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**Arkansas Community Correction Administrative Directives and Administrative Memoranda  
Issued with an effective date from October 1, 2018 through December 31, 2018**

## **Reporting and Investigating Incidents, Hazards, and Maltreatment AD 18-12**

- We made minor changes to the three “Serious Incidents and Unusual Occurrences” checklists.
- We added a requirement in paragraph III. C., “Documenting and Reporting Incidents” for Deputy Directors to inform the head of other correctional facilities when there is a report of alleged sexual abuse, sexual harassment, non-sexual harassment and/or related alleged retaliation about any of these that occurred in another facility
- We revised paragraph III. M., “Investigations” to specify investigation actions to be taken at residential facilities and to reference a new form, “Incident or Hazard Investigation and Mitigation Report.”

**Reporting and Investigating Incidents, Hazards, and Maltreatment AD 18-12 CLEAN  
COPY Page 3**

**Reporting and Investigating Incidents, Hazards, and Maltreatment AD 18-12 MARKUP  
Page 25**

## **Medication Assisted Treatment AD 18-35**

We revised this policy to include treatment for severe alcohol use disorder

**Medication Assisted Treatment AD 18-35 CLEAN COPY Page 48**

**Medication Assisted Treatment AD 18-35 MARKUP Page 52**

## **Community Transition and Furlough AD 18-31**

We revised the Furlough Application form to describe the authorized approval authorities as incumbents in the positions of Center Supervisor, Assistant Center Supervisor, and Deputy Director of Residential Services, Chief Deputy Director and Director.

**Community Transition and Furlough AD 18-31 CLEAN COPY Page 56**

**Community Transition and Furlough AD 18-31 MARKUP Page 69**

### **Weapons and Security Equipment AD 18-29**

- We clarified wording about Parole/Probation Officers carrying a duty firearm while off-duty, pursuant to Arkansas Code section 16-93-103.
- We added words to guide us in issuing a duty firearm to a retired ACC certified law enforcement as allowed by law.

**Weapons and Security Equipment AD 18-29 CLEAN COPY Page 82**

**Weapons and Security Equipment AD 18-29 MARKUP Page 97**

### **Employee Awards and Recognition Programs AD 18-36**

We added a new award category...the Promise Award for employees who have been with ACC for less than two years.

**Employee Awards and Recognition Programs AD 18-36 CLEAN COPY Page 112**

**Employee Awards and Recognition Programs AD 18-36 MARKUP Page 118**

### **Central Office Emergency Plan AD 18-24**

This entire policy was re-written; however, the basic purpose remained the same.

**Central Office Emergency Plan AD 18-24 CLEAN COPY Page 124**

**Central Office Emergency Plan AD 18-24 MARKUP Page 137**

### **Performance, Goals and Compensation System (PGCS) AD 18-30**

effective 10/15/2018

- We added detailed requirements pertaining to “employees who receive an overall rating of unacceptable.”
- We revised the description of a “Reviewing Official,” it now reads: “A supervisor of an immediate supervisor is a reviewing official.”

**Performance, Goals and Compensation System (PGCS) AD 18-30 CLEAN COPY Page 156**

**Performance, Goals and Compensation System (PGCS) AD 18-30 MARKUP Page 161**



## Arkansas Community Correction

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### ADMINISTRATIVE DIRECTIVE: 18-12 Reporting and Investigating Incidents, Hazards and Maltreatment

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

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 16-06

**APPROVED:** \_\_\_\_\_ **Signature on File** Effective: November 1, 2018

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees, offenders and ACC agents. For the purpose of this policy, ACC agents include volunteers, interns, and contractors working in ACC facilities, transitional houses or reentry facilities.
- II. **POLICY.** ACC policy is to ensure work-related incidents, hazards and maltreatment are appropriately managed, reported, documented, investigated and resolved, and that measures are taken to prevent reoccurrence. (2-CO-1C-05, 4-ACRS-1C-01-1, 4-ACRS-2B-03, 4-APPFS-3G-02 and 4-APPFS-3G-04)
- III. **GUIDANCE.**
  - A. **Serious Incident and Unusual Occurrence Notifications.** All employees and agents are required to make immediate notifications of serious incidents and unusual occurrences pursuant to the following:
    1. **Serious Incidents/Unusual Occurrences Requiring Immediate Notification.**

Serious incidents/unusual occurrences requiring immediate notification include, but are not limited to:

      - escapes, riots, uprisings, work strikes
      - major breaches of security
      - any disturbance or critical incident requiring outside assistance
      - major fire
      - hostage situation

- homicides involving offender or staff
- death of an offender in ACC custody other than by natural causes
- an employee is involved in a shooting
- an employee is arrested on a felony charge
- serious injury on ACC property of any person that has or could result in loss of life or limb; use of a weapon, serious injury of an offender on a community work assignment; serious incident involving an offender on furlough, work release, or Act 679 early release to a transitional housing facility
- natural disasters
- hazardous chemical spills
- incidents on ACC property involving suspected felonies
- any disturbance/incident requiring outside assistance
- any incident worthy of media notification or a news release or a media inquiry not of a routine nature that is likely to appear in news coverage.

**2. Serious Incidents/Unusual Occurrences NOT Requiring Immediate Notification.**

- use of force that might have been excessive, but does not meet the requirement for immediate notification
- deaths of offenders or staff that occur by natural causes

A natural death will be reported during the workday or early the next business day if it occurs after hours or during a weekend except that the Deputy Director of Residential Services, or designee, Chief Deputy Director and Internal Affairs Administrator (IAA) must be notified promptly of every death that occurs of an offender in ACC custody.

**3. Immediate Notification Process Within ACC.**

Make notifications as described in the applicable table below. When making notifications, if a person cannot be contacted, contact the next person on the list – then make additional attempts to call the person who could not be contacted.

<b>Serious Incidents and Unusual Occurrences Immediate Notifications Tree for ACC Residential Centers</b>		
<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
Center staff witnessing or involved in the incident or unusual occurrence	In-Person, Phone or	Shift Supervisor

	Radio	
Shift Supervisor	In-Person, Phone or Radio	Center Supervisor
Center Supervisor	Phone	1. Chief Deputy Director 2. Deputy Director of Residential Services
Chief Deputy Director	Phone	1. Director 2. Internal Affairs Administrator 3. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
Center Supervisor	Email – and eOMIS	If sexual abuse, sexual harassment, non-sexual harassment or related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Chief Deputy Director, Deputy Director of Residential Services and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
		ACC AD 18-12 November 2018

<b>Serious Incidents and Unusual Occurrences Immediate Notifications Tree for Parole/Probation Services</b>		
<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
Parole/Probation staff witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	1. Area Manager 2. Assistant Area Manager
Area Manager	Phone	1. Deputy Director of Parole/Probation Services 2. Assigned Parole/Probation Assistant Director
Deputy Director of Parole/Probation Services	Phone	1. Director 2. Chief Deputy Director 3. Internal Affairs Administrator 4. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
Area Manager	Email – and eOMIS	If sexual abuse, sexual harassment, non-sexual harassment and related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Deputy Director of Parole/Probation Services and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
		ACC AD 18-12 November 2018

<b>Serious Incidents and Unusual Occurrences Immediate Notifications Tree for Reentry Facilities</b>		
<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
A reentry facility representative witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	Report to the designated ACC Reentry Officer
ACC Reentry Officer	Phone	1. ACC Assistant Director of Reentry
ACC Assistant Director of Reentry	Phone	1. Chief Deputy Director
Chief Deputy Director	Phone	1. Director 2. Internal Affairs Administrator 3. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
ACC Assistant Director of Reentry		If sexual abuse, sexual harassment, non-sexual harassment or related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Chief Deputy Director and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
ACC AD 18-12 November 2018		

#### 4. Notification Process for Outside Law Enforcement Agencies.

When an initial notification suggests a serious felony has been committed the IAA or designee must immediately contact the State Police, Criminal Investigation Division so they may participate in or conduct an initial investigation. A serious felony includes but is not limited to:

- any death not from natural causes
- any life-threatening battery
- any escape or serious disturbance (if notification has not already been made by other ACC staff)
- fires when arson is suspected or substantial damage occurs
- rape or any credible PREA-related issue
- sexual abuse of an offender by staff
- major drug, alcohol, or tobacco finds
- intelligence information regarding any probable felony.

#### 5. Notification of the Media.

- a. When appropriate, the media will be notified by the Deputy Director of Communications, or designee.
- b. Depending on the situation, notification may be made by telephone, email or in person.

**B. Other Reportable Incidents and Hazards.** At a minimum, report any work-related event, situation or hazard that has resulted in or may result in significant injury, illness or death, or may involve illegal, inappropriate or unethical conduct. Reports are also required for critical incidents, which include any event or situation that poses a substantial threat to anyone in the criminal justice setting. Reports are also required for any incident, event, situation or criminal charges – on or off duty – that may compromise an employee’s ability to safely and effectively perform his/her job.

**C. Documenting and Reporting Incidents.** All employees and agents are required to fully document reportable incidents they witness or are involved in by using:

- the above guidance for Serious Incident / Unusual Occurrence Notifications.
- the eOMIS Incident Report when available and by scanning in related witness statements; otherwise, use the AD 18-12 Form 1, “Incident or Hazard Report/Witness Statement – for Staff Use.” When using the eOMIS Incident Report be sure to select all positions that need to review the report; reviewers will receive an email notification.

As an exception, Special Response Team (SRT) members, when fulfilling SRT duties, must report arrests on the SRT Arrest Report.

ACC staff must direct offenders to document incidents they witness or are involved in by using Form 2, “Incident or Hazard Report/Witness Statement – for Offender’s Use”.



Center Supervisors must ensure a permanent eOMIS electronic record is maintained of routine and unusual occurrences at the residential facilities. (4-ACRS-2A-09)

At a minimum all incident reports at residential facilities must be reviewed by the Senior Residential Supervisor on duty who must ensure proper actions are taken pursuant to policy.

At a minimum all "Incident or Hazard Report/Witness Statement" forms prepared by Parole/Probation staff or offenders must be reviewed by an Area Manager or Assistant Area Manager. These forms must be sent to higher levels as specified elsewhere in this policy.

When applicable, also comply with the policy "Resident Serious Illness/Injury or Death."

Any incident/hazard report involving use of force or a serious or critical incident at a minimum must be sent to the Center Supervisor or Area Manager. (4-ACRS-2B-01)

When a Deputy Director receives a report of alleged sexual abuse, sexual harassment, non-sexual harassment and/or related alleged retaliation about any of these that occurred in another facility, he/she must promptly notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (PREA 115.261)

#### **D. Guidelines for Internal Affairs Investigations**

1. During the investigative phase of the incident/occurrence, the Center Supervisor/Area Manager/Assistant Director of Reentry (and for issues pertaining to Central Office, the appropriate Deputy Director) must report any significant updates.
2. The IAA must initiate an internal investigation when instructed to do so by the Director, Chief Deputy Director or the appropriate Deputy/Assistant Director.
3. Investigations by the IAA are required when:
  - the incident notification involves use of force in which the offender is seriously injured or in which the force used appears excessive
  - the department may be liable for damages in an accident

#### **E. An Exception for Alleged Sexual Abuse, Sexual Harassment, Non-Sexual Harassment and Related Alleged Retaliation about Any of These.**

For situations alleging sexual abuse, sexual harassment, non-sexual harassment and related alleged retaliation about any of these, notification may be made directly to the Internal Affairs Administrator (IAA) or by other means described in the PREA notice posted in all ACC facilities.

To ensure confidentiality in these situations, do NOT send an email to the Incident Notification Committee.

**F. Use-of-Force Incidents.** Incidents involving physical force must be reported fully and in writing unless the physical force is inconsequential such as when applying handcuffs and there is no injury. Reports must include the circumstances that led to the incident, persons present, force used and by whom, injuries sustained (if any), and medical assistance offered and provided. At a minimum all reports involving use-of-force must be provided to the Center Supervisor or Area Manager. (4-ACRS-2B-01).

**G. Analyzing Outcome Measures.** The Deputy Director of Residential Services must ensure use of force incident data are aggregated and analyzed annually. (4-ACRS-2B-03)

**H. Firearm Incidents While on Duty.** When an on-duty employee discharges a firearm in an incident, complete the eOMIS Incident report if accessible and scan in related witness statements; otherwise complete Form 1, "Incident or Hazard Report/Witness Statement – for Staff Use;" and comply with applicable guidance as follows:

1. Accidental Discharge of a Firearm (No Injuries Involved)
  - a. Any employee who accidentally discharges an ACC-issued firearm or personal firearm in the line of duty must promptly contact his or her supervisor, who will initiate an investigation.
  - b. The employee must comply with the Drug-Free Workplace policy.
  - c. The employee(s) must write an incident report.
2. Fatal Shooting by an Employee in Performance of Duty, Intentional Use of Deadly Force, or Accidental Firearm Discharge Resulting in Injury or Death.

When a discharged firearm results in a fatal shooting in the performance of duty, intentional use of deadly force, or accidental firearm discharge resulting in injury or death follow guidance in the form entitled "Checklist for Serious Injury or Death Resulting from Use of Force or Accidental Firearms Discharge," this form is prescribed in the Use of Force Administrative Directive.

**I. Vehicle Incidents/Accidents.**

1. In addition to other reporting requirements, drivers must report ALL accidents and traffic violations when operating a state vehicle and/or while driving any vehicle on state business. If a driver is unable to report, his/her supervisor must report.
2. Drivers must immediately report accidents verbally to the insurance company; refer to company information and phone numbers in the vehicle.
3. Drivers must comply with the Drug-Free Workplace policy drug/alcohol testing requirements. Tests must be conducted within specified time frames.
4. After an accident drivers must send the following to the ACC Central Office, Administrative Services Division, ATTN: Insurance Claims, 105 West Capitol Ave, 3rd Floor, Little Rock, AR 72201-5731: ACC Incident Report, police report, pictures, other relevant information and the insurance adjuster's report. The ACC Insurance Claims Section phone number is 501-682-9509.

5. If a vehicle accident results in damage to the property of any one person in excess of \$1,000.00 or in bodily injury to or in the death of a person, the driver (if unable, the supervisor) must complete the “[Arkansas Motor Vehicle Accident Report \(SR-1\)](#).” A paper copy may be used initially; the information must be reported on the on-line Internet form within 30 days.
6. Drivers must report traffic violations and accidents to their supervisor. Supervisors notify the appropriate Deputy Director and take appropriate action pursuant to policy.
7. Drivers and supervisors must comply with other applicable aspects of this policy and other applicable policies.

**J. Lost, Stolen, or Damaged Firearms.** In addition to completing an incident report, damaged firearms approved for disposal or lost or stolen firearms must also be reported by the supervisor to the Administrative Services Section for proper documentation in agency inventory records and to the IAA. When a firearm is lost or stolen, report the matter to the local police and obtain a copy of the report. Send a copy of the police report to Administrative Services to justify removing the firearm from inventory and send a copy to the IAA.

**K. Work-Related Injuries or Illnesses.**

1. The injured/ill employee, Personnel Officers, Area/Assistant Area Managers or designee must also comply with this:

The “company nurse” referred to in this section means a contract service that guides employees who have work-related injury or illness in seeking care to ensure compliance with state agency and Worker Compensation requirements. This is NOT the contractor that provides treatment for residents. Human Resources staff can provide the phone number for the current “company nurse” contractor or you may find the number on a bulletin board poster.

- a. In a medical emergency call 911 or seek immediate treatment at an emergency room. When there is a medical emergency the Personnel Officer, Area/Assistant Area Manager, or designee must promptly call the “company nurse” and report the situation. As soon as the injured/ill employee is able, he/she must also contact the “company nurse” for additional treatment instructions.
- b. When a work-related injury or illness does NOT require emergency medical care, before seeking any treatment, the injured/ill employee must call the “company nurse” for treatment instructions. When possible the employee’s supervisor should be present to answer questions the company nurse may have. The employee must use the medical services specified by the company nurse.
- c. If the employee indicates that they do not need medical treatment:
  - (1) Have the employee complete, sign and date the form “Incident or Hazard Report/Witness Statement – for Staff Use.”

- (2) Keep the incident report form on file. If the employee later indicates a need for medical treatment, call company nurse number for workers' compensation claims reporting. Follow the steps for reporting the injury and send a copy of the completed incident report form to the Public Employee Claims Division.
  - d. The company nurse will initiate the following forms and will send them to ACC Central Office Human Resources Section. The Human Resources Benefits Analyst will then forward the forms to the employee and supervisor. The injured/ill employee can make changes at this time and must promptly complete and submit the following forms to his/her supervisor or designee:
    - The Arkansas Workers' Compensation Commission Form AR-N, "[Employee's Notice of Injury](#)" (print the 2-page form on the front/back of one piece of paper if possible).
    - The Arkansas Insurance Department > [Public Employee Claims Division's](#) > PECD Form 1, "Employee's Report of Accident."
  - e. The supervisor or designee must ensure the employee completes the forms, review them, then email the forms to the Human Resources Section; Central Office Benefits Analyst.
2. Supervisor Initial Forms Processing. Supervisors must ensure the above employee actions are taken; promptly accomplish the following and forward all forms to the Central Office, Human Resources Section (HRS) in sufficient time to allow HRS to get the forms to the appropriate agency:
- a. within 48 hours:
    - For each accident resulting in a fatality, amputation, or when one or more employees are hospitalized, complete the Arkansas Department of Labor "[Accident / Injury Reporting form](#)" and process it through ACC Human Resources in time to arrive at the Arkansas Department of Labor within 48 hours from the accident.
  - b. within 10 days of the injury or illness onset:
    - Complete and submit the Workers' Compensation Commission Form 1A-1, "[Workers Compensation - First Report of Injury or Illness](#),"
    - Complete and submit the Arkansas Insurance Department > [Public Employee Claims Division's](#) "PECF Form 2, "Workers Comp Information Sheet"
    - Send a copy of the ACC "Incident or Hazard Report/Witness Statement(s)" to HRS. HRS must send these to the Arkansas Insurance Department > Public Employee Claims Division.

3. Supervisor Follow-Up Reporting. Supervisors must report to HRS any change in status including but not limited to the following:
  - the injured employee returning to work and drawing wages
  - the injured employee losing time again
  - the injured employee has died.
4. Human Resources Section. HRS will promptly forward forms to the appropriate agency.
5. Offender Injuries - Supervisor/Offender Responsibilities. When possible, an offender who sustains an injury while in ACC custody must complete an Incident/Hazard Report/Witness Statement – for Offender’s Use form. The supervisor most familiar with the injury situation must ensure form completion. At residential centers, the medical contractor’s accident/injury report may also be required. In case of a resident serious illness/injury, follow additional guidance in the “Resident Serious Illness/Injury or Death” policy.

**L. Maltreatment Reporting.**

1. Applicability. This portion of the policy applies to Arkansas Community Correction (ACC) employees.
2. Maltreatment Reporting in General. All ACC employees are required to report actual and probable maltreatment of any person, to include children, adults, and elder adults. This is a higher standard than the law requires. In general, the law lists certain occupations as mandatory reporters of child and elder maltreatment. Some detailed requirements are provided in the law for employees in positions designated by law as “mandatory reporters.” “Mandatory Reporters of Child Maltreatment” include clergy (except when exempt by law), all medical staff, mental health professionals (this includes counselors), law enforcement officers, and sexual abuse or victim advocates. A similar listing of “mandatory reporters” is described by the law for adult maltreatment.
3. Reporting Child Maltreatment.
  - a. Follow confidentiality guidance.
  - b. ACC employees must promptly notify the Child Abuse Hotline if they
    - (1) have reasonable cause to suspect that child maltreatment has occurred or a child has died as a result of child maltreatment; or
    - (2) observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.
  - c. Child Maltreatment Details. This policy does not provide all details such as definitions of child abuse. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at section 12-18-1708. Law enforcement officers must also understand Arkansas law section 12-28-1001, “Protective Custody Generally.”

- d. Mandatory reporters of Child maltreatment must obtain as much clarifying information as possible.
  - e. When Residential Services counselors contact the Child Abuse Hotline and the hotline staff indicates they will conduct a follow up interview at the Center, the Center Supervisor must be informed.
  - f. Mandatory reporters are encouraged to make the call with the offender alleging abuse so that both can speak to the hotline staff. Parole/Probation Treatment staff may allow offenders to make a report on their own; however if this option is used, the staff is still obligated to call. The Child Abuse Hotline number is 1-800-482-5964. Parole/Probation Officers must make a note in eOMIS supervision contacts when the abuse hotline is contacted. Instead of calling, mandated reporters may fax the Arkansas State Police “[Suspected Child Abuse Report](#)” form to the State Police FAX number 1-501-618-8952.
  - g. All mandated reporters who routinely make entries in clinical files must also document reports of maltreatment in the clinical file.
4. Informing a Supervisor. After contacting the hotline, an employee should inform his/her supervisor without violating any privacy laws.
  5. Adult and Elder Maltreatment. This policy requires all employees to report actual and probable maltreatment of any adult person. Maltreatment of adults to include elders must be reported to the Adult Abuse hotline at (800) 482-8049. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at section 4-88-201 and beginning at section 12-12-1701. Report any abuse to include suspected abuse, neglect, or exploitation of endangered or impaired adults.
  6. Confidentiality of Child and Adult Maltreatment Information. Information received about child or adult maltreatment must only be released under the following circumstances:
    - reporting to the hotline
    - disclosing information to other staff for appropriate business reasons
    - documenting information in the clinical file or eOMIS supervision contact
    - consulting with your personal attorney, and
    - complying with court orders.

**M. Investigations.**

**1. Investigating Incidents Involving Firearms.**

When a firearm is involved refer to the above paragraph “Firearm Incidents While on Duty.”

**2. At Residential Facilities, Investigating an Incident, Allegation or Suspicion of Sexual Abuse, Sexual Misconduct or an Incident Not of a Sexual Nature that may Rise to the Level of Criminal Activity.**

When there is an incident, allegation or suspicion of sexual abuse, sexual misconduct, sexual harassment, or an incident not of a sexual nature that may raise to the level of criminal activity at a residential center, the Center Supervisor must be notified immediately. The Center Supervisor will promptly initiate an initial center level investigation.

The initial center investigation should be completed, reviewed and recommendations as to disposition made to the Deputy Director of Residential Services within 10 business days of receipt of the initial complaint. Through a review of the initial investigation and all relevant documentation, the Center Supervisor will determine the complaint to be substantiated, unfounded, unsubstantiated, or recommend investigation assistance. The Deputy Director of Residential Services will evaluate the Center Supervisor’s determination and/or recommendation.

Within 10 business days from receipt of the complaint:

- the initial investigation and report must be completed
- the Center Supervisor must review the report and recommend a finding that the complaint be substantiated, unfounded, unsubstantiated, or further investigation is needed.
- the Center Supervisor must forward the report, any accompanying documentation and his/her recommendation to the Deputy Director of Residential Services.

The Deputy Director of Residential Services will

- evaluate the report and the Center Supervisor’s recommendation and determine whether the complaint is substantiated, unfounded, unsubstantiated, or further investigation is needed.
- If determined to warrant further investigation, the report will be marked as such and returned to the Center Supervisor
- If any other determination is made, the report will be marked as such and the report and accompanying documentation will be forwarded to the IAA

The IAA may conduct additional investigation or, if criminal activity is suspected or indicated, he/she will ask the Arkansas State Police to conduct an investigation

The IAA or State Police must make a final determination of substantiated, unfounded or unsubstantiated and this result must be returned through the supervision chain to the Center Supervisor.

All investigations of sexual abuse, sexual misconduct, or sexual harassment must be conducted in compliance with Prison Rape Elimination Act (PREA) standards (PREA 115.222, 115.271, 115.272, 115.273) and the ACC PREA Investigation Guide.

A “Sexual Abuse Incident Review” must be conducted pursuant to the PREA policy.

**3. At Residential Facilities, Investigating Incidents NOT Addressed in Preceding Section.**

For incidents NOT addressed in the preceding Residential Facilities section (paragraph III. M. 2.) where an allegation may result in termination of employment or suspension, the Center Supervisor must notify the Deputy Director of Residential Services and may request an internal investigation be conducted. When appropriate, the Deputy Director of Residential Services may request the Internal Affairs Administrator investigate the matter.

**4. For Parole/Probation Services and Central Office Employees: Investigating an Incident, Allegation or Suspicion of Sexual Abuse, Sexual Misconduct or an Incident Not of a Sexual Nature that may Rise to the Level of Criminal Activity.**

When there is an incident, allegation or suspicion of sexual abuse or sexual harassment, or an incident not of a sexual nature that may rise to the level of criminal activity, employees must notify their supervisor and the supervisor must promptly contact the IAA. The IAA must notify the State Police Criminal Investigation Division. When appropriate, the IAA must conduct an internal investigation. The State Police are responsible for investigating incidents where criminal activity is alleged. The IAA will provide pertinent information to appropriate personnel in an effort to resolve the situation and prevent future occurrences. The IAA must ensure investigations are conducted pursuant to PREA standards (PREA 115.222, 115.271, 115.272, 115.273).

**5. Investigating Incidents NOT addressed Above, Where an Allegation may Result in Termination or Suspension of Employment.**

For incidents not addressed above, where an allegation may result in termination or suspension of employment, the supervisor must notify his/her Deputy Director with a recommendation that an internal investigation be conducted. When the Deputy Director agrees that the allegation may result in terminating employment or suspension, he/she must ask the IAA to investigate.

**6. Investigating Incidents NOT addressed Above, Where an Allegation is NOT apt to Result in Termination or Suspension of Employment.**

For such incidents where an employee is involved but allegations are not apt to result in termination or suspension of employment, supervisors must use discretion in deciding whether to inform others in the supervision chain; conduct an investigation; or request an investigation. Any incident resulting in injury, if not investigated pursuant to preceding guidance, must be investigated by someone designated by the appropriate Center Supervisor, Area Manager or Central Office deputy director or the IAA. This investigation must be documented on the Investigation and Mitigation form.



**7. Director Initiated Investigations.**

The Director may order the IAA to conduct an internal investigation of incidents when deemed appropriate.

**8. Conducting and Documenting Investigations.**

Investigations must be initiated and conducted pursuant to guidance above. An investigator must conduct a thorough investigation following guidance on the form titled "Incident or Hazard Investigation and Mitigation Report." The IAA is not required to use this form. The completed form must be sent at a minimum to:

- Human Resources if an employee was injured
- The appropriate Center Supervisor, Area Manager or at Central Office – deputy director.
- Scan into eOMIS.

**N. Supervisor.** Supervisors must ensure the following:

1. Employees are trained on this and other policies and emergency plans related to specific types of incidents to ensure timely, accurate and appropriate handling and reporting of incidents and hazards.
2. Staffs, volunteers, interns and residents are provided appropriate guidance so they will comply with safety and security rules and procedures and report safety and security incident situations. Failure to comply with appropriate reporting requirements may lead to disciplinary action.
3. Actions are taken to investigate and prevent reoccurrence of preventable incidents and hazards.
4. When there is harassment between or among employees, or agents; in addition to reporting and investigating measures, supervisors must ensure appropriate oversight to include measures to prevent further harassment or retaliation. Other policies guide supervisors when offenders are involved.

**O. Physical Evidence.** Physical evidence must be handled following procedures in the administrative directive, "Searches for, Control and Disposition of Contraband and Evidence".

**P. After-Action Activities.**

1. Sexual Abuse Incident Review. The Center Supervisor must ensure a sexual abuse incident review is conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
  - a. Such review must ordinarily occur within 30 days of the conclusion of the investigation.

- b. The review team must include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.
  - c. The review team must:
    - Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
    - Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual identity, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
    - Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
    - Assess the adequacy of staffing levels in that area during different shifts;
    - Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
    - Prepare a report of its findings, including but not necessarily limited to the elements in (3) (a) through (e) of this section and any recommendations for improvement. Submit the report to the Deputy Director of Residential Services and the PREA compliance manager.
  - d. The facility must implement the recommendations for improvement, or must document its reasons for not doing so. (PREA 115.283)
2. Critical Incident Reviews.
- a. The IAA, Area Managers, Administrators, Center Supervisors and above may ask the Director to appoint a Critical Incident Review Committee.
  - b. The Director may order a critical incident review and when doing so will appoint a Critical Incident Review Committee.
3. Critical Incident Review Committees must:
- a. gather documentation and conduct interviews as necessary to determine the facts related to the incident.
  - b. notify the IAA if the committee suspects criminal activity has occurred. When this happens, the Director will determine whether to continue the critical incident review or rely solely on the State Police investigation.
  - c. complete the review within 45 days unless the Director grants an extension. The committee chair is responsible for a report outlining the facts and the committee's recommendations.
  - d. provide copies of all records and any recordings of interviews gathered by the committee to the IAA. The Director may choose to send a copy of the summary and recommendations to the person who originally requested the critical incident review

and will provide a copy to the appropriate Deputy/Chief Deputy Director. The Deputy/Chief Deputy Director will work with staff to develop an action plan.

- f. Make the summary, recommendations, and action plan known to the Management Team for a review and to determine the feasibility of the committee's recommendations.
4. Counseling Services after Critical Incidents. ACC will make post-trauma counseling and support available through the State's Employee Assistance Program (contact HRS for details).
5. Supervisor Communication after Critical Incidents. When an employee or agent is involved in a critical incident, his/her supervisor must ensure required actions are taken in accordance with applicable policies, to include reporting.
6. Critical Incident at a Residential Center. Center Supervisors must ensure a debriefing with designated and impacted staff as soon as possible after a critical incident and conduct a follow-up debriefing two weeks later. At a minimum, debriefings will include the following: (4-ACRS-1C-01-1)
  - a. Discussion about what happened, the response and the probable cause.
  - b. Discussion about the impact on staff and residents.
  - c. A review of corrective actions taken and still needed to include changes to plans, policy, procedures, checklists, equipment and supplies.
  - d. Plans for improvement to avoid another incident.
  - e. Appropriate documentation of after action debriefings.

#### IV. FORMS.

AD 18-12 Form 1 Incident or Hazard Report/Witness Statement – Staff Use  
AD 18-12 Form 2 Incident or Hazard Report/Witness Statement – Offender's Use  
AD 18-12 Form 3 Incident or Hazard Report/Witness Statement Continuation Page  
AD 18-12 Form 4 Incident or Hazard Investigation and Mitigation Report

#### V. REFERENCES.

["Workers Compensation - First Report of Injury or Illness"](#) (Workers' Compensation Commission Form 1A-1)  
["Employee's Notice of Injury"](#) Form (Arkansas Workers' Compensation Commission Form AR-N)  
["Workers Comp Information Sheet"](#) (Arkansas Insurance Department > [Public Employee Claims Division's](#) "PECF Form 2)  
["Employee's Report of Accident"](#) (Arkansas Insurance Department > [Public Employee Claims Division's](#) > PECD Form 1)  
["Accident / Injury Reporting form"](#) (Arkansas Department of Labor)

Arkansas Community Correction

**INCIDENT OR HAZARD REPORT/WITNESS STATEMENT-STAFF USE**

Name of Person Making Report: \_\_\_\_\_ Control Number: \_\_\_\_\_

Title or Resident Number: \_\_\_\_\_ Office/Area or Shift: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

PRELIMINARY REPORT     FINAL REPORT    License Plate #: \_\_\_\_\_ Last 4 VIN: \_\_\_\_\_

**INCIDENT TYPE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sexual Harassment (allegations, incidents or suspicion) | <input type="checkbox"/> Sexual Abuse (allegations, incidents or suspicion) | <input type="checkbox"/> Non-sexual harassment or suspicion |
| <input type="checkbox"/> State Vehicle   | <input type="checkbox"/> Public Complaint                                   | <input type="checkbox"/> Offender Injury                    |
| <input type="checkbox"/> Arrest  | <input type="checkbox"/> Employee Injury                                    | <input type="checkbox"/> Emotional Stress                   |
| <input type="checkbox"/> Weapon  | <input type="checkbox"/> Evidence Collected                                 | <input type="checkbox"/> Auto Accident                      |
| <input type="checkbox"/> Contraband  | <input type="checkbox"/> Cardinal Rule Violation                            | <input type="checkbox"/> Use of Force                       |
| <input type="checkbox"/> Property Damage   | <input type="checkbox"/> Major Rule Violation                               | <input type="checkbox"/> Substance Abuse                    |
| <input type="checkbox"/> Offender Death  |   |   |
| <input type="checkbox"/> OTHER (explain): _____                                  |   |   |

**Instructions:** Provide names and identities of others as you know them. If “reasonable suspicion” is the basis for action, document both the “specific objective facts,” and any “reasonable inferences” relied upon to make the judgment. Include a description of what led to the incident, who was present, who was involved, what force was used, and by whom, injuries sustained (if any), and medical assistance offered and provided. Follow other relevant policy guidance. For allegations, incidents or suspicion of sexual abuse, sexual harassment and non-sexual harassment: 1. Comply with related policies including “Reporting and Investigating Incidents and Hazards” and “Prison Rape Elimination Act (PREA).” 2. Use the Sexual Abuse Checklist when applicable. 3. When ACC staff complete this on behalf of a resident or offender who makes a verbal report; make a note of this on the report and then ask the resident/offender to sign if they agree.

