Arkansas Community Correction Administrative Directives and Administrative Memoranda Issued with an effective date from April 1, 2019 through June 30, 2019

Community Correction Center Duty Officer AD 19-10 effective 4/15/2019

We only made a minor change: when designating duty officers who are not in the positions listed in the policy: "Other staff members may be authorized as a Duty Officer when necessary as approved by the Deputy Director of Residential Services and Director."

Escapes AD 19-07 effective 4/15/2019

We only made this change: "Capture Efforts. Capture efforts ~~must~~ should be coordinated with the ~~Arkansas State Police, with~~ area parole officers and local law enforcement agencies responsible for public safety in the geographic location."

Chaplaincy Services AD 19-09 effective 4/15/2019

We made minor changes to include removing the requirement for the Chaplain to "maintain an updated directory of all faiths in the community" and adding a requirement to "ensure residents have access to information concerning faith-based programs and services available in the community."

Community Transition and Furlough AD 19-11 effective 5/27/2019

We made a minor change: when designating duty officers who are not in the positions listed in the policy: "Other staff members may be authorized as a Duty Officer when necessary as approved by the Deputy Director of Residential Services and Director."

Access to Residential Facilities AD 19-08 effective 4/15/2019

We added paragraph IV. C. 8. c., as follows:
c. Entry of all combustible, flammable, toxic, caustic or explosive materials or supplies into the secure perimeter of a facility requires approval of the Center Supervisor or Duty Officer.

Drug-Free Workplace AD 19-12 effective 6/25/2019

We made substantial revisions to the Drug-Free Workplace administrative directive; directing employees as follows:

For All employees:

- All employees must read and acknowledge the policy in writing.
- Be aware of the new wording about medical marijuana. The law and policy take precedence over wording in this synopsis.
- If you are in a "safety-sensitive position," the law and this policy prohibit you from using medical marijuana even if you are a qualifying patient with a registry identification card.
- If you do not comply with medication directions, such as by taking more prescription medicine than prescribed or you take over-the-counter medications that increase the amount of a prescribed-controlled-medication, you may not have a "valid" explanation for the level of a controlled substance detected in a drug test.
- Any positive drug/alcohol test result may result in termination of your employment.

- If you take a prescribed or over-the-counter medication that affects alertness, judgment, or behavior in ways that are likely to impair job performance, you MUST notify your supervisor of that fact PRIOR to assuming your post. Failure to do so may result in disciplinary action up to and including termination of employment. There are other requirements for reporting in the section titled "Reporting."
- We will conduct drug/alcohol tests more often and will increase the number of tests. You could be required to provide a test sample at any time.
- The policy has information about "employee requests for assistance" for admitting an alcohol or drug problem before you know about an upcoming test.
- If you choose to contest a positive drug screen test, you are responsible for a $65.00 deposit for each confirmation.
- The Drug Testing Chain of Custody Form has been revised (Rev 5/23/2019).

Supervisors must collect completed acknowledgment forms and send them to the ACC Human Resources Section no later than June 25, 2019.

Center Supervisors and Area Managers have new requirements including appointing a Drug Testing Coordinator.

The appointed Center/Area Drug Testing Coordinators must be trained and must comply with the policy.

Contents (Links) with Page Numbers

Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-10 Community Correction Center Duty Officer

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 17-21

APPROVED: Signature on File **EFFECTIVE: April 15, 2019**

I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, especially to Center Supervisors, Assistant Center Supervisors, Chief Security Officers, and Treatment Supervisors.

II. **POLICY.** ACC will ensure an appropriate administrative staff member is designated to act during the absence of the Center Supervisor during weekends, holidays, and after office hours during the scheduled work week on all matters related to residential facility operations.

III. **GUIDELINES.** In order to ensure continuous residential operations, the following procedures must be followed:

A. The Center Supervisor or Assistant Center Supervisor must be on call at all times and in charge of the residential facility. The Assistant Center Supervisor, Chief Security Officer and Treatment Supervisor may be scheduled to act as Duty Officer in the absence of the Center Supervisor.

B. When the Center Supervisor is absent from the unit for an extended period of time, the Deputy Director must be notified.

C. The following staff members are designated by the Center Supervisor as Duty Officers:

1. Assistant Center Supervisor
2. Chief Security
3. Treatment Supervisor

Other staff members may be authorized as a Duty Officer when necessary as approved by the Deputy Director of Residential Services and Director.

D. A duty schedule is prepared by the Center Supervisor's office as needed and distributed to appropriate staff. At a minimum, schedules will be prepared and distributed to appropriate staff on a quarterly basis.

E. The duty week will commence at 7:00 a.m. on Monday and end the following Monday at 7:00 a.m.

F. During his/her duty week, the assigned Duty Officer must be available for immediate contact by telephone or radio and be available for immediate response to the center or departmental emergencies.

G. The Duty Officer will be on the unit or in close enough proximity to the unit to allow for immediate response to the center during the duty week should an emergency arise. Close proximity is defined as the unit grounds and/or an area that allows response within a maximum of 45 minutes.

H. The Duty Officer is responsible for advising the PBX, Main/Master Control, and the Shift Supervisor of his/her contact number and/or location at all times during the duty week. The Duty Officer is responsible for having his/her assigned cell phone on his/her person during the duty week.

I. If there is a substitution made in the Duty Officer coverage, it will be the responsibility of the on-duty person to advise the appropriate staff of the change.

J. The Duty Officer will be required during the weekends and holidays to conduct a walk-through of the entire center to ensure meals, special events, and facility operations are carried out smoothly, safely, and securely. The Duty Officer should ensure the walk through is logged in all related area logs for the record.

K. The Duty Officer is to work a flex schedule during his/her duty week to be able to periodically attend shift briefings, AMD, PMD, RMT and meet the obligations and responsibilities of his/her job.

L. As part of the on-call responsibilities of the Duty Officer, no consumption of alcoholic beverages will be permitted during his/her assigned duty week or while covering the center for another Duty Officer.

M. The dress code for the Duty Officer on the weekends and holidays is the same as for any other regularly scheduled work day. Uniformed staff will be required to wear uniforms and non-uniformed staff will wear casual business attire. No jeans, sweat suits, etc.

N. The Duty Officer is responsible for the supervision of the entire unit operation, which includes the supervision of other duty personnel, such as maintenance staff who are required to assist in the operation of the facility. A schedule must be given to each Duty Officer and main/master control center.

O. Even though he/she is not required to be present in the visitation area during visitation hours, the Duty Officer is encouraged to conduct unannounced walk-throughs of the visitation center to ensure proper procedures are being followed and a high degree of security is maintained consistently. The Duty Officer must make the final decision on any visitor denied access to the facility and/or the termination of any visits.

P. The Duty Officer is responsible for prompt reporting of incidents to the Center Supervisor and Deputy Director per procedures outlined in Administrative Directive "Reporting and Investigation Incidents, Hazards and Maltreatment." All incidents warranting contact with the Deputy Director will be reported to the Center Supervisor, as well and if possible, prior to the Deputy Director.

Q. Unless otherwise directed by the Center Supervisor, the priority one posts must be staffed in accordance with the Shift Assignment Roster. Any deviation in staffing of these posts will require authorization from the Center Supervisor or Duty Officer.

R. Any deviation from these procedures will require the Center Supervisor's prior consent.

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ADMINISTRATIVE DIRECTIVE: ~~17-21~~19-10 Community Correction Center Duty Officer

TO: Arkansas Community Correction Employees

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

SUPERSEDES: AD 17-21

APPROVED: ~~Signature on file~~ EFFECTIVE: ~~April 28, 2017~~

I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, especially to Center Supervisors, Assistant Center Supervisors, Chief Security Officers, and Treatment Supervisors.

II. **POLICY.** ACC will ensure an appropriate administrative staff member is designated to act during the absence of the Center Supervisor during weekends, holidays, and after office hours during the scheduled work week on all matters related to residential facility operations.

III. **GUIDELINES.** In order to ensure continuous residential operations, the following procedures must be followed:

A. The Center Supervisor or Assistant Center Supervisor must be on call at all times and in charge of the residential facility. The Assistant Center Supervisor, Chief Security Officer and Treatment Supervisor may be scheduled to act as Duty Officer in the absence of the Center Supervisor.

B. When the Center Supervisor is absent from the unit for an extended period of time, the Deputy Director must be notified.

C. The following staff members are designated by the Center Supervisor as Duty Officers:

1. Assistant Center Supervisor
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Other staff members may be authorized as a Duty Officer when necessary as approved by the Deputy Director of Residential Services and Director.

D. A duty schedule is prepared by the Center Supervisor's office as needed and distributed to appropriate staff. At a minimum, schedules will be prepared and distributed to appropriate staff on a quarterly basis.

E. The duty week will commence at 7:00 a.m. on Monday and end the following Monday at 7:00 a.m.

F. During his/her duty week, the assigned Duty Officer must be available for immediate contact by telephone or radio and be available for immediate response to the center or departmental emergencies.

G. The Duty Officer will be on the unit or in close enough proximity to the unit to allow for immediate response to the center during the duty week should an emergency arise. Close proximity is defined as the unit grounds and/or an area that allows response within a maximum of 45 minutes.

H. The Duty Officer is responsible for advising the PBX, Main/Master Control, and the Shift Supervisor of his/her contact number and/or location at all times during the duty week. The Duty Officer is responsible for having his/her assigned cell phone on his/her person during the duty week.

I. If there is a substitution made in the Duty Officer coverage, it will be the responsibility of the on-duty person to advise the appropriate staff of the change.

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L. As part of the on-call responsibilities of the Duty Officer, no consumption of alcoholic beverages will be permitted during his/her assigned duty week or while covering the center for another Duty Officer.

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Q. Unless otherwise directed by the Center Supervisor, the priority one posts must be staffed in accordance with the Shift Assignment Roster. Any deviation in staffing of these posts will require authorization from the Center Supervisor or Duty Officer.

R. Any deviation from these procedures will require the Center Supervisor's prior consent.

~~**IV. References:** Administrative Regulation 002~~

Escapes AD 19-07 effective 4/15/2019 CLEAN COPY

Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-07 Escapes

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 16-11

APPROVED: Signature on File **EFFECTIVE: April 15, 2019**

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

II. **POLICY.** Plans and procedures for managing escapes must be readily available to appropriately trained persons. **(2-CO-4G-02; 4-ACRS-2A-12 and -7F-06)**

A. **Overview.** Specific procedures that may be quickly used should an escape occur must be available and appropriate employees must be trained to use them.

B. **Permitting Escape.** Pursuant to Arkansas law section 5-54-113, an employee responsible for the supervision of persons detained in correctional facilities or in custody who knowingly permits the escape of a person detained in a correctional facility or in custody pursuant to an arrest for, or a charge or conviction of, a felony of any class, commits the offense of permitting escape in the first degree.

III. **PROCEDURES.** The first twenty-four hours after the escape are the most critical to the capture effort.

A. **Escape Process Checklist.** When an escape from a reentry facility or community correction center has been confirmed, actions must be taken as described in this policy to include the attached "Escape from a Facility or Reentry Facility Checklist."

B. **Capture Efforts.** Capture efforts should be coordinated with the area parole officers and local law enforcement agencies responsible for public safety in the geographic location.

C. After Apprehension. After apprehending the escapee, the Center Supervisor or Assistant Director for Reentry responsible for the facility must:

- notify all individuals and agencies alerted at the time of the escape
- take action pursuant to the Resident Conduct policy
- take action to return judicial transfers and inmates at a reentry facility to the Arkansas Department of Correction, and
- take other appropriate actions such as recalling officers from escape posts, recovering equipment and updating eOMIS.

Note: A custody status change in eOMIS from "Escape" to "In Custody" will trigger an automatic telephonic notification to all Vine-registered victims that the escapee has been returned to custody.

IV. ATTACHMENTS.

Attachment 1 Escape from a Facility or Reentry Facility Checklist

AD 19-07 Form 1, Escaped Offender Information

Attachment 1

Arkansas Community Correction
ESCAPE FROM A FACILITY OR REENTRY FACILITY CHECKLIST

	Who / Situation	What To Do / Action
1	An ACC Facility or reentry facility official who has confirmed an escape	Notify the Center Supervisor or Reentry Officer Do not delay notification to gather information. Do provide known information such as the escapee's name, clothing, time/location last seen, mode and direction of travel.
2	Center Supervisor or Reentry Officer upon notification of an escape from an ACC Facility or reentry facility	1. Get as much information as possible from the caller, filling in the Escape Information form 2. Check GPS monitor for location history, if applicable 3. Call the Deputy Dir. of Residential Services or Assistant Director of Reentry 4. Call the Chief Deputy Director 5. Call CACCC and report the escape; ask to have a temporary warrant and BOLO issued 6. Complete incident report in eOMIS 7. File charges for a felony escape with the prosecuting attorney for the jurisdiction where the escape occurred
3	Deputy Director or Assistant Director of Reentry	1. Notify Chief Deputy Director 2. Respond to Incident
4	Chief Deputy Director	1. Assign an Incident Commander 2. Call the Director 3. Call Internal Affairs Administrator (IAA) 4. Call Deputy Director of Communications and Public Affairs
5	Incident Commander	Respond and Assign Staff
6	Director and appropriate Deputy/Assistant Director	Comply with the "Immediate Notification Process Within ACC" as described in the policy "Reporting and Investigating Incidents, Hazards and Maltreatment AD"
7	Central Arkansas Community Correction Center (CACCC)	1. When informed of an escape, ask the reporting person for the information on the Escapes form. 2. Issue a temporary escape warrant (this warrant is good for up to 48 hours). 3. Issue a BOLO in the ACIC computer system 4. Email a copy of the BOLO, a recent offender photo and the Escape Information form to the Arkansas State Fusion Center and follow up with a phone call to ensure receipt and to answer any additional questions. 5. In eOMIS do an external movement to change status to "Escaped" [this will initiate VINE notifications] 6. Check eOMIS to determine whether the escapee is a sex offender. If the offender is a sex offender, update the ACIC sex offender registration information.

Arkansas Community Correction
ESCAPED OFFENDER INFORMATION

Reporting Facility _____ Date _____

Reporting Facility Address _____ Time _____

Escapee's Full Name _____ Escapee's Known Aliases _____

PID Number _____

Last Seen Date/Time: _____ Place Last Seen: _____

Last Seen By Whom: _____ (Name) _____ (Title) _____ (Telephone)

Possible Motive for Escape: _____

Probable Direction & Mode of Travel: _____

Vehicle (if applicable): _____ (Year) _____ (Color) _____ (Make) _____ (Model)

ADDITIONAL PERTINENT INFORMATION

Include number & description of accomplices, possible injuries, weapons, or suspected weapons.

_____

_____

_____

_____

_____

_____

Arkansas Community Correction - ESCAPED OFFENDER INFORMATION Continued

- ☐ Parole/Probation Services Case Record
- ☐ Telephone Card (Inst.)
- ☐ Supervision File (if available)
- ☐ *Inspect Escapee's Clothing & Property
- ☐ Roommates/Friends Questioned
- ☐ Visiting Card
- ☐ Telephone Log
- ☐ eOMIS
- ☐ Pass Requests
- ☐ OTHER: _____

CONTACT THE PERSONS LISTED BELOW FOR POSSIBLE INFORMATION CONCERNING THE ESCAPEE'S LOCATION AND ASK THEM TO CONTACT YOUR FACILITY/LOCAL LAW ENFORCEMENT IF ESCAPEE IS SIGHTED.

Name	Relationship to Escapee	Address	Phone	**Date/Time	**Staff Initials

Checklist Completed By:

Name (Print)	Date	Time	Signature

* Complete an inventory of escapee's personal property and secure it.
Look for useful clues and evidence during inventory.
Include escapee's living area in the search process.

** Indicate the individual making the contact and the date and time of the contact.

Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: ~~16-11~~19-07 Escapes

TO: Arkansas Community Correction Employees

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

SUPERSEDES: AD ~~16-03~~16-11

APPROVED: Signature on File EFFECTIVE: ~~March 1, 2016~~April 15, 2019

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

II. **POLICY.** Plans and procedures for managing escapes must be readily available to appropriately trained persons. **(2-CO-4G-02; 4-ACRS-2A-12 and -7F-06)**

A. **Overview.** Specific procedures that may be quickly used should an escape occur must be available and appropriate employees must be trained to use them.

B. **Permitting Escape.** Pursuant to Arkansas law section 5-54-113, an employee responsible for the supervision of persons detained in correctional facilities or in custody who knowingly permits the escape of a person detained in a correctional facility or in custody pursuant to an arrest for, or a charge or conviction of, a felony of any class, commits the offense of permitting escape in the first degree.

III. **PROCEDURES.** The first twenty-four hours after the escape are the most critical to the capture effort.

A. **Escape Process Checklist.** When an escape from a reentry facility or community correction center has been confirmed, actions must be taken as described in this policy to include the attached "Escape from a Facility or Reentry Facility Checklist."

B. **Capture Efforts.** Capture efforts ~~must~~ should be coordinated with the ~~Arkansas State Police, with~~ area parole officers and local law enforcement agencies responsible for public safety in the geographic location.

C. After Apprehension. After apprehending the escapee, the Center Supervisor or Assistant Director for Reentry responsible for the facility must:

- notify all individuals and agencies alerted at the time of the escape
- take action pursuant to the Resident Conduct policy
- take action to return judicial transfers and inmates at a reentry facility to the Arkansas Department of Correction, and
- take other appropriate actions such as recalling officers from escape posts, recovering equipment and updating eOMIS.

Note: A custody status change in eOMIS from "Escape" to "In Custody" will trigger an automatic telephonic notification to all Vine-registered victims that the escapee has been returned to custody.

