



# Arkansas Community Correction

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## ADMINISTRATIVE DIRECTIVE: 15-05 RESIDENTIAL FACILITIES

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

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 14-02**

**APPROVED: Signature on File**

**EFFECTIVE: February 28, 2015**

- I. APPLICABILITY.** This policy applies to residential facility employees and Arkansas Community Correction (ACC) contractors.
- II. POLICY.** ACC personnel will meet or exceed the minimum requirements in this policy for the physical plant, use of space, and certain operations of ACC residential facilities.
- III. DEFINITIONS.**
  - A. Resident Sleeping Quarters.** The designated area in which residents sleep.
  - B. Resident Housing Areas.** The designated area in which residents sleep, and adjacent or nearby areas where residents spend unstructured leisure time, such as, living rooms, parlors, and day rooms.
- IV. GUIDELINES.**
  - A. Physical Plant.** The ACC Director will ensure the following requirements are met:
    - 1. Citizen Comments, Code, and Infrastructure.
      - a. Before any new facility is constructed, expanded, or renovated, a need assessment study must be done. Also, the plan and design must facilitate personal contact and interaction between staff and residents. Planning will include participants from the community where the facility will be located. (2-CO-2B-01, -2B-02).
      - b. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, ACC must consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. (PREA 115.218)

- c. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, consider how such technology may enhance the agency's ability to protect residents from sexual abuse. (PREA 115.218)
  - d. Citizens will be appropriately notified and invited to comment on the location of a residential facility in their community. Citizens should be provided with information about the program purpose and extent of supervision and control over residents. (2-CO-2B-03) State and federal laws that apply to the buildings and facilities occupied by ACC residents will be complied with before and during construction or renovation.
  - e. Relevant federal, State, and local building codes that apply to construction or renovation of ACC residential facilities will be followed. (2-CO-2A-01; 4-ACRS-1A-09)
  - f. Areas of the facilities used for food service will meet rules and regulations of the Arkansas Department of Health pertaining to the construction and maintenance of physical facilities including the location of adequate toilet and washbasin facilities in close proximity to the food preparation area. (4-ACRS-4A-08)
  - g. There is a housekeeping and maintenance plan in effect to ensure that the facility is clean, properly maintained, and in good repair. (4-ACRS-1A-06)
  - h. Reasonable accommodation will be made to ensure that all parts of the facility available to the public are accessible by persons with disabilities. (4-ACRS-7E-02; 2-CO-2B-04)
2. Facility Accommodations.
- a. Room for Visiting. Adequate space and facilities will be available for authorized visits with residents from family members and other visitors. Residents must be allowed confidential visitations with their attorney of record. (4-ACRS-5A-23)
  - b. Room for Recreation and Leisure-Time Activity. Adequate space and facilities will be provided for leisure-time activity and indoor and outdoor recreation. (4-ACRS-5A-21 and -5A-23)
  - c. Bathing Facilities. The facility will have a minimum ratio of one shower for every eight residents. The showers will be temperature-controlled with hot and cold running water with the temperature ranging from 100 degrees to 120 degrees Fahrenheit to ensure the safety of the residents and to promote hygienic practices. (4-ACRS-1A-12)
  - d. Laundry Facilities. The facility will have adequate laundry facilities. (4-ACRS-4B-02)

- e. **Janitorial Supplies.** Adequate space is provided for janitorial supplies, which are accessible to the housing and activity areas. (4-ACRS-1A-11)
- f. **Clothing and Supply Issuance.** Adequate space will be provided in the facility to store and issue clothing, bedding, cleaning supplies, and other items required for personal hygiene. (4-ACRS-4B-05)
- g. **Space and Furnishings.** Adequate space and furnishings must be provided as follows:
  - (1) to accommodate all services and programs described in the “Services and Programs” paragraph in this policy
  - (2) to accommodate for all group activities (4-ACRS-5A-25)
  - (3) to ensure that adequate seating and space is available for personal use, such as writing letters and preparing legal documents (4-ACRS-1A-13)
  - (4) adequate spacing will preclude overcrowding to ensure the rated bed capacity is not exceeded. (4-ACRS-1A-10)

**B. Resident Housing.** The Center Supervisor will issue standard operating procedures (SOPs), if necessary, and will assign monitoring and oversight responsibilities as needed to ensure the following requirements are met:

