E. Established eOMIS enrollment and credit approval procedures will be followed for video conferencing training.
- F. Each satellite training location will be under the supervision of a video conferencing facilitator who will ensure attendance, attention, interaction, testing, and other concerns. The facilitators for each satellite venue will consist of either the Unit Trainer, Adjunct Classroom Instructor as listed in the master training catalog or other designee who has been approved by the Unit Trainer and Training Director, and who has completed Video Conferencing Facility Training conducted by the Training Academy.
- G. Each facilitator must make sure that satellite location attendees adhere to all established training requirements including maintaining attendance requirements (attendees may not leave to check their place of assignment, attend meetings, or any activity that removes them from training), observe break times, participate in all group activities, and complete all assignments.
- H. The facilitator will have copies of all handouts, slides and tests to be administered.
- I. All scheduling and reservations for training will be coordinated through Human Resources.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Character First

NUMBER: 14-26

SUPERSEDES: 13-92

APPLICABILITY: All Employees

PAGE 1 of 2

REFERENCE: 204

APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 05/16/2014

I. POLICY:

The Arkansas Department of Correction employees should participate in the Character First training program.

II. EXPLANATION:

A paradigm for personal growth, Character First is a program that encompasses 49 character qualities. Accomplishments of character development create a good attitude, influence others for good, develop a moral compass for behavior and provide a basis for future leadership. Character First is a tool that is to be used to increase professionalism and morale and is a strong component to assist in management issues and employee turnover. Supervisors are able to recognize not only achievement, but also the character qualities the actions stem from. Once a month, a new character quality is shared with staff in the form of a 15-minute training session, which outlines realistic practices/behaviors to develop the character quality and apply it to work and family life.

III. PROCEDURES:

- A. During the course of a month, a new character quality will be announced and training will be scheduled.
- B. New staff should go to this training until they have been trained on all 49 qualities. Once an employee receives training on a specific quality, they may attend again.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Emergency Furloughs

NUMBER: 19-

SUPERSEDES: NEW

APPLICABILITY: All employees and inmates

REFERENCE: AR 812 - Temporary Release/ PAGE: 1 to 4
Meritorious & Emergency Furloughs

APPROVED: ~~Original~~ Original signed by EFFECTIVE DATE:

I. POLICY:

It shall be the policy of the ~~Department~~ Division of Correction to grant emergency furloughs pursuant to established requirements and conditions for approved inmates.

II. EXPLANATION/PURPOSE:

In order to protect public ~~safety~~ and to assist ~~division~~ departmental operations in relation to the consideration of requests for emergency furloughs, ~~this~~ Administrative Directive sets forth specific eligibility requirements and procedures for all ~~discretionary~~ emergency furloughs.

This Administrative Directive ~~also~~ provides for the timely and expeditious processing of emergency furlough requests.

III. DEFINITIONS:

- A. Emergency Furlough - The temporary release, subject to appropriate supervision, of an inmate due to the critical illness and/or death of an immediate family member.
- B. Immediate Family - The inmate's father, mother, sister, brother, spouse, child, grandparent, grandchild, aunt, uncle, mother-in-law, father-in-law, and any other person whose relationship with the inmate has been verified as that of a parent/guardian. In order to be considered, the immediate family member ~~must be~~ on the inmate's Visitation list, Relatives and Associates list, ~~or~~ Emergency Contact

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- C. Critical Illness - Any illness from which the immediate family member is not expected to survive or from which death is imminent within a matter of days.

III. PROCEDURE:

To submit a request for an emergency furlough, the inmate or a family member of the inmate will contact the unit ~~Chaplain~~, providing the Chaplain with the details and documentation necessary to support the basis for the request. In accordance with Religious Services Manual Policy No. 640, the Chaplain ~~should~~ will promptly forward the request, and all related information to the Warden/-Center Supervisor and otherwise complete the duties as required by the Religious Services Manual, including required notifications. The Chaplain ~~should~~ will inform the requesting inmate or family member that an emergency furlough is granted to qualified inmates solely at the discretion of the Warden/-Center Supervisor, and that if granted, all costs related to the furlough are the responsibility of the inmate's or the inmate's family.

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A. EMERGENCY FURLOUGHS:

The ~~Department~~ Division of Correction may, at the discretion of the Warden/ Center Supervisor, permit the emergency furlough of an inmate in the case of the critical illness or death of a member of the inmate's immediate family.

In the discretion of the Warden/Center Supervisor, up to two emergency furloughs may be granted due to a critical illness. If two emergency furloughs are granted due to a critical illness and the immediate family member subsequently dies, another furlough may be granted for the inmate to attend the funeral. Cases of critical illness must be confirmed to the Warden/Center Supervisor or his or her designee by the ill relative's attending physician.

1. Inmates under Sentence of Death, Life Without Parole, or Life:

An inmate who is serving a sentence of Death, Life without Parole, or Life may be permitted an emergency furlough, but only upon the prior written approval of the Director. In such cases, the inmate may be permitted a ~~four-hour~~ four-hour furlough to visit with the critically ill patient and/or to attend the funeral of the deceased family member.

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2. Inmates in Class I-A and I-B Status:

An Inmate in Class I-A and I-B who has been on a meritorious furlough during this cycle, may also be released on an emergency

furlough under the terms of this Administrative Directive. ~~Such~~ emergency furlough shall not exceed three days in duration.

3. Inmates in Other Class Statuses:

All other inmates except those having achieved Class I-A and I-B may be released on an emergency furlough under the terms of this Administrative Directive. ~~The emergency furlough shall not exceed Forty-EightForty-Eight~~ hours in duration, but under normal circumstances will include only travel time to services and travel back to the facility.