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AD ~~16-11~~19-07 Form 1, Escaped Offender Information

Attachment 1

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5	Incident Commander	Respond and Assign Staff
6	Director and appropriate Deputy/Assistant Director	Comply with the "Immediate Notification Process Within ACC" as described in the policy "Reporting and Investigating Incidents, Hazards and Maltreatment AD"
7	Central Arkansas Community Correction Center (CACCC)	1. When informed of an escape, ask the reporting person for the information on the Escapes form. 2. Issue a temporary escape warrant (this warrant is good for up to 48 hours). 3. Issue a BOLO in the ACIC computer system 4. Email a copy of the BOLO, a recent offender photo and the Escape Information form to the Arkansas State Fusion Center and follow up with a phone call to ensure receipt and to answer any additional questions. 5. In eOMIS do an external movement to change status to "Escaped" [this will initiate VINE notifications] 6. Check eOMIS to determine whether the escapee is a sex offender. If the offender is a sex offender, update the ACIC sex offender registration information.

Arkansas Community Correction
ESCAPED OFFENDER INFORMATION

Reporting Facility _____ Date _____

Reporting Facility Address _____ Time _____

Escapee's Full Name _____ Escapee's Known Aliases _____

PID Number _____

Last Seen Date/Time: _____ Place Last Seen: _____

Last Seen By Whom: _____ (Name) _____ (Title) _____ (Telephone)

Possible Motive for Escape: _____

Probable Direction & Mode of Travel: _____

Vehicle (if applicable): _____ (Year) _____ (Color) _____ (Make) _____ (Model)

ADDITIONAL PERTINENT INFORMATION

Include number & description of accomplices, possible injuries, weapons, or suspected weapons.

Arkansas Community Correction - ESCAPED OFFENDER INFORMATION Continued

- ☐ Parole/Probation Services Case Record
- ☐ Telephone Card (Inst.)
- ☐ Supervision File (if available)
- ☐ *Inspect Escapee's Clothing & Property
- ☐ Roommates/Friends Questioned
- ☐ Visiting Card
- ☐ Telephone Log
- ☐ eOMIS
- ☐ Pass Requests
- ☐ OTHER: _____

CONTACT THE PERSONS LISTED BELOW FOR POSSIBLE INFORMATION CONCERNING THE ESCAPEE'S LOCATION AND ASK THEM TO CONTACT YOUR FACILITY/LOCAL LAW ENFORCEMENT IF ESCAPEE IS SIGHTED.

Name	Relationship to Escapee	Address	Phone	**Date/Time	**Staff Initials

Checklist Completed By:

Name (Print)	Date	Time	Signature

* Complete an inventory of escapee's personal property and secure it.
Look for useful clues and evidence during inventory.
Include escapee's living area in the search process.

** Indicate the individual making the contact and the date and time of the contact.

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Arkansas Community Correction

ADMINISTRATIVE DIRECTIVE: 19-09 Chaplaincy Services

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: 17-29

APPROVED: Signature on File EFFECTIVE: April 15, 2019

I. **APPLICABILITY.** This policy applies to all staff, residents, ministers and volunteers carrying out ministries inside an agency facility, and any spiritual advisor or minister providing ongoing linkage between a religious group and an Arkansas Community Correction (ACC) resident.

II. **POLICY.** It is ACC policy to allow residents access to the opportunities and means to learn about religions and to practice a religion of choice without undue restriction. (2-CO-5E-01, 2-CO-5E-02)

III. **RESPONSIBILITIES AND GUIDANCE.**

A. The Center Supervisor at each ACC residential facility is responsible for the oversight and direction of Chaplaincy Services and will ensure they are available to residents at each facility. Each Center Supervisor is responsible for the coordination of day-to-day Chaplaincy Services at respective centers and ensuring the chaplain has access to all areas of the facility.

B. The chaplain is responsible for coordinating all ministry activities within the center; working with center staff to address special dietary needs or special conditions; and coordinating with the Community Leaders in the use of religious volunteers and community resources. The chaplain should ensure equitable distribution of religious resources among faith groups commensurate with the number of residents practicing to include the use of religious facilities and equipment.

The chaplain must ensure residents have:

- opportunities to practice his/her faith individually or with others, as authorized
- information available about religious programming
- access to approved publications related to religious beliefs and practices
- the ability to observe authorized practices pertaining to diet, holy day ceremonies, work restrictions and communal sacramental rights - provided such rites do not conflict with policy/procedures or jeopardize the security and orderly operation of the facility.
- access to the information concerning faith-based programs and services available in the community. (4-ACRS-5A-22)

C. The dietitian, in coordination with the Deputy Director for Residential Services, must coordinate and approve additional or substitute food items involved in the observation of religious tenets. Fasts or dietetic restrictions are permitted. Food or beverage items that would otherwise be contraband must have prior approval of the Deputy Director for Residential Services. Application for approval of visits by volunteers should follow normal visitation procedures but special visits by outside ministry groups or volunteers should be channeled through the chaplain of the facility who will make a recommendation to the Center Supervisor.

D. Center intake personnel are responsible for allowing each resident to identify their religious orientation and to submit said information to the chaplain. Center intake personnel must inform residents that they are free to change the designation of their religious orientation by notifying the chaplain.

E. Staff must not show favoritism toward nor selectively impose restrictions against a particular religion and all resident participation in religious activities must be voluntary.

F. Center staff should involve Chaplaincy Services, as appropriate, when notifying offenders of family emergencies and notifying families of offender mishaps.

G. ACC must not purchase religious materials but may arrange access to donated religious materials through the chaplain or appropriate staff, in consultation with the appropriate Center Supervisor. The chaplain will inform offenders about the availability of donated religious materials.

H. Residents must not be subjected to coercion, harassment or ridicule from staff, volunteers or other residents due to their religious affiliation or beliefs. Religious programming for residents will include the use of community resources and religious facilities and equipment. Resources will be distributed among faith groups authorized to meet, commensurate with their representation within the population, including the use of facilities and equipment.

I. Center staff will receive training regarding religious practices at the Residential Services Basic Academy.

IV. RESTRICTIONS.

A. Incarcerated individuals may have generally diminished rights consistent with incarceration and

specific limitations on religious conduct deemed necessary to meet legitimate penological objectives. Restrictions of religious practice may be placed on clearly defined groups of offenders, based on their security status and the actual or potential breach of security that allowing those practices would entail. Such restrictions must apply evenly to all offenders of the same security status. Where consistent with good security, alternative opportunities for the practice of religion must be afforded.

B. Any proposed restrictions on the practice of religion will be considered by the Deputy Director for Residential Services. A representative of the affected religion may appeal the Deputy Director for Residential Service's restriction to the ACC Director.

C. Whenever restrictions are necessary, the least severe acceptable restriction will be used, and a substantive equivalent, if available and not imposing an undue burden on ACC residential center officials, will be provided for the restricted activity.

D. Any religious activity involving inflammatory statements about the characteristics, beliefs or practices of another group; threats against the order and safety of the facility; or instigation of conflict among the group members that compromises the safety of the group or the safety of others may be curtailed immediately with the approval of the senior security officer on duty.

E. Communications between a resident and others are governed by the following:

1. To be considered as "privileged," communication must be between a resident and an ordained member of the clergy.

2. The communication between a resident and an ordained member of clergy is NOT privileged communication when it involves:

   - planned or future criminal acts, whether inside or outside of the center;
   - violations of ACC Center rules or where the safety and security of other residents, center staff, or the public may be jeopardized; or
   - prior criminal activity by the resident or associates of the resident, whether known or unknown by law enforcement officials.

3. Communication between lay members of a church, non-ordained missionaries or other volunteers is not considered privileged.

Chaplaincy Services AD 19-09 effective 4/15/2019 MARKUP COPY

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ADMINISTRATIVE DIRECTIVE: ~~17-29~~19-09 Chaplaincy Services

TO: Arkansas Community Correction Employees

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

SUPERSEDES: ~~07-21~~17-29

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

I. **APPLICABILITY.** This policy applies to all staff, residents, ministers and volunteers carrying out ministries inside an agency facility, and any spiritual advisor or minister providing ongoing linkage between a religious group and an Arkansas Community Correction (ACC) resident.

II. **POLICY.** It is ACC policy to allow residents access to the opportunities and means to learn about religions and to practice a religion of choice without undue restriction. (2-CO-5E-01, 2-CO-5E-02)

III. **RESPONSIBILITIES AND GUIDANCE.**

A. The Center Supervisor at each ACC residential facility is responsible for the oversight and direction of Chaplaincy Services and will ensure they are available to residents at each facility. Each Center Supervisor is responsible for the coordination of day-to-day Chaplaincy Services at respective centers and ensuring the chaplain has access to all areas of the facility.

B. The chaplain is responsible for coordinating all ministry activities within the center; working with center staff to address special dietary needs or special conditions; and coordinating with the ~~Volunteer Manager~~Community Leaders in the use of religious volunteers and community resources. The chaplain should ensure equitable distribution of religious resources among faith groups commensurate with the number of residents practicing to include the use of religious facilities and equipment. ~~The chaplain must ensure an updated directory of all faiths in the community is available to facilitate continued religious practice upon release.~~

The chaplain must ensure residents have:

- opportunities to practice his/her faith individually or with others, as authorized
- information available about religious programming
- access to approved publications related to religious beliefs and practices
- the ability to observe authorized practices pertaining to diet, holy day ceremonies, work restrictions and communal sacramental rights - provided such rites do not conflict with policy/procedures or jeopardize the security and orderly operation of the facility.
- access to the ~~directory of faiths~~information concerning faith-based programs and services available in the community. (4-ACRS-5A-22)

C. The dietitian, in coordination with the Deputy Director for Residential Services, must coordinate and approve additional or substitute food items involved in the observation of religious tenets. Fasts or dietetic restrictions are permitted. Food or beverage items that would otherwise be contraband must have prior approval of the Deputy Director for Residential Services. Application for approval of visits by volunteers should follow normal visitation procedures but special visits by outside ministry groups or volunteers should be channeled through the chaplain of the facility who will make a recommendation to the Center Supervisor.

D. Center intake personnel are responsible for allowing each resident to identify their religious orientation and to submit said information to the chaplain. Center intake personnel must inform residents that they are free to change the designation of their religious orientation by notifying the chaplain.

E. Staff must not show favoritism toward nor selectively impose restrictions against a particular religion and all resident participation in religious activities must be voluntary.

F. Center staff should involve Chaplaincy Services, as appropriate, when notifying offenders of family emergencies and notifying families of offender mishaps.

G. ACC must not purchase religious materials but may arrange access to donated religious materials through the chaplain or appropriate staff, in consultation with the appropriate Center Supervisor. The chaplain will inform offenders about the availability of donated religious materials.

H. Residents must not be subjected to coercion, harassment or ridicule from staff, volunteers or other residents due to their religious affiliation or beliefs. Religious programming for residents will include the use of community resources and religious facilities and equipment. Resources will be distributed among faith groups authorized to meet, commensurate with their representation within the population, including the use of facilities and equipment.

I. Center staff will receive training regarding religious practices at the Residential Services Basic Academy.

IV. RESTRICTIONS.

D. Incarcerated individuals may have generally diminished rights consistent with incarceration

and specific limitations on religious conduct deemed necessary to meet legitimate penological objectives. Restrictions of religious practice may be placed on clearly defined groups of offenders, based on their security status and the actual or potential breach of security that allowing those practices would entail. Such restrictions must apply evenly to all offenders of the same security status. Where consistent with good security, alternative opportunities for the practice of religion must be afforded.

E. Any proposed restrictions on the practice of religion will be considered by the Deputy Director for Residential Services. A representative of the affected religion may appeal the Deputy Director for Residential Service's restriction to the ACC Director.

F. Whenever restrictions are necessary, the least severe acceptable restriction will be used, and a substantive equivalent, if available and not imposing an undue burden on ACC residential center officials, will be provided for the restricted activity.

D. Any religious activity involving inflammatory statements about the characteristics, beliefs or practices of another group; threats against the order and safety of the facility; or instigation of conflict among the group members that compromises the safety of the group or the safety of others may be curtailed immediately with the approval of the senior security officer on duty.

E. Communications between a resident and others are governed by the following:

1. To be considered as "privileged," communication must be between a resident and an ordained member of the clergy.

2. The communication between a resident and an ordained member of clergy is NOT privileged communication when it involves:

   - planned or future criminal acts, whether inside or outside of the center;
   - violations of ACC Center rules or where the safety and security of other residents, center staff, or the public may be jeopardized; or
   - prior criminal activity by the resident or associates of the resident, whether known or unknown by law enforcement officials.

3. Communication between lay members of a church, non-ordained missionaries or other volunteers is not considered privileged.

Arkansas Community Correction

Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-11 Community Transition and Furlough

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 18-31

APPROVED: Signature on File **EFFECTIVE: May 27, 2019**

I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, eligible residents, and their sponsors.

II. **POLICY.** ACC will provide for temporary supervised furlough of residential center residents for certain emergencies and authorized community transition activities. ACC will provide community transition opportunities and administer furloughs in a way that guards against illegal activity in the community.

III. **TRANSITIONAL ACTIVITY GUIDELINES.** As a part of the services and programs provided to meet resident needs, Center Supervisors are responsible for planning and implementing transitional activities that are responsive to the needs of the resident population. Transitional activities should be offered within three months of the resident's earliest possible release date. (4-ACRS-5A-20)

A. Center Supervisors must provide information, training, and skill-building programs addressing, at minimum, the following employment-related topics:

1. Job acquisition, retention, and appropriate behavior on the job
2. Vocational placement, assessment, or job locator services
3. Everyday living skills.

B. For an employable resident who has no job, staff designated by the Center Supervisor will coordinate with the Arkansas Department of Workforce Services or other appropriate agencies or services to identify jobs available in the area to which he/she will be released and make this information available to the resident.

C. Information and skill-building programs designed to aid other aspects of successful community reintegration such as the topics listed below may also be provided.

1. Social Security, Veterans, and other benefits application and assistance
2. Banking and financial management
3. Community-based substance abuse treatment and mental health services
4. Legal issues
5. Housing assistance
6. Orientation to community supervision services and programs.

IV. FURLOUGH GUIDELINES.

A. Authority to Approve Furloughs. Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director or the Director is authorized to approve furloughs.

B. Eligibility Criteria. To be eligible for a furlough, in the judgment of the approval authority, the resident must meet the applicable criteria listed on AD 19-11 Form 5, "Emergency Furlough Criteria Checklist" or "AD 19-11 Form 6, "Community Transition Furlough Criteria Checklist."

C. Terms/Conditions of Furlough. The resident must agree to comply with the furlough terms/conditions as described on the Furlough Certificate. The approval authority may order GPS monitoring as a special term of any furlough.

D. Violations.

1. Violating the terms and/or conditions of a furlough constitutes a cardinal rule infraction. In addition, the violation itself may subject the resident to additional disciplinary action in accordance with ACC rules and regulations on resident conduct. Violation(s) must result in immediate termination of the furlough and return to the Center. The resident will not be eligible for further furlough, for any reason, for the duration of his or her ACC confinement.

2. If a resident fails to report back by the appointed time, promptly initiate escape procedures.

E. Costs. ACC will not assume any costs associated with furloughs such as for transportation, food, housing, medical, or other costs. Such expenses are the responsibility of the resident.

V. PROCEDURES FOR FURLOUGHS.

A. Staff Responsibilities in General. The Center Supervisor will clarify which people or positions are authorized and responsible for processing a furlough request. Most of the furlough requirements, such as eligibility requirements, are described in the forms rather than in the body of this policy.

B. Processing an Application for an Emergency Furlough Overview.

1. In cases of a verifiable death or critical illness of a resident's immediate family member, when a furlough application has been approved, a resident who meets eligibility criteria

should be allowed to go to the funeral/bedside escorted by the sponsor. For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian. (4-ACRS-5A-18-1 [P])

2. Emergency furloughs are limited to the amount of time necessary for the resident to travel to/from the funeral/bedside and attend the service/visit. There will not be overnight stay unless approved by the Deputy Director of Residential Services.

3. To apply for an emergency furlough, the resident must do the following:

   a. Complete the "Applicant" portion of Form 1, "Furlough Application."

   b. Identify a sponsor that meets the requirements.

   c. Have the proposed sponsor complete the "Sponsor Agreement" form and return it to the primary processor. If there is insufficient time for the application to be mailed to the sponsor, the primary processor may obtain the required information from the sponsor by phone or email.

   d. Submit the completed application and Sponsor Agreement forms to the primary processor as soon as possible after learning of the emergency.

4. Unless prior arrangements are made and approved by the Center Supervisor, the sponsor must be the person who picks up the resident at the beginning of the furlough and returns the resident at the end.

5. Other than Certified Law Enforcement, the sponsor must be an immediate family member of the resident requesting furlough. For this purpose, "sponsor" means the grandfather, grandmother, father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.

6. Sponsors must be capable of ensuring the resident under their supervision abides by the terms and conditions of the furlough and be a positive influence/role model for the resident.

7. Current background checks/investigations must be completed on all proposed sponsors. Sponsor applicants must not have a felony conviction or Class A misdemeanor conviction; or pending charges of the same.

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

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

1. Complete the "Applicant" portion of Form 1, "Furlough Application"

2. Have the proposed sponsor complete the "Sponsor Agreement." For this purpose, "sponsor" means the grandfather, grandmother, father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.

3. Work with his/her counselor to develop a "Community Transition Plan" form; instructions are provided with the form

4. Provide these forms to the resident's counselor.

5. The address and location the resident is requesting for activity participation or overnight stay must be the same as identified and approved as the resident's home plan on their release plan. There will not be an overnight stay unless approved by the Deputy Director of Residential Services.

