

Applicable TDOC Policies

103.02

110.01

110.01.1

110.04

110.05.

112.01

112.03

112.04

112.05

112.07

112.09

113.35

113.53

113.53

116.01

116.03

116.04

116.05

116.07

116.08

116.11

117.03

205.02

501.01

501.02

502.02

504.04

504.04 PCN

504.05

506.03

506.16

506.24

Draft of one yet unnumbered policy concerning delivery of food to satellite locations (in development/review but not yet approved)

CR-1798 Therapeutic Diet Order (113.35 and 116.01)

CR 1873 Food Service Monthly Inspection (116.05)

CR 2912 Daily and Weekly Inspection Report (116.05)

Update 8.22.22 (Orig. 3.1.22)



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 110.01

Page 1 of 8

Effective Date: November 15, 2019

Distribution: A

Supersedes: 110.01 (10/1/16)
PCN 19-28 (3/20/19)

Approved by: Tony Parker

Subject: PRE-SERVICE (BASIC) TRAINING AND EMPLOYEE ORIENTATION

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-1-116, TCA 41-1-407, and Prison Rape Elimination Act of 2003 standard 115.31.
- II. PURPOSE: To implement policy and procedures for the provision of training for newly hired and rehired Tennessee Department of Correction (TDOC) employees.
- III. APPLICATION: To all TDOC employees.
- IV. DEFINITIONS:
 - A. Basic Correctional Officer Training (BCOT): A six-week pre-service program designed to prepare new Correctional Officers (COs) for the conditions personnel can expect while working in an adverse correctional environment and security protection procedures. The students learn the essentials needed to survive in the correctional environment. The first two weeks of the training program are conducted at the hiring facility and the remaining four weeks of the program are facilitated through the Tennessee Correction Academy.
 - B. Basic Correctional Professionals Training (BCPT): A one-week pre-service program designed to prepare new staff who do not attend BCOT or Basic Probation/Parole Officer Training (BPOT) with the skills and knowledge base needed to work in the Corrections field. BCPT will typically be conducted at the institutions by TCA Instructors, followed with job-specific training, normally conducted on-the-job.
 - C. Basic Probation Parole Officer Training (BPOT): A six-week pre-service program at facilitated onsite at the Tennessee Correction Academy (TCA), designed to provide all new probation/parole officers (PPOs) with the skills and knowledge base needed to effectively and safely perform the duties of a probation/parole officer.
 - D. On-the-Job Training: A formalized training experience in which the field training officer/institutional field training officer observes the new correctional officer or probation/parole officer in the actual performance of his/her duties, provides documentation, explanation, demonstration, and practices of specific job tasks. Constructive and corrective feedback will be provided as required.
 - E. Job Shadowing: An observational learning experience designed to train new employees by having them accompany and observe a trained and experienced employee.
 - F. New Employee Orientation (NEO): An on-site formalized process designed to introduce and familiarize new employees with information required to function according to job expectations and to give them a broad based operational view of the facility or office as a whole.
 - G. Pre-service: Basic training courses designed to provide new TDOC employees with fundamental knowledge and skills necessary to function according to job expectations.

Subject: PRE-SERVICE (BASIC) TRAINING AND EMPLOYEE ORIENTATION
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- H. Probation and Parole Officer (PPO): An officer who serves and protects the public by supervising adult felony offenders by ensuring that standard and special conditions of probation and/or parole are met.
- V. POLICY: All new TDOC employees shall receive New Employee Orientation and Pre-Service Training (as applicable to job classification) prior to being assigned to independent job responsibilities. Further, those placed in security classifications shall also receive on-the-job training prior to independent job assignments.
- VI. PROCEDURES:
- A. New Employee Orientation (NEO)
1. Full-Time Employees' NEO: All new full-time TDOC personnel shall complete a 40-hour new employee orientation, ideally in the first week of hire and before attending pre-service (BCOT, BCPT, BPOT)
- New employee orientation for all employees except DCCO and TCA shall include but not be limited to the following topics:
 *TDOC curriculum from TCA **Site specific curriculum
- a. Human Resources/Employee Rights and Responsibilities/Code of Conduct
 - b. Title VI*
 - c. Insurance/Payroll/Benefits
 - d. ID Cards/Fingerprints/TB test
 - e. Respectful Workplace for Staff - Tennessee Department of Human Resources (TDOHR) curriculum
 - f. Institutional/Facility Mission, Vision and Goals**
 - g. TDOC Overview including Public Safety Act (PSA) and Seamless Supervision *
 - h. Fire and Safety**
 - i. Security and Custody Levels
 - j. Overview of TRICOR and Rehabilitative Services*
 - k. Drug-free Workplace*
 - l. Staff/Offender Sexual Misconduct*
 - m. Overcoming Manipulation*
 - n. Control of Contraband*
 - o. Role of the Law Enforcement Unit (LEU)*
 - p. Tool Control and Key Control*
 - q. Working with Mentally Ill Inmates*
 - r. Critical Incident Stress Management (CISM)*
 - s. Prison Rape Elimination Act (PREA) - TDOC curriculum or NIC online course
 - t. Situational Awareness
 - u. 4 minute Response, Bloodborne Pathogens, HIV/AIDS/TB*
 - v. Emergency Operation Plan**
 - w. Employee Assistance Program (EAP)*
 - x. Suicide Prevention*

Subject: PRE-SERVICE (BASIC) TRAINING AND EMPLOYEE ORIENTATION

- y. Communication, Professionalism, and Command Presence*
- z. TDOC Uniform Policy
- aa. Institutional/Facility tour and Duty location/work site-specific tour**

Job shadowing shall be mandatory for all new full time correctional officer and probation/parole officer series employees, and is highly recommended for all new TDOC employees. When job shadowing, new employees shall observe various post and assignments under the guidance of an experienced employee in that job classification. Under supervision of an experienced employee, the new employee may be allowed to perform limited duties during job shadowing:

- a. After receiving his/her initial briefing of post duties and responsibilities,
- b. After reading and signing post orders, (as applicable)

2. Part-time employees, volunteers, contract staff, and other transfer employees NEO: Part-time employees, volunteers, contract staff, and employees who are permanently (not temporarily, to cover staff shortages) transferring from one location to another shall receive a minimum of 20 hours of work site orientation appropriate to their assignments. The following topics must be covered in addition to work site/duties training. Additional topics are to be added to this NEO as required by the supervisor:
*TDOC Curriculum from TCA ** Site Specific

- a. Emergency Operation Plan **
- b. Fire and Safety **
- c. 4-minute Response, Bloodborne Pathogens, HIV/AIDS/TB*
- d. TDOC Overview *
- e. Overcoming Manipulation *
- f. Staff/Offender Sexual Misconduct *
- g. Role of LEU *
- h. Control of Contraband *
- i. PREA (TDOC-curriculum or NIC online course)

3. Central Office and TCA employees NEO: All new full time employees in Central Office and the TCA shall receive 40 hours of orientation prior to being assigned independent job responsibilities. Training shall be documented using New Employee 40 Hour Orientation, CR-3563.

4. Community Supervision Employees NEO: All new Community Supervision support staff must attend NEO at the nearest institution, prior to being assigned independent job responsibilities and/or before unsupervised offender contact occurs. NEO training for probation and parole officers (PPOs) and Probation/Parole managers who are new to TDOC shall be completed and adhere to the seamless supervision model.

B. Pre-Service Training Requirements

1. Non-Security Facility Staff: All new non-security facility employees must attend Basic Correctional Professionals Training (BCPT) one-week pre-service training before being assigned independent job responsibilities and/or before unsupervised offender contact occurs. BCPT shall typically be conducted at each institution in collaboration with each BCOT Week 1. All pre-service training at the institution shall be facilitated by Tennessee Correction Academy regional instructor staff and TCA Adjunct Instructors, in compliance with American Correctional Association standards.
2. Security Staff:
 - a. All new security facility employees must attend Basic Correctional Officers Training (BCOT) six-week pre-service training before being assigned independent job responsibilities and/or before unsupervised offender contact occurs.
 - b. BCOT Week 1 and 2 shall be conducted at each institution, following the NEO week. All pre-service training at the institution shall be facilitated by Tennessee Correction Academy regional Instructor staff and TCA Adjunct Instructors, in compliance with American Correctional Association standards.
3. Correctional Counselors: All new correctional counselors shall complete BCPT, Initial Correctional Counselor training (CCT) program, and Initial RNA training/certification before being assigned a caseload; and Instructor Development Course for Adjuncts (IDC-T4T-ADJ) before being assigned to teach any classes.
4. Pre-service training requirements for TDOC institutional employees who change position classifications shall be determined by the Warden/Superintendent.
5. The institutional training specialists shall meet with all new full-time institutional employees prior to pre-service training to discuss:
 - a. The general purpose of pre-service training
 - b. How the person can prepare him/herself to gain the most from training
 - c. The subject matter to be covered
 - d. The kind of performance expected from the person in the classroom
 - e. Opportunities to be provided to allow the employee to apply the new knowledge
 - f. How newly gained skills shall be used when the training is completed
 - g. The requirement that they read the *Academy's Trainee Handbook* prior to attending.

6. Community Supervision Staff:

- a. All new Community Supervision support staff must attend NEO plus Basic Correctional Professionals Training (BCPT) at the nearest institution, prior to being assigned independent job responsibilities and/or before unsupervised offender contact occurs.
- b. BCPT shall be conducted at each institution in conjunction with each BCOT Week 1. Community Supervision supervisors should contact the Training Specialist at the nearest institution to confirm dates for NEO and BCPT and to register new staff to attend these trainings.
- c. New probation/parole officers must receive the 40-hour NEO-BPOT orientation before attending the six-week Basic Probation/Parole Officer Training (BPOT) at TCA.
- d. If a Probation/Parole Manager is hired in as a new TDOC employee, he/she must attend the six-week BPOT pre-service training.
- e. The Community Supervision orientation training for probation and parole officers (PPO) shall be completed according to Policy #110.01.2. It is the responsibility of the new employee's immediate supervisor to ensure that the employee receives the required work site/duties orientation.

C. Rehired TDOC Employee Training Requirements, Examinations, and Qualifications:

1. Re-Hired Employees in the CO Series: All rehired TDOC employees who originally completed their pre-service training program and who have been separated from TDOC for less than two years, including those who were away on active military service for more than 12 months but less than 24 months, shall attend an abbreviated version of pre-service training. Employees who are away on active military service are not considered to be separated from TDOC service, and typically can return from a 12-month deployment without any further training to the duties they performed before they left. If there has been a new duty or responsibility added to their job series while they were away they must receive that training.
2. Rehired employees who have been separated for more than two years and less than three years are also eligible for an abbreviated version subject to the Warden/Superintendent written approval. Factors such as prior length of service and past work history including disciplinary actions during TDOC service; reasons for separation; other employment during separation shall be considered. Such written approval shall be maintained in the employee's training file.
3. This abbreviated training shall consist of OJT and the following classes, plus any other training the Warden/Superintendent deems necessary for this employee based on the review. The classes are all self-paced online classes in the LMS, except for the skills portion of CPR/First Aid/AED.

Subject: PRE-SERVICE (BASIC) TRAINING AND EMPLOYEE ORIENTATION

- a. Suicide Prevention
 - b. Drug Free Workplace
 - c. Use of Force Continuum and Law
 - d. Overcoming Manipulation
 - e. STG Identification refresher
 - f. Contraband and Search
 - g. Staff/Inmate Sexual Misconduct
 - h. Control of Contraband
 - i. Role of Law Enforcement
 - j. TDOC Overview
 - k. Working with Mentally Ill Inmates
 - l. Tool Control and Key Control
 - m. Title VI
 - n. PREA
 - o. Code of Conduct/Ethics
 - p. Restrictive Housing
 - q. Population Count
 - r. Abusive Conduct in the Workplace
 - s. 4-Minute response, Bloodborne Pathogens, HIV/AIDS, TB
 - t. Respectful Workplace Refresher: Reaffirming My Commitment - self-paced in Edison
 - u. CPR/First Aid/AED (if expired) - self-paced module in LMS plus certification by Instructor
4. All rehired employees in the CO series must pass a physical examination and psychological examination per Policy #305.06 prior to the offer to re-hire.
 5. Rehired COs must recertify in firearms proficiency per Policy #506.09. Failure to obtain the required score during the requalification session will require the officer to return to TCA to repeat the initial firearms training and qualification with the next available BCOT pre-service class. Until weapons qualification is confirmed, a re-hired officer may be placed on posts that do not require armed officers.
 6. Following these required trainings, the employee can be assigned independent job responsibilities and unsupervised offender contact.
- D. Re-Hired Non-Security Institutional Employees: All rehired non-security institutional employees who originally completed their prescribed pre-service training curriculum and have been separated from TDOC for less than one year (i.e., counselors, maintenance personnel, food service staff, medical staff, etc.) shall complete the appropriate 40-hour in-service training course (including Day 1 mandatory core training) at the earliest scheduled offering. All non-security institutional employees returning from over a year of active military duty shall attend a minimum of 20 hours of work site orientation appropriate to their assignments, followed by the appropriate 40 hour in-service training at the earliest scheduled offering.

Subject: PRE-SERVICE (BASIC) TRAINING AND EMPLOYEE ORIENTATION

- E. All rehired employees in the Community Supervision series, including PPOs and support staff, who originally completed their pre-service training curriculum and who have been separated from TDOC for less than one year shall attend an abbreviated version of pre-service training. This abbreviated training shall consist of New Employee Orientation plus Annual In-Service training required for particular job classification. For re-hired PPOs, this is to be followed by select Basic Probation Parole Officer Training classes identified below which will be held at the Academy:
1. Risk and Needs Assessment
 2. Standards of Supervision
 3. Home Searches
 4. Personal Searches
- F. All rehired employees in the Community Supervision series, including PPO and support staff, who originally completed their pre-service training curriculum and who have been separated from TDOC for more than one year shall receive a minimum of 40 hours of work site orientation appropriate to their assignments, followed by Weeks One through Three of Pre-Service Field Services training at the Academy for a PPO.
- VII. ACA STANDARDS: 2-CO-1D-05, 4-4088, 1-CTA-3A-02, 4-APPFS-3A-05, 4-APPFS-3A-08, and 4-APPFS-3A-14 through 4-APPFS-3A-18.
- VIII. EXPIRATION DATE: November 15, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

New Employee 40 Hour Orientation

Name: _____

EID#: _____

Facility/District: _____

Supervisor (25 hours)

Trainer's Initials

Date

- Introduction/Job Orientation
- Tour of Work Site
- Policy & Procedures
- On the Job Training
- Emergency Building Procedures

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Personnel Processing (13 hours)

- ID#
- Fingerprints N/A
- Medical Screen
- MTA Card N/A
- Introduction to Career Development Center
- Edison
- Personnel Evaluations
- OMS N/A
- Training File Made

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


Fiscal Services (2 hours)

- Benefits
- Travel
- Supplies
- Payroll/Checks

_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature

HR Personnel Signature

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 110.04	Page 1 of 6
	Effective Date: September 30, 2019	
	Distribution: A	
	Supersedes: 110.04 (3/15/16)	
Approved by: Tony Parker		
Subject: TRAINING PLANS, RECORDS, AND REPORTS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a standard method of documenting all records and reports pertaining to training.
- III. APPLICATION: Deputy Commissioners, Assistant Commissioners, Wardens/Superintendents, Staff Learning and Development Administrator, District Directors, and Training Specialists/Coordinators, and employees of Tennessee Rehabilitative Initiative in Corrections (TRICOR).
- IV. DEFINITIONS:
 - A. Annual Training Plan: A document developed by a major organizational unit that addresses current job-related training needs of that unit.
 - B. Major Organizational Unit: Those units designated as being responsible for submitting an annual training plan to the Staff and Learning and Development Administrator, Tennessee Department of Correction (TDOC).
 - C. Training Record: An electronic or manual (hard copy) program that reflects an on-going record of training completed by a TDOC employee.
 - D. Training Reports: Any report, including but not limited to minutes of Training Advisory Committee (TAC) meetings, needs assessments and surveys, training goals, and objectives.
- V. POLICY: It is the policy of the TDOC that a standard training record is maintained for all employees, that minutes of all Training Advisory Committee meetings be maintained, and that a current annual training plan be kept on file by each unit. All training delivered should be based upon a process of needs assessment to insure that it is consistent with organizational philosophy and required job-specific conceptual knowledge or required skill.
- VI. PROCEDURES:
 - A. Completed training shall be recorded in a format established by the Commissioner in an electronic or manual (hard copy) program designated by the Wardens/Superintendents/District Director/and shall be maintained at the employee's assigned unit by the training specialist/coordinator.
 1. It shall be each employee's responsibility to notify the unit training specialist/coordinator before and upon completion of a training activity outside the facility.

Effective Date: September 30, 2019	Index # 110.04	Page 2 of 6
Subject: TRAINING PLANS, RECORDS, AND REPORTS		

2. Training specialist/coordinators are responsible for recording completed training in the designated training program in a timely and accurate manner.
- B. The training specialist/coordinator shall maintain the training record for the current fiscal year and retain the electronic or manual file after the year-end and each fiscal year thereafter.
 - C. The training specialist/coordinator shall retain all training records utilized prior to the effective date of this policy on all current employees of the unit.
 - D. Training Record Disposition is as follows:
 1. A hard copy or an electronic copy of the employee's training record will be placed in the individual's unit personnel file prior to its being forwarded to another major organizational unit upon employee reassignment/transfer. The hard copy or an electronic copy of the training record will be removed from the unit personnel file by the personnel section of the major organizational unit receiving the reassigned employee and turned over to the unit training coordinator for retention and maintenance.
 2. When an employee terminates employment with the TDOC, a hard copy or an electronic copy of the employee's training record shall be placed in the personnel file. The personnel file shall be sent to TDOC Central Office for forwarding to the Tennessee Department of Human Resources (TDOHR). The training coordinator at the work unit from which the employee is terminated shall retain an electronic copy of the former employee's training records, copied to an inactive employee section of the program. A copy may be given to the departing employee. If a manual training record format is designated by the Wardens/Superintendents/District Director/at that work site, a copy shall be retained in a separate file of terminated employee training records.

The records of terminated employees should be retained for a minimum of two full years after the employee's separation date.
 - E. Training Approval:
 1. Each supervisor/manager approving training requests should ensure the employee's availability to attend requested training or canceling in sufficient time (usually seven days prior to start date of training) so the department will not be billed.
 2. A cross reference will be made by checking the TDOHR Training Information Screen which shows individuals who complete TDOHR/Strategic Technology Solutions (STS) training for which Continuing Education Units (CEUs) were awarded. The TDOHR will send the completion of training to the training officer and the officer will make a copy for placement in the employee's training record.

Subject: TRAINING PLANS, RECORDS, AND REPORTS

3. The employee shall be responsible for notifying the training specialist/coordinator before and upon completion of out-service, specialty, and conference type training. A copy of the brochure or other information describing the training shall be provided to the training officer, along with a statement regarding the number of hours to be credited. Employees completing training where certificates of completion are issued may provide a hard copy for filing in their training record.
 4. TCA shall electronically send to the appropriate training specialist/coordinator a record of training completed by the employees.
 5. DCCO; Office of Investigations and Compliance; and Major Maintenance staff should complete the Training Hours, CR-4183, and shall submit it to the training specialist/coordinator upon completion of each course. A copy of the brochure or other information describing the training shall be provided to the training officer.
- F. Annual Training Plan: The unit training coordinator in conjunction with the unit training advisory committee shall be responsible for preparing the annual training plan for his/her unit during the last quarter meeting of the fiscal year. They shall:
1. Identify and resolve problems that were encountered during the prior year regarding meeting training goals and objectives.
 2. Review assessments from the classes conducted during the prior year and enter adjustments to institutional produced training.
 3. Develop the annual training plan to include at a minimum the following:
 - a. A breakdown of the number of staff in each category and the proposed method and location of meeting staff training needs.
 - b. Ensure that all orientation, pre-service, and in-service training needs are addressed.
 4. Completed annual training plans shall be forwarded by May 31 of each year to the Staff Learning and Development Administrator.
- G. The training specialist/coordinator shall ensure that minutes are maintained of all Unit Training Advisory Committee meetings.
- H. The training specialist/coordinator shall provide to all work site program and department heads, an In-service Training Needs Assessment Survey, CR-3685, for their evaluation and completion to be used to forecast and determine in-service staff training needs.
1. Surveys circulated at the worksite shall be of sufficient number to reasonably allow for managerial input into the training necessary for all employee categories served through the Tennessee Correction Academy.

Subject: TRAINING PLANS, RECORDS, AND REPORTS

2. Completed surveys will be forwarded to the Academy Director for collation and inclusion into a prioritized listing for curriculum development by November 1 of each year.
- I. Training is assessed and evaluated on an ongoing basis through the office of the Director of Training.
 1. The TCA shall utilize the In-service Training Needs Assessment Survey, CR-3685, the end of training evaluations completed by participants, and the executive service mandates to prioritize and design all subject matter and curricula.
 2. On an annual basis the Academy Superintendent/or his or her designee shall prepare and provide a summary of subject matter evaluations and recommendations for future training to be approved by the departmental Training Advisory Committee (TAC) for curricula approval and planning purposes.
 3. The TDOC curriculum and subject matter shall be approved by the departmental TAC.
 4. Institutional site-specific curriculum shall be developed by the unit Training Advisory Committee. TCA staff will assist with institutional curriculum development when requested. The TCA shall give final approval to all curriculum prior to the curriculum being taught.
- VII. ACA STANDARDS: 4-4073, 4-4075, 4-APPFS-3A-19, and 4-4076.
- VIII. EXPIRATION DATE: September 30, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

TRAINING HOURS FY 2019/2020

Training Hours

Employee Name: _____
Supervisor Name: _____

Job Title: _____
Edison ID: _____

Class	Date	Total Hours	Instructor	Location

Employee Name: _____
Supervisor Name: _____

Date Signed: _____
Date Signed: _____

Shay Lee: _____

Date Signed: _____

Please keep a copy for your records. This form should be submitted by the following dates accompanied with certificates and/or proof of completion to receive credit for the above classes:

- September 30th
- December 15th
- March 31st
- June 15th



TENNESSEE DEPARTMENT OF CORRECTION IN-SERVICE TRAINING NEEDS ASSESSMENT SURVEY

ORGANIZATIONAL UNIT

DATE

FISCAL YEAR

for (POSITION CATEGORY)

In each training category, items should be listed in order of priority with one (1) being the highest value and with five (5) being of lower urgency.

ORGANIZATIONAL PHILOSOPHY:


Please list those items that in your observation and/or estimation would further the Department's stated strategic mission, values and goals, by the development and delivery of employee In-Service training in the following topic areas:

1. _____
2. _____
3. _____
4. _____
5. _____

CONCEPTUAL KNOWLEDGE:

Please list those items that in your observation and/or estimation would enhance employee effectiveness in the area of policy understanding and compliance, by the development and delivery of employee In-Service training in the following topic areas:

1. _____
2. _____
3. _____
4. _____
5. _____

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 110.05	Page 1 of 4
	Effective Date: April 1, 2021	
	Distribution: A	
	Supersedes: 110.05 (1/15/18) PCN 18-30 (5/15/18)	
Approved by: Tony Parker		
Subject: IN-SERVICE TRAINING POLICY		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-1-116, TCA 41-1-407, and Prison Rape Elimination Act of 2003 standard 115.31(c).
- II. PURPOSE: To implement policy and procedures for the provision of in-service training for Tennessee Department of Correction (TDOC) employees.
- III. APPLICATION: All TDOC employees.
- IV. DEFINITIONS:
 - A. In-Service Training: Yearly training courses offered by any Tennessee state agency [Tennessee Correction Academy (TCA), Tennessee Department of Human Resources (TDOHR), Strategic Technology Solutions (STS) etc.] to enhance employee knowledge and skills.
 - B. Out-Service Training: Training courses, seminars and/or workshops sponsored by federal, state, and non-governmental agencies outside Tennessee state government.
- V. POLICY: All employees in the Department shall receive training annually in accordance with standards and procedures established by the Commissioner.
- VI. PROCEDURES:
 - A. Employees will be given ample opportunities to continue their professional development and are encouraged to attend workshops, seminars, and other education/programs.
 - B. Employees in Central Office (except ranked officers in the Correctional Officer series) with minimal offender contact, including non-security staff, shall receive a minimum of 16 hours of in-service training annually each fiscal year. All other employees, including Contract Monitors of Operations and Compliance appointed for the privately managed facilities and all Correctional Administrators, shall receive a minimum of 40 hours in-service training each fiscal year.

Employees in Central Office should utilize form CR-4183 TDOC Training Hours to track quarterly training. This form shall be emailed to DCCO.Training@tn.gov each quarter.

These 40 hours may be attained through sources such as the TCA, core training, and other in-service or out-service job-related training opportunities. Courses delivered and the

documentation of such shall be accomplished in accordance with requirements set forth by existing policies and ACA standards that address staff in-service training.

Effective Date: April 1, 2021	Index # 110.05	Page 2 of 4
Subject: IN-SERVICE TRAINING POLICY		

- C. Mandatory in-service training that is required for all TDOC employees' (as driven by departmental policies) shall include, but not be limited to, the following topics annually:
1. Title VI (1 hour)
 2. Emergency Operation Plans and Fire Safety (1 hour, not required for Central Office staff)
 3. Four Minute Response, Tuberculosis Prevention and Control, HIV/AIDS (1 hour combined)
 - 4. Suicide Prevention (1 hour)
 5. Drug-Free Workplace Refresher (1 hour)
 6. Prison Rape Elimination Act (PREA) (2 hour)
 7. Security Threat Group (STG) Identification (1 hour)
 8. Code of Conduct/Ethics (1 hour)
 9. Overcoming Manipulation (1 hour)
 10. Abusive Conduct in the Workplace (1 hour)
 11. Respectful Workplace Refresher (1 hour)
 12. Accident/Injury and Incident Reporting Refresher (1 hour)

On an annual basis (by July 1st), the Academy Superintendent will distribute a listing of all mandatory in-service training to all Wardens/Superintendents/Directors/Training Specialists, and other applicable policy recipients.

- D. In-service training for all regular/permanent employees (prisons, community supervision, and community correction staff) may be accomplished through attending the mandatory in-service training and other job-related training. In-service training for part-time employees will also be accomplished through attending the mandatory in-service training and other job-related training.
- E. In Service Training Requests: Requests to attend in-service training courses offered by another state agency shall be made through their supervisor and submitted to the Warden/Director or designee, and must be submitted at least 30 days in advance of the scheduled training date.
1. DOHR courses that are in Edison can be requested and enrolled through Edison My Learning portal but is subject to supervisor approval.
 2. Requests for STS training will be made through employees' supervisor and submitted to the Warden/Director or designee.
- F. Out Service Training Requests
1. Training request approval must be granted by the employee's appropriate approving authority prior to submitting to Edison. Once approved, a Travel Authorization

Effective Date: April 1, 2021	Index # 110.05	Page 3 of 4
Subject: IN-SERVICE TRAINING POLICY		

needs to be completed through Edison at least 30 days in advance of the scheduled training date. Approval for reimbursement of out-service workshops and/or seminars shall be based on departmental budget constraints, whether the course is job related, and the needs of the Department. Out-service training activities for the purpose of renewing professional licenses or certificates required upon appointment will not be approved by the TDOC. Administrative leaves with pay, not to exceed five days per year, may be granted for employees to attend these activities at their own expense.

2. After the request has been approved or denied, the employee should receive notification from Edison, via Outlook e-mail.
- G. TDOC employees newly hired during the period between July 1-March 31 shall receive 40 hours of employee orientation followed by an additional 16 hours of training during their first fiscal year. TDOC employees newly hired during the period April 1-June 30 shall receive 40 hours of employee orientation. There is no additional 16-hour training requirement for the remainder of their first fiscal year. For rehired employees refer to Policy 110.01.
- H. Employees who have been enrolled and registered for a class and have received official notification of class start date, time, and location are expected to attend. Barring an emergency or illness (and if an employee substitute cannot be identified to attend the class), employees not attending classes for which they have been enrolled, registered, and notified will be disciplined in accordance with TDOHR Rules and Regulations.
- VII. ACA STANDARDS: 2-CO-1D-06 through 2-CO-1D-09, 5-ACI-1D-13 through 5-ACI-1D-16 and 4-ACRS-7B-17-1.
- VIII. EXPIRATION DATE: April 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION

TRAINING HOURS FY 2020/2021

Training Hours

Employee Name: _____
Supervisor Name: _____

Job Title: _____
Edison ID: _____


Class	Date	Total Hours	Instructor	Location

Employee Name: _____
Supervisor Name: _____

Date Signed: _____
Date Signed: _____

Please keep a copy for your records. This form should be submitted by the following dates accompanied with certificates and/or proof of completion to receive credit for the above classes:

- September 30th
- December 15th
- March 31st
- June 15th

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 112.01	Page 1 of 4
	Effective Date: March 1, 2021	
	Distribution: A	
	Supersedes: 112.01 (1/15/18)	
Approved by: Tony Parker		
Subject: MONITORING AND CONDUCTING INSTITUTIONAL SANITATION INSPECTIONS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide regular monitoring and procedures for institutional sanitation inspections in all institutional living, programs, and work areas.
- III. APPLICATION: To all institutional employees and inmates of the Tennessee Department of Correction (TDOC), Tennessee Correction Academy (TCA), transition centers, Tennessee Rehabilitative Initiative in Correction (TRICOR), and South Central Correctional Facility.
- IV. DEFINITIONS:
 - A. Housekeeping Plan: A written plan identifying a regular schedule for cleaning.
 - B. Inspection Team Members: Individual designated by the Warden/Superintendent to perform monthly sanitation inspections in accordance with this policy.
 - C. Institutional Sanitation Officer (ISO): The individual assigned by the Warden/Superintendent to manage, direct, and supervise the institutional sanitation program.
 - D. Sanitation: The application of measures to make environmental conditions favorable to health.
 - E. Sanitation Inspector: Individual designated by the Warden/Superintendent to perform weekly inspections of assigned areas in accordance with this policy.
 - F. Tennessee Department of Health (TDOH): The Tennessee state government agency which is responsible for the oversight and care of matters relating to public health.
- V. POLICY: The institutional sanitation officer shall manage the institutional sanitation program and ensure compliance with the Department of Health and American Correctional Association sanitation standards.
- VI. PROCEDURES:
 - A. The Warden/Superintendent shall appoint an institutional sanitation officer who is not currently the institutional facility safety officer.
 - B. The institutional sanitation officer shall receive an initial eight hours of training from the Tennessee Department of Health or other qualified agency/person. Annually, thereafter the sanitation officer shall receive two-hours of applicable training update from a qualified agency/person.

Effective Date: March 1, 2021	Index # 112.01	Page 2 of 4
Subject: MONITORING AND CONDUCTING INSTITUTIONAL SANITATION INSPECTIONS		

- C. The Warden/Superintendent shall appoint a sufficient number of sanitation inspectors to ensure that weekly sanitation inspections encompass the entire institution. The sanitation officer shall be responsible for instructing the sanitation inspectors on their duties.
- D. Initial training for a sanitation inspector shall consist of a minimum of four hours, and include an on-site inspection. The balance of training shall include a review of the checklist for sanitation inspections and the requirements of each item. This training can be accomplished by the institutional sanitation officer or any other qualified individual. Annually, each inspector shall receive one-hour of applicable training.
- E. A weekly sanitation inspector shall inspect all areas of the institution. A separate Checklist for Weekly Sanitation Inspectors, CR-3497, shall be completed for each building or area checked and submitted to the sanitation officer by Wednesday of the week following the inspection. Department heads and/or unit managers are responsible for any corrective action. If maintenance action is required, the department head and/or unit manager shall prepare and submit a maintenance work request, by way of an approved automated database program or verify that one has previously been submitted. The institutional sanitation officer will re-inspect any area with previous major deficiencies, within a week of report.
- F. The sanitation officer shall coordinate the work of the inspection team members appointed by the Warden and conduct a monthly inspection of the entire institution. The sanitation officer shall prepare a comprehensive monthly report describing the inspection results and submit it to the Warden/Superintendent by the 10th of the following month.
 - 1. Inspection team members shall include the following staff:
 - a. Institutional Sanitation Officer
 - b. Warden/Superintendent/designee
 - c. Maintenance department representative
 - 2. Monthly sanitation inspections may be conducted simultaneously with the monthly fire and safety inspections and the written reports may be combined as long as the requirements of Policy #112.05 and this policy are met.
 - 3. Written corrective action plans shall be developed immediately by the appropriate supervisor with copies forwarded to the Warden/Superintendent and sanitation officer. If needed, maintenance work orders shall be completed by the supervisor of the deficient area.
- G. Provided that the TDOH annual inspection has not occurred prior to February 1 of each year, the institutional sanitation officer shall schedule an annual environmental inspection by the TDOH. Based on deficiencies identified in the TDOH inspection, the institutional sanitation officer will forward documentation of corrective actions taken to the Warden/Superintendent and the Department of Health inspector.
- H. Department heads/supervisors/unit managers shall develop written housekeeping plans for their areas of responsibility. These plans, reviewed for consistency and approved by the ISO, shall include the tasks to be performed, the correct procedure for accomplishing the task, and

Effective Date: March 1, 2021	Index # 112.01	Page 3 of 4
Subject: MONITORING AND CONDUCTING INSTITUTIONAL SANITATION INSPECTIONS		

daily, weekly, and monthly duties for staff and inmates. The plans shall be monitored to ensure the institution sanitation is appropriate and shall be posted in the appropriate unit manual and in areas convenient for inmate worker access if inmates are tasked to clean the area.

- VII. ACA STANDARDS: 5-ACI-5D-01 (M), 5-ACI-5D-05, and 5-ACI-7A-07(M)
- VIII. EXPIRATION DATE: March 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION
CHECKLIST FOR WEEKLY SANITATION INSPECTORS
Policy #112.01

Location _____
 Inspector _____
 Date _____

 INSTITUTION

(Inspect each item and denote deficiencies with an "X" and satisfactory with a "✓".
 Use the comment section for deficiencies and other explanations.)