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4. Procedural Requirements

a. In all cases, before approving an emergency furlough, the unit Warden/Center Supervisor or designee shall be satisfied that the inmate to whom an emergency furlough is granted:

- (1) does not presently have an abnormal, uncontrollable propensity for violence;
- (2) does not constitute a security risk;
- (3) is capable of abiding by the terms and conditions ~~of~~ of a furlough; and
- (4) will not be endangered or endanger another person by during -such release.

b. Inmates other than Class I-A or I-B who are approved for an emergency furlough will be released only to the custody of an Arkansas certified law enforcement officer (480 Hour Course of the Arkansas Law Enforcement Training Academy) with a current full certification as a Law Enforcement Officer or a County Sheriff. The escorting law enforcement officer must be employed as a ~~full-time~~full-time law enforcement officer as defined in Regulation 1001 of the Commission on Law Enforcement Standards and Training (CLEST). ~~Certification as an Auxiliary Law Enforcement Officer, Part-Time Officer, or Specialized Police Personnel is not sufficient. The escorting officer will be responsible for the signing out, transportation, supervision, custody and arrangements for housing in the jail, if necessary, and delivery of the inmate back to the unit that they were transported from. Department of Correction.~~

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~~c.~~ Any fee charged by the escorting officer for the transportation, supervision, and custody of the inmate shall be the sole responsibility of the inmate and the inmate's family. Any such fee charged shall be reasonable in amount, considering the circumstances of the furlough, including distance of transportation and duration of furlough. ~~Upon request, an escorting officer will provide a fee schedule to the Department. The Department can exclude from participation in the emergency furlough program any officer or organization that has charged a fee in excess of a reasonable fee, as determined by the Department.~~

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~~de.~~ All inmates, other than Class 1-A and 1-B status inmates, should remain in their ~~whites inmate uniform~~ and ~~restraints/handcuffs~~ at all times while on emergency furlough.

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~~ed.~~ A Class I-A or I-B inmate, in the discretion of the Warden/Center Supervisor or designee, may be released to a family member, friend, or other approved individual who will be responsible for the inmate while on emergency furlough, if the inmate has ~~been on a Meritorious Furlough~~ during the cycle of having I-A or I-B status.

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~~fe.~~ The ~~-~~Warden/Center Supervisor or designee shall notify the ~~S~~heriff of the county and the ~~C~~ehief of ~~P~~police of the city or town, if applicable, where the ~~-the~~ inmate will visit the critically ill immediate family member or attend the funeral of such family member.

~~g.~~ If the ~~-~~inmate's victim or victim's family has requested notification of the inmate's movements, the Warden/Center Supervisor or designee shall notify the victim or victim's family, as applicable, ~~-of the inmate's emergency furlough.~~

~~f.~~ ~~h.~~ Any approved escort that is found to have allowed any misconduct while the inmate is in his/her custody will be placed on a list maintained by the Chaplaincy Division indicating escorts that are not allowed to continue as escorts.

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VII. REFERENCES:

AR812



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Emergency Furloughs

NUMBER: 19-

SUPERSEDES: NEW

APPLICABILITY: All employees and inmates

**REFERENCE: AR 812 - Temporary Release/
Meritorious & Emergency Furloughs**

PAGE: 1 to 4

APPROVED: Original signed by

EFFECTIVE DATE:

I. POLICY:

It shall be the policy of the Division of Correction to grant emergency furloughs pursuant to established requirements and conditions for approved inmates.

II. PURPOSE:

In order to protect public safety and to assist division operations in relation to the consideration of requests for emergency furloughs, this Administrative Directive sets forth specific eligibility requirements and procedures for all emergency furloughs.

This Administrative Directive also provides for the timely and expeditious processing of emergency furlough requests.

III. DEFINITIONS:

- A. Emergency Furlough - The temporary release, subject to appropriate supervision, of an inmate due to the critical illness and/or death of an immediate family member.
- B. Immediate Family - The inmate's father, mother, sister, brother, spouse, child, grandparent, grandchild, aunt, uncle, mother-in-law, father-in-law, and any other person whose relationship with the inmate has been verified as that of a parent/guardian. In order to be considered, the immediate family member must be on the inmate's Visitation list, Relatives and Associates list, or Emergency Contact list.

- C. Critical Illness - Any illness from which the immediate family member is not expected to survive –or from which death is imminent within a matter of days.

III. PROCEDURE:

To submit a request for an emergency furlough, the inmate or a family member of the inmate will contact the unit Chaplain, providing the Chaplain with the details and documentation necessary to support the basis for the request. In accordance with Religious Services Manual Policy No. 640, the Chaplain will promptly forward the request, and all related information to the Warden/Center Supervisor and otherwise complete the duties as required by the Religious Services Manual, including required notifications. The Chaplain will inform the requesting inmate or family member that an emergency furlough is granted to qualified inmates solely at the discretion of the Warden/Center Supervisor, and that if granted, all costs related to the furlough are the responsibility of the inmate's or the inmate's family.

A. EMERGENCY FURLOUGHS:

The Division of Correction may, at the discretion of the Warden/ Center Supervisor, permit the emergency furlough of an inmate in the case of the critical illness or death of a member of the inmate's immediate family.

In the discretion of the Warden/Center Supervisor, up to two emergency furloughs may be granted due to a critical illness. If two emergency furloughs are granted due to a critical illness and the immediate family member subsequently dies, another furlough may be granted for the inmate to attend the funeral. Cases of critical illness must be confirmed to the Warden/Center Supervisor or his or her designee by the ill relative's attending physician.

1. Inmates under Sentence of Death, Life Without Parole, or Life:

An inmate who is serving a sentence of Death, Life without Parole, or Life may be permitted an emergency furlough, but only upon the prior written approval of the Director. In such cases, the inmate may be permitted a four-hour furlough to visit with the critically ill patient or to attend the funeral of the deceased family member.

2. Inmates in Class I-A and I-B Status:

An Inmate in Class I-A and I-B who has been on a meritorious furlough during this cycle, may also be released on an emergency furlough under the terms of this Administrative Directive. Such emergency furlough shall not exceed three days in duration.

3. Inmates in Other Class Statuses:

All other inmates except those having achieved Class I-A and I-B may be released on an emergency furlough under the terms of this

Administrative Directive. The emergency furlough shall not exceed Forty-Eight hours in duration, but under normal circumstances will include only travel time to services and travel back to the facility.