1. Male and female residents will be housed in living quarters that are physically separate, such as separate facilities, separate floors or separate cottages. In no case will male and female residents be allowed or made to share the same sleeping room. (4-ACRS-1A-14)
2. Residents will be permitted to decorate designated areas of their living and sleeping quarters with personal possessions within limits set by ACC policies and the Center Supervisor. Personal possessions that create a fire hazard will not be allowed. (4-ACRS-1A-15)
3. Resident housing areas will be well lighted, providing at least 20 foot candles of illumination at desk level and in resident grooming areas. A qualified source must inspect and document lighting illumination within the 3-year period before an ACA accreditation audit. (4-ACRS-1A-07)
4. Resident sleeping quarters will be properly ventilated. New building or renovation plans will provide for air circulation that is at least 15 cubic feet, filtered air per minute per person. For existing buildings, an inspection must have been conducted within the 3 year period before the ACA accreditation audit by an independent, qualified inspector. (4-ACRS-1A-08)
5. Offenders have access to the following facilities and conditions:
  - a. sanitation facilities, including access to toilets 24 hours a day for use without staff assistance.
  - b. a washbasin with hot and cold running water, a bed, and adequate storage space for clothes and personal belongings.
  - c. natural light from a source within 20 feet of the sleeping room
  - d. temperatures that are appropriate to the summer and winter comfort zones (4-ACRS-4B-03)

6. Residents with disabilities will be assigned to housing that provides for their safety and security, is accessible and designed for their use, provides for integration with other offenders, and to the extent possible, integrates them into the mainstream of activities, to include making reasonable allowances for appropriate participation in programs. (4-ACRS-6A-04)

**C. Screening and Intake.** Pursuant to applicable law, the Board of Corrections will set admission criteria and the Deputy Director for Residential Services will ensure the following:

1. Intake. Written intake procedures describe the requirements for admission to the facilities participation in programs, prohibit discrimination in accepting referrals, making administrative decisions, and providing access to programs on the basis of sex, disability, race, religion, national origin, or political views. Admission policies are distributed to appropriate courts, prosecuting attorneys, and the Sentencing Commission. No offender is excluded from placement in a program based solely on his/her ability to speak, read, write, hear, or understand English. (4-ACRS-6A-12, -6B-01, and -6B-02)
2. Screening Prospective and New Residents.
  - a. For Community Correction Centers, the Residential Services Referral Coordinator will review criminal history to determine offender eligibility in accordance with entry criteria. This requirement does not apply to offenders going to the Technical Violator Program. When an offender is not accepted into a community correction center, the referring entity will be advised of the specific reason for the denial. (4-ACRS-2A-08)
  - b. Appropriate staff will review risk assessments of newly admitted residents. The risk assessment will be conducted prior to admission or within 48 hours of admission. (4-ACRS-2A-07)
  - c. Appropriate staff at all ACC residential facilities must follow Prison Rape Elimination Act guidelines in the assessment of residents for sexual victimization and aggressiveness.(PREA 115.141)

**D. Facility Operations.** The Center Supervisor will issue appropriate standard operating procedures and assign monitoring and oversight responsibilities as needed to ensure the following requirements are met:

1. Orientation. Each resident admitted will be oriented to the facility (advised of the programs, services, and regulations). If it has been less than 90 days since the resident was released from an ACC facility, an abbreviated orientation process may be used; however, refresher information must be included on the topic of sexual abuse and sexual harassment, pursuant to Prison Rape Elimination Act (PREA) standard 115.233. Orientation must be completed within five days from release from medical hold and must be documented by a statement signed and dated by the resident and staff. Residents will receive the ACC Resident Handbook during orientation. If a resident does not understand English, the handbook and other orientation information will be translated verbally or in writing. When a literacy problem exists, a staff member will assist the resident in understanding the material. (4-ACRS-3A-03, 3A-04, 3A-05 and PREA 115.233)

2. Security and Supervision. Facility staff will communicate policies and detailed procedures that provide for the security of residents, staff, ACC property, and facilities. At a minimum, these policies and procedures will include monitoring the census, movement of residents in and out of the facility, supervision at the facility, supervision on community-based work crews, engaging in other activities away from the facility, and emergency procedures.

