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<b>Policies and Procedures</b>	ACA Standards: 2-CO-1A-05, 2-CO-1A-15, 2-CO-1A-16, 2-CO-1A-17, 4-4004, 4-4005, 4-4012, 4-4013, 4-4014, 4-4049, 4-4174, 4-ACRS-7B-07, 4-ACRS-7B-08, 4-ACRS-7B-09, 4-APPFS-3D-06, 4-APPFS-3D-07		
<b>Joe M. Allbaugh, Interim Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Policies and Procedures

The written policies and procedures essential to the proper management, review and monitoring of the operations and programs of the Oklahoma Department of Corrections (ODOC) are set forth in a system of manuals. These manuals are accessible to all employees, to the public, and inmates/offenders upon request in accordance with 51 O.S. § 24A.5 and through the agency website ([www.doc.ok.gov](http://www.doc.ok.gov)). (2-CO-1A-05, 2-CO-1A-16, 4-4012, 4-4174, 4-ACRS-7B-07) Policies and procedures of a secure or sensitive nature that are not web accessible are available to employees upon request.

The procedures contained in the agency operations manual or field manuals are not created to directly benefit any inmate/offender, nor do they confer any right upon any inmate/offender or member of the public. The internal agency procedures are written to

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instruct agency staff on how to exercise the discretion vested in the Board of Corrections (BOC) and the director and to give authority to staff to exercise that discretion in the performance of their assigned and implied duties.

I. System of Manuals

Board policy will be developed by the Board of Corrections (BOC) members and senior staff. Agency policy and agency procedures will be developed with input from all levels of ODOC staff, as well as from other related criminal justice and community service agencies when appropriate. (2-CO-1A-15, 4-4004, 4-4005, 4-ACRS-7B-09, 4-APPFS-3D-07)

A. Policy and Procedures Manual

The Policy and Procedures Manual consists of policy statements and operating procedures.

1. Board policy statements are adopted by the Oklahoma Board of Corrections (BOC) through a majority vote of the board and signed by the chairperson.
2. Agency procedures are internal management guidelines that implement federal law, state law, American Correctional Association (ACA) standards, policy statements, and other appropriate directives, court rulings and professional standards. These procedures are approved by senior staff and signed by the director.
3. Printed manuals will be distributed as approved by the director. Requests for additional printed manual(s) will be made through the appropriate division manager, approved by the director, and forwarded to the Auditing and Compliance Unit. The unit will assign a number to the printed manual(s) and add the recipient to the distribution list for future issuances and audits.

B. Divisional Manuals

As approved by the director, divisional manuals may be developed where there are professional standards, licensing guidelines, protocol, etc., which dictate the operations of that division (e.g., medical, fiscal management). Procedures impacting accreditation require review by the Auditing and Compliance Unit before issuance. The facility/district/unit's procedures officer or designee and the affected unit/division will maintain divisional manuals.

C. Field Manuals

The facility/district head will develop and maintain any internal management procedure not specifically addressed by agency policy/procedure.

1. Field manual organization will be consistent with the Policy and

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Procedures Manual (e.g., Section 1-17).

2. Field memorandums will be available to staff on an internal server. The facility/district/unit's procedures officer or designee will maintain printed copies of field manuals as outlined in local procedure.

D. Emergency/Duty Officer

1. The facility/district/unit head will maintain an Emergency/Duty Officer Manual in accordance with [OP-040116](#) entitled "Selection and Responsibilities of Duty Officers" and [OP-050102](#) entitled "Departmental and Facility Emergency Plans for Riots, Disturbances, Utility Failures, and Major Disasters for State Operated Facilities."
2. At least two print copies of the Emergency/Duty Officer Manual will be maintained at facilities/districts as outlined in local procedures with one copy maintained in the duty officer "pass on" bag.

