

Following are administrative directives and administrative memoranda issued by Arkansas Community Correction with an effective date from January 1, 2017 through March 30, 2017.

Document Title	Effective Date
Reentry Facilities	3/3/2017
Employee Training and Certification	1/1/2017
Transitional Housing Facility License	1/23/2017
Technical Violator Program	1/1/2017
Safety and Security	2/10/2017
Resident Serious Illness/Injury or Death	2/10/2017
Use of Restraints	3/10/2017
DNA Sample Collection	2/10/2017
Facility Sanitation and Food Service	2/10/2017
Meritorious Good Time	2/10/2017
Prenatal Care / Pregnant Residents	2/10/2017
Tobacco	2/10/2017



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 17-05 REENTRY FACILITIES

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDED: AD 16-13**

**APPROVED: \_\_\_\_\_ Signature on file \_\_\_\_\_ EFFECTIVE: March 3, 2017**

#### **I. APPLICABILITY**

This policy applies to Arkansas Community Correction (ACC) employees, applicants for and recipients of a Reentry Facility License, owners, operators, volunteers, and staff members of licensed Reentry Facilities.

#### **II. POLICY STATEMENT**

Reentry Facilities must meet or exceed the minimum standards and requirements established in this policy to ensure a structured, positive, and safe environment for residents, reduce recidivism, provide employment assistance and treatment, promote public safety, maintain the principles of evidence based practices, and establish a seamless transition back to the community.

#### **III. DEFINITIONS**

- A. Applicant.** Any individual, group, business or organization that has applied to receive an Arkansas Community Correction Reentry Facility License.
- B. Reentry Facility.** An ACC licensed facility providing housing and programming for one or more residents transferred to ACC. A residents' home or the residence of a resident's family member will not be considered a Reentry Facility for purposes of this directive. To operate a Reentry Facility in the state of Arkansas a person/group must apply for, obtain, and maintain an approved license from ACC.
- C. Licensing Authority.** ACC is the authority for licensing Reentry Facilities. Facilities are licensed for one year with provisions for renewal as specified in this policy and in the Request for Qualifications (RFQ) from the Arkansas Office of State Procurement (OSP)

- D. Reentry Officer:** The liaison between a licensed Reentry Facility and ACC.
- E. Reentry Housing Coordinator:** The individual assigned to monitor Reentry Facilities, to serve as the liaison between the facility and ACC for compliance issues, and to supervise the billing process.
- F. Reentry Placement Coordinator:** The individual responsible for the screening and selection of inmates for placement in a Reentry Facility.
- G. Licensure Requirements.** The information referred to in this Administrative Directive given to applicants of a facility license listing the minimum items and areas that will be inspected during the application process.

#### **IV. PROCEDURES**

- A. Application:** Applicants may contact the Reentry Housing Coordinator for a Reentry Facility license packet. The application packet will also be posted on the ACC website. Applications, documents, and fees submitted for licensure consideration will not be returned. The completed application packet will be sent to the Reentry Housing Coordinator at the Central Office of ACC. The non-refundable fee for the initial Reentry Facility license is \$250. The non-refundable fee for the annual renewal of the Reentry Facility license is \$100. ACC reserves the right to waive licensing fees.

For initial licensure or proposed new location, the applicant must comply with all applicable laws including AR Code § 12-25-101 (2012)

(a) (1) No state agency, board, commission, or governing body of any municipality or county shall approve the location or construction of any community-based residential facility housing juveniles or adults adjudicated or convicted of any sexual or violent offense or any other offense that would constitute a Class C felony or higher, even if the facility otherwise conforms to applicable zoning ordinances, until a public hearing is conducted in the municipality or county of the proposed location of the facility at least thirty (30) days prior to the contracting for the acquisition of any property on which to locate the proposed facility or any existing structure in which to locate the proposed facility by the owner, operator, or care provider of the proposed facility.

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

(b) All residents within one thousand feet (1000') of the proposed location of the facility shall be notified by mail at least ten (10) days prior to the day of the hearing.

The ACC Housing Coordinator will review the application packet for completion and conduct the background checks on individuals submitted as staff (paid and volunteer) by the owner/operator. If all submitted paperwork is approved, the Housing Coordinator will arrange for the physical inspection of the property and buildings.

**B. Licensure:** The Reentry Facility Review Team for the licensure and annual inspections of facilities will be determined by the Housing Coordinator.

A Stage 1 Reentry Facility License will be granted for the applicant to be placed on the Office of State Procurement qualified vendor list. Qualifications to be granted a Stage 1 Reentry Facility License may include:

- Proof of a person, group, or organization capable of operating a Reentry Facility.
- Proof of a financial plan capable of sustaining an ongoing Reentry Facility operation.
- If the applicant is a current or former vendor for the State of Arkansas, proof of having been a viable operation without corrective action taken against them.

If placed on the qualified vendor list with a Stage 1 Reentry Facility License, the vendor will have 6 months from the date of that initial license to meet the requirements to obtain a Stage 2 Reentry Facility License. The Stage 2 license is the actual and final Reentry Facility License. No facility may admit residents without a Stage 2 Reentry Facility License. The requirements to obtain a Stage 2 license are included on the Minimum Requirements check list, and the ACC inspection of the facility.

Once a Stage 2 Reentry License has been obtained the vendor must provide the Office of State Procurement with a copy of that license that was issued by Arkansas Community Correction.

Licenses will be issued only for the premises and persons specified in the application and are not transferable. Separate licenses are required for reentry facilities maintained on separate premises, even though they are operated under the same management. The facility cannot accept resident placements until the license to operate an ACC Reentry Facility has been issued and the Office of State Procurement has placed the facility on the Qualified Vendor List.

The Housing Coordinator, for due cause, may recommend to the Chief Deputy Director that a facility license be suspended or revoked. The Chief Deputy Director may assign ACC staff or any other local, state, or federal agency to assist in a facility investigation. In the event of a recommendation for denial of an application or the suspension or revocation of license, the applicant may appeal the denial to the

Director of the agency within 30 days of the written recommendation for denial/suspension/revocation.

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

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

- C. Past Performance:** In accordance with provisions of State Procurement Law, specifically OSP Rule R5:19-11-230(b)(1), a vendors past performance with the state may be used to determine if the vendor is "responsible". Proposals submitted by vendors determined to be non-responsible shall be disqualified.
- D. Request for Qualifications:** In addition to obtaining a Reentry Facility license, the Reentry Facility must be placed on the Qualified Vendor List by properly responding to the Arkansas Community Correction RFQ for a Reentry Facility.
- E. Billing:** When a facility has met the conditions of licensure and has been approved by the OSP to be placed on the Qualified Vendor list, ACC will reimburse the facility monthly for resident housing at the approved reimbursement rate for up to the length of time stated in the RFQ. The billing process will follow the instructions stated on the RFQ and may include the use of electronic monitoring for housing verification. During a period of license suspension, payment may be withheld or reduced pending satisfactory implementation of an approved corrective action plan. The payment schedule for ACC and for residents is as follows:
- Phase I: \$30.62/day, paid from ACC to Reentry Facility
  - Phase II and III: \$26.12/day paid from ACC to Reentry Facility and up to \$14.00/day paid from the resident to the Reentry Facility.
  - Phase IV: \$60.00 (one time reimbursement) from ACC to Reentry Facility responsible for the resident during Phase IV.
- F. Operation of a Reentry Facility:** Reentry Facility must provide supervision, housing and evidence based programs (EBP) and services directed at addressing criminogenic risk factors aimed at reducing recidivism among the target population. At a minimum, the programs must be in compliance with ACC Reentry Minimum Requirements (Attachment A) included at the time the contract agreement begins. The programs **must** include:
- Employment skills
  - Job placement
  - Reentry planning
  - Criminal thinking and lifestyle

- Family reunification
- Pro-social support systems
- Education (GED or higher education)
- Substance abuse treatment
- Housing planning and placement

## **V. MINIMUM QUALIFICATIONS**

Reentry Facility **must** be licensed as an ACC Reentry Facility, prior to receiving residents.

## **VI. REENTRY FACILITY REQUIREMENTS**

- A.** Reentry Facility must develop curriculum which uses evidence-based programs or services directed at addressing the criminogenic risk factors and stabilizing needs of the resident, which, if left unaddressed, could lead to community supervision violations and/or criminal reoffending.
- B.** Reentry Facility must provide all personnel, management, security, equipment supplies, and services necessary for performance of all aspects of the contract.
- C.** Reentry Facility must comply with all applicable federal, state, and local land use, building, and zoning codes, Corrections policies and procedures, as set forth by ACC.
- D.** Reentry Facility must accept all resident placements from ACC if allowable by city, county, and state laws. Justifiable reasons include any that would result in the violation of local and/or state laws. Reentry Facility must provide, in writing, the reason for denial.
- E.** Reentry Facility must meet or exceed the minimum standards and requirements established in this policy.
- F.** Reentry Facility must maintain a resident account for management of all resident funds. This account must be established with a financial institution recognized by the Federal Deposit Insurance Corporation (FDIC). The account system must be kept secure and at no time shall a resident have direct access to his/her funds. Request must be made from the resident to the reentry facility for funds, if necessary. Residents are allowed to request up to \$30 per week from their account for approved purchases. Residents must not have individual bank accounts. Paychecks should include both the reentry facility name and the resident's name. If returned to ADC, a money order with the resident's name and ADC number shall be mailed to the following address for the total of the remaining funds and a completed Deposit Form (attached). Funds owed to the reentry facility may be deducted prior to returning the remaining funds.

ARKANSAS DEPARTMENT OF CORRECTION  
TRUST FUND CENTRALIZED BANKING  
P.O. BOX 8908  
PINE BLUFF, AR 71611

- G. Reentry Facility staff must conduct drug test at least twice weekly of all residents. Reentry Facility staff must notify the ACC Reentry Officer of any resident's positive drug/alcohol test results immediately by phone. Reentry Facilities must utilize at least an 8 panel drug test and a test for K2.
- H. Reentry Facility staff must respond to and notify the ACC Reentry Officer of subpoenas, court orders, search and/or arrest warrants.
- I. Reentry Facility staff must notify ACC immediately of any resident's violent or threatening behavior, endangerment of others, or awareness of a resident's attempted or actual escape from the facility.
- J. The Reentry Facility must possess an established chain-of-command. The chain-of-command shall be shown on an organization chart that includes a description of each position, outlining the management structure, responsibility, and contact information of each paid staff member. The organization chart shall be provided to ACC upon licensure.
- K. Reentry Facility must have trained staff on duty on the premises to provide 24 hour coverage, seven days a week. Trained staff refers to staff that have completed a training block developed by ACC within 10 days of hire or assignment. The facility must maintain a resident to staff ratio of at least 25:1. This coverage is to ensure safety of all staff and residents and secure supervision of all residents.
- L. Reentry Facility staff shall complete and document daily scheduled and unscheduled counts. Residents not present during count shall be accounted for through sign out logs and/or approved employment schedules. Counts shall be conducted at least twice per shift and at every shift change for the reentry facility.
- M. Reentry Facility must ensure residents will not supervise, manage, or have authority over other residents at any point during their stay at the reentry facility. This does not restrict the hiring of staff with criminal convictions; however, staff that is on supervision may not supervise, manage, or have authority over residents.
- N. Reentry Facility must pass an annual Health Department inspection, if meals are prepared for all residents in a central kitchen, and inspection by the fire department and provide documentation of passing to ACC upon receipt.
- O. For any resulting contracts, all facilities must comply with local state fire regulations and applicable planning and zoning ordinances.

## **VII. PROHIBITED STAFF BEHAVIOR**

Reentry Facility staff shall not under any circumstance:

- A. Exchange personal gifts or favors with residents, their family, or their friends.
- B. Accept any form of bribe or unlawful inducement.

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

## **VIII. FACILITY POLICY AND PROCEDURE**

- A. Reentry Facility must develop and implement written policies and procedures, staff schedules, and security related practices that meet or exceed the requirements of the RFQ, the ACC Reentry Facility Program Schedule, Administrative Directive, and State and federal statutes. ACC shall have final approval of facility policies and procedures.
  - 1. The facility policies and procedures must be reviewed and updated at least annually and reviewed by ACC upon renewal of the license.
  - 2. A copy of all policy and procedures shall be provided to ACC Reentry Division. Updates and changes must be provided to ACC thirty (30) days prior to incorporation.
- B. Reentry Facility shall have written policy and procedures manual to include, but is not limited to, the following policies:
  - 1. Resident Case Management
  - 2. Resident Discipline
  - 3. Resident Passes
  - 4. Resident Grooming
  - 5. Release Processing
  - 6. Escape
  - 7. Zero Tolerance for Sexual Harassment or Abuse
  - 8. No Smoking or Tobacco Use
  - 9. Hostage Situations
  - 10. Any other policies pertaining to the operation and oversight of the Reentry Facility deemed necessary
- C. Reentry Facility must have a written policy and procedure which specifies fire prevention, regulations and practices to ensure the safety of residents, visitor, and staff for each location. At minimum, policy and procedure must address the following:
  - 1. Provision of fire emergency planning sessions for staff and residents at least quarterly, with written documentation.
  - 2. Written evacuation plan posted for all residents to see.

3. Working smoke detectors in each room that houses a resident.

**D.** Reentry Facility must have written policy and procedures for emergency situations for each location and documented staff training. At a minimum, this must include information concerning:

1. Escapes.
2. Medical emergencies.
3. Housing Contingency Plan

#### **IX. ASSIGNMENT OF RESIDENTS**

The target population for Reentry placement is Male and Female inmates confined to an ADC facility and:

1. Who are within eighteen (18) months of their transfer eligibility (TE) date and meet other legal requirements; and
2. Who is moderate or high risk of recidivism as determined by the Arkansas Offender Risk Needs Assessment (ARORA).

#### **X. RESIDENT RISK ASSESSMENT**

The intake risk assessment will be done by the Reentry Officer upon transfer to the reentry facility and a copy will be provided to the Reentry Facility for use in the resident's reentry plan. The Reentry Facility shall use the resident risk assessment in the development of an individual reentry plan.

#### **XI. RESIDENT GRIEVANCE PROCEDURE**

Residents are encouraged and expected to attempt to solve issues and/or problems through informal procedures, such as verbal communication with staff and other residents, prior to submitting a formal grievance. A formal grievance must follow established procedure and timelines.

#### **XII. HEALTHCARE AND MEDICAL INSURANCE**

All residents will be screened and submitted for enrollment in health insurance prior to transfer to a reentry facility.

#### **XIII. REENTRY FACILITY INFORMATION**

**A. Electronic Monitors:** ACC will require the use of electronic monitoring devices for a period of the program. ACC shall have the right to extend the conditions of electronic monitoring for any resident placement in the Reentry Facility.

**B. Program failure:** A resident may be removed from the program and returned to ADC for continued failures, acts or threats of violence, a positive drug test, or for any reason disrupting the security or good order of the facility.

- C. PREA Compliance:** Reentry Facilities will fall under the residential conditions of the Prison Rape Elimination Act and must make measurable efforts to obtain compliance with PREA.
- D. Security Issues:** In the event of a walk away, potential violence, or other issues of a security nature the Reentry Facility should immediately call the ACC Reentry Officer. The ACC Reentry Officer shall immediately notify the Assistant Director of Reentry by phone. For issues of active violence the Reentry Facility should immediately call the local law enforcement authorities and then contact the ACC Reentry Officer.
- E. Offender Movement:** Reentry staff must monitor movement of offenders to ensure travel is restricted to authorized areas only. Offenders are restricted from traveling without supervision unless approved by the ACC Reentry Team. Offenders will be permitted to travel to work, school, and religious services. Travel to outside AA/NA, celebrate recovery, etc. will be permitted under facility staff supervision. Residents will not be permitted to travel to retail establishments unless on an approved pass.
- E.** Should a resident not arrive within thirty (30) minutes of the designated return time, the Reentry Facility will immediately notify the Reentry Officer. Upon arrival, the Reentry Facility will immediately notify ACC and verify the reason for reporting late and determine the appropriate disciplinary action, in accordance with their policy guidelines.
- G.** Residents will be permitted the use of specific electronic devices for the purposes of education, employment, programming and treatment. Under the supervision of reentry center staff, offenders may access the internet for these purposes only. Offenders will become familiar with the Good Grid and other resources to aid in their programming.
- H.** Residents are prohibited from engaging in injurious behavior. Marking, rubbing, burning, piercing, scratching, or cutting one's self or the body of another person for the purpose of producing a tattoo, mark, friction burn, brand, or injury or for any other purpose.
- I. Residents must not engage in sexual misconduct.** Sexual misconduct includes consensual sex between residents. Sexual misconduct includes kissing, visible displays of affection, love letters to another resident or staff, and other sexually-oriented activity that is generally considered inappropriate in a residential center. Residents are prohibited from having any sexual contact while in the reentry program

#### **XIV. PERFORMANCE STANDARDS**

Reentry Facilities must meet or exceed the following performance standards to remain in compliance with the Reentry Facility license.

- A.** Maintain a 90% employment rate for residents at completion of the six month program.
- B.** Maintain a 90% stable housing rate for residents at completion of the six month program.
- C.** Maintain a recidivism rate not less than 20% lower than the statewide recidivism rate.
- D.** Maintain compliance with all ACC Policies and Procedures regarding the operation and program components of Reentry Facilities.

Failure to meet or exceed these performance standards will result in sanctions placed on the Reentry Facility ranging from a 60 day probationary period in which resident placement will be suspended up to termination of the Reentry Facility license.

## **XV. COLLABORATION**

The following is established to gain continuity and coordination in the management of reentry housing and programing for residents:

- A.** The Reentry Facility must provide the names and numbers of those residents in their facility when requested.
- B.** The ACC Reentry Officer assigned to a facility will investigate and report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and regulations to the Housing Coordinator for possible further referral or action.
- C.** Facility staff will immediately communicate to the ACC Reentry Officer each positive drug/alcohol test results.
- D.** Facility staff will respond to and notify the ACC Reentry Officer of such requests as subpoenas, court orders, search and/or arrest warrants.
- E.** Facility staff will notify the ACC Reentry Officer immediately of any offender's violent or threatening behavior, endangerment of others, and awareness of a walk away from the facility.
- F.** The Housing Coordinator will arrange onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning residents, and make objective recommendations.
- G.** The Reentry Facility will post office staffing hours and will comply with posted staffing hours. There must be a staff member or volunteer present 24 hours per day.
- H.** The Reentry Facility will notify the Housing Coordinator of any staff additions with information needed to complete a criminal background check prior to their employment at the Reentry Facility.

**XVI. CONTRACT COMPLIANCE**

The owner/operator/manager of the facility must comply with all requirements/agreements of the RFQ/Contract as stated in the agreement as well as all requirements of this AD.

**XVII. ATTACHMENTS/FORMS**

AD 17-05 Form 1 Minimum Requirements Checklist

AD 17-05 Form 2 Stage 1 Licenses

AD 17-05 Form 3 Stage 2 Licenses

**Facility Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Copies of license or inspection by/from:	Inspector's Initials
1. Fire / Safety Inspection	Annually
2. Health Department/Food Service	Annually
3. Business License	Initial License or after remodel / repair
4. Plumbing Code	Initial License or after remodel / repair
5. Electrical Code	Initial License or after remodel / repair
6. Zoning Approval, Public Hearing, or Special Use Permit. Note: for new construction, new location, a public hearing must be held that meets the requirements of Arkansas Law section 12-25-101(a)(2).	
7. Copy of transportation vehicles insurance.	
8. Copy of facility property and liability insurance	
9. List of all staff and volunteers for background check (owner/operator must obtain / maintain consent to release information from staff and volunteers) <b>Note:</b> No person currently on parole may supervise another offender, no person with a propensity for violence may serve as staff member, no person under 21 may serve as a staff member.	
10. Copies of facility disaster plans, evacuation plans, and contingency plans for operations if the facility must be abandoned. Contingency must be ample size.	
11. Copy of policy stating notification of Reentry Officer and procedures when an resident escapes / walks away from the facility.	
12. Copy of facility Policy and Procedure Manual that is unique to this facility	
13. Copy of facility resident orientation materials including facility rules, and consequences for violations.	
14. Copy of programming curriculum.	
15. Admission and discharge policies and procedures	
16. Proof that the facility is pursuing PREA compliance.	
17. Is the facility ADA compliant?	
18. Are resident records confidential, uniform in format and content, and properly secured?	
19. Copy of policy that passes / furloughs for offenders are approved by the Reentry Officer.	
20. Copy of staff listing and staffing hours.	
21. Inspection team proof of adequate space in sleeping rooms for the number of occupants (minimum 50 square feet per intended occupant)	
22. Inspection team proof of individual storage space for offenders clothing and personal items	
23. Inspection team proof of minimum ratio of bathrooms (meaning sink, toilet, shower) to offenders ( 1 to 8)	

<b>24. Adequate laundry facilities at the Reentry Housing Facility</b>	
<b>25. Inspection team proof of signs posted at all entrances banning weapons except for law enforcement officials/officers</b>	
<b>26. Inspection team proof of facility being equipped with First Aid Kit, fire alarms and that fire suppression equipment continues to comply with annual Fire Inspection</b>	
<b>27. Proof of vendors contacts for employment.</b>	
<b>28. Dining room with tables and chairs.</b>	
<b>29. Adequate Kitchen facilities.</b>	
<b>30. Facilities for programs.</b>	
<b>31. Facilities for break room / day room.</b>	
<b>32. Smoke alarms in Kitchen and all sleeping areas.</b>	
<b>33. Bulletin board prominently displaying in the facility with postings of rules, fire evacuation plans, emergency protocols, PREA information, emergency staff contact information.</b>	
<b>34. Copy of facility policy concerning equal opportunity for employees.</b>	
<b>35. Copy of facility policy concerning equal opportunity for residents.</b>	
<b>36. Copy of certification with that facility does not employ illegal aliens.</b>	
<b>37. Inspection Team proof that all medication is behind double locks.</b>	
<b>38. Inspection Team proof of facility designee to accept medications.</b>	
<b>39. Check or Money Order attached to application.</b>	

SEND COMPLETED APPLICATION TO REENTRY HOUSING COORDINATOR:  
JARROD.SELF@ARKANSAS.GOV  
OR FAX TO ACC REENTRY TEAM AT (501) 683-6665

Facility Email Address: \_\_\_\_\_

Check one: ☐ New Application ☐ Renewal Application Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell# \_\_\_\_\_

Housing Capacity:	# of Males	# of Females
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Is the facility accessible to individuals with physical disabilities? ☐ Yes ☐ No

Meals Served: ☐ Breakfast ☐ Lunch ☐ Dinner

AD 17-05 Form 3

Please list the name, position, date of birth, social security number, race and gender (F-Female) (M-Male) for each person who will provide services at the Reentry Facility.

Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender
Name(Print or type)	Position	DOB	SS#	Race	Gender

Signature of Applicant/Title: _____	Date: _____
<b>Signature means agreement by owner/operator of the facility to comply with all policy rules, regulations and laws concerning ACC Reentry Facilities. Failure to comply may result in sanctions up to and including withdrawal of license be ACC and/or civil penalties for violation of state law. Owner/Operator is responsible for obtaining consent to release information for background checks for staff and volunteers.</b>	
Date received by ACC: _____	Application Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what action was taken? _____	
Reentry Facility Coordinator Signature: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Approval of ACC Director _____	Date: _____



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 17-04 EMPLOYEE TRAINING AND CERTIFICATION

TO: ARKANSAS COMMUNITY CORRECTION (ACC) EMPLOYEES

FROM: SHEILA SHARP, DIRECTOR

SUPERSEDES: AD 16-15

APPROVED: \_\_\_\_\_ Signature on file \_\_\_\_\_ EFFECTIVE: February 1, 2017

- I. **APPLICABILITY.** This directive applies to Arkansas Community Correction (ACC) employees.
- II. **POLICY.** ACC provides employees with opportunities and encouragement to gain necessary knowledge, skills, abilities, and information to enhance their ability to achieve the ACC mission and meet the following standards and/or requirements Prison Rape Elimination Act, American Correctional Association (ACA) accreditation, Commission on Law Enforcement Standards (CLEST) and the Office of Alcohol and Drug Abuse Prevention (OADAP) licensing requirements. (4-ACRS-7B-14 through -7B-18[P], and 4-APPFS-3A-20).
- III. **DEFINITIONS**
  - A. **CLEST** (Commission on Law Enforcement Standards) – A regulating agency that requires minimum selection and training standards for admission to employment as a law enforcement officer in Arkansas. All applicants for law enforcement positions must meet the requirements established by CLEST and complete CLEST approved training to obtain their certification.
  - B. **IN-SERVICE TRAINING** – Regular, on-going training for employees that is provided during the course of employment for ACC.
  - C. **NEEDS ASSESSMENT** – Surveys conducted by CTS that measure students' learning and training needs. This is done electronically and manually for all documented trainings.
  - D. **PRE-SERVICE TRAINING** -Any ACC required training that must be successfully completed by law enforcement officers, correctional officers, and treatment staff that may be eligible for assigned duties.
- IV. **PURPOSE AND PROGRAM MANAGEMENT.** To establish uniform procedures within Arkansas Community Correction for standards and training for employees.
  - A. **Code of Conduct.** Rules of conduct, as established by the ACC and approved by the Board of Corrections shall be adhered to by all employees attending a class conducted by or under the authority

of the ACC. Violation of any rule of conduct shall result in written notification of the incident to the employee's supervisor and the Deputy Director of Administrative Services. All conduct notifications to supervisors will be initiated by the Training Administrator. The appropriate Division Deputy Director, or approved supervisory designee, may remove their employee from training if it is determined that the employee's continued involvement or attendance at training constitutes a safety hazard to the individual, class, or the employee's conduct is disruptive.

**B. Administration.** The Deputy Director of Administrative Services is responsible for oversight of the Central Training Section (CTS), which will be coordinated and supervised by the Training Administrator. (2-CO-1D-01, and 4-APPFS-3A-06)

**C. The Training Administrator must:**

1. Assess ACC's training programs annually and submit a written training needs assessment report to the Deputy Director of Administrative Services and obtain approval, with consideration to the following:
  - input from employees
  - a statistically valid job/task analysis to determine the needed knowledge, skills, and abilities to perform each job (4-APPFS-3A-11)
  - existing basic, pre-service, in-service, specialized, media-based, and other training programs. (4-APPFS-3A-07, and -3A-19)
2. Annually, use the training program assessment to update the agency training plan. Submit a written training plan to the Deputy Director of Administrative Services and obtain approval, with consideration to the following: the plan must provide for an ongoing formal evaluation of all pre-service, in-service, and specialized training programs, and for the annual written assessment report. (2-CO-1D-03; 4-ACRS-7B-11; 4-APPFS-3A-06, -3A-12, and -3A-14)
3. Maintain an electronic catalog and schedule of available classes that ACC employees have access to review. Provide information about other useful training resources such as on-line training and available CTS library materials. Ensure adequate space and equipment. (4-APPFS-3A-13 and 3A-24)
4. Obtain and maintain an electronic list of training requirements and required training hours for ACC positions.
5. Ensure any person hired for a position as an (LEO) Law Enforcement Officer completes the training standards set by the Commission on Law Enforcement Standards and ACC.
6. (CTS) Training Program:  
The Central Training Section staff is responsible for coordinating training and obtaining CLEST certification for ACC.

## **V. TRAINING REQUIREMENTS.**

**A. All Employees.**

ACC employees must participate in required training and meet or exceed the minimum requirements for their position. Attachment 1 can be used as a guide that describes the minimum training hours for various ACC employee categories. Employees who are required to maintain a license or certification may have additional training requirements and a different

time period for meeting them.

In addition to ACC-sponsored training, and with appropriate approval, employees are encouraged to attend professional meetings, seminars, external training, computer-based training, and webinars. Employees may request reimbursement pursuant to applicable policy. (4-APPFS-3A-21)

In addition to meeting basic requirements, employees are encouraged to seek training from a variety of sources in areas that enhance ability to perform the job, and better understand ACC operations and the corrections career field. All employees shall receive in-service training provided by qualified instructors, subject matter experts, guest instructors, and/or through CTS. Some training resources are listed on EagleNet.

(4-ACRS-7B-19[P] and 4-APPFS-3A-19)

Annual training requirements must be fulfilled during the period beginning 60 days prior to the employee's merit eligibility date and ending 12 months later. ***For example, for a merit eligibility date of October 1, the training rating period begins August 1 of one year and ends July 31 of the following year.***

## **B. New Employees**

All newly hired employees required to attend either the Residential Services Basic Training Academy or the Parole/Probation Basic Training Academy must be assigned a Field Training or Security Training Officer upon hire and begin on-the-job training immediately.

Failure to complete required pre-service training within the initial probationary period of employment, not to exceed 12 months from date of employment, may result in disciplinary action up to termination.

1. Residential Services Basic Training Academy (RSBT) – This four week course is designed to provide newly hired employees assigned to Residential Services a better understanding of their basic job functions within ACC's Residential Centers. This course is comprised of classroom work, practical activities, physical fitness, teambuilding activities, and comprehensive and performance based testing. The Deputy Director of Residential Services must approve each Academy schedule to ensure all classes meet ACC's policies. ***Note: The length of this course can be subject to change based on Agency needs.***
  - a. Successfully complete 40 hour JAKE orientation training within the first 60 days of employment and on the job training prior to full time job duties. (2-CO-1D-05)
  - b. Successfully complete 136 hour academy without missing more than eight hours within the initial 12 months of employment
  - c. Successfully complete defensive tactics, performance testing and three exams with an overall 70 percent academic average
  - d. Complete additional courses and weapons qualifications if assigned to a Community Work Crew (CWC) authorized to carry firearms.
2. Probation/Parole Officer Basic Training Academy (PPO) – This six week course is designed to provide newly hired officers a better understanding of their basic job functions of supervising offenders. This course is comprised of classroom work, practical activities, physical fitness, teambuilding activities, and comprehensive and performance based testing. The Deputy Director of Parole/Probation must approve each Academy schedule

to ensure all classes meet ACC's policies. ***Note: The length of this course is subject to change based on Agency needs.***

- a. Successfully complete 40 hour JAKE orientation training within the first 60 days of employment and on the job training prior to full time job duties. (2-CO-1D-05)
  - b. Successfully complete the 262 hour academy within the initial 9 months of employment without missing more than eight hours. In extenuating circumstances CLEST may approve a 3 month extension. The academy requirements include:
    - Successfully complete defensive tactics, performance testing and all academic requirements with an overall 70 percent average
    - Successfully complete firearms qualification with 80 percent accuracy.
3. Security and Field Training Officer Programs –Programs designed by experienced residential and field staff that teach and train while on-the-job. These programs are designed to provide more job-related coaching that will allow newly hired employees to be trained consistently across the state. JAKE Coordinators are responsible for enrolling employees in respective Training Officer Programs.
- a. Security Officer Training (STO) Program – This program is for newly hired employees that work in Residential Services. Each employee in the STO program must successfully complete all aspects of the program to maintain employment with ACC.

This program must be completed within the first 12 months of employment.

- b. Field Training Officer (FTO) Program – This program is for newly hired officers that work in Parole/Probation Services. Each employee in the FTO program must successfully complete all aspects of the program to maintain employment with ACC.

The Field Training Proficiency checklist shall be sent to the FTO Coordinator and CTS upon completion. This program must be completed within the first 12 months of employment.

**C. Promotions.** Employees promoting into supervisory positions must complete the Supervisor Management Level I and II courses offered by CTS.

**D. Supervisor Management Course**

Employees that are newly hired or are promoting into a supervisory position are required to take one of the following supervisor management courses within their first year of hire or promotion.

1. Supervisor Management Level I – A 40 hour course designed to teach ACC specific processes and procedures
2. Supervisor Management Level II - A 40 hour course designed to teach employees theoretical concepts on managing employees

**E. Certified Law Enforcement Officers**

All officers certified as Law Enforcement Officers are required to successfully complete the following annual in-service training required by CLEST and ACA. This includes the 16 required CLEST hours, which are as follows: (4-APPFS-3B-02M, 3B-01, 4-APPFS-3B-06, 4-APPFS-3E-05, 4-APPFS-3C-02, 2-CO-1C-11, PREA 115.211)

1. Code of Ethics - An Agency policy and required by ACA
2. Use of Force – A 4-hour block of instruction. An Agency policy that is required by CLEST and ACA
3. Firearms – Employees certified as law enforcement officers are required to successfully complete annual requalification. This is a CLEST requirement
4. Defensive Tactics – This is an Agency requirement and is directly related to use of force and required by ACA
5. Racial Profiling – An Agency policy and required by CLEST
6. Sexual Harassment – An Agency policy required by ACA
7. PREA – (PREA 115.211)
8. Critical Incident Report Writing
9. Interpersonal Communications
10. CPR/First Aid (every two years) Required by Agency

CLEST requires law enforcement officers to complete 16 hours of continuing education that can be applied to the 40 hours of annual training required by ACC.

It is the duty of the employee to meet annual training requirements to remain certified through ACC.

#### **F. Community Work Crew (CWC) Course.**

This is a 40 hour course that is designed to arm and certify Residential Services security staff to supervise offenders while performing community service. An officer who has successfully completed this course is authorized to carry an agency approved firearm as outlined in the “Weapons and Security Equipment AD.” It is the duty of the employee to meet annual training requirements to remain certified through ACC. (4-APPFS-3C-02, Ref 3ACRS-3A-05(4-ACRS-2B-01M, 4-APPFS-3B-06, 4-APPFS-3B-02M, 3B-01). The Chief Deputy Director must approve all classes and participants.

1. Successfully complete all academic requirements with a minimum 70 percent average
2. Successfully complete and pass all physical fitness requirements
3. Successfully pass firearms qualification with a minimum 80 percent accuracy
4. Successfully pass all phases of defensive tactics.

Officers that have successfully completed this course are required to complete the following to keep their certification current through ACC.

1. Use of Force
2. Defensive Tactics
3. Firearms – must successfully requalify, on an annual basis, on ACC’s approved firearms course.
4. Critical Incident Report Writing

#### **G. Part Time II Certified Officer Course.**

This is a minimum of a 110 hour course approved by ACC policy that allows specifically approved ACC personnel to become certified as a specialized law enforcement officer. The Director must approve when this course is held and the employees who attend it. Employees in this course must:

1. Successfully complete all academic requirements with a minimum average of 70 percent
2. Successfully complete and pass all physical fitness requirements
3. Successfully pass firearms qualification with a minimum of 80 percent accuracy
4. Successfully pass all phases of defensive tactics.

Officers that have successfully completed this course are required to complete the following to keep their certification current through ACC: (4-APPFS-3B-02M, 3B-01, 4-APPFS-3B-06, 4-APPFS-3E-05, 4-APPFS-3C-02, 2-CO-1C-11, PREA 115.211)

1. Code of Ethics - An Agency policy and required by ACA
2. Use of Force – Normally taught in four blocks of instruction. An Agency policy that is required by CLEST and ACA
3. Firearms – Employees certified as law enforcement officers are required to successfully complete annual requalification. This is a CLEST requirement
4. Defensive Tactics – This is an Agency requirement and is directly related to use of force and required by ACA
5. Racial Profiling – An Agency policy and required by CLEST
6. Sexual Harassment – An Agency policy and required by ACA
7. PREA – (PREA 115.211)
8. Critical Incident Report Writing
9. Interpersonal Communications
10. CPR/First Aid (every two years) Required by ACC

According to CLEST, law enforcement officers are required to complete 16 hours of continuing education. CTS is responsible for certifying many of the required trainings above to help meet this standard.

It is the duty of the employee to meet annual training requirements to remain certified through ACC.

## **H. Firearms**

1. Residential security staff that is assigned a weapon while on duty must complete assigned additional courses and demonstrate proficiency in firearms use by qualifying annually with 80 percent accuracy on an agency-approved firearms course.
2. Administrative Officers and Probation/Parole Officers that are assigned a weapon while on duty must demonstrate proficiency in firearms by qualifying annually on agency-approved firearms with an 80 percent accuracy.

## **I. Defensive Tactics**

All Residential positions assigned to work security and (LEO) Probation/Parole Officer positions are required to participate and successfully complete ACC's Defensive Tactics Program, which includes the following:

1. Use of Force – a minimum of a four hour block of instruction that must be taught as a part of the Defensive Tactics practical
2. Phases I, II, III - a 32 hour initial practical that CTS recommends being taught in three phases. Once an ACC employee completes the initial 32 hour course, he or she is only required to successfully complete an annual 16 hour refresher.

## **J. Instructor Certification**

This is a 40 hour course that is designed to provide ACC employees with the skills necessary to instruct training classes within ACC. Based on individual credentials, those enrolled may receive a different level of CLEST certification.

1. **Instructor Qualifications.** Instructors must be qualified in the area in which they instruct. (4-ACRS-7B-12 [P]) In addition, ACC staff who instruct must:
  - a. successfully complete a 40 hour instructor development, OR
  - b. have a law degree, OR
  - c. be approved by CLEST (Commission on Law Enforcement Standards) based on appropriate credentials such as:
    - current teacher certification credentials
    - master instructor status (as recognized by the military)
    - a current or former Arkansas Law Enforcement Training Academy (ALETA) instructor, or
    - in a key ACC position such as Director, Chief Deputy Director, or Deputy Director.
  - d. CTS staff instructors must also successfully pass the Residential Services Basic Training class and ACC Parole/Probation Officer Academy within 12 months of employment. (4-ACRS-7B-10, 4-APPFS-3A-08)
2. **Requirements for Instructing CLEST-Certified Training.**
  - a. To instruct a Parole/Probation Academy class and any recurring training class for which CLEST training credit is required or desired, the instructor must meet the above requirements. Also, the instructor and lesson plan must be pre-approved for each specific class by the Arkansas Commission on Law Enforcement Standards and Training (CLEST). Submit CLEST Form F-5, "Application for Certification of Course" for pre-approval to the CTS Training Administrator who will forward the form to CLEST.
  - b. The Training Administrator must obtain CLEST approval of all Parole/Probation Academy instructors and the curricula before each Academy. The Training Administrator must also facilitate the process for annual CLEST approval and certification of instructors and training curriculum for the Racial Profiling and Firearms Qualification classes, which will take place each October, in addition to the required CLEST Training hours for Law Enforcement Officers.

Law Enforcement Officers must have proof of the above before an audit can be considered complete. Certificates will not be issued before CLEST audit deficiencies are corrected.

3. Instructors must plan for and use appropriate strategies to determine successful completion of training programs. (4-ACRS-7B-12 [P])
4. Instructors are encouraged to make appropriate use of community resources. (4-ACRS-7B-13)
5. For curriculum courses, the instructor must give the JAKE Coordinator a sign-in roster

and lesson plan. Courses that are CLEST approved require a copy of the signed f-18.

6. For each non-curriculum training session, the instructor must give the JAKE Coordinator a sign-in roster and some description of the lesson such as learning objectives, a written description of the content and outline, or a PowerPoint presentation.
7. CTS must process CLEST instructor certification requests to the Commission.
8. The Deputy Director of Parole/Probation Services must ensure the availability of a pool of Parole/Probation Officers qualified as firearms instructors to provide firearms training and other trainings as deemed necessary.

**K. Certified And Licensed Staff.**

All professional and certified staff must comply with applicable state and federal registration, certification, and licensure requirements. Verification of current credentials and job descriptions must be on file. (4-ACRS-7B-02)

**L. Training Hour Requirements**

1. Administrative staff shall receive forty (40) hours of training in addition to orientation training during their first year of employment with ACC.
2. Managerial staff shall receive forty (40) hours of training in addition to orientation training during their first year of employment with ACC.
3. Clerical/support employees receive sixteen (16) hours training in addition to orientation training.

**M. Attendance**

1. Pre-Service Training (Basic Training): An employee having an unexcused absence or an excused absence of more than one (1) day may be removed by their supervisor from the training and returned to his/her work station until reviewed by the Deputy Director of Administrative Services.
2. An employee having an excused absence of one (1) day or less may make up the missed training during the week the absence occurred and before any test is administered. The training staff shall provide the necessary procedure for the employee to complete the missed training. The individual's supervisor shall receive prompt notification of any absence.
3. Supervisors must ensure their employees are aware of and comply with training requirements. Supervisors must post and encourage employees to review the yearly CTS Training Calendar for training opportunities or requirements and ensure that employees are informed of their assigned training date in a timely manner. They must ensure that employees arrive to training with required equipment and materials. Supervisors may only approve training requests and credit for training that provides knowledge, skills, abilities, and/or information that enhances the learner's ability to achieve the ACC mission; and if funding is required, training is related to the employee's current job.

**N. Curriculum Requirements.**

1. The curriculum must be approved by the Training Administrator. A curriculum consists of a series of classes that are combined to create a regular course of study. Examples:
  - Parole/Probation Officer Academy
  - Residential Services Basic
  - New Employee Orientation
  - Refresher Training
  - A series of 3 or more classes presented on a recurring basis.
2. Training curriculum must be evidence-based and developed based on clear, concise, measurable, and written statements of intended learning outcomes. The content and instructional methods selected for a training program must be consistent with stated learning objectives, sequenced to facilitate learning, and incorporate strategies to evaluate the learning. (4-APPFS-3A-09)
3. Lessons in a training curriculum must be developed based on employee career tracks, organizational needs, the results of the training assessment, and in accordance with the agency's Training Plan.
4. For classes that are part of a curriculum, training presented by ACC staff or by non-ACC instructors exclusively for ACC staff must have lesson plans pre-approved by the Training Administrator. An approved lesson plan may be used in subsequent years if it remains current. The Training Administrator must approve substantial revisions.
5. Lesson plans must include learning objective(s) and indication of content.
6. CTS instructors must provide an opportunity for students to critique the material, course content, and instructors on major courses provided or sponsored by the CTS. (4-ACRS-7B-12 [P])

#### **O. Process for Obtaining Training and Training Credit.**

##### **1. Training Request Requirements.**

- a) Training must be requested and approved in advance by the supervisor. However, supervisor approval is not required when the CTS enrolls new employees in training.
- b) If ACC will incur reimbursable expenses for the training, the Training Request form must be completed and approved in advance by the supervisor, the appropriate Deputy Director and the Deputy Director of Administrative Services.
- c) If out-of-state travel is required, refer to the Travel Reimbursement AD.
- d) If training is NOT "ACC sponsored," the Training Request form is required. Examples of when the form is required include on-line webinars, AASIS classes, OPM classes, and outside training for treatment staff. The Director has the authority to approve exceptions.
- e) When a training request form is not required by policy, supervisors have the option of

approving training verbally, by email, or on a Training Request form.

- f) **ACC Training Sponsor/Instructor Responsibilities.** When training is conducted or otherwise sponsored by ACC staff, the ACC person responsible for the training must provide CTS with a curriculum or lesson plan approval request. The approved curriculum or lesson plan being taught must be on file with CTS. All CLEST required training must be pre-approved with the Commission prior to instruction. The Jake Coordinator must receive an attendance roster. The responsible person must ensure the attendance roster and sufficient training documentation (such as the approved lesson plan and f-18), are provided to the JAKE Coordinator.
2. **To Ensure Training Credit.** Employees are responsible for ensuring required training hours are in the JAKE training database. Training credits may be viewed on the EagleNet/JAKE webpage or the JAKE Coordinator can provide earned credit hours. Employees should always sign the attendance roster to help ensure proper credit.

When taking classes that are NOT ACC-sponsored, complete and process the bottom portion of the Training Request form. Submit this with sufficient documentation showing the training content such as a training summary, agenda, and/or certificate.

3. **New Employee Enrollment in Certain Classes.** New employees will be enrolled by CTS staff in the next available JAKE (Joint Access to Knowledge via e-Learning) Orientation class and where required, the Residential Services Basic and the Parole/Probation Academy. JAKE refers to the computer training program that is available through the agency intranet (EagleNet). Requests to change enrollment to a later date must be approved by the appropriate Supervisor who will advise CTS if approved.
4. **JAKE On-Line Training.** CTS will enroll all new employees in Orientation. Supervisors must allow employees time free from interruption to complete orientation prior to full assignment of duties. Upon completion of the JAKE Orientation training, employees must sign the "Orientation Acknowledgement" form. (4-ACRS-7C-01, -7E-07[P])
5. **AASIS and OPM Training**  
For any training other than internal, including AASIS, OPM, Criminal Justice Institute and on-line, contact CTS for specific registration details.
6. **Other Training Credit.**  
Use the following table to determine training hours that may be awarded when credit is earned in "college semester hours," or "college quarter hours," or "Continuing Education Units (CEUs)." One CEU is defined as 10 hours of participation in a recognized continuing education program with qualified instruction and sponsorship.

TRAINING HOUR CREDIT CONVERSION TABLE	
Type of Hours	Training Hours
1 Semester Hour of Credit	6
1 College Quarter Hour of Credit	3
1 Continuing Education Unit	10
1 Hour of Professional Development or Continuing	1

An employee may submit a request to substitute training received prior to employment with ACC to satisfy special requirements such as supervisory courses and certificate courses. Submit requests to the CTS Training Administrator whose approval is required.” (4-ACRS-7B-04)

Training credit may be awarded for staff meetings; however, this is limited to two hours per month. A Training Request form is not required for staff meetings.

ACC Instructors may request credit for actual class preparation time (research and developing materials, lesson plans, objectives, etc.), revision or update of current plan.

An employee who conducts an American Correctional Association (ACA) internal or external audit may be approved for 3 training credit hours for each half-day spent conducting the audit. An employee who receives compensation for an external audit will not receive training credit.

#### **P. ADVERTISING TRAINING SESSIONS.**

Supervisors are encouraged to ask CTS to post relevant class information on EagleNet when seats are available for staff from other ACC offices.

ACC employees are encouraged to continue their education and to join and participate in criminal justice and allied professional associations and activities. (2-CO-1D-09 and 2-CO- 1 D-10)

All attendees of ACC sponsored academies must meet the physical fitness standards set forth during training.