ITEMS CHECKED	DESIGNATED AREA INSPECTED						
GENERAL AREA CLEANLINESS							
1. Floors							
2. Walls							
3. Ceilings							
4. light fixtures							
5. Air Vents							
6. Windows							
7. Appliance/Equip.							
8. Furniture							
9. Other (Note)							
CELLS/ROOMS							
1. Clean and Orderly							
TOILET FACILITIES/SINKS							
1. Operable							
2. Clean							
3. Soap & Towels							
4. Waste Receptacles							
SHOWERS							
1. Hot & Cold Water							
2. Clean: Drains, Walls, Floors							
3. No Mildew							
4. Operable & Clean							
5. Exhaust Fan							
JANITOR CLOSETS/STORAGE AREAS							
1. Clean, Neat, Orderly							
2. Controlled Issue							
3. Adequate Supplies							
4. No Unnecessary Items							
LAUNDRY AREA							
1. Clean/Trash Collected							
2. Dryer Vented							
WATER FOUNTAINS							
1. Operable/Adjusted							
2. Clean							
REFUSE & WASTE DISPOSAL							
1. Require Removal							
2. Adequate Receptacles							
3. Lids on Cans							
4. Clean Area							
5. Clean Plumbing Drains							



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 112.04

Page 1 of 6

Effective Date: October 15, 2019

Distribution: A

Supersedes: 112.04 (9/1/16)

Approved by: Tony Parker

Subject: FIRE AND EMERGENCY EVACUATION PLAN

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish institutional fire and emergency evacuation plans.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) institutional employees and inmates, Central Office, Community Supervision staff and offenders, Tennessee Correction Academy (TCA), Day Reporting Center (DRC), Community Resource Center (CRC), Tennessee Rehabilitative Initiative in Correction (TRICOR), and employees of privately managed facilities.
- IV. DEFINITIONS:
 - A. Area of refuge: A pre-determined and/or approved location in a building which is designed to hold occupants during a fire or other emergency whenever evacuation may not be safe or possible. Occupants can wait at this location until rescued by first responders/emergency personnel.
 - B. Community Resource Center (CRC): A TDOC organization that provides a wide array of resources, services, and community referrals for offenders either released to community supervision or former offenders. The CRC includes community alliances for the purpose of providing physical, social, and economic resources to offenders.
 - C. Day Reporting Center (DRC): A highly structured, non-residential substance use treatment program that combines rehabilitation, supervision, treatment, and re-entry services
 - D. Defend in Place Strategy (DIPS): A procedure used during emergencies wherein only limited numbers of cells are opened and inmates evacuated. During fire emergencies, only cells immediately involved and adjacent (including above or below) to the affected cell are evacuated with the remaining cells left occupied and secured.
 - E. Deputy State Fire Marshal (DSFM): The official assigned to represent state government in all matters governing fire prevention and building construction safety in state operated or owned institutions.
 - F. Emergency Escape Breathing Apparatus (EEBA): EEBA's are National Institute for Occupational Safety and Health (NIOSH) approved loose fitting positive pressure respirators that provide emergency breathing air to ensure a safe escape from toxic or oxygen-deficient atmospheres or atmospheres that have become immediately dangerous to life or health.

Effective Date: October 15, 2019	Index # 112.04	Page 2 of 6
Subject: FIRE AND EMERGENCY EVACUATION PLAN		

- G. Evacuation Diagram: A schematic illustration presenting egress routes of fire evacuation. The evacuation diagram shall be posted in normally occupied buildings. If the building is a multi-story structure, this should be reflected on the evacuation diagram. The evacuation diagram shall be posted on all levels of a multi-story structure. Color coding will aid employees in determining their assigned routes to exit.
 - H. Facility Safety Officer (FSO)/Safety Designee: The facility employee assigned to manage, direct, and supervise the operational unit fire safety program.
 - I. Fire and Emergency Evacuation Plan: The written evacuation scheme for the premises (controlled short term evacuation) used in conjunction with the evacuation diagram.
 - J. Fire Plan: A carefully arranged and systematic action plan designed beforehand for attaining the organized evacuation of the premises over a period of time. These plans are part of the emergency operations plans and are developed in accordance with Policy #506.20.
 - K. Operational Unit: For purposes of this policy, all TDOC institutions, offices, divisions, or privately managed facilities administered by or contracted by the TDOC.
 - L. Primary Area of Assembly: An area that is a safe distance (an assembly point) that has been designated as a place where people can gather or must report to during an emergency or a fire drill, 50 feet or greater from a building.
 - M. Self Contained Breathing Apparatus (SCBA): An open-circuit self contained breathing apparatus, or SCBA, is a device worn by rescue workers, firefighters, and others to provide breathable air in a hostile environment. Open-circuit industrial breathing sets are filled with filtered, compressed air that passes through a regulator, is inhaled by the user, and then exhaled out of the system. (Only applicable to WTSP Fire Brigade)
- V. POLICY: The Warden/Superintendent of each institution, primary District Director (DD) of each Community Supervision district, and the TCA Superintendent shall be responsible for the development of a fire and emergency evacuation plan addressing all areas of the operational unit. Central Office shall comply with the evacuation plan established by building management.
- VI. PROCEDURES:
- A. The Warden/Superintendent and TCA Superintendent shall designate an FSO qualified to administer the institution's fire safety program. This employee shall be directly responsible to the Warden/Superintendent, or TCA Superintendent (or Warden's designee at privately managed facilities) for the management of the institution's fire safety program. The Central Office safety program is the responsibility of the Department of General Services and the building manager. The Community Supervision (CS) safety program is the responsibility of the primary DD/safety designee.
 - B. The FSO/primary DD/safety designee of each operational unit shall develop a written fire and emergency evacuation plan(s) and address egress requirements of the five use conditions contained in the Life Safety Code as appropriate and include the following components:
 - 1. Evacuation diagrams of each building/room with:

Effective Date: October 15, 2019	Index # 112.04	Page 3 of 6
Subject: FIRE AND EMERGENCY EVACUATION PLAN		

- a. Location of exits and directional arrows for traffic flow to exits
- b. Location of fire extinguishers, pull stations or other signaling devices, and emergency escape breathing apparatus (EEBA)
- c. Location on the evacuation diagram(s) in the building ("you are here")
- d. Written instructions for the evacuation of each building/room
- e. Identification and location of the appropriate primary area of assembly or applicable area of refuge

These diagrams shall be kept current at all times. Any substantive change in the evacuation diagram where the evacuation process is affected shall be presented to the Deputy State Fire Marshal during his/her annual inspection of the facility. Any diagram changes shall be updated to the facility emergency operation plan as they occur. (See Policy #506.20)

- 2. Plan for conducting quarterly fire exit drills in all operational units excluding Community Supervision according to Section VI.(G) of this policy. CS shall conduct fire exit drills two times per year according to Section VI.(G) of this policy.
- 3. Mock evacuation drills shall be conducted in lieu of an actual evacuation when the evacuation of seriously ill inmates assigned to a health center or infirmary, or maximum security/segregated inmates, or extremely dangerous inmates could create a health or security problem. Written procedures for use during these mock drills shall be developed by the FSO and be approved annually by the Safety Program Director for TDOC.
- 4. Plans for evacuating people with disabilities.
- 5. Procedures for the immediate release of inmates from locked areas; a backup system shall also be developed, including DIPS, where authorized.
- 6. The written Fire and Emergency Evacuation Plan shall make provisions for:
 - a. Use of alarms
 - b. Transmission of alarm to fire department by central control staff
 - c. Response to alarms
 - d. Isolation of fire
 - e. Preparation of building for evacuation
 - f. Evacuation of immediate fire area to an area of refuge
 - g. Fire extinguishment (if possible)

Effective Date: October 15, 2019	Index # 112.04	Page 4 of 6
Subject: FIRE AND EMERGENCY EVACUATION PLAN		

- h. DIPS
 - i. Elevator procedures
 - j. Procedures for responding fire fighters, i.e., escort, etc.
 - k. Procedures for unaccounted inmates/offenders, staff, volunteers/interns or visitors
- C. The FSO/safety designee shall prepare the operational unit's Fire and Emergency Evacuation Plan for the Warden/Superintendent/primary DD's submission to the Deputy State Fire Marshal serving the facility. Upon review by the DSFM, the FSO/safety designee shall distribute the plan to the local fire jurisdiction for its information. The plan shall be reviewed annually for accuracy and any substantive changes shall be reviewed by the DSFM before re-issuance to the local fire jurisdiction. This review shall occur at the time the DSFM conducts his/her annual inspection of the facility and shall be presented to the DSFM by the FSO in memorandum form noting any change. If no changes were required in the plan, a memorandum shall be prepared by the FSO/safety designee for the Warden/Superintendent/primary DD's submission to the Deputy State Fire Marshal stating this fact.
- D. The FSO/safety designee shall be responsible for maintaining an approved completed copy of the organizational unit's Fire and Emergency Evacuation Plan. The written evacuation plan shall be available for staff review at all times in the office of the facility safety officer.
- E. The FSO/safety designee will ensure that the appropriate evacuation diagrams and instructions are posted in each occupied building. Evacuation diagrams shall reflect the actual floor arrangement and be displayed with the actual direction to the exits. The evacuation diagrams shall be color orientated to minimize confusion.
- F. The institutional FSO will assist in training all employees regarding institutional written fire and emergency evacuation plans and the usage of EEBA, and other safety equipment. This training shall be included in the institution's orientation program for new employees and retraining shall occur at least annually. All training shall be documented in the employee training record. CS primary DD/safety designee shall communicate the district's written fire and emergency evacuation plans to all district employees.
- G. Fire exit drills shall be conducted at the direction of the institutional FSO at least once each quarter for each housing, work and program area of the institution. Third shift shall conduct at least one fire drill each quarter. CS offices shall conduct fire exit drills at the direction of the primary DD/safety designee at least two times per year.
- 1. The FSO/safety designee shall schedule the drills and notify appropriate staff of the scheduling. The staff conducting the drill, or the FSO/safety designee, shall ensure that drill operations are conducted and documented according to the Fire and Emergency Evacuation Plan. In the institution, the FSO shall personally conduct a minimum of four of the scheduled housing unit drills every quarter, to include one from each shift. Staff conducting the drills in the absence of the FSO shall be knowledgeable about the procedures to be followed in conducting the drills.

Effective Date: October 15, 2019	Index # 112.04	Page 5 of 6
Subject: FIRE AND EMERGENCY EVACUATION PLAN		

2. The drill begins when the fire location is established and is considered complete when all individuals at the location are evacuated or the DIPS is successfully employed. The immediate fire area should be evacuated first and then the remainder of the fire compartment. Procedures to account for all occupants after emergency evacuation has been completed shall be included. Emergency fire evacuation shall be initiated within two minutes of notification. Emphasis on the time to complete the evacuation should be balanced with the effort to conduct an orderly evacuation process, but complete evacuation of the area/unit should not exceed 6 minutes.
 3. The FSO/safety designee shall maintain records of the dates and extent of fire drills conducted on the Fire Exit or Fire Drill Performance Checklist and Report, CR-3269.
 4. In Use Conditions III, IV and V, all fire and emergency equipment shall be brought to the scene of the fire exit drill and/or fire drill. EEBA specifically designated for use by Policy #112.02 shall also be brought to the scene. The EEBA equipment will be donned by employees only when the low oxygen alarm sounds. Emergency equipment and emergency keys shall arrive within two minutes.
- H. Operational unit fire plans shall be developed and approved according to Policy #506.20, Emergency Operations Plans.
 - I. All required documents and associated CR forms shall be maintained on file for ~~three~~ five years. All others may be destroyed.
 - J. Evacuation diagrams, emergency evacuation procedures, and evacuation drills for Central Office are the responsibility of building management. A business resumption plan shall be developed by Central Office to address any temporary evacuations of the premises which may be created by an emergency situation.
- VII. ACA STANDARDS: 4-4220 through 4-4222, 4-4388, 2-CO-3B-01, 4-APPFS-3F-01, 4-APPFS-3F-02-M, 4-APPFS-3F-04-M, and 1-CTA-3C-01 through 1-CTA-3C-05.
- VIII. EXPIRATION DATE: October 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

**FIRE EXIT AND/OR FIRE DRILL
PERFORMANCE CHECKLIST AND REPORT**

INSTITUTION/OFFICE

DATE

START TIME OF DRILL

LOCATION

EEBA WAS PRESENT AND RESPONSE TIME

PERSON IN CHARGE AT LOCATION

EVACUATION TIME

EMERGENCY BACK-UP KEY RESPONSE TIME
FOR USE CONDITIONS III, IV, AND V

TIME COUNT IS CLEARED

CHECKING "YES" OR "NO" IN THE APPROPRIATE SPACE WILL COMPLETE THE FOLLOWING CHECKLIST.

	<u>YES</u>	<u>NO</u>
1. Call made to Operations	<input type="checkbox"/>	<input type="checkbox"/>
2. Location given	<input type="checkbox"/>	<input type="checkbox"/>
3. Location of fire given	<input type="checkbox"/>	<input type="checkbox"/>
4. Persons closest to fire in immediate fire area evacuated first	<input type="checkbox"/>	<input type="checkbox"/>
5. Doors closed after people were evacuated (optional)	<input type="checkbox"/>	<input type="checkbox"/>
6. Assembly made at safe distance from building	<input type="checkbox"/>	<input type="checkbox"/>
7. Count made and all persons accounted for	<input type="checkbox"/>	<input type="checkbox"/>
8. Count reported to Operations/District Director	<input type="checkbox"/>	<input type="checkbox"/>
9. Medical Staff Report to Location	<input type="checkbox"/>	<input type="checkbox"/>
10. Emergency keys brought to area	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

REVIEWED BY FACILITY SAFETY OFFICER/SAFETY DESIGNEE

PERSON CONDUCTING THE DRILL

SHIFT SUPERVISOR/DISTRICT DIRECTOR/
SUPERINTENDENT

Duplicate as Needed



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 112.03

Page 1 of 6

Effective Date: October 1, 2019

Distribution: A

Supersedes: 112.03 (10/1/16)
PCN 18-37 (6/15/18)

Approved by: Tony Parker

Subject: OCCUPATIONAL HEALTH AND SAFETY

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 50-3-101, TCA 68-15-301 and TCA 9-8-108.
- II. PURPOSE: To establish safety guidelines for employees and offender workers; to prevent the occurrence of accident-producing conditions within work/program/vocational area(s)/unit(s).
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) staff and offenders, Tennessee Correctional Academy (TCA), Community Resource Center (CRC), Day Reporting Center (DRC), Tennessee Rehabilitative Initiative in Correction (TRICOR), Safety Program Director, Director of Facilities, Planning, and Construction, and employees of privately managed facilities.
- IV. DEFINITIONS:
 - A. Community Resource Center (CRC): A TDOC organization that provides a wide array of resources, services, and community referrals for offenders either released to community supervision or former offenders. The CRC includes community alliances for the purpose of providing physical, social, and economic resources to offenders.
 - B. Day Reporting Center (DRC): A highly structured, non-residential substance use treatment program that combines rehabilitation, supervision, treatment, and re-entry services. The Director of the DRC will also serve as the Director of the CRC.
 - C. Facility Safety Officer (FSO): The Warden/Superintendent/District Director designated staff member(s) assigned to manage, direct, and supervise the institutional fire and safety programs.
 - D. Tennessee Occupational Safety and Health Act (TOSHA): 1972 legislation that established safety and health monitoring of all industries. This act (TCA 50-3-101, et seq.) is a state of Tennessee administered program by the Tennessee Occupational Safety and Health Division (TOSHA) of the Tennessee Department of Labor and Workforce Development.
- V. POLICY: Each FSO will perform monthly safety inspections to ensure compliance with TOSHA requirements in accordance with TOSHA Standards for General Industry and related construction activities. The institutional FSO shall also help prepare corrective action plans required as a result of TOSHA inspections.
- VI. PROCEDURES:
 - A. The FSO shall receive the necessary training required to perform the monthly inspections in accordance with Policy #112.05.
 - B. Supervisors of each work/program/vocational area shall be responsible for the enforcement of basic TOSHA regulations.

Subject: OCCUPATIONAL HEALTH AND SAFETY

- C. Non-compliance with TOSHA regulations shall be reported in writing to the Warden/Superintendent/District Director, FSO and supervisor(s) of the area cited:
1. Disciplinary reports and/or corrective action for offender workers violating safety rules will be initiated by the employee who observed the violation and reported to the offender worker's supervisor.
 2. Employees discovered violating safety rules shall be advised of the safety condition and reported to the employee's supervisor for possible disciplinary action.
- D. Each operating work/program/vocational area's handling and disposing of chemicals, waste materials and other potential pollutants of air, soil, or water shall conform to the standards established by the Tennessee Department of Environment and Conservation and the Environmental Protection Agency.
- E. Procedures to be followed in case of accident or injury shall be posted in each work/program/vocational area by the supervisor. These procedures will bear the signatures of approval of the Warden/Superintendent/District Director and institutional health administrators annually. All personnel shall be apprised of this information. (See Policy #113.53)
1. The work/program/vocational area unit supervisor shall ensure that all equipment in the area complies with safety regulations as established by TOSHA.
 2. An Accident/Incident/Traumatic Injury Report, CR-2592, shall be prepared by the health care provider and other appropriate staff on all injuries and forwarded to the Warden/Superintendent and institutional FSO within one business day of occurrence and in accordance with Policy #113.53. Life threatening injuries shall be reported in accordance with Policy #103.02. The health care provider shall complete CR-2592 and distribute accordingly.
 3. The institutional FSO will develop a system to track the accidents/incidents/injuries. These will be reviewed and summarized on a monthly basis and shared with the Warden/Superintendent and health administrator during their monthly meeting in an effort to identify problems, trends and/or preventive/corrective measures. A copy of this report and related notes from the meeting shall be forwarded to the Safety Program Director within 48 hours following the meeting.
- F. Institutions utilizing inmates for farm or other outdoor work shall adhere to the prevention of heat-related injury guidelines as indicated below in determining the amount and duration of outdoor work in summer months:
1. Precautions shall be taken for employees and offenders who are assigned to outdoor work during the summer. Intense heat and humidity, combined with strenuous physical activity, increases the likelihood of heat-related health problems. (Minimum threshold consideration when heat index is at or above 100 degrees Fahrenheit).

Subject: OCCUPATIONAL HEALTH AND SAFETY

2. Strenuous outdoor physical work activities shall be closely monitored by the work supervisor. Adequate rest periods of up to ten minutes each hour and generous amounts of water shall be made available to staff and offenders during periods of high temperature and/or humidity. The total workload should be evenly distributed over the entire workday, when possible. Avoid strenuous activities during the hottest part of the day.
 3. Staff and offenders who are taking blood pressure, allergy, or depression medication may also be particularly at risk and should avoid extreme hot or humid environments.
- G. Institutions shall adhere to the prevention of cold-related injury guidelines indicated below in determining the amount and duration of outdoor work in winter months (November - February):
1. At a minimum during winter months, a head covering, extra pair of cotton socks, thermal insulated underwear and gloves shall be provided. As conditions dictate, additional clothing may be provided at the Warden's/Superintendent's discretion. A ten minute rest period each hour in a protected area and a generous amount of warm/hot liquid shall be made available to each employee and offender engaged in outside work activity.
 2. Outdoor activities shall be discontinued, except in an emergency (i.e., snow removal), when the wind-chill factor drops below -19 degrees Fahrenheit. If such activity must be carried out in an emergency, enough cold weather gear shall be provided to cover all exposed skin. Farm workers will work at the discretion of the farm manager and with additional protective clothing as necessary.
- H. Monthly inspections of safety procedures shall be conducted throughout the institution and cover all areas of work/program/vocational areas in accordance with Policy #112.05. These inspections shall include, at a minimum, the following areas:
1. Receiving, shipping, storage - equipment, layout, heights, floor loads, projection of materials, material-handling methods, and rack load capacity markings.
 2. Building conditions - floors, walls, ceilings, exits, stairs, walkways, ramps, platforms, driveways, aisles, paths of egress, fire doors, fire walls/stopping, and sprinkler clearance.
 3. Housekeeping - waste disposal, disposal containers, tools, materials, leakage and spillage, methods, schedules, work areas, remote areas, windows, ledges, and recycle area.
 4. Electricity - equipment, switches, breakers, fuses, switchboards, junctions, special fixtures, circuits, insulation, extensions cords, tools, motors, grounding, code compliance, light covers, shields, and 36" panel clearance.
 5. Lighting - type, intensity, controls, condition, diffusion, location, glare and shadow control, and applicable standards.
 6. Heating and ventilation - type, effectiveness, temperature and humidity controls, inventory records of refrigerant, and service area clearances.

Subject: OCCUPATIONAL HEALTH AND SAFETY

7. Machines and equipment - Guards and/or shields for operation, flywheels, gears, shafts, pulleys, key ways, belts, couplings, sprockets, chains, frames, controls, lighting, tools and equipment, brakes, fume exhaust, feeding, oiling, adjusting, maintenance, grounding, work space, location in the workspace, clearances, and service access.
 8. Personnel - training, experience, methods of checking machines for use, methods of cleaning and/or adjusting machinery and equipment, clothing worn near machines, personal protective equipment, use of guards, tool storage, and work practices.
 9. Hand power tools - purchasing standards, inspection, guards in place and effective, storage, repair, wear and tear, and handling.
 10. Maintenance - regularity, effectiveness, materials and equipment used, method of locking out machinery/equipment, and general methods.
 11. Personal protection - shoes, eye protection, ear protection, hand protection, respiratory protection, repair, storage, assignment of responsibility, standards observed, rules posted, and head protection if working with overhead hazards.
 12. Review of prior month deficiencies - compliance with TOSHA regulations and progress made toward compliance.
- I. An evaluation of and any problems regarding the previous topics shall be included in the written report to the Warden/Superintendent/District Director. (This list does not cover all conditions. It is intended only as a guide.) The report shall be completed and forwarded to the Warden/Superintendent/District Director by the tenth of the subsequent month. Only the deficiencies noted by the inspection team should be included in the monthly report. TRICOR management shall be sent copies of the inspections involving TRICOR areas. TRICOR shall then be responsible for initiating corrective actions.
 - J. Written corrective action/action plans, including work orders, shall be initiated immediately by the Warden/Superintendent/District Director/designee (excluding the FSO), with a copy forwarded to the FSO.
 - K. Human resources staff or District Director/designee in each operational unit shall be responsible for completing the TOSHA 300 log form related to work-related illness, injury, or death. Human resources staff in each facility shall post the TOSHA Form 300A Summary of Work Related Injuries and Illnesses in the administration building from February 1 to April 30 of the year following the year covered by the TOSHA 300 log. Human Resource staff will be responsible for forwarding a printed copy of the OSHA 300 form to the Facility Safety Officer and Safety Program Director by February 1 of each year.
 - L. Annual evaluations of worksite TOSHA compliance will be performed during the annual inspection process required in Policy #103.07.
 - M. TDOC and privately managed institutions will be inspected by the Department of Labor and Workforce Development (TOSHA) at the Department of Labor and Workforce Development's discretion. Reports of compliance/non-compliance with TOSHA requirements shall be forwarded to the appropriate Warden/Superintendent/District Director for corrective action. Copies shall be forwarded to the Chief Financial Officer, Deputy Commissioners, Assistant Commissioner of Prisons, Assistant Commissioner of Rehabilitative Services, Director of

Subject: OCCUPATIONAL HEALTH AND SAFETY

Compliance and the Director of Facilities, Planning, and Construction, and Safety Program Director. Corrective action plans, when required, shall be submitted to the Safety Program Director in the Facilities, Planning, and Construction Section for review prior to submittal to TOSHA.

N. The facility manager, in conjunction with the FSO, shall institute a lock out/tag out program containing the minimum procedures as set forth in TOSHA Section 1910.147 Appendix A, with documented training procedures for affected employees. Monthly TOSHA safety training for maintenance, vocational, and all applicable staff, shall be conducted by the facility safety officer or other qualified personnel. The subject of training will be at the discretion of the Safety Program Director. The training shall include but not be limited to Hazard Communication, Personal Protective Equipment, Confined Space, Blood Borne Pathogens, Accident Reporting, Forklift Safety, and Fire Safety.

O. All restrooms, excluding inmate wet cells, in each facility, Community Supervision office, Day Reporting Center, and central office shall have posted a sign, at least 6" x 14", which reads: "For Good Health, Please Wash Your Hands!"

VII. ACA STANDARDS: 4-4212, 4-4420, and 4-4455. 1-CTA-3B-01, CTA-3B-02, 1-CTA-3B-07, 4-APPFS-3E01.

VIII. EXPIRATION DATE: October 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: TDOC ID:

Name: Last First Middle Number: Date of Birth:

Employee Inmate Visitor Other

Location (of occurrence) Date (of occurrence) Time (of occurrence)

Type of Injury / Incident: Work-related Sports Violence Use of Force Other:

Weapon, Property, Equipment, Machinery Involvement (Specify):

Subject's Version (how situation occurred):

Signature of Subject

Witness' Version:

Printed Name of Witness

Signature of Witness

Health Service Provider's Report

Subjective:

Objective:

Assessment:

Plan:

Date of Treatment

Time

Signature of Health Service Provider

Disposition: Treated by Institutional Health Service Staff

Transported to Community Facility for Outpatient Care:

Facility

Transported to Community Hospital for Inpatient Care:

Hospital

Other, explain:

Did death result?

Yes

No

Relatives notified:

Yes

No

Workers Compensation Claim #:



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 112.05

Page 1 of 7

Effective Date: March 1, 2021

Distribution: A

Supersedes: 112.05 (1/15/18)

Approved by: Tony Parker

Subject: MONITORING AND CONDUCTING FIRE PREVENTION AND BUILDING CONSTRUCTION SAFETY INSPECTIONS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide regular monitoring of emergency equipment and procedures.
- III. APPLICATION: To Wardens/Superintendent, Facility Safety Officers, Weekly Inspectors, Assistant Commissioners, Director of Facilities, Planning & Construction, Safety Program Director, all institutional employees, Tennessee Correction Academy, Tennessee Rehabilitative Initiative in Correction (TRICOR), and employees of privately managed facilities.
- IV. DEFINITIONS:
 - A. Certified Fire Safety Inspector (CFSI): The facility employee tested and certified by the State of Tennessee to inspect sprinkler systems.
 - B. Deputy State Fire Marshal (DSFM): The official assigned to represent state government in all matters governing fire prevention and building construction safety in state operated or owned institutions.
 - C. Facility Safety Officer (FSO): The facility employee assigned to supervise the institutional fire safety program.
 - D. Impairment Program: A program developed by the FSO to provide guidance to custody and other staff in the event that emergency life/safety systems are rendered inoperable. The plan shall encompass both planned and emergency shutdown procedures for component changes through major repairs.
 - E. Microbiologically Influenced Corrosion (MIC): The deterioration of metals in piping as a result of the metabolic activity of microorganisms.
 - F. Primary Area of Assembly: The primary area where the occupants will assembly at a minimum of 50 feet from where there is a fire or other emergency within an affected area.
 - G. Tennessee Occupational Safety and Health (TOSHA): A Tennessee State agency that assures safe and healthful workplaces by setting and enforcing standards, and by providing training, outreach, education, and assistance.
 - H. Weekly Inspector (WI): Employee designated by the Warden to perform weekly inspections of fire and emergency equipment and procedures and the overall safety of their assigned inspection area.
- V. POLICY: The Warden shall require the FSO to review weekly inspections and perform monthly inspections of fire prevention control devices and emergency equipment to ensure compliance with federal, state, and local fire codes. The FSO shall participate in the institution's annual inspection conducted by the Deputy State Fire Marshal.

VI. PROCEDURES:

- A. The Warden/Superintendent or his/her designee shall assign, in writing, weekly inspectors for all institutional locations.
- B. Each WI shall receive a minimum of four hours initial training in fire prevention and building construction safety issues, as well as an annual one-hour update relevant to this area. The training should include information on the Life Safety Code dealing with correctional occupancies, and be presented by the FSO or a representative from another qualified agency.
- C. The WI, after receiving the required training, shall make weekly inspections of fire control and emergency equipment, and the overall safety of their assigned area. Results are entered on the Checklist for Weekly Fire/Safety Inspections, CR-2185. Each WI shall send completed CR-2185 forms to the FSO no later than 4:30 p.m. Monday of the week following the inspection. If a major discrepancy is noted, the FSO shall be notified the same day the inspection occurs.
- D. The FSO shall review all reports, immediately re-inspect areas that appear to be seriously deficient, and perform supplemental follow-up visits as needed. The FSO shall provide weekly inspectors and area supervisors with clarification and program direction regarding fire safety policy and procedures.
- E. Monthly inspections of fire prevention control devices and safety procedures shall be conducted throughout the entire institution. These inspections shall be conducted in accordance with the following guidelines:
 1. Inspection team members shall include, but not be limited to, the following staff:
 - a. FSO
 - b. Warden/Superintendent/designee
 - c. A maintenance staff representative
 2. The team shall inspect and/or evaluate the following items:
 - a. Checklists for Weekly Fire/Safety Inspections, CR-2185s, forwarded from work units for the past month. The FSO shall summarize the results for the team's consideration.
 - b. Compliance with safety codes and progress made toward compliance with the DSFM's annual inspection (until resolved) and those items contained in the Life Safety Code 101 of the National Fire Protection Association (NFPA)
 - c. Results of fire drills
 - d. Quarterly inspections of fire alarm system/sprinkler systems
 - e. Fire hydrants (visual check for leaks)

Subject: MONITORING AND CONDUCTING FIRE PREVENTION AND BUILDING CONSTRUCTION SAFETY INSPECTIONS

- f. Exit requirements/posting/lighting
 - g. Emergency lighting (minimum of 30 sec./month)
 - h. Evacuation diagrams and instructions for appropriate posting and content, to include the identification of the primary area of assembly
 - i. Emergency Generator Inspection Report, CR-2906
 - j. Stand pipes
 - k. Other fire fighting equipment
 - l. Prior month's deficiencies and actions taken to correct them
3. A comprehensive monthly report shall be prepared by the FSO noting the state of the items under Section VI.(E)(2). The report shall be forwarded to the Warden/Superintendent by the 10th of the following month.
4. Written corrective action plans shall be initiated immediately by the FSO and approved by the Warden on the current monthly report containing responses from the institutional department heads of their corrective action.
- F. The FSO shall be notified of all fires occurring at the institution site, including surrounding state grounds, and be involved in all investigations relating to such fire.
- G. The FSO shall be responsible for developing an emergency impairment program for the shutdown of sprinkler alarm valves or any other fire protection system. The FSO shall be notified prior to any work being performed on any fire protection, prevention, control devices and/or fire alarm system.
- H. Emergency generator testing shall be conducted according to the minimum requirements of NFPA 110. The facility manager and maintenance personnel shall conduct the testing. Emergency equipment shall be inspected weekly and the power generator operated for 30 minutes under full load every two weeks. There shall also be a quarterly test of all emergency systems including a one-hour full load test of the power generator. A report shall be forwarded to the FSO by the second and fourth Monday of each month, using the Emergency Generator Inspection Report, CR-2906. Battery operated emergency lights shall be tested for 30 seconds at 30-day intervals and annually for 1.5 hours. Equipment shall be fully operational during the test. Written records of visual inspections and tests shall be made by the FSO for inspection by the DSFM.
- I. Fire hydrants must be flushed semi-annually during spring and fall under the supervision of the facility manager and FSO/designee.
- J. Due to requirements of NFPA 25, fire hydrants shall be inspected, tested, and maintained annually and when major maintenance is accomplished on the water grid system. Testing is to be conducted by an independent resource.

- K. A quarterly inspection of the fire alarm and smoke detection systems, with component testing, shall be accomplished in accordance with NFPA 72. When less than a 100% of the devices are tested, a record shall be maintained of individual tested devices and indicating appliances tested each time, so that different devices and appliances are tested in subsequent tests. The FSO shall retain documentation of the inspection for a minimum of three years. Smoke detectors shall be inspected, cleaned, tested (by onsite visual field verification method), and if needed, adjusted each year.
- L. Backflow preventers shall be inspected quarterly by the CFSI and tested annually by a certified vendor by Policy #108.01 and its associated guidelines. All reports shall be kept on file with the FSO.
- M. Automatic sprinkler systems shall be inspected and tested at least quarterly by a Certified Fire Safety Inspector (CFSI) in accordance with NFPA standards; however, a licensed sprinkler contractor shall complete at least one quarterly inspection each year. The FSO shall retain documentation of the inspection at the facility for a minimum of five years. Each riser for the sprinkler system shall be tagged to document flow testing of the system in accordance with the applicable NFPA standards. Sprinkler system components shall be inspected and tested in accordance with the applicable NFPA standards schedule. For institutions that do not have a CFSI, a CFSI from another institution shall be utilized when available prior to using a contract vendor. The Wardens of both institutions shall mutually agree on this use of the CFSI.
- N. The FSO shall have the responsibility to ensure that the required five year MIC study is completed on the institutions sprinkler system by a qualified vendor. All reports on the MIC study need to be sent to the Safety Program Director and kept on file in the FSO office.
- O. Portable fire extinguishers shall be inspected monthly and should be inspected and serviced annually by an authorized fire extinguisher service company in accordance with NFPA requirements.
- P. All self-contained breathing apparatus and emergency escape breathing apparatus shall be inspected, tested, and maintained as required in Policy #112.02.
- Q. A qualified vendor shall inspect the kitchen hood and fire suppression system at least semi-annually (every six months). A qualified vendor shall inspect the hood and ductwork at least annually and it shall be cleaned as needed. Documentation of inspections and cleaning shall be maintained at the facility for a minimum of five (5) years.
- R. Provided that the Deputy State Fire Marshal has not scheduled or conducted an annual inspection prior to February 1 of each year, the FSO is responsible for scheduling an annual inspection to be conducted by the DSFM. The FSO shall participate in the annual inspection conducted by the DSFM. A report of compliance or non-compliance with fire safety codes will be prepared by the DSFM and submitted to the Warden. The FSO will prepare a plan of corrective action for the Warden/Superintendent that responds to each non-compliance entry submitted by the DSFM. The Warden will submit the plan of corrective action to the DSFM. Wardens will furnish a copy to Safety Program Director. Failure of the DSFM to inspect the facility shall be reported to the Safety Program Director.

Subject: MONITORING AND CONDUCTING FIRE PREVENTION AND BUILDING CONSTRUCTION SAFETY INSPECTIONS

- S. All smoke control/management systems shall have a completed documented quarterly inspection completed by a thoroughly knowledgeable person to ensure effective system air balance, per IFC 2012 1008.1.4.2. The facility safety officer shall conduct a quarterly quantitative, documented door pressure check and evaluation with a calibrated force gauge. All data shall be forwarded to the Assistant Safety Program Director.
- T. The FSO shall receive a minimum of 24 hours of annual training on the Life Safety Code, Tennessee Occupational Safety and Health Act (TOSHA), and other safety related courses. FSO's will be utilized in the department's annual inspection process to inspect each institution for compliance with TOSHA requirements annually.
- U. Institutions which have major firefighting equipment shall provide training for all personnel and inmates assigned to this equipment, in accordance with Occupational Safety and Health Act (OSHA) standards and/or standards adopted by the NFPA.
- V. It shall be the responsibility of each employee in a correctional institution to be constantly aware of safety and fire hazards such as altered electrical outlets/cords, overloaded electrical circuits, expended fire extinguishers, and improper trash storage. It is essential that all employees make fire prevention a basic part of their daily activities by detecting, immediately reporting, and correcting of the identified hazards.
- W. All employees shall be attentive to maintaining good housekeeping standards to further the goal of fire prevention. This shall include, but not be limited to:
1. Storage of flammable materials in accordance with Policy #112.09.
 2. Preventing hazardous electrical situations.
 3. Training/monitoring inmates in fire safety procedures.
 4. Participating in fire drills and fire exit drills.
 5. Immediately reporting the fire hazards to the FSO or WI.
- X. The FSO shall review the specifications for the selection and purchase of facility furnishings to ensure that the furnishings comply with fire safety performance requirements. This review should occur prior to procurement receiving an approved order from the Warden/Superintendent. This process shall be in a format which is documented by email confirmation or Edison report maintained in the FSO office.
- Y. All required documents and associated CR forms shall be maintained on file for five years. All others may be destroyed.
- Z. In order to maintain his/her certification, the CFSI is responsible for attending the necessary continuing education courses. The CFSI shall complete the necessary applications and documents necessary for re-certification hours. The Department will be responsible for paying for approved courses and the application fees necessary to maintain TDOC employee certifications.