**Offenders Involved /Present (Box may be checked if you are certain the offender was “involved”)**

<u>Inv</u>	<u>Offender Name</u>	<u>Number</u>	<u>Inv</u>	<u>Offender Name</u>	<u>Number</u>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

**Employees or Others Involved / Present (Box may be checked if you are certain the person was “involved”)**

<u>Inv</u>	<u>Employee / Other Name</u>	<u>Optional Note</u>	<u>Inv</u>	<u>Employee / Other Name</u>	<u>Optional Note</u>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – PAGE 2

Extent of Injury and to Whom \_\_\_\_\_

Treatment Rendered and by Whom \_\_\_\_\_

INCIDENT STATEMENT OF FACTS. Describe the situation as you saw it or know it. Do not include opinions, conclusions, or interpretations. Use the continuation page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition (when information is available before submitting this form) \_\_\_\_\_

CERTIFICATION

I hereby certify that the statement hereinbefore is true. I am making this statement freely, under no duress, and without undue coercion exerted on me by an official of Arkansas Community Correction, or any offender.

Name of Person Making Statement (Print) \_\_\_\_\_ Signature of Person Making Statement \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Taking Statement (Print) \_\_\_\_\_ Signature of Person Taking Statement \_\_\_\_\_ Date \_\_\_\_\_

Center Supervisor / Area Manager must see any report involving use of force or serious/critical incidents. (4-ACRS-2B-01) Either a copy must be sent to the Center Supervisor / Area Manager OR the original. If sending a copy complete the next line:

Copy was sent to Center Supervisor or Area Manager (if required). Sent by (name): \_\_\_\_\_

REVIEWED BY (Name)	POSITION or TITLE	DATE	TIME
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

Comments  Recommendations  Instructions

Arkansas Community Correction

INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – FOR OFFENDER’S USE

Name of Offender Making Report: \_\_\_\_\_ Offender Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Check this box if this involves actual, alleged, or suspected sexual abuse or sexual harassment. If checked you may give this form to any staff person.

Offender Names (involved or present):

\_\_\_\_\_

Employee or Others’ Names (involved or present):

\_\_\_\_\_

INCIDENT STATEMENT OF FACTS

- Describe the situation as you saw it or know it. • Do not include opinions, conclusions, or interpretations.
- Include a description of what led to the incident, who was present, who was involved, injuries (if any), and medical assistance offered and provided. • Use a continuation page if necessary

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATION

I hereby certify my statement is true. I am making this statement freely, under no duress, and without unlawful coercion by an official of Arkansas Community Correction, or any offender.

Name of Person Making Statement (Print) \_\_\_\_\_ Signature of Person Making Statement \_\_\_\_\_ Date \_\_\_\_\_

A staff person may interview and record a statement on behalf of an offender when necessary. When doing this, the staff person must ensure the offender understands and agrees, then complete this line:

Name of Person Taking Statement (Print) \_\_\_\_\_ Signature of Person Taking Statement \_\_\_\_\_ Date \_\_\_\_\_



Arkansas Community Correction

INCIDENT OR HAZARD INVESTIGATION AND MITIGATION REPORT

Name of Employee Making Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Instructions.

1. Review and comply with applicable policy to include the "Reporting and Investigating Incidents, Hazards and Maltreatment" policy. If any doubt exists about whether an investigation should be done locally, the appropriate Center Supervisor, Area Manager or their designee should consult with the Internal Affairs Investigator before assigning an investigator.
2. If you are not familiar with investigation techniques, study some online lessons or articles.
3. Review the incident reports and witness statements. Review related information such as policies and examine the scene or evidence.
4. As appropriate interview people involved and others with insights about the incident and related procedures.
5. Try to identify the root cause and include recommendations and actions taken to prevent recurrence
6. Write your report on this form and distribute it pursuant to policy and local guidance.

People involved or present OR make reference to the Incident Report / Witness Statements:

\_\_\_\_\_

INCIDENT STATEMENT OF FACTS

- Describe the situation as you saw it or know it. • Do not include opinions, conclusions, or interpretations.
- Include a description of what led to the incident, who was present, who was involved, injuries (if any), and medical assistance offered and provided. • Was policy followed • Use a continuation page if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROBABLE ROOT CAUSE AND RECOMMENDATIONS TO MITIGATE THE SITUATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACTIONS TAKEN/RECOMMENDED TO PROVIDE MEDICAL CARE AND/OR MITIGATE THE SITUATION

CERTIFICATION  
I hereby certify this information is an accurate unbiased assessment of the incident or hazard and actions taken.

Name of Person Making Statement (Print) \_\_\_\_\_ Signature of Person Making Statement \_\_\_\_\_ Date \_\_\_\_\_

Name of manager reviewing this report

Name of Reviewer (Print) \_\_\_\_\_ Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

AD 18-12 Form 4



Reporting and Investigating Incidents, Hazards, and Maltreatment AD 18-12 MARKUP



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: ~~16-06-18-12~~ Reporting and Investigating Incidents, Hazards and Maltreatment

TO: Arkansas Community Correction (ACC) Employees

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

SUPERSEDES: AD ~~14-12 and AD-15-02~~ 16-06

APPROVED: Signature on File Effective: ~~August~~ November 1, 2016 2018

I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees, offenders and ACC agents. For the purpose of this policy, ACC agents include volunteers, interns, and contractors working in ACC facilities, transitional houses or reentry facilities.

II. **POLICY.** ACC policy is to ensure work-related incidents, hazards and maltreatment are appropriately managed, reported, documented, investigated and resolved, and that measures are taken to prevent reoccurrence. (2-CO-1C-05, 4-ACRS-1C-01-1, 4-ACRS-2B-03, 4-APPFS-3G-02 and 4-APPFS-3G-04)

III. **GUIDANCE.**

A. **Serious Incident and Unusual Occurrence Notifications.** All employees and agents are required to make immediate notifications of serious incidents and unusual occurrences pursuant to the following:

1. **Serious Incidents/Unusual Occurrences Requiring Immediate Notification.**

Serious incidents/unusual occurrences requiring immediate notification include, but are not limited to:

- escapes, riots, uprisings, work strikes
- major breaches of security
- any disturbance or critical incident requiring outside assistance
- major fire
- hostage situation

- homicides involving offender or staff
- death of an offender in ACC custody other than by natural causes
- an employee is involved in a shooting
- an employee is arrested on a felony charge
- serious injury on ACC property of any person that has or could result in loss of life or limb; [use of a weapon](#), serious injury of an offender on a community work assignment; serious incident involving an offender on furlough, work release, or Act 679 early release to a transitional housing facility
- natural disasters
- hazardous chemical spills
- incidents on ACC property involving suspected felonies
- any disturbance/incident requiring outside assistance
- any incident worthy of media notification or a news release or a media inquiry not of a routine nature that is likely to appear in news coverage.

**2. Serious Incidents/Unusual Occurrences NOT Requiring Immediate Notification.**

- use of force that might have been excessive, but does not meet the requirement for immediate notification
- deaths of offenders or staff that occur by natural causes

A natural death will be reported during the workday or early the next business day if it occurs after hours or during a weekend except that the Deputy Director of Residential Services, or designee, Chief Deputy Director and Internal Affairs Administrator (IAA) must be notified promptly of every death that occurs of an offender in ACC custody.

**3. Immediate Notification Process Within ACC.**

Make notifications as described in the applicable table below. When making notifications, if a person cannot be contacted, contact the next person on the list – then make additional attempts to call the person who could not be contacted.

<b>Serious Incidents and Unusual Occurrences                      Immediate Notifications Tree for ACC Residential Centers</b>		
<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
Center staff witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	Shift Supervisor
Shift Supervisor	In-Person, Phone or Radio	Center Supervisor
Center Supervisor	Phone	1. Chief Deputy Director 2. Deputy Director of Residential Services
Chief Deputy Director	Phone	1. Director 2. Internal Affairs Administrator 3. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
Center Supervisor	Email – and eOMIS	If sexual abuse, sexual harassment, non-sexual harassment or related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Chief Deputy Director, Deputy Director of Residential Services and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
ACC AD 18-12 November 2018		

**Commented [RussC-1]:**  
Revisions were made here, however they are not marked up.

<b>Serious Incidents and Unusual Occurrences Immediate Notifications Tree for Parole/Probation Services</b>		
<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
Parole/Probation staff witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	1. Area Manager 2. Assistant Area Manager
Area Manager	Phone	1. Deputy Director of Parole/Probation Services 2. Assigned Parole/Probation Assistant Director
Deputy Director of Parole/Probation Services	Phone	1. Director 2. Chief Deputy Director 3. Internal Affairs Administrator 4. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
Area Manager	Email – and eOMIS	If sexual abuse, sexual harassment, non-sexual harassment and related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Deputy Director of Parole/Probation Services and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
		ACC AD 18-12 November 2018

**Commented [RussC-2]:**  
Revisions were made here, however they are not marked up.

<b>Serious Incidents and Unusual Occurrences                      Immediate Notifications Tree for Reentry Facilities</b>		
<u>Person Who Must Make Notification</u>	<u>Method</u>	<u>Person to be Notified/Details</u>
A reentry facility representative witnessing or involved in the incident or unusual occurrence	In-Person, Phone or Radio	Report to the designated ACC Reentry Officer
ACC Reentry Officer	Phone	1. ACC Assistant Director of Reentry
ACC Assistant Director of Reentry	Phone	1. Chief Deputy Director
Chief Deputy Director	Phone	1. Director 2. Internal Affairs Administrator 3. Deputy Director for Communications and Public Affairs
Director	Phone	Director may call or delegate these calls: 1. Board of Corrections Chairman 2. Board's liaison to the department 3. Board's assistant 4. Governor's liaison to the department Note: At the chairman's request, the full board will be notified.
Deputy Director for Communications and Public Affairs	Phone or other method	Media as appropriate
ACC Assistant Director of Reentry		If sexual abuse, sexual harassment, non-sexual harassment or related retaliation is alleged or suspected; SEND an email summarizing the situation to: Director, Chief Deputy Director and Internal Affairs Administrator. Do NOT send an email to the Incident Notification Committee AND ensure completion of an eOMIS Incident Report.  For OTHER Immediate Notifications, email to the Incident Notification email Contact Group and ensure completion of an eOMIS incident report.
ACC AD 18-12 November 2018		

**Commented [RussC-3]:**  
Revisions were made here, however they are not marked up.

#### 4. Notification Process for Outside Law Enforcement Agencies.

When an initial notification suggests a serious felony has been committed the IAA or designee must immediately contact the State Police, Criminal Investigation Division so they may participate in or conduct an initial investigation. A serious felony includes but is not limited to:

- any death not from natural causes
- any life-threatening battery
- any escape or serious disturbance (if notification has not already been made by other ACC staff)
- fires when arson is suspected or substantial damage occurs
- rape or any credible PREA-related issue
- sexual abuse of an offender by staff
- major drug, alcohol, or tobacco finds
- intelligence information regarding any probable felony.

#### 5. Notification of the Media.

- a. When appropriate, the media will be notified by the Deputy Director of Communications, or designee.
- b. Depending on the situation, notification may be made by telephone, email or in person.

**B. Other Reportable Incidents and Hazards.** At a minimum, report any work-related event, situation or hazard that has resulted in or may result in significant injury, illness or death, or may involve illegal, inappropriate or unethical conduct. Reports are also required for critical incidents, which include any event or situation that poses a substantial threat to anyone in the criminal justice setting. Reports are also required for any incident, event, situation or criminal charges – on or off duty – that may compromise an employee’s ability to safely and effectively perform his/her job.

**C. Documenting and Reporting Incidents.** All employees and agents are required to fully document reportable incidents they witness or are involved in by using:

- the above guidance for Serious Incident / Unusual Occurrence Notifications.
- the eOMIS Incident Report when available and by scanning in related witness statements; otherwise, use the AD ~~46-0618-12~~ Form 1, “Incident or Hazard Report/Witness Statement – for Staff Use.” When using the eOMIS Incident Report be sure to select all positions that need to review the report; reviewers will receive an email notification.

As an exception, Special Response Team (SRT) members, when fulfilling SRT duties, must report arrests on the SRT Arrest Report.

ACC staff must direct offenders to document incidents they witness or are involved in by using Form 2, “Incident or Hazard Report/Witness Statement – for Offender’s Use”.

Center Supervisors must ensure a permanent eOMIS electronic record ~~or logbook~~ is maintained of routine and unusual occurrences at the residential facilities. ~~If a logbook is used, it must have pre-numbered pages. Records must be kept 3 years from the date of final entry. The log must include the date/time of the incident, an incident summary, and a cross-reference number to the number placed on the incident report.~~ (4-ACRS-2A-09)

At a minimum all incident reports at residential facilities must be reviewed by the Senior Residential Supervisor on duty who must ensure proper actions are taken pursuant to policy.

At a minimum all "Incident or Hazard Report/Witness Statement" forms prepared by Parole/Probation staff or offenders must be reviewed by an Area Manager or Assistant Area Manager. These forms must be sent to higher levels as specified elsewhere in this policy.

When applicable, also comply with the policy "Resident Serious Illness/Injury or Death."

Any incident/hazard report involving use of force or a serious or critical incident at a minimum must be sent to the Center Supervisor or Area Manager. (4-ACRS-2B-01)

When a Deputy Director receives a report of alleged sexual abuse, sexual harassment, non-sexual harassment and/or related alleged retaliation about any of these that occurred in another facility, he/she must promptly notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. (PREA 115.261)

**D. Guidelines for Internal Affairs Investigations ~~Initiated Through the Incident Notification Process:~~**

1. During the investigative phase of the incident/occurrence, the Center Supervisor/Area Manager/Assistant Director of Reentry (and for issues pertaining to Central Office, the appropriate Deputy Director) must report any significant updates.
2. The IAA must initiate an internal investigation when instructed to do so by the Director, Chief Deputy Director or the appropriate Deputy/Assistant Director.
3. Investigations by the IAA are required when:

- ~~• it is unclear from initial reports whether a crime occurred~~
- the incident notification involves use of force in which the offender is seriously injured or in which the force used appears excessive
- the department may be liable for damages in an accident
- ~~• there are PREA-related issues.~~

**E. An Exception for Alleged Sexual Abuse, Sexual Harassment, Non-Sexual Harassment and Related Alleged Retaliation about Any of These.**

For situations alleging sexual abuse, sexual harassment, non-sexual harassment and related alleged retaliation about any of these, notification may be made directly to the Internal Affairs

Administrator (IAA) or by other means described in the PREA notice posted in all ACC facilities.

To ensure confidentiality in these situations, do NOT send an email to the Incident Notification Committee.

**F. Use-of-Force Incidents.** Incidents involving physical force must be reported fully and in writing unless the physical force is ~~inconsequential~~ ~~inconsequential~~ such as when applying handcuffs and there is no injury. Reports must include the circumstances that led to the incident, persons present, force used and by whom, injuries sustained (if any), and medical assistance offered and provided. At a minimum all reports involving use-of-force must be provided to the Center Supervisor or Area Manager. (4-ACRS-2B-01).

**G. Analyzing Outcome Measures.** The Deputy Director of Residential Services must ensure use of force incident data are aggregated and analyzed annually. (4-ACRS-2B-03)

**H. Firearm Incidents While on Duty.** When an on-duty employee discharges a firearm in an incident, complete the eOMIS Incident report if accessible and scan in related witness statements; otherwise complete Form 1, "Incident or Hazard Report/Witness Statement – for Staff Use;" and comply with applicable guidance as follows:

1. Accidental Discharge of a Firearm (No Injuries Involved)
  - a. Any employee who accidentally discharges an ACC-issued firearm or personal firearm in the line of duty must promptly contact his or her supervisor, who will initiate an investigation.
  - b. The employee must comply with the Drug-Free Workplace policy.
  - c. The employee(s) must write an incident report.
2. Fatal Shooting by an Employee in Performance of Duty, Intentional Use of Deadly Force, or Accidental Firearm Discharge Resulting in Injury or Death.

When a discharged firearm results in a fatal shooting in the performance of duty, intentional use of deadly force, or accidental firearm discharge resulting in injury or death follow guidance in the form entitled "Checklist for ~~Fatal Shooting by an Employee in Performance of Duty, Intentional~~ ~~Serious Injury or Death Resulting from~~ Use of ~~Deadly Force, or Accidental~~ ~~Firearms~~ ~~Discharge Resulting in Injury or Death,"~~ this form is prescribed in the Use of Force Administrative Directive.

**I. Vehicle Incidents/Accidents.**

1. In addition to other reporting requirements, drivers must report ALL accidents and traffic violations when operating a state vehicle and/or while driving any vehicle on state business. If a driver is unable to report, his/her supervisor must report.
2. Drivers must immediately report accidents verbally to the insurance company; refer to company information and phone numbers in the vehicle.



3. Drivers must comply with the Drug-Free Workplace policy drug/alcohol testing requirements. Tests must be conducted within specified time frames.
4. After an accident drivers must send the following to the ACC Central Office, Administrative Services Division, ATTN: Insurance Claims, 105 West Capitol Ave, 3rd Floor, Little Rock, AR 72201-5731: ACC Incident Report, police report, pictures, other relevant information and the insurance adjuster's report. The ACC Insurance Claims Section phone number is 501-682-9509.
5. If a vehicle accident results in damage to the property of any one person in excess of \$1,000.00 or in bodily injury to or in the death of a person, the driver (if unable, the supervisor) must complete the "[Arkansas Motor Vehicle Accident Report \(SR-1\)](#)." A paper copy may be used initially; the information must be reported on the on-line Internet form within 30 days.
6. Drivers must report traffic violations and accidents to their supervisor. Supervisors notify the appropriate Deputy Director and take appropriate action pursuant to policy.
7. Drivers and supervisors must comply with other applicable aspects of this policy and other applicable policies.

**J. Lost, Stolen, or Damaged Firearms.** In addition to completing an incident report, damaged firearms approved for disposal or lost or stolen firearms must also be reported by the supervisor to the Administrative Services Section for proper documentation in agency inventory records and to the IAA. When a firearm is lost or stolen, report the matter to the local police and obtain a copy of the report. Send a copy of the police report to Administrative Services to justify removing the firearm from inventory and send a copy to the IAA.

**K. Work-Related Injuries or Illnesses.**

1. The injured/ill employee, Personnel Officers, Area/Assistant Area Managers or designee must also comply with this:

The "company nurse" referred to in this section means a contract service that guides employees who have work-related injury or illness in seeking care to ensure compliance with state agency and Worker Compensation requirements. This is NOT the contractor that provides treatment for residents. Human Resources staff can provide the phone number for the current "company nurse" contractor or you may find the number on a bulletin board poster.

- a. In a medical emergency call 911 or seek immediate treatment at an emergency room. When there is a medical emergency the Personnel Officer, Area/Assistant Area Manager, or designee must promptly call the "company nurse" and report the situation. As soon as the injured/ill employee is able, he/she must also contact the "company nurse" for additional treatment instructions.
- b. When a work-related injury or illness does NOT require emergency medical care, before seeking any treatment, the injured/ill employee must call the "company nurse" for treatment instructions. When possible the employee's supervisor should be present to answer questions the company nurse may have. The employee must use the medical services specified by the company nurse.

- c. If the employee indicates that they do not need medical treatment:
    - (1) Have the employee complete, sign and date the form “Incident or Hazard Report/Witness Statement – for Staff Use.”
    - (2) Keep the incident report form on file. If the employee later indicates a need for medical treatment, call company nurse number for workers’ compensation claims reporting. Follow the steps for reporting the injury and send a copy of the completed incident report form to the Public Employee Claims Division.
  - d. The company nurse will initiate the following forms and will send them to ACC Central Office Human Resources Section. The Human Resources Benefits Analyst will then forward the forms to the employee and supervisor. The injured/ill employee can make changes at this time and must promptly complete and submit the following forms to his/her supervisor or designee:
    - The Arkansas Workers’ Compensation Commission Form AR-N, “[Employee’s Notice of Injury](#)” (print the 2-page form on the front/back of one piece of paper if possible).
    - The Arkansas Insurance Department > [Public Employee Claims Division’s](#) > PECD Form 1, “Employee’s Report of Accident.”
  - e. The supervisor or designee must ensure the employee completes the forms, review them, then email the forms to the Human Resources Section; Central Office Benefits Analyst.
2. Supervisor Initial Forms Processing. Supervisors must ensure the above employee actions are taken; promptly accomplish the following and forward all forms to the Central Office, Human Resources Section (HRS) in sufficient time to allow HRS to get the forms to the appropriate agency:
- a. within 48 hours:
    - For each accident resulting in a fatality, amputation, or when one or more employees are hospitalized, complete the Arkansas Department of Labor “[Accident / Injury Reporting form](#)” and process it through ACC Human Resources in time to arrive at the Arkansas Department of Labor within 48 hours from the accident.
  - b. within 10 days of the injury or illness onset:
    - Complete and submit the Workers’ Compensation Commission Form 1A-1, “[Workers Compensation - First Report of Injury or Illness](#),”
    - Complete and submit the Arkansas Insurance Department > [Public Employee Claims Division’s](#) “PECF Form 2, “Workers Comp Information Sheet”
    - Send a copy of the ACC “Incident or Hazard Report/Witness Statement(s)” to HRS. HRS must send these to the Arkansas Insurance Department > Public Employee

Claims Division.

3. Supervisor Follow-Up Reporting. Supervisors must report to HRS any change in status including but not limited to the following:
  - the injured employee returning to work and drawing wages
  - the injured employee losing time again
  - the injured employee has died.
4. Human Resources Section. HRS will promptly forward forms to the appropriate agency.
5. Offender Injuries - Supervisor/Offender Responsibilities. When possible, an offender who sustains an injury while in ACC custody must complete an Incident/Hazard Report/Witness Statement – for Offender’s Use form. The supervisor most familiar with the injury situation must ensure form completion. At residential centers, the medical contractor’s accident/injury report may also be required. In case of a resident serious illness/injury, follow additional guidance in the “Resident Serious Illness/Injury or Death” policy.

**L. Maltreatment Reporting.**

1. Applicability. This portion of the policy applies to Arkansas Community Correction (ACC) employees.
2. Maltreatment Reporting in General. All ACC employees are required to report actual and probable maltreatment of any person, to include children, adults, and elder adults. This is a higher standard than the law requires. In general, the law lists certain occupations as mandatory reporters of child and elder maltreatment. Some detailed requirements are provided in the law for employees in positions designated by law as “mandatory reporters.” “Mandatory Reporters of Child Maltreatment” include clergy (except when exempt by law), all medical staff, mental health professionals (this includes counselors), law enforcement officers, and sexual abuse or victim advocates. A similar listing of “mandatory reporters” is described by the law for adult maltreatment.
3. Reporting Child Maltreatment.
  - a. Follow confidentiality guidance.
  - b. ACC employees must promptly notify the Child Abuse Hotline if they
    - (1) have reasonable cause to suspect that child maltreatment has occurred or a child has died as a result of child maltreatment; or
    - (2) observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.
  - c. Child Maltreatment Details. This policy does not provide all details such as definitions of child abuse. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at

section 12-18-1708. Law enforcement officers must also understand Arkansas law section 12-28-1001, "Protective Custody Generally."

- d. Mandatory reporters of Child maltreatment must obtain as much clarifying information as possible.
  - e. When Residential Services counselors contact the Child Abuse Hotline and the hotline staff indicates they will conduct a follow up interview at the Center, the Center Supervisor must be informed.
  - f. Mandatory reporters are encouraged to make the call with the offender alleging abuse so that both can speak to the hotline staff. Parole/Probation Treatment staff may allow offenders to make a report on their own; however if this option is used, the staff is still obligated to call. The Child Abuse Hotline number is 1-800-482-5964. Parole/Probation Officers must make a note in eOMIS supervision contacts when the abuse hotline is contacted. Instead of calling, mandated reporters may fax the Arkansas State Police "[Suspected Child Abuse Report](#)" form to the State Police FAX number 1-501-618-8952.
  - g. All mandated reporters who routinely make entries in clinical files must also document reports of maltreatment in the clinical file.
4. Informing a Supervisor. After contacting the hotline, an employee should inform his/her supervisor without violating any privacy laws.
  5. Adult and Elder Maltreatment. This policy requires all employees to report actual and probable maltreatment of any adult person. Maltreatment of adults to include elders must be reported to the Adult Abuse hotline at (800) 482-8049. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at section 4-88-201 and beginning at section 12-12-1701. Report any abuse to include suspected abuse, neglect, or exploitation of endangered or impaired adults.
  6. Confidentiality of Child and Adult Maltreatment Information. Information received about child or adult maltreatment must only be released under the following circumstances:
    - reporting to the hotline
    - disclosing information to other staff for appropriate business reasons
    - documenting information in the clinical file or eOMIS supervision contact
    - consulting with your personal attorney, and
    - complying with court orders.

**M. Investigations.**

3. ~~\_\_\_\_\_~~ ~~4.~~  
~~—Investigating Incidents Involving Firearms.~~

When a firearm is involved refer to the above paragraph “~~Incidents Involving a Firearm Incidents While on Duty.~~”

4. ~~\_\_\_\_\_~~ ~~2.~~ **At Residential Facilities, Investigating an Incident, Allegation or Suspicion of Sexual Abuse, Sexual Misconduct or an Incident Not of a Sexual Nature that may Rise to the Level of Criminal Activity.**

~~When there is an incident, allegation or suspicion of sexual abuse, sexual misconduct, sexual harassment, or an incident not of a sexual nature that may raise to the level of criminal activity at a residential center, the Center Supervisor must be notified immediately. The Center Supervisor will promptly initiate an initial center level investigation.~~

~~The initial center investigation should be completed, reviewed and recommendations as to disposition made to the Deputy Director of Residential Services within 10 business days of receipt of the initial complaint. Through a review of the initial investigation and all relevant documentation, the Center Supervisor will determine the complaint to be substantiated, unfounded, unsubstantiated, or recommend investigation assistance. The Deputy Director of Residential Services will evaluate the Center Supervisor’s determination and/or recommendation.~~

~~Within 10 business days from receipt of the complaint:~~

- ~~• the initial investigation and report must be completed~~
- ~~• the Center Supervisor must review the report and recommend a finding that the complaint be substantiated, unfounded, unsubstantiated, or further investigation is needed.~~
- ~~• the Center Supervisor must forward the report, any accompanying documentation and his/her recommendation to the Deputy Director of Residential Services.~~

~~The Deputy Director of Residential Services will~~

- ~~• evaluate the report and the Center Supervisor’s recommendation and determine whether the complaint is substantiated, unfounded, unsubstantiated, or further investigation is needed.~~
- ~~• If determined to warrant further investigation, the report will be marked as such and returned to the Center Supervisor~~
- ~~• If any other determination is made, the report will be marked as such and the report and accompanying documentation will be forwarded to the IAA~~

~~The IAA may conduct additional investigation or, if criminal activity is suspected or indicated, he/she will ask the Arkansas State Police to conduct an investigation~~

~~The IAA or State Police must make a final determination of substantiated, unfounded or unsubstantiated and this result must be returned through the supervision chain to the Center Supervisor.~~

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All investigations of sexual abuse, sexual misconduct, or sexual harassment must be conducted in compliance with Prison Rape Elimination Act (PREA) standards (PREA 115.222, 115.271, 115.272, 115.273) and the ACC PREA Investigation Guide.

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A “Sexual Abuse Incident Review” must be conducted pursuant to the PREA policy.

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**3. At Residential Facilities, Investigating Incidents NOT Addressed in Preceding Section.**

For incidents NOT addressed in the preceding Residential Facilities section (paragraph III. M. 2.) where an allegation may result in termination of employment or suspension, the Center Supervisor must notify the Deputy Director of Residential Services and may request an internal investigation be conducted. When appropriate, the Deputy Director of Residential Services may request the Internal Affairs Administrator investigate the matter.

**4. For Parole/Probation Services and Central Office Employees: Investigating an Incident, Allegation or Suspicion of Sexual Abuse, Sexual Misconduct or an Incident Not of a Sexual Nature that may Rise to the Level of Criminal Activity.**

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When there is an incident, allegation or suspicion of sexual abuse or sexual harassment, or an incident not of a sexual nature that may rise to the level of criminal activity, employees must notify their supervisor and the supervisor must promptly contact the IAA. The IAA must notify the State Police Criminal Investigation Division. When appropriate, the IAA must conduct an internal investigation. The State Police are responsible for investigating incidents where criminal activity is alleged. The IAA will provide pertinent information to appropriate personnel in an effort to resolve the situation and prevent future occurrences. The IAA must ensure investigations are conducted pursuant to PREA standards (PREA 115.222, 115.271, 115.272, 115.273).

**3. For other incidents-5. Investigating Incidents NOT addressed Above, Where an Allegation may Result in Termination or Suspension of Employment.**

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For incidents not addressed above, where an allegation may result in termination or suspension of employment or suspension, the supervisor must notify his/her Deputy Director with a recommendation that an internal investigation be conducted. When the Deputy Director agrees that the allegation may result in terminating employment or suspension, he/she must ask the IAA to investigate.

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**6. Investigating Incidents NOT addressed Above, Where an Allegation is NOT apt to Result in Termination or Suspension of Employment.**

For such incidents where an employee is involved but allegations are not apt to result in termination of employment or suspension, the supervisor must notify his/her Deputy Director. The Deputy Director must notify the IAA and together they may agree to allow an appropriate supervisor to conduct the investigation or suspension of employment, supervisors must use discretion in deciding whether to inform others in the supervision chain; conduct an investigation; or request an investigation. Any incident resulting in injury, if not investigated pursuant to preceding guidance, must be investigated by someone designated by the appropriate Center Supervisor, Area Manager or Central Office deputy director or the IAA. This investigation must be document on the Investigation and Mitigation form.

~~4.~~

7. Director Initiated Investigations.

The Director may order the IAA to conduct an internal investigation of ~~other~~ incidents when deemed appropriate.

8. Conducting and Documenting Investigations.

Investigations must be initiated and conducted pursuant to guidance above. An investigator must conduct a thorough investigation following guidance on the form titled "Incident or Hazard Investigation and Mitigation Report." The IAA is not required to use this form. The completed form must be sent at a minimum to:

- Human Resources if an employee was injured
- The appropriate Center Supervisor, Area Manager or at Central Office – deputy director.
- Scan into eOMIS.

**N. Supervisor.** Supervisors must ensure the following:

1. Employees are trained on this and other policies and emergency plans related to specific types of incidents to ensure timely, accurate and appropriate handling and reporting of incidents and hazards.
2. Staffs, volunteers, interns and residents are provided appropriate guidance so they will comply with safety and security rules and procedures and report safety and security incident situations. Failure to comply with appropriate reporting requirements may lead to disciplinary action.
3. Actions are taken to investigate and prevent reoccurrence of preventable incidents and hazards.
4. When there is harassment between or among employees, or agents; in addition to reporting and investigating measures, supervisors must ensure appropriate oversight to include measures to prevent further harassment or retaliation. Other policies guide supervisors when offenders are involved.

**O. Physical Evidence.** Physical evidence must be handled following procedures in the administrative directive, "Searches for, Control and Disposition of Contraband and Evidence".

**P. After-Action Activities.**

1. ~~Critical Incident Reviews.~~

- a. ~~The IAA, Area Managers, Administrators, Center Supervisors and above may ask the Director to appoint a Critical Sexual Abuse Incident Review Committee.~~

~~b. The Director may order a critical incident review and when doing so will appoint a Critical Incident Review Committee.~~

~~e. The IAA. The Center Supervisor must ensure a ~~critical~~sexual abuse incident review is conducted at the conclusion of every sexual abuse investigation, including when the allegation has not been substantiated, unless the allegation has been determined to be unfounded.~~

~~(1)a. Such review must ordinarily occur within 30 days of the conclusion of the investigation.~~

~~(2)b. The review team must include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.~~

~~(3)c. The review team must:~~

- ~~• \_\_\_\_\_  
\_\_\_\_\_ (a)  
\_\_\_\_\_ Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;~~
- ~~• \_\_\_\_\_  
\_\_\_\_\_ (b)  
\_\_\_\_\_ Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual identity, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;~~
- ~~• \_\_\_\_\_  
\_\_\_\_\_ (c)  
\_\_\_\_\_ Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;~~
- ~~• \_\_\_\_\_  
\_\_\_\_\_ (d)  
\_\_\_\_\_ Assess the adequacy of staffing levels in that area during different shifts;~~
- ~~• \_\_\_\_\_  
\_\_\_\_\_ (e)  
\_\_\_\_\_ Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and~~
- ~~• \_\_\_\_\_  
\_\_\_\_\_~~



~~\_\_\_\_\_~~ <sup>(f)</sup>  
~~\_\_\_\_\_~~ Prepare a report of its findings, including but not necessarily limited to ~~determinations made pursuant to paragraphs P-1.c.(the elements in (3) (a) through (c) of this section;~~ and any recommendations for improvement, ~~and~~. Submit the report to the ~~facility head and Deputy Director of Residential Services and the~~ PREA compliance manager.