#### **VI. ATTACHMENTS.**

Attachment 1 Minimum Required Employee Training Hours  
AD 16-15 Form 1, Training Request  
AD 16-15 Form 2, Orientation Acknowledgement

**Arkansas Community Correction**  
**MINIMUM REQUIRED EMPLOYEE TRAINING HOURS**

<b>CATEGORY OF POSITIONS</b>	<b>EMPLOYEE ORIENTATION</b>	<b>FIRST YEAR TRAINING</b>	<b>ANNUAL TRAINING (second and subsequent employment years)</b>
Parole/Probation Services (including treatment) staff in field offices with regular contact with offenders	40	262	40
Parole/Probation staff with minimal or no offender contact	40	16	16
Residential Services offender-care workers with regular contact with offenders	40	136	40
Residential center staff with minimal or no offender contact, such as personnel staff, business managers, and administrative specialists.	40	16	16
Central Office managerial staff (any staff designated as FSLA exempt)	40	40	40
Central Office clerical and support staff (staff designated as Non-exempt by FSLA standards)	40	16	16
Central Training Section staff This includes PPO and RSBT Academies, unless already attended	40	398	40
Extra help and part-time employees	16	As appropriate to the position	As appropriate to the position

**Arkansas Community Correction  
TRAINING REQUEST**

Use this form to request training approval and credit. Retain a copy for submission when training is completed as described in "Request for Training Hours" below. **The employee is responsible for making any necessary registration and travel arrangements after receiving approval.**

Student/Employee's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student/Employee's  
Position: \_\_\_\_\_  
Course Title: \_\_\_\_\_ Training Sponsor: \_\_\_\_\_  
Training Date(s) \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Training Location: \_\_\_\_\_

Will this information be shared? ☐ YES ☐ NO If yes, how will you share? \_\_\_\_\_

**ESTIMATED COST**

Is a state vehicle available? ☐ YES ☐ NO ☐ N/A

Transportation \_\_\_\_\_  
Registration (Cannot include  
membership fees) \_\_\_\_\_  
Lodging \_\_\_\_\_  
Meals \_\_\_\_\_  
Miscellaneous \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

Note, Attach a completed Out-of-State Travel Request form if traveling out of state.

Employee Signature

Date

Supervisors may only approve training requests and credit for training that provides knowledge, skills, abilities, and/or information that enhances the learner's ability to achieve the ACC mission; and if funding is required, training is related to the employee's current job.

Supervisor: ☐ APPROVED ☐ DISAPPROVED

Signature

Date

Admin. Services Deputy ☐ FUNDS ARE ☐ FUNDS ARE  
Director if reimbursable AVAILABLE NOT AVAILABLE  
expenses):

Signature

Date

Division Deputy Director (if  
reimbursable expenses): ☐ APPROVED ☐ DISAPPROVED

Signature

Date

**REQUEST FOR TRAINING HOURS**

*For ACC-sponsored training this form is not needed if the instructor provides a JAKE Coordinator with the sign-in roster with your signature and supporting documentation. In this situation you should check to ensure credit was awarded in JAKE and if not, take actions necessary to provide documentation and get the credit.*

*Upon completion of training that is NOT ACC sponsored, complete this section then submit this form through your supervisor to the JAKE Coordinator.*

Actual Training Hours  Training Credit Hours **APPROVED:**  (supervisor)

- ☐ I hereby certify that I fully participated in the training described above.
- ☐ Certificate Attached ☐ No certificate issued, but I initialed (on the attached agenda) the classes that I attended.
- ☐ I certify that I partially participated in the training described above by attending only \_\_\_\_ hours.
- ☐ I have initialed (on the attached agenda) the classes that I attended.

Employee/Student's Name (Print)

Date

Supervisor's Name (Print)

Employee/Student's Signature

Date

Supervisor's Signature

## Arkansas Community Correction ORIENTATION ACKNOWLEDGEMENT

The ACC develops and maintains varied and many directives and/or policies that define how we conduct our business. They enable us to accomplish the agency mission, goals and objectives, and copies of certain policies are provided during new employee orientation and are available on "EagleNet", the ACC Intranet. You may access them by accessing any ACC computer, opening the Internet Explorer browser, clicking on "Favorites" then "EagleNet", and finally click on "Policy, Forms & Documents" on left side menu. Navigate through the documents to find the item that pertains to your topic. If you do not have access to a computer, contact your supervisor. The following documents were provided via hard copy and/or accessed during the New Employee Training:

- Employee Handbook
- Employee Performance Evaluation, initial presentation & explanation of performance evaluation documents
- Drug Free Workplace
- Whistle Blower Act
- Historical Perspective & Goals of ACC
- Records Management
- Rape Elimination
- Use of Force
- Evidence Based Practices
- Resource Control Policy
- Provision & explanation of essential job functions, duties & responsibilities
- Office Security and Safety
- Code of Ethics and Rules of Conduct
- Employee Discipline
- Employee Grievance/Mediation Procedure
- Tobacco Free Environment
- Employee Work Schedules, Compensation, and Timekeeping
- Communication Skills
- Interpersonal Communications
- Computer, Cell Phone, Copier, and Technology Resources
- Agency Description and Public Information
- Reporting and Investigation Incidents and Hazards
- Preventing Harassment
- Arkansas State Vehicle Safety Program
- Facility Orientation on basic emergency procedures or response (**with veteran employee or supervisor**)
- Equipment assignment/orientation (computer, keys, firearms, handcuffs, pepper spray) (**with veteran employee or supervisor**)
- Job Specific Policies & Standard Operating Procedures (**with veteran employee or supervisor**)
- Job Specific Training Rotation (**with veteran employee or supervisor**)

I have read and understand the documents or processes listed above. I understand that it is my responsibility to stay current on policies/procedures that pertain to me and my responsibilities. These documents are updated on occasion and I may not be notified when they are updated. If I have any questions, I will address them with my supervisor or contact ACC Human Resources Section for personnel issues. I understand that nothing contained in ACC policy/procedural documents, applications, or the granting of an interview, or the placement in a probationary status, or any other administrative act, creates a contract between myself and ACC for either employment or the provision of benefits. I have familiarized myself with the job specific items and fully understand my duties and responsibilities. I have signed and dated this acknowledgement and understand it will be maintained in my personnel/training files.

**I acknowledge that I have satisfactory completed the 40 hours of New Employee Orientation.**

---

Printed Employee Name

Employee Signature

Date

---

Printed Supervisor Name

Supervisor Signature

Date

Give this form to the JAKE Coordinator to scan into the training records and forward (original) to ACC HRS (105 W. Capitol, Little Rock, AR, 3rd floor, Little Rock, AR 72201-5731).



## Arkansas Community Correction

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

### **ADMINISTRATIVE DIRECTIVE: 17-03 TRANSITIONAL HOUSING FACILITY LICENSE**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDED: AD 16-12**

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

**EFFECTIVE: January 23, 2017**

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees, applicants for and recipients of a Transitional Housing Facility License, owners, operators, and staff members of licensed Transitional Housing Facilities.
- II. POLICY STATEMENT.** Transitional Housing Facilities must meet or exceed the minimum standards and requirements established in this policy to ensure a structured, positive, and safe environment for residents, to reduce recidivism, to encourage employment and treatment, to provide public safety, to transition offenders back to the community to be productive citizens and to maintain the principles of evidence based practices.
- III. DEFINITIONS.**
  - A. Applicant.** Any individual, group, business or organization that has applied to receive an Arkansas Community Correction Transitional Housing license.
  - B. Transitional Housing Facility.** An ACC licensed facility providing housing for one or more residents placed in ACC community supervision. A resident's home or the home of a resident's family member will not be considered a Transitional Housing Facility for purposes of this directive. To operate a facility in the state of Arkansas a person/group must apply for, obtain, and maintain an approved license from ACC.
  - C. Licensing Authority.** ACC is the authority for licensing Transitional Housing Facilities. Facilities are licensed for one year with provisions for renewal as specified in this policy.
  - D. Transitional Housing Coordinator:** The individual assigned to monitor Transitional Housing Facilities, to serve as the liaison between the facility and ACC for compliance issues, and to supervise the billing process.
  - E. Licensure Requirements.** The information referred to in the Administrative Regulation given to applicants of a facility license listing the minimum items and areas that will be inspected during the application process.

#### IV. PROCEDURES.

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

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

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

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

The Housing Coordinator, for due cause, may recommend to the Chief Deputy Director that a facility license be suspended or revoked. The Chief Deputy Director may assign ACC staff or any other local, state, or federal agency to assist in a facility investigation. In the event of a recommendation for denial of an application or the suspension or revocation of license, the applicant may appeal the denial to the Director of the agency

within 30 days of the written recommendation for denial/suspension/revocation. Applicants may appeal the decision of the Director in writing within 30 days of that decision to the Board of Corrections whose decision is final.

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

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

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

- C. Request for Qualifications:** After obtaining a license, the owner/operator may choose to obtain a contract by responding to the Arkansas Community Correction Request for Qualifications. When obtained, the facility may bill ACC for limited reimbursement for housing residents as stated in the contract. The Request for Qualifications is available from the ACC website, from the Coordinator, and from the ACC Purchasing Department.
- D. Past Performance:** In accordance with provisions of State Procurement Law, specifically OSP Rule R5:19-11-230(b) (1), a vendor's past performance with the state may be used to determine if the vendor is "responsible." Proposals submitted by vendors determined to be non-responsible shall be disqualified.
- E. Billing:** When a facility has met the conditions of licensure and has been approved by the Office of Procurement for payment as a vendor, ACC will reimburse the facility for resident housing at the approved reimbursement rate for up to 90 or 120 days, depending on the classification of the offender, from the date of release from an ADC or ACC facility. A facility may not bill ACC for housing a resident prior to their approval as a vendor. The billing process will follow the instructions stated on the Request for Qualification and may include the use of electronic monitoring for residential verification. During a period of license suspension payment may be withheld or reduced pending satisfactory implementation of an approved corrective action plan as specified in the Request for Qualifications.
1. ACC shall reimburse licensed transitional houses according to the following schedule:
    - a. Moderate risk, High risk, level 1 and level 2 sex offenders:  
Length of stay: 90 days Reimbursement:
      - Day 1-45: \$30.00/day
      - Day 46-90: \$20.00/day
- Offender per diem: \$14.00/day starting on the first day of full time employment. (Offender must work a minimum of 32hrs/week to be considered full time employed)

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

Reimbursement:

- Day 1-60: \$50.00
- Day 61-120: \$40.00

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

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

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

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

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

**H. Facility Programming:** The vendor is expected to provide applicable programming which identifies criminogenic needs, such as people, places or things that could cause criminal behavior. Applicable programming must also include drug and alcohol programs, such as NA/AA and/or Celebrate Recovery, enrollment in GED, vocational or higher education programs. Residents will be enrolled in GED programming or will have access to a higher education, employment assistance by utilizing the Good Grid for resume' writing and employment search, as well as locating and obtaining stable housing prior to the end of their 90 days. Programming can be provided through referrals to local service providers and in house classes.

**I. Facility Fees:** Residents, their families, and any other financial source may not be charged any fees, other than the per diem, (e.g. admission, filing, and other entry fees) for transitional housing. No facility may charge residents additional fees for services or fines for policy violations other than the actual costs of transportation (maximum \$2.00/day) \$2.00 fee covers round trip transportation to appointments such as parole office, employment interviews, medical and mental health providers.

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

**K. Resident Income.** A facility may not withhold any portion of the income of a resident, regardless of the income source, to include Social Security, SSI, SNAP, or any other government or private income source. All resident income, in check or any other form will be the property of the resident. The facility may bill the resident for any authorized costs and the resident will pay the authorized cost from their funds. A receipt will be given to the resident for any and all payments.

**L.** ACC will not reimburse licensed Transitional Housing Facilities for residents categorized as a low risk for recidivism. ACC will reimburse for residents with a moderate or high risk for recidivism and level 1 and 2 sex offender residents at a rate commensurate with current budgets; and will reimburse for residents who are level 3 and 4 sex offenders at a higher rate commensurate with current budgets. Once a resident has used their maximum reimbursement days as allowed by ACC, the facility may not charge the resident a daily self-pay rate greater than \$30.00 per day.

Payment will be made for residents for date of arrival to the facility; ACC will not be responsible for payment for resident's date of departure.

**M. Monitor Costs:** ACC maintains the right to collect applicable costs for Electronic Monitoring devices for residents in transitional housing.

**N.** The licensed transitional facility staff shall complete and document daily scheduled and unscheduled counts. Residents not present during count shall be accounted for through sign out logs and/or approved employment schedules. Counts shall be conducted at least twice per shift and at every shift change for the transitional housing facility.

**O.** Licensed transitional facilities must provide 3 meals per day with at least one (1) meal being hot. Total calories for the day shall be 2500.

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

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

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

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

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

## **VI. PROHIBITED STAFF BEHAVIOR**

Transitional facility staff shall not under any circumstance:

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

## **VII. COLLABORATION**

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

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

- E. Area Managers will report any serious violations of policy, procedure, or practice to the Coordinator. The Coordinator will work with the Area Manager towards a resolution of the violation. Area Managers will forward any written complaint by a resident, staff member, or member of the public concerning a facility to the Coordinator to become part of the facility file.
  - F. ACC staff and facility staff will communicate to each other positive drug/alcohol test results immediately.
  - G. Facility staff will respond to and notify the supervision officer of such requests as subpoenas, court orders, search and/or arrest warrants.
  - H. Facility staff will honor ACC travel passes and immediately report violations of travel restrictions to the supervision officer. Facility staff may not grant an out of county pass without the permission of the supervision officer or the parole/probation office.
  - I. Facility staff will not, except in the case of emergency or threat of injury or death, dismiss a resident from the facility until they notify the supervision officer or the parole/probation office by phone. The facility should only dismiss a resident for substantial and documented reasons. Dismissal actions are appropriate for such infractions as violence, life threatening actions, property destruction, substantial verbal abuse or violation of the facilities fundamental statutes (alcohol, drugs, etc.).
  - J. Facility staff will notify the supervision officer (or his/her office) immediately of any resident's violent or threatening behavior, endangerment of others, and awareness of an abscond or escape from the facility.
  - K. The Coordinator will arrange onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning ACC residents, and make objective recommendations.
  - L. The facility will post office staffing hours and will comply with posted staffing hours. There must be a staff member/house manager/responsible party present 24 hours per day.
  - M. The facility will notify the Transitional Housing Coordinator of any employee additions with information needed to complete a criminal background check.
  - N. Arkansas Community Correction shall, at all reasonable times, have the right to enter the facility's work and living areas to inspect, monitor, or otherwise evaluate the quality, appropriateness, and timeliness of work, services, or both, that have been or are being performed.
- VIII. PREA COMPLIANCE:** Contracted facilities with populations consisting of at least 50% ACC residents for a majority of the contract year must pursue PREA compliance standards for community confinement.

- IX. CONTRACT COMPLIANCE:** The owner/operator/manager of the facility must comply with all requirements/agreements of the Request for Qualifications/Contract as stated in the agreement.
- X. EQUAL OPPORTUNITY:** Transitional Housing facilities' accommodations and services must be provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by state or federal law.
- XI. ATTACHMENTS/FORMS:**  
AD 17-03 Form 1: Transitional/Reentry Housing Facility Minimum Requirements Checklist

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

**Facility Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

1. Fire/Safety Inspection. Annually.	
2. Health Department/Food Service. Annually.	
3. Business License. Initial license or after remodel or repair.	
4. Plumbing Code. Initial license or after remodel or repair.	
5. Electrical Code. Initial license or after remodel or repair.	
6. Compliance with applicable zoning or Special Use Permit.	
7. Public Hearing.	
8. Copy of transportation vehicles' insurance.	
9. Copy of facility property and liability insurance.	
10. List of all staff and volunteers for background check (owner/operator must obtain/maintain consent to release information from staff and	
11. Itemized list of products or items and their cost sold to residents. Note: Costs must be reasonable.	
12. Copies of facility disaster plans, evacuation plans, and contingency plans for operations if the facility must be abandoned.	
13. Copy of policy stating the facility will comply with subpoenas, court orders, arrest warrants.	
14. Copy of policy stating notification of ACC Supervising Officer when a resident escapes or absconds from the facility, or prior notification if discharged.	
15. Copy of facility Policy and Procedure Manual that is unique to this facility.	
16. Copy of facility resident handbook/orientation materials including facility rules, curfews, admission procedures, and consequences for violations.	
17. Copy of programming curriculum.	
18. Admission and discharge policies and procedures.	
19. Proof the facility is pursuing PREA compliance.	
20. Is the facility ADA compliant?	
21. Are resident records confidential, uniform in format and content, and properly secured?	
22. For Reentry Only – Copy of policy stating passes/furloughs for residents are approved by the ACC Reentry Officer.	
23. Proof of policy stating that facility services are equal opportunity and provided without regard to race, color, gender, religion, age, national origin, genetic information, disability or other biases prohibited by state or federal law.	
24. Copy of staff listing and staffing hours.	

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

**Notes:**



## Arkansas Community Correction

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105 West Capitol, 3rd Floor  
Little Rock, AR 72201-5731  
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### Administrative Directive: 17-01 Technical Violator Program

**TO:** Arkansas Community Correction Employees

**FROM:** Sheila Sharp, Director

**SUPERSEDES:** AD 16-14

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

**EFFECTIVE:** January 1, 2017

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees and parolees released from an ADC or ACC facility.
- II. POLICY.** The ACC will operate an alternative sanction program for male and female parole technical violators. The bed capacity of each program location will be as established by the Board of Corrections.
- III. DESCRIPTION.** The Technical Violator Program (TVP) is a residential program followed by aftercare under community supervision. An offender completes the program by progressing through the following phases:
  - A. Intake.** Intake is the initial three-day in-processing period.
  - B. Orientation.** One-day period for receiving institutional clothing; receiving information on the TVP purpose, structure, expected behavior and responsibilities; assessing and identifying factors contributing to violations; and developing strategies for compliance.
  - C. Work.** The period following orientation of 30 days for an offender's first TVP confinement or 60 days for the second confinement when the offender is assigned to work details.
  - D. Program Length.** Admissions will be for 90 days for the first TVP confinement and 120 days for a second.
  - E. Re-entry.** A portion of the programming focusing on successful transition to the community including job readiness, employment and relapse prevention.
  - F. Telephone Privileges.** Offenders will not have telephone privileges for the first two weeks of their confinement except in emergency situations as approved by the Center Supervisor.

**IV. TECHNICAL VIOLATOR PROGRAM ELIGIBILITY CRITERIA.** A parolee is eligible for the TVP as follows:

- A.** Does not have any outstanding warrants, court dates, or any pending charges for felonies or violent/sexual misdemeanors; and
- B.** Violated the terms or conditions release; and
- C.** Has not previously been in a TVP two or more times; and
- D.** Waived a sanction hearing and agreed to participate in the TVP or was referred by a Parole Board Parole Revocation Judge either as the outcome of a Sanction Hearing or Revocation Hearing; and
- E.** Has at least 30 days left on his/her sentence; and
- F.** Has NOT been identified as a PREA sex offender while incarcerated at an Arkansas Department of Correction facility, and

**V. SANCTION HEARINGS**

- A.** ACC sanction hearings will be conducted by a Parole Board Parole Revocation Judge.
- B.** Sanction hearings may be held by electronic means.
- C.** An offender may waive the sanction hearing.
- D.** The Parole Revocation Judge may decide a parole revocation hearing is appropriate for a particular offender. If so, the revocation judge will notify the offender's parole officer who will submit a new violation report. The Parole Revocation Judge will set a revocation hearing no sooner than 72 hours from the end of the sanction hearing. The offender will be held in jail or placed on GPS monitoring at least until the revocation hearing is held. The offender may waive the revocation hearing.

**VI. PREPARATION, SCHEDULING AND TRANSPORTATION.**

- A.** The Parole/Probation Officer must work with the offender to develop a parole plan. The officer must investigate the plan and enter approvals in eOMIS.
- B.** The parole plan must be prepared, investigated and approved before the parolee is transported to the TVP. However, lack of a parole plan or approval must not delay placing the parolee on the TVP waiting list.
- C.** PPOs must process requests for TVP beds through their Parole/Probation Managers or Assistant Managers following guidance in the Parole/Probation Supervision Manual.
- D.** Prior to transport, the PPO must conduct an Arkansas Crime Information Center (ACIC) background check to determine whether the offender is eligible for the program.

E. A PPO, ICO or another law enforcement officer must transport offenders to the TVP and must ensure the following documents accompany the offender:

1. Copy of Violation Report or Sanction to TVP Request
2. Copy of the Notice of Parole Violation Action
3. Copy of the Arkansas Parole Board warrant, if any
4. Disposition of Parole Revocation or Sanction Hearing or waiver of the hearing

**VII. INTAKE.** The TVP Intake Officer must ensure proper and expeditious intake of offenders, coordinating with parole/probation or CCC staff for transportation to the TVP.

**A. High risk offenders have priority and will be fast tracked for admission to the TVP.** Parole/Probation staff must designate high risk and jailed parolees on the TVP admissions list. TVP staff must organize the waiting list to ensure admissions comply with the priority sequence.

**B. Personal Property.** The Intake Officer will ensure intake processing pursuant to existing policies and procedures concerning the offender's personal property.

**C. Exams/Assessments at Intake.**

1. Medical Records from prior incarceration will be retrieved and updated as necessary by medical staff.
2. The medical contractor will conduct medical exams according to established policy.
3. The TVP counselor will conduct a psychological/social assessment and obtain information from eOMIS to initially assess the offender.

**D. Privileges.** During intake and orientation, offenders are not allowed commissary privileges. Telephone privileges are allowed only in emergencies and must be approved by the Center Supervisor or Senior Residential Supervisor.

**E. Housing, Contact, Movement During Intake at a Community Correction Center (CCC).** In addition to the TVP, a CCC may conduct intake of and transport technical violators. When this is the case, the following measures must be maintained:

1. **Secure Movements.** Technical violator housing areas must be staffed and secured at all times. Contact with CCC residents must be limited. All movement of violators beyond their designated living areas, whether inside or outside the building, must be supervised by staff. Violators will be in restraints, as deemed necessary, and as described in standard operating procedures.
2. **Programming.** Programming, orientation counselor screening, medical screening, classroom activities, etc. must be conducted separately from that of the CCCs.

## VIII. GENERAL OPERATIONS.

- A. Classification.** Upon intake into the TVP, intake staff will classify the offender as “inmate” class II. No meritorious good time or earned discharge credit will be awarded while at TVP.
- B. TVP Counselor and PPO Interaction.** As needed, the TVP counselor and PPO should communicate about progress and aftercare needs prior to release to help ensure a smooth transition back into the community. The TVP counselor must forward a copy of the Discharge Summary and Aftercare Plan to the supervising PPO and the Substance Abuse Program Leader (SAPL) for the officer’s location.
- C. Offender No Longer Meets TVP Eligibility Criteria.** If it is determined that an offender in a TVP no longer meets eligibility requirements, the Records Supervisor must inform the Parole/Probation supervision officer and the officer must write a violation report. One situation that results in ineligibility is when a new felony or a violent or sexual misdemeanor charge is filed against an offender who is currently in TVP.
- D. Parole (Release) Plans and Release.** The Institutional Release Officer (or other person designated by the Center Supervisor) must check eOMIS soon after an offender arrives to determine whether a release plan has been prepared and approved. If not, this person must work with the parolee to prepare a plan and enter it in eOMIS for the supervising Parole/Probation officer to investigate. The supervising Parole/Probation Officer is primarily responsible for ensuring a plan is developed, investigated and approved before the scheduled release date. However, TVP staff should monitor eOMIS and if the plan is not approved in a timely manner or changes are needed, work to get this done.
- The IRO (or other designated person) must check with the offender near the scheduled release date to determine whether there are any problems with the plan. If there are problems, promptly work with the parolee to come up with an alternative plan and notify the supervising Parole/Probation Officer. If a parolee does not have an approved plan within a few days of the release date, the Area Manager and/or Assistant Area Manager must be notified by TVP staff.
- If an offender does not have an approved plan on the scheduled release date, the appropriate Assistant Director of Parole/Probation Services must be notified so he/she can attempt to place the offender in an approved transitional home. The IRO at the TVP must continue to attempt to find a suitable home plan. Until placed or transferred, the offender will remain at the TVP.
- E. Furloughs.** Only emergency furloughs are allowed, and they must be processed in accordance with the ACC Furlough Program policy.
- F. Visitation.** Visitation procedures are as indicated in the visitation policy with the following exceptions, which do not apply to the offender’s attorneys:
1. The approved visitation list is limited to 5 persons per resident; and
  2. Personal visitation may occur only in the last four weeks of the offender’s stay.

