

**Arkansas Community Correction Administrative Directives and Administrative Memoranda
Issued with an effective date from January 1, 2019 through March 31, 2019**

Volunteer Services AD 19-05 effective 2/4/2019

- We described “agents” as including volunteers, interns, contractors and vendors
- We changed the term “mentor” to “reentry coach”
- We refer to our “Drug-Free Workplace” policy for guidance on drug testing procedures
- We modified our Volunteer Application form

~~Volunteer Services Clean AD 19-05 CLEAN COPY – Page 3~~

~~Volunteer Services AD 19-05 MARKUP – Page 16~~

Offender Substance Abuse Testing AD 19-02 effective 2/1/2019

- We authorized the use of on-site breathalyzers for detecting alcohol
- We specified that residents who test positive at intake must not be sanctioned.
- When residents have a positive drug or alcohol test at intake we now require prompt assessment by medical staff to determine whether medical care is required.

~~Offender Substance Abuse Testing AD 19-02 CLEAN COPY – Page 34~~

~~Offender Substance Abuse Testing AD 19-02 MARKUP – Page 48~~

**Employee Grievance and Mediation Procedure AD 19-06 effective
3/1/2019**

- We revised job titles for employees who are eligible for this procedure in order to align titles with current Department of Finance and Administration titles
- We clarified the mediation procedure
- We added detailed procedures for the Grievance Officer
- This policy was coordinated with the DP&A Office of Personnel Management.

~~Employee Grievance and Mediation Procedure CLEAN COPY – Page 61~~

~~Employee Grievance and Mediation Procedure MARKUP – Page 75~~

Post Incarceration Housing Programs, Requirements, and Licensure AD 19-04 effective 2/1/2019

- This policy replaced the Transitional Housing Facility License AD
- This policy replaced the Self-Governed Housing AD
- This policy combined information that was in two policies to make it easier for readers
- This policy now describes requirements for transitional, subsequent and self-governed housing facilities
- We modified some of the requirements for clarity and to promote program success. For example, the required 8-panel drug test now describes more specific drugs to be included and drug test logs are now required. We also added to the list of items facility staff must not do so it now includes such things as not engaging in any form of business or profitable enterprise with offenders and do not knowingly allow a resident to violate release conditions.
- We clarified and improved requirements for the various types of housing to include programming, acceptance of residents, resident employment, staffing requirements, food service, performance standards, resident finances, and billing.

Post Incarceration Housing Programs, Requirements, and Licensure CLEAN COPY – Page 91

Transitional Housing Facility License AD

Transitional Housing Facility AD (This was COMBINED with Self-Governed Housing to Create the "Post Incarceration Housing Programs, Requirements, and Licensure AD 19-04) – Page 108

Self-Governed Housing AD

Self-Governed Housing AD (This was COMBINED with Transitional Housing Facility AD to Create the "Post Incarceration Housing Programs, Requirements, and Licensure AD 19-04) – Page 120

Volunteer Service Clean AD 19-05 CLEAN COPY



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-05 Volunteer Services

TO: Arkansas Community Correction Employees
FROM: Kevin Murphy, Director
SUPERSEDES: AD 17-30

APPROVED: _____
Signature on File

EFFECTIVE: February 4, 2019

I. APPLICABILITY. This policy applies to all Arkansas Community Correction (ACC) employees. In a manner generally interpreted to be appropriate, this policy also applies to ACC agents. ACC agents include volunteers, interns, contractors and vendors. (4APPFS-3C-02).

II. POLICY. The ACC will administer a Volunteer Program that encourages, supports, and recognizes the value of community involvement; expands and enhances client services and opportunities; and benefits and supports the ACC mission. (2-CO-1G-04; 4-APPFS-1C-04)

III. DEFINITIONS.

- A. Occasional Volunteer.** A volunteer who provides services to or on behalf of the ACC and is supervised and escorted at all times while in the office or facility.
- B. Regular Volunteer.** A volunteer, including interns and mentors, who provide services to or on behalf of the ACC on a recurring basis.
- C. Reentry Coach.** A volunteer, including eligible offenders, who provides assistance to residents/offenders who are transitioning to the community.

IV. GUIDANCE.

- A. Recruiting Volunteers.** Volunteers should be recruited from all cultural and socioeconomic segments of the community without discrimination. Volunteers may

Arkansas Community Correction
Volunteer Services AD 19-05 Page 3

serve as advisors, interpreters, and similar direct service roles. (2-CO-1G-01; 4-ACRS-7F-08; 4-APPFS-1C-05; 4-APPFS-1C-03)

B. Volunteer Requirements.

1. Prospective volunteers must disclose any criminal history and be subjected to a criminal background check.
 - a. Volunteers may be approved while on active supervision after completing a minimum of 12 months of supervision with the recommendation of the appropriate Area Manager and the approval of the Assistant Director of Reentry.
 - b. Individuals not on supervision but with a criminal conviction within the last ten (10) years must be approved by the Chief Deputy Director or designee.
2. A volunteer must NOT work in a community correction center if he/she is related to a current resident at the facility in which he/she is requesting to volunteer.
3. If necessary, a volunteer must provide documentation of professional qualifications, such as professional licenses or certifications.
4. A volunteer must complete the appropriate Volunteer Application, sign the Waiver of Liability form, and complete volunteer training and orientation.

C. Volunteer Responsibilities. Volunteers are responsible for the following:

1. Complying with the volunteer and other applicable guidelines for specific volunteer program.
2. Documenting volunteer hours on the Monthly Volunteer Time Sheet (AD 19-05 Form 4) and ensure the Volunteer Coordinator has the information on the last day of each month.
3. Submitting appropriate suggestions, comments, and ideas for program improvement to the Volunteer Coordinator. (2-CO-1G-09; 2-CO-1G-10)

D. Volunteer Training. Regular volunteers and reentry coaches must complete a three-hour training that includes all topics outlined on the Regular Volunteer Training Checklists, including specific training for the program to which they are assigned. Occasional Volunteers must complete a one-hour orientation that includes all topics outlined on the Volunteer Orientation Checklist.

V. ROLES AND RESPONSIBILITIES. (2-CO-1G-03; 4-ACRS-7D-04; 4-ACRS-7B-05)

- A. **Assistant Director of Reentry.** The Assistant Director of Reentry provides oversight and direction for volunteer services consistent with ACC policy and procedures. He/she ensures the development and implementation of procedures for communicating with volunteers and for gaining volunteer input for program evaluation.
- B. **Volunteer Program Manager.** The Volunteer Program Manager (VPM) reports to the Assistant Director of Reentry Services and is responsible for managing and coordinating the statewide volunteer program. The VPM organizes and fosters re-entry coalitions; solicits input for the volunteer program from employees, volunteers, clients, and the community; and monitors volunteer activities throughout the state. The VPM must develop and maintain generic volunteer job descriptions, report volunteer activities, and collect and process evaluations. The VPM must consult with designated chaplains and volunteer coordinators at least annually to review procedures guiding ministers, volunteer coordinators and volunteers; and review and evaluate the volunteer services program. (2-CO-1G-02; 2-CO-1G-10)
- C. **Center Supervisors & Parole/Probation Managers.** Center Supervisors and Parole/Probation Area or Assistant Area Managers must designate an employee to serve as the Volunteer Coordinator for their area of responsibility. Center Supervisors and Parole/Probation Area Managers must notify the Volunteer Program Manager of any changes to the volunteer coordinator.
- D. **Volunteer Coordinator.** The Volunteer Coordinator is responsible for the following for ALL volunteers:
 - 1. Reporting volunteer hours as requested by the VPM.
 - 2. Conducting criminal record checks on all volunteer applicants in accordance with state and federal laws. A criminal conviction does not automatically preclude a volunteer from participating in the volunteer program.
 - a. Forwarding any suspect information returned during criminal records checks on matters with a potential terrorism connection to the ACC Internal Affairs Administrator for remitting to the local Joint Terrorism Task Force or the Arkansas State Police.
 - b. If there is a substantive criminal history, providing the information with the application when reviewed by the Center Supervisor or Area Manager. (4-ACRS-7B-05, 4-APPFS-3A-02)
 - 3. Ensuring training is accomplished pursuant to this policy.
 - 4. Maintaining required certificates or licenses of volunteers in accordance with the Records Retention policy.

5. Ensuring each volunteer has an appropriate supervisor assigned to oversee routine volunteer activities.
 6. Being involved in the community and in the recruitment of volunteers.
- E. Staff Training.** The Assistant Director of Reentry must ensure training on this policy is available to appropriate staff.
- F. Volunteer Exemptions.** Volunteers are exempt from all provisions of the law relative to employee compensation and benefits.
- G. Drug Testing.** Volunteers will be drug/alcohol tested upon reasonable suspicion and following approval of the appropriate Manager/ Supervisor, Assistant/Deputy Director or Chief Deputy Director. Testing methods and consequences of positive tests or refusal to test are addressed in the policy titled "Drug-Free Workplace."

VI. ATTACHMENTS.

- AD 19-05 Form 1 Volunteer Application
- AD 19-05 Form 2 Volunteer Guidelines, Release & Waiver of Liability Agreement
- AD 19-05 Form 3 Occasional Volunteer Orientation Checklist
- AD 19-05 Form 4 Regular Volunteer Training Checklist
- AD 19-05 Form 5 Volunteer Time Sheets
- AD 19-05 Form 6 Volunteer Program Evaluation

Arkansas Community Correction
VOLUNTEER APPLICATION

Instructions: Use this form to apply to volunteer at an Arkansas Community Correction (ACC) center or office.
Background checks are required for all volunteers.

Name (as it appears on your driver license): _____
Home/Cell Phone: _____ Work Phone: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Organization/Agency: _____
Gender: Male Female Race: Caucasian Black Hispanic Other: _____

BACKGROUND CHECK INFORMATION:

Driver's License Number: _____ State Issued: _____
Social Security Number: _____ DOB (YYYY/MM/DD) _____
Must be at least 21 years old:
Have you ever been arrested? Yes No _____

If you were ever convicted of a crime, please complete the following:

Year Convicted	Charges	Misdemeanor or Felony?	Date off Parole
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL OR PERSONAL REFERENCES:

Name/Job Title	Relationship:	Phone
_____	_____	_____

EMPLOYMENT WITHIN THE LAST THREE YEARS

Employer Name and Address	Supervisor	Phone
_____	_____	_____

SCHOOL INFORMATION: (Student/Interns only)

College: _____ Degree Program: _____
Academic Advisor: _____ Advisor's Phone: _____
Advisor's Email: _____

Continued on next page...

VOLUNTEER APPLICATION continued

VOLUNTEER PREFERENCES:

Volunteer Type: (Check all that apply)

Regular Volunteer Occasional Volunteer Reentry Coach

Volunteer Preference:

Faith-based Clerical/Administrative Student/Intern Treatment

Availability: (Check all that apply)

Morning Afternoon Evening Day(s) of the week: _____

Please provide a few sentences about your motivation for volunteering with ACC:

By signing below, you agree to authorize the release of information for the purposes of completion of this application to include a criminal background check.

Volunteer's Signature Volunteer's Printed Name Date

For ACC Staff use:

Background Check Completed Date: _____

Reference/Advisor Check Completed: _____

Volunteer Coordinator Signature Date

Center Supervisor / Area Manager Signature Date

Recommend

Do Not Recommend



**Arkansas Community Correction (ACC)
VOLUNTEER GUIDELINES, RELEASE & WAIVER OF LIABILITY AGREEMENT**

1. I will follow Volunteer Guidelines and ACC policy that would reasonably be considered applicable.
2. I will perform my volunteer services in compliance with the ACC Code of Ethics and Rules of Conduct.
3. I will not bring onto ACC property any of the following items: cell phones, explosive devices, firearms or other weapons, ammunition, alcoholic beverages, tobacco products, narcotics, or objects or materials of any kind that might be used to compromise the security and safety of the facility.
4. I will not participate in ACC activities or be on ACC property while under the influence of illegal drugs or alcoholic beverages. I understand that I am subject to drug and alcohol testing upon reasonable suspicion and approval of the Center Supervisor or Parole/Probation Manager.
5. I will leave my purse and unnecessary objects locked in the trunk of my vehicle when on ACC property. I understand that my person, personal items, and vehicle are subject to screening and/or search. I will provide a photo ID or ACC volunteer badge upon request by ACC personnel. I will wear an ACC volunteer badge at all times while on ACC property.
6. I will dress appropriately while on ACC property. I understand that miniskirts, short dresses, shorts, halter tops or halter dresses, see through clothing, tight clothing, or other provocative clothing will not be allowed. My clothing will not promote alcohol or drugs, illegal actions, racial comments, vulgarity, sexual implications, or profanity.
7. I will not exchange any material with a resident or offender such as notes, correspondence, money, food, or gifts I will not participate in a personal relationship with a resident or offender nor will I divulge personal information. I understand that this action could place me at risk.
8. I will keep all resident or offender information confidential. I will not commit ACC to any financial obligations. I will not speak on behalf of nor act as a representative of the ACC.
9. I will obey all safety and security instructions including all facility procedures. I will work within my job duties and my physical assignments. I will follow supervisory guidance.

For the good and valuable consideration of participating in the Arkansas Community Correction (ACC) Volunteer Program, I, for myself, my successors, heirs, assign, executors, administrators, spouse, and next of kin, do hereby understand and agree to the following:

1. My participation as a volunteer may involve risk of serious injury or harm.

2. I hereby assume any and all liability and risks of injury or harm, including permanent or partial disability, medical bills, death, damage to my property, or death caused by or arising from my participation in the volunteer program.
3. I will not, nor will any person or entity on my behalf, initiate, pursue nor participate in a lawsuit or claim, including any for personal injury, property damage, or wrongful death, against the State of Arkansas, ACC, its employees, officers, agents, volunteers, the Parole Board, or the Board of Corrections, for damages arising out of or attributable to my participation in the volunteer program.
4. I release and discharge the ACC, its employees, officers, agents, volunteers, the Parole Board, and the Board of Corrections from any liability, loss, damage, claim, demand, or any cause of action against them arising out of or attributable to my participation in the volunteer program, whether the same arises from negligence or otherwise.

I, _____, agree to serve in the Arkansas Community Correction Volunteer Program. I commit to performing my assigned volunteer duties to the best of my ability and to follow ACC guidelines, policies, and procedures. I have read this document and understand that I am waiving substantial rights. I voluntarily sign this document and by doing so, assume all risks attendant and pertaining to participating in the ACC volunteer program.

Volunteer Printed Name

Signature

Date

Coordinator Printed Name

Signature

Date

**Arkansas Community Correction
OCCASIONAL VOLUNTEER ORIENTATION CHECKLIST**

Item	Who	When & Where	Source
<i>About the organization:</i>			
1. History			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2. Mission			
3. Programs and Services			
4. Benefits of Volunteering			
<i>The Facility:</i>			
1.Explanation of Local Office Divisions			
2.Emergency Plan			
3.Reporting & Investigating Incidents, Hazards and Malreatment Policy			
4.Personal Safety			
5.Facility, Premises, or Site Rules			
6.Parking			
7.Supplies and Office Machines			
8.Access to Building or Office Areas			
9.Escort			
<i>Policy:</i>			
1.Code of Ethics and Rules of Conduct			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Drug-Free Workplace			
3.Offender Records (confidentiality)			
4.Sexual Harassment			
5.Dress Code and Appearance			
6.Tobacco (Smoke-Free Workplace)			
7.Prison Rape Elimination Act			
<i>Volunteer:</i> I confirm that I have completed all items in the volunteer orientation checklist and where indicated understand the policies and procedures.			
Print Name: _____ Signature: _____			
Date: _____			
<i>Volunteer Supervisor:</i> I confirm that all items in the volunteer training checklist, including policies and procedures have been explained.			
Print Name: _____ Signature: _____			
Date: _____			

**Arkansas Community Correction
REGULAR VOLUNTEER TRAINING CHECKLIST**

Item	Who	When & Where	Source
<i>About the organization:</i>			
1. History			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2. Mission			
3. Programs and Services			
4. Benefits of Volunteering			
<i>The Facility:</i>			
1.Explanation of Local Office Divisions			
2.Emergency Plan			
3.Reporting & Investigating Incidents, Hazards and Maltreatment			
4.Personal Safety			
5.Facility, Premises, or Site Rules			
6.Parking			
7.Supplies and Office Machines			
8.Access to Building or Office Areas			
9.Escort			
<i>The Role:</i>			
1.Job Description, Duties, and Assignment			
2.Supervision of Activity, Clients, Residents			
3.Supervisor Chain-of-Authority			
4.Who and how to contact them			
5.Volunteer Input			
6.Evaluations and Suggestions			
7.Employment Opportunities			
8.Volunteer Guidelines, Release & Waiver of Liability Agreement Form			
<i>Policy:</i>			

1.Code of Ethics and Rules of Conduct			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Drug-Free Workplace			
3.Offender Records (confidentiality)			
4.Sexual Harassment			
5.Dress Code and Appearance			
6.Tobacco (Smoke-Free Workplace)			
7.Prison Rape Elimination Act			
Client Dynamics:			
1.Criminogenic Risk Factors			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Prison Culture and Sensitivity			
<p>Volunteer: I confirm that I have completed all items in the volunteer training checklist and where indicated understand the policies and procedures.</p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p> <p>Volunteer Supervisor: I confirm that all items in the volunteer training checklist, including policies and procedures have been explained.</p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p>			

Arkansas Community Correction

VOLUNTEER TIME SHEET

Name: _____

Supervisor: _____

Office/Center: _____

Report Month: _____

Date	Time In	Time Out	Total Hours	Supervisor Initials

**Arkansas Community Correction
VOLUNTEER PROGRAM EVALUATION**

Arkansas Community Correction appreciates and values your volunteer service. Please tell us about your experience as a volunteer with ACC. Your responses to the evaluation are anonymous. You may provide your name and/or contact information if you wish. Please complete this evaluation and return to the volunteer coordinator in the office/center.

1. Were you given clear duties and responsibilities for the services you performed?

2. Was there a clear line of authority?

3. Were you encouraged to communicate with supervisors?

4. Were you allowed to use your area of expertise?

5. On a scale of 1 to 6, how rewarding did you find your experience with ACC?

6. On a scale of 1 to 6, how beneficial do you think your services contributed to ACC or the residents/offenders?

7. Would you volunteer with ACC again?

8. Do you have any suggestions or improvements that you believe would make the volunteer program more effective?

Optional:

Name: _____

Phone Number: _____

Volunteer Location:

Email Address:

Volunteer Services AD 19-05 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: ~~47-30~~ 19-05 Volunteer Services

TO: Arkansas Community Correction Employees
FROM: ~~Sheila Sharp~~ Kevin Murphy, Director
SUPERSEDES: AD ~~13-0917-30~~

APPROVED: Signature on File
February 4, 2019

EFFECTIVE: May 31, 2017

II. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees. In a manner generally interpreted to be appropriate, this policy also applies to ACC agents. ~~ACC agents include volunteers, interns, contractors and vendors. (4APPFS-3C-02) and individuals who participate in the Volunteer Program.~~

II. **POLICY.** The ACC will administer a Volunteer Program that encourages, supports, and recognizes the value of community involvement; expands and enhances client services and opportunities; and benefits and supports the ACC mission. (2-CO-1G-04; 4-APPFS-1C-04)

III. DEFINITIONS.

D. **Occasional Volunteer.** A volunteer who provides services to or on behalf of the ACC and is supervised and escorted at all times while in the office or facility.

E. **Regular Volunteer.** A volunteer, including interns and mentors, who ~~provides~~ provide services to or on behalf of the ACC on a recurring basis.

F. ~~Mentor Reentry Coach.~~ A volunteer, including eligible offenders, who ~~provide~~ provides assistance to residents/offenders who are transitioning to the community.

11/15/17
AD 19-05 (W) 16

IV. GUIDANCE.

A. Recruiting Volunteers. Volunteers should be recruited from all cultural and socioeconomic segments of the community without discrimination. Volunteers may serve as advisors, interpreters, and similar direct service roles. (2-CO-1G-01; 4-ACRS-7F-08; 4-APPF5-1C-05; 4-APPF5-1C-03)

E. Volunteer Requirements.

1. Prospective volunteers must disclose any criminal history and be subjected to a criminal background check.
 - a. ~~Mentor~~Volunteers may be approved while on active supervision after completing a minimum of 12 months of supervision with the recommendation of the appropriate Area Manager and the approval of the Assistant Director of Reentry.
 - b. Individuals not on supervision but with a criminal conviction within the last ten (10) years must be approved by the Chief Deputy Director or designee.
2. A volunteer must NOT work in a community correction center if he/she is related to a current resident at the facility in which he/she is requesting to volunteer.
3. If necessary, a volunteer must provide documentation of professional qualifications, such as professional licenses or certifications.
4. A volunteer must complete the appropriate Volunteer Application, sign the Waiver of Liability form, and complete volunteer training and orientation.