II. Policy and Procedures Process

A. Responsibility

1. The administrator of Auditing and Compliance will ensure that responsibility for the review of each policy and procedure is assigned to a senior staff member (RSS), whose area of responsibility is consistent with the policy/procedure subject matter.
2. Senior staff members will ensure that assigned policies and procedures are reviewed annually and updated as needed. (2-CO-1A-17, 4-4012, 4-4174, 4-ACRS-7B-08, 4-APPFS-3D-06)
3. Appropriate staff, as determined by senior staff and the director, will ensure compliance with agency policy/procedures.
4. The Auditing and Compliance Unit is responsible for the maintenance and distribution of policies and procedures of the agency.

B. Creation and Revision

1. Employees may submit a proposal for creating a new policy or revising current policy and/or procedures through their chain of command to their supervising senior staff member. (4-4004, 4-ACRS-7B-09, 4-APPFS-3D-07) Proposals will be in "draft" form and consistent with agency policy/procedure formatting.
2. The senior staff member will review the draft proposal and, if approved, submit the draft to the Auditing and Compliance Unit who will assign an OP number to new policies/procedures proposals or ensure the referenced OP number is correct.

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3. Revisions to a policy/procedure within 12 months of the effective date will be issued as a revision memorandum to the Auditing and Compliance Unit.
  - a. Revision memorandums identify required revisions and are submitted through the Auditing and Compliance Unit, who will initiate the review process, as applicable.
  - b. If significant changes are required, the revision memorandum will be updated and submitted to the affected senior staff member for approval.
  - c. Upon approval, the revision memorandum will be submitted to the director for signature and made accessible.

C. Review Process

The review process provides all levels of agency staff the opportunity to provide comments/recommendations that are relevant to agency policies and procedures and will be as follows:

1. Author Review - The review conducted by the designated person(s) with working knowledge of the policy requirements who represents the agency/units interest, or a subject matter expert assigned by the responsible senior staff member/division manager, to ensure the policy and procedures are consistent with current practices/directives.

Auditing and compliance personnel will forward the current policy/procedure with any affected revisions and forms/attachments to the assigned unit/author 90 days prior to the effective month assigned to the policy/procedure. The responsible senior staff member (RSS)/author will return a final draft to the Auditing and Compliance Unit within the time frame specified.

2. Field Review - Conducted by designated staff in the facilities, units, administrative offices, etc. who have working knowledge of operational procedures and requirements to ensure detailed procedures are provided to employees enabling them to successfully carry out their assignments.
  - a. Auditing and compliance personnel will review the draft for conciseness and consistency with other agency directives and distribute the policy/ procedure for field review with a specified date of return. (4-4049)
  - b. The Auditing and Compliance Unit will forward all input/comments to the responsible division/unit for approval by the affected senior staff member.

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- c. During the field review process, if concurrence and/or if no change is requested, the review process may be closed and the policy/procedure status will be considered current. The responsible senior staff member must concur on the closure.
  
- 3. Stakeholder Review-The review of policies and procedures by identified stakeholders impacted by implementation. This review will also include the Office of the General Counsel for incorporation and identification of state statute and the administrator of Auditing and Compliance for accreditation compliance.
  - a. The Auditing and Compliance Unit will initiate the stakeholder review process for those identified. If concurrence is received from all responding stakeholders within specified time frames, the policy/procedure will be submitted for signature. If a stakeholder's comments are not received within the required time frames, the comments may not be considered by the responsible unit.
  - b. If concurrence from all stakeholders is not received, the author will contact the dissenting stakeholder for resolution. If agreement is not achieved, the administrator of Auditing and Compliance will schedule the procedure for senior staff review.
    - (1) All comments/concerns by stakeholders must be taken into considered by the author/responsible senior staff member/division manager.
    - (2) Information regarding the acceptance or the rejecting of the comments must be outlined and forwarded back to the Auditing and Compliance Unit with the stakeholder return checklist.
  - c. If significant changes occur during the stakeholder review process, the updated version will be forwarded to the stakeholders for an additional five day stakeholder review. Any concerns regarding subsequent revisions will be reported to the administrator of Auditing and Compliance for resolution.
  
- 4. Director and Board of Corrections (BOC) Review/Revision
 

If the BOC or the director disapproves or revises the policy or procedure, the changes will be submitted to the Auditing and Compliance Unit for revision. The author/responsible senior staff member will be notified when changes are made by the BOC and/or director.

