

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

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For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency \_\_\_\_\_

Department \_\_\_\_\_

Contact \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Statutory Authority for Promulgating Rules \_\_\_\_\_

Rule Title: \_\_\_\_\_

### Intended Effective Date

(Check One)

Date

☐

Emergency (ACA 25-15-204)

Legal Notice Published ..... \_\_\_\_\_

☐

10 Days After Filing (ACA 25-15-204)

Final Date for Public Comment ..... \_\_\_\_\_

☐

Other \_\_\_\_\_

(Must be more than 10 days after filing date.)

Reviewed by Legislative Council ..... \_\_\_\_\_

Adopted by State Agency ..... \_\_\_\_\_

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)


Signature

Phone Number

E-mail Address

Title

Date

 <p style="text-align: center;"><b>ADMINISTRATIVE RULE</b></p> <p style="text-align: center;"><b>STATE OF ARKANSAS</b></p> <p style="text-align: center;"><b>BOARD OF CORRECTIONS</b></p>	<b>Section Number:</b>	<b>Page Number:</b>
	<b>217</b>	<b>1 of 3</b>
	<b>Board Approval Date:</b> TBD	
	<b>Supersedes:</b>	<b>Dated:</b>
	<b>AR 217</b>	<b>5/12/89</b>
	<b>Reference:</b>	<b>Effective Date:</b>
		TBD
<b>SUBJECT: Staff Assignments and Housing</b>		

**I. POLICY:**

- A. It shall be the policy of the Department of Corrections to ensure that state supplied housing, or space for employee provided housing (mobile homes), are available to only those individuals in approved positions and that they be administered and documented in such a way that fiscal responsibility is guaranteed.
- B. The use of state supplied housing, or space for employee provided housing (mobile homes), shall be reported to the Board of Corrections' Compliance Division; as changes occur. The report shall be made by the Secretary of Corrections, or his or her designee.

**II. PROCEDURES:**

1. State Supplied Housing
  - A. Employees whose duties require long working hours and weekend duty and emergency attendance may be required by the Secretary, or his or her designee, to live on the premises as a condition of employment. Such persons are in key positions with the responsibility for maintaining the safety and good order of correctional facilities.
    1. In such cases, housing and utilities shall be furnished by the Department.
    2. Such persons shall consider themselves on twenty-four hour call and constitute an emergency force available to the Department of Corrections.
    3. They shall not be eligible for compensatory overtime except for ordinary holidays, vacation, and sick leave.

- B. In determining who will be required to live on the premises, the Secretary or his or her designee, shall give paramount consideration to the safety and well-being of both inmates and employees. Housing shall be reasonably prorated among the various functional divisions of the unit.
  - C. The Department may recoup the cost of repairs from the employee needed for damage beyond normal wear and tear.
2. Employee provided housing (mobile homes)
- A. If an employee's job requires living on the premises and state supplied housing is not available, an employee may furnish a mobile home on premises and otherwise receive the same benefits as if he were living in state supplied housing.
  - B. Employees not required to live on the premises may be authorized by the Secretary, or his or her designee, to place their mobile home on the unit on a space available basis. No charge shall be made for the space.
  - C. Employees not required to live on unit premises and are not a part of the emergency force must make utilities reimbursement as specified in the relevant departmental, or statewide, fiscal procedures
3. The Secretary, or his or her designee, may authorize the issuance of any necessary directive or memorandum to implement this policy.

EMPLOYEE ACKNOWLEDGMENT OF REVIEW OF  
AR 217 - STAFF ASSIGNMENTS AND HOUSING

I have received a copy of the Board of Correction Policy for Staff Housing and understand those rules by which I am expected to abide and the consequences for violation of such rules while an employee of the Department of Corrections. If I have any questions regarding this policy, I understand that I may contact my supervisor for assistance.

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number of Employee

\_\_\_\_\_  
Division/Unit

Routing: Original to Human Resources  
Copy Retained by Supervisor  
Copy Retained by Employee

## FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Corrections

DIVISION Office of the Secretary

PERSON COMPLETING THIS STATEMENT Takelia McDaniel

TELEPHONE NO. 870-267-6345 FAX NO. 870-267-3673 EMAIL: [Takelia.McDaniel@Arkansas.gov](mailto:Takelia.McDaniel@Arkansas.gov)

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** AR 217 Staff Assignments, Housing, and Emoluments

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes \_\_\_\_\_ No X \_\_\_\_\_
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes X \_\_\_\_\_ No \_\_\_\_\_
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes X \_\_\_\_\_ No \_\_\_\_\_

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost; N/A
- (b) The reason for adoption of the more costly rule; N/A
- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and N/A
- (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain. N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:
  - (a) What is the cost to implement the federal rule or regulation?

### Current Fiscal Year

General Revenue \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

### Next Fiscal Year

General Revenue \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$0 \_\_\_\_\_

**Next Fiscal Year**

\$0 \_\_\_\_\_

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6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$0 \_\_\_\_\_

**Next Fiscal Year**

\$0 \_\_\_\_\_

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7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes \_\_\_\_\_ No X

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously

with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

# ARKANSAS STATE LIBRARY



## Agency Certification Form For Depositing Rules At the Arkansas State Library



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<b>For Office Use Only</b>		
<b>Classification Number:</b>		
<b>Name of Agency:</b>		<b>Division/Department/Office:</b>
<b>Contact Person:</b>		<b>Telephone:</b>
<b>Statutory Authority for Promulgating Rules:</b>		
<b>Title of Rule:</b>		
<b>Rule Status</b>	<b>Date Adopted by Agency</b>	<b>Effective Date</b>
<small>(Use drop down to select different status)</small>	MM/DD/YYYY	<b>10 Days After Filing</b>  <b>Other:</b> _____ <small>(if other, specify date)</small>
<b>Rule above is proposed and will be replaced by final version</b>		
<b>Financial and/or Fiscal Impact Statement Attached</b>		
<b>Certification of Authorized Officer</b>		
I hereby certify that the attached rules were adopted in compliance with Act 434 of 1967 as amended.		
<b>Signature:</b> _____		<b>Date:</b> _____
<b>Title:</b> _____		