F. Volunteer Responsibilities.

 Volunteers are responsible for the following:

1. Complying with the volunteer and other applicable guidelines for specific volunteer program.
2. Documenting volunteer hours on the Monthly Volunteer Time Sheet (AD 47-3019-05 Form 4) and ensure the Volunteer Coordinator has the information on the last day of each month.
3. Submitting appropriate suggestions, comments, and ideas for program improvement to the Volunteer Coordinator. (2-CO-1G-09; 2-CO-1G-10)

G. Volunteer Training. Regular volunteers and ~~mentors~~ ~~reentry coaches~~ must complete a three-hour training that includes all topics outlined on the Regular Volunteer Training Checklists, including specific training for the program to which they are assigned. Occasional Volunteers must complete a one-hour orientation that includes all topics outlined on the Volunteer Orientation Checklist.

IV.

RESPONSIBILITIES. (2-CO-1G-03; 4-ACRS-7D-04; 4-ACRS-7B-05)

ROLES AND

- A. **Assistant Director of Reentry.** The Assistant Director of Reentry provides oversight and direction for volunteer services consistent with ACC policy and procedures. He/she ensures the development and implementation of procedures for communicating with volunteers and for gaining volunteer input for program evaluation.
- B. **Volunteer Program Manager.** The Volunteer Program Manager (VPM) reports to the Assistant Director of Reentry Services and is responsible for managing and coordinating the statewide volunteer program. The VPM organizes and fosters re-entry coalitions; solicits input for the volunteer program from employees, volunteers, clients, and the community; and monitors volunteer activities throughout the state. The VPM must develop and maintain generic volunteer job descriptions, report volunteer activities, and collect and process evaluations. The VPM must consult with designated chaplains and volunteer coordinators at least annually to review procedures guiding ministers, volunteer coordinators and volunteers; and review and evaluate the volunteer services program. (2-CO-1G-02; 2-CO-1G-10)
- C. **Center Supervisors & Parole/Probation Managers.** Center Supervisors and Parole/Probation Area or Assistant Area Managers must designate an employee to serve as the Volunteer Coordinator for their area of responsibility. Center Supervisors and Parole/Probation Area Managers must notify the Volunteer Program Manager of any changes to the volunteer coordinator.
- D. **Volunteer Coordinator.** The Volunteer Coordinator is responsible for the following for ALL volunteers:
 - 1. Reporting volunteer hours as requested by the VPM.
 - 2. Conducting criminal record checks on all volunteer applicants in accordance with state and federal laws. A criminal conviction does not automatically preclude a volunteer from participating in the volunteer program.
 - a. Forwarding any suspect information returned during criminal records checks on matters with a potential terrorism connection to the ACC Internal Affairs Administrator for remitting to the local Joint Terrorism Task Force or the Arkansas State Police.
 - b. If there is a substantive criminal history, providing the information with the application when reviewed by the Center Supervisor or Area Manager. (4-ACRS-7B-05, 4-APPFS-3A-02)
 - 3. Ensuring training is accomplished pursuant to this policy.
 - 4. Maintaining required certificates or licenses of volunteers in accordance with the Records Retention policy.
 - 5. Ensuring each volunteer has an appropriate supervisor assigned to oversee routine volunteer activities.

6. Being involved in the community and in the recruitment of volunteers.
- E. **Staff Training.** The Assistant Director of Reentry must ensure training on this policy is available to appropriate staff.
- F. **Volunteer Exemptions.** Volunteers are exempt from all provisions of the law relative to employee compensation and benefits.
- G. **Drug Testing.** Volunteers will be drug/alcohol tested upon reasonable suspicion and following approval of the appropriate Manager/ Supervisor, Assistant/Deputy Director or Chief Deputy Director. Testing methods and consequences of positive tests or refusal to test are addressed in the policy titled "Drug-Free Workplace."

VVI. ATTACHMENTS.

- AD ~~47-3019-05~~ Form 1 Volunteer Application
- AD ~~47-3019-05~~ Form 2 Volunteer Guidelines, Release & Waiver of Liability Agreement
- AD ~~47-3019-05~~ Form 3 Occasional Volunteer Orientation Checklist
- AD ~~47-3019-05~~ Form 4 Regular Volunteer Training Checklist
- AD ~~47-3019-05~~ Form 5 Volunteer Time Sheets
- AD ~~47-3019-05~~ Form 6 Volunteer Program Evaluation



Arkansas Community Correction
VOLUNTEER APPLICATION

Instructions: Use this form to apply to volunteer at an Arkansas Community Correction (ACC) center or office. Background checks are required for all volunteers.

Name Name (as it appears on your driver license):

Home/Cell Phone: _____ Work Phone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Email Address: _____ Organization/Agency Representing (if applicable): _____

Gender: Male Female Race: Caucasian Black Hispanic Other

BACKGROUND CHECK INFORMATION:

Driver's License Number: _____ State Issued: _____ ^{DOB} —/—/—

DOB (YYYY/MM/DD)

Social Security Number: _____ Must be at least 21 years old:

Have you ever been arrested? Yes No

If you were ever convicted of a crime, please complete the following:

Year Convicted	Charges	Misdemeanor or Felony?	Date off Parole
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL OR PERSONAL REFERENCES:

Name/Job Title

Relationship:

Phone

EMPLOYMENT WITHIN THE LAST THREE YEARS

Employer Name and Address

Supervisor

Phone

SCHOOL INFORMATION: (Student/Interns only)

College:

Degree Program:

Academic Advisor:

Advisor's Phone:

Advisor's Email:

Continued on next page...

VOLUNTEER APPLICATION continued

VOLUNTEER PREFERENCES:

Volunteer Type: (Check all that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular Volunteer
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Occasional
<input type="checkbox"/>			<input type="checkbox"/>	Mentor
<input type="checkbox"/>				Faith-based
<input type="checkbox"/>				Clerical/Administrative
				Treatment
				Education
				(Student/Intern)

Reentry Coach

Volunteer Preference:

<input type="checkbox"/>	<input type="checkbox"/>	Faith-based
<input type="checkbox"/>	<input type="checkbox"/>	Student/Intern
<input type="checkbox"/>	<input type="checkbox"/>	Direct contact with Residents/Offenders
<input type="checkbox"/>	<input type="checkbox"/>	No direct contact with Residents/Offenders

Treatment

Availability: (Check all that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sunday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Monday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Tuesday
				Wednesday
				Thursday
				Friday

_____ Saturday
Morning Afternoon Evening _____ Day(s) of the week _____

Please provide a few sentences about your motivation for volunteering with ACC:

PROFESSIONAL OR PERSONAL REFERENCES:

Name/Job Title Please provide a few sentences about your motivation for volunteering with ACC:

By signing below, you agree to authorize the release of information for the purposes of completion of this application to include a criminal background check.

Volunteer's Signature	Volunteer's Printed Name/Job Title	Phone Number	Date
_____	_____	_____	_____

For ACC Staff use:

Background Check Completed Date: _____
Reference/Advisor Check Completed: _____

Volunteer Coordinator Signature _____ Date _____

Center Supervisor / Area Manager
Signature

Date

Recommend

Do Not Recommend

CURRENT EMPLOYMENT (most recent within the last three years)

Employer Name and Address	Supervisor	Phone Number
---------------------------	------------	--------------

SCHOOL INFORMATION: (Student/Interns only)

College	
Degree Program	Academic Advisor
Advisor's Phone Number	Advisor's Email

I hereby give permission for ACC staff to conduct a background check and contact my references and/or academic advisor:

Volunteer Signature

Date

For ACC Staff use:

Background Check Complete: ___/___/___

Reference/Advisor Check Complete: ___/___/___

Recommend

Do Not Recommend

Volunteer Coordinator Signature

Center Supervisor/Area Manager Signature

Date

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**Arkansas Community Correction (ACC)
VOLUNTEER GUIDELINES, RELEASE & WAIVER OF LIABILITY AGREEMENT**

1. I will follow Volunteer Guidelines and ACC policy that would reasonably be considered applicable.
2. I will perform my volunteer services in compliance with the ACC Code of Ethics and Rules of Conduct.
3. I will not bring onto ACC property any of the following items: cell phones, explosive devices, firearms or other weapons, ammunition, alcoholic beverages, tobacco products, narcotics, or objects or materials of any kind that might be used to compromise the security and safety of the facility.
4. I will not participate in ACC activities or be on ACC property while under the influence of illegal drugs or alcoholic beverages. I understand that I am subject to drug and alcohol testing upon reasonable suspicion and approval of the Center Supervisor or Parole/Probation Manager.
5. I will leave my purse and unnecessary objects locked in the trunk of my vehicle when on ACC property. I understand that my person, personal items, and vehicle are subject to screening and/or search. I will provide a photo ID or ACC volunteer badge upon request by ACC personnel. I will wear an ACC volunteer badge at all times while on ACC property.
6. I will dress appropriately while on ACC property. I understand that miniskirts, short dresses, shorts, halter tops or halter dresses, see through clothing, tight clothing, or other provocative clothing will not be allowed. My clothing will not promote alcohol or drugs, illegal actions, racial comments, vulgarity, sexual implications, or profanity.
7. I will not exchange any material with a resident or offender such as notes, correspondence, money, food, or gifts. I will not participate in a personal relationship with a resident or offender nor will I divulge personal information. I understand that this action could place me at risk.
8. I will keep all resident or offender information confidential. I will not commit ACC to any financial obligations. I will not speak on behalf of nor act as a representative of the ACC.
9. I will obey all safety and security instructions including all facility procedures. I will work within my job duties and my physical assignments. I will follow supervisory guidance.

For the good and valuable consideration of participating in the Arkansas Community Correction (ACC) Volunteer Program, I, for myself, my successors, heirs, assign, executors, administrators, spouse, and next of kin, do hereby understand and agree to the following:

1. My participation as a volunteer may involve risk of serious injury or harm.
2. I hereby assume any and all liability and risks of injury or harm, including permanent or partial disability, medical bills, death, damage to my property, or death caused by or arising from my participation in the volunteer program.
3. I will not, nor will any person or entity on my behalf, initiate, pursue nor participate in a lawsuit or claim, including any for personal injury, property damage, or wrongful death, against the State of Arkansas, ~~DCCACC~~ ACC, its employees, officers, agents, volunteers, the Parole Board, or the Board of Corrections, for damages arising out of or attributable to my participation in the volunteer program.
4. I release and discharge the ACC, its employees, officers, agents, volunteers, the Parole Board, and the Board of Corrections from any liability, loss, damage, claim, demand, or any cause of action against them arising out of or attributable to my participation in the volunteer program, whether the same arises from negligence or otherwise.

I, _____, agree to serve in the Arkansas Community Correction Volunteer Program. I commit to performing my assigned volunteer duties to the best of my ability and to follow ACC guidelines, policies, and procedures. I have read this document and understand that I am waiving substantial rights. I voluntarily sign this document and by doing so, assume all risks attendant and pertaining to participating in the ACC volunteer program.

Volunteer Printed Name

Signature
Date

Coordinator Printed Name

Signature
Date

Arkansas Community Correction
OCCASIONAL VOLUNTEER ORIENTATION CHECKLIST

Item	Who	When & Where	Source
About the organization:			
1. History			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2. Mission			
3. Programs and Services			
4. Benefits of Volunteering			
The Facility:			
1.Explanation of Local Office Divisions			
2.Emergency Plan			
3.Reporting & Investigating Incidents, Hazards and Maltreatment Policy			
4.Personal Safety			
5.Facility, Premises, or Site Rules			
6.Parking			
7.Supplies and Office Machines			
8.Access to Building or Office Areas			
9.Escort			
Policy:			
1.Code of Ethics and Rules of Conduct			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Drug-Free Workplace			
3.Offender Records (confidentiality)			
4.Sexual Harassment			
5.Dress Code and Appearance			
6.Tobacco (Smoke-Free Workplace)			
7.Prison Rape Elimination Act			
Volunteer: I confirm that I have completed all items in the volunteer orientation checklist and where indicated understand the policies and procedures.			
Print Name: _____		Signature: _____	
Date: _____			

Volunteer Supervisor: I confirm that all items in the volunteer training checklist, including policies and procedures have been explained.

Print Name: _____ Signature: _____

Date: _____

**Arkansas Community Correction
REGULAR VOLUNTEER TRAINING CHECKLIST**

Item	Who	When & Where	Source
<i>About the organization:</i>			
1. History			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2. Mission			
3. Programs and Services			
4. Benefits of Volunteering			
<i>The Facility:</i>			
1.Explanation of Local Office Divisions			
2.Emergency Plan			
3.Reporting & Investigating Incidents, Hazards and Malreatment			
4.Personal Safety			
5.Facility, Premises, or Site Rules			
6.Parking			
7.Supplies and Office Machines			
8.Access to Building or Office Areas			
9.Escort			
<i>The Role:</i>			
1.Job Description, Duties, and Assignment			
2.Supervision of Activity, Clients, Residents			
3.Supervisor Chain-of-Authority			
4.Who and how to contact them			
5.Volunteer Input			
6.Evaluations and Suggestions			
7.Employment Opportunities			
8.Volunteer Guidelines, Release & Waiver of Liability Agreement Form			
<i>Policy:</i>			

1.Code of Ethics and Rules of Conduct			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Drug-Free Workplace			
3.Offender Records (confidentiality)			
4.Sexual Harassment			
5.Dress Code and Appearance			
6.Tobacco (Smoke-Free Workplace)			
7.Prison Rape Elimination Act			
Client Dynamics:			
1.Criminogenic Risk Factors			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Prison Culture and Sensitivity			
<p>Volunteer: I confirm that I have completed all items in the volunteer training checklist and where indicated understand the policies and procedures.</p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p> <p>Volunteer Supervisor: I confirm that all items in the volunteer training checklist, including policies and procedures have been explained.</p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p>			

Arkansas Community Correction

VOLUNTEER TIME SHEET

Name: _____ Supervisor: _____

Office/Center: _____ Report Month: _____

Date	Time In	Time Out	Total Hours	Supervisor Initials

Arkansas Community Correction
VOLUNTEER PROGRAM EVALUATION

Arkansas Community Correction appreciates and values your volunteer service. Please tell us about your experience as a volunteer with ACC. Your responses to the evaluation are anonymous. You may provide your name and/or contact information if you wish. Please complete this evaluation and return to the volunteer coordinator in the office/center.

9. Were you given clear duties and responsibilities for the services you performed?

10. Was there a clear line of authority?

11. Were you encouraged to communicate with supervisors?

12. Were you allowed to use your area of expertise?

13. On a scale of 1 to 6, how rewarding did you find your experience with ACC?

14. On a scale of 1 to 6, how beneficial do you think your services contributed to ACC or the residents/offenders?

15. Would you volunteer with ACC again?

16. Do you have any suggestions or improvements that you believe would make the volunteer program more effective?

Optional:

Name: _____

Volunteer Location: _____

Phone Number: _____

Email Address: _____



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-02 Offender Substance Abuse Testing

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 17-23

APPROVED: Signature on File

EFFECTIVE: February 1, 2019

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees and offenders.
- II. **POLICY.** ACC is committed to drug testing, sanctions and treatment interventions for substance abusing offenders. ACC policy is to maintain a zero tolerance for substance abuse. All drug tests are performed solely for the purpose of determining offender compliance with the terms of supervision and/or program participation and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of or the assessment of the health of the offender. ACC enforces the terms of offender supervision by administering an offender substance abuse testing program to enforce supervision conditions, reduce recidivism and to enhance safety for the public and staff. (4-APPFS-2D-04)
- III. **DEFINITIONS.**
 - A. **Chain of Custody.** A procedure that governs the collection, testing, handling, storage, and transportation of a urine specimen.
 - B. **Confirmation Test.** A test used to verify positive results from an initial screening test. This test uses Gas Chromatography/Mass Spectrometry to provide a greater margin of accuracy.

- C. **Observer.** An authorized individual designated to collect (at the direction of an ACC testing officer) or observe the collection of urine specimens in accordance with this policy. ACC employees, court personnel or Arkansas law enforcement officers may be designated as observers. Observers are not authorized to perform other aspects of drug testing.
- D. **Prohibited Drug.** A prohibited drug is any substance having psychological and/or physiological effects on a human being and that is not a prescription or nonprescription medication, including controlled substances and controlled substance analogs or volatile substances that produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate inhalation, injection or ingestion; any drug that is inconsistent with or unrelated to accepted medical practices; and alcohol or tobacco when an offender is so directed to refrain from consumption.
- E. **Random Testing.** Selecting offenders for substance abuse testing using a mechanism that results in an equal probability that any offender, from a group of offenders subject to the selection mechanism, will be selected and subsequently tested.
- F. **Substance Abuse Test.** A test administered for the purpose of determining the presence or absence of a prohibited drug or the metabolites of a prohibited drug in a person's bodily fluids.
- G. **Testing Officer.** An ACC employee trained and authorized to conduct substance abuse testing.

IV. GUIDELINES.

- A. **Substances to Be Tested and Methodology.** On-site urinalysis testing is authorized to be administered to an offender for a variety of substances to include cocaine, THC/marijuana, opiates, heroin, amphetamines, meth-amphetamines, barbiturates, benzodiazepines, PCP, methadone, and synthetic drugs such as the THC synthetics "Spice" and "K2." On-site urinalysis and saliva testing are authorized for detecting alcohol and tobacco use. On-site breathalyzers are authorized for detecting alcohol.
- B. **Notice of Substance Abuse Testing Program.** At intake, offenders must be asked to sign the Notice of Substance Abuse Testing, AD 19-02 Form 1, to indicate understanding of the testing program and a copy must be offered to the offender.
- C. **Employee Safety.** Employees should adhere to the following minimum safety precautions when administering a drug or alcohol test:
 - 1. Use rubber or latex gloves when handling specimens
 - 2. Avoid contact of the chemicals/reagent with eyes and skin and if contact occurs, take the following actions:

- a. For eye contact, flush with plenty of water (for at least 15 minutes), and if eyes become irritated, contact a physician
- b. For contact with skin, flush with plenty of water, wash areas with soap and water, and if skin is irritated, contact a physician
3. Do not eat, drink or smoke at the test site
4. Use only the mechanical pipetting device to place urine on test slides
5. Do not refrigerate food or beverages where specimens are stored
6. Practice thorough hand washing after handling specimens/chemicals
7. Refer to the manufacturer's Safety Data Sheet (SDS) for information regarding the test
8. Have the offender clean up his/her spills using diluted chlorine bleach and soapy water (1 tablespoon of bleach per gallon of water)
9. Have the offender flush remaining specimen (if a confirmation will not be requested)
10. When testing in the office, use a plastic-lined trash receptacle for the disposal of drug/alcohol testing items; and
11. Ensure appropriate supplies are available and accessible only to authorized individuals. Testing supplies should include, at minimum, test kits, seals, labels, rubber gloves, specimen bottles, security tape, mailing containers and chain of custody forms.

D. Substance Abuse Testing.

1. Testing must not be used for harassment or as a means of punishment or discipline, nor must it be based on an offender's race, color, religion, gender, age or national origin.
2. ACC offenders are subject to substance abuse testing at any reasonable time if one or more of the following circumstances exist(s):
 - a. Parolees or Probationers. In accordance with a condition or lawful order set forth by a court or the Parole Board;
 - b. Community Correction Center residents are subject to substance abuse/use testing under the following circumstances:
 - (1) Under reasonable suspicion that an offender is using, has used or possesses prohibited drugs, alcohol or tobacco based on specific objective and articulated facts and reasonable inferences, and the basis for the suspicion is documented;
 - (2) A Center Supervisor or Assistant Center Supervisor orders (in writing) all offenders in a particular housing unit or work crew to submit to testing. This authority may not be delegated;
 - (3) The resident is selected for testing in accordance with an approved methodology for random

testing. Use of this methodology requires the following:

- (a) Center Supervisor designation of a person to be responsible for generating lists of randomly selected offenders to be tested. The list must be kept confidential (unannounced) by the designee until testing, at which time only appropriate staff responsible for directing the selected residents' movement and the Center Supervisor will be notified.
 - (b) Center Supervisor ensures that at least 25% of the center population is testing during each quarter.
 - (c) Offenders selected for random testing will not be disqualified for testing based upon the fact that they were recently tested for other reasons.
 - (d) The methodology used must not give employee discretion to waive the selection of any offender.
- (4) The Resident is being admitted into a residential center
 - (5) The resident is involved in an accident where injury or property damage has occurred.
 - (6) The court requests testing of an adult criminal defendant.