4. Procedural Requirements

- a. In all cases, before approving an emergency furlough, the unit Warden/Center Supervisor or designee shall be satisfied that the inmate to whom an emergency furlough is granted:
 - (1) does not presently have an abnormal, uncontrollable propensity for violence;
 - (2) does not constitute a security risk;
 - (3) is capable of abiding by the terms and conditions of a furlough; and
 - (4) will not be endangered or endanger another person during such release.
- b. Inmates other than Class I-A or I-B who are approved for an emergency furlough will be released only to the custody of an Arkansas certified law enforcement officer (480 Hour Course of the Arkansas Law Enforcement Training Academy) with a current full certification as a Law Enforcement Officer or a County Sheriff. The escorting law enforcement officer must be employed as a full-time law enforcement officer as defined in Regulation 1001 of the Commission on Law Enforcement Standards and Training (CLEST). Certification as an Auxiliary Law Enforcement Officer, Part-Time Officer, or Specialized Police Personnel is ~~not~~ sufficient for transporting minimum -security inmates. All The escorting officers will be responsible for the signing out, transportation, supervision, custody and arrangements for housing in the jail, if necessary, and delivery of the inmate back to the unit that they were transported from.
- c. Any fee charged by the escorting officer for the transportation, supervision, and custody of the inmate shall be the sole responsibility of the inmate and the inmate's family. Any such fee charged shall be reasonable in amount, considering the circumstances of the furlough, including distance of transportation and duration of furlough.
- d. All inmates, other than Class 1-A and 1-B status inmates, should remain in their inmate uniform and restraints at all times while on emergency furlough.

- e. A Class I-A or I-B inmate, in the discretion of the Warden/Center Supervisor or designee, may be released to a family member, friend, or other approved individual who will be responsible for the inmate while on emergency furlough, if the inmate has been on a Meritorious Furlough during the cycle of having I-A or I-B status.
- f. The Warden/Center Supervisor or designee shall notify the Sheriff of the county and the Chief of Police of the city or town, if applicable, where the inmate will visit the critically ill immediate family member or attend the funeral of such family member.
- g. If the inmate's victim or victim's family has requested notification of the inmate's movements, the Warden/Center Supervisor or designee shall notify the victim or victim's family, as applicable, of the inmate's emergency furlough.
- h. Any approved escort that is found to have allowed any misconduct while the inmate is in his/her custody will be placed on a list maintained by the Chaplaincy Division indicating escorts that are not allowed to continue as escorts.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Emergency Furloughs

NUMBER: 19-37

SUPERSEDES: NEW

APPLICABILITY: All employees and inmates

**REFERENCE: AR 812 - Temporary Release/
Meritorious & Emergency Furloughs**

PAGE: 1 to 4

APPROVED: Original signed by Dexter Payne

EFFECTIVE DATE: 12/5/2019

I. POLICY:

It shall be the policy of the Division of Correction to grant emergency furloughs pursuant to established requirements and conditions for approved inmates.

II. PURPOSE:

In order to protect public safety and to assist division operations in relation to the consideration of requests for emergency furloughs, this Administrative Directive sets forth specific eligibility requirements and procedures for all emergency furloughs.

This Administrative Directive also provides for the timely and expeditious processing of emergency furlough requests.

III. DEFINITIONS:

- A. Emergency Furlough - The temporary release, subject to appropriate supervision, of an inmate due to the critical illness and/or death of an immediate family member.
- B. Immediate Family - The inmate's father, mother, sister, brother, spouse, child, grandparent, grandchild, aunt, uncle, mother-in-law, father-in-law, and any other person whose relationship with the inmate has been verified as that of a parent/guardian. In order to be considered, the immediate family member must be on the inmate's Visitation list, Relatives and Associates list, or Emergency Contact list.

- C. Critical Illness - Any illness from which the immediate family member is not expected to survive or from which death is imminent within a matter of days.

III. PROCEDURE:

To submit a request for an emergency furlough, the inmate or a family member of the inmate will contact the unit Chaplain, providing the Chaplain with the details and documentation necessary to support the basis for the request. In accordance with Religious Services Manual Policy No. 640, the Chaplain will promptly forward the request, and all related information to the Warden/Center Supervisor and otherwise complete the duties as required by the Religious Services Manual, including required notifications. The Chaplain will inform the requesting inmate or family member that an emergency furlough is granted to qualified inmates solely at the discretion of the Warden/Center Supervisor, and that if granted, all costs related to the furlough are the responsibility of the inmate's or the inmate's family.

A. EMERGENCY FURLOUGHS:

The Division of Correction may, at the discretion of the Warden/ Center Supervisor, permit the emergency furlough of an inmate in the case of the critical illness or death of a member of the inmate's immediate family.

In the discretion of the Warden/Center Supervisor, up to two emergency furloughs may be granted due to a critical illness. If two emergency furloughs are granted due to a critical illness and the immediate family member subsequently dies, another furlough may be granted for the inmate to attend the funeral. Cases of critical illness must be confirmed to the Warden/Center Supervisor or his or her designee by the ill relative's attending physician.

1. Inmates under Sentence of Death, Life Without Parole, or Life:

An inmate who is serving a sentence of Death, Life without Parole, or Life may be permitted an emergency furlough, but only upon the prior written approval of the Director. In such cases, the inmate may be permitted a four-hour furlough to visit with the critically ill patient or to attend the funeral of the deceased family member.

2. Inmates in Class I-A and I-B Status:

An Inmate in Class I-A and I-B who has been on a meritorious furlough during this cycle, may also be released on an emergency furlough under the terms of this Administrative Directive. Such emergency furlough shall not exceed three days in duration.

3. Inmates in Other Class Statuses:

All other inmates except those having achieved Class I-A and I-B may be released on an emergency furlough under the terms of this

Administrative Directive. The emergency furlough shall not exceed Forty-Eight hours in duration, but under normal circumstances will include only travel time to services and travel back to the facility.

4. Procedural Requirements

- a. In all cases, before approving an emergency furlough, the unit Warden/Center Supervisor or designee shall be satisfied that the inmate to whom an emergency furlough is granted:
 - (1) does not presently have an abnormal, uncontrollable propensity for violence;
 - (2) does not constitute a security risk;
 - (3) is capable of abiding by the terms and conditions of a furlough; and
 - (4) will not be endangered or endanger another person during such release.
- b. Inmates other than Class I-A or I-B who are approved for an emergency furlough will be released only to the custody of an Arkansas certified law enforcement officer (480 Hour Course of the Arkansas Law Enforcement Training Academy) with a current full certification as a Law Enforcement Officer or a County Sheriff. The escorting law enforcement officer must be employed as a full-time law enforcement officer as defined in Regulation 1001 of the Commission on Law Enforcement Standards and Training (CLEST). Certification as an Auxiliary Law Enforcement Officer, Part-Time Officer, or Specialized Police Personnel is sufficient for transporting minimum security inmates. All escorting officers will be responsible for the signing out, transportation, supervision, custody and arrangements for housing in the jail, if necessary, and delivery of the inmate back to the unit that they were transported from.
- c. Any fee charged by the escorting officer for the transportation, supervision, and custody of the inmate shall be the sole responsibility of the inmate and the inmate's family. Any such fee charged shall be reasonable in amount, considering the circumstances of the furlough, including distance of transportation and duration of furlough.
- d. All inmates, other than Class 1-A and 1-B status inmates, should remain in their inmate uniform and restraints at all times while on emergency furlough.