## **IX. RELEASES.**

### **A. General.**

1. The aspects of release are addressed in this and other policies such as the Resident Conduct and Transfer Eligibility policy.
2. If an offender is released from the TVP for any reason other than a routine release, the Parole Board must be notified.
3. PPOs will transport released offenders as scheduled. The Institutional Release Officer, with the approval of the PPO, may allow family members and friends to pick up the offender when released.

**B. Requirements for Sex Offenders.** Before releasing or discharging a sex offender, the Records Supervisor must require the sex offender to complete the "Sex Offender Change of Information" (ACIC) form Sex Offender Acknowledgment (ACIC) form and the Sex Offender Obligations and Acknowledgment of Duty to Register (ACC) form. The Records Supervisor must send the ACIC forms to ACIC – Sex Offender Section or process them in the Centralized Electronic Network of Sex Offender Registries (CENSOR) computer system to reflect the change of address and any other changes. The Records Supervisor must remind the sex offender of the requirement to report to local law enforcement within 10 calendar days of release/discharge. A refusal to provide information must be reported to local law enforcement in the appropriate jurisdiction.

**C. Discharge Summary and After Care Plan.** The Discharge Summary (developed by the TVP counselor), outlines the offender's progress. The After-Care Plan Summary details the activities and services needed after TVP completion. Planning for after-care should begin at intake, and the after-care plan must be compatible with any ongoing conditions of supervision and available resources.

## **X. CONDUCT AND DISCIPLINE**

**A. Rules of Conduct.** The cardinal and major rules of conduct addressed in the Resident Conduct Administrative Directive apply to offenders in the TVP. House Rules are specific to the TVP and are listed in the TVP Resident Handbook.

Disciplinary violations can result in the offender being transferred to ADC.

**B. Negative Report.** TVP staff may respond to negative behavior by sending a report to the offender's Parole/Probation Manager with a copy to the PPO. Before such a report is sent, the case must be reviewed by a panel of the counselor and at least two senior treatment employees, usually the Treatment Supervisor and Treatment Coordinator. The form for this report is in the Clinical File Manual.

**XI. eOMIS DATA.** All employees involved with the TVP must ensure correct and timely eOMIS entries.



## Arkansas Community Correction

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### **ADMINISTRATIVE DIRECTIVE: 17-14 SAFETY AND SECURITY**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 06-06**

**APPROVED: Signature on file EFFECTIVE: February 10, 2017**

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

**II. POLICY.** It is policy to promote the safety and security of the public, employees and supervised offenders; provide guidance designed to reduce the occurrence of accidents, victimization, injury, illness or loss of life; and deter or minimize loss or damage to public property.

### **III. DEFINITIONS.**

**A. Qualified Inspector.** An individual who meets the following criteria as it pertains to the type inspection(s) to be conducted:

1. is certified by the appropriate State and/or federal authority, if required, for the determined inspection
2. is familiar with applicable federal, State and municipal codes, regulations and requirements
3. is able to use appropriate instruments for measuring and documenting code compliance
4. is able to complete checklists and prepare necessary reports, and
5. has authority to make corrections when deficiencies are found, or responsibility to report deficiencies to the appropriate authority.

**B. Safety.** Measures taken to promote the physical and mental well being of the public, employees or offenders and the protection of property.

**C. Security.** Measures intended to prevent sabotage, attack, escape, theft of property, other crimes, or to deter unauthorized access to or disclosure of protected agency information.

**D. Victimization.** "Violence, threat of violence, intimidation, extortion, theft of property, and damage to one's reputation, or other acts which inflict damage, instill fear or threaten sensibilities."<sup>1</sup>

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<sup>1</sup> William H. Parsonage, Worker Safety in Probation and Parole, April 1990, p. 5.

#### **IV. RESPONSIBILITIES.**

- A. All Employees.** DCC employees must use appropriate safety and security measures in planning and performing all job duties and must comply with appropriate safety and security policy, procedures and guidelines. Employees must identify and report workplace safety hazards or unsafe practices to the supervisory chain. Employees who supervise offenders will ensure offenders are made aware of and comply with safety rules.
- B. The Deputy Director must**
1. work with the Arkansas Building Authority toward the goal of having leases executed by the agency include a requirement that lessor is responsible for ensuring that the facility meets and conforms to appropriate federal, State and local fire, sanitation, safety, and health codes. (2-CO-2A-01 and 2-CO-3B-01)
  2. work with the Arkansas Building Authority toward the goal of having any leases executed by the agency include a requirement that the lessor is responsible for promptly correcting deficiencies and providing copies of inspections to the proper agency staff,
  3. provide cell phones to key staff for use when an emergency causes desk-phones to be inoperable. (2-CO-3B-01)
- C. Parole/Probation Managers, Center Supervisors, and for the Central Office, the Chief Deputy Director must**
1. Ensure facilities are inspected by representatives of appropriate governmental agencies at specified intervals and that each inspection report is reviewed and remedial action taken if indicated. (2-CO-2A-02)
  2. Appoint a Staff Safety and Security Representative and alternate for each office/center.
- D. Parole/Probation Managers and Center Supervisors must ensure the following tasks are accomplished for each office and residential center:**
1. Conduct a biennial threat assessment the second quarter of even numbered years to identify hazards and estimate associated risks.
  2. Develop appropriate written emergency plans, based on results of the threat analysis. (2-CO-3B-01)
  3. Ensure safety and security plans, procedures and guidelines are available to appropriate employees and encourage reporting safety hazards or unsafe practices in accordance with policy on Reporting and Investigating Incidents and Hazards. Ensure offenders do not have access to security plans.
  4. Ensure required inspections are conducted.
  5. Ensure required drills are properly planned, coordinated with outside agencies, conducted and reviewed. Ensure the after action review (AAR) of drill results are shared with participants and reported, see AD 06-06 Form 1, Drill Plan and Evaluation.
  6. Follow-up after drills or actual emergencies to improve plans, review resource support and identify training needs and/or required physical plant improvements.

7. Ensure inventories are maintained of flammable, toxic, and caustic substances used and stored in each facility; a master index of substances identified is maintained on site, and a copy is provided to the local fire marshal. Maintain an inventory record card for each such substance to accurately reflect acquisitions, disbursements, and amount on hand.
8. Where appropriate, supplement safety and security checklists (Forms 2 through 6) to ensure sufficient safety and security guidance. Procedures must provide sufficient detail to describe the authority and responsibilities of employees accountable for each area or item. Ensure employees who may be exposed to hazardous chemicals/materials are informed of such potential and trained as described in this policy. Also ensure employees have access to the workplace chemical list and Material Safety Data Sheets (MSDS) for each item listed. Form 7 may be used to review the safety/security program.
9. Maintain a "Master file" of the manufacturer's or distributor's MSDS for each chemical or hazardous substance used, including those used by co-occupants of the building. Make copies of MSDS available to employees who use the materials, and
10. Respond to reports of unsafe practices and workplace safety hazards.

**E. Center Supervisors must ensure the following:**

1. a system is in place to detect the absence of offenders from the center or workplace and absence/tardiness from required services/activities.
2. written guidance is in place to address residential center patrols, control center operation, residential supervisor assignment/scheduling, maintenance of permanent logs and count procedures. (4-ACRS-7C-02 and 2-CO-3A-01[P])
3. a control plan is in place for keys, tools and utensils to include access, use and storage. (4-ACRS-2D-01)
4. tools, keys and utensils are managed as specified in the control plan. (4-ACRS-2D-02)
5. sufficient guidance is published in emergency plans or other appropriate documents to address the following topics:
  - a. a provision for available fire protection service (4-ACRS-1C-12)
  - b. a fire protection alarm system and automatic detection system (4-ACRS-1C-13)
  - c. an evacuation plan which shows the location of building/room floor plan(s) (4-ACRS-1C-02; 1C-09)
  - d. evacuation routes (4-ACRS-1C-02; 1C-09)
  - e. the plan must call for the use of exit signs and traffic directional arrows that are easily seen and read. (4-ACRS-1C-02; 1C-09)
  - f. subsequent disposition and temporary housing of residents (4-ACRS-1C-02; 1C-09)
  - g. provision of medical care or hospital transportation for injured residents and staff (4-ACRS-1C-02; 1C-09)
  - h. fire control (2-CO-3B-02)
  - i. escapes (2-CO-3B-02)
  - j. riot control (2-CO-3B-02)
  - k. notification of death (2-CO-3B-02)
  - l. medical emergencies (2-CO-3B-02)
  - m. hostage situations (2-CO-3B-02)

- n. specialized emergencies appropriate to local conditions such as floods, tornados, chemical spills, or other catastrophes (2-CO-3B-02)
  - o. a statement as to where the public copy of the fire plan is kept for public viewing, and (4-ACRS-1C-02; 1C-09 and 2-CO-3B-02)
  - p. a plan to handle a work-stoppage/job action. At a minimum this plan must ensure continuous operation through necessary coverage of facility posts, procedures for employees reporting to work, and access to the facility if there is a picket line. (4-ACRS-1C-06 and -1C-07)
6. Ensure all emergency fire/evacuation plans are certified by an independent qualified agency or individual trained in the application of national fire safety codes and approved by the local fire authority. (4-ACRS-1C-09)
  7. Ensure the fire/evacuation plan is reviewed annually by the local fire authority and, if necessary, updated and reissued to local authorities (4-ACRS-1C-09)
  8. Ensure emergency plans are provided to appropriate local authorities (e.g., local fire authority, alternate fire departments, emergency medical services, the area "911" office, local and State police, and Disaster Management agencies). (4-ACRS-1C-05)
  9. Ensure 24 hour emergency medical, dental and mental health care is available for offenders, which includes arrangements for the following:
    - a. on site emergency first aid and crisis intervention (4-ACRS-4C-03)
    - b. emergency evacuation of the offender from the facility (4-ACRS-4C-03)
    - c. use of an emergency medical vehicle (4-ACRS-4C-03)
    - d. use of one or more designated hospital emergency rooms or other appropriate health facilities (4-ACRS-4C-03)
    - e. emergency on-call Physician, dentists and medical health professional services when the emergency health facility is not located in nearby community (4-ACRS-4C-03)
    - f. security procedures providing for the emergency transfer of residents, when appropriate. (4-ACRS-4C-03)
  10. Employees are trained in emergency plans/procedures, and safety procedures and that drills are held quarterly and documented. (2-CO-1D-02[P]; 4-ACRS-1C-09)
  11. A training program for care worker staff and other personnel is established by the medical provider in cooperation with the Center Supervisor that includes following:
    - a. signs, symptoms and action required in potential emergency situations (4-ACRS-4C-04)
    - b. administration of first aid and cardiopulmonary resuscitation (CPR) (4-ACRS-4C-04)
    - c. methods of obtaining assistance (4-ACRS-4C-04)
    - d. signs and symptoms of mental illness, retardation and chemical dependency (4-ACRS-4C-04)
    - e. procedures for patient transfers to appropriate medical facilities or health care providers. (4-ACRS-4C-04)
  12. First aid kits are available in designated areas of the facility. Contents and locations of the kits are approved by the contracted medical provider. An automatic external defibrillator is available for use in the facility. (4-ACRS-4C-05).
  13. Ensure vehicles are only operated by licensed drivers. (4-ACRS-1B-03)

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14. Ensure all vehicles used in facility operations are inspected annually by a qualified inspector. (4-ACRS-1B-01)
15. Ensure that whenever a vehicle is identified as having a problem which makes it unsafe to drive, the vehicle is not driven until the safety problem is corrected and the problem is promptly corrected. (4-ACRS-1B-02)

**F. Staff Safety and Security Representative Responsibilities.** The appointed Staff Safety and Security Representative and alternate for each office and residential center have the following responsibilities:

1. Ensure required inspections are conducted by qualified inspectors (as defined).
2. Follow up on reported safety and security deficiencies. When unable to get them promptly corrected, report deficiencies to the appropriate supervisor.
3. Verify that safety and security incident reports are properly logged and forwarded.
4. Assist as necessary in planning, coordinating, conducting and reporting safety and security training and drills.
5. Compile and maintain a workplace chemical list (see Workplace Chemical List Form) for hazardous chemicals normally used, generated or stored in the workplace in amounts equal to or greater than 55 gallons or five hundred pounds. Keep the original and subsequent revisions on site and file a copy with the Department of Labor Director and local fire department. (2-CO-3B-02) (Ark. Code Ann. § 8-7-1007)
6. Ensure safe drinking water is available for all staff and residents. Because State law requires community-operated water systems to be tested and operated by certified specialists, there is no requirement to test water drawn from a community-operated water system. If the water supply is not provided from a community-operated water system, ensure the water is inspected by an independent, outside source, for compliance with the Arkansas Department of Human Services, Division of Health standards. (4-ACRS-1A-01 and 2-CO-3C-01)

**G. Work Program Advisors.** Work Program Advisors will ensure representatives from organizations requesting work crews understand their responsibility to address safety requirements such as any necessary training and providing personal protective equipment (PPE).

**H. All Supervisors.** Supervisors will promote safety by the following actions:

1. ensure that employees who use hazardous chemicals are properly trained and monitored, and employees and residents handle and use chemical products as directed on the label and MSDS. (2-CO-3B-01 and 4-ACRS-1C-18)
2. Provide verbal and written reminders on safety and security topics requiring emphasis
3. As appropriate, include safety and security aspects of job tasks when developing performance evaluation plans
4. Monitor work practices to ensure safe and secure work procedures are used, and
5. Ensure appropriate safety and security training is conducted and documented.

**V. GUIDELINES.** Sound safety and security practices are achieved through proper planning, preparation and training for activities, and following well developed written procedures.

**A. Safety Procedures.** Parole/Probation Managers/Center Supervisors must develop emergency plans and procedures which promote safety and security. Topics adequately addressed in this and other documents or in sanctioned training need not be addressed in office/unit level Standard Operating Procedures (SOPs) unless additional details are judged to be necessary. The following topics must be addressed:

1. Assault, rape or victimization
2. Property accountability and security of resources, including control of keys, tools, equipment and other property
3. Office safety, including identifying rooms accessible or inaccessible to offenders
4. Evaluation of threat assessment results
5. Training needs
6. Chemical hazard precautionary measures including the following:
  - a. Displaying the required poster titled "Department of Labor Notice to Employer and Employee ... Public Employees' Chemical Right to Know Act"
  - b. Ensuring availability of material safety data sheets (MSDS) to employees
  - c. Training employees to read MSDS, handle, store and properly use chemicals and personal protective equipment (PPE)
  - d. Identifying work environment hazards of a chemical nature including, but not limited to, the following subjects:
    - (1) common tasks which require PPE (e.g., protective gloves, safety goggles, respirators, hard hats)
    - (2) guidance for use and control of flammable, toxic and caustic materials (see Guidelines for the Control and use of Flammable, Combustible, Toxic and Caustic Substances, Attachment 1), and (2-CO-3B-01)
    - (3) Sanitation associated with chemical, environmental or medical waste including handling and disposal practices required by federal, State or municipal laws for chemical, environmental or infectious medical waste;
7. Safety during off-site supervised work
8. Assignment of responsibility to qualified inspectors for conducting physical plant inspections of the following (if provided for in rental/lease contracts ensure it is done):
  - a. Building structural integrity, to include inspection of flat roofs
  - b. Fire detection and suppression systems
  - c. Boilers, furnaces, pumps, compressors, pressurized cylinders (hydrostatic tests)
  - d. Asbestos identification and monitoring for health hazards
  - e. Construction project review and approval by structural and environmental engineers, and
  - f. Life Safety Code compliance to include considering purchases of fire resistant products (furniture, draperies, bedding material, clothing, etc.)

9. Medical information including first responder capability and how to quickly use the emergency medical system (EMS). For residential centers, back-up medical support should be identified such as an alternative hospital or on-call physician service (consult DCC Administrative Services Section prior to entering into any financial commitment)
10. Rules and work procedures necessary and appropriate for job tasks including safety precautions associated with tasks done by residents (e.g., kitchen duties)
11. Safety, security and health related training required for supervisors and employees

**NOTE:** The appropriate Annual Safety and Security Staff Self-Assessment (Forms 2 through 6) may be reviewed and discussed with employees as a means of providing training and guidance on office and officer safety

12. Guidance on availability and use of the Bomb Threat Questionnaire, AD 17-14 Form 8.
13. Records retention including the following topics:
  - a. Evidence of compliance with applicable building and environmental codes, such as letters or certificates of compliance from city or State authorities
  - b. Evidence of steps being taken to comply with zoning ordinances, in areas of non-compliance
  - c. Evidence of compliance with applicable local and State fire codes. This may be accomplished through supplementing and using inspection and self-assessment checklists (Form 3 and 6)
  - d. Files of any claims submitted for worker's compensation or any records of employee exposure to hazardous materials
  - e. Evidence of planning, conducting and evaluating required drills, AD 17-14 Form 1, and
  - f. Results of weekly/monthly/quarterly/annual inspections, as appropriate.
14. Special containers must be provided for flammable liquid storage and for rags used with flammable liquids. All receptacles and containers must be emptied and cleaned daily. (4-ACRS-1C-16)
15. Provisions for adequate fire protection service.
16. Center Supervisors will ensure safety through developing emergency plans as described in this policy.

#### **B. Requirements for Inspections, Drills, and Training.**

1. Inspections. Parole/Probation Managers, Center Supervisors, or designees, and the Central Office Safety and Security Representative will schedule required inspections for their respective areas and ensure they are conducted by qualified inspectors using appropriate checklists. All fire, safety and health inspections, including any locally required inspections or drills, must be properly documented. Conducting annual safety and security employee self-assessments, attachments 2b and 3c, will help identify safety and security areas requiring attention and will remind employees of important safety issues associated with officer and office safety. At a minimum, the following inspections/assessments/actions are required:

- a. Parole/Probation Services monthly and annual safety and security inspections.
  - b. Residential centers weekly and quarterly safety, security and sanitation inspections. Inspection results are reviewed and deficiencies are corrected. (4-ACRS-1A-03)
  - c. Parole/Probation Services and residential centers annual staff self assessment.
  - d. Staff Safety and Security Representatives must conduct quarterly inspections of all fire prevention equipment.
  - e. Staff Safety and Security Representatives must arrange for an annual fire-safety inspection conducted by the local fire marshal or other qualified inspector. The inspection must include an assessment of the adequacy and functionality of fire alarm and fire suppression systems, a check of the availability of fire protection equipment at appropriate locations throughout the facility, a review of the fire evacuation plan, and other aspects of the emergency plan considered appropriate by the fire marshal. (4-ACRS-1C-11)
  - f. Center Supervisors must ensure a qualified inspector (staff member) conducts a fire inspection quarterly. Conduct the inspection following appropriate checklists and procedures stated for variances, exceptions, or equivalencies. As a part of the inspection, ensure equipment is tested as specified by the manufacturer or the fire authority, whichever is more frequent. Also ensure fire protection equipment is at locations throughout the facility in a manner approved by the fire authority having jurisdiction (4-ACRS-1C-10 and -1C-14)
  - g. Center Supervisors must ensure safety and security inspection results are reviewed and deficiencies corrected. (4-ACRS-1A-03)
2. Drills. The appropriate center supervisor and area manager are responsible for ensuring drills are planned, scheduled, conducted, evaluated and reported. Residential centers will conduct monthly evacuation drills of the facility area, including administrative areas, housing sites, work sites, etc. on each shift when the majority of residents are present. (4-ACRS-1C-09)

Frequency of evacuation drills at locations other than residential centers will comply with the regulations of local fire authority but will be conducted no less than annually. A drill or rehearsal for each Emergency Plan must be conducted annually. Fire drills should be coordinated with the local fire department. To the extent practical, realism should be used during drills. In some cases a “tabletop” drill is valuable. Tabletop drills or rehearsals allow key participants to review plans carefully, with one or more scenarios in mind, and discuss strategies to counter the various anticipated situations. A tabletop or limited participation drill is recommended for the riot plan. All drills or rehearsals must be documented on AD 06-06 Form 1, Drill Plan and Evaluation, and copies provided to the appropriate supervisor for review, action if necessary, and filing for a minimum of two years. A copy will also be furnished to the appropriate Safety and Security Representative. With proper planning, some required drills can be combined. Attachment 4, After Action Review/Evaluating Drills, may be used with form 1 to plan drill evaluations. (4-ACRS-1C-03)

3. Training. Lesson plans must be approved by the Central Training Section (CTS) Administrator. The following minimum training requirements on safety and security must be met:
- a. Initial Training. First-line supervisors will orient new employees on the use/location of exit routes, fire suppression equipment, alarm locations, type and meaning of alarm signals, and emergency plans. Residential center staff will also be trained to direct, control, evacuate and secure residents in case of an emergency.

- b. In-Service Training. CTS will ensure residential center and Parole/Probation Services employees receive training on office and officer safety and what to do if taken hostage. Supervisory personnel and appropriate others should receive additional training concerning how to respond to a hostage situation until arrival of a trained hostage negotiation team.
- c. Annual Refresher Training. Residential centers will conduct annual refresher training which addresses relevant safety and security procedures, lessons learned from the prior years experience and staff self assessments, and review of topics addressed in initial training. All employees must receive annual refresher training on all written emergency plans to the extent required to ensure proficiency in carrying out anticipated tasks.
- d. Chemical Right to Know Act Training. The Deputy Director of Administrative Services, Parole/Probation Managers, Center Supervisors, and Central Office supervisors are responsible for ensuring any employee who may be exposed to hazardous chemicals/materials in the workplace under normal operating conditions or foreseeable emergencies is trained as outlined below and in Attachment 3. Office workers and central office management are not generally included unless their job performance routinely involves potential exposure to hazardous chemicals/materials. (2-CO-3B-01)
- e. Other Training. Supervisors and the CTS will incorporate Safety and Security considerations during in-service and other training as appropriate.