V. DISCLOSURE OF SUBSTANCE ABUSE TEST RESULTS. Appropriate confidentiality of information must be maintained. Requests for disclosure of test results should, when possible, be made in writing and must be properly documented as to the action taken and to whom and when disclosure was made. Authorization to release results of substance abuse tests is as follows:

- A. To the offender
- B. To other persons with the offender's prior written consent, AD 19-02 Form 3
- C. Pursuant to court order
- D. To medical personnel to meet medical emergencies of the offender
- E. To agency personnel on a "need to know" basis
- F. To other criminal justice agencies on a "need to know" basis.

VI. TESTING PROCEDURES, CONFIRMATION AND DOCUMENTATION.

A. Initial Screening (On-Site Testing). Urine specimens must be collected in a manner reasonably calculated to address privacy considerations while preventing the substitution, contamination and adulteration of specimens. Chain of custody procedures must be followed to preclude the likelihood of erroneous identification of test results. Testing officers and observers must adhere to the following testing procedures:

- 1. Be of the same gender as the offender when observing urine specimen collections and position him/herself in such a manner as to verify at least 30 ml. of urine specimen passes directly from the

offender's body into the specimen bottle. Observation must be direct and continuous.

2. Test one offender at a time.
3. Upon the offender's arrival at the collection site, ask the offender to present photo identification unless the testing officer knows the offender.
4. Ask the offender to remove any unnecessary outer garments and set aside purses or other hand held items to reduce the potential for or appearance of tampering with a specimen. Allow the offender to safeguard personal belongings.
5. If deemed necessary, conduct a pat search of the offender to determine if adulterants are stored on the offender's body or clothing. The collection area must be inspected and any potential contaminants removed.
6. Require the offender to remain in the testing officer/observer's presence throughout the entire testing process.
7. Conduct quality control of drug testing machine reagents in accordance with the manufacturer's test kit instructions.
8. Allow the offender to wash his/her hands after the specimen has been submitted and keep the specimen and offender in view of the testing officer at all times throughout the process.
9. Conduct the drug test in the presence of the offender and according to the manufacturer's testing kit instructions. NOTE: Drug testing kits must not be used beyond the expiration date on the package.
10. If the test is positive, complete Section 1 of the Offender Confession / Chain-of-Custody Form, AD 19-02 Form 2, which must serve as the positive result record and Chain of Custody form. A copy of this form must be designated "Confidential" and retained in the offender's record.
11. Ask the offender to sign Section 1 of the Drug/Alcohol Test form. A failure to sign the form must not invalidate the results of any substance test.
12. Parole/Probation and Community Correction Center employees must document drug tests in eOMIS. Center employees must also document drug tests on the Offender Substance Abuse Testing Log, AD 19-02 Form 4.
13. Require an offender unable to provide a specimen to remain at the collection site until 30 ml. of urine is collected or for two (2) hours, whichever comes first. The offender may be allowed to drink eight (8) ounces of water while waiting to provide a sample.
14. If a specimen is not provided within two (2) hours of being ordered to do so, it will be considered a refusal to provide a specimen, which may result in a sanction.

15. Reject specimens if use of adulterants or tampering is suspected or observed. Document the decision to reject the sample and administer another test at the testing officer's discretion. Contamination of specimens through the use of adulterants, tampering with or attempts to do so will be considered the same as a positive result.
 16. When testing is completed, require the offender to flush any remaining specimen and discard the container if a confirmation will not be requested.
- B. Confirmation of Drug Screening Results. If, at the discretion of the officer, confirmation of a drug test is desirable and a confession of use cannot be obtained from an offender, the initial specimen must be used for confirmation. This confirmation test may be done on an ACC drug testing machine. A confession does not require confirmation. If further confirmation is required, the initial specimen must be conducted by a NIDA approved and legally certified laboratory using the Gas Chromatography/Mass Spectrometry (GS/MS) process. The following procedures must be followed when a determination to confirm has been made:
1. Keep the specimen and custody documents in the offender's view at all times until the specimen is labeled and sealed.
 2. The testing officer and the offender must complete Section 1 of the Offender Confession / Chain-of-Custody Form (Form 2), which must serve as the ACC Chain of Custody form. This provides a Chain of Custody up to the point of sending a sample for confirmation. A failure of the offender to sign the form must not invalidate the results of any drug/alcohol test. Community Correction Center procedures require the testing officer to complete the optional Offender Substance Abuse Test Log (Form 4).
 3. The offender, or the testing officer in the offender's presence, must break the seal on the Department of Transportation (DOT) approved confirmation mailing kit so that both parties may inspect the container to confirm it is not contaminated.
 4. In the offender's presence, the testing officer must pour the offender's urine specimen into the confirmation bottle and secure the cap.
 5. The testing officer must instruct the offender to affix an identification label to the specimen container (or the testing officer will do so in the offender's presence) and have the offender initial the identification label. The offender will sign Section 3 (Confirmation Test Statement) of the Offender Confession / Chain-of-Custody Form (Form 2). A failure to sign the form must not invalidate the test results.
 6. In the offender's presence, the testing officer must prepare the specimen for mailing according to the NIDA-approved laboratory's confirmation kit instructions and ensure the package is properly secured to prevent tampering or leakage. The laboratory-provided Chain of Custody form must also be properly completed. This form continues the Chain of Custody for the sample when sent for confirmation. The testing kit must be mailed or the pickup agent contacted on the same day the specimen is obtained. If storage is unavoidable, the specimen must be refrigerated at a temperature

of 33-42 degrees Fahrenheit for a period not to exceed 72 hours. The refrigerator must be located in an area inaccessible to unauthorized persons.

7. At Community Correction Centers, when confirmation results are received, the Confirmation Test Results portion of the Offender Substance Abuse Testing Log (Form 4) must be completed, recording "pos" for positive and "neg" for negative test results. Plus (+) or minus (-) sign entries must not be made.

C. Documentation.

1. Testing activity must be supported by appropriate documentation. Results of substance abuse screening and confirmation tests, where appropriate, and type of substance detected, if any, must be entered on the Offender Substance Abuse Testing Log by offender number, not name, and in the offender's chronological record, where it should remain for the period of supervision.
2. Area Managers/Center Supervisors must ensure accurate records of testing activity.

VII. SANCTIONS FOR POSITIVE TEST RESULTS. Appropriate sanctions for positive test results must be determined in accordance with policy. Recommendations for revocation for violation of drug abuse policy must follow established procedures. At Centers, the Center Supervisor or his or her designee must interview residents to determine the source of prohibited drugs. Such interviews must be documented. At intake a resident who tests positive must not be sanctioned.

VIII. POSITIVE TEST UPON INTAKE AT A RESIDENTIAL CENTER. When a resident has a positive drug or alcohol test result during intake, the residential staff must promptly escort the resident to the Medical Clinic for an assessment to determine whether medical care is required.

IX. TRAINING. Staff conducting drug testing must be appropriately trained to collect specimens and conduct on-site drug tests. Training will be coordinated and documented in accordance with the Administrative Directive on Employee Training. Substance abuse testing must be incorporated in basic training programs or provided, as appropriate, during initial orientation and in annual in-service training programs.

X. ATTACHMENTS.

1. AD 19-02 Form 1 Notice of Substance Abuse Testing
2. AD 19-02 Form 2 Offender Confession / Chain-of-Custody Test Form
3. AD 19-02 Form 3 Authorization for Release of Drug Test and Results Information
4. AD 19-02 Form 4 Offender Substance Abuse Testing Log

Arkansas Community Correction
NOTICE OF SUBSTANCE ABUSE TESTING

ORIENTATION

As an offender under the supervision of Arkansas Community Correction, you may be required to submit urine and/or saliva specimens for testing at times specified by your Parole/Probation Officer or Residential Supervisor. Specimens will be collected under continuous and direct observation. Any action on your part to adulterate or attempt to adulterate a specimen will result in the specimen being considered compromised and will be treated as a violation of the conditions of parole, probation, release or Community Correction Center rules.

Refusal to provide a urine or saliva specimen may constitute a violation of your conditions of parole, probation, release, or custody, and you may be subject to appropriate penalties. A confirmation test by an independent lab may be requested if necessary. If a parolee or probationer requests a confirmation test, he/she must pay for the test. Refusal to sign the offender confession of illegal substance use statement (on the drug alcohol test form) does not invalidate the positive results of any substance abuse test.

OFFENDER STATEMENT

I have been informed of the requirements of the Substance Abuse Testing Program as outlined above. As part of the sample collection process, I will inform the testing officer if I have taken any prescription medication within the previous four (4) weeks that may cause a positive test result. I will provide positive proof of any physician-ordered prescription. I will show proper photo identification when requested by the drug testing officer.

_____ Offender Name (Print)	_____ ACC Officer Name (Print)
_____ Offender Signature	_____ ACC Officer Signature
_____ Date	_____ Date

**Arkansas Community Correction
OFFENDER CONFESSION / CHAIN-OF-CUSTODY**

Section 1

AM PM

 Offender Name (Print) Offender Number Date Time of Collection

OFFENDER'S STATEMENT: I certify the urine sample I provided is my urine and NOTHING has been done to alter it. I certify that I have not taken any drugs or medication in the past four weeks, other than those listed below. I certify I have NOT consumed any alcohol within the past 24 hours. I understand that giving false or misleading information constitutes a violation of my supervision conditions, or community correction center rules.

List any drugs or medications used:

- SCREEN TEST RESULTS Tested positive for OPIATES BENZODIAZEPINES PCP AMPHETAMINES
- Offender Refused to produce sample COCAINE BARBITURATES THC/MARIJUANA NICOTINE
- Specimen Not Produced in a Timely Manner ALCOHOL _____ % OTHER: _____
- Offender Attempted To or Did Compromise Specimen Integrity

 Offender Name (Print) Offender Signature Officer's Name Officer's Signature

CHAIN OF CUSTODY

NOTE: This section is completed only if it is necessary for someone other than the offender and testing officer to take possession of the specimen. All persons who handle the specimen will complete this section.

RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/REMARKS	DATE	TIME
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____

Section 2

OFFENDER CONFESSION OF ILLEGAL SUBSTANCE USE

I acknowledge that I have used the following substances within the past four (4) weeks or alcohol within the past 24 hours:

Offender's Signature	Date	Officer's Signature
----------------------	------	---------------------

Section 3

CONFIRMATION TEST STATEMENT

I hereby certify that the urine sample taken at _____ AM PM on _____ (date) is my own.
I have sealed or witnessed the sealing and taping of the specimen container.

Offender Signature	Testing Officer/Witness Signature
--------------------	-----------------------------------

The above-referenced drug screen was administered solely for the purpose of determining compliance with lawful orders or conditions imposed by the Courts or the Parole Board and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of the offender.

**Arkansas Community Correction
AUTHORIZATION FOR RELEASE OF DRUG TEST & RESULTS INFORMATION**

CONFIDENTIAL

PROHIBITION REGARDING DISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by federal and state laws prohibiting you from making further disclosure of this information, except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.

I,

_____ _____
Offender Name (Print) Offender Date of Birth

authorize

Releasing Department, Circuit, or Area

to disclose the following information (specify the nature and extent of information to be released):

To:

Name of Person Requesting Information

Requesting Department/Agency

Street Number/ Address

City State Zip Code

For the purpose of:

State Purpose of Disclosure

This authorization and consent are made for the purpose of reporting my drug/alcohol test(s) result to the above-designated individual and/or organization. This authorization and consent are subject to revocation by the undersigned at any time except the extent that actions taken in reliance thereon. If not earlier revoked, this

consent terminates on:

(Month / Day / Year)

Releaser, its agents, and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.

Offender Signature

Date

Signature of Witness

Date

Arkansas Community Correction
OFFENDER SUBSTANCE ABUSE TESTING LOG

NAME OF OFFICER SUBMITTING REPORT: _____ MONTH: _____ YEAR: _____ PAROLE
 PROBATION
 CENTER

Circuit: _____ Area or Center: _____

REFERRALS & NOTES						CONFIRMATION TEST RESULTS						
Offender Number	Testing Officer Last Name	Test Code	Date Sample Collected	Substance Tested Code	Results Code	Action Code	Enter Date Mailed to Lab	Substance Tested Code	Results Code	Date Confirmation Received	Action Code	Facility Location
TEST CODES				SUBSTANCE CODES							ACTION CODES	

NOTE: DO NOT RECORD OFFENDER NAMES ON THIS LOG

Arkansas Community Correction
OFFENDER SUBSTANCE ABUSE TESTING LOG

NAME OF OFFICER SUBMITTING REPORT: _____ MONTH: _____ YEAR: _____ PAROLE PROBATION CENTER

Circuit: _____ Area or Center: _____

REFERRALS & NOTES If Action Code is D:				CONFIRMATION TEST RESULTS											
Offender Number	Testing Officer Last Name	Test Code	Date Sample Collected	Substance Tested	Results	Code	Action Code	Enter Date Mailed to Lab	Substance Tested	Tested Code	Results Code	Date Confirmation Received	Action Code	Facility Location	
R = Random	1 = Opiates		6 = THC/Marijuana	11 = Meth											
S = Scheduled	2 = Amphetamines		7 = PCP	12 = Propoxyphene											
Q = Quality Control	3 = Barbiturates		8 = Alcohol	13 = Other											
	4 = Benzodiazepines		9 = Methadone												
	5 = Cocaine		10 = Oxycodone												



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: ~~17-2019-02~~ Offender Substance Abuse Testing

TO: Arkansas Community Correction Employees

FROM: ~~SHEENA SHARPKIN~~ ~~Sheena Sharpinkin~~, Director

SUPERSEDES: AD ~~14-16 (12-23)~~

APPROVED: Signature on File

EFFECTIVE: ~~April 14, 2017~~ February 1, 2019

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees and offenders.
- II. **POLICY.** ACC is committed to drug testing, sanctions and treatment interventions for substance abusing offenders. ACC policy is to maintain a zero tolerance for substance abuse. All drug tests are performed solely for the purpose of determining offender compliance with the terms of supervision, ~~and for program~~ ~~enforcement~~ and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of or the assessment of the health of the offender. ACC enforces the terms of offender supervision by administering an offender substance abuse testing program to enforce supervision conditions, reduce recidivism and to enhance safety for the public and staff. (4-APPFS-2D-04)
- III. **DEFINITIONS.**
 - A. **Chain of Custody.** A procedure that governs the collection, testing, handling, storage, and transportation of a urine specimen.
 - B. **Confirmation Test.** A test used to verify positive results from an initial screening test. This test uses Gas Chromatography/Mass Spectrometry to provide a greater margin of accuracy.
 - C. **Observer.** An authorized individual designated to collect (at the direction of an ACC testing officer) or observe the collection of urine specimens in accordance with this policy. ACC employees, court personnel or Arkansas law enforcement officers may be designated as observers. Observers are not authorized to perform other aspects of drug testing.
 - D. **Prohibited Drug.** A prohibited drug is any substance having psychological and/or physiological effects on a human being and that is not a prescription or nonprescription medication, including controlled substances and controlled substance analogs or volatile substances that produce the psychological and/or physiological effects of a controlled dangerous substance through deliberate inhalation, injection or ingestion; any drug that is inconsistent with or unrelated to accepted medical

practices; and alcohol or tobacco when an offender is so directed to refrain from consumption.

- E. **Random Testing.** Selecting offenders for substance abuse testing using a mechanism that results in an equal probability that any offender, from a group of offenders subject to the selection mechanism, will be selected and subsequently tested.
- F. **Substance Abuse Test.** A test administered for the purpose of determining the presence or absence of a prohibited drug or the metabolites of a prohibited drug in a person's bodily fluids.
- G. **Testing Officer.** An ACC employee trained and authorized to conduct substance abuse testing.

IV. GUIDELINES.

- A. **Substances to Be Tested and Methodology.** On-site urinalysis testing is authorized to be administered to an offender for a variety of substances to include cocaine, THC/marijuana, opiates, heroin, amphetamines, meth-amphetamines, barbiturates, benzodiazepines, PCP, methadone, and synthetic drugs such as the THC synthetics "Spice" and "K2." On-site urinalysis and saliva testing are authorized for detecting alcohol and tobacco use.
- B. **Notice of Substance Abuse Testing Program.** At intake, offenders must be asked to sign the Notice of Substance Abuse Testing, AD Form 1, to indicate understanding of the testing program and a copy must be offered to the offender.
- C. **Employee Safety.** Employees should adhere to the following minimum safety precautions when administering a drug or alcohol test:
 - 1. Use rubber or latex gloves when handling specimens:
 - 2. Avoid contact of the chemicals/reagent with eyes and skin and if contact occurs, take the following actions:
 - a. For eye contact, flush with plenty of water (for at least 15 minutes), and if eyes become irritated, contact a physician.
 - b. For contact with skin, flush with plenty of water, wash areas with soap and water, and if skin is irritated, contact a physician.
 - 3. Do not eat, drink or smoke at the test site:
 - 4. Use only the mechanical pipetting device to place urine on test slides:
 - 5. Do not refrigerate food or beverages where specimens are stored:
 - 6. Practice thorough hand washing after handling specimens/chemicals:
 - 7. Refer to the manufacturer's Safety Data Sheet (MSDS) for information regarding the test:
 - 8. Have the offender clean up his/her spills using diluted chlorine bleach and soapy water (1 tablespoon of bleach per gallon of water):
 - 9. Have the offender flush remaining specimen (if a confirmation will not be requested):
 - 10. When testing in the office, use a plastic-lined trash receptacle for the disposal of drug/alcohol testing items; and
 - 11. Ensure appropriate supplies are available and accessible only to authorized individuals. Testing supplies should include, at minimum, test kits, seals, labels, rubber gloves, specimen bottles, security

tape, mailing containers and chain of custody forms.

D. Substance Abuse Testing.

1. Testing must not be used for harassment or as a means of punishment or discipline, nor must it be based on an offender's race, color, religion, gender, age or national origin.
2. ACC offenders are subject to substance abuse testing at any reasonable time if one or more of the following circumstances exist(s):
 - a. Parolees or Probationers. In accordance with a condition or lawful order set forth by a court or the Parole Board;
 - b. Community Correction Center residents are subject to substance abuse/use testing under the following circumstances:
 - (1) Under reasonable suspicion that an offender is using, has used or possesses prohibited drugs, alcohol or tobacco based on specific objective and articulated facts and reasonable inferences, and the basis for the suspicion is documented;
 - (2) A ~~Center Supervisor or Assistant~~ Center Supervisor orders (in writing) all offenders in a particular housing unit or work crew to submit to testing. This authority may not be delegated;
 - (3) The resident is selected for testing in accordance with an approved methodology for random testing. Use of this methodology requires the following:
 - (a) Center Supervisor designation of a person to be responsible for generating lists of randomly selected offenders to be tested. The list must be kept confidential (unannounced) by the designee until testing, at which time only appropriate staff responsible for directing the selected residents' movement and the Center Supervisor will be notified.
 - (b) Center Supervisor ensures that at least 25% of the center population is testing during each quarter.
 - (c) Offenders selected for random testing will not be disqualified for testing based upon the fact that they were recently tested for other reasons.
 - (d) The methodology used must not give employee discretion to waive the selection of any offender.
 - (4) The Resident is being admitted into a residential center;
 - (5) The resident is ~~being released from a residential center to community supervision; had a medical emergency or injury or property damage has occurred~~
 - (6) The court requests testing of an adult criminal defendant.

V. DISCLOSURE OF SUBSTANCE ABUSE TEST RESULTS. Appropriate confidentiality of information must be maintained. Requests for disclosure of test results should, when possible, be made in writing and must be properly documented as to the action taken and to whom and when disclosure was made. Authorization to release results of substance abuse tests is as follows:

- A. To the offender
- B. To other persons with the offender's prior written consent, AD ~~17-2312-02~~ Form 3
- C. Pursuant to court order
- D. To medical personnel to meet medical emergencies of the offender
- E. To agency personnel on a "need to know" basis

F. To other criminal justice agencies on a "need to know" basis.

VI. TESTING PROCEDURES, CONFIRMATION AND DOCUMENTATION.

A. **Initial Screening (On-Site Testing).** Urine specimens must be collected in a manner reasonably calculated to address privacy considerations while preventing the substitution, contamination and adulteration of specimens. Chain of custody procedures must be followed to preclude the likelihood of erroneous identification of test results. Testing officers and observers must adhere to the following testing procedures:

1. Be of the same gender as the offender when observing urine specimen collections and position him/herself in such a manner as to verify at least 30 ml. of urine specimen passes directly from the offender's body into the specimen bottle. Observation must be direct and continuous.
2. Test one offender at a time.
3. Upon the offender's arrival at the collection site, ask the offender to present photo identification unless the offender is known by the testing officer.
4. Ask the offender to remove any unnecessary outer garments and set aside purses or other hand held items to reduce the potential for or appearance of tampering with a specimen. Allow the offender to safeguard personal belongings.
5. If deemed necessary, conduct a pat search of the offender to determine if adulterants are stored on the offender's body or clothing. The collection area must be inspected and any potential contaminants removed.
6. Require the offender to remain in the testing officer/observer's presence throughout the entire testing process.
7. Conduct quality control of drug testing machine reagents in accordance with the manufacturer's test kit instructions.
8. Allow the offender to wash his/her hands after the specimen has been submitted and keep the specimen and offender in view of the testing officer and observer at all times throughout the process.
9. Conduct the drug test in the presence of the offender and according to the manufacturer's testing kit instructions. NOTE: Drug testing kits must not be used beyond the expiration date on the package.
10. If the test is positive, complete Section 1 of the Offender Confession / Chain-of-Custody Form, AD 17-2510, Form 2, which must serve as the positive result record and Chain of Custody form. A copy of this form must be designated "Confidential" and retained in the offender's record.
11. Ask the offender to sign Section 1 of the Drug/Alcohol Test form. A failure to sign the form must not invalidate the results of any substance test.
12. Parole/Probation and Community Correction Center employees must document drug tests in eOMIS. Center employees must also document drug tests on the Offender Substance Abuse Testing

Log, AD Form 4.