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

D. Notification of Law Enforcement and Victim.

The IRO or other designated staff must notify the Chief of Police and Sheriff of the City/County to which the Resident is being granted a furlough as described on Form 7, "Furlough Notification of Local Law Enforcement," within the timeframe described therein. Document law enforcement notification by completing the form. The Chief of Police will be determined by the mailing address of the furlough location.

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

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

F. Furlough Certificate. When the approval authority has approved a furlough, authorized staff must provide the resident with a properly prepared and signed "Furlough Certificate" form authorizing his/her furlough. The certificate must indicate the beginning and ending dates and times of the furlough, the address at which the resident will lodge overnight (if an overnight

stay is authorized), the name of a Center staff to be contacted in the event the resident is questioned by law enforcement officers regarding a crime or suspected crime, special terms, and any conditions of the furlough. Rules and regulations for furlough conduct will be explained to the resident and his/her sponsor prior to leaving for furlough. Staff must obtain the sponsor's signature on the Furlough Certificate and provide a copy to the sponsor so he/she can monitor the resident with the terms of the furlough.

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

VI. FORMS.

AD 19-11 Form 1 Furlough Application
AD 19-11 Form 2 Sponsor Agreement
AD 19-11 Form 3 Sponsor Agreement Review
AD 19-11 Form 4 Community Transition Plan
AD 19-11 Form 5 Emergency Furlough Criteria Checklist
AD 19-11 Form 6 Community Transition Furlough Criteria Checklist
AD 19-11 Form 7 Furlough Notification of Local Law Enforcement
AD 19-11 Form 8 Furlough Certificate

Arkansas Community Correction
FURLOUGH APPLICATION

Instructions. Resident, complete this form and give it to the staff person designated to handle this. Also process a Sponsor Agreement form. If this is for a community transition furlough, work with your counselor to develop a Community Transition Plan.
Furloughs are limited in duration, as determined by the Center Supervisor, to the amount of time necessary for travel and attendance of the service/bedside visit/activity participation only. There will not be overnight stay unless approved by the Deputy Director of Residential. Ensure you understand the instructions on the Sponsor Agreement form.

☐ Community Transition Furlough ☐ Emergency Furlough Date Prepared: _____

I, _____ Resident # _____ request to leave the Correction Center
(Resident's Name - Printed)

at _____ ☐ a.m. ☐ p.m. on _____ and return before
(Time) (Date)

_____ ☐ a.m. ☐ p.m. on _____
(Time) (Date)

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

☐ Participate in community transition activities and return to the CCC by 6:00 P. M. **OR,**

☐ Participate in community transition activities and stay overnight with sponsor at the following address **OR**

_____ _____ _____
Street Address Town Zip Code

☐ Visit critically ill/injured immediate family member named below **OR**

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

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

_____ _____
(Family member's name) (Relationship)

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

☐ I have provided a "Sponsor Agreement" form.

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

_____ _____
Resident's Signature Date

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

☐ I Do NOT approve

☐ I Approve

Additional Special Terms (if any): _____

_____

_____ _____
Approval Authority's Signature Date

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

AD 19-11 Form 1

Arkansas Community Correction
SPONSOR AGREEMENT

_____ **Community Correction Center**

Center Phone Number: _____ **Address:** _____

Resident's Name: _____ **ADC Number:** _____

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

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

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

☐ I am not OR ☐ I am an active Arkansas certified law enforcement officer at: _____

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

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

_____ _____ _____ _____
(Street Address) (Town) (Zip Code) (Telephone Number)

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

_____ _____
(Signature of Proposed Sponsor) (Date)

Arkansas Community Correction
SPONSOR AGREEMENT REVIEW

Sponsor's Name _____ Resident's Name _____ ADC Number _____

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

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

2. ☐ ACIC/NCIC check was done on: _____ (Date) by: _____ (Signature of Staff Who Checked) revealed the following:

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

_____

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

_____ AND

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

4. Additional notes/comments:

_____

_____

_____

_____ _____
Staff Investigator's Signature Date

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

I hereby ☐ APPROVE ☐ DISAPPROVE this sponsor.

_____ _____
Center Supervisor/Designee Signature Date

Arkansas Community Correction
COMMUNITY TRANSITION PLAN

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

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

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

_____ _____
Residents Signature Date

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

_____ ☐ Recommended _____
Counselor's Signature ☐ Not Recommended Date

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

_____ ☐ Recommended _____
Resident Management Team Chair's Signature ☐ Not Recommended Date

_____ ☐ Approved
☐ Not Approved
Center Supervisor/Designee _____
Date

Arkansas Community Correction
COMMUNITY TRANSITION PLAN continued

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

1. Community transition activities must be consistent with one or more of the resident's Master Treatment Plan goals and will include the following:

- Reintegration goal(s) for which transitional activity is sought.
- Planned dates and, when possible, specific appointment times for accomplishing activities.
- Specific activities that cannot be accomplished at the Center or would be better done in the community, such as the activities listed below. (4-ACRS-5A-16)

Note, the resident is responsible for making furlough arrangements. He/she may be assisted by designated staff. **Specific meeting or interview times should be verified by appropriate staff when possible.** Residents must make designated staff aware of arrangements they are making and must do so in a timely manner.
Note, this requirement, on the first or second community transition furlough, the resident must visit the Parole/Probation Office and meet with the officer to whom he or she will be reporting after release or a designee if an officer has not yet been assigned.

2. If necessary to accomplish a resident's community transition goal, one or more of the activities listed below (or similar activities) may be included in a resident's community transition plan. (4-ACRS-5A-16)

- Employment
  - Employment applications assistance, job location assistance, testing for job skills or aptitude
  - Job interviews
  - Employment-related medical exams
  - Driver's license testing or application for identification card

- Education Preparation
  - Apply for grants, stipends, scholarship, loans
  - Register for classes and purchase books and other materials
  - Apply for admission to an educational/vocational program
  - Talk to an educational counselor

- Vocational/Educational Classes by special agreement. Residents may attend vocational/educational classes only when the school has entered into an agreement with the ACC for such classes.

- Personal Responsibility. Appointments with agencies such as the following are appropriate when they serve reintegration purposes:
  - Arkansas Department of Workforce Services
  - Internal Revenue Service
  - Child Support Enforcement
  - Social Security Office (supplemental income/other support programs)
  - Housing assistance agency
  - Veterans Administration
  - Other public or private human services agencies providing support or services (for example, employment assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), Medicaid, WIC, case management, referrals for treatment/support such as alcohol and drug abuse, mental health or family services)

- Maintaining Family/Community Ties
  - Visit with family
  - Attend a significant family event

Arkansas Community Correction
EMERGENCY FURLOUGH CRITERIA CHECKLIST

Resident's Name: _____ Resident's ADC Number: _____

Date on Furlough Application: _____ Resident's Housing Area: _____

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

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

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

Arkansas Community Correction
COMMUNITY TRANSITION FURLOUGH CRITERIA CHECKLIST

Resident's Name: _____ Resident's ADC Number: _____

Date on Furlough Application: _____ Resident's Housing Area: _____

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

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

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

RMT members concur with the above determination.

Initials or Signature →	Treatment Supervisor	Senior Residential Supervisor	Assistant Center Supervisor

Comments or concerns by RMT that the approval authority should consider:

Arkansas Community Correction

Center Phone Number: _____ Community Correction Center Address: _____

FURLOUGH NOTIFICATION OF LOCAL LAW ENFORCEMENT

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

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

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

_____ Resident's Name

_____ Resident's Number

_____ Resident's Pre-Incarceration Address

_____ Sponsor's Name

_____ Sponsor's Address

_____ Sponsor's Telephone Number

_____ City State Zip

Furlough will be: from _____ ☐ AM ☐ PM on _____ Month/Day/Year

until _____ ☐ AM ☐ PM on _____ Month/Day/Year

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

_____ Name of Law Enforcement Agency

_____ Person Notified

_____ Telephone Number

_____ Name of ACC Employee Making Notice (Print)

_____ Signature of ACC Employee Making Notice

_____ Date

COMMENTS/REQUESTED CONDITIONS OF LOCAL LAW ENFORCEMENT AGENCY:

_____

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

Center at (location): _____ Telephone#: _____

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

ending at (Time): _____ ☐ a.m. ☐ p.m. On (Date): _____

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

The specific activities authorized by this furlough are: _____

_____ _____ _____
Sponsor's Name Sponsor's Relationship Sponsor's Telephone

_____ _____ _____
Sponsor's Address City State/Zip Code

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

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

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

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

_____ _____ _____ _____
Signature of Duty Officer or IRO Date Center Supervisor/Designee Date

_____ _____ _____ _____
Signature of Resident Date Signature of Sponsor Date

Arkansas Community Correction

Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: ~~18-31~~ 19-11 Community Transition and Furlough

TO: Arkansas Community Correction Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD ~~17-18~~18-31

APPROVED: ~~Signature on File~~ EFFECTIVE: ~~December 31, 2018~~

I. **APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, eligible residents, and their sponsors.

II. **POLICY.** ACC will provide for temporary supervised furlough of residential center residents for certain emergencies and authorized community transition activities. ACC will provide community transition opportunities and administer furloughs in a way that guards against illegal activity in the community.

III. **TRANSITIONAL ACTIVITY GUIDELINES.** As a part of the services and programs provided to meet resident needs, Center Supervisors are responsible for planning and implementing transitional activities that are responsive to the needs of the resident population. Transitional activities should be offered within three months of the resident's earliest possible release date. (4-ACRS-5A-20)

A. Center Supervisors must provide information, training, and skill-building programs addressing, at minimum, the following employment-related topics:

1. Job acquisition, retention, and appropriate behavior on the job
2. Vocational placement, assessment, or job locator services
3. Everyday living skills.

B. For an employable resident who has no job, staff designated by the Center Supervisor will coordinate with the Arkansas Department of Workforce Services or other appropriate agencies or services to identify jobs available in the area to which he/she will be released and make this information available to the resident.

C. Information and skill-building programs designed to aid other aspects of successful community reintegration such as the topics listed below may also be provided.

1. Social Security, Veterans, and other benefits application and assistance
2. Banking and financial management
3. Community-based substance abuse treatment and mental health services
4. Legal issues
5. Housing assistance
6. Orientation to community supervision services and programs.

IV. FURLOUGH GUIDELINES.

A. Authority to Approve Furloughs. Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director or the Director is authorized to approve furloughs.

B. Eligibility Criteria. To be eligible for a furlough, in the judgment of the approval authority, the resident must meet the applicable criteria listed on AD ~~18-31~~19-11 Form 5, "Emergency Furlough Criteria Checklist" or "AD ~~18-31~~19-11 Form 6, "Community Transition Furlough Criteria Checklist."

C. Terms/Conditions of Furlough. The resident must agree to comply with the furlough terms/conditions as described on the Furlough Certificate. The approval authority may order GPS monitoring as a special term of any furlough.

D. Violations.

1. Violating the terms and/or conditions of a furlough constitutes a cardinal rule infraction. In addition, the violation itself may subject the resident to additional disciplinary action in accordance with ACC rules and regulations on resident conduct. Violation(s) must result in immediate termination of the furlough and return to the Center. The resident will not be eligible for further furlough, for any reason, for the duration of his or her ACC confinement.

2. If a resident fails to report back by the appointed time, promptly initiate escape procedures.

E. Costs. ACC will not assume any costs associated with furloughs such as for transportation, food, housing, medical, or other costs. Such expenses are the responsibility of the resident.

V. PROCEDURES FOR FURLOUGHS.

A. Staff Responsibilities in General. The Center Supervisor will clarify which people or positions are authorized and responsible for processing a furlough request. Most of the furlough requirements, such as eligibility requirements, are described in the forms rather than in the body of this policy.

B. Processing an Application for an Emergency Furlough Overview.

3. In cases of a verifiable death or critical illness of a resident's immediate family member,

when a furlough application has been approved, a resident who meets eligibility criteria should be allowed to go to the funeral/bedside escorted by the sponsor. For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian. (4-ACRS-5A-18-1 [P])

4. Emergency furloughs are limited to the amount of time necessary for the resident to travel to/from the funeral/bedside and attend the service/visit. There will not be overnight stay unless approved by the Deputy Director of Residential Services.

3. To apply for an emergency furlough, the resident must do the following:

   a. Complete the "Applicant" portion of Form 1, "Furlough Application."

   b. Identify a sponsor that meets the requirements.

   c. Have the proposed sponsor complete the "Sponsor Agreement" form and return it to the primary processor. If there is insufficient time for the application to be mailed to the sponsor, the primary processor may obtain the required information from the sponsor by phone or email.

   d. Submit the completed application and Sponsor Agreement forms to the primary processor as soon as possible after learning of the emergency.

4. Unless prior arrangements are made and approved by the Center Supervisor, the sponsor must be the person who picks up the resident at the beginning of the furlough and returns the resident at the end.

5. Other than Certified Law Enforcement, the sponsor must be an immediate family member of the resident requesting furlough ~~and must be on the resident's approved visitation list~~. For this purpose, ~~"immediate family member"~~ "sponsor" means the grandfather, grandmother, father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.

6. Sponsors must be capable of ensuring the resident under their supervision abides by the terms and conditions of the furlough and be a positive influence/role model for the resident.

7. Current background checks/investigations must be completed on all proposed sponsors. Sponsor applicants must not have a felony conviction or Class A misdemeanor conviction; or pending charges of the same.

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

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

1. Complete the "Applicant" portion of Form 1, "Furlough Application" -

2. Have the proposed sponsor complete the "Sponsor Agreement." For this purpose, "sponsor" means the grandfather, grandmother, father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.

3. Work with his/her counselor to develop a "Community Transition Plan" form; instructions are provided with the form

4. Provide these forms to the resident's counselor.

5. The address and location the resident is requesting for activity participation or overnight stay must be the same as identified and approved as the resident's home plan on their release plan. There will not be an overnight stay unless approved by the Deputy Director of Residential Services.

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

D. Notification of Law Enforcement and Victim.

The IRO or other designated staff must notify ~~law enforcement~~the Chief of Police and Sheriff of the City/County to which the Resident is being granted a furlough as described on Form 7, "Furlough Notification of Local Law Enforcement," within the timeframe described therein. Document law enforcement notification by completing the form. The Chief of Police will be determined by the mailing address of the furlough location.

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

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

F. Furlough Certificate. When the approval authority has approved a furlough, authorized staff must provide the resident with a properly prepared and signed "Furlough Certificate" form authorizing his/her furlough. The certificate must indicate the beginning and ending dates and times of the furlough, the address at which the resident will lodge overnight (if an overnight

stay is authorized), the name of a Center staff to be contacted in the event the resident is questioned by law enforcement officers regarding a crime or suspected crime, special terms, and any conditions of the furlough. Rules and regulations for furlough conduct will be explained to the resident and his/her sponsor prior to leaving for furlough. Staff must obtain the sponsor's signature on the Furlough Certificate and provide a copy to the sponsor so he/she can monitor the resident with the terms of the furlough.

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

VI. FORMS.

AD 19-11 Form 1 Furlough Application
AD 19-11 Form 2 Sponsor Agreement
AD 19-11 Form 3 Sponsor Agreement Review
AD 19-11 Form 4 Community Transition Plan
AD 19-11 Form 5 Emergency Furlough Criteria Checklist
AD 19-11 Form 6 Community Transition Furlough Criteria Checklist
AD 19-11 Form 7 Furlough Notification of Local Law Enforcement
AD 19-11 Form 8 Furlough Certificate

Arkansas Community Correction
FURLOUGH APPLICATION

Instructions. Resident, complete this form and give it to the staff person designated to handle this. Also process a Sponsor Agreement form. If this is for a community transition furlough, work with your counselor to develop a Community Transition Plan.
Furloughs are limited in duration, as determined by the Center Supervisor, to the amount of time necessary for travel and attendance of the service/bedside visit/activity participation only. There will not be overnight stay unless approved by the Deputy Director of Residential. Ensure you understand the instructions on the Sponsor Agreement form.

☐ Community Transition Furlough ☐ Emergency Furlough Date Prepared: _____

I, _____ Resident # _____ request to leave the Correction Center
(Resident's Name - Printed)

at _____ ☐ a.m. ☐ p.m. on _____ and return before
(Time) (Date)

_____ ☐ a.m. ☐ p.m. on _____
(Time) (Date)

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

☐ Participate in community transition activities and return to the CCC by 6:00 P. M. **OR,**

☐ Participate in community transition activities and stay overnight with sponsor at the following address

_____ _____ _____ **OR**
Street Address Town Zip Code

☐ Visit critically ill/injured immediate family member named below **OR**

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

_____ _____ Note, the policy has a description of "immediate family member"
(Family member's name) (Relationship)

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

☐ I have provided a "Sponsor Agreement" form.

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

_____ _____
Resident's Signature Date

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

☐ I Do NOT approve

☐ I Approve

Additional Special Terms (if any): _____

_____

_____ _____
Approval Authority's Signature Date

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

Arkansas Community Correction
SPONSOR AGREEMENT

_____ **Community Correction Center**

Center Phone Number: _____ **Address:** _____

Resident's Name: _____ **ADC Number:** _____

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

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

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

☐ I am not OR ☐ I am an active Arkansas certified law enforcement officer at: _____

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

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

_____ _____ _____ _____
(Street Address) (Town) (Zip Code) (Telephone Number)

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

_____ _____
(Signature of Proposed Sponsor) (Date)

Arkansas Community Correction
SPONSOR AGREEMENT REVIEW

Sponsor's Name _____ Resident's Name _____ ADC Number _____

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

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

2. ☐ ACIC/NCIC check was done on: _____ (Date) by: _____ (Signature of Staff Who Checked) revealed the following:

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

_____

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

_____ AND

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

4. Additional notes/comments:

_____

_____

_____

_____ _____
Staff Investigator's Signature Date

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

I hereby ☐ APPROVE ☐ DISAPPROVE this sponsor.

