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SECRETARIAL DIRECTIVE

SUBJECT: Prison Rape Elimination Act (PREA)

NUMBER: 2021-05

SUPERSEDES: ADC AD 15-29
ACC AD 17-33

APPLICABILITY: All Employees, Contractors, Volunteers, Interns, Inmates and Residents

REFERENCE: A.C.A. § 25-43-105, 108, and 403; AR 005 Reporting of Incidents;
AR 225 Employee Conduct Standards; AR 210 Relationships and Transactions with Inmates;
SD Internal Investigations and Criminal Evidence Handling; SD Incident Notification Procedures;
and PREA Standards.

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ISSUED BY: Original signed by Secretary Solomon Graves EFFECTIVE DATE: 4/20/2021

I. POLICY:

As the executive head of the Arkansas Department of Corrections ("DOC"), it is the responsibility of the Secretary of Corrections (Secretary) to administer the various rules, orders, or directives issued by the Department. The purpose of this directive is to ensure a consistent "Zero Tolerance" approach towards all forms of Sexual Abuse and harassment of inmates and residents. This directive will also ensure that the DOC remains in substantial compliance with the federal Prison Rape Elimination Act ("PREA"), which supports the prevention, reduction and elimination of sexual assault and rape within a correctional setting. Finally, this directive establishes the DOC's approach to preventing, detecting, and responding to such conduct, which includes that the Department will initially respond to all reports of sexualized behavior or abuse as nonconsensual, regardless of perception, rumor, appearance, or participant disclosure.

II. PURPOSE:

The purpose of PREA is to provide procedures to assist in identifying, monitoring, counseling, and tracking Offenders who have a propensity for committing sexual assaults, rapes, Sexual Harassment, sexual misconduct, or indecent exposure; as well as providing procedures for Offenders who have a possible vulnerability of being a Victim of such acts of sexualized behaviors.

1. Ensure DOC Staff, contract workers, and volunteers are trained to recognize such behaviors and take appropriate action.
2. Ensure Offenders receive orientation and access to PREA regulations.
3. Provide a mechanism for providing support services to Victims and offer a mechanism for referring actions to the Arkansas State Police for criminal prosecution as appropriate.

III. DEFINITIONS:

- A. Community Confinement Facility. A community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which a parolee, probationer, or pre-trial releasee reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.
- B. First Responder. Any staff member who is responsible for the initial response to a discovery or report of Sexual Abuse, sexual assault, or Sexual Harassment. This employee is generally the shift supervisor. The duties of the First Responder include initiating the PREA Checklist, making all necessary notifications, taking steps to protect the Victim, and preserving the crime scene.
- C. Offender-on-Offender Sexual Misconduct. Non-abusive sexual contact that includes, but is not limited to massages, touching, kissing, anal or oral penetration, masturbation, etc.
- D. Investigative Outcome. When an investigation is concluded, the outcome will be labeled as one of the following:
1. Substantiated – The event was investigated and determined to have occurred.
 2. Unsubstantiated – The evidence was insufficient to make a final determination that the event occurred.
 3. Unfounded – The event was determined NOT to have occurred, or, if the event occurred, the conduct was nonetheless within policy and the alleged perpetrator exonerated.
- E. LGBTI. An acronym for a group of individuals self-identifying as lesbian, gay, bisexual, transgender, and/or intersex.
- F. Medical Confidentiality. The ethical principle that a physician or other health professional will hold in confidence all information relating to a patient. This does not apply in a correctional setting where the information may be used to determine whether any allegations of abuse, harassment, or sexual conduct can be substantiated or when an Offender reports that he or she has engaged in sexual activity, or been subjected to sexually abusive contact, sexually abusive penetration, Sexual Harassment, or any allegation of Staff-on-Offender Sexual Abuse.
- G. Offender. This term includes inmates and residents in a prison, community corrections center, or a reentry center operated or contracted by the DOC.
- H. Perpetrator. An individual committing any form of Sexual Abuse; identified in the electronic Offender Information Management System (“eOMIS”) as the Suspect.
- I. Potential Sexual Predator. An Offender identified at intake or by a unit classification committee as having a history of sexual aggression or a potential for sexual aggression based upon an appropriate screening tool and/or that has a history of repeated guilty outcomes for sexual misconduct, indecent exposure, masturbation in the presence of another, making sexual threats, or demanding sexual contact. Note: A Potential Sexual Predator is a precaution identifier in eOMIS.
- J. PREA Checklist. A form to be completed by the First Responder to ensure the Victim receives appropriate care and investigators can secure evidence and increase the chance of prosecuting the perpetrator(s).
- K. PREA Compliance Manager (PCM). Individual responsible for the day-to-day functions related to PREA implementation and response in their facilities.
- L. Rape. A person commits the crime of Rape if he or she engages in sexual intercourse or deviate sexual activity with another person if that act was committed through forcible compulsion or with a person that is physically or mentally incapable of consent. By state law, an Offender cannot consent to a sexual act with staff, volunteers, contractors, or anyone with authority over that Offender.
- M. Retaliation. Acts or threats of action to punish an Offender or staff member for:
1. Refusal to submit to sexual advances; or

2. Involvement in the reporting or investigation of a Sexual Abuse/harassment complaint.
- N. Sexual Abuse. The use of debt, threats of physical harm, peer pressure, deceit, personal favors, or positional authority to force or cajole sexual favors from a person, including sexually abusive contacts, penetration, or harassment.
1. Offender-on-Offender Abusive Sexual Contact. Non-penetrative touching by an Offender, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another Offender.
 2. Offender-on-Offender Nonconsensual Sexual Contact. Penetration by an Offender of another Offender in which the Offender is coerced into sexually abusive penetration by threats of violence or is otherwise unable to refuse. The sexual acts included are:
 - a. Contact between the penis and the vagina or the anus,
 - b. Contact between the mouth and the penis, vagina, or anus; or
 - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
 3. Staff-on-Offender Sexual Abuse. Any behavior or act of a sexual nature directed toward an Offender by an employee, volunteer, contractor, or agency representative. This includes relationships of a sexual or romantic nature, including vaginal, oral, and anal penetration, intentional touching for sexual gratification, attempted or threatened sexual acts, requests for sexual acts, indecent exposure, voyeurism, and acts listed under Staff on Offender Sexual Misconduct.
 4. Sexual Harassment
 - a. Offender-on-Offender Sexual Harassment. Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one Offender directed toward another.
 - b. Staff-on-Offender Sexual Harassment. A staff member's verbal comments or gestures of a sexual nature to an Offender. This includes demeaning references to gender, gender identity, and sexual orientation, sexually suggestive or derogatory comments about an Offender's body or clothing and repeated profane or obscene language and/or gestures.
- O. Sexual Predator. An Offender who, since 1985, has been found guilty of the disciplinary charge of Rape or forced sexual act with an Offender, staff, volunteer, contractor, or other individual in a correctional facility, (including non-DOC locations).
- P. Staff. For the purpose of this directive, Staff includes all DOC employees, volunteers, interns, and contracted personnel working within the facilities, or directly with an Offender in any official capacity.
- Q. Staff-on-Offender Sexual Misconduct. Sexual Abuse that includes but is not limited to penetration, kissing, hugging, massaging, writing, or exchanging letters, pictures, phone calls, etc. of a romantic or sexual nature between staff and Offenders.
- R. Victim. An Offender who is harmed or adversely affected by, and/or tricked or exploited into participating in sexual contact or is subjected to Sexual Abuse or Harassment.
- S. Victim Prone. An Offender identified at intake or by a unit classification committee as susceptible to a sexual assault, rape, or abuse within a correctional facility.
- T. Voyeurism. An invasion of an Offender's privacy by staff for reasons unrelated to official duties. Examples include, but are not limited to, staring at an Offender who is using a toilet in their cell, requiring an Offender to expose their buttocks, genitals, or breasts, taking images of all or part of an Offender's naked body or of an Offender performing bodily functions, and distributing or publishing them for other than an official reason as required by policy.
- U. Youthful Offender. An Offender committed to the DOC who has been adjudicated as an adult but has not yet reached age eighteen (18).

IV. PREVENTION:

1. Appointment of a Department PREA Coordinator:

The Secretary shall designate an upper-level, department-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with this policy.

2. Appointment of a PCM at Each Facility:

The warden at each facility shall designate a PCM with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards in this policy. Reentry staff within the Division of Community Correction will serve as a PCM for licensed reentry centers.

3. Coordinated Response:

Each facility will develop a PREA policy that outlines the institutional plan to coordinate actions that will be taken in response to an incident of Sexual Abuse and/or Sexual Harassment, among First Responders, medical and mental health practitioners, investigators, and facility leadership.

4. Contracting with other Entities for the Confinement of Offenders:

- a. Any new contracts or contract renewals for the confinement of DOC Offenders with private agencies or other entities, including government agencies, shall include the entity's obligation to adopt a zero tolerance for Sexual Abuse/assault and allow for monitoring by DOC.
- b. The contractor must be compliant with 28 CFR Part 115 (PREA) or have adequate measures in place to demonstrate a zero-tolerance policy and mechanisms to prevent, detect and respond to Sexual Abuse and Harassment.
- c. A background investigation shall be required on the contractor's employees and agents in facilities housing DOC Offenders. Such investigation shall be equivalent to investigations required of all personnel employed by the DOC.
- d. Any contractor or contractor's employee or agent who witnesses Sexual Abuse or Sexual Harassment must immediately report it to the Director/Warden/Center Supervisor of the facility. A contractor or contractor's employee or agent may be subject to criminal prosecution if he/she engages in, fails to report, or knowingly condones Sexual Harassment or sexual contact with or between Offenders. Such acts shall be grounds for canceling the contract. Any contractor, contractor's employee or agent who has engaged in Sexual Abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into a facility, housing DOC Offenders.
- e. Upon learning of a PREA incident, the contractor shall take immediate actions to protect and provide emergency medical services to the Victim.
- f. Within twenty-four (24) hours of the contractor's knowledge of a PREA incident, the contractor shall notify the appropriate DOC officials and provide a written report detailing the incident. The report will immediately be forwarded to the DOC PREA Coordinator upon receipt.
- g. An Offender shall not be disciplined or punished in any way for a nonprofessional relationship with the contractor's employee, volunteer, or contractor unless the employee, volunteer, or contractor did not consent to the contact.

5. Staffing Levels/Video Monitoring

- a. The DOC will establish adequate staffing plans and video monitoring systems to protect Offenders from Sexual Abuse by taking into consideration the physical layout of each unit or center and any other relevant factors. Steps shall be taken to ensure these factors are considered and documented during annual evaluations.
- b. Whenever necessary, but no less frequently than once each year, the designated facility PCM will conduct an internal evaluation of each facility. This will include an on-site visit from the PREA Coordinator if feasible. This evaluation will include an assessment to determine if adjustments are needed to:
 - i. The staffing plan established pursuant to this policy;

- ii. The facility's deployment of video monitoring systems and other monitoring technologies;
 - iii. The resources the facility has available to commit to ensure adherence to the staffing plan; and
 - iv. Additional resources needed to comply with all indicated standards.
- c. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration the following factors:
 - i. Generally accepted detention and correctional practices;
 - ii. Any judicial findings of inadequacy;
 - iii. Any findings of inadequacy from Federal Agencies;
 - iv. Any findings of inadequacy from internal or external oversight or accrediting bodies;
 - v. All components of the facility's physical plant including "blind-spots" or areas where Staff or Offenders may be isolated;
 - vi. The composition of the Offender population;
 - vii. The number and placement of supervisory staff;
 - viii. Institution programs occurring on a particular shift;
 - ix. Any applicable State or Local Laws, Rules, or Standards; and
 - x. The prevalence of substantiated and unsubstantiated incidents of Sexual Abuse, and any other relevant factors.
- d. The facility must document and justify all deviations from the plan. This documentation shall include notifications made and corrective actions taken. A copy of this documentation must be forwarded to the Unit PCM. The PREA staffing plan and the annual review of the staffing plan will be sent to the PREA Coordinator for retention.

6. Unannounced Rounds

Each facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff Sexual Abuse and Sexual Harassment. Such policy and practice shall be implemented for all shifts. Each facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. This will be included in all relevant post orders.

7. Updates to Existing/Acquisition of New Facilities and Equipment

- a. When designing or acquiring a new facility and in planning any substantial expansion or modification of existing facilities, the DOC shall consider effects of the design, acquisition, expansion, or modification upon the DOC's ability to protect Offenders from Sexual Abuse/Harassment.
- b. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the DOC shall consider how such technology may enhance the DOC's ability to protect Offenders from Sexual Abuse.
- c. The Assistant Director of Construction & Maintenance shall review all plans to expand, acquire, or significantly modify facilities within the Division of Correction and all major changes to the monitoring technology employed. The Deputy Director for Residential Services will ensure the same review is coordinated for facilities operated, contracted, or licensed by the Division of Community Correction.

8. Youthful Offenders

- a. A Youthful Offender shall not be placed in a housing unit in which the youthful Offender will have sight, sound, or physical contact with any adult Offender through use of a shared dayroom, shower area, toilet area, or sleeping quarters.
- b. All Youthful Offenders will be housed at the designated unit in a housing area that provides for sight and sound separation from other Offenders over the age of seventeen (17). The Youthful Offenders will be able to attend all unit activities, receive all unit services, and participate in jobs and programs as deemed appropriate by the unit classification committee. Youthful Offenders must be directly supervised when not in their assigned housing area.

9. Offenders with Disabilities or Limited English Proficiency

- a. The DOC shall take appropriate steps to ensure that Offenders with disabilities, including, those who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, and Offenders who have limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the DOC's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
- b. Except in limited circumstances where an extended delay in obtaining an effective interpreter or translation program could compromise the Offender's safety, the performance of first-responder duties or the investigation of the Offender's allegations, the DOC shall not rely on Offender interpreters, Offender readers, or other types of Offender assistants during the investigation of an allegation of Sexual Abuse/Harassment.

10. Cross-Gender Supervision, Viewing and Searches

- a. The DOC shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.
- b. The DOC shall document all cross-gender strip searches and cross-gender visual body cavity searches.
- c. The DOC shall enable Offenders to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing the Offender's breasts, buttocks, or genitalia, except when such viewing is incidental to routine barracks or cell checks or in exigent circumstances.
- d. When staff who are opposite gender of the Offender population enter a housing unit, they must announce their presence to give Offenders an opportunity to cover their bodies.
- e. Transgender and intersex Offenders will be allowed to shower separately from other Offenders.
- f. The DOC shall not search or physically examine a transgender or intersex Offender for the sole purpose of determining the Offender's gender status. If the Offender's gender status is unknown, it may be determined during conversations with the Offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted by a medical practitioner in a setting designated for medical examinations.
- g. The DOC shall continue to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex Offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

11. Training and Education

A. Employee Training

The DOC shall train all employees who may have contact with Offenders on the following:

- a. Its Zero Tolerance Policy for Sexual Abuse and Sexual Harassment;

- b. How to fulfill their responsibilities under DOC Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures;
- c. The right of Offenders to be free from Sexual Abuse and Sexual Harassment;
- d. The right of Offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
- e. The dynamics of Sexual Abuse and Sexual Harassment in confinement;
- f. The common reactions of Sexual Abuse and Sexual Harassment Victims;
- g. How to detect and respond to signs of threatened and actual Sexual Abuse;
- h. How to avoid inappropriate relationships with Offenders;
- i. How to communicate effectively and professionally with Offenders, including LGBTI, or gender nonconforming Offenders;
- j. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities; and
- k. Such training shall cover the differences in policies based on the gender of the Offender. The DOC shall provide each employee with refresher training annually to ensure that all employees know the current Sexual Abuse and Sexual Harassment policies and procedures. The DOC will document the completion of such training.

B. Volunteer and Contractor Training

The DOC shall ensure that all volunteers and contractors who have contact with Offenders have been trained on their responsibilities under the DOC's Sexual Abuse and Sexual Harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with Offenders, but all volunteers and contractors who have contact with Offenders shall, at the least, be notified of the DOC's Zero Tolerance Policy regarding Sexual Abuse and Sexual Harassment and informed of how to report such incidents. Vendors or occasional contractors that have not received such training must be escorted by security staff when contact with Offenders is probable. The DOC shall maintain documentation confirming that volunteers and contractors understand the training they have received.

C. Specialized Training: Investigations

In addition to the general training provided to all employees, all investigative personnel that may be assigned to complete PREA related investigations beyond the initial unit investigation will receive training in conducting such investigations in a correctional setting. Specialized training shall include techniques for interviewing Sexual Abuse Victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection in a correctional setting, and the criteria and evidence required to substantiate a case for administrative action or referral for criminal prosecution. The DOC shall maintain documentation that DOC investigators have completed the required specialized training in conducting Sexual Abuse investigations.

D. Specialized Training: Medical and Mental Health Care

The DOC will ensure that all medical and mental health care practitioners who work regularly in its facilities have been trained in the following areas, and the appropriate division shall document, through employee signature, electronic verification, or written/electronic testing, that employees understand the training they have received:

- 1. How to detect and assess signs of Sexual Abuse and Sexual Harassment;
- 2. How to preserve physical evidence of Sexual Abuse;
- 3. How to respond effectively and professionally to Victims of Sexual Abuse and Sexual Harassment; and
- 4. How and to whom to report allegations or suspicions of Sexual Abuse and Sexual Harassment.

E. Specialized Training: Victim Advocacy

Employees designated to provide victim advocacy for Offenders when a community-based organization is not available must receive approved training as indicated for Victim advocates.

F. Offender Education

During the intake process, Offenders shall receive information explaining the DOC's Zero Tolerance Policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment.

Within thirty (30) days of intake, the parent unit shall provide comprehensive education to Offenders either in person or through the use of the most current PREA Offender Education Video regarding the Offender's right to be free from Sexual Abuse and Sexual Harassment, to be free from retaliation for reporting such incidents, and regarding DOC policies and procedures for reporting incidents of Sexual Abuse and Sexual Harassment.

Current Offenders shall be re-educated annually and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the Offender's new facility differ from those of the previous facility.

The facility shall provide Offender education in formats accessible to all Offenders, including those who are of limited English proficiency, deaf, visually impaired, otherwise disabled, as well as to Offenders who have limited reading skills.

The DOC shall maintain documentation of Offender education participation and forward such documentation to the unit's PCM.

In addition to providing such education, the DOC shall ensure that key information is readily available or visible to Offenders through posters, Offender handbooks, or other written formats. Posters with the DOC Hotline number, and if available, an outside reporting number, will be placed near all Offender phones.

G. Screening for Risk of Victimization and/or Abusiveness

In order to reduce the likelihood of Sexual Abuse while an Offender is in DOC custody, the DOC will take the following into account when assigning housing and jobs for every Offender, upon Intake, during Classification, or in any special circumstances:

1. All Offenders will be assessed at intake to determine whether they meet specific criteria indicating either likelihood of Victimization or predatory behavior. This requires the use of the appropriate screening tool by trained personnel.
2. This screening will be conducted within seventy-two (72) hours of the Offender's arrival at the DOC. The rationale for screenings conducted after seventy-two (72) hours will be fully documented in eOMIS.
3. Offenders may not be disciplined for refusing to answer questions on the PREA assessment.
4. To minimize the risk of Offender Sexual Abuse due to housing assignment, predatory designated Offenders (Sexual Predator or Potential Sexual Predator) will not be placed with Victim prone designated Offenders.
5. Offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the Offender in involuntary segregated housing for no more than 24 hours while completing the assessment.

Note: The appropriate Deputy or Duty Director will be immediately notified whenever an Offender is placed in involuntary segregated housing under these circumstances.

6. Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility

restricts access to programs, privileges, education, or work opportunities, the facility shall fully document in eOMIS the following:

- a. The opportunities that have been limited;
 - b. The duration of the limitation; and
 - c. The reasons for such limitations.
7. Every thirty (30) days, the facility shall afford each such Offender a meaningful review to determine whether there is a continuing need for separation from the general population.
 8. The PCM is responsible for coordinating with Classification and the Warden/Center Supervisor to determine an Offender's PREA precaution status and entering the precaution status into eOMIS.
 9. If either the Victim or perpetrator already have a PREA designation, the PCM is responsible for ensuring information from the current incident is added to the existing precaution.

H. Warden and Center Supervisor Prevention Responsibility:

In addition to responsibilities applicable to all employees, Wardens and Center Supervisors shall be responsible for ensuring the following:

1. Sexual acts and sexual contact between Staff and Offenders shall immediately be reported to Internal Affairs, even if the employee resigns.
2. When sexual acts or sexual contact are alleged, the crime scene shall be immediately secured, if possible.
3. The alleged Victim shall immediately be given the necessary emergency medical treatment, without (to the extent possible) compromising the integrity of available physical evidence. If deemed necessary by medical personnel, the Offender may be transported to an outside medical facility.
4. The Warden/Center Supervisor must take immediate action in accordance with this directive to ensure the safety of the Offender.
5. Consistent with policy, the Warden/Center Supervisor may request transfer of a staff member accused of misconduct, may internally reassign, place him/her on administrative leave pending the outcome of an investigation.
6. Failure to take appropriate action, as defined in this directive, when Sexual Misconduct is alleged or has been determined to have occurred, will result in disciplinary action.

I. Reporting to and Receiving Reports from Outside Agencies:

1. Upon receiving an allegation that an Offender was sexually abused while confined in an outside agency, DOC staff will notify the DOC PREA Coordinator and provide a detailed report of the allegations made to include witness statements and the presence of any evidence recovered. The DOC PREA Coordinator shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
 - a. The DOC PREA Coordinator will ensure a record of such notification is maintained in the Offender's eOMIS record.
 - b. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
2. Upon receiving a notification from an outside agency reporting abuse that has occurred at a DOC facility, the PREA Coordinator will forward the information received to Internal Affairs and the Warden of the facility where the alleged abuse occurred.

J. Data Collection:

1. The DOC shall collect accurate, uniform data for every allegation of Sexual Abuse /Harassment at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence reported to the United States Department of Justice.
2. The DOC shall aggregate the incident based Sexual Abuse data at least annually.
3. The DOC PREA Coordinator shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and Sexual Abuse incident reviews.
4. The DOC shall review data collected to assess and improve the effectiveness of its Sexual Abuse prevention, detection, and response policies, practices, and training by:
 - a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis;
 - c. Preparing an annual report of its findings and corrective actions for each facility, as well as DOC as a whole; The annual facility report will be the responsibility of the PCM, who will send a copy of the report to the PREA Coordinator, who will use this information to prepare a Department-wide annual report; and
 - d. The annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the DOC's progress in addressing Sexual Abuse and harassment. In addition, the DOC shall make all aggregated Sexual Abuse data from facilities under its direct control available to the public.
5. Before making aggregated Sexual Abuse data publicly available, the DOC shall remove all personal identifiers.
6. The DOC shall maintain Sexual Abuse data for at least ten years after the date of the initial collection, unless Federal, State, or local laws require otherwise.

12. REPORTING:**A. Sexual Abuse/Harassment Reporting Procedures for all Staff**

1. Any employee who receives any information, from any source, concerning Sexual Abuse/harassment, is required to immediately report the information or incident to his/her supervisor. Any employee who observes Sexual Abuse/Harassment, including any appearance of retaliation against Offenders or staff who reported or cooperated with a PREA investigation, is also required to immediately report the information or incident to his/her supervisor. Neglect or violation of responsibilities by staff that may have contributed to an incident or retaliation may lead to disciplinary action. If the supervisor is the person who is engaging in the Sexual Abuse/harassment, the report will be made to the next highest official.
2. The employee shall submit a written report, providing any information received or observed that concerns Sexual Abuse/harassment, to his/her supervisor before the end of his/her workday. The Warden/Center Supervisor shall be immediately notified of all Sexual Abuse/harassment complaints or allegations.
3. The Warden/Center Supervisor will notify the appropriate Division Director, Deputy/Assistant Director, and Internal Affairs. Internal Affairs will notify the Arkansas State Police and the Secretary of Corrections if there is evidence that a crime may have occurred.
4. All allegations of Sexual Abuse and Sexual Harassment, including third party and anonymous reports shall be entered in eOMIS under incident report with all documentation relating to the incident scanned as confidential using the "Confidential IA Witness Statement" option that is available to the Warden. The unit Warden shall refer all PREA investigations to Internal Affairs for review or further investigation.

5. Persons interviewed shall be advised that they are required to maintain confidentiality and not disclose to anyone information regarding the complaint, the investigation, and the outcome, other than to the extent necessary to make treatment, investigation, security, and management decisions. Staff shall be advised that failure to maintain confidentiality can result in disciplinary action.

B. Offender Generated Reports

1. Offenders may report Sexual Abuse and Sexual Harassment, retaliation by other Offenders or staff for reporting Sexual Abuse and Sexual Harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:
 - a. Calling the DOC PREA Hotline free of charge using the Offender telephone system;
 - b. Telling any staff member;
 - c. Writing a note or request to any staff member;
 - d. Sending correspondence to the PREA Coordinator;
 - e. Calling the toll-free Arkansas State Police crime hotline;
 - f. Sending confidential correspondence to a designated community-based Victim advocacy group. Such correspondence will be treated as legal mail;
 - g. Utilizing the Offender Grievance Procedure, (Please note that there is no time limit for submitting a PREA grievance); or
 - h. Having a family member or friend make a report to the Warden or DOC PREA Coordinator.
2. Staff shall accept reports made verbally. Staff shall promptly document any verbal reports and ensure notification to a supervisor is made immediately. All written, anonymous, and third-party report will also be accepted. All reports of sexualized activity between Offenders, Sexual Harassment, Sexual Abuse, and sexual assault require an immediate response.
3. All Offenders who are of limited English proficiency, deaf, or persons with a disability shall be allowed to report Sexual Abuse to staff directly or through the PREA Hotline without use of Offender interpreter unless there are exigent circumstances.

C. Third Party Reports

1. Access to the DOC PREA Hotline shall be made available for third party reporting by the public. This number will be placed on the DOC website in a prominent location.
2. The DOC shall provide a method for staff to privately report Sexual Abuse and Sexual Harassment of Offenders to facility and DOC administration. Private reporting does not excuse staff failure to report all incidents as required by policy.

VI. RESPONDING TO A PREA ALLEGATION:

A. Staff First Responder Duties:

1. All allegations of Sexual Abuse shall be investigated by the Warden/Center Supervisor or Designee using the following protocol:
 - a. When a facility learns that an Offender is at substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the Offender.
 - b. Upon learning of an allegation that an Offender was sexually abused, the First Responder shall be required to initiate the PREA Response Check List and take the following steps:
 - i. Separate the Victim and Perpetrator;
 - ii. Preserve and protect any crime scene areas until appropriate steps can be taken to collect evidence;

- iii. If the abuse occurred within a time period that still allows for the collection of physical evidence, **request that the Victim** not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;
- iv. If the abuse occurred within a time period that still allows for the collection of physical evidence, **ensure that the alleged Perpetrator** does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating;
- v. The PREA checklist will be initiated immediately by the First Responder. This requires that the following staff be notified:
 - 1. Internal Affairs Administrator
 - 2. On-Call Medical Personnel
 - 3. On-Call Mental Health Personnel
 - 4. Warden or Duty Warden
 - 5. DOC PREA Coordinator
 - 6. DOC HIV Coordinator—only if there is a known or suspected exchange of body fluids (ADC Facilities Only)
 - 7. Unit PREA Compliance Manager
 - 8. Chaplain
 - 9. Victim Advocate
 - 10. Classification
 - 11. Communications Director—only if the Offender is being transported to the hospital.
- vi. Staff will enter the incident in eOMIS as soon as possible, but not later than the end of their shift, following these guidelines:
 - 1. Choose the correct incident type and select YES to Suspected PREA.
 - 2. List the names of all staff and Offenders involved and select their appropriate level of involvement—witness, suspect, or Victim.
 - 3. Refer the incident to the Warden, Unit PCM, and the DOC PREA Coordinator.

B. Medical/Mental Health Evaluation and Treatment

- 1. Victims will be offered immediate access to appropriate qualified medical and mental health practitioners inside the facility who can provide support to the Victim as appropriate.
- 2. Treatment services shall be provided to the Victim without payment of medical co-pay and regardless of whether the Victim names the Perpetrator. Medical and mental health services to Victims shall include necessary follow-up services and treatment.
- 3. First Responders shall take preliminary steps to protect the Victim until qualified medical and mental health personnel can respond.
- 4. The DOC shall offer all Victims of sexually abusive penetration access to forensic medical examinations. Such examinations shall be performed by qualified medical practitioners, and whenever possible by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner.
- 5. If requested by the Victim, the Victim advocate or qualified DOC staff member shall accompany and support the Victim through the forensic medical examination process, investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The Victim advocate shall be allowed to accompany the Offender to court in the event of prosecution.

6. Victims shall be offered timely information about access to all pregnancy related medical services and sexually transmitted diseases, where appropriate. In the case of vaginal penetration by a penis, a pregnancy test shall be offered to the Victim.
7. If pregnancy results, the Victim shall receive timely information about all related and lawful pregnancy related medical services.
8. Mental health shall meet with Perpetrators within sixty (60) days of the alleged abuse and offer treatment when deemed appropriate.

C. Investigations

1. After an allegation or discovery of Sexual Abuse, sexual assault, or Sexual Harassment, the facility will ensure an initial investigation is conducted as directed in this policy and all notifications are made. This response will include actions to protect the Victim, secure the crime scene, preserve evidence, and the collection of initial information to be used to determine the level of response.
2. Once the initial investigation is complete, the report will be forwarded to the unit PCM, who will review it for completeness and accuracy. The PCM will then forward the report to the Warden or Center Supervisor.
3. The Warden will refer the incident to Internal Affairs for further investigation or review within 10 days from the date the incident occurred.
4. The DOC will ensure that allegations of Sexual Abuse or Sexual Harassment are referred for investigation and potential prosecution, unless the allegation does not involve potentially criminal behavior. The Internal Affairs Division (IAD) will document all such referrals.
5. The DOC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse or Sexual Harassment are substantiated.

D. Post-Allegation Housing and Classification for Victims

1. When a PREA incident has occurred or is alleged to have occurred, the DOC's priorities are safety and security for the Victim, the general Offender population, and the perpetrator. It may be necessary to separate the involved Offenders to prevent further Victimization or Retaliation.
2. Victims shall be placed in the least restrictive housing assignment as possible following an alleged sexual assault or Sexual Abuse. Placement in segregation should not exceed 24 hours, unless necessary to protect the Victim from further harm.
3. If a Victim must be placed in segregation, the Duty Warden must authorize placement, and the Warden must review and make status recommendations within seven (7) calendar days. The Victim's own perception of safety should be considered.
4. Alternative housing in a less restrictive unit should be a priority and the Offender should be moved as soon as feasibly possible.
5. Alleged Victims of Sexual Abuse shall not be placed in involuntary segregation unless an assessment has been made within 24 hours, considering all available alternatives, and a determination is made that there is no other means to separate them from the alleged suspect. The appropriate Deputy/Assistant Director, or Director, will immediately be notified of such placements.
6. Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:
 - a. The opportunities that have been limited,
 - b. The duration of the limitation, and
 - c. The reasons for such limitations.
7. The Unit Classification Committee or authorized Staff must review the status of every Offender assigned to restrictive housing classification every seven (7) days for the first sixty (60) days, and

every thirty (30) days thereafter to determine whether there is a continuing need for separation from the general population.