~~\_\_\_\_\_~~ <sup>(4)</sup>  
~~\_\_\_\_\_~~ d. The facility must implement the recommendations for improvement, or must document its reasons for not doing so. (PREA 115.283)

2. Critical Incident ~~Review Committees must~~ Reviews.

~~\_\_\_\_\_~~ a. ~~Comply with the above guidance for sexual abuse investigations in addition to this:~~

~~\_\_\_\_\_~~ b. ~~\_\_\_\_\_~~ <sup>a.</sup>  
~~\_\_\_\_\_~~ The IAA, Area Managers, Administrators, Center Supervisors and above may ask the Director to appoint a Critical Incident Review Committee.

~~\_\_\_\_\_~~ b. ~~The Director may order a critical incident review and when doing so will appoint a Critical Incident Review Committee.~~

~~\_\_\_\_\_~~ 3. ~~Critical Incident Review Committees must:~~

~~\_\_\_\_\_~~ a. gather documentation and conduct interviews as necessary to determine the facts related to the incident.

~~\_\_\_\_\_~~ b. notify the IAA if ~~the committee~~ suspects criminal activity has occurred. When this happens, the Director will determine whether to continue the critical incident review or rely solely on the State Police investigation.

~~\_\_\_\_\_~~ c. complete the review within 45 days ~~(30 days following a sexual abuse investigation)~~ unless the Director grants an extension. The committee chair is responsible for a report outlining the facts and the committee's recommendations.

~~\_\_\_\_\_~~ d. provide copies of all records and ~~any recordings~~ of interviews gathered by the committee to the IAA. The Director may choose to send a copy of the summary and recommendations to the person who originally requested the critical incident review and will provide a copy to the appropriate Deputy/Chief Deputy Director. The Deputy/Chief Deputy Director will work with staff to develop an action plan.

f. Make the summary, recommendations, and action plan known to the Management Team for a review and to determine the feasibility of the committee's recommendations.

~~34~~ Counseling Services after Critical Incidents. ACC will make post-trauma counseling and support available through the State's Employee Assistance Program (contact HRS for details).

~~45~~ Supervisor Communication after Critical Incidents. When an employee or agent is involved in a critical incident, his/her supervisor must ensure required actions are taken in accordance with applicable policies, to include reporting.

5-6 Critical Incident at a Residential Center. Center Supervisors must ensure a debriefing with designated and impacted staff as soon as possible after a critical incident and conduct a follow-up debriefing two weeks later. At a minimum, debriefings will include the following: (4-ACRS-1C-01-1)

- a. Discussion about what happened, the response and the probable cause.
- b. Discussion about the impact on staff and residents.
- c. A review of corrective actions taken and still needed to include changes to plans, policy, procedures, checklists, equipment and supplies.
- d. Plans for improvement to avoid another incident.
- e. Appropriate documentation of after action debriefings.

#### IV. ATTACHMENTS/FORMS.

AD ~~46-0618-12~~ Form 1 Incident or Hazard Report/Witness Statement – ~~for~~ Staff Use  
AD ~~46-0618-12~~ Form 2 Incident or Hazard Report/Witness Statement – ~~for~~ Offender's Use  
AD ~~46-0618-12~~ Form 3 Incident or Hazard Report/Witness Statement Continuation Page  
AD 18-12 Form 4 Incident or Hazard Investigation and Mitigation Report

#### V. REFERENCES.

“[Workers Compensation - First Report of Injury or Illness](#)” (Workers’ Compensation Commission Form 1A-1)

“[Employee’s Notice of Injury](#)” Form (Arkansas Workers’ Compensation Commission Form AR-N)

“[Workers Comp Information Sheet](#)” (Arkansas Insurance Department > [Public Employee Claims Division’s](#) “PECF Form 2)

“[Employee’s Report of Accident](#)” (Arkansas Insurance Department > [Public Employee Claims Division’s](#) > PECD Form 1)

“[Accident / Injury Reporting form](#)” (Arkansas Department of Labor)

Arkansas Community Correction

**INCIDENT OR HAZARD REPORT/WITNESS STATEMENT-STAFF USE**

Name of Person Making Report: \_\_\_\_\_ Control Number: \_\_\_\_\_

Title or Resident Number: \_\_\_\_\_ Office/Area or Shift: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

PRELIMINARY REPORT     FINAL REPORT    License Plate #: \_\_\_\_\_ Last 4 VIN: \_\_\_\_\_

**INCIDENT TYPE**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sexual Harassment (allegations, incidents or suspicion) | <input type="checkbox"/> Sexual Abuse (allegations, incidents or suspicion) | <input type="checkbox"/> Non-sexual harassment or suspicion |
| <input type="checkbox"/> State Vehicle   | <input type="checkbox"/> Public Complaint                                   | <input type="checkbox"/> Offender Injury                    |
| <input type="checkbox"/> Arrest  | <input type="checkbox"/> Employee Injury                                    | <input type="checkbox"/> Emotional Stress                   |
| <input type="checkbox"/> Weapon  | <input type="checkbox"/> Evidence Collected                                 | <input type="checkbox"/> Auto Accident                      |
| <input type="checkbox"/> Contraband  | <input type="checkbox"/> Cardinal Rule Violation                            | <input type="checkbox"/> Use of Force                       |
| <input type="checkbox"/> Property Damage   | <input type="checkbox"/> Major Rule Violation                               | <input type="checkbox"/> Substance Abuse                    |
| <input type="checkbox"/> Offender Death  |   |   |
| <input type="checkbox"/> OTHER (explain): _____                                  |   |   |

**Instructions:** Provide names and identities of others as you know them. If “reasonable suspicion” is the basis for action, document both the “specific objective facts,” and any “reasonable inferences” relied upon to make the judgment. Include a description of what led to the incident, who was present, who was involved, what force was used, and by whom, injuries sustained (if any), and medical assistance offered and provided. Follow other relevant policy guidance.  
 For allegations, incidents or suspicion of sexual abuse, sexual harassment and non-sexual harassment: 1. Comply with related policies including “Reporting and Investigating Incidents and Hazards” and “Prison Rape Elimination Act (PREA).” 2. Use the Sexual Abuse Checklist when applicable. 3. When ACC staff complete this on behalf of a resident or offender who makes a verbal report; make a note of this on the report and then ask the resident/offender to sign if they agree.

**Offenders Involved /Present (Box may be checked if you are certain the offender was “involved”)**

<u>Inv</u>	<u>Offender Name</u>	<u>Number</u>	<u>Inv</u>	<u>Offender Name</u>	<u>Number</u>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

**Employees or Others Involved / Present (Box may be checked if you are certain the person was “involved”)**

<u>Inv</u>	<u>Employee / Other Name</u>	<u>Optional Note</u>	<u>Inv</u>	<u>Employee / Other Name</u>	<u>Optional Note</u>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – PAGE 2

Extent of Injury and to Whom \_\_\_\_\_

Treatment Rendered and by Whom \_\_\_\_\_

INCIDENT STATEMENT OF FACTS. Describe the situation as you saw it or know it. Do not include opinions, conclusions, or interpretations. Use the continuation page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition (when information is available before submitting this form) \_\_\_\_\_

CERTIFICATION

I hereby certify that the statement hereinbefore is true. I am making this statement freely, under no duress, and without undue coercion exerted on me by an official of Arkansas Community Correction, or any offender.

Name of Person Making Statement (Print) \_\_\_\_\_ Signature of Person Making Statement \_\_\_\_\_ Date \_\_\_\_\_

Name of Person Taking Statement (Print) \_\_\_\_\_ Signature of Person Taking Statement \_\_\_\_\_ Date \_\_\_\_\_

Center Supervisor / Area Manager must see any report involving use of force or serious/critical incidents. (4-ACRS-2B-01) Either a copy must be sent to the Center Supervisor / Area Manager OR the original. If sending a copy complete the next line:

Copy was sent to Center Supervisor or Area Manager (if required). Sent by (name): \_\_\_\_\_

REVIEWED BY (Name)	POSITION or TITLE	DATE	TIME
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

Comments  Recommendations  Instructions

Arkansas Community Correction

**INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – FOR OFFENDER’S USE**

Name of Offender Making Report: \_\_\_\_\_ Offender Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Check this box if this involves actual, alleged, or suspected sexual abuse or sexual harassment. If checked you may give this form to any staff person.

Offender Names (involved or present):

\_\_\_\_\_

Employee or Others’ Names (involved or present):

\_\_\_\_\_

**INCIDENT STATEMENT OF FACTS**

- Describe the situation as you saw it or know it. • Do not include opinions, conclusions, or interpretations.
- Include a description of what led to the incident, who was present, who was involved, injuries (if any), and medical assistance offered and provided. • Use a continuation page if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I hereby certify my statement is true. I am making this statement freely, under no duress, and without unlawful coercion by an official of Arkansas Community Correction, or any offender.

\_\_\_\_\_  
Name of Person Making Statement (Print)                      Signature of Person Making Statement                      Date

A staff person may interview and record a statement on behalf of an offender when necessary. When doing this, the staff person must ensure the offender understands and agrees, then complete this line:

\_\_\_\_\_  
Name of Person Taking Statement (Print)                      Signature of Person Taking Statement                      Date



INCIDENT OR HAZARD INVESTIGATION AND MITIGATION REPORT

Name of Employee Making Report: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

Instructions.

- 1. Review and comply with applicable policy to include the "Reporting and Investigating Incidents, Hazards and Maltreatment" policy. If any doubt exists about whether an investigation should be done locally, the appropriate Center Supervisor, Area Manager or their designee should consult with the Internal Affairs Investigator before assigning an investigator.
2. If you are not familiar with investigation techniques, study some online lessons or articles.
3. Review the incident reports and witness statements. Review related information such as policies and examine the scene or evidence.
4. As appropriate interview people involved and others with insights about the incident and related procedures.
5. Try to identify the root cause and include recommendations and actions taken to prevent recurrence
6. Write your report on this form and distribute it pursuant to policy and local guidance.

People involved or present OR make reference to the Incident Report / Witness Statements:

\_\_\_\_\_

INCIDENT STATEMENT OF FACTS

- Describe the situation as you saw it or know it. • Do not include opinions, conclusions, or interpretations.
• Include a description of what led to the incident, who was present, who was involved, injuries (if any), and medical assistance offered and provided. • Was policy followed • Use a continuation page if necessary

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

PROBABLE ROOT CAUSE AND RECOMMENDATIONS TO MITIGATE THE SITUATION

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

ACTIONS TAKEN/RECOMMENDED TO PROVIDE MEDICAL CARE AND/OR MITIGATE THE SITUATION

CERTIFICATION

I hereby certify this information is an accurate unbiased assessment of the incident or hazard and actions taken.

Name of Person Making Statement (Print) \_\_\_\_\_ Signature of Person Making Statement \_\_\_\_\_ Date \_\_\_\_\_

Name of manager reviewing this report

Name of Reviewer (Print) \_\_\_\_\_ Signature of Reviewer \_\_\_\_\_ Date \_\_\_\_\_

AD 18-12 Form 4

Medication Assisted Treatment AD 18-35 CLEAN COPY



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 18-35 Medication Assisted Treatment

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 18-25

**APPROVED:** Signature on File      **EFFECTIVE:** November 5, 2018

- I. **PURPOSE.** To establish specific guidelines for the Medication Assisted Treatment of offenders with opioid substance use disorder and/or severe alcohol use disorder.
- II. **APPLICABILITY.** All ACC employees, Correct Care Solutions medical/mental health staff.
- III. **POLICY.** It is the policy of Arkansas Community Correction that the Medication Assisted Treatment (MAT) Program will provide for the initiation of treatment for eligible offenders prior to release once they receive appropriate education. The goals of the program are to increase and improve substance abuse treatment response among offenders prior to release and by this means, reduce relapse and recidivism related to future substance use.

#### IV. DEFINITIONS.

**Medication Assisted Treatment (MAT):** Evidence-based substance use treatment approach made possible through prescribing and monitoring medications, along with other recovery supports such as counseling and peer support.

#### V. PROCEDURE.

##### A. Medication Assisted Treatment Training and Screening.

1. All Treatment Staff and Medical Staff participating in MAT will receive training on the methods to educate residents on the following:
  - a. Eligibility criteria
  - b. Opioid epidemic
  - c. Overview of opioid and alcohol dependency
  - d. Understanding types of medications used in MAT
  - e. Overview of the MAT program.
2. At the time of admission to the center, an approved substance use disorder assessment and opioid dependence screening tool must be completed by the appropriate treatment personnel.



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3. Residents will not be coerced or pressured into receiving treatment in the MAT program at any time.
4. Once a resident is determined to have opioid dependency or severe alcohol use disorder as indicated on the screening or assessment tool, the MAT counselor at the facility will provide education counseling and referral to medical staff if the resident is appropriate for the program.

**B. Mental Health Evaluation.**

1. During the program, a mental health professional will conduct a formal evaluation of the resident to determine if there are any current acute mental health contraindications before proceeding to a medical evaluation for MAT.
2. Mental health contraindications may include, but are not limited to, patients with current:
  - a. Acute psychiatric diagnosis
  - b. Suicidal ideations or plans
  - c. Mental incompetency for voluntary consent.
3. If any contraindications are identified, the mental health professional must make appropriate treatment recommendations or referrals. The resident may be reassessed when psychiatrically stable.
4. Residents who have no mental health contraindications and have completed the required MAT education will be sent to medical staff for medical consent and initiation of therapy.

**C. Medical Evaluation.**

1. The Medical Director, or designee, and appropriately trained nursing staff must meet with the resident and review risks and benefits of proposed MAT.
2. Informed consent will be obtained, and any MAT will be prescribed according to written order by the Medical Director.

**D. Drug Screens and Initiation of/Continuation of Treatment.**

1. A urine drug screen will be obtained prior to initiation of MAT.
2. Upon negative results, the resident will sign consent for treatment and be given the oral challenge medication.
3. The resident will be monitored for signs/symptoms of side effects or adverse reactions to the medication as per manufacturer recommendations. All signs/symptoms will be treated per the established community standard of care.
4. The initial injection of the medication will be initiated 4-5 weeks prior to release for center residents eligible based on length of stay for two doses.
5. The final injection of medication will be provided within seven (7) days of release.

6. Discharge planning and aftercare planning will include information for the resident related to follow up treatment once released from incarceration. Follow up appointments will be scheduled for the resident, and oversight of continued treatment will be monitored according to policy of the accepting physician/treatment provider as well as parole/probation staff.
7. All documentation related to the MAT preparation and initiation of treatment will be forwarded to the accepting physician/treatment facility upon release. ACC parole/probation staff will have access to documentation in eOMIS.

**E. Continuation of Treatment Upon Discharge from Residential Services.**

1. MAT program participants discharged from ACC centers will report to their assigned officer at the ACC Parole/Probation Office as scheduled and will be connected with the treatment staff at that location for follow up review of discharge and aftercare planning done at the center. Such review may also be done by the Parole/Probation officer with the participant and documented in eOMIS.
2. When the discharge review is done and documented by the P/P officer, the MAT program participant is scheduled to see the treatment staff within the week for Continuing Care planning.
3. Continuing Care Plan will include follow up with the accepting physician/treatment facility for continuation of medication as scheduled, individual and group counseling sessions with ACC treatment staff as scheduled, and random drug tests as per supervision requirement.
4. Parole/Probation officers and treatment staff will monitor and support a MAT program participant's compliance with all aspects of the program.
5. Following the last dosage of medication, MAT program participants will remain in counseling with ACC treatment staff for up to 60 days prior to discharge planning and referral to the regular minimum six-month Continuing Care Program.

**F. MAT Protocol Initiated Outside ACC Residential Services.**

1. All MAT program participants must do so voluntarily. A probationer/parolee residing in the community and interested in participating in the MAT program will be screened by Probation and Parole Treatment Services staff to determined opioid dependency criteria or severe alcohol use disorder.
2. A potential MAT participant who meets criteria for opioid dependency and/or severe alcohol use disorder will be provided an overview of MAT program and available medication alternatives prior to referral to the appropriate accepting physician/treatment facility for further medical and mental health screening for appropriateness for the chosen medication. An interested participant found inappropriate for MAT may participate in a traditional substance use disorder treatment program.
3. Unless the accepting physician/treatment facility provides a comprehensive MAT program that includes counseling, all MAT program participants in the community will participate in

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counseling with ACC Probation and Parole Treatment Services staff while receiving medication from the accepting physician/treatment facility.

4. Random drug testing of participants will continue as per supervision policy throughout the duration of MAT program.
5. Following the last dosage of medication, MAT program participants will remain in counseling with ACC Treatment staff for up to 60 days prior to discharge planning and referral to the regular minimum six-month Continuing Care Program.
6. Upon completion of the Continuing Care program, all MAT program participants may be discharged from the program; must report to their officers as required for the remaining duration of their supervision, and will continue participation in the recovery community such as AA, NA, other support groups, etc. as needed.
7. An individual already on a MAT protocol prior to contact with ACC will continue the program as scheduled and report progress to his/her assigned officer during office visits or report to Treatment Services staff if also participating in other in-house treatment programs.

Medication Assisted Treatment AD 18-35 MARKUP



## Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: ~~18-2518-35~~ Medication  
Assisted Treatment ~~of Opioid Substance Use~~

TO: Arkansas Community Correction Employees

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

SUPERSEDES: AD ~~18-0418-25~~

APPROVED: Signature on File

EFFECTIVE: July 9, 2018

- I. **PURPOSE.** To establish specific guidelines for the Medication Assisted Treatment of offenders with opioid substance use disorder ~~offenders and/or severe alcohol use disorder.~~
- II. **APPLICABILITY.** All ACC employees, Correct Care Solutions medical/mental health staff.
- III. **POLICY.** It is the policy of Arkansas Community Correction that the Medication Assisted Treatment (MAT) Program will provide for the initiation of treatment for eligible offenders prior to release once they receive appropriate education. The goals of the program are to increase and improve substance abuse treatment response among offenders prior to release and by this means, reduce relapse and recidivism related to future substance use.
- IV. **DEFINITIONS.**  
**Medication Assisted Treatment (MAT):** Evidence-based substance use treatment approach made possible through prescribing and monitoring medications, along with other recovery supports such as counseling and peer support.
- V. **PROCEDURE.**
  - A. **Medication Assisted Treatment Training and Screening.**
    1. All Treatment Staff and Medical Staff participating in MAT will receive training on the methods to educate residents on the following:
      - f. Eligibility criteria
      - g. Opioid epidemic
      - h. Overview of opioid and alcohol dependency
      - i. Understanding types of medications used in MAT
      - j. Overview of the MAT program.
    2. At the time of admission to the center, an approved substance use disorder assessment and opioid dependence screening tool must be completed by the appropriate treatment personnel.

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3. Residents will not be coerced or pressured into receiving treatment in the MAT program at any time.
4. Once a resident is determined to have opioid dependency or severe alcohol use disorder as indicated on the screening or assessment tool, the MAT counselor at the facility will provide education counseling and referral to medical staff if the resident is appropriate for the program.

**B. Mental Health Evaluation.**

1. During the program, a mental health professional will conduct a formal evaluation of the resident to determine if there are any current acute mental health contraindications before proceeding to a medical evaluation for MAT.
2. Mental health contraindications may include, but are not limited to, patients with current:
  - d. Acute psychiatric diagnosis
  - e. Suicidal ideations or plans
  - f. Mental incompetency for voluntary consent.
3. If any contraindications are identified, the mental health professional must make appropriate treatment recommendations or referrals. The resident may be reassessed when psychiatrically stable.
4. Residents who have no mental health contraindications and have completed the required MAT education will be sent to medical staff for medical consent and initiation of therapy.

**C. Medical Evaluation.**

1. The Medical Director, or designee, and appropriately trained nursing staff must meet with the resident and review risks and benefits of proposed MAT.
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7. All documentation related to the MAT preparation and initiation of treatment will be forwarded to the accepting physician/treatment facility upon release. ACC parole/probation staff will have access to documentation in eOMIS.

**E. Continuation of Treatment Upon Discharge from Residential Services.**

6. MAT program participants discharged from ACC centers will report to their assigned officer at the ACC Parole/Probation Office as scheduled and will be connected with the treatment staff at that location for follow up review of discharge and aftercare planning done at the center. Such review may also be done by the Parole/Probation officer with the participant and documented in eOMIS.
7. When the discharge review is done and documented by the P/P officer, the MAT program participant is scheduled to see the treatment staff within the week for Continuing Care planning.
8. Continuing Care Plan will include follow up with the accepting physician/treatment facility for continuation of medication as scheduled, individual and group counseling sessions with ACC treatment staff as scheduled, and random drug tests as per supervision requirement.
9. Parole/Probation officers and treatment staff will monitor and support a MAT program participant's compliance with all aspects of the program.
10. Following the last dosage of medication, MAT program participants will remain in counseling with ACC treatment staff for up to 60 days prior to discharge planning and referral to the regular minimum six-month Continuing Care Program.

**F. MAT Protocol Initiated Outside ACC Residential Services.**

8. All MAT program participants must do so voluntarily. A probationer/parolee residing in the community and interested in participating in the MAT program will be screened by Probation and Parole Treatment Services staff to determine opioid dependency criteria or severe alcohol use disorder.
9. A potential MAT participant who meets criteria for opioid dependency and/or severe alcohol use disorder ~~criteria~~ will be provided an overview of MAT program and available medication alternatives prior to referral to the appropriate accepting physician/treatment facility for further medical and mental health screening for appropriateness for the chosen medication. An interested participant found inappropriate for MAT may participate in a traditional substance use disorder treatment program.
10. Unless the accepting physician/treatment facility provides a comprehensive MAT program that includes counseling, all MAT program participants in the community will participate in

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counseling with ACC Probation and Parole Treatment Services staff while receiving medication from the accepting physician/treatment facility.

11. Random drug testing of participants will continue as per supervision policy throughout the duration of MAT program.
12. Following the last dosage of medication, MAT program participants will remain in counseling with ACC Treatment staff for up to 60 days prior to discharge planning and referral to the regular minimum six-month Continuing Care Program.
13. Upon completion of the Continuing Care program, all MAT program participants may be discharged from the program; must report to their officers as required for the remaining duration of their supervision, and will continue participation in the recovery community such as AA, NA, other support groups, etc. as needed.
14. An individual already on a MAT protocol prior to contact with ACC will continue the program as scheduled and report progress to his/her assigned officer during office visits or report to Treatment Services staff if also participating in other in-house treatment programs.



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 18-31 Community Transition and Furlough

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 17-18

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

**EFFECTIVE:** December 31, 2018

- I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, eligible residents, and their sponsors.
- II. **POLICY.** ACC will provide for temporary supervised furlough of residential center residents for certain emergencies and authorized community transition activities. ACC will provide community transition opportunities and administer furloughs in a way that guards against illegal activity in the community.
- III. **TRANSITIONAL ACTIVITY GUIDELINES.** As a part of the services and programs provided to meet resident needs, Center Supervisors are responsible for planning and implementing transitional activities that are responsive to the needs of the resident population. Transitional activities should be offered within three months of the resident's earliest possible release date. (4-ACRS-5A-20)
  - A. Center Supervisors must provide information, training, and skill-building programs addressing, at minimum, the following employment-related topics:
    1. Job acquisition, retention, and appropriate behavior on the job
    2. Vocational placement, assessment, or job locator services
    3. Everyday living skills.
  - B. For an employable resident who has no job, staff designated by the Center Supervisor will coordinate with the Arkansas Department of Workforce Services or other appropriate agencies or services to identify jobs available in the area to which he/she will be released and make this information available to the resident.
  - C. Information and skill-building programs designed to aid other aspects of successful community reintegration such as the topics listed below may also be provided.
    1. Social Security, Veterans, and other benefits application and assistance



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2. Banking and financial management
3. Community-based substance abuse treatment and mental health services
4. Legal issues
5. Housing assistance
6. Orientation to community supervision services and programs.

**IV. FURLOUGH GUIDELINES.**

- A. Authority to Approve Furloughs.** Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director or the Director is authorized to approve furloughs.
- B. Eligibility Criteria.** To be eligible for a furlough, in the judgment of the approval authority, the resident must meet the applicable criteria listed on AD 18-31 Form 5, “Emergency Furlough Criteria Checklist” or “AD 18-31 Form 6, “Community Transition Furlough Criteria Checklist.”
- C. Terms/Conditions of Furlough.** The resident must agree to comply with the furlough terms/conditions as described on the Furlough Certificate. The approval authority may order GPS monitoring as a special term of any furlough.
- D. Violations.**
1. Violating the terms and/or conditions of a furlough constitutes a cardinal rule infraction. In addition, the violation itself may subject the resident to additional disciplinary action in accordance with ACC rules and regulations on resident conduct. Violation(s) must result in immediate termination of the furlough and return to the Center. The resident will not be eligible for further furlough, for any reason, for the duration of his or her ACC confinement.
  2. If a resident fails to report back by the appointed time, promptly initiate escape procedures.
- E. Costs.** ACC will not assume any costs associated with furloughs such as for transportation, food, housing, medical, or other costs. Such expenses are the responsibility of the resident.

**V. PROCEDURES FOR FURLOUGHS.**

- A. Staff Responsibilities in General.** The Center Supervisor will clarify which people or positions are authorized and responsible for processing a furlough request. Most of the furlough requirements, such as eligibility requirements, are described in the forms rather than in the body of this policy.
- B. Processing an Application for an Emergency Furlough Overview.**
1. In cases of a verifiable death or critical illness of a resident’s immediate family member, when a furlough application has been approved, a resident who meets eligibility criteria should be allowed to go to the funeral/bedside escorted by the sponsor. For this purpose, “immediate family member” means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian. (4-ACRS-5A-18-1 [P])
  2. Emergency furloughs are limited to the amount of time necessary for the resident to travel to/from the funeral/bedside and attend the service/visit. There will not be overnight stay

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unless approved by the Deputy Director of Residential Services.

3. To apply for an emergency furlough, the resident must do the following:
  - a. Complete the “Applicant” portion of Form 1, “Furlough Application.”
  - b. Identify a sponsor that meets the requirements.
  - c. Have the proposed sponsor complete the “Sponsor Agreement” form and return it to the primary processor. If there is insufficient time for the application to be mailed to the sponsor, the primary processor may obtain the required information from the sponsor by phone or email.
  - d. Submit the completed application and Sponsor Agreement forms to the primary processor as soon as possible after learning of the emergency.
4. Unless prior arrangements are made and approved by the Center Supervisor, the sponsor must be the person who picks up the resident at the beginning of the furlough and returns the resident at the end.
5. Other than Certified Law Enforcement, the sponsor must be an immediate family member of the resident requesting furlough and must be on the resident’s approved visitation list. For this purpose, “immediate family member” means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.
6. Sponsors must be capable of ensuring the resident under their supervision abides by the terms and conditions of the furlough and be a positive influence/role model for the resident.
7. Current background checks/investigations must be completed on all proposed sponsors. Sponsor applicants must not have a felony conviction or Class A misdemeanor conviction; or pending charges of the same.

**C. Processing an Application for a Community Transition Furlough Overview.**

To apply for a community transition furlough, the resident must do the following:

1. Complete the “Applicant” portion of Form 1, “Furlough Application”
2. Have the proposed sponsor complete the “Sponsor Agreement”
3. Work with his/her counselor to develop a “Community Transition Plan” form; instructions are provided with the form
4. Provide these forms to the resident’s counselor.
5. The address and location the resident is requesting for activity participation or overnight stay must be the same as identified and approved as the resident’s home plan on their release plan. There will not be an overnight stay unless approved by the Deputy Director of Residential Services.

**Page 59 of 165**

6. A Community Transition Furlough will not begin or end on a holiday, nor be conducted over a holiday weekend, or during a holiday week.

**D. Notification of Law Enforcement and Victim.**

The IRO or other designated staff must notify law enforcement as described on Form 7, “Furlough Notification of Local Law Enforcement,” within the timeframe described therein. Document law enforcement notification by completing the form.

If there is a victim notification requirement and the resident has requested an emergency furlough, the IRO or other designated staff must notify the victim as soon as possible and the sponsor must be an active Arkansas certified law enforcement officer. If there is a victim notification requirement, and the resident has requested a community transition furlough, the resident does not meet these criteria; indicate this on the criteria checklist.

- E. Approval of Furlough.** Considering the investigation results, comments, recommendations, and input (if any) from the Resident Management Team, local law enforcement, and victims where applicable, the approval authority will approve, approve with additional stipulations, or deny the furlough request and return the decision to the resident’s primary processor. The primary processor will inform the resident of the decision.

- F. Furlough Certificate.** When the approval authority has approved a furlough, authorized staff must provide the resident with a properly prepared and signed “Furlough Certificate” form authorizing his/her furlough. The certificate must indicate the beginning and ending dates and times of the furlough, the address at which the resident will lodge overnight (if an overnight stay is authorized), the name of a Center staff to be contacted in the event the resident is questioned by law enforcement officers regarding a crime or suspected crime, special terms, and any conditions of the furlough. Rules and regulations for furlough conduct will be explained to the resident and his/her sponsor prior to leaving for furlough. Staff must obtain the sponsor’s signature on the Furlough Certificate and provide a copy to the sponsor so he/she can monitor the resident with the terms of the furlough.

- G. Training.** Supervisors must ensure appropriate staff are trained on the guidelines and procedures of this policy. The Center Supervisor must ensure information about furloughs and the community transition program is provided to residents during orientation.

**VI. FORMS.**

- Form 1 Furlough Application
- Form 2 Sponsor Agreement
- Form 3 Sponsor Agreement Review
- Form 4 Community Transition Plan
- Form 5 Emergency Furlough Criteria Checklist
- Form 6 Community Transition Furlough Criteria Checklist
- Form 7 Furlough Notification of Local Law Enforcement
- Form 8 Furlough Certificate

Arkansas Community Correction
FURLOUGH APPLICATION

Instructions. Resident, complete this form and give it to the staff person designated to handle this. Also process a Sponsor Agreement form. If this is for a community transition furlough, work with your counselor to develop a Community Transition Plan.

Furloughs are limited in duration, as determined by the Center Supervisor, to the amount of time necessary for travel and attendance of the service/bedside visit/activity participation only. There will not be overnight stay unless approved by the Deputy Director of Residential. Ensure you understand the instructions on the Sponsor Agreement form.

Community Transition Furlough Emergency Furlough Date Prepared:
I, Resident # request to leave the Correction Center
(Resident's Name - Printed)
at a.m. p.m. on and return before
(Time) (Date)
a.m. p.m. on
(Time) (Date)

so that I may (choose ONE of the following four reasons):

- Participate in community transition activities and return to the CCC by 6:00 P. M. OR,
Participate in community transition activities and stay overnight with sponsor at the following address OR

Street Address Town Zip Code
Visit critically ill/injured immediate family member named below OR
Attend the funeral of the immediate family member named below:
Note, the policy has a description of "immediate family member"
(Family member's name) (Relationship)

Name of Facility (Hospital or Funeral Home to allow verification) Facility Phone Number / Address (if Known)

- I have provided a "Sponsor Agreement" form.
If this request is for a community transition furlough, I have attached my approved "Community Transition Plan" form.

Resident's Signature Date

After considering the above and the "Sponsor Agreement Review" form, "Community Transition Plan" form (when applicable), "Emergency (or Community Transition) Criteria Checklist" form and "Furlough Notification of Local Law Enforcement" form;

- I Do NOT approve
I Approve

Additional Special Terms (if any):

Approval Authority's Signature Date

Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director or the Director are authorized to approve furloughs. The resident must meet the applicable criteria listed on Form 5, "Emergency Furlough Criteria Checklist" or "Form 6, "Community Transition Furlough Criteria Checklist."
AD 18-31 Form 1

Arkansas Community Correction  
SPONSOR AGREEMENT  
Community Correction Center

Center Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Resident's Name: \_\_\_\_\_ ADC Number: \_\_\_\_\_

**SPONSOR:** If you agree to sponsor the above-named Resident during a furlough, in compliance with the rules outlined below, complete and return this form to the Center at the address shown at the top of this form within 5 days. If the resident has a victim notification requirement or is in a supervision sanction program, the sponsor must be an active Arkansas certified law enforcement officer (no exceptions); and the family member is responsible for finding an acceptable officer and paying the officer if payment is required. Arkansas Community Correction officers are NOT allowed to be a sponsor. Other than certified law enforcement, the sponsor for an emergency furlough must be an immediate family member of the resident requesting furlough and must be on the resident's approved visitation list. Please discuss the best date/time for this furlough with the resident. He/she will work with staff to establish a reasonable schedule and he/she is responsible for informing you of the approved schedule.