- e. A Class I-A or I-B inmate, in the discretion of the Warden/Center Supervisor or designee, may be released to a family member, friend, or other approved individual who will be responsible for the inmate while on emergency furlough, if the inmate has been on a Meritorious Furlough during the cycle of having I-A or I-B status.
- f. The Warden/Center Supervisor or designee shall notify the Sheriff of the county and the Chief of Police of the city or town, if applicable, where the inmate will visit the critically ill immediate family member or attend the funeral of such family member.
- g. If the inmate's victim or victim's family has requested notification of the inmate's movements, the Warden/Center Supervisor or designee shall notify the victim or victim's family, as applicable, of the inmate's emergency furlough.
- h. Any approved escort that is found to have allowed any misconduct while the inmate is in his/her custody will be placed on a list maintained by the Chaplaincy Division indicating escorts that are not allowed to continue as escorts.



DIVISION OF
CORRECTION

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ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Classification Manual

NUMBER: 19-

SUPERSEDES: 16-27

APPLICABILITY: All Employees and Inmates

REFERENCE: JAR-802 Classification of Offenders

PAGE: 1 of 4

APPROVED: Original Signed by

EFFECTIVE DATE:

I. POLICY:

Pursuant to ~~Arkansas Code~~ state law, inmates sentenced to the ~~Arkansas Department~~ Division of Correction will be classified by a committee established for that purpose at each facility.

II. PURPOSE:

To manage the inmate from the time of conviction to the time of release in an effort to meet the needs of the inmate, the correctional system, and the public.

III. PROCEDURE:

Intake

The process of intake will occur at the designated units for both males and females and will include:

- Review of commitment/parole revocation documents
- NCIC Check
- Receipt of prisoner form
- Receipt to prisoner for money/property/medicines
- Strip search by security and document scars, marks, tattoos
- Photograph and load scars, marks, and tattoos into eOMIS

- Address personal hygiene issues and issue clothing
- Fingerprint and photograph
- Medical screening
- Mental health screening
- Educational testing
- Interview to obtain basic demographic information
- Enemy alerts
- Basic orientation to the correctional system
- Obtain military history and load into eOMIS

Initial Unit of Assignment

After the intake process is complete, inmates will be transferred to a facility for their initial assignment pursuant to the appropriate administrative directive.

Unit Classification

The Classification Committee will provide periodic review of all inmates to assess progress made by the inmate and will adjust, as needed, any program assignments, job assignments, class status, custody level and/or other adjustments recommended by staff.

All inmates will receive an annual review ~~in~~ during which emergency contacts and photos should be reviewed and updated as needed. Prior to their annual review inmates housed in the restrictive housing area will be reviewed every seven (7) days for the first sixty (60) days and every thirty (30) days thereafter. Youthful inmates that are placed in the restrictive ~~housing~~ or punitive housing area are reviewed twenty-four (24) hours after placement and every twenty-four (24) hours therefore while in ~~in which~~ the youthful inmate remains in the restrictive ~~housing~~ or punitive housing

Classification actions taken may include:

- Class promotion
- Good time restoration
- Job assignments/transfers
- Custody level increase
- Custody level decrease
- Assignment to or removal from programs
- Assignment to community release programs
- Furloughs
- Assignment to or removal from restrictive housing
- Review and verification of re-entry plan (report card)

The following factors are to be considered by the committee when taking any of the above actions:

- History of escapes/attempts
- History of violence
- Detainers (number/type)
- Current offense
- Length of sentence

- Disciplinary reports
- Prior arrests/commitments
- Notoriety (inmate offense)
- FBI Rap sheet
- Staff judgment
- Responsibility (shown by inmate)
- Involvement in alcohol/drug use
- Peer group associates
- Respect towards staff/others
- Community attitudes
- Physical security (facility)
- Work Habits
- Employment history
- Family background
- Age
- Length of time at home residence
- Citizenship
- Marital history
- Home and neighborhood
- Institution (isolation)
- Health of inmate
- Mental history
- Social Maturity (Youthful Inmates)
- Education history
- Physical stature or disabilities
- Program availability
- Space availability
- Inmate skills
- Work assignment availability
- Personal hygiene
- Overcrowding
- Financial background
- Living quarters availability
- Cadre and Construction assignment
- Custody distribution within division
- Victim notification

For detailed policy and procedures for specific classification processes the committee will refer to the appropriate Administrative Regulation/Administrative Directive for the following:

- Act 309
- Arkansas Concurrent Sentences
- Assignment to Programs
- Assignment to Varner Super Max Behavior Modification
- Classification of Offenders
- Class Status and Promotion Eligibility

Commented [TM1]: ?

- Custody Classification
- Daily Transfers
- Death Row
- Educational Services
- Enemy Alert System
- Escapes
- Gate Pass Policy
- Gender Dysphoria and Intersex Inmates
- Hoe Squads, Garden Squads, and Field Utility Squads
- Initial Unit of Assignment
- Inmate Disciplinary Manual
- Interstate Corrections Compact Contract
- Investigative Status
- Jail Inmate Classification
- OPP 506.00 Medical Classification
- Mandatory Education
- Maximizing Bed Usage
- Meritorious Furloughs Movement of Pregnant Women
- Meritorious Good Time
- Pregnant Inmates- Prenatal Care/Breast Pumping
- Prison Rape Elimination Act
- Protective Custody
- Punitive Housing/ Restriction
- Racial Balance
- Regional Maintenance
- Restrictive Housing
- Security Terroristic Threat Groups
- Sex and Child Offender Registration
- Sheltered Living Unit
- Step Down Program
- Temporary Release (Meritorious and Emergency Furloughs)
- Unit Management
- Varner Super Max Behavioral Modification Program
- Work/Study Release
- Youthful Inmates



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ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Classification Manual

NUMBER: 19-38

SUPERSEDES: 16-27

APPLICABILITY: All Employees and Inmates

REFERENCE: JAR-802 Classification of Offenders

PAGE: 1 of 4

APPROVED: Original Signed by Dexter Payne

EFFECTIVE DATE: 12/6/2019

I. POLICY:

Pursuant to state law, inmates sentenced to the Division of Correction will be classified by a committee established for that purpose at each facility.