13. Require an offender unable to provide a specimen to remain at the collection site until 30 ml. of urine is collected or for two (2) hours, whichever comes first. The offender may be allowed to drink eight (8) ounces of water while waiting to provide a sample.
 14. If a specimen is not provided within two (2) hours of being ordered to do so, it will be considered a refusal to provide a specimen, which may result in a sanction.
 15. Reject specimens if use of adulterants or tampering is suspected or observed. Document the decision to reject the sample and administer another test at the testing officer's discretion. Contamination of specimens through the use of adulterants, tampering with or attempts to do so will be considered the same as a positive result.
 16. When testing is completed, require the offender to flush any remaining specimen and discard the container if a confirmation will not be requested.
- B. Confirmation of Drug Screening Results.** If, at the discretion of the officer, confirmation of a drug test is desirable and a confession of use cannot be obtained from an offender, the initial specimen must be used for confirmation. This confirmation test may be done on an ACC drug testing machine. A confession does not require confirmation. If further confirmation is required, the initial specimen must be conducted by a NIDA approved and legally certified laboratory using the Gas Chromatography/Mass Spectrometry (GS/MS) process. The following procedures must be followed when a determination to confirm has been made:
1. Keep the specimen and custody documents in the offender's view at all times until the specimen is labeled and sealed.
 2. The testing officer and the offender must complete Section 1 of the Offender Confession / Chain-of-Custody Form (Form 2), which must serve as the ACC Chain of Custody form. This provides a Chain of Custody up to the point of sending a sample for confirmation. A failure of the offender to sign the form must not invalidate the results of any drug/alcohol test. Community Correction Center procedures require the testing officer to complete the optional Offender Substance Abuse Test Log (Form 4).
 3. The offender, or the testing officer in the offender's presence, must break the seal on the Department of Transportation (DOT) approved confirmation mailing kit so that both parties may inspect the container to confirm it is not contaminated.
 4. In the offender's presence, the testing officer must pour the offender's urine specimen into the confirmation bottle and secure the cap.
 5. The testing officer must instruct the offender to affix an identification label to the specimen container (or the testing officer will do so in the offender's presence) and have the offender initial the identification label. The offender will sign Section 3 (Confirmation Test Statement) of the Offender Confession / Chain-of-Custody Form (Form 2). A failure to sign the form must not invalidate the test results.
 6. In the offender's presence, the testing officer must prepare the specimen for mailing according to the NIDA-approved laboratory's confirmation kit instructions and ensure the package is properly

secured to prevent tampering or leakage. The laboratory-provided Chain of Custody form must also be properly completed. This form continues the Chain of Custody for the sample when sent for confirmation. The testing kit must be mailed or the pickup agent contacted on the same day the specimen is obtained. If storage is unavoidable, the specimen must be refrigerated at a temperature of 33-42 degrees Fahrenheit for a period not to exceed 72 hours. The refrigerator must be located in an area inaccessible to unauthorized persons.

- 7. At Community Correction Centers, when confirmation results are received, the Confirmation Test Results portion of the Offender Substance Abuse Testing Log (Form 4) must be completed, recording "pos" for positive and "neg" for negative test results. Plus (+) or minus (-) sign entries must not be made.

C. Documentation.

- 1. Testing activity must be supported by appropriate documentation. Results of substance abuse screening and confirmation tests, where appropriate, and type of substance detected, if any, must be entered on the Offender Substance Abuse Testing Log by offender number, not name, and in the offender's chronological record, where it should remain for the period of supervision.
- 2. Area Managers/Center Supervisors must ensure accurate records of testing activity.

VII. SANCTIONS FOR POSITIVE TEST RESULTS. Appropriate sanctions for positive test results must be determined in accordance with policy. Recommendations for revocation for violation of drug abuse policy must follow established procedures. At Centers, the Center Supervisor or his or her designee must interview residents to determine the source of prohibited drugs. Such interviews must be documented. At intake, a resident who tests positive must be interviewed.

VIII-XIII. POSITIVE TEST UPON INTAKE AT A RESIDENTIAL CENTER. When a resident has a positive drug or alcohol test result during intake, the residential staff must promptly escort the resident to the Medical Clinic for an assessment to determine whether medical attention is required.

IX. TRAINING. Staff conducting drug testing must be appropriately trained to collect specimens and conduct on-site drug tests. Training will be coordinated and documented in accordance with the Administrative Directive on Employee Training. Substance abuse testing must be incorporated in basic training programs or provided, as appropriate, during initial orientation and in annual in-service training programs.

X. ATTACHMENTS.

- | | |
|---|---------------------|
| 1. AD 17-2112.01 Form 1
Abuse Testing | Notice of Substance |
| 2. AD 17-2112.01 Form 2
/ Chain-of-Custody Test Form | Offender Confession |
| 3. AD 17-2112.02 Form 3
Release of Drug Test and Results Information | Authorization for |
| 4. AD 17-2112.04 Form 4
Abuse Testing Log | Offender Substance |

**Arkansas Community Correction
NOTICE OF SUBSTANCE ABUSE TESTING**

ORIENTATION

As an offender under the supervision of Arkansas Community Correction, you may be required to submit urine and/or saliva specimens for testing at times specified by your Parole/Probation Officer or Residential Supervisor. Specimens will be collected under continuous and direct observation. Any action on your part to adulterate or attempt to adulterate a specimen will result in the specimen being considered compromised and will be treated as a violation of the conditions of parole, probation, release or Community Correction Center rules.

Refusal to provide a urine or saliva specimen may constitute a violation of your conditions of parole, probation, release, or custody, and you may be subject to appropriate penalties. A confirmation test by an independent lab may be requested if necessary. If a parolee or probationer requests a confirmation test, he/she must pay for the test. Refusal to sign the offender confession of illegal substance use statement (on the drug alcohol test form) does not invalidate the positive results of any substance abuse test.

OFFENDER STATEMENT

I have been informed of the requirements of the Substance Abuse Testing Program as outlined above. As part of the sample collection process, I will inform the testing officer if I have taken any prescription medication within the previous four (4) weeks that may cause a positive test result. I will provide positive proof of any physician-ordered prescription. I will show proper photo identification when requested by the drug testing officer.

Offender Name (Print)

ACC Officer Name (Print)

Offender Signature

ACC Officer Signature

Date

Date

**Arkansas Community Correction
OFFENDER CONFESSION / CHAIN-OF-CUSTODY**

Section 1

AM PM

Offender Name (Print) Offender Number Date Time of Collection

OFFENDER'S STATEMENT: I certify the urine sample I provided is my urine and NOTHING has been done to alter it. I certify that I have not taken any drugs or medication in the past four weeks, other than those listed below. I certify I have NOT consumed any alcohol within the past 24 hours. I understand that giving false or misleading information constitutes a violation of my supervision conditions, or community correction center rules.

List any drugs or medications used:

SCREEN TEST RESULTS Tested positive for OPIATES BENZODIAZEPINES PCP AMPHETAMINES

Offender Refused to produce sample COCAINE BARBITURATES THC/MARIJUANA NICOTINE

Specimen Not Produced in a Timely Manner ALCOHOL % OTHER: _____

Offender Attempted To or Did Compromise Specimen Integrity

Offender Name (Print) Offender Signature Officer's Name Officer's Signature

CHAIN OF CUSTODY

NOTE: This section is completed only if it is necessary for someone other than the offender and testing officer to take possession of the specimen. All persons who handle the specimen will complete this section.

RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE/REMARKS	DATE	TIME
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____
_____ Print Name	_____ Print Name	_____	_____	_____
_____ Signature	_____ Signature	_____	_____	_____

Section 2

OFFENDER CONFESSION OF ILLEGAL SUBSTANCE USE

I acknowledge that I have used the following substances within the past four (4) weeks or alcohol within the past 24 hours:

Offender's Signature	Date	Officer's Signature
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Section 3

CONFIRMATION TEST STATEMENT

I hereby certify that the urine sample taken at _____ AM PM on _____ (date) is my own.
I have sealed or witnessed the sealing and taping of the specimen container.

Offender Signature	Testing Officer/Witness Signature
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The above-referenced drug screen was administered solely for the purpose of determining compliance with lawful orders or conditions imposed by the Courts or the Parole Board and not for the purpose of providing information for the diagnosis, prevention or treatment of any disease or impairment of, or the assessment of the health of the offender.

Arkansas Community Correction

AUTHORIZATION FOR RELEASE OF DRUG TEST & RESULTS INFORMATION

CONFIDENTIAL

PROHIBITION REGARDING DISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by federal and state laws prohibiting you from making further disclosure of this information, except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.

I, _____
Offender Name (Print) Offender Date of Birth

authorize _____
Releasing Department, Circuit, or Area

to disclose the following information (specify the nature and extent of information to be released):

To: _____
Name of Person Requesting Information

Requesting Department/ Agency

Street Number/ Address

City State Zip Code

For the purpose of: _____
State Purpose of Disclosure

This authorization and consent are made for the purpose of reporting my drug/alcohol test(s) result to the above-designated individual and/or organization. This authorization and consent are subject to revocation by the undersigned at any time except the extent that actions taken in reliance thereon. If not earlier revoked, this

consent terminates on:

(Month / Day / Year)

Releaser, its agents, and its employees are hereby relieved of any responsibility and liability that may arise from the release or reproduction of such records and/or information.

Offender Signature

Date

Signature of Witness

Date

AD 17-23 Form 3

AD 17-23 Form 3

Arkansas Community Correction
OFFENDER SUBSTANCE ABUSE TESTING LOG

NAME OF OFFICER SUBMITTING REPORT: _____

MONTH: _____ YEAR: _____

PAROLE
 PROBATION
 CENTER
 CENTER

Circuit: _____ Area of Center: _____

NOTE: DO NOT RECORD OFFENDER NAMES ON THIS LOG

CONFIRMATION TEST RESULTS

REFERRALS & NOTES
If Action Code is D:

Offender Number	Testing Officer Last Name	Test Code	Date Sample Collected	Substance Tested	Results Code	Action Code	Enter Date Mailed to Lab	Substance Tested Code	Results Code	Date Confirmation Received	Action Code	Facility Location
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SUBSTANCE CODES			RESULTS CODES			ACTION CODES		
R = Random	1 = Opiates	6 = THC/Marijuana	P = Positive	A = Verbal/Written Warning	D = Petition to Revoke			
S = Scheduled	2 = Amphetamines	7 = PCP	N = Negative	B = Increase Testing	E = Request			
Q = Quality Control	3 = Barbiturates	8 = Alcohol		C = Decrease Testing	F = No Action Required			
	4 = Benzodiazepines	9 = Methadone			G = Other Alternative			
	5 = Cocaine	10 = Other Prescription						
		11 = Heroin						

ADDITIONAL

Employee Grievance and Mediation Procedure CLEAN COPY



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-06 Employee Grievance and Mediation Procedure

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 14-26

APPROVED: _____ Signature on File _____

EFFECTIVE: March 1, 2019

I. PURPOSE

The purpose of this policy is to establish a dispute resolution process pursuant to Arkansas Code section 21-1-701 through 704 for the prompt review, impartial consideration, and equitable disposition of Arkansas Community Correction employee grievances.

II. POLICY

Grievance-eligible employees must be given the opportunity to resolve complaints or grievances they believe adversely affect their employment or working conditions through the established dispute resolution process of ACC to ensure fair resolution of their complaint or grievance within a reasonable period of time.

ACC and the employee must take all reasonable efforts to settle a complaint or grievance as quickly as possible. Informal discussion between a supervisory employee and a grievance-eligible employee is encouraged. Participation in the dispute resolution process is voluntary. The dispute resolution process may be terminated by the employee at any stage including if an agreement between the parties is reached.

A party may be represented at each step of the dispute resolution process except during any informal discussions between the employee and supervisory employee held prior to the filing of a grievance. Attorney's fees must not be awarded.

The procedures established in this policy recognize the employment-at-will doctrine and its exceptions as defined by the Arkansas Supreme Court and do not confer a property right in employment, either expressed or implied.

Access to any of these procedures does not prohibit an employee from pursuing remedies outside these procedures. An employee reserves the right to file a complaint with a federal entity or pursue the matter in court.

III. DEFINITIONS

- A. **Administrative Record.** The case file specific to each grievance assembled according to the Office of Personnel Management (OPM) Administrative Record Guidelines.
- B. **Adverse action.** To discharge, threaten, or otherwise discriminate or retaliate against a public employee in any manner that affects the employee's employment, including compensation, job location, rights, immunities, promotions, or privileges.
- C. **Appeal.** A written request by a party to OPM for a review by the State Employee Grievance Appeal Panel of a final decision from the state agency Director.
- D. **Disciplinary action.** Termination, suspension, involuntary demotion, written reprimands, and non-new-hire probation.
- E. **Dispute resolution.** A procedure that allows parties to constructively manage conflicts through grievances or mediation.
- F. **Grievance.** A complaint by an employee regarding a disciplinary action, discrimination, harassment, or the approval/denial of compensatory time made by the supervisory employee, but not including compensation and conditions that are beyond the control of ACC or are mandated by law.
- G. **Grievance Officer.** The person designated by ACC as having the responsibility for acting as the liaison between the employee and the agency.
- H. **Internal Grievance Review Committee (IGRC).** A committee of three ACC employees selected by the Grievance Officer from a pool of ACC employees designated by the Director, who review the facts of grievances and recommend solutions based on policy to the Director. Committee members are trained in accordance with guidelines established by OPM and ACC policy.
- I. **Mediation.** A collaborative problem-solving and joint decision-making process between the employee and supervisory employee, through use of a third-party neutral (mediator).
- J. **Party.** The employee filing the grievance or the supervisory employee against whom the grievance has been filed.
- K. **State Employee Grievance Appeal Panel ("Panel").** An impartial appeal panel established to review the facts of the grievance and issue a binding decision.
- L. **Supervisory employee.** An individual having authority in the interest of a state agency to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees of the state agency; or if his or her exercise of authority requires the use of independent judgment and is not of a merely routine or clerical nature, the responsibility to direct other employees of the state agency by which he or she is employed.

IV.

ELIGIBILITY

Employees are eligible to use the grievance and mediation process described in this policy if they meet all of the following criteria:

- must be regularly appointed or employed in an ACC position by the ACC for which he or she is compensated on a full-time basis or on a pro rata basis for whom a class title and pay grade are established in the ACC appropriation act in accordance with the Uniform Classification and Compensation Act
- must have completed the agency's initial-12-month New Hire Probationary Period
- must not be a supervisory employee, and
- must not be in any of these positions:
 - Accounting Operations Manager
 - Agency Controller II
 - Agency Human Resources Manager
 - Agency Procurement Administrator
 - Asst Treatment Program Manager
 - Captain
 - Chief Deputy Director
 - Correctional Warden
 - Deputy Director
 - Deputy Warden
 - Director
 - General Counsel
 - Human Resources Administrator
 - Information Systems Coordinator
 - Information Systems Manager
 - Internal Affairs Administrator
 - Lieutenant
 - Major
 - Parole/Probation Area Manager
 - Parole/Probation Asst Area Manager
 - Planning & Mgmt Svcs Administrator
 - Program Admr Parole & Probation Services
 - Proj & Enterprise Program Mgmt Admin
 - Records Supervisor
 - Training Academy Supervisor
 - Training Administrator
 - Treatment Administrator
 - Treatment Coordinator
 - Treatment Supervisor

An employee who otherwise meets eligibility criteria does not lose eligibility to grieve an action taken while they were in an eligible position if within the agency he/she:

- transfers
- is promoted
- is hired into another position without being separated from employment, or
- is voluntarily or involuntarily demoted.

V. PROCEDURE

- A. If the complaint is not resolved by informal discussion with the supervisory employee, the grievance-eligible employee may contact the Grievance Officer, or his or her designee, who must assist the employee in initiating the formal dispute resolution process.
- B. The employee has five business days from the date of the disputed action to submit the Dispute Resolution Form (grievance) to the Grievance Officer. An employee must complete the Dispute Resolution Form completely and provide sufficient information detailing the nature of the disputed action. Incomplete forms will not be accepted. Once a grievant submits a grievance in writing, it cannot be amended.
- C. The grievant or ACC may request relevant information from the Grievance Officer regarding the grievance. Moreover, the grievant or ACC may submit relevant information at any and all points in the grievance process. The Grievance Officer will determine relevancy of information requested or submitted. Employees or their representatives who request documents that are not a part of the official case file will be assessed a reasonable copying charge. Information provided should be the minimum amount necessary to support the case.
- D. An employee must not be subject to adverse action for using the dispute resolution process.
- E. Any ACC employee who attempts to delay the resolution or disposition of a grievance by willfully failing to meet any of the deadlines set forth herein will be deemed to have forfeited any rights to participation and is subject to disciplinary action. The Grievance Officer will bring such action to the attention of the appropriate supervisor.
- F. The ACC Director may intervene at any point in the grievance or mediation process if he or she decides that a particular action is necessary to resolve the complaint. The ACC Director may attempt to resolve all matters involving allegations of unlawful discrimination, termination, suspension without pay, involuntary demotion and/or failure to award compensatory time.
- G. Under special circumstances, the Grievance Officer has the authority to modify, waive, or otherwise change the grievance procedure in order to fulfill the intent of the process, provided such modifications, waivers or changes are agreed to by the Director and the grievant. The Grievance Officer must include the justification for, and details of, any variations from established grievance procedures in the final report to the ACC Human Resources Administrator.
- H. All complaints or grievances must be processed through ACC's Grievance Officer and must be handled as follows:

1. The employee has the option to choose mediation or proceed to the Internal Grievance Review Committee (IGRC) hearing and must clearly indicate on the Dispute Resolution Form which option is selected as the first step.
 2. Determination.
 - a. The Grievance Officer must determine whether the complaint is grievable or eligible for mediation.
 - b. If the Grievance Officer and employee are unable to agree on whether a complaint is grievable or eligible for mediation, then the complaint must be sent by the Grievance Officer to the Grievance Coordinator at OPM for a review by the Panel.
 - c. The final determination on whether a complaint is grievable or eligible for mediation must be determined by the Panel within seven (7) business days of the Grievance Coordinator's receipt of the complaint.
 - d. If the decision states that the complaint is grievable or eligible for mediation, then the process will continue.
 - e. If the supervisory employee does not consent to mediation, the first step must be the IGRC hearing.
 3. The Grievance Officer is responsible for assembling the administrative record pursuant to OPM's Administrative Record Guidelines.
- I. Unless illegal discrimination is alleged in sufficient detail, performance evaluations, promotion denials and reductions-in-force (RIF) decisions cannot be grieved. The agency's full non-discrimination statement is in the "Equal Employment Opportunity and Affirmative Action Program" policy.
1. Examples of other non-grievable matters:
 - a. Advice and/or counseling provided by the Grievance Officer, advice by the Human Resources Administrator or by a State attorney;
 - b. Approved Board of Corrections policies, Administrative Regulations, Administrative Directives, Memoranda or any departmental policies;
 - c. Matters governed by law, regulations and/or executive orders that are outside ACC's control;
 - d. Non-disciplinary counseling statements (employee file notes) that are used to document a discussion between a supervisor and an employee. These statements can apply to employee job performance, conduct, or both;
 - e. Shift assignments, post assignments, reassignments to other units/divisions;
 - f. Reassignment or suspension with pay pending investigation outcome. However, if an employee is disciplined after the investigation is completed, he or she may appeal the disciplinary action;
 - g. Verbal warnings.

2. Mediation

An employee may request mediation if the grievance was filed timely and accepted; however, the Area Manager/Warden/Administrator or Deputy Director may decline to mediate and the employee will have to proceed to an Internal Grievance Review Hearing.

The mediation must be held within ten (10) business days of both parties agreeing to mediate.

OPM will maintain a roster of certified mediators and is responsible for assigning a mediator.