\_\_\_\_\_  
(Printed Name) (Street address) (Town/City, State) (Zip Code)  
\_\_\_\_\_  
(Telephone Number) (Social Security Number) (Driver's License Number) (Sponsor's Date of Birth)

I am not OR  I am an active Arkansas certified law enforcement officer at: \_\_\_\_\_

At the request of the above-named Resident at an Arkansas Community Correction (ACC) facility, I agree to serve as Sponsor for his/her furlough. I agree to make every effort to ensure that the resident abides by the furlough conditions and returns to the Center at or before the date and time specified. If unforeseen circumstances may cause me to return later than agreed, I will contact the center and request approval for an extension. If, at any time, I am uncertain of the location of the resident's whereabouts or observe the resident engaging in illegal activity, I will contact the Center immediately. I understand that ***I must continuously supervise the resident which means*** being continually in the company of the resident throughout the furlough. I also understand that by agreeing to be the sponsor, I am also accepting the responsibility to provide for the resident's transportation to and from the Community Correction Center. If staying overnight, the resident will lodge with me:  At my residence shown above or  At the following address:

\_\_\_\_\_  
(Street Address) (Town) (Zip Code) (Telephone Number)

**By signing this form, I hereby authorize ACC to conduct an investigation into my background, and in so doing, they may contact any person, law enforcement agency, or others, as it desires. I authorize the release to ACC of any information regarding criminal convictions that may exist on my record.**

\_\_\_\_\_  
(Signature of Proposed Sponsor) (Date)

**Arkansas Community Correction  
SPONSOR AGREEMENT REVIEW**

\_\_\_\_\_  
Sponsor's Name                                      Resident's Name                                      ADC Number

I have investigated the above potential sponsor for suitability and documented this below and have found:

1.  Sponsor is active Arkansas certified law enforcement officer (verified at agency): \_\_\_\_\_ OR

2.  ACIC/NCIC check was done on: \_\_\_\_\_ by: \_\_\_\_\_  
Date                                      Signature of Staff Who Checked revealed the following:

Yes or  No: the sponsor has a felony conviction; date and details are as follows:

\_\_\_\_\_  
 Yes or  No: the sponsor has a Class A misdemeanor conviction; date and details are as follows:  
\_\_\_\_\_ AND

3.  Yes or  No: the resident has a victim notification requirement. \_\_\_\_\_ AND

4. Additional notes/comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Investigator's Signature                                      Date

Sponsor applicants must NOT have a felony conviction or Class A misdemeanor conviction or pending charges of the same. Other offenses and circumstances may be considered on a case-by-case basis by the approval authority. If the resident has a victim notification requirement or is in a supervision sanction program, the sponsor must be an active Arkansas certified law enforcement officer (no exceptions).

I hereby  APPROVE  DISAPPROVE this sponsor.

\_\_\_\_\_  
Center Supervisor/Designee Signature                                      Date

Arkansas Community Correction  
COMMUNITY TRANSITION PLAN

Instructions for this form are on the next page of this form.

Resident name (print) Resident number Resident's Housing Area

1. Please state your reintegration goals, for which transitional activity is sought, such as maintaining family ties, maintaining sobriety, securing employment, or meeting financial obligations.

\_\_\_\_\_

2. Specific activities accomplished or to be accomplished in house, such as written inquiries or attending a pre-release seminar.

\_\_\_\_\_

3. Specific activities that cannot or should not be accomplished from the community correction center, such as personal interviews; indicate planned dates and timeframe for accomplishing activities.

\_\_\_\_\_

\_\_\_\_\_

Residents Signature Date

The activities indicated above appear to be reasonable and necessary, and within the capability of the resident to accomplish in the time available.

Counselor's Signature  Recommended  Not Recommended Date

The Resident Management Team has reviewed the above plan and considers the resident to be deserving of the opportunities represented by the activities of the plan.

Resident Management Team Chair's Signature  Recommended  Not Recommended Date

Center Supervisor/Designee  Approved  Not Approved Date

**Arkansas Community Correction**  
**COMMUNITY TRANSITION PLAN continued**

**Instructions for the Community Transition Plan form.** For community transitional activities, the resident must work with his or her counselor to develop a Community Transition Plan

1. Community transition activities must be consistent with one or more of the resident's Master Treatment Plan goals and will include the following:
  - Reintegration goal(s) for which transitional activity is sought.
  - Planned dates and, when possible, specific appointment times for accomplishing activities.
  - Specific activities that cannot be accomplished at the Center or would be better done in the community, such as the activities listed below. (4-ACRS-5A-16)

**Note**, the resident is responsible for making furlough arrangements. He/she may be assisted by designated staff. **Specific meeting or interview times should be verified by appropriate staff when possible.** Residents must make designated staff aware of arrangements they are making and must do so in a timely manner.

**Note, this requirement**, on the first or second community transition furlough, the resident must visit the Parole/Probation Office and meet with the officer to whom he or she will be reporting after release or a designee if an officer has not yet been assigned.

2. If necessary to accomplish a resident's community transition goal, one or more of the activities listed below (or similar activities) may be included in a resident's community transition plan. (4-ACRS-5A-16)
  - Employment
    - Employment applications assistance, job location assistance, testing for job skills or aptitude
    - Job interviews
    - Employment-related medical exams
    - Driver's license testing or application for identification card
  - Education Preparation
    - Apply for grants, stipends, scholarship, loans
    - Register for classes and purchase books and other materials
    - Apply for admission to an educational/vocational program
    - Talk to an educational counselor
  - Vocational/Educational Classes by special agreement. Residents may attend vocational/educational classes only when the school has entered into an agreement with the ACC for such classes.
  - Personal Responsibility. Appointments with agencies such as the following are appropriate when they serve reintegration purposes:
    - Arkansas Department of Workforce Services
    - Internal Revenue Service
    - Child Support Enforcement
    - Social Security Office (supplemental income/other support programs)
    - Housing assistance agency
    - Veterans Administration
    - Other public or private human services agencies providing support or services (for example, employment assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), Medicaid, WIC, case management, referrals for treatment/support such as alcohol and drug abuse, mental health or family services)
  - Maintaining Family/Community Ties
    - Visit with family
    - Attend a significant family event



**Arkansas Community Correction  
EMERGENCY FURLOUGH CRITERIA CHECKLIST**

Resident's Name: \_\_\_\_\_ Resident's ADC Number: \_\_\_\_\_

Date on Furlough Application: \_\_\_\_\_ Resident's Housing Area: \_\_\_\_\_

Staff Person's Name: \_\_\_\_\_ (Person primarily responsible for processing this)

**Instructions for the staff person responsible for processing this furlough:** check with appropriate people and/or eOMIS to determine whether the eligibility criteria below are met. Follow center procedures for processing the application.

<b>Criteria Met?</b>	<b>Emergency Furlough Criteria Checklist Items</b>
YES	NO

**For emergency furlough:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Resident is a judicial transfer or in the Supervision Sanction Program<br>Note, ACC cannot authorize a furlough for residents with a "probation-plus" or short-term drug court sentence. For these residents a court order is required.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident does not have any outstanding detainers or warrants.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident has provided a DNA sample.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The Furlough Application time period has been established by the Center Supervisor. There will not be overnight stay unless approved by the Deputy Director of Residential Services.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident has not previously violated furlough terms.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The proposed sponsor has been approved/verified (as evidenced on attached "Sponsor Investigation" form).   |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a verified critical illness/injury and/or death in his or her "immediate family."<br>[Verify through local law enforcement, Parole/Probation Officer, medical facility or other credible means]. For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild, of a resident, or other person whose relationship with the resident has been verified as that of a guardian. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the resident is in the Supervision Sanction Program, the sponsor is active Arkansas certified law enforcement officer (required, no exceptions)   |
| <input type="checkbox"/> | <input type="checkbox"/> | If the resident has a victim notification requirement, the sponsor is active Arkansas certified law enforcement officer (required, no exceptions)  |

**Arkansas Community Correction  
COMMUNITY TRANSITION FURLOUGH CRITERIA CHECKLIST**

Resident's Name: \_\_\_\_\_ Resident's ADC Number: \_\_\_\_\_

Date on Furlough Application: \_\_\_\_\_ Resident's Housing Area: \_\_\_\_\_

Staff Person's Name: \_\_\_\_\_ (Person primarily responsible for processing this)

**Instructions for the staff person responsible for processing this furlough:** check with appropriate people and/or eOMIS to determine whether the eligibility criteria below are met. Follow center procedures for processing the application.

Criteria Met?		Community Transition Furlough Criteria Checklist Items
YES	NO	
<b>For community transition furlough:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Request is a weekday.
<input type="checkbox"/>	<input type="checkbox"/>	Resident is a judicial transfer. Note, ACC cannot authorize a furlough for residents with a "probation-plus" or short-term drug court sentence. For these residents a court order is required.
<input type="checkbox"/>	<input type="checkbox"/>	Resident does NOT have a victim notification requirement.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has an approved Community Transition Plan
<input type="checkbox"/>	<input type="checkbox"/>	Resident does not have any outstanding detainers or warrants.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has provided a DNA sample.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has not previously violated furlough terms.
<input type="checkbox"/>	<input type="checkbox"/>	Resident will be within 3 months of release when the transition activities are to take place.
<input type="checkbox"/>	<input type="checkbox"/>	The proposed sponsor has been approved.
<input type="checkbox"/>	<input type="checkbox"/>	No cardinal rule convictions within sixty (60) days of submission of the furlough request.
<b>Resident Management Team determination of the following:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Resident constitutes no known security risk, is capable of abiding by the terms and conditions of a furlough and, to the best of our knowledge, there is no evidence that he/she will be endangered nor endanger another.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has made acceptable progress in the Modified Therapeutic Community program.
RMT members concur with the above determination.		
Initials or Signature →      _____      _____      _____ Treatment Supervisor      Senior Residential Supervisor      Assistant Center Supervisor		
<b>Comments or concerns by RMT that the approval authority should consider:</b>		

Arkansas Community Correction

Center Phone Number: \_\_\_\_\_ Community Correction Center Address: \_\_\_\_\_

FURLOUGH NOTIFICATION OF LOCAL LAW ENFORCEMENT

ACC Instructions: Local law enforcement in the county to which the Resident is being granted a furlough must be notified 48 or more hours before the Resident is scheduled to begin the furlough (as soon as possible for an emergency furlough). The following information will be included in the notification: Resident's name, pre-incarceration address, Sponsor's name, address and phone number, the location where the Resident will be staying overnight.

This notification may be done by phone, fax, email or mail, allowing sufficient time for the law enforcement agency to comment. Although we are not asking the law enforcement agency to approve of the furlough, we are open to comments they may have. If the local law enforcement authority wishes to object or to place conditions on the furlough, write their comments on this form. The ACC approval authority will review comments and approve or disapprove any changes in planned activities.

Local Law Enforcement: Arkansas Community Correction plans to allow the resident identified below to go on a brief furlough in your area of responsibility. Please know that our staff follows a detailed protocol to ensure that the resident has an assigned sponsor on whom we have conducted a background investigation. Also, the furlough is either because of a family emergency or death or to accomplish specific tasks that ensure a smoother transition back to their community when they are released. Our criteria for allowing a community transition furlough include a requirement to be within 3 months of release and to have completed a significant portion of our treatment program and to the best of our knowledge this person will not cause any problems. Emergency furloughs have slightly reduced criteria requirements. If this is an overnight furlough, the Resident will be on curfew and is required to physically be at the furlough location between the hours of 10:00 pm and 6:00 am. If you have any concerns about this resident going on furlough, please advise us promptly.

Resident's Name Resident's Number Resident's Pre-Incarceration Address

Sponsor's Name Sponsor's Address

Sponsor's Telephone Number City State Zip

Furlough will be: from [ ] AM [ ] PM on \_\_\_\_\_ Month/Day/Year until [ ] AM [ ] PM on \_\_\_\_\_ Month/Day/Year

The following law enforcement agency was notified by me of the furlough information indicated above:

Name of Law Enforcement Agency Person Notified Telephone Number

Name of ACC Employee Making Notice (Print) Signature of ACC Employee Making Notice Date

COMMENTS/REQUESTED CONDITIONS OF LOCAL LAW ENFORCEMENT AGENCY:

I, \_\_\_\_\_ am under the jurisdiction and custody of the Community Correction  
(Resident's Name) (Resident #)

Center at (location): \_\_\_\_\_ Telephone#: \_\_\_\_\_

I have been granted a furlough beginning at (Time): \_\_\_\_\_  a.m.  p.m. On (Date): \_\_\_\_\_  
 ending at (Time): \_\_\_\_\_  a.m.  p.m. On (Date): \_\_\_\_\_

for the purpose of:  A family emergency OR  Community transition activities

The specific activities authorized by this furlough are: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Name Sponsor's Relationship Sponsor's Telephone

\_\_\_\_\_  
Sponsor's Address City State/Zip Code

\_\_\_\_\_  
Approved address for service, visit or overnight stay (if different from above address) City State/Zip Code

I agree to abide by the following conditions under which my furlough is authorized:

1. I will keep a copy of this Certificate of Furlough on my person at all times.
2. I will not leave the state or the county (ies) to which I am released during the furlough. I will proceed directly from my authorized designated area to the center from which I was released and will arrive at or before the time indicated above.
3. For an Emergency Furlough, I will proceed directly to the authorized destination of the funeral service/bedside visit; and proceed directly from the authorized activity location to the center where I will arrive on or before the time indicated above.
4. I will abide by my curfew which requires me to remain at the location designated above and available to answer one or more confirmation calls between 10:00 p.m. and 6:00 a.m.
5. If I am arrested or questioned by law enforcement officers regarding any crime or suspected crime, I will show this Certificate of Furlough to the law enforcement officer. I will immediately get in touch with (Name): \_\_\_\_\_ at the Community Correction Center phone number shown above. If this person is not available, ask for the Duty Officer.
6. I will not purchase, possess, use, consume, or administer any illegal drugs, marijuana, alcoholic beverages, or tobacco products of any kind.
7. I will not operate a motor vehicle of any kind unless testing to obtain a driver's license.
8. I will comply with Federal, State, County, and municipal laws.
9. I will abide by Arkansas Community Correction rules, policies, and regulations.
10. I will not knowingly associate with persons having a criminal record, bad reputation, or with those engaged in questionable occupations unless such association is unavoidable because such persons are also present at an approved event.
11. I am aware that I cannot change my marital status without prior approval of the Center.
12. I will not have any non-emergency medical procedures, exams, medication, tattoos, piercings, and so forth without prior approval of the Center's health authority. If I require emergency medical or dental attention while on furlough, I will contact the unit/center staff person designated below as soon as possible. Upon returning to the Center, I will deliver to the Center Supervisor a doctor's statement describing medical treatment and/or any drug therapy received. Costs incurred as a result of such treatment are my responsibility and not that of Arkansas Community Correction.
13. I will assume responsibility for all costs incurred while on furlough.
14. While on furlough, I will not try to abscond or evade supervision.
15. While on furlough, I will be with my sponsor at all times
16. While on a community transition furlough I will engage only in activities authorized by my Community Transition Plan and my sponsor
17. Special terms set by the Center Supervisor (if any): \_\_\_\_\_
18. I will remain continually in the company of my sponsor throughout the furlough.

I understand that my furlough only extends the limits of my confinement, and that I remain in the custody of Arkansas Community Correction. If I willingly fail to remain within the extended limits of this confinement, or fail to return to the Center within the time prescribed, I will be deemed an escapee from the custody of Arkansas Community Correction punishable as prescribed by law. I have read, or have had read to me, and understand the above conditions governing my furlough and will abide by all rules. In agreeing to be a **Sponsor**, I will closely supervise the resident throughout this furlough as provided for in this document and the Sponsor Agreement.

\_\_\_\_\_  
Signature of Duty Officer or IRO Date Center Supervisor/Designee Date

\_\_\_\_\_  
Signature of Resident Date Signature of Sponsor Date

AD 18-31 Form 8



## Arkansas Community Correction

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

**ADMINISTRATIVE DIRECTIVE:** ~~47-18-18-31~~ Community Transition and Furlough

**TO:** Arkansas Community Correction Employees

**FROM:** Sheila Sharp, Director

**SUPERSEDES:** AD ~~45-4017-18~~

**APPROVED:** Signature on file **EFFECTIVE:** April 19, 2017

- I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, eligible residents, and their sponsors.
- II. **POLICY.** ACC will provide for temporary supervised furlough of residential center residents for certain emergencies and authorized community transition activities. ACC will provide community transition opportunities and administer furloughs in a way that guards against illegal activity in the community.
- III. **TRANSITIONAL ACTIVITY GUIDELINES.** As a part of the services and programs provided to meet resident needs, Center Supervisors are responsible for planning and implementing transitional activities that are responsive to the needs of the resident population. Transitional activities should be offered within three months of the resident's earliest possible release date. (4-ACRS-5A-20)
  - A. Center Supervisors must provide information, training, and skill-building programs addressing, at minimum, the following employment-related topics:
    1. Job acquisition, retention, and appropriate behavior on the job
    2. Vocational placement, assessment, or job locator services
    3. Everyday living skills.
  - B. For an employable resident who has no job, staff designated by the Center Supervisor will coordinate with the Arkansas Department of Workforce Services or other appropriate agencies or services to identify jobs available in the area to which he/she will be released and make this information available to the resident.
  - C. Information and skill-building programs designed to aid other aspects of successful community reintegration such as the topics listed below may also be provided.
    1. Social Security, Veterans, and other benefits application and assistance
    2. Banking and financial management

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3. Community-based substance abuse treatment and mental health services
4. Legal issues
5. Housing assistance
6. Orientation to community supervision services and programs.

**IV. FURLOUGH GUIDELINES.**

- A. Authority to Approve Furloughs.** Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director or the Director is authorized to approve furloughs.
- B. Eligibility Criteria.** To be eligible for a furlough, in the judgment of the approval authority, the resident must meet the applicable criteria listed on AD ~~18-31~~ ~~47-48~~ Form 5, “Emergency Furlough Criteria Checklist” or “AD ~~47-48~~ ~~18-31~~ Form 6, “Community Transition Furlough Criteria Checklist.”
- C. Terms/Conditions of Furlough.** The resident must agree to comply with the furlough terms/conditions as described on the Furlough Certificate. The approval authority may order GPS monitoring as a special term of any furlough.
- D. Violations.**
1. Violating the terms and/or conditions of a furlough constitutes a cardinal rule infraction. In addition, the violation itself may subject the resident to additional disciplinary action in accordance with ACC rules and regulations on resident conduct. Violation(s) must result in immediate termination of the furlough and return to the Center. The resident will not be eligible for further furlough, for any reason, for the duration of his or her ACC confinement.
  2. If a resident fails to report back by the appointed time, promptly initiate escape procedures.
- E. Costs.** ACC will not assume any costs associated with furloughs such as for transportation, food, housing, medical, or other costs. Such expenses are the responsibility of the resident.

**V. PROCEDURES FOR FURLOUGHS.**

- A. Staff Responsibilities in General.** The Center Supervisor will clarify which people or positions are authorized and responsible for processing a furlough request. Most of the furlough requirements, such as eligibility requirements, are described in the forms rather than in the body of this policy.
- B. Processing an Application for an Emergency Furlough Overview.**
3. In cases of a verifiable death or critical illness of a resident’s immediate family member, when a furlough application has been approved, a resident who meets eligibility criteria should be allowed to go to the funeral/bedside escorted by the sponsor. For this purpose, “immediate family member” means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian. (4-ACRS-5A-18-1 [P])
  4. Emergency furloughs are limited to the amount of time necessary for the resident to travel

**Page 71 of 165**

to/from the funeral/bedside and attend the service/visit. There will not be overnight stay unless approved by the Deputy Director of Residential Services.

3. To apply for an emergency furlough, the resident must do the following:
  - a. Complete the “Applicant” portion of Form 1, “Furlough Application.”
  - b. Identify a sponsor that meets the requirements.
  - c. Have the proposed sponsor complete the “Sponsor Agreement” form and return it to the primary processor. If there is insufficient time for the application to be mailed to the sponsor, the primary processor may obtain the required information from the sponsor by phone or email.
  - d. Submit the completed application and Sponsor Agreement forms to the ~~counselor~~ primary processor as soon as possible after learning of the emergency.
4. Unless prior arrangements are made and approved by the Center Supervisor, the sponsor must be the person who picks up the resident at the beginning of the furlough and returns the resident at the end.
5. Other than Certified Law Enforcement, the sponsor must be an immediate family member of the resident requesting furlough and must be on the resident’s approved visitation list. For this purpose, “immediate family member” means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.
6. Sponsors must be capable of ensuring the resident under their supervision abides by the terms and conditions of the furlough and be a positive influence/role model for the resident.
7. Current background checks/investigations must be completed on all proposed sponsors. Sponsor applicants must not have a felony conviction or Class A misdemeanor conviction; or pending charges of the same.

**C. Processing an Application for a Community Transition Furlough Overview.**

To apply for a community transition furlough, the resident must do the following:

1. Complete the “Applicant” portion of Form 1, “Furlough Application”
2. Have the proposed sponsor complete the “Sponsor Agreement”
3. Work with his/her counselor to develop a “Community Transition Plan” form; instructions are provided with the form
5. Provide these forms to the resident’s counselor.
6. The address and location the resident is requesting for activity participation or overnight stay must be the same as identified and approved as the resident’s home plan on their release plan. There will not be an overnight stay unless approved by the Deputy Director of Residential Services.

7. A Community Transition Furlough will not begin or end on a holiday, nor be conducted over a holiday weekend, or during a holiday week.

**D. Notification of Law Enforcement and Victim.**

The IRO or other designated staff must notify law enforcement as described on Form 7, “Furlough Notification of Local Law Enforcement,” within the timeframe described therein. Document law enforcement notification by completing the form.

If there is a victim notification requirement and the resident has requested an emergency furlough, the IRO or other designated staff must notify the victim as soon as possible and the sponsor must be an active Arkansas certified law enforcement officer. If there is a victim notification requirement, and the resident has requested a community transition furlough, the resident does not meet these criteria; indicate this on the criteria checklist.

- E. Approval of Furlough.** Considering the investigation results, comments, recommendations, and input (if any) from the Resident Management Team, local law enforcement, and victims where applicable, the approval authority will approve, approve with additional stipulations, or deny the furlough request and return the decision to the resident’s primary processor. The primary processor will inform the resident of the decision.

- F. Furlough Certificate.** When the approval authority has approved a furlough, authorized staff must provide the resident with a properly prepared and signed “Furlough Certificate” form authorizing his/her furlough. The certificate must indicate the beginning and ending dates and times of the furlough, the address at which the resident will lodge overnight (if an overnight stay is authorized), the name of a Center staff to be contacted in the event the resident is questioned by law enforcement officers regarding a crime or suspected crime, special terms, and any conditions of the furlough. Rules and regulations for furlough conduct will be explained to the resident and his/her sponsor prior to leaving for furlough. Staff must obtain the sponsor’s signature on the Furlough Certificate and provide a copy to the sponsor so he/she can monitor the resident with the terms of the furlough.

- G. Training.** Supervisors must ensure appropriate staff are trained on the guidelines and procedures of this policy. The Center Supervisor must ensure information about furloughs and the community transition program is provided to residents during orientation.

**VI. FORMS.**

- Form 1 Furlough Application
- Form 2 Sponsor Agreement
- Form 3 Sponsor Agreement Review
- Form 4 Community Transition Plan
- Form 5 Emergency Furlough Criteria Checklist
- Form 6 Community Transition Furlough Criteria Checklist
- Form 7 Furlough Notification of Local Law Enforcement
- Form 8 Furlough Certificate



Arkansas Community Correction  
FURLOUGH APPLICATION

**Instructions.** Resident, complete this form and give it to the staff person designated to handle this. Also process a Sponsor Agreement form. If this is for a community transition furlough, work with your counselor to develop a Community Transition Plan.

Furloughs are limited in duration, as determined by the Center Supervisor, to the amount of time necessary for travel and attendance of the service/bedside visit/activity participation only. There will not be overnight stay unless approved by the Deputy Director of Residential. Ensure you understand the instructions on the Sponsor Agreement form.

Community Transition Furlough       Emergency Furlough      Date Prepared: \_\_\_\_\_

I, \_\_\_\_\_ Resident # \_\_\_\_\_ request to leave the Correction Center

(Resident's Name - Printed)

at \_\_\_\_\_ on \_\_\_\_\_ and return before \_\_\_\_\_

(Time)

a.m.    p.m.

(Date)

a.m.    p.m.

(Date)

so that I may (choose ONE of the following four reasons):

- Participate in community transition activities and return to the CCC by 6:00 P. M. **OR,**
- Participate in community transition activities and stay overnight with sponsor at the following address **OR**

Street Address

Town

Zip Code

- Visit critically ill/injured ~~relative~~ **immediate family member** named below **OR**

- Attend the funeral of the immediate family member named below:

Note, the policy has a description of "immediate family member"

(Family member's name)

(Relationship)

\_\_\_\_\_  
Name of Facility (Hospital or Funeral Home to allow verification)

\_\_\_\_\_  
Facility Phone Number / Address (if Known)

- I have provided a "Sponsor Agreement" form.
- If this request is for a community transition furlough, I have attached my approved "Community Transition Plan" form.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

After considering the above and the "Sponsor Agreement Review" form, "Community Transition Plan" form (when applicable), "Emergency (or Community Transition) Criteria Checklist" form and "Furlough Notification of Local Law Enforcement" form;

- I Do NOT approve
- I Approve

Additional Special Terms (if any): \_\_\_\_\_

\_\_\_\_\_  
Center Supervisor/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Authority's Signature

Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director are authorized to approve furloughs. The resident must meet the applicable criteria listed on Form 5, "Emergency Furlough Criteria Checklist" or "Form 6, "Community Transition Furlough Criteria Checklist."

Arkansas Community Correction  
SPONSOR AGREEMENT  
Community Correction Center

Center Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Resident's Name: \_\_\_\_\_ ADC Number: \_\_\_\_\_

**SPONSOR:** If you agree to sponsor the above-named Resident during a furlough, in compliance with the rules outlined below, complete and return this form to the Center at the address shown at the top of this form within 5 days.

If the resident has a victim notification requirement or is in a ~~technical violator~~ supervision sanction program, the sponsor must be an active Arkansas certified law enforcement officer (no exceptions); and the family member is responsible for finding an acceptable officer and paying the officer if payment is required. Arkansas Community Correction officers are NOT allowed to be a sponsor. Other than certified law enforcement, the sponsor for an emergency furlough must be an immediate family member of the resident requesting furlough and must be on the resident's approved visitation list.

Please discuss the best date/time for this furlough with the resident. He/she will work with staff to establish a reasonable schedule and he/she is responsible for informing you of the approved schedule.

\_\_\_\_\_  
(Printed Name) (Street address) (Town/City, State) (Zip Code)

\_\_\_\_\_  
(Telephone Number) (Social Security Number) (Driver's License Number) (Sponsor's Date of Birth)

I am not OR  I am an active Arkansas certified law enforcement officer at: \_\_\_\_\_

At the request of the above-named Resident at an Arkansas Community Correction (ACC) facility, I agree to serve as Sponsor for his/her furlough. I agree to make every effort to ensure that the resident abides by the furlough conditions and returns to the Center at or before the date and time specified. If unforeseen circumstances may cause me to return later than agreed, I will contact the center and request approval for an extension. If, at any time, I am uncertain of the location of the resident's whereabouts or observe the resident engaging in illegal activity, I will contact the Center immediately. I understand that ***I must continuously supervise the resident which means*** being continually in the company of the resident throughout the furlough. I also understand that by agreeing to be the sponsor, I am also accepting the responsibility to provide for the resident's transportation to and from the Community Correction Center.

If staying overnight, the resident will lodge with me:  At my residence shown above or  At the following address:

\_\_\_\_\_  
(Street Address) (Town) (Zip Code) (Telephone Number)

**By signing this form, I hereby authorize ACC to conduct an investigation into my background, and in so doing, they may contact any person, law enforcement agency, or others, as it desires. I authorize the release to ACC of any information regarding criminal convictions that may exist on my record.**

\_\_\_\_\_  
(Signature of Proposed Sponsor) (Date)

**Arkansas Community Correction  
SPONSOR AGREEMENT REVIEW**

\_\_\_\_\_  
Sponsor's Name                                  Resident's Name                                  ADC Number

I have investigated the above potential sponsor for suitability and documented this below and have found:

1.  Sponsor is active Arkansas certified law enforcement officer (verified at agency): \_\_\_\_\_ OR

2.  ACIC/NCIC check was done on: \_\_\_\_\_ by: \_\_\_\_\_  
Date                                  Signature of Staff Who Checked revealed the following:

Yes or  No: the sponsor has a felony conviction; date and details are as follows:  
\_\_\_\_\_

Yes or  No: the sponsor has a Class A misdemeanor conviction; date and details are as follows:  
\_\_\_\_\_ AND

3.  Yes or  No: the resident has a victim notification requirement. \_\_\_\_\_ AND

4. Additional notes/comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Staff Investigator's Signature                                  Date

Sponsor applicants must NOT have a felony conviction or Class A misdemeanor offense conviction or pending charges of the same. Other offenses and circumstances may be considered on a case-by-case basis by the approval authority. If the resident has a victim notification requirement or is in a supervision sanction program, the sponsor must be an active Arkansas certified law enforcement officer (no exceptions).

I hereby  APPROVE  DISAPPROVE this sponsor.

\_\_\_\_\_  
Center Supervisor/Designee Signature                                  Date

Arkansas Community Correction  
COMMUNITY TRANSITION PLAN

Instructions for this form are on the next page of this form.

\_\_\_\_\_  
Resident name (print)                  Resident number                  Resident's Housing Area

1. Please state your reintegration goals, for which transitional activity is sought, such as maintaining family ties, maintaining sobriety, securing employment, or meeting financial obligations.  
\_\_\_\_\_  
\_\_\_\_\_
2. Specific activities accomplished or to be accomplished in house, such as written inquiries or attending a pre-release seminar.  
\_\_\_\_\_  
\_\_\_\_\_
3. Specific activities that cannot or should not be accomplished from the community correction center, such as personal interviews; indicate planned dates and timeframe for accomplishing activities.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Resident's Signature                          Date

The activities indicated above appear to be reasonable and necessary, and within the capability of the resident to accomplish in the time available.

\_\_\_\_\_  
Counselor's Signature                   Recommended                  \_\_\_\_\_  
 Not Recommended                  Date

The Resident Management Team has reviewed the above plan and considers the resident to be deserving of the opportunities represented by the activities of the plan.

\_\_\_\_\_  
Resident Management Team Chair's Signature                   Recommended                  \_\_\_\_\_  
 Not Recommended                  Date

\_\_\_\_\_  
Center Supervisor/Designee                   Approved                  \_\_\_\_\_  
 Not Approved                  Date

**Arkansas Community Correction**  
**COMMUNITY TRANSITION PLAN continued**

**Instructions for the Community Transition Plan form.** For community transitional activities, the resident must work with his or her counselor to develop a Community Transition Plan

1. Community transition activities must be consistent with one or more of the resident's Master Treatment Plan goals and will include the following:
  - Reintegration goal(s) for which transitional activity is sought.
  - Planned dates and, when possible, specific appointment times for accomplishing activities.
  - Specific activities that cannot be accomplished at the Center or would be better done in the community, such as the activities listed below. (4-ACRS-5A-16)

**Note**, the resident is responsible for making furlough arrangements. He/she may be assisted by designated staff. **Specific meeting or interview times should be verified by appropriate staff when possible.** Residents must make designated staff aware of arrangements they are making and must do so in a timely manner.

**Note, this requirement**, on the first or second community transition furlough, the resident must visit the Parole/Probation Office and meet with the officer to whom he or she will be reporting after release or a designee if an officer has not yet been assigned.