II. PURPOSE:

To manage the inmate from the time of conviction to the time of release in an effort to meet the needs of the inmate, the correctional system, and the public.

III. PROCEDURE:

Intake

The process of intake will occur at the designated units for both males and females and will include:

- Review of commitment/parole revocation documents
- NCIC Check
- Receipt of prisoner form
- Receipt to prisoner for money/property/medicines
- Strip search by security and document scars, marks, tattoos
- Photograph and load scars, marks, and tattoos into eOMIS
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- Mental health screening
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- Enemy alerts
- Basic orientation to the correctional system
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After the intake process is complete, inmates will be transferred to a facility for their initial assignment pursuant to the appropriate administrative directive.

Unit Classification

The Classification Committee will provide periodic review of all inmates to assess progress made by the inmate and will adjust, as needed, any program assignments, job assignments, class status, custody level and/or other adjustments recommended by staff.

All inmates will receive an annual review during which emergency contacts and photos should be reviewed and updated as needed. Prior to their annual review inmates housed in the restrictive housing area will be reviewed every seven (7) days for the first sixty (60) days and every thirty (30) days thereafter. Youthful inmates that are placed in the restrictive or punitive housing area are reviewed twenty-four (24) hours after placement and every twenty-four (24) hours thereafter while the youthful inmate remains in the restrictive or punitive housing

Classification actions taken may include:

- Class promotion
- Good time restoration
- Job assignments/transfers
- Custody level increase
- Custody level decrease
- Assignment to or removal from programs
- Assignment to community release programs
- Furloughs
- Assignment to or removal from restrictive housing
- Review and verification of re-entry plan (report card)

The following factors are to be considered by the committee when taking any of the above actions:

- History of escapes/attempts
- History of violence
- Detainers (number/type)
- Current offense
- Length of sentence
- Disciplinary reports
- Prior arrests/commitments

- Notoriety (inmate offense)
- FBI Rap sheet
- Staff judgment
- Responsibility (shown by inmate)
- Involvement in alcohol/drug use
- Peer group associates
- Respect towards staff/others
- Community attitudes
- Physical security (facility)
- Work Habits
- Employment history
- Family background
- Age
- Length of time at home residence
- Citizenship
- Marital history
- Home and neighborhood
- Institution (isolation)
- Health of inmate
- Mental history
- Social Maturity (Youthful Inmates)
- Education history
- Physical stature or disabilities
- Program availability
- Space availability
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- Personal hygiene
- Overcrowding
- Financial background
- Living quarters availability
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- Victim notification

For detailed policy and procedures for specific classification processes the committee will refer to the appropriate Administrative Regulation/Administrative Directive for the following:

- Act 309
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- Assignment to Programs
- Assignment to Varner Super Max Behavior Modification
- Classification of Offenders
- Class Status and Promotion Eligibility
- Custody Classification
- Daily Transfers
- Death Row

- Educational Services
- Emergency Furlough
- Enemy Alert System
- Escapes
- Gate Pass Policy
- Gender Dysphoria and Intersex Inmates
- Hoe Squads, Garden Squads, and Field Utility Squads
- Initial Unit of Assignment
- Inmate Disciplinary Manual
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- Pregnant Inmates- Prenatal Care/Breast Pumping
- Prison Rape Elimination Act
- Protective Custody
- Punitive Housing/ Restriction
- Racial Balance
- Regional Maintenance
- Restrictive Housing
- Security Terroristic Threat Groups
- Sex and Child Offender Registration
- Sheltered Living Unit
- Step Down Program
- Temporary Release (Meritorious and Emergency Furloughs)
- Unit Management
- Varner Super Max Behavioral Modification Program
- Work/Study Release
- Youthful Inmates



DIVISION OF
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ADMINISTRATIVE DIRECTIVE

SUBJECT: Custody Classification

NUMBER: ~~-19-12-14~~

SUPERSEDES: ~~06-2912-14~~

APPLICABILITY: All employees and inmates

REFERENCE: JAR 802 – Classification of Offenders PAGE 1 of ~~1312~~

APPROVED: Original signed by ~~Ray Hobbs~~
~~04/25/2012~~

EFFECTIVE DATE:

I. POLICY:

A custody classification score will be established for each inmate utilizing the criteria contained in this policy. -The inmate's custody will be compiled automatically based on changes made by data entry that reflect a change in the inmate's behavior and/or as the inmate approaches his/her release date.

II. PURPOSE:

To designate the current custody level of each inmate to use as a guide in determining suitability for assignment to specific units.

III. PROCEDURE:

Each unit will have an established classification level to determine the range in custody level of inmates which may be housed there (Attachment #9).

Exceptions may be made to house a particular inmate in a facility that is not designated for his/her custody level, but only after an appropriate justification for overriding the score.

Changes for an override are to be made on the Custody Classification screen utilizing the following exception codes on the drop-down list:

Overrides To Modify Custody Level

Code #

- | | |
|----|---|
| 40 | The inmate was maximum or high security and scored minimum. A period of observation at medium custody is warranted before direct assignment to minimum (90 days observation period required). |
| 41 | Lack of information for reduced custody decision (major factor missing should be noted). |
| 44 | Mental impairment documented by Mental Health staff regarding potential for escape, violent behavior, or inability to function in an open population at a lower level. |
| 45 | Override to increase by Warden. -Substantial justification required. |
| 49 | Overall pattern of adjustment suggests a reduction in custody would be appropriate at this time. |
| 57 | The inmate is currently under close Protective custody. |
| 60 | Inmate's past performance indicates satisfactory or above performance in a lower custody level. -No indication inmate would not perform again at that same level. |
| 62 | Override of Disciplinary Report points; incident mitigated by exceptional circumstances or recent incident was not typical of inmate's normal behavior; no further problems anticipated. |
| 68 | Inmate has demonstrated exceptional institutional adjustment. |
| 69 | The lack of an extensive criminal record suggests the inmate should be able to function in a lower custody level. |
| 70 | Inmate has current felony detainer, but could function at a reduced custody. |
| 71 | Override to decrease by Warden. Substantial justification required. |
| 72 | Override by Central Office by Director, Deputy/Assistant Director or Classification Administrator. |

The use of exception codes 41, 44, 45, 49, 68, and 71 require a brief text justification in the explanation field located just below the exception codes.