VII. ACA STANDARDS: 5-ACI-2A-02 (M), 5-ACI-3B-01 (M), 5-ACI-3B-02 (M), 5-ACI-3B-03 , 5-ACI-3B-09, and 5-ACI-7A-07 (M)

VIII. EXPIRATION DATE: March 1, 2024



**TENNESSEE DEPARTMENT OF CORRECTION
CHECKLIST FOR WEEKLY FIRE/SAFETY INSPECTIONS**

INSTITUTION

Inspect and check-off the following items. Show all defective items with an "X" mark. Explain defects under comments.

ITEMS TO BE CHECKED	DEF.	OK	COMMENTS
FIRE EXTINGUISHERS			
TRASH COLLECTING			
EXIT SIGNS			
EMERGENCY LIGHTING			
EVACUATION PLAN POSTED			
EXITS/CLEAR/FUNCTIONAL			
ELECTRICAL HAZARDS			
ELECTRICAL PANEL ACCESSIBLE			
FURNISHINGS-FIRE RETARDANT			
ALARM PULL STATIONS			
SPRINKLER PRESSURE GAUGES, VALVE AND HEADS (<i>VISUAL CHECK</i>)			
SMOKE DETECTORS			
ALARM PANELS			
FIRE/SMOKE DOORS			
HOOD FIRE SUPPRESSION SYSTEM (<i>KITCHEN</i>)			

OTHER: _____

INSPECTED BY

DATE

LOCATION



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 112.07

Page 1 of 5

Effective Date: March 15, 2020

Distribution: A

Supersedes: 112.07 (4/1/17)

Approved by: Tony Parker

Subject: WASTE DISPOSAL

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide guidelines for waste disposal.
- III. APPLICATIONS: To all Tennessee Department of Correction (TDOC) institutions, Tennessee Correction Academy, and Tennessee Rehabilitation Initiative in Correction (TRICOR) employees.
- IV. DEFINITIONS:
 - A. Compost: The aerobic bio-degradation of organic materials under controlled conditions, resulting in a rich humus-like material. Compost materials may include, but are not necessarily limited to, kitchen food waste, garden waste, yard clippings, etc.
 - B. Contaminated Sharps: All discarded sharps (e.g., hypodermic needles, syringes, Pasteur pipettes, broken glass, scalpel blades, etc.) used for patient care or which have come into contact with infectious agents during use in medical, research, or industrial laboratories.
 - C. Hazardous Waste: Includes, but is not necessarily limited to, explosives, unexploded ordinances, pathological wastes, radioactive materials, and certain chemicals which shall be determined by the Department of Environment and Conservation.
 - D. Infectious Waste: Solid or liquid waste containing pathogens with sufficient virulence and quantity that exposure to the waste by a susceptible host could result in an infectious disease.
 - E. Putrescible Waste: Decomposed and foul-smelling waste.
 - F. Recyclable Waste: That portion of the total waste stream which can be reclaimed, sorted, processed, prepared, and stored for sale to bulk commodity salvage purchasers for reuse in new products or processes. Recyclable waste may include, but is not necessarily limited to, cardboard, metals, plastics, wood, glass, batteries, ballasts, bulbs, etc.
 - G. Refuse: Putrescible and nonputrescible solid wastes except body wastes including, but not limited to, garbage, animal carcasses, rubbish, incinerator residue, street cleanings, and industrial waste.
 - H. Rubbish: Nonputrescible solid waste, consisting of both combustible and noncombustible waste, such as, but not necessarily limited to, bedding, crockery, rubber by-products, or litter of any kind.

Effective Date: March 15, 2020	Index # 112.07	Page 2 of 5
Subject: WASTE DISPOSAL		

I. Solid Waste: Garbage, trash, refuse, and other discarded solid materials, including solid waste materials resulting from industrial, commercial, and agricultural operations, and from community activities, but not including solids or dissolved material in domestic sewage or other significant pollutants in water resources, such as silt, dissolved or suspended solids in industrial waste water effluents, dissolved materials in irrigation return flows, or other common water pollutants.

V. POLICY: Each Warden or Superintendent shall ensure that the waste disposal process at their institution is in compliance with federal, state and local health codes.

VI. PROCEDURES:

A. The storage, collection, and transportation of noninfectious waste shall comply with the Tennessee Department of Environment and Conservation (TDOEC) rules and regulations and the following:

1. All garbage, trash, and other noninfectious wastes shall be stored and disposed of in a manner that does not permit the transmission of disease from these wastes, create a nuisance, provide a breeding place for insects and rodents, or constitute a safety hazard.
2. All indoor and outdoor containers for waste shall be water tight with tight fitting covers. Whenever waste containers sit on floor surfaces which cannot be maintained in a clean and sanitary condition, these containers shall be placed on platforms made of materials which can be easily cleaned and maintained. Small trash cans that are located in staff offices are exempt from these requirements.
3. Garbage shall be collected from all institutional areas daily, including weekends and holidays and more often if necessary, except where sufficient refrigerated garbage storage space is available to hold the day's accumulation of filled cans.
4. Garbage shall be transported to the place of disposal either in a special covered garbage truck or in the securely covered container in which it was collected.
5. Rubbish shall be transported in a manner that prevents scattering during hauling. Any rubbish scattered during hauling shall be cleaned up and removed at once.
6. Trucks used for hauling garbage shall not be used for hauling food items, medications, medical supplies, or medical equipment. Trucks shall be maintained in a clean condition to control odor, insect breeding, mold, and fungus growth.
7. Dead TRICOR farm animals may be disposed of by burial on the institutional farm. If burial is used, a hole deep enough to allow a minimum of two feet of dirt on top of the carcass shall be dug. Powdered lime shall be placed on the carcass prior to covering with dirt.

B. Garbage and other refuse shall be disposed of promptly and in a sanitary manner.

Effective Date: March 15, 2020	Index # 112.07	Page 3 of 5
Subject: WASTE DISPOSAL		


1. Combustible refuse may be disposed of by burning provided an appropriate permit has been obtained by the local responsible jurisdiction and that the facility complies with the Tennessee Department of Environment and Conservation (TDOEC), Rule Chapter 1200-3-4 (Regulations governing open burning).
 2. Refuse shall be disposed of by a contractor or the facility, and may be buried in a sanitary landfill. Any facility-operated sanitary landfill must comply with the Tennessee Department of Environment and Conservation. TDOEC, Rule Chapter 1200-1-7 (Regulations Governing the Planning, Construction, Operation and Maintenance of Solid Waste Processing and Disposal Systems in Tennessee).
 3. Food waste and appropriate industrial waste may be disposed of by composting within the designated area on the facility grounds.
- C. Hazardous wastes shall be disposed of in a sanitary landfill only if documented and approved special provisions are made for such disposal with the landfill owner and are approved by the Department of Environment and Conservation.
- D. The disposal of infectious wastes shall comply with the following:
1. TDOEC Rule Chapter 1200-8-1 (Hospital Rules and Regulations).
 2. Infectious waste must be segregated from other waste at the point of generation within the facility. Infectious wastes posing additional hazards must be further segregated as necessary for proper management.
 3. Infectious waste must be packaged in a manner that will protect waste handlers, the public, staff, and inmates from possible injury and disease that may result from exposure to the waste.
 - a. Contaminated sharps must be directly placed in leakproof, rigid, and puncture/tamper resistant containers, which must then be tightly sealed. Inmate access to these containers shall not be permitted. (Refer to Policy #113.72)
 - b. Whether disposable or reusable, all containers, bags, and boxes used for containment and disposal of infectious wastes must be conspicuously identified. Packages containing infectious wastes which pose additional hazards must also be conspicuously identified to clearly indicate those additional hazards.
 - c. Unless the surfaces of the containers have been completely protected from contamination by disposal liners or other devices removed with the waste, reusable containers for infectious wastes must be thoroughly sanitized each time they are emptied.

Effective Date: March 15, 2020	Index # 112.07	Page 4 of 5
Subject: WASTE DISPOSAL		

4. After packaging, infectious wastes must be handled and transported by methods ensuring containment and preserving the integrity of the packaging, including the use of secondary containment where necessary.
 5. Infectious waste must be stored in a manner which preserves the integrity of the packaging, inhibits rapid microbial growth and putrefaction, and minimizes the potential of exposure or access by unknowing persons.
 6. Except as provided otherwise, a facility must treat or dispose of infectious wastes by one or more of the methods specified as follows:
 - a. No facility may incinerate infectious waste in an on-site incinerator.
 - b. A facility may treat infectious waste in an on-site sterilization or disinfection device which is designed, constructed, operated, and maintained such that infectious waste treated in such device is rendered noninfectious. Unless it is otherwise hazardous, infectious waste so treated shall be disposed of as nonhazardous solid waste as per Section VI.(A).
 - c. A facility may have infectious waste transported off-site for storage, treatment, or disposal. Such arrangements must be detailed in a written contract, available for approval and review by the TDOEC and TDOC Facilities, Planning and Construction. Infectious waste shipped off-site must be packaged in accordance with applicable federal and state requirements.
 - d. Infectious waste that contains toxic chemicals that would be volatilized by steam must not be treated in steam sterilizers.
- E. Recyclable waste shall be processed in an efficient and sanitary manner.
1. Paper, cardboard, cans, glass, plastic, and other recyclables shall be collected each day.
 2. Collected recyclables shall be sorted by type, appropriately stored, and packed for sale or shipment to bulk purchasers.
 3. The site designated for processing and storing recyclable waste shall be kept in a clean and sanitary manner.
 4. Recyclable items, when sold, shall be in compliance with General Services Surplus Rules and Regulations.
 5. Composting bins shall have a secure lid to reduce the risk of unpleasant odors.
 6. A trash container shall be next to the composting container to prevent contamination.

Effective Date: March 15, 2020	Index # 112.07	Page 5 of 5
Subject: WASTE DISPOSAL		

7. Environmental waste streams such as batteries, ballasts, and bulbs shall have identified the area of storage and the origination date of the waste. The accumulation date shall not exceed one year before pickup by a qualified vendor.
 8. The statewide dental contract group shall comply with 40 CFR Parts 403 and 441 by installing and executing a functional amalgam separator, within all TDOC owned dental facilities. This compliance measure shall be completed by July 14, 2020.
- F. Facilities with composting programs shall maintain the compost area in a manner that promotes efficient operation and minimizes nuisances created by odors, birds, and other vermin.
1. The compost site shall be kept clear of rubbish.
 2. Containers utilized in the movement of compost materials shall be maintained in a structurally sound condition and thoroughly cleaned prior to reuse.
- VII. ACA STANDARDS: 4-4331 and 4-4358.
- VIII. EXPIRATION DATE: March 15, 2023.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 112.09	Page 1 of 8
	Effective Date: June 1, 2020	
	Distribution: A	
	Supersedes: 112.09 (6/1/17) PCN 18-1 (1/15/18)	
Approved by: Tony Parker		
Subject: CONTROL AND USE OF FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish procedures required for the control and use of flammable, combustible, toxic, or caustic materials.
- III. APPLICATION: To the institutional Facility Safety Officer (FSO) and all TDOC employees, Tennessee Correction Academy (TCA), Tennessee Rehabilitation Initiative in Correction (TRICOR), transition centers, Community Supervision staff, and employees of privately managed facilities, who order, receive, store, or utilize flammable, combustible, toxic, or caustic materials.
- IV. DEFINITIONS:
 - A. Chemical Dispenser: A fixed device that measures and distributes chemicals or chemical solutions to other pieces of equipment.
 - B. Contracted Equipment: Any equipment owned or leased by the state for which routine preventive maintenance or emergency repairs are performed by a service contractor rather than by state employees or inmate maintenance.
 - C. Hazardous Material: A material or substance which exposes one to risk or harm and by its chemical composition is a:
 1. Caustic: A substance capable of destroying or eating away by chemical reaction.
 2. Combustible: A substance capable of igniting and burning.
 3. Flammable Liquid: A liquid having a flashpoint below 100°F (37.8°C) and having a vapor pressure not exceeding 40 lbs. per square inch (absolute) (2,069 mm Hg) at 100°F (37.8°C).
 4. Globally Harmonized System (GHS): A systematic approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and safety data sheets.
 5. Poison: A toxic that can destroy the life or health of a living animal or plant.
 6. Toxic: A substance that, through chemical reaction or mixture, can produce possible injury or harm to the body by the entry through the skin, digestive tract, or respiratory tract. The toxicity is dependent on the quantity absorbed and the rate, method, and site of absorption.
 7. Non-hazardous storage container: A storage container that is equal to or greater than a three gallon single container.

Subject: CONTROL AND USE OF FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS

- D. Label: Any written, printed, or graphic material displayed on or affixed to containers of hazardous materials.
- E. Liquid: Any material which has a fluidity greater than 300 penetration, asphalt, or a solid with a melting point of less than 100°F (37.8°C).
- F. Occupational Safety and Health Administration (OSHA): An agency of the United States Department of Labor whose mission is to "assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance".
- G. Personal Protective Equipment (PPE): Devices that are specified in SDS or other manufacturer's literature to be worn or used by the worker to protect against hazards associated with the use of flammable, toxic, and caustic materials.
- H. Posted Warning Notice (PWN): Any written, printed, or graphic material displayed to indicate a potentially hazardous condition which, if not avoided, could result in death or serious injury.
- I. Safety Data Sheet (SDS): Written or printed information concerning a hazardous chemical which is prepared in accordance with OSHA 1910.1200 (also referred to as Product Safety Data Sheet).
- J. Stoddard Solvent: A paraffin-derived clear, transparent liquid cleaning solvent which is a common organic solvent.
- V. POLICY: All hazardous materials posing a potential risk to inmates, volunteers, visitors and staff shall be strictly controlled in accordance with the provisions of this policy and state regulations/standards.
- VI. PROCEDURES:
- A. The procurement officer shall ensure that all new/updated hazardous materials purchased are required to be delivered with a Safety Data Sheet (SDS). Upon receipt of hazardous materials, the Warehouse Manager shall ensure that the Safety Data Sheet (SDS) is received with the product. The FSO shall research and review the SDS of all hazardous material procurements and verify that there is not another suitable substitute product which is less hazardous prior to approval and entry of purchase order. Special care should be exercised by all employees who are involved with storage, use, and/or inventory of hazardous materials. All employees should familiarize themselves with the SDS sheets associated with the products they will be using, in order to be knowledgeable about the product, precautions, Personal Protection Equipment (PPE) and procedures to follow in case of emergency.
- B. Any material having a concentration of 1% or more of any ingredient for which a Chemical Abstract Services (CAS) Number as listed in section 3 of the SDS, or specifically identified as hazardous by the American Correctional Association (ACA) or by the FSO, shall be controlled on Hazardous Material Bin Cards, CR-3154.

Subject: CONTROL AND USE OF FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS

- C. Any material without a CAS Number, or having a concentration less than 1%, or a material comprised of multiple ingredients of which a component may have a CAS number shall not be considered hazardous and their accountability, use and control shall be addressed by institutional policy. These materials may be controlled on Hazardous Material Bin Cards, CR-3154, if desired for consistency purposes unless the material is a standard non-hazardous cleaning supply used by inmates and staff. All standard non-hazardous cleaning supplies will be controlled and adhere to the following parameters.
1. The non-hazardous cleaning supplies shall be placed in a container such as a basket/bucket/kit with an inventory card attached that lists each chemical and the number of bottles assigned to each container.
 2. When the bottle/basket/bucket/kit is issued to an inmate, the inmate must surrender his/her ID card to a staff member and the kit must be logged in and out on a bound ledger for accountability.
 3. A secured area shall be identified for storage of all cleaning supplies when not in use.
- D. Storage and inspection responsibilities:
1. The FSO shall designate and identify for the Warden's/Superintendent's approval areas or receptacles for the storage of hazardous and non-hazardous materials and shall post appropriate warning signs at these locations. Any deficiencies notes shall be reported to the Warden/Superintendent.
 2. The Warden/Superintendent in cooperation with the Facility Safety Officer shall designate a supervisor for each approved storage area or receptacle.
 3. The District Director shall designate a supervisor for each approved storage area or receptacle.
 4. Each supervisor shall be responsible for the control and accountability of all hazardous and applicable non-hazardous materials used in their respective sections.
 5. All supervisors of sections using any of the defined hazardous materials shall comply with this policy and shall, upon request, assist in inspections concerning control of hazardous and applicable non-hazardous materials.
 6. The FSO, as required by Policy #112.05, shall inspect monthly, or cause to be inspected, all storage areas and inventories for control of hazardous and applicable non-hazardous materials. Any deficiencies noted shall be reported to the Warden/Superintendent.
- E. Accountability of Hazardous Material
1. Each designated staff person for each storage location shall maintain a perpetual inventory using Hazardous Material Bin Cards, CR-3154. Bin cards for each substance shall:

Subject: CONTROL AND USE OF FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS

- a. Accurately reflect the most current receipts, quantities issued, and balances on hand. The date and signature of the staff person performing the transaction shall be included. All non-hazardous chemicals stored in a single container(s) exceeding three gallons shall have a bin card.
 - b. Reflect a reference number which can be used to cross-reference the SDS.
 - c. The classification of the chemical shall be determined on each bin card.
 - d. An accurate unit of issue for each chemical shall be written on each bin card to best identify the container holding the substance.
2. The monthly inventory should be recorded on the Hazardous Material Inventory, CR-2824, with a copy forwarded to the FSO. The FSO shall compile a master file of CR-2824 forms.
 3. Each section using hazardous materials shall maintain a file of SDS for the products used in that location. They shall be numerically ordered, indexed, and cross-referenced to bin cards. The SDS sheets shall be located in an easily accessible area, and all staff should be instructed as to the location of the SDS sheets.
 4. The FSO shall compile a master file of SDS for all hazardous materials stored or used throughout the institution/academy. An emergency plan shall be developed detailing procedures to be taken when an accident occurs, including telephone numbers of people or locations to be contacted, addresses of locations where medical treatment can be obtained, Personal Protective Equipment (PPE) required, clean up procedures, and any other pertinent information necessary to minimize the time necessary to obtain treatment for the affected person. A complete set of SDS shall be kept in Health Services for reference use by health service personnel for first aid applications.
 5. The FSO in facilities that have manufacturing and/or storing of hazardous materials in bulk (55 gallons or more of liquids or 500 lbs or more of solids) shall maintain a facility diagram indicating location of storage points and amount of materials stored. A copy of this diagram shall be maintained in the Emergency Operation Plan books, the location of the books shall be in the Center Control and Warden/Superintendent office. The Emergency Operation Plan books and will be made available to emergency response units with Warden/Superintendent approval.

F. Hazardous Material Storage:

1. Flammable liquids shall be stored in accordance with National Fire Protection Association (NFPA) standards in approved metal (grounded) cabinets, cans or flammable storage rooms. Any rags used with flammable liquids will be stored in an approved container. Gasoline shall not be stored within the secure perimeter.
2. Poisonous, toxic, and caustic materials shall be stored inside securely constructed locked containers, inside locked rooms, or in secured fenced areas accessible only to staff.

Subject: CONTROL AND USE OF FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS

3. Those facilities either manufacturing or storing flammable liquids in bulk (55 gallons or more) shall comply with NFPA 30 "Flammable and Combustible Liquids Code" and OSHA "Hazard Communications Standard (29 CFR 1910.1200)", latest edition.

G. Use of Hazardous Materials:

1. Issuing: All hazardous materials shall be issued (i.e. drawn from supply points to containers or dispensed) only under the supervision of an authorized staff member. All issues and receipts of hazardous materials shall be accounted for on the Hazardous Material Bin Card. The Unit of Issue shall be clearly defined on the Bin Card. The amounts entered on the Bin Card as Received, Issued, or Balance on Hand shall be recorded to the closest one quarter ($\frac{1}{4}$) Unit of Issue.
2. Training: Staff members authorized to issue, use, or supervise the use of hazardous materials shall be trained in the proper use and safe handling of utilized flammable, toxic, and caustic materials. The FSO shall train staff annually in the use of specific PPE.
3. Amount: Hazardous materials shall be issued only in the amount necessary for the task, not to exceed one shift use.
4. Supervision: Inmates using hazardous materials shall be closely supervised by authorized staff members trained in the use of the hazardous material utilized.
5. Control: No inmate shall be permitted to have as a personal possession any material determined to be flammable, caustic, and/or toxic by its SDS or by the FSO, to include non-hazardous janitorial products.
6. Labeling: All containers holding chemicals shall have a properly affixed label listing the following minimum information that shall follow the Globally Harmonized System (GHS):
 - a. For hazardous materials:
 1. Product name
 2. Pertinent health and treatment information (GHS Pictograms)
 3. PPE requirements
 - b. For nonhazardous materials: product name
7. Ventilation: Areas where flammable liquids are used shall be provided ventilation at a rate of not less than one cubic foot per minute per square foot of solid floor area. Chemical cabinets designed for external ventilation should be adequately ventilated by hard duct to an exterior exhaust.

Effective Date: June 1, 2020	Index # 112.09	Page 6 of 8
Subject: CONTROL AND USE OF FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS		

8. Cleaning: Under no circumstances shall gasoline or carbon tetrachloride be used for cleaning. Stoddard solvents, kerosene, or other cleaning agents with a flashpoint below 100°F shall be used only in conjunction with an approved cleaning agitator. These materials shall not be used or transported in open containers.
9. Chemical Dispensers: All chemical dispensers shall be locked and controlled by an authorized supervisor or the area manager/designee.

H. Maintenance and Servicing of Contract Equipment/Dispensers:

1. The Warden/Superintendent shall ensure that equipment maintained through service contracts with private vendors shall be serviced by those contractors/vendors in accordance with their service agreement.
2. TDOC staff and inmate maintenance workers may perform emergency repair of contract equipment or dispensers only if the service contractor/vendor has appropriately trained them in the proper emergency response and procedures.
3. Staff and inmate maintenance workers shall be trained in the proper use and safe handling of flammable, toxic, and caustic materials. The appropriate supervisor shall document all staff training and place the record in their training file. Appropriate documentation of inmate training shall be placed in the inmate's institutional record.

I. Posted Warning Notice (PWN):

1. All PWNs shall have a red warning sign indicating DANGER/HAZARDS and PPE requirements for that specific product.
2. All PWNs shall be posted in conspicuous places to be determined by the FSO.

J. All empty hazardous material containers shall be disposed of in accordance with procedures identified on the SDS.

K. Forms and documentation associated with this policy shall be maintained for a period of not less than five years.

VII. ACA STANDARDS: 4-4214 and 4-4215.

VIII. EXPIRATION DATE: June 1, 2023.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.35

Page 1 of 7

Effective Date: October 1, 2020

Distribution: A

Supersedes: 113.35 (9/30/16)
PCN 18-47 (9/15/18)

Approved by: Tony Parker

Subject: THERAPEUTIC DIETS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To provide therapeutic diets for inmates whose health condition requires a diet other than those prepared for the general population.
- III. APPLICATION: Wardens/Superintendents, health care staff, chaplains, unit managers, correctional officers, TDOC food service personnel, inmates, medical contractors, food service contractors, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Authorized Health Care Professional: For purposes of this policy, a physician, dentist, mid-level provider, or registered dietitian.
 - B. Therapeutic Diet: Special meal or food combination lists developed by the contract Dietician and prescribed by an authorized health care professional as part of the inmate's medical or dental treatment.
- V. POLICY: Therapeutic diets shall be prescribed by an authorized health care professional when medically/dentally indicated and shall be provided by the food service staff.
- VI. PROCEDURES:
 - A. Authorization and Indications:
 1. The institutional physician/designee shall develop an institutional plan in cooperation with the contract Food Service Director, with the intent to minimize unnecessary therapeutic diet orders in the institution by educating the inmate in proper self-care and nutrition.
 2. Therapeutic diets shall not be ordered to accommodate an inmate's food preference or special requests.
 3. Inmates requesting therapeutic diets to comply with religious beliefs shall be referred to the chaplain.
 - B. Documentation: In all cases, documentation of the condition requiring a therapeutic diet shall be recorded in the health record. When a therapeutic diet order is requested, a Therapeutic Diet Order, CR-1798, shall be initiated and signed by the physician, dentist, or mid-level provider with copies distributed as indicated on the form. Therapeutic diet orders shall be documented on the Physician's Orders, CR-1892.
 - C. Requests/Orders:

Effective Date: October 1, 2020	Index # 113.35	Page 2 of 7
Subject: THERAPEUTIC DIETS		

1. Therapeutic diets shall be ordered by an authorized health care professional only when a medical or dental condition precludes the inmate from eating the food prepared for the general population.
2. The therapeutic diet shall begin with the next scheduled meal, unless otherwise indicated. The Therapeutic Diet Order, CR-1798, must be electronically scanned to the contract Food Service Director or designee at least two hours prior to the serving time in order to be effective for that meal.
3. Orders are valid for a maximum of three months, or until they expire, are discontinued, a new diet order is written or changed by the authorized health care professional, or refused in writing by the inmate, in accordance with Section VI.(D)(5) of this policy.
4. Diets other than those listed on the Therapeutic Diet Order, CR-1798, may be utilized as needed on a restricted basis and may be requested as titled in the Contractor's medical diet manual or by contacting the contract Dietitian.
5. If a required diet is not included on form CR-1798, or if other modifications are needed, the prescriber must contact the contract Food Service Director and the contract Dietitian.
6. If at any time the prescriber determines that there is no clinical reason to continue the therapeutic diet, he/she shall document the discontinuation on the Physician's Orders, CR-1892, and notify the Contract Food Service Director.

D. Refusal and Non-Compliance:

1. When a therapeutic diet request is refused or canceled, the food service department shall be notified per institutional procedure.
2. Health services staff shall document diet tray refusals in their respective infirmary wards.
3. Diet tray refusals or failure to pick up therapeutic meals in the living units or from food service shall be documented and charged as indicated in Policy #116.01.
4. When the health care staff encounters inmates, who are non-compliant with their therapeutic diets they shall counsel the inmate regarding the importance and necessity of compliance with the diet. This counseling shall be documented in the health record on the Problem Oriented - Progress Record, CR-1884, and the Teaching Counseling Plan, CR-2742. In accordance with Policy #113.51, inmates may refuse medical diets by signing a Refusal of Medical Services, CR-1984. The signed Refusal of Medical Services, CR-1984, will remain in effect until the Therapeutic Diet Order expires or until the next follow-up with the medical provider. The inmate will not be charged if the CR-1984 is in effect.
5. If an inmate signs a CR-1984 then chooses to resume their therapeutic diet more than twice in a 30-day period then the therapeutic diet trays will continue per the original Therapeutic Diet Order or until the next follow-up with the medical providers.
6. Inmates with an order for a therapeutic diet tray may refuse the tray in favor of a standardized diet tray. In this instance, they shall be charged \$5.00 for the unused therapeutic diet tray and must see the prescribing provider before the therapeutic diet is discontinued.

Subject: THERAPEUTIC DIETS

7. If an inmate refuses or fails to pick-up his/her therapeutic meal for nine consecutive meals, the individual responsible for documenting the meal service shall notify the health service staff by using a reproduced copy of the Therapeutic Diet Request, CR-1798, within 24 hours or the next business day after the ninth missed meal. The inmate will have effectively demonstrated non-compliance with the therapeutic diet although a Refusal of Medical Services, CR-1984, has not been signed. The provider shall follow the same documentation procedure indicated in Policy #113.51 and provide a copy to the food service department. The food service manager shall be notified by phone or e-mail in addition to written documentation.
 8. Inmates that receive total parenteral nutrition (TPN) or a tube feeding as a sole source of nutrition and have an order for NPO may refuse the TPN or tube feeding by signing a Refusal of Medical Services, CR-1984, but will not receive a meal tray and a charge will be assessed. The healthcare staff will counsel the inmate regarding the importance and necessity of compliance with TPN and/or tube feeding.
- E. Dietary Education: When initiating a new diet, the prescriber shall have the responsibility of educating each inmate on the clinical indication for his/her diet, and the duration, special instructions, and recommended food restrictions (including commissary items) of his/her diet. Education should include written materials with emphasis on foods to avoid, foods that are of benefit, and weight management, when appropriate. The educational intervention shall be documented in the inmate health record on the Teaching Counseling Plan, CR-2742. The inmate shall sign the Therapeutic Diet Order, CR-1798, indicating that the therapeutic diet has been fully explained.
- F. Transfers:
1. When an inmate on a therapeutic diet is transferred to another facility, all pertinent information regarding the diet shall be entered in the health record that accompanies the inmate. (See Policy #113.04)
 2. Upon an inmate's transfer, the current and valid diet order shall be included in the record for transfer to the receiving institution. The therapeutic diet shall be continued until the inmate can be reevaluated by a physician, dentist, or mid-level provider at the receiving institution.
- G. Special Considerations for Potential Food Allergies:
- 1, Clinical personnel notified of inmates with the common food allergies of shellfish, peanuts, or eggs, during initial intake/classification shall have a therapeutic diet order written.
 2. Inmates post intake/classification that notify clinical personnel of food allergies during sick call must be specific when identifying the food allergen and agree to food allergy testing for the specific allergen unless proof of previous testing can be verified from an outside provider. A therapeutic diet order will not be written outside of these parameters.
 3. During the period awaiting the test results the inmate shall receive a 30-day order for a therapeutic diet that excludes the potential allergen.
 4. If the test results are negative for the specific food allergen, the temporary therapeutic diet shall be discontinued, and a regular diet tray ordered.

Effective Date: October 1, 2020	Index # 113.35	Page 4 of 7
Subject: THERAPEUTIC DIETS		

5. If the test results are positive for the specific food allergen, the temporary therapeutic diet shall be transitioned to a permanent therapeutic diet, void of the identified allergen.
 6. All orders must be written by a physician or mid-level provider for specific food allergen testing, and arrangements will be made by the medical vendor for the allergy testing to occur.
 - H. Religious Diet Requests: Inmates requesting no beef, pork, poultry, and/or other specific food items for religious reasons shall apply via the exception pathway outlined in Policies #116.01 and #116.08.
 - I. Food Service Responsibilities: Institutions shall follow policies #116.01, #116.03, #116.05, and #506.16, regarding menu and diet planning as well as meal service environment and sanitation.
- VII. ACA STANDARDS: 5-ACI-5C-06, 5-ACI-5C-08, and 5-ACI-6D-06.
- VIII. EXPIRATION DATE: October 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION

THERAPEUTIC DIET ORDER

INSTITUTION: _____ LOCATION: _____

NAME: _____ TDOC ID: _____ DATE OF BIRTH: _____

ALLERGIES: _____

POTENTIAL FOOD/DRUG INTERACTION: _____

TYPE OF REQUEST: New Renewal Change Cancel

TYPE OF DIET:

- Clear Liquid (3 days only) Full Liquid Mechanical Soft Renal (includes HS snack)
 Pureed Finger Food Gluten Restricted Pre dialysis Post dialysis
 Low-fat/Low Sodium Bland Prenatal Diet (includes 3 snacks daily with meals)
 Moderate 2000 Calorie/Carbohydrate (ADA) (includes 3 meals and 1 snack daily) Non Standard Diet Order (Requires Approval)

DURATION: _____ Days START DATE: _____ STOP DATE: _____

SIGNATURE: _____ DATE/TIME: _____

Ordering Provider Signature

THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.

Inmate's Signature

Date

THIS SECTION TO BE COMPLETED BY DIETARY SERVICES

Received: Authorized Food Services Representative/ Title

Date/Time

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

B = Breakfast L = Lunch D = Dinner

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the first month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the second month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the third month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the fourth month.

SIGNATURE: _____ DATE: _____

Completed: Authorized Food Service Representative/Title



TENNESSEE DEPARTMENT OF CORRECTION

TEACHING/COUNSELING PLAN

Patient's Name/TDOC ID

Subject

ELEMENT	DATES TAUGHT
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
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Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	
Element: _____ _____	
Provider Signature: _____	
Patient Signature: _____	

Note: Each entry must be signed.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____ (Inmate) _____ (TDOC ID) _____ (Date)

Witness: _____ (Signature) _____ (Title) _____ (Date)

The above information has been read and explained to,

_____ (Inmate's Name) _____ (TDOC ID) but has refused to sign the form.

Witness: _____ (Signature) _____ (Title) _____ (Date)

Witness: _____ (Signature) _____ (Title) _____ (Date)



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.87

Page 1 of 10

Effective Date: August 1, 2018

Distribution: A

Supersedes: 113.87 (12/1/15)

Approved by: Tony Parker

Subject: MENTAL HEALTH LEVELS OF CARE

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To ensure that appropriate levels and continuity of mental health care are available to accommodate inmate mental health care needs.
- III. APPLICATION: All TDOC employees including contracted health and mental health professionals and privately managed institutions.
- IV. DEFINITIONS:
 - A. Ancillary Programmatic Services: Mental Health services presented in a psycho-educational format which are not clinical in nature.
 - B. Behavioral Health Administrator (BHA): A licensed or qualified mental health professional appointed by the Warden/Superintendent/designee or contractor to assume the responsibility of coordinating the delivery of behavioral health services.
 - C. Crisis Stabilization Placement: Transferring inmates in a mental health crisis to an infirmary or a designated location for monitoring and mental health seclusion.
 - D. Level of Care: A numerical ranking that defines an inmate's level of functionality in general population and denotes a need for mental health services. The ascending number is related to the increase in mental health severity.
 - E. Mental Health Outpatient Services: Services provided to inmates in the general population to assist in their overall adjustment in the correctional environment and provide treatment for specific needs as identified in an individual treatment plan.
 - F. Mental Health Treatment Team: For purposes of this policy, a multi-disciplinary assessment and service planning team whose primary responsibility is to deliver mental health treatment to inmates with mental illness and assign appropriate Levels of Care.
 - G. Serious and Persistent Mental Illness (SPMI): A major mental illness with impaired reality testing or persistent behavior dysfunction resulting in a severe impairment in an inmate's ability to adjust to life within a correctional environment.
 - H. Serious Mental Illness (SMI): A substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the correctional environment and is manifested by substantial impairment or disability. Serious mental illness requires a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current *Diagnostic and Statistical Manual (DSM)* or *International Classification of Disease (ICD)* equivalent (and subsequent revisions) in accordance with an individualized treatment plan.