A mediator is not required to be an attorney but must be certified by the Arkansas Alternative Dispute Resolution Commission. The mediator must not be employed by the state agency that is a party to the mediation.

A party may be represented at the mediation.

The mediation must be confidential; however, the Settlement or Non-settlement Agreement may be subject to disclosure under the Freedom of Information Act.

The Settlement or Non-settlement Agreement must be signed by the parties and become a part of the Administrative Record.

Within one (1) business day of the conclusion of the mediation, the mediator must provide a copy of the Settlement or Non-settlement Agreement to the ACC Director and OPM.

Settlement Agreement - If the parties reach a settlement during mediation, the dispute resolution process is considered resolved and the settlement is binding on the parties.

Non-settlement Agreement - If the parties reach a Non-settlement Agreement during mediation, the employee may request within three (3) business days of the Non-settlement Agreement an IGRC hearing.

3. Internal Grievance Review Process

The Grievance Officer shall guide the employee in presenting his or her grievance to the appropriate official. Grievances concerning written warnings begin with Step A. Grievances concerning discrimination, termination, suspension, demotion, and compensatory time begin with Step D.

- a. The Grievance Officer shall contact the Area Manager/Administrator/Warden within five (5) business days of receipt of the grievance and schedule a meeting between the employee and the Area Manager/Administrator/Warden with the Grievance Officer acting as a neutral person.
- b. The Area Manager/Administrator/Warden shall submit his or her decision in writing on the Area Manager/Administrator/Warden Decision Form to the Grievance Officer within three (3) business days following the conclusion of the meeting.
- c. If dissatisfied with the decision of the Area Manager/Administrator/Warden, an employee may notify the Grievance Officer within three (3) days of receipt of the written decision.

- d. The Grievance Officer shall contact the appropriate Deputy Director of the employee.
- e. The Deputy Director may elect to schedule a meeting with the employee and others. If chosen, within five (5) business days of receipt of the grievance, the Grievance Officer will schedule a meeting between the employee and the Deputy Director with the Grievance Officer acting as a neutral person; or
The Deputy Director may elect the option of an Internal Grievance Review Committee to hear the grievance and make a written recommendation regarding resolution of the grievance to the Director.
- f. If the Deputy Director elects to schedule a meeting with the employee, the Deputy Director shall submit his or her decision in writing on the Deputy Director Employee Grievance Decision Form within three (3) business days following the meeting.
- g. If dissatisfied with the decision of the Deputy Director, and employee may notify the Grievance Office within three (3) days of receipt of the written decision, and elect to proceed a review hearing.
- h. If the Deputy Director or grievant elect a hearing under number 5 or 6 above, the Grievance Officer will select and notify the committee members and schedule a hearing date. The Grievance Officer will contact the parties and forward the Administrative Record.
- i. The Internal Review Committee hearing will include sworn testimony of the witnesses. A written recommendation shall be provided to the Director within three (3) business days.
- j. The Director has five (5) business days after receipt of the IGRC's recommendation to review and issue a decision.
- k. The Grievance Officer will notify parties of the Director's Decision.

The Grievance Officer is responsible for assembling the administrative record and providing copies to the parties and the IGRC participants.

The hearing must be recorded and may be transcribed at the discretion of the Grievance Officer and become a part of the administrative record. If the employee appeals to OPM for an appeal hearing, the recording must be transcribed.

The Grievance Officer is responsible for notifying any state agency witnesses. The employee is responsible for notifying any witnesses that are not an employee of ACC. The IGRC may request to hear testimony from any persons having knowledge of matters relevant to the grievance that are not already requested to be present.

Excessive requests for witnesses that would cause disruption of agency business or a security risk will be deemed burdensome. The Grievance Officer may exclude one or all of the witnesses. The Grievance Officer will notify the parties of this action. The requesting party will be given one (1) business day to supply additional justification for the need of excluded witnesses. Grievance steps will not be delayed/rescheduled.

Grievance Officers, IGRC members, and/or Department Attorneys may not be called as witnesses unless they have direct, first party knowledge of the action which is the subject of the matter being grieved. Furthermore, Department Attorneys if called as witnesses shall not violate client privilege.

A party or the chair of the IGRC may "Invoke the Rule", excluding all non-party witnesses from the hearing room unless they are testifying.

Arkansas Community Corrections

A party may present additional evidence. If accepted by the IGRC, the evidence will become a part of the administrative record as an exhibit.

4. Appeal to OPM

If an employee is not satisfied with the decision reached by the ACC Director, he or she may appeal, using a form provided by OPM, and request nonbinding mediation or an appeal hearing before the Panel.

If an employee chooses nonbinding mediation as the first appeal step, he or she does not waive his or her right to later request an appeal hearing before the Panel; however, written reprimands, allegations of discrimination or harassment, and the denial of compensatory time are not eligible for nonbinding mediation.

A request for nonbinding mediation must be filed with ACC's Grievance Officer no later than fifteen (15) business days of receipt of the Director's decision.

A request for an appeal hearing before the Panel must be filed with ACC's Grievance Officer no later than ten (10) business days of receipt of the Director's decision or ten (10) business days of the unsuccessful mediation.

J. Appeal to the Arkansas Chief Financial Officer

If a party is not satisfied with the decision reached by the Panel, he or she may file an appeal to the Chief Fiscal Officer ("CFO") of the State within five (5) business days of the party's receipt of the Panel's written decision.

ACC's Grievance Officer must provide a copy of the appeal to the other party. The non-appealing party may file a response to the appeal within five (5) business days of receipt of the appeal.

All appeals to the CFO must be determined solely on the Administrative Record. The CFO must review the Administrative Record, including the appeal and any response to the appeal, and must determine whether the Panel's decision is clearly erroneous.

The CFO's decision must be issued to both parties and/or their representatives within ten (10) business days of receipt of the appeal or response to the appeal, whichever is later. The CFO's decision is binding on both parties and the matter will be considered final.

VI. DOCUMENTATION. Within (10) business days following the final disposition of the complaint, the Grievance Officer must file a report of the disposition of the grievance or mediation and procedures followed with the Human Resources Administrator. All documentation relating to an employee's complaint must be maintained by the Grievance Officer. Information relating to the grievance or mediation must not become a part of any employee's permanent personnel record. Records must be maintained as required by the Records Management policy.

VII. **FORMS.** Forms are available from the ACC ACCess intranet.

- OPM Form Administrative Record Tracking (for Employee Grievance) Form
- OPM Form Dispute Resolution - Appeal (for Employee Grievance) Form
- OPM Form Dispute Resolution (Employee Grievance Submission) Form (modified by ACC)
- OPM Form SEAGP Hearing Witness List (for Employee Grievance) Form
- OPM Form Transmittal for Grievance Determination (for Employee Grievance) Form

- AD 19-06 Form 1 Area Manager/Warden/Administrator Grievance Decision
- AD 19-06 Form 2 Deputy Director Grievance Decision
- AD 19-06 Form 3 Director Grievance Decision

**Arkansas Community Correction
Dispute Resolution Form**

Step 1

This form is to be used by the employee in filing a grievance. The form will be filled in completely and will serve, without amendment, as the source document for the Dispute Resolution Process. All supporting documentation must be attached to this form.

Agency, Board, Commission:

Employee's Name:

Job Title:

Employee's Address:

Employee's Telephone Number:

Immediate Supervisor's/Charged Party's Name:

Grievance Statement:

In order for a formal grievance to be processed, the following five (5) elements must be addressed:
(Attach additional pages, if needed)

(1) What was the date of occurrence and what specific behavior, condition, or violation of policy or procedure occurred which you consider constitutes a grievance?

(2) How have you been adversely affected by the behavior, condition, or violation of policy or procedure?

(3) What specific action have you taken to reconcile and improve this situation, including discussing it with your immediate supervisor? What has been the outcome of these efforts?

(4) What specific remedy do you request?	
(5) I request as my first step: <input type="checkbox"/> Mediation <input type="checkbox"/> Fact Finding/Administrative Review Hearing	
Employee's Signature:	Date:

Arkansas Community Correction
AREA MANAGER/WARDEN/ADMINISTRATOR
EMPLOYEE GRIEVANCE DECISION

Grievant's Name

Case Number

AREA MANAGER/WARDEN/ADMINISTRATOR SIGNATURE

Date

EMPLOYEE ANSWER:

I accept the answer to my grievance.

I do not accept the answer to my grievance and will refer it to the next step.

NOTE: EXPLAIN fully why you do not accept the above response/decision.

Grievant's Signature

Date

Arkansas Community Correction
DEPUTY DIRECTOR
EMPLOYEE GRIEVANCE DECISION

Grievant's Name

Case Number

DEPUTY DIRECTOR SIGNATURE

Date

EMPLOYEE ANSWER:

I accept the answer to my grievance.

I do not accept the answer to my grievance and will refer it to the next step.

NOTE: EXPLAIN fully why you do not accept the above response/decision.

Grievant's Signature

Date

Arkansas Community Correction
DIRECTOR
EMPLOYEE GRIEVANCE DECISION

Grievant's Name	Case Number
-----------------	-------------

INSTRUCTIONS: Specify elements of the decision, such as issues decided, statements of fact, basis of decision, and recommended remedy, as appropriate.

Director's Signature	Director Title	Date
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Employee Grievance and Mediation Procedure 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: 44-2619-06 **Employee Grievance and Mediation Procedure**

TO: Arkansas DEPARTMENT OF Community Correction Employees

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

SUPERSEDES: AD 14-2426

APPROVED: Signature on File **EFFECTIVE:** ~~October 3, 2014~~ March 1, 2019

I. PURPOSE

The purpose of ~~these rules and procedures~~ this policy is to establish a dispute resolution process pursuant to Arkansas law Code section 21-1-701 through 704 for the prompt review, impartial consideration, and equitable disposition of Arkansas ~~state~~ Community Correction employee grievances.

II. POLICY

Grievance-eligible employees must be given the opportunity to resolve complaints or grievances they believe adversely affect their employment or working conditions through the established dispute resolution process of ~~this state agency~~ ACC to ensure fair resolution of their complaint or grievance within a reasonable period of time.

~~The state agency ACC~~ and the employee must take all reasonable efforts to settle a complaint or grievance as quickly as possible. Informal discussion between a supervisory employee and a grievance-eligible employee is encouraged. Participation in the dispute resolution process is voluntary. The dispute resolution process may be terminated by the employee at any stage including if an agreement between the parties is reached.

A party may be represented at each step of the dispute resolution process except during any informal discussions between the employee and supervisory employee held prior to the filing of a grievance. Attorney's fees must not be awarded.

The procedures established herein in this policy recognize the employment-at-will doctrine and its exceptions as defined by the Arkansas Supreme Court and do not confer a property right in employment, either expressed or implied.

Access to any of these procedures does not prohibit an employee from using pursuing remedies outside these procedures. An employee reserves the right to file a complaint with a federal entity or pursue the matter in court.

III. DEFINITIONS

- M. Administrative Record.** The case file specific to each grievance assembled according to the Office of Personnel Management (OPM) Administrative Record Rules Guidelines.
- N. Adverse action.** To discharge, threaten, or otherwise discriminate or retaliate against a public employee in any manner that affects the employee's employment, including compensation, job location, rights, immunities, promotions, or privileges.
- O. Appeal.** A written request by a party to OPM for a review by the State Employee Grievance Appeal Panel of a final decision from the state agency Director.
- P. Disciplinary action.** Termination, suspension, involuntary demotion, written reprimands, and non-new-hire probation.
- Q. Dispute resolution.** A procedure that allows parties to constructively manage conflicts through grievances or mediation.
- R. Grievance.** A complaint by an employee regarding a disciplinary action, discrimination, harassment, or the approval/denial of compensatory time made by the supervisory employee, but not including compensation and conditions which that are beyond the control of the state agency ACC, or are mandated by law.
- S. Grievance Officer.** The person designated by the state agency ACC as having the responsibility for acting as the liaison between the employee and the state agency.
- T. Internal Grievance Review Committee (IGRC).** A committee of three DCCACC employees selected by the Grievance Officer from a pool of DCCACC employees designated by the DCC Director, who review the facts of grievances and recommend solutions based on policy to the Director. Committee members are trained in accordance with guidelines established by the OPM and DCCACC policy.
- U. Mediation.** A collaborative problem-solving and joint decision-making process between the employee and supervisory employee, through use of a third-party neutral (mediator).
- V. Party.** The employee filing the grievance or the supervisory employee against whom the grievance has been filed.

~~W.~~ ~~State agency.~~ An agency, board, commission, division, or office of state government within the executive branch.

~~X.Y.~~ ~~State Employee Grievance Appeal Panel ("Panel").~~ An impartial appeal panel established to review the facts of the grievance and issue a binding decision.

~~Z.S.~~ ~~Supervisory employee.~~ An individual having authority in the interest of a state agency to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees of the state agency, or if his or her exercise of authority requires the use of independent judgment and is not of a merely routine or clerical nature, the responsibility to direct other employees of the state agency by which he or she is employed.

IV. ELIGIBILITY

Employees are eligible to use the grievance and mediation process described in this policy if they meet all of the following criteria:

- must be regularly appointed or employed in an ACC position of state service by the state agency ACC for which he or she is compensated on a full-time basis or on a pro rata basis for whom a class title and pay grade are established in the ACC appropriation act for the state agency in accordance with the Uniform Classification and Compensation Act
- must have completed the agency's initial-12-month New Hire Probationary Period
- ~~must NOT be on initial new hire probationary status~~
- must not be a supervisory employee, and
- must not be in any of these positions:
 - ~~Attorney~~
 - ~~Attorney Specialist~~
 - ~~Attorney Supervisor~~
 - ~~Managing Attorney~~
 - ~~ADC/DCC Captain~~
 - ~~ADC Training Academy Supervisor~~
 - ~~DCC Treatment Supervisor~~
 - ~~Procurement Coordinator~~
 - ~~ADC/DCC Major~~
 - ~~ADC/DCC Internal Affairs Administrator~~
 - ~~ADC/DCC Training Administrator~~
 - ~~DCC Parole/Probation Asst Area Mgr~~
 - Grants
 -
 - Accounting Operations
 - Manager
 - ~~DCC Asst Treatment Program Mgr~~

- Agency Controller II
- Agency Human Resources Manager
- DCC Parole/Probation Area Agency Procurement Administrator
- Asst Treatment Program Manager
- ADC/DCC Captain
- Chief Deputy Director
- Correctional Warden
- Deputy Director
- Deputy Warden
- Director
- General Counsel
- Human Resources Administrator
- Information Systems Coordinator
- Agency Controller I
- DCC Planning & Mgmt Svcs Administrator
- Human Resources Administrator
- ADC/DCC Correctional Warden
- DCC Program Admr Parole & Probation Svcs
- DCC Proj & Enterprise Program Mgmt Admin
- DCC Treatment Administrator
- Information Systems Manager
- DCC Deputy Dir Administrative Services
- DCC Deputy Dir Internal Affairs Administrator
- Lieutenant
- Major
- Parole/Probation Services Area Manager
- DCC Deputy Dir Residential Parole/Probation Asst Area Manager
- Planning & Mgmt Svcs Administrator
- DCC Chief Deputy Director
- DCC Director

- Program Admr Parole & Probation Services
- Proj & Enterprise Program Mgmt Admin
- Records Supervisor
- Training Academy Supervisor
- Training Administrator
- Treatment Administrator
- Treatment Coordinator
- Treatment Supervisor

An employee who otherwise meets eligibility criteria does not lose eligibility to grieve an action taken while they were in an eligible position if within the agency he/she:

- transfers

- is promoted
- is hired into another position without being separated from employment, or
- is voluntarily or involuntarily demoted.

V. PROCEDURE

- H. If the complaint is not resolved by informal discussion with the supervisory employee, the grievance-eligible employee may contact the Grievance Officer, or his or her designee, who must assist the employee in initiating the formal dispute resolution process.
- I. The employee has five (5) business days from the date of the disputed action to submit the Dispute Resolution Form (grievance) to the Grievance Officer. An employee must complete the Dispute Resolution Form completely and provide sufficient information detailing the nature of the disputed action. Incomplete forms will not be accepted. Once a grievant submits a grievance in writing, it cannot be amended.
- J. The grievant or DCCACC may request relevant information from the Grievance Officer regarding the grievance. Moreover, the grievant or DCCACC may submit relevant information at any and all points in the grievance process. The Grievance Officer will determine relevancy of information requested or submitted. Employees or their representatives who request documents that are not a part of the official case file will be assessed a reasonable copying charge. Information provided should be the minimum amount necessary to support the case.
- K. An employee must not be subject to adverse action for using the dispute resolution process.
- L. Any DCCACC employee who attempts to delay the resolution or disposition of a grievance by willfully failing to meet any of the deadlines set forth herein will be deemed to have forfeited any rights to participation and is subject to disciplinary action. The Grievance Officer will bring such action to the attention of the appropriate supervisor.
- M. The DCCACC Director may intervene at any point in the grievance or mediation process if he or she decides that a particular action is necessary to resolve the complaint. The DCCACC Director may attempt to resolve all matters involving allegations of unlawful discrimination, termination, suspension without pay, involuntary demotion and/or failure to award compensatory time.
- N. Under special circumstances, the Grievance Officer has the authority to modify, waive, or otherwise change the grievance procedure in order to fulfill the intent of the process, provided such modifications, waivers or changes are agreed to by the Director and the grievant. The Grievance Officer must include the justification for, and details of, any variations from established grievance procedures in the final report to the DCCACC Human Resources Administrator.

- H. All complaints or grievances must be processed through the state agency's ACC's Grievance Officer and must be handled as follows:
1. The employee has the option to choose mediation or proceed to the Internal Grievance Review Committee (IGRC) hearing and must clearly indicate on the Dispute Resolution Form which option is selected as the first step.
 2. Determination.
 - a. The Grievance Officer must determine whether the complaint is grievable or eligible for mediation.
 - b. If the Grievance Officer and employee are unable to agree on whether a complaint is grievable or eligible for mediation, then the complaint must be sent by the Grievance Officer to the Grievance Coordinator at OPM for a review by the Panel.
 - c. The final determination on whether a complaint is grievable or eligible for mediation must be determined by the Panel within seven (7) business days of the Grievance Coordinator's receipt of the complaint.
 - d. If the decision states that the complaint is grievable or eligible for mediation, then the process will continue.
 - e. If the supervisory employee does not consent to mediation, the first step must be the IGRC hearing.
 3. The Grievance Officer is responsible for assembling the administrative record pursuant to OPM's Administrative Record Rules Guidelines.
- I. Unless illegal discrimination is alleged in sufficient detail, performance evaluations, promotion denials and reductions-in-force (RIF) decisions cannot be grieved. The agency's full non-discrimination statement is in the "Equal Employment Opportunity and Affirmative Action Program" policy.
1. Examples of other non-grievable matters:
 - a. Advice and/or counseling provided by the Grievance Officer, advice by the Human Resources Administrator or by a State attorney;
 - b. Approved Board of Corrections policies, Administrative Regulations, Administrative Directives, Memoranda or any departmental policies;
 - c. Matters governed by law, regulations and/or executive orders which are outside the Department's ACC's control;
 - d. Non-disciplinary counseling statements (employee file notes) that are used to document a discussion between a supervisor and an employee. These statements can apply to employee job performance, conduct, or both;

- e. Shift assignments, post assignments, reassignments to other units/ divisions;
- f. Reassignment or suspension with pay pending investigation outcome. However, if an employee is disciplined after the investigation is completed, he or she may appeal the disciplinary action;
- ~~g. Verbal warnings.~~

2. Mediation

An employee may request mediation if the complaint concerns an allegation that grievance was filed timely and accepted; however, the Area Manager/Warden/Administrator or Deputy Director may decline to mediate and the employee has been terminated, demoted, suspended for fourteen (14) or more days; or subject to adverse action by his or her state agency for:

- ~~a. Communicating in good faith will have to an appropriate authority, the existence of waste of public funds, property, or manpower, including federal funds, property, or manpower administered or controlled by a public employer; or a violation or suspended violation of a law, rule, or regulation adopted under the laws of this state or a political subdivision of the state;~~
- ~~b. Participating or giving information in an investigation, hearing, court proceeding, legislative or other inquiry, or in any form of administrative review; or~~
- ~~c. Objecting or refusing proceed to carry out a directive that the employee reasonably believes violates a law, rule, or regulation adopted under the authority of the laws of the state or a political subdivision of the state an Internal Grievance Review Hearing.~~

The mediation must be held within ten (10) business days of both parties agreeing to mediate.

OPM will maintain a roster of certified mediators and is be responsible for assigning a mediator.

A mediator is not required to be an attorney but must be certified by the Arkansas Alternative Dispute Resolution Commission. The mediator must not be employed by the state agency that is a party to the mediation.

A party may be represented by an attorney or other representative at the mediation.

