



**OFFICE OF THE SECRETARY**  
1302 Pike Avenue, Suite C  
North Little Rock, Arkansas 72114  
Phone: (501) 682-3309 | Fax: (501) 534-3958  
DOC.ARKANSAS.GOV

## **SECRETARIAL DIRECTIVE**

**SUBJECT:** Modified In-Person Visitation for COVID-19 Mitigation

**NUMBER:** 2022-01 **SUPERSEDES:** 2020-10

**APPLICABILITY:** All Department of Corrections Employees, Offenders, Residents, and Facility Visitors

**REFERENCE:** A.C.A. §§ 25-43-105, 25-43-108, **PAGE:** 1 of 3  
25-43-403

**ISSUED BY: ORIGINAL ON FILE** **EFFECTIVE DATE: 1/1/2022**

---

**This directive is only to be implemented for designated high-risk facilities. Please refer to your facility's current COVID-19 status before implementing this directive.**

### **I. POLICY**

As the executive head of the Department of Corrections (Department), it is the responsibility of the Secretary to establish a process, in conjunction with the Arkansas Department of Health (ADH) to mitigate the COVID-19 transmission risk during in-person visitation at the Department's various correctional facilities including prisons, work release, supervision sanction, and community correction centers.

This directive shall be implemented in conjunction with existing Division policies governing inmate and resident visitation. SARS-CoV-2, the virus responsible for COVID-19, is a highly transmissible virus and correctional facilities by nature often house persons who are highly susceptible to COVID-19. As a result, visitation by persons outside of a correctional facility with offenders residing within that facility presents an increased risk of virus transmission and negative outcomes.

Each correctional facility must notify all offenders and visitors of the increased risk that visitation presents as described above so that they can make informed decisions for themselves and their loved ones on whether they will participate in visitation. Correctional facilities shall conspicuously list the risk described above on all visitor screening forms completed to document visitation allowed under this directive (See Attachment #2). At the direction of a Division Director or the Secretary of Corrections, a completed COVID-19 Visitor Screening Form may be provided to public health personnel. The risk of COVID-19 transmission will also be displayed on signs posted in the entrance areas of each correctional facility.

### **II. PROCEDURES**

A. Eligibility for In-Person Visitation. A correctional facility is eligible for in-person visitation if each of the following criteria are met:

1. The COVID-19 offender positivity rate in the previous fourteen (14) calendar days, measured from the date of the facility's latest newly positive COVID-19 test offender test result, does not exceed 5% of the total number of offenders tested.
2. Positive COVID-19 cases identified while an offender is in quarantine immediately following their initial intake, or return from furlough, court, or an outside hospital, will not be counted toward the 5% positivity rate.
3. No offender currently under quarantine will be allowed to have an in-person visit.
4. The facility has implemented a plan to test all staff for COVID-19 prior to entry to the facility, including contractors and vendors.
5. The COVID-19 positivity rate, for all permanently assigned facility and medical staff, in the previous fourteen (14) calendar days, measured from the date of the facility's latest newly positive COVID-19 staff test result, does not exceed 10% of the total number of staff tested.
6. The facility has submitted an approved visitation plan to its Division Director which provides for, at a minimum, the following:
  - a. The screening of all visitors for symptoms commonly associated with COVID-19 (See Attachment #1). The facility will restrict access to the facility to all persons who meet any screening criteria for restricted access.
  - b. The distribution of a face mask to all visitors for use during visitation.
  - c. The availability of an adequate supply of hand sanitizer for staff, offenders, and visitors.
  - d. The arrangement of visitation areas to enforce a minimum of six (6) feet of distance between each visitation group.
7. The facility has adequate PPE to meet the needs of offenders, visitors, and staff.
8. To aid in proper social distancing in designated visiting areas, each correctional facility approved for visitation will observe the following:
  - a. Each offender will be limited to two (2) visitors from their approved visitation list.
  - b. Visitors will be prohibited from using the restroom, except for an emergency.
  - c. Vending machine and concession sales are prohibited.
  - d. Visitation will be by appointment only and limited to one (1) hour in length.
  - e. Barriers will be erected between offender/residents and visitors when deemed necessary by a Division director or their designee.
9. No portion of this directive shall be interpreted to restrict entrance to a correctional facility by the Board of Corrections or its Compliance Division, law enforcement, emergency personnel, or representatives from other government entities seeking entrance in their official capacities. Law enforcement, emergency personnel, or representatives from other government entities must comply with any entrance policies or procedures implemented by the Department prior to entering a Department facility.

B. Additional Requirements for Facility Visitation

1. Correctional facilities must monitor all visits to ensure compliance with all visitation requirements. Correctional facilities must have operating plans which provide adequate staff to safely move offenders to and from visitation, enforce compliance with all policies and ensure that visitation areas are thoroughly cleaned with an EPA-approved disinfectant after each visitation.
2. All visitors must remain outside the facility until fifteen (15) minutes prior to their scheduled visitation. Visitors will wear a face mask once they leave their vehicle.