Attachment #1

Custody Scoring

Scoring Factor: Time remaining to earliest release date.

- Scale:**
- A. 20 + years = + 25 points
 - B. 15 – 19 years = + 10 points
 - C. 10 – 14 years = + 05 points
 - D. 07 – 09 years = + 03 points
 - E. 00 – 06 years = + 00 points

Discussion: This scoring factor is computed automatically and cannot be changed for the purpose of override.

Data Entry: Sentencing data is entered at the Central Time Computation Office.

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Attachment #2

Scoring Factor: Severity of Offense

Scale:

Level 10 = + 15 points
Level 9 = + 15 points
Level 8 = + 10 points
Level 7 = + 07 points
Level 6 = + 06 points
Level 5 = + 05 points
Level 4 = + 04 points
Level 3 = + 03 points
Level 2 = + 02 points
Level 1 = + 01 point
Level 1 = (inchoate offenses reduce the level of the crime
By 1 level)

Discussion: This scoring is based on the seriousness level established by the Arkansas Sentencing Commission. This scoring factor cannot be changed for the purpose of override.

Data Entry: Offenses are entered directly from the court documents by the Central Time Computation Office.

Attachment #3

Scoring Factor:	Prior violent offense
Scale:	A. Prior violent offense = + 20
Discussion:	This scoring factor will automatically be picked up and calculated if the inmate has served time previously in the ADC. A manual entry on the override screen may be necessary if the inmate has had a prior violent offense in another state.
Data Entry:	The manual override on this screening factor may be made by the office making this determination.

Attachment #4

Scoring Factor:	Disciplinary <u>Reports</u>
Scale:	<p>A. DR for 01-1, 01-2, 01-04, 02-2, 02-16, 04-3, 04-4, 04-5, 04-06, 05-1, 05-3, 05-6, 05-07, 08-5, 08-6, 09-2, 09-3, 09-4, 09-7, 09-8, 09-12, 09-13, 16-1 <u>Class A Penalties</u> in the last 12 months = + 15 points</p> <p>B. DR for 01-3, 02-1, 02-8, 02-9, 02-11, 02-15, 03-1, 03-2, 03-4, 05-2, 06-1, 07-2, 07-3, 08-08, 08-8, 09-1, 09-9, 11-1, 11-2, 11-3, 12-1, 13-1, 14-1, 5-1, 15-2, 16-2, 17-1, 17-2, 17-3 <u>Class B Penalties</u> in the last 12 months = + 10 points</p> <p>C. DR for 02-3, 02-4, 02-5, 02-6, 02-10, 02-13, 03-3, 05-4, 05-5, 07-1, 08-8, 08-4, 08-02, 09-6, 10-1, 10-3, 10-4, 13-2, 13-3, 14-2 <u>Class C Penalties</u> in the last 12 months = + 5 points</p> <p>D. DR for 02-7, 02-12, 02-14, 02-17, 02-18, 09-5, 09-10, 10-2 <u>Class D Penalties</u> in the last 12 months = +2 points</p> <p>E. 5 or more DR's in the last 6 months = + 10 points</p> <p>F. 2 to 4 DR's in the last 6 months = + 2 points</p> <p>G. 1 DR in the last 6 months = + 1 point</p> <p>H. No DR's in the last 6 months = -1 point</p> <p>I. No DR's in the last 12 months = -3 points</p> <p>J. No DR's in the last 18 months = -5 points</p>
Discussion:	This scoring factor is computed automatically upon proper entry of disciplinary infractions. -A disciplinary report for a serious incident that is overturned/dismissed for purely technical reasons may be justification for an override, but in no case can the override result in a score higher than would have resulted from the disciplinary itself.
Data Entry:	Disciplinary data is collected from normal data <u>entry</u> .

Commented [JT(I1)]: After looking at it again, you probably need to compare the current/additional disciplinary violations and have them added to both the policy and eOMIS. I'm not sure if these are associated with the disciplinary penalty class now or not. Example: Policy for custody has 09-9 under B but the disciplinary policy has it a Class A penalty
09-5 is a D in custody and a Class C penalty in disciplinary – not sure how these were defined
May want to check with Raymond

Commented [DH2]: As rule violations change, are combined or done away with, its probably a better idea to not list them at all, rather the Class (A, B, C, D)

entry.

Attachment #5

Scoring Factor: Escape History

Scale: A. Escape = + 20 points

1. ADC Escape – documented in the electronic offender management information system (eOMIS) in the section for external movements

2. Other Escapes –Escape conviction or disposition unknown as obtained from ACIC/NCIC criminal history background check and documented in the electronic offender management information system (eOMIS) in section for escape history

B. Escape history – Acquitted, Dropped, Dismissed = + 00 points

C. No escape history as outlined above = +00 points

~~A. Escape conviction or disposition unknown = + 20 points~~

~~ADC Escape – documented in the electronic offender management information system (eOMIS) in the section for external movements~~

~~Other Escapes – information obtained from ACIC/NCIC criminal history background check and documented in the electronic offender management information system (eOMIS) in section for escape history~~

~~Escape history – received disciplinary report Escape from an ADC Facility = + 2005 points~~

~~Escape history – Acquitted, Dropped, Dismissed = + 00 points~~

~~No escape history~~

Discussion: This scoring factor is computed automatically with appropriate data entry. -Override justification may include length of time since escape, walk off from juvenile institution or other non-secure facility and whether or not any injury occurred.

Data Entry: Escape history data must be manually entered on the Custody Classification screen.

Commented [JT(I3)]: Remove and just have “Escape = +20 points”

Commented [JT(I4)]: Indent “Escape History” under A and number. 1 – ADC escapes documented through external movements
2 – Other Escapes as documented in criminal history background checks and entered in electronic offender management information system (eOMIS) in section for escape history

Commented [JT(I5)]: Remove

Commented [DH6]: This needs to remain. Common sense is not so common.