Effective Date: August 1, 2018	Index # 113.87	Page 2 of 10
Subject: MENTAL HEALTH LEVELS OF CARE		

- I. Supportive Living Unit (SLU): Intermediate care mental health housing designed to serve the needs of the seriously mentally ill inmate who is unable to live and function effectively in the general prison population due to the nature of his/her mental illness.

- V. POLICY: The BHA, in cooperation with the Warden/Superintendent, shall develop a mental health care delivery program that ensures inmates' access to the appropriate level of care for their mental health needs.

- VI. PROCEDURES:
 - A. Inmates' need for mental health services will be based on their ability to function in general population, as determined by the results of Mental Health Evaluation, CR-3486. The severity of their impairment results in the provision of appropriate services either as an outpatient living in general population, as a resident in a supportive living unit, or as a patient receiving crises stabilization services.
 - B. A licensed psychiatrist, advanced practice nurse (APN), and/or psychologist shall designate the appropriate level of care needed to effectively treat inmates with mental health problems.
 - C. The designation of level of care identified during the Mental Health Evaluation, CR-3486, or any subsequent evaluation shall be recorded by a mental health service provider on the Major Conditions Problem List, CR-1894.
 - D. The offender management system (OMS) shall be used to document the level of care classification.
 - E. An inmate's level of care can only be reduced or increased after the Mental Health Treatment Team has reviewed the inmate's history and mental status. If the inmate is being treated with psychotropic medication, a psychiatrist or APN shall be part of the decision making process. If the inmate is not being treated with psychotropic medication, a psychiatrist, APN or a psychologist must be part of the decision making process.
 - F. Levels of Care Designations are as follows:
 - 1. Level I: No mental health services are indicated for the inmate. Adjustment and function in the general population is not impaired by mental illness.
 - 2. Level II: Outpatient Services: Mental health outpatient services are indicated when an inmate's ability to function in general population is mildly impaired due to mental illness and/or mental retardation or if the inmate is not currently impaired but he/she needs monitoring due to:
 - a. A recent discontinuation of psychotropic medication
 - b. A recent discharge from either a supportive living unit (SLU), or crisis stabilization placement
 - c. A recent history of self-injurious behavior or suicidal ideation
 - 3. Level I and II inmates can function productively in general population with outpatient mental health services that:

Subject: MENTAL HEALTH LEVELS OF CARE

- a. Maintain an inmate with or without the help of psychotropic medication
 - b. Stabilize an inmate whose problems are not severe enough to need a SLU or hospital placement, or
 - c. Transition an inmate from a SLU to general population or from receiving mental health services in general population to a discontinuation of those services.
- G. Level II Outpatient Staffing Composition: The treatment of mental health illnesses through outpatient programs will be based on a multi-disciplinary approach. The following disciplines will be involved in providing services:
1. BHA
 2. Clinical Director and/or Clinical Psychologist
 3. Psychiatrist/APN
 4. Senior Psychological Examiner and/or Licensed Clinical Social Worker
 5. Licensed Professional Counselor or Master's Degree Counselor
 6. Therapeutic Recreational Therapist (in some designated facilities)
 7. Mental Health Behavior Specialist (in some designated facilities)
 8. Regional Case manager
 9. Licensed Alcohol and Drug Abuse Counselor
 10. Correctional Officer
 11. Mental Health Nurse
- H. Level III: Supportive Living Unit Services (SLU):
1. Level III SLU services are indicated when an inmate's ability to function in general population is moderately impaired due to a serious mental illness. This designation reflects a tenuous mental status that is easily overwhelmed by everyday pressures, demands, and frustrations resulting in one or more of the following:
 - a. Disorganization
 - b. Impulsive behavior
 - c. Poor judgment
 - d. A deterioration of emotional controls
 - e. Loosening of associations
 - f. Delusional thinking

Subject: MENTAL HEALTH LEVELS OF CARE

g. Hallucinations

Inmates may also exhibit active symptoms of mental illness and appear to remain seriously mentally ill over time. They may be relatively stable but fragile and tend to decompensate in stressful environments such as that of a prison general population. The decision on whether to allow these inmates to participate in general population activities, such as a work detail, a psycho-educational group, school, gym call, and library call is based on their mental status and treatment plan goals.

2. Admission Criteria for Supportive Living Unit Placement:

a. The inmate has a serious mental illness as defined above and, as a result, has experienced significant impairment in his/her ability to adjust and function satisfactorily within the general population. This is determined by the number, intensity, and frequency of mental health services needed, or if the inmate has stabilized at a higher level of care and can now function within the SLU.

b. The inmate must also meet the following criteria:

(1) Absences of acute psychotic and/or affective symptomology requiring a higher level of care

(2) Absence of acute or chronic medical conditions, which require intensive or prolonged skilled nursing care or hospitalization

(3) Ability to participate in their treatment and attend treatment appointments. The inmate has been recommended for SLU placement by the mental health treatment team as part of the inmate's treatment plan or has been recommended for placement pending the outcome of a mental health evaluation.

c. Admission for SLU shall be coordinated by the Behavioral Health Administrator, Clinical Director, Regional Program Manager and Chief Counselor.

d. An inmate may refuse treatment but shall not decline housing assignment to a SLU.

3. Level III Staffing Composition: Treatment on the SLU will be based on a multi-disciplinary approach to the treatment of mental illness. The following disciplines will be involved in providing services within the therapeutic environment:

a. BHA

b. Clinical Director and or Clinical Psychologist

c. Psychiatrist/APN

d. Senior Psychological Examiner and or Licensed Clinical Social Worker

e. Licensed Professional Counselor or Master's Degree Counselor

f. Therapeutic Recreational Therapist

Effective Date: August 1, 2018	Index # 113.87	Page 5 of 10
Subject: MENTAL HEALTH LEVELS OF CARE		

- g. Mental Health Behavior Specialist (in some designated facilities)
 - h. Regional Case manager
 - i. Licensed Alcohol and Drug Abuse Counselor
 - j. Correctional Officer
 - k. Mental Health Nurse
4. General Operating Procedures of the Level III SLU: The SLU will provide a structured environment designed to assist seriously mentally ill inmates in functioning psychosocially and vocationally at the highest possible level within the correctional setting. A broad spectrum of therapeutic activities and groups will be available and utilized as needed based on the specific treatment needs of each inmate as identified in the inmate's treatment plan.
- a. Inmates housed in the SLU will have daily access to mental health staff.
 - b. Inmates placed on Level III care will be seen at least twice a month by a licensed/qualified mental health professional. Documentation shall be recorded on Problem Oriented Progress Record, CR-1884, and on OMS.
 - c. Inmates should be engaged in therapeutic programming a minimum of four hours per day. This programming may include: work, education, structured therapeutic activities or programs, individual or group therapy and/or psychiatric/psychological appointments.
 - d. The assigned mental health practitioners to the Level III program(s) will be responsible for developing, implementing and overseeing any therapeutic programs in the SLUs. All aspects of the designed therapeutic program shall be reflected in the inmate(s) treatment plan.
 - e. These units are separate housing units from general population. Interaction with general population and movement within the institution is based on individual mental health treatment needs and functional level. When appropriate, reintegration with general population is important. These units offer a therapeutic milieu with a spectrum of programming designed to support and treat the mentally ill inmate based on his/her individual treatment plans.

I. Level IV Supportive Living Unit Services

- 1. Level IV SLU services are indicated when an inmate's ability to function in general population is severely impaired due to serious and persistent mental illness. This level reflects active positive and/or negative symptoms of a major mental illness with impaired reality testing, or persistent behavioral dysfunction as demonstrated by severely impaired judgement, impulse control, and/or recent episodes of serious self-injurious behavior. These inmates are unable to attend most treatment or recreational groups in traditional settings and thus require ancillary programmatic services to be provided in the residential unit.
- 2. Admission Criteria for Level IV SLU

Effective Date: August 1, 2018	Index # 113.87	Page 6 of 10
Subject: MENTAL HEALTH LEVELS OF CARE		

- a. The inmate has a serious mental illness or behavioral dysfunction as defined above and as a result of such has experienced severe impairment in his/her ability to adjust and function satisfactorily within the general population as determined by the number, intensity and frequency of mental health services needed.
 - b. The inmate's ability to participate in treatment and attend scheduled treatments is limited by their mental illness.
 - c. The inmate has been recommended for Level IV SLU placement by the mental health treatment team as part of the inmate's individual treatment plan or has been recommended for placement pending the outcome of a mental health evaluation.
 - d. Admission for SLU placement shall be coordinated by the BHA, Clinical Director, Regional Program Manager and Chief Counselor.
 - e. An inmate may refuse treatment in the SLU but cannot decline a SLU housing assignment.
3. Level IV Staffing Composition: Treatment on the SLU will be based on a multi-disciplinary approach to the treatment of mental illness. The following disciplines will be involved in providing services within the therapeutic environment:
- a. BHA
 - b. Clinical Director and or Clinical Psychologist
 - c. Psychiatrist/APN
 - d. Senior Psychological Examiner and or Licensed Clinical Social Worker
 - e. Licensed Professional Counselor or Master's Degree Counselor
 - f. Therapeutic Recreational Therapist
 - g. Mental Health Behavior Specialist
 - h. Regional Case manager
 - i. Licensed Alcohol and Drug Abuse Counselor
 - j. Correctional Officer
 - k. Mental Health Nurse
4. General Operation Procedures of Level IV SLU: The SLU will provide a structured environment designed to assist persistent and seriously mentally ill inmates in functioning psychosocially and vocationally at the highest possible level within the correctional setting. A broad spectrum of therapeutic activities and groups will be available and utilized as needed based on the specific treatment needs of each inmate as identified in the inmate's treatment plan. Due to limitations in the Level IV inmate's ability to interact in social settings, treatment interventions may be individually based. In-cell treatment activities will supplement individual and group interventions.

Effective Date: August 1, 2018	Index # 113.87	Page 7 of 10
Subject: MENTAL HEALTH LEVELS OF CARE		

5. Program services in a Level IV SLU will be delivered in the least restrictive manner possible with consideration for staff and inmate safety and institutional security.

J. Level V: Crisis Stabilization Placement

1. Crisis Stabilization Placement is indicated when:
 - a. An inmate's ability to function is severely impaired due to acute serious mental illness.
 - b. It would facilitate diagnostic clarification.
 - c. There is a need for more intensive psychopharmacological interventions and/or
 - d. There is a need for continued observation.
2. Placement in mental health seclusion or use of therapeutic restraint devices, which are Level V crisis stabilization options shall follow policies and procedures as outlined in #113.88 and #506.07, respectively.
3. General Operations Procedures for Level of Care V Placement
 - a. The inmate shall have daily access to Mental Health staff.
 - b. Individual and group therapy services shall resume upon discharge from the Level V stabilization placement.
 - c. A Behavioral Management Plan shall be implemented on the Level V placement, as clinically indicated.
 - d. Only the psychiatrist/APN or licensed psychologist with Health Service Provider designation can discharge an inmate from Level V care.
 - e. Prior to discharge from a Level V placement, the psychiatrist/APN or licensed psychologist with Health Service Provider designation shall assess the inmate to determine the need for transitional care placement.

K. Transitional Care Placement: Transitional care placement is indicated when an inmate, has been stabilized on Level V placement. Although the inmate is no longer in need of crisis stabilization, the ability to adjust to his/her housing unit, and/or the sending institution continues to be compromised.

1. Inmates shall remain on transition care placement for at least 60 days before discharge.
2. When the treatment team is considering reducing an inmate's Level of Care within 60 days of its previous Level V assignment, then an independent psychiatrist or psychologist must evaluate the inmate to determine whether or not to follow the treatment team recommendation. The evaluation must contain:
 - a. A review of the inmate's mental health history, medication compliance diagnosis and mental status.

Effective Date: August 1, 2018	Index # 113.87	Page 8 of 10
Subject: MENTAL HEALTH LEVELS OF CARE		

- b. A statement justifying either agreement or disagreement with the treatment team's recommendation.

VII. ACA STANDARDS: 4-4368, 4-4370, 4-4371, 4-4372, and 4-4374.

VIII. EXPIRATION DATE: August 1, 2021.



TENNESSEE DEPARTMENT OF CORRECTION
MENTAL HEALTH EVALUATION

INSTITUTION

Name: TDOC #: DATE: TIME:

DOB: Sex: Race:

INITIAL UPDATE INITIAL EVALUATION ON (Date):

PRESENTING MENTAL HEALTH ISSUES/CONCERNS:

Inmate reports:

- anxiety, panic attacks, high impulsivity, high hostility/aggression, confusion, sad mood, mood swings, racing thoughts, Other, poor concentration, eating disorder, sleep hygiene deficits, delusion(s), weight loss, poor hygiene, poor appetite, bizarre behavior, fecal/blood smear, self-injury, stressor(s), family/significant other, health, current sentence, recent loss, Hallucinations, None, Visual, Auditory, Olfactory, Tactile, Accusatory, Threatening, Commanding

Additional Comments:

BEHAVIORAL OBSERVATION/MENTAL STATUS:

- DELUSIONS: Not Present, Grandiose, Persecution, Somatic, Religious, Cooperative, Uncooperative, Other; HALLUCINATIONS: Not Present, Visual, Auditory, Other

Table with 8 columns: Mood & Affect, Danger to Self/Others, Thought Content, Orientation, Memory, Judgment, General Appearance, Speech. Each column contains a list of clinical indicators to be checked.

Behavioral Observation/Mental Status Comments:

FAMILY HISTORY:

- Both biological parents deceased, Adopted, Married, Significant Other, Support System, Caregiver of biological/adoptive children, Current loss of custody of children*, Custody of children: Yes, No, N/A, Children have been adopted, Has children, but minimal contact, Family history of substance abuse, Family history of MH treatment, The above individuals overlap

Family History Comments:

EDUCATION HISTORY:

Comments:

WORK HISTORY:

- Never Worked, Receiving disability before incarceration, Longest held job, Last worked free-world, Military History, Comments

TRAUMA HISTORY:

Comments:

Name: _____

Number: _____

SUBSTANCE USE HISTORY:

No history

The inmate reports the following:

Name of Substance	Use	Abuse	Dependence	Age First Use	Last Use	Use While Incarcerated

Comments: _____

CRIMINAL HISTORY/ CRIMINAL THINKING:

Current Conviction: _____

Admits Responsibility Denies Responsibility

Juvenile Conviction(s)?: _____

Victim Stance

Comments: _____

SUICIDE ATTEMPT HISTORY:

___# prior attempts

Last attempt? _____

Method of last attempt: _____

Medical attention needed ever?: _____

When incarcerated? _____

Comments: _____

SELF INJURY HISTORY:

History other self-injury (*non-suicidal intent*)

cutting head-banging non-cosmetic burning

Ever while intoxicated? _____

When incarcerated? _____

MENTAL HEALTH TREATMENT HISTORY:

No history of prescribed psychotropics

Age (estimated) 1st prescribed psychotropics: _____

Age (estimated) last prescribed psychotropics: ___ or Current: ___

Records Requested

History of the following prescribed medications: _____

Comment: _____

Medication likely confounded w/ A/D use

Psychotropics primarily when incarcerated only

Treatment compliance:

always usually sometimes infrequently

Current psychotropic medication (or w/in last 2 to 4 weeks): _____

No history of Inpatient Psychiatric Treatment

Age of 1st Psychiatric Hospitalization: _____

Age of last Psychiatric Hospitalization _____

of inpatient stays: _____

Duration of longest stay: _____

Age of longest stay: _____

History of hospitalization related to substance use

History of hospitalization related to suicide threat

Comments _____

MEDICAL TREATMENT/CONCERNS: _____

DIAGNOSTIC IMPRESSIONS (DSM-5):

MENTAL HEALTH TREATMENT RECOMMENDATIONS:

No Mental Health treatment currently indicated/No mental health treatment plan currently needed

Pharmacotherapy is indicated and the following psychotropics have been prescribed: _____

Individual Group Treatment Program _____

Referral for psychology services

Level of Care: _____

Other Recommendations/Considerations: _____

Staff Signature/Title _____

Date _____



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 113.53

Page 1 of 4

Effective Date: July 1, 2019

Distribution: A

Supersedes: 113.53 (12/1/15)

Approved by: Tony Parker

Subject: ACCIDENT/INJURY REPORTING

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To facilitate the monitoring of accidents and traumatic injuries occurring within Tennessee Department of Correction (TDOC) facilities and privately managed facilities housing TDOC inmates for the purpose of quality improvement and risk management.
- III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment/Deputy Superintendents, Superintendent of the Tennessee Correction Academy (TCA), staff, inmates, privately managed facilities, health administrators, medical contractors, and Tennessee Rehabilitative Initiative in Correction (TRICOR).
- IV. DEFINITIONS:
 - A. Injuries of Greater Degree or Severity: For purposes of this policy, a wound or other damage to the body that requires intervention beyond first aid (e.g., deep laceration, fracture, or concussion), especially if the inmate or staff must be taken to an off site health services provider.
 - B. Minor Self-limiting Injuries: For purposes of this policy, a wound or other damage to the body that will heal on its own or can be treated with first aid (e.g., bruise, abrasion, bump, or laceration that does not require suturing).
- V. POLICY: Each facility shall maintain a system for monitoring and reporting injuries to inmates, staff, volunteers, and/or visitors resulting from accidents, occupational incidents, or violence occurring within the facility or at other authorized sites outside the facility perimeter.
- VI. PROCEDURES:
 - A. Anyone who sustains a personal injury at the facility shall be seen by a physician, mid level provider, or a licensed nurse and be examined, treated, and/or referred as indicated. (See Policies #113.04, #113.13, #113.30, and # 113.31)
 - B. The staff providing inmate or staff orientation shall instruct inmates and staff to immediately report any injuries to their supervising staff. These instructions shall also be included in any written health care orientation materials provided to inmates.
 - C. The examining health professional shall document occurrences using the following criteria:
 1. All suspected and/or confirmed occupational exposures to bloodborne pathogens shall be documented on Occupational Exposure to Bloodborne Pathogens Follow-up, CR-3508.
 2. Inmates

Effective Date: July 1, 2019	Index # 113.53	Page 2 of 4
Subject: ACCIDENT/INJURY REPORTING		

- a. Minor, self-limiting injuries shall be assessed, treated, and documented in accordance with *TDOC Clinical Nursing Protocols* and recorded in the clinic encounter log. (See Policy #113.31)
 - b. Injuries of greater degree or severity any injury associated with an occupational incident or violence shall be assessed, treated, and documented on the Accident/Incident/Traumatic Injury Report, CR-2592, in accordance with *TDOC Clinical Nursing Protocols*, the offender management system (OMS) Health Services Screen "Accident" and recorded in the clinic encounter log.
 - c. Inmate work supervisors shall direct the inmate to the institutional health services staff as soon as possible after the incident occurs.
 - d. All inmate work related injuries shall be verified by the inmate's work supervisor and entered on OMS Incidents in accordance with Policy #103.02. The inmate name, number, date, location and time of occurrence, witness version and witness section of Accident/Incident/ Traumatic Injury Report, CR-2592, shall be completed by the inmate's work supervisor. The health services staff shall complete the remainder of the CR-2592.
- D Employees, Volunteers, and Visitors: Only first aid and/or lifesaving/stabilizing emergency care shall be provided to employees, volunteers, and visitors experiencing accident/injury on the facility property/grounds.
1. When care is rendered to volunteers and visitors, it is essential that the individual be referred to his/her personal physician or an emergency room for follow-up care.
 2. Employees should report the accident/injury and seek medical care in accordance with Policy #303.04 and immediately notify their supervisor by the end of the shift on which the injury occurred but no later than within 24 hours of the accident. The accident may also be reported by calling the call center.
 3. The health care provider shall document, within 12 hours, the accident or incident on the Accident/Incident/Traumatic Injury Report, CR-2592, in the clinic encounter log, and on OMS conversation Accident, in accordance with Policy #103.02.
 4. All employees and volunteers shall receive instruction in the preparation of the Accident/Incident/Traumatic Injury Report, CR-2592, during new employee or volunteer orientation.
- E. Health services staff shall ensure that entries onto OMS conversation do not contain confidential health information (e.g., SOAP documentation, vital signs, diseases, illnesses, or health intervention).

Effective Date: July 1, 2019	Index # 113.53	Page 3 of 4
Subject: ACCIDENT/INJURY REPORTING		

F. At locations without 24-hour on-site health care staff coverage, the officer in charge or other personnel designated by the Warden/Superintendent/TCA Superintendent shall be responsible for completing the Accident/Incident/Traumatic Injury Report, CR-2592, and forwarding it to the health administrator or designee at the beginning of the next business day. A description of the injury shall be substituted for the subjective information and a description of what was done shall be substituted for the plan. This person shall also sign on the line labeled signature of health services provider with a full signature and job title.

G. Distribution

1. After review by the Health Administrator, Director of Nursing, or the institutional quality improvement coordinator, the Health Administrator shall distribute signed and completed copies of the Accident/Incident/Traumatic Injury Report, CR-2592.
2. A copy of each Accident/Incident/Traumatic Injury Report, CR-2592, and report for blood exposure and needle stick injuries shall be forwarded by the health administrator to the Chief Medical Officer/designee immediately following each incident.
3. The original copy of the Accident/Incident/Traumatic Injury Report, CR-2592, for any inmate shall be filed in the inmate's health record. CR-2592 shall be maintained for employees, visitors, and volunteers by the institutional personnel office. A copy shall be maintained of all reports in the health administration office for legal reference.

VII. ACA STANDARDS: 4-4203 and 4-4420.

VIII. EXPIRATION DATE: July 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

TDOC/EMPLOYEE NUMBER:

Name: Last First Middle Number: Date of Birth:

Employee Inmate Visitor Other

Location (of occurrence) Date (of occurrence) Time (of occurrence)

Type of Injury / Incident: Work-related Sports Violence Use of Force Other:

Weapon, Property, Equipment, Machinery Involvement (Specify):

Subject's Version (how situation occurred):

Signature of Subject

Witness' Version:

Printed Name of Witness Signature of Witness

Health Service Provider's Report

Subjective:

Objective:

Assessment:

Plan:

Date of Treatment Time Signature of of Health Service Provider

Disposition: Treated by Institutional Health Service Staff Transported to Community Facility for Outpatient Care: Transported to Community Hospital for Inpatient Care: Other, explain:

Did death result? Yes No Relatives notified: Yes No

Workers Compensation Claim #:



TENNESSEE DEPARTMENT OF CORRECTION

EXPOSURE CONTROL

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGEN FOLLOW-UP

INSTITUTION/DISTRICT/DIVISION

CONFIDENTIAL

NAME: DATE OF OCCURRENCE:

POSITION: TIME OF OCCURRENCE:

REPORTED DESCRIPTION OF THE EXPOSURE (INCLUDE CIRCUMSTANCES AND ROUTE OF EXPOSURE):

CONTACT SOURCE INFORMATION

Contact Source: Known Unknown

Contact source laboratory test results:

HBV HCV HIV Other:

STAFF INFORMATION

Hepatitis B Vaccine status:

- Has not been vaccinated
Has been vaccinated

Date Series Completed:

Serum Antibody Titer: Date: Results:

PEPline Guidance Obtained: 1-888-448-4911 Hours: 8:00 AM - 1:00 AM CST (9:00 AM - 2:00 AM EST)

- Yes No Date: Time:

PEPline Determined Bloodborne Pathogen Exposure:

- Yes No

Referred to ER/Urgent Care


- Yes No No

Staff Refused Treatment Refusal Signed: Yes

Signature of Reporting Official

Date

- 1. Complete form
2. Send copy with staff for off-site evaluation for Bloodborne Pathogen Exposure
3. Original form to Human Resources Confidential Medical File

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 116.01	Page 1 of 9
	Effective Date: September 15, 2020	
	Distribution: A	
	Supersedes: 116.01 (9/1/17) PCN 19-71 (10/15/19)	
Approved by: Tony Parker		
Subject: MENU PLANNING		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a procedure to standardize the methods of purchasing, preparing, and serving foods within the institutions to ensure consistency with proper aesthetic and dietary standards.
- III. APPLICATION: To Wardens/Superintendents, Associate Wardens, Fiscal Directors, Tennessee Department of Correction (TDOC) staff, Procurement Officers, Warehouse Supervisors, contract vendor staff, Chaplains, health service staff, unit managers, behavioral health professionals, and inmates.
- IV. DEFINITIONS:
 - A. Holiday Diet: Specific menu developed to celebrate a recognized holiday and served to the entire population as part of the standardized menu program.
 - B. Nonstandard Diet Orders: Diet orders not included on the diet load sheets or within the contract food service vendor *Food Service Therapeutic Diet Manual*.
 - C. Religious Diet: A diet that consists of specific foods and/or food preparation techniques that accommodate religious dietary requirements. Ramadan meals, Passover meals, or any religious diet that replaces the standardized heart healthy menu for more than three days.
 - D. Specialty Diet: A vegan or vegetarian diet requested based on personal preference.
 - E. Standardized Menu Program: A 28-day menu cycle that is designed to standardize the processes for ordering, receiving, inventorying, service and daily food cost.
 - F. Therapeutic Diet: Special meal or food combination lists developed by the contract Dietician and prescribed by an authorized health care professional as part of the inmate's medical or dental treatment.
- V. POLICY: Institutions within the TDOC shall follow the standardized menu program that will provide all inmates with nutritionally adequate meals.
- VI. PROCEDURES:
 - A. Menu Planning:
 1. Menus in General
 - a. The standardized menu program shall be developed and revised semiannually by the contract vendor's dietician and approved by the TDOC Food Services/Designee with input from the institutions. The following schedule will be utilized:

Subject: MENU PLANNING

- (1) Fall/Winter menu will be served October-March; development shall occur July to September.
- (2) Spring/Summer menu will be served April-September; development shall occur January to March.

The contract food service District Manager may submit a written request to modify the schedule for menu implementation from the TDOC Director of Food Services/designee. Requests shall be submitted 15 days prior to the original implementation date.

- b. All menus shall be reviewed and approved by the contract vendor's dietician to verify that the menu meets the nutritional guidelines of the American Correctional Association (ACA).
 - (1) ACA guidelines are based upon the current Dietary Reference Intakes for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences.
 - (2) A daily average of 2500 calories per day is offered and recommended dietary allowances (RDA) requirements are met for sodium, cholesterol, fiber, calcium, iron, Vitamins A, C, and D, protein, carbohydrates, saturated and total fat. The nutritional analysis shall include a daily food description for breakfast, lunch, and dinner.
 - (3) All menus shall be designed to be balanced in color, flavor, and texture.
 - (4) The contract vendor must submit for TDOC written approval a standardized menu that provides nutritionally adequate meals that conform to guidelines within TDOC policies.
 - (5) All menus (Standardized Heart Healthy Menus, Religious Menus, Holiday Menus, Therapeutic Menus and Passover Menus), shall contain the portion size and calories beside each food item with a total for each meal and a total daily caloric count. This task shall be completed by the contract vendor's dietitian and submitted to the TDOC Food Services designee for the internal menu approval process.
 - (6) The contract vendor shall provide TDOC with a nutritional analysis of each menu item.
2. The Standardized Menu Program shall include 19 meals per week per each institution; excluding DeBerry Special Needs Facility where three meals per day will be served seven days a week. Three meals shall be served Monday-Friday, with two meals served on Saturday and Sunday. The contractor shall provide a Standardized Menu Program where the same menu for each specific Standardized Menu Program diet is procured, purchased, received, stored, prepared and served consistently at all prisons. The following diets shall be provided for the inmate population:

Subject: MENU PLANNING

- a. Standardized, heart healthy menu served to the general population
 - b. Therapeutic diets listed on the Therapeutic Diet Request, CR-1798
 - c. Religious diets (Halal, Kosher, and House of Yahweh, Passover, Ramadan vegetarian, and vegan)
 - d. Holiday diet (Thanksgiving, Christmas, Easter, Eid-al-Fitr, and Eid-al-Adha. See Policy #116.08.
 - e. Vegan diet (if personal preference)
 - f. Vegetarian diet (if personal preference)
 - g. Sack lunches
3. All inventories shall be utilized in preparation on a first-in/first-out basis.
 4. Therapeutic and religious menus will conform as closely as possible to the standardized menu while accommodating the specific health care or religious diet needs.
 5. The Standardized Heart Healthy Menu shall be posted by the contract food service director and easily accessible to all inmates, including those who are in institutional infirmaries or segregated. The posted menu with portion sizes will be provided by the contract vendor dietitian. Therapeutic diets and religious diets do not have to be posted.
 6. The Standardized Menu will be followed except for emergency situations where contingency meals may be served or when institutional garden produce is utilized.
 7. Any menu substitutions or additions, including contingency items and institutional garden produce, shall be documented in accordance with Policy #116.06.
- B. Portion Control:
1. The contract vendor is responsible for staffing and equipping all serving lines. The contract vendor shall ensure food items and serving utensils required are properly supervised per Policy #506.03 and available for serving line personnel.
 2. The contract vendor shall prepare one sample meal tray on each serving line to demonstrate the adequate serving size for each item in the served meal. The complete sample tray shall be appropriately wrapped, dated, and stored under refrigeration for 72 hours.
- C. Meal service and documentation shall be met as follows:

Subject: MENU PLANNING

1. Therapeutic diets shall be ordered by authorized health care personnel utilizing the Therapeutic Diet Request, CR-1798, when a medical, psychiatric, or dental condition precludes the inmate/resident from eating the food provided for the general inmate population. Diets other than those listed on the Therapeutic Diet Request, CR-1798, may be utilized as needed on a restricted basis and may be ordered as outlined in Policy #113.35. The contract dietitian will provide a memo with detailed instructions to the contract food service director on how to prepare and serve the diet order for the approved nonstandard diet order. (See Policy #113.35)
2. The therapeutic diet shall begin with the next scheduled meal unless otherwise indicated. The Therapeutic Diet Request, CR-1798, must be signed by the inmate. After the inmate signs and a copy has been provided to the inmate, the form must be scanned to the contract vendor food service director/designee at least two hours prior to the serving time in order to be effective for that meal. The contract vendor food service director/designee shall sign and date to acknowledge receipt of CR-1798.
3. The contract vendor shall provide and maintain a daily tracking system regarding all therapeutic, specialty, and religious meals that are served. A sign-in sheet, supervised by contract vendor staff, shall be provided and signed by the inmate for each meal to verify that the inmate has picked up his/her therapeutic, religious, or specialty meal with the exception of the segregated units and Health Center (DSNF).
4. Inmates shall present their photo ID when requesting and signing for their diet. (See Policy #113.35)
5. When trays are served in the infirmaries or segregation housing units, the delivery of the meals shall be supervised by the person in charge of the unit or their designee.
6. The contract vendor shall be responsible for the daily documentation of therapeutic, specialty, and religious diets which are not served. Carefully documented Therapeutic Diet Requests, CR-1798s, contract vendor diet tracking spreadsheet, and Inmate Special Meal Diet Log, CR-4057, shall be maintained.
 - a. The contract vendor shall be responsible for the documentation of therapeutic diets refused by inmates in the general population dining room(s).
 - b. The correctional employee in the living unit shall be responsible for reporting to food service daily the name of any inmate who does not pick up or refuses his/her therapeutic diet.
 - c. When an inmate who is on a therapeutic, specialty, or religious diet fails to pick up or sign for a meal, a standard charge of \$5.00 per meal will be withdrawn from the inmate's trust fund along with a Trust Fund Account Personal Withdrawal Request, CR-2727. (See Policy #208.01) An exception may be made if the inmate has a verifiable excuse when he/she could not pick up the meal, such as being out to court/hospital, etc. An exception shall also be made for any inmate housed in a Level IV or V behavioral health Supportive Living Unit as defined in Policy #113.87. Those inmates in a Level III SLU will be exempt on a case-by-case basis and only after the inmate has been assessed by behavioral health staff and appropriate documentation has been completed. If an exception has been made, the inmate is not to be charged.

Subject: MENU PLANNING

- d. If an inmate refuses or fails to pick-up his/her therapeutic meal for nine consecutive meals, the contract food service director/designee shall notify the health service staff by using a reproduced copy of the Therapeutic Diet Request, CR-1798, within 24 hours or the next business day after the ninth missed meal. The inmate will have effectively demonstrated noncompliance with the therapeutic diet although he/she has refused to sign a Refusal of Medical Services, CR-1984. The provider shall initiate the same documentation procedure outlined in Policy #113.51 and provide a copy to the food service department on the next business day.
 - e. The contract food service director will compile the Inmate Special Meal Diet Log, CR-4057, monthly and submit to the fiscal officer listing each inmate name, inmate number, type of diet, meal type, and date not picked up. The institutional Fiscal Director/designee shall notify the inmate of the charges prior to funds being removed from his/her trust fund. Any discrepancies should be questioned within seven business days of receipt of the proposed charges. The inmate shall work through his/her unit management team to resolve the discrepancy with the food services or health services managers as appropriate. In the event that a grievance is filed and reaches Level III, the Inmate Special Meal Diet Log, CR-4057, and sign-in sheets shall accompany the grievance form.
 - f. The contract vendor will provide to the Chief Financial Officer or designee a monthly report which includes, but is not limited to, all food and supply costs, and the cost of meal per inmate.
7. If an inmate signs a Refusal of Medical Services, CR-1984, and then chooses to resume the therapeutic diet more than twice in a 30-day period, the therapeutic diet trays will continue per the original Therapeutic Diet Order or until the next follow-up with the medical provider.
 8. After the therapeutic diet order has expired or is cancelled, the contract food services director/designee shall scan the signed/dated Therapeutic Diet Request, CR-1798 to the health services administrator within two business days. Food services shall retain the completed copy of CR-1798 in a file for one year.
 9. When an inmate on a therapeutic diet is transferred to another facility, all pertinent information regarding the diet shall be entered in the health record accompanying the inmate. (See Policy #113.35)
 10. Upon an inmate's transfer, the current and valid therapeutic, specialty, or religious diet order shall be forwarded from the sending health services or Chaplain to the contract food service Director/designee of the receiving institution. The therapeutic diet shall then be continued until the inmate can be reevaluated by an authorized health care professional.
- D. Religious diet requirements shall be met as follows:
1. Religious diets can be requested in accordance with Policy #116.08.
 2. Religious dietary needs not addressed in this policy should be requested by submitting an Inmate Inquiry-Information Request, CR-3118.