E. Post-Allegation and Housing for Suspects/Perpetrators

1. Suspected and known sexual predators shall be placed in single-man housing status subject to review by the Unit Classification Committee every 6 months.
2. The Unit Classification Committee will review the Sexual Predator's eligibility for programs and/or job assignments every ninety days.
3. There shall be yearly reviews conducted by the Unit Classification Committee and the Director or appropriate Deputy/Assistant Director to determine continuation of single-man housing status. The single-man housing status that was the result of a finding the Offender meets the definition of potential sexual predator under this policy may be changed by the Classification Committee with the Warden's approval. All releases of known sexual predators from single-man housing status under this policy require approval by the Director or appropriate Deputy/Assistant Director. The yearly review of an Offender assigned to single-man housing may be in conjunction with a 6 month or 90-day review.

F. Retaliation Assessments

1. All Offenders and staff who report Sexual Abuse or Sexual Harassment and who cooperate with Sexual Abuse or Sexual Harassment investigations shall be free from retaliation by other Offenders or staff. The Warden/Center Supervisor shall designate which staff members are charged with monitoring Retaliation and the DOC PREA Coordinator shall keep records of any alleged Retaliation.
2. The DOC shall employ multiple protective measures, such as housing changes or transfers for Offender Victims or perpetrators, removal of staff or Offender perpetrators from contact with Victims, and emotional support services for Offenders or Staff that fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations.
3. The Unit PCM will conduct an initial face-to-face interview with the Offender or Staff to check for any signs of immediate Retaliation at the time of the initial investigation.
4. Subsequent evaluations will be conducted at least every thirty (30) days as needed. For at least ninety (90) days following a report of Sexual Abuse or Harassment, the Unit PCM shall monitor the conduct and treatment of Offenders or Staff who reported the Sexual Abuse and of Offenders who were reported to have suffered Sexual Abuse or Harassment to see if there are changes that may suggest possible Retaliation by Offenders or Staff and shall act promptly to remedy any such Retaliation. The aspects to be monitored include any Offender disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of Staff. The DOC shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.
5. These interviews will be documented and scanned into eOMIS as confidential, and a copy will be retained by the Unit PCM.
6. If any other individual who cooperates with an investigation expresses a fear of Retaliation, the unit shall take appropriate measures to protect that individual against Retaliation.
7. The obligation to monitor shall terminate if the DOC determines that the allegation is unfounded.

G. Offender Disciplinary Actions

1. Offenders engaging in inmate-on-inmate Sexual Abuse shall be appropriately disciplined in accordance with the current division policy, regardless of any determination to seek criminal prosecution.
2. An Offender may only be disciplined for sexual contact with staff upon finding that the staff member did not consent; however, in cases of staff sexual misconduct with an Offender/resident, the Offender may be placed in segregated housing to separate him/her from the staff member, and for security of the institution.

3. The credibility of an alleged Victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Offender or Staff. Offenders who allege Sexual Abuse shall not be required to submit to any truth-telling examination as a condition for proceeding with the investigation. In addition, alleged Victims of Sexual Abuse shall not be disciplined for refusing to submit to a truth-telling examination.
4. Offenders may receive disciplinary charges after a final disposition has been reached, or when the case is referred for criminal investigation.

H. Staff Disciplinary Actions

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse or Sexual Harassment policies.
2. Termination shall be the presumptive disciplinary sanction for staff who engage in Sexual Abuse. The former employee will not be eligible for rehire.
3. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed and the staff member's disciplinary history.
4. All terminations for violations of Sexual Abuse, or resignations of staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

I. Post-Allegation and Investigation Reporting to Offenders

1. Following an Offender's allegation that a staff member has committed Sexual Abuse against the Offender, the DOC PREA Coordinator shall subsequently inform the Offender (unless the investigation has determined that the allegation is unfounded) whenever:
 - a. The former staff member is no longer employed by the DOC;
 - b. The DOC learns that the staff member has been charged with an offense related to the Sexual Abuse within the facility; and
 - c. The DOC learns that the staff member has been convicted on a charge related to the Sexual Abuse within the facility.
2. Following an Offender's allegation that he or she has been sexually abused by another Offender, (unless the investigation has determined that the allegation is unfounded) the Unit PREA Compliance Manager shall subsequently inform the Victim whenever:
 - a. The DOC learns that the perpetrator has been charged with an offense related to the Sexual Abuse within the facility; and
 - b. The DOC learns that the perpetrator has been convicted on a charge related to the Sexual Abuse within the facility.
3. The Unit PCM shall document in eOMIS all such notifications or attempted notifications. The DOC's obligation to report under this standard shall terminate if the Offender is released from custody unless the Offender is on parole supervision.
4. Following an investigation into an Offender's allegation that he or she suffered Sexual Abuse or harassment while housed in a DOC Facility or contract location, the DOC PREA Coordinator or a Unit PCM shall inform the Offender whether the allegation has been determined to be substantiated or unsubstantiated.

J. Sexual Abuse Incident Reviews

1. The Division Director shall initiate a Sexual Abuse incident review at the conclusion of all substantiated and unsubstantiated Sexual Abuse investigations. This does not include Sexual Harassment or Offender-on-Offender Sexual Misconduct investigations. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.
2. The review team shall include upper-level management officials, a Warden/Center Supervisor, a Chief of Security, a Unit PCM, the DOC PREA Coordinator, and medical or mental health practitioners. The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to Sexual Abuse;
- b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, or perceived orientation, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by Staff; and
- f. Prepare a report of its findings and recommendations for corrective action. The report will be submitted to the Division Director and DOC Secretary. A copy of the report will be retained by the DOC PREA Coordinator.

VII. ATTACHMENTS

- #I PREA Checklist
- #II Retaliation Assessment Form
- #III Sexual Abuse Incident Review Form
- #IV PREA Staffing Plan
- #V Facility Annual PREA Review



PREA Checklist

Attachment I

		Date	Time	Initials
1.	Separate the Victim and the perpetrator			
2.	Secure evidence and/or crime scene			
In cases of suspected or known oral, anal, or vaginal penetration, and for all staff on inmate/resident sexual misconduct investigations, notifications are to be made immediately via telephone. If there is no suspected penetration, notification may be made via email.				
3.	Notify Warden, Center Supervisor, or Duty Warden			
4.	Notify Unit PCM/Deputy Warden, or Assistant Center Supervisor			
5.	Notify Medical Personnel			
6.	Notify Mental Health Personnel			
7.	Notify Chaplain			
8.	Ask the Victim if they would like the services of the Victim Advocate; if yes, notify this person.			
9.	Notify Classification Staff and complete Offender enemy or separation alert in eOMIS.			
10.	Notify Internal Affairs On-Call Staff			
11.	Notify the PREA Coordinator			
12.	In cases of suspected or known penetration, ADC facilities will immediately contact the HIV/AIDS Coordinator; ACC facilities will immediately notify the Medical administrator at their facility.			
13.	Notify the DOC Communications' Director (only when the Offender is taken off-site for medical care).			
14.	Open suspected PREA report in eOMIS. Write the incident # here: _____ List the names and involvement of all staff and inmates. Check YES to suspected PREA incident.			



PREA Retaliation Assessment Form

Attachment II

Date_____ Facility_____ Date of Initial Incident_____

Facility Incident Report # _____ Employee Conducting Assessment_____

Employee/Offender Name and AASIS/ADC # _____

Type of Assessment ____ Initial ____ 30 day ____ 60 day ____ 90 day ____ Other (please specify)

For Monitoring of Staff: Please review staff member's performance reviews, reassignments, disciplinary measures taken, and need for emotional services. Please summarize: (attach additional pages if needed)

For Monitoring of Offenders: Please review Offender's conduct violations, housing/program/changes, and need for emotional support services. Please summarize: (attach additional pages if needed)

Signature of Staff Conducting Assessment

Signature of Staff/Offender being Monitored

Today's Date

Date of Next Review

This form must be scanned into EOMIS.



Sexual Abuse Incident Review

This form is to be completed within 30 days of the final disposition.

Attachment III

Review Team Members:

Review Team Considerations:

1. Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect, or respond to Sexual Abuse?

2. Was the incident or allegation motivated by race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation, or was it motivated or otherwise caused by other group dynamics at the facility?

3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

4. Assess the adequacy of staffing levels in that area during different shifts.

5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Review Team Recommendations: _____

Attachment IV



PREA Staffing Levels Form

Reporting Period

October 1, _____ through
September 30, _____

Name of Facility _____

Date _____

Warden/Center Supervisor Signature_____
Unit PCM's Signature_____
PREA Coordinator's Signature**Staffing Levels/Video Monitoring**

The Department will determine adequate staffing levels and video monitoring systems needed to protect Offenders from Sexual Abuse by taking into consideration the physical layout of each unit and any other relevant factors. Steps shall be taken to ensure these factors are considered and documented during annual staffing analysis efforts.

1. In calculating adequate staffing levels and determining the need for video monitoring systems, facilities shall take into consideration the following factors:
 - a) Generally accepted detention and correctional practices;
 - b) Any judicial findings of inadequacy;
 - c) Any findings of inadequacy from Federal Investigative Agencies;
 - d) Any findings of inadequacy from internal or external oversight accrediting bodies;
 - e) All components of the physical facility (including "blind-spots" or areas where staff and Offenders may be isolated);
 - f) The composition of the Offender population;
 - g) The number and placement of supervisory staff;
 - h) Institution programs occurring on a particular shift;
 - i) Any applicable State or Local Laws, Rules, or Standards;
 - j) The prevalence of substantiated and unsubstantiated incidents of Sexual Abuse; and
 - k) Any other relevant factors.

2. Findings of Inadequacy from Judicial or Federal Investigative Agencies (if none exist, list N/A).

3. Findings of Inadequacy from ADC Internal Affairs, ACA Auditor (attach additional page if necessary).

4. Physical Facility Components

- a) Blind spots (# and location).

- b) Number of buildings _____

- c) Number of Offender housing units _____

5. Composition of Offender Population:

- a) Designated Facility Capacity _____
- b) Current Population of Facility _____
- c) Average daily population for the past 12 months _____
- d) Age range of population _____
- e) Average length of stay or time under supervision _____
- f) Facility security levels/Offender custody levels _____
- g) Number of Offenders admitted to facility during the past 12 months _____
- h) Does the facility hold youthful Offenders? ☐ Yes ☐ No
- i) Number of youthful Offenders held in the facility during the past 12 months _____ (N/A if the facility never holds youthful Offenders)
- j) Number of single cell housing units _____
- k) Number of multiple occupancy cell housing units _____
- l) Number of open bay/dorm housing units _____
- m) Number of segregation cells _____
- n) Number of restrictive housing cells _____
- o) In housing units, does the facility maintain sight and sound separation between youthful Offenders and adult Offenders?
☐ Yes ☐ No ☐ N/A (if the facility never holds youthful Offenders)

6. Number and Placement of Supervisory Staff

	Major	Captain	Lieutenant	Sergeant
A Shift				
B Shift				
C Shift				
D Shift				
Utility				
Field				
Other				

7. Institution Program Schedule (Please provide a list of all regularly scheduled program activities at your unit).

8. # of Substantiated PREA allegations in the last 12 months: _____

9. # of Unsubstantiated PREA allegations in the last 12 months: _____

10. # and placement of cameras/how are cameras monitored? _____

- a. Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? ☐ Yes ☐ No

Do not alter this form. Attach additional pages if necessary. This form is to be completed and returned to the PREA Coordinator every year, no later than October 1st.



Facility Annual PREA Review

Date:_____ Name of Facility:_____

Warden/Center Supervisor Name: _____

Warden/Center Supervisor Signature: _____

Reporting Period: October 1, _____ through September 30, _____

Note: This report is to be completed and returned to the PREA Coordinator by October 1st of each year.

1. List the number and disposition types of all PREA investigations conducted between October 1st and September 30th.

	Substantiated	Unsubstantiated	Unfounded	On-Going
Staff Sexual Misconduct with Inmate/Resident				
Staff-on-Inmate Sexual Harassment				
Inmate-on-Inmate Sexual Harassment				
Inmate-on-Inmate Abusive Sexual Contact				
Inmate-on-Inmate Nonconsensual Contact				
Inmate-on-Inmate Sexual Misconduct (consensual)				

2. List all new purchases and/or upgrades to existing video monitoring equipment, cameras, mirrors, etc. (Use a separate sheet if necessary).

[illegible]

3. Staff and Offender Education

	How many times offered	# Staff who completed
15-minute PREA Education Refresher		
Annual PREA Refresher (in classroom)		
Annual PREA Refresher (via on-line learning)	N/A	

If any other PREA-related classes were taught at your Facility, for example: Gender Responsiveness, etc. please complete the above-listed information for those classes.

Please describe Offender Education activities at your Unit. Include Offenders educated at Orientation, annual Re-education, PREA videos, posters, etc. (You may attach additional pages if needed.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



OFFICE OF THE SECRETARY

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 Phone: (501) 683-3309 | Fax: 501-537-3958
 DOC.ARKANSAS.GOV

SECRETARIAL DIRECTIVE

SUBJECT: Legislative Liaison and Legislative Communication

NUMBER: 2021-07

SUPERSEDES: ADC AD 18-40 Sect. F
 APB AD 17-01

APPLICABILITY: All Employees of the Arkansas Department of Corrections

REFERENCE: Ark. Code Ann. §§ 12-27-113, 16-90-802, 16-93-202, 25-43-103, 25-43-105, 25-43-107, and 25-43-403 et seq.; AR 007 Legislative Liaison and/or Inquiries.

PAGE: 1 of 3

APPROVED:

EFFECTIVE DATE:

I. POLICY:

- A. As the executive head of the Arkansas Department of Corrections (“DOC”), it is the responsibility of the Secretary of Corrections (Secretary) to administer the various rules, orders, or directives issued by the Department. The purpose of this directive is to ensure effective communication between the DOC and members and staff of the General Assembly. The Chief of Staff is designated as the DOC’s primary Legislative Liaison to members and staff of the General Assembly.

II. PROCEDURES:

- A. Subject to direction from the Board of Corrections (Board) or the Governor, the Secretary shall have the sole authority to approve legislative proposals on behalf of the DOC and its various divisions; in addition to determining the position of the DOC on proposals initiated by stakeholder groups or individual legislators.
- B. Notwithstanding any other provisions in this directive, the Secretary may authorize employees to respond to routine inquiries within the scope of his or her duties. Any high profile or unusual requests shall be elevated to the Chief of Staff for coordination or response. For individual offender inquiries from or on behalf of a member of the General Assembly, the Chief of Staff shall be made aware of the request and any planned response to the inquiry.
- C. The Department’s Chief of Staff is responsible for providing regular and timely updates regarding legislative matters; to include but not limited to during, Regular, Fiscal, and Extraordinary Sessions of the General Assembly.

1. The Chief of Staff will provide legislative updates to the Secretary's Executive Staff, DOC Leadership Team, the Board, and Governor's Office.
 2. Any entity submitting a report, publication, dataset, etc., to a legislator or legislative staffer, shall provide a copy in advance of submission to Chief of Staff. The Chief of Staff will ensure notification is provided to the Board and Governor's Office.
- D. Upon request, the Chief of Staff is authorized to provide presentations and testimony to the various legislative committees having oversight over the operations of the DOC. Additionally Division Directors or employees, who are subject-matter experts in a particular area, will also be tasked with this responsibility.
- E. No employee of the DOC shall engage in any activity which would require registration as a lobbyist pursuant to A.C.A. § 21-8-601.
- F. An employee may speak on behalf of the DOC to a member of the General Assembly or their staff when authorized by the Secretary, Chief of Staff, or their Division Director.
1. However, an employee is free to address legislative issues impacting them personally outside of normal business hours. If an employee wishes to address a legislative committee regarding a personal matter, or a matter outside the scope of their position, the employee must take leave time if the presentation is during business hours.
 2. Nothing in this policy restricts an employee from making a report under the Arkansas Whistle-Blower Act, codified in A.C.A. § 21-1-601 *et. seq.*
- G. In accordance with A.C.A. § 16-90-802, the Arkansas Sentencing Commission (ASC) will independently prepare and submit to the General Assembly a fiscal impact assessment to determine the impact on resources and budget consequences of any proposed legislation affecting sentence length.
1. Divisions within the DOC shall provide any requested data to the ASC to assist with the preparation of fiscal impact assessments in a timely manner.
 2. Upon request of the ASC Director, the Secretary may temporarily or permanently reassign DOC personnel to assist with the preparation of fiscal impact assessments.
- H. In accordance with A.C.A. § 12-27-113, the Division of Correction (ADC) shall ensure that authorized legislative committee staff has access to view a full and complete record of every current or former inmate committed to the ADC, along with a photograph of the inmate and data.
1. Requests for review of records must be made in good faith and in writing.
 2. Records under this subsection may be viewed only by a member of the General Assembly or an employee assigned to the Senate Committee on the Judiciary, the House Committee on the Judiciary, or the Charitable, Penal and Correctional Institutions Subcommittee of the Legislative Council.
 3. A record requested to be viewed under this section is privileged and confidential and shall not be shown to any person not authorized to have access to the record under this section. The record shall not be used for any political purpose, including without limitation political advertising, fundraising, or campaigning.

- I. In accordance with A.C.A. § 16-93-202, the Arkansas Parole Board (APB) shall ensure that authorized legislative committee staff has access to view all classification, disciplinary, demographic, and parole hearing records of a current or former inmate or parolee who is currently or was formerly granted parole by the Board.
 1. Requests for review of records must be made in good faith and in writing.
 2. Records under this subsection may be viewed only by a member of the General Assembly or an employee assigned to the Senate Committee on the Judiciary, the House Committee on the Judiciary, or the Charitable, Penal and Correctional Institutions Subcommittee of the Legislative Council.
 3. A record requested to be viewed under this section is privileged and confidential and shall not be shown to any person not authorized to have access to the record under this section. The record shall not be used for any political purpose, including without limitation political advertising, fundraising, or campaigning.



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SECRETARIAL DIRECTIVE

SUBJECT: Public Relations and Release of Information

NUMBER: 2021-06

SUPERSEDES: ADC AD 16-31 & 18-40

ACC AD 16-17 (partial)

ACC AD 19-18 (partial)

APB AD 17-01 (partial)

APPLICABILITY: All Employees of the Arkansas Department of Corrections

REFERENCE: A.C.A. § 12-27-113, 12-27-145, 25-19-105, 25-43-103, 25-43-105, 25-43-108, 25-43-403
 AR 007 Legislative Liaison and/or Inquiries; AR 011 News Media Interviews and
 Correspondence; and AR 7.4 Public Release of Offender Information

PAGE: 1 of 6

APPROVED:

EFFECTIVE DATE:

I. POLICY:

As the executive head of the Arkansas Department of Corrections (“DOC”), it is the responsibility of the Secretary of Corrections (Secretary) to administer the various rules, orders, or directives issued by the Department. The purpose of this directive is to establish procedures for the administration of public relations and release of Offender information. These procedures will ensure that the public, News Media, and other law enforcement organizations are informed of the various programs, services, and events within the DOC. Such procedures shall ensure the integrity and proper use of Offender records and that all notifications of public meetings of the DOC boards and commissions are consistent with state law. It is the policy of the DOC to ensure that all applicable provisions of federal and state law or rules are observed with respect to public meetings and public records.

II. KEY TERMS:

- A. Freedom of Information Act (FOIA). Pursuant to A.C.A. § 25-19-105, the FOIA gives Arkansans access to public records and public meetings, with some exceptions.
- B. News Media. Properly credentialed representatives of local, national, and international news organizations that have a mission of delivering news to the general public, and do not have a primary purpose of commercial production or entertainment. This may include but is not limited to, representatives of general circulation newspapers, magazines, online media outlets, news services, and radio stations and television networks holding a Federal Communication Commission license.
- C. Offender. Inmates, parolees, probationers, or residents in the custody of a DOC facility or under supervision of the DOC.

- D. Offender Record. A full and complete record in written or electronic form regarding each person committed to the custody or supervision of the DOC. An Offender Record includes but is not limited to: a photograph of the convicted person; the offense and sentence for any conviction for which the Offender is incarcerated or under supervision; the Offender's criminal history; medical and mental health information and records; and all other records which identify and relate directly to that Offender. Electronic transmissions and recordings that chronicle the activities and conversations of Offenders are part of the Offender Record.
- E. Public Record. Any writing, sound or video that reflects the performance or lack of performance of an official function, not otherwise exempted from disclosure.
- F. Special Event. Any activity not held in the normal course or day to day operations of a facility or program.

III. PROCEDURES:

A. Facility and Program Areas Accessible to News Media Representatives

1. All News Media tours must be requested and approved in advance by the Communications Director. The Communications Director must always accompany News Media organizations or designate an alternate escort.
 - a. Upon approval, the Department Headquarters, the Division of Correction Central Office, and the Administration Annex East Buildings are accessible to News Media representatives for a tour, if touring will not adversely affect the daily operations and Offenders will not be present.
 - b. Upon approval of the appropriate Division Director, News Media may tour the DOC's Correctional facilities, Parole and Probation Offices, Reentry and Residential facilities. The Secretary must be notified when tours are approved.
2. The appropriate Division Director may give permission for the limited use of cameras. The recording of Offenders is prohibited except when prior authorization has been granted by the appropriate Division Director. Under special circumstances, including open houses and legislative tours, the Division Director may grant permission to take pictures in housing areas. The Secretary must be notified when permission is granted.

B. Contact Person for the General Public and News Media

1. The Communications Director is the designated point of contact for requests and inquiries from the News Media and the public, with the exception of general inquiries to the Arkansas Parole Board (APB).
2. All News Media or general public inquiries (excluding general inquiries regarding APB) must be forwarded to the Communications Director. Media responses made by the APB will be coordinated by the DOC's Communication Director.
3. During declared emergencies and critical incidents, staff may be designated to assist the Public Information Office in the release of authorized information.
4. All records maintained by DOC employees within the scope of their employment are presumed to be public records pending review of the record, to determine if any exemptions may apply that would prevent disclosure.

C. News Media Visits and Interviews

1. Before being photographed or interviewed for promotional or News Media purposes, an Offender must sign the Offender Consent for Photograph/Interview Form (attachment). The form must be witnessed by a DOC staff member.
2. News Media requests for Offender visits will be handled as follows:
 - a. Representatives of News Media organizations who wish to conduct an in-person interview with an Offender incarcerated in the one of the DOC Divisions shall submit their requests in writing to the Communications Director;

- b. Any News Media visit can be denied, canceled or restricted by the Secretary, Division Directors, the Communications Director, the Warden or Center Supervisors if there are security concerns based on present circumstances or concerns regarding subject matter, including, but not limited to: pending appeals or legal matters related to the Offender's criminal conviction; institutional adjustment; and/or re-victimization if a victim(s) has been registered in the electronic Offender Management Information System (eOMIS) by the DOC Victim Services Coordinator or designee;
- c. All requests for in-person interviews must be reviewed by the Communications Director, who will then forward the request and a recommendation to the appropriate Division Director. The Division Director will decide whether to approve the request. If a Division Director approves, the request will be submitted to the Secretary for final approval. Denials by Division Directors can be appealed to the Secretary. The Secretary's decision is final;
- d. News Media representatives denied a media visit, must follow the process of a regular visitor to speak with an Offender if the Offender sends that person an application to be processed.

D. Public Meetings/Special Events

- 1. Boards and Commissions will notify the Public Information Office of public meetings and coordinate to ensure all proper meeting notifications are made.
- 2. The Communications Director must be notified by the Warden, Center Supervisor, Program Administrator, or designee before scheduling a Special Event. When Special Events occur, the Communications Director may notify the News Media. This notification will outline any photo opportunities for the event.

E. Media Advisories and Community Engagement

- 1. The Communications Director will issue media advisories when required by law or DOC policy or when beneficial to highlight a Special Event or advance the public's knowledge of the DOC. All press releases must be approved by the Secretary or Chief of Staff and the appropriate Division Director prior to release.
- 2. All publications prepared by the DOC that advance the public's knowledge of the various programs, services, and events within the DOC, will be made available to the public through the DOC's public website or social media pages. The DOC uses social media to make the public aware of events, critical incidents, updates regarding institutional emergencies and career opportunities within the DOC.
- 3. Examples of such publications include newsletters, monthly reports, annual reports, and informational brochures. To assist in developing public awareness and transparency, the Communications Director may identify publications and reports which should follow a consistent style.
- 4. The Communications Director is responsible for receiving and responding to interview requests and questions from the News Media. The Communications Director will work with the Secretary, or Chief of Staff, and other appropriate DOC leadership to consider requests, and determine the most appropriate response.

F. Release of Offender Information

- 1. All requests for Offender Records, excluding requests related to litigation (subpoenas, court orders, discovery, etc.) must be coordinated through the Public Information Office. Any request received at DOC facilities/offices should be forwarded to the Public Information Office. Requests from a member of the Board of Corrections or their staff should be answered by the DOC employee receiving the request.
- 2. Under FOIA, the DOC must supply documents that are not exempt immediately if they are readily available. If requested records are in active use or storage, the DOC must make every reasonable effort to supply disclosable documents, after redacting information not disclosable, within three (3) business days (unless a longer timeframe is agreed to in advance with the requestor). Pursuant to guidance contained within Arkansas Attorney General Opinion No. 2015-095, disclosable records within the eOMIS are considered to be in storage.

IV. DISCLOSABLE AND UNDISCLOSABLE INFORMATION FOR OFFENDERS:**A. Division of Community Correction (ACC)**

1. Offender Records must not be released or disclosed to the public, Offenders, or their attorneys except as provided by this Secretarial Directive, administrative rules, state, and federal laws, or by court order.
2. The following are NOT permitted:
 - a. Disclosure of the location of an Offender housed in an ACC facility where individuals are participating in drug and alcohol or mental health programs.
 - b. Allowing access to or providing an Offender with another Offender's records or any information contained therein;
 - c. Disclosure of Offender medical, or mental health information, except to authorized contacts; and
 - d. Disclosure of Offender identification numbers for Offenders on probation and parole.
 - e. Disclosure of information by anyone besides the Communications Director or his/her designee.
3. Offender Records that are disclosable while housed in an ACC facility:
 - a. Offender's name, aliases, Offender identification number, photograph, physical description, date of birth, date of death, age, race, and gender;
 - b. Dates of confinement;
 - c. Facilities of confinement, work assignments, and program participation (unless it involves drug and alcohol or mental health program participation);
 - d. Current offenses, sentences, sentence dates, counties of conviction, case numbers, total time to serve, parole/transfer eligibility date, movements, and behavior;
 - e. Prior confinement, offenses, sentences, sentence dates, counties of conviction, case numbers, movements, behavior, and parole/clemency history, including dates of release and dates of return to ACC or ADC;
 - f. Current & previous detainers;
 - g. Furlough history; and
 - h. Escape history.
4. Offenders on probation or parole disclosable information:
 - a. Offender's name, aliases, photograph, physical description, date of birth, date of death, age, race and gender;
 - b. Dates of supervision;
 - c. Office of supervision and program completion while under supervision (unless it involves drug and alcohol or mental health program participation);
 - d. Current Supervision: offenses, sentences, sentence dates, counties of conviction, case numbers, total time to serve on supervision, revocation history, transfers, adherence to conditions of release and behavior;
 - e. Prior supervision: offenses, sentences, sentence dates, counties of conviction, case numbers, transfers, adherence to conditions of release, clemency history, including dates of release and dates of return to ACC or ADC;
 - f. Detainers;
 - g. Furloughs; and
 - h. Escape history.

5. In addition to information listed in the previous section, the ACC is required by Arkansas law to post on its public website the following records of parolees and probationers who have absconded supervision or have an active warrant issued for evading supervision:
 - a. Any suspended sentences and their terms, if known;
 - b. A complete summary of felony convictions and sentences to the extent known by ACC;
 - c. Risk Assessments scores completed after April 1, 2015, including the name of the state agency conducting the assessment, the date conducted and the level of the assessment;
 - d. Any known aliases of the Offender;
 - e. Most recent photograph. Any in-state or out-of-state orders of protection or no-contact orders known to ACC;
 - f. All major disciplinary violations and the date of their disposition that occurred while the Offender was incarcerated;
 - g. Any programs completed and their dates while under ACC supervision;
 - h. A list of previous revocation offenses while on probation or parole and date of revocation; and
 - i. Any court-generated records posted will be electronic copies of the actual court documents. If included in the documents, victim information must be redacted prior to posting on the public website.
6. Information additional to the section above from an offender's record may be released to or viewed by the following:
 - a. Criminal justice agencies, social service and other governmental authorities unless state or federal law prohibits such disclosure;
 - b. Authorized personnel for research purposes; and
 - c. An employee of the Bureau of Legislative Research in accordance with and subject to the limitations of A.C.A. § 12-27-113 (e)(5).
7. Access to an offender's own record may be granted, or information from the record may be released to the offender and/or his attorney as needed to resolve legitimate questions about the accuracy of information in the record or as required by the rules of discovery in pending litigation. The names of confidential informants and other sensitive or confidential information, the disclosure of which might cause harm to any person, are exempt from disclosure except pursuant to court order.

B. Division of Correction (ADC)

1. Disclosure or inspection of information contained in Offender Records is prohibited unless authorized by this Secretarial Directive or by court order.
2. The following are NOT permitted:
 - a. Allowing access to or providing an Offender with another Offender's records or any information contained therein;
 - b. Disclosure of information related to the location of an Offender transferred under an Interstate Compact Agreement;
 - c. Disclosure of inmate medical, or mental health information, except to authorized contacts; and
 - d. Disclosure of information by anyone besides the Communications Director or his/her designee.
3. Except as authorized by Act 1265 of 2015 (Ark. Code Ann. § 12-27-145), only the following information from an Offender Record may be released to the general public:
 - a. Offender's name, aliases, Offender identification number, photograph, physical description, date of birth, age, race, and gender;
 - b. Dates of incarceration;

- c. Facilities of confinement, work assignments, and program participation (unless it involves drug and/or alcohol program participation);
 - d. The following information regarding current incarceration: offenses, sentences, sentence dates, counties of conviction, case numbers, total time to serve, parole/transfer eligibility date, movements, and behavior;
 - e. The following information regarding prior incarcerations: offenses, sentences, sentence dates, counties of conviction, case numbers, movements, behavior, and parole/clemency history, including dates of release and dates of return to ADC; and
 - f. Detainers.
4. Information additional to the section above from an inmate's record may be released to or viewed by the following:
 - a. Criminal justice agencies, social service and other governmental authorities unless state or federal law prohibits such disclosure;
 - b. Authorized personnel for research purposes; and
 - c. An employee of the Bureau of Legislative Research in accordance with and subject to the limitations of A.C.A. § 12-27-113 (e)(5).
 5. Access to an Offender's own record may be granted, or information from the record may be released to the Offender and/or his attorney as needed to resolve legitimate questions about the accuracy of information in the record or as required by the rules of discovery in pending litigation. The names of confidential informants and other sensitive or confidential information, the disclosure of which might cause harm to any person, are exempt from disclosure except pursuant to court order.
 6. Upon the death of an inmate, access to that inmate's medical or mental health information or records may be granted to a person designated by the inmate to have access to such records in accordance with policies and procedures adopted by the DOC, or as required by state or federal law.
 7. An inmate will not be permitted to peruse his/her file at will. A request for access to the institutional file or information contained therein must be made in writing to the Warden or his/her designee; an inmate must list the information or parts of the file to which access is requested; and the inmate's request must be supported by a showing of compelling need. The decision of the Warden or his/her designee to grant or deny the inmate's request shall be final.

C. Arkansas Parole Board (APB)

1. The APB may restrict the release of hearing information or records consistent with state and federal laws or rules. Such restrictions will be communicated by the APB Chair, or a designee of the Chair, to the Communications Director.
 - a. No employee may release APB public records to inmates, media, or the general public unless authorized by APB policy or in writing by the Chair or the Board Administrator.
 - b. All requests for APB records and responses will be coordinated through the Board Administrator, who should be contacted immediately upon receipt of a request.
 - c. The Board Administrator shall make the Communications Director aware of public record/FOIA requests.