The mediation must be confidential; however, the Settlement or Non-settlement Agreement is ~~may be~~ subject to disclosure under the Freedom of Information Act.

The Settlement or Non-settlement Agreement must be signed by the parties and become a part of the Administrative Record.

Within one (1) business day of the conclusion of the mediation, the mediator must provide a copy of the Settlement or Non-settlement Agreement to the state agency ACC Director and OPM.

Settlement Agreement - If the parties reach a settlement during mediation, the dispute resolution process is considered resolved and the settlement is binding on the parties.

Non-settlement Agreement - If the parties reach a Non-settlement Agreement during mediation, the employee may request within three (3) business days of the Non-settlement Agreement an IGRC hearing.

3. Internal Grievance Review Committee (IGRC) Process

The Grievance Officer must coordinate and schedule shall guide the hearing employee in presenting his or her grievance to be held by the appropriate official. Grievances concerning written warnings begin with Step A. Grievances concerning discrimination, termination, suspension, demotion, and compensatory time begin with Step D.

- l. The Grievance Officer shall contact the Area Manager/Administrator/ Warden within ten (10) five (5) business days of receipt of the employee's request grievance and schedule a meeting between the employee and the Area Manager/Administrator/Warden with the Grievance Officer acting as a neutral person.
- m. The Area Manager/Administrator/Warden shall submit his or her decision in writing on the Area Manager/Administrator/Warden Decision Form to the Grievance Officer within three (3) business days following the conclusion of the meeting.
- n. If dissatisfied with the decision of the Area Manager/Administrator/ Warden, an employee may notify the Grievance Officer within three (3) days of receipt of the written decision.
- o. The Grievance Officer shall contact the appropriate Deputy Director of the employee.
- p. The Deputy Director may elect to schedule a meeting with the employee and others. If chosen, within five (5) business days of receipt of the grievance, the Grievance Officer will schedule a meeting between the employee and the Deputy Director with the Grievance Officer acting as a neutral person; or The Deputy Director may elect the option of an Internal Grievance Review Committee to hear the grievance and make a written recommendation regarding resolution of the grievance to the Director.
- q. If the Deputy Director elects to schedule a meeting with the employee, the Deputy Director shall submit his or her decision in writing on the Deputy Director Employee Grievance Decision Form within three (3) business days following the meeting.
- r. If dissatisfied with the decision of the Deputy Director, and employee may notify the Grievance Office within three (3) days of receipt of the written decision, and elect to proceed a review hearing.

- s. If the Deputy Director or grievant elect a hearing under number 5 or 6 above, the Grievance Officer will select and notify the committee members and schedule a hearing date. The Grievance Officer will contact the parties and forward the Administrative Record.
- t. The Internal Review Committee hearing will include sworn testimony of the witnesses. A written recommendation shall be provided to the Director within three (3) business days.
- u. The Director has five (5) business days after receipt of the IGRC's recommendation to review and issue a decision.
- v. The Grievance Officer will notify parties of the Director's Decision.

The Grievance Officer is responsible for assembling the administrative record and providing copies to the parties and the IGRC participants.

The hearing must be recorded and may be transcribed at the discretion of the Grievance Officer and become a part of the administrative record. If the employee appeals to OPM for an appeal hearing, the recording must be transcribed.

~~A party may have any persons having knowledge of matters relevant to the grievance present at the hearing to provide testimony. The Grievance Officer is responsible for notifying any state agency witnesses. The employee is responsible for notifying any witnesses that are not an employee of the state agency. ACC. The Grievance Officer/IGRC may request to hear testimony from any persons having knowledge of matters relevant to the grievance that are not already requested to be present.~~

~~A party or the Grievance Officer Excessive requests for witnesses that would cause disruption of agency business or a security risk will be deemed burdensome. The Grievance Officer may exclude one or all of the witnesses. The Grievance Officer will notify the parties of this action. The requesting party will be given one (1) business day to supply additional justification for the need of excluded witnesses. Grievance steps will not be delayed/rescheduled.~~

~~Grievance Officers, IGRC members, and/or Department Attorneys may not be called as witnesses unless they have direct, first party knowledge of the action which is the subject of the matter being grieved. Furthermore, Department Attorneys if called as witnesses shall not violate client privilege.~~

~~A party or the chair of the IGRC may "Invoke the Rule", excluding all non-party witnesses from the hearing room unless they are testifying.~~

~~A party may present additional evidence. If accepted by the Grievance Officer/IGRC, the evidence will become a part of the administrative record as an exhibit.~~

~~Within three (3) business days of the conclusion of the hearing, the IGRC must issue a typewritten recommendation summarizing the hearing and explaining in detail the basis for the decision. The Grievance Officer must provide a copy to the state agency~~

~~Director, and the parties. The recommendation will become a part of the administrative record.~~

~~The state agency Director must review the recommendation and issue a final decision within five (5) business days.~~

4. Appeal to OPM

If an employee is not satisfied with the decision reached by the ~~state agency~~ ACC Director, he or she may appeal, using a form provided by OPM, and request nonbinding mediation or an appeal hearing before the Panel.

If an employee chooses nonbinding mediation as the first appeal step, he or she does not waive his or her right to later request an appeal hearing before the Panel; however, written reprimands, allegations of discrimination or harassment, and the denial of compensatory time are not eligible for nonbinding mediation.

A request for nonbinding mediation must be filed with the ~~state agency's~~ ACC's Grievance Officer no later than fifteen (15) business days of receipt of the Director's decision.

A request for an appeal hearing before the Panel must be filed with the ~~state agency's~~ ACC's Grievance Officer no later than ten (10) business days of receipt of the Director's decision or ten (10) business days of the unsuccessful mediation.

J. Appeal to the Arkansas Chief Financial Officer

If a party is not satisfied with the decision reached by the Panel, he or she may file an appeal to the Chief Fiscal Officer ("CFO") of the State within five (5) business days of the party's receipt of the Panel's written decision.

~~The state agency's~~ ACC's Grievance Officer must provide a copy of the appeal to the other party. The non-appealing party may file a response to the appeal within five (5) business days of receipt of the appeal.

All appeals to the CFO must be determined solely on the Administrative Record. The CFO must review the Administrative Record, including the appeal and any response to the appeal, and must determine whether the Panel's decision is clearly erroneous.

The CFO's decision must be issued to both parties and/or their representatives within ten (10) business days of receipt of the appeal or response to the appeal, whichever is later. The CFO's decision is binding on both parties and the matter will be considered final.

VI. DOCUMENTATION. Within (10) business days following the final disposition of the complaint, the Grievance Officer must file a report of the disposition of the grievance or mediation and procedures followed with the Human Resources Administrator. All documentation relating to an employee's complaint must be maintained by the Grievance Officer. Information relating to the grievance or mediation must not become a part of any employee's permanent personnel record. Records must be maintained as required by the Records Management policy.

VII. FORMS. Forms are available from the ~~DGC Eagle Net~~ ACC ACCESS intranet.

- OPM Form Administrative Record Tracking (for Employee Grievance) Form
- OPM Form Dispute Resolution - Appeal (for Employee Grievance) Form
- OPM Form Dispute Resolution (Employee Grievance Submission) Form (modified by ACC)
- OPM Form SEAGP Hearing Witness List (for Employee Grievance) Form
- OPM Form Transmittal for Grievance Determination (for Employee Grievance) Form

AD 44-2619-06 Form 1 Employee Area Manager/Warden/Administrator Grievance Decision

AD 19-06 Form 2 Deputy Director Grievance Decision

AD 19-06 Form 3 Director Grievance Decision

Arkansas Community Correction Dispute Resolution Form	
Step 1 This form is to be used by the employee in filing a grievance. The form will be filled in completely and will serve, without amendment, as the source document for the Dispute Resolution Process. All supporting documentation must be attached to this form.	
Agency, Board, Commission:	
Employee's Name:	Job Title:
Employee's Address:	Employee's Telephone Number:
Immediate Supervisor's/Charged Party's Name:	
Grievance Statement: In order for a formal grievance to be processed, the following five (5) elements must be addressed: (Attach additional pages, if needed)	
(1) What was the date of occurrence and what specific behavior, condition, or violation of policy or procedure occurred which you consider constitutes a grievance?	
(2) How have you been adversely affected by the behavior, condition, or violation of policy or procedure?	
(3) What specific action have you taken to reconcile and improve this situation, including discussing it with your immediate supervisor? What has been the outcome of these efforts?	

(4) What specific remedy do you request?	
(5) I request as my first step: <input type="checkbox"/> Mediation <input type="checkbox"/> Fact Finding/ Administrative Review Hearing	
Employee's Signature:	Date:

OPM Dispute Resolution Form (Revised by ACC 42/34/2914)

AD 14-26 Form 1 (2019)

Arkansas Community Correction
AREA MANAGER/WARDEN/ADMINISTRATOR
EMPLOYEE GRIEVANCE DECISION

Grievant's Name	Case Number
-----------------	-------------

AREA MANAGER/WARDEN/ADMINISTRATOR SIGNATURE	Date
---	------

EMPLOYEE ANSWER:

I accept the answer to my grievance.

I do not accept the answer to my grievance and will refer it to the next step.

NOTE: EXPLAIN fully why you do not accept the above response/decision.

Grievant's Signature	Date
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AD 19-01 Form 1

Arkansas Community Correction
DEPUTY DIRECTOR
EMPLOYEE GRIEVANCE DECISION

Grievant's Name	Case Number
-----------------	-------------

DEPUTY DIRECTOR SIGNATURE	Date
---------------------------	------

EMPLOYEE ANSWER:

I accept the answer to my grievance.

I do not accept the answer to my grievance and will refer it to the next step.

NOTE: EXPLAIN fully why you do not accept the above response/decision.

Grievant's Signature	Date
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Arkansas Community Correction
DIRECTOR
EMPLOYEE GRIEVANCE DECISION

Grievant's Name	Case Number
-----------------	-------------

INSTRUCTIONS: Specify elements of the decision, such as issues decided, statements of fact, basis of decision, and recommended remedy, as appropriate.

Director's Signature	Director Title	Date
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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: 19-04 Post Incarceration Housing Programs,
Requirements, and Licensure**

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDED: AD 17-03 and 18-02

APPROVED: _____ Signature on File _____ EFFECTIVE: February 1, 2019

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees, applicants for and recipients of a Transitional Housing License, Subsequent Housing License, Self-Governed Housing License, owners, operators, and staff members of ACC licensed Housing Facilities.
- II. **POLICY STATEMENT.** Transitional, Subsequent, and Self-Governed Housing Facilities must meet or exceed the requirements established in this policy and the checklist to ensure a structured, positive, and safe environment for residents, to reduce recidivism, to encourage employment and treatment, to provide public safety, to transition offenders back to the community to be productive citizens and to maintain the principles of evidence based practices.
- III. **DEFINITIONS.**
 - A. **Applicant.** Any individual, group, business or organization that has applied to receive an Arkansas Community Correction Transitional, Subsequent, or Self-Governed Housing license.

- B. Transitional Housing Facility.** An ACC licensed facility providing housing and evidence-based programming for residents placed under ACC community supervision. *
- C. Self-Governed Housing Facility.** A facility providing long-term housing and programming that address identified criminogenic and other needs for one or more residents placed on ACC community supervision. The facility must provide the time, peer support and structured living environment necessary for long-term recovery. The facility must have detailed procedures at the facility for operation by the residents. A resident's home or the home of a resident's family member will not be considered a Self-Governed Housing Facility for purposes of this directive.
- D. Subsequent Housing Facility.** An ACC licensed facility providing affordable housing and programming for one or more residents following a minimum of 90 days in a licensed transitional or reentry facility. All subsequent housing facilities must be affiliated with a licensed Reentry or Transitional Housing facility, and they must be licensed by ACC as subsequent housing for offenders.
- E. Licensing Authority.** ACC is the authority for licensing any type of Transitional Housing Facility. Facilities are licensed for one year with provisions for renewal as specified in this policy.
- F. Housing Manager:** The ACC individual assigned to monitor Transitional, Reentry, Subsequent, and Self-Governed Housing Facilities, to serve as the liaison between the facility and ACC for compliance issues, and to supervise the billing process.

IV. REQUIREMENT FOR TRANSITIONAL HOUSING FACILITY LICENSE

Arkansas Code sections 16-93-211, 16-93-1605 and related sections require facility operators to have a transitional housing facility license from ACC. The law states:

- (a) (1) "transitional housing" means a program that provides housing for one (1) or more offenders who have been:
 - (A) Transferred or paroled from the Department of Correction by the Parole Board;
 - (B) Placed on probation by a circuit court or district court; or
 - (C) Administratively transferred from the Department of Correction to the Department of Community Correction for participation in a reentry program.
- (2) An offender's home or the residence of an offender's family member shall not be considered a transitional housing facility for purposes of this section.

V. PROCEDURES.

A. Application. Applicants may contact the ACC Housing Manager for a Housing Facility license packet or download the application packet from the ACC public website (dcc.arkansas.gov). Applications, documents, and fees submitted for licensure consideration will not be returned. The completed application packet and any required fees will be sent to the Housing Manager at the Central Office of ACC. Initial Transitional Housing License application fee is \$250.00, Annual Renewal fee is \$100.00. Should a proposed facility fail to be licensed the fee will not be returned. No fee will be assessed for the licensing of a Subsequent Housing Facility.

1. For initial licensure or a proposed new location, the applicant must comply with the public hearing requirements of Arkansas Code, section 12-25-101:
 - a. No community-based residential facility housing juveniles or adults adjudicated or convicted of any sexual or violent offense or any other criminal offense that would constitute a Class C felony or higher shall be located or constructed within any municipality or county of this state until a public hearing is conducted in the municipality or county of the proposed location of the facility at least thirty (30) days prior to the contracting for the acquisition of any property on which to locate the proposed facility or any existing structure in which to locate the proposed facility by the owner, operator, or care provider of the proposed facility.
 - b. All residents within one thousand (1,000) feet of the proposed location of the facility shall be notified by mail at least ten (10) days prior to the day of the meeting.
2. To ensure compliance with Arkansas law, applicants must provide the following items to ACC:
 - a. Copy of the notification letter prior to being mailed to residents informing them of the date and time of the meeting and the proposed purpose of the facility. The letter must include a return address and must be approved prior to mailing.
 - b. List of all residents who were mailed the notification letter.
 - c. Notification of the date, time, and location of the public meeting. ACC staff must be present at the public meeting.
 - d. Copy of the sign-in sheet for those in attendance at the public meeting.

3. The ACC Housing Manager will review the application packet for completion and conduct background checks on individuals submitted by the owner/operator as being staff and volunteers of the facility. Individuals currently on parole or probation supervision with ACC cannot be employed in positions of authority over another offender on supervision.

B. Licensure.

1. Licenses will be issued only for the premises and persons specified in the application and are not transferable. Separate licenses are required for Transitional, Subsequent and Self Governed Housing facilities maintained on separate premises, even though they are operated under the same management. The facility cannot admit any ACC residents until the license to operate a Housing Facility has been issued.
2. An Arkansas Transitional Housing Facility License will not be issued for a facility under the management, supervision, oversight or ownership of a person currently under a sentence or probation supervision for a felony offense or who has current, pending felony charges. Ex-offenders must provide proof of discharge of the felony sentence.
3. The Housing Manager, for due cause, may recommend to the Assistant Director of Reentry that a facility license be suspended or revoked. The Assistant Director may assign ACC staff or another local, state, or federal agency to assist in a facility investigation. In the event of a recommendation for denial of an application or the suspension or revocation of license, the applicant may appeal the decision to the Chief Deputy Director or Director of the agency within 30 days of the written recommendation for denial/suspension/revocation. Applicants may appeal that decision in writing within 30 days of the decision to the Board of Corrections whose decision is final.
4. When a license is renewed, it will be from the previous license expiration date, not any possible extended inspection date. A facility that wishes to renew its license must have all required paperwork and fees submitted to the Housing Manager no later than 30 days prior to the license's expiration.
5. All areas of the licensed facility and all records related to the care and protection of residents, including resident and employee records, must be open for inspection by ACC for the purpose of ensuring compliance with agency policy and local, state, and federal laws.

- C. Request for Qualifications.** After obtaining a license, the owner/operator may choose to obtain a contract by responding to the Arkansas Community Correction Request for

Arkansas Community Correction

Qualifications. When obtained, the facility may bill ACC for limited reimbursement for housing residents as stated in the contract. The Request for Qualifications is available from the ACC website, from the Housing Manager, and from the ACC Purchasing Department.

- D. **Past Performance.** In accordance with provisions of State Procurement Law, specifically OSP Rule R5:19-11-230(b) (1), a vendor's past performance with the state may be used to determine if the vendor is "responsible." Proposals submitted by vendors determined to be non-responsible shall be disqualified.
- E. **Resident Employment.** The vendor is required to aid the resident in seeking employment as outlined in this policy. The resident must be fully employed and maintain full time employment through the duration of their time at the housing facility.

Upon obtaining employment, the facility must complete employment checks to verify the legitimacy and nature of the employment. The facility must review residents' pay stubs to ensure each resident is earning at least minimum wage and having taxes withdrawn.

The vendor must not require or allow the resident to work without payment at any employment that pays less than Arkansas minimum wage, whether that employment is outside of the facility or for the facility. The resident may not "volunteer" to work without pay. The resident must not work to have their expenses from the vendor reduced. The resident must be paid in full and will in turn make payments to the vendor if owed. Employment and payment records for residents will be made available upon the request of ACC.

- F. **Drug/Alcohol-Free Premises.** All housing facilities must be free of alcohol, illegal drugs, or any non-controlled prescription medications. Facilities may enforce a tobacco policy; however, if allowed, designated smoking areas must be clearly identified.
- G. **Resident Income.** A facility may not withhold any portion of the income of a resident, regardless of the income source, to include Social Security, Disability, SSI, SNAP, or any other government or private income source. All resident income, in check or any other form will be the property of the resident. The facility may bill the resident for any authorized costs and the resident will pay the authorized cost from their funds. A receipt will be given to the resident for any and all payments.
- H. **Electronic Monitor Costs.** ACC maintains the right to collect applicable costs for Electronic Monitoring devices for residents in any housing facility.
- I. Facility staff must notify ACC of any resident's positive drug/alcohol test results immediately by phone and email

- J. Facilities must use at least an 8-panel drug test and must include testing for methamphetamines, THC, cocaine, opiates, alcohol, K2, benzodiazepines, and hydrocodone. Drug test logs must be maintained by the facility and must include all residents. The log must include date, time, provider, collector, substances tested for, disposition, and reason for test.

VI. OPERATION OF A TRANSITIONAL, SELF-GOVERNED, OR SUBSEQUENT HOUSING FACILITY WITHOUT A LICENSE

- A. **Non-Licensed Facility Penalty.** If a facility is housing residents for reimbursement without a license, ACC will impose civil penalties not to exceed \$500 per day for each day the violation continues. In addition, alternative sanctions may be imposed pursuant to law (Arkansas Code, section 16-93-1603 and section 25-15-217).
- B. ACC staff aware of an unlicensed facility being operated in Arkansas must bring this to the attention of the Housing Manager. Members of the public may bring unlicensed facilities to the attention of any ACC staff member who will, in turn, notify the Housing Manager. The Housing Manager will report claims of an unlicensed facility to the Assistant Director of Reentry who will ensure investigation.

VII. PROHIBITED STAFF BEHAVIOR

- A. **Transitional, Subsequent, and Self-Governed facility staff must not under any circumstance:**
 - 1. Exchange personal gifts or favors with residents, their family, or their friends.
 - 2. Accept any form of bribe or unlawful inducement.
 - 3. Discriminate against any resident on the basis of race, religion, creed, gender, national origin, disability, or charge/offense or any other individual characteristic.
 - 4. Employ corporal punishment or unnecessary physical force.
 - 5. Subject residents to any form of physical or mental abuse.

6. Intentionally demean or humiliate an offender.
7. Withhold information which, in doing so, threatens the security of the facility, its staff or visitors, or the community. This can lead to termination of contract.
8. Engage in any form of business or profitable enterprise with offenders.
9. Enquire about, disclose, or discuss details of an offender's crime other than as may be absolutely necessary in performing official duties.
10. Knowingly allow any resident to violate any condition of release.
11. Engage in any form of a sexual relationship with any current or past resident.

VIII. COLLABORATION.

The following is established to gain continuity and coordination in the management of transitional housing arrangements for ACC residents:

- A. The Institutional Release Officer will coordinate activities between the transitional housing provider, the Arkansas Parole Board, and the correctional staff as described in the Request for Qualifications provided by the Office of State Procurement.
- B. Parole/Probation Area Managers will assign and maintain assignment of a supervision officer to manage cases and coordinate with staff at Transitional Housing Facilities as necessary. The Area Manager may assign others as needed. The assigned officer(s) must be knowledgeable of the minimum standards that are required of the facility.
- C. The licensed Housing Facility must provide the names and numbers of those under supervision that are residing at the facility to ACC staff when requested.
- D. The Supervision Officer assigned to a facility will report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and regulations to the Housing Manager for possible further referral or action. Area Managers will report any serious violations of policy, procedure, or practice to the Housing Manager. Area Managers will forward any written complaint by a resident, staff member, or member

of the public concerning a facility to the Housing Manager to become part of the facility file.