Effective Date: September 15, 2020	Index # 116.01	Page 6 of 9
Subject: MENU PLANNING		

E. Vegan and vegetarian diets shall be a choice available to all inmates. Vegan and vegetarian diets must be requested in advance by the inmate through the Specialty Diet Request, CR-4056, to the contract vendor food services director. It must be requested 30 calendar days in advance. Cancellation of the diet may be accomplished within 30 calendar days in advance using CR-4056.

VII. ACA STANDARDS: 5-ACI-5C-04 through 5-ACI-5C-07.

VIII. EXPIRATION DATE: September 15, 2023.



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH SERVICES
REFUSAL OF MEDICAL SERVICES**

INSTITUTION: _____

Date _____ 20 _____ Time _____ AM/PM

This is to certify that I _____ (Inmate's Name), _____ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: _____
(Inmate) (TDOC ID) (Date)

Witness: _____
(Signature) (Title) (Date)

The above information has been read and explained to,

_____ but has refused to sign
(Inmate's Name) (TDOC ID)
the form.

Witness: _____
(Signature) (Title) (Date)

Witness: _____
(Signature) (Title) (Date)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE INQUIRY – INFORMATION REQUEST

INSTITUTION: _____

INMATE NAME (Please Print) TDOC ID

UNIT: _____ ROOM / BED: _____ DATE: _____

ROUTED TO: Unit Manager
 Counselor Inmate Job Coordinator (IJC)

1. Inmate Inquiry/Request:

2. Action by Counselor/Inmate Job Coordinator:

Counselor / Inmate Job Coordinator SIGNATURE DATE

3. Action by Record Office

RECORD'S OFFICE STAFF SIGNATURE DATE

4. Sentence Management Services (SMS) Response:

SMS STAFF SIGNATURE DATE



TENNESSEE DEPARTMENT OF CORRECTION

SPECIALTY DIET REQUEST FORM

INSTITUTION: _____ LOCATION: _____

NAME: _____ TDOC NUMBER: _____ DATE OF BIRTH: _____

ALLERGIES: _____

POTENTIAL FOOD/DRUG INTERACTION: _____

TYPE OF REQUEST: New Renewal Change Cancel

TYPE OF REQUEST:

Vegan Diet Vegetarian Diet

DURATION: _____ Days START DATE: _____ STOP DATE: _____

THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.

Inmate's Signature

Date

THIS SECTION TO BE COMPLETED BY DIETARY SERVICES

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

B = Breakfast

L = Lunch

D = Dinner

MONTH _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

MONTH _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

MONTH _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

MONTH _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D

SIGNATURE: _____

DATE: _____

Authorized Food Service Representative/Title



TENNESSEE DEPARTMENT OF CORRECTION

THERAPEUTIC DIET ORDER

INSTITUTION: _____ LOCATION: _____

NAME: _____ TDOC ID: _____ DATE OF BIRTH: _____

ALLERGIES: _____

POTENTIAL FOOD/DRUG INTERACTION: _____

TYPE OF REQUEST: New Renewal Change Cancel

TYPE OF DIET:

- Clear Liquid (3 days only) Full Liquid Mechanical Soft Renal (includes HS snack)
 Pureed Finger Food Gluten Restricted Pre dialysis Post dialysis
 Low-fat/Low Sodium Bland Prenatal Diet (includes 3 snacks daily with meals)
 Moderate 2000 Calorie/Carbohydrate (ADA) (includes 3 meals and 1 snack daily) Non Standard Diet Order (Requires Approval)

DURATION: _____ Days START DATE: _____ STOP DATE: _____

SIGNATURE: _____ DATE/TIME: _____

Ordering Provider Signature

THIS SPECIAL DIET HAS BEEN EXPLAINED TO ME AND I UNDERSTAND I WILL BE CHARGED THE COST OF ANY MODIFIED MEAL I FAIL TO PICK UP.

Inmate's Signature

Date

THIS SECTION TO BE COMPLETED BY DIETARY SERVICES

Received: Authorized Food Services Representative/ Title

Date/Time

DIETARY SERVICES (Comments compliance/noncompliance, i.e., failure to pick up diet, diet refusal, irregular use, etc.):

Diet Compliance/Noncompliance: (Circle Letter to Indicate Noncompliance)

B = Breakfast L = Lunch D = Dinner

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the first month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the second month.

MONTH


Table with 31 columns (days) and 3 rows (B, L, D) for the third month.

MONTH

Table with 31 columns (days) and 3 rows (B, L, D) for the fourth month.

SIGNATURE: _____ DATE: _____

Completed: Authorized Food Service Representative/Title

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 116.03	Page 1 of 3
	Effective Date: September 15, 2019	
	Distribution: A	
	Supersedes: 116.03 (9/30/16) PCN 18-41 (8/1/18) PCN 17-57 (11/1/17)	
Approved by: Tony Parker		
Subject: MEAL SERVICE ENVIRONMENT		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish standards for the service of meals at all facilities within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: Wardens/Superintendents, Associate Wardens, Fiscal Directors, Tennessee Department of Correction (TDOC) personnel, Food Service Contract Vendor, Unit Managers, staff, and inmates.
- IV. DEFINITIONS:
 - A. Expendable Supplies: All supplies necessary to provide required food services including, but not limited to, paper supplies, chemicals, cleaning supplies, and small wares.
 - B. Meal Verification Program (MVP) Scanner: A scanner system which is provided by the food services contracted vendor to scan an inmate's TDOC issued ID card/wrist band barcode for meals to be provided
- V. POLICY: The contract vendor shall provide inmates and staff with a balanced diet in accordance with the Standardized Menu Program and serve beverages in the staff dining hall 24 hours per day 7 days per week. A seasonal enhanced salad bar for lunch and dinner meals shall be offered in the staff dining hall or designated staff area.
- VI. PROCEDURES: Dining room service shall be designed to accommodate the total inmate population. The Warden/Superintendent shall designate an area of appropriate size for staff dining. Staff dining may be in the inmate dining room.
 - A. Inmates shall be served three meals Monday through Friday, at least two of which shall be served hot. At Lois DeBerry Special Needs Facility (DSNF) three meals shall be served seven days a week, at least two of which shall be served hot.
 - B. Weekend meal schedules shall consist of two hot meals (except DSNF), served no more than 14 hours apart. Holiday meals shall be served on the actual holiday or an alternate date that is approved by the TDOC Director of Food Service and the Assistant Commissioner of Prisons/designee.
 - C. Dining rooms shall be operated to reduce regimentation but shall be consistent with the facility security level.
 - D. Normal conversation shall not be restricted during meal periods.

Effective Date: September 15, 2019	Index # 116.03	Page 2 of 3
Subject: MEAL SERVICE ENVIRONMENT		

- E. Cafeteria style meal service is preferable throughout the facilities.
- F. Foods shall be served at the appropriate temperature to maintain flavor, quality, appeal, and texture. (See Policy #116.05) Serving lines shall be designed to provide hot and cold foods and an area for room temperature items.
- G. All facilities shall provide group dining areas utilizing four, six, or eight person tables.
- H. Inmates shall be provided with appropriate eating utensils.
- I. The breakfast meal shall be scheduled to begin not more than 14 hours after the beginning of the evening meal.
- J. Food shall never be withheld as punishment.
- K. Inmates in segregation shall be served meals of the same content as the general population. Meals served to inmates in segregation are subject to Policy #506.16.
- L. The contract vendor shall supply a complete food service management program, including management and oversight of food preparation and service, food procurement, labor, materials and expendable supplies necessary to feed inmates, staff and official visitors at identified State operated institutions and the Tennessee Correction Academy.
- M. The contractor shall serve the same meals in the staff and inmate dining halls on a daily basis except the staff dining hall or cafe, which shall offer a seasonal enhanced salad bar for lunch and dinner at no additional cost. The seasonal enhanced salad bar menu served for lunch and dinner meals in the staff dining hall shall be written by the contract vendor dietitian and approved by the TDOC Food Service/Designee.
- N. Inmates utilizing the MVP scanner system with correctional officers observing:
 - 1. Proceed in an orderly fashion through meal service line with TDOC issued ID card/wristband readily available for scanning.
 - 2. Upon scanning wait for an audible sound and/or green light indicator on scanner/monitor, this is a successful scan and tray will be provided.
 - 3. Should a red light indicator show on scanner/monitor, this is an unsuccessful scan. Contact contracted food services vendor for assistance and receive a tray. Should the TDOC issued ID card/wristband not work, the inmate should immediately notify the contracted food services vendor and TDOC staff. The contracted food services vendor will create a log containing the inmate's name, TDOC ID number, date of meal service, and type of meal provided, i.e. breakfast, lunch, or dinner.
 - 4. The contracted food services vendor will compile a monthly report (list – Excel spreadsheet) of scans other than of TDOC issued ID cards/wristbands and submit along with other invoice materials for monthly invoice processing to the site level business office.

Effective Date: September 15, 2019	Index # 116.03	Page 3 of 3
Subject: MEAL SERVICE ENVIRONMENT		

5. Inmates found to have scanned multiple times to obtain an additional meal will be charged accordingly via the MVP's generated reports. The contracted food services vendor shall submit this report to the site level business office for processing to have a fine applied to inmate's trust fund account. (See Policy #208.01)
6. Inmates found to have misused their TDOC issued ID card/wristband will be charged accordingly. (See Policy #502.05)

VII. ACA STANDARDS: 4-4317, 4-4320, 4-4326, and 4-4309.

VIII. EXPIRATION DATE: September 15, 2022.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 116.04

Page 1 of 2

Effective Date: June 1, 2019

Distribution: A

Supersedes: 116.04 (9/30/16)

Approved by: Tony Parker

Subject: SAFETY IN FOOD SERVICE AREAS


- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a standard safety procedure in food service areas.
- III. APPLICATION: To Wardens, Superintendents, Associate Wardens, Fiscal Directors, Tennessee Department of Correction (TDOC) Food Service staff, Unit Managers, Facility Safety Officers, Teachers/Counselors, all correctional officers assigned to food service, food service contract vendor, and all inmates assigned to food service.
- IV. DEFINITIONS: None.
- V. POLICY: Each institutional contract food service director shall implement and maintain standards of safety for the employees and inmate workers assigned to food service.
- VI. PROCEDURES:
 - A. The Warden/Superintendent or their designee and institutional contract food service director will ascertain that safety procedures are established and followed by all persons assigned to the food service department.
 1. All equipment in the food service area shall comply with the safety regulations as established by TOSHA. (See Policy #112.03)
 2. The facility safety officer/designee shall conduct safety inspections in accordance with Policy #112.05.
 3. Proper caution signs shall be posted in conspicuous places and near equipment with moving parts and hot surfaces.
 4. All food service staff shall receive training in first aid and CPR and certification in these areas shall be current.
 - B. The institutional contract food service director shall ensure that all persons assigned to food service receive training in:
 1. The proper operation and routine care of power equipment.
 2. The proper care, handling, and use of sharp utensils such as dough knives and other tools.
 3. The proper care of floors and the condition in which they must be maintained.
 4. The location and operation of all fire fighting/safety equipment in accordance with Policy #112.04.

Subject: SAFETY IN FOOD SERVICE AREAS

- C. All persons in the Food Services section shall be advised of the proper clothing and footwear to be worn while working in food service areas. (See Policies #504.05 and #506.24)
- D. An accident prevention program shall be coordinated in food service areas of the institution by the institutional contract food services director. This may include the use of safety films and lectures. Documentation of all training attended by food service personnel shall be maintained and reported to the training officer by the institutional contract food services director.
- E. The institutional contract food service director shall be responsible for developing procedures to be followed in case of accident or injury, in accordance with Policy #113.53. These procedures shall be posted in the food service area. These procedures will bear the signature of approval of the Warden/Superintendent and health administrator. All food service personnel shall be apprised of this information.

VII. ACA STANDARDS: 4-4321.

VIII. EXPIRATION DATE: June 1, 2022.

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 116.05	Page 1 of 9
	Effective Date: March 1, 2020	
	Distribution: A	
	Supersedes: 116.05 (6/15/17)	
Approved by: Tony Parker		
Subject: SANITATION OF FOOD SERVICES		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 53-8-101, et seq.
- II. PURPOSE: To establish standards that will provide a healthy and sanitary environment for the storage, preparation, and service of food.
- III. APPLICATION: To Wardens, Superintendents, Associate Wardens, Deputy Superintendents, Fiscal Directors, Tennessee Department of Correction (TDOC) and contract vendor food service staff Unit Managers, other applicable institutional staff, food service contract vendor, and inmates.
- IV. DEFINITIONS: None.
- V. POLICY: The TDOC shall operate the food service program in accordance with the most current Food Service Establishment Regulations established by the Tennessee Department of Health (TDOH).
- VI. PROCEDURES:
 - A. Each institution shall obtain a copy of the current Food Service Establishment Regulations from the TDOH and have it available in the food service department.
 - B. All persons utilized by the TDOC in the preparation and/or distribution of food shall be free from communicable disease and open infected wounds as specified in Section 1200-23-1-.02 (a) of the above referenced Regulations. This shall include all food service employees, security personnel, and inmates assigned to food services or who are involved in food distribution.
 1. A health services review by health care staff and daily monitoring by the food service manager shall be conducted on all inmates assigned to food services as defined in Policy #113.24. Tuberculosis testing on staff and inmates shall be conducted according to Policy #113.44.
 2. The contract food service director or designee is responsible for the daily review of individual staff and inmates assigned to food service to ensure they are free from apparent communicable disease or infection utilizing TDOC Food Handler's Permit, CR-2239, or the contract vendor's form. (Refer to Policy #113.24) If, at any review, there is reasonable cause to suspect the possibility of disease transmission by any employee involved in food preparation and/or distribution, that employee shall be required to obtain a release statement from their private physician or local health department indicating that they are free from communicable disease or infection. In the case of an inmate, he/she shall be referred to the institutional health services staff for evaluation. Pending further evaluation and release, the contract food service director shall immediately exclude the individual from all food service functions.

Subject: SANITATION OF FOOD SERVICES

3. Staff and inmates working in food services shall comply with all health-related regulations established by the TDOH. These rules shall include, but are not limited to:
 - a. Personal cleanliness - staff and inmates shall thoroughly wash their hands and the exposed portions of their arms with soap and warm water before starting work, during work as often as is necessary to keep them clean, and after eating, drinking, or using the toilet. Staff and inmates must also wash their hands again upon entering the work area. Adequate personal hygiene shall be maintained, including clean clothing.
 - b. Clothing - Refer to Policies #504.05 and #506.24.
 - c. Keep fingernails clean, trimmed, and maintained so that the edges are cleanable and not rough. Avoid wearing artificial fingernails and fingernail polish. Wear single-use gloves if artificial fingernails or fingernail polish are worn.
 - d. Hair restraints will be worn in all food preparation and service areas. Hair as defined by TDOH regulations includes facial hair as well as scalp hair.
- C. Food storage, preparation, and service shall include the following:
 1. Sanitary storage shall provide protection for all food and food supplies.
 2. Refrigerator temperatures shall be maintained between 35 degrees F to 41 degrees F. Refrigerated coolers shall never be set above 36 degrees F to allow for influx into and out of the cooler. Freezer temperatures shall be maintained at 0 degrees F or below. Freezer units shall be set between -10 and 0 degrees F.
 3. A record of refrigerator/freezer storage temperatures shall be made by the contract vendor food service director or designee at the beginning and ending of each day and shall indicate the date, temperature, time, and initials of the person making the recording. The temperature shall be recorded on Facility Storage Temperature Log, CR-3279. This record shall be posted to the outside of the storage unit or kept in the food service staff office. Any problems with temperatures are reported and addressed with corrective actions.
 4. Unusual compressor activity (short cycling) or a rise in temperature shall be documented on the Facility Storage Temperature Log, CR-3279, and reported immediately to the contract food service director or designee so corrective action can be taken. Corrective action shall be documented on Facility Storage Temperature Log, CR-3279, and communicated to the facility maintenance manager and fiscal director or designee before the end of shift.
 5. Foods that come into contact with the employees' hands shall be protected from contamination by the employees washing his/her hands between tasks or when changing from one type of food to another, i.e., chicken to vegetables. Whenever possible, tongs, spoons, forks, and other utensils shall be used to handle foods. Servers shall wear disposable plastic gloves wherever food is being served, dispensed, or inspected.

Subject: SANITATION OF FOOD SERVICES

6. Produce received from institutional farm operations shall be inspected for signs of spoilage and free of dirt and debris by food service staff before acceptance.
 7. Eggs should be grade A or AA. Eggshells shall be clean and uncracked. Check the temperature of milk in cartons and bulk plastic containers. Shell eggs and pasteurized milk shall be received at a product temperature of 45 degrees F or below.
 8. The dry goods storeroom temperature shall be maintained at 45 degrees F- 80 degrees F. The contract food service director or designee shall record the temperature daily, preferably between 12:30 p.m. and 5:30 p.m.
 9. Containers of food shall be stored a minimum of 3 to 6 inches away from the wall and 6 inches above the floor in a manner that protects the food from splash and other contamination, and that permits easy cleaning of the storage area.
 10. The temperature of food served to staff and inmates shall be:
 - a. 140 degrees F or above for hot food
 - b. 41 degrees F or below for potentially hazardous cold food
 11. All temperature logs shall be maintained at the site where the temperatures are taken to ensure compliance with annual compliance audits and contract monitoring.
- D. The contract food service director or designee shall inspect the food service area daily for signs of rodents and pests and initiate corrective action when problems exist. Documentation of initiated corrective action shall be made on the food service contract vendor forms TDOC Daily and Weekly Inspection Report, CR-2912, or the Checklist for Sanitation Inspections, CR-2831.
- E. Contract Food service director shall develop and implement a cleaning schedule which shall be posted in the food service area, and include times for the daily cleaning of all areas and equipment in this area. Schedules shall also be developed for the breakdown of equipment on at least a weekly basis, for deep cleaning.
- F. The dishwasher shall be cleaned as specified on the posted cleaning schedule. Daily Dish Machine Log, CR-3278, shall be used to record the actual wash and rinse temperatures and sanitizer level on a daily basis. The contract food service staff shall test and record the sanitizer level in three compartment sinks on Three Compartment Sink Log, CR-4191. Any such recordings above or below the prescribed standards, as stated in Regulations 1200-23-1-.04, shall be reported to the contract food service director at once for corrective action.
- G. The contract food service director shall ensure that all food service personnel are familiar with the contents of this policy.
1. The contract food service director or designee shall develop a monitoring program to ensure that all food service personnel are aware of the rules of health and safety in regard to their work areas and that these rules are being followed.

Subject: SANITATION OF FOOD SERVICES

2. Every food service employee, both free-world and inmate, shall be able to operate and clean equipment that he/she is assigned to and maintain the work areas in an acceptable sanitary manner.
- H. Inspection of the food service areas is vital to ensure regular compliance with appropriate health and sanitation rules. Each kitchen and dining area shall require the following inspections at a minimum:
1. Daily inspection by an assigned supervisor from the food service department. These inspectors shall utilize the food service contract vendor form or TDOC Daily and Weekly Inspection Report, CR-2912, which lists all major areas of the food service department. The inspector shall initial and date the daily inspection report for each shift and submit it to the contract food service director for review and action.
 2. A weekly inspection by the contract vendor's food service director or designated food service designee. These inspections shall utilize TDOC/contract vendor form or TDOC Daily and Weekly Inspection Report, CR-2912, or Checklist for Sanitation Inspections, CR-2831, in guilds or housing units.
 3. Deficiencies found on the daily inspections shall be corrected and documented on the original inspection form or attached to the inspection form. Documentation shall consist of date of corrective action and initials of responsible staff person.
 4. An inspection team shall inspect the area monthly utilizing the Food Service Monthly Inspection, CR-1873. The team shall consist of the contract food service director or his/her designee, a member of the health service staff, and one person designated by the Warden/Superintendent. The designee shall not be selected from the food service or health service staff. The inspection team shall:
 - a. Visit and inspect all areas of the food service department, including the storage area.
 - b. Inspect the food service department on a regular but unannounced schedule.
 - c. Prepare a written report, using Food Service Monthly Inspection, CR-1873, of the findings and forward a copy of the report to the Warden/Superintendent for his/her information and action. The inspection will satisfy the requirements outlined in Policy #112.01 regarding monthly sanitary inspections for this area.
 5. Deficiencies found on the monthly inspection report shall be corrected and documented. Documentation of corrective action shall be forwarded to the Warden/Superintendent by the contract vendor food service director.
 6. The reports of the weekly and monthly inspections shall be maintained for three years for documentation purposes. The daily inspection report shall be maintained for one year.

Effective Date: March 1, 2020	Index # 116.05	Page 5 of 9
Subject: SANITATION OF FOOD SERVICES		

7. Annual inspections will be conducted by state or local sanitation and health officials to show compliance with all applicable laws and regulations of the governing jurisdiction. There shall be documentation that deficiencies, if any, have been corrected. A copy of the annual inspection report, and documentation of deficiency corrections, shall be forwarded to the Warden/Superintendent, sanitation officer, and contract vendor food service director for their information and/or action. Copies of the annual inspection shall be retained on file for three years.

I. The food service contract vendor shall have Hazard Analysis Critical Control Point (HACCP) guidelines that adhere to TDOC and the guidelines established by the Tennessee Department of Health (TDOH).

VII. ACA STANDARDS: 4-4160, 4-4314, 4-4321 through 4-4325, and 4-4329.

VIII. EXPIRATION DATE: March 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION
FOOD HANDLER'S PERMIT

INSTITUTION

NAME: _____ TDOC ID: _____ DOB: _____

TYPE OF HEALTH REVIEW: Designate with a check (4) mark.

INITIAL _____ ANNUAL _____ INTERVAL _____

A health record review is now complete on the above named inmate.

The above named inmate had a current tuberculosis (TB) screening.

This permit is valid for one (1) year unless inmate has an intervening health condition requiring removal from food service assignment

AUTHORIZED BY: _____ DATE: _____
Health Care Provider Signature/Professional Title

CR-2239 (Rev. 11-19) White- Contract Food Service Director Canary-Health Services File Pink-Institutional Jobs Coordinator RDA 1100



TENNESSEE DEPARTMENT OF CORRECTION
FOOD HANDLER'S PERMIT

INSTITUTION

NAME: _____ TDOC ID: _____ DOB: _____

TYPE OF HEALTH REVIEW: Designate with a check (4) mark.

INITIAL _____ ANNUAL _____ INTERVAL _____

A health record review is now complete on the above named inmate.

The above named inmate had a current tuberculosis (TB) screening.

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AUTHORIZED BY: _____ DATE: _____
Health Care Provider Signature/Professional Title

CR-2239 (Rev.11-19) White- Contract Food Service Director Canary-Health Services File Pink-Institutional Jobs Coordinator RDA 1100



TENNESSEE DEPARTMENT OF CORRECTION
FACILITY STORAGE TEMPERATURE LOG

MONTH _____ YEAR _____

FACILITY _____

COOLER # _____

DRY STORAGE AREA _____

FREEZER # _____

DATE	MORNING READING TIME	TEMP	BY (INITIALS)	AFTERNOON READING TIME	TEMP	BY (INITIALS)
1.						
2.						
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DATE	INITIALS	CORRECTIVE ACTION



TENNESSEE DEPARTMENT OF CORRECTION
DAILY AND WEEKLY INSPECTION REPORT

 INSTITUTION

AREA OR ITEM		SATISFACTORY	UNSATISFACTORY	COMMENTS
1.	Dock / Dumpster			
2.	Bathroom / Locker			
3.	Pot and Pan Area			
4.	Walk-In Cooler 1. 2. 3.			
5.	Walk-In Freezer 1. 2. 3.			
6.	Kitchen Floor, Drains			
7.	Dining Area Floor			
8.	Cooking Equipment			
9.	Salad Prep Area			
10.	Ice Machine(s)			
11.	Dishroom			
12.	Serving Line(s)			
13.	Table and Chairs -Staff Dining Room			
	-Main Dining Room			
14.	No Evidence of Rodents and Pests			
15.	Cleaning Schedule Items			
16.	Mobile Hot/Cold Cabinets			

CORRECTIVE ACTION	DATE	INITIALS

INSPECTED BY: _____
 DATE: _____



**TENNESSEE DEPARTMENT OF CORRECTION
CHECKLIST FOR SANITATION INSPECTIONS**

INSTITUTION

Location _____

Date: _____

(Inspect and check-off the following items. Show all defective items an "X". Explain defects under comments.)

ITEMS TO BE CHECKED	DEFECTIVE	OK	COMMENTS
Floors			
Walls			
Glass			
Furniture			
Toilets			
Showers			
Laundry Room			
Rooms/Cells			
Yard Area			
Storage Area			
Kitchen			
1. Appliance			
2. Utensils			
3. Coolers			
4. Garbage Containers			
5. Floors			
6. Walls			
7. Other			
Presence of Insects or Rodents			
Availability of Cleaning Supplies			
Doors and Locking Devices			
Other			

INSPECTOR: _____

DATE: _____



TENNESSEE DEPARTMENT OF CORRECTION
DAILY DISH MACHINE LOG

FACILITY _____

MONTH _____

DATE	BREAKFAST				LUNCH				SUPPER			
	WASH TEMP	RINSE TEMP	SANITIZE PPM	CHKD BY	WASH TEMP	RINSE TEMP	SANITIZE PPM	CHKD BY	WASH TEMP	RINSE TEMP	SANITIZE PPM	CHKD BY
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DATE

INITIALS

CORRECTIVE ACTION



TENNESSEE DEPARTMENT OF CORRECTION
THREE COMPARTMENT SINK LOG

FACILITY _____

MONTH _____

DATE	BREAKFAST				LUNCH				SUPPER			
	WASH TEMP	RINSE TEMP	SANITIZE PPM	CHKD BY	WASH TEMP	RINSE TEMP	SANITIZE PPM	CHKD BY	WASH TEMP	RINSE TEMP	SANITIZE PPM	CHKD BY
1.												
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DATE	INITIALS	CORRECTIVE ACTION



**TENNESSEE DEPARTMENT OF CORRECTION
FOOD SERVICE MONTHLY INSPECTION**


FACILITY: _____

DATE: _____

		SATISFACTOR Y	UN- SATISFACTOR Y	CORRECTIVE ACTION DATE			SATISFACTOR Y	UN- SATISFACTOR Y	CORRECTIVE ACTION DATE
EXTERIOR					DISHWASHER AREA				
1.	Receiving Dock				38.	Dishwasher			
2.	Waste Containers				39.	Scrap Trays			
3.	Garbage/Dumpster				40.	Counters			
RESTROOM					41.	Floors			
4.	Sinks				42.	Floor Drain			
5.	Toilets/Urinals				43.	Walls			
6.	Floors				44.	Lights			
7.	Walls and Doors				45.	Ceilings			
8.	Lights				46.	Dish/Tray Carts			
FOOD PREPARATION AREA					47.	Temperature/Concentration Log			
9.	Floors				48.	Test Kit			
10.	Floor Drains				SERVING AREA				
11.	Walls				49.	Steam Tables			
12.	Lights				50.	Counters			
13.	Ceilings				51.	Milk Dispenser			
14.	Hood/Exhaust System				52.	Coffee Maker			
15.	Tables/Drawers				53.	Beverage/Ice Dispenser			
16.	Sinks				54.	Food Warmers			
17.	Mixers				55.	Salad Bar			
18.	Ovens				56.	Tray Rack			
19.	Ranges				57.	Silver Rack			
20.	Steam Kettle				DINING ROOM				
21.	Fryer				58.	Tables			
22.	Steamer				59.	Chairs			
23.	Can Opener				60.	Salt/Pepper Shakers			
24.	Slicer				61.	Walls			
25.	Chopper				62.	Floors			
26.	Refrigerator				63.	Lights			
27.	Ice Machine				64.	Ceilings			
28.	Scales				FREEZER/COOLER				
29.	Pans/Utensils				65.	Walls			
STOREROOM					66.	Floors			
30.	Shelving				67.	Shelves			
31.	Floors				68.	All Food Covered			
32.	Walls				69.	Doors			
33.	Lights				70.	Temperature Logs			
34.	Ceilings				OTHER				
35.	All Goods at Least 6" off the floor				71.	Hair/Beard Restraints			
36.	Loose Cans Dated				72.	Uniforms			
37.	Dented Cans(stored separately)				73.	Potentially hazardous cold foods below 40°			
					74.	Hot food 140° or above			
					75.	No evidence of bugs or vermin			
					76.	Inmates/Staff wash hands			
					77.	Eating or drinking only in break area			

INSPECTORS _____

Comments: _____

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 116.06	Page 1 of 6
	Effective Date: January 1, 2020	
	Distribution: A	
	Supersedes: 116.06 (9/30/16) PCN 18-3 (1/15/18) PCN 17-22 (3/1/17)	
Approved by: Tony Parker		
Subject: ADMINISTRATION OF FOOD SERVICE		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish departmental guidelines for the provision of a food service program at all Tennessee Department of Correction (TDOC) facilities, including the Tennessee Correction Academy.
- III. APPLICATION: Wardens/Superintendents, Fiscal Directors, Warehouse Managers, business office staff, and Food Service Contract vendor.
- IV. DEFINITIONS: Standardized Menu Program: A 28-day menu cycle designed to standardize the processes of ordering, receiving, inventorying daily food counts of meals served.
- V. POLICY: Each TDOC institution shall administer its food service program in accordance with the following guidelines.
- VI. PROCEDURES:
 - A. The contract vendor must provide overall contract management for all food service tasks in the ensuing contract, including the day-to-day management of its staff and direction of all food service operations and staff as pertaining to their assignment to the contract. The contract vendor must provide administrative support and training for its staff and activities. Throughout the contract, the contract vendor must employ ongoing contract management techniques to ensure that a Comprehensive Work Plan is developed, executed, monitored, reported on, and maintained. The contract vendor will be responsible for performing all of the work necessary to fulfill the requirements of the contract.
 - B. The contract vendor will provide to the State the following reports:
 1. Regular reports showing meals served by breakfast, lunch, and dinner grouped by sites as requested by the State.
 2. Monthly summary report showing number of meals served and costs for all standardized menus by diet type – heart healthy, therapeutic, religious, and contingency meals as determined by TDOC, grouped by sites.
 3. Monthly participation report showing number of meals supplied and number of meals served with the variance percentage grouped by sites.
 4. Total monthly meals served broken down by employees, inmates, in-transits and visitors grouped by sites
 5. Daily report of non-inmate meals served, showing name, date, and type.

Effective Date: January 1, 2020	Index # 116.06	Page 2 of 6
Subject: ADMINISTRATION OF FOOD SERVICE		

6. FY trend report showing number of meals served and costs by month from the first month of the FY to the last month grouped by sites.
 7. FY trend report showing number of Regular and Specialty meals served from the first month of the FY to the last month grouped by sites.
 8. Comparison report showing prior FY meals served (broken down into Regular and Specialty) by month and the same information for the current FY grouped by sites.
- C. Meal service records shall be maintained and submitted to the business office by the contract vendor and such records shall include the following information from the number of meals that are served daily and recorded on the Daily Meal Count, CR-0720, or the contract vendor's form. These forms shall be submitted to the business office and shall include:
1. The number of meals served to guests or visitors.
 2. Number and type of therapeutic and religious diets served each meal.
 3. The number of therapeutic and religious diets not picked up, including inmate name and TDOC ID, type of diet meal, and date/meal when meal was not picked up, on the Inmate Special Meal Diet Log, CR-4057.
- D. The following program reviews shall be conducted:
1. Any and all menu substitutions shall follow the *TDOC Approved One Time Substitution Guidelines for Adults* provided by the foodservice contract vendor's registered licensed dietitian, to ensure that nutritional adequacy guidelines are maintained. Note portion sizes to ensure correct substitutions. All menu substitutions shall be documented on the TDOC Substitution Log, CR-4118, by the contract food service director. The contract food service director shall communicate substitutions to the TDOC site level fiscal director, Warden/Superintendent and contract vendor's district or general manager. Any menu substitution falling outside the approved *One Time Substitution Guidelines* for the same or like item shall be approved by the food service contract vendor's registered dietitian prior to service. Approval documentation shall be documented (or attached therein) on the weekly menu substitution log. All sites including TCA, menu substitutions shall be documented appropriately. Dietitian's current registration shall be on file.
 2. The contract vendor food service director at all sites including TCA will review the menus quarterly to verify adherence to the cycle menu and portion size. The contract food service director will document the beginning and ending date of the menu cycle as it was served for the quarter.
 - a. The contract food service director will provide documentation on a quarterly basis by initialing and dating on the appropriate quarterly menu review at the bottom left hand side of the Standardized Heart Healthy Menu.

Effective Date: January 1, 2020	Index # 116.06	Page 3 of 6
Subject: ADMINISTRATION OF FOOD SERVICE		

- b. Any menu substitution shall be documented on the contract vendor's Weekly TDOC Substitution Log. The Weekly TDOC Substitution Log, CR-4118, for the quarter being verified, shall accompany the quarterly menu review.
 - c. The quarterly menu review and all supporting documentation shall be filed in the food service director's annual inspection file by the 10th business day of the following quarter and emailed to the fiscal director at each site.
 - 3. The contract food service vendor shall develop and conduct surveys to determine food preferences, quality of food served on the various menus provided, and responsiveness to the menu. The survey shall be submitted to the TDOC Food Service Director or designee and Decision Support: Research and Planning Director for approval prior to implementation. Upon approval, the survey will be implemented during the current menu planning cycle. The contract food service vendor's Food Service Director shall disseminate approved surveys and forward to the completed surveys to the contract food service vendor for tabulation. The contract vendor will compile the data and present a summary to TDOC. The survey results and summary will be utilized to make menu recommendations.
 - a. Surveys shall be offered monthly to 25% of the institution's population. Surveys shall be conducted of inmates who agree to participate.
 - b. Surveys shall be offered annually to all inmates. Surveys shall be conducted of all inmates who agree to participate.
- VII. ACA STANDARDS: 4-4313 through 4-4316.
- VIII. EXPIRATION DATE: January 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION

SUBSTITUTION LOG

TN DOC APPROVED ONE TIME SUBSTITUTION GUIDELINES FOR ADULTS

An item is replaced with another item in the **same group at the same portion** indicated on the menu. Menu Substitutions shall be documented on the weekly substitutions log.

Refer to the Medical Nutrition Therapy & Religious Meals Manual for substitution appropriateness for diets. Contact your NOSS dietitian with questions on appropriateness of substitutions or if needed more than once.