V. ATTACHMENT:

Offender Consent for Photograph/Interview Form



DEPARTMENT OF CORRECTIONS
 1302 Pike Avenue, Suite C
 North Little Rock, Arkansas 72114
 Phone: (501) 683-3309 | Fax: (501)-537-3958
 DOC.ARKANSAS.GOV

OFFENDER CONSENT FOR PHOTOGRAPH/INTERVIEW FORM

THE UNDERSIGNED DOES HEREBY CONSENT TO BE PHOTOGRAPHED AND/OR INTERVIEWED BY:

FOR THE EXCLUSIVE PURPOSE OF:

The photographs may include filming of any kind, and the interview may include a recording thereof. The undersigned consents and authorizes that any such photographs or interview material may be utilized by:

FOR THE AFOREMENTIONED PURPOSE.

Furthermore, the undersigned does hereby release and does hold harmless the Department of Corrections, its agents, and employees, from any, and all claims based on the use of said material. The above consent is given by me freely and voluntarily without any promises, threats, or duress.

Offender First & Last Name _____

PRINTED

DOC # _____

Signature: _____ Date: _____

Witnessed by: _____ Date: _____



OFFICE OF THE SECRETARY

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 North Little Rock, Arkansas 72114
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SECRETARIAL DIRECTIVE

SUBJECT: Social Media Policy

SUPERSEDES: ADC AD 18-41
 ACC AD 16-10 partial

NUMBER: 2021-08

APPLICABILITY: All DOC Employees

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

PAGE: 1 of 3

APPROVED: Original Signed by Secretary Solomon Graves

EFFECTIVE DATE: 6/22/2021

I. POLICY:

As the executive head of the Arkansas Department of Corrections (DOC), it is the responsibility of the Secretary to establish procedures to administer the various rules, orders, or directives issued by the Department. The purpose of this directive is to establish the DOC's standards for the administration and management of its various social media platforms, and to provide guidance to employees regarding the Personal Use of social media. The DOC strives to use clear, consistent, and professional methods to increase the public's knowledge of the various programs, services, events, and career opportunities within the DOC; in addition to using social media as an investigative and supervision tool.

II. DEFINITIONS:

1. Administrator. An employee with the ability to assign roles, manage settings, publish, or create content on DOC Social Media Pages.
2. Inappropriate Comments. Topics such as advertisements or endorsements for services or products not affiliated with the DOC; abusive or profane language, inappropriate photographic or video content, hate speech, personal attacks, harassment, threats of violence; defamatory or slanderous statements against DOC or its employees; statements that threaten the good order and safety of DOC offices and facilities.
3. Personal Use. The use of social media by an employee in an unofficial capacity.
4. Post. Content an individual shares on a Social Media Site or the act of publishing content on a site or through a direct message.
5. Professional Use. The use of social media to increase the public's knowledge of the various programs, services, events, and career opportunities within the DOC. Professional Use also includes providing the public and news media with updates regarding institutional emergencies and other critical incidents; in addition to its use by an employee as an investigative and supervision tool.
6. Social Media Account. An established profile using a social media platform for the purpose of professional or personal social media use.

7. Social Media Page. The specific portion of a Social Media Site where content is displayed and managed by an individual or individuals with Administrator privileges.
8. Social Media Site. Internet based services that allow individuals to create public profiles, share information and socialize with others using a range of communications technologies. This includes, but is not limited to, social networking, blogging, photo/video sharing sites, wikis, and news sites.

III. PROCEDURES:

A. Responsibilities of the Communications Director

1. The Communications Director is responsible for the administration and management of all DOC Social Media Accounts and pages.
2. The Communications Director must authorize the creation of Social Media Accounts and pages for use by the DOC and any employee designated to serve as page Administrators in addition to the modification or expansion of existing Social Media Accounts.
3. The Communications Director, or designee, will maintain a list of the DOC's Social Media Accounts, which includes the names of all authorized Administrators and their associated user account information.

Note: An individual will be removed immediately from their Administrator role upon termination of employment. Removal of an Administrator will be accompanied by the immediate change of all passwords and any other necessary account information to maintain security and control of DOC Social Media Accounts.

4. The Communications Director, or designee, will monitor comments made to the DOC's Social Media Pages and remove Inappropriate Comments.

B. DOC Account and Page Guidelines

1. All Social Media Accounts or pages representing the DOC will bear the name "Arkansas Department of Corrections," the facility's or administrative areas name, the official DOC seal and include the Headquarters or location's official contact information. Arkansas Correctional Industries and Paws in Prison are exempt from this requirement.
2. To maintain consistency of the information presented through social media to the public, current and prospective employees, news media representatives, and any other stakeholders; correctional units and administrative areas within the DOC will follow these rules:
 - a. Images used in profiles on pages and accounts representing the DOC are subject to approval of the Communications Office.
 - b. Job Postings will be made in collaboration with the Communications Director and Human Resources. Recruitment graphics must be pre-approved by the Communications Director in conjunction with Human Resource Administrator or designee.
 - c. The use of instant messaging through accounts and pages representing the DOC should be used for recruitment purposes only. Automated responses must be pre-approved by the Communications Director in conjunction with the Human Resources Administrator or designee.

C. Standards for DOC Social Media Administration

1. The Information Technology Section will only grant computer access to Social Media Sites for employees whose duties include the Professional Use of social media. All Professional Uses of social media will be consistent with applicable policies. Request for access must be approved by a Division Director, the Chief of Staff, or their designee.
2. Social media Posts must meet ethical and professional standards.
3. Social media Posts must not include confidential or otherwise non-publicly accessible DOC information, or information that is false, inaccurate, or misleading.

4. Content generated within the DOC's Social Media Accounts may be considered a public record. Social media content must be maintained in a manner consistent with all applicable laws and policies.
5. The DOC's Social Media Accounts will include the following statement:
"Representatives of the Arkansas Department of Corrections share information via this profile. Any communication via this page, whether by a state employee or the public, may be subject to monitoring and disclosure. Refer to the contact information section on this page to officially communicate with the Department."

D. Personal Use Guidelines

1. The DOC recognizes employees have the right to create and maintain personal Social Media Accounts and groups. It is not the purpose of this policy to discourage or unduly limit any personal expression or online activity. DOC employees are personally responsible for the content they publish on any social media platform. Employees will be held accountable for content appearing on their social networking sites, whether Posted by the employee or not. Each employee should recognize the potential for harm to the DOC by personal social media Posts in circumstances when the individual is identified as, or known to be, a DOC employee. Accordingly, employees should comply with the guidelines listed below:
 - a. Employees are not permitted to use DOC equipment or network infrastructure for personal social media use.
 - b. Employees are not permitted to use state email accounts, phone numbers or passwords for personal social media use.
 - c. Employees cannot Post confidential or otherwise non-publicly accessible DOC related information, or information about the DOC that is false, inaccurate, or misleading.
 - d. Employees cannot Post or display comments about co-workers or supervisors that is vulgar, obscene, threatening, intimidating, harassing, or a violation of the DOC's policies against discrimination or harassment.
 - e. Employees cannot represent or indicate that the DOC endorses any of the employee's personal social media Posts.
 - f. Employees cannot allow personal social media usage to interfere with their ability to complete their assigned job duties.
2. The DOC's conduct standards are applicable to employees while on or off duty. Employees are expected to follow the DOC's conduct standards during their personal social media use. Employees who fail to meet these standards will be subject to disciplinary sanctions provided for in the Employee Conduct Standards and Discipline Secretarial Directive.
3. Employees should be mindful that, because of their chosen career field, they may be targeted by individuals using social media. Employees should regularly evaluate each site's security settings to ensure that personal content is only available to their intended audiences.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: ~~Prison Rape Elimination Act (PREA)~~

NUMBER: ~~15-29~~

SUPERSEDES: ~~15-21 & 13-110~~

APPLICABILITY: ~~Employees and Inmates~~

REFERENCE: ~~AR 413 Prison Rape Elimination~~ ~~Page 1 of 32~~

APPROVED: ~~Original Signed by Wendy Kelley~~ ~~EFFECTIVE DATE: 11/06/2015~~

I. POLICY:

It is the policy of the Arkansas Department of Correction (ADC) that there is "Zero Tolerance" towards all forms of sexual abuse and harassment. This policy will set forth the Department's approach to preventing, detecting, and responding to such conduct. The Department will initially respond to all reports of sexualized behavior or abuse as nonconsensual, regardless of perception, rumor, appearance, or participant disclosure.

II. EXPLANATION:

To provide procedures to assist in identifying, monitoring, counseling, and tracking inmates who have a propensity for committing sexual assaults, rapes, sexual harassment, sexual misconduct, or indecent exposure; to provide procedures to assist in identifying inmates who have a possible vulnerability to being a victim of sexual assault, rape, sexual harassment, sexual misconduct, or indecent exposure; to ensure ADC employees, contract workers, and volunteers are trained to recognize such behaviors and take appropriate action; to ensure inmates receive orientation; to provide a mechanism for providing support services to victims and provide a mechanism for referring actions to the Arkansas State Police for criminal prosecution as appropriate.

III. ~~APPLICABILITY:~~

Deleted: :

~~All Department of Correction employees, contractors, volunteers, student interns and persons or organizations conducting business with the Department, and all inmates under the custody or supervision of the Department of Correction. All are responsible for strictly adhering to this policy to prevent, detect, and investigate any alleged violations of this policy.~~

IV. ~~DEFINITIONS:~~

- ~~A. Staff — For the purpose of this directive, staff includes all Arkansas Department of Correction employees, volunteers, and contracted personnel working within the facilities or directly with an inmate in any official capacity.~~
- ~~B. Advocate — A trained individual from a rape crisis center.~~
- ~~C. Chain of Custody — The chronological documentation showing the seizure, custody, control, transfer, analysis, and disposition of physical or electronic evidence.~~
- ~~D. Consent — ADC policy dictates that an inmate cannot consent to sexual behavior with staff.~~
- ~~E. Contractor — A person who provides services on a recurring basis pursuant to a contractual agreement with the Department.~~
- ~~F. False Allegation — An allegation that, after the completion of the investigative process, is proven to be untrue.~~
- ~~G. First Responder — Any staff member who is responsible for the initial response to a discovery or report of sexual abuse, sexual assault, or sexual harassment. This employee is generally the shift supervisor. The duties of the first responder include initiating the appropriate PREA Checklist, making all necessary notifications, taking steps to protect the victim and preserving the crime scene.~~
- ~~H. Investigative Outcome — When an investigation is concluded, the outcome will be labeled as one of the following:~~
 - ~~1. Substantiated — The event was investigated and determined to have occurred;~~
 - ~~2. Unsubstantiated — The evidence was insufficient to make a final determination that the event occurred;~~
 - ~~3. Unfounded — The event was determined NOT to have occurred, or, if the event occurred, the conduct was nonetheless within policy and the alleged perpetrator exonerated.~~
- ~~I. LGBTI — An acronym for a group of sexual minorities including lesbian, gay, bisexual, transgender, and intersex individuals.~~

- J. ~~Medical Confidentiality~~—The ethical principle that a physician or other health professional will hold in confidence all information relating to a patient. ~~This does not apply in a correctional setting where the information may be used to determine whether any allegations of abuse, harassment, or sexual conduct can be substantiated or~~ when an inmate reports that he or she has engaged in sexual activity, or been subjected to sexually abusive contact, sexually abusive penetration, sexual harassment, or any allegation of staff on inmate sexual abuse.
- K. ~~Need to Know~~—A criterion for limiting access of certain sensitive information to individuals who require the information to make decisions or take action with regard to an inmate's safety or treatment, or to complete the investigation process.
- L. ~~Perpetrator~~—An individual committing any form of sexual abuse.
- M. ~~Post-exposure Prophylaxis (PEP)~~—Any prophylactic treatment started immediately after exposure to a pathogen (such as a disease-causing virus) in order to prevent infection by the pathogen and the development of a disease.
- N. ~~Potential Sexual Predator~~—An inmate identified at intake or by a unit classification committee as having a history of sexual aggression or a potential for sexual aggression based upon an appropriate screening tool and/or that has a history of repeated guilty outcomes for sexual misconduct, indecent exposure, masturbation in the presence of another, making sexual threats, or demanding sexual contact. Note: A Potential Sexual Predator is a precaution identifier in the offender management system (eOMIS).
- O. ~~PREA Checklist~~—A form to be completed by the First Responder (Attachment 1-a) to ensure the victim receives appropriate care and investigators are able to secure evidence and increase the chance of prosecuting the perpetrator(s).
- P. ~~PREA Inmate~~—An inmate who, since 1985, has been found guilty of the disciplinary charge of rape or forced sexual act with an inmate, staff, volunteer, contractor, or other individual in a correctional facility including non-ADC locations. Note: A PREA Inmate is a precaution identifier in the offender management system (eOMIS).
- Q. ~~Prison Rape Elimination Act (PREA)~~—The federal law which supports the prevention, reduction, and elimination of sexual assault and rape within a correctional systems.
- R. ~~PREA Incident~~—Any incident of inmate sexualized behavior, staff on inmate or inmate-on inmate sexual abuse, sexual assault, or staff on inmate sexual harassment.
- S. ~~Protective Custody~~—A form of separation from the general population for an inmate requesting or requiring protection from other inmates.
- T. ~~Rape~~—A person commits the crime of rape if he or she engages in sexual intercourse or deviate sexual activity with another person if that act was committed through forcible compulsion or with a person that is physically or mentally incapable of consent. By state

law, an inmate cannot consent to a sexual act with staff, volunteers, contractors, or anyone with authority over that inmate.

U. ~~Retaliation—Acts or threats of action to punish an inmate for:~~

- ~~1. Refusal to submit to sexual advances; or~~
- ~~2. Involvement in the reporting or investigation of a sexual misconduct complaint.~~

V. ~~Sexualized Behavior—Sexual contact committed by an inmate including, but not limited to, kissing or fondling of another person, (excluding all examples listed under sexually abusive contacts) in a manner which produces, or is intended to produce, sexual stimulation or gratification where force is not substantiated. Individual behaviors include, but are not limited to, massages, indecent exposure, ejaculating on another's property, and masturbation in the presence of others.~~

W. ~~Sexual Misconduct—Non-abusive sexual contact that includes penetration as described under relevant definition or any behavior of a sexual nature committed by staff directed toward an inmate that is prohibited by Federal Law, Arkansas Statute, Department Policies or Department Conduct Standards.~~

X. ~~Survey on Sexual Violence—An annual compilation of data of sexual assault within U.S. correctional facilities collected by the Federal Bureau of Justice Statistics (BJS) as mandated by the Federal Prison Rape Elimination Act.~~

Y. ~~Victim—An inmate who is harmed or adversely affected by, and/or tricked or exploited into, participating in sexual contact, or is subjected to sexual abuse or harassment.~~

Z. ~~Victim Prone—An inmate identified at intake or by unit classification committee as susceptible to a sexual assault, rape, or abuse within a correctional facility.~~

AA. ~~Youthful Inmate—An inmate committed to the Department who has been adjudicated as an adult but has not yet reached age eighteen (18).~~

~~V. **SPECIFIC DEFINITIONS OF SEXUAL ABUSE:**~~

A. ~~Non-Abusive Sexual Contact—sexual contact between inmates in which no evidence of force, duress, or coercion is substantiated.~~

B. ~~Sexual Abuse—the use of debt, threats of physical harm, peer pressure, deceit, personal favors, or positional authority to force or entice sexual favors from a person, including sexually abusive contacts, penetration or harassment, as those terms are defined herein.~~

- ~~1. Inmate-on-Inmate Sexual Abuse—Encompasses all incidents of inmate-on-inmate sexually abusive contact, penetration and harassment as described below.~~

- a. ~~Sexually Abusive Contact—Non-penetrative touching by an inmate (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks of another inmate.~~
 - b. ~~Sexual Abusive Penetration—Penetration by an inmate of another inmate in which the inmate is coerced into sexually abusive penetration by threats of violence, or is otherwise unable to refuse. The sexual acts included are:~~
 - ~~Contact between the penis and the vagina or the anus;~~
 - ~~Contact between the mouth and the penis, vagina, or anus; or~~
 - ~~Penetration of the anal or genital opening of another person by a hand, finger, or other object.~~
2. ~~Staff on Inmate Sexual Abuse—Encompasses all occurrences of staff on inmate sexually abusive contact, penetration, indecent exposure, voyeurism, and harassment or staff solicitation of inmates to engage in sexual contact or penetration.~~
3. ~~Sexually Abusive Contact—Non-penetrative touching by a staff member (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks of an inmate that is unrelated to the official duties of the staff member.~~
4. ~~Sexual Abusive Penetration—Penetration of an inmate by staff. The sexual acts included are:~~
 - ~~Contact between the penis and the vagina or the anus;~~
 - ~~Contact between the mouth and the penis, vagina, or anus; or~~
 - ~~Penetration of the anal or genital opening of another person by a hand, finger, or other object.~~
5. ~~Sexual Harassment—Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures or actions of a derogatory or offensive sexual nature by one inmate directed toward another.~~
6. ~~Staff on Inmate Sexual Harassment—A staff member's verbal comments or gestures of a sexual nature to an inmate.~~
7. ~~Indecent Exposure—Staff's display of his or her uncovered genitalia, buttocks or breast in the presence of an inmate.~~
8. ~~Voyeurism—An invasion of an inmate's privacy by staff for reasons unrelated to official duties. Examples include, but are not limited to, peering at an inmate who is using a toilet in their cell, requiring an inmate to expose their buttocks, genitals, or breasts, taking images of all or part of an inmate's naked body or of an inmate performing bodily functions, and distributing or publishing them for other than an official reason as required by policy.~~

VI. PREVENTION AND PLANNING:**A. Wardens and Administrators**

In addition to responsibilities applicable to all employees, wardens and administrators shall be responsible for ensuring the following:

1. Sexual acts and sexual contact between employees and inmates shall immediately be reported to Internal Affairs, even if the employee resigns.
2. When sexual acts or sexual contact are alleged, the crime scene shall be immediately secured, if possible.
3. The alleged victim shall immediately be given the necessary emergency medical treatment, without (to the extent possible) compromising the integrity of available physical evidence. If deemed necessary by medical personnel, the inmate may be transported to an outside medical facility.
4. The Warden/Administrator must take immediate action in accordance with this directive to ensure the safety of the inmate.
5. Under appropriate circumstances, the Warden/Administrator may request transfer of any staff member accused of misconduct, may internally reassign him/her, or place him/her on administrative leave pending the outcome of an investigation.
6. Failure to take appropriate action, as defined in this directive, when sexual misconduct is alleged or has been determined to have occurred, may result in disciplinary action.

B. Sexual Misconduct Complaint Reporting Procedures for all Staff

1. Any employee who receives any information, from any source, concerning sexual misconduct or who observes sexual misconduct is required to immediately report the information or incident to his/her supervisor. If the supervisor is the person who is engaging in the sexual misconduct, the report will be made to the next highest official.
2. The employee shall submit a written report, providing any information received or observed that concerns sexual misconduct, to his/her supervisor before the end of his/her workday. The Warden/Administrator shall be notified of all sexual misconduct complaints or allegations.
3. The Warden/Administrator will notify the Director/Deputy/Assistant Director and Internal Affairs. Internal Affairs will notify the Arkansas State Police if there is evidence that a crime may have occurred.

~~4. The sexual misconduct complaint, including the identity of the informant, the perpetrator, and the victim, and all information and documents pertinent to the complaint shall be handled in a confidential manner and shall only be revealed on a need to know basis.~~

~~5. Persons interviewed shall be advised that they are required to maintain confidentiality and not disclose to anyone information regarding the complaint, the investigation, and the outcome. Staff shall be advised that failure to maintain confidentiality can result in disciplinary action.~~

~~C. Appointment of a Department PREA Coordinator~~

~~The Department shall designate an upper-level, department-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee Department efforts to comply with this policy.~~

~~D. Appointment of a PREA Compliance Manager (PCM) at Each Facility~~

~~Each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards in this policy.~~

~~E. Contracting with other Entities for the Confinement of Inmates~~

~~1. Any new contracts or contract renewals for the confinement of ADC inmates with private agencies or other entities, including government agencies, shall include the entity's obligation to adopt a zero tolerance for sexual abuse/assault and allow for monitoring by ADC.~~

~~a. The contractor must be in compliance with 28 CFR Part 115 (PREA) or have adequate measures in place to demonstrate a zero tolerance policy and mechanisms to prevent, detect and respond to sexual abuse and harassment.~~

~~b. A background investigation shall be required on the contractor's employees and agents in a facility housing ADC inmates. Such investigation shall be equivalent to investigations required of all personnel employed by the Department.~~

~~c. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Warden/Superintendent of the facility. A contractor or contractor's employee or agent may be subject to criminal prosecution if he/she engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between inmates. Such acts shall be grounds for canceling the contract. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into a facility housing ADC inmates.~~

~~2. Contract Oversight~~

- ~~a. Upon learning of a PREA incident, the contractor shall take immediate actions to protect and provide emergency medical services to the victim.~~
- ~~b. Within twenty-four (24) hours of the contractor's knowledge of a PREA incident, the contractor shall notify the Department and provide a written report detailing the incident.~~
- ~~c. An inmate shall not be disciplined or punished in any way for a nonprofessional relationship with the contractor's employee, volunteer, or contractor unless the employee, volunteer, or contractor did not consent to the contact.~~

~~F. Staffing Levels/Video Monitoring:~~

- ~~1. The Department will determine adequate staffing levels and video monitoring to protect inmates from sexual abuse by taking into consideration the physical layout of each unit and any other relevant factors. Steps shall be taken to ensure these factors are considered and documented during annual staffing analysis efforts.~~
- ~~2. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration the following factors:~~
 - ~~a. Generally accepted detention and correctional practices;~~
 - ~~b. Any judicial findings of inadequacy;~~
 - ~~c. Any findings of inadequacy from Federal Investigative Agencies;~~
 - ~~d. Any findings of inadequacy from internal or external oversight bodies;~~
 - ~~e. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);~~
 - ~~f. The composition of the inmate population;~~
 - ~~g. The number and placement of supervisory staff;~~
 - ~~h. Institution programs occurring on a particular shift;~~
 - ~~i. Any applicable State or Local Laws, Regulations, or Standards;~~
 - ~~j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and~~
 - ~~k. Any other relevant factors.~~

- ~~3. The facility must document and justify all deviations from the plan. This documentation shall include notifications made and corrective actions taken. A copy of this documentation must be forwarded to the Unit PREA Compliance Manager for inclusion in the unit PREA Audit file.~~
- ~~4. Whenever necessary, but no less frequently than once each year, the Department's PREA Coordinator will conduct an internal evaluation of each facility. This evaluation will include an assessment to determine if adjustments are needed to:~~
 - ~~a. The staffing plan established pursuant to this policy;~~
 - ~~b. The facility's deployment of video monitoring systems and other monitoring technologies;~~
 - ~~c. The resources the facility has available to commit to ensure adherence to the staffing plan; and~~
 - ~~d. Additional resources needed to comply with all indicated standards.~~
- ~~5. Each facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night and day shifts. Each facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. (This should be placed in post orders.)~~
- ~~6. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the Department shall consider the effect of the design, acquisition, expansion, or modification upon the Department's ability to protect inmates from sexual abuse or harassment.~~
- ~~7. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department shall consider how such technology may enhance the Department's ability to protect inmates from sexual abuse.~~
- ~~8. The Assistant Director of Construction & Maintenance shall review all plans to expand, acquire, or significantly modify facilities and all major changes to the monitoring technology employed.~~

~~-G. Youthful Inmates~~

- ~~1. A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through~~

use of a shared dayroom, shower area, toilet area, or sleeping quarters except as provided in subsection (b).

- a. ~~All youthful inmates will be housed at the designated unit in a housing area that provides for sight and sound separation from other inmates over the age of (seventeen) 17. The youthful inmates will be able to attend all unit activities, receive all unit services, and participate in jobs and programs as deemed appropriate by the unit classification committee. Youthful inmates must be directly supervised when not in their assigned housing area.~~
- b. ~~The Director may approve youthful inmates being housed as necessary for healthcare or to participate in an early release program such as boot camp or a re-entry center.~~
- 2. ~~If a youthful inmate's behavior becomes unmanageable in the youthful inmate designated housing area, and all efforts to deescalate that inmate have failed, and there is a direct threat to the safe and secure operations of the housing unit or to the inmate, staff, or other inmates, temporary removal from the designated housing area may be authorized by the Duty Warden.~~
 - a. ~~As soon as the youthful inmate can regain control and can be housed securely in the youthful inmate housing area, he/she shall be returned to that housing area.~~
 - b. ~~If retention longer than (two) 2 hours is required, additional authorization by the Duty Warden is required. Strong justification must be present to retain the youthful inmate in isolation or similar assignment.~~
 - c. ~~If retention longer than twenty four (24) hours is needed, authorization must be gained from the Warden.~~
 - d. ~~If retention longer than forty eight (48) hours is needed, authorization must be gained and renewed every twenty four (24) hours from the Duty Director.~~
 - e. ~~If retention longer than seventy two (72) hours is needed, authorization must be gained and renewed every twenty four (24) hours from the Director.~~

H. ~~Inmates with Disabilities or Limited English Proficiency~~

- 1. ~~The Department shall take appropriate steps to ensure that inmates with disabilities (including, inmates who are deaf or hard of hearing, blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) and inmates who have limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.~~

2. ~~Such steps shall ensure effective communication with inmates who are deaf or hard of hearing.~~
3. ~~The Department is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or result in undue financial and administrative burdens.~~
4. ~~Reasonable steps will be taken to ensure meaningful access for inmates who are of limited English proficiency including steps to provide translation equipment/programs.~~
5. ~~Except in limited circumstances where an extended delay in obtaining an effective interpreter or translation program could compromise the inmate's safety, the performance of first responder duties or the investigation of the inmate's allegations, the Department shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants during the investigation of an allegation of sexual abuse or harassment.~~

I. ~~Cross Gender Viewing and Searches~~

1. ~~The Department shall not conduct cross gender strip searches or cross gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.~~
2. ~~The Department shall document all cross gender strip searches and cross gender visual body cavity searches.~~
3. ~~The Department shall enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing the inmate's breasts, buttocks, or genitalia, except when such viewing is incidental to routine barracks or cell checks or in exigent circumstances.~~
4. ~~The Department shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's gender status. If the inmate's gender status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted by a medical practitioner in a setting designated for medical examinations.~~
5. ~~The Department shall continue to train security staff in how to conduct cross gender pat down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.~~

VII. RESPONSE AND INVESTIGATIONS:**A. Evidence Protocol and Forensic Medical Examinations**

1. ~~The designated employee conducting the preliminary or subsequent investigation will adhere to the Department's policy for criminal evidence handling.~~
2. ~~The Department shall offer all victims of sexually abusive penetration access to forensic medical examinations. Such examinations shall be performed by qualified medical practitioners, and whenever possible by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).~~
3. ~~The Department shall attempt to make available to the victim, a victim advocate from an approved community-based organization. If a community-based organization is not available to provide victim advocate services, the Department will make available a qualified employee who is designated to provide victim services.~~
4. ~~Employees designated to provide victim advocacy for inmates when a community-based organization is not available must receive approved training as indicated for victim advocates.~~
5. ~~The Department PREA Coordinator shall document efforts to secure victim advocacy services from community-based organizations, including, when appropriate, the community-based organization's inability to provide services.~~
6. ~~As requested by the victim, the victim advocate or qualified Department staff member shall accompany and support the victim through the forensic medical examination process, investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The victim advocate shall be allowed to accompany the inmate to court in the event of a prosecution.~~

B. Policies to Ensure Referrals of Allegations for Investigations

1. ~~After an allegation or discovery of sexual abuse, sexual assault, or sexual harassment, the facility will ensure an initial unit level investigation is conducted as directed in this policy and all notifications are made. This unit level response will include actions to protect the victim, secure the crime scene, preserve evidence, and the collection of initial information to be used to determine the level of response.~~
2. ~~The Department will ensure that allegations of sexual abuse or sexual harassment are referred for investigation and potential prosecution to the Arkansas State Police, unless the allegation does not involve potentially criminal behavior. The Internal Affairs Division (IAD) will document all such referrals.~~

VIII. TRAINING AND EDUCATION:**A. Employee Training**

1. ~~The Department shall train all employees who may have contact with inmates on:~~
 - a. ~~Its Zero Tolerance Policy for sexual abuse and sexual harassment;~~
 - b. ~~How to fulfill their responsibilities under Department sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;~~
 - c. ~~The right of inmates to be free from sexual abuse and sexual harassment;~~
 - d. ~~The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;~~
 - e. ~~The dynamics of sexual abuse and sexual harassment in confinement;~~
 - f. ~~The common reactions of sexual abuse and sexual harassment victims;~~
 - g. ~~How to detect and respond to signs of threatened and actual sexual abuse;~~
 - h. ~~How to avoid inappropriate relationships with inmates;~~
 - i. ~~How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.~~
2. ~~Such training shall cover the differences in policies based on the gender of the inmate.~~
3. ~~The Department shall provide each employee with refresher training annually to ensure that all employees know the Department's current sexual abuse and sexual harassment policies and procedures.~~

B. Volunteer and Contractor Training

1. ~~The Department shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.~~
 - a. ~~The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall, at the~~

~~least, be notified of the Department's Zero Tolerance Policy regarding sexual abuse and sexual harassment and informed of how to report such incidents.~~

~~b. Vendors or occasional contractors that have not received such training must be escorted by security staff when contact with inmates is probable.~~

~~c. The Department shall maintain documentation confirming that volunteers and contractors understand the training they have received.~~

~~C. Inmate Education~~

~~1. During the intake process, inmates shall receive information explaining the Department's Zero Tolerance Policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.~~

~~a. Within thirty (30) days of intake, the parent unit shall provide comprehensive education to inmates either in person or through the use of the most current PREA Inmate Education Video regarding the inmate's right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding Department policies and procedures for reporting incidents of sexual abuse and harassment.~~

~~b. Current inmates shall be re-educated within one year of the effective date of this policy, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.~~

~~c. The unit shall provide inmate education in formats accessible to all inmates, including those who are of limited English proficiency, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.~~

~~d. The Department shall maintain documentation of inmate education participation and forward such documentation to the unit's PREA Compliance Manager.~~

~~e. In addition to providing such education, the Department shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Posters with the ADC Hotline number, and if available, an outside reporting number, will be placed near all inmate phones.~~

~~D. Specialized Training: Investigations~~

~~1. In addition to the general training provided to all employees, all investigative personnel that will be assigned to complete PREA-related investigations beyond~~

~~the initial unit investigation will have received training in conducting such investigations in confinement settings.~~

- ~~a. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.~~
- ~~b. The Department shall maintain documentation that Department investigators have completed the required specialized training in conducting sexual abuse investigations.~~

~~E. Specialized Training: Medical and Mental Health Care~~

- ~~1. The Department will ensure that all medical and mental health care practitioners who work regularly in its facilities have been trained in:~~
 - ~~a. How to detect and assess signs of sexual abuse and sexual harassment;~~
 - ~~b. How to preserve physical evidence of sexual abuse;~~
 - ~~c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and~~
 - ~~d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.~~
 - ~~e. The appropriate division shall document, through employee signature or electronic verification, or through written/electronic testing, that employees understand the training they have received.~~

