



## Arkansas Community Correction

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### **ADMINISTRATIVE DIRECTIVE: 19-13 Personal Cleanliness & Grooming for Residents**

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

**FROM: Kevin Murphy, Director**

**SUPERSEDED: AD 15-06**

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

**EFFECTIVE: July 1, 2019**

- I. APPLICABILITY.** This policy applies to residents under the care and custody of the Arkansas Community Correction employees.
- II. POLICY.** To provide for the health and hygiene of residents, and to maintain a standard appearance throughout the period of confinement/ incarceration, minimizing opportunities for disguise and transport of contraband and weapons.
- III. STANDARDS.**
  - A.** All residents are expected to conform to the grooming policy. Male residents' hair will be cut during the intake process, or as soon as possible upon reaching the ACC, to comply with the standards set forth in this policy.
  - B.** Residents' hair must be clean and neatly combed. No extreme styles are permitted. The hair of a male resident must be worn loose and cut so as to be above the ear, with sideburns no lower than the middle of the ear lobe, and no longer in the back than the nape of the neck. Female residents must keep their hair so as not to extend longer than shoulder length.
  - C.** Only a neatly trimmed mustache that does not extend beyond the corner of the mouth or over the lip is authorized.
  - D.** Medical staff may prescribe that residents with diagnosed dermatological problems may wear facial hair no longer than one quarter of an inch. A resident must present permission or exceptions pass from the medical staff upon demand.
  - E.** The wearing of make-up by female residents is a privilege and must be requested and may be granted by clinical staff according to ACC therapeutic procedures.

- F.** Fingernails and toenails will be clipped so as not to extend beyond the tips of the fingers or toes.
- G.** Residents will maintain standards of hygiene so as not to create a health hazard or public nuisance. If personal hygiene falls below these standards, the RMT or Center Supervisor may order that the necessary steps be taken to ensure compliance.
- H.** Failure to abide by grooming standards is grounds for action based on Department policy.
- I.** Residents may seek an appropriate accommodation for sincerely held religious beliefs by using the Religious Affiliation form. Residents with escape histories or histories of smuggling or concealing contraband in his/her hair or facial hair may be denied an accommodation. Even if the resident's belief is sincere, an accommodation may be withdrawn if the resident abuses the exemption or fails to comply with the Department's request to document changes in appearance.

#### **IV. PROCESS.**

During orientation staff must inform new residents of the standards in the Personal Cleanliness and Grooming policy.

A resident may request a special religious diet or an exception to the Grooming policy based on religious beliefs by submitting a Request for Interview form to the Chaplain.

The Chaplain may consult with the resident and must offer the resident a Religious Affiliation form. The resident may then provide the Chaplain with a completed Religious Affiliation form. The Chaplain may comment on the form and he/she must forward the form to the Center Supervisor who will approve or disapprove.

Approved request forms must be placed in the resident's institutional file and an appropriate entry made in eOMIS.

Residents arriving at ACC will be clean-shaven to provide a clean-shaven photo for security reasons. If a religious affiliation accommodation is approved for a beard, the resident may then grow a beard. A picture must be taken with the beard. Security will take updated pictures as needed based on appearance changes and keep all pictures in the electronic institutional file.

Residents with an approved religious affiliation accommodation for facial hair are required to have another clean-shaven updated photograph in the event the resident's appearance changes significantly due to age, weight gain/loss, or a natural change in facial hair pattern.

#### **V. REFERENCES AND FORMS.**

AD 19-13 Form 1 Religious Affiliation

**Arkansas Community Correction  
RELIGIOUS AFFILIATION**

ADC# or  PID#

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Resident's Name	Resident's #	Date
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**Instructions.** After submitting a "Request for Interview" form about a request for religious accommodations, a resident may use this form to request a special religious diet or an exception to the Personal Cleanliness and Grooming policy for a sincerely held religious belief. Submit this to the Chaplain.

As of this date my religious affiliation is: \_\_\_\_\_

This religion  does not  does require a Special Religious Diet.

The specific dietary requirements, such as pork free, are as follows:

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This religion  does not  does require an exception to the Personal Cleanliness and Grooming policy.

The specific accommodation my religion requires is as follows:

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I formally request that a copy of this update be placed in my institutional jacket and that all necessary records indicating my religious affiliation indicate this as my religion.

I acknowledge that if I abuse this Religious Diet, disciplinary action may result and that I will be removed from the Special Diet list. Abuse includes, but is not limited to, refusal to eat the Special Religious Diet food, eating foods from the regular diet line, and/or purchasing commissary items not allowed on the Special Religious Diet. Such abuse will result in my forfeiture of any religious diet for a period of 12 months. The decision to remove me rests with the Resident Management Team or the Center Supervisor.

I acknowledge that if I abuse my accommodation regarding the grooming policy by failing to comply with the Department's request to shave for photographs that allow documentation of my appearance in compliance with the grooming policy and upon a change of my appearance due to age, weight gain/loss, or change of hair patterns, I may lose the accommodation. I acknowledge if I hide contraband or attempt an escape, I may not receive or continue to receive an accommodation.

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Resident's Signature	Date
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Staff Notes: \_\_\_\_\_

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Approved  Not Approved

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Center Supervisor's Signature