GROUP	ITEMS
Lunch/Dinner Entrées (Combination Dishes)	All casseroles of equal portion size such as: Chili, Turkey a la King, T Ham & Beans
Lunch/Dinner Entrées (Plain Meats)	Cold cuts, cheese, chicken, turkey, tuna, unbreaded fish fillet, franks, smoked sausage
Lunch/Dinner Entrées (Unbreaded Meat Patties)	Meatloaf pattie, Salisbury pattie, charbroil/flamebroil pattie * Always replace unbreaded meat with another unbreaded meat
Lunch/Dinner Entrées (Breaded Meat Patties)	Breaded fish square, breaded chicken pattie, country pattie * Always replace breaded meat with another breaded meat
Breakfast Entrées (Hot)	Frozen scrambled eggs, fresh eggs, sliced meats, pancakes, French toast, meat gravies
Breakfast Pastries	Danish, coffeecake, muffin, breakfast bar * an alternate pastry + 8 oz milk is required to replace breakfast bars w/ dairy blend
Breads	Sliced bread (white/wheat/rye), cornbread, biscuit, dinner rolls, buns, tortillas
Cereals	Any dry or cooked * dry cereal + 8 oz milk is required to replace hot cereals w/ dairy blend

Chart has been approved by Contracted Food Services' Registered Dietitian (signature and dietitian number on file).



TENNESSEE DEPARTMENT OF CORRECTION

SUBSTITUTION LOG

Starches	Noodles, macaroni, spaghetti, rotini, rigatoni, ziti, rice, brown rice, pasta salad, macaroni salad * If pasta salad on the menu indicates a specific amount of veg is provided, this amount of vegetable must also be replaced
Vegetables (Starchy)	Potatoes, corn, green peas, lima beans, pinto beans, navy beans, northern beans, black-eyed peas, kidney beans, black beans, English peas, Potato salad, dried bean salads * Potato chips may not be used as a substitute
Vegetables (Vitamin A)	Carrots, greens, broccoli, spinach, and mixed vegetables
Vegetables (Other)	Green beans, cabbage, beets, etc. * any vitamin A cooked vegetable may also be substituted
Vegetables (Salads)	Lettuce salads, coleslaws, carrot salads, or other vegetable salads
Fruit Desserts	Fruit crisp, fruit cobblers, fruit pies, fruited gelled dessert * plain fruits, except juice, may also be used as a replacement item
Other Desserts (non-dairy)	Cookies, cake, brownies, bars, squares, etc. * Fruit does not provide sufficient calories to use as a substitute
Fruit	Any canned, fresh, or frozen fruit (4 oz 100% juice/serving)
Dairy	Milk, cheese, pudding

Chart has been approved by Contracted Food Services' Registered Dietitian (signature and dietitian number on file).

Implemented: 4/2017



TENNESSEE DEPARTMENT OF CORRECTION
DAILY MEAL COUNT

INSTITUTION: _____ DATE: _____

MEAL	STAFF	GUESTS	INMATES
BREAKSFAST			
LUNCH			
DINNER			
TOTAL			

Residents In transit (Chain Bus) _____

Signature of Food Service Manager or Designee

This form must be completed daily and submitted to the business office.



TENNESSEE DEPARTMENT OF CORRECTION
DAILY MEAL COUNT


INSTITUTION: _____ DATE: _____

MEAL	STAFF	GUESTS	INMATES
BREAKSFAST			
LUNCH			
DINNER			
TOTAL			

Residents In transit (Chain Bus) _____

Signature of Food Service Manager or Designee

This form must be completed daily and submitted to the business office.

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 116.07	Page 1 of 2
	Effective Date: August 15, 2020	
	Distribution: A	
	Supersedes: 116.07 (11/1/2017) PCN 18-29 (5/15/18)	
Approved by: Tony Parker		
Subject: EMERGENCY FOOD SERVICE PLAN		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish the procedure for providing minimal food service in an emergency.
- III. APPLICATION: To Deputy Commissioners, Assistant Commissioner of Operational Support, Assistant Commissioner of Prisons, Wardens/Superintendents, Superintendent of Tennessee Correction Academy, Correctional Administrators, Associate Wardens, Fiscal Directors, Deputy Superintendent, Warehouse Managers, Unit Managers, and food service contract vendor.
- IV. DEFINITIONS:
 - A. Level I Emergency: Loss of power, crippling snowstorm, adverse job action, inmate revolt or sit down (non-violent), or any nondestructive interruption of food service.
 - B. Level II Emergency: Extended loss of kitchen/dining facilities due to major fire, riot, or natural disaster.
 - C. Utility Contingency Menu: A 72-hour shelf stable menu that is utilized during a Level I emergency. The menu items are to be stored at the warehouse of the respective institution that is impacted. The menu items shall be adequate in amount for total inmate population, staff and contract staff.
- V. POLICY: All institutions shall include, as part of their written contingency plans, a plan for maintaining food service operations during emergency conditions. (See Policy #506.20)
- VI. PROCEDURES:
 - A. The institutional food service emergency plan shall include:
 1. Level I Emergency
 - a. The contract food services vendor's contingency plans for Level 1 emergencies shall be maintained in the facility's *Emergency Operational Manual* in the Warden's/Superintendent's Office.
 - b. The contractor shall always maintain a 72-hour shelf stable ready to eat contingency menu in inventory in the warehouse for maximum population counts and staff, including contract staff. The contract vendor shall provide potable water to reconstitute beverages planned on the contingency menu.

Subject: EMERGENCY FOOD SERVICE PLAN

- c. The contract vendor shall endeavor to provide the regular menu on time unless this becomes absolutely impossible. The contract vendor shall have several safeguards built into their contingency plan to ensure continuity. The shift commander shall be advised if the scheduled mealtimes need to be modified so that the institutional staff may adjust at the first notice of a problem.
- d. The three-day contingency menu shall be ready to eat, requiring no preparation or cooking before being fed to the inmates/residents and staff. The contingency stock will be rotated and replaced every 12 months or upon earliest expiration date of the shelf stable stock. These items shall be incorporated into the Standardized Heart Healthy Menu appropriately to the emergency at hand.

2. Level II Emergency

- a. The contract vendor's correctional food services plans for a Level 2 emergency shall be maintained in the facility's *Emergency Operational Manual* in the Warden's/Superintendent's office. A seven-day emergency menu and identification of neighboring institutions will be provided by the food service contract vendor for the Emergency Operations Plan utilizing the contract vendor's emergency procedures.
 - b. The contract vendor shall contact their parent company for support, equipment, and alternative preparation sites, if needed.
 - c. A method of providing food service for the time period required to restore service to the affected institution shall be identified. Communication shall be made within one hour after TDOC determines that the contract vendor needs more assistance. The vendor shall notify TDOC Central Office Food Service, Warden/Superintendent, and fiscal director at the site when and how the parent company was notified, who was contacted, what the response was, and what the time frame for a completed response will be.
- B. The contract food service vendor shall consult their parent company to request reserve managers, a written emergency response plan, and/or consultants who are trained to respond to any event that may arise. All plans shall be submitted to the Deputy Commissioner(s)/designee(s) within seven working days of the initial request.
- C. Emergency Supply List for Food Service according to the contract vendor's emergency contingency plans: The contract vendor shall maintain a three-day supply of paper products at each institutional warehouse at all times. A ten-day supply of paper products shall be maintained by the food service contract vendor at each of its regional distribution centers.

VII. ACA STANDARDS: 5-ACI-3B-14(M).

VIII. EXPIRATION DATE: August 15, 2023.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 116.08

Page 1 of 6

Effective Date: September 30, 2019

Distribution: A

Supersedes: 116.08 (9/30/16)
PCN 17-53 (9/1/17)
PCN 17-21 (3/1/17)

Approved by: Tony Parker

Subject: RELIGIOUS DIET PROGRAM

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, the Religious Land Use and Institutionalized Persons Act, 42 U.S.C. 2000cc, et seq.
- II. PURPOSE: To establish procedures for the Tennessee Department of Correction (TDOC) facilities to provide religious diet requirements to inmates while maintaining the safety, security, and order of each institution.
- III. APPLICATION: Wardens, Superintendents, Fiscal Directors, Contract Food Services Director, Director of Religious Services, Tennessee Department of Correction (TDOC) Food Service staff, food services contract vendor, Warehouse Supervisors, Chaplains, inmates, Unit Management staff, and Counselors.
- IV. DEFINITIONS:
 - A. Chaplain: A staff member who is an ordained or endorsed minister in his/her faith group and who remains in good standing and meets the requirements established by the Department of Human Resources for employment as a chaplain. This individual is responsible for providing pastoral care and religious leadership within an institution.
 - B. Inmate Religious Diet Program: A program in which inmates can apply to obtain religious dietary items to comply with their religious tenets.
 - C. Religious Activities Committee: A group established by the Director of Religious Services with approval of the Commissioner responsible for review and approval of religious accommodation requests.
 - D. Religious Advisor: Individuals of various faith groups that partner with TDOC to provide religious diet consultation and approval of procurement services, receiving, storing, preparation, serving process and menus offered by TDOC.
 - E. Religious Diet: Specific foods and/or food preparation techniques that satisfy religious dietary requirements.
- V. POLICY: The Department shall provide opportunities for inmates to voluntarily practice their religious diet needs during incarceration.
- VI. PROCEDURES:
 - A. Religious diet requirements shall be met as follows:
 1. Religious dietary needs not addressed by the vegan or vegetarian menu shall be addressed as provided in Section VI.(B) below. Religious dietary needs addressed by the vegan or vegetarian diet shall be addressed as provided in Policy #116.01.

Effective Date: September 30, 2019	Index # 116.08	Page 2 of 6
Subject: RELIGIOUS DIET PROGRAM		

2. Kosher, Halal, and House of Yahweh meals shall be provided in accordance with the religious diet menu developed by the contract vendor dietician. The menu shall be reviewed by the contract vendor food services director and approved by the TDOC Director of Food Service or designee TDOC may consult a qualified religious advisor to ensure adherence to religious requirements.
3. All food items for religious-related events, including holiday or religious education program parties shall be provided in accordance with Policy #118.01, Religious Programs.

B. Religious Dietary Requirements Outside the Routine Menu:

1. Request Process: Inmates who are members of faith groups with religious diet tenets may request approval to participate in the Inmate Religious Diet Program when their religious dietary needs cannot otherwise be met with dietary alternatives provided within the Standardized Menu. Such request must be submitted to the Chaplain in writing and articulate the specific religious motivation for participation in the program.
2. Approval Process:
 - a. Upon receiving an inmate's request to participate in the Inmate Religious Diet Program, the Chaplain may interview the inmate to obtain additional information to ascertain the inmate's faith. The inmate shall also be required to complete the Request for Religious Diet Program Participation and Agreement, CR-3814. Within ten days of receipt, the Chaplain will forward a copy of the request with his/her recommendations to the Warden/Superintendent for his/her approval or disapproval.
 - b. If the Warden/Superintendent approves the request, the Director of Religious Services shall be informed of the decision and the information will be provided to the Food Service Manager at the facility. If the Warden/Superintendent disapproves, the request shall be sent to the Director of Religious Services. Within 30 days, the Warden/Superintendent and the Director of Religious Services shall work together to agree on the approval or disapproval of the request.
 - c. If the Warden/Superintendent and Director of Religious Services do not agree on the disposition of the request, the Director of Religious Services shall submit the request to the Religious Activities Committee to be approved or disapproved in the same manner as a request for group accommodations. The Chaplain shall notify the inmate of the decision regarding the request.
 - d. Any inmate who has been ordered a specific therapeutic diet is responsible for informing the ordering physician of the inmate's religious diet requirements. Efforts shall be made to coordinate with Food Service to resolve any diet conflicts.

Effective Date: September 30, 2019	Index # 116.08	Page 3 of 6
Subject: RELIGIOUS DIET PROGRAMS AND FEASTS		

3. Documentation

- a. Upon inmate transfer to another facility, the person doing orientation shall inquire whether the inmate has a current approved Religious Diet. Verification will be made by checking the inmate file and contacting the sending facility. Notification will be made to the food services manager/designee by telephone immediately and a copy will be forwarded to the food service manager and Chaplain of the receiving facility. If there is a question as to whether the diet is approved, the inmate will be given the religious diet meal until the verification of the religious diet approval from the sending facility can be made by the receiving facility staff.
- b. The completed request for Request for Religious Diet Program Participation and Agreement, CR-3814, shall be placed in the inmate's institutional record. A copy shall be retained by the Chaplain and a copy forwarded to the contract food service director and the Warden/Superintendent. To participate in the Religious Diet Program, an inmate must sign a new CR-3814 whenever the form is revised. Failure to do so within 30 days of a revision will result in termination from the program until the current form is signed. The Chaplain is responsible for notifying participants when a new form must be signed

4. Termination, Suspension, and/or Reinstatement to/from the Inmate Religious Diet Program

- a. An inmate may request that their religious diet be cancelled. The request shall be in writing, using the Religious Diet Cancellation Request, CR-3813, and will be effective immediately. Upon approval of the CR-3813 by the Chaplain, the Chaplain shall notify food service staff immediately by phone. A copy of the approved CR-3813 shall be given to the Warden/Superintendent, Institutional Contract Director, the inmate and the inmate's Unit Management team for inclusion in his institutional file. The Chaplain shall retain the original for his/her files.
- b. Inmates wishing to engage in personal religious fasts must provide written notice of the starting time and date, the intended duration of the fast, and the ending time and date to the correctional facility chaplain and contract food services director at least seven calendar days in advance of the fast.
- c. In order to preserve the integrity and orderly operation of the Inmate Religious Diet Program and to prevent fraud, inmates who withdraw may not be immediately reinstated back into the program. The process of reapproving a religious diet for an inmate who voluntarily withdraws may extend up to 30 days. Repeated withdrawals, however, may result in inmates being subjected to a waiting period of up 90 days, unless a change of religious affiliation is approved per Policy #118.01.
- d. If an inmate is found in violation of the religious diet agreement the Warden/Superintendent has discretion to suspend and/or terminate the inmate from the program. The first violation shall result in a suspension from the program. Repeated violations may result in termination from the program.

Subject: RELIGIOUS DIET PROGRAMS AND FEASTS

- e. If an inmate is found in violation of the religious meal guidelines provided by Central Office, the inmate will not be allowed to participate in the feast meal.

C. Food Service Operations

1. Food services staff shall prepare and serve approved religious diets.
2. Kosher menu diets shall be stored in designated locked microwave cage in the main kitchen of each facility.
3. The Kosher microwave cage shall contain the following:
 - a. Approved Kosher pre-boxed meals, stockpot, lid, measuring cup, and serving ladle for lunch and dinner daily services
 - b. Disposable tray and disposable silverware
 - c. Inmate name and inmate number will be written on their disposable tray
 - d. Cage shall be clearly marked, "This cage is for religious dietary items only"
4. Pre-packaged bulk meals shall be stored in secured, locked dry storage area when received in the kitchen.
5. Halal meals shall be prepared according to religious practices to include not preparing meals with pork or with alcohol. Surfaces shall be cleaned and sanitized appropriately to avoid cross-contamination.
6. Food service staff and inmates that prepare and/or serve religious diets shall be appropriately trained in the preparation, handling, and delivery of meals. The Food Service Department is not required to purchase or use separate equipment or utensils for the preparation and service of religious meals other than the designated microwave and religious diet cage.
7. The contract vendor food service director shall keep a monthly log of the type and number of the religious diets ordered and served as outlined in Policy #116.01, Menu Planning, by providing a sign-in sheet for each meal to verify that the inmate has picked up his/her religious diet with the exception of the segregated units, infirmary inmates, and Health Center (DSNF) This information will be forwarded to the Chaplain and the institutional fiscal director.

D. Religious/Holiday Meals

1. If the religious meal is not covered by the holiday menu, such as Rastafari, Native Americans, Feast of Tabernacle, and other religious groups' requests, the Chaplain shall initiate the process and determine the number of inmates requesting participation at least 60 days in advance. The contract food service vendor shall provide any food for the meal if available. Only TDOC certified volunteers may provide additional foods with the approval of the Warden/Superintendent. (Refer to Policies #115.01 and #118.01. Special meals shall be listed separately on an institutional invoice.

Effective Date: September 30, 2019	Index # 116.08	Page 5 of 6
Subject: RELIGIOUS DIET PROGRAMS AND FEASTS		

Such meals can only be provided by approval of the Assistant Commissioner of Prison/designee.

2. TDOC will serve a special meal through food service provided to all population for the following:
 - a. Christian (Christmas and Easter)
 - b. Muslim (Eid al-Fitr and Eid al-Adha)
3. Inmates who are part of other religious groups are also permitted to participate in a maximum of two holiday meals per year that can be requested in accordance with Policy #118.01 regarding group requests.

VII. ACA STANDARDS: 4-ACRS-4A-03.

VIII. EXPIRATION DATE: September 30, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION
REQUEST FOR RELIGIOUS DIET PROGRAM PARTICIPATION AND AGREEMENT**

INSTITUTION

I, _____, _____
INMATE NAME (PLEASE PRINT) TDOC ID

would like to participate in the Religious Diet Program. I understand that in order for me to be served a religious diet, special foods may have to be procured for me, and special preparation practices must be used. Therefore, I agree to abide by the following conditions:

1. I understand that if I voluntarily request that my religious diet be cancelled, I must do so in writing (*Religious Diet Cancellation Request - CR3813*) and I must wait for a period of thirty (30) days before requesting that my diet be reinstated or requesting a new religious diet.
2. I understand that repeated requests for withdrawals or changes may result in a waiting period of up to ninety (90) days.
3. During meals I will eat and possess on my food tray only those food items served as a part of the Religious Diet Program.
4. I will not purchase, possess, or consume any food items that are not permitted under my religious diet.
5. I will not eat foods from the general facility diet that are in conflict with my religious diet.
6. I will follow all facility policies for dining in my facility.
7. I will not provide any portions of my specially-prepared meal to other inmates.
8. I will not collect religious food items (or unauthorized amounts of Commissary items) in my cell/room.
9. If I am found in violation of this agreement I understand that I am subject to suspension and/or termination.
10. I understand that if I am suspended from the program it is my responsibility to notify the Chaplain of my desire to be reinstated.
11. If I am terminated for any violation of this agreement, I understand I may not reapply for the program for ninety (90) days.
12. I understand that failure to pick up my religious diet meal may result in the cost being deducted from my inmate trust account. **Repeated failures to pick up my religious diet may result in suspension and/or termination from the program.**

By my signature below, I acknowledge that I have read and/or discussed, with a staff person, the contents of this agreement. I further agree that if permitted to participate in the Religious Diet Program *I will abide by the conditions of participation set forth above in this agreement.*

INMATE SIGNATURE DATE

APPROVED: **DISAPPROVED:** **TYPE OF DIET:** _____

CHAPLAIN PRINTED NAME

CHAPLAIN SIGNATURE DATE

APPROVED: **DISAPPROVED:**

WARDEN/SUPERINTENDENT SIGNATURE DATE

REASON FOR DISAPPROVAL INMATE SIGNATURE

Original: Inmate File

Copy: Food Service Director

Warden/Superintendent Chaplain



**TENNESSEE DEPARTMENT OF CORRECTION
RELIGIOUS DIET CANCELLATION REQUEST**

INSTITUTION

I, _____
Inmate Name (*Printed*) TDOC ID _____

request that my religious diet be cancelled immediately. I understand that I must apply for readmission to the program, and readmission may not occur for up to thirty (30) days. I understand that repeated withdrawals may result in a waiting period for up to ninety (90) days for readmission unless a change of religious affiliation is approved.

Inmate Signature

Date

Chaplain Signature

Date



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 116.11

Page 1 of 3

Effective Date: May 15, 2020

Distribution: A

Supersedes: 116.11 (6/15/17)

Approved by: Tony Parker

Subject: INMATE LABOR IN FOOD SERVICES

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish specific guidelines for the use of inmate labor in food services of the Tennessee Department of Correction (TDOC).
- III. APPLICATION: Wardens, Superintendents, Associate Wardens, Deputy Superintendents, Fiscal Directors, contract Food Service Directors, Food Service Staff, Unit Managers, Housing Guild Officers (where applicable), Inmate Jobs Coordinators, and inmates.
- IV. DEFINITIONS: None.
- V. POLICY: The TDOC shall establish and maintain standards in utilizing inmates in contract food service positions.
- VI. PROCEDURES:
 - A. The number of inmates assigned to the food service department shall be determined by the Inmate Job Coordinator and contract food service director and approved by the Warden/Superintendent. An inmate schedule shall be developed by the contract food service director. Positions must be approved and allotted by the Central Office Inmate Programs Manager.
 - B. The contract food service director shall be responsible for maintaining documentation for each inmate that states the inmate's approved job, the job description, and shall be signed by the inmate. Each inmate shall receive a copy of the job description. An inmate shall receive necessary training to include the use of food service equipment and safety procedures for the job when he/she initially reports to work in accordance with Policy #505.07. The contract food service director shall be responsible for maintaining current and complete training files for each inmate worker.
 - C. The contract food service director or designee shall visually check individual food service workers daily for any sign of communicable diseases, open wounds, sores, and respiratory infections. The contract food service director or designee shall maintain daily documentation of approved inmate workers. Food service workers shall wear a clean uniform, including a hair restraint and beard guards and single use gloves when deemed necessary by the contract food service director. (See Policy #504.05) The contract food service vendor shall provide transparent, food grade approved gloves for food service. The Warden/Superintendent may give written approval for the use of nontransparent gloves.

Subject: INMATE LABOR IN FOOD SERVICES

- D. All inmates assigned to food service shall eat their meals in the dining room. Inmates assigned to the staff dining room may be allowed to eat in that area. Inmates shall eat the same meal being served to the general population and shall not be permitted to prepare special dishes or items for their own consumption, except as part of a food service vocational program. No eating shall be allowed between meal times. Beverages shall be allowed only in the dining room or designated break area.
- E. Any inmate injury shall be documented on the Accident/Injury/Traumatic Injury Report, CR-2592, and on the offender management system (OMS) Health Services Screen "Accident", LHSB. (See Policy #113.53) Life threatening injuries shall be reported in accordance with Policy #103.02.
- F. The contract food service director is responsible for ensuring accurate attendance hours for the inmate workers are entered in OMS in accordance with Policy #504.04.
- VII. ACA STANDARDS: 4-4322, ACRS-4A-04-1, ACRS-4A-04, and 4-4321.
- VIII. EXPIRATION DATE: May 15, 2023.



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION/DISTRICT/LOCATION

EMPLOYEE NUMBER: TDOC ID:

Name: Last First Middle Number: Date of Birth:

Employee Inmate Visitor Other

Location (of occurrence) Date (of occurrence) Time (of occurrence)

Type of Injury / Incident: Work-related Sports Violence Use of Force Other:

Weapon, Property, Equipment, Machinery Involvement (Specify):

Subject's Version (how situation occurred):

Signature of Subject

Witness' Version:

Printed Name of Witness

Signature of Witness

Health Service Provider's Report

Subjective:

Objective:

Assessment:

Plan:

Date of Treatment

Time

Signature of Health Service Provider

Disposition: Treated by Institutional Health Service Staff

Transported to Community Facility for Outpatient Care:

Facility

Transported to Community Hospital for Inpatient Care:

Hospital

Other, explain:

Did death result?

Yes

No

Relatives notified:

Yes

No

Workers Compensation Claim #:



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 117.03

Page 1 of 18

Effective Date: June 1, 2019

Distribution: A

Supersedes: 117.03 (6/1/13)
117.04 (9/1/14)

Approved by: Tony Parker

Subject: CAREER AND TECHNICAL EDUCATION

- I. AUTHORITY: TCA 4-3-601, TCA 4-3-603, TCA 4-3-606, TCA 4-6-143, TCA 40-28-127, TCA 40-35-505, TCA 41-21-236, 41-22-118, TCA 62-3-110, Tennessee Administrative Compilation 0520-1-1 through 0520-1-10, Rules, Regulations, and Minimum Standards for the Governance of Public Schools in the State of Tennessee.
- II. PURPOSE: To establish guidelines for career and technical education (CTE) training programs within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To staff and inmates of TDOC, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Academic Program: The curriculum or courses of study which deal with general or liberal topics at any grade or learning level below post-secondary.
 - B. Accredited Training Sponsor (ATS): The status an agency receives after approval by the National Center for Construction Education and Research (NCCER) as having an accredited training program for inmates.
 - C. ATS Designee: A principal/designee who has successfully completed the required modules of the Instructor Certification Training Program (ICTP).
 - D. Automated National Registry (ANR): The NCCER database containing training records and credentials for individuals who have successfully completed NCCER accredited craft/technical training, safety management education, master trainer education and instructor training.
 - E. Career and Technical Education Certificate: A Tennessee Department of Education (TDOE) certification awarded to an individual who has successfully completed the entire cluster under career and technical education programs.
 - F. Career Management for Success (CMS): A 360 hour program that emphasizes basic practical skills and knowledge needed for an inmate's employment success upon release.
 - G. Competency Profile: A list of standards that are approved by the TDOE and utilized to determine a student's mastery of a performance standard in a specific CTE program.
 - H. Educational Good Time Credit: Sentence reduction credits awarded to qualifying inmates who successfully receive a general equivalency diploma/high school equivalency diploma, a two or four year college degree, a two or four year certification in applied sciences, or who receive a career and technical education (CTE) certification as provided and defined by the Department.

Effective Date: June 1, 2019	Index # 117.03	Page 2 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

- I. High School Equivalency Diploma (HSE): A diploma that is issued upon passing the high school equivalency exam.
- J. Institutional Probation and Parole Officer (IPPO): A TDOC employee who serves as liaison between the institution, the Board, and TDOC Community Supervision.
- K. Instructor Certification Training Program (ICTP): An NCCER training program for instructor certification.
- L. Job Cluster: A group of CTE programs that comprises a particular job as defined by the Tennessee Department of Education.
- M. Journey-level: A fully qualified skilled trade or crafts worker, generally having mastered a trade by completing a formal apprenticeship program.
- N. Licensing Board: A group of individuals, mandated by statute, to oversee the licensing procedures and policies for a particular profession.
- O. Master Trainer: An individual certified in accordance with NCCER'S Master Trainer Instructor Certification Training Program (MTICTP).
- P. Module: The smallest instructional unit in the NCCER curriculum that can be completed and recognized under NCCER's standardized training program.
- Q. National Center for Construction Education and Research (NCCER): A not-for-profit education foundation in partnership with construction contractors and industry associations to standardize the assessment and certification process for the construction and maintenance industries.
- R. National Fire Protection Association Life Safety Code: Source used to learn strategies to protect people based on building construction, protection, and occupancy features that minimize the effects of fire and related hazards.
- S. NCCER Instructor Evaluation Form - Sponsor: Form completed by the ATS upon completion of an annual compliance audit of a TDOC NCCER-accredited training site.
- T. NCCER Training report Form (form 200): Form to be completed by NCCER Certified Craft Instructors to report craft training module completion.
- U. Regular High School Diploma: The document awarded by an accredited school system upon the successful completion of the 12th grade.
- V. Special Education Diploma: The document awarded by an accredited school system to disabled students upon the successful completion of an IEP through grade 12.
- W. Sponsor Representative: The primary liaison between an accredited training sponsor and NCCER.

Subject: CAREER AND TECHNICAL EDUCATION

V. POLICY: Career and Technical Education (CTE) programs shall be made available in designated institutions to provide inmates with basic skills training.

VI. PROCEDURES:

A. CTE Programs:

1. The provision of CTE programs shall be administered to meet the needs of the inmate population and at the discretion of the Commissioner/designee.
2. Academic placement should be considered before CTE placement is approved for the following inmates:
 - a. Inmates who do not possess a regular high school diploma, high school equivalency diploma or special education diploma.
 - b. Inmates who do not possess the necessary academic skills, as defined and assessed by the instructor, to comprehend the material presented in the CTE program.
 - c. Inmates who lack the secondary school credits commensurate with the licensing board requirements for entering and obtaining a license in the CTE trade being proposed.
3. A student to instructor ratio of 20 to 1 should not be exceeded for all CTE programs with the exception of the "Success Program" CMS, which may have a maximum of 25 students. The size of the class must be in reasonable proportion to the equipment and tools accessible. Shop space, availability of equipment, the National Fire Protection Association Life Safety Code, and security considerations shall also be considered in determining the size of classes.
4. Students in CTE programs shall receive a minimum of one hour of classroom instruction for each three hours of practical training.
5. Inmates must be willing to attempt and to complete the work assigned and report to class at the appropriate time to remain in the CTE program.
6. Students shall be allowed to perform and practice the skills being taught. Specific CTE skills to be mastered in each program area shall be maintained and updated at least monthly, using competency profiles to reflect current progress.
7. Projects assigned to CTE programs shall correspond with the standards listed in the course's competency profile.
8. CTE programs shall be coordinated with academic programs, when possible, to ensure relevancy to employment opportunities in the community job market. CTE programs being considered for implementation shall be reviewed and approved by the Superintendent of Education to ensure relevancy to potential job opportunities in the community.

Effective Date: June 1, 2019	Index # 117.03	Page 4 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

9. Upon completion of a CTE program, inmates shall be awarded a certificate from either the TDOE (ED 2713) or TDOC, depending upon the program completed. CTE completion requires meeting the minimum number of hours as shown on the job description and completion of all modules on the competency profile.
 - a. Successful course completion and eligibility for educational good time credit: A copy of the certificate and a completed competency profile shall be placed in the inmate's education file. The Principal/designee at the institution shall enter the course completion in the OMS and update information using the comment section to indicate that an inmate has successfully completed a CTE course program. Certificates will be maintained for a period of five years from the date of completion.
 - b. Unsuccessful course completion and/or ineligibility for educational good time credits: If the inmate has completed the course but was not successful, the Principal/designee at the institution shall enter the course completion in the OMS and update the information using the comment section to indicate that an inmate was unsuccessful and did not complete the CTE course program.
 - c. Any further requirements needed for licensure or practice of a CTE trade beyond the certificate of completion will be at the inmate's expense.
10. Inmates who meet the eligibility requirements set forth in Policy #505.01, Sentence Credits, and who successfully complete a job cluster qualify to receive the educational good time credit. Credit cannot be earned by completing a standalone program that is a part of the job cluster, such as construction core.

B. Career Management for Success (CMS):

1. **CMS Program:** Inmates who are within 24 months of release consideration, whose names appear on the automated eligibility list, and who have time to complete the class prior to their release date are eligible for placement. Inmates who have more than 24 months until release may be considered, provided there are positions available in the class. Class assignments are mandatory for individuals within 24 months of release unless there is a verifiable reason for not placing the individual in the class. The AWT/designee shall approve any such requests.
2. Priority will be given to inmates with parole grants who are required to complete the CMS Program.
3. Each program shall consist of 360 hours. Program design shall include but not be limited to a victim impact segment. Pre- and post-tests for victims' impact will be administered to all inmates in accordance with Policy #103.14.
 - a. Inmates must complete the work assigned and attend class as required to remain in the program. The maximum number of days an inmate can miss is three. This applies only to approved medical and/or court dates. Immediately following the conclusion of the class in session, there will be three make-up days for those who were absent due to approved medical and court-allotted dates.

Effective Date: June 1, 2019	Index # 117.03	Page 5 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

b. Specific skills to be mastered in each program area shall be maintained and updated regularly, using the Career Management for Success, CR-3768, to reflect current progress. Successful completion of the program requires 80 percent mastery of the course competencies with a minimum grade average of 80 percent.

4. CMS staff shall:

a. Recruit and maintain a roster of speakers (including victim impact speakers) and resource personnel from facility staff, as well as representatives of state and local government agencies and community resources, to serve as instructors and group facilitators in the CMS class and activities. With the approval of the Assistant Commissioner of Rehabilitative Services or designee, former inmates may be considered as speakers.

b. Include any other discussions, lectures, activities and other group participation events, which may be necessary to increase inmates' chances for success in reintegrating into society and retaining employment.

c. Coordinate services with the IPPO for inmates granted parole with a BOP mandate. This mandate may come in the form of either conditional release upon completion of CMS or an educational condition to complete CMS.

d. Notify the IPPO of the program status of each inmate mandated by BOP to complete the program.

e. Implement activities which include, but are not limited to, the following:

- (1) An explanation/review of the goals of pre-release status.
- (2) Discussion of emotional expectations from family and friends which includes addressing marital and family relationships during the pre-release/post release period.
- (3) Explanation of aftercare programs regarding drug and alcohol use, discussion of halfway houses, drug and alcohol aftercare programs, and/or other assistance programs available to released inmates.
- (4) Discussion designed to explain the rules of parole and practices of the Board of Parole and its staff (The IPPO should be involved in this activity).
- (5) Discussion on problems and solutions for acquiring various licenses and legal documents following incarceration.
- (6) A review of programs available for self-referral to meet educational and career or technical needs.
- (7) Instructions on inmates applying for employment with a living wage, including techniques and steps for successful job search, job retention, instructions concerning the importance of personal appearance, manners, and grooming, especially as related to obtaining and retaining jobs.

Effective Date: June 1, 2019	Index # 117.03	Page 6 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

- (8) A discussion of good health and dental care, types of health care plans, insurance, and public assistance programs available, and how to apply for benefits during the immediate post-release period.
 - (9) A discussion of the need for effective personal budgeting including establishing and managing credit, opening bank accounts, etc.
 - (10) A discussion on suitable housing options (including halfway housing).
 - (11) An awareness of prejudices toward released inmates and guidance on acceptable ways of reacting to and dealing with prejudices.
 - (12) Discussion to provide an awareness of the requirements for registration of sex offenders with the Tennessee Bureau of Investigation Sex Offender Registry.
 - (13) A discussion on the Restoration of Citizenship and Voting Rights as mandated by public law.
 - (14) Information to promote an understanding of long term physical, mental, emotional, and social injury to victims resulting from the impact of crime. Lectures and activities should confront the inmates' decisions that created victims, taking responsibility for his/her actions, and provide an opportunity to learn how to make future choices that do not criminally or emotionally harm another.
 - (15) Any other discussions, lectures, activities and other group participation events, which may be necessary to increase inmates' chances of success upon reintegration into society.
- f. Ensure that each inmate receives an orientation concerning relevant post-release or parole issues prior to release.
 - g. Ensure that inmates are awarded certificates upon program completion. A copy of the certificate shall be placed in the school's record and the course completion entered in the OMS. Inmates who meet the eligibility requirements set forth in Policy #505.01, Sentence Credits, and who successfully complete the program may qualify to receive the educational good time credit. Certificates will be maintained for a period of five years from the date of completion.
 - h. Successful course completions shall be recorded on the school's Monthly Education Report, CR-3133.
- C. Program Area, Training Aids, and Equipment:
- 1. The Warden/Superintendent shall ensure appropriate classroom space is available for the CMS program.
 - 2. Training aids and equipment shall be provided for each classroom. Staff shall be provided with the appropriate equipment to facilitate the class.

Effective Date: June 1, 2019	Index # 117.03	Page 7 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

D. Victim Impact Overview:

1. Facilitators may provide additional chapters and information to the curriculum with written permission from the Victim Services Coordinator.
2. Facilitators will issue a Certification of Completion, CR-3916, to each individual after completion of the Post-Test.