~~IX. INTAKE, CLASSIFICATION, HOUSING & SCREENING:~~

- ~~A. In Order to Reduce the Likelihood of Sexual Abuse While an Inmate is in ADC custody, the Department will take the following into Account when Assigning Housing and Job Assignments for Every Inmate Upon Intake, in Classification, or in any Special Circumstances.~~
 - ~~1. To minimize the risk of inmate sexual abuse due to housing assignment, predatory designated inmates (Sexual Predator or Potential Sexual Predator) will not be placed with victim-prone designated inmates.~~
 - ~~2. When a PREA incident has occurred or is alleged to have occurred, the Department's priorities are safety and security for the victim, the general inmate population, the perpetrator, and the institution. It may be necessary to separate the involved inmates to prevent further victimization or retaliation.~~

- ~~a. Victims shall be placed in the least restrictive housing assignment as possible following an alleged sexual assault or sexual abuse. Placement in segregation should not exceed three (3) business days unless necessary to protect the victim from further harm.~~
- ~~b. If a victim must be placed in segregation, the Duty Warden must authorize this placement.~~
- ~~c. Alternative housing in a less restrictive unit should be a priority and the inmate should be moved as soon as feasibly possible.~~

~~B. Intake~~

- ~~1. All inmates will be assessed at intake to determine whether they meet specific criteria indicating either likelihood of victimization or predatory behavior. This requires the use of the appropriate screening tool by trained personnel.~~
- ~~2. This screening will normally be conducted within seventy-two (72) hours of the inmate's arrival at the Department.~~

~~C. Protective Custody~~

- ~~1. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for no more than three (3) business days while completing the assessment.~~
- ~~2. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:~~
 - ~~a. The opportunities that have been limited;~~
 - ~~b. The duration of the limitation; and~~
 - ~~c. The reasons for such limitations.~~
- ~~3. Every thirty (30) days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.~~

~~D. — Precautions~~

- ~~1. — The Unit PREA Compliance Manager (PCM) is responsible for working with Classification and the Warden/Superintendent to determine an inmate's PREA precaution status and entering the precaution status into the offender management system (eOMIS).~~
- ~~2. — If the inmate victim or perpetrator already has a PREA designation, the Unit PREA Compliance Manager is responsible for ensuring information from the current incident is added to the existing precaution.~~

~~X. — RESTRICTIONS AND REVIEWS:~~~~A. — Housing Post Incident~~

- ~~1. — PREA Inmates shall be placed in single man housing status subject to review by the unit's Classification Committee every six (6) months.~~
- ~~2. — If not already participating, there shall be a Classification Committee review of a PREA inmate's eligibility for programs and/or job assignments every ninety (90) days.~~
- ~~3. — There shall be yearly reviews conducted by the Classification Committee and the Director or appropriate Deputy/Assistant Director to determine continuation of single man housing status. The yearly review may be in conjunction with a six-month and/or ninety (90) day review; however, the Classification Committee, through the Warden, can recommend removal from single man housing status to the Director or appropriate Deputy/Assistant Director at any time, which may or may not be approved. In any event, the PREA label shall remain with the inmate even if removed from single man housing status with documented rationale and with the precaution being changed to inactive.~~

~~B. — The Unit's Classification Committee shall Place Sexual Predators in Single Man Housing Status Subject to Review Every Six (6) Months.~~

- ~~1. — If not already participating, there shall be a Classification Committee review of a Sexual Predator inmate's eligibility for programs and/or job assignments every ninety (90) days.~~
- ~~2. — There shall be yearly reviews conducted by the Classification Committee and the Director or appropriate Deputy/Assistant Director to determine continuation of single man housing status. The single man housing status that was the result of a finding the inmate meets the definition of sexual predator under this policy may be changed by the Classification Committee with the Warden's approval. All releases of PREA inmates from single man housing status under this policy require approval by the Director or appropriate Deputy/Assistant Director. The~~

~~yearly review of an inmate assigned to single man housing may be in conjunction with a six month or 90 day review.~~

- ~~3. However, victims of sexual assault/sexual abuse shall be placed in the least restrictive housing situation as possible based on the safety of the inmate. If it is determined a victim must be placed in isolation or on single man status, justification for this level of housing must be well documented to include all attempts to provide less restrictive housing. The victim's own perception of safety should be considered. When isolation is deemed the appropriate placement for the victim, the Unit Warden and the Department PREA Coordinator must review and make recommendations for a change in status within seven calendar days.~~

XI. INMATE DISCIPLINARY ACTION:

- ~~A. Inmates Engaging in Inmate-on-Inmate Sexual Abuse shall be Appropriately Disciplined in Accordance with the Current Disciplinary Manual Regardless of any Determination to Seek Criminal Prosecution.~~
- ~~B. An inmate may only be disciplined for inmate-on-staff sexual contact upon a finding that the staff member did not consent; however, action to segregate the inmate may be taken for security of the inmate and staff.~~

XII. REPORTING:

- ~~A. Inmate Generated Reports~~
 - ~~1. Inmates may report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents through multiple avenues:~~
 - ~~a. Call the ADC PREA Hotline free of charge using the inmate telephone system;~~
 - ~~b. Tell any staff member;~~
 - ~~c. Write a note or request to any staff member;~~
 - ~~d. Send correspondence to the PREA Coordinator;~~
 - ~~e. Where available, inmates can utilize an outside reporting line such as a Rape Crisis hotline. Such calls will be treated in the same manner as calls to the PREA hotline;~~
 - ~~f. Send confidential correspondence to a designated community-based victim advocacy group. Such correspondence will be treated in the same manner as legal mail;~~

~~g. Utilize the Inmate Grievance Procedure; or~~

~~h. Have a family member or friend make a report to the Warden or Department PREA Coordinator.~~

- ~~2. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports and ensure notification to a supervisor is made immediately. All reports of sexualized activity between inmates, sexual harassment, sexual abuse and sexual assault require an immediate response.~~

~~B. Third Party Reports~~

- ~~1. Access to the ADC PREA Hotline shall be made available for third party reporting by the public. This number will be placed on the Department website.~~
- ~~2. The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates to facility and Department administration. Private reporting does not excuse staff failure to report all incidents as required by policy.~~

~~C. Inmate Access to Outside Support Services~~

- ~~1. Where available, the unit shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state, or national victim advocacy or rape crisis organizations.~~
- ~~2. The Department PREA Coordinator will work to secure access to these resources where available and work with the Unit PREA Compliance Manager to provide access at the unit level.~~
- ~~3. The Department PREA Coordinator shall maintain or attempt to establish agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The Department PREA Coordinator shall maintain copies of agreements or documentation showing attempts to secure such agreements.~~

~~D. Staff and Department Reporting Duties~~

- ~~1. Staff shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any incident or appearance of retaliation against inmates or staff who reported such an incident, and any neglect or violation of responsibilities by staff that may have contributed to an incident or retaliation.~~

- ~~2. — Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and to make treatment, investigation, and other security and management decisions.~~
- ~~3. — All allegations of sexual abuse and sexual harassment, including third party and anonymous reports shall be entered in the offender management system (eOMIS) under incident report with all documentation relating to the incident scanned as confidential using the “Confidential IA Witness Statement” option that is available to the Warden. The unit Warden shall review all such reports to determine if referral for investigation to the Internal Affairs Division is warranted. If an investigation by Internal Affairs is warranted, the Warden shall refer the incident in the offender management system (eOMIS) to Internal Affairs.~~
- ~~4. — Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the unit will notify the Department PREA Coordinator and provide a detailed report of the allegations made to include witness statements and the presence of any evidence recovered. The Department PREA Coordinator shall notify the head of the facility or appropriate office of the department where the alleged abuse occurred.~~
 - ~~a. — The Department PREA Coordinator will ensure a record of such notification is maintained in the PREA Coordinator’s Office.~~
 - ~~b. — Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.~~
 - ~~c. — If notifications are received from another correctional department reporting abuse that has occurred at an ADC facility, such notifications will be forwarded immediately to the Department PREA Coordinator for further action.~~

~~XIII. STAFF FIRST RESPONDER DUTIES:~~

- ~~A. — All allegations of Sexual Abuse shall be investigated by the Warden or Designee Using the Following Protocol:~~

- ~~1. — When a unit learns that an inmate is at substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.~~
- ~~2. — Upon learning of an allegation that an inmate was sexually abused, the first responder shall be required to activate the appropriate PREA Response Check List and take the following steps:~~
 - ~~a. — Separate the victim and perpetrator.~~

- ~~b. Preserve and protect any crime scene areas until appropriate steps can be taken to collect evidence.~~
- ~~c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.~~
- ~~d. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the perpetrator does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.~~
- ~~3. The appropriate PREA checklist (Attachment 1 or Attachment 2) will be initiated immediately by the first responder. This requires that the following staff be notified:~~
 - ~~a. Internal Affairs Administrator~~
 - ~~b. Medical Personnel~~
 - ~~c. Mental Health Personnel~~
 - ~~d. Warden or Designee~~
 - ~~e. Department PREA Coordinator~~
 - ~~f. Department HIV Coordinator~~
 - ~~g. Unit PREA Compliance Manager~~
 - ~~h. Chaplain~~
 - ~~i. Victim Advocate (If no victim advocate agreement is in effect for the institution, the mental health staff trained in victim advocacy can be utilized as listed in the emergency manual).~~
 - ~~j. Classification~~
- ~~4. The unit, in cooperation with the Department PREA Coordinator, shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan shall include coordination among staff first responders, medical and mental health practitioners, investigators, victim advocates, and facility leadership.~~
- ~~5. All inmates who are of limited English proficiency, deaf, or persons with a disability shall be allowed to report sexual abuse to staff directly or through the~~

~~PREA Hotline without use of inmate interpreter unless there are exigent circumstances.~~

~~B. Medical/Mental Health Evaluation and Treatment~~

- ~~1. Victims will be offered immediate access to appropriate qualified medical and mental health practitioners inside the facility who can provide support to the victim as appropriate.~~
- ~~2. Treatment services shall be provided to the victim without payment of medical co-pay and regardless of whether the victim names the perpetrator. Medical and mental health services to victims shall include necessary follow up services and treatment.~~
- ~~3. If no qualified medical or mental health practitioners are on duty at the time of the incident, first responders shall take preliminary steps to protect the victim and shall immediately notify appropriate medical and mental health professionals.~~
- ~~4. Inmate victims shall be offered timely information about access to all pregnancy related medical services and sexually transmitted diseases, where appropriate. In the case of vaginal penetration, a pregnancy test shall be offered to the victim.~~
- ~~5. If pregnancy results, the victim shall receive timely information about all related and lawful pregnancy related medical services.~~
- ~~6. Mental health shall meet with perpetrators within sixty (60) days of the alleged abuse and offer treatment when deemed appropriate.~~

~~C. Practices to Protect Inmates and Staff from Retaliation~~

- ~~1. This section has been established to protect all inmates and staff who report sexual abuse or sexual harassment and who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.~~
 - ~~a. The Warden shall designate which staff members or departments are charged with monitoring retaliation and the Department PREA Coordinator shall keep records of any alleged retaliation.~~
 - ~~b. The Department shall employ multiple protective measures, such as housing changes or transfers for inmate victims or perpetrators, removal of staff or inmate perpetrators from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.~~
 - ~~c. For at least ninety (90) days following a report of sexual abuse or harassment, the Unit PREA Compliance Manager shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported~~

~~to have suffered sexual abuse or harassment to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The aspects to be monitored include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Department shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.~~

~~d. The PREA Compliance Manager will conduct an initial face-to-face interview with the inmate or staff to check for any signs of immediate retaliation at the time of the initial investigation.~~

~~e. Subsequent evaluations will be conducted at least every thirty (30) days as needed.~~

~~f. These interviews will be documented and a copy will be retained by the Unit PREA Compliance Manager for audit purposes with a copy of inmate interviews in the inmate's institutional file.~~

~~g. If any other individual who cooperates with an investigation expresses a fear of retaliation, the unit shall take appropriate measures to protect that individual against retaliation.~~

~~h. The obligation to monitor shall terminate if the Department determines that the allegation is unfounded.~~

~~D. Reporting to Inmates~~

~~1. Following an investigation into an inmate's allegation that he or she suffered sexual abuse or harassment while housed in an ADC Facility or contract location, the Department PREA Coordinator or PREA Unit Compliance Manager shall inform the inmate whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.~~

~~2. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the Department PREA Coordinator shall subsequently inform the inmate (unless the investigation has determined that the allegation is unfounded) whenever:~~

~~a. The staff member is no longer posted within the inmate's unit;~~

~~b. The staff member is no longer employed at the facility;~~

~~c. The Department learns that the staff member has been indicted on a charge related to the sexual abuse within the facility; and~~

- ~~d. The Department learns that the staff member has been convicted on a charge related to the sexual abuse within the facility.~~
- ~~3. Following an inmate's allegation that he or she has been sexually abused by another inmate, the Department shall subsequently inform the victim whenever:~~
 - ~~a. The Department learns that the perpetrator has been indicted on a charge related to the sexual abuse within the facility; and~~
 - ~~b. The Department learns that the perpetrator has been convicted on a charge related to the sexual abuse within the facility.~~
- ~~4. The Department PREA Coordinator shall maintain documentation of all such notifications or attempted notifications.~~
- ~~a. The Department's obligation to report under this standard shall terminate if the inmate is released from custody.~~

~~E. Sexual Abuse Incident Reviews~~

- ~~1. The unit shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.~~
 - ~~a. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.~~
 - ~~b. The review team shall include the Department PREA Coordinator or designee, the unit PREA Compliance Manager, and upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.~~
- ~~2. The review team shall complete the following:~~
 - ~~a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;~~
 - ~~b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;~~
 - ~~c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;~~
 - ~~d. Assess the adequacy of staffing levels in that area during different shifts;~~

- e. ~~Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and~~
- f. ~~Prepare a report of its findings and recommendations for corrective action and present to the Director within fourteen (14) calendar days of the adjournment of the review process.~~

~~XIV. DATA COLLECTION:~~

~~A. The Department shall Collect Accurate, Uniform Data for Every Allegation of Sexual Abuse or Harassment at Facilities under its Direct Control Using a Standardized Instrument and Set of Definitions. The Incident Based Data Collected shall Include, at a Minimum, the Data Necessary to Answer all Questions from the Most Recent Version of the Survey of Sexual Violence reported to the Department of Justice.~~

- ~~1. The Department shall aggregate the incident based sexual abuse data at least annually.~~
- ~~2. The Department PREA Coordinator shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigative files, and sexual abuse incident reviews.~~
- ~~3. The Department shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

 - ~~a. Identifying problem areas;~~
 - ~~b. Taking corrective action on an ongoing basis;~~
 - ~~c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole;~~
 - ~~d. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual abuse and harassment. In addition, the Department shall make all aggregated sexual abuse data from facilities under its direct control available to the public;~~
 - ~~e. Before making aggregated sexual abuse data publicly available, the Department shall remove all personal identifiers.~~~~

REFERENCES: ~~AR005 Reporting of Incidents~~
~~AR225 Employee Conduct Standards~~
~~AR210 Relationships and Transactions with Inmates~~
~~Act 545 of 2001~~
~~Act 1738 of 2001~~

REPEALED

Sexual Assault—Sexual Contact Penetration Checklist—Attachment 1— a			
<p>Inmate-on-Inmate Sexual Penetration: Any behavior of a sexual nature that includes penetration described as follows:</p> <ul style="list-style-type: none"> • Contact between the penis and the vagina or the anus; • Contact between the mouth and the penis, vagina, or anus; or • Penetration of the anal or genital opening of another person by a hand, finger, or other object. <p>The Department will respond to all incidents of sexual penetration regardless of consent in order to preserve evidence, protect victims too afraid to report abuse, and facilitate the collection of physical evidence in the event of a determination of sexual assault or abuse.</p> <p>Sexual Abusive Penetration: Penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexually abusive penetration by threats of violence, or of an inmate who is unable to consent or refuse. The sexual acts included are:</p> <ul style="list-style-type: none"> • Contact between the penis and the vagina or the anus; • Contact between the mouth and the penis, vagina, or anus; or • Penetration of the anal or genital opening of another person by a hand, finger, or other object. 			
	Date	Time	Initials
4. Initiate ADC procedure on Criminal Evidence Handling — (institutions/inspection)(Vol. II, Section 7.k.)			
1. In the event of an inmate rape/forced sexual act allegation or sexual misconduct in which penetration occurred, is reported to have occurred, or is suspected to have occurred, the unit will take the inmate immediately to the infirmary for a PREA physical assessment. A rape kit will be administered, if applicable, based on the Healthcare Protocol Manual for Sexual Assault. The inmate will be transported to the nearest community-based medical facility where a rape examination can be performed; usually an Emergency Room. When possible, the victim shall be transported in the clothing worn at the time of the incident.			
2. Secure evidence and/or crime scene. (Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation)			
3. Separate the victim from the perpetrator(s) in the least restrictive housing assignment that will still provide protection from further victimization. If the victim must be placed in isolation, complete an involuntary isolation after sexual assault/sexual abuse form. For allegations of sexual misconduct, place all involved inmates in isolation on investigative status.			

Sexual Assault—Sexual Contact Penetration Checklist—Attachment 1—b			
(Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation)			
4. Notify the Duty Warden () (Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation). The Duty Warden will activate the Unit Sexual Assault Response Team (SART)			
5. Notify Internal Affairs Division, who will in turn notify the Arkansas State Police () (Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation)			
6. Notify Internal Affairs within 24 hours ()			
7. Notify the Department PREA Coordinator ()			
8. Notify the Department HIV Coordinator IMMEDIATELY () Department's HIV Coordinator will make the determination as to whether a possible violation of Ark. Code Ann. 5-14-123 may be applicable. If so, the HIV Coordinator will inform the Warden and Internal Affairs who will in turn notify the Arkansas State Police for possible prosecution. (870-267-6789) (Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation)			
9. Offer any victim of sexual assault or abuse access to a victim advocate and/or Unit Chaplain for support services. Victim advocate contact number (). Advise the Victim Advocate if the victim will be transported to an outside facility for an evidentiary examination so they can provide services. Victim advocates are allowed to accompany the victim to the hospital and during interviews.			
10. Notify Mental Health. Make sure all Mental Health follow-ups are conducted, () (Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation)			
11. Generate Suspected PREA Incident Report at the time of the incident.			
12. Complete preliminary unit investigation and assist Internal Affairs and Arkansas State Police. (Rape/Forced Sexual Act/ Penetration Sexual Misconduct Allegation)			
13. Notify Classification Office, if after normal working hours, notify the next day. Classification ()			
14. Complete inmate separation or enemy alert application as appropriate.			
15. Has there been any previous sexual misconduct or other PREA related disciplinary reports for the involved inmates? If so, ensure this information is included in the report documentation. Inmate #1: <input type="checkbox"/> Yes <input type="checkbox"/> No Inmate #2 <input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Is either inmate flagged as victim prone, PREA inmate, or potential sexual predator?			

Sexual Assault—Sexual Contact Penetration Checklist—Attachment 1—e			
_____ Inmate #1: <input type="checkbox"/> Yes <input type="checkbox"/> No Inmate #2: <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. After review by the Unit Warden, refer request for investigation to the Internal Affairs Division.			
18. After completion of the investigation by IAD, Write a disciplinary report if appropriate.			
*Note—Inmates shall not be written a major disciplinary report until the conclusion of the investigation by IAD.			

Sexualized Behavior/Sexual Harassment Checklist Attachment 2—a			
<p>Sexualized Behavior: Sexual contact committed by an inmate including, but not limited to, kissing or fondling of another person, (excluding all examples listed under sexually abusive contacts) in a manner which produces, or is intended to produce, sexual stimulation or gratification where force is not substantiated. Individual behaviors include, but are not limited to, massages, indecent exposure, ejaculating on property, voyeurism, and masturbation in the presence of others.</p> <p>Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures or actions of a derogatory or offensive sexual nature by one inmate directed toward another.</p>			
	Date	Time	Initials
1. In the event of the discovery of or reporting of Inmate-on-Inmate Sexualized behavior with allegation or suspicion of non-penetration, the inmates involved will be separated by housing unit.			
2. Notify the Duty Warden (_____)			
3. Notification will be made to the Unit PREA Compliance Manager (PCM) (_____)			
4. Notify Internal Affairs within 24 hours (_____)			
5. Notify the Department PREA Coordinator via email (@arkansas.gov). Include the full demographic information of the involved inmates, a brief synopsis of the incident, with specific details of the sexualized behavior.			
6. Notify the Department HIV Coordinator via email (@arkansas.gov). Include the full demographic information of the involved inmates, a brief synopsis of the incident, with specific details of the sexualized behavior.			
7. Generate Suspected PREA Incident Report at the time of the incident.			
8. Both inmates must be screened by Medical. Ensure medical personnel know the nature of the sexualized behavior to determine appropriate medical intervention.			
9. Notify Mental Health. Make sure all Mental Health follow-ups are conducted, (_____)			
10. Complete preliminary unit investigation and refer through chain of command for final review and determination of referral.			
11. Notify Classification Office, if after normal working hours, notify the next day. Classification (_____)			
12. Complete inmate separation or enemy alert application as appropriate.			
13. Has there been any previous sexual misconduct or other PREA related disciplinary reports for the involved inmates? If so, ensure this information is included in the report documentation.			

Sexualized Behavior/Sexual Harassment Checklist Attachment 2—b			
_____ Inmate #1: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Inmate #2 <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Is either inmate flagged as victim prone, PREA inmate, or potential sexual predator?			
_____ Inmate #1: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Inmate #2 <input type="checkbox"/> Yes <input type="checkbox"/> No			
15. After review by the Unit Warden, if no evidence of abusive sexual contact or penetration exists, the report can be forwarded to the Internal Affairs Division for review.			
16. After review by Unit Warden and IAD, Write a disciplinary report if appropriate.			



~~Assessment/Retaliation Status Checklist Attachment 3~~

Initial face-to-face status checks will be conducted on all victims, reporters, and witnesses following an inmate sexual abuse allegation.

Follow up face-to-face status checks will be conducted on victims and reporters at a minimum of once a month for 90-days unless retaliation is suspected.

Date: _____ Facility: _____ INC/IAD Case #: _____

Incident Report Date: _____ Employee/Inmate Number: _____

Name: _____

Type of Assessment: _____ Initial _____ 30 Day _____ 60 Day _____ 90 Day _____

Other: _____

Monitoring of Staff Member

~~Review:~~ Staff member performance reviews, staff member reassignments, and need for emotional services

~~Summary:~~

Monitoring of Inmates

~~Review:~~ Conduct violations, housing assignments, program changes, and need for emotional services

~~Summary:~~

Signature of Staff Monitor: _____ Date: _____

Next Review Date: _____

Staff Member/Inmate Signature: _____ Date: _____



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
 Pine Bluff, Arkansas 71602
 Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Assistance Program

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NUMBER: 2021-

SUPERSEDES: 2018-44

Deleted: 2018-44

Deleted: NEW

APPLICABILITY: All Inmates and Staff

Deleted:

REFERENCE: ACA Standards
 Health Services OPP 210.00

PAGE: 1 of 3

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APPROVED: Original Signed by Director Dexter Payne

EFFECTIVE DATE: 5/3/2021

Deleted: Original signed by Wendy Kelley Dexter Payne

I. POLICY:

It is the policy of the Arkansas Division of Correction (ADC) to allow properly trained inmates to assist impaired inmates on a one-on-one basis with activities of daily living.

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II. PURPOSE:

Provide guidelines and regulations for the selection, training, and supervision of Inmate Assistants.

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III. DEFINITIONS:

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A. Activities of Daily Living (ADL). Activities that the average person performs routinely during a day; an inability to perform these activities leads to a self-care deficit.

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B. Health Services Administrator (HSA). The Administrative Authority for medical and dental operations of the facility.

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C. Interdisciplinary Team (IDT). A team who works in a collaborative manner to meet the objectives of the program. The team consists of the warden or designee, classification, and HSA or Director of Nursing (DON).

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D. Inmate Assistance Program (IAP). A program where inmates volunteer to provide support and assistance to impaired inmates who require assistance with ADL.

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E. Inmate Assistant. Inmate(s) approved to provide support and assistance to impaired inmates in the IAP.

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AD ~~2021-02~~ Inmate Assistance Program

2 of 3

- F. ~~Inmate Participant~~. Impaired inmates who have consented to receive assistance with their ~~ADL~~ from Inmate Assistants in the ~~IAP~~.

IV. ~~PROCEDURES:~~

The ~~IDT~~ will screen and recruit Inmate Assistants for assignment to the ~~IAP~~. ~~Any deviation from this AD must be approved by a Deputy Director, Chief Deputy Director, or Director.~~

A. ~~Selection Procedure~~

1. ~~Inmate Assistants must meet the criteria listed below:~~
 - a. ~~Disciplinary free and Class I status for one (1) year;~~
 - b. ~~In ADC custody for at least one (1) year; and~~
 - c. ~~Five (5) years or more until their transfer eligibility date.~~
2. ~~Inmate Assistants shall not have any of the following:~~
 - a. ~~A criminal conviction for commission of, or criminal attempt to commit; any sexual offense, neglect, or escape;~~
 - b. ~~A sentence of life or life without parole or are under sentence to be executed (unless approved by the Director);~~
 - c. ~~Propensity for violence as indicated by criminal and institutional history such as multiple battery, assault, or aggravated charges; or~~
 - d. ~~Poor institutional history, such as, possession of contraband, drug use without completion of drug programs, sex offenses (masturbation, indecent exposure, engaging in sexual activity), escape or attempted escape.~~
3. ~~Inmate Assistants may submit a Request for Interview to the IDT. The IDT will evaluate each inmate request to determine eligibility. Once approved, the inmate will be transferred to the necessary Unit for housing and assignment. The IDT will keep a waiting list of approved inmates.~~

B. ~~Inmate Assistants Requirements and Training~~

1. ~~Inmate Assistants must complete the following.~~
 - a. ~~Receive Hepatitis B vaccine;~~
 - b. ~~Complete required training;~~
 - c. ~~Sign a Program Participation and Confidentiality Agreement (Attachment A);~~
2. ~~Inmate Assistant Training will consist of a minimum of thirty (30) hours of training as outlined in the Operational Policy/Procedure (OPP) 210.00.~~
 - a. ~~Training shall include these topics:~~
 - i. ~~ADL skills;~~
 - ii. ~~Care and comfort measures;~~
 - iii. ~~Communication and interpersonal skills;~~
 - iv. ~~Concepts of death and dying;~~
 - v. ~~Confidentiality;~~

AD ~~2021-02~~ Inmate Assistance Program3 of ~~3~~

- vi. Diseases and medical conditions;
- vii. Infection control;
- viii. Patient rights;
- ix. Role of the assistant; and
- x. Safety.

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b. Training sessions for Inmate Assistants shall be scheduled based on the needs of the program and availability of personnel.

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c. The Unit/Facility HSA shall ensure that Inmate Assistants have reasonable access to educational material as needed.

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C. Inmate Assistants:

1. Shall maintain confidentiality;

2. Shall not be left unattended in any area where medical equipment, supplies, drugs, or records are kept; or operate any diagnostic equipment;

3. May be assigned to housekeeping or janitorial duties in the health care area if they are under the supervision of staff;

4. May be assigned by medical staff to assist inmates with routine ADL such as, but not limited to, bathing, shaving, and ambulation;

5. Are expected to complete assigned tasks to the best of their ability.

D. An Inmate May Be Removed For:

1. Failure to complete a task without a justifiable reason;

2. Inmate Assistants may voluntarily end their service at any time, but will be ineligible to participate in the program for one (1) year;

3. Removal recommended by the IDT; or

4. Inmate Assistants who violate the rules of the program may be subject to the removal from the program and appropriate disciplinary action.

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<#>Inmate Assistants shall not be left unattended in any area where medical equipment, supplies, drugs, or records are kept; ¶

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<#>Inmate Assistants shall not operate any diagnostic equipment (...)

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V. ATTACHMENTS

A. Inmate Assistance Program Participation and Confidentiality Agreement

B. Inmate Participant Consent to Inmate Assistance Program



Attachment A

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ARKANSAS DIVISION OF CORRECTION
Inmate Assistant Program Participation and Confidentiality Agreement

I, _____ ADC # _____ agree to serve as a volunteer for the Inmate Assistance Program. As an Inmate Assistant, I understand that my responsibilities will include, but are not limited to, the following: assisting impaired inmates with routine activities of daily living such as: bathing, shaving, feeding, ambulation, and housekeeping or janitorial duties in the impaired inmate's living area. I understand that I must abide by any institutional rules and regulations and that my volunteer status does not automatically shield me from disciplinary action for clear violations of those rules and regulations.

I may end my service at any time. _____ (Inmate Initials)

I may refuse an assigned task; however, I understand that failure to complete a task for any unjustifiable reason may result in removal from the program. _____ (Inmate Initials)

I agree to maintain inmate/patient confidentiality. Any patient information I acquire will only be shared with appropriate medical personnel. _____ (Inmate Initials)

I have completed the required training and understand what is expected/required for participation in the Inmate Assistance Program. _____ (Inmate Initials)

Any violation of the above agreement may include, but not be limited to, removal from the Volunteer Inmate Assistance Program. _____ (Inmate Initials)

The expectations of the Inmate Assistance Program have been explained to me and I have been given the opportunity to ask questions. _____ (Inmate Initials)

Inmate Assistant Signature	ADC#	Date
----------------------------	------	------

Witness Printed Name _____ Signature _____ Date _____



Attachment B

ARKANSAS DIVISION OF CORRECTION Inmate Participant Consent to Inmate Assistance Program

The Inmate Assistance Program is designed to allow properly trained inmates to assist impaired inmates with their activities of daily living.

I, _____ ADC # _____ voluntarily and knowingly execute this document as consent to receive assistance from an Inmate Assistant approved by the Interdisciplinary Team. The Inmate Assistance Program and the assistance I can receive have been fully explained to me, at which time I had the opportunity to ask questions. I understand that my medical information will be kept confidential.

I may refuse assistance at any time. _____ (Inmate Initials)

I will immediately report any inappropriate actions made by any Inmate Assistant. _____ (Inmate Initials)

Inmate Signature ADC# Date

Witness Printed Name and Signature Date

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Attachment A¶

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Arkansas Department of Correction ¶
Inmate Assistant Program Participation and Confidentiality Agreement ¶

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<object><object>I, ADC # agree to serve as a volunteer for the Inmate Assistance Program. As an Inmate Assistant, I understand that my responsibilities will include, but are not limited to, the following: assisting impaired inmates with routine activities of daily living such as: bathing, shaving, feeding, ambulation, and housekeeping or janitorial duties in the impaired inmate's living area. I understand that I must abide by any institutional rules and regulations and that my volunteer status does not automatically shield me from disciplinary action for clear violations of those rules and regulations.¶

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<object> I may end my service at any time. (Inmate Initials)¶

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<object> I may refuse an assigned task; however, I understand that failure to complete a task for any unjustifiable reason may result in removal from the program. (Inmate Initials)¶

¶

<object> I agree to maintain inmate/patient confidentiality. Any patient information I acquire will only be shared with appropriate medical personnel. (Inmate Initials)¶

¶

<object> Any violation of the above agreement may include, but not be limited to, removal from the Volunteer Inmate Assistance Program. (Inmate Initials)¶

¶

<object> The expectations of the Inmate Assistance Program have been explained to me and I have been given the opportunity to ask questions. (Inmate Initials)¶

¶

¶

<object> ¶

Inmate Assistant Signature ADC#
Date¶

¶

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<object>¶

Witness Printed Name and Signature
Date ¶

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Attachment B¶

¶

Arkansas Department of Correction¶

...