2. If necessary to accomplish a resident's community transition goal, one or more of the activities listed below (or similar activities) may be included in a resident's community transition plan. (4-ACRS-5A-16)
  - Employment
    - Employment applications assistance, job location assistance, testing for job skills or aptitude
    - Job interviews
    - Employment-related medical exams
    - Driver's license testing or application for identification card
  - Education Preparation
    - Apply for grants, stipends, scholarship, loans
    - Register for classes and purchase books and other materials
    - Apply for admission to an educational/vocational program
    - Talk to an educational counselor
  - Vocational/Educational Classes by special agreement. Residents may attend vocational/educational classes only when the school has entered into an agreement with the ACC for such classes.
  - Personal Responsibility. Appointments with agencies such as the following are appropriate when they serve reintegration purposes:
    - Arkansas Department of Workforce Services
    - Internal Revenue Service
    - Child Support Enforcement
    - Social Security Office (supplemental income/other support programs)
    - Housing assistance agency
    - Veterans Administration
    - Other public or private human services agencies providing support or services (for example, employment assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), Medicaid, WIC, case management, referrals for treatment/support such as alcohol and drug abuse, mental health or family services)
  - Maintaining Family/Community Ties
    - Visit with family
    - Attend a significant family event

**Arkansas Community Correction  
EMERGENCY FURLOUGH CRITERIA CHECKLIST**

Resident's Name: \_\_\_\_\_ Resident's ADC Number: \_\_\_\_\_  
Date on Furlough Application: \_\_\_\_\_ Resident's Housing Area: \_\_\_\_\_  
Staff Person's Name: \_\_\_\_\_ (Person primarily responsible for processing this)

**Instructions for the staff person responsible for processing this furlough:** check with appropriate people and/or eOMIS to determine whether the eligibility criteria below are met. Follow center procedures for processing the application.

Criteria Met?	Emergency Furlough Criteria Checklist Items
---------------	---

- | YES                            | NO                       |  |
|--------------------------------|--------------------------|--|
| <b>For emergency furlough:</b> |                          |  |
| <input type="checkbox"/>       | <input type="checkbox"/> | Resident is a judicial transfer or in the <del>Technical Violator</del> Supervision Sanction Program Note, ACC cannot authorize a furlough for residents with a "probation-plus" or short-term drug court sentence. For these residents a court order is required.   |
| <input type="checkbox"/>       | <input type="checkbox"/> | Resident does not have any outstanding detainers or warrants.  |
| <input type="checkbox"/>       | <input type="checkbox"/> | Resident has provided a DNA sample.  |
| <input type="checkbox"/>       | <input type="checkbox"/> | The Furlough Application time period has been established by the Center Supervisor. There will not be overnight stay unless approved by the Deputy Director of Residential Services.   |
| <input type="checkbox"/>       | <input type="checkbox"/> | Resident has not previously violated furlough terms.   |
| <input type="checkbox"/>       | <input type="checkbox"/> | The proposed sponsor has been approved/verified (as evidenced on attached "Sponsor Investigation" form).   |
| <input type="checkbox"/>       | <input type="checkbox"/> | There is a verified critical illness/injury and/or death in his or her "immediate family." [Verify through local law enforcement, Parole/Probation Officer, medical facility or other credible means]. For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, <del>grandparent</del> , grandchild, of a resident, or other person whose relationship with the resident has been verified as that of a guardian. |
| <input type="checkbox"/>       | <input type="checkbox"/> | If the resident is in the <del>Technical Violator</del> Supervision Sanction Program, the sponsor is active Arkansas certified law enforcement officer (required, no exceptions)   |
| <input type="checkbox"/>       | <input type="checkbox"/> | If the resident has a victim notification requirement, the sponsor is active Arkansas certified law enforcement officer (required, no exceptions)  |

**Arkansas Community Correction  
COMMUNITY TRANSITION FURLOUGH CRITERIA CHECKLIST**

Resident's Name: \_\_\_\_\_ Resident's ADC Number: \_\_\_\_\_

Date on Furlough Application: \_\_\_\_\_ Resident's Housing Area: \_\_\_\_\_

Staff Person's Name: \_\_\_\_\_ (Person primarily responsible for processing this)

**Instructions for the staff person responsible for processing this furlough:** check with appropriate people and/or eOMIS to determine whether the eligibility criteria below are met. Follow center procedures for processing the application.

Criteria Met?		Community Transition Furlough Criteria Checklist Items
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<b>For community transition furlough:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Request is a weekday.
<input type="checkbox"/>	<input type="checkbox"/>	Resident is a judicial transfer. Note, ACC cannot authorize a furlough for residents with a "probation-plus" or short-term drug court sentence. For these residents a court order is required.
<input type="checkbox"/>	<input type="checkbox"/>	Resident does NOT have a victim notification requirement.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has an approved Community Transition Plan
<input type="checkbox"/>	<input type="checkbox"/>	Resident does not have any outstanding detainers or warrants.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has provided a DNA sample.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has not previously violated furlough terms.
<input type="checkbox"/>	<input type="checkbox"/>	Resident will be within 3 months of release when the transition activities are to take place.
<input type="checkbox"/>	<input type="checkbox"/>	The proposed sponsor has been approved.
<input type="checkbox"/>	<input type="checkbox"/>	No cardinal rule convictions within sixty (60) days of submission of the furlough request.
		<b>Resident Management Team determination of the following:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Resident constitutes no known security risk, is capable of abiding by the terms and conditions of a furlough and, to the best of our knowledge, there is no evidence that he/she will be endangered nor endanger another.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has made acceptable progress in the Modified Therapeutic Community program.
RMT members concur with the above determination.		
Initials or Signature →      _____      _____      _____ Treatment Supervisor      Senior Residential Supervisor      Assistant Center Supervisor		
<b>Comments or concerns by RMT that the approval authority should consider:</b>		

Arkansas Community Correction

Center Phone Number: \_\_\_\_\_ Community Correction Center Address: \_\_\_\_\_

FURLOUGH NOTIFICATION OF LOCAL LAW ENFORCEMENT

ACC Instructions: Local law enforcement in the county to which the Resident is being granted a furlough must be notified 48 or more hours before the Resident is scheduled to begin the furlough (as soon as possible for an emergency furlough). The following information will be included in the notification: Resident's name, pre-incarceration address, Sponsor's name, address and phone number, the location where the Resident will be staying overnight.

This notification may be done by phone, fax, email or mail, allowing sufficient time for the law enforcement agency to comment. Although we are not asking the law enforcement agency to approve of the furlough, we are open to comments they may have. If the local law enforcement authority wishes to object or to place conditions on the furlough, write their comments on this form. The ACC approval authority will review comments and approve or disapprove any changes in planned activities.

Local Law Enforcement: Arkansas Community Correction plans to allow the resident identified below to go on a brief furlough in your area of responsibility. Please know that our staff follows a detailed protocol to ensure that the resident has an assigned sponsor on whom we have conducted a background investigation. Also, the furlough is either because of a family emergency or death or to accomplish specific tasks that ensure a smoother transition back to their community when they are released. Our criteria for allowing a community transition furlough include a requirement to be within 3 months of release and to have completed a significant portion of our treatment program and to the best of our knowledge this person will not cause any problems. Emergency furloughs have slightly reduced criteria requirements. If this is an overnight furlough, the Resident will be on curfew and is required to physically be at the furlough location between the hours of 10:00 pm and 6:00 am. If you have any concerns about this resident going on furlough, please advise us promptly.

Resident's Name Resident's Number Resident's Pre-Incarceration Address

Sponsor's Name Sponsor's Address

Sponsor's Telephone Number City State Zip

Furlough will be: from [ ] AM [ ] PM on \_\_\_\_\_ Month/Day/Year until [ ] AM [ ] PM on \_\_\_\_\_ Month/Day/Year

The following law enforcement agency was notified by me of the furlough information indicated above:

Name of Law Enforcement Agency Person Notified Telephone Number

Name of ACC Employee Making Notice (Print) Signature of ACC Employee Making Notice Date

COMMENTS/REQUESTED CONDITIONS OF LOCAL LAW ENFORCEMENT AGENCY:



I, \_\_\_\_\_ am under the jurisdiction and custody of the Community Correction  
(Resident's Name) (Resident #)

Center at (location): \_\_\_\_\_ Telephone#: \_\_\_\_\_

I have been granted a furlough beginning at (Time): \_\_\_\_\_  a.m.  p.m. On (Date): \_\_\_\_\_

ending at (Time): \_\_\_\_\_  a.m.  p.m. On (Date): \_\_\_\_\_

for the purpose of:  A family emergency OR  Community transition activities

The specific activities authorized by this furlough are: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Name Sponsor's Relationship Sponsor's Telephone

\_\_\_\_\_  
Sponsor's Address City State/Zip Code

\_\_\_\_\_  
Approved address for service, visit or overnight stay (if different from above address) City State/Zip Code

I agree to abide by the following conditions under which my furlough is authorized:

- 16. I will keep a copy of this Certificate of Furlough on my person at all times.
- 17. I will not leave the state or the county (ies) to which I am released during the furlough. I will proceed directly from my authorized designated area to the center from which I was released and will arrive at or before the time indicated above.
- 18. For an Emergency Furlough, I will proceed directly to the authorized destination of the funeral service/bedside visit; and proceed directly from the authorized activity location to the center where I will arrive on or before the time indicated above.
- 19. I will abide by my curfew which requires me to remain at the location designated above and available to answer one or more confirmation calls between 10:00 p.m. and 6:00 a.m.
- 20. If I am arrested or questioned by law enforcement officers regarding any crime or suspected crime, I will show this Certificate of Furlough to the law enforcement officer. I will immediately get in touch with (Name: \_\_\_\_\_) at the Community Correction Center phone number shown above. If this person is not available, ask for the Duty Officer.
- 21. I will not purchase, possess, use, consume, or administer any illegal drugs, marijuana, alcoholic beverages, or tobacco products of any kind.
- 22. I will not operate a motor vehicle of any kind unless testing to obtain a driver's license.
- 23. I will comply with Federal, State, County, and municipal laws.
- 24. I will abide by Arkansas Community Correction rules, policies, and regulations.
- 25. I will not knowingly associate with persons having a criminal record, bad reputation, or with those engaged in questionable occupations unless such association is unavoidable because such persons are also present at an approved event.
- 26. I am aware that I cannot change my marital status without prior approval of the Center.
- 27. I will not have any non-emergency medical procedures, exams, medication, tattoos, piercings, and so forth without prior approval of the Center's health authority. If I require emergency medical or dental attention while on furlough, I will contact the unit/center staff person designated below as soon as possible. Upon returning to the Center, I will deliver to the Center Supervisor a doctor's statement describing medical treatment and/or any drug therapy received. Costs incurred as a result of such treatment are my responsibility and not that of Arkansas Community Correction.
- 28. I will assume responsibility for all costs incurred while on furlough.
- 29. While on furlough, I will not try to abscond or evade supervision.
- 30. While on furlough, I will be with my sponsor at all times
- 16. While on a community transition furlough I will engage only in activities authorized by my Community Transition Plan and my sponsor
- 17. Special terms set by the Center Supervisor (if any): \_\_\_\_\_
- 18. I will remain continually in the company of my sponsor throughout the furlough.

I understand that my furlough only extends the limits of my confinement, and that I remain in the custody of Arkansas Community Correction. If I willingly fail to remain within the extended limits of this confinement, or fail to return to the Center within the time prescribed, I will be deemed an escapee from the custody of Arkansas Community Correction punishable as prescribed by law. I have read, or have had read to me, and understand the above conditions governing my furlough and will abide by all rules. In agreeing to be a **Sponsor**, I will closely supervise the resident throughout this furlough as provided for in this document and in the Sponsor Agreement.

\_\_\_\_\_  
Signature of Duty Officer or IRO Date Center Supervisor/Designee Date

\_\_\_\_\_  
Signature of Resident Date Signature of Sponsor Date

Weapons and Security Equipment AD 18-29 CLEAN COPY



## Arkansas Community Correction

Two Union National Plaza Building  
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501-682-9510 (office) 501-682-9513 (fax)

**ADMINISTRATIVE DIRECTIVE: 18-29 Weapons and Security Equipment**

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 17-35

**APPROVED:** Signature on File

**EFFECTIVE:** December 31, 2018

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

**II. POLICY.** ACC policy is to prepare certain employees to function effectively across a force continuum by providing training and authorizing an assortment of security equipment and firearms as provided by this policy. (4-APPFS-3A-22M, 4-APPFS-3B-01M, 4-APPFS-3B-02M)

**III. GUIDANCE.**

**A. Weapons and Security Equipment in General.** ACC employees may only be issued weapons and security equipment when they meet the requirements in this policy. Weapons and security equipment must only be issued and carried by staff as described on the Weapons & Security Equipment Authorization Listing (Attachment 1). Any modification to the list requires written approval of the Director.

Parole/Probation Managers, Center Supervisors, and the Special Response Team (SRT) Commander must ensure weapons and security equipment are issued pursuant to policy.

Initial issue of firearms and security equipment may take place prior to training when the issuing authority ensures the new employee understands the requirements described on the form entitled "Temporary Receipt of Firearm and Security Equipment for Practice Only."

**B. Authorization to Carry Firearm on Duty.** To be authorized to carry a firearm on duty, an ACC employee must:

1. Be in a position listed on the Weapons and Security Equipment Authorization Listing or designated by the Director, and

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2. Law Enforcement Officers must meet applicable CLEST requirements and ACC requirements which include a medical/physical evaluation, psychological examination and substance abuse testing.
3. Successfully complete applicable “New Employee Training Requirements” as described in the Employee Training and Certification administrative directive.
4. Be current with applicable refresher training requirements as described in the Employee Training and Certification administrative directive.
5. Comply with other applicable requirements in this policy. (4-APPFS-3A-04)
6. Be free of a felony conviction.
7. Be free of a misdemeanor conviction of domestic violence.
8. For state-issued firearms, be issued a state-issued firearm on the form entitled “Receipt and Authorization to Carry Weapons and Security Equipment.” Community Correction Centers may use an alternative form for temporary issue.

**C. Carrying ACC Issued Weapons and Security Equipment.**

1. An employee must be authorized to carry and must meet the training requirements as a prerequisite to carrying weapons and security equipment.
2. Employees who are in positions authorized to carry a firearm. These employees, when they meet the above requirements in the paragraph entitled “Authorization to Carry a Firearm on Duty,” may carry ACC-issued weapons, ammunition, security equipment and a chemical agent during all hours in which they are actively pursuing the obligations and duties of the position for which they are employed, otherwise there is no authority to carry or use agency-issued weapons or security equipment; with the following exception. As an exception, Parole and Probation Officers employed by ACC who are authorized to carry a firearm while on duty may choose to carry their state-issued or approved personal firearm while off duty pursuant to Arkansas Code section 16-93-103. The law does NOT allow officers to carry a state-issued firearm while actively working at employment for another organization.
3. Residential Center Employees. Security staff who have received the required training may be authorized by the Senior Residential Supervisor, Assistant Center Supervisor, Center Supervisor or above to carry security/control equipment within the following parameters:
  - a. Security staff at the rank of Sergeant or above may be authorized to carry a chemical agent for on-site supervision.
  - b. Security staff who are trained may be authorized to carry a firearm and chemical agent while transporting offenders and when supervising off-site community work crews.
  - c. Security staff on the Emergency Response Team may be issued stun shields, riot helmets, batons and other security equipment for a particular incident only with the approval of the Senior Residential Supervisor, Assistant Center Supervisor, Center Supervisor or above.

4. Additional Carrying Requirements.

- a. When carrying a firearm on duty, uniformed personnel must also carry an ACC-issued chemical agent. As an exception, SRT must carry a chemical agent or Taser. Uniformed personnel consist of ACC Special Response Team officers; Parole/Probation Officers, residential food service staff, security officers, and residential supervisors.
- b. When carrying a firearm on duty, an employee must carry his or her law enforcement badge and when a carried firearm is visible, the badge must also be visible.
- c. When carrying a firearm on duty, an employee must carry his or her ACC photo identification card.
- d. Firearms must be in an approved holster.
- e. When in uniform, carried chemical agent and Tasers must be in a carrier or belt case.
- f. An employee must not carry a firearm while under the influence of any medications or other substances that impair his or her ability to perform the duties of the job.
- g. An employee must not carry a firearm when precluded from doing so by the supervisor, in accordance with the provisions of this policy or by law.
- h. Firearms must be maintained and used in a manner to prevent accidental discharges.

**D. Carrying a Backup Personal Firearm While on Duty.**

1. A “personal firearm” refers to a firearm owned by an ACC employee. To carry a personal firearm while on duty, both the employee and firearm must meet the requirements in this policy.
2. The caliber of the personal firearm must be between .380 caliber and .45 caliber.
3. A Law Enforcement Officer (LEO) may carry an approved personal firearm as a backup weapon while on duty provided that the officer:
  - a. furnishes his/her own personal firearm and conceals it while carrying it on duty.
  - b. uses his/her personal funds for all expenses related to the personal firearm to include all ammunition used for practice, qualification and carry, purchasing a holster and maintenance. The ammunition must be approved by ACC.
  - c. ensures the backup firearm is secured in an approved holster when worn on duty and secured when not worn. The holster must be approved by an ACC certified firearms instructor and documented on the form “Backup Weapon Inspection and Qualification”.
  - d. qualifies on the personal firearm through an ACC certified firearms instructor prior to carrying it and requalifies as required by agency policy.
  - e. keeps the handgun properly maintained, repaired and in good working order at his/her own expense.

**E. First Aid/Emergency Medical Services.** First aid or emergency medical services must be promptly provided following the injury and/or contamination of an individual by a firearm, chemical agent or security equipment. (4-ACRS-2B-02[P]).

**F. Responsibility to Inform of Physical or Emotional Impairment and Suspending Authorization.**

Employees who are authorized to carry a firearm and/or less than-lethal weapons must notify their immediate supervisor of any physical, psychological or pharmacological conditions causing physical or emotional impairment that could affect their ability to perform the essential functions of their duties or carry/use a firearm or less-than-lethal weapon safely.

Impairment is considered to be a condition that can affect judgment, reaction time, or motor skills, as it may affect the ability to act or handle a firearm or less-than-lethal weapon safely and proficiently.

Supervisors must consider the circumstances and when warranted must suspend authorization to carry a firearm and less-than-lethal weapon. Supervisors must protect such medical information pursuant to law and policy.

Authorization will be reinstated upon the cessation of the medication effects, or with the physician's ruling that the physical/psychological condition and/or medication's potential effects would not interfere with handling a firearm or less-than-lethal weapon, driving a motor vehicle safely, or safely performing other essential functions. (4-APPFS-3B-05)

**G. LEO Personnel Actions.** The Parole/Probation Deputy Director and Residential Services Deputy Director must ensure proper notification to the Commission on Law Enforcement Standards and Training of all LEO personnel actions, pursuant to the CLEST Manual.

Notifications of personnel actions going to CLEST must be routed through the Human Resources Section or Central Training Section, as appropriate.

Initial training on chemical agents will require contamination while being video-recorded. If a person has a medical concern the employee may be excused and the instructor must promptly notify the person's immediate supervisor, the Central Training Section Manager and the Central Office Human Resources Manager so a determination may be made on the medical excuse and whether the employee can perform the essential functions of the job.

**H. Security and Control of Weapons and Equipment**

1. Parole/Probation Managers, Center Supervisors and the SRT Commander are primarily responsible for weapons accountability and security.
2. Employees are responsible for the weapons and security equipment issued to them.
3. Managers and Supervisors may designate a firearms-certified Weapons Control Officer to manage weapons and security equipment to include coordinating with the Local Physical Asset Control Officer to ensure compliance with the Equipment Inventory, Transfer and Disposition policy.

4. All weapons and security equipment must be stored in designated areas that are locked; inaccessible to offenders and other unauthorized persons; protected from the weather; and secured from loss or theft.
  5. When not being worn, authorized firearms, ammunition and other security equipment must be secured.
  6. Firearms must be loaded and unloaded in a designated safe area approved by the Area Manager, Center Supervisor or Firearms Instructor. Each safe area must have at least a 5-gallon barrel of sand. Firearms must be pointed at the sand barrel if the firearm is being unloaded or the trigger is pulled prior to cleaning or removing the slide.
  7. At residential centers, firearms must not be worn except in an emergency or when carried by an authorized employee before departure and upon return. Firearms must be properly secured in a control center or armory. Visiting law enforcement officers must secure their weapons in their vehicle or in the control center or armory prior to entering the facility. (4-ACRS-2A-10)
  8. The process for signing firearms and security equipment in and out must include the employee's name and weapon serial number (when there is one). Form 1, "Authorization and Receipt for Weapon and Security Equipment," or a bound book with pre-numbered pages must be used for this purpose and kept for a minimum of 3 years after the final entry. Annotations may be made to indicate transfer of active records from one permanent log book that has been filled to a new one.
  9. Area Managers must ensure their firearms instructors have an approved process in place for keeping up with ammunition received and issued.
  10. This paragraph does NOT apply to Center operations. An employee may leave an authorized weapon in an office overnight only if it is in a secured area approved by the Area Manager or firearms instructor. Law enforcement officers are encouraged to take their firearm home, and when doing so the firearm must be kept secure.
  11. Each Center Supervisor must develop and provide written supplemental guidance, to include at minimum:
    - a. Procedures for issuing weapons and security equipment, emergency response teams, transportation teams and individuals.
    - b. Key control
    - c. Access control
    - d. Inventories
    - e. Safety and security procedures.
- I. Chemical Agent Specifications.** Chemical agents must be non-flammable and meet EPA standards.
- J. Dogs and Handlers.** Dogs and handlers from the Arkansas Department of Correction or a local law enforcement agency may be used for contraband detection and tracking purposes by the

SRT and, when approved by the Center Supervisor or Assistant Center Supervisor, at ACC residential centers.

**K. Retired ACC Law Enforcement Officers**

**ID Badges.** LEOs retiring from ACC and state government service may request a “Retired Law Enforcement Officer” identification card. The request will be handled by the Human Resources Section.

**Duty Weapon.** ACC certified law enforcement officers who were issued a firearm and retire from the agency in good standing, with no disciplinary action, can submit a request to the appropriate Deputy Director to be awarded their duty weapon using the “Retired Law Enforcement Officer Award of Firearm Form.” The officers must have been with ACC for at least 10 years as a certified officer. Exceptions may be made by the Director for those who have prior law enforcement service.

Administrative Services is responsible for processing necessary paperwork to remove the firearm from agency inventory.

**L. Wearing Protective Vests.**

Protective vests will be worn when making home visits, serving warrants (unless serving a warrant in the office or at a jail), transporting offenders, firing weapons on the range, accompanying law enforcement on investigations or operations, when assisting in apprehending an escapee, and at the LEO’s discretion. SRT members may use their discretion on when to use their tactical or protective vests.

**M. Incidents Involving Weapons or Security Equipment.** Incidents involving weapons or other security equipment will be managed and reported in accordance with the Administrative Directives on “Reporting and Investigating Incidents, Hazards and Maltreatment,” “Use of Force,” and “Drug-Free Workplace.”

**N. Confiscation, Surrender, Loss, Damage, and Disposition of Firearms or Security Equipment.**

1. **Surrender of Firearms.** An employee who voluntarily or involuntarily leaves ACC employment must immediately surrender his/her assigned weapon and equipment to his/her supervisor, with one exception. The Director may, with the recommendation from the employee’s supervisor, award a Parole/Probation Officer his/her weapon upon retirement pursuant to state law.
2. **Lost or Stolen ACC Weapons.** If any issued weapon or security equipment is lost or stolen and it is determined by the appropriate supervisor, administrator or Center Supervisor that such loss was caused by carelessness or negligence, the employee must reimburse the ACC within 30 days for replacement cost, unless an alternative payment schedule is approved. The circumstances surrounding the loss or theft may result in disciplinary action, up to and including employment termination. Refer to the policy on Reporting and Investigating Incidents, Hazards and Maltreatment for reporting stolen or lost weapons.

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3. **Damaged Firearm.** A damaged or faulty ACC firearm must be reported to the immediate supervisor, the firearms instructor if detected during training or firearms qualification, and the Weapons Control Officer as soon as detected. Firearms in need of repair must be referred to a certified armorer or gunsmith through regular purchasing procedures.
4. **Disposition of ACC Firearms.** Following the appropriate Deputy Director's written approval, a firearm for which ACC has no use must be disposed of through the Administrative Services Division's Purchasing Unit, according to state regulations governing property disposal.
5. **Processing Confiscated Firearms.** Process confiscated firearms as described on the form entitled "Confiscated Firearms Processing."
6. **Damaged/Used Chemical Agent Turn-In and Disposal.** Damaged or used chemical agents will be turned in to the supervisor or Weapons Control Officer for proper disposal and adjustments to supply/inventory records.

**O. Decision to Suspend or Revoke Firearm Privileges. (4-APPFS-3B-04)**

1. A supervisor must act to suspend or revoke authorization to carry a weapon when reasonable cause exists. When the authority to carry a firearm has been suspended or revoked, the employee is also restricted from performing duties that might require the use of a firearm. The Manager or Supervisor must complete the appropriate section of the Authorization and Receipt for Weapons & Security Equipment Form and forward it to the Parole/Probation Assistant Director or Deputy Director of Residential Services, as appropriate. When a supervisor suspends or revokes the authorization to carry a firearm or less-than-lethal weapon and the weapon belongs to the agency, it must be seized and secured.
2. When an employee's authorization to carry an ACC-issued firearm is revoked or suspended, the employee must not carry a backup firearm while on duty.
3. Some of the factors that may be considered in deciding to suspend or revoke the carrying and use of a firearm are as follows:
  - a. job performance
  - b. participation in a substance abuse or psychiatric treatment program
  - c. carelessness, horseplay, negligence, misuse, or other inappropriate conduct in the handling of weapons and equipment
  - d. incident(s) involving the discharge of a weapon
  - e. action is determined to be in the best interest of public safety and efficient operation of the ACC
  - f. employee use of medications or other substances that cause physical or mental impairment
  - g. when warranted, pending completion of an investigation, and
  - h. failure to qualify or requalify.

**P. Firearm Safety, Maintenance, and Inspection.**

1. All unassigned firearms and security equipment must be inspected and maintained at least annually by a LEO or other authorized staff member designated by the supervisor. At the direction of a supervisor, an issued weapon is subject to inspection at any time by certified firearms instructors.



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2. Only certified armorers will make or cause to be made modifications or repairs to ACC firearms. Any modification or substantial repair must be documented in writing. Reports must be filed and provided to appropriate supervisor.
  
3. Each authorized employee is responsible for cleaning, maintaining, and inspecting his/her issued security equipment and authorized firearms. In addition, before placing a personally-owned backup firearm in use, the employee must have a qualified firearms instructor complete the form "Backup Weapon Inspection and Qualification."
  
4. Each authorized employee is responsible for reporting in writing any unresolved deficiencies in firearms and security equipment when there is a potential or actual problem that may or does cause the firearm or security equipment to be unsafe or unreliable. Firearms and security equipment found to be unsafe or inoperable must be promptly removed from service and tagged to indicate the problem. The report should be made on the form entitled "Incident or Hazard Report/Witness Statement – for Staff Use." Reports must be filed and provided to the appropriate supervisor.
  
5. A firearm that has been fired in connection with an incident may not be cleaned without a release from the Internal Affairs Administrator and approval of the appropriate Deputy Director.
  
6. Employees must adhere to standard safety instructions provided by ACC training processes. Weapons will at all times be maintained and used in a manner that precludes accidental discharges. Irresponsible acts such as horseplay or practical jokes involving a weapon are prohibited.

**Q. Handcuffs.** Handcuffs must be black and/or silver.

**IV. REFERENCES.** Arkansas Code sections 5-2-605 and following, 5-64-501, 5-73-103 through 105, 12-27-132, 12-29-115 and 16-93-103.

**V. ATTACHMENT AND FORMS.**

Attachment 1 Weapons and Security Equipment Authorization Listing

- AD 18-29 Form 1 Temporary Receipt of Firearm and Security Equipment for Practice Only
- AD 18-29 Form 2 Receipt for and Authorization to Carry Weapons & Security Equipment
- AD 18-29 Form 3 Backup Weapon Inspection and Qualification
- AD 18-29 Form 4 Confiscated Firearms Processing
- AD 18-29 Form 5 Retired Law Enforcement Officer Award of Firearm

**WEAPONS & SECURITY  
EQUIPMENT AUTHORIZATION LISTING**

	Parole/Probation Services		SRT	Residential Services	Others
	Deputy Director, Assistant Director, Manager, Assistant Manager, Agent, Supervision Officers	Career Planning and Placement Specialist	Special Response Team (SRT)		Director, Chief Deputy Director, Deputy Directors, Internal Affairs Administrator, and others as designated by the Director
Ballistic Shield	—	—	X	—	—
Batons	—	—	—	ERT	X
Riot Helmets	—	—	—	ERT	—
Helmet, ballistic	—	—	X	—	—
ACC-issued, or approved Handgun & Ammunition	X	—	X See Note 5	As Designated See Note 4	X
ACC-issued or approved Holster, cartridge, case & clip See Note 1	X	—	X	As Designated See Note 4	X
Personal Handgun (see details in this policy) and See Note 1	X	—	X	—	X
Chemical Agent & carrier	X	X	X	As Designated See note 4	X
Stun Shields	—	—	—	ERT	—
Taser/Electronic Restraint Devices	—	—	X	As Designated See note 4	X
Semi-automatic rifle	—	—	X	—	X
Shotgun with Orange on the Stock	—	—	X See Note 2	ERT	—
Shotgun without orange	—	—	X See Note 2	As Designated See note 4	—
Secure Office Containers	X	—	X	X	X
Leg Irons & Belly Chains (pool)	X	—	X See Note 3	X	X
Handcuff & case (black and/or silver)	X	—	X	X	X
Flex cuffs (pool)	X	—	X	X	X
Protective vests	X	—	X	As Designated See Note 4	X
Video Camera	—	—	—	X	—

ERT = Emergency Response Team

Pool= Equipment is available in the office for sharing

SRT = Special Response Team

Note 1. Law Enforcement Officers may purchase their own holster, which must be approved pursuant to this policy.

Note 2. Only “less-than-lethal” ammunition is authorized for ACC-issued shotguns with orange stocks. Other shotguns may use buck shot or slugs.

Note 3. Leg irons, belly chains, and flex cuffs may be issued to individual SRT members instead of using a pool.

Note 4. “As Designated” pursuant to paragraph III. C. 3.

Note 5. The SRT Commander may issue a backup firearm to SRT members.



**Arkansas Community Correction  
RECEIPT FOR AND AUTHORIZATION TO CARRY WEAPONS AND SECURITY EQUIPMENT**

Employee's Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Office Location: \_\_\_\_\_

The weapons and security equipment below are authorized to be carried by and were issued to the employee named above; or were returned, as indicated. Use a separate form to issue/authorize another firearm.

Description (complete description)	Serial / ID No.	Asset Number (ACC)	Quantity Issued	Date Returned and Initials of Receiving Supervisor	
Firearm Issued – Description (manufacturer, model, caliber) (Issued with duty ammunition)					
Chemical Agent      Exp. Date:					
Handcuffs					
Protective Vest      Exp. Date:					
ACC ID Card					
Law Enforcement Badge					
List other weapons and security equipment below:					

I hereby accept responsibility for the above-issued equipment.

\_\_\_\_\_  
 Signature of Receiver                      Signature of Issuing Supervisor or Designee                      Date

<b>Notice of Weapons Suspension or Employment Ended</b>		
Effective _____ (Date) the weapons carrying privileges of the individual named above are		
<input type="checkbox"/> Suspended until _____, or <input type="checkbox"/> Employment Ended (complete the CLEST Form F-4)		
Reason for Action _____		
My signature acknowledges I have been informed that my weapons carrying privileges are <input type="checkbox"/> Suspended, or <input type="checkbox"/> Ended.		
Note. To reinstate privileges the supervisor must prepare, sign and retain a new form with all issued items.		
_____ Signature of Employee	_____ Signature of Supervisor	_____ Date



**Arkansas Community Correction  
CONFISCATED FIREARMS PROCESSING**

Instructions. Process confiscated firearms as described on this form.