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D. Process for Obtaining Exception Memorandums

An exception memorandum is required when an agency policy/procedure cannot be met due to isolated events and/or exceptional circumstances. Exception memos are for temporary issues or one time occurrences/events.

1. Requesting Exceptions

Any employee requiring an exception to a procedure may submit a written request through their chain of command to the administrator of Auditing and Compliance. The written request will explain the need for the exception, other procedures affected, the impact, and the requested duration of the exception.

2. Processing of Requests

- a. The Auditing and Compliance Unit and the Office of the General Counsel will review the exception to ensure language does not conflict with state statutes, other agency policies or compromise compliance with accreditation.
- b. The Auditing and Compliance Unit will submit the request to the director for approval, ensuring the responsible senior staff member and the requesting party receive a copy of the director's action.
- c. The requestor's procedures officer/designee and the Auditing and Compliance Unit will maintain documentation of all exception memorandums.

E. Distribution

Copies of signed policies/procedures, to include revisions, will be issued to assigned manual holders through an issuance memorandum and posted on the agency website on their effective date.

F. Deletions

Procedures that no longer apply to the agency's operations and have not been deleted by another procedure may be deleted through the following process:

1. A written request for deletion of a procedure will be submitted through the chain of command to the Auditing and Compliance Unit.
2. The Auditing and Compliance Unit and the General Counsel will ensure that the deletion of the procedure does not compromise accreditation or statutory requirements.

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3. The Auditing and Compliance Unit will prepare the request for review by senior staff.
4. The recommendation of request for deletion will be submitted to the director for approval.
5. Once approved by the director, the Auditing and Compliance Unit will notify the manual holders via e-mail and provide notification on the agency website.

### III. Field Memorandums (FMs)

#### A. Process

Field memorandums are specific operational guidelines required by agency policy/procedures or as applicable to the facility/district. The process for the creation, review and approval of field memorandums will be as follows:

1. Facility/district heads will ensure that the creation and revision of local procedures is consistent with agency policy/procedure.
  - a. Field memorandums will be developed to address operations which are unique to a facility, specify procedure implementation or establish a process to comply with standard/agency requirements.
  - b. Operational procedures outlined in agency policies (OP's) shall be referenced in local procedures and not duplicated.
  - c. Only FMs required by agency policy or as outlined in Section III. A. 1. item a. above are authorized.
2. Field memorandums will be reviewed by the facility/district head and the Correctional Health Services Administrator (CHSA)/qualified mental health provider, as appropriate. The facility head, CHSA and/or mental health provider will ensure that assigned field memorandums are reviewed annually and updated as needed and submitted to the affected division manager/designee, chief mental health officer, or medical services administrator, as appropriate, for approval. (2-CO-1A-17, 4-4012, 4-4013, 4-4049, 4-ACRS-7B-08)
3. Division managers/designees will review and approve all newly developed FMs and any changes to existing field memorandums. The chief medical/mental health officer or designee will review new or revised FMs and approve field memorandums specific to medical/mental health units.
4. Upon approval of the appropriate division manager or chief medical/mental health officer, the FMs will be returned to the facility

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for signature by the facility head, and when appropriate, the CHSA or mental health provider.

5. New or revised procedures will be provided to staff and volunteers and, as appropriate, to inmates prior to implementation. (4-4014, 4-ACRS-7B-08)

B. Cover Memorandum

Cover memorandums may be used to define, designate, clarify or specify the authority to implement a policy/procedure and may serve as the field memorandum as approved by the division manager/chief medical officer.

C. Field Manual Locations

1. The facility/district head will designate facility locations to maintain field manuals and internal server access. The manual(s) will be designated as “Staff Only” or “Inmate Accessible” (law library).
2. The facility head will develop post orders in accordance with [OP-040102](#) entitled “Master Roster and Post Order Guidelines.” Copies of the relevant post orders and other related procedures (emergency plans, searches etc.) will be maintained at each post and accessible to employees assigned there. (4-4178, 4-ACRS-7B-07).