ADMINISTRATIVE DIRECTIVE

SUBJECT: Inmate Assistance Program

NUMBER: 2021-02

SUPERSEDES: 2018-44

APPLICABILITY: All Inmates and Staff

**REFERENCE: ACA Standards
Health Services OPP 210.00**

PAGE: 1 of 3

APPROVED: Original Signed by Dexter Payne EFFECTIVE DATE: 5/3/2021

I. POLICY:

It is the policy of the Arkansas Division of Correction (ADC) to allow properly trained inmates to assist impaired inmates on a one-on-one basis with activities of daily living.

II. PURPOSE:

Provide guidelines and regulations for the selection, training, and supervision of Inmate Assistants.

III. DEFINITIONS:

- A. Activities of Daily Living (ADL). Activities that the average person performs routinely during a day; an inability to perform these activities leads to a self-care deficit.
- B. Health Services Administrator (HSA). The Administrative Authority for medical and dental operations of the facility.
- C. Interdisciplinary Team (IDT). A team who works in a collaborative manner to meet the objectives of the program. The team consists of the warden or designee, classification, and HSA or Director of Nursing (DON).
- D. Inmate Assistance Program (IAP). A program where inmates volunteer to provide support and assistance to impaired inmates who require assistance with ADL.
- E. Inmate Assistant. Inmate(s) approved to provide support and assistance to impaired inmates in the IAP.
- F. Inmate Participant. Impaired inmates who have consented to receive assistance with their ADL from Inmate Assistants in the IAP.

IV. PROCEDURES:

The IDT will screen and recruit Inmate Assistants for assignment to the IAP. Any deviation from this AD must be approved by a Deputy Director, Chief Deputy Director, or Director.

A. Selection Procedure

1. Inmate Assistants must meet the criteria listed below:
 - a. Disciplinary free and Class I status for one (1) year;
 - b. In ADC custody for at least one (1) year; and
 - c. Five (5) years or more until their transfer eligibility date.
2. Inmate Assistants **shall not** have any of the following:
 - a. A criminal conviction for commission of, or criminal attempt to commit; any sexual offense, neglect, or escape;
 - b. A sentence of life or life without parole or are under sentence to be executed (unless approved by the Director);
 - c. Propensity for violence as indicated by criminal and institutional history, such as multiple battery, assault, or aggravated charges; or
 - d. Poor institutional history, such as possession of contraband, drug use without completion of drug programs, sex offenses (masturbation, indecent exposure, engaging in sexual activity), escape or attempted escape.
3. Inmate Assistants may submit a Request for Interview to the IDT. The IDT will evaluate each inmate request to determine eligibility. Once approved, the inmate will be transferred to the necessary Unit for housing and assignment. The IDT will keep a waiting list of approved inmates.

B. Inmate Assistants Requirements and Training

1. Inmate Assistants must complete the following.
 - a. Receive Hepatitis B vaccine.
 - b. Complete required training.
 - c. Sign a Program Participation and Confidentiality Agreement (Attachment A).
2. Inmate Assistant Training will consist of a minimum of thirty (30) hours of training as outlined in the Operational Policy/Procedure (OPP) 210.00.
 - a. Training shall include these topics:
 - i. ADL skills;
 - ii. Care and comfort measures;
 - iii. Communication and interpersonal skills;
 - iv. Concepts of death and dying;
 - v. Confidentiality;
 - vi. Diseases and medical conditions;
 - vii. Infection control;

- viii. Patient rights;
 - ix. Role of the assistant; and
 - x. Safety.
 - b. Training sessions for Inmate Assistants shall be scheduled based on the needs of the program and availability of personnel.
 - c. The Unit/Facility HSA shall ensure that Inmate Assistants have reasonable access to educational material as needed.
 - d. Documentation of training will be maintained by the HSA.
- C. Inmate Assistants:
- 1. Shall maintain confidentiality;
 - 2. Shall not be left unattended in any area where medical equipment, supplies, drugs, or records are kept; or operate any diagnostic equipment;
 - 3. May be assigned to housekeeping or janitorial duties in the health care area if they are under the supervision of staff;
 - 4. May be assigned by medical staff to assist inmates with routine ADL such as, but not limited to, bathing, shaving, and ambulation;
 - 5. Are expected to complete assigned tasks to the best of their ability.
- D. An Inmate May Be Removed For:
- 1. Failure to complete a task without a justifiable reason;
 - 2. Inmate Assistants may voluntarily end their service at any time, but will be ineligible to participate in the program for one (1) year;
 - 3. Removal recommended by the IDT; or
 - 4. Inmate Assistants who violate the rules of the program may be subject to the removal from the program and appropriate disciplinary action.
- E. Requirements for Inmate Participants:
- 1. Deemed medically necessary by the provider;
 - 2. Inmates accepted into the program must sign a consent for inmate assistance; and
 - 3. Inmate Participants can refuse assistance at any time.

V. ATTACHMENTS

- A. Inmate Assistance Program Participation and Confidentiality Agreement
- B. Inmate Participant Consent to Inmate Assistance Program



Attachment A

ARKANSAS DIVISION OF CORRECTION **Inmate Assistant Program Participation and Confidentiality Agreement**

I, _____ ADC # _____ agree to serve as a volunteer for the Inmate Assistance Program. As an Inmate Assistant, I understand that my responsibilities will include, but are not limited to, the following: assisting impaired inmates with routine activities of daily living such as: bathing, shaving, feeding, ambulation, and housekeeping or janitorial duties in the impaired inmate's living area. I understand that I must abide by any institutional rules and regulations and that my volunteer status does not automatically shield me from disciplinary action for clear violations of those rules and regulations.

I may end my service at any time. _____ (Inmate Initials)

I may refuse an assigned task; however, I understand that failure to complete a task for any unjustifiable reason may result in removal from the program. _____ (Inmate Initials)

I agree to maintain inmate/patient confidentiality. Any patient information I acquire will only be shared with appropriate medical personnel. _____ (Inmate Initials)

I have completed the required training and understand what is expected/required for participation in the Inmate Assistance Program. _____ (Inmate Initials)

Any violation of the above agreement may include, but not be limited to, removal from the Volunteer Inmate Assistance Program. _____ (Inmate Initials)

The expectations of the Inmate Assistance Program have been explained to me and I have been given the opportunity to ask questions. _____ (Inmate Initials)

Inmate Assistant Signature

ADC#

Date

Witness Printed Name

Signature

Date



Attachment B

ARKANSAS DIVISION OF CORRECTION **Inmate Participant Consent to Inmate Assistance Program**

The Inmate Assistance Program is designed to allow properly trained inmates to assist impaired inmates with their activities of daily living.

I, _____ ADC # _____ voluntarily and knowingly execute this document as consent to receive assistance from an Inmate Assistant approved by the Interdisciplinary Team. The Inmate Assistance Program and the assistance I can receive have been fully explained to me, at which time I had the opportunity to ask questions. I understand that my medical information will be kept confidential.

I may refuse assistance at any time. _____ (Inmate Initials)

I will immediately report any inappropriate actions made by any Inmate Assistant. _____ (Inmate Initials)

Inmate Signature

ADC#

Date

Witness Printed Name and Signature

Date



Arkansas Department of Correction

PO Box 8707
Pine Bluff, AR 71611-8707
Phone: 870-267-6200
Fax: 870-267-6244
www.adc.arkansas.gov

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ADMINISTRATIVE DIRECTIVE

SUBJECT: ~~Release of Inmate Records Pursuant to the Freedom of Information Act (FOIA)~~

NUMBER: ~~16 31~~ **SUPERSEDES:** ~~AD 15 12~~

APPLICABILITY: ~~All Employees, Especially Those involved in the Processing of FOIA Requests and Inmates~~

REFERENCE: ~~AR 804 Access to Inmate Records~~ **PAGE:** ~~1 of 2~~

APPROVED: ~~Original Signed by Wendy Kelley~~ **EFFECTIVE DATE:** ~~8/22/2016~~

I. POLICY:

It shall be the policy of the Arkansas Department of Correction (ADC) to ensure that all applicable provisions of federal, state, and local statutes or regulations are observed with respect to the records of inmates confined within the Department of Correction.

II. EXPLANATION:

To protect the integrity of inmate records and to ensure their proper use, it is unlawful to permit inspection of or disclose information contained in the records or to copy or issue a copy of all or part of any record except as authorized by administrative regulation or court order. The Public Information Officer shall work cooperatively with the Chief Legal Counsel, and other appropriate staff, to ensure compliance with this directive.

III. PROCEDURES:

A. Request for Information Pursuant to Freedom of Information Act (FOIA)

1. Any FOIA request for information contained in an inmate's record should be made to the Public Information Officer. The request by a citizen may be made in person, by telephone, by mail, by facsimile transmission, by electronic mail, or by other electronic means provided by the custodian.
2. All FOIA requests not directed to the Public Information Officer shall be referred to the Public Information Officer by the staff receiving the request.
3. All FOIA requests by news media shall be directed to the Public Information Officer.

~~B. — Release of Information —~~

~~The information that may be released and the persons to whom it may be released are specified in the AR governing access to inmate records. Additionally, the information may be accessed by the Legislative Auditor, and authorized employees of Arkansas Legislative Audit, in accordance with and subject to the limitations of Arkansas Code Annotated §10-4-416(a)(1).—~~

~~C. — Documentation of Dissemination —~~

~~The Public Information Officer is responsible for the development and implementation of a system that provides for the documentation of the dissemination of any information released pursuant to the Freedom of Information Act.—~~

~~D. — Release of Information to Inmates —~~

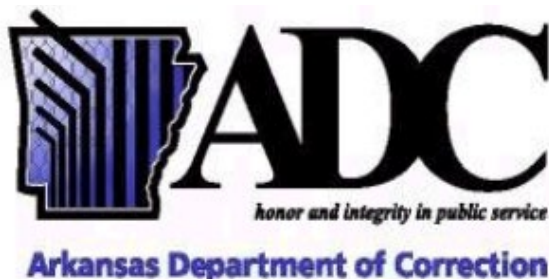
~~The procedure for release of information to inmates is included in the AR governing access to inmate records.—~~

~~E. — Release of Information to Employees of the Bureau of Legislative Research —~~

~~Information contained in inmate records in addition to that in paragraph B of this section may be viewed by an employee of the Bureau of Legislative Research in accordance with and subject to the limitations of Arkansas Code Annotated § 12-27-113(e)(5).—~~

~~F. — Release of Information by Department —~~

~~When it is considered to be in the public's best interest to do so or when such dissemination would assist law enforcement agencies in an investigation or apprehension, the department's Public Information Officer, a Warden/Center Supervisor, or other designated individuals may release conviction data and/or other pertinent information. The release of the information pursuant to this paragraph must follow the express approval of the Director or his/her designee(s).—~~



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 Pine Bluff, AR 71611-8707
 Phone: 870-267-6999
 Fax: 870-267-6244
www.adc.arkansas.gov

~~ADMINISTRATIVE DIRECTIVE~~

~~SUBJECT: Public, Legislative, and News Media Relations~~

~~NUMBER: 18-40~~ **~~SUPERSEDES: 16-46, 13-78~~**
~~& 13-154~~

~~APPLICABILITY: All Employees~~

~~REFERENCE: AR 007 Legislative Liaison and/or~~ **~~PAGE: 1 of 5~~**
~~Inquiries; AR 011 News Media~~
~~Interviews and Correspondence~~

~~APPROVED: Original signed by Wendy Kelley~~ **~~EFFECTIVE DATE: 8/24/18~~**

~~I. POLICY:~~

~~It is the policy of the Arkansas Department of Correction (ADC) to inform the public and the News Media of the various programs, services, and events within the ADC. It is also the policy of the ADC to maintain a positive and productive relationship with members and staff of the General Assembly (legislature).~~

~~II. PURPOSE:~~

~~Consistent with the ADC's strategic plan, this policy is designed to foster a positive, transparent, and consistent relationship with members of the general public, legislature and news media.~~

~~III. DEFINITIONS:~~

~~News Media— Properly credentialed representatives of news organizations; whose primary purpose is not for commercial production or entertainment. This may include representatives of: general circulation newspapers, periodical magazines of national circulation sold through newsstands and/or subscriptions to the general public, online outlets, local/national/international news services; and radio/television stations/networks holding a Federal Communication Commission license.~~

~~IV. PROCEDURES:~~

~~A. Facility and Program Areas Accessible to News Media Representatives:~~

- ~~1. When properly escorted by the Public Information Officer or his/her designee, all areas of Central Office and the Administration East Annex Building are accessible to news media representatives for a tour when the presence of news media would not adversely affect the business operations at either location; and when inmates are not present.~~
- ~~2. At the ADC's correctional and program facilities, members of the news media may tour any area when the presence of news media would not adversely affect the operations of the facility or program. However, all news media tours must be approved in advance and the Public Information Officer or designee must accompany representatives of news organizations at all times.~~
- ~~3. The Director may give permission for the use of cameras under restrictions which include not recording inmates except when an authorized inmate interview has been granted. Under special circumstances, including open houses and legislative tours, the Director may grant permission to take pictures in the housing areas.~~

~~B. Contact Person General Public and News Media~~

- ~~1. The Public Information Office is the designated point of contact for requests and inquiries from the news media and the public. When requests are received from the news media or the public, those requests will be forwarded to the Public Information Office.~~
- ~~2. During declared institutional emergencies, staff may be designated by the Unit Commander to assist the Public Information Office in the release of authorized information.~~

~~C. Consent to be Photographed or Interviewed~~

- ~~1. Before being photographed or interviewed for promotional or news media purposes, an inmate must sign the attached Consent Form (Attachment I) and have the same witnessed by an ADC staff member.~~
- ~~2. Interview requests must follow the guidelines established within the Administrative Directive on Inmate Visitation.~~

~~D. Special Events~~

- ~~1. The Public Information Office must be notified by the Warden/Center Supervisor/Program Administrator or designee when scheduling a special event. For the purpose of this policy, a special event is defined as any activity not held in the normal course of facility/program operations.~~
- ~~2. When special events occur, the Public Information Office may notify the news media. This notification will outline any photo opportunities for the event. Photo opportunities will be conducted in a manner consistent with this directive and all other ADC policies.~~

~~E. Press Releases and Information Sharing~~

- ~~1. The Public Information Office will issue press releases, in the appropriate medium, when required by law or ADC policy; or when beneficial to highlight a special event or advance the public's knowledge of the ADC. All press releases must be approved by the Director prior to their release. Press releases must be issued in a manner sufficient to encourage statewide media coverage.~~
- ~~2. All publications prepared by the ADC which advance the public's knowledge of the various programs, services, and events within the ADC, will be made available to the public through the ADC's public website or social media pages. Examples of such publications include newsletters, monthly or annual reports, and informational brochures.~~

~~F. Legislative Relations~~

- ~~1. The Public Information Officer is designated as the Director's primary liaison to members and staff of the General Assembly. When requests are received from a member of the legislature or their staff other than individual inmate inquiries, the responses will be coordinated with the Public Information Officer.~~
- ~~2. The Public Information Officer is responsible for providing regular and timely updates regarding legislative issues in advance of, and during, Regular, Fiscal, and Extraordinary Sessions of the General Assembly. Updates will be made to the Management Team, Board of Corrections, and Governor's Office.~~
- ~~3. Upon request, the Public Information Officer is authorized to provide presentations and testimony to the various legislative committees having oversight over the operations of the ADC. Additional employees, who are subject-matter experts in a particular area, may also be tasked with this responsibility.~~

- ~~4. No employee shall engage in an activity, which would require registration as a lobbyist pursuant to A.C.A. § 21-8-601.~~
- ~~5. While an employee may only speak on behalf of the ADC to a member of the legislature or their staff when authorized by the Director or by policy; however, an employee is free to address legislative issues impacting them personally, while off duty. If an employee wishes to address a legislative committee regarding a personal matter, or regarding a matter outside the scope of their position, the employee must take leave time if the presentation is during work hours.~~

~~Note: Nothing in this policy restricts an employee from making a report under the Arkansas Whistle-Blower Act.~~

~~V. ATTACHMENT:~~

~~Consent Form~~

REPEALED

Arkansas Department of Correction

INMATE CONSENT FORM

~~THE UNDERSIGNED DOES HEREBY CONSENT TO BE PHOTOGRAPHED AND/OR INTERVIEWED BY:~~

~~FOR THE EXCLUSIVE PURPOSE OF:~~

~~The photographs may include filming of any kind, and the interview may include a recording thereof. The undersigned consents and authorizes that any such photographs or interview material may be utilized by:~~

~~FOR THE AFOREMENTIONED PURPOSE.~~

~~Furthermore, the undersigned does hereby release and does hold harmless the Department of Correction, its agents and employees, from any and all claims based on the use of said material. The above consent is given by me freely and voluntarily without any promises, threats or duress.~~

~~Inmate First and Last Name PRINTED & Number:~~ _____

~~Signature:~~ _____ ~~Date:~~ _____

~~Witnessed by:~~ _____ ~~Date:~~ _____



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
 Pine Bluff, Arkansas 71602
 Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Notification of Detainer

NUMBER: 2021-

SUPERSEDES: 13-157

APPLICABILITY:

REFERENCE: AD Release Process

PAGE: 1 of 2

APPROVED:

EFFECTIVE DATE:

I. POLICY:

To assure that authorities who have notified the Arkansas Division of Correction (ADC) of inmates who have undisposed fines, costs, or restitutions are advised by the ADC of the inmate's release or parole.

II. PROCEDURES:

1. Upon receipt of written notification or a certified warrant from an appropriate authority (i.e. law enforcement agency, court, prosecuting attorney) that an inmate has a pending charge, fine, cost, or restitution which has not been paid, the inmate's institutional file at the electronic Offender Management Information System (eOMIS) will be flagged with notification/detainer (attachment) immediately by records office personnel of the unit where the inmate is housed.
2. The notification/detainer form will be placed on top of the file section containing the inmate's commitment papers and sentence data record.
3. Certified Law Enforcement must serve the warrant on the inmate and give the inmate a copy of the warrant.
4. Records staff must provide an acknowledgement receipt of the warrant, by detainer action letter to the detaining authority.



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5. Prior to release or parole of any inmate whose file contains such a notification(s), the records office of the releasing unit will notify the requesting authority. If notification made by telephone, the records office personnel making contact must make an entry in eOMIS in Offender Case Notes, and also on the notification form as to who was contacted and when the contact was made. If the notification is made by terminal message, a copy of the terminal message must be placed in the inmate's institutional file.

6. When an inmate has more than one active detainer, Record's staff must contact agencies in the state of Arkansas before contacting out of state agencies. These agencies will be contacted in the order in which the ADC received the request for detainer.

7. Each Institutional Parole Officer is responsible for assuring that the Parole Plan Verification Form for any parole subject who has a notification form in his/her file indicates that the inmate has unpaid fines, costs, or restitution to make each parole officer aware of the inmate's obligations.

8. Each area parole officer is responsible for advising his or her parolee on the initial contact that he/she had unpaid fines, costs, or restitutions and that the parolee will be required to submit verification that he/she has contacted the appropriate authorities and has worked out a method/schedule of payment.

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AttachmentDETAINDERDivision of Correction

Name

Number

	<u>Received</u>	<u>Nature of Hold</u>	<u>County & State</u>	<u>Disposition</u>
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Remarks:

Records Supervisor

DETAINDER

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
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Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Notification of Detainer

NUMBER: 2021-03

SUPERSEDES: 13-157

APPLICABILITY: Records Staff, Classification Staff, Institutional Parole and Unit Wardens

REFERENCE: AD Release Process

PAGE: 1 of 2

APPROVED: Original Signed by Director Dexter Payne **EFFECTIVE DATE:** 5/18/2021

I. POLICY:

It shall be the policy of the Arkansas Division of Correction (ADC) to assure that authorities who have notified the ADC of inmates who have undisposed fines, costs, or restitutions are advised by the ADC of the inmate's release or parole.

II. PROCEDURES:

1. Upon receipt of written notification or a certified warrant from an appropriate authority (i.e. law enforcement agency, court, prosecuting attorney) that an inmate has a pending charge, fine, cost, or restitution which has not been paid, the inmate's institutional file and the electronic Offender Management Information System (eOMIS) will be flagged with a notification/detainer (Attachment) immediately by records office personnel of the unit where the inmate is housed.
2. The notification/detainer form will be placed on top of the file section containing the inmate's commitment papers and sentence data record.
3. A Certified Law Enforcement Officer must serve the warrant on the inmate and give the inmate a copy of the warrant.
4. Records staff must provide an acknowledgement receipt of the warrant, by detainer action letter to the detaining authority.
5. Prior to release or parole of any inmate whose file contains such a notification, the records office of the releasing unit will notify the requesting authority. If notification is made by telephone, the records office personnel making contact must make an entry in eOMIS in Offender Case Notes, and on the notification form as to who was contacted and when the contact was made. If the notification is made by terminal message, a copy of the terminal message must be placed in the inmate's institutional file.

6. When an inmate has more than one active detainer, record's staff must contact agencies in the state of Arkansas before contacting out of state agencies. These agencies will be contacted in the order in which the ADC received the request for detainer.
7. Each Institutional Parole Officer is responsible for assuring that the Parole Plan Verification Form for any parole subject who has a notification form in his/her file, indicates that the inmate has unpaid fines, costs, or restitution to make each parole office aware of the inmate's obligations.



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director’s Office

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Pine Bluff, Arkansas 71602
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DETAINER

Division of Correction

Inmate Name _____
ADC Number _____

Received	Nature of Hold	County & State	Disposition

Remarks: _____

Records Supervisor

DETAINER

6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

SUBJECT: Restraint Chair

APPLICABILITY: All security and treatment staff

APPROVED: _____ **EFFECTIVE DATE:** _____

The **Restraint Chair** is to be used only to prevent or intervene in high-risk situations, and then only with authorization of the Warden or Duty Warden, and notification of medical and mental health staff.

The purpose of this policy is to ensure the Restraint Chair is used only in situations where less restrictive measures place staff, inmates, or property at risk and in a manner and duration that is safe and humane, ensure proper training of staff in the application of the Restraint Chair, to ensure adequate medical and mental health safeguards for restrained inmates; and to ensure adequate incident review of all incidents using the Restraint Chair.

- A. Dangerous Inmate. An inmate who in the past eighteen (18) months has committed an act of assault (threatened bodily harm) or battery (physical violence, including throwing of dangerous substances), or has a long-standing pattern of such behaviors.
- B. Destructive behavior. Current and ongoing behavior, which if allowed to continue, is likely to cause major damage to the facility or furnishings thereof.
- C. Duty Warden. The Warden, Center Supervisor, or designee thereof when the Warden or Center Supervisor is absent from the facility or cannot be reached.
- D. Licensed Clinical staff. Medical or mental health staff listed on a roster in the control center as holding license or certification that authorizes the diagnosis and treatment of medical and/or mental health problems.
- E. Restraint Chair. A device professionally designed and manufactured for the specific purpose of limiting the movement of a person in a seated position until that person can regain adequate control of their own voluntary behavior.
- F. Violent behavior. Current and ongoing behavior, which if allowed to continue is likely to cause injury or death to the inmate or other persons.

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IV. PROCEDURES:

- A. A correctional officer or member of treatment staff who is in the presence of destructive or Violent behavior should try less restrictive means of controlling that behavior, unless to do so would endanger the inmate or another person.
- B. If less restrictive means are ineffective, or the risk of applying less restrictive means is too high, the officer or member of treatment staff should immediately contact the control center for assistance in handling the inmate, and request of the Duty Warden permission to use the Restraint Chair.
- C. Placement of an inmate in the Restraint Chair is a "planned use of force." All planned use of force must be documented by use of security surveillance equipment or handheld video recorders in accordance with the Surveillance (Visual and/or Audio) Recordings Policy.
- D. Such requests for permission to use the Restraint Chair should provide the following information:
1. A description of the destructive or Violent behavior;
 2. The duration of that behavior;
 3. The effects of other efforts to intervene in that behavior; or
 4. The reason other interventions would place persons at risk.
- E. The Duty Warden will authorize the use of the Restraint Chair only if that measure is seen as the least restrictive method available for protecting persons and property. Alternatively, the Duty Warden will recommend other measures to be taken.
- F. Once authorized, the inmate will be placed in the Restraint Chair by staff. At least one assisting staff must have had training within the past year in use of the Restraint Chair.
- G. The inmate will be stripped of upper body clothing to ensure that the clothing does not contain any instrument that he/she can use to hurt him/herself or escape from restraints. A clean T-shirt will be provided if feasible. Otherwise, a paper gown may be used. If the inmate is combative, clothing may be withheld until it can be safely provided.
- H. Each restraint will be checked by a member of the team other than the person who applied the restraint, to ensure that the restraints are sufficiently tight for safety, but does not impair blood circulation.
- I. Medical Services and Mental Health Services at the facility will be contacted prior to use of the Restraint Chair if circumstances allow. If delay would add to the risk of injury to persons, Medical Services and Mental Health Services must be contacted as soon as the inmate has been secured.
- J. If Medical Services states that the Restraint Chair places the inmate at risk due to a medical condition, the Restraint Chair should be wheeled to the medical area, and medical staff should monitor the health condition of the inmate, or should implement alternative methods of intervention as quickly as possible.
- K. If Mental Health Services states that the behavior is related to mental health problems, Health Services Division Policy Management of Crisis: Treatment Precautions becomes the governing policy, and Licensed Clinical staff should be contacted, if not already present.

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- L. Even if the violent or destructive behavior is not directly related to a diagnosable mental health or medical condition, security staff may request a mental health consultation to establish plans for getting the behavior under control.
- M. Absent medical or mental health intervention, the inmate should remain in the Restraint Chair no longer than necessary to ensure that the inmate has regained the ability to control the violent or destructive behavior.
- N. If self-control is not regained within two (2) hours, the Duty Warden must reauthorize use of the Restraint Chair, and will request mental health assistance intervention for the inmate, if it is not already occurring.
- O. The Restraint Chair must be placed in clear view of a security post or under continuous video monitoring, or a member of staff must be assigned to supervise the inmate in the Restraint Chair.
- P. The Restraint Chair must be placed away from contact with other inmates, and in an area secured from unauthorized entry. Unit policy will specify the areas in which Restraint Chairs may be placed.
- Q. The inmate should be checked every fifteen (15) minutes by observing the color and temperature of hands and feet and asked whether any pain is being experienced.
- R. Opportunities for exercise will be provided every two hours. This may be done in the Restraint Chair, one limb at a time, if the inmate is violent or threatening.
- S. Food and drink should be provided as the behavior of the inmate allows.
- T. Access to toilet facilities should be given every two (2) hours. If the inmate continues to be so violent that this cannot be safely done, a urinal or bedpan may be obtained from medical services.
- U. A log will be kept on all uses of the Restraint Chair including the following:
- Behavior leading to its use;
 - Name of duty warden authorizing its use;
 - Time placed in the Restraint Chair;
 - Names of staff involved in securing and managing the inmate;
 - Description of the inmate's behavior and status at fifteen-minute intervals;
 - Actions of medical and/or mental health staff;
 - Relief breaks and other significant incidents; and
 - Time of release.
- V. The completed log will be reviewed by the Warden the following workday after release. If inappropriate actions are noted on the part of staff, training will be provided. If inappropriate actions were intentional or malicious, disciplinary action will be taken.
- W. The Restraint Chair may also be used to transport a Dangerous Inmate to medical services, classification, another cell, or elsewhere inside or outside the institution with prior authorization by the Duty Warden.

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction - Director's Office

6814 Princeton Pike
 Pine Bluff, Arkansas 71602

Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Restraint Chair

NUMBER: 2021-04

SUPERSEDES: 10-07

APPLICABILITY: All security and treatment staff

REFERENCE: JAR-403, Use of Restraints **PAGE:** 1 of 3

APPROVED: Original Signed by Director Dexter Payne **EFFECTIVE DATE:** May 25, 2021

I. POLICY:

The Restraint Chair is to be used only to prevent or intervene in high-risk situations, and then only with authorization of the Warden or Duty Warden, and notification of medical and mental health staff.

II. PURPOSE:

The purpose of this policy is to ensure the Restraint Chair is used only in situations where less restrictive measures place staff, inmates, or property at risk and in a manner and duration that is safe and humane; ensure proper training of staff in the application of the Restraint Chair; to ensure adequate medical and mental health safeguards for restrained inmates; and to ensure adequate incident review of all incidents using the Restraint Chair.

III. DEFINITIONS:

- A. Dangerous Inmate. An inmate who in the past eighteen (18) months has committed an act of assault (threatened bodily harm) or battery (physical violence, including throwing of dangerous substances), or has a long-standing pattern of such behaviors.
- B. Destructive behavior. Current and ongoing behavior, which if allowed to continue, is likely to cause major damage to the facility or furnishings thereof.
- C. Duty Warden. The Warden, Center Supervisor, or designee thereof when the Warden or Center Supervisor is absent from the facility or cannot be reached.
- D. Licensed Clinical staff. Medical or mental health staff listed on a roster in the control center as holding license or certification that authorizes the diagnosis and treatment of medical and/or mental health problems.
- E. Restraint Chair. A device professionally designed and manufactured for the specific purpose of limiting the movement of a person in a seated position until that person can regain adequate control of their own voluntary behavior.
- F. Violent behavior. Current and ongoing behavior, which if allowed to continue is likely to cause injury or death to the inmate or other persons.

IV. PROCEDURES:

- A. A correctional officer or member of treatment staff who is in the presence of destructive or Violent behavior should try less restrictive means of controlling that behavior, unless to do so would endanger the inmate or another person.
- B. If less restrictive means are ineffective, or the risk of applying less restrictive means is too high, the officer or member of treatment staff should immediately contact the control center for assistance in handling the inmate, and request of the Duty Warden permission to use the Restraint Chair.
- C. Placement of an inmate in the Restraint Chair is a “planned use of force.” All planned use of force must be documented by use of security surveillance equipment or handheld video recorders in accordance with the Surveillance (Visual and/or Audio) Recordings Policy.
- D. Such requests for permission to use the Restraint Chair should provide the following information:
 - 1. A description of the destructive or Violent behavior;
 - 2. The duration of that behavior;
 - 3. The effects of other efforts to intervene in that behavior; or
 - 4. The reason other interventions would place persons at risk.
- E. The Duty Warden will authorize the use of the Restraint Chair only if that measure is seen as the least restrictive method available for protecting persons and property. Alternatively, the Duty Warden will recommend other measures to be taken.
- F. Once authorized, the inmate will be placed in the Restraint Chair by staff. At least one assisting staff member must have had training within the past year in use of the Restraint Chair.
- G. The inmate will be stripped of upper body clothing to ensure that the clothing does not contain any instrument that he/she can use to hurt him/herself or escape from restraints. A clean T-shirt will be provided if feasible. Otherwise, a paper gown may be used. If the inmate is combative, clothing may be withheld until it can be safely provided.
- H. Each restraint will be checked by a member of the team other than the person who applied the restraint, to ensure that the restraints are sufficiently tight for safety but does not impair blood circulation.
- I. Medical Services and Mental Health Services at the facility will be contacted prior to use of the Restraint Chair if circumstances allow. If delay would add to the risk of injury to persons, Medical Services and Mental Health Services must be contacted as soon as the inmate has been secured.
- J. If Medical Services states that the Restraint Chair places the inmate at risk due to a medical condition, the Restraint Chair should be wheeled to the medical area, and medical staff should monitor the health condition of the inmate or should implement alternative methods of intervention as quickly as possible.
- K. If Mental Health Services states that the behavior is related to mental health problems, *Health Services Division Policy Management of Crisis: Treatment Precautions* becomes the governing policy, and Licensed Clinical staff should be contacted, if not already present.