Reference Information (such as incident report number; firearm description):  
\_\_\_\_\_

Name of Person Processing this: \_\_\_\_\_

- record the confiscated firearm on the form entitled "Evidence or Confiscated Property/Contraband," tag the firearm when appropriate;
- check ACIC  
Reported lost or stolen?  Yes OR  No
  - Law enforcement agency with an active case?  Yes OR  No
    - If yes, agency contact info: \_\_\_\_\_ inform the agency; but firearm must go to the Arkansas Crime Lab
  - Does offender who had firearm have pending case?  Yes OR  No
    - If yes, agency contact info: \_\_\_\_\_ If appropriate, inform the agency and/or prosecutor; but firearm must go to the Arkansas Crime Lab
- check eOMIS offender who had firearm, any pending charges or other information of concern?:  
 Yes OR  No. Use this information as appropriate when contacting law enforcement or a prosecutor and on the Crime Lab "Evidence Submission Form."
- If the firearm was used in the commission of a crime OR if it was taken from a parolee or probationer who has a felony conviction:
  - complete the Arkansas Crime Lab "Evidence Submission Form" and
  - deliver the firearm to the Arkansas Crime Laboratory within 30 days for ballistics testing and
  - have the Crime Lab sign for the transfer on our "Evidence or Confiscated Property/Contraband" form;
- after testing by the Arkansas Crime Lab, firearms are returned to ACC, typically they are returned to the ACC Internal Affairs Investigator; upon return:
  - if there is a case pending adjudication ACC may transfer the firearm to the law enforcement agency managing evidence for the case if they will accept it; otherwise, ACC must maintain and store evidence until released by a court of competent jurisdiction or the prosecuting attorney;
  - if no case pending, when ACC regains possession of the firearm, ACC must immediately notify the owner, unless the owner is prohibited by law from possessing the firearm, that the owner may regain possession of the firearm when no longer held as evidence;
- after the above efforts, if the confiscated firearm is not considered to be of any evidentiary value, ask the appropriate Deputy Director to approve in writing destruction of the firearm and upon receiving permission, use the form entitled "Evidence or Confiscated Property/Contraband Disposition" to document destruction.

(Arkansas Code sections 12-12-311 and 12-12-324 address some aspects of this topic)

ACC AD 18-29 Form 4

Arkansas Community Correction  
RETIRED LAW ENFORCEMENT OFFICER AWARD OF FIREARM

**Instructions.** ACC certified law enforcement officers (LEOs) who were issued a firearm and retire from the agency in good standing, with no disciplinary action, can submit a request to the appropriate Deputy Director to be awarded their duty weapon using this form. The officer must have been with ACC for at least 10 years as a certified officer. Exceptions may be made by the Director for those who have prior law enforcement service.

Pursuant to Arkansas Code section 12-27-132, in observance of retirement, request is made to award the duty weapon described below and remove the weapon from ACC inventory:

**Recipient:** \_\_\_\_\_  
Date of Retirement: \_\_\_\_\_  
Weapon Description: \_\_\_\_\_  
Serial Number: \_\_\_\_\_ Asset number: \_\_\_\_\_  
**Requestor Name:** \_\_\_\_\_ Signature: \_\_\_\_\_

**Deputy Director certifies:**  
 The officer meets the criteria to include 10 years with ACC as a certified law enforcement officer OR  
 The officer meets the criteria to include \_\_\_\_\_ years \_\_\_\_\_ months with ACC as a certified LEO and \_\_\_\_\_ years \_\_\_\_\_ months With (agency): \_\_\_\_\_ as a certified LEO.  
Signature  
Deputy Director Name: \_\_\_\_\_ (approval): \_\_\_\_\_

**Director's approval** when an exception is made for a LEO with prior law enforcement service.  
Director Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Award.** The weapon described above was awarded to the retiring officer on (date): \_\_\_\_\_  
Printed Name (Assistant P/P Area Manager, or Above) \_\_\_\_\_ Signature: \_\_\_\_\_  
Send this completed form to: ACC Central Office / Administrative Services / Asset Manager

**Inventory Adjustment.**  
 The duty weapon described above has been removed from inventory on (date): \_\_\_\_\_  
Printed Asset Mgr Name: \_\_\_\_\_ Signature: \_\_\_\_\_

ACC AD 18-29 Form 5





## Arkansas Community Correction

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

**ADMINISTRATIVE DIRECTIVE:** ~~17-3518-29~~ Weapons and Security Equipment

**TO:** Arkansas Community Correction Employees

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

**SUPERSEDES:** AD ~~14-2217-35~~

**APPROVED:** Signature on File **EFFECTIVE:** ~~July 31, 2017~~

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

**II. POLICY.** ACC policy is to prepare certain employees to function effectively across a force continuum by providing training and authorizing an assortment of security equipment and firearms as provided by this policy. (4-APPFS-3A-22M, 4-APPFS-3B-01M, 4-APPFS-3B-02M)

### III. GUIDANCE.

**A. Weapons and Security Equipment in General.** ACC employees may only be issued weapons and security equipment when they meet the requirements in this policy. Weapons and security equipment must only be issued and carried by staff as described on the Weapons & Security Equipment Authorization Listing (Attachment 1). Any modification to the list requires written approval of the Director.

Parole/Probation Managers, Center Supervisors, and the Special Response Team (SRT) Commander must ensure weapons and security equipment are issued pursuant to policy.

Initial issue of firearms and security equipment may take place prior to training when the issuing authority ensures the new employee understands the requirements described on the form entitled "Temporary Receipt of Firearm and Security Equipment for Practice Only."

**B. Authorization to Carry Firearm on Duty.** To be authorized to carry a firearm on duty, an ACC employee must:

1. Be in a position listed on the Weapons and Security Equipment Authorization Listing or designated by the Director, and
2. Law Enforcement Officers must meet applicable CLEST requirements and ACC requirements which include a medical/physical evaluation, psychological examination and substance abuse testing.

3. Successfully complete applicable “New Employee Training Requirements” as described in the Employee Training and Certification administrative directive.
4. Be current with applicable refresher training requirements as described in the Employee Training and Certification administrative directive.
5. Comply with other applicable requirements in this policy. (4-APPFS-3A-04)
6. Be free of a felony conviction.
7. Be free of a misdemeanor conviction of domestic violence.
8. For state-issued firearms, be issued a state-issued firearm on the form entitled “Receipt and Authorization to Carry Weapons and Security Equipment.” Community Correction Centers may use an alternative form for temporary issue.

**C. Carrying ACC Issued Weapons and Security Equipment.**

1. An employee must be authorized to carry and must meet the training requirements as a prerequisite to carrying weapons and security equipment.
2. Employees ~~NOT Assigned to a Residential Center~~ who are in positions authorized to carry a firearm. These employees, when they meet the above requirements in the paragraph entitled “Authorization to Carry a Firearm on Duty,” may carry ACC-issued -weapons, ammunition, security equipment and a chemical agent during all hours in which ~~he/she is~~ they are actively pursuing the obligations and duties of the position for which ~~he/she is~~ they are employed, otherwise there is no authority to carry or use agency-issued weapons or security equipment; with the following exception. As an exception, Parole and Probation Officers employed by ACC who are authorized to carry a firearm while on duty may choose to carry their state-issued or approved personal firearm while off duty pursuant to Arkansas Code section 16-93-103. The law does NOT allow officers to carry a state-issued firearm while actively working at employment for another organization. ~~This does not prohibit the employee from carrying them when commuting to and from work.~~
3. Residential Center Employees. Security staff who have received the required training may be authorized by the Senior Residential Supervisor, Assistant Center Supervisor, Center Supervisor or above to carry security/control equipment within the following parameters:
  - a. Security staff at the rank of Sergeant or above may be authorized to carry a chemical agent for on-site supervision.
  - b. Security staff who are trained may be authorized to carry a firearm and chemical agent while transporting offenders and when supervising off-site community work crews.
  - c. Security staff on the Emergency Response Team may be issued stun shields, riot helmets, batons and other security equipment for a particular incident only with the approval of the Senior Residential Supervisor, Assistant Center Supervisor, Center Supervisor or above.

4. Additional Carrying Requirements.
  - a. When carrying a firearm on duty, uniformed personnel must also carry an ACC-issued chemical agent. As an exception, SRT must carry a chemical agent or Taser. Uniformed personnel consist of ACC Special Response Team officers; Parole/Probation Officers, residential food service staff, security officers, and residential supervisors.
  - b. When carrying a firearm on duty, an employee must carry his or her law enforcement badge and when a carried firearm is visible, the badge must also be visible.
  - c. When carrying a firearm on duty, an employee must carry his or her ACC photo identification card.
  - d. Firearms must be in an approved holster.
  - e. When in uniform, carried chemical agent and Tasers must be in a carrier or belt case.
  - f. An employee must not carry a firearm while under the influence of any medications or other substances that impair his or her ability to perform the duties of the job.
  - g. An employee must not carry a firearm when precluded from doing so by the supervisor, in accordance with the provisions of this policy or by law.
  - h. Firearms must be maintained and used in a manner to prevent accidental discharges.

**D. Carrying a Backup Personal Firearm While on Duty.**

1. A “personal firearm” refers to a firearm owned by an ACC employee. To carry a personal firearm while on duty, both the employee and firearm must meet the requirements in this policy.
2. The caliber of the personal firearm must be between .380 caliber and .45 caliber.
3. A Law Enforcement Officer (LEO) may carry an approved personal firearm as a backup weapon while on duty provided that the officer:
  - a. furnishes his/her own personal firearm and conceals it while carrying it on duty.
  - b. uses his/her personal funds for all expenses related to the personal firearm to include all ammunition used for practice, qualification and carry, purchasing a holster and maintenance. The ammunition must be approved by ACC.
  - c. ensures the backup firearm is secured in an approved holster when worn on duty and secured when not worn. The holster must be approved by an ACC certified firearms instructor and documented on the form “Backup Weapon Inspection and Qualification”.
  - d. qualifies on the personal firearm through an ACC certified firearms instructor prior to carrying it and requalifies as required by agency policy.
  - e. keeps the handgun properly maintained, repaired and in good working order at his/her own expense.

~~**E. Authorization to Carry Firearm off Duty.** As of July 31, 2017, Parole and Probation Officers employed by ACC who are authorized to carry a firearm while on duty may choose to carry their state-issued or approved personal firearm while off duty pursuant to Arkansas Law section 16-93-403.~~

~~The law does NOT allow officers to carry a state-issued firearm while actively working at employment for another organization.~~

**F. First Aid/Emergency Medical Services.** First aid or emergency medical services must be promptly provided following the injury and/or contamination of an individual by a firearm, chemical agent or security equipment. (4-ACRS-2B-02[P]).

**GF. Responsibility to Inform of Physical or Emotional Impairment and Suspending Authorization.**

Employees who are authorized to carry a firearm and/or less than-lethal weapons- must notify their immediate supervisor of any physical, psychological or pharmacological conditions causing physical or emotional impairment that could affect their ability to perform the essential functions of their duties or carry/use a firearm or less-than-lethal weapon safely.

Impairment is considered to be a condition that can affect judgment, reaction time, or motor skills, as it may affect the ability to act or handle a firearm or less-than-lethal weapon safely and proficiently.

Supervisors must consider the circumstances and when warranted must suspend authorization to carry a firearm and less-than-lethal weapon. Supervisors must protect such medical information pursuant to law and policy.

Authorization will be reinstated upon the cessation of the medication effects, or with the physician's ruling that the physical/psychological condition and/or medication's potential effects would not interfere with handling a firearm or less-than-lethal weapon, driving a motor vehicle safely, or safely performing other essential functions. (4-APPFS-3B-05)

**HG. LEO Personnel Actions.** The Parole/Probation Deputy Director and Residential Services Deputy Director must ensure proper notification to the Commission on Law Enforcement Standards and Training of all LEO personnel actions, pursuant to the CLEST Manual.

Notifications of personnel actions going to CLEST must be routed through the Human Resources Section or Central Training Section, as appropriate.

Initial training on chemical agents will require contamination while being video-recorded. If a person has a medical concern the employee may be excused and the instructor must promptly notify the person's immediate supervisor, the Central Training Section Manager and the Central Office Human Resources Manager so a determination may be made on the medical -excuse and whether the employee can perform the essential functions of the job.

**IH. Security and Control of Weapons and Equipment**

**Page 101 of 165**

1. Parole/Probation Managers,- Center Supervisors and the SRT Commander are primarily responsible for weapons accountability and security.
2. Employees are responsible for the weapons and security equipment issued to them.
3. Managers and Supervisors may designate a firearms-certified Weapons Control Officer to manage weapons and security equipment to include coordinating with the Local Physical Asset Control Officer to ensure compliance with the Equipment Inventory, Transfer and Disposition policy.
4. All weapons and security equipment must be stored in designated areas that are locked; inaccessible to offenders and other unauthorized persons; protected from the weather; and secured from loss or theft.
5. When not being worn, authorized firearms, ammunition and other security equipment must be secured.
6. Firearms must be loaded and unloaded in a designated safe area approved by the Area Manager, Center Supervisor or Firearms Instructor. Each safe area must have at least a 5-gallon barrel of sand. Firearms must be pointed at the sand barrel if the firearm is being unloaded or the trigger is pulled prior to cleaning or removing the slide.
7. At residential centers, firearms must not be worn except in an emergency or when carried by an authorized -employee before departure and upon return. Firearms must be properly secured in a -control center or armory. Visiting law enforcement officers must secure their weapons in their vehicle or in the control center or armory prior to entering the facility. (4-ACRS-2A-10)
8. The process for signing firearms and security equipment in and out must include the employee's name and weapon serial number (when there is one). Form 1, "Authorization and Receipt for Weapon and Security Equipment," or a bound book with pre-numbered pages must be used for this purpose and kept for a minimum of 3 years after the final entry. Annotations may be made to indicate transfer of active records from one permanent log book that has been filled to a new one.
9. Area Managers must ensure their firearms instructors have an approved process in place for keeping up with ammunition received and issued.
10. This paragraph does NOT apply to Center operations. An employee may leave an authorized weapon in an office overnight only if it is in a secured area approved by the Area Manager or firearms instructor. Law enforcement officers are encouraged to take their firearm home, and when doing so the firearm must be kept secure.
11. Each Center Supervisor must develop and provide written supplemental guidance, to include at minimum:
  - c. Procedures for issuing weapons and security equipment, emergency response teams, transportation teams and individuals.
  - d. Key control

- c. Access control
- d. Inventories
- e. Safety and security procedures.

**J**. **Chemical Agent Specifications.** Chemical agents must be non-flammable and meet EPA standards.

**K**. **Dogs and Handlers.** Dogs and handlers from the Arkansas Department of Correction or a local law enforcement agency may be used for contraband detection and tracking purposes by the SRT and, when approved by the Center Supervisor or Assistant Center Supervisor, at ACC residential centers.

**L**. **Retired ACC Law Enforcement Officer-Officers**

**ID Badges.** LEOs retiring from ACC and state government service may request a “Retired Law Enforcement Officer” identification card. The ~~written request must~~ will be supported/handled by a copy of the official retirement documentation and submitted to the Director for approval consideration Human Resources Section.

**M** **Duty Weapon.** ACC certified law enforcement officers who were issued a firearm and retire from the agency in good standing, with no disciplinary action, can submit a request to the appropriate Deputy Director to be awarded their duty weapon using the "Retired Law Enforcement Officer Award of Firearm Form." The officers must have been with ACC for at least 10 years as a certified officer. Exceptions may be made by the Director for those who have prior law enforcement service.

Administrative Services is responsible for processing necessary paperwork to remove the firearm from agency inventory.

**L**. **Wearing Protective Vests.**

Protective vests will be worn when making home visits, serving warrants (unless serving a warrant in the office or at a jail), transporting offenders, firing weapons on the range, accompanying law enforcement on investigations or operations, when assisting in apprehending an escapee, and at the LEO’s discretion. SRT members may use their discretion on when to use their tactical or protective vests.

**N**. **Incidents Involving Weapons or Security Equipment.** Incidents involving weapons or other security equipment will be managed and reported in accordance with the Administrative Directives on “Reporting and Investigating Incidents, Hazards and Maltreatment,” “Use of Force,” and “Drug-Free Workplace.”

**O**. **Confiscation, Surrender, Loss, Damage, and Disposition of Firearms or Security Equipment.**

1. Surrender of Firearms. An employee who voluntarily or involuntarily leaves ACC employment must immediately surrender his/her assigned weapon and equipment to his/her supervisor, with one exception. The Director may, with the recommendation from the employee’s supervisor, award a Parole/Probation Officer his/her weapon upon retirement pursuant to state law.

2. **Lost or Stolen ACC Weapons.** If any issued weapon or security equipment is lost or stolen and it is determined by the appropriate supervisor, administrator or Center Supervisor that such loss was caused by carelessness or negligence, the employee must reimburse the ACC within 30 days for replacement cost, unless an alternative payment schedule is approved. The circumstances surrounding the loss or theft may result in disciplinary action, up to and including employment termination. Refer to the policy on Reporting and Investigating Incidents, Hazards and Maltreatment for reporting stolen or lost weapons.
3. **Damaged Firearm.** A damaged or faulty ACC firearm must be reported to the immediate supervisor, the firearms instructor if detected during training or firearms qualification, and the Weapons Control Officer as soon as detected. Firearms in need of repair must be referred to a certified armorer or gunsmith through regular purchasing procedures.
4. **Disposition of ACC Firearms.** Following the appropriate Deputy Director's written approval, a firearm for which ACC has no use must be disposed of through the Administrative Services Division's Purchasing Unit, according to state regulations governing property disposal.
5. **Processing Confiscated Firearms.** Process confiscated firearms as described on the form entitled "Confiscated Firearms Processing."
6. **Damaged/Used Chemical Agent Turn-In and Disposal.** Damaged or used chemical agents will be turned in to the supervisor or Weapons Control Officer for proper disposal and adjustments to supply/inventory records.

**P O. Decision to Suspend or Revoke Firearm Privileges.** (4-APPFS-3B-04)

1. A supervisor must act to suspend or revoke authorization to carry a weapon when reasonable cause exists. When the authority to carry a firearm has been suspended or revoked, the employee is also restricted from performing duties that might require the use of a firearm. The Manager or Supervisor must complete the appropriate section of the Authorization and Receipt for Weapons & Security Equipment Form and forward it to the Parole/Probation Assistant Director or Deputy Director of Residential Services, as appropriate. When a supervisor suspends or revokes the authorization to carry a firearm or less-than-lethal weapon and the weapon belongs to the agency, it must be seized and secured.
2. When an employee's authorization to carry an ACC-issued firearm is revoked or suspended, the employee must not carry a backup firearm while on duty.
3. Some of the factors that may be considered in deciding to suspend or revoke the carrying and use of a firearm are as follows:
  - a. job performance
  - b. participation in a substance abuse or psychiatric treatment program
  - c. carelessness, horseplay, negligence, misuse, or other inappropriate conduct in the handling of weapons and equipment
  - d. incident(s) involving the discharge of a weapon
  - e. action is determined to be in the best interest of public safety and efficient operation of the ACC
  - f. employee use of medications or other substances that cause physical or mental impairment
  - g. when warranted, pending completion of an investigation, and

h. failure to qualify or requalify.

**QP. Firearm Safety, Maintenance, and Inspection.**

1. All unassigned firearms and security equipment must inspected and maintained at least annually by a LEO or other authorized staff member designated by the supervisor. At the direction of a supervisor, an issued weapon is subject to inspection at any time by certified firearms instructors.
2. Only certified armorers will make or cause to be made modifications or repairs to ACC firearms. Any modification or substantial repair must be documented in writing. Reports must be filed and provided to appropriate supervisor.
3. Each authorized employee is responsible for cleaning, maintaining, and inspecting his/her issued security equipment and authorized firearms. In addition, before placing a personally-owned backup firearm in use, the employee must have a qualified firearms instructor complete the form "Backup Weapon Inspection and Qualification."
4. Each authorized employee is responsible for reporting in writing any unresolved deficiencies in firearms and security equipment when there is a potential or actual problem that may or does cause the firearm or security equipment to be unsafe or unreliable. Firearms and security equipment found to be unsafe or inoperable must be promptly removed from service and tagged to indicate the problem. The report should be made on the form entitled "Incident or Hazard Report/Witness Statement – for Staff Use." Reports must be filed and provided to the appropriate supervisor.
5. A firearm that has been fired in connection with an incident may not be cleaned without a release from the Internal Affairs Administrator and approval of the appropriate Deputy Director.
6. Employees must adhere to standard safety instructions provided by ACC training processes. Weapons will at all times be maintained and used in a manner that precludes accidental discharges. Irresponsible acts such as horseplay or practical jokes involving a weapon are prohibited.

**RQ. Handcuffs.** Handcuffs must be black and/or silver.

**IV. REFERENCES.** Arkansas ~~law~~Code sections 5-2-605 and following, 5-64-501, 5-73-103 through 105, 12-~~27-132~~, 12-29-115, and 16-93-103.

**V. ATTACHMENT AND FORMS.**

Attachment 1 Weapons and Security Equipment Authorization Listing

AD <del>47-3518-29</del> Form 1	Temporary Receipt of Firearm and Security Equipment for Practice Only
AD <del>47-3518-29</del> Form 2	Receipt for and Authorization to Carry Weapons & Security Equipment
AD <del>47-3518-29</del> Form 3	Backup Weapon Inspection and Qualification
AD <del>47-3518-29</del> Form 4	Confiscated Firearms Processing
<u>AD 18-29 Form 5</u>	<u>Retired Law Enforcement Officer Award of Firearm</u>



**WEAPONS & SECURITY  
EQUIPMENT AUTHORIZATION LISTING**

	Parole/Probation Services		SRT	Residential Services	Others
	Deputy Director, Assistant Director, Manager, Assistant Manager, Agent, Supervision Officers	Career Planning and Placement Specialist	Special Response Team (SRT)		Director, <del>Staff Attorney</del> , Chief Deputy Director, Deputy Directors, Internal Affairs Administrator, and others as designated by the Director
Ballistic Shield	—	—	X	—	—
Batons	—	—	—	ERT	<del>—X</del>
Riot Helmets	—	—	—	ERT	—
Helmet, ballistic	—	—	X	—	—
ACC-issued, or approved Handgun & Ammunition	X	—	X See Note 5	As Designated See Note 4	X
ACC-issued or approved Holster, cartridge, case & clip See Note 1	X	—	X	As Designated See Note 4	X
Personal Handgun (see details in this policy) and See Note 1	X	—	X	—	X
Chemical Agent & carrier	X	X	X	As Designated See note 4	X
Stun Shields	—	—	—	ERT	—
Taser/Electronic Restraint Devices	—	—	X	As Designated See note 4	<del>—X</del>
Semi-automatic rifle	—	—	X	—	<del>—X</del>
Shotgun with Orange on the Stock	—	—	X See Note 2	ERT	—
Shotgun without orange	—	—	X See Note 2	As Designated See note 4	—
Secure Office Containers	X	—	X	X	X
Leg Irons & Belly Chains (pool)	X	—	X See Note 3	X	X
Handcuff & case (black and/or silver)	X	—	X	X	X
Flex cuffs (pool)	X	—	X	X	X
Protective vests	X	—	X	As Designated See Note 4	X
Video Camera	—	—	—	X	—

ERT = Emergency Response Team

Pool= Equipment is available in the office for sharing

SRT = Special Response Team

- Note 1. Law Enforcement Officers may purchase their own holster, which must be approved pursuant to this policy.
- Note 2. Only “less-than-lethal” ammunition is authorized for ACC-issued shotguns with orange stocks. Other shotguns may use buck shot or slugs.
- Note 3. Leg irons, belly chains, and flex cuffs may be issued to individual SRT members instead of using a pool.
- Note 4. “As Designated” pursuant to paragraph III. C. 3.
- Note 5. The SRT Commander may issue a backup firearm to SRT members.



Arkansas Community Correction

**RECEIPT FOR AND AUTHORIZATION TO CARRY WEAPONS AND SECURITY EQUIPMENT**

Employee's Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 Supervisor's Name: \_\_\_\_\_ Supervisor's Office Location: \_\_\_\_\_

The weapons and security equipment below are authorized to be carried by and were issued to the employee named above; or were returned, as indicated. Use a separate form to issue/authorize another firearm.

Description (complete description)	Serial / ID No.	Asset Number (ACC)	Quantity Issued	Date Returned and Initials of Receiving Supervisor	
Firearm Issued – Description (manufacturer, model, caliber) (Issued with duty ammunition)					
Chemical Agent      Exp. Date:					
Handcuffs					
Protective Vest      Exp. Date:					
ACC ID Card					
Law Enforcement Badge					
List other weapons and security equipment below:					

I hereby accept responsibility for the above-issued equipment.

\_\_\_\_\_  
 Signature of Receiver                      Signature of Issuing Supervisor or Designee                      Date

<b>Notice of Weapons Suspension or Employment Ended</b>		
Effective _____ (Date) the weapons carrying privileges of the individual named above are		
<input type="checkbox"/> Suspended until _____	, or <input type="checkbox"/> Employment Ended (complete the CLEST Form F-4)	
Reason for Action _____		
My signature acknowledges I have been informed that my weapons carrying privileges are <input type="checkbox"/> Suspended, or <input type="checkbox"/> Ended.		
Note. To reinstate privileges the supervisor must prepare, sign and retain a new form with all issued items.		
_____ Signature of Employee	_____ Signature of Supervisor	_____ Date



**Arkansas Community Correction  
CONFISCATED FIREARMS PROCESSING**

Instructions. Process confiscated firearms as described on this form.

Reference Information (such as incident report number; firearm description):  
\_\_\_\_\_

Name of Person Processing this: \_\_\_\_\_

- record the confiscated firearm on the form entitled "Evidence or Confiscated Property/Contraband," tag the firearm when appropriate;
  
- check ACIC  
Reported lost or stolen?  Yes OR  No
  - Law enforcement agency with an active case?  Yes OR  No
    - If yes, agency contact info: \_\_\_\_\_ inform the agency; but firearm must go to the Arkansas Crime Lab
  - Does offender who had firearm have pending case?  Yes OR  No
    - If yes, agency contact info: \_\_\_\_\_ If appropriate, inform the agency and/or prosecutor; but firearm must go to the Arkansas Crime Lab
  
- check eOMIS offender who had firearm, any pending charges or other information of concern?  Yes OR  No Use this information as appropriate when contacting law enforcement or a prosecutor and on the Crime Lab "Evidence Submission Form."
  
- If the firearm was used in the commission of a crime OR if it was taken from a parolee or probationer who has a felony conviction:
  - complete the Arkansas Crime Lab "Evidence Submission Form" and
  - deliver the firearm to the Arkansas Crime Laboratory within 30 days for ballistics testing and
  - have the Crime Lab sign for the transfer on our "Evidence or Confiscated Property/Contraband" form;
  
- after testing by the Arkansas Crime Lab, firearms are returned to ACC, typically they are returned to the ACC Internal Affairs Investigator; upon return:
  - if there is a case pending adjudication ACC may transfer the firearm to the law enforcement agency managing evidence for the case if they will accept it; otherwise, ACC must maintain and store evidence until released by a court of competent jurisdiction or the prosecuting attorney;
  - if no case pending, when ACC regains possession of the firearm, ACC must immediately notify the owner, unless the owner is prohibited by law from possessing the firearm, that the owner may regain possession of the firearm when no longer held as evidence;
  
- after the above efforts, if the confiscated firearm is not considered to be of any evidentiary value, ask the appropriate Deputy Director to approve in writing destruction of the firearm and upon receiving permission, use the form entitled "Evidence or Confiscated Property/Contraband Disposition" to document destruction.

(Arkansas ~~law section~~ Code sections 12-12-311 and 12-12-324 address some aspects of this topic)

ACC AD ~~47-35~~ 18-29 Form 4

**Arkansas Community Correction**  
**RETIRED LAW ENFORCEMENT OFFICER AWARD OF FIREARM**

**Instructions.** ACC certified law enforcement officers (LEOs) who were issued a firearm and retire from the agency in good standing, with no disciplinary action, can submit a request to the appropriate Deputy Director to be awarded their duty weapon using this form. The officer must have been with ACC for at least 10 years as a certified officer. Exceptions may be made by the Director for those who have prior law enforcement service.

Pursuant to Arkansas Code section 12-27-132, in observance of retirement, request is made to award the duty weapon described below and remove the weapon from ACC inventory:

**Recipient:** \_\_\_\_\_  
**Date of Retirement:** \_\_\_\_\_  
**Weapon Description:** \_\_\_\_\_  
**Serial Number:** \_\_\_\_\_ **Asset number:** \_\_\_\_\_  
 \_\_\_\_\_  
**Requestor Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Deputy Director certifies:**

- The officer meets the criteria to include 10 years with ACC as a certified law enforcement officer OR
- The officer meets the criteria to include \_\_\_\_\_ years \_\_\_\_\_ months with ACC as a certified LEO and \_\_\_\_\_ years \_\_\_\_\_ months With (agency): \_\_\_\_\_ as a certified LEO.

Deputy Director Name: \_\_\_\_\_ **Signature (approval):** \_\_\_\_\_

**Director's approval when an exception is made for a LEO with prior law enforcement service.**

**Director Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Award.** The weapon described above was awarded to the retiring officer on (date): \_\_\_\_\_

Printed Name (Assistant P/P Area Manager, or Above) \_\_\_\_\_ **Signature** \_\_\_\_\_

Send this completed form to: ACC Central Office / Administrative Services / Asset Manager

**Inventory Adjustment.**

- The duty weapon described above has been removed from inventory on (date): \_\_\_\_\_

Printed Asset Mgr Name: \_\_\_\_\_ **Signature:** \_\_\_\_\_

ACC AD 18-29 Form 5



## Arkansas Community Correction

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

### **ADMINISTRATIVE DIRECTIVE: 18-37 Employee Awards and Recognition Programs**

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 18-36

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

**EFFECTIVE:** November 8, 2018

**I. APPLICABILITY.** This directive applies to all Arkansas Community Correction employees.

**II. POLICY.** Through an annual awards program, Arkansas Community Correction will acknowledge outstanding employee achievements that extend beyond regular duties and assignments. No award will be given for employees performing their regular job duties.

### **III. DEPARTMENT AWARD NOMINATIONS.**

**A. Eligibility.** The Human Resources Section must verify eligibility criteria are met upon receiving nominees. Nominees for awards must meet these eligibility criteria unless an exception has been made by the appropriate Deputy Director:

- have at least one year of active service in the department and must not be on probation unless an exception is made by the appropriate Deputy Director for an act of heroism. Nominees for the Promise Award must have at least six months of active service.
- must not have received any disciplinary actions within the previous or current rating periods
- must have an overall rating of Solid Performer or above on the most recent performance evaluation. This does not apply to nominees for the Promise Award.

**B. Achievement Considerations.** Employee achievements may include but are not limited to the following:

- significant contributions to the department's mission or goals or enhancement of its image



- setting an example of excellence in service
- improving department services
- exhibiting innovation or creativity that results in positive change
- preparing others for leadership roles and keeping a consistently positive attitude that enhances the performance and attitude of others
- volunteering off-duty time for the benefit of others or to further the agency's commitment to public service
- creating savings in cost and/or time through innovation.

**C. Award Categories and Eligibility.** The following describe the types of awards that may be presented annually, positions eligible for nomination and some supplemental information.

1. **Director's Award.** All ACC employees are eligible. This will be awarded at the discretion of the Director.
2. **Employee of the Year.** All ACC employees are eligible, except for Management Team members.
3. **Innovation of the Year.** All ACC employees are eligible, except for Management Team members. A working group or committee may be considered for this award.
4. **Hero Award.** Any employee who:
  - is motivated by a shared sense of the public good,
  - takes responsibility for the life and circumstances of those around him or her, and
  - whose actions or efforts improve the circumstances of others.
5. **Vision Award.** Center Supervisors, Area Managers, and Division Administrators are eligible. The award is presented for leadership, innovation, actions, and activities that represent the agency's desired future.
6. **Impact Award.** ACC Centers and Parole/Probation Areas are eligible. The award is presented to the center or area with a clear sense of purpose, whose operations and activities have the most powerful and influential impact on the community, the offenders and/or its employees.
7. **Horizon Award.** Assistant Center Supervisors and Assistant Parole/Probation Area Managers are eligible. The award is presented to an assistant supervisor or manager showing the promise of becoming an outstanding and innovative leader.

8. **Promise Award.** Any ACC employee who has been employed by the agency for less than two years is eligible. The award is presented to a first-time, new employee whose enthusiasm, achievement, and professionalism show a strong indication of success and the promise of future leadership.
9. **Parole/Probation Treatment Staff of the Year.** All Parole/Probation treatment staff who do not supervise other employees are eligible.
10. **Residential Services Treatment Staff of the Year.** All Residential Services treatment staff who do not supervise other employees are eligible.
11. **Parole/Probation Officer of the Year.** All Parole/Probation Officers and Agents are eligible; managers are not eligible.
12. **Residential Services Officer of the Year.** Residential Security employees who do not supervise other employees are eligible.
13. **Treatment Supervisor of the Year.** All ACC employees primarily involved with treatment who supervise other employees.
14. **Residential Services Supervisor of the Year.** Except for officers, the Center Supervisor, and the Assistant Center Supervisor, any Residential Services employee who supervises other employees is eligible.
15. **Parole/Probation Support Staff of the Year.** Except for officers and agents, all Parole/Probation employees who do not supervise other employees are eligible.
16. **Residential Services Support Staff of the Year.** Residential Services employees who do not supervise other employees are eligible.
17. **Central Office Staff Person of the Year.** All Central Office employees except administrators are eligible.