E. Facilitator Training: Individuals facilitating a victim impact class will be trained prior to beginning the class. Facilitators shall:

1. Attend a state-wide training for trainers provided by the Victim Services Coordinator, or designee.
2. Facilitate one cycle of the class under the supervision of a trained facilitator.

F. National Center for Construction, Education, and Research (NCCER):

1. CTE instructors in the trade and industrial areas as defined by TDOE are responsible for maintaining trade and industry certification. NCCER certification shall be obtained within one year of hire date.
2. All instructors who teach an NCCER curriculum must be journey-level or technician-level in the craft they teach, or must have a minimum of three years of experience as a certified teacher in a CTE training program, and have completed the ICTP course.
3. NCCER instructors must teach at least one NCCER module every three years to maintain certification. A completed and signed NCCER Training Report Form (Form 200), which can be accessed at www.nccer.org, shall be placed in the instructor training file and a copy forwarded to the sponsor representative for submission to the NCCER Registry. The NCCER Instructor Certification Training Program (ICTP) may also be taken to maintain certification. Documentation of certification shall be maintained in the instructor training file.
4. As per NCCER Accreditation Guidelines and Program Compliance, the ATS Designee shall ensure that all testing mechanisms (written, web, online) are kept in a secured, locked location.
 - a. Only master trainers and certified instructors will have access to the module tests.
 - b. When a module test is to be administered, the original test will be used to make copies as needed and then placed back in a secured, locked location. All unused copies of a module test will be destroyed immediately by state approved method.
 - c. Each module test shall be graded by a certified instructor; the results shall then be submitted to the ATS Designee for review. The ATS Designee shall forward the test to the sponsor representative for entry into the ANR.
 - d. The scored module test shall be kept locked in a secure physical location or stored electronically in a centralized repository for five years.

Effective Date: June 1, 2019	Index # 117.03	Page 8 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

5. Documentation of the completed training, including Form 200s, end-of-module exams, and the performance profile task sheets shall be maintained in the inmate's NCCER file and educational file for at least five years.
6. The sponsor representative/designee shall conduct annual audits prior to July of each year in order to maintain compliance at each training site. The results of the audit shall be entered on the NCCER Instructor Evaluation Form-Sponsor, which can be accessed at www.nccer.org.
7. Training sessions will be monitored and the results maintained in each instructor's file.
8. Annually or upon completion of a cluster, inmates will be provided with Student's Instructor Evaluation, CR-4087, to complete. The evaluation form will be reviewed by the instructor and forwarded to the sponsor representative for review. Evaluations shall be saved in an area designated by the Superintendent of Education.
9. The sponsor representative shall review evaluations and provide feedback as necessary to instructors. All training must include documentation to verify successful completion of the training.
10. NCCER curriculum training for inmates will consist of the following tests:
 - a. A closed-book, written test with an achieved score of 70 percent or higher.
 - b. A performance (hands-on) test successfully completed to the satisfaction of the instructor using the criteria provided by NCCER in making his/her evaluation. (This is a pass/fail test)
11. If an inmate successfully passes the required tests, the ATS Designee shall update the information in the OMS. If only a core or Level 1 is completed, the degree should reflect "NOD" for No Degree and be entered under Highest Grade Completed to reflect ungraded. Once the cluster is completed, the entry should reflect "CTEC" for Career and Technical Educational Certificate. The hours and scores must be entered in the "Comment" section.
12. If the inmate failed to pass either of the required tests, the ATS Designee shall update the information in the OMS to reflect the reason the inmate failed to pass.
13. All applicable information, including the course, instructor, test scores, etc. must be reflected under the Comment tab.
 - a. The written test may be retaken after 48 hours if the assessment score is between 60 and 69. Performance retest can be taken immediately or at a time designated by the instructor/performance evaluator.
 - b. Should the inmate score 59 or lower, the waiting period is 30 days from the date of the initial assessment.
 - c. An inmate who has taken and failed the assessment two times must wait a minimum of 90 days before retesting.

Effective Date: June 1, 2019	Index # 117.03	Page 9 of 18
Subject: CAREER AND TECHNICAL EDUCATION		

d. An assessment may not be taken more than four times within a 12 month period.

14. All inmates will be required to complete and sign Registration and Release, CR-4097, authorizing the sponsor representative to verify completion of training and authorization to release information.

15. In the event an inmate has a complaint regarding the NCCER training program, facilities, instructor, or policies, the inmate should file a written statement describing the nature of the issue to the sponsor representative. The statement should include contact information (name, address, TDOC number, etc.) It must also be dated and signed by the inmate. The sponsor representative will review the statement and provide a response within 30 days.

VII. ACA STANDARDS: 5-5E-4428, 5-5E-4431, 5-5F-4442, 5-5F-4444, 5-7B-4464, 5-7B-4466, 5-7B-4467, 5-7B-4469, 5-7B-4470, 5-7B-4473, and 5-7B-4480.

VIII. EXPIRATION DATE: June 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY EDUCATION REPORT

+

Name of Institution _____ Year _____ Month _____

PROGRAM	TIME FRAME	ENROLLMENT TOTALS
ABE/HISET	Beginning of month	[]
	Added during month	[]
	Left program during month	[]
	End of month	[]
COLLEGE (Correspondence)	Beginning of month	[]
	Added during month	[]
	Left program during month	[]
	End of month	[]
COLLEGE Face-to-Face	Beginning of month	[]
	Added during month	[]
	Left program during month	[]
	End of month	[]
CTE	Beginning of month	[]
	Added during month	[]
	Left program during month	[]
	End of month	[]

Total cumulative served for current fiscal year (since July 1):

ABE/HISET	[]
COLLEGE	[]
CTE	[]

TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY EDUCATION REPORT

Name of Institution _____ Year _____ Month _____

HISET

Number taking test this month

Number passing test this month

HISET RECIPIENTS TO RECEIVE EDUCATIONAL GOOD TIME CREDITS

Name	TDOC Number	Name	TDOC Number

** Attach additional sheet to report if additional space is needed.*

CAREER AND TECHNICAL (CTE) INFORMATION

(CTE) Program Completed	# Completed

(CTE) Program Completed	# Completed

** Attach additional sheet to report if additional space is needed.*

CTE GRADUATES TO RECEIVE EDUCATIONAL GOOD TIME CREDITS

Name	TDOC Number	Name of Program	Completion Date

** Attach additional sheet to report if additional space is needed.*

CTE STUDENTS NOT COMPLETING DUE TO REASONS BELOW:

REASONS FOR NOT COMPLETING – (RELEASED, TRANSFERRED, CUSTODY LEVEL CHANGE, REFUSED TO PARTICIPATE, ETC)

Name	TDOC Number	Course	Reason for not completing

Note: Enclose a copy of the college degree. Only degrees from accredited schools will be accepted.

**COLLEGE
GRADUATES FROM ACCREDITED FACE-TO-FACE COLLEGES TO RECEIVE EDUCATIONAL GOOD TIME CREDITS**

Name	TDOC Number	College or University	Type of Degree	Completion Date

GRADUATES FROM ACCREDITED CORRESPONDENCE COLLEGES TO RECEIVE EDUCATIONAL GOOD TIME CREDITS

Name	TDOC Number	College or University	Type of Degree	Completion Date

TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY EDUCATION REPORT

Name of Institution _____ Year _____ Month _____

EMPLOYEES: **NOTE:** Enclose a copy of teaching license for all new instructors.

Name of "new" instructor:

Date Hired:

Career Ladder Status:

Name of instructor "leaving":

Last date on payroll:

STUDENTS AGE 20 AND UNDER INFORMATION

Record attendance this month of students in academic and career and technical programs who are 20 years old or younger and do not have a high school equivalency diploma. Count as a full day students that are in classes three (3) hours or more. Students counted must be in class at least 15 hours per week and documentation giving their names must be maintained on file. Students must be present to be counted—**NO EXCUSED ABSENCES.**

DATE												
TOTAL ENROLLMENT												
TOTAL ATTENDANCE												

DATE												
TOTAL ENROLLMENT												
TOTAL ATTENDANCE												



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Learning Expectations

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Mastery Non-Mastery

STANDARD 1.0: Students will display attitudes necessary for achieving personal and academic success.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
1.1	Examine learning styles and adapt learning strategies to their identified styles.		
1.2	Prioritize and manage personal and academic activities using time management strategies.		
1.3	Use advanced study skills.		
1.4	Diagram steps required to achieve identified short and long-term goals.		
1.5	Generate personal strategies for managing stress.		
1.6	Model attitudes conducive to personal success.		
1.7	Examine your personality; your self image; your basic needs; mental health needs; self-maintenance resources required for success; and assessing and repairing relationships.		

STANDARD 2.0: Students will demonstrate attitudes, skills, and strategies necessary for achieving workplace success.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
2.1	Analyze the role of values and ethics in career and workplace.		
2.2	Correlate lifestyle requirements with career decisions.		
2.3	Assess implications of diversity for communities and workplaces.		
2.4	Infer relationships between work ethics and organizational and personal job success.		
2.5	Demonstrate attitudes conducive to workplace success.		



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Learning Expectations

		Mastery	Non-Mastery
2.6	Assess documents necessary for a successful reentry into the community such as driver's license, birth certificate, social security cards, etc.		
2.7	Recognize how thoughts, feelings and attitudes lead to predictable patterns of behavior, practice "Objective detachment" in observing and describing thoughts, feelings and attitudes, and understand the three steps of Cognitive Self Change.		
2.8	Learn how to identify and use Thinking Reports to observe and monitor their behaviors. To be able to report their thoughts, feelings and attitudes. To identify the thoughts, feelings and attitudes that lead to trouble, describing the high and low risk of the behavior that would lead them to trouble. Identify and practice new thinking, and feelings to avoid high/low risk behaviors by utilizing a brief report.		
2.9	Understand the importance of the social skill of Knowing Your Feelings and learn and perform the three steps of Knowing Your Feelings.		
2.10	Understand the importance of the social skill of Understanding the Feelings of Others and learn and be able to perform the five steps of Understanding the Feelings of Others.		
2.11	Understand the importance of the social skill of Responding to the Feelings of Others and learn and be able to perform the four steps of Responding to the Feelings of Others.		
2.12	Understand the importance of the social skill of Preparing for a Stressful Conversation and learn and be able to perform the four steps of Preparing for a Stressful Conversation.		
2.13	Understand the importance of the social skill Responding to Anger and learn and be able to perform the five steps of Responding to Anger.		
2.14	Understand the importance of the social skill Dealing with an Accusation and learn and be able to perform the four steps of Dealing with an Accusation.		
2.15	Understand community resources available to assist with employment, such as Tennessee Career Centers, Job Training and Partnership Act, Veteran's Programs, U.S. Department of Labor's Federal Bonding Program, Work Opportunity Tax Credit, etc.		
2.16	Understanding and accessing the types of insurance, such as health, car, homeowner's, renter's, long-term care, TennCare, disability, and life insurance.		
2.17	Understanding how to budget-the difference between "a need" and "a want."		
2.18	Understanding the importance of your credit score and your rights under the Fair Credit Reporting Act.		
2.19	Understanding how to maintain a savings and/or checking account.		



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Learning Expectations

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Mastery Non-Mastery

STANDARD 3.0: Students will use teamwork skills to accomplish goals, solve problems, and manage conflict within groups.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
3.1	Analyze the role and functions of teams in the workplace.		
3.2	Perform the functions of various roles within a team.		
3.3	Use strategies to resolve or reduce conflicts within groups.		
3.4	Give and receive constructive criticism.		
3.5	Achieve solutions as members of a multicultural team.		
3.6	Understand the "Conflict Cycle" and describe a conflict situation.		
3.7	Understand the six (6) steps of problem solving and apply these steps.		
3.8	Identify specific thoughts, emotions and physical reactions as warning signs that you may be in a problem situation.		
3.9	Identify reasons to consider other people's thoughts and feelings in a problem situation and learn to observe situations to determine other's thoughts and feelings.		
3.10	Learn how to generate multiple alternative ways of thinking and ways of acting in problem situations and learn how to determine the probable consequences of the choices generated, both for yourself and others.		
3.11	Complete the "Structured Learning Skills Checklist," a structured instrument to assess skill strengths and weaknesses.		

STANDARD 4.0: Students will communicate effectively and comprehend oral and written communication.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
4.1	Demonstrate effective verbal communication.		
4.2	Demonstrate effective written communication in various business formats.		
4.3	Demonstrate listening skills and oral comprehension.		



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Learning Expectations

		Mastery	Non-Mastery
4.4	Demonstrate comprehension of written communication.		
4.5	Understand the importance of Active Listening in the group and in other social situations; learn and be able to perform the four steps of "Active Listening."		
4.6	Understand the importance of the social skill of Asking Questions and learn and be able to perform the five steps of Asking Questions.		
4.7	Understand the importance of the social skill Giving Feedback and learn and be able to perform the five steps of Giving Feedback.		

STANDARD 5.0: Students will demonstrate job-seeking skills and exhibit employability characteristics required for employability and job retention in the workplace.

Learning Expectations	Check the appropriate Mastery or Non-Mastery column	Mastery	Non-Mastery
5.1	Plan a job search strategy.		
5.2	Exhibit positive interview behavior.		
5.3	Create a portfolio that includes a Personal Goal Plan, Resume, and a Solution to Recidivism.		
5.4	Understanding the benefits of testing for a Career Readiness Certificates (CRC).		

STANDARD 6.0: Students will adapt to the requirements of specific business or industry employability and job retention in the workplace.

Learning Expectations	Check the appropriate Mastery or Non-Mastery column	Mastery	Non-Mastery
6.1	Model attitudes, actions, and behaviors required for successful performance on the job.		
6.2	Demonstrate an appropriate workplace appearance.		
6.3	Analyze the importance of a wellness program for employees.		



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Learning Expectations

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Mastery Non-Mastery

STANDARD 7.0: Students will demonstrate leadership, citizenship, and teamwork skills required for success in the school, community, and workplace.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
7.1	Cultivate positive leadership skills.		
7.2	Participate in a student organization directly related to their program of study as an integral part of classroom instruction.		
7.3	Assess situations and apply problem-solving and decision-making skills within the school, community, and workplace.		
7.4	Participate as team members. Group Activities		

STANDARD 8.0: Students will integrate multiple roles and responsibilities in family, work, and community settings.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
8.1	Analyze the contribution of the family to the development of its members individually, as family members, and as members of the community and workforce.		
8.2	Analyze strategies to manage multiple individual, family, work, and community roles and responsibilities.		
8.3	Demonstrate the transfer of employability and other related skills to workplace settings.		

STANDARD 9.0: Students will perform basic PC operations and file management using appropriate software.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
9.1	Demonstrate the ability to perform basic PC operations.		
9.2	Selects the appropriate software for a given problem or task.		
9.3	Perform file management tasks.		



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Learning Expectations

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Mastery Non-Mastery

STANDARD 10.0: Students will explore career opportunities and career paths offered in the local education system.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
10.1	Explain the titles, roles, and functions of individuals engaged in the career paths offered at their local high school.	NOT APPLICABLE	
10.2	Investigate employment and entrepreneurial opportunities.		
10.3	Evaluate personal characteristics required for working in the various career paths offered at their local high school. Chapter 4	PR	NOT APPLICABLE
10.4	Investigate post-secondary education, professional organizations, trade publications, and web sites appropriate for continuing education.		
10.5	Explain the titles, roles, and functions of individuals engaged in various career paths.		
10.6	Evaluate personal characteristics required for working in the various career paths.		

Standard 11.0 Students will perform safety examinations and maintain safety records.

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
11.1	Pass with 100% accuracy a written examination relating specifically to safety issues.		
11.2	Pass with 100% accuracy a performance examination relating specifically to tools and equipment.	NOT APPLICABLE	
11.3	Maintain a portfolio record of written safety examinations and equipment examinations for which the student has passed an operational checkout by the instructor.	NOT APPLICABLE	



School Year _____

Course: Career Management for Success
Education Course Code # 5701

Learning Expectations

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Mastery Non-Mastery

STANDARD 12.0 Students will be actively involved in a learning process that will help them in moving through the "stages of change." (Victim Impact Curriculum)

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	Mastery	Non-Mastery
12.1	Explain who is harmed when an offender commits a crime, ways people are harmed and what it means to be accountable for one's criminal thinking and behavior; define and explain primary and secondary victims.			
12.2	Demonstrate an understanding of the definition of culture; explain the difference between stereotype, prejudice, and discrimination; provide examples of hate crime and hate speech; analyze thoughts and feelings about being held accountable for a hate crime.			
12.3	Define and explain the impact of property crime on victims; provide examples of property crimes; analyze thoughts and feelings about being held accountable for property loss crimes; and apply knowledge of insurance to property losses.			
12.4	Demonstrate an understanding on how substance use and crime are related; provide examples of the ways substance use can impact victims; analyze the thoughts and feelings about being held accountable for substance use.			
12.5	Demonstrate an understanding of the definition of drunk and impaired driving; provide examples of drunk and impaired driving; describe current trends of drunk and impaired driving; analyze the impact of drunk and impaired driving on victims; analyze thoughts and feelings about being held accountable for drunk and impaired driving.			
12.6	Demonstrate an understanding of the definition of domestic violence; provide examples of domestic violence; describe current trends of domestic violence; analyze the impact of domestic violence on victims; analyze thoughts and feelings about being held accountable for domestic violence crimes.			
12.7	Demonstrate an understanding of the definition of child abuse and neglect; provide examples of child abuse and neglect; describe current trends of child abuse and neglect crimes; analyze the impact of child abuse and neglect on victims; analyze thoughts and feelings about being held accountable for child abuse and neglect crimes.			
12.8	Define and explain elder abuse; provide examples of elder abuse; discuss the environments where elder abuse takes place; analyze thoughts and feelings on being held accountable for elder abuse.			
12.9	Demonstrate an understanding of the definition of sexual assault; provide examples of sexual assault; describe current trends of sexual assault crimes; analyze the impact of sexual assault on victims; analyze thoughts and feelings about being held accountable for sexual assault crimes.			



School Year _____

Student:	Grade:
Teacher:	School:
Number of Competencies in Course:	
Number of Competencies Mastered:	
Percent of Competencies Mastered:	

Course: Career Management for Success
Education Course Code # 5701

Learning Expectations

Learning Expectations		Mastery	Non-Mastery
12.10	Demonstrate an understanding of the definition of homicide; provide examples of homicide; describe current trends of homicide crimes; analyze the impact of homicide on victims and survivors; analyze thoughts and feelings about being held accountable for homicide crimes.		
12.11	Demonstrate an understanding of forgiveness and who is forgiveness for; begin to explore ways to make amends.		
12.12	Demonstrate an increased awareness of the impact of crime on victims by administering pre and post test on victim impact at the beginning and end of the class.		

STANDARD 13.0 Students will understand parole requirements or expiration expectations

Learning Expectations		Check the appropriate Mastery or Non-Mastery column	
		Mastery	Non-Mastery
13.1	Understand steps necessary for a successful reentry into the community such as parole/probation requirements, restoration of voting rights and family reunification.		
13.2	Examine what types of housing is available in your release area; consider apartments, halfway houses, buying, leasing, and access to transportation.		
13.3	Understand an individual's legal rights and responsibilities.		
13.4	Understand estate planning and the benefits of a living will.		
13.5	Understand parole and technical violations.		
13.6	Understand the types of community resources available and how to access them.		



TENNESSEE DEPARTMENT OF CORRECTION
National Center for Construction Education and Research
NCCER Instructor Evaluation

(send original to Central Office's Supervisor of Career and Technical Education and maintain a copy in your files for 3 years)

Instructor: _____ Class _____ Facility: _____

CLASSROOM OBSERVATIONS	YES	NO	COMMENTS
Classroom in visitor-ready condition			
Class began on time			
Attendance properly monitored			
Instructor held a professional appearance			
Instructor conducted class in a professional manner			
Objectives of lesson stated			
Lessons logically arranged			
Instructor displayed knowledge of lesson/subject matter			
Instructor displayed proper rapport with trainees			
Trainees participated in lesson			
Classroom activity controlled			
Instructor displayed proper delivery of lesson/subject matter			
Instructor managed labs safely & efficiently			
Proper safety practices observed			
Lesson objectives reinforced			
Class ended on time			
TDOC USE ONLY:			
NCCER Registration & Release Form on file for each trainee (3yrs)			
Ensure the security and confidentiality of training related records			
Ensure the security of testing mechanisms under lock & key			
End of module exams & performance profiles are kept for 3 years			

NCCER Training (ATS) Designee _____

Signature: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION

REGISTRATION AND RELEASE

Instructions: Type or print legibly. Any inaccuracies on this form may be reflected on credentials. To be entered in NCCER's Registry, you must complete and sign this form. Records containing trainee/participant personal information, including but not limited to score reports, training prescriptions, and transcripts, cannot be distributed until this form has been completed

ATS/AAC Name*: _____

Name*: _____

Social Security #/NCCER Card #*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ E-mail*: _____

Optional Information:

Company/ School Name: _____

Company/ School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form, to the Sponsor Representative/ Primary Administrator upon request. I release and hold harmless NCCER for this verification process

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if individual is under 18 years of age)

*Required fields

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines.



TENNESSEE DEPARTMENT OF CORRECTION

Adult Education Student Registration

DISTRICT: _____

Enrollment Date: _____ S.S #: _____ Gender: Male Female

Name: _____
Last First Middle

Address: _____
Street

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____ Work Number: _____

D.O.B.: _____ Age: _____ Marital Status: S M D W SP

Number of Dependents Under Age 18: _____

Highest School Grade/Degree: _____ Where: US Other: _____

US Citizen: Yes No Veteran: Yes No

Have you been enrolled in an Adult Education class before? Yes No

If yes, where? _____

Emergency Contact: _____
Name Relationship Phone

Hispanic/Latino: Not Hispanic/Latino Hispanic/Latino
(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Race

- _ American Indian
- _ Alaska Native
- _ Asian
- _ Native Hawaiian
- _ Pacific Islander
- _ Black or African
- _ White

Public Assistance

- _ Food Stamps
- _ Family First
- _ Refugee Assistance
- _ Old Age Assistance
- _ Aid to the Blind
- _ SSI/SSDI
- _ Low Income
- _ Other
- _ None

Employment Status

- _ Employed: Company:
- _ Unemployed
- _ Not in Labor Force
- Student Is: (Mark all that apply)**
- _ Displaced Homemaker
- _ Single Parent
- _ Dislocated Worker
- _ In a Correctional Facility
- _ Homeless
- _ An Immigrant
- _ In other Institutional Settings
- _ In a Community Correctional Program
- NONE OF THE ABOVE

Other

- Lives in Rural Area:
 Yes No
- Has Documented Learning Disability:
 Yes No
If yes, what?

- Has Other Disability:
 Yes No
If yes, what?



TENNESSEE DEPARTMENT OF CORRECTION

Adult Education Student Registration

DISTRICT: _____

REQUIRED (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Obtain High School Equivalency Diploma | <input type="checkbox"/> Participation in Children's Education |
| <input type="checkbox"/> Enter Employment | <input type="checkbox"/> Increase Involvement in Children's Literacy Activities |
| <input type="checkbox"/> Retain Employment | <input type="checkbox"/> Increase Involvement in Community Activities |
| <input type="checkbox"/> Enter Post-Secondary Education or Job Training | <input type="checkbox"/> Leave Public Assistance |
| <input type="checkbox"/> None of the Above | <input type="checkbox"/> Obtain Citizenship Skills |
| <input type="checkbox"/> Register to Vote | |

Email Address: _____

Referred By: _____

Class Preference: _____ Day Class: _____ Night Class: _____

For Office Use Only

CASE ID #: _____ Class Number: _____ Class Level: _____

Instructor: _____ Class Location: _____

AE Assessment and Scores				IELC Assessment			
				DATE: _____			
CASAS TEST: _____				CASAS: _____		CACAS TEST: _____	
Reading Form: _____				Oral Screening Date: _____		Reading Form: _____	
SS		NRS Level		Speaking		NRS Level	
Math Form				Writing		NRS Level	
SS		NRS Level		FORM 27/28		SS	
				SS		NRS Level	
Test Level: _____				Test Level: _____		Test Level _____	

CERTIFICATE OF COMPLETION

This certificate is awarded to

in recognition of completing



TENNESSEE DEPARTMENT OF CORRECTION

Rehabilitative Services

Date

Program Facilitator



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 205.02

Page 1 of 9

Effective Date: August 1, 2020

Distribution: A

Supersedes: 205.02 (11/30/18)

Approved by: Tony Parker

Subject: CONTRACT MONITORING

- I. AUTHORITY: TCA 4-3-603 and TCA 41-24-109.
- II. PURPOSE: To establish procedures for the monitoring of Tennessee Department of Correction (TDOC) contracts to ensure that the requirements of the contracts are being met.
- III. APPLICATION: To TDOC employees and employees of entities under contract to provide services and programs to the TDOC.
- IV. DEFINITIONS:
 - A. Contract Monitoring Instrument: The document used by designated TDOC staff to measure, evaluate, and document contractor performance and compliance with the terms of designated contracts.
 - B. Essential Instrument Items: Actions or responsibilities of contractors indicated on the Contract Monitoring Instruments that have been determined to require 100% compliance.
 - C. Monitor: TDOC employee(s) authorized by the Commissioner to monitor performance of vendors under contract for the provision of services to the Department, including but not limited to Clinical Contract Monitors, Food Service Monitors, or Institutional Monitors etc.
 - D. Monitoring Report: Report issued by the Monitor to the contractor electronically detailing any finding of non-compliance with the terms of the contract or applicable policies, citing the contract/policy sections that have been violated, the details of the violation, and providing the contractor a space in which to respond.
 - E. Quarterly Compliance Reports (QCR): Reports by Monitors summarizing any new or unresolved findings, the contractor's response/corrective action, verification of corrective action, and TDOC Management comments.
 - F. Routine Instrument Items: Actions or responsibilities of contractors indicated on Contract Monitoring Instruments that may indicate that less than 100% compliance will not automatically result in issuance of a Non-Compliance Report and allowing the Monitor some discretion.
 - G. Sub-recipient Contracts: Contracts for the provision of services between the TDOC and vendors for which all or part of the funding originates with governmental entities outside of the TDOC.
- V. POLICY: Designated staff of the Department, under the guidance of the Inspector General, shall monitor the performance of all providers under contract that provide programs and services.

Effective Date: August 1, 2020	Index # 205.02	Page 2 of 9
Subject: CONTRACT MONITORING		

VI. PROCEDURES:

- A. The Commissioner/designee shall develop procedures and specific guidelines/instruments for use by designated staff in assessing contractor performance in the delivery of the services to ensure consistent and objective evaluations.
- B. All contracts shall be monitored according to the frequency specified in the contract or more often as indicated by the performance level of the individual contract. Sub-recipient contracts shall be monitored in accordance with the approved Sub-recipient Monitoring Plan. This plan shall be submitted annually for approval to the Department of General Services.
- C. The Inspector General/designee, appropriate Assistant Commissioner/designee, and Chief Medical Officer/designee (if applicable), shall determine which program contracts are to be monitored by the Monitors and the frequency of monitoring.
- D. The Director of Contracts Administration shall ensure that appropriate managers receive a complete copy of all contracts that affect their facility/operation/program. An instrument corresponding to a professional services contract shall be developed prior to the effective date of such contract. Additionally, an existing instrument shall be reviewed and, as may be necessary, changed when applicable TDOC policies or contracts are amended or changed. Contractors will be notified of changes to any instrument immediately.
- E. The Director of Contracts Administration shall ensure that the appropriate directors receive copies of contracts/revisions of contracts in a timely manner, including related documents (i.e., attachments, amendments, and contractor proposals if they are incorporated into the contracts).
- F. Central Office Program Directors shall ensure that the Inspector General/designee and Monitors receive copies of all documents clarifying or in any way pertaining to the contractor's provision of services required by any contract over which they have supervisory capacity or program authority.
- G. Contract Monitoring Instrument Development
 - 1. Instruments shall be developed with assistance from the Office of Inspector General (OIG) Compliance Section for use in evaluating contract compliance for community corrections sites and other contracts. Instruments for contracts shall be developed by the appropriate Director in consultation with the OIG Compliance Section and the Deputy Commissioner of Administration/General Counsel. The format and content of each instrument shall be the responsibility of the appropriate Director. All instruments shall be forwarded to the contractor prior to implementation.
 - 2. The applicable instruments shall be reviewed at least annually by the appropriate Central Office directors designated by the Assistant Commissioner of Prisons and Assistant Commissioner of Rehabilitative Services with assistance provided by the OIG Compliance Section. Assessment items on the instruments shall be indicated thereon as being either routine or essential. The determination as to which are essential and which are routine shall be made in consultation with the General Counsel, on the basis of importance and the degree of need for prompt action towards remediation (notice, response, corrective action, and verification).

Subject: CONTRACT MONITORING

3. Any revision proposed to an instrument as a result of review shall be made in consultation with the Deputy Commissioner of Administration/General Counsel. All revisions to the instruments will be forwarded to the contractor prior to implementation.
4. Instruments for use at community corrections sites operated by contractors and all other contract entities shall assess items for PREA and Title VI training requirements unless these requirements are monitored by compliance inspections or other monitoring activities.

H. Monitoring and Non-Compliance Findings

1. Contract monitoring shall be accomplished by the monitors utilizing the appropriate instruments. Visits shall be scheduled seven days in advance whenever possible or as indicated by the contract. The CA, Warden/Superintendent/designee, administrators, appropriate director, and Inspector General/designee will be advised of the dates of scheduled visits or changes to a previously established visit date.
2. Monitors shall discuss issues and major concerns that may lead to a finding of non-compliance with the administrator, director, Warden/Superintendent, or designee during their review and/or during an exit conference before the Monitor departs the site.
 - a. If the Monitor completes the review on site, a copy of the completed instruments will be given to the Administrator, Director, Warden/Superintendent or designee prior to leaving the site. The final report will be submitted within ten business days. The contractor has ten business days to respond to the final report with a plan of corrective action (POCA). Responses to the Monitor shall be presented to the appropriate executive and administrative staff.
 - b. If the Monitor cannot complete the review prior to leaving the site, he/she shall forward a brief written summary of issues and concerns to the administrator or Director, Warden/Superintendent or designee within five business days of returning from the field review. The contract staff will have three business days to respond to the Monitor before the Monitor prepares the final report. Upon issue of the final report, the contractor has ten business days to respond to the final report with a POCA. Responses to the Monitor shall be presented to the appropriate executive and administrative staff.
3. When non-compliance issues/concerns are first detected and these issues are not considered to reflect serious, dangerous, or systemic problems, the Monitor or CA/appropriate Director may choose to communicate these to the contractor without issuing a formal report. If the issue continues to be a problem or increases in significance, the item will be handled as specified for a routine instrument item.

Subject: CONTRACT MONITORING

4. Significant issues of a nature that threaten security or staff/inmate health/safety need not be associated with a specific instrument item. Such issues shall be documented on the most appropriate instrument in the last row entitled NIN (no item number). The Monitor shall consult with the CA/appropriate Director to determine which category (essential or routine) the finding should be considered for response/corrective action/verification purposes.
5. When the Monitor or CA/appropriate Director notes non-compliance issues/concerns on items listed on the instrument and the decision is made to report them, a final report will be prepared by the monitor.
 - a. The Contractor shall respond to non-compliant items. All responses should include a POCA. If a specific corrective action is accomplished during the time period between the site visit and the drafting of the written response, the response should include documentation to demonstrate that the finding has been addressed.
 - b. If the contractor does not concur with the final monitoring report and does not file a plan of corrective action, the non-compliance item(s) shall be reviewed by the Inspector General and appropriate Assistant Commissioner(s) as applicable for resolution. That determination shall be communicated to the contractor by the Monitor.
 - c. Corrective action/compliance shall be verified immediately upon receipt of the contractor's response, if appropriate, and recorded on the subsequent instrument. Continued monitoring shall be at the discretion of the CA and appropriate Directors.
 - d. A copy of each final monitoring report with response(s) shall be on file with the Monitor, Inspector General/designee, and CA/appropriate Director. The next instrument completed for that contract area shall reference any related findings and the responses generated during the monitoring period.
 - e. The Monitor shall compile a quarterly compliance report (QCR) for each monitoring period. The QCR and the related monitoring reports and responses shall be forwarded to the Inspector General/designee and CA/appropriate Director by the 10th business day of following the monitoring period.
 - (1) Issues noted on the QCR which are not resolved by the time the QCR is submitted shall be noted as "outstanding issues" and shall be included on each subsequent month's QCR until resolution is documented. Follow-up reviews of non-compliant issues shall be completed. For non-compliant items that require on-going corrective action plans, Monitors shall verify that the corrective action plans have been initiated during the monitor's next site visit and noted on the QCR. Repetitive issues may be reported directly to the Inspector General/designee and CA/appropriate Director for a more prompt review of the issue.

Subject: CONTRACT MONITORING

- (2) Unresolved findings of non-compliance shall be reviewed by the appropriate Director, and Inspector General. The unresolved findings shall be discussed with the appropriate Assistant Commissioner(s), Deputy Commissioners/designee, and contractor representatives. Directives for corrective action to be taken, a timeline for completion of corrective action, and contract enforcement action to be taken by TDOC, if any, may be issued to the contractor in the TDOC Management Comments section of the finalized QCR, and/or via memorandum from the Commissioner or other appropriate TDOC management.
 - (3) A copy of the finalized QCR and any directives shall be forwarded to the Deputy Commissioners, the appropriate Assistant Commissioner(s), the CA, appropriate Directors, and other applicable Central Office staff.
 - (a) The contractor shall respond to the Monitor and appropriate Director regarding any unresolved findings of non-compliance and corrective action required within ten business days of receipt of any such request, unless otherwise stipulated on the QCR.
 - (b) If concerns still exist upon receipt of the contractor's response, the CA, Inspector General, and appropriate Director in consultation with the General Counsel may assist the contractor with resolution.
6. The Monitors shall conduct a follow-up review for any item(s) found in non-compliance. This review shall be conducted at the discretion of the CA/appropriate director within 60-90 days of the initial finding. In addition, all items will be re-evaluated on the next instrument completed after the initial finding. The Inspector General/designee shall track all monitoring reports submitted with the QCR for purposes of determining if a breach of contract has occurred. [See VI.(I) below].
7. This process does not preclude the Monitor from addressing urgent issues directly to the contractor and TDOC administration, as appropriate.
8. The CA/appropriate Director may request Monitors to review specific contract requirements for special compliance inquiries.

I. Breach of Contract Process

1. Issues of breach for any contract shall be determined according to the provisions of the contract concerning breach of said contract, after review of the monitoring instrument indicating non-compliance, the notice of non-compliance given to vendor, the response of the vendor, and the adequacy of any corrective action plan indicated, as provided in Section VI.(H) above. The review shall be made by the Inspector General, the TDOC official having primary responsibility for the unit or division receiving the contract vendor's services, and TDOC General Counsel/designee.