_____ _____
Center Supervisor/Designee Signature Date

Arkansas Community Correction
COMMUNITY TRANSITION PLAN

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

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

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

_____ _____
Residents Signature Date

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

_____ ☐ Recommended _____
Counselor's Signature ☐ Not Recommended Date

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

_____ ☐ Recommended _____
Resident Management Team Chair's Signature ☐ Not Recommended Date

☐ Approved
☐ Not Approved

_____ _____
Center Supervisor/Designee Date

Arkansas Community Correction
COMMUNITY TRANSITION PLAN continued

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

1. Community transition activities must be consistent with one or more of the resident's Master Treatment Plan goals and will include the following:

- Reintegration goal(s) for which transitional activity is sought.
- Planned dates and, when possible, specific appointment times for accomplishing activities.
- Specific activities that cannot be accomplished at the Center or would be better done in the community, such as the activities listed below. (4-ACRS-5A-16)

Note, the resident is responsible for making furlough arrangements. He/she may be assisted by designated staff. **Specific meeting or interview times should be verified by appropriate staff when possible.** Residents must make designated staff aware of arrangements they are making and must do so in a timely manner.
Note, this requirement, on the first or second community transition furlough, the resident must visit the Parole/Probation Office and meet with the officer to whom he or she will be reporting after release or a designee if an officer has not yet been assigned.

2. If necessary to accomplish a resident's community transition goal, one or more of the activities listed below (or similar activities) may be included in a resident's community transition plan. (4-ACRS-5A-16)

- Employment
  - Employment applications assistance, job location assistance, testing for job skills or aptitude
  - Job interviews
  - Employment-related medical exams
  - Driver's license testing or application for identification card

- Education Preparation
  - Apply for grants, stipends, scholarship, loans
  - Register for classes and purchase books and other materials
  - Apply for admission to an educational/vocational program
  - Talk to an educational counselor

- Vocational/Educational Classes by special agreement. Residents may attend vocational/educational classes only when the school has entered into an agreement with the ACC for such classes.

- Personal Responsibility. Appointments with agencies such as the following are appropriate when they serve reintegration purposes:
  - Arkansas Department of Workforce Services
  - Internal Revenue Service
  - Child Support Enforcement
  - Social Security Office (supplemental income/other support programs)
  - Housing assistance agency
  - Veterans Administration
  - Other public or private human services agencies providing support or services (for example, employment assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), Medicaid, WIC, case management, referrals for treatment/support such as alcohol and drug abuse, mental health or family services)

- Maintaining Family/Community Ties
  - Visit with family
  - Attend a significant family event

Arkansas Community Correction
EMERGENCY FURLOUGH CRITERIA CHECKLIST

Resident's Name: _____ Resident's ADC Number: _____

Date on Furlough Application: _____ Resident's Housing Area: _____

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

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

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

Arkansas Community Correction
COMMUNITY TRANSITION FURLOUGH CRITERIA CHECKLIST

Resident's Name: _____ Resident's ADC Number: _____

Date on Furlough Application: _____ Resident's Housing Area: _____

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

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

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

RMT members concur with the above determination.

Initials or Signature → _____ Treatment Supervisor _____ Senior Residential Supervisor _____ Assistant Center Supervisor

Comments or concerns by RMT that the approval authority should consider:

Arkansas Community Correction

Center Phone Number: _____ Community Correction Center Address: _____

FURLOUGH NOTIFICATION OF LOCAL LAW ENFORCEMENT

ACC Instructions: ~~Local law enforcement~~The Chief of Police and Sheriff of ~~in~~ the city/county to which the Resident is being granted a furlough must be notified 48 or more hours before the Resident is scheduled to begin the furlough (as soon as possible for an emergency furlough). The Chief of Police will be determined by the mailing address of the furlough location. The following information will be included in the notification: Resident's name, pre-incarceration address, Sponsor's name, address and phone number, the location where the Resident will be staying overnight.
This notification may be done by phone, fax, email or mail, allowing sufficient time for the law enforcement agency to comment. Although we are not asking the law enforcement agency to approve of the furlough, we are open to comments they may have. If the local law enforcement authority wishes to object or to place conditions on the furlough, write their comments on this form. The ACC approval authority will review comments and approve or disapprove any changes in planned activities.

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

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

Sponsor's Name	Sponsor's Address
Sponsor's Telephone Number	City State Zip

Furlough will be: from _____ ☐ AM ☐ PM on _____ Month/Day/Year
until _____ ☐ AM ☐ PM on _____ Month/Day/Year

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

Name of Law Enforcement Agency	Person Notified	Telephone Number

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

COMMENTS/REQUESTED CONDITIONS OF LOCAL LAW ENFORCEMENT AGENCY:

_____

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

Center at (location): _____ Telephone#: _____

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

ending at (Time): _____ ☐ a.m. ☐ p.m. On (Date): _____

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

The specific activities authorized by this furlough are: _____

Sponsor's Name	Sponsor's Relationship	Sponsor's Telephone
Sponsor's Address	City	State/Zip Code

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

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

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

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

Signature of Duty Officer or IRO	Date	Center Supervisor/Designee	Date
Signature of Resident	Date	Signature of Sponsor	Date

AD ~~18-34~~19-11 Form 8

And

Arkansas Community Correction

Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-08 Access to Residential Facilities

TO: Arkansas Community Correction (ACC) Employees

FROM: Kevin Murphy, Director

SUPERSEDES: AD 17-16

APPROVED: Signature on file **EFFECTIVE: April 15, 2019**

I. **APPLICABILITY.** This policy applies to ACC employees.

II. **POLICY.** It is Arkansas Community Correction (ACC) policy to control entry and exit at ACC residential centers to maintain security, order, and discipline. All persons enter residential centers at their own risk and are required to meet the security and control measures for persons, vehicles, tools, equipment, and supplies. (4-ACRS-5A-16[P])

III. **GUIDELINES.**

A. Entry to an ACC residential center will be granted to individuals for operational necessities, resident visitation, and other activities as approved by ACC policy, Center Supervisors, or designees.

B. All persons entering an ACC residential center will be required to comply with applicable ACC policies and procedures.

C. Entry-to and exit-from an ACC residential center will be controlled to maintain security, order, and discipline. (4-ACRS-2A-01 [P])

D. Upon arrival and departure, Center employees will register their presence using the electronic time clock if the Center has one. Center staff will ensure visitors, including employees from another location, sign in and out. Visitor logs will be retained for a minimum of three years.

IV. FACILITY ACCESS PROCESS.

A. Contractor and Volunteer ID Cards. With approval from the Center Supervisor or designee and following a system of control prescribed for the center, staff may issue an ACC ID card to a "contractor" or "volunteer." A record of issued cards should be maintained at the main entry point.

B. Processing Facility Visitors.

1. A visitor may be allowed access following appropriate screening and sign-in, provided he or she has a legitimate purpose for visiting. Screening may include searches as described in the "Searches for, Control and Disposition of Contraband and Evidence" administrative directive, an electronic metal and/or drug detector screening, examining ID cards, checking dress-code compliance, checking paperwork, and asking appropriate questions such as the purpose for the visit.
   Note: Employees are not allowed to visit the facility when not on duty unless granted permission by the Center Supervisor or designee.

2. The employee screening visitors must determine that the visitor has a legitimate purpose as follows:

   a. On the approved resident visitors list (visitors must be on the list prior to visiting individual residents) or approved by the Center Supervisor by memo.
   b. Attorney for a resident or is seeking to represent a resident.
   c. Valid work or delivery order. When instructed by the Center Supervisor, staff will verify legitimacy of a visitor by contacting his or her employer or requesting additional information to include information necessary to run a background check.
   d. An ACC employee conducting business.

3. When requirements are met, staff should view the visitor's photo ID, issue a visitor badge and have the visitor sign-in. Upon departure, retrieve the temporary visitor's badge and have the visitor sign-out.

4. Follow guidance provided by the Center Supervisor for such areas as escorting visitors and tool/key control.

C. Visits with Individual Residents.

1. Visits with residents must be continuously supervised by staff (4-ACRS-2A-02)

2. Searches must be conducted according to the administrative directive, "Searches for, Control and Disposition of Contraband and Evidence"

3. Staff must apply the guidance provided for visitors in the administrative regulation, "Resident Visitation." That policy includes guidance on visitation conditions, restrictions, special visits, and enforcing visitor rules. (4-ACRS-2A-02 and -5A-18)

4. ACIC/NCIC Background Check. The Records Section Supervisor (or other certified person designated by the Center Supervisor) must conduct an ACIC/NCIC information check for visitor applicants and take appropriate action as follows:

   a. If there is no criminal history, add the applicant to the Approved Visitor List.

   b. If the applicant is not currently on Parole/Probation but has a ctiminal history, forward the

request and a copy of the ACIC/NCIC report to the Center Supervisor for review and approval consideration.

c. If the applicant is on Parole/Probation, ask the supervising Parole/Probation Officer whether the applicant should be allowed to visit. If the officer indicates visitation should be allowed, complete Form 2 with the officer's name and date contacted. If the officer recommends against visitation, ask the officer to provide a completed Form 1, "Report Regarding Residential Center Visitation," attach the ACIC/NCIC report and forward the request to the Center Supervisor for a decision.

d. The Center Supervisor will review applications when the ACIC/NCIC check shows a criminal history and indicate approval or disapproval on Form 2. Unless there is an indicator that an applicant poses a safety or security threat, visits should be approved. Examples of circumstances that may cause an applicant to be denied visitation privileges for posing a threat to safety or security are as follows: the applicant was released from prison within the past year; was convicted of a drug related crime within the past two years; was convicted of a violent crime within the past three years; or has pending charges for a violent or drug-related crime. (4-ACRS-5A-17)

e. Form 4, Result of Application for Visitation Privileges, may be used by the Records Supervisor or designee to inform residents of applicants approved or disapproved for visitation.

f. Visitor Records.

(1) Completed Forms 1 and 2 must be maintained as confidential records.

(2) The Records Supervisor or designee must maintain a record of approved visitors in eOMIS.

(3) All visitors will be required to show identification and complete appropriate portions of the Visitation Log, Form 3. Unusual incidents will be recorded in the visitation log by the staff member supervising visits. Any incident reports written will be referenced on the visitation log.

5. Transport - Law Enforcement Officials.

a. Officials transporting a resident(s) must secure all weapons and ammunition in their vehicle or in a pre-designated area approved by the Center Supervisor.

b. Officials will be given directions by the gate or access control officer for entry into the facility.

c. The identification of the officials, if unknown, must be verified. If residential center staff are unable to make a positive identification of the officials, direct contact with their agency must be made to clarify discrepancies. The Shift Supervisor of the facility will be contacted if a positive identification cannot be made after contacting the officials' agency.

6. Vehicles.

a. Vehicles assigned to the facility will be granted entry to the residential center grounds as required for facility operations and authorized by the sally port gate supervisor.

b. A search for contraband and unauthorized personnel may be conducted of a vehicle entering and exiting the secure perimeter prior to actual entry or exit.

c. An emergency vehicle authorized by the shift supervisor or designee that enters or exits the secure perimeter will be expedited by a quick visual search to verify authorized individuals and equipment.

d. A vehicle log must be maintained by each facility to record all vehicles that enter and exit the secure perimeter.

e. A vehicle may remain on the facility grounds for as long as is required for the driver and/or passenger(s) to accomplish the intended purpose(s).

7. Tools and Equipment.

a. Entry and exit of all tools and equipment into the secure perimeter of a facility requires approval of the shift supervisor.

b. All tools and equipment will be searched prior to entry and exit of the secure perimeter.

c. All tools and equipment approved to enter the secure perimeter on a temporary basis will be inventoried prior to entry and accounted for upon exit from the facility as prescribed by the Center Supervisor.

8. Supplies.

a. Entry of all supplies into the secure perimeter of a facility will require approval of the shift supervisor or designee.

b. Supplies will be searched for contraband prior to entry or exit of the secure perimeter. Sealed containers may be opened for inspection. Any item large enough to conceal a person must be searched before leaving the secure perimeter.

c. Entry of all combustible, flammable, toxic, caustic or explosive materials or supplies into the secure perimeter of a facility requires approval of the Center Supervisor or Duty Officer.

V. ATTACHMENTS.

Form 1 Report Regarding Residential Center Visitation by Offender
Form 2 Request for Review of Applicant for Visitation Privileges
Form 3 Visitation Log
Form 4 Result of Application for Visitation Privileges

Arkansas Community Correction

MEMORANDUM
CONFIDENTIAL

TO:

☐	**SWCCC (Texarkana)**	**Records Supervisor**
☐	**ECACCC (West Memphis)**	**Records Supervisor**
☐	**CACCC (Little Rock)**	**Records Supervisor**
☐	**NECCC (Osceola)**	**Records Supervisor**
☐	**NWACCC (Fayetteville)**	**Records Supervisor**
☐	**Omega TVP (Malvern)**	**Records Supervisor**

FROM: PAROLE/PROBATION OFFICER: _____

RE: REPORT REGARDING RESIDENTIAL CENTER VISITATION BY OFFENDER

DATE: _____

Background Information: This form letter is used by Parole/Probation Officers to provide information about Parolee or Probationer progress when requested by a ACC residential center representative. It is used when a Parole/Probation Officer recommends against allowing an offender visitation privileges due to potential for disrupting the security of the facility or potential for causing someone harm. The information is used by the Center Supervisor to assess whether visitation privileges should be granted. **Instructions:** If the Parole/Probation Officer believes there is undue risk involved with having the parolee/probationer visit the residential center, this form must be completed promptly and sent to the residential center. If there is no such concern, the officer should inform the residential center representative.

☐ Parolee ☐ Probationer Name: _____ ACC Number: _____

The most recent drug screen conducted on (date): _____ for the above named offender was

☐ POSITIVE or ☐ Negative or ☐ Drug screens not required for this offender.

The above named offender ☐ HAS (or) ☐ HAS NOT been complying with any mandated programs, e.g. AA, NA, GED, etc.

☐ I believe this offender may be a threat to residents, employees, or Center operations.

Comments: _____

Parole/Probation Officer's Signature	Date	Phone Number

Arkansas Community Correction

CONFIDENTIAL

MEMORANDUM

TO: **CENTER SUPERVISOR**

FROM: _____ **(Records Supervisor or Designee)**

RE: **REQUEST FOR REVIEW OF APPLICANT FOR VISITATION PRIVILEGES**

DATE: _____

Please review this application package for applicant: _____

Indicate whether the person should be granted visitation privileges.

☐ This applicant for visitation privileges has a Criminal History, refer to the attached confidential ACIC/ NCIC printout,

☐ This applicant for visitation privileges is NOT currently on Parole/Probation or:

☐ The Parole/Probation Officer informed me they do not have a concern that the applicant would be likely to cause undue harm; **OR**

☐ The Parole/Probation Officer does not recommend approval of the offender for visitation (see Form 1, attached, and the ACIC/NCIC report).

_____ _____

Name of Parole/Probation Officer Date/Time Contacted

TO: **RECORDS SUPERVISOR**

FROM: **CENTER SUPERVISOR**

RE: **REPLY TO VISITATION PRIVILEGE REQUEST**

DATE: _____

☐ The applicant is approved for visitation,

☐ The applicant is NOT approved for visitation,

☐ Other: _____

_____ _____

Center Supervisor Signature Date

AD 19-08 Form 2

Arkansas Community Correction
VISITATION LOG

VISITOR'S PRINTED NAME	PRINTED NAME OF RESIDENT VISITING	VISITOR'S DAYTIME PHONE #	DATE OF VISIT	SIGN-IN TIME	TYPE OF ID PRESENTED	SIGN-OUT TIME	REMARKS

Note. Retain completed forms for three years.

AD 19-08 Form 3

Arkansas Community Correction

MEMORANDUM

TO: _____ **(Resident)**

FROM: _____ **(Records Supervisor or Designee)**

RE: **Result of Application for Visitation Privileges**

DATE:

_____

Visitation applications for the following people have been reviewed and decisions are indicated below:

APPLICANT NAME	APPROVED OR DISAPPROVED	REMARKS
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____

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: ~~17-16~~ 19-08 **Access to Residential Facilities**

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

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

SUPERSEDES: **AD** ~~8-15~~17-16

APPROVED: Signature on file **EFFECTIVE:** ~~April 19, 2017~~ April 15, 2019

I. **APPLICABILITY.** This policy applies to ACC employees.

II. **POLICY.** It is Arkansas Community Correction (ACC) policy to control entry and exit at ACC residential centers to maintain security, order, and discipline. All persons enter residential centers at their own risk and are required to meet the security and control measures for persons, vehicles, tools, equipment, and supplies. (4-ACRS-5A-16[P])

III. **GUIDELINES.**

A. Entry to an ACC residential center will be granted to individuals for operational necessities, resident visitation, and other activities as approved by ACC policy, Center Supervisors, or designees.

B. All persons entering an ACC residential center will be required to comply with applicable ACC policies and procedures.

C. Entry-to and exit-from an ACC residential center will be controlled to maintain security, order, and discipline. (4-ACRS-2A-01 [P])

D. Upon arrival and departure, Center employees will register their presence using the electronic time clock if the Center has one. Center staff will ensure visitors, including employees from another location, sign in and out. Visitor logs will be retained for a minimum of ~~one~~ three years.

IV. FACILITY ACCESS PROCESS.

A. Contractor and Volunteer ID Cards. With approval from the Center Supervisor or designee and following a system of control prescribed for the center, staff may issue an ACC ID card to a "contractor" or "volunteer." A record of issued cards should be maintained at the main entry point.