#### IV. PROCESSING DEPARTMENT NOMINATIONS AND AWARDS.

- A. Any employee may nominate another eligible employee or group for an award by submitting an Employee Award Nomination Form 1 by the deadline established by Human Resources.
- B. An employee may be considered for awards in multiple categories and may be nominated for an award he/she previously received. However, an individual employee may not nominate the same person or group for more than one award.
- C. Employee award nominations must be submitted through the employee's immediate supervisor who will review and forward eligible nominations to the Area Manager or Center Supervisor who, in turn, will forward them to the appropriate Deputy Director by the deadline established by Human Resources.

- D. The Deputy Director may screen or choose to use a committee to screen nominations and make recommendations by the deadline to verify the nominees' achievements. The Deputy Director will forward the verified nominations to the Chief Deputy Director for final review.
- E. Prior to Management Team consideration, the Chief Deputy Director will forward the nominees to the Human Resources Administrator who will verify that those selected are eligible to receive the awards and all information is correct. The Communications Division will ensure appropriate documents are prepared and available for presentation.
- F. Department awards will be presented annually at an appropriate ceremony as determined by the Director.
- G. Award decisions cannot be grieved or appealed.

**V. AREA/CENTER/CENTRAL-OFFICE-SECTION AWARD NOMINATIONS.**

Areas, Centers, and Central Office Sections may present awards and organize award ceremonies as approved by the applicable Area Manager/Center Supervisor/Section Supervisor. The Communications Division should be notified of any scheduled ceremonies and provided with a list of recipients and photos following the presentations.

**VI. CAREER SERVICE AWARDS.** The Human Resources Section must provide completed certificates to recognize employees after five years of service and every five years thereafter. Area Managers, Center Supervisors and Central Office Section Supervisors must ensure employees receive the certificates in a timely manner.

**VII. AWARD CEREMONIES/PROCUREMENT OF AWARDS/GIFTS.** Agency funds cannot be used to hold award ceremonies, purchase awards, or provide gifts for employees. Employee Associations of the ACC and the Arkansas Association of Correctional Employees (AACET) are authorized and encouraged to finance the various award functions and solicit donations in accordance with any applicable law and policy. Awards may be subject to tax. Employees are responsible for determining whether awards are taxable, in accordance with state and federal tax laws.

**VIII. FORMS.**

AD 18-37 Form 1 Employee Award Nomination

**Arkansas Community Correction**  
**EMPLOYEE AWARD NOMINATION**

**Nominee:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Nominated by:** \_\_\_\_\_ (Provide justification on the second page of this form)

**Division:**  Residential Services       Parole/Probation Services - Area: \_\_\_\_\_  
 Director's Staff       Chief Deputy Director's Staff  
 Administrative Services       Communications Division

**NOMINATED FOR** (Select one category for this nomination):

- Employee of the Year       Promise Award       Treatment Supervisor of the Year
- Innovation of the Year       P/P Treatment Staff of the Year       Residential Services Supervisor of the Year
- Hero Award       Residential Treatment Staff of the Year       Parole/Probation Support Staff Person of the Year
- Vision Award       Parole/Probation Officer of the Year       Residential Services Support Staff Person of the Year
- Impact Award       Residential Services Officer of the Year       Central Office Support Staff Person of the Year
- Horizon Award

**Reviewers in the Nominee's Supervisory Chain, if Any, Sign to Indicate Review:**

Nominee's Supervisor Signature (if applicable)	Printed Name	Date	Phone
Intermediate/Higher Supervisor's Signature	Printed Name	Date	Phone
Next Higher (if any) Supervisor's Signature	Printed Name	Date	Phone

**DIVISION DEPUTY DIRECTOR:**  
 Submitted to Human Resources Administrator for Management Team Consideration OR  NOT Submitted

\_\_\_\_\_  
Division Director's Signature      Printed Name      Date      Phone

**HUMAN RESOURCES ADMINISTRATOR REVIEW:**

Eligibility Criteria  are met (submit this to Management Team) OR  are not met. If not met, inform the Deputy Director

Arkansas Community Correction  
EMPLOYEE AWARD NOMINATION

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Nominee: \_\_\_\_\_ Job Title: \_\_\_\_\_

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**Justification Information  
Provided by Nominator**

Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Person Submitting  
Nomination: \_\_\_\_\_ Phone: \_\_\_\_\_

Following is my justification for the above-named employee/group being nominated for an award:

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## Arkansas Community Correction

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

**ADMINISTRATIVE DIRECTIVE:** 18-~~36~~37 Employee Awards and Recognition Programs

**TO:** Arkansas Community Correction Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD ~~15-18-36~~

**APPROVED:** Signature on File — **EFFECTIVE:** November 48, 2018

Formatted: No underline

**I. APPLICABILITY.** This directive applies to all Arkansas Community Correction employees.

**II. POLICY.** Through an annual awards program, Arkansas Community Correction will acknowledge outstanding employee achievements that extend beyond regular duties and assignments. No award will be given for employees performing their regular job duties.

### III. DEPARTMENT AWARD NOMINATIONS.

**A. Eligibility.** The Human Resources Section must verify eligibility criteria are met upon receiving nominees. Nominees for awards must meet these eligibility criteria unless an exception has been made by the appropriate Deputy Director:

- have at least one year of active service in the department and must not be on probation unless an exception is made by the appropriate Deputy Director for an act of heroism. Nominees for the Promise Award must have at least six months of active service.
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- must have an overall rating of Solid Performer or above on the most recent performance evaluation. This does not apply to nominees for the Promise Award.

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- significant contributions to the department's mission or goals or enhancement of its image

- setting an example of excellence in service
- improving department services
- exhibiting innovation or creativity that results in positive change
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  - is motivated by a shared sense of the public good,
  - takes responsibility for the life and circumstances of those around him or her, and
  - whose actions or efforts improve the circumstances of others.
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12. **Residential Services Officer of the Year.** Residential Security employees who do not supervise other employees are eligible.
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16. **Residential Services Support Staff of the Year.** Residential Services employees who do not supervise other employees are eligible.
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#### IV. PROCESSING DEPARTMENT NOMINATIONS AND AWARDS.

- A. Any employee may nominate another eligible employee or group for an award by submitting an Employee Award Nomination Form 1 by the deadline established by Human Resources.
- B. An employee may be considered for awards in multiple categories and may be nominated for an award he/she previously received. However, an individual employee may not nominate the same person or group for more than one award.
- C. Employee award nominations must be submitted through the employee's immediate supervisor who will review and forward eligible nominations to the Area Manager or Center Supervisor who, in turn, will forward them to the appropriate Deputy Director by the deadline established by Human Resources.



- D. The Deputy Director may screen or choose to use a committee to screen nominations and make recommendations by the deadline to verify the nominees' achievements. The Deputy Director will forward the verified nominations to the Chief Deputy Director for final review.
- E. Prior to Management Team consideration, the Chief Deputy Director will forward the nominees to the Human Resources Administrator who will verify that those selected are eligible to receive the awards and all information is correct. The Communications Division will ensure appropriate documents are prepared and available for presentation.
- F. Department awards will be presented annually at an appropriate ceremony as determined by the Director.
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**VIII. FORMS.**

AD 18-~~3637~~ Form 1 Employee Award Nomination

**Arkansas Community Correction**  
**EMPLOYEE AWARD NOMINATION**

**Nominee:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Nominated by:** \_\_\_\_\_ (Provide justification on the second page of this form)

- Division:**  Residential Services       Parole/Probation Services - Area: \_\_\_\_\_  
 Director's Staff       Chief Deputy Director's Staff  
 Administrative Services       Communications Division

**NOMINATED FOR** (Select one category for this nomination):

- Employee of the Year       Promise Award       Treatment Supervisor of the Year  
 Innovation of the Year       P/P Treatment Staff of the Year       Residential Services Supervisor of the Year  
 Hero Award       Residential Treatment Staff of the Year       Parole/Probation Support Staff Person of the Year  
 Vision Award       Parole/Probation Officer of the Year       Residential Services Support Staff Person of the Year  
 Impact Award       Residential Services Officer of the Year       Central Office Support Staff Person of the Year  
 Horizon Award

**Reviewers in the Nominee's Supervisory Chain, if Any, Sign to Indicate Review:**

Nominee's Supervisor Signature (if applicable)	Printed Name	Date	Phone
Intermediate/Higher Supervisor's Signature	Printed Name	Date	Phone
Next Higher (if any) Supervisor's Signature	Printed Name	Date	Phone

**DIVISION DEPUTY DIRECTOR:**  
 Submitted to Human Resources Administrator for Management Team Consideration OR  NOT Submitted

Division Director's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**HUMAN RESOURCES ADMINISTRATOR REVIEW:**

Eligibility Criteria  are met (submit this to Management Team) OR  are not met. If not met, inform the Deputy Director

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**Arkansas Community Correction**  
**EMPLOYEE AWARD NOMINATION**

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Nominee: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Justification Information  
Provided by Nominator**

Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Person Submitting  
Nomination: \_\_\_\_\_ Phone: \_\_\_\_\_

Following is my justification for the above-named employee/group being nominated for an award:

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## Arkansas Community Correction

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

**ADMINISTRATIVE DIRECTIVE: 18-24 Central Office Emergency Plan**

**TO:** Arkansas Community Correction Central Office Employees

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 06-02

**APPROVED** \_\_\_\_\_ **Signature on File**                      **EFFECTIVE:** November 1, 2018

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) Central Office employees, extra help, interns or volunteers assigned to the Central Office.
- II. **POLICY.** ACC has established guidelines for emergency procedures in response to emergency situations which may occur at the Central Office location. Generally, this plan will cover emergencies such as fires, medical emergencies, accidents, catastrophic events, receipt or release of chemical or biological agents, active shooter and other emergency situations requiring the orderly evacuation of the building, medical assistance, or other protective response.
- III. **GUIDELINES.** This emergency response plan is applicable to all emergency situations which may occur at this location. All employees are responsible for understanding the policy and taking appropriate action to include:
  - A. **Responsibilities:**
    1. **All Employees** - for any emergency, the employee who becomes aware of the emergency situation must act to alert others including appropriate persons designated as safety coordinators or those in the chain of supervision and control the situation if possible. During an emergency evacuation, all employees must report to the designated gathering site as described in the "General Evacuation Procedures" in this policy.
    2. **Administrative Services Division Deputy Director (ASDDD)** is responsible for assigning a primary and alternate Safety Coordinator for each floor of the building. A listing of Safety Coordinators is attached. The ASDDD will ensure the list remains current and that Safety Coordinators are trained in First Aid and CPR and have completed online training or training as approved on Workplace Emergency Situations. The ASDDD will chair a Safety

Coordinator Committee that will meet at least twice annually to prepare for and perform a drill or activity necessary to test employees' knowledge of the Workplace Emergency Plan.

3. **Safety Coordinators** - once alerted of an emergency situation, Safety Coordinators will evaluate the situation and initiate notification as necessary to all employees of the emergency, assist with evacuation if applicable, advise as to the need to take shelter, and/or shutdown, monitor and/or report on any critical operation before or after evacuation, as appropriate and safe.
4. **All Supervisors** – must report to the designated gathering site, account for staff under their area of responsibility and immediately report the status of anyone unaccounted for to the next level Supervisor. The highest ranking member of the Management Team is responsible for reporting the overall status to the Incident Commander on scene. All Supervisors must ensure that all employees understand this policy and are aware of what to do in the event of an emergency.
5. **Communications and Public Affairs Deputy Director (CPADD)** – is responsible for notifications as applicable to the Governor's Office, Board of Corrections, and members of the Press. Employees, unless permission is granted by the CPADD, should refrain from releasing information to anyone other than a supervisor or the Incident Commander on scene.
6. **Persons with Disabilities** – Anyone having a disability that may require assistance with evacuating or may be in need of medication should an emergency arise should notify their immediate supervisor and discuss possible accommodations that may need to be made. Accommodations may include help exiting the building, having life sustaining medication stored in the emergency preparedness kit, etc.

**B. Reporting Workplace Emergencies** – For any workplace emergency situation, the individual witnessing the emergency must act to alert others as appropriate which may include:

1. Call 9-1-1 and report with as much detail as possible the emergency situation
2. Sound the fire alarm to signal others of the need to evacuate
3. Act to render first aid if capable of doing so
4. Assist others that may need help to evacuate or shelter in place
5. Alert a Safety Coordinator or Supervisor and ask for assistance (names and telephone numbers are provided on an attachment).

**C. Emergency Notifications** – Various systems exist to alert employees in the event of workplace emergency situations. These include:

1. Fire Alarm System – Located on each floor adjacent to each stairwell entrance, the building fire alarm system will automatically activate in the event of smoke/fire and may be activated manually.
2. National Public Warning System – requires broadcasters, satellite, and wireless cable systems to provide emergency information on imminent threats, amber alerts, and local incident information in specific areas.
3. Wireless Emergency Alerts –available to all individuals with smart telephones through the Arkansas Integrated Public Alert and Warning System.

4. Verbal Alerts of emergency situations by designated Safety Coordinators or supervisors relaying instructions to evacuate, move to a safer location within the building, or remain in a location that can be locked and/or made safe, etc.

**D. Emergency Preparedness First Aid Stations** – ACC will maintain first aid stations (cabinets) in the break rooms on each floor that will at a minimum, contain the supplies and/or medical response equipment listed on Attachment 3, “First Aid Cabinet Checklist.” The checklist will be posted in each first aid cabinet. The Safety Coordinator will verify inventory monthly and document this on the form.

Medications – employees wishing to store potentially life-saving medications for use in the event of an emergency should make arrangements with their supervisor.

**E. Emergency Preparedness Manual** - For quick reference, the **CPADD** will maintain a Tabbed and Labeled Emergency Preparedness Manual on each floor at the Emergency Preparedness First Aid Station. At a minimum, the Manual will contain:

1. A copy of this policy
2. Emergency Response Roles
3. Emergency Call List – Internal and External Contacts
4. First Aid and CPR Quick Reference Instructions
5. Defibrillator Quick Reference Instructions
6. Naloxone Quick Reference Instructions
7. Poison Control Fact Sheet/Hot Line phone number
8. Downtown Evacuation Routes

**F. Types of Threats and General Responses** – The types of threats and generally appropriate responses, which may not be all inclusive, are listed as follows and detailed on subsequent pages:

1. General Evacuation Procedures
2. Severe Weather
3. Earthquake
4. Bomb Threat/Suspicious Object
5. Active Shooter
6. Weapon of Mass Destruction or Detonation of an Explosive Device

## GENERAL EVACUATION PROCEDURES

### GENERAL EVACUATION PROCEDURES

Procedures for evacuating the building in the event of a fire alarm or verbal alert include:

- Exit as quickly and safely as possible through the stairwell door on either side of building
- Do not use elevators
- Do not attempt to extinguish a fire that is beyond the beginning stage (able to be put out with a fire extinguisher)
- Take only personal belongings that are readily available
- Know where the two exits on each floor are located
- Follow directions given by Safety Coordinators, supervisors, or first responders
- Provide assistance to others as necessary
- An Emergency Evacuation Plan diagram for each floor is available

### Designated Assembly Sites

Assemble at the pre-designated assembly site(s) and remain until cleared by a supervisor to leave, if Site 1 is unavailable, move to Site 2. When both parking lots are unavailable, all staff should report to the CAC. Persons not reporting to their supervisor will be reported missing.

- Site 1 – Parking Lot by Louisiana and 6<sup>th</sup> Street
- Site 2 – Parking Lot by Louisiana and 7<sup>th</sup> Street
- Central Arkansas Community Correction Center, 4823 W. 7th Street

### Persons with Disabilities

If it is safe to assist persons with disabilities or special needs, do so. If unable to assist, notify emergency responders of the location and number of persons with disabilities or special needs located in each area.

## SEVERE WEATHER

### SEVERE WEATHER

General procedures for remaining safe during severe weather warnings, e.g., tornados and high winds, include:

- Move to an interior room, stairwell, or hallway on the lowest floor. Stand by, not under a sturdy piece of furniture
- Stay away from exterior offices and windows
- Remain in the safe area until danger has passed
- If the workplace is damaged, evacuate the building after the severe weather passes and stay clear of the damaged area
- Follow directions given by Safety Coordinators, supervisors, or emergency personnel

## EARTHQUAKE

### EARTHQUAKE

Regions in Arkansas in the New Madrid Zone may experience an earthquake. Most injuries and fatalities from an earthquake are the result of building structural failures. General Procedures for remaining safe should an earthquake occur in the Little Rock area include:

- Quickly seek protection in a safe place - next to or under a sturdy piece of furniture, under a doorway, etc.
- Stay away from windows and bookcases or tall furniture that could fall
- Protect your eyes from falling debris
- Remain in the safe area until the shaking has stopped and if the workplace is damaged, follow general evacuation procedures
- Follow directions given by Safety Coordinators, supervisors, or emergency personnel

## BOMB THREAT / SUSPICIOUS OBJECT



## **BOMB THREAT / SUSPICIOUS OBJECT**

Employees must be aware of the potential for dangerous objectives or potential threats in the workplace and use caution to screen incoming mail. General procedures for dealing with a bomb threat or suspicious package, letter, or container that contains a powdery substance, written information implying harm or danger to employees, or potentially explosive materials include:

### **Bomb/Terroristic Threat**

- If the bomb or terroristic threat is called in, employee taking the call should make note of exact wording; retain as much detailed information as possible; question the caller about motive, device, location, time of detonation; and attempt to recall voice and noise characteristics heard during the call, etc. All details could be critical. Use the Bomb Threat Questionnaire Form to record this information and for information about tracing the call.
- Keep the caller on the line as long as possible and attempt to get more than one person to listen to the incoming call.
- Call 9-1-1 upon hanging up from the caller.
- Notify a supervisor or Safety Coordinator as soon as possible.
- The person receiving the threat must remain available for interview by the incident commander.
- Do not handle and maintain a safe distance from any potentially explosive material.
- Follow guidance in the AD on Reporting and Investigating Incidents and Hazards policy and Searches for, Control, and Disposition of Evidence policy.
- If evacuation is determined to be the best course of action, follow general evacuation procedures; however, DO NOT activate the fire alarm as doing so could activate an explosive device.

### **Suspicious Object**

- If a staff member notices a suspicious object in the workplace, immediately notify a supervisor or Safety Coordinator as soon as possible.
- Do not touch or move the suspicious object.
- Do not try to clean up potentially dangerous powder or liquid. Cover spilled contents immediately with anything (clothing, paper, trash can, etc.) and leave covered.
- Move to a safe area and await instructions of supervisor, Safety Coordinator or Incident Commander.
- Supervisor or Safety Coordinator will determine whether or not to call 911.

Page **130** of **165**

- An object that arouses suspicion but does not constitute a credible threat may be placed in a plastic bag and discarded with a Safety Coordinator or supervisor's permission.
- If contaminated, wash hands with soap and water to prevent spreading. Shower with soap and water as soon as possible.
- Follow guidance in the AD on Reporting and Investigating Incidents and Hazards policy and Searches for, Control, and Disposition of Evidence policy.
- Release of biological agents in a public space requires that all employees leave the area immediately; close off and seal if possible the area to prevent others from entering; and shut down ventilation and air handling systems if possible;
- A list of all individuals potentially exposed to a hazardous substance should be given to the Arkansas Department of Health and incident commander for medical follow up and further investigation.
- If evacuation is determined to be the best course of action, follow general evacuation procedures.

**Contact Information for reporting Suspicious Objects:**

1. FBI - 501-221-9100
2. State Police Communications Center – 501-618-8000
3. Arkansas Department of Emergency Management – Bioterrorism Command Center – 501-683-6700
4. Arkansas Department of Health Command Center – 501-661-2136 or 800-554-5738
5. American Red Cross State Disaster Office – 501-614-1000
6. Two Union National Plaza Building Security Station – 501-801-0204
7. Two Union National Plaza Building Maintenance Only – 501-682-9566

**WEAPON OF MASS DESTRUCTION/DETONATION  
OF AN EXPLOSION DEVICE**

**WEAPON OF MASS DESTRUCTION/DETONATION OF AN EXPLOSION DEVICE**

– Basically weapons of mass destruction can be any weapon designed for large scale destruction of property and lives. Explosion devices can include nuclear materials, chemical warfare agents, and biological warfare agents and can cause mass casualties and widespread panic. Typically, the workplace response will depend on the type of weapon used and the destruction caused.

- In the event of an explosion causing damage to the building, general evacuation and reporting procedures should be followed.
- The National Incident Management System (NIMS) incorporates an approach that enables communities to come together to manage all threats and hazards. When First Responders arrive on scene, instructions from the Incident Commander should be followed and may include sheltering in place or evacuation from the downtown area.

**ACTIVE SHOOTER**

### ACTIVE SHOOTER

Employees should be aware that violent incidents involving workplace shootings have increased over the years. To minimize the impact of a workplace shooting and violence in the workplace, employees should be ready to take immediate steps to ensure personal safety. The following are general guidelines for employees should a workplace shooting occur:

1. Evacuate - follow General Evacuation Procedures to flee the building if you can do so safely based on what you know is taking place within the building, (i.e., if you hear gunshots on the other side of the building and you are close to an exit, law enforcement recommends running from the building).
  - a. Leave belongings behind
  - b. Help others escape if possible
  - c. Call 911 when safe
  - d. Follow instructions of any supervisor or incident commander
2. If you cannot safely exit the building due to gunshots in your general area, law enforcement recommends employees “shelter-in-place.” Lock and/or barricade doors, remain silent, turn ringers and other tones off on cellphones, and turn off lights.
3. If evacuating and hiding are not possible:
  - a. Remain calm
  - b. Dial 911 if possible to alert police of shooter’s location
  - c. If you cannot speak, leave the line open to allow dispatcher to listen
  - d. Be prepared as a last resort to fight when your life is in imminent danger by attempting to disrupt and/or incapacitate the active shooter.

**IV. Additional Emergency Preparedness Training** – Employees are encouraged to enroll in training in the Relias system that will enhance their knowledge and prepare them for possible emergency situations. These include:

- a. First Aid Refresher
- b. Fire Safety
- c. Workplace Emergencies and Natural Disasters: 1) An Overview and 2) Tornadoes and 3) Earthquakes
- d. Beating Workplace Violence: Assess, Defend, and Survive
- e. Workplace Violence Prevention

**V. ATTACHMENTS.**

- Attachment 1 Emergency Notification Call List for Safety Coordinators & Incident Response Chain of Command
- Attachment 2 One & Two Union National Plaza Emergency Numbers
- Attachment 3 First Aid Cabinet Checklist
- Attachment 4 Bomb Threat Questionnaire Form

## EMERGENCY NOTIFICATION / CALL LIST

**Safety Coordinators** – Designated Safety Coordinators are trained in First Aid and CPR and are responsible for assessing emergency situations and advising employees to take appropriate actions as outlined in the policy. A list of currently designated safety officers and their telephone numbers are as follows:

- 2<sup>nd</sup> Floor – Carrie Williams – Primary: 501-682-3221
- 2<sup>nd</sup> Floor – Nicholas Stewart – Secondary: 501-515-1881
- 3rd Floor – Jerry Bradshaw – Primary: 501-837-3001
- 3rd Floor – Dicky Johnson – Secondary: 501-837-3060
- 4th Floor – Chad Brown – Primary: 501-837-6930
- 4th Floor – Terri Ratcliff – Secondary: 501-541-2050

### **Incident Response Chain of Command**

1. Director – 1-501-891-1429
2. Chief Deputy Director – 501-683-7979
3. Deputy Director, Probation and Parole Services – 501-837-3001
4. Deputy Director, Residential Services – 501-837-6929
5. Commander, Internal Affairs and Special Response Team – 501-837-3060
6. Deputy Director, Administrative Services Division – 501-837-6930
7. Deputy Director, Communication and Public Affairs – 870-550-5210
8. Assistant Director, Reentry Services – 501-682-3221
9. Assistant Director, Treatment and Programs – 501-837-9506
10. Administrator, Project & Enterprise Program – 501-515-1881
11. Coordinator, Transitional Housing and Reentry Services – 501-414-4851

One & Two Union National Plaza Emergency Numbers

Police/Fire/Bomb Threat  
**911**

Building Security Station  
One Union Lobby  
**801-0204**

Maintenance Calls Only  
Call Anita **682-9566**

Arkansas Community Correction FIRST AID CABINET CHECKLIST	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Defibrillator												
First Aid Kit (1)												
First Aid Kit Refill Packs (2)												
Triple Antibiotic Ointment (1 Box, 60 packets)												
Narcan Nasal Spray (1)												
Non-Contact Thermometer (1)												
Emergency First Aid Blanket (2)												
Flashlight (1)												
Instant Cold Pack (5)												
Trash Bags												
Plastic Gloves												
Duct Tape (1)												
“D” Batteries (box, 6 count)												
“C” Batteries (1 box, 12 count)												
4 x 4 Gauze Pads (25 count)												
Antiseptic Towlettes (50 count)												
Elastic Band Wraps (4)												





## Arkansas Community Correction

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

**ADMINISTRATIVE DIRECTIVE:** ~~06-0218-24 CENTRAL OFFICE EMERGENCY PLAN~~ Central Office Emergency Plan

**TO:** ~~DEPARTMENT OF COMMUNITY CORRECTION (ADCC) CENTRAL OFFICE EMPLOYEES~~ Arkansas Community Correction Central Office Employees

**FROM:** ~~G. DAVID GUNT HARP~~ Sheila Sharp ~~Kevin Murphy~~, Director

**SUPERSEDES:** ~~NONE AD 06-02 and 03-09 Threats~~

**APPROVED** ~~Signature on File~~ Signature on File ~~Signature on File~~ **EFFECTIVE:**  
~~November 1, 2018~~ JANUARY 9, 2006

**I. APPLICABILITY.** This policy applies to ~~Department of Arkansas~~ Arkansas Community Correction (~~DECC~~ ACC) Central Office employees, extra help, interns or volunteers assigned to the Central Office, in Little Rock, Arkansas

**II. POLICY.** ACC has established guidelines for emergency procedures in response to emergency situations which may occur at the Central Office location. Generally, this plan will cover emergencies such as fires, medical emergencies, accidents, catastrophic events, receipt or release of chemical or biological agents, active shooter and other emergency situations requiring the orderly evacuation of the building, medical assistance, or other protective response.

It is agency policy that each DCC office develop and communicate emergency procedures to staff to ensure the safety of all who are assigned to the work station and visitors. This policy provides employees and visitors a general understanding of the processes and procedures [where to go and what to do] in cases of emergencies at central office, both during and after work periods. The Central Office emergency evacuation plans shall be developed, available and rehearsed to enable rapid and appropriate response to emergency situations. Central Office plans shall be coordinated with the Living Disaster Response Planning System (LDRPS) program operated by the Department of Information Systems.

**III. -GUIDELINES.** This emergency response plan is applicable to all emergency situations which may occur at this location. All employees are responsible for understanding the policy and taking appropriate action to include: All employees are responsible for contributing to the safety and security of the workplace and must be alert, capable of good judgment, and physically and mentally able to respond as required. For any emergency, the staff member who becomes aware of the situation must act to alert others including appropriate persons in the chain of supervision and

~~control the situation if possible. For any medical issue requiring emergency medical care or for a bomb threat/suspicious package, call 9-1-1 immediately and inform the Floor Safety Officer so that emergency efforts can be initiated. In most cases during an emergency, DO NOT USE THE ELEVATORS, especially during a fire, an earthquake or a suspicious package notification.~~

~~A. **Floor Safety Coordinator.** The Chief Deputy Director is responsible for assigning a primary and alternative Floor Safety Coordinator for each floor of the Central Office occupied by the Department of Community Correction. The listing of Floor Safety Coordinators (FSC's) can be found in Attachment 1. FSCs generally will walk through the work area to notify and/or ensure all employees are aware of the emergency, advise them to take shelter, and shutdown, monitor and/or report on any critical operation before or after evacuation, as appropriate and safe. Examples include making sure the vault door is closed, and checking to see that no one is left in bathrooms, etc. The list of FSCs will be kept current on each floor and the appropriate Deputy Director will report any changes to the Chief Deputy Director for distribution to Central Office staff. The Deputy will also ensure the coordinators are trained in CPR and First Aid prior to the employee assuming this duty. Staff shall remain in the shelter areas until the Floor Safety Coordinators or senior staff gives notice that the emergency has passed and instructs them that it is safe to return to their work areas.~~

~~B. **Supervisor and Employee Responsibilities.** Supervisors are responsible for insuring employees are familiar with this policy. Supervisors are responsible for insuring employees are familiar with the building exits and emergency procedures, primary and secondary gathering sites during any specific emergency and addressing any questions regarding an emergency response that employees might have. Supervisors are to account for their employees in a reasonable and effective manner in the event of an evacuation at the designated locations. Employees are responsible for reporting immediately to the designated alternative sites and to remain at that area until further instructions are given by supervisory personnel. Once at a designated gathering site, supervisory personnel are responsible for reporting the status of their unit (e.g., all accounted for or individuals missing) up through the chain of command to the highest ranking individual at the site. The highest ranking member of the Management team is responsible for reporting any missing personnel to the Commander at the Incident Command station.~~

~~C. **Public Information and Release of Information.** The Public Information Office is responsible for contacting the Governor's Office and the Board of Corrections concerning emergency situations. To ensure safety and security during an emergency and the subsequent investigation, employees are expressly prohibited from providing public information, including the following: giving interviews, responding to the media or otherwise releasing information, unless permission is specifically granted by the Public Relations Officer (PRO), Division Heads or the Director. All communication will be coordinated by the PRO with the properly designated Communications Officer operating with the Incident Command (IC) at the site. Whenever possible, prior to release of information by authorized employees, notice will be provided through the PRO to Incident Command Communication Officer and the Director so the Director may prepare to respond to any follow up requests for information. The PRO will coordinate, as appropriate, with the Incident Command Communications Director and the DCC Director to provide press releases or arrange interviews. Generally, the PRO will report to the scene when cleared by Incident Command and the Chief Deputy Director, so he or she can respond directly to on-scene media inquires.~~

- ~~D. **First Responder/Medical Assistance.** No employee is required to perform medical or rescue duties during any emergency situation. If a co-worker needs CPR or First Aid, a Floor Safety Coordinator (See attachment) will act as a first responder or be responsible for contacting the most senior supervisor to report the need for medical assistance. The supervisor will notify the Command Officer or other appropriate official of the need.~~
- ~~E. **After Work Hours.** It is critical that employees provide supervisors after-hour contact information so that they may be contacted in the event an incident occurs during non-work or off-duty hours that would prevent them from accessing their work station. Employees will be contacted and provided duty reporting instructions. Depending upon the situation, employees may be instructed to report to an alternative worksite (CAC or SEACCC). If an employee reports to work and the building is not accessible, he/she should check the designated gathering site, attempt to reach the supervisor by cell or other phone, or report directly to the Central Arkansas Center and wait for further instructions.~~
- ~~F. **Alerts.** Employees may be alerted by an alarm, verbal announcement by a Floor Safety Coordinator or other staff persons, or a severe weather alarm by the public defense system. In case of a fire, employees that become aware of a fire may pull the alarm. An employee also may — but is not expected to — use the portable fire extinguishers provided for employee use to attempt to extinguish the fire before evacuating, if appropriate.~~
- ~~G. **Drills.** All employees are required to participate in any drill or activities necessary to test responses and readiness in a manner that actually demonstrates their understanding of their responsibilities and necessary actions. Drills should be held at least semi-annually.~~
- ~~H. **Damages.** Damage to a work area should be reported to the appropriate supervisor when discovered or soon after.~~
- ~~I. **Computer System Backup Tapes.** The Information Technology Administrator shall ensure the safety of agency computer backup tapes are secured in a location other than Central Office, for immediate restoration in the event a temporary and internal command station must be established.~~
- ~~J. **Chain of Command.** The anticipated chain of command will be as follows in the order specified, depending upon their availability:
  - ~~1. Director~~
  - ~~2. Chief Deputy Director~~
  - ~~3. Deputy Director of Residential Services~~
  - ~~4. Deputy Director of Probation/Parole Services~~
  - ~~5. Deputy Director of Administrative Services~~
  - ~~6. Staff Attorney~~
  - ~~7. Internal Affairs Investigator~~
  - ~~8. Human Resources Administrator~~
  - ~~9. Deputy Interstate Compact Administrator~~
  - ~~10. Public Information Officer~~~~

**IV. EMERGENCY PROCEDURES**

**A. Fire.**

1. In the case of a fire in the central office building, an employee should immediately pull the alarm if not already sounding and quickly exit the building using the stairwells. **DO NOT USE THE ELEVATORS.** If possible, provide assistance to others when necessary. If properly trained, an employee may but is not expected to use the portable fire extinguishers located in the building and to attempt to extinguish the fire before evacuating, if appropriate.
2. Gather in the parking lot on the southwest corner of Louisiana and 6<sup>th</sup> Streets, and immediately report to your supervisor. In the event that the area cordoned off by the police or fire authorities, report to the parking lot on the opposite side of street and remain there until you receive further instructions.
3. Supervisors shall account for all staff on duty and report any their staffing status (all accounted for or missing individuals) up through the chain of command. The highest ranking staff person present will report missing staff to the Fire Department's Command Center personnel as quickly as possible and indicate that the individual(s) may be in the building.