**C. Public Employees' Chemical Right to Know Act.** In accordance with Arkansas Code Annotated § 8-7-1010, Public employees who may be exposed to hazardous chemicals shall be informed of such exposure and shall have access to the workplace chemical list, material safety data sheets for the chemicals on the list and the information and training as provided in attachment 3. No employee shall be discharged or otherwise disciplined or discriminated against because he or she has requested information, filed a complaint, assisted an inspector or instituted or caused to be instituted, in good faith, any complaint or proceeding related to the Chemical Right to Know. Parole/Probation Managers/Center Supervisors will ensure employees are trained in and abide by the requirements of this policy to ensure compliance with the Chemical Right to Know Act. Employees supervising offenders must ensure offenders understand and follow safe and proper procedures; however, offenders need not be trained on administrative aspects of the Act. In addition to other requirements in this policy, employees handling hazardous chemicals/materials must abide by the following rules:

1. Labeling.

- a. Existing labels on containers of hazardous chemicals shall not be removed or defaced.
- b. When employees transfer a hazardous chemical from the original container to another container, the employee shall reproduce and transfer the identity of the hazardous chemical and appropriate hazard warnings. However, if such hazardous chemical is regulated under the Federal Insecticide, Fungicide, and Rodenticide Act, or the Arkansas Pesticide Control Act, § 2-16-401 et seq., the employee shall reproduce the chemical name or common name of the original container on the container into which such hazardous chemical was transferred.
- c. An employee is not required to label portable containers into which labeled hazardous chemicals are transferred when the portable container is intended only for the immediate use of the employee who performs the transfer. However the portable containers must be marked with the name of the chemical/material by use of an indelible marker. If, however, the hazardous chemical is regulated under the Federal Insecticide, Fungicide and Rodenticide Act, U.S. Code §§ 136 et seq. or the Arkansas Pesticide Control Act Ark. Code Ann. §§ 2-16-401 et seq., then the container shall be labeled with the chemical name or common name shown on the original container. Employees or offenders shall not be required to work with a

hazardous chemical from an unlabeled container except for a portable container intended for immediate use by the employee who transferred the chemical. For the purposes of this subsection, the term unlabeled container means a container which is not labeled in accordance with this section or the Hazard Communication Standard.

2. MSDS. Parole/Probation Managers/Center Supervisors must maintain the most current MSDS received from chemical manufacturers or distributors for each hazardous chemical in the workplace. If a MSDS has not been provided by the chemical manufacturer or distributor at the time the chemicals are received at the workplace, the Parole/Probation Managers/Center Supervisors should request one in writing within five (5) business days.

**D. Infectious Medical Waste.** Medical Treatment Clinics at the residential centers must dispose of medical waste as defined by the “Rules and Regulations Pertaining to The Management of Medical Waste from Generators and Health Care Related Facilities,” published by the Arkansas Department of Health, as promulgated under the authority of Ark. Code Ann. §§ 14-262-101 et. Seq., §§ 20-7-101 et. Seq., §§ 20-32-101 et. Seq., §§ 8-6-1302, 20-32-101 and 20-32-106 through 111. Infectious materials generated as a result of DNA sample collection shall be disposed of according to guidelines provided in the DNA Sample Collection policy.

**VI. REFERENCE.** The Public Employees’ Chemical Right to Know Act, (Ark. Code Ann. §§ 8-7-1001 et. Seq.).

## **VII. ATTACHMENTS.**

Attachment 1 Guidelines for the Control and Use of Flammable, Combustible, Toxic and Caustic Substances

Attachment 2 After Action Review/Evaluating Drills

Attachment 3 Public Employees’ Chemical Right to Know Act Training

AD 06-06 Form 1 Drill Plan and Evaluation

AD 06-06 Form 2 Parole/Probation Services Safety & Security Inspection Checklist - Annual

AD 06-06 Form 3 Parole/Probation Services Safety & Security Staff Self-Assessment - Annual

AD 06-06 Form 4 Residential Center Safety and Security Inspection Checklist - Weekly

AD 06-06 Form 5 Residential Center Safety & Security Inspection Checklist - Quarterly

AD 06-06 Form 6 Residential Center Safety & Security Staff Self Assessment - Annual

AD 06-06 Form 7 Safety and Health Program Assessment

AD 06-06 Form 8 Bomb Threat Questionnaire

Arkansas Department of Labor Form, Arkansas Workplace Chemical List

## **GUIDELINES FOR THE CONTROL AND USE OF FLAMMABLE, COMBUSTIBLE, TOXIC, AND CAUSTIC SUBSTANCES**

**I. GUIDELINES.** This attachment provides definitions and recommendations to assist in applying standards on the control of materials potentially dangerous to staff and offenders. Substances that do not contain any of the properties discussed in the guidelines but are labeled “Keep out of reach of children” or “May be harmful if swallowed” are not necessarily subject to the controls specified in the guidelines. Their use and control, however, including the quantities available, should be evaluated and addressed in standard operating procedures. Questions concerning the use and control of any substance should be resolved by examining the manufacturer’s Material Safety Data Sheet (MSDS).

### **II. DEFINITIONS.**

- A. Flashpoint.** The minimum temperature at which a liquid will give off sufficient vapors to form an ignitable mixture with the air near the surface of the liquid (or in the vessel used).
  - B. Flammable liquid.** A substance with a flash point below 100 degrees Fahrenheit (37.8 degrees Centigrade). Classified by flash point as a Class I liquid. (See Table A.)
  - C. Combustible liquid.** A substance with a flash point at or above 100 degrees Fahrenheit. Classified by flash point as a Class II or Class III liquid. (See Table A.)
  - D. Toxic material.** A substance that, through chemical reaction or mixture, can produce possible injury or harm to the body by entry through the skin, digestive tract or respiratory tract. The toxicity is dependent on the quantity absorbed and the rate, method and site of absorption. (See Table A.)
  - E. Caustic Material.** A substance able to burn, corrode, dissolve or otherwise eat away by chemical action. (See Table A.)
- Note: A substance may possess more than one of the above characteristics or properties and require the safety requirements for all applicable characteristics or properties to be considered.*

### **III. SPECIFIC GUIDELINES FOR STORAGE, USE, AND DISPOSAL.**

- A. Flammable, Combustible, Toxic or Caustic Substances.** All toxic and caustic substances and any liquid or aerosol that is required to be labeled “flammable” or “combustible” under the Federal Hazardous Substances Labeling Act, must be stored and used according to label recommendations and the MSDS so they do not endanger life and property. The following guidelines are recommended: (4-ACRS-1C-17)
  - 1. Issuance and Turn-in.** All flammable, combustible, toxic and caustic substances should be issued and used under the supervision of authorized staff. All such substances should be issued only in the amount necessary for a one day need. All such substances must be accounted for before, during, and upon use. Unused portions are to be returned to the original container in the storage area or, if appropriate, placed in the storage area in a suitable, clearly labeled container. The manufacturer’s label must be kept intact on the container. The only acceptable methods for drawing from or transferring flammable and combustible liquids into containers inside a building are (1) through a closed piping system, (2) from safety cans, (3) by a (non-human) device drawing through the top, or (4) by gravity through an approved self-closing system. An approved grounding and bonding system must be used when liquids are dispensed from drums.

## Attachment 1 (Continued)

**2. Storage.** Lighting fixtures and electrical equipment in flammable liquid storage rooms must conform to the *National Electrical Code* requirements for installation in hazardous locations.

- a. Storage rooms must meet the following specifications:
  - 1. be of fire-resistant construction and properly secured
  - 2. have self-closing fire doors at all openings
  - 3. have either a four-inch sill or a four-inch depressed floor (inside storage rooms only)
  - 4. have a ventilation system, either mechanical or gravity flow within twelve inches of the floor, that provides at least six air changes per hour in the room. (2-CO-3B-01)
- b. Each storage cabinet must be:
  - 1. properly constructed and securely locked
  - 2. conspicuously labeled "Flammable - Keep Fire Away"
  - 3. used to store no more than sixty gallons of Class I or Class II liquid or 120 gallons of Class III liquid. (2-CO-3B-01)
- c. Storage rooms and cabinets must be properly secured and access controlled by authorized staff. Doors and cabinets shall be placed so that they do not obstruct access to exits.
  - 1. All portable containers for flammable and combustible liquids other than the original shipping containers must be approved safety cans listed or labeled by a nationally recognized testing laboratory. Containers must bear legible labels identifying the contents. (2-CO-3B-01)
  - 2. All excess liquids must remain in their original container in the storage room or cabinet. All containers should be tightly closed when not in use. (2-CO-3B-01)

### 3. Use.

- a. The use of any flammable or combustible liquid must conform with the provisions and precautions listed in the manufacturer's MSDS.
- b. Only liquids with a flash point at or above 100° Fahrenheit (e.g., Stoddard solvents, kerosene) can be used for cleaning. Such operations must be performed in an approved parts cleaner or dip-tank fitted with a fusible link lid with a 160° Fahrenheit melting-temperature link. *Under no circumstances may flammable liquids (such as gasoline) be used for cleaning.*
- c. Toxic and caustic substances can be drawn only by a staff member. The MSDS for each substance details the necessary provisions and precautions for its use. Unused portions are to be returned to the original container in the storage area or, if appropriate, placed in the storage area in a suitable, clearly labeled container.

**4. Disposal.** Excess flammable or combustible liquids must be disposed of properly. The MSDS for each substance prescribes the proper method of disposal and related precautions.

**5. Spills.** Information on the proper course of action for chemical spills is contained in the MSDS for each substance.

**B. MSDS Master File.** This file should be updated at least annually to ensure it contains all necessary and current MSDSs. The file should include a list of all areas where these substances are stored, along with a facility diagram and legend. A copy of all information in the file, including the MSDSs, should be supplied to the local fire marshal. The master index should also contain an up-to-date list of emergency phone numbers (e.g., local fire department, hazardous material response team and local poison control center).

## **Attachment 1 (Continued)**

### **C. Examples of Substances to be Controlled.**

1. There are special precautions on the control and use of methyl alcohol (also known as wood alcohol or methanol), which is a flammable, poisonous liquid commonly used in industrial applications (e.g., shellac thinner, paint solvent, duplicating fluid, solvents for leather cements and dyes, flushing fluid for hydraulic brake systems). *Drinking methyl alcohol can cause death or permanent blindness.* The use of any product containing methyl alcohol must be directly supervised by staff. Products containing methyl alcohol in a diluted state, such as shoe dye, may be issued to offenders, but only in the smallest workable quantities. Immediate medical attention is imperative whenever methyl alcohol poisoning is suspected.
2. Permanent antifreeze containing ethylene glycol must be stored in a locked area and dispensed only by authorized staff.
3. Cleaning fluid containing carbon tetrachloride or trichloroethylene (e.g. typewriter cleaner) should be dispensed in small quantities and used under direct supervision.
4. Glues of all types may contain hazardous chemicals and should receive close attention at every stage of handling. Nontoxic products should be used when possible. Toxic glues must be stored under lock and used under close supervision.
5. The use of dyes and cements for leather requires close supervision. Nonflammable types should be used whenever possible.
6. Ethyl alcohol, isopropyl alcohol and other antiseptic products should be stored and used only in the medical department. The use of such chemicals must be closely supervised. Whenever possible, such chemicals should be diluted and issued only in small quantities so as to prevent any injurious or lethal accumulation. When possible, purchase items that do not contain potentially hazardous chemicals, e.g. non-acetone fingernail polish remover.
7. Pesticides contain many types of poisons. All pesticides should be stored under lock.

**NOTE:** Only chemicals approved by the Environmental Protection Agency shall be used. DDT and 1080 (sodium fluoracetate) are among those chemicals absolutely prohibited.

8. Herbicides must be stored under lock. The staff member responsible for herbicides must have a current State license as a Certified Private Applicator. Proper clothing and protective gear must be used when applying herbicides.
9. Lyes must be used only in dye solutions and only under the direct supervision of staff.

### **D. Labels and Other Forms of Warning.**

1. Each container of hazardous chemical(s) shall be labeled, tagged or marked with the following information:
  - a. identity of the hazardous chemical(s) therein; and
  - b. appropriate hazard warning(s) (see MSDS).

## Attachment 1 (Continued)

2. Portable containers of hazardous chemicals do not need to be labeled if for the immediate use of the employee who performs the transfer, however, if the hazardous chemical is regulated under the Federal Insecticide, Fungicide and Rodenticide Act, U.S. Code §§ 136 et seq. or the Arkansas Pesticide Control Act Ark. Code Ann. §§ 2-16-401 et seq., then the container shall be labeled with the chemical name or common name shown on the original container.
3. Ensure labels on hazardous chemical containers are legible, prominently displayed, in English and in the any other language an employee reads if they do not read English.

Table A Common Flammable, Toxic, and Caustic Substances	
Flammable and Combustible Substances	
Class I Flammable Liquids	Class II Combustible Liquids
Gasoline	Diesel fuel
Benzine (Petroleum ether)	Motor oil
Acetone	Kerosene
Hexane	Cleaning Solvents
Lacquer	Mineral spirits
Lacquer thinner	Agitene
Denatured alcohol	
Ethyl alcohol	Class III Combustible Liquids
Xylene (Xylol)	Paints (oil base)
Contact cement (flammable)	Linseed oil
Toluidi (Toluene)	Mineral oil
Methyl ethyl ether	Neatsfoot oil
Methyl ethyl ketone	Sunray conditioner
Naphtha Y, M, and P	Guardian fluid
Toxic Substances	
Ammonia	Defoliants
Chlorine	Herbicides
Antifreeze	Pesticides
Duplicating fluid	Rodenticides
Methyl alcohol (Wood alcohol or Methanol)	
Caustic Substances	
Lye	Sulfuric acid
Muriatic acid	Tannic acid
Caustic soda	

**AFTER ACTION REVIEW/  
EVALUATING DRILLS**

**EXPLANATION:** Follow-up after drills or actual emergencies to improve plans, review resource support and identify training needs and/or required physical plant improvements. An actual emergency or drill requires people to respond to a variety of different situations, often following special procedures and working with people with whom they would not ordinarily work. An evaluation of emergency plans is used to determine how well people respond and where improvements may be needed.

**RECOMMENDED PROCEDURES:**

1. Appoint evaluators before the drill;
2. Explain the drill scenario and related plans to the evaluators;
3. Give evaluators copies of appropriate plans/checklists and a copy of the Drill Plan and Evaluation, AD 06-06 Form 1;
4. Ensure each evaluator understands who and what they are to check. Both positive and negative observations are appropriate. Evaluate plan procedures, logistics and communication. Instruct evaluators to avoid directing or supervising drill participants except where safety and security are threatened;
5. After the drill, instruct team leaders to conduct an after action review (AAR) with their team participants and any evaluators for their area. Notes from team AARs may be used in conducting an overall evaluation. Team members should be encouraged to discuss what worked well and where changes to plans, training or supplies/equipment are recommended;
6. Parole/Probation Manager/Center Supervisor or designees should prepare a summary report of recommendations and assign responsibility for implementing appropriate recommendations. Actions required above the Parole/Probation Manager/Center Supervisor level should be forwarded to the appropriate Deputy or Assistant Director.

**PUBLIC EMPLOYEES' CHEMICAL RIGHT TO KNOW ACT TRAINING**

1. Frequency of training. Newly assigned employees shall be provided training before working in an area containing hazardous chemicals. Additional instruction or training shall be provided whenever a new hazard is introduced into their work area or whenever new and significant information is received concerning the hazards of a chemical. Refresher training shall be provided for existing employees at least annually.
2. Records. Keep a record of the employees who attend training, lesson plan used and training date(s).
3. Minimum Requirements for Chemical Right to Know Act Training include the following:
  - (a) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area (such as monitoring conducted by the chain of supervision, continuous monitoring devices, visual appearance or odor of hazardous chemicals when being released, etc.);
  - (b) The physical and health hazards of the chemicals in the work area;
  - (c) The measures employees can take to protect themselves from these hazards, including specific procedures implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used;
  - (d) The details of the hazard communication program including an explanation of the labeling system, material safety data sheets and how employees can obtain and use the appropriate hazard information;
  - (e) General safety instructions on the handling, cleanup, and disposal of the hazardous chemicals in the workplace; and
  - (f) Training on the specific hazardous chemicals an employee will be encountering in his or her routine employment.

## DRILL PLAN AND EVALUATION

Annex to be practiced/drilled:

- ☐ Command, control and communication
- ☐ Protective shelter and evacuation/relocation
- ☐ Bomb threat/suspected bomb
- ☐ Emergency medical care
- ☐ Natural disaster or severe weather
- ☐ Special situations:

- ☐ Hostage
- ☐ Fire
- ☐ External protest or attack
- ☐ Hazardous spill
- ☐ Riot
- ☐ Post-emergency

Drill plan (before the drill). (Also see attachment 2)

- a. Who should be notified? Possible notifications: ☐ Supervisory chain ☐ Fire department  
☐ State police ☐ Local police ☐ Bomb squad ☐ DCC Public Relations Officer  
☐ Other:
- b. Will the drill be pre-announced to employees?
- c. Planned date/time of drill?:
- d. In the space below, describe the drill scenario to be simulated (include how the drill will be initiated, any simulated casualties and outside agencies to participate).
- e. Select evaluators (internal or request external), locations where evaluators will be stationed and identify any special qualifications or instructions they will need). Will casualties require moulage kits?
- f. Coordinate with key participants as necessary, e.g., fire chief, state police troop (see above).  
Will an evaluation team meeting/rehearsal be necessary?

Brief Name and Description of Drill Scenario:

**Note:** the drill evaluation will be recorded on the reverse side of this form. Comments may be placed on the space provided and continued in the space below.

Evaluation comments continued:

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## DRILL PLAN AND EVALUATION

### EVALUATION

#### I. EMERGENCY DRILL CONDUCTED:

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

Time: \_\_\_\_\_

#### II. EVALUATION: (Note: Assign evaluators and provide them with appropriate evaluation checklists):

##### A. FOR ALL DRILLS: ( Reference item checked and place any comments below)

1. Was the Control Center activated and manned in a timely manner?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	minutes
2. Did people capably fulfill their role?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3. Were any necessary support agencies called in a timely fashion?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
4. Was there an identifiable event commander in charge at all times?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5. Was the plan followed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	minutes
6. If people were evacuated, was a timely and correct evacuation accomplished?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
7. Were command, control and communication acceptable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
8. Did the Chain of Supervision function effectively?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

##### B. FOR FIRE DRILLS: (Reference item checked and place any comments below)

1. Were all lights turned out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Were all radios off	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Were all doors closed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Was the drill coordinated with the local Fire Department?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

##### C. FOR BOMB THREAT EVACUATIONS: (Reference item checked and place any comments below)

1. Were electrical devices including lights, radios and computers left in their on or off mode when notice was given to evacuate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Were radio signal devices such as cellular phones and radios not used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Were proper notifications made?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Was a copy of the Bomb Threat Questionnaire properly completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

After action review (AAR) ( Also see Attachment 4)

Did the evaluation team director, call a meeting of all evaluators as early as practical after the drill for the purpose of:

a. Asking for evaluator comments?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Summarizing the exercise?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Identifying follow-up action required from the evaluators?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Evaluators comments:


Signature of Staff Person Evaluating Drill

Parole/Probation Manager or  
Center Supervisor Signature

**Safety and Security Inspection Checklist for Parole/Probation Services - Annual**

TO: Safety and Security Representative (SSR)

Parole/Probation Services Manager

(IN TURN)

CC: ☐ Maintenance Supervisor (as needed)

☐ Other (Specify):

FROM: (Inspector's Name):

DATE (of inspection):

Area(s) Inspected:

**STATUS UPDATE**

Status Update by (name):

Action taken on (date):

**REPLY TO:** ☐ Parole/Probation Services Manager

☐ Safety/Security Representative

**INSTRUCTIONS/DISTRIBUTION**

**Inspector:** After inspection, forward results to the Safety and Security Representative (SSR) within three days (see note).

**SSR:** Review, keep a copy to monitor open items, forward the original to the Center Supervisor within 24 hours (see note). On behalf of Center Supervisor, follow-up to ensure actions are being taken to resolve identified problems. Maintain records of inspections and corrective actions.

**Center Supervisor:** Review, assume or assign responsibility for resolving deficiencies (see note).

**Maintenance / Shift Supervisor or Other Person:** Take action to resolve problems within your area of responsibility. Forward a status update to the Center Supervisor and SSR monthly until resolved.

**NOTE:** If the Inspector or SSR determine immediate action is necessary to resolve a threatening safety or security problem, they should promptly advise the person with the authority/ability to correct the situation and notify the Center Supervisor by annotating the form.

**Comments and Explanation of Findings by Inspector:**

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**Actions Taken to Correct Problems:**

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### Safety and Security Inspection Checklist for Parole/Probation Services - Annual

YES	NO	CHECKLIST QUESTIONS
1		Is a sign posted at the office entrance to prohibit weapons or contraband and advising that belongings are subject to search?
2		Is support staff trained in techniques for defusing aggressive behavior?
3		Is the receptionist separated from the waiting area by a secured door and bulletproof glass, if deemed appropriate after threat analysis?
4		Are signs limiting access to clerical work areas clearly displayed?
5		Where possible, does support staff have separate, secure work areas to reduce exposure to hostile, aggressive individuals?
6		Are duress alarms or other emergency equipment installed or are plans available to deal with such emergency situations where appropriate?
7		Is there appropriate lighting in entrance and waiting areas?
8		Are fire and smoke detection alarms located as prescribed by the Fire Marshal?
9		Are parking areas close to the office and well lighted for employees who work after dark?
10		Are parking areas NOT identified by names or positions? Note: Parking spaces near buildings should be marked for employee parking only to preclude a car bomb being placed near the building.
11		Are metal bars or sturdy wire mesh over windows and glass doors, if deemed appropriate after threat analysis?
12		Has the local Fire Marshal toured the building to become familiar with the layout and use and to inspect/identify means for enhancing safety?
13		Are entry and exit doors constructed of solid core materials?
14		Where appropriate (based on assessed threat), are windows covered with wire mesh to preclude break-in or objects from being thrown inside?
15		Are fire lanes and outside building areas accessible to firefighters?
16		Are fire hydrants unobstructed?
17		Are smoking areas designated with signs and are areas where smoking is not allowed, such as near flammable materials storage, designated with No smoking@ signs?
18		Are combustibles stored in properly labeled containers?
19		Are combustible or flammable liquids stored away from heat or spark-producing appliances?
20		Are proper precautions taken when flammable liquids must be used for cleaning?
21		Are hazardous materials properly segregated, labeled and stored?
22		Are compressed gas cylinders properly restrained and hydrostatically tested?
23		Are there enough exits and are exits accessible, properly lighted and operable in case of fire?