B. Processing Facility Visitors.

1. A visitor may be allowed access following appropriate screening and sign-in, provided he or she has a legitimate purpose for visiting. Screening may include searches as described in the "Searches for, Control and Disposition of Contraband and Evidence" administrative directive, an electronic metal and/or drug detector screening, examining ID cards, checking dress-code compliance, checking paperwork, and asking appropriate questions such as the purpose for the visit.
   Note: Employees are not allowed to visit the facility when not on duty unless granted permission by the Center Supervisor or designee.

2. The employee screening visitors must determine that the visitor has a legitimate purpose as follows:

   a. On the approved resident visitors list (visitors must be on the list prior to visiting individual residents) or approved by the Center Supervisor by memo.
   b. Attorney for a resident or is seeking to represent a resident.
   c. Valid work or delivery order. ~~Staff may choose to~~When instructed by the Center Supervisor, staff will verify legitimacy of a visitor by contacting his or her employer or requesting additional information to include information necessary to run a background check. ~~A driver or passenger accompanying a visitor may be allowed access with the approval of the Center Supervisor, his or her designee, or the Shift Supervisor.~~
   d. An ACC employee conducting business.

3. When requirements are met, staff should view the visitor's photo ID, issue a visitor badge and have the visitor sign-in. Upon departure, retrieve the temporary visitor's badge and have the visitor sign-out.

4. Follow guidance provided by the Center Supervisor for such areas as escorting visitors and tool/key control.

C. Visits with Individual Residents.

1. Visits with residents must be continuously supervised by staff (4-ACRS-2A-02)

2. Searches must be conducted according to the administrative directive, "Searches for, Control and Disposition of Contraband and Evidence"

3. Staff must apply the guidance provided for visitors in the administrative regulation, "Resident Visitation." That policy includes guidance on visitation conditions, restrictions, special visits, and enforcing visitor rules. (4-ACRS-2A-02 and -5A-18)
4. ACIC/NCIC Background Check. The Records Section Supervisor (or other certified person designated by the Center Supervisor) must conduct an ACIC/NCIC information

check for visitor applicants and take appropriate action as follows:

a. If there is no criminal history, add the applicant to the Approved Visitor List.

b. If the applicant is not currently on Parole/Probation but has a criminal history, forward the request and a copy of the ACIC/NCIC report to the Center Supervisor for review and approval consideration.

c. If the applicant is on Parole/Probation, ask the supervising Parole/Probation Officer whether the applicant should be allowed to visit. If the officer indicates visitation should be allowed, complete Form 2 with the officer's name and date contacted. If the officer recommends against visitation, ask the officer to provide a completed Form 1, "Report Regarding Residential Center Visitation," attach the ACIC/NCIC report and forward the request to the Center Supervisor for a decision.

d. The Center Supervisor will review applications when the ACIC/NCIC check shows a criminal history and indicate approval or disapproval on Form 2. Unless there is an indicator that an applicant poses a safety or security threat, visits should be approved. Examples of circumstances that may cause an applicant to be denied visitation privileges for posing a threat to safety or security are as follows: the applicant was released from prison within the past year; was convicted of a drug related crime within the past two years; was convicted of a violent crime within the past three years; or has pending charges for a violent or drug-related crime. (4-ACRS-5A-17)

e. Form ~~5~~4, Results of Application for Visitation Privileges, may be used by the Records Supervisor or designee to inform residents of applicants approved or disapproved for visitation.

f. Visitor Records.

(1) Completed Forms 1 and 2 must be maintained as confidential records.

(2) The Records Supervisor or designee must maintain a record of approved visitors ~~on Form 3 or an electronic equivalent~~in eOMIS.

(3) All visitors will be required to show identification and complete appropriate portions of the Visitation Log, Form 43. Unusual incidents will be recorded in the visitation log by the staff member supervising visits. Any incident reports written will be referenced on the visitation log.

5. Transport - Law Enforcement Officials.

a. Officials transporting a resident(s) must secure all weapons and ammunition in their vehicle or in a pre-designated area approved by the Center Supervisor.

b. Officials will be given directions by the gate or access control officer for entry into the facility.

c. The identification of the officials, if unknown, must be verified. If residential center staff are unable to make a positive identification of the officials, direct contact with their agency must be made to clarify discrepancies. The Shift Supervisor of the facility will be contacted if a positive identification cannot be made after contacting the officials' agency.

6. Vehicles.

   a. Vehicles assigned to the facility will be granted entry to the residential center grounds as required for facility operations and authorized by the sally port gate supervisor.

   b. A search for contraband and unauthorized personnel may be conducted of a vehicle entering and exiting the secure perimeter prior to actual entry or exit.

   c. An emergency vehicle authorized by the shift supervisor or designee that enters or exits the secure perimeter will be expedited by a quick visual search to verify authorized individuals and equipment.

   d. A vehicle log must be maintained by each facility to record all vehicles that enter and exit the secure perimeter.

   e. A vehicle may remain on the facility grounds for as long as is required for the driver and/or passenger(s) to accomplish the intended purpose(s).

7. Tools and Equipment.

   a. Entry and exit of all tools and equipment into the secure perimeter of a facility requires approval of the shift supervisor.

   b. All tools and equipment will be searched prior to entry and exit of the secure perimeter.

   c. All tools and equipment approved to enter the secure perimeter on a temporary basis will be inventoried prior to entry and accounted for upon exit from the facility as prescribed by the Center Supervisor.

8. Supplies.

   a. Entry of all supplies ~~onto a~~into the secure perimeter of a facility will require approval of the shift supervisor or designee.

   b. Supplies will be searched for contraband prior to entry or exit of the secure perimeter. Sealed containers may be opened for inspection. Any item large enough to conceal a person must be searched before leaving the secure perimeter.

   c. Entry of all combustible, flammable, toxic, caustic or explosive materials or supplies into the secure perimeter of a facility requires approval of the Center Supervisor or Duty Officer.

V. ATTACHMENTS.

Form 1 Report Regarding Residential Center Visitation by Offender
Form 2 Request for Review of Applicant for Visitation Privileges
~~Form 3 Approved Visitor List~~
Form 43 Visitation Log
Form 54 Result of Application for Visitation Privileges

Arkansas Community Correction

MEMORANDUM
CONFIDENTIAL

TO:
- ☐ SWCCC (Texarkana) — Records Supervisor
- ☐ ECACCC (West Memphis) — Records Supervisor
- ☐ CACCC (Little Rock) — Records Supervisor
- ☐ NECCC (Osceola) — Records Supervisor
- ☐ NWACCC (Fayetteville) — Records Supervisor
- ☐ Omega TVP (Malvern) — Records Supervisor

FROM: PAROLE/PROBATION OFFICER: _____

RE: REPORT REGARDING RESIDENTIAL CENTER VISITATION BY OFFENDER

DATE: _____

Background Information: This form letter is used by Parole/Probation Officers to provide information about Parolee or Probationer progress when requested by a ACC residential center representative. It is used when a Parole/Probation Officer recommends against allowing an offender visitation privileges due to potential for disrupting the security of the facility or potential for causing someone harm. The information is used by the Center Supervisor to assess whether visitation privileges should be granted.
Instructions: If the Parole/Probation Officer believes there is undue risk involved with having the parolee/probationer visit the residential center, this form must be completed promptly and sent to the residential center. If there is no such concern, the officer should inform the residential center representative.

☐ Parolee ☐ Probationer Name: _____ ACC Number: _____

The most recent drug screen conducted on (date): _____ for the above named offender was

☐ POSITIVE or ☐ Negative or ☐ Drug screens not required for this offender.

The above named offender ☐ HAS (or) ☐ HAS NOT been complying with any mandated programs, e.g. AA, NA, GED, etc.

☐ I believe this offender may be a threat to residents, employees, or Center operations.

Comments: _____

_____ _____ _____
Parole/Probation Officer's Signature Date Phone Number

Arkansas Community Correction

CONFIDENTIAL

MEMORANDUM

TO: **CENTER SUPERVISOR**

FROM: _____ **(Records Supervisor or Designee)**

RE: **REQUEST FOR REVIEW OF APPLICANT FOR VISITATION PRIVILEGES**

DATE: _____

Please review this application package for applicant: _____

Indicate whether the person should be granted visitation privileges.

☐ This applicant for visitation privileges has a Criminal History, refer to the attached confidential ACIC/ NCIC printout,

☐ This applicant for visitation privileges is NOT currently on Parole/Probation or:

☐ The Parole/Probation Officer informed me they do not have a concern that the applicant would be likely to cause undue harm; **OR**

☐ The Parole/Probation Officer does not recommend approval of the offender for visitation (see Form 1, attached, and the ACIC/NCIC report).

_____ _____

Name of Parole/Probation Officer Date/Time Contacted

TO: **RECORDS SUPERVISOR**

FROM: **CENTER SUPERVISOR**

RE: **REPLY TO VISITATION PRIVILEGE REQUEST**

DATE: _____

☐ The applicant is approved for visitation,

☐ The applicant is NOT approved for visitation,

☐ Other: _____

_____ _____

Center Supervisor Signature Date

~~Arkansas Community Correction~~ ~~APPROVED VISITOR LIST~~			
~~RESIDENT'S LAST, FIRST NAME~~	~~APPROVED VISITOR~~	~~VISITOR'S DAYTIME PHONE #~~	~~DATE OF ACIC/NCIC CHECK~~

Arkansas Community Correction
VISITATION LOG

VISITOR'S PRINTED NAME	PRINTED NAME OF RESIDENT VISITING	VISITOR'S DAYTIME PHONE #	DATE OF VISIT	SIGN-IN TIME	TYPE OF ID PRESENTED	SIGN-OUT TIME	REMARKS

Note. Retain completed forms for ~~one~~ three years.

AD ~~17-16~~ 19-08 Form 4 3

Arkansas Community Correction

MEMORANDUM

TO: _____ **(Resident)**

FROM: _____ **(Records Supervisor or Designee)**

RE: **Result of Application for Visitation Privileges**

DATE: _____

Visitation applications for the following people have been reviewed and decisions are indicated below:

APPLICANT NAME	APPROVED OR DISAPPROVED	REMARKS
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____
_____	☐ Approved ☐ Disapproved	_____

Arkansas Community Correction

Arkansas Community Correction

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

ADMINISTRATIVE DIRECTIVE: 19-12 Drug-Free Work Place

TO: **Arkansas Community Correction Employees**

FROM: **Kevin Murphy, Director**

SUPERSEDES: AD 13-08

APPROVED: Signature on File **EFFECTIVE: June 25, 2019**

I. **APPLICABILITY.** This directive applies to Arkansas Community Correction (ACC) employees, extra help, interns, volunteers, applicants who have received a conditional offer of employment, and contractors ("collectively referred to as workers"), unless the contractor operates a drug-testing program acceptable to ACC.

II. **POLICY.** It is ACC's intent to comply with the Drug-Free Workplace Acts of 1988. ACC is committed to adhering to laws regarding possession and use of prohibited drugs, providing a safe work environment, fostering the well-being and health of workers, and ensuring that no employees are impaired in the performance of their public duties by intoxicating substances. ACC prohibits the unlawful manufacture, purchase, distribution, dispensing, possession, or use of prohibited drugs by employees, extra help, interns, volunteers, and contractors. All covered workers must refrain from reporting to work while their ability to perform job duties is impaired due to the use of alcohol or other drugs. (4-ACRS-7C-02; 4-APPFS-3C-01)

III. **OVERVIEW.**

This policy sets standards and procedures for the ACC drug-testing program to ensure testing is fair and impartial, and to provide appropriate procedural safeguards to protect the reliability and confidentiality of test results. The ACC drug-testing program will aid worker and public safety, advance workplace security, and promote public trust in the ACC.

IV. **DEFINITIONS.**

A. **Chain of Custody.** Procedures to account for the integrity of each specimen by tracking its

handling and storage from point of specimen collection to final disposition of the specimen, using an agency approved chain of custody form.

B. **Confirmatory Test.** A second analytical procedure performed to identify the presence of a specific drug or metabolite. The confirmatory test is independent of the screening test and uses a different technique and chemical principle in order to ensure reliability and accuracy.

C. **Controlled Substance.** A drug, substance, or immediate precursor in Schedules I. through VI, as defined in Ark. Code Ann. §5-64-101.

D. **Documented Drug or Alcohol Abuse History.** Any reported history of drug abuse or alcohol abuse for which the individual must maintain recovery as a condition of employment; criminal history records; or internal drug testing records.

E. **Drug Testing Coordinator (DTC).** The ACC employee designated to conduct employee drug testing activity.

F. **Medical Review Officer (MRO).** A licensed physician who is responsible for evaluating, interpreting, and providing results of drug and alcohol tests.

G. **Urine Test Observation.** For urine specimen collection, there are two types of observation, direct and indirect. Direct Observation is visualization of the urine stream leaving the body and entering the test cup. Indirect Observation means presence in the immediate area balancing the need for privacy with prudent measures for preventing adulteration or substitution of samples.

H. **Prohibited Drug.** Alcohol, illicit drug, misused prescription or over-the-counter drug, K2 (recipe name JWH-018) substances present in the employee's system while the employee is on duty (including breaks).

I. **Random Testing.** Workers are selected without plan or purpose and are tested on an unannounced basis. The selection mechanism results in an equal probability that any worker from a group of workers will be selected. The methodology used prevents supervisor or worker discretion to waive or influence the selection of any person.

V. SUBSTANCE/DRUG PROHIBITIONS, PRESCRIPTIONS AND MEDICAL MARIJUANA.

A. **Substance/Drug Prohibitions.** Workers are prohibited from using and possessing prohibited substances/drugs in violation of state law, federal law and ACC policy unless a stated exception in this policy applies. This prohibition covers the inhalation, injection, ingestion and the presence of a specific prohibited substance/drug or its metabolites in the body or body fluids.

Prohibited substances/drugs include alcohol, illicit drugs, controlled substance use without a valid prescription, misused prescription or over-the-counter drugs, synthetic cannabinoids such as K2 and Spice. Medical marijuana usage under the Arkansas Medical Marijuana Amendment is subject to Act 593 of 2017, which prohibits an employee in a safety-sensitive position from using medical marijuana even if the employee is a qualifying patient under the Amendment and/or holds a registry identification card. Employees in non-safety sensitive

positions are subject to the provisions of the Arkansas Medical Marijuana Amendment and Act 593 of 2017.

B. Proper Use of Prescription Medications. For purposes of this policy, "prescription" or "prescribed drugs" means a written or oral order for a pharmaceutical drug for use by a particular person given by a practitioner in the course of professional practice, including controlled substances, prescribed in accordance with the regulations promulgated by the director of the United States Drug Enforcement Administration pursuant to the federal drug abuse control laws. This definition does not include a recommendation for use of medical marijuana, as the use of marijuana by a worker is prohibited during working hours, including any lunch or other breaks.

Some tests are positive because of prescribed drugs. ACC supports accepted medical practices with the assumption that prescription medications will be taken as directed, by those for whom it was prescribed, for the problem diagnosed. Failure to comply with specific medical directions may leave a person without a valid explanation of the presence of a controlled substance in case of a positive drug test. The presence of prescribed drugs in the employee's system, in an amount exceeding prescription direction, will be considered a positive test resulting from abuse of prescription medication. Any employee who is prescribed medication at a level that impairs work performance must notify their supervisor immediately prior to assignment of duty.

C. Medication That Causes Impairment. An employee taking a prescribed or an over-the-counter medication that affects alertness, judgment, or behavior in ways that are likely to impair job performance **MUST** notify their supervisor of that fact **PRIOR** to assuming their post. Failure to do so may result in disciplinary action up to and including termination.

D. Safety-Sensitive Positions. Safety-sensitive positions involve job duties where impairment may present a clear and present risk to co-workers or other persons, and include any position where a momentary lapse in attention could result in injury or death to another person. A safety-sensitive position includes, but is not limited to, a position in which a drug or alcohol impairment constitutes an immediate and direct threat to public health and safety, such as a position that requires an employee to: (i) carry a firearm; (ii) perform life-threatening procedures; (iii) work with confidential information or criminal investigations; (iv) work with controlled substances; (v) maintain a commercial driver's license; (vi) drive a vehicle or operate heavy equipment as part of normal duties; (vii) be prepared to use justified physical force against persons to maintain order or security.

Workers in ACC safety-sensitive positions must NOT use medical marijuana, even if they have a valid medical marijuana card. ACC safety-sensitive positions include the following:

- all workers assigned to Residential Centers (including the transport team),
- workers who are certified law enforcement officers or hold law enforcement positions,
- workers in Parole/Probation Treatment positions,
- workers who perform drug testing, and
- workers whose job duties require regular supervision of offenders including but not limited to Career Placement and Planning Specialists; and

- workers who have access to confidential offender information in eOMIS.

VI. TESTING PROCEDURES, CONFIRMATION AND DOCUMENTATION.

The ACC Human Resources Administrator must appoint a Central Drug Test Coordinator and ensure testing requirements in this policy are fulfilled. Every Community Correction Center and Parole/Probation area will designate a Drug Testing Coordinator (DTC) to coordinate and administer drug and alcohol tests. It is the responsibility of the Central Drug Testing Coordinator to schedule annual system-wide training, and to provide training as requested by the Center Supervisors, Area Managers, or the Unit Drug Testing Coordinator. All training conducted should be documented in Relias. Questions that arise about procedures, policy or the law are to be referred to the Central Drug Testing Coordinator, the Chief Deputy Director or the appropriate Deputy Director. Workers who will be tested must show photo identification when requested by the DTC. Specimens will be collected in a manner reasonably calculated to address privacy considerations, while preventing the substitution, contamination, and adulteration of specimens. Chain of custody procedures must be followed to preclude the possibility of erroneous identification of test results.