- E. Facility staff will respond to and notify the supervision officer of such requests as subpoenas, court orders, search and/or arrest warrants.
- F. Facility staff will honor ACC travel passes, not to exceed an 8-hour period unless court ordered, and must immediately report any violations of travel restrictions to the supervision officer. Facility staff may correspond with the PO for recommendations to approve or deny a travel pass. Facility staff may not grant a travel pass
- G. Facility staff will not, except in the case of emergency or threat of injury or death, dismiss a resident from the facility until they notify the supervision officer or the parole/probation office by phone. The facility should only dismiss a resident for substantial and documented reasons. Use of the Behavior Sanction Guide must be documented.
- H. Facility staff will notify the supervision officer (or his/her office) immediately of any resident's violent or threatening behavior and endangerment of others, by phone and email
- I. Facility staff will notify the supervision officer (or his/her office) by phone and email immediately of any awareness or discovery of a resident's abscond or escape. Failure to be present for facility count without a justifiable and documentable reason will be treated as an abscond.
- J. The Housing Manager will arrange onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning ACC residents, and make objective recommendations.
- K. The facility will notify the Housing Manager of any employee additions with information needed to complete a criminal background check prior to offering employment.
Acc.housing@arkansas.gov
- L. Arkansas Community Correction shall, at all reasonable times, have the right to enter the facility's work and living areas to inspect, monitor, or otherwise evaluate the quality, appropriateness, and timeliness of work, services, or both, that have been or are being performed.

- IX. PREA COMPLIANCE.** Contracted facilities with populations consisting of at least 50% ACC residents for a majority of the contract year must pursue compliance with PREA standards for community confinement.
- X. CONTRACT COMPLIANCE.** The owner/operator/ manager of the facility must comply with all requirements/ agreements of the Request for Qualifications/Contract.
- XI. EQUAL OPPORTUNITY.** Housing facilities' accommodations and services must be provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by state or federal law.
- XII. HOUSING FACILITY PROGRAM REQUIREMENTS, REIMBURSEMENTS, AND FACILITY REQUIREMENTS.**
- A. Transitional Housing.**
1. **Programming:** The vendor is expected to provide a minimum of 12 hours of applicable programming per week that identifies criminogenic needs, such as people, places or things that could cause criminal behavior. Programming can be provided through referrals to local service providers and in-house classes. This programming must include:
 - a. Substance abuse education
 - b. Education
 - c. Family reunification
 - d. Thinking patterns
 2. **Acceptance of Residents.** Licensed transitional facilities must review and accept all submitted applications, unless justifiable reasons are present. Justifiable reasons include, but are not limited to, acceptance of a resident which would result in the violation of any city, county, or state laws. The transitional facility must provide the reason for denial to the ACC Housing Manager and the inmate applicant, in writing.
 3. **Find Good.** All Transitional Housing Facilities must use Find Good, the online application process contained in The Good Grid, for inmate acceptance/denial to the facility. Each facility must appoint a person of contact capable of accepting and denying resident applications. The facility must provide justification for denial of placement through the find good system to the Housing Manager.
 4. **Performance Standards.**

Failure to meet or exceed these performance standards may result in sanctions placed on the facility. Reentry Facilities must meet or exceed the following performance standards to remain in compliance.

- a. Maintain a 90% employment rate for residents at completion of the six-month program.
 - b. Maintain a 90% stable housing rate for residents at completion of the six-month program.
 - c. Maintain a recidivism rate not less than 20% lower than the statewide recidivism rate.
5. **Resident Employment.** The vendor is required to aid the resident in seeking employment including use of The Good Grid for resume writing and employment searches.

The resident must be at the facility for seven days prior to beginning employment. The resident must have full-time employment by day 30 and maintain full time employment through the duration of his/her time at the transitional housing facility.

6. **Staffing Requirements.**

Licensed transitional houses must have trained staff (paid or volunteer) on premises to provide 24-hour supervision, 7 days a week. Facilities must maintain a staff to offender ratio of no less than 1 to 25 at all times.

The facility must post staffing hours and must comply with posted staffing hours.

7. **Transportation.** Facilities must provide necessary transportation to the parole office, interviews, work sites, medical and mental health appointments and off-site programming.
8. **Billing ACC.** When a Transitional Housing Facility has met the conditions of licensure and has been approved by the Office of State Procurement for payment as a vendor, ACC will reimburse the facility for resident housing at the approved reimbursement rate for up to 90 or 120 days, depending on the classification of the offender, from the date of release from an ADC or ACC facility.

A facility may not bill ACC for housing a resident prior to their approval as a vendor. The billing process will follow the instructions stated on the Request for Qualification and may include the use of electronic monitoring for residential verification.

During a period of license suspension, payment may be withheld or reduced pending satisfactory implementation of a corrective action plan that must be approved by ACC.

ACC will reimburse licensed Transitional Housing Facilities according to the following schedule:

- a. Payment will be made for a resident's date of arrival to the facility; ACC will not be responsible for payment for a resident's date of departure.
- b. ACC will not reimburse licensed Transitional Housing Facilities for residents assessed as a low risk for recidivism, unless prior approval from ACC Director. Risk levels will be determined by ACC risk assessment.
- c. Moderate risk, High risk, level 1 and level 2 sex offenders:
Length of stay: 90 days
Daily Per Diem Reimbursement paid by ACC:
 - Days 1-45: \$30.00/day
 - Days 46-90: \$20.00/day
- d. Level 3 and level 4 sex offenders:
Length of stay: 120 days
Daily Per Diem Reimbursement paid by ACC:
 - Days 1-60: \$50.00/day
 - Days 61-120: \$40.00/day

9. Billing Offenders.

On days when ACC is being billed for per diem, an offender may be billed for up to \$14.00/day starting on the first day of full time employment and for subsequent days while employed full time. An offender must work a minimum of 40 hours per week to be considered full time.

When ACC has been billed for the maximum number of reimbursable days, the facility may charge an offender up to \$30.00 per day.

In addition, residents may be charged a maximum of \$2.00 per day on days the resident is transported. The \$2.00 fee covers round trip transportation to the parole office interviews, work sites, medical and mental health appointments and off-site programming.

Residents, their families, and any other financial source may not be charged any additional admission, filing, or entry fees, fees for services, or fines for policy violations.

10. Offender Counts.

Transitional Housing Facility staff must complete and document daily scheduled and unscheduled counts. Residents not present during count must be accounted for through sign out logs and/or approved employment schedules. Counts must be conducted at least twice per shift and at every shift change for the housing facility.

11. Food Service.

Licensed transitional facilities must provide 3 meals per day for each resident with at least one meal being hot. Total calories for the day must total at least 2,500.

Facility may be required to provide a menu at ACC request.

12. Drug Testing.

Facility staff must conduct drug test at least once weekly of all residents.

4B. Self-Governed Transitional Housing Facilities.

1. **General.** The facility must provide the time, peer support and structured living environment necessary for long-term recovery.
2. **Written Procedures.** The facility must have detailed procedures at the facility for operation by the residents.
3. **Programming.** The Self-Governed Housing Facility is expected to provide a minimum of 15 hours of applicable programming per week per offender that addresses identified criminogenic and other needs of the residents at the facility. Programming can be provided through referrals to local service providers and in-house classes. Applicable programming must include, but is not limited to:
 - Substance abuse education
 - Education services
 - Family reunification
 - Thinking patterns
4. **Resident Employment.** Residents must not be denied the opportunity to seek and obtain meaningful, legal, and gainful employment. Following the program orientation

period, the resident is allowed to seek full time employment of 40 hours per week, unless it conflicts with conditions of release.

5. **Billing Residents.** Residents may be charged a self-pay per diem rate up to \$30.00 per day. In addition, residents may be charged a maximum of \$2.00 per day for the actual costs of transportation. The \$2.00 fee covers round trip transportation to the parole office, employment interviews, and medical and mental health appointments.

Residents, their families, and any other financial source may not be charged additional admission, filing, or entry fees or fees for services, or fines for policy violations.

6. **Billing ACC.** No ACC funding will be provided for the operation of a Self-Governed Housing Facility.
7. **Food Service.** Licensed facilities must provide 3 meals per day with at least one meal being hot. Total calories for the day must be at least 2,500.
8. **Drug Testing.** Drug testing of parolees or probationers will be conducted by staff at least bi-weekly.
9. **Staffing.** Self-Governed Housing Facilities are exempt from 24-hour staff coverage.

C. Subsequent Transitional Housing Facilities.

1. **Programming.** The Subsequent housing facility is expected to provide a minimum of five hours of applicable programming per week per offender that addresses identified criminogenic and other needs for residents at the facility. Programming can be provided through referrals to local service providers and in house classes. Applicable programming should include, but is not limited to:
 - Substance abuse education
 - Education
 - Family Reunification
 - Thinking Patterns
2. **Billing ACC.** No ACC funding will be provided for the operation of a Subsequent Housing Facility.

3. **Rent.** Rent for Subsequent Housing must be outlined in an lease agreement and cannot exceed \$600.00 per resident, per month. Utilities must be included in the cost of rent. A copy of the lease must be submitted to the ACC Housing Manager for approval.
4. **Drug Testing.** Residents must be drug tested at a minimum of once weekly by staff of the Transitional or Reentry Facility responsible for the Subsequent House. A separate log must be maintained at the responsible Transitional or Reentry Facility.
5. **Subsequent Housing Staffing.** Subsequent Housing Facilities are exempt from 24-hour staff coverage.
6. **Inspections.** Inspections must be conducted by a facility owner or staff member at a minimum of twice monthly. The inspection must be documented and records maintained at the Transitional or Reentry Facility responsible for the Subsequent House.

XIII. ATTACHMENTS/FORMS:

Form: Transitional, Reentry, Subsequent, and Self-Governed Housing Facility Checklist

Arkansas Community Correction
TRANSITIONAL, REENTRY, SUBSEQUENT, AND SELF-GOVERNED HOUSING
FACILITY CHECKLIST

Facility Name: _____ **Date:** _____

During initial license inspections, annual renewal inspections and unannounced visits by ACC staff, this checklist will be used. The inspections will not be limited to these items. Checklist items apply to all housing types unless otherwise indicated.

Copies of license or inspection by/from: _____ **Inspector's Initials:** _____

1. Fire/Safety Inspection. Annually.	
2. Health Department/Food Service Inspection. Annually.	
3. Business License. Initial license and after remodel or repair.	
4. Plumbing Code. Initial license and after remodel or repair.	
5. Electrical Code. Initial license and after remodel or repair.	
6. Compliance with applicable zoning and Special Use Permit requirements	
7. Public Hearing.	
8. Copy of transportation vehicles' insurance.	
9. Copy of Lease agreement for Subsequent houses only.	
10. List of all staff and volunteers for background check (owner/operator must obtain/maintain consent to release information from staff and volunteers.	
11. Itemized list of products or items and their cost sold to residents, if applicable	
12. Copies of facility disaster plans, evacuation plans, and contingency plans for operations if the facility must be abandoned.	
13. Copy of policy stating the facility will comply with subpoenas, court orders, arrest warrants.	
14. Copy of policy stating notification of ACC Supervising Officer when a resident escapes or absconds from the facility, or prior notification if discharged.	

Arkansas Community Correction

15. Copy of facility Policy and Procedure Manual that is unique to this facility for Transitional, Subsequent, and Reentry houses only.	
16. Copy of facility resident handbook/orientation materials including facility rules, curfews, admission procedures, and consequences for violations.	
17. Copy of programming curriculum.	
18. Admission and discharge policies and procedures.	
19. Proof the facility is pursuing PREA compliance [not applicable for Subsequent Houses].	
20. If applicable, is the facility ADA compliant?	
21. Are resident records confidential, uniform in format and content, and properly secured?	
22. Copy of policy stating passes/furloughs for residents are approved by the ACC Reentry Officer [Not applicable for Self-Governed or Subsequent Houses].	
23. Proof of policy stating that facility services are equal opportunity and provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by state or federal law.	
24. Copy of staff listing and staffing hours [not applicable for Subsequent Houses].	
25. Inspection team proof of adequate space in sleeping rooms for the number of occupants (minimum 50 square feet per intended occupant) [not applicable for Subsequent Houses].	
26. Inspection team proof of individual storage space for residents' clothing and personal items.	
27. Inspection team proof of minimum ratio of bathrooms (meaning sink, toilet, shower) to residents (1 to 8).	
28. Adequate laundry facilities at or near the Transitional/Reentry Housing Facility.	
29. Inspection team proof of signs posted at all entrances banning weapons except for law enforcement officials/officers.	
30. Inspection team proof of facility being equipped with First Aid Kit, fire alarms and that fire suppression equipment continues to comply with annual Fire Inspection.	
31. Proof of vendors' contractors for employment.	
32. Adequate kitchen facilities.	
33. Adequate space for programming.	

34. Adequate space for break room/day room.	
35. Bulletin board prominently displayed in the facility with postings of rules, fire evacuation plans, emergency protocols, PREA information, and emergency staff contact information.	
36. Inspection Team proof that medication not approved to be kept on person is behind double locks. (All narcotic, psychotropic, and diabetic supplies including syringes, lancets and insulin must be secured behind double locks.) [Not applicable for Subsequent Houses].	
37. Facility must be accessible by residents and ACC staff 24 hours per day.	
38. Check or Money Order attached to application in the correct amount.	

Notes: _____

Transitional Housing Facility AD (This was COMBINED with Self-Governed Housing to Create the "Post Incarceration Housing Programs, Requirements, and Licensure AD 19-04)



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: 17-03 Transitional Housing Facility License

TO: Arkansas Community Correction Employees

FROM: Sheila Sharp, Director

SUPERSEDED: AD 16-12

APPROVED: _____ Signature on File _____ EFFECTIVE: January 23, 2017

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees, applicants for and recipients of a Transitional Housing Facility License, owners, operators, and staff members of licensed Transitional Housing Facilities.
- II. **POLICY STATEMENT.** Transitional Housing Facilities must meet or exceed the minimum standards and requirements established in this policy to ensure a structured, positive, and safe environment for residents, to reduce recidivism, to encourage employment and treatment, to provide public safety, to transition offenders back to the community to be productive citizens and to maintain the principles of evidence based practices.
- III. **DEFINITIONS.**
 - A. **Applicant.** Any individual, group, business or organization that has applied to receive an Arkansas Community Correction Transitional Housing license.
 - B. **Transitional Housing Facility.** An ACC licensed facility providing housing for one or more residents placed in ACC community supervision. A resident's home or the home of a resident's family member will not be considered a Transitional Housing Facility for purposes of this directive. To operate a facility in the state of Arkansas a person/group must apply for, obtain, and maintain an approved license from ACC.

- C. **Licensing Authority.** ACC is the authority for licensing Transitional Housing Facilities. Facilities are licensed for one year with provisions for renewal as specified in this policy.
- D. **Transitional Housing Coordinator:** The individual assigned to monitor Transitional Housing Facilities, to serve as the liaison between the facility and ACC for compliance issues, and to supervise the billing process.
- E. **Licensure Requirements.** The information referred to in the Administrative Regulation given to applicants of a facility license listing the minimum items and areas that will be inspected during the application process.

Combined

IV. PROCEDURES.

A. Application: Applicants may contact the ACC Housing Coordinator for a Transitional Housing Facility license packet or download the application packet from the ACC public website (dcc.arkansas.gov). Applications, documents, and fees submitted for licensure consideration will not be returned. The completed application packet and any required fees will be sent to the Coordinator at the Central Office of ACC.

1. For initial licensure or a proposed new location, the applicant must comply with the public hearing requirements of Arkansas law, section 12-25-101:
 - a. No community-based residential facility housing juveniles or adults adjudicated or convicted of any sexual or violent offense or any other criminal offense that would constitute a Class C felony or higher shall be located or constructed within any municipality or county of this state until a public hearing is conducted in the municipality or county of the proposed location of the facility at least thirty (30) days prior to the contracting for the acquisition of any property on which to locate the proposed facility or any existing structure in which to locate the proposed facility by the owner, operator, or care provider of the proposed facility.
 - b. All residents within one thousand (1,000) feet of the proposed location of the facility shall be notified by mail at least ten (10) days prior to the day of the hearing.
2. To ensure compliance with Arkansas law, applicants must provide the following items:
 - a. Copy of the notification letter mailed to residents informing them of the date and time of the hearing and the proposed purpose of the facility. The letter must include a return address.
 - b. List of all residents who were mailed the notification letter.
 - c. Copy of the sign-in sheet for those in attendance at the public hearing.
3. The ACC Housing Coordinator will review the application packet for completion and conduct background checks on individuals submitted by the owner/operator as being staff and volunteers of the facility.

B. Licensure: The Transitional Housing Review Team for the licensure and annual inspections of facilities will be determined by the Coordinator and Area Manager.

Licenses will be issued only for the premises and persons specified in the application and are not be transferable. Separate licenses are required for transitional housing facilities maintained on separate premises, even though they are operated under the same management. The facility cannot admit any ACC residents until the license to operate a Transitional Housing Facility has been issued.

The Housing Coordinator, for due cause, may recommend to the Chief Deputy Director that a facility license be suspended or revoked. The Chief Deputy Director may assign ACC staff or any other local, state, or federal agency to assist in a facility investigation. In the event of a recommendation for denial of an application or the suspension or revocation of license, the applicant may appeal the denial to the Director of the agency within 30 days of the written recommendation for denial/suspension/revocation. Applicants may appeal the decision of the Director in writing within 30 days of that decision to the Board of Corrections whose decision is final.

When a license is renewed, it will be from the previous license expiration date, not any possible extended inspection date. A facility that wishes to renew its license must have all required paperwork and fees submitted to the Coordinator no later than 30 days prior to the license's expiration.

All areas of the licensed facility and all records related to the care and protection of residents, including resident and employee records, must be open for inspection by ACC for the purpose of enforcing policy and regulations.

The licensing procedure for self-governed facilities that are proven to be such by Best Practices may use a modified application/licensure procedure as approved by the Director.

- C. Request for Qualifications:** After obtaining a license, the owner/operator may choose to obtain a contract by responding to the Arkansas Community Correction Request for Qualifications. When obtained, the facility may bill ACC for limited reimbursement for housing residents as stated in the contract. The Request for Qualifications is available from the ACC website, from the Coordinator, and from the ACC Purchasing Department.
- D. Past Performance:** In accordance with provisions of State Procurement Law, specifically OSP Rule R5:19-11-230(b) (1), a vendor's past performance with the state may be used to determine if the vendor is "responsible." Proposals submitted by vendors determined to be non-responsible shall be disqualified.
- E. Billing:** When a facility has met the conditions of licensure and has been approved by the Office of Procurement for payment as a vendor, ACC will reimburse the facility for resident housing at the approved reimbursement rate for up to 90 or 120 days, depending on the classification of the offender, from the date of release from an ADC or ACC facility. A facility may not bill ACC for housing a resident prior to their approval as a vendor. The billing process will follow the instructions stated on the Request for Qualification and may include the use of electronic monitoring for residential verification. During a period of license suspension payment may be withheld or reduced pending satisfactory implementation of an approved corrective action plan as specified in the Request for Qualifications.

1. ACC shall reimburse licensed transitional houses according to the following schedule:
 - a. Moderate risk, High risk,
level 1 and level 2 sex offenders:
Length of stay: 90 days Reimbursement:

Reimbursement rate:

ACC shall reimburse licensed transitional houses according to the following schedule:

Day 1-45: \$30.00/day

Day 46-90: \$20.00/day

Offender per diem: \$14.00/day starting on the first day of full time employment. (Offender must work a minimum of 32hrs/week to be considered full time employed)

b. Level 3 and level 4 sex offenders: Length of stay: 120 days
Reimbursement:

Day 1-60: \$50.00

Day 61-120: \$40.00

Offender per diem: \$14.00/day starting on the first day of full time employment. (Offender must work a minimum of 32hrs/week to be considered full time employed)

F. Acceptance of Residents: Licensed transitional facilities must review and accept all submitted applications, unless justifiable reasons are present. Justifiable reasons include, but are not limited to, acceptance of a resident which would result in the violation of any city, county, or state laws. The transitional facility must provide the reason for denial to the Housing Coordinator and applicant, in writing.

G. Resident Employment: The vendor is required to aid the resident in seeking employment. The resident must be at the facility for seven (7) days prior to beginning employment. The resident must be fully employed by day 45 and maintain full time employment through the duration of their time at the transitional housing facility.