Procedures will be developed pursuant to this policy, the directives on Searches for and Control of Contraband and Evidence, Use of Restraints, Resident Conduct, and Resident Visitation. (4-ACRS-2A-11[P])

3. Staffing. Center Supervisors must ensure compliance with staffing requirements. At least one supervisor responsible for resident needs, must be on the facility premises and available 24 hours a day. When both male and female residents are housed in the same facility, at least one male and one female staff member must be on duty at all times. Staffing patterns must concentrate staff when most residents are awake and in the facility. (4-ACRS 2A-04, and 2A-05, PREA 115.213)

Each facility must have a documented staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, consider the following:

- a. The physical layout of the facility
- b. The composition of the resident population
- c. The prevalence of substantiated and unsubstantiated incidents of sexual abuse, and
- d. Any other relevant factors.

Deviations from the staffing plan must be documented and explained in the facility's security log. (PREA 115.113).

The staffing plan must be reviewed annually, more often when necessary. Determine and document whether adjustments are needed to;

- a. address the aspects listed above
- b. consider prevailing staffing patterns
- c. evaluate the deployment of video monitoring systems and other monitoring technologies, and
- d. evaluate the resources available to ensure adequate staffing levels.

4. Residents who have been diagnosed with HIV.
  - a. The medical provider will be responsible for managing and administering HIV tests, determining when and where HIV tests will be conducted, determining and communicating appropriate safeguards for staff and residents, determining and communicating the conditions under which it is appropriate to separate residents who have been diagnosed with HIV, providing training for staff and residents on HIV, and protecting the confidentiality rights of residents diagnosed with HIV according to the Health Services Policy and Procedures Manual. (4-ACRS-4C-10)

- b. The medical provider staff will provide appropriate counseling for residents known to have HIV. (4-ACRS-4C-10)
5. Release. Written procedures for releasing a resident at the end of his/her term will include the following: (4-ACRS-7F-06, and -6A-13)
- a. verification of identity;
  - b. verification of release papers;
  - c. completion of release arrangements, including notification of the parole officer if the resident is released to community supervision;
  - d. return (or transfer if released to another facility) of personal effects;
  - e. a check to see that no facility property leaves the facility;
  - f. arrangements for completion of any pending action, such as grievances or claims for damages or lost possessions;
  - g. medical screening and arrangements for community follow-up where needed;
  - h. instructions on forwarding of mail; and
  - i. the notification of victims in accordance with Ark. Code Ann. §16-90-1109.
6. Resource Conservation. Examine, and where appropriate and feasible, implement strategies that promote recycling, energy and water conservation, pollution reduction, and use of renewable energy alternatives. (4-ACRS-7D-01-01)

**E. Services and Programs.** The Center Supervisor will issue appropriate SOPs and will assign monitoring and oversight responsibilities to ensure the following requirements are met. (4-ACRS-6A-02)

- 1. Reasonable Accommodations and Services for Residents with Disabilities. Reasonable accommodations are made for residents with disabilities and appropriate services and assistance are provided.
- 2. Qualified and appropriately trained staff is accessible to assist in identifying, coordinating placement and the provision of services to residents with special medical or developmental issues, and to ensure the availability of education, equipment and facilities to meet their needs. Staff must provide residents with disabilities with the necessary support to perform self-care and personal hygiene in a reasonably private environment and must assist those who cannot otherwise perform basic life functions. Appropriate staff will be trained in the challenges faced by residents with physical and/or mental impairments, programs designed to educate and assist residents, and all legal requirements for the protection of residents with disabilities. Staff will notify the Center Supervisor regarding any unresolved issue or problem in accessing appropriate resident care and the Center Supervisor will notify the Deputy Director of Residential Services. (4-ACRS-6A-01-1, 4-ACRS-6A-04-2, and 4-ACRS-6A-04-1).
- 3. Meeting Resident's Needs. Treatment staff will provide access to the agency's directories of functioning community agencies, and update or request updates to the directories as needed. Treatment and Re-entry staff will use community resources, either through referrals for services or by contractual agreement, to provide services to meet resident's needs. Residents with emergency financial

needs will be informed of benevolent agencies that may offer assistance. Residents with housing needs will be referred to appropriate agencies and receive assistance in making application for suitable housing. A resident who has a balance of less than \$5.00 in his or her resident fund account from the first to the last day of the preceding month will, on request, be provided writing paper and postage-paid envelopes.