### **Safety and Security Inspection Checklist for Parole/Probation Services - Annual**

- |    |   |
|----|---|
| 24 | Are the following potential problems immediately corrected: faulty or frayed wires, missing cover plates and overloaded circuits?   |
| 25 | Are required fire drills being conducted?   |
| 26 | Do employees know what to do if there is a fire, to include sounding the alarm, calling the fire department, evacuating and accounting for occupants and, if trained, operating fire fighting equipment?                                      |
| 27 | Are local fire department and medical phone numbers clearly posted?   |
| 28 | Are keys limited to people who have a need?   |
| 29 | Is there a procedure for key issue and return?  |
| 30 | Are some employees trained to search the building with bomb squad personnel to identify known and unknown objects and likely hiding places?   |
| 31 | Are bomb threat checklists available yet out of offender view?  |
| 32 | Do offices have a means for determining when an employee needs backup, such as a duress alarm, and are employees in a visible area or within hearing distance when with offenders?  |
| 33 | Are employees knowledgeable in de-escalating situations using verbal & visual techniques & teamwork?  |
| 34 | Have the fire department and other support agencies been involved in plan development & reviews?  |
| 35 | Have support agencies signed a memorandum of understanding indicating agreement with the plan and their ability to provide support?   |
| 36 | Have support agencies been given copies of the latest safety and security plans and revisions?  |
| 37 | Has an annual inspection been conducted by the local fire marshal?  |
| 38 | Is the mail being inspected by an employee trained to recognize letter/package bombs?   |
| 39 | Are flammable liquids and other combustible materials kept in secure storage areas (e.g. specially-designed-locked flame resistant cabinets)?   |
| 40 | Does each elevator have a current inspection certificate? (Inspections are required twice each year. The building owner is responsible for obtaining a certificate from the Arkansas Department of Labor (DOL). (Ark. Code Ann. § 20-24-116). |
| 41 | For buildings with boilers, is there a current Certificate of Inspection from the Arkansas DOL? (Ark. Code Ann. § 20-23-301). (N/A - If no boiler)  |

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**Safety and Security Inspection Checklist for Parole/Probation Services - Annual**

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|----|---|
| 42 | Does the maintenance person have a current DOL manual for boiler operations to include revisions? (Contact the DOL, Boiler Division for the most recent date of the basic manual and revisions).(N/A - If no boiler)  |
| 43 | Is the boiler operated at or below the maximum pressure on the Certificate of Inspection?<br>(Ark. Code Ann. § 20-23-301).(N/A - If no boiler)  |
| 44 | Are boilers in occupied public buildings continuously monitored by a mechanical or electronic device approved by DOL, or, alternately, checked at least once per hour ?<br>(Ark. Code Ann. § 20-23-104).(N/A - If no boiler)  |
| 45 | Are boilers 50 horsepower and over, as rated by the manufacturer, regularly attended by a licensed operator certified competent by the Boiler Inspection Division of DOL?<br>(Ark. Code Ann. § 20-23-104)(N/A - If no boiler)   |
| 46 | Have State owned vehicles used in mass transportation (vans and busses) received an annual safety inspection by a qualified inspector? Documentation of inspection and correction of safety repairs must be on file. (N/A if no such vehicles.) Bus inspections may be certified by the local school board transportation department, city/county or State inspection programs, or by a qualified bus mechanic using a checklist including, but not limited to: brakes, steering, tires, mirrors and emergency doors. |
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**SAFETY AND SECURITY STAFF SELF-ASSESSMENT  
FOR PAROLE/PROBATION SERVICES OFFICES - ANNUAL**

S = Self-assessment for ALL Parole/Probation Services Staff

SO = Self-assessment for Officers

TO: Safety and Security Representative (SSR) \_\_\_\_\_

Parole/Probation Services Manager \_\_\_\_\_

(IN TURN)

CC: ☐ Maintenance Supervisor (as needed)

☐ Other (Specify): \_\_\_\_\_

FROM: (Inspector's Name): \_\_\_\_\_

DATE (of inspection): \_\_\_\_\_

Area(s) Inspected: \_\_\_\_\_

**STATUS UPDATE**

Status Update by (name): \_\_\_\_\_

Action taken

on (date): \_\_\_\_\_

**REPLY TO:** ☐ Parole/Probation Services Manager

☐ Safety/Security Representative

**INSTRUCTIONS/DISTRIBUTION**

**Inspector:** After inspection, forward results to the Safety and Security Representative (SSR) within three days (see note).

**SSR:** Review, keep a copy to monitor open items, forward the original to the Center Supervisor within 24 hours (see note). On behalf of Center Supervisor, follow-up to ensure actions are being taken to resolve identified problems. Maintain records of inspections and corrective actions.

**Center Supervisor:** Review, assume or assign responsibility for resolving deficiencies (see note).

**Maintenance / Shift Supervisor or Other Person:** Take action to resolve problems within your area of responsibility. Forward a status update to the Center Supervisor and SSR monthly until resolved.

**NOTE:** If the Inspector or SSR determine immediate action is necessary to resolve a threatening safety or security problem, they should promptly advise the person with the authority/ability to correct the situation and notify the Center Supervisor by annotating the form.

**Comments and Explanation of Findings by Inspector:**

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**Actions Taken to Correct Problems:**

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**SAFETY AND SECURITY STAFF SELF-ASSESSMENT  
FOR PAROLE/PROBATION SERVICES OFFICES - ANNUAL**

S = Self-assessment for ALL Parole/Probation Services Staff

SO = Self-assessment for Officers

#	YESNO	CODE	CHECKLIST QUESTIONS
1		S	Do you know how to have abusive or threatening calls traced?
2		S	Do you review recorded or voice mail messages and return calls promptly?
3		S	Is access limited beyond the security door to restrict visitor/client packages, purses, and bags?
4		S	Are employee valuables such as purses and money kept out of public view?
5		S	Is working alone in the office discouraged and are supervisors made aware of recurring requirements for working alone?
6		S	Are emergency telephone numbers readily available for situations in and out of office?
7		S	Are desks situated so you do not have your back to the door?
8		S	Are desks and work areas kept free of objects which could be used as a weapon such as staplers, metal file trays, radios, letter openers, etc.?
9		S	Do you know the duress code word and procedures?
10		S	Are you aware that support staff is not expected to deal with abusive or unruly clients?
11		S	Do you have an alarm system or "panic button" to summon assistance?
12		S	Do you keep personal food, drinks, cups and utensils where offenders cannot access them?
13		S	Do you know not to leave briefcases, package, etc. unattended in common areas?
14		S	Do you look for unattended briefcases, packages etc. and report them immediately?
15		S	Do you know the office plan for handling an aggressive or violent client?
16		S	Are your files, desks, computers and supplies secured when not in use?
17		S	Do you know not to duplicate keys, unless designated to do so by your Parole/Probation Manager?
18		S	Do you know the procedure for key issue and return including reporting lost keys?
19		S	Are you aware that you should request a trace of persistent /abusive calls and to promptly report them to the Parole/Probation Manager for investigation?
20		SO	Are you (all staff) trained to be observant of potentially aggressive behavior or other problems and do you know to report observations?
21		SO	After business hours, is the outer or entry doors opened only to known persons and are all windows and entrances locked?
22		SO	Do you advise building security personnel of your presence on weekends or during extended work hours?
23		SO	If you work late in the office (or arrive alone on weekends) do you park near the building?
24		SO	Are you aware of everything in your personal work area so you could recognize if something was placed there?

**SAFETY AND SECURITY STAFF SELF-ASSESSMENT  
FOR PAROLE/PROBATION SERVICES OFFICES - ANNUAL**

S = Self-assessment for ALL Parole/Probation Services Staff      SO = Self-assessment for Officers

25	SO	Is there only one designated entrance and exit for clients?
26	SO	Do clients always precede you and are they never left unattended?
27	SO	Do you always carry chemical spray when carrying your firearm?
28	SO	Are chemical spray agents within the acceptable shelf-life date?
29	SO	Do you escort clients to and from reception or other areas within the office?
30	SO	Do you have some type of obstacle situated between the visitor's chair and the door?
31	SO	Is furniture placed so as not to impede your route from your chair to the door?
32	SO	Do you get up from your desk without leaning forward to preclude being grabbed or struck?
33	SO	Do you maintain a "critical distance" between yourself and clients?
34	SO	When working alone do you inform someone (supervisor, spouse, etc.) of your location and estimated time of departure and return?
35	SO	Before entering the building/office, do you make a visual check of the outside of the building to ensure everything "appears normal?"
36	SO	Do you advise clerical staff about anyone believed to be a potential threat or problem?
37	SO	Are chairs in your office placed so that your chair is the one closest to the door?
38	SO	Are you selective in choosing items to keep in view in the office, particularly those on your desk?
39	SO	Are family photographs kept out of view of clients?
40	SO	Are office doors kept open when a client is in the office?
41	SO	Do you use the buddy system on home visits where there may be danger?
42	SO	Do you make a sketch of client homes to indicate exits, leaving one copy in the office and taking the other to re-familiarize yourself with the home prior to entering?
43	SO	Do you leave an itinerary with a staff person when you conduct field visits? (Name, address, phone number and sketch of offender homes).
44	SO	Does your itinerary include personal check in times with the office?
45	SO	Does office staff know the procedure to follow if you do not call in as scheduled in your itinerary?
46	SO	Do you have a purpose in mind for each visit and do you leave the area as soon as the purpose is achieved (or leave when it is evident you cannot achieve the purpose)?
47	SO	Do you assess the neighborhood and home prior to stopping for a home visit?
48	SO	Do you park and depart following these rules of practice: * Always be observant, you can turn around and get back in your car if there appears to be a threat. * Never write notes about the visit while in the neighborhood. * Never park directly in front of the home entrance or windows, yet park close enough to enable

## SAFETY AND SECURITY STAFF SELF-ASSESSMENT FOR PAROLE/PROBATION SERVICES OFFICES - ANNUAL

S = Self-assessment for ALL Parole/Probation Services Staff

SO = Self-assessment for Officers

		a quick departure,
		* If there is another car parked, park behind it, leaving enough room to pull out without backing up,
		* Street parking is best, followed by backing into a driveway (remaining at the end of the driveway),
		* Keep a loose set of keys in your pocket (door and ignition keys) so you don't fumble looking for the correct key.
49	SO	Do you dress comfortably, including rubber soled shoes for traction?
50	SO	Do you look for dogs, determine their size and know defense techniques?
51	SO	Do you carry a flashlight with a red lens to maintain night vision?
52	SO	At night do you focus on an area around an object rather than looking straight on (off-center vision)?
53	SO	When approaching the house, do you evaluate whether to stand on the doorknob side where you can see into the house when the door is opened, or the hinge side where you are shielded, but cannot see in when the door is first opened?
54	SO	Do you place a hand on the door frame to feel for vibrations as the door is approached?
55	SO	Do you use your senses to pick out unusual sounds or smells?
56	SO	Do you always insist that clients come to the door before you enter?
57	SO	Do you ensure you are never alone in the house with a client's spouse (or a client of the opposite gender)?
58	SO	<p>When inside the house do you follow these guidelines?</p> <ul style="list-style-type: none"> <li>* Know who else is in the house and where they are at all times,</li> <li>* Keep your back to a wall,</li> <li>* Avoid sitting, but if you sit, avoid soft seats that are difficult to get up from?</li> <li>* Review the exits available to you,</li> <li>* Never go into the kitchen area (where knives are close at hand),</li> <li>* Be observant of behaviors and attitudes and look for weapons - guns, kitchen knives, baseball bats- leave if the situation appears unsafe - no need to politely announce your departure, just go,</li> <li>* leave when your purpose is accomplished (e.g. if you are just there to verify the client still resides at the home, when they come to the door keep it brief, you are done, no need to go in),</li> <li>* Try to conduct business at the front door.</li> </ul>
59	SO	<p>When assessing the situation do you do the following?</p> <ul style="list-style-type: none"> <li>* observe the client's and others' disposition,</li> <li>* look for weapons,</li> <li>* tattoos can hide track marks and/or identify marshal art skills or gang affiliation,</li> <li>* scars may indicate the client likes to fight,</li> <li>* question whether you know what's going on or you just think you do,</li> <li>* consider the history of the client.</li> </ul>
		Do you observe clients for warning signs of impending aggression/violence?

**SAFETY AND SECURITY STAFF SELF-ASSESSMENT  
FOR PAROLE/PROBATION SERVICES OFFICES - ANNUAL**

S = Self-assessment for ALL Parole/Probation Services Staff      SO = Self-assessment for Officers

60	SO	<ul style="list-style-type: none"> <li>* they appear to be observing you to find vulnerabilities,</li> <li>* clients breathing pattern,</li> <li>* clients vocal habits (change),</li> <li>* muscle twitches,</li> <li>* body movement, or lack of movement (e.g.; a change from their usual pattern or a change during your visit),</li> <li>* client begins to ignore you,</li> <li>* client displays excessive emotional behavior (remember the client may have psychiatric problems).</li> </ul>
61	SO	<p>Do you keep the following in mind when considering/using defense tactics to keep a bad situation from escalating?</p> <ul style="list-style-type: none"> <li>** use a low voice and give space, don't back client into a corner,</li> <li>** know your body language, don't give a wrong message (e.g. clenched fist or jaw, excited speech),</li> <li>** don't get in the client's way,</li> <li>** observe changes in the client, model the behavior; if you remain calm and in control, the client will be more apt to do the same.</li> </ul>
62	SO	<p>To evade or escape from an attack do you know to take these actions?</p> <ul style="list-style-type: none"> <li>* get out if you can,</li> <li>* little things can buy valuable time (e.g. throw papers at the client, start coughing - cough in the clients face).</li> </ul>
63	SO	<p>To ensure survival do you keep these thoughts in mind?</p> <ul style="list-style-type: none"> <li>* when survival is challenged the brain activates your adrenaline, and blood that normally controls thinking is transferred to the area that controls survival (e.g. legs or arms),</li> <li>* self-defense tactics (may) provide a false sense of security; you must be committed to and practice these techniques.</li> </ul>
64	SO	<p>If Force is necessary, do you know and follow the DCC AUse of Force@ policy as described in the Administrative Regulation and Directive titled Use of Force?</p>
65		<p>Do you realize that as many as 96% of confrontations can be avoided with good verbal and listening skills (e.g. active listening)?</p>

**SAFETY AND SECURITY INSPECTION CHECKLIST  
FOR RESIDENTIAL CENTERS - WEEKLY**

TO: Safety and Security Representative (SSR) \_\_\_\_\_  
Center Supervisor \_\_\_\_\_  
(IN TURN)  
CC: ☐ Maintenance Supervisor (as needed)  
☐ Shift Supervisor \_\_\_\_\_  
☐ Other (Specify): \_\_\_\_\_  
FROM (Inspector's Name): \_\_\_\_\_  
DATE (of inspection): \_\_\_\_\_  
Area(s) Inspected: \_\_\_\_\_

**STATUS UPDATE**

Status Update by (name): \_\_\_\_\_ Action taken on  
(date): \_\_\_\_\_  
**REPLY TO:** ☐ Safety/Security Representative

**INSTRUCTIONS/DISTRIBUTION**

**Inspector:** When inspecting, listen for concerns from residents and staff. Forward inspection results to the Safety and Security Representative (SSR) the day of the inspection

**SSR:** Review, keep a copy to monitor open items, forward the original to the Center Supervisor within 24 hours (see note). On behalf of Center Supervisor, follow-up to ensure actions are being taken to resolve identified problems. Maintain records of inspections and corrective actions.

**Center Supervisor:** Review, assume or assign responsibility for resolving deficiencies (see note)

**Maintenance / Shift Supervisor or Other Person:** Take action to resolve problems within your area of responsibility. Forward a status update to the Center Supervisor and SSR monthly until resolved.

**NOTE:** If the Inspector or SSR determine immediate action is necessary to resolve a threatening safety or security problem, they should promptly advise the person with the authority/ability to correct the situation and notify the Center Supervisor by annotating the form.

**Comments and Explanation of Findings by Inspector:**

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**Actions Taken to Correct Problems:**

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**SAFETY AND SECURITY INSPECTION CHECKLIST  
FOR RESIDENTIAL CENTERS - WEEKLY**

#	YES	NO	CHECKLIST QUESTIONS
1			Are flammable liquids and other combustible materials (e.g. rags used with flammable liquids) kept in secure storage areas (e.g. specially-designed-locked flame resistant cabinets)?
2			Are there any "trip hazards" such as electrical cords in walkways?
3			Is there unsafe electrical usage, e.g. overloaded electrical outlet or electrical cord being walked on?
4			Is there any contraband?
5			Have you heard or seen concerns about unsafe situations? (Note in comments.)
6			Have you heard or seen concerns for security?
7			Are there physical plant problems which pose a threat to safety/security?
8			Are there any unsanitary conditions?
9			Are trash receptacles emptied daily?
10			Are people using safe work practices?
11			Are entry and exit doors locked unless under visual control or connected to an alarm system?
12			Are safety related incidents evaluated by staff and management to determine and resolve systemic safety problems?
13			Is exit illumination in proper order (both exit signs and battery-powered emergency lights) and are exits clear of obstructions?
14			Are access doors to staff work areas locked and entry controlled?
15			Are wiring and appliances in good repair?
<b>Notes:</b>			

**SAFETY AND SECURITY INSPECTION CHECKLIST  
FOR RESIDENTIAL CENTERS - QUARTERLY**

TO: Safety and Security Representative (SSR) \_\_\_\_\_

Center Supervisor \_\_\_\_\_

(IN TURN)

CC: ☐ Maintenance Supervisor (as needed)

☐ Shift Supervisor \_\_\_\_\_

☐ Other (Specify): \_\_\_\_\_

FROM (Inspector's Name): \_\_\_\_\_

DATE (of inspection): \_\_\_\_\_

Area(s) Inspected: \_\_\_\_\_

**STATUS UPDATE**

Status Update by (name): \_\_\_\_\_

Action taken on (date): \_\_\_\_\_

REPLY TO: ☐ Safety/Security Representative

**INSTRUCTIONS/DISTRIBUTION**

**Inspector:** When inspecting, listen for concerns from residents and staff. Forward inspection results to the Safety and Security Representative (SSR) the day of the inspection

**SSR:** Review, keep a copy to monitor open items, forward the original to the Center Supervisor within 24 hours (see note). On behalf of Center Supervisor, follow-up to ensure actions are being taken to resolve identified problems. Maintain records of inspections and corrective actions.

**Center Supervisor:** Review, assume or assign responsibility for resolving deficiencies (see note)

**Maintenance / Shift Supervisor or Other Person:** Take action to resolve problems within your area of responsibility. Forward a status update to the Center Supervisor and SSR monthly until resolved.

**NOTE:** If the Inspector or SSR determine immediate action is necessary to resolve a threatening safety or security problem, they should promptly advise the person with the authority/ability to correct the situation and notify the Center Supervisor by annotating the form.

**Comments and Explanation of Findings by Inspector:**

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**Actions Taken to Correct Problems:**

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**QUARTERLY  
SAFETY AND SECURITY INSPECTION CHECKLIST  
FOR RESIDENTIAL CENTERS**

#	YES	NO	CHECKLIST QUESTIONS
1			Is a sign posted at the residential centers entrance prohibiting weapons or contraband and advising that persons are subject to search?
2			Is support staff trained in techniques for defusing aggressive behavior?
3			Where possible, does support staff have separate, secure work areas to reduce exposure to hostile or aggressive behavior?
4			Are duress alarms installed where appropriate?
5			Is there appropriate lighting in entrance and waiting areas?
6			Have fire and emergency equipment been tested annually by a professional?
7			Are fire/smoke detection alarms located as prescribed by the Fire Marshal?
8			Are parking areas close to the office and well lighted for employees who work after darkness?
9			Are fire hydrants unobstructed?
10			Are smoking areas designated with signs and are areas where smoking cannot be allowed such as near flammable materials storage designated with No smoking signs?
11			Are combustibles stored in properly labeled containers?
12			Are combustible or flammable liquids stored away from heat or spark-producing appliances?
13			Are proper precautions taken when flammable liquids must be used for cleaning?
14			Are hazardous materials properly segregated, labeled and stored in an approved container?
15			Are compressed gas cylinders properly restrained and hydrostatically tested?
16			Are there enough exits and are exits accessible, properly lighted and operable in case of fire?
17			Are the following potential problems immediately corrected: faulty or frayed wires, missing cover plates and overloaded circuits?
18			During the previous three months, were drills conducted according to DCC policy or local Fire Marshall requirements, whichever are more demanding?
19			Do employees know what to do if there is a fire, to include sounding the alarm, calling the fire department, securing and evacuating residents, accounting for residents and staff, and operating fire fighting equipment, if trained?
20			Are local fire department and medical phone numbers clearly posted where needed?
21			Are metal bars or sturdy wire mesh over windows and glass doors?
22			Has the local Fire Marshal toured the building to become familiar with the facility and to inspect/identify means for

		enhancing safety?
23		Are entry and exit doors constructed of solid core materials?
24		Is there a policy and procedure for key issue and return?
25		Are keys limited to people who have a need?
26		Is there a procedure for handling lost or misplaced keys.
27		Are some employees trained to search the building with bomb squad personnel to identify known and unknown objects and likely hiding places?
28		Are bomb threat checklists available, yet not where offenders might see them and be tempted to call in a threat?
29		Is there a means for determining when an employee needs backup, such as a duress alarm?
30		Are employees knowledgeable in de-escalating situations using verbal & visual techniques and teamwork?
31		If possible, are waiting areas located away from support staff work areas?
32		Have support agencies signed a memorandum of understanding to indicate agreement with emergency plans and their ability to provide support?
33		Have the support agencies been provided copies of the latest plan and revisions?
34		Has an annual inspection been conducted by the local Fire Marshal?
35		Is an employee trained to recognize letter/package bombs inspecting the mail?
36		Is Facility Access controlled as specified in the Administrative Directive on this topic?
37		Does each elevator have a current inspection certificate? [Inspections are required twice each year and the building owner is responsible for obtaining the certificate from the Arkansas Department of Labor (DOL)]. (Ark. Code Ann. § 20-24-116).
38		Have elevators been inspected by a licensed inspector within the past six months?
39		For buildings with boilers, is there a current Certificate of Inspection from the Arkansas Department of Labor? (Ark. Code Ann. § 20-23-301).
40		Does the maintenance person have a current DOL manual for boiler operations to include revisions? (Contact the DOL, Boiler Division for the most recent date of basic manual and revisions).
41		Is the boiler operated at or below the maximum pressure on the Certificate of Inspection? (Ark. Code Ann. § 20-23-301).
42		Are boilers in occupied public buildings continuously monitored by a mechanical or electronic devise approved by the DOL or, alternately, checked at least once each hour? (Ark. Code Ann. § 20-23-104).
43		Are boilers 50 horsepower and over, as rated by the manufacturer, regularly attended by a licensed operator certified competent by the Boiler Inspection Division of the DOL? (Ark. Code Ann. § 20-23-104).
44		Are chemical spray agents within the acceptable shelf-life date?
45		Is a synopsis of safety related incidents distributed so that others may learn to prevent similar problems?
46		Are fire extinguishers of the proper type strategically located throughout the facility?
47		Is hot water used for showers thermostatically controlled to temperatures between 100E and 120E Fahrenheit?

48		Is there a record that residents are receiving an orientation on safety at the time of admission?
49		Are 25 or fewer offenders assigned to in-use living areas?
50		Is the number of offenders assigned to the center at or below the rated bed-capacity?
51		Are residents with disabilities housed in a manner that provides for their safety and security?
52		Whenever a vehicle is identified as having a problem which makes it unsafe to drive, is the vehicle not driven until the safety problem is corrected and is the problem promptly corrected? (4-ACRS-1B-02)
53		Are all vehicles used in facility operations inspected annually by a qualified inspector? (4-ACRS-1B-01)
54		Whenever a vehicle is identified as having a problem which makes it unsafe to drive, is the vehicle not driven until the safety problem is corrected and is the problem promptly corrected? (4-ACRS-1B-02)
55		Are all vehicles used in facility operations inspected annually by a qualified inspector? (4-ACRS-1B-01)
56		Is a fire inspection conducted quarterly by a qualified inspector (staff member)? Are the inspections conducted following appropriate checklists and procedures stated for variances, exceptions, or equivalencies? Does the inspection include ensuring fire equipment is tested as specified by the manufacturer or the fire authority, whichever is more frequent? Is fire protection equipment at locations throughout the facility in a manner approved by the fire authority having jurisdiction? (4-ACRS-1C-10 and -1C-14)
57		Are fire extinguishers properly charged and do they appear to be operational?
Notes:		

**SAFETY AND SECURITY STAFF SELF-ASSESSMENT  
FOR RESIDENTIAL CENTERS - ANNUAL**

TO: Safety and Security Representative (SSR) \_\_\_\_\_

Center Supervisor \_\_\_\_\_

(IN TURN)

CC: ☐ Maintenance Supervisor (as needed)

☐ Shift Supervisor \_\_\_\_\_

☐ Other (Specify): \_\_\_\_\_

FROM (Inspector's Name): \_\_\_\_\_

DATE (of inspection): \_\_\_\_\_

Area(s) Inspected: \_\_\_\_\_

**STATUS UPDATE**

Status Update by (name): \_\_\_\_\_

Action taken on  
(date): \_\_\_\_\_

**REPLY TO:** ☐ Safety/Security Representative

**INSTRUCTIONS/DISTRIBUTION**

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**Maintenance / Shift Supervisor or Other Person:** Take action to resolve problems within your area of responsibility. Forward a status update to the Center Supervisor and SSR monthly until resolved.