Upon obtaining employment, the facility shall complete employment checks to verify the legitimacy and nature of the employment. The facility shall review residents' pay stubs to ensure the resident is making at least minimum wage and having taxes withdrawn.

The vendor may not require or allow the resident to work without payment at any employment that pays less than Arkansas minimum wage, whether that employment is outside of the facility or for the facility. The resident may not "volunteer" to work without pay or work to have their bill from the vendor reduced. The resident will be paid in full and will in turn make payments to the vendor if owed. Employment and payment records for residents will be made available upon the request of ACC.

H. Facility Programming: The vendor is expected to provide applicable programming which identifies criminogenic needs, such as people, places or things that could cause criminal behavior. Applicable programming must also include drug and alcohol programs, such as NA/AA and/or Celebrate Recovery, enrollment in GED, vocational or higher education programs. Residents will be enrolled in GED programming or will have access to a higher

education, employment assistance by utilizing the Good Grid for resume' writing and employment search, as well as locating and obtaining stable housing prior to the end of their 90 days. Programming can be provided through referrals to local service providers and in house classes.

- I. Facility Fees:** Residents, their families, and any other financial source may not be charged any fees, other than the per diem, (e.g. admission, filing, and other entry fees) for transitional housing. No facility may charge residents additional fees for services or fines for policy violations other than the actual costs of transportation (maximum \$2.00/day) \$2.00 fee covers round trip transportation to appointments such as parole office, employment interviews, medical and mental health providers.
- J. Staff Coverage:** Licensed transitional houses must have trained staff (paid or volunteer) on premises to provide 24 hour supervision, 7 days a week. Facilities shall maintain a staff to offender ratio of no less than 1 to 25 at all times.
- K. Resident Income.** A facility may not withhold any portion of the income of a resident, regardless of the income source, to include Social Security, SSI, SNAP, or any other government or private income source. All resident income, in check or any other form will be the property of the resident. The facility may bill the resident for any authorized costs and the resident will pay the authorized cost from their funds. A receipt will be given to the resident for any and all payments.
- L. ACC** will not reimburse licensed Transitional Housing Facilities for residents categorized as a low risk for recidivism. ACC will reimburse for residents with a moderate or high risk for recidivism and level 1 and 2 sex offender residents at a rate commensurate with current budgets; and will reimburse for residents who are level 3 and 4 sex offenders at a higher rate commensurate with current budgets. Once a resident has used their maximum reimbursement days as allowed by ACC, the facility may not charge the resident a daily self-pay rate greater than \$30.00 per day.
- Payment will be made for residents for date of arrival to the facility; ACC will not be responsible for payment for resident's date of departure.
- M. Monitor Costs:** ACC maintains the right to collect applicable costs for Electronic Monitoring devices for residents in transitional housing.
- N.** The licensed transitional facility staff shall complete and document daily scheduled and unscheduled counts. Residents not present during count shall be accounted for through sign out logs and/or approved employment schedules. Counts shall be conducted at least twice per shift and at every shift change for the transitional housing facility.
- O.** Licensed transitional facilities must provide 3 meals per day with at least one (1) meal being hot. Total calories for the day shall be 2500.
- P.** Transitional Facility staff must conduct drug test at least once weekly of all residents.

Q. Transitional Facility staff must notify the ACC of any resident's positive drug/alcohol test results immediately by phone. Transitional Facilities must utilize at least an 8 panel drug test and a test for K2.

V. OPERATION OF A TRANSITIONAL HOUSING FACILITY WITHOUT A LICENSE.

A. **Non-Licensed Facility Penalty.** If a facility is housing residents for reimbursement without a license, ACC will impose civil penalties not to exceed \$500 per day for each day the violation continues. In addition, alternative sanctions may be imposed pursuant to law (Arkansas law, section 16-93-1603 and section 25-15-217).

B. ACC staff aware of an unlicensed facility being operated in Arkansas must bring this to the attention of the Coordinator. Members of the public may bring unlicensed facilities to the attention of any ACC staff member who will, in turn, notify the Coordinator. The Coordinator will report claims of an unlicensed facility to the Assistant Director of Reentry who will ensure investigation.

VI. PROHIBITED STAFF BEHAVIOR

Transitional facility staff shall not under any circumstance:

- A. Exchange personal gifts or favors with residents, their family, or their friends.
- B. Accept any form of bribe or unlawful inducement.
- C. Discriminate against any resident on the basis of race, religion, creed, gender, national origin, disability, charge/offense, or other individual characteristics.
- D. Employ corporal punishment or unnecessary physical force.
- E. Subject residents to any form of physical or mental abuse.
- F. Withhold information from ACC including threats to the security of the facility, its staff, visitors, or community. This can lead to termination of contract.

VII. COLLABORATION

The following is established to gain continuity and coordination in the management of transitional housing arrangements for ACC residents:

- A. The Institutional Parole Officer will coordinate activities between the transitional housing

provider, the Arkansas Parole Board, and the correctional staff as described in the Request for Qualifications provided by the Office of State Procurement.

- B. Parole/Probation Area Managers will assign and maintain assignment of a supervision officer to manage cases and coordinate with staff at Transitional Housing Facilities as necessary. The Area Manager may assign others as needed. The assigned officer(s) must be knowledgeable of the minimum standards that are required of the facility.
- C. The licensed Transitional Housing Facility must provide the names and numbers of those under supervision that are residing at the facility to ACC staff when requested.
- D. The Supervision Officer assigned to a facility will investigate and report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and regulations to the Area Manager for possible further referral or action.
- E. Area Managers will report any serious violations of policy, procedure, or practice to the Coordinator. The Coordinator will work with the Area Manager towards a resolution of the violation. Area Managers will forward any written complaint by a resident, staff member, or member of the public concerning a facility to the Coordinator to become part of the facility file.
- F. ACC staff and facility staff will communicate to each other positive drug/alcohol test results immediately.
- G. Facility staff will respond to and notify the supervision officer of such requests as subpoenas, court orders, search and/or arrest warrants.
- H. Facility staff will honor ACC travel passes and immediately report violations of travel restrictions to the supervision officer. Facility staff may not grant an out of county pass without the permission of the supervision officer or the parole/probation office.
- I. Facility staff will not, except in the case of emergency or threat of injury or death, dismiss a resident from the facility until they notify the supervision officer or the parole/probation office by phone. The facility should only dismiss a resident for substantial and documented reasons. Dismissal actions are appropriate for such infractions as violence, life threatening actions, property destruction, substantial verbal abuse or violation of the facilities fundamental statutes (alcohol, drugs, etc.).

- J. Facility staff will notify the supervision officer (or his/her office) immediately of any resident's violent or threatening behavior, endangerment of others, and awareness of an abscond or escape from the facility.
 - K. The Coordinator will arrange onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning ACC residents, and make objective recommendations.
 - L. The facility will post office staffing hours and will comply with posted staffing hours. There must be a staff member/house manager/responsible party present 24 hours per day.
 - M. The facility will notify the Transitional Housing Coordinator of any employee additions with information needed to complete a criminal background check.
 - N. Arkansas Community Correction shall, at all reasonable times, have the right to enter the facility's work and living areas to inspect, monitor, or otherwise evaluate the quality, appropriateness, and timeliness of work, services, or both, that have been or are being performed.
- VIII. **PREA COMPLIANCE:** Contracted facilities with populations consisting of at least 50% ACC residents for a majority of the contract year must pursue PREA compliance standards for community confinement.
- IX. **CONTRACT COMPLIANCE:** The owner/operator/manager of the facility must comply with all requirements/agreements of the Request for Qualifications/Contract as stated in the agreement.
- X. **EQUAL OPPORTUNITY:** Transitional Housing facilities' accommodations and services must be provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by state or federal law.
- XI. **ATTACHMENTS/FORMS:**
AD 17-03 Form 1: Transitional/Reentry Housing Facility Minimum Requirements Checklist

**Arkansas Community Correction
Transitional/Reentry Housing Facility
Minimum Requirements Checklist**

Facility Name: _____ **Date:** _____

During initial license inspections, annual renewal inspections and unannounced visits by ACC staff, the following Minimum Requirements Checklist will be used. The inspections will not be limited to these items.

Copies of license or inspection by/ from: _____ Inspector's Initials: _____

1. Fire/Safety Inspection. Annually.	
2. Health Department/Food Service. Annually.	
3. Business License. Initial license or after remodel or repair	
4. Plumbing Code. Initial license or after remodel or repair	
5. Electrical Code. Initial license or after remodel or repair.	
6. Compliance with applicable zoning or Special Use Permit.	
7. Public Hearing.	
8. Copy of transportation vehicles' insurance	
9. Copy of facility property and liability insurance.	
10. List of all staff and volunteers for background check (owner/operator must obtain/maintain consent to release information from staff and	
11. Itemized list of products or items and their cost sold to residents. Note: Costs must be reasonable.	
12. Copies of facility disaster plans, evacuation plans, and contingency plans for operations if the facility must be abandoned.	
13. Copy of policy stating the facility will comply with subpoenas, court orders, arrest warrants.	
14. Copy of policy stating notification of ACC Supervising Officer when a resident escapes or absconds from the facility, or prior notification if discharged.	
15. Copy of facility Policy and Procedure Manual that is unique to this facility.	
16. Copy of facility resident handbook/orientation materials including facility rules, curfews, admission procedures, and consequences for violations.	
17. Copy of programming curriculum.	
18. Admission and discharge policies and procedures.	
19. Proof the facility is pursuing PREA compliance.	
20. Is the facility ADA compliant?	
21. Are resident records confidential, uniform in format and content, and properly secured?	
22. For Reentry Only – Copy of policy stating passes/furloughs for residents are approved by the ACC Reentry Officer.	

23. Proof of policy stating that facility services are equal opportunity and provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by state or federal law.	
24. Copy of staff listing and staffing hours.	

Combined

25. Inspection team proof of adequate space in sleeping rooms for the number of occupants (minimum 50 square feet per intended occupant).	
26. Inspection team proof of individual storage space for residents' clothing and personal items.	
27. Inspection team proof of minimum ratio of bathrooms (meaning sink, toilet, shower) to residents (1 to 8).	
28. Adequate laundry facilities at or near the Transitional/Reentry Housing Facility.	
29. Inspection team proof of signs posted at all entrances banning weapons except for law enforcement officials/officers.	
30. Inspection team proof of facility being equipped with First Aid Kit, fire alarms and that fire suppression equipment continues to comply with annual Fire Inspection.	
31. Proof of vendors' contractors for employment.	
33. Dining room with table and chairs.	
33. Adequate kitchen facilities.	
34. Adequate space for programming.	
35. Adequate space for break room/day room.	
36. Smoke alarms in kitchen and all sleeping areas.	
37. Bulletin board prominently displayed in the facility with postings of rules, fire evacuation plans, emergency protocols, PREA information, and emergency staff	
38. Inspection Team proof that medication not approved to be kept on person is behind double locks. (All narcotic, psychotropic, and diabetic supplies including syringes, lancets and insulin must be secured behind double locks.)	
39. Inspection Team proof of facility designee authorized to accept/dispense medications.	
40. Inspection team proof that facility can be accessed by residents and ACC staff 24 hours per day.	
41. Check or Money Order attached to application in the correct amount.	

Notes:

CONFIDENTIAL

Self-Governed Housing AD (This was COMBINED with Transitional Housing Facility AD to Create the "Post Incarceration Housing Programs, Requirements, and Licensure AD 19-04)



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: 18-02 Self-Governed Housing

TO: Arkansas Community Correction (ACC) Employees

FROM: Sheila Sharp, Director

SUPERSEDED: None

APPROVED: _____ **Signature on File** _____ **EFFECTIVE:** February 28, 2018

- I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees and the owners, operators, staff members and residents of a Self-Governed Housing Facility.
- II. **POLICY.** Self-Governed Housing Facilities must meet or exceed the minimum standards and requirements established in this policy to ensure a structured, positive, and safe environment for residents reduce recidivism, encourage employment and treatment, promote public safety, transition offenders back to the community to be productive citizens, and maintain the principles of evidence based practices.
- III. **DEFINITIONS.**
 - A. **Applicant.** Any individual, group, business, or organization that operates a Self-Governed Housing Facility.
 - B. **Self-Governed Housing Facility.** A facility providing housing and programming for one or more residents placed on ACC community supervision. A resident's home or the home of a resident's family member will not be considered a Self-Governed Housing Facility for purposes of this directive. To operate a facility in the state of Arkansas, a person/group must notify the ACC Housing Manager and submit a completed application for licensure.
 - C. **ACC Housing Manager.** The individual assigned to monitor/inspect housing facilities and to serve as a liaison between the facility and ACC for policy compliance.
 - D. **License.** Approval to operate a Self-Governed Housing Facility will be issued by the ACC Housing Manager only upon approval of the application.

IV. PROCEDURES.

- A. Application.** Applicants must submit the application to the Housing Manager. Applications and documents submitted for review will not be returned. To operate a facility in the state of Arkansas, a person/group must notify the ACC Housing Manager of the proposed location, expected operation start date, and proposed number of residents.

For initial licensure or a proposed new location, the applicant must comply with the public hearing requirements of Arkansas law, section 12-25-101:

1. No community-based residential facility housing juveniles or adults adjudicated or convicted of any sexual or violent offense or any other criminal offense that would constitute a Class C felony or higher can be located or constructed within any municipality or county of this state until a public hearing is conducted in the municipality or county of the proposed location of the facility at least thirty (30) days prior to the contracting for the acquisition of any property on which to locate the proposed facility or any existing structure in which to locate the proposed facility by the owner, operator, or care provider of the proposed facility.
2. All residents within one thousand (1,000) feet of the proposed location of the facility must be notified by mail at least ten (10) days prior to the day of the hearing.

To ensure compliance with Arkansas law, applicants must provide the following items:

1. Copy of the notification letter mailed to residents informing them of the date and time of the hearing and the proposed purpose of the facility. The letter must include a return address.
2. Notify ACC Housing Manager of date, time, and location of the hearing
3. ACC staff must be present at the public hearing
4. List of all residents who were mailed the notification letter.
5. Copy of the sign-in sheet for those in attendance at the public hearing.

The ACC Housing Manager will review the application packet for completion and conduct background checks on individuals submitted by the owner/operator as being staff and volunteers of the facility. Individuals currently on supervision with ACC cannot be employed in positions of authority over another offender on supervision.

V. LICENSURE.

- A. **Initial License.** Licenses will be issued only for the premises and persons specified in the application and are not be transferable. Separate licenses are required for Self-Governed Housing Facilities maintained on separate premises, even though they are operated under the same management. The facility cannot admit any ACC residents until the license to operate a Self-Governed Housing Facility has been issued.

The ACC Housing Manager, for due cause, may recommend to the ACC Assistant Director of Reentry that a facility license be suspended or revoked. The ACC Assistant Director of Reentry may assign ACC staff or any other local, state, or federal agency to assist in a facility investigation. In the event of a recommendation for denial of an application or the suspension or revocation of a license, the applicant may appeal the denial to the Chief Deputy Director of ACC within 30 days of the written recommendation for denial/suspension/revocation. All areas of the licensed facility and all records related to the care and protection of residents, including resident and employee records, must be open for inspection by ACC for the purpose of enforcing policy and regulations

- B. **Renewal License.** All facilities must submit a renewal application within 60 days of license expiration. The ACC Housing Manager will conduct an Annual Renewal Inspection prior to renewing any license.

VI. RESIDENT EMPLOYMENT.

When a resident obtains full time employment, the facility must complete employment checks to verify the legitimacy and nature of the employment. The facility must review the resident's pay stubs to ensure the resident is making at least minimum wage and is having income taxes withheld.

The vendor may not require or allow the resident to work at any employment that pays less than Arkansas minimum wage, regardless of whether that employment is outside the facility or for the facility; however, program and assigned duties are excluded. Residents may not "volunteer" to work without pay or perform work to reduce their bill from the vendor. The residents will be paid in full and will in turn make payments to the vendor if owed. Employment and payment records for residents must be made available upon the request of ACC.

Resident Income. Regardless of the income source, a facility cannot withhold any portion of a resident's income including funds from Social Security, SSI, SNAP, or any other government or private income source. All resident income, by check or in any other form, will be the property of the resident. The facility may bill the resident for any authorized costs, and the

resident will pay the authorized costs from his/her funds. A receipt will be given to the resident for any and all payments.

Requirements. Residents cannot be denied the opportunity to seek and obtain meaningful, legal, and gainful employment. Following the program orientation period, the resident is allowed to seek full time employment of 40 hours per week, unless it conflicts with conditions of release

VII. FACILITY REQUIREMENTS.

A. Facility Programming. The Self-Governed Housing Facility is expected to provide a minimum of 15 hours of applicable programming per week per offender that addresses identified criminogenic and other needs for residents at the facility. Applicable programming must include, but is not limited to:

1. Drug and alcohol programming
2. Education services
3. Employment services
4. Stable housing assistance
5. Family reunification
6. Thinking patterns

Programming can be provided through referrals to local service providers and in-house classes.

B. Meals. Self-Governed Housing Facilities must provide three (3) meals per day with at least one (1) meal being hot. Total calories for the day must be a minimum of 2,500.

C. Drug Testing. Self-Governed Housing Facilities must drug screen all residents at least one (1) time per week.

D. Chem-Free Premises: All Self-Governed Housing Facilities must maintain chemical-free living facilities and premises. Facilities may enforce a tobacco policy; however, if allowed, designated smoking areas must be clearly identified.

E. Record Keeping: All Self-Governed Housing Facilities must maintain a record of all residents currently at the facility. The resident record must include, but is not limited to:

1. Resident demographics
2. Date of intake and intake documents
3. Programming documentation
4. Drug test results

Facilities must conduct bed and grounds checks at least twice daily. This must include head/bed counts that account for all residents. Any resident not present during a count must be documented with a verified explanation for the absence.

VIII. OPERATION OF AN UNLICENSED SELF-GOVERNED HOUSING FACILITY.

ACC staff aware of an unlicensed Self-Governed Housing Facility operating in Arkansas must bring this to the attention of the Housing Manager. Members of the public may bring unlicensed Self-Governed Housing Facilities to the attention of any ACC staff member who will, in turn, notify the ACC Housing Manager. The Housing Manager will report claims of an unlicensed facility to the Assistant Director of Reentry.

IX. PROHIBITED STAFF BEHAVIOR.

Self-Governed Housing Facility staff or volunteers cannot under any circumstance:

1. Exchange personal gifts or favors with residents, their family, or their friends
2. Accept any form of bribe or unlawful inducement
3. Discriminate against any resident on the basis of race, religion, creed, gender, national origin, disability, charge/offense, or other individual characteristics
4. Employ corporal punishment
5. Subject residents to any form of physical or mental abuse
6. Withhold information from ACC including threats to the security of the facility, its staff, visitors, or community

X. COLLABORATION.

The following are established to gain continuity and coordination in the management of Self-Governed Housing Facilities for ACC residents:

- A. The Self-Governed Housing Facility must provide a current roster of offenders under supervision who are residing at the facility to ACC staff monthly and when requested.
- B. ACC Parole/Probation Officers must report any serious violations of policy, procedure, or practice to the ACC Housing Manager. The ACC Housing Manager will work with the facility toward a resolution of the violation. ACC Parole/Probation Officers will forward any written complaint by a resident, staff member, or member of the public concerning a facility to the Housing Manager.
- C. Facility staff will immediately notify ACC Parole/Probation staff by phone and email of all positive drug/alcohol test results.

- D. Facility staff will not, except in the case of emergency or threat of injury or death, dismiss a resident from the facility until the supervision officer or the parole/probation office has been notified by phone and email. The facility should dismiss a resident only for substantial and documented reasons. Dismissal actions are appropriate for such infractions as violence, life threatening actions, property destruction, substantial verbal abuse or violation of the facility's fundamental rules (alcohol, drugs, etc.).
- E. Facility staff will notify the supervision officer (or his/her office) immediately of any resident's violent or threatening behavior, endangerment of others, and any resident who leaves the facility/program without approval.
- F. The ACC Housing Manager will arrange onsite visits and inspections; review reports of critical incidents involving or concerning ACC residents; and make objective recommendations.
- G. Arkansas Community Correction has the right to enter the facility's work and living areas at reasonable times to inspect; monitor; search; or otherwise evaluate the quality, appropriateness, and timeliness of work, services, or both that have been or are being performed.

XI. PERFORMANCE MEASURES.

Self-Governed Housing Facility performance measures will be reviewed on an annual basis and as needed. Facilities must meet or exceed the following performance measures:

- A. **Employment.** Facilities will maintain at least a 90% employment rate for residents upon completion of the program.
- B. **Program Completion.** Facilities will maintain at least a 75% program completion rate for all residents accepted into their program.
- C. **Abscond Rate.** The abscond rate for all residents accepted into a facility's program must be less than 10%.