A. Test Conditions and Whom to Test. Testing must not be used in a discriminatory manner nor used to harass, punish or discipline. Specimen collection procedures will include minimizing the number of persons handling specimens and using the chain of custody form to precisely record sample transfers from one person to another. A "screening test" is a preliminary test used to eliminate "negative" specimens from further consideration. Specimens that test "positive" on the screen are subject to a confirmation test. Employee Drug Testing will be as follows:

1. Conditional Employees. Test all applicants/newly-hired employees, including rehires, who receive conditional offers of employment. The Central Drug Testing Coordinator (DTC) must check the Office of Driver Services records for hires into positions requiring CDL's to determine and report prior positive substance abuse.

2. Volunteers and Contractors. Aspects of this policy apply to volunteers and contractors such as testing methods and consequences of positive tests or refusal to test. Refer to the Volunteer Services directive for additional guidance on volunteers and contractor personnel.

3. Commercial Driver's Licensed (CDL) Workers. CDL workers must adhere to the United States Department of Transportation (DOT) and the Arkansas Office of Driver Services requirements. All CDL workers will be selected for alcohol and drug testing on an irregular basis, at least twice per year. Selection for a random test may count toward these tests, however more than two tests per year may be given. The Central DTC must report to the Office of Driver Services within 3 business days the results of an alcohol screening test performed on CDL licensed workers if the results of the screening test are positive or the CDL employee refuses to provide a specimen for the testing.

4. Post Incident Testing.

   a. Parole/Probation Area Managers and Center Supervisors must keep a supply of non-expired test cups; and ensure these are used for testing employees post-incident. When an employee is tested, negative results must be documented and the report sent to the Central DTC. If positive, the chain of custody process must be used and the sample must be sent to a lab, and where appropriate an MRO, as described elsewhere in this policy. Results must be provided to the Central DTC. An Area Manager, Center Supervisor or above can approve use of a medical facility in place of an ACC-administered screening test when appropriate.

   b. It is the worker's responsibility to contact his/her supervisor, the DTC, or the HRA to get testing instructions and present himself or herself to be tested within 2 hours after one of the following incidents (in addition to this, CDL licensed employees must follow guidance in the "CDL Drivers" paragraph):

      (1) Work related accident with injury involving a personal or state vehicle;
      (2) Moving traffic violation in conjunction with an accident involving a state vehicle or while on state business in a personal vehicle;
      (3) Work related incident involving a worker that results in injury or death;

      (4) The intentional or accidental discharge of a firearm while on duty, other than range practice or training, whether or not injury or death occurs;
      (5) Work related incident or accident (other than vehicle) resulting in damage or property loss. In these situations, the supervisor may consult with the deputy director to determine whether testing is required; and
      (6) When a worker's actions or performance could have contributed to a serious accident or serious incident. In these situations, the supervisor may consult with the deputy director to determine whether testing is required.

   Note, Refer to the Reporting and Investigating Incidents, Hazards and Maltreatment policy for additional requirements.

   c. CDL Drivers. Following an incident involving a commercial motor vehicle, testing for alcohol, marijuana and controlled substances must be made for each surviving ACC CDL driver, if injuries or loss of human life were involved or the driver received a citation for a moving traffic violation in conjunction with an accident.

      A CDL driver is subject to post accident testing and must actively seek such testing or the driver may be deemed to have refused to submit to testing for alcohol and drugs. It is the worker's and supervisor's joint responsibility to ensure the worker is tested within the prescribed period. When testing is not conducted by law enforcement after an accident, the worker must immediately contact his or her supervisor, the DTC, or the HRA for testing instructions. Supervisors must provide CDL drivers with necessary post-accident information, procedures, and instructions prior to the driver operating a commercial motor vehicle, to assist the worker in complying with these requirements.

(1) Alcohol Testing. Post-accident alcohol testing of CDL drivers must be conducted within two (2) hours of the accident or the immediate supervisor must provide written justification to the Central DTC for not having the test promptly administered. If the alcohol test is not administered within eight (8) hours following the accident, cease attempts to administer an alcohol test and prepare a written justification stating the reasons the test was not promptly administered. This justification will be submitted in an envelope marked confidential to the Central DTC who will report this information to the appropriate Deputy Director and maintain the documentation. Documentation must be forwarded to the Arkansas Office of Driver Services and Federal Highway Administration (FHWA) as required or requested.

(2) Controlled Substance Testing. This policy requires post-accident controlled substance testing to be conducted within 2 hours following an accident; however, if testing is not done in this time, testing must still be done and must be completed within 32 hours to meet federal requirements. If not, the supervisor must provide written justification to the Central DTC for not having the test administered. Such justification must be submitted in an envelope marked confidential to the Central DTC who will report this information to the appropriate Deputy Director who will maintain the documentation. Such documentation will be forwarded to the FHWA upon request and in accordance with the law.

(3) Other Acceptable Post Accident Test. Other test results are acceptable when they meet all of the following criteria:

- conducted by Federal, State or local officials having independent authority for the test and
- conducted in conformance with applicable Federal, State or local requirements and
- test results are provided to the DTC/Central DTC, and
- the test method is a breath, blood, or saliva test to determine the use of alcohol or a saliva or urine test for determining the use of controlled substances.

5. Reasonable Suspicion. Reasonable suspicion exists when there is a degree of certainty based on facts and reasonable inferences drawn from that cause one to believe that a person has violated the law or policy or is under the influence of alcohol or drugs. Reasonable suspicion testing must be conducted as soon as the facts and circumstances leading to suspicion of prohibited drug or alcohol use are gathered. The supervisor will coordinate with the Central DTC or HRA for testing instructions and completion of a Reasonable Suspicion Affidavit. This testing activity must be reported to the appropriate deputy director. Regardless of the test result, the reason for such testing must be submitted to the Central DTC as soon as possible but no later than 72 hours following testing. Reasonable suspicion testing does not require certainty but "hunches" are not sufficient to meet this standard. Some circumstances that may support reasonable suspicion include the following:

a. observation of possession or use of a prohibited drug or paraphernalia or manifestations of being under the influence of a prohibited drug or alcohol, or other such observations;
b. abnormal conduct or erratic behavior while at work;
c. excessive absenteeism or frequent absences on Mondays, Fridays, payday or the day after;
d. frequent worker's compensation claims;
e. frequent tardiness;
f. deterioration in work performance;
g. a report of prohibited drug use provided by a reliable and credible source;
h. evidence or suspicion of or tampering with the drug test;
i. evidence that a worker is involved in the possession, sale, solicitation, manufacturing or transfer of prohibited drugs;
j. evidence that a worker is being treated for substance abuse.

A person is reasonably perceived to be under the influence of alcohol or drugs if they display symptoms of the current use of alcohol or drugs, including the following:

a. symptoms of the worker's speech, walking, standing, physical dexterity, agility, coordination, actions, movement, demeanor, appearance, clothing, odor, or other irrational or unusual behavior that are inconsistent with the usual conduct of the worker;
b. negligence or carelessness in operating equipment, machinery, or production or manufacturing processes;
c. disregard for safety; or
d. other symptoms causing a reasonable suspicion that the current use of alcohol or drugs may negatively impact the performance of the job duties or tasks or constitute a threat to health or safety.

6. Follow-Up Testing. Follow-up testing, for a period not to exceed 2 years as determined by the immediate supervisor, may be conducted as a condition of employment or continued employment where a worker is drug-free but has a documented drug history. This category of testing is in addition to random testing and will be conducted on an irregular basis by the supervisor or DTC.

7. Random Testing. Random drug tests will only be conducted of workers in safety-sensitive positions. Any Center Supervisor or Area Manager may conduct unannounced drug testing of a sample of, or the entire population of (excluding non-safety sensitive positions) any section of employees supervised. Sampling will be conducted by acceptable statistical means such that every member of the employee group has an equal chance of being tested. A random testing sample should be drawn at unpredictable intervals at each Center and Area. The Drug Testing Coordinator, in consultation with the Center Supervisor and/or Area Manager, will determine the number of staff to be tested, but not less than 5% quarterly.

8. After Hours Testing. When reasonable suspicion testing after normal work hours is necessary, the worker's supervisor will provide a testing packet and authorization form and will ensure the worker is tested. Contact the DTC for instructions.

9. Nothing in this policy should be construed to require the delay of necessary medical attention or to prohibit leaving the scene of an accident for the period necessary for an employee to obtain required emergency medical care or assistance following an accident.

B. Testing for Prohibited Substances.

1. ACC requires substance abuse testing of urine, saliva, and/or breath for prohibited substances, including but not limited to, cocaine, marijuana metabolites, K2, opiates, phencyclidines (PCP), amphetamines, and alcohol. A contractor, local sheriff, or other trained police agency with evidentiary breathalyzer trained personnel, may be asked to conduct a breathalyzer test to confirm a positive alcohol test. Initial substance abuse screening tests are typically conducted by the Central DTC or their designee. Positive specimens or challenged results must be submitted for confirmatory testing to a Substance Abuse and Mental Health Services Administration (SAMHSA) approved lab. Urine specimen collection will be by indirect observation unless there is reason to believe the specimen may be altered or substituted, in which case direct observation must be used. Workers must show photo identification when requested by the DTC. Chain of custody procedures must be followed to avoid errors in test results. A Medical Review Officer (MRO) will review positive lab results, scrutinizing for possible alternate explanations and conducting necessary medical interviews with the employee and his/her physician concerning the legitimacy of the presence of drugs in the employee's system. An MRO is a licensed physician who is responsible for evaluating, interpreting and providing results of drug and alcohol tests.

2. When there is a work related incident involving a worker that results in serious injury or death, follow guidance in the "Post Incident Testing" guidance above. In other situations, the DTC must perform the following when conducting a post-accident or incident drug screening test:

   a. Notify the immediate supervisor, Deputy Director, and HRA as soon as practical. Do not delay the screening test to make these notifications.
   b. Use the testing materials provided by ACC.
   c. Conduct only one test.
   d. Seal the specimen in the presence of the tested person.
   e. Require the tested person to initial and date the seal.
   f. Ensure the "Drug Testing Chain-of-Custody," Form 760 is complete and secured with the specimen.
   g. For positive test results, contact the HRA or Central DTC for confirmation instructions. Provide copies of all documentation to the HRA, regardless of the results.

3. All new, rehired, and reassigned ACC employees who will be issued a firearm must be tested for both drugs and alcohol prior to being issued a firearm.

4. All workers will be grouped for test scheduling. Workers will be randomly chosen for periodic testing using an acceptable statistical selection system. No worker will be given advance notice of an impending test. If a worker is on duty, there are very few reasons, if any, why they should not be tested. On the testing day, the DTC will notify the supervisors of workers to be tested. Workers will report to the collection site for testing as soon as possible but not later than two hours from receiving notice of the requirement to test. Testing schedules for CDL and workers identified for follow-up will be managed by the DTC on a random but individual basis in a similar manner as described above.

   Testing of workers for other reasons will not excuse them from random testing when selected.

C. Failure or Inability to Produce Specimen. A worker must remain at the test site until a sample is produced or the end of the workday, whichever comes first. If the worker is unable to produce a sample on the day requested, the worker must contact his/her supervisor for further instructions. The Central DTC will also contact the appropriate Deputy Director.

D. Adulteration/Attempted Adulteration of Sample. If it is determined that a worker adulterated or attempted to adulterate a specimen collected for substance abuse testing the worker is subject to the same discipline as a worker who has a confirmed positive test.

E. Validating Test Results. Following specimen testing, positive results will be forwarded to the MRO. The MRO may also be provided results of a screening saliva test along with confirmatory evidentiary breath results for review. The MRO will confidentially contact the worker. If the worker cannot be reached at the number provided, the MRO will call the Central DTC for assistance. The MRO may question the worker concerning use of prescription drugs and medical treatments which may have impacted the positive test result. Prescriptions and/or treatments reported by the tested worker may be verified by the MRO with the pharmacy or doctor as appropriate. Workers are responsible to provide the MRO medical information which may explain a positive test result. Workers are also responsible to cooperate fully with the verification process. Failure to cooperate will result in a "reported positive" test result. If the worker cannot be contacted within three (3) work days the MRO will report a positive test result. Where there is a legitimate medical explanation for a positive test, the result will be reported by the MRO as a negative test result.

The MRO will maintain confidentiality throughout all phases of his or her involvement and will discuss a worker's medical information only with the worker and other medical officials as necessary to verify information provided. The MRO will provide the Central DTC with a positive or negative test result and information on adulterants or possible attempted dilution. For CDL employees, the MRO must report within 3 business days to the Office of Driver Services valid positive drug test results for any of the following drugs: marijuana metabolites; K2; cocaine metabolites; amphetamines; meth (methamphetamines), opiate metabolites; or phencyclidine (PCP); or the submission of an adulterated, diluted, or substituted specimen on a performed test. The Central Drug Test Coordinator must report any refusal to provide a specimen to the Office of Driver Services.

F. **Consequences of Positive Test or Refusal to Test.** A refusal to test for a prohibited substance will be treated as a positive test result. A confirmed positive test result or refusal to test by an applicant or employee will result in withdrawal of the conditional offer of employment or termination of employment. Services of volunteers, interns, and extra help will have their work with ACC terminated and entry on ACC premises denied for a confirmed positive test result. A confirmed positive test result or refusal to test by a contract worker will result in denied access to ACC premises.

G. **Confidentiality.** Every worker is responsible to respect the privacy of coworkers and to maintain strict confidentiality regarding drug or alcohol test results. This means only those persons managing the drug testing program and those in the worker's chain of supervision with a need to know may be informed or granted access to an individual's test results. The Central DTC will report quarterly unidentifiable aggregate test results for use by management. Results of individual substance abuse tests may be released to the following:

1. The worker;
2. The worker's supervisory chain;
3. Pursuant to a court order;
4. Medical personnel (for the purpose of meeting medical emergencies of the worker or medical review);
5. ACC Human Resource medical employee file;
6. Law enforcement agencies, Office of Driver Services and FHWA, to an employer and/or the IAA for CDL drivers;
7. Human Resources Administrator and DTC;
8. MRO (Medical Review Officer)
9. SAMHSA certified lab (for positive screens)
10. Other parties upon the written consent of the worker.

VII. SUBSTANCE ABUSE ASSISTANCE.

A. **Employee Requests for Assistance.** An employee may come forward at least twenty-four (24) hours prior to gaining knowledge of or being notified of a scheduled test and admit an alcohol or drug problem to his or her supervisor and request referral to the Employee Assistance Program (EAP). Alternatively, the employee may choose to enroll, at his or her own expense, in a licensed drug treatment program. The employee admitting use must be tested immediately. The supervisor will note the time and date of the employee request and report this information to the Central DTC. Based upon the testing result, one of the following will occur:

1. If the test is positive, the supervisor will require the employee to go on leave without pay status or use any accrued annual, holiday, or compensatory leave. The supervisor will contact the Central DTC to place the employee in follow-up testing as part of the treatment program with the results provided confidentially to his or her supervisor. The employee's job position will be held available for the employee for no more than 30 calendar days. The employee may return to work within the 30 days following negative test results reported to the supervisor. On return to work, the employee will be subject to all conditions for testing, post-accident, reasonable suspicion, follow-up and random testing. Any subsequent confirmed positive test will result in immediate termination of

employment. The employee must successfully complete the treatment program and have the results reported to his or her supervisor within 10 business days of completing the program.

2. If the test is negative, the employee may be allowed to continue at work, enter into drug treatment through EAP and/or a licensed treatment program, and be subject to drug testing at his or her own expense through the treatment program. Drug test results will be provided confidentially to the employee's supervisor. The supervisor will confidentially report the results to the Central DTC. The employee will continue to be subject to all conditions for testing. Any subsequent confirmed positive test will result in immediate termination of employment.

B. Unreported Employee Treatment. If a supervisor learns of any employee's enrollment in a substance abuse treatment program that has not been reported to him/her by the employee, such knowledge may be used as a basis for reasonable suspicion testing. If confirmed positive, employment must be terminated. If negative, the procedures in sub-paragraph VII.A.2 above are applicable.

C. Treatment Program Completion. Evidence of successful completion of a substance abuse treatment program does not guarantee employment.

D. Notice of Drug-Free Workplace. Advertisements for vacant positions will identify ACC as a Drug-Free Workplace. Job Vacancy Announcements will state that applicants offered conditional employment will be drug tested. Workers will be provided access to this administrative directive and will sign a statement indicating his or her reading and understanding of the contents, which will be maintained in the employee's personnel file.

E. Hiring Applicants with a Documented Drug/Alcohol Abuse History. ACC will not discriminate against applicants for employment because of a past history of substance abuse. Individuals who have failed a pre-employment drug test may reapply after a period of one year but must present themselves drug and alcohol-free. Such applicants, if employed, are subject to follow-up testing for two years as described above. Applicants for positions that require CDL's who have a history of a positive drug and/or alcohol tests must have completed a treatment program or and educational program prescribed by a substance abuse counselor and who has been eligible to assume the duties of the position by the employer as provided under federal statute.

VIII. REPORTING. When there is reasonable suspicion of illegal activity contact the supervisor and Chief or appropriate Deputy Director and the Director. Also, follow applicable ACC guidance for reporting and investigating accidents and incidents.

Pursuant to the "Code of Ethics and Rules of Conduct" policy, workers (employees and agents) taking prescription drugs must notify their immediate supervisor of any physical or pharmacological condition that causes physical or cognitive impairment that could affect their ability to perform the essential functions of their duties safely; see the rule for details.

The Drug Testing Coordinator will immediately notify the Center Supervisor/Area Manager and the Central Drug Testing Coordinator of any positive employee drug test. The Area Manager/Center Supervisor will notify the Deputy or Assistant Director in the employee's chain of command and the Human Resources Administrator.