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Attachment #6

Scoring Factor: Stability Program Factors

Scale:

- A. Not used
- B. Not used
- C. Age 30 years or older = - 1 point
- D. GED or HS diploma at time of offense = - 1 point
- E. Educational/Vocational Programs with positive participation = - 2 points
- F. Employed/School continuously for 6 months at time of offense = - 1 point
- G. Received “above satisfactory” work and overall ratings last 6 months = - 2 points
- H. Participated/Completed approved programs for self-improvement = - 2 points

Discussion: This scoring factor is automatically computed into the custody classification score when data entry for program completion is made.

Data Entry: Stability Program data must be entered manually on the Custody Classification screen.

Attachment #7

Scoring Factor:	Outstanding Felony Detainer and Escape
Scale:	A. On file with Department = + 20 points
Discussion:	This scoring factor does not apply to misdemeanors, traffic warrants, or detainers for notification only.
Data Entry:	Detainer data is collected from normal data entry.

Attachment #8

Scoring Factor:	Sex Offense
Scale:	A. Sex Offender = + 20 points (add points as necessary to reach a minimum of 20) C. Non-Sex Offender - + 00 points
Discussion:	This scoring factor includes all sex offenses for which an inmate is committed. Previous convictions which did not result in incarceration is a justification for an override to include this factor.
Data Entry:	Sex offense data is normally included with offense data entered by the Central Time Computation Office. -However, for convictions that did not result in incarceration, a manual override would be necessary.

Attachment #9
Page 1

Institution Custody Levels

Inmates within the following range of custody classification scores should be housed in an institution which is designated at the level indicated.

Custody Level	C 2	C 3	C 4	C 5
Custody Score	0 – 19	20 – 26	27 – 50	51 +

Each unit has a designated custody classification level based on its security and housing capability. The Ouachita River Unit, due to medical, mental health, and intake programs is exempted from a custody level designation except for assigned work crews.

Score / Level	Type of Facility	Type of Inmate
0 – 19 C - 2	Open dormitories with relatively low security perimeter	Short-term, conforming, able to get along with other inmates and staff with minimal likelihood of escape.
20 – 26 C – 3	Open dormitories with a secure perimeter and armed coverage	Moderate term, conforming or marginally conforming, behavior and/or some escape risk.
27 – 50 C – 4	Cells and/or open dormitory facility with a secure perimeter and armed coverage	Moderate to long-term, marginally conforming and/or significant escape risk.
51 + C – 5	Inside or outside cell construction with a secure perimeter and armed coverage	Long-term, nonconforming and/or extreme escape/violence risk.

Attachment #9
Page 2

C-2 Facilities

Benton Unit
Mississippi County Work Release
Northwest Arkansas Work Release
Pine Bluff Re-Entry Center
Texarkana Regional Correctional Center
Tucker Re-Entry Center
~~Boot Camp~~

C-3 Facilities

Ester Unit
Hawkins Unit
Pine Bluff Unit
Randall L. Williams Correctional Facility
~~Pine Bluff Unit~~
Wrightsville Unit
~~Hawkins Unit~~

C-4 Facilities

Delta Regional ~~unit~~ Unit
Grimes Unit
North Central Unit
Ouachita River Unit
Tucker Unit
~~Grimes Unit~~
~~Ouachita River Unit~~

C-5 Facilities

Cummins Unit
East Arkansas Regional Unit/East Arkansas Maximum
~~Security Unit~~
McPherson Unit
Maximum Security Unit
~~Varner/Varner Super Max Unit~~
McPherson Unit Varner/Varner Super Max Unit
~~East Arkansas Regional Unit/East Arkansas Maximum~~
~~Security Unit~~
~~Cummins Unit~~

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ADMINISTRATIVE DIRECTIVE

SUBJECT: Custody Classification

NUMBER: 19-39

SUPERSEDES: 12-14

APPLICABILITY: All employees and inmates

REFERENCE: JAR 802 – Classification of Offenders **PAGE 1 of 13**

APPROVED: Original signed by Dexter Payne

EFFECTIVE DATE: 12/6/2019

I. POLICY:

A custody classification score will be established for each inmate utilizing the criteria contained in this policy. The inmate's custody will be compiled automatically based on changes made by data entry that reflect a change in the inmate's behavior or as the inmate approaches their release date.

II. PURPOSE:

To designate the current custody level of each inmate to use as a guide in determining suitability for assignment to specific units.

III. PROCEDURE:

Each unit will have an established classification level to determine the range in custody level of inmates which may be housed there (Attachment #9).

Exceptions may be made to house a particular inmate in a facility that is not designated for his/her custody level, but only after an appropriate justification for overriding the score.

Changes for an override are to be made on the Custody Classification screen utilizing the following exception codes on the drop-down list:

Overrides To Modify Custody Level

Code #

- | | |
|----|---|
| 40 | The inmate was maximum or high security and scored minimum. A period of observation at medium custody is warranted before direct assignment to minimum (90 days observation period required). |
| 41 | Lack of information for reduced custody decision (major factor missing should be noted). |
| 44 | Mental impairment documented by Mental Health staff regarding potential for escape, violent behavior, or inability to function in an open population at a lower level. |
| 45 | Override to increase by Warden. Substantial justification required. |
| 49 | Overall pattern of adjustment suggests a reduction in custody would be appropriate at this time. |
| 57 | The inmate is currently under close Protective custody. |
| 60 | Inmate's past performance indicates satisfactory or above performance in a lower custody level. No indication inmate would not perform again at that same level. |
| 62 | Override of Disciplinary Report points; incident mitigated by exceptional circumstances or recent incident was not typical of inmate's normal behavior; no further problems anticipated. |
| 68 | Inmate has demonstrated exceptional institutional adjustment. |
| 69 | The lack of an extensive criminal record suggests the inmate should be able to function in a lower custody level. |
| 70 | Inmate has current felony detainer, but could function at a reduced custody. |
| 71 | Override to decrease by Warden. Substantial justification required. |
| 72 | Override by Central Office by Director, Deputy/Assistant Director or Classification Administrator. |

The use of exception codes 41, 44, 45, 49, 68, and 71 require a brief text justification in the explanation field located just below the exception codes.

Attachment #1

Custody Scoring

Scoring Factor: Time remaining to earliest release date.