**NOTE:** If the Inspector or SSR determine immediate action is necessary to resolve a threatening safety or security problem, they should promptly advise the person with the authority/ability to correct the situation and notify the Center Supervisor by annotating the form.

**Comments and Explanation of Findings by Inspector:**

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**Actions Taken to Correct Problems:**

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**SAFETY AND SECURITY STAFF SELF-ASSESSMENT  
FOR RESIDENTIAL CENTERS - ANNUAL**

#	YES	NO	CHECKLIST QUESTIONS
1			Are visitor/residents prevented from bringing packages, purses, and bags beyond the security doors?
2			Are emergency telephone numbers readily available for emergency situation (in and out of the office)?
3			Is your desk situated so your back is toward the wall?
4			If offenders have access to your work area, is your desk and work area kept free of objects which could be used as a weapon e.g. staplers, metal file trays, letter openers, etc.?
5			Do you know the duress code word and procedures?
6			Are you aware that support staff is not expected to deal with abusive or unruly residents?
7			If you have an alarm system or Apanic button® to summon assistance, has it been tested within the past year?
8			Do you know not to leave briefcases or packages unattended?
9			Do you look for unattended briefcases and packages etc. and report them immediately?
10			Do you know the office plan for handling aggressive or violent residents?
11			Do you keep personal food, drinks, cups and utensils where offenders cannot access them?
12			Are your files, desks, computers and supplies secured when not in use?
13			Do you know not to duplicate Agency keys, unless designated to do so by the Center Supervisor?
14			Do you know the procedure for key issue and return and reporting lost keys?
15			Are you aware that you should request a trace of persistent abusive calls and to promptly report them to the Center Supervisor for investigation?
16			Do you know how to have abusive or threatening calls traced?
17			Are employee's valuables, such as purses and money, kept out of public view?
18			If you work late in the office (or on weekends) do you move your car to a parking place near the building?
19			Are you aware of everything in your personal work area so you could recognize if something was placed there?
20			Do residents always precede you when they are being escorted?
21			Do you use the buddy system on work details where there may be danger?
22			Do you carry chemical spray only as authorized?
23			Do you review recorded or voice mail messages and return calls promptly?
24			Are file cabinets, desks and chairs placed so as not to impede your route from your chair to the door?
25			When working alone e.g. in a separate dorm area during the evening shift, do you follow established procedures for communications checks?
26			Do you advise support staff about residents you believe to be a potential threat or problem?

27			Do you keep family photographs where they cannot be seen by residents?
28			Do you keep keys and other personal items where residents will not have access to them?
29			Are you well versed in office emergency procedures?
<b>Notes:</b>			

Department of Community Correction Safety and Health Program Assessment				
#	Program Element	Answer	Indicator	Remarks
1	Is there a clear work-site safety and health policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees can explain and fully embrace safety and health policy.	
2	Are there clear safety/health goals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees support goals and can explain desired results.	
3	Does management lead in safety/health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees believe management's commitment to safety and health.	
4	Does management set a good example for safety/health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees report that management follows the rules and addresses safety.	
5	Are employees involved in the safety/health program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees can describe their role in safety/health.	
6	Are safety/health responsibilities assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees are identified for all elements of the program.	
7	Is authority granted and are resources available for safety/health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees believe they have the necessary authority and resources to meet their safety responsibilities.	
8	Is there accountability for safety/health program elements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	There are appropriate consequences for unsafe behavior and employees assigned safety duties are held accountable.	
9	Is there a program review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The program is reviewed and monitored.	
10	Are hazards identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Qualified people inspect facilities to identify hazardous substances and update inventories.	
11	Is there a functioning hazard reporting system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees feel comfortable identifying and self-correcting hazards.	
12	Is there an accident/illness investigation process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees report all loss-producing incidents or Anear misses <sup>§</sup> and an investigation is done.	

13	Is there accident/illness analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees are fully aware of incident trends, causes and means of prevention.	
14	Is there timely hazard control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard controls are in-place, understood and supported by employees.	
15	Is equipment maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Operators know how to recognize maintenance requirements and make or request timely repairs.	
16	Are employees prepared to handle emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	All employees know how to respond as a result of effective planning, training and drills.	
17	Is emergency equipment available and functional?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility is fully equipped for emergencies. Systems and equipment are in place and tested regularly.	
18	Is there appropriate medical oversight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational health providers make site visits to identify hazards and provide training.	
19	Is appropriate medical care available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees know how to promptly obtain medical care and, where required, have been trained in first aid.	
20	Are employees trained to protect themselves and others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees can demonstrate proficiency in all safety/health areas covered in training.	
21	Do supervisors know responsibilities and underlying rational for these responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisors assist in work-site analysis, ensure physical protections, enforce discipline and can explain work procedures.	
22	Do managers learn safety and health program management?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Managers have received formal training in safety/health management and demonstrate full understanding.	

## BOMB THREAT QUESTIONNAIRE

### Identify the Number of the Caller

First, attempt to identify the telephone number from which the call is coming. The method for doing this will depend on the features of your telephone instrument, the services that are available from your phone system, and those available from the system of the caller. In all cases, your chances of identifying callers will be better if you *answer calls after the second ring*. Attempt to identify the number by doing the following:

1. Write down the telephone number showing on any LED display on your phone. Your phone instrument may store incoming phone numbers; if so, you will also be able to retrieve the number after you hang up by following instructions supplied with your phone.
2. If no number appears in the display, wait until the end of the phone call, hang up, wait 10 seconds, then pick up the phone and listen for a dial tone. Press \*57 and listen for a confirmation announcement, then hang up. (Later, in a safe environment, call the local telephone company.)
3. If threats are being received at a particular phone, it is possible to set up a formal trace known as a "trap." A police report may be required and, if the phone is part of the Centrex system, this must be done by the Department of Information Systems (DIS) and the DCC chain of supervision.

Ask the caller the questions below while listening carefully and taking notes. Complete the form quickly and report the call to the person in charge of your facility who will follow the Emergency Plan Annex for Bomb Threats.

Exact Time Call Received? ☐ AM ☐ PM Date of Call: \_\_\_\_\_

Exact Words of Caller: \_\_\_\_\_

### QUESTIONS TO ASK

When is the bomb going to explode?

Where is the bomb?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why?

Where are you calling from?

What is your phone number?

What is your name?

What is your address?

What is your organization?

Why kill or injure innocent people?

### RECORD THIS INFORMATION

Time call ended?

Number at which call is received?

Name of person receiving the call?

Position \_\_\_\_\_ Phone \_\_\_\_\_

### OTHER CALL INFORMATION

Was Message Read by Threat Maker?

Other (Explain): \_\_\_\_\_

If voice is familiar who did it sound like?

Agency / Office Receiving Call:

Person Receiving Call:

Did you hear a Acall waiting@ tone during the call?

(If a call waiting call comes in the trace will tag that call)

Did you hang up, wait 10 seconds and then call \* 5 7 to have a trace automatically put on the call?

If yes, result? (Call Local Phone Company.)

Remarks: \_\_\_\_\_

### LISTEN TO LEARN THESE THINGS

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Foul Mouth      |
| <input type="checkbox"/> Incoherent  | <input type="checkbox"/> Taped           |
| <input type="checkbox"/> Irrational  | <input type="checkbox"/> Educated        |
| <input type="checkbox"/> Male        | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Female      | <input type="checkbox"/> Broken          |
| <input type="checkbox"/> Young       | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Middle Age  | <input type="checkbox"/> Stressed        |
| <input type="checkbox"/> Old         | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Angry       | <input type="checkbox"/> Distinct        |
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Sincere         |
| <input type="checkbox"/> Rapid       | <input type="checkbox"/> Squeaky         |
| <input type="checkbox"/> Slow        | <input type="checkbox"/> Excited         |
| <input type="checkbox"/> Loud        | <input type="checkbox"/> Laughing        |
| <input type="checkbox"/> Normal      | <input type="checkbox"/> Giggling        |
| <input type="checkbox"/> Deep        | <input type="checkbox"/> Crying          |
| <input type="checkbox"/> Soft        | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Stutter     | <input type="checkbox"/> Deep Breathing  |
| <input type="checkbox"/> Ragged      | <input type="checkbox"/> Cracking Voice  |
| <input type="checkbox"/> Slurred     | <input type="checkbox"/> Accent Foreign  |
| <input type="checkbox"/> Raspy       |  |

Describe accent: \_\_\_\_\_

### BACKGROUND NOISES

- |                 |                    |
|-----------------|--------------------|
| Street Noises   | Motor              |
| House Noises    | Animal             |
| Factory         | Machinery Near By  |
| Office          | Pots and Pans      |
| Phone Booth     | Voices             |
| Street Sounds   | Machinery Far Away |
| Trucks / Busses | Music, type:       |
| Local           | Other:             |
| PA System       |                    |

**Workplace Chemical List**  
**Appendix A to Safety Code No. 12**

Name of Employer: Arkansas Department of Community Correction

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Workplace Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

List below each hazardous chemical used, generated, or stored in the workplace in an amount equal to or greater than fifty-five (55) gallons or five hundred (500) pounds. Fill in the appropriate information in each of the listed columns. If you have any questions contact the Arkansas Department of Labor at 682-4526 or 682-4522.

<b>Chemical Name or Common Used on the MSDS or the Container Label</b>	<b>CAS Number (If on the MSDS)</b>	<b>Location of the Chemical in the Workplace</b>	<b>Amount Present</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

NOTE: CAS means the Chemical Abstracts Service number for the hazardous chemical.  
(If more space is needed use an additional form.)

Return the completed list to: Clark Thomas  
Arkansas Department of Labor  
Public Employee Right To Know  
10421 West Markham  
Little Rock, Arkansas 72205

**Workplace Chemical List from Dept of Labor Safety Code #12**

cc: Appropriate Deputy/Assistant Director



## Arkansas Community Correction

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

### **ADMINISTRATIVE DIRECTIVE: 17-13 RESIDENT SERIOUS ILLNESS/INJURY OR DEATH**

**TO: ARKANSAS COMMUNITY CORRECTION (DCC) EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 12-03**

**APPROVED: \_\_\_\_\_ EFFECTIVE: February 10, 2017**

- I. APPLICABILITY.** This policy applies to medical services employees, residential facility employees and residents of residential facilities.
- II. POLICY.** Authorized staff will take all reasonable actions to ensure that the person(s) designated or required by policy/law receive timely and accurate information concerning any serious illness or injury and are promptly contacted in the case of a resident's death and appropriate actions are taken regarding a death and disposition of the remains. (4-ACRS-7D-15)
- III. DEFINITIONS.**
  - A. Declaration of Final Disposition.** A resident's statement specifying his/her wishes for disposal of bodily remains at death, provided the disposition is in accordance with existing laws, rules, and practices for disposing of human remains.
  - B. Final Disposition.** The burial, cremation or legal anatomical donation of a deceased resident's body.
  - C. Serious Illness or Injury.** Life threatening illness or injury requiring hospitalization or emergency medical treatment.

#### **IV. PROCEDURES.**

- A. Notifications of Serious Illness or Injury.** In case of serious illness or injury of a resident, authorized staff will notify the person(s) designated on the “Resident Emergency Contacts” form. Whenever possible, staff will obtain the resident’s consent prior to notifying a designated individual. Staff will work with the person(s) to keep them abreast of the resident’s situation. Notifications must be made by the Chaplain or Center Supervisor’s designee and notifications must comply with the resident’s requests, ACC policy, HIPAA and related law. (4-ACRS-4C-21)
- B. Reference to Related Policy.** When appropriate, refer to the administrative regulation and administrative directive titled “Offenders with a Terminal Illness or Permanently Incapacitated.”
- C. Declaration of Final Disposition.** The Declaration of Final Disposition Form will be available to residents during intake and through the chaplain’s office. If a resident is not of sound mind or is under age 18, the parent or legal guardian must sign the form.
- D. Notification of Death of a Resident and Disposition of Remains (4-ACRS-7D-15)**
1. When a resident dies, regardless of cause or location, the Shift Supervisor or designee must perform the following:
    - a. promptly notify the Center Supervisor, Health Services Administrator and Chaplain.
    - b. follow the agency notification process as described in the Reporting and Investigating Incidents and Hazards policy.
    - c. notify the county coroner (even if the resident dies at a medical facility). The coroner or attending medical doctor will pronounce the resident dead. Make a note of the time death is pronounced and the coroner’s or medical doctor’s first and last name. Provide the coroner with required information and ensure they know the resident was incarcerated.
    - d. notify the State Police of the death.
    - e. notify the chief law enforcement official of the county or municipality that has jurisdiction.
    - f. notify the State Crime Lab, Medical Examiner’s Office (501) 227-5936. If after hours leave a message.
    - g. fax the completed “Body Submission Form” to the State Crime Lab, Medical Examiner’s Office FAX: (501) 227-1653. (See example form on EagleNet). If you do not have complete information, send what you have and provide an update later.
    - h. check the “Declaration of Final Disposition” form if one is on file to determine whether notification must be given to the military and if so, ensure the notification.
    - i. notify the prosecuting attorney in the county where the death occurred.
    - j. makes appropriate entries in eOMIS and ACIC/NCIC.

2. The law grants the right to control final disposition of the remains of a deceased person as described in this policy. The person given control must be 18 years of age or older. (Ark. Code Ann. §20-17-102) The law does NOT give any weight to a person named by the resident as an “emergency contact” unless such person is designated on a military emergency data form or in a “Declaration of Final Disposition,” or the person is in the sequential list below. If attempts to contact a person are not successful, then a diligent effort must be made to contact the next person, continuing down the list until contact is made. The identity of the deceased shall not be disclosed to the media until the notification process is complete. The Chaplain or designee must make a reasonable attempt to notify until notification is accomplished, or it is determined notification is not possible. For assistance in locating people on the list, consider checking eOMIS, contacting the coroner’s office, prosecuting attorney, and/or local law enforcement. Notification attempts must be made in the following sequence until someone has been notified (in addition to notifying emergency contact(s)) (notification may be by phone or in-person):
  - a. The appropriate military authorities if the resident has indicated on the “Declaration of Final Disposition” form that they have an applicable military affiliation
  - b. The person(s) as listed on the Declaration of Final Disposition form if such designation has been made
  - c. Spouse
  - d. Adult children
  - e. Parent
  - f. Sibling
  - g. Grandparent
  - h. Grandchild
  - i. Guardian
  - j. Closest living relative
3. The Chaplain or designee must inform the contacted person of the death, relate the relevant facts of the death as provided by the Center Supervisor (or his/her designee), and discuss disposition of the body, providing the following information:
  - a. the law requires notification of next-of-kin in a certain sequence and gives the person highest on the notification list the authority to handle final arrangements. (Consider asking the person if they have contact information for the person(s) highest up on the list and if so, contact that person)
  - b. If claiming the body, advise the person to contact the Office of the State Medical Examiner for further information and provide relevant information from the “Declaration of Final Disposition” form if the resident has one.
  - c. Inform the contact that the State Medical Examiner requires an examination that may include autopsy at the State Crime Lab in Little Rock and the county coroner will take the body to the lab. Consider providing contact information for the State Medical Examiner’s Office (501) 227-5936, Chaplain, ACC Public Relation Office and/or county coroner’s office.

#### **E. Release of the Deceased**

1. Arkansas Community Correction will honor any resident's declaration of being an "Organ Donor" and will allow any medical procedures as determined by the medical staff to achieve the resident's declared purpose.
2. If no one can be contacted after a diligent effort by the Chaplain or designee and the coroner confirms no claim of the body, or the contacted person will not claim the body for any reason, the responsibility for final disposition shall default to the ACC. When DCC must assume responsibility of the body, the Center Supervisor (or the Director's designee) must perform the following:
  - a. Comply with appropriate preferences stated on the "Declaration of Final Disposition" form if on file.
  - b. Notify the University of Arkansas for Medical Sciences, Department of Anatomy, that the unclaimed body is available for use in the advancement or study of medical science. This notification should be made as soon as it is confirmed that the body will not be claimed – the Department of Anatomy will allow the next of kin or other relative, friend, representative of a fraternal society of which the deceased was a member, or representative of any charitable or religious group to claim the body for burial purposes for a period not to exceed 48-hours from the time of death.
  - c. If a resident's "Declaration of Final Disposition" does not rule out cremation, and the resident's family (the person highest on the sequential list) does not oppose cremation the department will have the remains cremated upon release by the Medical Examiner's office, but no sooner than 10 calendar days after death to allow time for an appropriate family member to claim the remains.
  - d. Cremains shall be released to the person nearest the top of the notification list of those who could be contacted or who came forth or another appropriate person making claim. If no one can be located, the cremains will be maintained for a minimum of ninety (90) days for an appropriate person to claim. If not claimed after 90 days, the remains shall be scattered in a designated cemetery.
  - e. For an unclaimed body that will not be cremated make arrangements for burial in a designated cemetery.

**F. Financial Responsibility.** Payment for services provided on behalf of a deceased resident are the responsibility of the person claiming the body. ACC is responsible for payment of final disposition services for an unclaimed body.

#### **V. ATTACHMENTS.**

AD 17-13 Form 1 Declaration of Final Disposition Age 18 & Up  
AD 17-13 Form 2 Declaration of Final Disposition below Age 18  
AD 17-13 Form 3 Resident Relatives/Associates

## **VI. REFERENCES.**

Ark. Code Ann. § 20-17-102

Body Submission Form (Arkansas Crime Lab Form ME-FORM-01)

Note, On EagleNet there is an EXAMPLE Body Submission form and a link to the blank form

**Arkansas Community Correction**  
**DECLARATION OF FINAL DISPOSITION AGE 18 & UP**

**Instructions:** This form is optional except when a resident must notify ACC of a military affiliation. If a resident does not complete this, the policy will guide staff to notify the appropriate person if a resident dies while assigned to a residential community correction facility. **This form is for age 18 and above;** for others use the form "Declaration of Final Disposition Below Age 18."

☐ I am (or) ☐ I am NOT . . . an accepted applicant for enlistment-in or in military status such as in a branch of the armed forces of the United States, the National Guard or a reserve component of the armed forces, where I have a valid Department of Defense Form 93, "Record of Emergency Data" form on file (form 93 will take precedence over information on this form).

If I answered "I am" to the above question, my military unit contact information is as follows:

Military Organization to include reporting unit: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, ( name): \_\_\_\_\_ PID Number: \_\_\_\_\_ being of sound mind willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by:

Name	Relationship to Resident	Address if Known	Phone If Known
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If the above person dies, cannot be located, or is unable to act, I appoint:

Name	Relationship to Resident	Address if Known	Phone If Known
------	--------------------------	------------------	----------------

ORGAN DONATION: I am ☐ an Organ Donor. I am NOT ☐ an Organ Donor

**SPECIAL DIRECTIONS:** Set forth below are any special directions limiting the power granted to my agent as well as any instructions or wishes desired to be followed in the disposition of my remains:

**DURATION:** This declaration becomes effective upon my death.

I hereby revoke any prior declaration of any person to control the disposition of my remains (other than what is on a valid Department of Defense Form 93, Record of Emergency Data).

Signature of Person Making the Declaration

Date Signed

Printed Name of Person Making the Declaration

**WITNESS STATEMENT:** I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence. I am 18 years old or older.

Signature of First Witness

Signature of Second Witness

Printed Name of First Witness

Printed Name of Second Witness

AD 17-13 Form 1

**Arkansas Community Correction  
DECLARATION OF FINAL DISPOSITION BELOW AGE 18**

**Instructions:** Instructions are on page 2 of this form.

**RESIDENT COMPLETE THIS PORTION OF THE FORM:**

Resident Name: \_\_\_\_\_ PID Number: \_\_\_\_\_ Dorm/Room: \_\_\_\_\_

Assigned Community Correction Center Address: \_\_\_\_\_

☐ I am (or) ☐ I am NOT . . . an accepted applicant for enlistment-in or in military status such as in a branch of the armed forces of the United States, the National Guard or a reserve component of the armed forces, where I have a valid Department of Defense Form 93, "Record of Emergency Data" form on file (form 93 will take precedence over information on this form).

If I answered "I am" to the above question, my military unit contact information is as follows:

Military Organization to include reporting unit: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

ORGAN DONATION: I am ☐ an Organ Donor. I am NOT ☐ an Organ Donor

**PARENT OR LEGAL GUARDIAN COMPLETE THIS PORTION OF THE FORM:**

I am the ☐ Parent OR ☐ Legal Guardian of the above-named resident and I am of sound mind.

On behalf of the above-named resident I willfully and voluntarily make known my desire that, upon the death of the above-named resident, the disposition of his/her remains shall be controlled by:

Name	Relationship to Resident	Address if Known	Phone If Known
------	--------------------------	------------------	----------------

If the above person dies, cannot be located, or is unable to act, I appoint:

Name	Relationship to Resident	Address if Known	Phone If Known
------	--------------------------	------------------	----------------

**SPECIAL DIRECTIONS:** Set forth below are any special directions limiting the power granted to this agent as well as any instructions or wishes desired to be followed in the disposition of the above-named resident's remains:

**DURATION:** This declaration becomes effective upon the death of the above-named resident.

I hereby revoke any prior declaration of any person to control the disposition of my remains (other than what is on a valid Department of Defense Form 93, Record of Emergency Data).

Signature of Parent or Legal Guardian Making  
the Declaration (**have your signature  
witnessed, as shown below**)

Date Signed

Printed Name of Parent or Legal Guardian  
Making the Declaration

**WITNESS STATEMENT:** I declare that the person who executed this document is personally known to me and appears to be of sound mind and acting of his or her free will. He or she signed (or asked another to sign for him or her) this document in my presence. I am 18 years old or older.

Signature of First Witness

Signature of Second Witness

Printed Name of First Witness

Printed Name of Second Witness

## **DECLARATION OF FINAL DISPOSITION BELOW AGE 18 (continued)**

**Instructions:** This form is optional except when a resident must notify ACC of a military affiliation. If a resident or parent/guardian does not complete this, the agency policy, which is aligned with the law, will guide staff to notify the appropriate person if a resident were to die while assigned to a community correction center.

**This form is for age 17 or below;** for others use the form “Declaration of Final Disposition Age 18 & Up.” The resident can complete a portion of this, however, a resident age 17 or below cannot ratify this; instead a parent or legal guardian must sign. The resident can write to his/her parent/guardian and may indicate their preferences. The parent/guardian must sign and have two witnesses who are age 18 or older sign to witness the parent/guardian’s signature. Return the signed document to the Arkansas Community Correction Center where the resident is assigned; the address should be on this form.