Pursuant to the "Weapons and Security Equipment" administrative directive, employees who are authorized to carry a firearm and/or less than-lethal weapons must notify their immediate supervisor of any physical, psychological or pharmacological conditions causing physical or emotional impairment that could affect their ability to perform the essential functions of their duties or carry/use a firearm or less-than-lethal weapon safely; see the policy for details.

IX. APPEAL/GRIEVANCE. Positive test results are not a matter for appeal or grievance unless discrimination or improper application of this directive is claimed as the reason for a positive test result.

X. ATTACHMENTS.

Form 760 "Drug Testing Chain of Custody Form"

Arkansas Community Correction
DRUG TESTING CHAIN OF CUSTODY FORM

Donor Name – Print (Last, First, MI): _____

Donor Social Security Number: _____

Reason for Test: ☐ Pre-Employment ☐ Random
☐ Reasonable Suspicion/Cause ☐ Post Incident/Accident

Tests to be Performed: ☐ Drug Test ☐ Alcohol

Collection Site Address: _____ (Area/Center) _____ (City)

Should the results of the test for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask questions regarding prescriptions and over-the-counter medications you may have taken.

I certify that I provided my specimen to the collector, I have not adulterated it in any manner, and the information on this form and on the label affixed is correct.

_____ (Signature of Donor) _____ (Date)

_____ (Daytime Phone Number with Area Code) _____ (Evening Phone Number with Area Code)

I certify that the specimen was given to me by the donor above.

_____ (Signature of DTC) _____ (Date) _____ (Print DTC's Name)

☐ Negative ☐ Positive

_____ (Date)

I ☐ ***do*** ☐ ***do not accept the results.*** *If I chose to contest the above results, I acknowledge that I am responsible for a $65 deposit for each confirmation. If the confirmation by a Medical Review Officer returns positive, the $65 deposit will be forfeited and I may face appropriate disciplinary action up to and including termination of employment.*

_____ (Donor/Employee Signature) _____ (Witness) _____ (Date)

I certify that the specimen was given to me by the collector above.

_____ (Signature of Sample Receiver) _____ (Date) _____ (Print Sample Receiver's Name)

I certify that the specimen was given to me by the person above.

_____ (Signature of Sample Receiver) _____ (Date) _____ (Print Sample Receiver's Name)

I certify that the specimen was given to me by the person above.

_____ (Signature of Sample Receiver) _____ (Date) _____ (Print Sample Receiver's Name)

Arkansas Community Correction

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: ~~13-08~~198-12 Drug-Free Work Place

TO:
Correction Employees

Arkansas Community

FROM:
Murphy, Director

~~DAVID EBERHARD~~Kevin

SUPERSEDES: AD ~~11-04~~13-08

APPROVED: ~~Signature on file~~ **EFFECTIVE: ~~July 17, 2013~~June 25, 2019**

I. **APPLICABILITY.** This directive applies to ~~Department of~~Arkansas Community Correction (ACC) employees, extra help, interns, volunteers, applicants who have received a conditional offer of employment, and contractors ("collectively referred to as workers"), unless the contractor operates a drug-testing program acceptable to ~~the DCC~~ACC.

II. **POLICY.** It is ACC's intent to comply with the Drug-Free Workplace Acts of 1988. ~~The DCC~~ACC is committed to adhering to ~~all~~ laws regarding possession and use of prohibited drugs, providing a safe work environment, ~~and~~ fostering the well-being and health of workers, and ensuring that no employees are impaired in the performance of their public duties by intoxicating substances. ~~The DCC~~ACC prohibits the unlawful manufacture, purchase, distribution, dispensing, possession, or use of prohibited drugs by employees, extra help, interns, volunteers, and contractors. All covered workers must refrain from reporting to work while their ability to perform job duties is impaired due to the use of alcohol or other drugs. (4-ACRS-7C-02; 4-APPFS-3C-01)

III. OVERVIEW.

This policy sets standards and procedures for the ACC drug-testing program to ensure testing is fair and impartial, and to provide appropriate procedural safeguards to protect the reliability and confidentiality of test results. The ~~DCC~~ACC drug-testing program will aid worker and public safety, advance workplace security, and promote public trust in the ACC.

IV. **DEFINITIONS.**

A. **Chain of Custody.** Procedures to account for the integrity of each specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen, using an agency approved chain of custody form.

B. **Confirmatory Test.** A second analytical procedure performed to identify the presence of a specific drug or metabolite. The confirmatory test is independent of the screening test and uses a different technique and chemical principle in order to ensure reliability and accuracy.

C. **Controlled Substance.** A drug, substance, or immediate precursor in Schedules I. through VI, as defined in Ark. Code Ann. §5-64-101.

D. **Documented Drug or Alcohol Abuse History.** Any reported history of drug abuse or alcohol abuse for which the individual must maintain recovery as a condition of employment; criminal history records; or internal drug testing records.

E. **Drug Testing Coordinator (DTC).** The ADCC employee designated to conduct employee drug testing activity.

F. **Medical Review Officer (MRO).** A licensed physician who is responsible for evaluating, interpreting, and providing results of drug and alcohol tests.

G. **Urine Test Observation.** For urine specimen collection, there are two types of observation, direct and indirect. Direct Observation is visualization of the urine stream leaving the body and entering the test cup. Indirect Observation means presence in the immediate area balancing the need for privacy with prudent measures for preventing adulteration or substitution of samples.

H. **Prohibited Drug.** Alcohol, illicit drug, misused prescription or over-the-counter drug, K2 (recipe name JWH-018) substances present in the employee's system while the employee is on duty (including breaks).

I. **Random Testing.** Workers are selected without plan or purpose and are tested on an unannounced basis. The selection mechanism results in an equal probability that any worker from a group of workers will be selected. The methodology used prevents supervisor or worker discretion to waive or influence the selection of any person.

~~J. **Safety/Security Sensitive Positions.** Members of the Management Team, Parole/Probation Assistant Directors, Parole/Probation Services Managers, Assistant Area Managers, Officers, Agents, and Career Planning and Placement Specialists and Substance Abuse Program Leaders in Parole/Probation Services, and all residential center staff.~~

~~K. **Screening Test.** A preliminary test used to eliminate "negative" specimens from further consideration. Specimens that test "positive" on the screen are subject to a confirmation test.~~

~~L. **Use (of prohibited drug).** The inhalation, injection, ingestion or the presence of a specific prohibited drug(s) or its metabolites in the body or body flui~~

V. SUBSTANCE/DRUG PROHIBITIONS, PRESCRIPTIONS AND MEDICAL MARIJUANA.

A. **Substance/Drug Prohibitions.** Workers are prohibited from using and possessing prohibited substances/drugs in violation of state law, federal law and ACC policy unless a stated exception in this policy applies. This prohibition covers the inhalation, injection, ingestion and the presence of a specific prohibited substance/drug or its metabolites in the body or body fluids.

Prohibited substances/drugs include alcohol, illicit drugs, controlled substance possession/use without a valid prescription, misused prescription or over-the-counter drugs, synthetic

cannabinoids such as K2 and Spice ~~(recipe name JWH-018). Marijuana possession/use is prohibited unless an exception described in this policy applies. Workers are advised that detectable traces of marijuana remain in the body long after the intoxicating effects have subsided, this can be 30 or more days after use.~~ Medical marijuana usage under the Arkansas Medical Marijuana Amendment is subject to Act 593 of 2017, which prohibits an employee in a safety-sensitive position from using medical marijuana even if the employee is a qualifying patient under the Amendment and/or holds a registry identification card. Employees in non-safety sensitive positions are subject to the provisions of the Arkansas Medical Marijuana Amendment and Act 593 of 2017.

~~As stated in the "Code of Ethics and Rules of Conduct" policy: "Use of Alcohol While on the Job," Employees and agents must not perform duties under the influence of alcohol nor consume alcohol during work hours, on or off state-owned or state leased property, including lunch and break periods."~~

~~Workers must not have prohibited substances/drugs present in the worker's body while the worker is on duty, on breaks or during lunch periods. Workers may also be held accountable if such prohibited substances/drugs are present off duty when such use is illegal or problems arise.~~ ~~**Exceptions to Substance/Drug Prohibitions.**~~

~~1. Workers may possess prohibited substances when required in the performance of duties such as when confiscating illegal drugs during a home visit.~~
~~2. ACC does not restrict the possession and use of alcohol outside of duty hours; however, workers must not be impaired by residual effects of alcohol when on duty and must not have detectable levels of alcohol in their body when on duty.~~
~~3. Worker restrictions pertaining to medical marijuana are described elsewhere in this policy.~~

B. Proper Use of Prescription Medications. For purposes of this policy, "prescription" or "prescribed drugs" means a written or oral order for a pharmaceutical drug for use by a particular person given by a practitioner in the course of professional practice, including controlled substances, prescribed in accordance with the regulations promulgated by the director of the United States Drug Enforcement Administration pursuant to the federal drug abuse control laws. This definition does not include a recommendation for use of medical marijuana, as the use of marijuana by a worker is prohibited during working hours, including any lunch or other breaks.

Some tests are positive because of prescribed drugs. ACC supports accepted medical practices with the assumption that prescription medications will be taken as directed, by those for whom it was prescribed, for the problem diagnosed. ~~If a worker chooses to take medication prescribed for a spouse or other family member, it is the worker's responsibility to contact his/her physician and obtain the doctors approval.~~ Failure to comply with specific medical directions may leave a person without a "valid" explanation of the presence of a controlled substance in case of a positive drug test. The presence of prescribed drugs in the employee's system, in an amount exceeding prescription direction, will be considered a positive test resulting from abuse of prescription medication. Any employee who is prescribed medication at a level that impairs work performance must notify their supervisor immediately prior to assignment of duty.

C. Medication That Causes Impairment. An employee taking a prescribed or an over-the-counter medication that affects alertness, judgment, or behavior in ways that are likely to impair job performance **MUST** notify their supervisor of that fact **PRIOR** to assuming their post. Failure to do so may result in disciplinary action up to and including termination.

D. ~~Medical Marijuana~~Safety-Sensitive Positions. Safety-sensitive positions involve job duties where impairment may present a clear and present risk to co-workers or other persons, and include any position where a momentary lapse in attention could result in injury or death to another person. A safety-sensitive position includes, but is not limited to, a position in which a drug or alcohol impairment constitutes an immediate and direct threat to public health and safety, such as a position that requires an employee to: (i) carry a firearm; (ii) perform life-threatening procedures; (iii) work with confidential information or criminal investigations; (iv) work with controlled substances; (v) maintain a commercial driver's license; (vi) drive~~r~~ a vehicle or operate heavy equipment as part of normal duties; (vii) be prepared to use justified physical force against persons to maintain order or security.

1. ~~Safety-Sensitive Positions.~~ Workers in ACC safety-sensitive positions must NOT use medical marijuana, even if they have a valid medical marijuana card. ACC safety-sensitive positions include the following:

- ~~A~~all~~L~~ workers assigned to Residential Centers (including the transport team). ~~Residential Services transport team~~
~~workers in law enforcement positions~~
- workers who are certified law enforcement officers or hold law enforcement positions. ~~workers who are in Parole/Probation management positions~~
~~workers who are authorized by ACC policy to carry firearms on or off duty~~
- workers in Parole/Probation Treatment positions.
- workers who ~~operate~~perform drug testing, and ~~machines, and~~
~~Management Team members, and~~
- ~~Internal Affairs Administrator.~~
- workers whose job duties require regular supervision of offenders including but not limited to Career Placement and Planning Specialists; and
- workers who have access to confidential offender information in eOMIS.

~~Note, the Arkansas Medical Marijuana law allows Arkansas Community Correction to prohibit use of medical marijuana by workers in designated "safety-sensitive positions," even when such workers have a valid medical marijuana use card. 2. NON-Safety-Sensitive Positions. ACC workers who are NOT in safety-sensitive positions may use marijuana only when they have a valid medical marijuana card and they must use it as prescribed. Authorized use does not excuse workers from complying with applicable policy such as policy pertaining to the Code of Ethics and Rules of Conduct and safety policy.~~

~~IV~~VI. **TESTING PROCEDURES, CONFIRMATION AND DOCUMENTATION.** The ACC Human Resources Administrator must appoint a Central Drug Test Coordinator and ensure testing requirements in this policy are fulfilled. Every Community Correction Center and Parole/Probation area will designate a Drug Testing Coordinator (DTC) to coordinate and administer drug and alcohol tests. It is the responsibility of the Central Drug Testing Coordinator to schedule annual system-wide training, and to provide training as requested by the Center Supervisors, Area Managers, or the Unit Drug Testing Coordinator. All training conducted should be documented in Relias. Questions that arise about procedures, policy or the law are to be referred to the Central Drug Testing Coordinator, the Chief Deputy Director or the appropriate Deputy Director. Workers ~~to~~ who will be tested must show photo identification when requested by the DTC. Specimens will be collected in a manner reasonably calculated to address privacy considerations, while preventing the substitution, contamination, and adulteration of specimens. Chain of custody procedures must be followed to preclude the possibility of erroneous identification of test results.

A. **Test Conditions and Whom to Test.** Testing must not be used in a discriminatory manner nor used to harass, punish or discipline. Specimen collection procedures will include minimizing the number of persons handling specimens and using the chain of custody form to precisely record sample transfers from one person to another. A "screening test" is a preliminary test used to eliminate "negative" specimens from further consideration. Specimens that test "positive" on the screen are subject to a confirmation test. Employee Drug Testing will be as follows:

1. Conditional Employees. Test all applicants/newly-hired employees, including rehires, who receive conditional offers of employment ~~with the DCC~~. The Central ~~DCC Internal Affairs Administrator (IAA) Human Resources Background Section employee~~Drug Testing Coordinator (DTC) must check the Office of Driver Services records for hires into positions requiring CDL's to determine and report prior positive substance abuse.

2. Volunteers and Contractors. Aspects of this policy apply to volunteers and contractors such as testing methods and consequences of positive tests or refusal to test. Refer to the Volunteer Services directive for additional guidance on volunteers and contractor personnel.

3. Commercial Driver's Licensed (CDL) Workers. CDL workers must adhere to the United States Department of Transportation (DOT) and the Arkansas Office of Driver Services requirements. All CDL workers will be selected for alcohol and drug testing on an irregular basis, at least twice per year. Selection for a random test may count toward these tests, however more than two tests per year may be given. ~~DCC~~ The ~~Human Resources Background Section employee~~Central DTC must report to the Office of Driver Services within 3 business days the results of an alcohol screening test performed on CDL licensed workers if the results of the screening test are positive or the CDL employee refuses to provide a specimen for the testing.

4. Post Incident Testing.

   a. Parole/Probation Area Managers and Center Supervisors must keep a supply of non-expired test cups ~~that have been provided by the ACC DTC~~; and ensure these are used for testing employees post-incident. When an employee is tested, negative results must be documented and the report sent to the Central DTC. If positive, the chain of custody process must be used and the sample must be sent to a lab, and where appropriate an MRO, as described elsewhere in this policy. Results must be provided to the Central DTC. An Area Manager, Center Supervisor or above can approve use of a medical facility in place of an ACC-administered screening test when appropriate.

   b. It is the worker's responsibility to contact his/her supervisor, the DTC, or the ~~IAA~~ HRA to get testing instructions and present himself or herself to be tested within 2 hours after one of the following incidents (in addition to this, CDL licensed employees must follow guidance in the "CDL Drivers" paragraph):

      (1) Work related accident with injury involving a personal or state vehicle;
      (2) Moving traffic violation in conjunction with an accident involving a state vehicle or while on state business in a personal vehicle;
      (3) Work related incident involving a worker that results in ~~serious~~ injury or death;
      (~~3~~4) The intentional or accidental discharge of a firearm while on duty, other than range practice or training, whether or not injury or death occurs~~.~~;
      (45) Work related incident or accident (other than vehicle) resulting in damage or property loss~~, or injury~~. In these situations, the supervisor may consult with the deputy director to determine whether

testing is required.~~;~~ and

(~~5~~6) When a worker's actions or performance could have contributed to ~~an~~ a serious accident or serious incident. In these situations, the supervisor may consult with the deputy director to determine whether testing is required.

Note, Refer to the Reporting and Investigating Incidents, ~~and~~ Hazards and Maltreatment policy for additional requirements.

c. CDL Drivers. Following an incident involving a commercial motor vehicle, testing for alcohol, marijuana and controlled substances must be made for each surviving ACC CDL driver, if injuries or loss of human life were involved or the driver received a citation for a moving traffic violation in conjunction with an accident.

A CDL driver is subject to post accident testing and must actively seek such testing or the driver may be deemed to have refused to submit to testing for alcohol and drugs. It is the worker's and supervisor's joint responsibility to ensure the worker is tested within the prescribed period. When testing is not conducted by law enforcement after an accident, the worker must immediately contact his or her supervisor, the DTC, or the ~~IAA~~ HRA for testing instructions. Supervisors must provide CDL drivers with necessary post-accident information, procedures, and instructions prior to the driver operating a commercial motor vehicle, to assist the worker in complying with these requirements.

(1) Alcohol Testing. Post-accident alcohol testing of CDL drivers must be conducted within two (2) hours of the accident or the immediate supervisor must provide written justification to the Central DTC for not having the test promptly administered. If the alcohol test is not administered within eight (8) hours following the accident, cease attempts to administer an alcohol test and prepare a written justification stating the reasons the test was not promptly administered. This justification will be submitted in an envelope marked confidential to the Central DTC who will report this information to the appropriate Deputy Director and maintain the documentation. Documentation must be forwarded to the Arkansas Office of Driver Services and Federal Highway Administration (FHWA) as required or requested.

(2) Controlled Substance Testing. This policy requires ~~Post~~post-accident controlled substance testing ~~should~~ to be conducted within 2 hours following an accident~~;~~, however, if testing is not done in this time, testing must still be done and must be completed within 32 hours to meet federal requirements. If not, the supervisor must provide written justification to the Central DTC for not having the test administered. Such justification must be submitted in an envelope marked confidential to the Central DTC who will report this information to the appropriate Deputy Director who will maintain the documentation. Such documentation will be forwarded to the FHWA upon request and in accordance with the law.

