

**NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
144**

TELECOMMUNICATION DEVICES

Supersedes: AR 144 (Temporary, 06/21/12)
Effective Date: October 15, 2012

AUTHORITY: NRS 209.417, 209.419, AB 106

RESPONSIBILITY

The Warden or manager of an institution or facility is responsible to ensure that no inmate or staff has access to a telecommunication device that contradicts existing law.

All staff members are responsible to have knowledge of and comply with this regulation.

144.01 TELECOMMUNICATION DEVICES

1. Any device or apparatus associated with a device that enables an inmate to communicate with a person outside the facility or institution is considered to be a telecommunication device.

A. Such items include, but are not limited to, a telephone, a cellular phone, a personal digital assistant, a transmitting radio or computer that is connected to a computer network through the use of wireless technology or is otherwise capable of communicating with a person or device outside an institution or facility.

B. Inmates may have access to telephones in Silver State Industries that are limited to work related issues. Such phone access must be supervised by NDOC employees.

2. All NDOC employees, representatives of other state agencies, contractors, vendors, or other persons who access NDOC institutions or facilities must have received prior written approval from the Director prior to entering with a telecommunication device.

A. The authority cannot be delegated.

B. The Director's decision is final.

C. A Deputy Director or Warden may grant one-time, personal approval for the use of a cell phone under exceptional circumstances, i.e., health, safety, or security.

(1) The individual granted such approval must complete and sign DOC Form 006 prior to provisional approval.

(2) The completed DOC Form 006 must be forwarded to the Director for review.

3. All employees are required to sign a Telecommunication Device Acknowledgment form (DOC Form 1046).

4. Request for approval of possession of telecommunication devices must be submitted via the Chain of Command using DOC Form 006, Request to Possess Telecommunication Device. A signed DOC 1046, NDOC Telecommunication Device Acknowledgment Form, must also be attached to the request.

5. The use of any telecommunication device is a privilege. Approval may be revoked at any time without cause.

6. All persons authorized to carry a telecommunication device must have their approval forms on their person at all times.

7. Upon request of the Inspector General's Office, all persons authorized to carry a telecommunication device must consent to review of their telephone records or Internet provider records of the approved telecommunication device.

A. Failure to comply will result in an immediate suspension of the privilege.

8. At no time will NDOC employees (other than authorized MIS Division staff), representatives of other state agencies, contractors, vendors or other persons who access NDOC institutions or facilities remove or relocate any part of an information technology or telecommunications device, including computers, network equipment, telephones or telephone sets, etc.

9. Violation of this procedure may be prosecuted under criminal statutes, as well as employee discipline pursuant to AR 339 or inmate discipline pursuant to AR 707.

144.02 DEPARTMENT ISSUED COMMUNICATION DEVICES

1. NDOC owned communication devices may include cell phones, lap top computers, e-tablets, radios, etc. Any NDOC communication devices which are issued to employees for use in their duties, remain the property of the NDOC and must be returned at employment termination or upon request.

2. Users of NDOC owned communication devices must adhere to the same procedures indicated in section 144.01 above.

3. The possession of an NDOC owned communication device does not allow the employee to claim overtime, comp time, standby pay or call back pay. A supervisor must pre-approve these types of overtime or pay status in all cases as required in AR 320.

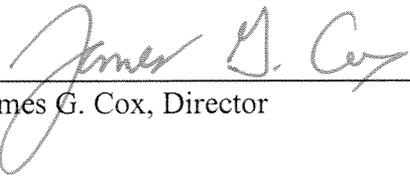
APPLICABILITY

1. This AR requires an Operational Procedure (OP) for the division, institution and facility.

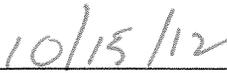
2. This AR requires an audit.

ATTACHMENTS

DOC 1046 – Telecommunication Device Acknowledgement Form
DOC Form 006 – Request to Possess Telecommunication Devices



James G. Cox, Director



Date

**ELECTRONIC DEVICES
NDOC INSTITUTIONS/FACILITIES
ACKNOWLEDGEMENT FORM**

I, _____ have read and
(print)

understand the Electronic Devices Policy as outlined in AR 144.

Signature

Date

cc: Personnel File

DOC 1046 (03/08)
(AR 144)

NDOC Request to Possess Telecommunication Devices

Name: _____ NDOC Employee ID Number: _____

If **not** a NDOC employee: Name of employer: _____

Specific Contract *or* Expiration Date: _____

Type of business: _____ Business phone #: _____

Business address: _____

Location where telecommunication device will be used: Institution/Division: _____

Description of Telecommunication Device:

Name: _____

Make: _____

Model: _____

Serial Number: _____

Telephone Number, if applicable: ()

Basis for Request: _____

I UNDERSTAND AND AGREE TO ABIDE BY THE NEVADA DEPARTMENT OF CORRECTIONS (NDOC) ADMINISTRATIVE REGULATION 144. I FURTHER AGREE SUCH USAGE MAY BE REVOKED AT ANY TIME WITHOUT CAUSE; UPON REQUEST OF THE INSPECTOR GENERAL'S OFFICE TO PROVIDE THE TELEPHONE RECORDS OR INTERNET PROVIDER RECORDS; AND VIOLATION OF THIS PROCEDURE MAY RESULT IN DISCIPLINARY ACTION AND/OR CRIMINAL PROSECUTION. I UNDERSTAND THAT THE POSSESSION OF AN NDOC OWNED COMMUNICATION DEVICE DOES NOT ALLOW ME TO AUTOMATICALLY CLAIM OVERTIME, COMP TIME, STANDBY PAY OR CALL BACK PAY. I UNDERSTAND THAT A SUPERVISOR MUST PRE-APPROVE THESE TYPES OF OVERTIME OR PAY STATUS IN ALL CASES AS REQUIRED IN AR 320.

Requestor Signature _____
Date

RECOMMENDATIONS:

Requestor's supervisor (including non-NDOC agencies):
Approve Disapprove

 Signature _____
 Date

Warden/Division Head:
Approve Disapprove

 Signature _____
 Date

Deputy Director North / South:
Approve Disapprove

 Signature _____
 Date

FINAL APPROVAL Director:

Approve Disapprove

 Signature _____
 Date

cc: Requestor, Warden, Deputy Director, P-File, Division Head, File NDOC Form 006 (XXX)