IV. Annual Audit

Each manual authorized by the agency will be audited annually and updated as necessary. (2-CO-1A-17, 4-4012, 4-4174)

A. Policy and Procedures Manual

The authorized printed manuals of the agency’s policy and procedures will be audited for content annually as follows:

1. Each manual holder will conduct an audit of their assigned manuals by February of each year using [Attachment A](#) (attached) entitled “Content Review Verification/Instructions.”
2. Each manual holder will update their assigned manual via the ODOC website table of contents.
3. The “Content Review Verification/Instructions” ([Attachment A](#)) will be completed and forwarded to the Auditing and Compliance Unit, with a copy maintained in the audited manual.

B. Field Manuals

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1. Local procedures will be developed for the annual manual audit and quality control of field manuals in conjunction with agency policy.
2. The facility procedures officer/designee will maintain the audit documentation on file for three years and ensure availability for review.

V. Historical Documents

Agency policy or procedure that has been deleted or revised will be permanently retained by the Auditing and Compliance Unit in a manner that makes it readily retrievable by staff conducting investigations, responding to Open Records Act requests, or responding to discovery requests during the process of litigation. Facility/district/division managers will maintain copies of historical field memorandums.

VI. General and Essential Record Retention and Dispositions

General and essential record retention and dispositions will be as outlined and in accordance with [OP-020202](#) entitled "Management of Office Records."

VII. Forms and Attachments

Forms and attachments approved for agency-wide application will be linked to policies and procedures and/or the agency's Offender Management System (OMS).

A. Definitions

1. Non-agency Forms

These are forms developed externally that meet an agency need and are required by another agency. Such forms may be purchased from a vendor or obtained through electronic media when appropriate. Since these forms are required by other agencies, they cannot be replaced or substituted without approval by the appropriate agency per [OP-020111](#) entitled "Website Management."

2. Department of Corrections (ODOC) Forms

Each facility/district/unit may print forms via a vendor when large quantities are required, or those that require the use of NCR paper or require special printing specifications such as binding, imprinting of seals, or multicolored documents. Forms not requiring special printing specifications may also be obtained through electronic media (ODOC website) when appropriate.

3. Attachments

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Forms that have low level usage and do not have unusual printing specifications may be copied from the policy or procedure authorizing its usage or through electronic media when appropriate.

4. Fillable Forms

Current ODOC forms, available in either Microsoft Word or PDF format, are available through the Auditing and Compliance Unit and/or available via the agency website.

B. Numbering System for Department of Corrections Forms

1. ODOC forms will have the "DOC" prefix with the same number as the policy or procedure that authorizes the use of the form and lettered in alphabetical order.
2. The month and year of the creation/revision will be placed at the bottom of each form.

C. Creation and Revision of Forms and Attachments

Employees requesting to create or revise ODOC forms/attachments will follow the guidelines in accordance with Section II. item B. of this procedure.

Facilities/districts/divisions may create forms in conjunction with divisional/field memorandums but may not create or revise ODOC forms without written approval of the affected division manager.

VIII. References

Policy Statement No. P-010100 entitled "System of Manuals, Handbooks and Monitoring Procedures"

OP-020111 entitled "Website Management"

OP-020202 entitled "Management of Office Records"

OP-040102 entitled "Master Roster and Post Order Guidelines"

OP-040116 entitled "Selection and Responsibilities of Duty Officers"

OP-050102 entitled "Department and Facility Emergency Plans for Riots, Disturbances, Utility Failures, and Major Disasters for State Operated Facilities"

51 O.S. § 24A.5

74 O.S. § 3105

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IX. Action

Each facility/district head is responsible for developing local procedures.

The appropriate division manager is responsible for compliance with this procedure.

The Inspector General is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval of the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum OP-010101 entitled "Policies and Procedures" dated April 18, 2014

Distribution: Policy and Procedures Manual  
Agency Website

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Attachments

Title

Location

[Attachment A](#)

“Content Review Verification/Instructions“

Attached