These and other items needed to maintain good personal hygiene will be replenished monthly if the resident so requests. The Center Supervisor will set reasonable limits on such supplies. (4-ACRS-7D-31, -5A-11, -5A-12, 5A-13, and 6A-06)

4. Range of Services. Social services programs will provide a range services designed to meet the needs of residents. At a minimum, the following services will be offered: individual, and group counseling; drug and alcohol treatment; specialized treatment, academic education, and job location assistance for employable residents. (4-ACRS-5A-02)
5. Recreation. Staff, facilities, and equipment will be provided to meet the indoor and outdoor recreation needs of residents. Periodic group outdoor activities and indoor activities such as television, games, reading, and studying will be planned.
6. Resident Telephone Service. Reasonable access to coin less telephones will be allowed for personal and program-related purposes. Residents must be informed during orientation that all telephone calls are subject to recording and monitoring by residential staff. The Center Supervisor may restrict hours of availability and may use telephones as an earned privilege. The hours during which telephone access is permitted and any limitations must be made available to residents in writing. Residents with hearing and/or speech disabilities or residents who wish to communicate with parties, who have such disabilities, must be afforded access to telephones that are equipped with the Telecommunications Device for the Deaf (TDD), volume control for the hearing impaired, or comparable equipment. (4-ACRS-5A-19)  
Possession of a cellular telephone or other communication device or their components by residents is a felony offense under Arkansas law section 5-54-119)
7. Telephone Service Fees. ACC will work with the Board of Corrections to ensure the following:
  - a. Telephone fees are reasonable considering service rates, surcharges, and the expense of providing services in a correctional setting. (4-ACRS-5A-19-1)
  - b. Contracts for offender telephone services provide the broadest range of calling options determined by the director to be consistent with the requirements of sound correctional management. (4-ACRS-5A-19-1)
  - c. Contracts for telephone services comply with all applicable state and federal regulations (4-ACRS-5A-19-1)
8. Counseling. Counselors will be available to counsel residents on a regularly scheduled and emergency basis. Each resident will be assigned a counselor who will meet with him or her, consistent with the individual treatment plan and as necessary. Sufficient privacy must be provided to maintain confidentiality of communication between counselors and residents. (4-ACRS-5A-07)

9. Communicable Disease. Staff and residents must submit themselves to a medical examination when they are suspected of having a communicable disease. (4-ACRS-4C-08)
10. Access to Medical Care. Residents will have ready access to medical care and will be informed as a part of their orientation of medical policies and procedures, including those available to them for filing grievances regarding medical care. (4-ACRS-4C-01)
11. Access to Counsel. Residents will have access to confidential contact with their attorneys or authorized representatives. Such contact will include, but not be limited to telephone communications, uncensored correspondence, and visits. (4-ACRS-6A-01)
12. Access to Courts. Residents will have access to courts to present any issue through privileged correspondence. All residents are allowed access to the Facility Law Library. Residents seeking judicial relief will not be subjected to reprisals or penalties for doing so. (4-ACRS-6A-02)
13. Access to Policy Guidance and Laws in the Law Library. Residents must be provided access to the Law Library including ACC policies approved for access by offender and state and federal law through such means as an approved computer system. The library must be staffed when open, and available hours (which may vary from center to center) must be posted. Materials contained in the library will be as authorized by the Residential Services Deputy Director and will be consistent at all ACC facilities.
14. Transfer of Medical Records. Staff will promptly transfer medical records when residents are transferred to ensure continuity of care. (4-ACRS-4C-24)

## **V. PROCEDURES.**

- A. Deputy Director of Residential Services.** The Deputy Director of Residential Services will consult and coordinate with appropriate staff and outside agencies to ensure the lawful and efficient planning and operation of residential facilities.
- B. Center Supervisor.** The Center Supervisor will issue appropriate standard operating procedures to implement the provisions of this administrative memorandum and, where appropriate, monitor its implementation.
- C. Facility Staff.** Supervisors will make job assignments, monitor the operation of the units, and supervise the actions of staff to ensure this and associated policy and procedures are followed.
- D. Contractors.** As appropriate to contract agreement, ACC contractors will become familiar with and follow this and other related ACC policies and procedures.