- L. Even if the violent or destructive behavior is not directly related to a diagnosable mental health or medical condition, security staff may request a mental health consultation to establish plans for getting the behavior under control.
- M. Absent medical or mental health intervention, the inmate should remain in the Restraint Chair no longer than necessary to ensure that the inmate has regained the ability to control the violent or destructive behavior.
- N. If self-control is not regained within two (2) hours, the Duty Warden must reauthorize use of the Restraint Chair and will request mental health assistance intervention for the inmate if it is not already occurring.
- O. The Restraint Chair must be placed in clear view of a security post or under continuous video monitoring, or a member of staff must be assigned to supervise the inmate in the Restraint Chair.
- P. The Restraint Chair must be placed away from contact with other inmates, and in an area secured from unauthorized entry. Unit policy will specify the areas in which Restraint Chairs may be placed.
- Q. The inmate should be checked every fifteen (15) minutes by observing the color and temperature of hands and feet and asked whether any pain is being experienced.
- R. Opportunities for exercise will be provided every two hours. This may be done in the Restraint Chair, one limb at a time, if the inmate is violent or threatening.
- S. Food and drink should be provided as the behavior of the inmate allows.
- T. Access to toilet facilities should be given every two (2) hours. If the inmate continues to be so violent that this cannot be safely done, a urinal or bedpan may be obtained from medical services.
- U. A log will be kept on all uses of the Restraint Chair including the following:
 - 1. Behavior leading to its use;
 - 2. Name of duty warden authorizing its use;
 - 3. Time placed in the Restraint Chair;
 - 4. Names of staff involved in securing and managing the inmate;
 - 5. Description of the inmate's behavior and status at fifteen-minute intervals;
 - 6. Actions of medical and/or mental health staff;
 - 7. Relief breaks and other significant incidents; and
 - 8. Time of release.
- V. The completed log will be reviewed by the Warden the following workday after release. If inappropriate actions are noted on the part of staff, training will be provided. If inappropriate actions were intentional or malicious, disciplinary action will be taken.
- W. The Restraint Chair may also be used to transport a Dangerous Inmate to medical services, classification, another cell, or elsewhere inside or outside the institution with prior authorization by the Duty Warden.



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Tuberculosis Screening for Employees

NUMBER: 2021-05 **SUPERSEDES:** 13-57

APPLICABILITY: All ADC Employees

REFERENCE: Ark. Code Ann § 20-7-101, **PAGE:** 1 of 2
Health Service OPP 302

APPROVED: Original Signed by Dexter Payne, **EFFECTIVE DATE:** 6/18/2021

I. POLICY:

It shall be the policy of the Arkansas Division of Correction (ADC) to adhere to regulation of the Arkansas Department of Health (ADH), which requires annual documented tuberculosis screening of persons who come into contact with detainees and/or inmates for the protection of inmates, staff and the general public.

II. DEFINITIONS:

1. Tuberculosis (TB) Testing. The process of injecting 0.1 ml of Purified Protein Derivative (PPD) into the skin of the forearm and the reaction to the PPD should be read in 48-72 hours.
2. Tuberculosis Screening. The process of interviewing an individual for current symptoms of TB. The interview shall consist of screening for current symptoms including cough, unexplained weight loss, and night sweats.
3. Certificate of Health. A certificate issued by the ADH documenting that the holder has been tested and is compliant with treatment procedures, if indicated. The ADH requires that this certificate be issued by private physicians who test for tuberculosis. The certificates are available upon request to any licensed physician in the state of Arkansas from their local County Health Unit.
4. Employee. Any ADC employee, or member of a contractor's staff who is assigned to work at a facility of the ADC. Persons working or volunteering where inmates are present may also be considered an employee for the purposes of this directive.
5. Baseline Tuberculosis Test. Confirmed negative PPD skin test.

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III. PROCEDURE:

1. Individuals accepted for employment as correctional officers will be tested for TB during their first week at the Training Academy.
2. Individuals accepted for employment as non-security staff are required to have documented PPD prior to hire. The PPD should be dated within the last 24 months of hire. If the individual's PPD is older than 24 months, the individual will need to have an updated PPD prior to hire. Individuals whose PPD is within the past 24 months will complete the Employee Screening of Tuberculin Status Form (Attachment). The Employee Screening of Tuberculin Status Form will be forwarded to the Unit Infectious Control Nurse for review. If the individual is believed to be past positive, the individual will complete the Employee Screening of Tuberculin Status Form and the information will be verified with the ADH.
3. Current employees with either a Baseline Tuberculosis Test or past positive test must be screened for TB and provided TB education annually. Screenings will be scheduled at their unit. The Unit Infection Control Nurse will review the screenings and may refer the employee to their County Health Unit or primary care provider for further examination, indicated.
4. Any individual absent on the days that screening takes place will be required to complete and submit their screening form within two (2) business days upon return.
5. Scheduling of the screening offered at the facilities will be coordinated by the Unit Health Services Administrator and the Warden, or their designees, as appropriate.
6. Any employee who tests positive for the first time must obtain a Certificate of Health from the County Health Unit.
7. Any employee referred to their local County Health Unit for further evaluation will be required to present a Certificate of Health or release from their provider.
8. Failure to comply with this directive may result in implementation of progressive discipline up to, and including termination, and/or placing the employee on leave until a Certificate of Health or release from their provider is obtained.
9. Tuberculosis Screening requirements are included in the Employee Handbook.

IV. ATTACHMENTEmployee Screening of Tuberculin Status

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Division of Correction – Director's Office

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EMPLOYEE SCREENING OF TUBERCULIN STATUS

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Unit: _____ Date: _____

Employee Name: _____ Employee AASIS #: _____

IN THE PAST YEAR HAVE YOU EXPERIENCED:	YES	NO
• <u>WEIGHT LOSS OF 10LBS OR GREATER WITHOUT TRYING</u>		
• <u>FEVER WITHOUT KNOWN INFECTION</u>		
• <u>NIGHT SWEATS</u>		
• <u>COUGH/CHEST PAIN FOR GREATER THAN 3 WEEKS</u>		
• <u>COUGHING UP BLOODY SPUTUM OF MUCOUS</u>		
• <u>CHILLS</u>		
• <u>LOSS OF APPETITE</u>		
• <u>EASILY FATIGUED</u>		

My signature below acknowledges that I received the Tuberculosis education form.

Staff Signature: _____ Date: _____

Authorized Medical Staff only below this line

Nurse verified negative PPD within the past 24 months: ☐ Yes ☐ No

Last PPD Date: _____ Results: _____ mm

Reviewed with no recommendations. ☐ _____

Reviewed with recommendations. ☐ _____

Staff completing form (printed name): _____ Title: _____

Signature: _____ Date: _____

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Tuberculosis Screening requirements are included in the employee handbook. ¶

IV. REFERENCES:¶

Arkansas State Board of Health¶

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7. Any employee who has previously screened positive will be assessed for current symptoms, and will be referred to their County Health Unit for further examination, if indicated.¶

8. Any employee who has previously had active TB disease will be required to present a Certificate of Health annually.¶

Any employee referred to their local County Health Unit for further evaluation will be required to present a Certificate of Health or release from their provider. ¶

Failure to comply with this directive will result in implementation of progressive discipline up to, and including termination, and/or placing the employee on leave until a Certificate of Health or release from their provider is obtained, if the individual's presence may place others at risk.¶

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ADMINISTRATIVE DIRECTIVE

SUBJECT: Tuberculosis Screening for Employees

NUMBER: 2021-05

SUPERSEDES: 13-57

APPLICABILITY: All ADC Employees

REFERENCE: Ark. Code Ann § 20-7-101
Health Service OPP 302

PAGE: 1 of 2

APPROVED: Original Signed by Dexter Payne

EFFECTIVE DATE: 6/18/2021

I. POLICY:

It shall be the policy of the Arkansas Division of Correction (ADC) to adhere to regulations of the Arkansas Department of Health (ADH), which requires annual documented tuberculosis screening of persons who come into contact with detainees and/or inmates for the protection of inmates, staff and the general public.

II. DEFINITIONS:

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2. Tuberculosis Screening. The process of interviewing an individual for current symptoms of TB. The interview shall consist of screening for current symptoms including cough, unexplained weight loss, and night sweats.
3. Certificate of Health. A certificate issued by the ADH documenting that the holder has been tested and is compliant with treatment procedures, if indicated. The ADH requires that this certificate be issued by private physicians who test for tuberculosis. The certificates are available upon request to any licensed physician in the state of Arkansas from their local County Health Unit.
4. Employee. Any ADC employee, or member of a contractor’s staff who is assigned to work at a facility of the ADC. Persons working or volunteering where inmates are present may also be considered an employee for the purposes of this directive.
5. Baseline Tuberculosis Test. Confirmed negative PPD skin test.

III. PROCEDURE:

1. Individuals accepted for employment as correctional officers will be tested for TB during their first week at the Training Academy.
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8. Failure to comply with this directive may result in implementation of progressive discipline up to, and including termination, and/or placing the employee on leave until a Certificate of Health or release from their provider is obtained.
9. Tuberculosis Screening requirements are included in the Employee Handbook.

IV. ATTACHMENT

Employee Screening of Tuberculin Status



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

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Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

EMPLOYEE SCREENING OF TUBERCULIN STATUS

Unit: _____ Date: _____

Employee Name: _____ Employee AASIS #: _____

<u>IN THE PAST YEAR HAVE YOU EXPERIENCED:</u>	<u>YES</u>	<u>NO</u>
• WEIGHT LOSS OF 10LBS OR GREATER WITHOUT TRYING		
• FEVER WITHOUT KNOWN INFECTION		
• NIGHT SWEATS		
• COUGH/CHEST PAIN FOR GREATER THAN 3 WEEKS		
• COUGHING UP BLOODY SPUTUM OF MUCOUS		
• CHILLS		
• LOSS OF APPETITE		
• EASILY FATIGUED		

My signature below acknowledges that I received the Tuberculosis education form.

Staff Signature: _____ Date: _____

Authorized Medical Staff only below this line

Nurse verified negative PPD within the past 24 months: ☐ Yes ☐ No

Last PPD Date: _____ Results: _____ mm

Reviewed with no recommendations. ☐

Reviewed with recommendations. ☐

Staff completing form (printed name): _____ Title: _____

Signature: _____ Date: _____



ARKANSAS DEPARTMENT OF CORRECTIONS
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ADMINISTRATIVE DIRECTIVE

SUBJECT: Electronically Downloadable Devices (Media Player & Tablets)

NUMBER: 2021-06

SUPERSEDES: 18-29

APPLICABILITY: All Inmates and Staff, especially those responsible for Inmate Commissaries and Inmate Property

REFERENCE: AR 103 Inmate Commissaries **PAGE:** 1 of 4
AD Inmate Property Control
AD Inmate Correspondence
AD Inmate Access to Telephones

APPROVED: Original signed by Dexter Payne **EFFECTIVE DATE:** 6/18/2021

I. POLICY:

It shall be the policy of the Arkansas Division of Correction (ADC) to allow inmates access to Electronically Downloadable Devices (Media Players & Tablets) by an approved vendor authorized by the ADC. The responsibility for administration of this policy is assigned to the Unit Warden/Center Supervisor of each Unit/Center.

II. DEFINITIONS:

- A. Correspondence. Mail/email sent to an inmate from family and friends through an electronic transfer using a vendor application. Prior to delivery, unit mailroom staff must review and approve content for Download, or deny delivery if content is deemed inappropriate as described in this policy. Inmates may receive and reply to Correspondence, but may not purchase e-mail.
- B. Download. The electronic transfer of Music, Photographs and Correspondence from the Kiosk to the Media Player.
- C. Kiosk. A station placed in the Unit where inmates are allowed to Download/Upload content for media players.
- D. Leased Tablets. A vendor owned tablet that is available for lease by an inmate, an inmate's family, or friend, for use by the inmate.
- E. Media Player. A vendor secured electronic device which allows the user to Download or access approved Music, Photographs and Correspondence with the use of the screen or headphones/earbuds. The device also has the capability to be used as an FM radio.

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F. Music. Electronic Music files Downloaded using vendor provided Music Kiosk. Prepaid Music Media credit is available for purchase in the unit commissary.

G. Photographs. Images sent to an inmate from family and friends through electronic transfer using vendor application. Prior to delivery, unit mailroom staff must review and approve for Download or deny delivery if content is deemed inappropriate as described in this policy. Inmates may receive Photographs only. Inmates may not purchase Photographs.

H. Program Tablet. A tablet owned by an approved vendor that is used by inmates for educational or treatment programs. Program Tablets are not available for lease.

I. Upload. The electronic transfer of information from the Media Player to the Kiosk.

III. PROCEDURES

A. Media Player

1. Availability. All inmates assigned to General Population and Safe Keeping (Death Row) will be allowed to purchase Media Players. No inmates assigned to Punitive Housing, Punitive Restriction, or the Varner Super Max Behavior Modification Program will be allowed to possess a Media Player. Class I and II inmates in Restrictive Housing may be granted access to Media Players if approved by the Warden/Center Supervisors.
2. Ordering Process. All Media Players and prepaid Music media will be available for purchase through the Unit Commissary.
 - a. The Media Player will be assigned a Commissary number and will be ordered from the Commissary.
 - b. The order will be electronically transferred to the Vendor and once programmed the Media Player will be sent to the Unit Commissary to be delivered to the inmate.
 - c. The prepaid Music media credit will be purchased through the commissary in increments of \$5.00.
3. Delivery Process. After the purchase has been made by the inmate and processed by the Unit Commissary, the Media Player will be shipped from the provider to the Unit Commissary.
 - a. The Media Player will be examined upon arrival to ensure the identification information (inmate name, ADC #, security timer) is correct on the display screen of the Media Player.
 - b. If the information is correct, the Media Player will be issued to the inmate. A form F-84-3 (Attachment II) will be completed so a record of the property issuance can be made.
 - c. If the identification information is incorrect, the Media Player will be returned to the provider for correction.
 - d. Media Players are electronically engraved with the inmate's information.

Note: Do not attempt to physically engrave the Media Player. This will damage the Media Player and void the warranty.

B. Media Player Operations

1. Once the inmate has taken possession of the Media Player, he/she will be responsible for its maintenance and use.
2. The Media Player must be connected to a Kiosk at least once every thirty (30) days to maintain operation, including the ability to Download Correspondence, Photographs and purchased Music.

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3. If the Media Player is not connected to the Kiosk at least once every thirty (30) days, it will be internally deactivated, rendering it unusable.
4. The Media Player may be reactivated by connecting it to the Kiosk.
5. Any Media Player which is lost or stolen must be reported by the inmate to Security immediately.
6. The Unit Business Manager will contact the Media Player vendor with the information concerning the missing player and it will be deactivated. It will remain unusable until requested reactivation by the Unit Business Manager when it is recovered.

C. Security Staff Responsibilities

1. Each Unit will develop procedures to allow inmates to access the Kiosk at least once a week.
2. While the Kiosk is in use, a correctional officer will be present to verify the inmate attempting to connect the Media Player to the Kiosk is the listed owner of the Media Player.
3. If the identity of the inmate matches the name listed on the Media Player then the inmate will be allowed to connect it to the Kiosk.
4. If the Media Player does not belong to the inmate who has possession of it then the Media Player will be confiscated.
5. An investigation will be conducted to determine if the Media Player has been illegally traded or stolen.
6. Disciplinary action will be taken against any inmate who has violated policy.
7. An inmate may only possess one (1) Media Player or one (1) radio. If an inmate owns a radio and wishes to purchase a Media Player, it will be his/her responsibility to send the radio home in accordance with the Inmate Property Control Policy. If an inmate is found to be the owner of a radio and a Media Player in his possession, the radio will be considered contraband and dealt with in accordance with the Inmate Property Control Policy. Disciplinary action will also be taken.
8. Inmates may not transfer ownership of a Media Player to another inmate.
9. Any misuse of a Media Player by an inmate will result in disciplinary action and if the inmate is found guilty will result in the loss of privileges for one (1) year.

D. Problems With The Media Player

1. If there is a problem with the Media Player, the inmate should attempt to correct it by use of the Owner's Manual. If unable to solve the problem, the inmate should call the Customer Assistance number, which has been added to the approved inmate-calling list. Inmates will be assisted in correcting the problem if possible. If the problem is not corrected then the inmate will be advised of the procedures to follow.
2. Calls are recorded and vendor staff has instructions to turn any inappropriate calls over to ADC staff for appropriate action. The inmate will be subject to disciplinary action.

Note: Staff or inmates are at no time allowed to attempt to work on an Media Player.

V. Guidelines

A. Leased Tablets

1. Tablets are available for monthly lease with amount and payment method set by the vendor.

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2. The inmate must be Class I or II to possess a tablet. If an inmate is reduced in class, the inmate's tablet privilege is revoked. The tablet will be deactivated and returned to the Unit's designated staff for tablet management.

3. The inmate is responsible for the care and condition of the tablet while in the inmate's possession.

4. A tablet will not be replaced unless the tablet is found to be defective.

5. If a tablet is damaged, the replacement cost must be paid to the vendor before the inmate may receive another tablet. The replacement cost will be set by the vendor.

6. A schedule for distribution and collection of the tablets will be determined by the unit administration. This schedule will be followed in order for the tablets to be regularly charged and inspected. Inspections will be documented in order to determine the condition of the tablet.

Note: Inmates must show their ADC ID before they are issued a tablet.

7. Tablets are assigned to an inmate during the lease period. If an inmate is transferred to another unit the tablet is transferred with the inmate's property.

8. Disciplinary action may be taken against any inmate who is in possession of another inmate's tablet, or tampers with or damages a tablet in any way.

Note: A single tablet cannot be leased to multiple inmates.

B. Program Tablets

1. Program tablets are provided to inmates assigned to a specific program. The tablets are for educational or treatment purposes only. Program tablets are assigned to the unit.

2. Program tablets are issued to the inmates during the scheduled program times.

3. Tablets will be retrieved from the inmates at the end of the scheduled program time. The tablets will be inspected by the designated staff before being placed on the charger. The inspection must be documented on a log. The log will contain at a minimum the name and number of the inmate using the tablet, when issued and returned.

VI. Attachments

I. Tablet Agreement

II. Property Addition Form

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Attachment I**Tablet Agreement**

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAVE HAD ALL QUESTIONS ANSWERED REGARDING THE ARKANSAS DIVISION OF CORRECTION ADMINISTRATIVE DIRECTIVE ON ELECTRONICALLY DOWNLOADABLE DEVICES (MP4), AND UNDERSTAND THAT I AM EXPECTED TO ABIDE BY THE POLICY.

I FURTHER UNDERSTAND THAT IN ACCORDANCE WITH THE POLICY:

- A. All inmates assigned to General Population and Safe Keeping (Death Row) will be allowed to purchase Media Players. No inmates assigned to Punitive, Punitive Restriction, or the Varner Super Max Behavior Modification Program will be allowed to possess a Media Player. Inmates in Restrictive Housing and not on punitive status may be granted access to Media Players if approved by the Warden/Center Supervisor at his or her discretion. I acknowledge that the Media player, may be stored, if I am assigned to administrative segregation for punitive isolation, but if assigned to administrative segregation for any other reason, the security needs of my institution will determine my access to the Media player.
- B. An inmate is only allowed to possess one (1) Media Player or one previously purchased radio. If an inmate owns a radio and wishes to purchase a Media Player, it will be their responsibility to send the radio home. If an inmate is found to be the owner of a radio and a Media Player in his possession, the radio will be considered contraband and dealt with in accordance with the Inmate Property Control Policy. Disciplinary action will also be taken.
- C. Inmates may not transfer ownership of a Media Player to another inmate.
- D. If there is a problem with the Media Player, the inmate should attempt to correct it by use of the Owner's Manual. If unable to solve the problem, the inmate should call the Customer Assistance number, which has been added to the approved inmate-calling list. Inmates will be assisted in correcting the problem if possible. If the problem is not corrected then the inmate will be advised of the procedures to follow.

Inmate Name-Printed

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ADC #

Unit

Date

Witness Signature

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
Pine Bluff, Arkansas 71602



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

SCAN INTO EOMIS UPON COMPLETION

ARKANSAS DIVISION OF CORRECTION
PROPERTY ADDITION FORM

Date: _____ Unit: _____

Inmate's Name: _____ ADC#: _____

Printed

Issuing Department: _____ Date Issued: _____

Please indicate below the appropriate item to be added to an inmate's personal property file. It is important to submit a detailed description of any item(s) that are added, i.e., number of items, brand, color, size, etc.

Radio

Watch

Ring

Earbuds

Combination Lock

Sweat Shirt

Shoes

Religious Medallion

Sweat Pants

Electronically Downloadable Device: Tablet

MP4 Player

MP3 Player

Other: _____

Detailed description of item: _____

Name & Signature of issuing staff: _____ AASIS #: _____

Signature of Inmate: _____ Date: _____ ADC#: _____

This form is to be completed in the event of an addition to an inmate's personal property.

Original – Institutional file Legible copy – Inmate Scanned copy – UPCO

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
Pine Bluff, Arkansas 71602



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director’s Office

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Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Electronically Downloadable Devices (Media Player & Tablets)

NUMBER: 2021-06

SUPERSEDES: 18-29

APPLICABILITY: All Inmates and Staff, especially those responsible for Inmate Commissaries and Inmate Property

REFERENCE: AR 103 Inmate Commissaries
AD Inmate Property Control
AD Inmate Correspondence
AD Inmate Access to Telephones

PAGE: 1 of 4

APPROVED: Original signed by Dexter Payne **EFFECTIVE DATE:** 6/18/2021

I. POLICY:

It shall be the policy of the Arkansas Division of Correction (ADC) to allow inmates access to Electronically Downloadable Devices (Media Players & Tablets) by an approved vendor authorized by the ADC. The responsibility for administration of this policy is assigned to the Unit Warden/Center Supervisor of each Unit/Center.

II. DEFINITIONS:

- A. Correspondence. Mail/email sent to an inmate from family and friends through an electronic transfer using a vendor application. Prior to delivery, unit mailroom staff must review and approve content for Download, or deny delivery if content is deemed inappropriate as described in this policy. Inmates may receive and reply to Correspondence, but may not purchase e-mail.
- B. Download. The electronic transfer of Music, Photographs and Correspondence from the Kiosk to the Media Player.
- C. Kiosk. A station placed in the Unit where inmates are allowed to Download/Upload content for media players.
- D. Leased Tablets. A vendor owned tablet that is available for lease by an inmate, an inmate’s family, or friend, for use by the inmate.
- E. Media Player. A vendor secured electronic device which allows the user to Download or access approved Music, Photographs and Correspondence with the use of the screen or headphones/ear buds. The device also has the capability to be used as an FM radio.

- F. Music. Electronic Music files Downloaded using vendor provided Music Kiosk. Prepaid Music Media credit is available for purchase in the unit commissary.
- G. Photographs. Images sent to an inmate from family and friends through electronic transfer using vendor application. Prior to delivery, unit mailroom staff must review and approve for Download or deny delivery if content is deemed inappropriate as described in this policy. Inmates may receive Photographs only. Inmates may not purchase Photographs.
- H. Program Tablet. A tablet owned by an approved vendor that is used by inmates for educational or treatment programs. Program Tablets are not available for lease.
- I. Upload. The electronic transfer of information from the Media Player to the Kiosk.

III. PROCEDURES

A. Media Player

- 1. Availability. All inmates assigned to General Population and Safe Keeping (Death Row) will be allowed to purchase Media Players. No inmates assigned to Punitive Housing, Punitive Restriction, or the Varner Super Max Behavior Modification Program will be allowed to possess a Media Player. Class I and II inmates in Restrictive Housing may be granted access to Media Players if approved by the Warden/Center Supervisors.
- 2. Ordering Process. All Media Players and prepaid Music media will be available for purchase through the Unit Commissary.
 - a. The Media Player will be assigned a Commissary number and will be ordered from the Commissary.
 - b. The order will be electronically transferred to the Vendor and once programmed the Media Player will be sent to the Unit Commissary to be delivered to the inmate.
 - c. The prepaid Music media credit will be purchased through the commissary in increments of \$5.00.
- 3. Delivery Process. After the purchase has been made by the inmate and processed by the Unit Commissary, the Media Player will be shipped from the provider to the Unit Commissary.
 - a. The Media Player will be examined upon arrival to ensure the identification information (inmate name, ADC #, security timer) is correct on the display screen of the Media Player.
 - b. If the information is correct, the Media Player will be issued to the inmate. A form F-841-3 (Attachment II) will be completed so a record of the property issuance can be made.
 - c. If the identification information is incorrect, the Media Player will be returned to the provider for correction.
 - d. Media Players are electronically engraved with the inmate's information.

Note: Do not attempt to physically engrave the Media Player. This will damage the Media Player and void the warranty.

B. Media Player Operations

- 1. Once the inmate has taken possession of the Media Player, he/she will be responsible for its maintenance and use.
- 2. The Media Player must be connected to a Kiosk at least once every thirty (30) days to maintain operation, including the ability to Download Correspondence, Photographs and purchased Music.

3. If the Media Player is not connected to the Kiosk at least once every thirty (30) days, it will be internally deactivated, rendering it unusable.
4. The Media Player may be reactivated by connecting it to the Kiosk.
5. Any Media Player which is lost or stolen must be reported by the inmate to Security immediately.
6. The Unit Business Manager will contact the Media Player vendor with the information concerning the missing player and it will be deactivated. It will remain unusable until requested reactivation by the Unit Business Manager when it is recovered.

C. Security Staff Responsibilities

1. Each Unit will develop procedures to allow inmates to access the Kiosk at least once a week.
2. While the Kiosk is in use, a correctional officer will be present to verify the inmate attempting to connect the Media Player to the Kiosk is the listed owner of the Media Player.
3. If the identity of the inmate matches the name listed on the Media Player then the inmate will be allowed to connect it to the Kiosk.
4. If the Media Player does not belong to the inmate who has possession of it then the Media Player will be confiscated.
5. An investigation will be conducted to determine if the Media Player has been illegally traded or stolen.
6. Disciplinary action will be taken against any inmate who has violated policy.
7. An inmate may only possess one (1) Media Player or one (1) radio. If an inmate owns a radio and wishes to purchase a Media Player, it will be his/her responsibility to send the radio home in accordance with the Inmate Property Control Policy. If an inmate is found to be the owner of a radio and a Media Player in his possession, the radio will be considered contraband and dealt with in accordance with the Inmate Property Control Policy. Disciplinary action will also be taken.
8. Inmates may not transfer ownership of a Media Player to another inmate.
9. Any misuse of a Media Player by an inmate will result in disciplinary action and if the inmate is found guilty will result in the loss of privileges for one (1) year.

D. Problems With The Media Player

1. If there is a problem with the Media Player, the inmate should attempt to correct it by use of the Owner's Manual. If unable to solve the problem, the inmate should call the Customer Assistance number, which has been added to the approved inmate-calling list. Inmates will be assisted in correcting the problem if possible. If the problem is not corrected then the inmate will be advised of the procedures to follow.
2. Calls are recorded and vendor staff has instructions to turn any inappropriate calls over to ADC staff for appropriate action. The inmate will be subject to disciplinary action.

Note: Staff or inmates are at no time allowed to attempt to work on an Media Player.

V. Guidelines

A. Leased Tablets

1. Tablets are available for monthly lease with amount and payment method set by the vendor.

2. The inmate must be Class I or II to possess a tablet. If an inmate is reduced in class, the inmate's tablet privilege is revoked. The tablet will be deactivated and returned to the Unit's designated staff for tablet management.
3. The inmate is responsible for the care and condition of the tablet while in the inmate's possession.
4. A tablet will not be replaced unless the tablet is found to be defective.
5. If a tablet is damaged, the replacement cost must be paid to the vendor before the inmate may receive another tablet. The replacement cost will be set by the vendor.
6. A schedule for distribution and collection of the tablets will be determined by the unit administration. This schedule will be followed in order for the tablets to be regularly charged and inspected. Inspections will be documented in order to determine the condition of the tablet.

Note: Inmates must show their ADC ID before they are issued a tablet.

7. Tablets are assigned to an inmate during the lease period. If an inmate is transferred to another unit the tablet is transferred with the inmate's property.
8. Disciplinary action may be taken against any inmate who is in possession of another inmate's tablet, or tampers with or damages a tablet in any way.

Note: A single tablet cannot be leased to multiple inmates.

B. Program Tablets

1. Program tablets are provided to inmates assigned to a specific program. The tablets are for educational or treatment purposes only. Program tablets are assigned to the unit.
2. Program tablets are issued to the inmates during the scheduled program times.
3. Tablets will be retrieved from the inmates at the end of the scheduled program time. The tablets will be inspected by the designated staff before being placed on the charger. The inspection must be documented on a log. The log will contain at a minimum the name and number of the inmate using the tablet, when issued and returned.

VI. Attachments

- I. Tablet Agreement
- II. Property Addition Form

Attachment I

Tablet Agreement

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAVE HAD ALL QUESTIONS ANSWERED REGARDING THE ARKANSAS DIVISION OF CORRECTION ADMINISTRATIVE DIRECTIVE ON ELECTRONICALLY DOWNLOADABLE DEVICES (MP4), AND UNDERSTAND THAT I AM EXPECTED TO ABIDE BY THE POLICY.

I FURTHER UNDERSTAND THAT IN ACCORDANCE WITH THE POLICY:

- A. All inmates assigned to General Population and Safe Keeping (Death Row) will be allowed to purchase Media Players. No inmates assigned to Punitive, Punitive Restriction, or the Varner Super Max Behavior Modification Program will be allowed to possess a Media Player. Inmates in Restrictive Housing and not on punitive status may be granted access to Media Players if approved by the Warden/Center Supervisor at his or her discretion. I acknowledge that the Media player, may be stored, if I am assigned to administrative segregation for punitive isolation, but if assigned to administrative segregation for any other reason, the security needs of my institution will determine my access to the Media player.
- B. An inmate is only allowed to possess one (1) Media Player or one previously purchased radio. If an inmate owns a radio and wishes to purchase a Media Player, it will be their responsibility to send the radio home. If an inmate is found to be the owner of a radio and a Media Player in his possession, the radio will be considered contraband and dealt with in accordance with the Inmate Property Control Policy. Disciplinary action will also be taken.
- C. Inmates may not transfer ownership of a Media Player to another inmate.
- D. If there is a problem with the Media Player, the inmate should attempt to correct it by use of the Owner's Manual. If unable to solve the problem, the inmate should call the Customer Assistance number, which has been added to the approved inmate-calling list. Inmates will be assisted in correcting the problem if possible. If the problem is not corrected then the inmate will be advised of the procedures to follow.

Inmate Name-Printed

Signature

ADC #

Unit

Date

Witness Signature



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

SCAN INTO EOMIS UPON COMPLETION
ARKANSAS DIVISION OF CORRECTION
PROPERTY ADDITION FORM

Date: _____ Unit: _____

Inmate's Name: _____ ADC#: _____
Printed

Issuing Department: _____ Date Issued: _____

Please indicate below the appropriate item to be added to an inmate's personal property file. It is important to submit a detailed description of any item(s) that are added, i.e., number of items, brand, color, size, etc.

_____ Radio	_____ Watch	_____ Ring
_____ Earbuds	_____ Combination Lock	_____ Sweat Shirt
_____ Shoes	_____ Religious Medallion	_____ Sweat Pants

Electronically Downloadable Device: Tablet _____ MP4 Player _____ MP3 Player _____

Other: _____

Detailed description of item: _____

Name & Signature of issuing staff: _____ AASIS #: _____

Signature of Inmate: _____ Date: _____ ADC#: _____

This form is to be completed in the event of an addition to an inmate's personal property.