- Scale:**
- A. 20 + years = + 25 points
 - B. 15 – 19 years = + 10 points
 - C. 10 – 14 years = + 05 points
 - D. 07 – 09 years = + 03 points
 - E. 00 – 06 years = + 00 points

Discussion: This scoring factor is computed automatically and cannot be changed for the purpose of override.

Data Entry: Sentencing data is entered at the Central Time Computation Office.

Attachment #2

Scoring Factor: Severity of Offense

Scale:

Level 10 = + 15 points
Level 9 = + 15 points
Level 8 = + 10 points
Level 7 = + 07 points
Level 6 = + 06 points
Level 5 = + 05 points
Level 4 = + 04 points
Level 3 = + 03 points
Level 2 = + 02 points
Level 1 = + 01 point
Level 1 = (inchoate offenses reduce the level of the crime
By 1 level)

Discussion: This scoring is based on the seriousness level established by the Arkansas Sentencing Commission. This scoring factor cannot be changed for the purpose of override.

Data Entry: Offenses are entered directly from the court documents by the Central Time Computation Office.

Attachment #3

Scoring Factor:	Prior violent offense
Scale:	A. Prior violent offense = + 20
Discussion:	This scoring factor will automatically be picked up and calculated if the inmate has served time previously in the ADC. A manual entry on the override screen may be necessary if the inmate has had a prior violent offense in another state.
Data Entry:	The manual override on this screening factor may be made by the office making this determination.

Attachment #4

Scoring Factor: Disciplinary Reports (DR)

Scale:

- A. DR for Class A Penalties in the last 12 months = + 15 points
- B. DR for Class B Penalties in the last 12 months = + 10 points
- C. DR for Class C Penalties in the last 12 months = + 5 points
- D. DR for Class D Penalties in the last 12 months = +2 points
- E. 5 or more DR's in the last 6 months = + 10 points
- F. 2 to 4 DR's in the last 6 months = + 2 points
- G. 1 DR in the last 6 months = + 1 point
- H. No DR's in the last 6 months = -1 point
- I. No DR's in the last 12 months = -3 points
- J. No DR's in the last 18 months = -5 points

Discussion: This scoring factor is computed automatically upon proper entry of disciplinary infractions. A disciplinary report for a serious incident that is overturned/dismissed for purely technical reasons may be justification for an override, but in no case can the override result in a score higher than would have resulted from the disciplinary itself.

Data Entry: Disciplinary data is collected from normal data entry.

Attachment #5

Scoring Factor: Escape History

Scale: A. Escape = + 20 points

1. ADC Escape – documented in the electronic offender management information system (eOMIS) in the section for external movements
2. Other Escapes –Escape conviction or disposition unknown as obtained from ACIC/NCIC criminal history background check and documented in the electronic offender management information system (eOMIS) in section for escape history

B. Escape history – Acquitted, Dropped, Dismissed = + 00 points

C. No escape history as outlined above = +00 points

Discussion: This scoring factor is computed automatically with appropriate data entry. Override justification may include length of time since escape, walk off from juvenile institution or other non-secure facility and whether or not any injury occurred.

Data Entry: Escape history data must be manually entered on the Custody Classification screen.

Attachment #6

Scoring Factor: Stability Program Factors

Scale:

- A. Not used
- B. Not used
- C. Age 30 years or older = - 1 point
- D. GED or HS diploma at time of offense = - 1 point
- E. Educational/Vocational Programs with positive participation = - 2 points
- F. Employed/School continuously for 6 months at time of offense = - 1 point
- G. Received “above satisfactory” work and overall ratings last 6 months = - 2 points
- H. Participated/Completed approved programs for self-improvement = - 2 points

Discussion: This scoring factor is automatically computed into the custody classification score when data entry for program completion is made.

Data Entry: Stability Program data must be entered manually on the Custody Classification screen.

Attachment #7

Scoring Factor:	Outstanding Felony Detainer
Scale:	A. On file with Department = + 20 points
Discussion:	This scoring factor does not apply to misdemeanors, traffic warrants, or detainers for notification only.
Data Entry:	Detainer data is collected from normal data entry.

Attachment #8

Scoring Factor:	Sex Offense
Scale:	A. Sex Offender = + 20 points (add points as necessary to reach a minimum of 20) C. Non-Sex Offender - + 00 points
Discussion:	This scoring factor includes all sex offenses for which an inmate is committed. Previous convictions which did not result in incarceration is a justification for an override to include this factor.
Data Entry:	Sex offense data is normally included with offense data entered by the Central Time Computation Office. However, for convictions that did not result in incarceration, a manual override would be necessary.

Attachment #9

Page 1

Institution Custody Levels

Inmates within the following range of custody classification scores should be housed in an institution which is designated at the level indicated.

Custody Level	C 2	C 3	C 4	C 5
Custody Score	0 – 19	20 – 26	27 – 50	51 +

Each unit has a designated custody classification level based on its security and housing capability. The Ouachita River Unit, due to medical, mental health, and intake programs is exempted from a custody level designation except for assigned work crews.

Score / Level	Type of Facility	Type of Inmate
0 – 19 C - 2	Open dormitories with relatively low security perimeter	Short-term, conforming, able to get along with other inmates and staff with minimal likelihood of escape.
20 – 26 C – 3	Open dormitories with a secure perimeter and armed coverage	Moderate term, conforming or marginally conforming, behavior and/or some escape risk.
27 – 50 C – 4	Cells and/or open dormitory facility with a secure perimeter and armed coverage	Moderate to long-term, marginally conforming and/or significant escape risk.
51 + C – 5	Inside or outside cell construction with a secure perimeter and armed coverage	Long-term, nonconforming and/or extreme escape/violence risk.

Attachment #9

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C-2 Facilities

Benton Unit
Mississippi County Work Release
Northwest Arkansas Work Release
Pine Bluff Re-Entry Center
Texarkana Regional Correctional Center
Tucker Re-Entry Center

C-3 Facilities

Ester Unit
Hawkins Unit
Pine Bluff Unit
Randall L. Williams Correctional Facility
Wrightsville Unit

C-4 Facilities

Delta Regional Unit
Grimes Unit
North Central Unit
Ouachita River Unit
Tucker Unit

C-5 Facilities

Cummins Unit
East Arkansas Regional Unit/East Arkansas Maximum
Security Unit
McPherson Unit
Maximum Security Unit
Varner/Varner Super Max Unit