(3) Other Acceptable Post Accident Test. Other test results are acceptable when they meet all of the following criteria:

- conducted by Federal, State or local officials having independent authority for the test and
- conducted in conformance with applicable Federal, State or local requirements

and

- test results are provided to the DTC/Central DTC, and
- the test method is a breath, blood, or saliva test to determine the use of alcohol or a saliva or urine test for determining the use of controlled substances.

5. Reasonable Suspicion. Reasonable suspicion exists when there is a degree of certainty based on facts and reasonable inferences drawn from that cause one to believe that a person has violated the law or policy or is under the influence of alcohol or drugs. Reasonable suspicion testing must be conducted as soon as the facts and circumstances leading to suspicion of prohibited drug or alcohol use are gathered. The supervisor will coordinate with the Central DTC or ~~IAA~~ HRA for testing instructions and completion of a Reasonable Suspicion Affidavit. This testing activity must be reported to the appropriate deputy director. Regardless of the test result, the reason for such testing must be ~~recorded and~~ submitted to the Central DTC ~~in an envelope marked "Confidential"~~ as soon as possible but no later than 72 hours following testing. Reasonable suspicion testing does not require certainty but "hunches" are not sufficient to meet this standard. Some circumstances that may support reasonable suspicion include the following:

   a. observation of possession or use of a prohibited drug or paraphernalia or manifestations of being under the influence of a prohibited drug or alcohol, or other such observations;
   b. abnormal conduct or erratic behavior while at work;
   c. excessive absenteeism or frequent absences on Mondays, Fridays, payday or the day after;
   d. frequent worker's compensation claims;
   e. frequent tardiness;
   f. deterioration in work performance;
   g. a report of prohibited drug use provided by a reliable and credible source;
   h. evidence or suspicion of or tampering with the drug test;

   i. evidence that a worker is involved in the possession, sale, solicitation, manufacturing or transfer of prohibited drugs;
   j. evidence that a worker is being treated for substance abuse.

   A person is reasonably perceived to be under the influence of alcohol or drugs if they display symptoms of the current use of alcohol or drugs, including the following:

   a. symptoms of the worker's speech, walking, standing, physical dexterity, agility, coordination, actions, movement, demeanor, appearance, clothing, odor, or other irrational or unusual behavior that are inconsistent with the usual conduct of the worker;
   b. negligence or carelessness in operating equipment, machinery, or production or manufacturing processes;
   c. disregard for safety; or
   d. other symptoms causing a reasonable suspicion that the current use of alcohol or drugs may negatively impact the performance of the job duties or tasks or constitute a threat to health or safety.

6. Follow-Up Testing. Follow-up testing, for a period not to exceed 2 years as determined by the immediate supervisor, may be conducted as a condition of employment or continued employment where a worker is drug-free but has a documented drug history. This category of testing is in addition to random testing and will be conducted on an irregular basis by the supervisor or DTC.

7. Random Testing. Random drug tests will only be conducted of workers in safety-sensitive positions. ~~Random testing will be conducted of ACC workers using a neutral selection process.~~ Any Center Supervisor or Area Manager may conduct unannounced drug testing of a sample of, or the entire population of (excluding non-safety sensitive positions) any section of employees supervised. Sampling will be conducted by acceptable statistical means such that every member of the employee group has an equal chance of being tested. A random testing sample should be drawn at unpredictable intervals at each Center and Area. The Drug Testing Coordinator, in consultation with the Center Supervisor and/or Area Manager, will determine the number of staff to be tested, but not less than 5% quarterly. ~~The DTC will produce random test schedules and notify the supervisor as necessary and scheduled worker on the date of the test only.~~

8. After Hours Testing. When reasonable suspicion testing after normal work hours is necessary, the worker's supervisor will provide a testing packet and authorization form and will ensure the worker is tested. Contact the ~~IAA~~ DTC for instructions.

9. Nothing in this policy should be construed to require the delay of necessary medical attention or to prohibit leaving the scene of an accident for the period necessary for an employee to obtain required emergency medical care or assistance following an accident.

B. Testing for Prohibited Substances.

1. ~~The DCC~~ACC requires substance abuse testing of urine, saliva, and/or breath for prohibited substances, including but not limited to, cocaine, marijuana metabolites, K2, opiates, phencyclidines (PCP), amphetamines, and alcohol. A contractor, local sheriff, or other trained police agency with evidentiary breathalyzer trained personnel, may be asked to conduct a breathalyzer test to confirm a positive ~~alive~~ alcohol test. Initial substance abuse screening tests ~~will~~ are typically~~be~~ conducted by the Central DTC or their designee. Positive specimens or challenged results must be submitted for confirmatory testing to a Substance Abuse and Mental Health Services Administration (SAMHSA) approved lab. Urine specimen collection will be by indirect observation unless there is reason to believe the specimen may be altered or substituted, in which case direct observation must be used. ~~Employees~~ Workers must show photo identification when requested by the DTC. Chain of custody procedures must be followed to avoid errors in test results. A Medical Review Officer (MRO) will review positive lab results, scrutinizing for possible alternate explanations and conducting necessary medical interviews with the employee and his/her physician concerning the legitimacy of the presence of drugs in the employee's system. An MRO is a licensed physician who is responsible for evaluating, interpreting and providing results of drug and alcohol tests.
~~For urine specimen collection, there are two types of observation, direct and indirect. Direct Observation is visualization of the urine stream leaving the body and entering the test cup. Indirect Observation means presence in the immediate area balancing the need for privacy with prudent measures for preventing adulteration or substitution of samples.~~

2. When there is a work related incident involving a worker that results in serious injury or death, follow guidance in the "Post Incident Testing" guidance above. In other situations, t~~T~~he DTC must perform the following when conducting a post-accident or incident drug screening test:

a. Notify the immediate supervisor, Deputy Director, and ~~IAA~~ HRA as soon as practical. Do not delay the screening test to make these notifications.
b. Use the testing materials provided by ~~IAA~~ACC.
c. Conduct only one test.
d. Seal the specimen in the presence of the tested person.
e. Require the tested person to initial and date the seal.
f. Ensure the "Drug Testing Chain-of-Custody," Form 760 is complete and secured with the specimen.
g. For positive test results, contact the ~~IAA's~~ HRA or Central DTC ~~office (if unavailable contact your deputy director)~~ for confirmation instructions.

Provide copies of all documentation to the ~~IAA~~HRA, regardless of the results.

3. All new, rehired, and reassigned ACC employees who will be issued a firearm must be tested for both drugs and alcohol prior to being issued a firearm. ~~(4-APPFS-3A-22[P])~~

4. All workers will be grouped for test scheduling. Workers will be randomly chosen for periodic testing using ~~a computer based~~an acceptable statistical selection system. No worker will be given advance notice of an impending test. If a worker is on duty, there are very few reasons, if any, why they should not be tested. On the testing day, the DTC will notify the supervisors of workers to be tested. Workers will report to the collection site for testing as soon as possible but not later than two hours from receiving notice of the requirement to test. Testing schedules for CDL and workers identified for follow-up will be managed by the DTC on a random but individual basis in a similar manner as described above.

Testing of workers for other reasons will not excuse them from random testing when selected.

C. Failure or Inability to Produce Specimen. A worker must remain at the test site until a sample is produced or the end of the workday, whichever comes first. If the worker is unable to produce a sample on the day requested, the worker must contact his/her supervisor for further instructions. The Central DTC will also contact the appropriate Deputy Director.

D. Adulteration/Attempted Adulteration of Sample. If it is determined that a worker adulterated or attempted to adulterate a specimen collected for substance abuse testing the worker is subject to the same discipline as a worker who has a confirmed positive test.

~~**E. Proper Use of Prescription Medications.** ACC supports accepted medical practices with the assumption that prescription medications will be taken as directed, by those for whom it was prescribed, for the problem diagnosed. If a worker chooses to take medication prescribed for a spouse or other family member, it is the worker's responsibility to contact his/her physician and obtain the doctors approval. Failure to comply with specific medical directions may leave a person without a "valid" explanation of the presence of a controlled substance in case of a positive drug test.~~

~~F~~E. **Validating Test Results.** Following specimen testing, positive results will be forwarded to the MRO. The MRO may also be provided results of a screening saliva test along with confirmatory evidentiary breath results for review. The MRO will confidentially contact the worker. If the worker cannot be reached at the number provided, the MRO will call the Central DTC for assistance. The MRO may question the worker concerning use of prescription drugs and medical treatments which may have impacted the positive test result. Prescriptions and/or treatments reported by the tested worker may be verified by the MRO with the pharmacy or doctor as appropriate. Workers are responsible to provide the MRO medical information which

may explain a positive test result. Workers are also responsible to cooperate fully with the verification process. Failure to cooperate will result in a "reported positive" test result. If the worker cannot be contacted within three (3) work days the MRO will report a positive test result. Where there is a legitimate medical explanation for a positive test, the result will be reported by the MRO as a negative test result.

The MRO will maintain confidentiality throughout all phases of his or her involvement and will discuss a worker's medical information only with the worker and other medical officials as necessary to verify information provided. The MRO will provide the Central DTC with a positive or negative test result and information on adulterants or possible attempted dilution. For CDL employees, the MRO must report within 3 business days to the Office of Driver Services valid positive drug test results for any of the following drugs: marijuana metabolites; K2; cocaine metabolites; amphetamines; meth (methamphetamines), opiate metabolites; or phencyclidine (PCP); or the submission of an adulterated, diluted, or substituted specimen on a performed test. ~~ACC~~ The Central Drug Test Coordinator must report any refusal to provide a specimen to the Office of Driver Services.

~~G~~F. **Consequences of Positive Test or Refusal to Test.** A refusal to test for a prohibited substance will be treated as a positive test result. A confirmed positive test result or refusal to test by an applicant or employee will result in withdrawal of the conditional offer of employment or termination of employment. Services of volunteers, interns, and extra help will ~~be~~ have their work with ACC terminated and entry on ACC premises denied for a confirmed positive test result. A confirmed positive test result or refusal to test by a contract worker will result in denied access to ACC premises.

~~H~~G. **Confidentiality.** Every worker is responsible to respect the privacy of coworkers and to maintain strict confidentiality regarding drug or alcohol test results. This means only those persons managing the drug testing program and those in the worker's chain of supervision with a need to know may be informed or granted access to an individual's test results. The Central DTC will report quarterly unidentifiable aggregate test results for use by management. Results of individual substance abuse tests may be released to the following:

1. The worker;
2. The worker's supervisory chain;
3. Pursuant to a court order;
4. Medical personnel (for the purpose of meeting medical emergencies of the worker or medical review);
5. ACC Human Resource ~~confidential~~ medical employee file;
6. Law enforcement agencies, Office of Driver Services and FHWA, to an employer and/or the IAA for CDL drivers;
7. ~~IAA~~ Human Resources Administrator and DTC;
8. MRO ~~(for positive screens)~~ (Medical Review Officer)
9. SAMHSA certified lab (for positive screens)
10. Other parties upon the written consent of the worker.

VII. SUBSTANCE ABUSE ASSISTANCE.

~~A. **Safety/Security Sensitive Positions.** Members of the Management Team, Parole/Probation Assistant Directors, Parole/Probation Services Managers, Assistant Area Managers, Officers, Agents, the Internal Affairs Administrator, Special Response Team members and Career~~

~~Planning and Placement Specialists and Substance Abuse Program Leaders in Parole/Probation Services, and all residential center staff.~~

A. **Employee Requests for Assistance.** An employee ~~in a position other than a safety/security-sensitive position~~ may come forward at least twenty-four (24) hours prior to gaining knowledge of or being notified of a scheduled test and admit an alcohol or drug problem to his or her supervisor and request referral to the Employee Assistance Program (EAP). Alternatively, the employee may choose to enroll, at his or her own expense, in a licensed drug treatment program. ~~Employees in safety/security- sensitive positions may come forward only with alcohol problems in accordance with this guidance.~~ The employee admitting use must be tested immediately. The supervisor will note the time and date of the employee request and report this information to the Central DTC. Based upon the testing result, one of the following will occur:

1. If the test is positive, the supervisor will require the employee to go on leave without pay status or use any accrued annual, holiday, or compensatory leave. The supervisor will contact the Central DTC to place the employee in follow-up testing as part of the treatment program with the results provided confidentially to his or her supervisor. The employee's job position will be held available for the employee for no more than 30 calendar days. The employee may return to work within the 30 days following negative test results reported to the supervisor. On return to work, the employee will be subject to all conditions for testing, post-accident, reasonable suspicion, follow-up and random testing. Any subsequent confirmed positive test will result in immediate termination of employment. The employee must successfully complete the treatment program and have the results reported to his or her supervisor within 10 business days of completing the program.

2. If the test is negative, the employee may be allowed to continue at work, enter into drug treatment through EAP and/or a licensed treatment program, and be subject to drug testing at his or her own expense through the treatment program. Drug test results will be provided confidentially to the employee's supervisor. The supervisor will confidentially report the results to the Central DTC. The employee will continue to be subject to all conditions for testing. Any subsequent confirmed positive test will result in immediate termination of employment.

B. **Unreported Employee Treatment.** If a supervisor learns of any employee's enrollment in a substance abuse treatment program that has not been reported to him/her by the employee, such knowledge may be used as a basis for reasonable suspicion testing. If confirmed positive, employment must be terminated. If negative, the procedures in sub-paragraph VII.A.2 above are applicable.

C. **Treatment Program Completion.** Evidence of successful completion of a substance abuse treatment program does not guarantee employment.

D. **Notice of Drug-Free Workplace.** Advertisements for vacant positions will identify ACC as a Drug-Free Workplace. Job Vacancy Announcements will state that applicants offered conditional employment will be drug tested ~~and use of medical marijuana with a valid use card is only acceptable for employees in NON-safety sensitive positions~~. Workers will be provided access to this administrative directive and will sign a statement indicating his or her reading and understanding of the contents, which will be maintained in the employee's personnel file.

E. **Hiring Applicants with a Documented Drug/Alcohol Abuse History.** ~~The DCC~~ACC will not discriminate against applicants for employment because of a past history of substance abuse.

Individuals who have failed a pre-employment drug test may reapply after a period of one year but must present themselves drug and alcohol-free. Such applicants, if employed, are subject to follow-up testing for two years as described above. Applicants for positions that require CDL's who have a history of a positive drug and/or alcohol tests must have completed a treatment program or and educational program prescribed by a substance abuse counselor and who has been eligible to assume the duties of the position by the employer as provided under federal statute.

VIII. REPORTING. When there is reasonable suspicion of illegal activity contact the supervisor and Chief or appropriate Deputy Director and the Director. Also, follow applicable ACC guidance for reporting and investigating accidents and incidents.

Pursuant to the "Code of Ethics and Rules of Conduct" policy, ~~Rule R-15:~~ workers (employees and agents) taking prescription drugs must notify their immediate supervisor of any physical or pharmacological condition that causes physical or cognitive impairment that could affect their ability to perform the essential functions of their duties safely; see the rule for details.

The Drug Testing Coordinator will immediately notify the Center Supervisor/Area Manager and the Central Drug Testing Coordinator of any positive employee drug test. The Area Manager/Center Supervisor will notify the Deputy or Assistant Director in the employee's chain of command and the Human Resources Administrator.

Pursuant to the "Weapons and Security Equipment" administrative directive, employees who are authorized to carry a firearm and/or less than-lethal weapons must notify their immediate supervisor of any physical, psychological or pharmacological conditions causing physical or emotional impairment that could affect their ability to perform the essential functions of their duties or carry/use a firearm or less-than-lethal weapon safely; see the policy for details.

IX. APPEAL/GRIEVANCE. Positive test results are not a matter for appeal or grievance unless discrimination or improper application of this directive is claimed as the reason for a positive test result.

~~VIII~~X. ATTACHMENTS.

Form 760 "Drug Testing Chain of Custody Form"

Arkansas Community Correction
DRUG TESTING CHAIN OF CUSTODY FORM

Donor Name – Print (Last, First, MI): _____

Donor Social Security Number: _____

Reason for Test: ☐ Pre-Employment ☐ Random
☐ Reasonable Suspicion/Cause ☐ Post Incident/Accident

Tests to be Performed: ☐ Drug Test ☐ Alcohol

Collection Site Address: _____ (Area/Center) _____ (City)

Should the results of the test for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask questions regarding prescriptions and over-the-counter medications you may have taken.

I certify that I provided my specimen to the collector, I have not adulterated it in any manner, and the information on this form and on the label affixed is correct.

_____ Signature of Donor _____ Date

_____ Daytime Phone Number with Area Code _____ Evening Phone Number with Area Code

I certify that the specimen was given to me by the donor above.

_____ Signature of DTC _____ Date _____ Print DTC's Name

☐ Negative ☐ Positive _____ Date

I ☐ do ☐ do not accept the results. If I chose to contest the above results, I acknowledge that I am responsible for a $65 deposit for each confirmation. If the confirmation by a Medical Review Officer returns positive, the $65 deposit will be forfeited and I may face appropriate disciplinary action up to and including termination of employment.

_____ Donor/Employee Signature _____ Witness _____ Date~~Notes:~~

I certify that the specimen was given to me by the collector above.

_____ Signature of Sample Receiver _____ Date _____ Print Sample Receiver's Name

I certify that the specimen was given to me by the person above.

_____ Signature of Sample Receiver _____ Date _____ Print Sample Receiver's Name

I certify that the specimen was given to me by the person above.

_____ Signature of Sample Receiver _____ Date _____ Print Sample Receiver's Name