Original – Institutional file	Legible copy – Inmate	Scanned copy – UPCO
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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
 Pine Bluff, Arkansas 71602
 Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Control Center Operations

NUMBER: 2021-07

SUPERSEDES: 14-41

APPLICABILITY: Institutional Staff

REFERENCE: AR 400 Security

PAGE: 1 of 2

APPROVED: Original Signed by Director Payne, **EFFECTIVE DATE:** 6/18/2021

I. POLICY:

It is the policy of the Arkansas Division of Correction (ADC) to maintain security around areas serving as the movement and communications Control Center for each ADC facility.

II. PROCEDURES:

A. The Control Center shall be staffed with at least one (1) Correctional Officer. Only authorized personnel shall be permitted to enter the Control Center. The major responsibilities of the Correctional Officer(s) working the Control Center includes, but are not be limited to:

1. Monitoring and checking inmate and employee traffic;
2. Observance of all activities in the immediate area;
3. Immediately report any suspicious or unusual occurrences to the Shift Supervisor and completing the necessary reports prior to relief from duty;
4. Monitoring the fire alarm system, panic alarms, and other security systems;
5. Maintaining inventory and securing all security equipment stored in the Control Center;
6. Ensuring employees have their identification badges; and,
7. Ensuring keys are only issued to employees and maintaining a log in accordance with the standard operating procedures.

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B. Before an officer is relieved from duty, an inventory of all ~~equipment (keys, handcuffs, etc.)~~ shall be conducted before the relieving officer assumes his/her duties. ~~If any equipment, or security equipment is still signed out, they must be turned in or accounted for, and properly documented on the security log, before the relieving officer assumes duty.~~ ~~No relieving officer shall assume duty without a completed inventory of all equipment.~~ Failure to conduct an inventory of all equipment may result in disciplinary action.

C. The only inmates allowed access to the ~~Control Center~~ are inmates assigned to ~~clean the Control Center~~ by the Classification Committee. ~~The inmate must be escorted by another correctional officer during times of cleaning.~~

D. Each ~~facility~~ will write a policy specific to ~~the operation of that Unit.~~

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
Pine Bluff, Arkansas 71602
Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Control Center Operations

NUMBER: 2021-07

SUPERSEDES: 14-41

APPLICABILITY: Institutional Staff

REFERENCE: AR 400 Security

PAGE: 1 of 2

APPROVED: Original Signed by Director Payne

EFFECTIVE DATE: 6/18/2021

I. POLICY:

It is the policy of the Arkansas Division of Correction (ADC) to maintain security around areas serving as the movement and communications Control Center for each ADC facility.

II. PROCEDURES:

- A. The Control Center shall be staffed with at least one (1) Correctional Officer. Only authorized personnel shall be permitted to enter the Control Center. The major responsibilities of the Correctional Officer(s) working the Control Center includes, but are not be limited to:
 1. Monitoring and checking inmate and employee traffic;
 2. Observance of all activities in the immediate area;
 3. Immediately report any suspicious or unusual occurrences to the Shift Supervisor and completing the necessary reports prior to relief from duty;
 4. Monitoring the fire alarm system, panic alarms, and other security systems;
 5. Maintaining inventory and securing all security equipment stored in the Control Center;
 6. Ensuring employees have their identification badges; and
 7. Ensuring keys are only issued to employees and maintaining a log in accordance with the standard operating procedures.

- B. Before an officer is relieved from duty, an inventory of all equipment (keys, handcuffs, etc.) shall be conducted before the relieving officer assumes his/her duties. If any equipment, or security equipment is still signed out, they must be turned in or accounted for, and properly documented on the security log, before the relieving officer assumes duty. No relieving officer shall assume duty without a completed inventory of all equipment. Failure to conduct an inventory of all equipment may result in disciplinary action.
- C. The only inmates allowed access to the Control Center are inmates assigned to clean the Control Center by the Classification Committee. The inmate must be escorted by another correctional officer during times of cleaning.
- D. Each facility will write a policy specific to the operation of that Unit.



ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

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**DIVISION OF
 CORRECTION**

ADMINISTRATIVE DIRECTIVE

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

NUMBER: 2021-08 **SUPERSEDES:** 19-36

APPLICABILITY: All Employees and Inmates

REFERENCE: AR 401 Searches for and Control of Contraband
 AD Inmate Property Control
 AD Body Cavity Search for Contraband **PAGE:** 1 of 4
 AD Inmate Correspondence

APPROVED: Original Signed by Dexter Payne **EFFECTIVE DATE:** 6/18/2021

I. POLICY:

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

II. PURPOSE:

The control of Contraband within a correctional environment is necessary to provide a safe, secure environment for Inmates, employees, and visitors. This policy is intended to provide ADC staff with information and guidelines regarding approved procedures for the suppression of Contraband and to specify approved search methods.

III. DEFINITIONS:

1. Contraband. Any item or items determined by the Board of Corrections, state law, or division policy to jeopardize the safety, security, or good order of ADC institutions, including but not limited to:

- a. Nuisance Contraband. Any item or article which may be or may have been authorized for possession, but which is now prohibited because excessive quantities present health or fire hazards or have become a housekeeping problem.
- b. Items in excess of established facility limits, or articles that have been altered or used for unauthorized purposes, and/or articles in an inmate's possession in an unauthorized area.
- c. Unauthorized articles seized during a search of living quarters, place of assignment, vehicle, or personal search.
- d. Items which are illegal or banned by policies.

2. Inmates. Persons incarcerated by the ADC.

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3. Pat Search. A clothed body search consisting of an individual's garments and personal effects ready at hand and the surface of the individual's body and the area within the individual's immediate control.

4. Staff. All ADC employees, volunteers, contract medical and mental health employees, Arkansas Correctional School employees and employees of Riverside Vo-Tech.

5. Strip Search. An unclothed body search, which requires the person to remove his or her clothing in conformance with approved procedures and professional practices.

IV. PROCEDURE:

A. Searches in General

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

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

B. Inmate Searches

- Searches of Inmates are conducted as often as necessary to control Contraband, but never for purposes of punishment or harassment. All searches will be conducted in a professional manner with training in cross-gender pat searches, as well as searches of transgender and intersex Inmates in the least intrusive manner possible consistent with security needs. Procedures for inmate searches shall include but are not limited to:
 - Facility wide searches carried out in accordance with established procedures including prior to all holidays
 - Searches in other common areas, including inmate and program work areas such as the kitchen, visitation room, school, day rooms, activity areas, outside recreation and other work areas.

C. Pat Searches of Inmates-Clothed Body Search

- Pat Searches ordinarily do not require an inmate to remove clothing other than hats, gloves, coats, and shoes. Pat searches may be conducted by an employee of either gender and may be performed at any time in any area of the facility. However, in recognition of the Prison Rape Elimination Act (PREA), standards acknowledging the increased likelihood that female Inmates may have a history of trauma, if a female officer is present and available, the female officer will conduct the Pat Search of a female inmate. If a male officer conducts the pat search of a female inmate, documentation must be completed as to why the male officer conducted the search.

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D. Strip Search of Inmates-Un clothed Body Search

1. Strip Searches shall be conducted by staff of the same gender as the inmate except in cases of emergency (i.e., escape, riot, etc.). Should an officer of the opposite gender of the inmate conduct a Strip Search, documentation must be completed describing the emergency.

2. Strip Searches of Inmates do not require reasonable suspicion that the individual is concealing Contraband.

3. All Inmates who will be restrained will be Strip Searched prior to being removed from their cell.

E. Body Cavity Searches. Body Cavity Searches will be in conducted in accordance with procedures outlined in the Administrative Directive on Body Cavity Searches.

F. Unit Contraband Searches. All areas of the units shall be searched thoroughly for Contraband on a routine basis.

1. The search may be limited to a specific building or area of the unit.

2. All routine unit Contraband searches shall be randomly scheduled and conducted in accordance with existing procedures.

G. Institutional Lockdown Searches

1. The Warden shall consult with the appropriate Deputy or Assistant Director regarding the necessity of a complete search for Contraband with an associated institutional lockdown.

2. The appropriate Deputy or Assistant Director shall inform the Director of the lockdown and search, including the specific reasons for the request and the proposed dates. The Director will notify the Secretary of the Department of Correction.

3. All Contraband searches accomplished in association with an institutional lockdown shall be conducted in accordance with established procedures.

4. The Warden may request additional resources and support to assist the unit during the institutional lockdown and search.

5. The institutional lockdown and search are to be followed up with written documentation following established incident notification procedures.

6. In addition, the Warden shall prepare a written report to the appropriate Assistant or Deputy Director within 48 hours after completion of the lockdown and search. The report shall include but is not limited to:

a. What was confiscated;

b. Number of major disciplinarys prepared; and

c. Summary of significant events.

H. Personal Property

1. Any item, whether Contraband or personal property, taken from an inmate shall be documented on the appropriate ADC confiscation form (Form 401).

2. Although it is essential that all searches are thorough and systematic, it is equally important that no damage, loss, or abuse occurs to any personal property. Any such loss or damage that is determined to be through neglect may result in disciplinary action against the negligent employee(s) and officer(s), and they may be liable for the replacement cost of such items.

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I Disposition of Contraband. All Contraband except as noted below shall be handled with in accordance with the policy regarding inmate property, or other applicable policies.

1. Any instrument of criminality such as drugs or firearms shall be stored in the office of the Unit Warden in a locked safe until it is picked up by Arkansas State Police. The proper chain of custody form will be maintained in accordance with established procedure. No drugs or weapons are to be destroyed without first obtaining written approval from Internal Affairs to ensure the preservation of evidence relative to any criminal proceedings.
2. U.S. currency and money orders recovered from Inmates will be properly receipted, documented, and deposited in the Inmate Welfare Fund. Excess currency may be held and secured as evidence for criminal or administrative proceedings.
3. Confiscated mobile or wireless telephone devices will be taken to the Central Office Radio Shop for processing within seven (7) business days. These devices may be donated to a non-profit or other outside agency in lieu of destruction, at the discretion of the Director.
4. Weapons, other than those listed in paragraph #1, should be destroyed at the unit.

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director’s Office

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Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

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

NUMBER: 2021-08

SUPERSEDES: 19-36

APPLICABILITY: All Employees and Inmates

REFERENCE: AR 401 Searches for and Control of Contraband
AD Inmate Property Control
AD Body Cavity Search for Contraband
AD Inmate Correspondence

PAGE: 1 of 4

APPROVED: Original Signed by Dexter Payne

EFFECTIVE DATE: 6/18/2021

I. POLICY:

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

II. PURPOSE:

The control of Contraband within a correctional environment is necessary to provide a safe, secure environment for Inmates, employees, and visitors. This policy is intended to provide ADC staff with information and guidelines regarding approved procedures for the suppression of Contraband and to specify approved search methods.

III. DEFINITIONS:

1. Contraband. Any item or items determined by the Board of Corrections, state law, or division policy to jeopardize the safety, security, or good order of ADC institutions, including but not limited to:
 - a. Nuisance Contraband. Any item or article which may be or may have been authorized for possession, but which is now prohibited because excessive quantities present health or fire hazards or have become a housekeeping problem.
 - b. Items in excess of established facility limits, or articles that have been altered or used for unauthorized purposes, and/or articles in an inmate’s possession in an unauthorized area.
 - c. Unauthorized articles seized during a search of living quarters, place of assignment, vehicle, or personal search.
 - d. Items which are illegal or banned by policies.
2. Inmates. Persons incarcerated by the ADC.

3. Pat Search. A clothed body search consisting of an individual's garments and personal effects ready at hand and the surface of the individual's body and the area within the individual's immediate control.
4. Staff. All ADC employees, volunteers, contract medical and mental health employees, Arkansas Correctional School employees and employees of Riverside Vo-Tech.
5. Strip Search. An unclothed body search, which requires the person to remove his or her clothing in conformance with approved procedures and professional practices.

IV. PROCEDURE:

A. Searches in General

1. Searches may include but are not limited to the following elements:
 - a. Searches of Inmates on or off ADC property, including search of persons, clothing, and other personal items;
 - b. Searches of all vehicles transporting Inmates;
 - c. Inspection of packages and other nonvehicular items entering and leaving the facility to include inspection by electronic means;
 - d. Use of hand-held and walk-through detectors to detect and deter the movement of Contraband; and
 - e. Use of ion scanning devices, drug dogs, and other electronic or advanced technological detection devices.

B. Inmate Searches

1. Searches of Inmates are conducted as often as necessary to control Contraband, but never for purposes of punishment or harassment. All searches will be conducted in a professional manner with training in cross-gender pat searches, as well as searches of transgender and intersex Inmates in the least intrusive manner possible consistent with security needs. Procedures for inmate searches shall include but are not limited to:
 - a. Facility wide searches carried out in accordance with established procedures including prior to all holidays.
 - b. Searches in other common areas, including inmate and program work areas such as the kitchen, visitation room, school, day rooms, activity areas, outside recreation and other work areas.

C. Pat Searches of Inmates-Clothed Body Search

1. Pat Searches ordinarily do not require an inmate to remove clothing other than hats, gloves, coats, and shoes. Pat searches may be conducted by an employee of either gender and may be performed at any time in any area of the facility. However, in recognition of the Prison Rape Elimination Act (PREA), standards acknowledging the increased likelihood that female Inmates may have a history of trauma, if a female officer is present and available, the female officer will conduct the Pat Search of a female inmate. If a male officer conducts the pat search of a female inmate, documentation must be completed as to why the male officer conducted the search.

D. Strip Search of Inmates-Unclothed Body Search

1. Strip Searches shall be conducted by staff of the same gender as the inmate except in cases of emergency (i.e., escape, riot, etc.). Should an officer of the opposite gender of the inmate conduct a Strip Search, documentation must be completed describing the emergency.
2. Strip Searches of Inmates do not require reasonable suspicion that the individual is concealing Contraband.
3. All Inmates who will be restrained will be Strip Searched prior to being removed from their cell.

E. Body Cavity Searches. Body Cavity Searches will be in conducted in accordance with procedures outlined in the Administrative Directive on Body Cavity Searches.

F. Unit Contraband Searches. All areas of the units shall be searched thoroughly for Contraband on a routine basis.

1. The search may be limited to a specific building or area of the unit.
2. All routine unit Contraband searches shall be randomly scheduled and conducted in accordance with existing procedures.

G. Institutional Lockdown Searches

1. The Warden shall consult with the appropriate Deputy or Assistant Director regarding the necessity of a complete search for Contraband with an associated institutional lockdown.
2. The appropriate Deputy or Assistant Director shall inform the Director of the lockdown and search, including the specific reasons for the request and the proposed dates. The Director will notify the Secretary of the Department of Correction.
3. All Contraband searches accomplished in association with an institutional lockdown shall be conducted in accordance with established procedures.
4. The Warden may request additional resources and support to assist the unit during the institutional lockdown and search.
5. The institutional lockdown and search are to be followed up with written documentation following established incident notification procedures.
6. In addition, the Warden shall prepare a written report to the appropriate Assistant or Deputy Director within 48 hours after completion of the lockdown and search. The report shall include but is not limited to:
 - a. What was confiscated;
 - b. Number of major disciplinarys prepared; and
 - c. Summary of significant events.

H. Personal Property

1. Any item, whether Contraband or personal property, taken from an inmate shall be documented on the appropriate ADC confiscation form (Form 401).
2. Although it is essential that all searches are thorough and systematic, it is equally important that no damage, loss, or abuse occurs to any personal property. Any such loss or damage that is determined to be through neglect may result in disciplinary action against the negligent employee(s) and officer(s), and they may be liable for the replacement cost of such items.

- I. Disposition of Contraband. All Contraband except as noted below shall be handled with in accordance with the policy regarding inmate property, or other applicable policies.
1. Any instrument of criminality such as drugs or firearms shall be stored in the office of the Unit Warden in a locked safe until it is picked up by Arkansas State Police. The proper chain of custody form will be maintained in accordance with established procedure. No drugs or weapons are to be destroyed without first obtaining written approval from Internal Affairs to ensure the preservation of evidence relative to any criminal proceedings.
 2. U.S. currency and money orders recovered from Inmates will be properly receipted, documented, and deposited in the Inmate Welfare Fund. Excess currency may be held and secured as evidence for criminal or administrative proceedings.
 3. Confiscated mobile or wireless telephone devices will be taken to the Central Office Radio Shop for processing within seven (7) business days. These devices may be donated to a non-profit or other outside agency in lieu of destruction, at the discretion of the Director.
 4. Weapons, other than those listed in paragraph #1, should be destroyed at the unit.



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Arkansas Department of Corrections

ADMINISTRATIVE DIRECTIVE

SUBJECT: Jumah Prayer during Daylight Savings Time

NUMBER: 2021-09

SUPERSEDES: 13-43

APPLICABILITY: Wardens, Center Supervisors, Chaplains

REFERENCE: AR 883

PAGE: 1 of 1

APPROVED: Original Signed by Dexter Payne

EFFECTIVE DATE: 6/21/2021

I. POLICY

It is the policy of the Arkansas Division of Correction (ADC) to ensure that incarcerated Muslims have the opportunity to engage in congregational prayer after the sun reaches zenith on Fridays (Jumah Prayer) during Daylight Savings Time.

II. PROCEDURE

1. A lay-in will be provided for inmates wishing to attend Jumah Prayer on Fridays during Daylight Savings Time.
2. If required by the Warden or Center Supervisor, the Unit Chaplain will submit a list of inmates requesting this lay-in prior to the deadline (established by the Warden/Center Supervisor) for lay-in requests for Friday.
3. Warden and Center Supervisors are expected to see that the impact of this lay-in on operations is minimized, and that any abuse of this lay-in is dealt with through appropriate disciplinary action.
4. Any problems encountered in implementation of this directive should be reported to the Administrator of Religious Services. Additional operational orders may be incorporated in the Chaplaincy Manual.

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

6814 Princeton Pike
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Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Jumah Prayer during Daylight Savings Time

NUMBER: 2021-09

SUPERSEDES: 13-43

APPLICABILITY: Wardens, Center Supervisors, Chaplains

REFERENCE: AR 883

PAGE: 1 of 1

APPROVED: Original Signed by Dexter Payne

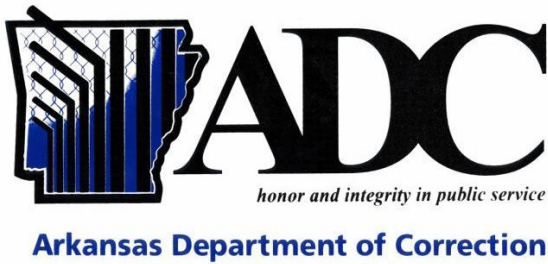
EFFECTIVE DATE: 6/21/2021

I. POLICY

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II. PROCEDURE

1. A lay-in will be provided for inmates wishing to attend Jumah Prayer on Fridays during Daylight Savings Time.
2. If required by the Warden or Center Supervisor, the Unit Chaplain will submit a list of inmates requesting this lay-in prior to the deadline (established by the Warden/Center Supervisor) for lay-in requests for Friday.
3. Warden and Center Supervisors are expected to see that the impact of this lay-in on operations is minimized, and that any abuse of this lay-in is dealt with through appropriate disciplinary action.
4. Any problems encountered in implementation of this directive should be reported to the Administrator of Religious Services. Additional operational orders may be incorporated in the Chaplaincy Manual.



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ADMINISTRATIVE DIRECTIVE

SUBJECT: SOCIAL MEDIA POLICY ~~_____~~ **SUPERSEDES: NEW**

NUMBER: 18-41

APPLICABILITY: ALL EMPLOYEES

REFERENCE: AR 011 News Media Interviews ~~_____~~ **PAGE: 1 of 4**
& Correspondence, AR 014 Internal
Affairs & Investigations, & AR 225
Employee Conduct Standards

APPROVED: Original signed by Wendy Kelley ~~_____~~ **EFFECTIVE DATE: 8/24/18**

I. POLICY:

It is the policy of the Arkansas Department of Correction (ADC or department) to utilize social media to increase the public's knowledge of the various programs, services, events, and career opportunities within the ADC; in addition to using social media as an investigative and monitoring tool. It is also the policy of the department to encourage the responsible personal use of social media by its employees. ~~_____~~

II. PURPOSE:

The purpose of this policy is to establish the ADC's standards for the administration and management of its social media accounts and pages, and to provide guidance to employees regarding the personal use of social media.

III. DEFINITIONS:

- A. ~~_____~~ **Administrator** An individual with the ability to assign roles, manage settings, or create content on a social media page.
- B. ~~_____~~ **Inappropriate Comments** Topics such as advertisements or endorsements for services or products not affiliated with the ADC; abusive or profane language; inappropriate photographic or video content; hate speech; personal attacks; harassment or threats of violence; libelous or slanderous statements against

~~ADC or its employees; statements that threaten the good order and safety of ADC facilities.~~

- ~~C. Personal Use—The use of social media by an employee in an unofficial capacity.~~
- ~~D. Post—Content an individual shares on a social media site or the act of publishing content on a site or through a direct message.~~
- ~~E. Professional Use—The use of social media to increase the public's knowledge of the various programs, services, events, and career opportunities within the ADC. Professional use also includes providing the general public and news media with updates regarding institutional emergencies and other critical incidents; in addition to its use by an employee as an investigative and monitoring tool.~~
- ~~F. Social Media Account—An established profile using a social media site for the purpose of professional or personal social media use.~~
- ~~G. Social Media Page—The specific portion of a social media site where content is displayed, and managed by an individual or individuals with administrator privileges.~~
- ~~H. Social Media Site—Internet based services that allow individuals to create public profiles, share information and socialize with others using a range of communications technologies. This includes, but is not limited to, social networking, blogging, photo/video sharing sites, wikis, and news sites.~~

IV. PROCEDURES:

- ~~A. Professional Use Guidelines.~~
 - ~~1. Responsibilities of the Public Information Officer (PIO):~~
 - ~~a. The Public Information Officer (PIO) is responsible for the administration and management of the department's social media accounts and pages.~~
 - ~~b. The PIO must authorize the creation of social media accounts and pages for use by the ADC and any employee designated to serve as page administrators; in addition to the modification or expansion of existing social media accounts.~~
 - ~~c. The PIO, or designee, will maintain a list of the ADC's social media accounts, which includes the names of all authorized administrators and their associated user account information.~~

~~Note: An individual will be immediately removed from their administrator role upon termination of their employment. Removal of an administrator will be accompanied by the immediate change of all passwords and any other necessary account information in order to maintain ADC control.~~

- ~~d. The PIO, or designee, will monitor posts made to the ADC's social media pages and remove inappropriate comments.~~

~~2. Account and Page Guidelines:~~

- ~~a. All social media accounts or pages representing the ADC will bear the name “Arkansas Department of Correction” and include the department’s Central Office contact information. The department’s logo or uniform badge will be used for a profile image.~~
- ~~b. In order to maintain the consistency of the information presented through social media to the public, current and potential employees, news media representatives, and any other stakeholders; the various correctional facilities and administrative areas within the ADC, will follow these rules:~~
 - ~~• Correctional facilities and administrative areas within the ADC wishing to distribute promotional or recruitment information through social media should provide that information to the Public Information Office or Central Human Resources for posting to the department’s social media accounts and pages.~~
 - ~~• The Industry Division, Paws in Prison Program, and ADC facilities are authorized to maintain social media accounts and pages. The PIO will have administrator access to accounts and pages.~~

~~3. Standards for ADC Social Media Administrator:~~

- ~~a. The ADC’s social media posts must meet established ethical and professional standards.~~
- ~~b. The ADC’s social media posts must not include confidential or otherwise non-publicly accessible department information, or information that is false, inaccurate, or misleading.~~
- ~~c. Content generated within the ADC’s social media accounts may be considered a public record. Social media content must be maintained in a manner consistent with all applicable laws and policies.~~

~~The ADC’s social media accounts will include the following statement:
“Representatives of the Arkansas Department of Correction share information via this page. Any communication via this page, whether by a state employee or the public, may be subject to monitoring and disclosure. Refer to the contact information section on this page to officially communicate with the Department.”~~

- ~~4. The Information Technology Section will only grant access to social media sites for employees whose duties include the professional use of social media. All professional uses of social media will be consistent with applicable information technology policies.~~

~~B. Personal Use Guidelines~~

- ~~1. The ADC recognizes employees have the right to create and maintain personal social media accounts and groups. It is not a purpose of this policy to discourage or unduly limit any personal expression or online activity. Each employee is personally responsible for the content they publish on any social media platform. Each employee should recognize the potential for harm to the ADC by personal social media posts in circumstances when the individual is identified as, or known to be, an ADC employee. Accordingly, employees should comply with the guidelines listed below:~~
 - ~~a. Employees are not permitted to use ADC equipment or network infrastructure for personal social media use.~~
 - ~~b. Employees are not permitted to use state email accounts, phone numbers or passwords for personal social media use.~~
 - ~~c. Employees cannot post confidential or otherwise non publicly accessible ADC related information, or information about the department that is false, inaccurate, or misleading.~~
 - ~~d. Employee cannot post or display comments about co-workers, or supervisors, that are vulgar, obscene, threatening, intimidating, harassing, or a violation of the department's policies against discrimination, or harassment on account of age, race, religion, sex, ethnicity, nationality, disability, or other protected characteristics.~~
 - ~~e. Employees cannot represent or indicate that the ADC endorses any of the employee's personal social media posts.~~
 - ~~f. Employees will not let personal social media usage interfere with their ability to complete their assigned duties.~~
- ~~2. The ADC's conduct standards are applicable to employees while on or off duty. Employees are expected to follow the department's conduct standards during their personal social media use. Employees who fail to meet these standards will be subject to disciplinary sanctions provided for in the Employee Conduct Standards and Discipline Administrative Directive.~~
- ~~3. Employees should be mindful that, because of their chosen career field, they may be targeted by individuals using social media. Employees should regularly evaluate each site's security settings in order to ensure that personal content is only available to their intended audiences.~~



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Phone: (870) 267-6200 | Fax: (870) 267-6244

ADMINISTRATIVE DIRECTIVE

SUBJECT: Marriages of Inmates

NUMBER: 2021- _____ **SUPERSEDES:** 13-59

APPLICABILITY: Chaplains, Wardens/Center Supervisors, Records Staff, and Inmates

REFERENCE: AR 883 Chaplaincy Services
Chaplains Manual

PAGE: 1 of 2

APPROVED: _____ **EFFECTIVE DATE:** _____

I. POLICY

It is the policy of the Arkansas Division of Correction (ADC) to permit inmates to marry when such action is consistent with the laws of the State of Arkansas and follows the procedures set out in this policy.

II. EXPLANATION

While inmates retain the right to marry, this right must be exercised in a manner that is consistent with the security and good order of the institution. Inmate marriages must be planned and reported in a manner that institutional records accurately reflect the change in the inmate's marital status.

IV. PROCEDURES

A. Any inmate requesting marriage shall submit a written request to the Unit Warden/Center Supervisor at least ninety (90) days prior to the proposed marriage. The Director has the authority to waive the 90-day waiting period. The request must include the proposed date of the marriage and the following for the prospective marriage partner:

1. Name;
2. Address; and
3. Age of the prospective marriage partner;

B. The Warden/Center Supervisor or designee may adjust the proposed date, time, and attendance of the ceremony as deemed necessary to maintain security and orderly operations. The inmate shall be advised of any changes in ceremony plans and may appeal such changes through established inmate grievance procedures. The ceremony should be held on the date requested by the inmate unless there are compelling reasons for a change of the date.

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AD 2021- Marriage of Inmates

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C. The Chaplain should conduct a pre-marital counseling meeting with the inmate and the intended spouse to allow for clarification of any issues regarding the impending marriage.

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D. All financial obligations for any activity listed herein, not specifically stated to the contrary, shall be borne by the inmate or other private sources.

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Any required blood work of an inmate will be drawn by ADC Departmental medical personnel and shall be forwarded to a private or non-Departmental ADC source for testing at no cost to the Division department, as coordinated by the Chaplain and the inmate. ¶

E. Any required blood work of an inmate will be drawn by ADC medical personnel and shall be forwarded to a private or ADC source for testing at no cost to the Division, as coordinated by the Chaplain and the inmate.

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F. All legal requirements for the marriage must be met in a timely manner. Transportation and security for inmates to obtain a marriage license at the nearest County Clerk's office, will be arranged by, and at the convenience of the, Warden/Center Supervisor.

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G. The marriage ceremony shall be supervised by the Unit Chaplain. The ceremony may be performed by anyone authorized by law to conduct marriages who is not a badged volunteer or employee of the ADC. Verification of the official's credentials may be required.

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H. The marriage ceremony shall be held in a secure area, at a time approved by the Warden/Center Supervisor.

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I. Free world guests are not to exceed six (6) in number, excluding the couple marrying and the person conducting the ceremony. All guests over twelve (12) years of age must be on the inmate's visitation list.

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J. The ADC security regulations concerning photographs and authorized items shall apply to marriage ceremony participants.

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K. After the ceremony, the newly married inmate is responsible for notifying the Unit Record Office of change of marital status, and give the name, address, and telephone number of the new spouse.

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L. No reception or visitation will be permitted following the ceremony.

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M. Class I-A or I-B inmates may opt to marry while on furlough. Any inmate marrying while on furlough must provide proper notification, so that institutional records may correctly reflect the inmate's marital status and next of kin.

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N. In the event that inmates of different Units/Centers wish to marry, each inmate shall submit request to the appropriate Unit Warden/Center Supervisor for approval. Marriage ceremony arrangements, preparations and any necessary transportation shall be by mutual agreement of the Unit Wardens/Center Supervisors or their designees. The marriage ceremony shall be subject to the same limitations and conditions as those imposed on an inmate to non-inmate marriage ceremony.

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O. The State of Arkansas does not sanction proxy marriages. Therefore, proxy marriages may not be facilitated within the ADC, nor is ADC bound to recognize proxy marriages conducted in other states.

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ARKANSAS DEPARTMENT OF CORRECTIONS
Division of Correction – Director's Office

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ADMINISTRATIVE DIRECTIVE

SUBJECT: Marriages of Inmates

NUMBER: 2021-10

SUPERSEDES: 13-59

APPLICABILITY: Chaplains, Wardens/Center Supervisors, Records Staff and Inmates

REFERENCE: AR 883 Chaplaincy Services
Chaplains Manual

PAGE: 1 of 2

APPROVED: Original Signed by Dexter Payne

EFFECTIVE DATE: 6/23/2021

I. POLICY

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 1. Name;
 2. Address; and
 3. Age of the prospective marriage partner;
- B. The Warden/Center Supervisor or designee may adjust the proposed date, time, and attendance of the ceremony as deemed necessary to maintain security and orderly operations. The inmate shall be advised of any changes in ceremony plans and may appeal such changes through established inmate grievance procedures. The ceremony should be held on the date requested by the inmate unless there are compelling reasons for a change of the date.