C. Suspension of Visitation Within an Otherwise Eligible Facility

1. While a correctional facility may be eligible for in-person visitation, a Division Director or the Secretary of Corrections may otherwise suspend visitation based on the recommendation of the ADH or the Department's contracted medical provider that a suspension of visitation is necessary to mitigate the risk of COVID-19 transmission.
2. The Department will consider any guidance on visitation provided by ADH, in writing, if ADH determines that restrictions are appropriate due to circumstances in a particular facility, community, or the state.
3. Current facility visitation status will be made available on the Department's website. Visitation suspensions will also be reported by the Secretary or a Division Director to the Assistant to the Board of Corrections.

**III. ATTACHMENTS**

Attachment #1 Correctional Facility Screening Guidance

Attachment #2 Department of Corrections COVID-19 Visitor Screening Form



## OFFICE OF THE SECRETARY

1302 Pike Avenue, Suite C  
North Little Rock, Arkansas 72114  
Phone: (501) 682-3309 | Fax: (501) 534-3958  
DOC.ARKANSAS.GOV

### Correctional Facility Visitor Screening Guidance

A correctional facility must screen every visitor, and all other persons who enter the facility, including without limitation employees of the facility, contractors, and vendors. Specifically, each facility must screen for the following:

1. Temperature of 100.4 F or higher as measured by the facility
2. Temperature of 100.4 F or above within the last 24-hours
3. No positive test for COVID-19 within the last fourteen (14) calendar days;
4. No worsening of other symptoms of COVID-19 within the last 24 hours, with other symptoms of COVID-19 including without limitation cough, shortness of breath, sore throat, or the loss of taste or smell; and
5. No close contact within the last fourteen (14) calendar days with a person who is positive with COVID-19, with a close contact being contact within six (6) feet for longer than fifteen minutes without appropriate PPE.

Correctional facilities must restrict entry to any person who meets any one of the above screening criteria.

Correctional facilities must document all visitors entering the facility utilizing Attachment B. At the direction of a Division Director or the Secretary of Corrections, a completed COVID-19 Visitor Screening Form may be provided to public health personnel.



## OFFICE OF THE SECRETARY

1302 Pike Avenue, Suite C  
 North Little Rock, Arkansas 72114  
 Phone: (501) 682-3309 | Fax: (501) 534-3958  
 DOC.ARKANSAS.GOV

### Department of Corrections COVID-19 Visitor Screening Form

Visitor Name: \_\_\_\_\_ Date and Time of Visit: \_\_\_\_\_ | \_\_\_\_\_ a.m./p.m.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Offender Visited: \_\_\_\_\_ ADC#: \_\_\_\_\_

Have you had a positive COVID-19 test?  Yes  No | If yes, what was the date of the positive test? \_\_\_\_\_

Have you had any of the following symptoms in the past 72 hours?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fever ( $\geq 100.4$ °F) | <input type="checkbox"/> Nausea or Diarrhea         | <input type="checkbox"/> Chills/Shaking with Chills |
| <input type="checkbox"/> Cough                    | <input type="checkbox"/> Muscle Aches or Pains      | <input type="checkbox"/> Sore Throat                |
| <input type="checkbox"/> Shortness of Breath      | <input type="checkbox"/> New Loss of Taste or Smell | <input type="checkbox"/> Headache                   |
| <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Congestion or Runny Nose   |   |

Have you been exposed to anyone with a positive COVID-19 test or any of these symptoms?  Yes  No

If yes, document date of exposure and circumstances: \_\_\_\_\_

By my signature below, I certify that my responses to the questions above are true and accurate to the best of my knowledge. I also understand that if any of the responses are knowingly false when made that my visitation privileges will be revoked for one (1) year. Finally, I express my understanding and agreement to do the following, as conditions of visitation:

- I understand I must always wear a face mask, provided by the facility, during my visit.
- I understand that I must remain at least six feet away, or behind a designated barrier, from the offender/resident during visitation.
- I understand I may not hug, kiss, shake hands with, or otherwise make contact with the offender/resident during visitation.
- I understand I must clean my hands with alcohol-based hand rub or by handwashing before and after my visit.
- I understand I may not use the restroom, eat, or drink during my visit.
- I understand that if I develop any of the above-identified symptoms of COVID-19 within 72 hours of my visit, I must notify the facility immediately.
- I understand that if I am notified that I was exposed to a person prior to my visit that tested positive for COVID-19, I must notify the facility immediately.
- I understand that I will be directed to the visitation area and I must remain in the visitation area.
- I understand that the visitation will be monitored to observe adherence to these conditions.
- I understand that if I fail to abide by any of these conditions of visitation the privilege of visitation will be revoked for one (1) year.**
- I further understand that SARS-CoV-2, the virus responsible for COVID-19, is a highly transmissible virus and correctional facilities by nature often house offenders who are highly susceptible to COVID-19. Visitation by persons outside of a correctional facility with offenders residing within that facility presents an increased risk of virus transmission and negative outcomes.**

Signature of Visitor

Date

**FOR DOC Staff Use: Visitor's Temperature:** \_\_\_\_\_ °F  **Screener Initials:** \_\_\_\_\_