I. Authority
In accordance with 22 AAC 05.155, the Department will maintain a manual composed of policies and procedures established by the Commissioner to interpret and implement relevant sections of Alaska Statutes and 22 AAC.

II. References
Alaska Statutes
AS 33.30.031

III. Purpose
To establish uniform procedures within the Department for the development, review, approval, and monitoring of all facility operating procedures and to specify a standard format.

IV. Application
All Staff.

V. Definitions
As used in this policy, the following definitions shall apply:
A. Department Policy
A formal statement of Department philosophy to guide decision-making.
B. Department Procedure
A detailed, step-by-step description of activities that facilitate implementation of Department policy.
C. Manual
An official binder of operational procedures organized to be an easy reference to both Department policies and facility operating procedures.
D. Review Committee
Individual employees selected by a manager to review Standard Operating Procedures before implementation.

E. Standard Operating Procedures (SOP)
A detailed outline of specific activities or actions required to implement and enforce Department policies. An SOP may not be a duplicate of an existing policy and procedure.

F. Facility Forms
Forms created for use within a facility, numbered and tied to an SOP by inserting facility’s name or abbreviation before the index, e.g., LCCC 102.05.

VI. Policy
A. Each facility will develop and maintain the SOPs necessary to implement department policies.
B. If a policy is operational as it stands, no SOP need be developed for it.
C. Department policies and facility SOPs will be contained within the same binder system. Facility SOPs will be affixed behind the Department policy that it addresses. Department policies and facility SOPs will be available and accessible to all employees.
D. Facility SOPs will be monitored regularly and revised as necessary to ensure compliance with Department policies and institutional needs. Employees will be encouraged to actively participate in developing specific procedures for the SOP manual.
E. No SOP may be implemented prior to Director approval.
VII. Procedure

A. SOP Development
1. Staff member, or group of staff members, may be assigned to monitor development, screen changes, and comment on draft SOPs for the manager’s review. All drafts will follow the format detailed on the attachments of this policy.
2. After review and approval by the manager, the draft will be forwarded to the appropriate Director for final review and approval.

B. Institutional Forms
1. Institutional forms may be developed to support an institution SOP. Department forms, however, should be used whenever possible. If an institutional form is created, it shall contain the following information: prisoner’s name, ACOMS number, and institutional name.
2. Forms must be submitted with the SOP for approval by the appropriate Director. If a form is created after an SOP has been approved, then the form must be submitted to the Director for approval prior to being placed in service.

C. Managers Will:
1. Ensure that all SOPs are in compliance with Department policy;
2. Ensure that all SOPs are prepared in accordance with approved format, as attached in Annex A: SOP Format;
3. After approval by the appropriate Director, SOPs will be disseminated to designated staff and volunteers and, when appropriate, to prisoners prior to implementation;
4. Verify that forms used for implementation of a SOP are numbered according to this policy and contain an updated revision date; and
5. Ensure that a copy of the SOPs is maintained in:
   a. Office of the appropriate Director;
   b. Chief Probation and District Supervisor’s offices;
   c. Assistant Superintendent’s office where appropriate;
   d. Shift Supervisor’s office where appropriate; and
   e. Other locations as deemed appropriate in order to facilitate employee access to the information.
   f. Restricted Access SOPs shall not be placed in areas accessible to prisoners.

D. SOP Review
1. The manager will designate a staff member to confirm annually by memorandum to the manager that the facility’s SOPs comply with Department policies and that they are current.
2. The Director will keep a copy of each SOP they approve, and each subsequent Director will document a review of current SOP’s from each facility, with a copy of the documentation to the originating facility.

E. Acknowledgment of Reading and Understanding
Each employee will read the facility SOPs and acknowledge having done so by signing an Acknowledgement of Having Read Facility SOPs (form 102.05A), which will be retained in the employee’s facility personnel file.
VIII. **Implementation**

This policy and procedure is effective as of the date signed by the Commissioner. Each Manager shall incorporate the contents of this document into local policy and procedure. All local policies and procedures must conform to the contents of this document; any deviation from the contents of this document must be approved in writing by the Division Director.

4/26/2013

Date

Joseph D. Schmidt, Commissioner
Department of Corrections

Attachments:
Annex A: SOP Format

Forms Applicable to this Policy:
102.05A Acknowledgement of Having Read Facility SOPs