- C. The Chaplain should conduct a pre-marital counseling meeting with the inmate and the intended spouse to allow for clarification of any issues regarding the impending marriage.
- D. All financial obligations for any activity listed herein, not specifically stated to the contrary, shall be borne by the inmate or other private sources.
- E. Any required blood work of an inmate will be drawn by ADC medical personnel and shall be forwarded to a private or ADC source for testing at no cost to the Division, as coordinated by the Chaplain and the inmate.
- F. All legal requirements for the marriage must be met in a timely manner. Transportation and security for inmates to obtain a marriage license at the nearest County Clerk's office, will be arranged by, and at the convenience of the Warden/Center Supervisor.
- G. The marriage ceremony shall be supervised by the Unit Chaplain. The ceremony may be performed by anyone authorized by law to conduct marriages who is not a badged volunteer or employee of the ADC. Verification of the official's credentials may be required.
- H. The marriage ceremony shall be held in a secure area, at a time approved by the Warden/Center Supervisor.
- I. Free world guests are not to exceed six (6) in number, excluding the couple marrying and the person conducting the ceremony. All guests over twelve (12) years of age must be on the inmate's visitation list.
- J. The ADC security regulations concerning photographs and authorized items shall apply to marriage ceremony participants.
- K. After the ceremony, the newly married inmate is responsible for notifying the Unit Records Office of change of marital status, and give the name, address, and telephone number of the new spouse.
- L. No reception or visitation will be permitted following the ceremony.
- M. Class I-A or I-B inmates may opt to marry while on furlough. Any inmate marrying while on furlough must provide proper notification, so that institutional records may correctly reflect the inmate's marital status and next of kin.
- N. In the event that inmates of different Units/Centers wish to marry, each inmate shall submit a request to the appropriate Unit Warden/Center Supervisor for approval. Marriage ceremony arrangements, preparations and any necessary transportation shall be by mutual agreement of the Unit Wardens/Center Supervisors or their designees. The marriage ceremony shall be subject to the same limitations and conditions as those imposed on an inmate to non-inmate marriage ceremony.
- O. The State of Arkansas does not sanction proxy marriages. Therefore, proxy marriages may not be facilitated within the ADC, nor is ADC bound to recognize proxy marriages conducted in other states.



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: AD 17-33 Prison Rape Elimination Act (PREA)

TO: Arkansas Community Correction (ACC) Employees

FROM: Sheila Sharp, Director

SUPERSEDES: AD 14-01

APPROVED: Signature on File **EFFECTIVE: August 6, 2017**

I. APPLICABILITY. This policy applies to ACC employees, offenders (residents, parolees, and probationers), volunteers, interns, and medical staff.

II. POLICY. The ACC has a zero tolerance for all forms of sexual abuse and sexual harassment. Incidents, allegations, and suspicions must be promptly reported, investigated, and appropriate action taken. Perpetrators will be held accountable and where appropriate, criminal charges will be filed. (PREA 115.211(a); 4 ACRS 7E-04; 4 APPFS 3E-05[P])

III. GUIDANCE.

A. Sexual Abuse, Sexual Harassment, Voyeurism, and Retaliation (PREA 115.6)

1. Sexual abuse in general includes

- a. Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and**
- b. Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern.**

2. Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;**
- b. Contact between the mouth and the penis, vulva, or anus;**
- c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and**
- d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.**

3. ~~Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, volunteer, or intern includes any of the following acts, with or without consent of the inmate, detainee, or resident:~~
 - a. ~~Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;~~
 - b. ~~Contact between the mouth and the penis, vulva, or anus;~~
 - c. ~~Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;~~
 - d. ~~Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;~~
 - e. ~~Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;~~
 - f. ~~Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 3a through 3e of this section;~~
 - g. ~~Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and~~
 - h. ~~Voyeurism by a staff member, contractor, or volunteer.~~
4. ~~Voyeurism by a staff member, contractor, volunteer, or intern means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her housing area to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.~~
5. ~~Sexual harassment includes~~
 - a. ~~Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by an inmate, detainee, or resident directed toward another; and~~
 - b. ~~Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.~~
6. ~~Retaliation includes adverse or unfavorable action taken against a person because of his or her claim, ostracism, or other acts aimed at embarrassing or humiliating a claimant.~~

~~B. Resident Training.~~ (PREA 115.233)

1. ~~During orientation and upon transfer~~
~~During orientation, new residents must receive verbal and written information about sexual harassment and sexual abuse. This training must include the agency's zero-tolerance stance, how to report incidents and suspicions of sexual abuse/harassment; policy/procedures for responding to incidents; zero-tolerance of retaliation against claimants, and other relevant aspects of this policy. Upon transferring into another facility, staff must provide refresher information.~~

~~2.—Residents with Disabilities and Limited English Proficiency~~

~~Instructors must ensure training is in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, and residents with low literacy levels. (PREA 115.216)~~

~~C.—Deputy Director of Residential Services Responsibilities.~~

~~The Deputy Director of Residential Services has responsibility at the ACC centers for compliance with Prison Rape Elimination Act (PREA) Standards and this policy.~~

~~The Deputy Director must also ensure that only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, will ACC enter into a contract with an entity that fails to comply with PREA standards. In such a case, there must be documentation of ACC's unsuccessful attempts to find an entity that is compliant with the standards. (PREA 115.212 [P])~~

~~The Deputy Director must ensure resident training is conducted and documented pursuant to the PREA standard and this policy (PREA 115.233).~~

~~The Deputy Director must designate an upper level, agency wide PREA Coordinator and allow sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all ACC centers and contracted facilities. (PREA 115.211(b))~~

~~Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Deputy Director of Residential Services must notify the head of the facility where the alleged abuse occurred (PREA 115.263)~~

~~D.—Assistant Director of Reentry Services.~~

~~Assistant Director of Reentry Services responsibilities are:~~

- ~~• The Assistant Director of Reentry Services has responsibility for ensuring compliance with PREA standards applicable to his/her area.~~
- ~~• The Assistant Director of Reentry Services must ensure contracts for transitional housing and any other contracts that may require compliance with PREA standards contain appropriate language requiring compliance with PREA standards when such facilities are required to comply. For each facility with which the ACC contracts for transitional housing, the Assistant Director of Reentry Services must determine whether the facility is required to comply. Contracted facilities with populations consisting of at least 50% ACC offenders for a majority of the contract year must comply. The Assistant Director of Reentry Services must ensure transitional houses are properly monitored. When a contractor is non-compliant, the Director and Deputy Directors of Residential Services and Administrative Services will be informed.(PREA 115.212 [P])~~

~~E.—Parole/Probation Managers and Central Office Supervisors.~~

~~Parole/Probation Managers and Central Office Supervisors must ensure employees, volunteers, and interns receive annual training on relevant aspects of this policy. (PREA 115.231)~~

~~F. PREA Coordinator Responsibilities.~~

~~The PREA Coordinator has responsibility for monitoring and facilitating compliance with PREA standards. The PREA Coordinator will:~~

- ~~• ensure a Victim Support Advocate is available for each ACC residential facility (PREA 115.221).~~
- ~~• ensure a process is established for resident access to outside confidential support services (PREA 115.253)~~
- ~~• ensure recurring PREA training is available annually for Residential Services staff, volunteers, and interns who are assigned to correction centers and others as appropriate (PREA 115.215(f), 115.231, 115.232)~~
- ~~• gather data required by PREA standards.~~
- ~~• Ensure compliance with PREA data and audit standards. (PREA 115.286, 115.287, 115.288, and 115.289, 115.293, 115-401 through 115.405, and 115.501)~~

~~G. Center Supervisor Responsibilities.~~

~~The Center Supervisor has responsibility for ensuring compliance with PREA standards and related ACC policies including the following:~~

- ~~• developing and maintaining a written facility plan to coordinate actions taken in response to sexual abuse incidents by staff who respond first, medical/mental health practitioners, investigators, victim advocates and facility/agency leadership. The plan must be compatible with policy and PREA standards and address applicable aspects of PREA standards 115.282 and 115.283. The “Sexual Abuse Checklist” form (AD 17-33 Form 3) may be modified for use with the plan. (PREA 115.265, 115.282, and 115.283)~~
- ~~• developing and managing a documented staffing plan as described in the Residential Facilities policy.~~
- ~~• ensure center staff who are designated to conduct administrative investigations of alleged PREA incidents are appropriately trained.~~
- ~~• ensuring appropriate actions and remedial measures are taken (up to and including employment termination) when policy is violated by staff.~~
- ~~• ensuring appropriate remedial measures, to include considering whether to prohibit further contact with residents when policy is violated by a contractor, volunteer, or intern. (PREA 115.277(b))~~
- ~~• working with the Internal Affairs Investigator (IAA) to ensure reporting to law enforcement agencies unless the activity clearly was not criminal, and ensuring the IAA reports to any relevant licensing body when an investigation determines that a contractor, volunteer, or intern engaged in sexual abuse. (PREA 115.277(a))~~

- ~~ensuring the supervisor complies with the Employee Discipline policy when an investigation determines that an employee violated policy.~~
- ~~ensure PREA investigations are conducted pursuant to the Reporting and Investigating Incidents, Hazards and Maltreatment policy.~~
- ~~ensuring residents who report sexual abuse are notified of significant updates in investigations pursuant to PREA requirements. (PREA 115.273)~~
- ~~ensure required sexual abuse incident reviews are conducted.~~

~~H. Training Administrator Responsibility.~~

~~The Training Administrator must ensure appropriate PREA training is available for all agency personnel. The PREA Resource Center has training material that can be used.~~

~~I. Center Staff Assigned to Conduct Administrative PREA Investigations.~~

~~Center Staff Assigned to Conduct Administrative PREA Investigations must obtain appropriate training and must investigate pursuant to PREA standards and the Reporting and Investigating Incidents, Hazards and Maltreatment policy.~~

~~J. Shift Supervisor and Senior Residential Supervisor Responsibility.~~

~~The Shift Supervisor and Senior Residential Supervisor must ensure a resident who is an aggressor or is substantially at risk of being victimized has housing and job assignments that minimize opportunities for sexual acts. If a resident is subject to a substantial risk of imminent sexual abuse, immediate action must be taken to protect the resident. The Senior Residential Supervisor, with the support of the shift supervisor (and all staff), must monitor for retaliation by other staff or residents and must report and take appropriate actions if retaliation occurs. (PREA 115.262 [P]; 115-267(a))~~

~~K. Internal Affairs Investigator (IAA) Responsibilities.~~

~~Obtain appropriate training necessary for conducting investigations of alleged PREA incidents.~~

~~The IAA must investigate alleged PREA incidents pursuant to PREA standards and guidance in the Reporting and Investigating Incidents, Hazards and Maltreatment policy.~~

~~L. Medical Contractor Responsibilities.~~

~~The medical services contract provider must comply with applicable PREA standards to include submitting necessary reports to ACC and providing contractor staff training. Medical staff must be allowed to participate in and provide ACC PREA training classes. Medical contractor staff must comply with applicable guidance in this policy in addition to any contractor provided guidance pertaining to PREA.~~

~~(PREA standards to include 115.232, 115.235, 115.277, and 115.282(a), 115.283)~~

~~M. Resident Assessments, Protection, and Related Actions. (PREA 115.267)~~

- ~~1. Transgender or Intersex Resident. If staff is informed of a transgender or intersex offender assigned to or at a center, the staff must promptly inform the Center Supervisor and/or the Deputy Director of Residential Services. Upon notification, the Center Supervisor / Deputy Director must decide whether to assign the resident to a male or female facility, and must consider related housing and programming assignments. Such decisions must be made on a case-by-case basis to determine whether placement would ensure the resident's health and safety, and whether the placement would present management or security problems. A transgender or intersex resident's own views with respect to his or her own safety must be given serious consideration. (PREA 115.242)~~
- ~~2. Intake Officer. The Intake Officer must complete "Sexual Victimization/Abusiveness Assessment – Intake" form for each incoming resident.~~
- ~~3. Primary Counselor. The Primary Counselor must use the form "Sexual Victimization/Abusiveness Assessment Follow-Up" for each resident within 30 days of admission to conduct a re-assessment, and take into account any new information learned since the intake assessment. The counselor must also complete this form at other times when warranted due to a referral, request, incident of sexual abuse, or receipt of information pertaining to sexual victimization or abusiveness. The form instructions require notification to the Treatment Supervisor and Senior Residential Supervisor when a resident is a potential victim or aggressor.~~
- ~~4. The Resident Management Team. The Resident Management Team which consists of the Treatment Supervisor, Senior Residential Supervisor, and Assistant Center Supervisor must:~~
 - ~~a. take appropriate actions with regard to housing, bed assignment, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. (PREA standards to include 115.242)~~
 - ~~b. take appropriate actions to separate alleged staff and resident abusers from contact with victims / alleged victims (PREA 115.267(b))~~
 - ~~c. provide emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.~~
 - ~~d. have available multiple protection measures and use them appropriately to include resident housing/room changes and transfer to another facility.~~
- ~~5. Treatment Coordinator. For at least 90 days following a report of sexual abuse, the Treatment Coordinator must monitor the conduct and treatment of residents who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. Any retaliation activity must be promptly reported to the Resident Management Team. Monitoring must include periodic status checks. Items to monitor include any resident disciplinary reports, housing, or program changes. This monitoring must continue beyond 90 days if the initial monitoring indicates a continuing need. The requirement to monitor ends if the IAA determines that the allegation is unfounded.~~

6. ~~Resident Management Team. The Resident Management Team must work together and with staff to facilitate the intent of this policy. One specific aspect of this is ensuring any report of retaliation is promptly addressed. Whenever a resident expresses a fear of retaliation for cooperating with an investigation, appropriate measures must be taken to protect the resident against retaliation. The requirement to monitor ends if the IAA determines that the allegation is unfounded.~~
7. ~~Center Supervisor. The Center Supervisor is responsible for monitoring retaliation against staff to include negative performance evaluations or reassignment. He/she must also ensure staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations are aware of available emotional support services.~~

~~For at least 90 days following a report of sexual abuse, the Center Supervisor must monitor the conduct and treatment of staff who report sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. This monitoring must continue beyond 90 days if the initial monitoring indicates a continuing need. The requirement to monitor ends if the IAA determines that the allegation is unfounded. If retaliation exists, prompt action must be taken to remedy such retaliation. (PREA 115-267)~~

~~N. Reporting Incidents, Allegations and Suspicions of Sexual Harassment, Sexual Abuse, and Retaliation.~~

~~All employees, contractors, volunteers, and interns must accept reports of alleged incidents and suspicions of sexual harassment, sexual abuse and retaliation that are made verbally, in writing, anonymously and from third parties and must promptly document any verbal reports. This includes reports concerning confinement at facilities outside of ACC, such as a county jail or a Department of Correction facility. (115.251) At Parole/Probation offices, accept any report made by an offender and provide the information to the Area Manager, who will follow procedures outlined in the policy entitled, "Reporting and Investigating Incidents, Hazards and Maltreatment. At the Central Office, any such reports should be forwarded to the appropriate Deputy Director or the Chief Deputy Director who will follow procedures.~~

~~At residential facilities, follow any facility-specific guidance, this policy guidance and the Reporting and Investigating Incidents, Hazards and Maltreatment policy.~~

~~Upon receipt of a report, supervisors must act pursuant to applicable policy, to include "Reporting and Investigating Incidents, Hazards and Maltreatment" and "Employee Discipline."~~

~~All employees, contractors, volunteers, and interns must NOT reveal any information related to a sexual abuse report to anyone other than to the extent necessary as specified in policy, and to facilitate treatment, investigation, and other security and management decisions. (PREA 115.261-(b))~~

~~O. Residents with Disabilities or Limited English Proficient.~~ (PREA 115.216)

- ~~1. Residential facility staff must take appropriate steps to ensure residents with disabilities and/or limited English proficiency have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. (PREA 115.216 (a) and (b))~~
- ~~2. Residential facility staff must not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations. (PREA 115.216(c))~~

~~P. Resident Privacy Protection.~~ (PREA 115.215 [P])

~~All staff, contractors, volunteers, and interns must ensure residents are allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine security checks. Specifically, staff, contractors, volunteers, and interns of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.~~

~~Q. Sexual Abuse Incident Review.~~

~~The Center Supervisor must conduct a sexual abuse incident review when required by the Reporting and Investigating Incidents, Hazards and Maltreatment policy.~~

~~R. Notices and Information.~~ The PREA Coordinator must develop and distribute a PREA notice.

~~Center Supervisors and Area Managers must ensure all ACC offices/facilities display the PREA notice in prominent places. In addition to training, key information must be continuously available or visible to offenders. (PREA 115.233 [P])~~

~~IV. REFERENCES.~~

~~Prison Rape Elimination Community Confinement Standards are available on the Internet~~

~~The PREA Resource Center website has a variety of useful information~~

~~The U.S. Equal Employment Opportunity Commission (EEOC) website has information about harassment to include prevention~~

~~United States Code (law) 42 U.S.C. Section 2000e and 29 Code of Federal Regulations section 1604.11 pertain to this topic~~

~~V. ATTACHMENTS.~~

~~AD 17-33 Form 1 Sexual Victimization/Abusiveness Assessment – Intake~~

~~AD 17-33 Form 2 Sexual Victimization/Abusiveness Assessment – Follow-Up~~

~~AD 17-33 Form 3 Sexual Abuse Checklist~~



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 16-17 Agency Description and Public Information

TO: Arkansas Community Correction Employees

FROM: Sheila Sharp, Director

SUPERSEDES: AD15-11

APPROVED: _____ **Signature on File** **EFFECTIVE:** September 24, 2016

Repealed Sections III- A. B. and N. Section IV- C. D. F. G. and the Offender Consent for Media Interview Form

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees and its agents and is made available to the public to provide general information about the agency.
- II. POLICY.** Arkansas Community Correction (ACC) encourages appropriate employee interaction with the public and media to facilitate community awareness of the agency mission, goals, objectives, achievements and to facilitate community involvement and support. It is ACC policy to administer a uniform process for responding to requests for public records in accordance with the Arkansas Freedom of Information Act. Arkansas law beginning at section 25-19-101. (4-ACRS-7F-01 and -7F-04;)
- III. AGENCY INFORMATION.**

~~**A. Citizen or Media Inquiries.** The agency website provides information of interest to the public. Additional information about Arkansas Community Correction may be obtained by contacting the ACC Communications Office. When submitting written requests, including requests made under the Arkansas Freedom of Information Act, please provide your name, address and phone number; the date of the request and a detailed description of the records or information sought. A fee of 25 cents per page may be charged. Payment should be made by check or money order payable to Arkansas Community Correction.~~

~~**B. Social Media.** In addition to the public website, ACC may use social media to provide information about the agency, its operations and programs. The agency has an official ACC Facebook page, which provides timely information.~~

C. Contact Information. The general public is encouraged to make inquiries directly to the ACC Communications Office. The postal/e-mail addresses and phone numbers for ACC offices are available from the ACC website at <http://www.dcc.state.ar.us/>

- D. Agency Description.** Arkansas Community Correction provides statewide adult parole and probation services and operates community-based residential and non-residential programs. The agency organization chart is located at the ACC website.
- E. Agency Careers and Job Openings.** ACC job openings and career information may be found at the state jobs website www.arstatejobs.com.
- F. Agency Mission.** “To enhance public safety by enforcing state laws and court mandates through community partnerships and evidence-based programs that hold offenders accountable while engaging them in opportunities to become law-abiding, productive citizens”
- G. Agency Philosophy.** “We place our priority on public safety while providing opportunities for positive change.”
- H. Agency Motto.** “Serving Justice”
- I. Administration.** Administration includes Interstate Compact, public information, legislative affairs, internal investigations, legal counsel, EEO/Grievance office, human resources, payroll services, employee benefits, purchasing, training, policy development, research and evaluation, grants, accreditation, information technology, budget preparation, fee collection, and management; for example, purchasing, travel reimbursement, inventory, and fleet management.
- J. Residential Services.** The Residential Services Division operates regional community correctional centers and Technical Violator Programs. Offender’s daily activities are structured under a behavior modification program known as Modified Therapeutic Community (MTC) with supplemental programs addressing addiction, anger management, life skills, and parenting skills. Qualifying offenders perform community service work such as beautification projects. In addition to the MTC program, two centers operate a program for male and female offenders who are dually-diagnosed (addiction with mental health issues). The Little Rock and West Memphis centers also house short-term treatment programs for offenders sent from the state’s Drug Courts.

The agency also operates a technical violator program (TVP) for women at the West Memphis Center. A TVP for men is operated at the Texarkana center and the Omega Technical Violator Center in Malvern. The TVP is an intense program for parolees who have failed to meet conditions of supervision. Counselors at the TVP use behavior modification treatment models similar to the models used in community correction centers. The goal is to facilitate development of permanent lifestyle changes so residents will be successful, contributing, law-abiding citizens while in the facility and upon return to the community.

The primary approaches used to affect resident behavior are therapeutic jobs, therapeutic confrontations, positive peer pressure, learning experiences, role modeling, daily social interaction and integration of the 12-Step program in the daily activity of members of the community.

The 12-Step Program is used to treat wrong thinking associated with addictive behavior including alcohol abuse, drug abuse, sexually deviant behavior, gambling, overeating or overspending. As an integral part of the MTC Process, the 12-Steps assist residents in restructuring their values. The change in values may ultimately alter the way a resident thinks feels and views the world. An expanded understanding of each step of the 12-Step process is gained during the orientation phase of the MTC treatment program. Volunteers from local community 12-Step groups conduct education and support meetings at the Residential Centers. Residents also facilitate their own peer support groups with staff oversight.

The treatment goal is for each resident to leave the MTC program having mastered the following basic recovery techniques and abilities:

1. Ability to recognize personal problems
2. Inclination to accept responsibility for solving his or her problem(s)
3. Inclination to accept responsibility and accountability for personal life choices
4. Realization that helps is usually necessary
5. Inclination to seek needed help through the 12-Step Program and/or alternative peer support groups, and
6. Inclination to develop pro-social life skills.

K. Parole/Probation Services.

Parole. Parole is early release from state prison to community supervision. The parolee must follow strict conditions of release, which are set by the Parole Board and include reporting to a parole officer. If a parole condition is violated, the offender may be incarcerated again.

Probation. Probation is a court-ordered alternative to prison where the offender remains in the community and is subject to conditions of behavior. The offender must report regularly to a probation officer. Probation may be revoked for violation of the terms and conditions and as a result, the offender may be sent to prison or a community correction center or have other sanctions imposed.

Parole/Probation Services. Parole/Probation Services has employees at each state prison and residential community correction center to manage the transfer of offenders from incarceration to parole supervision in the community. Parole/Probation Services staff at 43 offices throughout the state use a case management system to supervise parolees and probationers. Some areas operate special programs including specialty courts and day reporting centers. Staff refer offenders to other programs as appropriate and in many cases provides services such as 12-Step Alcohol/Drug self-help support groups, counseling, education/training referrals, employment referrals, community service work projects, and classes on thinking skills, anger management, life skills, and parenting skills. In addition to making referrals, some Parole/Probation Officers conduct classes and work with local employers to help offenders obtain jobs.

L. ACC Policy. Arkansas Community Correction policies are available at www.DCC.state.ar.us.

M. Rules and Directives. The agency's administrative rules and directives are available on the ACC web site.

N. ACC Records. Following is a list with brief descriptions of the primary records maintained by ACC. There are federal and state restrictions on the release of some records maintained by the agency. The policy entitled “Public Release of Offender Information” describes which offender information can be released by ACC.

1. **Employee Personnel Record:** This record contains job-related information including hiring paperwork and performance evaluations.
2. **Employee Medical Record:** Job-related medical or mental health information pertaining to an employee is kept in a separate record.
3. **Compliance Audit Files:** Files containing each American Correctional Association Standard and related samples of policy and activity to demonstrate compliance with the standard.
4. **Offender Medical Records:** A medical record is kept for each resident of a residential center.
5. **Offender Mental Health Record:** A record of mental health treatment maintained for residents at the residential center.
6. **Offender Treatment Record:** A record of treatment maintained by counselors that may include individual or group counseling sessions and behavior-modification class work.
7. **Offender Disciplinary Record:** A record of rule violations committed by a center resident or sanctions imposed by violations by a parolee or probationer.
8. **Offender Case Record:** Information concerning legal, demographic, and supervision activities of offenders during their supervision or confinement by ACC.
9. **electronic Offender Management Information System (eOMIS)** An electronic database containing offender records and information such as a description and photo, demographics, criminal and disciplinary history and more.
10. **Internal Investigations:** Documentation of investigations conducted regarding agency activity.
11. **Grievances:** Records of grievances filed by offenders and employees.
12. **Administrative Records:** A variety of administrative records are maintained.

IV. ACC STAFF GUIDANCE.

- A. External Organizations.** Agency staff is encouraged to cooperate with community organizations, civic clubs and educational institutions to the extent their qualifications, experience and schedules permit. ACC staff may provide guest lectures, present special program information, or provide consultation services for a specific project or program when requested and approved by the employee's direct or indirect supervisor. With proper administrative approval, ACC offices or centers may partner with higher education to establish internships, or provide tours or other special programs within a facility or at an office as approved by the appropriate Deputy Director.
- B. Criminal Justice Organizations.** Staff is encouraged to cooperate, consult, plan and participate with local criminal justice agencies in activities related to their responsibilities. With supervisor approval and following applicable policy, employees are encouraged to share appropriate information, sponsor exchange tours with other law enforcement groups and coordinate planning efforts in areas of mutual interest.

~~C. of a Public Release of Information and Communications.~~

- ~~1. All ACC staff that release information or communicate with the public and other agencies must be aware of and follow appropriate policy guidance concerning release of information. In general, individual employees are not restricted from speaking to the media; however, employees must coordinate with the Communications Office supervisor, or appropriate Management Team member for media requests requiring the agency's perspective or response to an issue. To the extent practical, all media contact should be handled by or coordinated through the Communications Office to better ensure a consistent and informed response.~~
- ~~2. The release of certain information is prohibited or restricted by state and federal laws. Such restrictions are addressed in the "Public Release of Offender Information" and the "Offender Records" policies.~~
- ~~3. Requests for Public Records.~~
 - ~~a. To ensure responses to requests are accurate and timely, an ACC employee receiving a request for public records should ask the requester to submit the request in writing, to include the name, address and phone number of the requester, the date of the request, and a detailed description of the record(s) sought. However, no request will be denied if the requester refuses to submit the request in writing.~~
 - ~~b. All requests for public records and responses must be coordinated through the ACC Communications Office, which should be contacted immediately upon receipt of a request.~~

~~4. Inspection and Copying Record:~~

- ~~a. Department records disclosed pursuant to the Arkansas Freedom of Information Act must be available for inspection and copying between the hours of 8:00 a.m. and 4:30 p.m. on regular work days.~~
- ~~b. Pursuant to the Arkansas Freedom of Information Act, ACC is not obligated to provide copying service. Whenever ACC provides a copy of any requested documents, the requester may be charged 25 cents per page, paid in advance. The fee must be paid by check or money order made payable to the ACC.~~

~~D. Internet and Social Media.~~ Guidance that is applicable to Internet use and social media is found in the following policies:

- ~~“Code of Ethics and Rules of Conduct” policy~~
- ~~“Computer, Cell Phone, Copier and Technology Resources” policy~~

E. Citizen Complaints. Citizen complaints should be reported promptly to the appropriate supervisor who will notify others as appropriate and assist in preparing a response. This does not prohibit employees from handling minor concerns within their scope of responsibility.

~~F. Media and Tour Access to Residential Centers:~~

- ~~1. The Center Supervisor or designee may allow representatives of the media access to the community correction center pursuant to established policy.~~
- ~~2. When a journalist requests a face-to-face interview with a resident, the resident must sign a statement indicating his/her consent to be interviewed prior to an interview. The “Offender Consent for Media Interview” form may be used for this purpose. Residents should be allowed access to the media unless limitations are necessary to maintain order and security. Generally, photos of residents should be taken in a manner that faces are not recognizable unless the resident grants written permission to have his/her pictures used. (4-ACRS-7F-02 and 7F-03 and 2-CO-1A-27-1)~~
- ~~3. Facility tours may be approved by the Center Supervisor or designee. Tour groups must be escorted while on facility grounds.~~

~~G. Requests from Federal, State, and Local Legislative or Agency Executive Representatives.~~ To maintain agency integrity and credibility, requests for information from legislative or other agency executive representatives should be answered fully and promptly. Employees who receive these requests must immediately inform their supervisor and/or the Communications Office and provide appropriate input to ensure a timely response.

H. Central Office Communication. To establish and maintain an effective and efficient line of communication across all areas of the operation, the Director will meet at least monthly with division heads and key staff members who represent the same.

I. Planning of Goals and Objectives. The ACC Director will ensure development and revision of short and long term agency goals and objectives. They will be reviewed annually by top management. (2-CO-1A-09)

V. ATTACHMENTS.

~~AD 16-17 Form 1 Offender Consent for Media Interview~~

~~Arkansas Community Correction~~
~~OFFENDER CONSENT FOR MEDIA INTERVIEW~~

~~Printed Name of Requestor~~

I ☐ agree ☐ decline to be interviewed and/or photographed and to allow any resulting information, recordings or photographs to be published or broadcast by the media outlet and its affiliates.

I release and save harmless Arkansas Community Correction and its employees and agents from any and all claims of damages for libel, slander, invasion of the right of privacy or any other claims based on any such use.

My consent is given freely and voluntarily by me without any threats, duress or promises.

Signature of Offender

Date

Printed Name of Offender

Offender Number



Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-18 Offender Case Records

TO: Arkansas Community Correction Employees and Agents

FROM: Kevin Murphy, Director

SUPERSEDES: AD 16-02

~~SECTION F:1 AND SECTION F:3 REPEALED~~

APPROVED: Signature on File

EFFECTIVE: August 26, 2019

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

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

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

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

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

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

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

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

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

- ~~a. Employees must follow policy guidance to ensure offender records are provided only to authorized persons.~~
- ~~b. Employees must ensure offender records are stored in a way that provides reasonable protection from inappropriate access or disclosure, theft, loss, or destruction. (4-ACRS-7D-08)~~
- ~~c. Records custodians must have a system for tracking offender records that are temporarily transferred to another authorized person. Borrowed offender records should be promptly returned.~~
- ~~d. Computerized records will be protected according to guidance in this policy and policy governing data and/or computer systems.~~
- ~~e. Employees must protect the confidentiality of records containing information about child support.~~

2. Disclosure and Reporting a Breach of Security. The following must be used in determining whether disclosure is appropriate and for reporting a breach of security:
 - a. Disclosure is authorized by law or ACC policy, ordered by a court of competent jurisdiction or requested by law enforcement, the Arkansas Parole Board, or other government official.
 - b. Disclosure is in accordance with an audit or research plan approved by the ACC Director prior to its start.
 - c. Disclosure of patient identifying information (PII) is authorized pursuant to a signed release form from the offender, subject to any legal restrictions or concerns for safety, security or confidentiality.

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

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

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

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

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

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

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

G. Retirement and Destruction of Paper Offender Case Records.

1. Parolee and Probationer Case Records (Paper files). These records may be destroyed three years after the offender completes supervision; however, before destroying any record, the custodian of the record must document the date and type of record. (Arkansas law section 13-4-301).

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

H. Offender Case Record Preservation.

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

I. Training.

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

V. ATTACHMENTS.

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

Offender Records

Attachment-1

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

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

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

NOTE: Additional requirements may exist in other policy guidance.

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

CONFIDENTIAL

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

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

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

Offender Number: _____

authorize: Arkansas Community Correction

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

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

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

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

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

AD 19-18 Form 1

CONFIDENTIAL

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

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

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

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

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

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

Reference: 42 CFR § 2.22

Arkansas Community Correction
OFFENDER DRUG/ALCOHOL TREATMENT INFORMATION DISCLOSURE

CONFIDENTIAL

PROHIBITION REGARDING DISCLOSURE:

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

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

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

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

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

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

TO: _____ for the following purpose:
 Name of Person Requesting Information

_____ ☐ **TREATMENT**
 Requesting Department or Agency

_____ ☐ **OTHER** _____
 Street/Address

_____ City State Zip Code

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

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

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

_____	_____	_____
Offender's Name (Print)	Date	Witness's Name (Print)
_____	_____	_____
Signature of Offender	Date	Signature of Witness

Arkansas Community Correction

CONFIDENTIAL

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

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

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

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

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

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

Reference: 42 CFR § 2.22