**B. Tornado.** In the case of a tornado in the central office area during work hours, take shelter in an area with no windows such as the stair well or another interior office, being sure to close all doors which would allow broken glass or other debris to enter. Wait there until an "all clear" notice is given by the senior authority or the Floor Safety Coordinator. Then report back to your assigned work area. If there is substantial damage, report it through the supervisory chain to the Director and wait for further instructions.

**C. Earthquake.** This region may experience an earthquake that would originate in the New Madrid area near St. Louis. Most fatalities from an earthquake are the result of building structural failures, e.g., the building falls in. Every earthquake is followed by aftershocks, during which buildings either suffer further damage and/or collapse. In the event of an earthquake during working hours while in the building seek protection under a desk, conference table or stand in a doorway to avoid falling ceiling; leave the building as soon as the first tremor is over and gather at the above designed site, one of the two parking lots, and wait for further instructions regarding re entry.

**D. Other Disasters.**

1. **Called in Bomb Threat.** Whenever a staff member receives a telephone call reporting a bomb or other explosive device is in the building, they should listen to any instructions given during the telephone call, attempt to remember voice and noise characteristics that they might hear during the call, and attempt to obtain additional information from the caller regarding the reason for the device, when and under what circumstances it will explode and other information which would assist in locating or addressing the threat. See Bomb Threat Questionnaire (Attachment 3) for additional information that should be collected from a threatening call. If you are the recipient of a threatening call upon hanging up from the caller, immediately call 9-1-1 and inform the dispatcher that you have received a called in threat. Notify your supervisor that you received the call and be prepared to meet with police officials. The Fire Department does not respond to bomb threats that are telephoned in and they do not recommend leaving the building.

2. ~~Suspicious Package.~~ Whenever a staff member notices a suspicious package or container in their areas, they should immediately notify their supervisor and then call 9-1-1. Inform the dispatcher that there is a suspicious package in a government building and tell them of the location and description of the package. After making the 9-1-1 call, pull the fire alarm to being evacuating the building. Be prepared to meet with fire and police officials.
  3. ~~Weapon of Mass Destruction or Detonation of an Explosive Device.~~ In the event of a mass detonation, if you are capable of leaving the building, report immediately to your supervisor or most senior supervisor at the designated site so that anyone unaccounted for can be identified. Do not leave that area unless told to do so by someone in your supervisory chain. In the event of a massive destructive force emergency, ALL employees shall evacuate immediately by means of the nearest available stairway (marked exits). DO NOT USE THE ELEVATORS.
  4. ~~Evacuation Notice.~~ In the event of an evacuation notice for any reason by a supervisor, staff will leave the building immediately and gather at the designated site. Report to your or the next higher supervisor available and wait for further instructions before re-entering the building.
- E. ~~Alternative Reporting Station.~~ When an emergency situation results in the entire area cordoned off and both parking lots are unavailable, all staff shall report to the Central Arkansas Community Correction Center (CAC) in the quickest and most direct manner possible. Individuals must report to their manager or most senior supervisor immediately upon arrival at the CAC. Persons not reporting to their manager will be reported missing.

#### V. ATTACHMENTS:

- Attachment 1 — List of Floor Safety Officers
- Attachment 2 — One & Two Union National Plaza Emergency Numbers
- Attachment 3 — Bomb Threat Questionnaire
- Attachment 4 — Street Map with Primary and Secondary Gathering Locations

#### G. Responsibilities:

1. All Employees - for any emergency, the employee who becomes aware of the emergency situation must act to alert others including appropriate persons designated as safety coordinators or those in the chain of supervision and control the situation if possible. During an emergency evacuation, all employees must report to the designated gathering site as provided on Attachment [redacted] to described in the "General Evacuation Procedures" in this policy.
2. Administrative Services Division Deputy Director (ASDDD) is responsible for assigning a primary and alternate Safety Coordinator for each floor of the building. A listing of Safety Coordinators are provided as Attachment [redacted] to this policy is attached. The ASDDD will ensure the list remains current and that Safety eCoordinators are trained in First Aid and CPR and have completed online training or training as approved on Workplace Emergency Situations. The ASDDD will chair a Safety Coordinator Committee that will meet at least

twice annually to prepare for and perform a drill or activity necessary to test employees' knowledge of the Workplace Emergency Plan.

3. **Safety Coordinators** - once alerted of an emergency situation, Safety Coordinators will evaluate the situation and initiate notification as necessary to all employees of the emergency, assist with evacuation if applicable, advise as to the need to take shelter, and/or shutdown, monitor and/or report on any critical operation before or after evacuation, as appropriate and safe.
4. **All Supervisors** – must report to the designated gathering site, account for staff under their area of responsibility and immediately report the status of anyone unaccounted for to the next level Supervisor. The highest ranking member of the Management Team is responsible for reporting the overall status to the Incident Commander on scene. All Supervisors must ensure that all employees understand this policy and are aware of what to do in the event of an emergency.
5. **Communications and Public Affairs Deputy Director (CPADD)** – is responsible for notifications as applicable to the Governor's Office, Board of Corrections, and members of the Press. Employees, unless permission is granted by the CPADD, should refrain from releasing information to anyone other than a supervisor or the Incident Commander on scene.
6. **Persons with Disabilities** – Anyone having a disability that may require assistance with evacuating or may be in need of medication should an emergency arise should notify their immediate supervisor and discuss possible accommodations that may need to be made. Accommodations may include help exiting the building, having life sustaining medication stored in the emergency preparedness kit, etc.

**H. Reporting Workplace Emergencies** – For any workplace emergency situation, the individual witnessing the emergency must act to alert others as appropriate which may include:

1. Call 9-1-1 and report with as much detail as possible the emergency situation
2. Sound the fire alarm to signal others of the need to evacuate
3. Act to render first aid if capable of doing so
4. Assist others that may need help to evacuate or shelter in place
5. Alert a Safety ~~Officer~~Coordinator or Supervisor and ask for assistance (names and telephone numbers are provided on ~~Attachment~~an attachment) —.

**I. Emergency Notifications** – Various systems exist to alert employees in the event of workplace emergency situations. These include:

1. Fire Alarm System – Located on each floor adjacent to each stairwell entrance, the building fire alarm system will automatically activate in the event of smoke/fire and may be activated manually.
2. National Public Warning System – requires broadcasters, satellite, and wireless cable systems to provide emergency information on imminent threats, amber alerts, and local incident information in specific areas.

3. Wireless Emergency Alerts –available to all individuals with smart telephones through the Arkansas Integrated Public Alert and Warning System.
4. Verbal Alerts of emergency situations by designated ~~Safety officers~~ Coordinators or supervisors relaying instructions to evacuate, move to a safer location within the building, or remain in a location that can be locked and/or made safe, etc.

**J. Emergency Preparedness First Aid Stations** – ACC will maintain first aid stations (cabinets) in the break rooms on each floor that will at a minimum, contain the following supplies and/or medical response equipment: listed on Attachment 3, “First Aid Cabinet Checklist.” The checklist will be posted in each first aid cabinet. The Safety Coordinator will verify inventory monthly and document this on the form.

~~Defibrillator – (used for treatment of life-threatening irregular heartbeats and V-tach.)~~

~~Intranasal Naloxone Kit (used for treatment of drug overdose victims)~~

~~Flashlight with extra batteries~~

~~First Aid Supplies (typical of a first aid kit)~~

~~7. Other Supplies to include plastic gloves and garbage bags, duct tape, etc.~~

Medications – employees wishing to store potentially life-saving medications for use in the event of an emergency should make arrangements with their supervisor.

**K. Emergency Preparedness Manual** - For quick reference, the CPADD will maintain a Tabbed and Labeled Emergency Preparedness Manual on each floor at the Emergency Preparedness First Aid Station. At a minimum, the Manual will contain:

1. A copy of this policy
2. Emergency Response Roles
3. Emergency Call List – Internal and External Contacts
4. First Aid and CPR Quick Reference Instructions
5. Defibrillator Quick Reference Instructions
6. Naloxone Quick Reference Instructions
7. Poison Control Fact Sheet/Hot Line phone number
8. Downtown Evacuation Routes

**L. Types of Threats and General Responses** – The types of threats and generally appropriate responses, which may not be all inclusive, are listed as follows and detailed on subsequent pages:

1. General Evacuation Procedures
2. Severe Weather
3. Earthquake
4. Bomb Threat/Suspicious Object
5. Active Shooter
- ~~6.~~ Weapon of Mass Destruction or Detonation of an Explosive Device

## GENERAL EVACUATION PROCEDURES

### GENERAL EVACUATION PROCEDURES

Procedures for evacuating the building in the event of a fire alarm or verbal alert includes:

- Exit as quickly and safely as possible through the stairwell door on either side of building
- Do not use elevators
- Do not attempt to extinguish a fire that is beyond the beginning stage (able to be put out with a fire extinguisher)
- Take only personal belongings that are readily available
- Know where the two exits on each floor are located
- Follow directions given by ~~safety officers~~ Coordinators, supervisors, or first responders
- Provide assistance to others as necessary
- An Emergency Evacuation Plan diagram for each floor is [available](#)

### Designated Assembly Sites

Assemble at the pre-designated assembly site(s) and remain until cleared by a supervisor to leave, if Site 1 is unavailable, move to Site 2. When both parking lots are unavailable, all staff should report to the CAC. Persons not reporting to their supervisor will be reported missing.

- Site 1 – Parking Lot by Louisiana and 6<sup>th</sup> Street
- Site 2 – Parking Lot by Louisiana and 7<sup>th</sup> Street
- Central Arkansas Community Correction Center, 4823 W. 7th Street

### Persons with Disabilities

If it is safe to assist persons with disabilities or special needs, do so. If unable to assist, notify emergency responders of the location and number of persons with disabilities or special needs located in each area.



## SEVERE WEATHER

### SEVERE WEATHER

General procedures for remaining safe during severe weather warnings, e.g., tornados and high winds, include:

- Move to an interior room, stairwell, or hallway on the lowest floor. Stand by, not under a sturdy piece of furniture
- Stay away from exterior offices and windows
- Remain in the safe area until danger has passed
- If the workplace is damaged, evacuate the building after the severe weather passes and stay clear of the damaged area
- Follow directions given by ~~sSafety officers~~ Coordinators, supervisors, or emergency personnel

## EARTHQUAKE

### EARTHQUAKE

Regions in Arkansas in the New Madrid Zone may experience an earthquake. Most injuries and fatalities from an earthquake are the result of building structural failures. General Procedures for remaining safe should an earthquake occur in the Little Rock area include:

- Quickly seek protection in a safe place - next to or under a sturdy piece of furniture, under a doorway, etc.
- Stay away from windows and bookcases or tall furniture that could fall
- Protect your eyes from falling debris
- Remain in the safe area until the shaking has stopped and if the workplace is damaged, follow general evacuation procedures
- Follow directions given by ~~sSafety officers~~ Coordinators, supervisors, or emergency personnel

## BOMB THREAT / SUSPICIOUS OBJECT

## **BOMB THREAT / SUSPICIOUS OBJECT**

Employees must be aware of the potential for dangerous objectives or potential threats in the workplace and use caution to screen incoming mail. General procedures for dealing with a bomb threat or suspicious package, letter, or container that contains a powdery substance, written information implying harm or danger to employees, or potentially explosive materials include:

### **Bomb/Terroristic Threat**

- If the bomb or terroristic threat is called in, employee taking the call should make note of exact wording; retain as much detailed information as possible; question the caller about motive, device, location, time of detonation; and attempt to recall voice and noise characteristics heard during the call, etc. All details could be critical. Use the Bomb Threat Questionnaire Form to record this information and for information about tracing the call.
- Keep the caller on the line as long as possible and attempt to get more than one person to listen to the incoming call.
- Call 9-1-1 upon hanging up from the caller.
- Notify a supervisor or ~~sSafety officer~~Coordinator as soon as possible.
- The person receiving the threat must remain available for interview by the incident commander.
- Do not handle and maintain a safe distance from any potentially explosive material.
- Follow guidance in the AD on Reporting and Investigating Incidents and Hazards policy and Searches for, Control, and Disposition of Evidence policy.
- If evacuation is determined to be the best course of action, follow general evacuation procedures; however, DO NOT activate the fire alarm as doing so could activate an explosive device.

### **Suspicious Object**

- If a staff member notices a suspicious object in the workplace, immediately notify a supervisor or ~~sSafety officer~~Coordinator as soon as possible.
- Do not touch or move the suspicious object.
- Do not try to clean up potentially dangerous powder or liquid. Cover spilled contents immediately with anything (clothing, paper, trash can, etc.) and leave covered.
- Move to a safe area and await instructions of supervisor, ~~sSafety officer~~Coordinator or ~~iIncident e~~Commander.
- Supervisor or ~~sSafety officer~~Coordinator will determine whether or not to call 911.

- An object that arouses suspicion but does not constitute a credible threat may be placed in a plastic bag and discarded with a ~~safety officer~~Coordinator or supervisor's permission.
- If contaminated, wash hands with soap and water to prevent spreading. Shower with soap and water as soon as possible.
- Follow guidance in the AD on Reporting and Investigating Incidents and Hazards policy and Searches for, Control, and Disposition of Evidence policy.
- Release of biological agents in a public space requires that all employees leave the area immediately; close off and seal if possible the area to prevent others from entering; and shut down ventilation and air handling systems if possible;
- A list of all individuals potentially exposed to a hazardous substance should be given to the Arkansas Department of Health and incident commander for medical follow up and further investigation.
- If evacuation is determined to be the best course of action, follow general evacuation procedures.

**Contact Information for reporting Suspicious Objects:**

8. FBI - 501-221-9100
9. State Police Communications Center – 501-618-8000
10. Arkansas Department of Emergency Management – Bioterrorism Command Center – 501-683-6700
11. Arkansas Department of Health Command Center – 501-661-2136 or 800-554-5738
12. American Red Cross State Disaster Office – 501-614-1000
13. Two Union National Plaza Building Security Station – 501-801-0204
14. Two Union National Plaza Building Maintenance Only – 501-682-9566

**WEAPON OF MASS DESTRUCTION/DETONATION  
OF AN EXPLOSION DEVICE**

**WEAPON OF MASS DESTRUCTION/DETONATION OF AN EXPLOSION DEVICE**

– Basically weapons of mass destruction can be any weapon designed for large scale destruction of property and lives. Explosion devises can include nuclear materials, chemical warfare agents, and biological warfare agents and can cause mass casualties and widespread panic. Typically, the workplace response will depend on the type of weapon used and the destruction caused.

- In the event of an explosion causing damage to the building, general evacuation and reporting procedures should be followed.
- The National Incident Management System (NIMS) incorporates an approach that enables communities to come together to manage all threats and hazards. When First Responders arrive on scene, instructions from the Incident Commander should be followed and may include sheltering in place or evacuation from the downtown area.

## ACTIVE SHOOTER

### ACTIVE SHOOTER

Employees should be aware that violent incidents involving workplace shootings ~~has~~ have increased over the years. To minimize the impact of a workplace shooting and violence in the workplace, employees should be ready to take immediate steps to ensure personal safety. The following are general guidelines for employees should a workplace shooting occur:

2. Evacuate - follow General Evacuation Procedures to flee the building if you can do so safely based on what you know is taking place within the building, (i.e., if you hear gunshots on the other side of the building and you are close to an exit, law enforcement recommends running from the building).
  - e. Leave belongings behind
  - f. Help others escape if possible
  - g. Call 911 when safe
  - h. Follow instructions of any supervisor or incident commander
  
4. -If you cannot safely exit the building due to gunshots in your general area, law enforcement recommends employees "shelter-in-place." Lock and/or barricade doors, remain silent, turn ringers and other tones off on cellphones, and turn off lights.
  
5. If evacuating and hiding are not possible:
  - a. Remain calm
  - b. Dial 911 if possible to alert police of shooter's location
  - c. If you cannot speak, leave the line open to allow dispatcher to listen
  - ~~e.~~d. Be prepared as a last resort to fight when your life is in imminent danger by attempting to disrupt and/or incapacitate the active shooter.

**IV. Additional Emergency Preparedness Training** – Employees are encouraged to enroll in training in the Relias system that will enhance their knowledge and prepare them for possible emergency situations. These include:

- f. First Aid Refresher
- g. Fire Safety
- h. Workplace Emergencies and Natural Disasters: 1) An Overview and 2) Tornadoes and 3) Earthquakes
- i. Beating Workplace Violence: Assess, Defend, and Survive
- f.i. Workplace Violence Prevention

**Note: We may want to make one or more of these mandatory?????**

**V. ATTACHMENTS.**

- Attachment 1 Emergency Notification Call List ~~of Floor for Safety Officers~~ Coordinators & Incident Response Chain of Command
- Attachment 2 One & Two Union National Plaza Emergency Numbers
- Attachment 3 First Aid Cabinet Checklist
- Attachment 4 Bomb Threat Questionnaire Form

## EMERGENCY NOTIFICATION / CALL LIST

~~Safety Officers~~**Coordinators** – Designated ~~sSafety officers~~**Coordinators** are trained in First Aid and CPR and are responsible for assessing emergency situations and advising employees to take appropriate actions as outlined in the policy. A list of currently designated safety officers and their telephone numbers are as follows:

- 2<sup>nd</sup> Floor – Carrie Williams – Primary: 501-682-3221
- 2<sup>nd</sup> Floor – Nicholas Stewart – Secondary: 501-515-1881
- 3rd Floor – Jerry Bradshaw – Primary: 501-837-3001
- 3rd Floor – Dicky Johnson – Secondary: 501-837-3060
- 4th Floor – Chad Brown – Primary: 501-837-6930
- 4th Floor – Terri Ratcliff – Secondary: 501-541-2050

### Incident Response Chain of Command

1. Director – 1-501-683-779891-1429  
~~Commander, Internal Affairs and Special Response Team – 501-837-3060~~
2. Chief Deputy Director – 501-683-7979
3. Deputy Director, Probation and Parole Services – 501-837-3001
4. Deputy Director, Residential Services – 501-837-6929
5. Commander, Internal Affairs and Special Response Team – 501-837-3060
6. Deputy Director, Administrative Services Division – 501-837-6930
7. Deputy Director, Communication and Public Affairs – 870-550-5210
8. Assistant Director, Reentry Services – 501-682-3221
9. Assistant Director, Treatment and Programs – 501-837-9506
10. Administrator, Project & Enterprise Program – 501-515-1881
11. Coordinator, Transitional Housing and Reentry Services – 501-414-4851

One & Two Union National Plaza Emergency Numbers

Police/Fire/Bomb Threat  
**911**

Building Security Station  
One Union Lobby  
**801-0204**

Maintenance Calls Only  
Call Anita **682-9566**

[Attachment 3](#)

[\*\*BOMB THREAT QUESTIONNAIRE\*\*](#)



**Identify the Number of the Caller**

*First, attempt to identify the telephone number from which the call is coming.*

*The method for doing this will depend on the features of your telephone instrument, the services that are available on your phone system, and those available from the system of the caller. In all cases, your chances of identifying a caller are greatly improved if you answer calls after the second ring.*

**Attempt to identify the number by doing the following:**

1. Write down the telephone number showing on any LED display on your phone. Your phone instrument may also be able to retrieve the number after you hang up by following instructions on your phone.
2. If no number appears in the display, wait until the end of the phone call, hang up, wait 10 seconds, then pick up the phone and listen for a dial tone. Press \*57 and listen for a confirmation announcement, then hang up. (Later, in a separate call, call the local telephone company.)
3. If threats are being received at a particular phone, it is possible to set up a formal trace known as a "trap." This may be required and, if the phone is part of the Centrex system, this must be done by the Department of Information Systems (DIS) and the DGC chain of supervision.

**Ask the caller the questions below while listening carefully and taking notes. Complete the form quickly and accurately. The person in charge of your facility who will follow the Emergency Plan Annex for Bomb Threats.**

Exact Time Call Received:  AM  PM Date of Call: \_\_\_\_\_

Exact Words of Caller: \_\_\_\_\_

**QUESTIONS TO ASK**

- When is the bomb going to explode? \_\_\_\_\_
- Where is the bomb? \_\_\_\_\_
- What does it look like? \_\_\_\_\_
- What kind of bomb is it? \_\_\_\_\_
- What will cause it to explode? \_\_\_\_\_
- Did you place the bomb? \_\_\_\_\_
- Why? \_\_\_\_\_
- Where are you calling from? \_\_\_\_\_
- What is your phone number? \_\_\_\_\_
- What is your name? \_\_\_\_\_
- What is your address? \_\_\_\_\_
- What is your organization? \_\_\_\_\_
- Why kill or injure innocent people? \_\_\_\_\_

**RECORD THIS INFORMATION**

- Time call ended? \_\_\_\_\_
- Number at which call is received? \_\_\_\_\_
- Name of person receiving the call? \_\_\_\_\_
- Position \_\_\_\_\_ Phone \_\_\_\_\_

**LISTEN TO LEARN THESE THINGS**

- Well Spoken  Foul Mouth
- Incoherent  Taped
- Irrational  Educated
- Male  Lisp
- Female  Broken
- Young  Nasal
- Middle Age  Stressed
- Old  Disguised
- Angry  Distinct
- Calm  Sincere
- Rapid  Squeaky
- Slow  Excited
- Loud  Laughing
- Normal  Giggling
- Deep  Crying
- Soft  Clearing Throat
- Stutter  Deep Breathing
- Ragged  Cracking Voice
- Slurred  Accent Foreign
- Raspy

Describe accent: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>OTHER CALL INFORMATION</b>	<b>BACKGROUND NOISES</b>
<input type="checkbox"/> Was Message Read by Threat Maker <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Street Noises <input type="checkbox"/> Motor
<input type="checkbox"/> Other (Explain): _____	<input type="checkbox"/> House Noises <input type="checkbox"/> Animal
If voice is familiar who did it sound like? _____	<input type="checkbox"/> Factory <input type="checkbox"/> Machinery Near By
_____	<input type="checkbox"/> Office <input type="checkbox"/> Pots and Pans
Agency / Office Receiving Call: _____	<input type="checkbox"/> Phone Booth <input type="checkbox"/> Voices
Person Receiving Call: _____	<input type="checkbox"/> Street Sounds <input type="checkbox"/> Machinery Far Away
<b>Did you hear a "call waiting" tone during the call?</b>	<input type="checkbox"/> Trucks / Busses
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Music, type: _____
(If a call waiting call comes in the trace will tag that call)	<input type="checkbox"/> Local _____
<b>Did you hang up, wait 10 seconds and then call * 5 7 to have</b>	<input type="checkbox"/> Other _____
<b>automatically put on the call?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PA System Noises
If yes, result? (Call Local Phone Company.) _____	Remarks: _____
_____	_____
_____	_____

Arkansas Community Correction FIRST AID CABINET CHECKLIST	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Defibrillator												
First Aid Kit (1)												
First Aid Kit Refill Packs (2)												
Triple Antibiotic Ointment (1 Box, 60 packets)												
Narcan Nasal Spray (1)												
Non-Contact Thermometer (1)												
Emergency First Aid Blanket (2)												
Flashlight (1)												
Instant Cold Pack (5)												
Trash Bags												
Plastic Gloves												
Duct Tape (1)												
“D” Batteries (box, 6 count)												
“C” Batteries (1 box, 12 count)												
4 x 4 Gauze Pads (25 count)												
Antiseptic Towlettes (50 count)												
Elastic Band Wraps (4)												



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 18-30 Performance, Goals and Compensation System (PGCS)

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

**FROM:** Kevin Murphy, Director

**SUPERSEDES:** AD 18-18

**APPROVED:** Signature on File

**EFFECTIVE:** October 15, 2018

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

**II. POLICY.** It is Arkansas Community Correction policy to evaluate employee performance in accordance with state guidelines. The Performance, Goals, and Compensation System (PGCS) establishes statewide performance evaluation criteria and a rating scale to provide salary increases as determined by law and in accordance with funding as determined by the Chief Fiscal Officer of the State. All state agencies must adhere to expected performance rating distribution guidelines or provide sufficient justification for aggregate employee ratings that are lower or exceed the expected range, and ratings may need to be adjusted accordingly if they fall outside of the expected range. (4-ACRS-7B-06; 2-CO-1C-21; 4-APPFS-3D-17)

### III. GUIDELINES.

**A. Rating Employees.** A rater must be familiar with the duties and responsibilities to be performed by the employees to be evaluated; and be in a position to periodically observe, review, and document employee job performance.

#### **B. Performance Compensation.**

1. Performance compensation is dependent upon meeting established criteria and the availability of funds.
2. To be eligible for performance compensation the employee:
  - a. must have met or exceeded the annual American Correctional Association (ACA) training requirements AND
  - b. employees in a position designated to be a certified law enforcement officer must maintain all required training AND

- c. must NOT have received a written warning or greater disciplinary action during the rating period AND
  - d. supervisors must have met all deadlines pertaining to performance evaluation processing as set by Human Resources. If notification is received from OPM of a performance evaluation not submitted by the deadlines, the supervisor may be subject to disciplinary action as determined by the director.
- 3. Promotions/Voluntary Demotions/Transfers. Employees who transfer and employees who have been promoted or demoted are eligible for performance compensation if they meet the eligibility criteria.
  - 4. Extended Leave (Military Leave/Extended Military Leave/Catastrophic Leave/LWOP). Employees on any type of extended leave are eligible for performance compensation.

**C. Performance Evaluation (PE) Forms.** Raters must use the rating groups and measurements as determined by the ACC Human Resources Section.

- 1. Each rating group contains categories, which are referred to as “measurements.”
- 2. Human Resources will inform supervisors which rating groups are used for the following employee categories:
  - a. **Senior Management** which includes the ACC Director, Chief Deputy Director, Deputy Directors, General Counsel, Assistant Directors, and others as approved by the Director.
  - b. **Supervisory** which includes employees who supervise staff who are NOT listed as senior management. Supervisory employees must approve leave/time and conduct performance evaluations or be in a Sergeant classification and supervise employees.
  - c. **Non-Supervisory** which includes all staff not included in senior management or supervisory positions.

**IV. PROCEDURES.**

- A. Employee.** An employee may provide his/her supervisor with input regarding job duties performed, recognition, training and other accomplishments prior to the performance evaluation.

Employees are responsible for meeting training requirements during the training period described in the Employee Training policy. Employees may be allowed additional time to complete training equal to the amount of time off if they were off for Family Medical Leave, Catastrophic Leave, or Worker’s Compensation

- B. Rater.** Raters (supervisors) manage the performance evaluation process as follows:

1. At the beginning of the rating period, supervisors are encouraged to work with employees to create a development plan with goals and objectives. The development plan can be entered into EASE (Empowering Arkansas State Employees application).
2. During the rating period supervisors may enter notes and upload supporting documentation in EASE.
3. Interim Reports for Parole/Probation Services Staff. Six months after being hired into a Parole/Probation Services position, the supervisor must prepare and process a PE and submit it to HRS no later than seven (7) months after employment in the position. (4-APPFS-3D-18)
4. Background Checks. Supervisors must complete a background check on their employees each year in March. Only background checks that reveal new information need to be printed. These are to be reviewed by management to see if any action is required. A list of names will be provided by the HRS to managers. The manager is to return the list to the HRS indicating that an employee's background check was performed. This is to be forwarded to the Human Resources Administrator.
5. Raters must complete an evaluation for ALL employees, even those who have only been on the job for a few days. If an employee was in another state position earlier in the rating period, the rater should attempt to get input about the prior performance and use this in rating the employee. An evaluation must be done even though an employee is on leave without pay, FMLA, or military duty.
6. The rating scale is as follows:

Rating Description	Rating
Employee's performance is exceptional and serves as a model for other employees. The employee made a major positive impact on the agency.	5 Stars = Role Model
Employee's performance consistently surpasses established standards. The employee accomplished tasks and duties above requirements and made a positive impact on the agency.	4 Stars = Highly Effective
Employee's performance meets all requirements for the position in a competent and proficient manner. This represents the expected level of performance as established by the agency director or supervisor.	3 Stars = Solid Performer
Employee's performance periodically falls short of expectations.	2 Stars = Needs Development
Employee's performance is inadequate and employee has demonstrated an inability or unwillingness to improve or meet requirements.	1 Star = Unacceptable

7. Written justification to support the rating must be entered in EASE for each rating group assigned by Human Resources.

Employees who received a written disciplinary action during the rating period are ineligible to receive an overall rating of Highly Effective or Role Model.

If an employee does not meet his/her required training hours, supporting documentation must be uploaded in EASE.

8. Employees who receive an overall rating of Unacceptable must be placed on probationary status, and the rating supervisor must:
  - a. Inform the employee of the performance factors affecting the unacceptable performance and how his/her performance falls below that level.
  - b. A counseling statement will be issued that: (1) outlines specific performance expected, which will lead to improvement of overall performance; and, (2) cites a new evaluation period that represents the probationary status period of ninety (90) days.

A formal performance evaluation must be conducted at the end of the above imposed probationary period:

- a. If the employee has met the standards for a Needs Development or higher rating at the end of the probationary period, the employee will be removed from probationary status.
  - b. If the employee's performance has not reached a level of Needs Development, the employee will be terminated.
9. Raters at Community Correction Centers. Raters at Community Correction Centers must have employees complete the Qualification Inquiry form and provide it to the center's Human Resources personnel. (PREA 115.217 [P])
  10. Discuss the results of the evaluation with the employee after the Human Resources Administrator has authorized the release.

**Important:** Raters must NOT provide the employee with results of the evaluation until the Human Resources Administrator has authorized release of the evaluations, which may be up to two months after evaluations are entered in EASE.

11. During the evaluation discussion, have the Code of Ethics and Rules of Conduct policy available for the employee to review and have the employee sign the Code of Ethics and Rules of Conduct acknowledgment form.

**C. Center Human Resources Personnel.** The center's Human Resources personnel must scan in the completed Qualification Inquiry forms; ensure all center staff have completed the form; and forward the forms to the ACC Human Resources Section.

**D. Reviewing Official.** A supervisor of an immediate supervisor is a reviewing official. The responsibilities of the reviewing official are as follows:

1. ensure his/her supervisory staff understand and comply with this policy.
2. ensure ratings are entered on time, are fair and consistent, and include recorded performance results.

3. ensure employee comments concerning the evaluation are appropriately addressed, appeals are resolved, and documentation justifies the ratings.

**E. Administering the Overall Performance Evaluation Process.**

The HRA is responsible for managing, monitoring, evaluating, reporting, tracking ratings, and submitting reports of any unusual patterns to the appropriate Deputy Director.

**F. Appeal.**

1. General Information. Unless alleging unlawful discrimination, performance evaluations may not be appealed through the Employee Grievance Procedures; however, PEs for non-probationary employees may be appealed through the provisions of this policy. An appealed PE is an issue between the employee and the rater and no representation for either party is allowed.
2. Process.
  - a. Employee. A non-probationary employee may initiate an appeal of his/her PE by completing and submitting an "Performance Evaluation Appeal" form to his/her supervisor within five (5) business days of receiving the performance rating.
  - b. The Immediate Supervisor Who Receives an Appeal. The immediate supervisor who receives an appeal has five (5) business days to make a decision on the appeal and may choose to meet with the employee in an effort to resolve the situation. The supervisor will complete the appropriate block of the appeal form indicating one of the following decisions:
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**V. FORMS.**

AD 18-30 Form 1 Performance Evaluation Appeal  
Evaluation forms are in the Empowering Arkansas State Employees (EASE) computer system





## Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: ~~18-18~~ 30 Performance, Goals and Compensation System (PGCS)

TO: Arkansas Community Correction (ACC) Employees

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

SUPERSEDES: AD ~~13-02~~ 18-18

APPROVED: Signature on File

EFFECTIVE: ~~May 18~~ October 15, 2018

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