**Arkansas Department of Community Correction  
RESIDENT RELATIVES/ASSOCIATES**

**CONFIDENTIAL**

**Instructions for ACC Staff:** Require residents to complete this at intake. Residents are not required to authorize release of information by initialing, however other information must be completed to include the signature. Release of information is guided by this and other appropriate policies and is based on law. **Do not release information unless you are authorized and you understand and follow the law and policy.**

Enter appropriate information in eOMIS and scan this form into eOMIS then the original may be destroyed.

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

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

authorize: the Arkansas Community Correction \_\_\_\_\_ to disclose the following:

_____ (Initials)	If I am seriously ill, seriously injured or deceased I authorize release of my diagnosis (what is wrong with me), condition (such as seriously ill or critically ill), prognosis (what is likely to happen next) and location (such as the hospital I am in).
_____ (Initials)	If I am seriously ill, seriously injured or deceased I authorize release of events that may have contributed to my serious illness, serious injury or death.
_____ (Initials)	During my time at the Community Correction Center I authorize release of drug/alcohol treatment/counseling information to include but not limited to: diagnosis, prognosis, attendance, cooperation, progress or lack thereof, and drug/alcohol test results.

I authorize release of the above information where I have initialed to the people listed (where initialed) on the back of this form.

I understand that the law allows health care workers to release certain information with my verbal consent, when I do not object or when I am incapacitated, even though I have not authorized release on this form.

This authorization and consent are subject to revocation upon release from court-ordered supervision/confinement by the undersigned except to the extent that action has been taken in reliance thereon.

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

**CONFIDENTIAL**

AD 17-13 Form 3

**CONFIDENTIAL**

[illegible]

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 the Federal law and regulations by a program 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 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 State 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

**CONFIDENTIAL**

AD 17-13 Form 3



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 17-12 USE OF RESTRAINTS

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 00-01**

**APPROVED: Signature on file EFFECTIVE: March 10, 2017**

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

**II. POLICY.** Restraints will be used only when necessary and by trained employees as prescribed in this directive and in accordance with "Use of Force" policy. Appropriate circumstances for using restraints include protection of self or others, deterrence from escape, control of significant behavioral problems or for medical reasons at the direction of a physician or psychiatrist.

### **III. DEFINITIONS.**

**A. Restraints.** Security equipment used to restrict movement of offenders to include handcuffs, leg irons, security belts and emergency restraint chairs.

**B. Offenders.** Persons in custody or under supervision of Arkansas Community Correction by order of the courts or Parole Board.

### **IV. GUIDELINES.**

#### **A. Situations when Restraints may be used.**

1. When an offender is being arrested;
2. When an offender is being transported. Exceptions may be made when transporting for work crew/detail, work study, sports competitions, medical appointment of residents and other situations specified by Residential Center Supervisors;

3. When an offender has threatened violence or shown a propensity for violence or self injury;
4. When a judge or the Parole Board requires the offender to wear restraints while in court, at a hearing or otherwise;
5. When necessary to protect staff, offenders or others from harm or to deter the possibility of escape; or
6. When necessary to render medical or mental health care.

**B. Use of Restraint Equipment.**

1. All Offenders.

- a. Mechanical Restraints should be applied only by employees trained to use restraints and in accordance with Policy on Use of Force.
- b. Unless circumstances indicate removal is appropriate, restraints should not be removed until the offender is placed in a secure area or delivered to the receiving authority as specified by the Center Supervisor, Area Manager or court/Parole Board authority and a receipt is received.
- c. Restraints shall not be placed around the neck of an offender or applied in any way which inflicts physical pain or restricts blood circulation or breathing.
- d. Use of restraints in a cell shall be determined by the Center Supervisor in consultation with medical/mental health authority.
- e. Restraints shall not be used as punishment and shall not be used longer than necessary.

2. Residential Center Residents.

- a. Emergency Restraint Chair (ERC). The ERC may be used in residential centers to help control combative, self-destructive or potentially violent residents. Violent behavior may mask dangerous medical conditions; therefore, detained residents must be monitored for and provided with medical or mental health treatment when needed. When the ERC is used, the staff person authorizing use of the ERC must notify the Medical Department. Medical personnel will quickly respond to assess the restrained resident's condition. Assessment will be for appropriate circulation and will occur every fifteen (15) minutes until release. Circulation (in areas where straps or restrictive devices inhibit movement), ability to breathe appropriately, skin color, and other medical signs (as appropriate) will be observed and documented in the Medical Record. Only the Center Supervisor or Duty

Officer are authorized to approve placement of a resident in the ERC. Residents shall not be restrained in the ERC for more than 2 hours without being allowed to stand and move about under appropriate supervision. Other appropriate restraints (e.g., handcuffs and leg irons) may be used during this time. If the Crisis Intervention Team determines after the two (2) hours that the resident continues to exhibit violent behavior which may result in self injury or harm to others then they may continue restraints and review the decision to allow the resident to stand in conjunction with the fifteen (15) minute checks. The resident will only be re-restrained if necessary to protect the resident or others from potential harm. All Residential security staff will be trained to properly use the ERC and must receive annual refresher training. The Senior Residential Supervisor shall ensure proper training of employees and storage and accountability of the ERC.

- b. **Pregnant Residents.** Reasonable and prudent correctional practices shall be applied to pregnant residents. The use of security restraint devices, such as handcuffs/shackles, etc., shall be in accordance with established policy. At no time shall any such device be applied to a pregnant resident during the final stages of active labor, while occupying a delivery room, or if such application is determined by a physician to be a health risk to the unborn child or the health status of the resident. In situations where there exists a valid concern as to the appropriate level or degree of security restraint device(s) to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

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

1. If restraints are used, employees shall ensure security procedures and safety precautions are followed while escorting or transporting offenders (e.g. appropriate restraints properly applied, isolation from others during arrest, proper wearing of identification and weapons, use of well- maintained vehicle for transport) while escorting or transporting offenders.
2. When possible, at least one employee of the same gender as the offender should be present when transporting a restrained offender.

**D. Visits.** To avoid a security breach, restrained offenders are not permitted visits when being transported or escorted.

**V. STANDARDS.** American Correctional Association (ACA) Standards for Adult Community Residential Services, 4<sup>th</sup> Edition 4-ACRS-6A-03



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### **ADMINISTRATIVE DIRECTIVE: 17-11 DNA SAMPLE COLLECTION**

**TO: ARKANSAS CORRECTION (ACC) EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 11-07**

**APPROVED: \_\_\_\_\_ Signature on file \_\_\_\_\_ EFFECTIVE: February 10, 2017**

**I. APPLICABILITY.** This policy applies to employees involved in the deoxyribonucleic acid (DNA) collection process.

**II. POLICY.** It is Arkansas Community Correction policy to obtain samples from offenders convicted of offenses specified in Ark. Code Ann. §§12-12-1103 et seq. for DNA profiling by the State Crime Lab.

### **III. DEFINITIONS.**

**A. Collect.** In the context of DNA sample collection, “collect” means a procedure conducted or witnessed by a Law Enforcement Officer or designated residential facility personnel to obtain a sample along with proper identifying material pursuant to State Crime Lab guidance.

**B. Deoxyribonucleic Acid (DNA) Profiling.** DNA profiling is the analysis of a person’s deoxyribonucleic acid resulting in the identification of the individual’s patterned chemical structure of genetic information.

**C. State Crime Lab (SCL).** The agency identified by the Arkansas Legislature to oversee the DNA Testing Program and to conduct forensic testing of samples for the purpose of developing DNA records on offenders found guilty of targeted offenses.

**IV. PROCEDURES.** Arkansas Community Correction is required by law to collect a DNA sample on all offenders coming to community correction, including offenders from other states, regardless of whether there is a court order, unless we can verify that a sample is available to the State Crime Lab. Samples are required to be collected upon adjudication of guilt, therefore in most cases a sample will have been collected by a jail authority or the Arkansas Department of Correction before the offender comes to community correction. Only one DNA sample is required for an offender in a lifetime. However, if a sample is not adequate for any reason or the Arkansas State Crime Lab does not have

access to the sample, another sample must be collected. (Ark. Code Ann. §§12-12-1101 et. al.) ACC is not responsible for the DNA testing, analysis, storage or providing testing results to anyone.

**A. Parole/Probation Managers and Center Supervisors** must ensure that employees are properly trained to collect DNA, samples are sent to the State Crime Lab, and fee notice is provided to the offender.

**B. Employees who Perform Intakes for Residents, Parolees & Probationers are required to**

1. Use universal safety precautions whenever collecting or handling DNA samples.
2. determine whether a DNA sample has already been collected. If collection of a sample cannot be verified, collect a sample following State Crime Lab procedures.
3. When collecting a DNA sample from an Interstate Compact offender, require him/her to sign AD 17-11 Form 1, "DNA Sample Collection Fee Notice." Send a copy to the State Crime Lab and give a copy to the offender. The court or Crime Lab will notify Arkansas offenders of the required fee; and
4. Make appropriate entries in eOMIS.

**C. DNA Sample Collection Supplies.** The State Crime Lab provides necessary materials for obtaining, preserving and mailing collected samples. Appropriate supplemental supplies may be ordered as needed.

**D. Refusal to Provide a DNA Sample.**

1. **Refusal by a Resident.** A resident required to provide a DNA sample may not be released from a residential facility or earn meritorious good time (if eligible) until the sample is provided. If a resident in 'probation plus' status refuses to provide a DNA sample, a violation report must be immediately submitted to the court. If a resident in 'judicial transfer' status refuses they must be transferred to ADC.
2. **Refusal by a Parolee or Probationer.** When an offender under community supervision refuses to provide a DNA sample, the Parole/Probation Officer must promptly write a violation report. Staff must also report to local law enforcement any person subject to provide a DNA sample under Ark. Code Ann. §§12-12-1110 who knowingly refuses to provide a sample after receiving notification because this is a Class D felony.

**VI. REFERENCES.** Ark. Code Ann. §§ 5-13-201 et seq., § 12-12-906, §§ 12-12-1101 et seq., and § 16-82-102.

**V. ATTACHMENTS.**

AD 17-11 Form 1, "DNA Sample Collection Fee Notice"

**Arkansas Community Correction  
DNA SAMPLE COLLECTION FEE NOTICE**

\_\_\_\_\_  
Offender Name

\_\_\_\_\_  
PID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parole/Probation Supervision Officer

\_\_\_\_\_  
PPO Phone Number

I acknowledge that I have provided a DNA sample at an Arkansas Community Correction Parole/Probation Services office. I understand that I must pay the state required processing fee of \$250.00 to the Arkansas State Crime Lab within 45 days at the address below.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date Signed

Send a check or money order payable to the Arkansas State Crime Lab to the following address within 45 days:

Arkansas State Crime Lab  
Janice Hartman  
P.O. Box 8500  
Little Rock, AR 72215

Orig: Offender  
Cc: Arkansas State Crime Lab  
Case file

AD 17-11 Form 1



## Arkansas Community Correction

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

### **ADMINISTRATIVE DIRECTIVE: AD 17-10 FACILITY SANITATION AND FOOD SERVICE**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 08-11**

**APPROVED: \_\_\_\_\_ Signature on file \_\_\_\_\_ EFFECTIVE: February 10, 2017**

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

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

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

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

#### **IV. GUIDELINES.**

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

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

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

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

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

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

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

15. Food will be used or discarded within 24 hours of being served.
16. The food service area is inspected daily to determine whether safe and hygienic conditions are being maintained and food service policies are being followed. At a minimum, the following items are checked: (4-ACRS-4A-07)
  - a. Cooking, dining, and food storage areas are clean, well ventilated, and at appropriate temperatures.
  - b. Food preparation equipment is in sanitary condition and in good repair.
  - c. Food handlers are using hygienic food handling techniques and are free of symptoms of communicable disease or open exposed wounds.
  - d. Food handlers are in the appropriate attire.
  - e. Food is fresh, being held at safe temperatures, and palatable.
  - f. Refrigerator, freezer, and water temperatures are at prescribed levels.

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

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

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

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

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

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

## **V. PROCEDURES.**

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

1. Apply for, obtain, and maintain the permits, certifications, and other approvals necessary to operate the Center in compliance with State and local health and sanitation laws, codes, and ordinances.
2. Develop and follow plans and standard operating procedures.
3. Ensure job descriptions for ACC staff (including residents working in food service) are written to uphold appropriate health and sanitation standards.
4. Budget adequately for sanitation, maintenance, and the food service program using systems for procurement and bookkeeping that conform to State purchasing policies and accurately account for food service costs.
5. Annually calculate a cost per meal per resident using AD 08-11 Form 1.
6. Develop a food service plan as described in Section IV.A.1 of this policy.
7. Develop Standard Operating Procedures to ensure compliance with Section IV.C.1 above of this memorandum and as needed to maintain continuing compliance with the Arkansas Department of Health and other rules and regulations and standards. Such guidance will include responses to disruptions in the safe storage and serving of food, such as during power outages, until usual practices can resume. At minimum, alternate locations will be specified for transportation and temporary storage of refrigerated/frozen food items in the event that cooling units become inoperable.
8. Whenever possible, ensure a designated "person-in-charge" is on duty during

all hours of food operations and the “person-in-charge” is “ServSafe™” certified.

9. Annually review Standard Operating Procedures and modify them as needed.
10. Employ a qualified food service manager.

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

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

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

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

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

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

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

**VI. ATTACHMENTS.**

AD 17-10 Form 1 Monthly Food Service Report

**Arkansas Community Correction**  
**MONTHLY FOOD SERVICE REPORT**

To DCC Dietitian: \_\_\_\_\_ Date: \_\_\_\_\_  
Dietitian's Name (Print)

From: \_\_\_\_\_  
(Print Name) Title Residential Center

Re: Monthly Food Service Report Month of: \_\_\_\_\_

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

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



## Arkansas Community Correction

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

**ADMINISTRATIVE DIRECTIVE: 17-09**

**MERITORIOUS GOOD TIME**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 06-14**

**APPROVED: \_\_\_\_\_ Signature on file \_\_\_\_\_ EFFECTIVE DATE: February 10, 2017**

**I. POLICY.** Meritorious good time may be awarded or revoked as a result of behavior, work practices, advancement in job responsibilities, and involvement in rehabilitative activities.

**II. APPLICABILITY.** This policy applies to Community Correction Center staff, offenders under community supervision and residents.

**III. GUIDELINES FOR DCC RESIDENTIAL FACILITIES. Class Status.** Classification (class) status guidance pertains to all residents at a Community Correctional Center. Meritorious good time can only be earned by eligible residents. Residents in a Technical Violator Program operated by the Arkansas Community Correction shall not be eligible to earn any good time for time served in county jail prior to admission to the technical violator program nor while confined in the technical violator program. Meritorious good time may be awarded and credited according to the class to which a resident is assigned. The four (4) classes and corresponding meritorious good time are as follows:

**A. Class I.** An eligible resident may receive meritorious good time reducing his or her transfer eligibility date up to 1 day for every day of incarceration after imposition of sentence, up to 30 days for each month.

1. Residents at a Community Correction Center in a non-technical violator program will be placed in Class I-B status upon arrival.
2. Residents approved by the Resident Management Team and the Center Supervisor for Community Transition Work/Study will be placed in Class I-A.
3. A resident who has been approved for parole or transfer by the Parole Board, automatically

becomes Class I-C (unless already in Class I-B or I-A) until his/her actual release/transfer, after which time, he/she will be moved to I-P status.

**B. Class II.** Receives a total of 20 days reduction of parole eligibility or transfer eligibility date for each month served on his or her current sentence.

**C. Class III.** Receives a total of 10 days reduction of parole eligibility or transfer eligibility for each month served on his or her current sentence. This class is set aside for residents who have been unable to maintain the type adjustment necessary to remain Class II.

**D. Class IV.** The resident does not receive any days toward the reduction of parole eligibility or transfer eligibility for each month served on his or her current sentence. Generally this includes residents who are confined in a Community Correction Center as a condition of probation or suspended imposition of sentence, residents on escape status, residents reduced to this class as a result of disciplinary action, or who were released by the Parole Board and reduced to this class by ruling of the Hearing Examiner.

**E. Reduction in Class Status.** The RMT, with the Center Supervisor's approval, will make the determination, when necessary, to reassign or reduce the class of a resident. A resident may be reduced one or more classes as a result of disciplinary action. An offender released by the Parole Board may be reduced in class status by the Hearing Examiner.

**F. Forfeiture and Restoration of Meritorious Good Time.**

1. When a resident is found guilty by the RMT of a violation of center rules, meritorious good time may be taken in accordance with the allowable range of sanctions as defined in the resident discipline policies.
2. No reduction in meritorious good time shall exceed that which has been earned to date or allowed by Arkansas Codes.
3. Meritorious good time awarded and credited to a resident on a sentence currently being served, which was subsequently lost as the result of violation(s) of center rules and regulations, may be restored by the Deputy Director of Residential Services upon the recommendation of the RMT, and the Center Supervisor only after it is determined that the good time is allowed under present sentencing guidelines. (Use AD 06-14 Form 1). The amount restored shall, under no circumstance, reduce a resident's confinement in a Community Correction Center by more than one half.

**G. Good Time Earned While Awaiting Transfer.**

1. Meritorious good time will only be given for being housed in a jail or similar secure facility while awaiting transfer to a Community Correction Center on the conviction resulting in a sentence from a Circuit Judge. Meritorious good time will not be given for time housed in a jail or other secure facility if the individual is awaiting transfer to a technical violator program.

2. Meritorious good time will be awarded unless the sheriff or designee submits written objections to the award based on the prisoner's behavior, discipline and conduct while awaiting transfer.
3. Meritorious good time earned while awaiting transfer is subject to all rules and regulations regarding meritorious good time, including but not limited to, forfeiture and restoration.

**H. Effective Date and Application.** Effective August 1, 1997, all Class I, II and III residents eligible by law to earn good time will be placed in Class I status and will earn one (1) day for each day served up to 30 days meritorious good time per month until such time as they lose their class. If a reduction in class occurs on or after August 1, 1997, the resident will earn good time at the rate established by this policy. Eligible residents in Class IV on the effective date of this policy will earn good time at the rate established by this policy.

**IV. GUIDELINES FOR PAROLE/PROBATION SERVICES.** Any offender who has their supervision revoked and is awaiting transfer to either a ACC or ADC facility shall forfeit all earned parole meritorious good time.

**V. ATTACHMENT.**

AD 17-10 Form 1 Request for Restoration of Meritorious Good Time

**Arkansas Community Correction**  
**Two Union National Plaza, 3rd Floor**  
**105 West Capitol**  
**Little Rock, Arkansas 72201**  
**(501) 682-9510**  
**Fax (501) 682-9513**

Date: \_\_\_\_\_ Offender Name: \_\_\_\_\_  
Center Offender PID: \_\_\_\_\_

To: Deputy Director of Residential Services

From: \_\_\_\_\_, Center Supervisor

Pursuant to Arkansas Community Correction Administrative Directive on Meritorious Good Time, in recognition of outstanding service and exemplary conduct while assigned to the center, and as referred by the RMT, I do hereby recommend the following:

Restoration of \_\_\_\_\_ days of Statutory Good Time and/or

Restoration of \_\_\_\_\_ days of Meritorious Good Time.

Sincerely,

\_\_\_\_\_  
Center Supervisor

Approved: ☐

\_\_\_\_\_  
Deputy Director of Residential Services

\_\_\_\_\_  
Date

cc: Resident  
File

AD 17-09 Form 1



## Arkansas Community Correction

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

### **ADMINISTRATIVE DIRECTIVE: 17-07 PRENATAL CARE/PREGNANT RESIDENTS**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSIDES: AD 00-02**

**APPROVED: Signature on file EFFECTIVE: February 10, 2017**

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

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

**B. Health Services.**

1. All residents entering a residential center shall receive a complete health appraisal within seven (7) calendar days of reception.
2. As part of this health appraisal, all female residents shall have a urine pregnancy test performed. Test results shall be made a standard entry to form MSF-100, Report of Physical Examination. Verification of early term shall be accomplished via a blood test.
3. The following shall be required of residents identified as pregnant:
  - a. examination by a physician to determine level of pregnancy term, i.e., 1st trimester, etc., and the need for supportive health services such as follow-up examinations, special laboratory procedures, diet, vitamins, referral to obstetrical care, and/or other special needs; and,
  - b. referral to the staff social worker for establishment of a post-delivery Infant Care Plan (see paragraph IV. C.).
4. A pregnant resident shall receive appropriate prenatal care from an obstetrician and routine acute/chronic care health support by residential center medical staff throughout her term of pregnancy while in Arkansas Community Correction custody. In addition, health care and social service staff shall ensure that pregnant residents are provided access to prenatal/post-partum education and counseling assistance, as may be required, to prepare the pregnant resident for labor, delivery, and separation from her newborn after delivery.
5. As determined by and under the direction of the physician or attending obstetrician, medical staff shall coordinate the delivery of any required mental health services to ensure total care for the pregnant resident. Medical staff shall also coordinate with the attending obstetrician on matters related to hospital planning and discharge planning if the resident is subject to release from Arkansas Community Correction custody prior to or at the time of scheduled delivery.

6. Health care program managers, in conjunction with attending obstetrical staff, shall ensure that a pregnant resident is provided a reasonable opportunity for post-delivery contact and interaction with her newborn child. For purposes of this Regulation, 'reasonable' shall mean no less than 24 hours post-delivery,
7. Reasonable and prudent correctional practices shall be applied to pregnant residents. The use of security restraint devices, such as handcuffs/shackles, etc., shall be in accordance with established policy. At no time shall any such device be applied to a pregnant resident during the final stages of active labor, while occupying a delivery room, or if such application is determined by a physician to be a health risk to the unborn child or the health status of the resident. In situations where there exists a valid concern as to the appropriate level or degree of security restraint device(s) to be applied to a pregnant resident, the Deputy Director of Residential Services shall be contacted.

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

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

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

**D. Termination of Pregnancy.**

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

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

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

## **VI. STANDARDS.**

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



## Arkansas Community Correction

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

### ADMINISTRATIVE DIRECTIVE: 17-06 TOBACCO

**TO: ARKANSAS COMMUNITY CORRECTION (ACC) EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 19-18**

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

**EFFECTIVE: February 10, 2017**

- I. APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) residents, employees, contract staff, volunteers, vendors, visitors, and other persons on department owned or leased property.
- II. POLICY.** It is ACC policy to provide a tobacco-free environment for the health and safety of all staff and offenders.
- III. DEFINITIONS.**
  - A. Tobacco Products.** Any smoking or smokeless tobacco product.
  - B. Residents.** Offenders incarcerated or confined in ACC correctional facilities.
- IV. GUIDELINES.**
  - A.** The following are prohibited:
    1. Possession, sale or use of tobacco products within the secure perimeter of a department correctional facility,
    2. Possession or use of tobacco products by employees or others while engaged in direct supervision of offenders,
    3. Use of tobacco products while operating or riding in department vehicles, and
    4. Use of tobacco products inside or within twenty-five (25) feet of any entrance of a department owned or leased building or office space. In the case of leased buildings or office space where the department is not the sole occupant, a request will be made to the building authority to include such a prohibition for that facility. Whether or not such a requirement is imposed, the prohibition will apply to department employees.
  - B.** Tobacco products and smoking paraphernalia, e.g., cigarette lighters, matches, rolling paper and pipes, in the possession of residents are contraband subject to seizure and destruction. Residents are subject to tobacco use testing when they are suspected of violating this policy.
  - C.** Violators may be subject to prosecution (Ark. Code Ann. §5-54-119, Introducing a Prohibited Article into a Correctional Facility) and disciplinary action.