Effective Date: August 1, 2020	Index # 205.02	Page 6 of 9
Subject: CONTRACT MONITORING		

2. If on the basis of such review it is determined that the contract vendor is in breach, the reviewers shall further determine which remedy or remedies available under the contract shall apply. The Inspector General shall be the Commissioner's designee for issuing notice of breach to any contractor.
3. Findings of non-compliance for essential instrument items on monitoring instruments may result in a determination that the contract has been breached regardless of the number of times the non-compliance has occurred. The Department may determine, based on the circumstances of the non-compliance, that the finding should result in either imposition of immediate liquidated damages or a cure period. The Inspector General shall notify the contractor in writing of the breach and prescribe the method for response and verification.
 - a. If determined that immediate liquidated damages are prescribed, liquidated damages shall be assessed beginning the day of the final report and shall be discontinued on the date of the contractor's response/notification of corrective action if the Monitor verifies that corrective action has cured/appears to cure the breach.
 - b. If the Inspector General, in consultation with the Deputy Commissioner of Administration/General Counsel, determines that the situation requires a cure period, the Monitor shall verify the contractor's corrective action by the end of the cure period and notify the CA, and appropriate Director of the results of the verification. If the corrective action is determined not to cure the breach, liquidated damages may be assessed beginning the day after the cure period until the breach is verified as cured.
 - c. Any subsequent non-compliance finding for the same essential item within 12 months may result in a notice of breach and immediate liquidated damages from the day of the breach until the day the Monitor determines that the breach has been cured.
4. The contractor's responses to all breach notifications shall be provided by the contractor on the initial monitoring report attached to the Letter of Notification. All contractor responses shall be provided in writing to the Monitor. The Monitor shall verify receipt and forward to the Inspector General/designee and CA/appropriate Director. The Monitor shall indicate the final disposition of the breach and corrective action taken by the contractor on the Quarterly Compliance Report (QCR).
5. The Monitor shall include a summary of the contractor's response to all Letters of Notification, as well as verification of corrective action, on the QCR.

J. Liquidated Damages Process

1. Any determination of liquidated damages shall be communicated (by the Commissioner) separately and in writing with copies to the Inspector General/designee, contractor, CA/appropriate Director, Deputy Commissioner of Administration/General Counsel, and Monitor.

Effective Date: August 1, 2020	Index # 205.02	Page 7 of 9
Subject: CONTRACT MONITORING		

2. The monetary damages shall be calculated by the Inspector General in consultation with Deputy Commissioner of Administration/General Counsel and forwarded to the Contractor, and appropriate director and executive staff.

K. Inspections, Audits, and Other Reviews

1. Each contract operation shall be subject to an inspection as specified in Policies #103.07 and #103.07.1. The Commissioner may also order that additional reviews occur at any time. Copies of all compliance inspection reports and the management responses addressing findings of non-compliance related to contract areas shall be provided to the Deputy Commissioners, Assistant Commissioners, appropriate Executive staff, administrators, directors, and the CMD.
2. The TDOC Investigations Unit of the Office of Investigations and Conduct (OIC) may perform investigations into contract issues at the direction of the Commissioner/designee.
3. Other specific area reviews may occur as directed by the Commissioner/designee.
4. Central Office Directors or other TDOC employees whose responsibilities include oversight of programs/procedures which contractors are required to provide shall advise Monitors, the CA, and appropriate Directors in writing of failure of contractors to provide required reports or specially requested materials/documents in a timely manner, as well as any other concerns that may arise concerning contractor performance in their area of responsibility.
5. Institutional contract program staff shall, upon notification, be required to sign in upon entering the facility and sign out upon exiting the facility on Contract Employee Sign-In Sheet, CR-3930, unless the contract specifies electronic time keeping.
 - a. The CR-3930 shall be initialed daily by checkpoint staff or other TDOC staff in a position to verify the contractor's presence.
 - b. On a monthly basis the Contract Employee Sign-In Sheet, CR-3930, will be reviewed and signed by the Associate Warden of Treatment/Deputy Superintendent/designee and submitted by the institutional contract program director as part of their monthly invoice.
 - c. For contracts requiring electronic time keeping the monthly reports will be submitted to the CA or appropriate Director for review prior to payment.
 - d. Central office TDOC staff responsible for approving invoices shall review and reconcile the Contract Employee Sign-In Sheet, CR-3930, for that month to the invoices submitted by the contractor prior to approving invoices for payment.
 - e. Payment of invoices for on-site performance of contract requirements will be dependent on all hours billed being verified by TDOC staff.

Effective Date: August 1, 2020	Index # 205.02	Page 8 of 9
Subject: CONTRACT MONITORING		

- L. By October 1st each year, the Inspector General/designee shall distribute a summary of recurring non-compliance issues that covers all four quarters of the prior years' monitoring.
 - M. Statewide General Services Contracts in use at any facility shall be monitored by the Warden/Superintendent/designee. If the provision of services is determined to be unsatisfactory, a vendor complaint should be filed in Edison according to established procedures. A copy of any vendor complaints shall be forwarded to the Director of Contracts Administration, the CMD, and a copy shall be retained in the Compliance Manager's office.
 - N. TDOC departmental contracts will be monitored as determined by the approved Sub-recipient Monitoring Plan.
 - O. Information received from outside agencies [i.e., State Fire Marshal inspections, Department of Health sanitation inspections, American Correctional Association (ACA), etc.] that may have a bearing on the assessment of a contractor's performance will be documented and referenced in any subsequent report concerning contractor performance.
- VII. ACA STANDARDS: 1-CO-1B-10.
- VIII. EXPIRATION DATE: August 1, 2023.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 302.05

Page 1 of 9

Effective Date: April 1, 2019

Distribution: A

Supersedes: 302.05 (8/15/14)

Approved by: Tony Parker

Subject: EMPLOYEE SEXUAL MISCONDUCT, WORKPLACE DISCRIMINATION, AND HARASSMENT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-16-402, TCA 41-21-241, Tennessee Department of Human Resources Policy 12-008.
- II. PURPOSE: To establish procedures in the Tennessee Department of Correction (TDOC) in order to prohibit employee sexual misconduct, sexual harassment, and workplace discrimination and harassment. It is the Department's policy to provide an environment free of discrimination and harassment of an individual because of that person's race, color, national origin, age (40 and over), sex, pregnancy, religion, creed, disability, genetic information, veteran's status or any other category protected by state and/or federal civil rights laws.
- III. APPLICATION: To all TDOC employees, volunteers, contract employees, vendors, and Tennessee Rehabilitative Initiative in Correction (TRICOR) employees.
- IV. DEFINITIONS:
 - A. Affirmative Action Officer: Employees, within the Employee Relations Division of Human Resources, designated with the responsibility of investigating discrimination/harassment complaints, as defined by Policy #302.05 in accordance with applicable state and federal laws and regulations.
 - B. Employee: For purposes of this policy only, an employee is considered to be any individual employed by the TDOC, any individual serving as a volunteer to the Department, or any contract employee or vendor providing professional services to the Department.
 - C. Equal Employment Opportunity Officer (EEOO): Individual in TDOC Human Resources division who is responsible for the complete oversight of the workplace harassment/equal employment complaints in accordance with applicable state and federal laws and regulations.
 - D. Hostile Work Environment: Occurs when a victim is subjected to comments based on race, color, national origin, age (40 and over), sex, pregnancy, religion, creed, disability, genetic information, veteran's status or any other category protected by state and/or federal civil rights laws. A hostile work environment may also be created by innuendoes, touching, electronic communications or other conduct.
 - E. Retaliation: Overt or covert acts of reprisal, interference, restraint, penalty, discrimination, intimidation, or harassment against a person or persons exercising their rights under this policy.

Effective Date: April 1, 2019	Index # 302.05	Page 2 of 9
Subject: EMPLOYEE SEXUAL MISCONDUCT, WORKPLACE DISCRIMINATION, AND HARASSMENT		

- F. Sexual Abuse: The subjection of another person to any sexual act or contact between an employee, volunteer, or agency representative by force, persuasion, inducement, or enticement.
 - G. Sexual Contact: The intentional touching of another individual or of the individual's intimate parts and/or clothing covering the individual for the purpose of sexual arousal or gratification.
 - H. Sexual Harassment: Any unwelcome or unsolicited sexual advances, requests for sexual favors, or other verbal, written, or physical conduct of a sexual nature by a manager, supervisor, co-worker, or non-employee (third party). Managerial sexual harassment occurs when a manager or a supervisor gives or withholds a work-related benefit in exchange for sexual favors from an employee or takes an adverse action against an employee for refusing a request for sexual favors. Threatening to take such actions may also be a violation of this policy.
 - I. Sexual Misconduct: Any unwanted behavior or act of a sexual nature directed towards any individual by an employee, volunteer, visitor, vendor or agency representative.
 - J. TDOC Administrator: Individuals with oversight capacity in the following positions: Assistant Commissioners, Deputy Commissioners, Correctional Administrators, Field Services Administrators, Wardens, and District Directors.
 - K. Workplace Discrimination and Harassment: Any unwelcome verbal, written, or physical conduct that degrades or shows hostility or aversion towards a person because of that person's race, color, national origin, age (over 40), sex, pregnancy, religion, creed, genetic information, veteran's status, or disability that has the purpose or effect of creating an intimidating, hostile, or offensive work environment; unreasonably interfering with an employee's work performance; or affects an employee's employment opportunities or compensation.
- V. POLICY: Sexual misconduct, sexual harassment, discrimination or workplace harassment by any employee is prohibited and will not be tolerated. Retaliation is prohibited and will not be tolerated. All reported complaints of sexual misconduct, sexual harassment, discrimination, workplace harassment, or retaliation will be promptly, fairly, and thoroughly investigated. When a violation of this policy is found to have occurred, appropriate corrective action will be taken.
- VI. PROCEDURES
- A. Employees are strongly encouraged to report any incidents of perceived sexual misconduct, sexual harassment, or workplace discrimination and harassment against them as soon as possible after the event occurs. All complaints will be handled in a timely manner and, to the extent permitted by law, the confidentiality of each party involved will be observed, provided it does not interfere with the Department's ability to investigate the allegations or to take corrective action.
 - 1. Employees may file a complaint with their department's Human Resources Director, the department head, their supervisor(s), or any individual designated by the Department to receive such reports. The TDOC staff person receiving the complaint shall document all information on the Intake and Referral Form which can be found at the end of this policy. The staff person completing this form on behalf of the complainant shall advise the complainant of the following:

Effective Date: April 1, 2019	Index # 302.05	Page 3 of 9
Subject: EMPLOYEE SEXUAL MISCONDUCT, WORKPLACE DISCRIMINATION, AND HARASSMENT		

- a. To the extent permitted by law, the Department will try to maintain the confidentiality of each party involved in a workplace harassment investigation, complaint or charge, provided it does not interfere with the department's ability to investigate the allegations or to take corrective action. However, state law may prevent the State from maintaining total confidentiality of investigations. Therefore, neither the State nor the Department guarantees confidentiality. Any documents that are made or received in the course of the investigation are public records under the State's Public Records Act, unless otherwise exempted by state law.
 - b. The State and TDOC policy concerning retaliation.
 - c. All information concerning the allegations shall be communicated only to those who are authorized to receive such information.
2. The Department's Equal Employment Opportunity Officer (EEOO) in Central Office is the central repository of all workplace harassment complaints. Under no circumstances is the individual alleging workplace harassment required to file a complaint with the alleged harasser. If an employee believes he/she cannot file a complaint within his/her agency, he/she should contact the Tennessee Department of Human Resources (DOHR), Equal Opportunity Division, Employee Relations Division, Tennessee Human Rights Commission (THRC) and/or U.S. Equal Employment Opportunity Commission (EEOC).
3. If a complaint involves the Assistant Commissioner, Deputy Commissioner, or the Commissioner, an employee may file the complaint directly with DOHR, Tennessee Human Rights Commission (THRC) and/or U.S. Equal Employment Opportunity Commission (EEOC).
4. Any TDOC staff receiving an official complaint shall immediately forward the complaint, within one working day to the Department's EEOO in Human Resources Employee Relations Division in Central Office.
5. Individuals who wish to file a complaint are encouraged to submit the complaint in writing and to include a description of the incident(s) as well as the date(s), time(s), place(s) and any witnesses where applicable. However, complaints may be submitted via any form of communication.
6. All TDOC Administrators shall interact with the charging employee in such a manner to remove any fear of restraint, interference, reprisal, or coercion as a result of an employee claiming sexual misconduct or harassment. Once informed of a complaint, the appropriate TDOC Administrator shall take immediate, appropriate action to separate affected parties during the investigative phase for sexual misconduct or sexual harassment complaints. For all other complaints, parties shall be separated at the discretion of the TDOC Administrator.
7. Employees witnessing or knowing of incidences of workplace discrimination and harassment must report the harassment as soon as possible after the event occurs. Failure to report is grounds for disciplinary action.

Effective Date: April 1, 2019	Index # 302.05	Page 4 of 9
Subject: EMPLOYEE SEXUAL MISCONDUCT, WORKPLACE DISCRIMINATION, AND HARASSMENT		

8. An employee who makes a complaint of sexual misconduct, sexual harassment, or workplace discrimination and harassment or provides information related to such complaints will be protected against retaliation. If retaliation occurs, the employee, applicant for employment, or third party should report the retaliation in the same manner as he/she would report a workplace harassment complaint.
- B. Examples of sexual misconduct, sexual harassment or workplace discrimination and harassment can include, but are not limited to, the following:
1. Demeaning references to one's gender.
 2. Comments about one's body or clothing
 3. Repeated staring, comments, or propositions of a sexual nature
 4. Jokes about sex or gender-specific traits or slurs and jokes about a class of persons, such as persons who are disabled or a racial group
 5. Conversations filled with sexually suggestive innuendoes or double meanings
 6. Display or transmittal of sexually suggestive images, objects, or messages
 7. Distributing via e-mail epithets, slurs, jokes or remarks that are derogatory or demeaning to a class of persons or a particular person or that promote stereotypes of a class of persons
 8. Display of explicit or offensive calendars, posters, pictures, drawings or cartoons that reflect disparagingly upon a class of persons or a particular person
 9. Suggestions, requests for, or demands for acts of an intimate nature
 10. Unwanted touching or attention of a sexual nature or of a personal nature, which can encompass leaning over, cornering, hugging, or pinching, sexual innuendos, teasing and other sexual talks such as jokes, personal inquiries, persistent unwanted courting and sexist put-downs
 11. Physical assault
 12. Derogatory remarks about a persons' national origin, race, language, or accent
 13. Request for sex in exchange for favors
- C. All reported complaints of sexual misconduct, sexual harassment, workplace discrimination and harassment, or retaliation will be promptly, fairly, and thoroughly investigated.
1. When a complaint is forwarded to or filed directly with the EEOO, the EEOO will, if necessary, contact the complainant in an effort to obtain additional details of the allegation. During any absence of the EEOO, complaints shall be forwarded to or filed with the TDOC Director of Human Resources. All complaints regarding discrimination and/or harassment under Policy #302.05 will be assigned to an affirmative action officer for investigation.

2. For purposes of this policy, “harassment” of any kind or “hostile work environment” does not consist of supervisory efforts to correct job performance or conduct that does not meet the criteria for “harassment” or “hostile work environment” as described in the preceding paragraphs. Issues regarding disagreements with supervisory actions relating only to job performance or conduct issues may be addressed through requests for management review or through the mediation program.
3. If it is determined that the allegations made in the complaint do not come within the range of conduct that constitutes workplace discrimination or harassment, the complaint will be assigned to an AA/EEO officer for further review regarding TDOHR policies.
4. The EEOO, if necessary will then consult with the Department’s General Counsel as to an appropriate plan of action and will notify the Commissioner that a complaint has been received.
5. Once the plan of action has been determined, the EEOO will notify the appropriate TDOC Administrator of the plan of action. Complaints may be investigated by the AA/EEO officers, and depending on the complexity or severity of the offense, complaints may also be investigated by the Office of Compliance (OIC). If a determination is made that the complaint should be investigated by OIC, the EEOO will then forward by e-mail, to the Director of OIC, the fully completed Intake and Referral Form requesting that the complaint be investigated.
6. The AA/EEOO or the Director of OIC will ensure that all complainants, the accused, and witnesses have been advised of the following regarding the limitations on confidentiality:
 - a. To the extent permitted by law, the State will try to maintain the confidentiality of each party involved in a workplace discrimination and harassment investigation, complaint or charge, provided it does not interfere with the department’s ability to investigate the allegations or to take corrective action. However, state law may prevent the State from maintaining total confidentiality of investigations. Therefore, neither the State nor the Department guarantees confidentiality.
 - b. The State and Department’s policy concerning retaliation.
 - c. All information concerning the allegations shall be communicated only to those who are authorized to receive such information.
7. Upon approval of the investigative report by the EEOO in Central Office, or Director of OIC, the appropriate TDOC Administrator for complaints arising out of Central Office and Community Supervision will be promptly notified, and the case file will be made available for his/her review as provided in Policy #107.02.

Subject: EMPLOYEE SEXUAL MISCONDUCT, WORKPLACE DISCRIMINATION, AND HARASSMENT

8. Upon completion of the investigation, the complainant and the accused shall be informed by the EEO Officer of the results of the investigation via formal letter. When a violation of this instruction is found to have occurred, appropriate corrective action will be taken promptly by the applicable manager.
9. In cases that result in discipline, records of the disciplinary actions shall be maintained in the disciplined employee's personnel file. The maintenance of these records shall be subject to the TDOHR's rules concerning retention.
10. Documents generated by the investigation shall be preserved in accordance with the Department's policies established by OIC regarding investigative reports.

VII. ACA STANDARDS: 4-4056, 2-CO-1C-11, 1-CTA-1C-14, and 4-ACRS -7E-04.

VIII. EXPIRATION DATE: April 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

INTAKE AND REFERRAL

STATEMENT CONCERNING CONFIDENTIALITY

Pursuant to Tennessee Code Annotated § 10-7-502(a), "all state . . . records . . . shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the State cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the State or received from the complainant, accused, or witnesses.

NAME OF COMPLAINANT OR PERSON REPORTING EVENT:

TELEPHONE NUMBERS OF COMPLAINANT OR PERSON REPORTING EVENT:

WORK: _____

HOME: _____

IS YOUR HOME TELEPHONE NUMBER UNLISTED? YES _____ NO _____

MOBILE: *(optional)* _____

NAME OF AGENCY AND DIVISION INVOLVED:

NAME OF PERSON(S) WHO ALLEGEDLY DISCRIMINATED AGAINST YOU OR HARASSED YOU?

RELATIONSHIP OF ALLEGED ACCUSER TO YOU (I.E. DIRECT SUPERVISOR, CO-WORKER):

DATE OF EARLIEST OCCURRENCE OF EVENTS?

DATE OF LATEST OCCURRENCE OF EVENTS?

EXPLAIN WHY YOU BELIEVE THESE EVENTS OCCURRED:

DESCRIBE HOW OTHERS WERE TREATED DIFFERENTLY THAN YOU:

WERE THERE OTHER EMPLOYEES WHO WERE TREATED BETTER IN SIMILAR CIRCUMSTANCES? PLEASE CHECK ONE: YES NO

IF YOU ANSWERED YES TO THE PREVIOUS QUESTION, PLEASE PROVIDE THE NAMES OF THE EMPLOYEES WHO WERE TREATED BETTER AND DESCRIBE HOW THEY WERE TREATED BETTER:

PLEASE LIST BELOW ANY PERSONS (WITNESSES, FELLOW EMPLOYEES, SUPERVISORS, OTHERS) WHO MAY HAVE ADDITIONAL INFORMATION TO SUPPORT OR CLARIFY THIS COMPLAINT. EXPLAIN WHAT INFORMATION EACH CAN PROVIDE.

WHAT EXPLANATION DO YOU THINK THE AGENCY OR ACCUSED WILL GIVE AS TO WHY YOU WERE TREATED IN THIS MANNER?

PLEASE IDENTIFY ANY OTHER INFORMATION (INCLUDING DOCUMENTARY EVIDENCE SUCH AS DIARIES, JOURNALS, RECORDINGS, EMAILS, VOICEMAILS, CORRESPONDENCE, ETC.) THAT YOU THINK IS RELEVANT TO THIS MATTER.

WHAT DO YOU WANT TO HAPPEN AS A RESULT OF THIS COMPLAINT?

IF YOU HAVE TOLD ANYONE ELSE ABOUT THIS MATTER, PLEASE LIST THE NAME(S) AND RELATIONSHIP(S)
(CO-WORKER, FAMILY MEMBER, ETC.)

SIGNATURE OF COMPLAINANT: _____

DATE: _____

IF COMPLETED BY SUPERVISOR OR AGENT OF STATE AS A RESULT OF INTERVIEWING A COMPLAINANT,
PLEASE PROVIDE THE FOLLOWING INFORMATION:

PRINTED NAME: _____

SIGNATURE: _____

TITLE: _____

AGENCY AND/OR DIVISION: _____

WORK TELEPHONE NUMBER: _____

DATE COMPLAINT RECEIVED: _____

DATE FORM COMPLETED: _____

REASON FOR DELAY, IF ANY, BETWEEN THE DATE THE COMPLAINT WAS RECEIVED AND THE DATE THE FORM
WAS COMPLETED:

NAME AND TITLE OF PERSON TO WHOM THE FORM WAS FORWARDED FOR ACTION:

DATE ON WHICH THE FORM WAS FORWARDED:



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 302.12

Page 1 of 16

Effective Date: August 1, 2019

Distribution: A

Supersedes: 302.12 (12/1/15)
PCN 18-32 (5/30/18)

Approved by: Tony Parker

Subject: DRUG-FREE WORKPLACE

- I. AUTHORITY: TCA 4-4-103, TCA 4-3-603, TCA 4-3-606, TCA 39-16-201, TCA 41-1-121, TCA 50-9-101, et seq, TCA 50-9-105, and Tennessee Administrative Compilation (TAC) 0800-2-12.
- II. PURPOSE: To enhance professionalism and safety by promoting a drug-free workplace within the Tennessee Department of Correction (TDOC).
- III. APPLICATION: To all TDOC employees.
- IV. DEFINITIONS:
 - A. Adulterated Sample: Any sample that appears to have evidence of dilution, contamination, or tampering, before, during, or after the test collection with laboratory confirmation of the specific adulterant.
 - B. Alcohol: Has the same meaning as in the federal regulations describing procedures for the testing of alcohol by programs operating pursuant to the authority of the United States Department of Transportation as currently compiled at 49 Code of Federal Regulations (CFR) Part 40, as the same may be revised from time to time.
 - C. Alcohol Testing: The analysis of breath, blood, or any other analysis which determines the presence and level or absence of alcohol as authorized by the U.S. Department of Transportation in its rules and guidelines concerning alcohol testing and drug testing.
 - D. Applicant: A person who has applied for a safety-sensitive position within the Tennessee Department of Correction and has been offered employment conditioned upon successfully passing a drug test, and may have begun work pending the results of the drug test.
 - E. Appointing Authority: A commissioner, warden or superintendent having power to make appointments to, and separations from, positions in state service.
 - F. Cancelled Test: A drug or alcohol test that has a problem identified that cannot be or has not been corrected, or which is otherwise required to be cancelled. A cancelled test is neither a positive nor a negative test.
 - G. CAP-FUT Program: The College of American Pathologists-Forensic Drug Testing accreditation program.
 - H. Chain of Custody: The methodology of tracking specified materials or substances for the purpose of maintaining control and accountability from initial collection to final disposition for specified materials or substances, and providing for accountability at each stage in handling, testing, and storing specimens and reporting test results.

Effective Date: August 1, 2019	Index # 302.12	Page 2 of 16
Subject: DRUG-FREE WORKPLACE		

- I. Confirmation Test: A second analytical procedure to identify the presence of alcohol or a specific drug or its metabolites in a specimen.
- J. Conviction: A finding of guilt, including a plea of nolo contendere and/or imposition of sentence, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.
- K. Drug: Any chemical or substance subject to testing pursuant to toxicology testing regulations adopted by the United States Department of Transportation.
- L. Drug-free Workplace: A site for the performance of work done in connection with an employee's job whereby employees are prohibited from engaging in unlawful manufacture, distribution, dispensing, possession, or use of alcohol or drugs.
- M. Drug Test or Drug Testing: A chemical, biological or physical instrumental analysis administered by a laboratory authorized to do so pursuant to TCA 50-9-101 et seq., for the purpose of determining the presence or absence of a drug or its metabolites pursuant to regulations governing drug testing adopted by the United States Department of Transportation or such other recognized authority approved by rule by the Commissioner of Labor and Workforce Development.
- N. Employee: For purposes of this policy, any person employed full-time or part-time by the TDOC including interns and volunteers.
- O. Employee Assistance Program (EAP): An established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services regarding employee drug or alcohol abuse/use; referrals of employees for appropriate diagnosis, treatment, and assistance; and follow-up services for employees who participate in the program and require monitoring after returning to work.
- P. Fitness-for-Duty: For purposes of this policy, Fitness-for-Duty refers to a test performed by a licensed professional medical provider skilled and qualified to do fitness evaluations for physical and/or psychological impairments, to ensure that individuals are able to perform their duties in a safety sensitive position.
- Q. Initial Drug or Alcohol Test: The first alcohol or drug-screening test to determine the presence or absence of alcohol or drugs or their metabolites in a specimen(s).
- R. Invalid Sample: Any sample that appears to have evidence of dilution, contamination, or tampering, before, during, or after the test collection, if the laboratory cannot confirm the specific adulterant.
- S. Medical Review Officer (MRO): A licensed physician employed by the State contracted Third Party Administrator (TPA) who has knowledge of substance use disorders, laboratory testing procedures, and chain of custody collection procedures who verifies positive and confirmed test results. This individual possesses medical training to interpret and evaluate positive test results in relation to the employee's/applicant's medical history or other relevant biomedical information.

Effective Date: August 1, 2019	Index # 302.12	Page 3 of 16
Subject: DRUG-FREE WORKPLACE		

- T. Metabolite: A substance that takes part in the process of metabolism. Metabolites are produced during metabolism or are constituents of food or substances taken into the body. When screening for drugs, laboratory personnel look for what is left in the urine after the body has broken down a complex drug into smaller pieces, i.e., they will find metabolites of the drug, not the original drug.
- U. Prescription or Non-Prescription Medication: A drug prescribed for use by a duly licensed physician, dentist, or other medical practitioner who is licensed to issue prescriptions or a drug that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, and/or injuries.
- V. Reasonable Suspicion: A belief based on specific, objective, articulable facts and the reasonable inferences that may be drawn from those facts, or knowledge sufficient under the circumstances, to cause an ordinary prudent and cautious person to believe that an employee used or is using illegal drugs, is misusing prescription drugs or is under the influence of alcohol.
- W. Reconfirmation Test: A third analytical procedure, paid for by the employee, to identify the presence of alcohol or a specific drug or its metabolites in a specimen.
- X. Return to Duty Testing: For purposes of this policy only, the re-testing of an employee, prior to his/her returning to the workplace, after previously testing positive for the presence of drugs or alcohol.
- Y. Safety-Sensitive Position: A position in which a drug impairment constitutes an immediate and direct threat to public health or safety, such as a position that requires the employee to carry a firearm, perform life-threatening procedures, work with confidential information or documents pertaining to criminal investigations or work with controlled substances, or a position in which momentary lapse in attention could result in injury or death to themselves or another person.
- Z. Substance Abuse and Mental Health Services Administration (SAMHSA): A Federal agency within the U.S. Department of Health and Human Services created to focus attention, programs, and funding on improving the lives of people with or who are at risk for mental and substance use disorders.
- AA. TDOC Site Manager: For purposes of this policy only, Wardens/Superintendents for prisons/transition centers, Superintendent for the Tennessee Correction Academy (TCA), District Directors for probation/parole offices, Correctional Administrators for Day Reporting Centers, and the Director of Human Resources for the Office of Investigation and Compliance (OIC), Major Maintenance, Institutional Integrated Technology Services, and Central Office; or designee(s).
- BB. Third Party Administrator for Drug and Alcohol Testing (TPA): The company contracted by the Tennessee Department of Correction to handle drug and alcohol testing, collection of specimens, chain-of-custody, laboratory processes, and MRO follow-up for TDOC employees and applicants.

Effective Date: August 1, 2019	Index # 302.12	Page 4 of 16
Subject: DRUG-FREE WORKPLACE		

- CC. Zero Tolerance: Appropriate employee disciplinary or corrective action, up to or including termination, upon the confirmation of the illegal use of impairing substance(s), or the use of alcohol while in the workplace, by the employee.
- V. POLICY: The TDOC is committed to a drug-free environment and will implement an employee drug testing program to assist in that effort. The Department shall maintain a zero tolerance for the illegal use of impairing substances on or off the job and the use of alcohol on the job.
- VI. PROCEDURES:
- A. The Department's Drug-Free Workplace program will conform to the requirements of TCA 50-9-101 through 50-9-114 and the Rules of the Tennessee Department of Labor and Workforce Development, Division of Workers' Compensation, Drug-Free Workplace Programs, TAC 0800-2-12.
- B. Each employee shall be required to certify his/her acknowledgement of this policy and the action to be taken if a violation occurs by using the Acknowledgement of Receipt of TDOC Drug-Free Workplace Policy, CR-3679. The signed acknowledgement shall be maintained in the employee's human resources file. Copies of these acknowledgement forms may be obtained through the Human Resources Division.
- C. Employees shall be made aware of the Employee Assistance Program (EAP) and encouraged to seek assistance with any drug or alcohol related problems. All EAP procedures are to follow Policy #305.05.
1. An employee, who believes he or she has a substance use issue, may contact his or her supervisor and/or the Human Resources department for a referral to the EAP (See Policy #305.05) and begin a treatment process without penalty. Human Resources will review the EAP documentation and suggest accommodations as necessary.
 2. Once the employee enters the EAP he or she must sign a release of information with the EAP to release information to the TDOC concerning the employee's assessment and any recommended job restrictions, and progress made with the substance use issue in order to participate in the process without penalty. All employees who enter the EAP shall submit to follow-up testing as indicated in number 4 below.
 3. Once an employee is informed of any form of impending drug test, he/she does not have the option of going to supervisors and/or Human Resources at that time seeking help through EAP to avoid discipline before the pending drug test is completed. EAP services are available to the employee for all other issues except to avoid drug testing after the employee has been notified of an impending drug test.
 4. An employee who, in the course of employment, enters an Employee Assistance Program for a drug or alcohol related problem or enters a drug or alcohol rehabilitation program shall be required to submit to drug and/or alcohol testing, as appropriate, as a follow-up to such program. Such testing shall be scheduled by the appropriate TDOC Site Manager/designee and shall occur at least quarterly for a two year period after successful completion of the program. No advance notice of a follow-up testing date shall be given to the employee.

Effective Date: August 1, 2019	Index # 302.12	Page 5 of 16
Subject: DRUG-FREE WORKPLACE		

D. As a condition of employment or continued employment an employee shall not:

1. Use, possess, sell, trade, offer for sale, or offer to buy illegal drugs or otherwise engage in the illegal use of drugs on or off the job.
2. Work or report to work visibly impaired or while possessing in his or her body, blood, or urine, illegal drugs in any detectable amount.
3. Report to work under the influence of or impaired by alcohol.
4. Use prescription drugs illegally, including using prescription drugs that have not been legally obtained or using prescription drugs in a manner or for a purpose other than as prescribed.
5. Tamper with a drug test being administered pursuant to this policy.
6. As a condition of continued employment, an employee who is arrested for or charged with any criminal drug offense shall notify his or her supervisor or the TDOC Site Manager, no later than one working day after such arrest or charge. If notification is made to the supervisor, the supervisor shall notify the TDOC Site Manager. (See Policy #302.06)
7. If an employee is convicted of violating any criminal drug statute or offense that involves the use of or possession of drugs or alcohol, he/she shall be subject to disciplinary action up to and including termination. If he/she is not terminated, the Department shall also require the employee to successfully complete a drug use treatment program sponsored by an approved private or governmental institution and submit to follow-up testing, as described in Section VI.(C)(4) of this policy.
8. Employees who are confirmed to have a positive drug screen result, who refuse a required drug screen, or who are found to have an adulterated sample are subject to disciplinary action up to and including termination. The TDOC Site Manager shall be notified of these confirmed results and disciplinary action should occur in a timely manner, preferably within one week, provided there are no extenuating circumstances. The employee shall not be allowed to return to duty until having a negative result on a return to duty test as described in Section VI.(H)(7) of this policy.

E. Types of Testing

1. Applicant Drug Testing: Applicants will be notified of any drug testing requirements on vacancy announcements. All applicants, (including interns, and volunteers) for safety-sensitive positions within the Department will be required to submit to a drug test after a conditional offer of employment. A confirmed positive result or a refusal to test shall be grounds for non-selection or termination. Unacceptable test results shall be valid for one year. Candidates shall not be eligible for reconsideration until the one year period has elapsed.

Effective Date: August 1, 2019	Index # 302.12	Page 6 of 16
Subject: DRUG-FREE WORKPLACE		

2. Reasonable Suspicion Drug and Alcohol Testing: Employees shall be required to submit to drug and/or alcohol testing as a condition of continued employment in any case in which an individualized “reasonable suspicion” exists that the employee uses illegal drugs and/or is misusing prescription drugs, or is using alcohol on the job. A supervisor may recommend a reasonable suspicion drug or alcohol test be conducted; however, the test must be authorized by the appointing authority/designee prior to the test being administered. This may be based upon the following reasons:
 - a. Observable phenomena, such as direct observation of drug or alcohol use or possession or the physical symptoms of being impaired by a drug or alcohol;
 - b. A pattern of abnormal conduct or erratic behavior;
 - c. The identification of an employee as a suspect in a criminal investigation involving drug possession, use, distribution, or trafficking;
 - d. Information provided by reliable and credible sources, as determined by the appointing authority/designee, or independently corroborated by methods to include but not limited to audio or video recorded evidence.
 - e. Newly discovered information indicating that the employee may have tampered with a previous drug or alcohol test
 - f. Additional procedures:
 - (1) If any employee is suspected of impairment or of using drugs or alcohol, the appropriate appointing authority/designee, supervisor and/or OIC shall gather all information, facts, and circumstances leading to and supporting this suspicion and shall document all the information used in forming the basis for testing. The appropriate appointing authority/designee shall notify the employee through the Reasonable Suspicion of Substance Use Testing Notice, CR-3676, that he or she must submit to testing. The written report of the appropriate appointing authority/designee, supervisor and/or OIC shall become part of the file created and maintained by human resources managers/designees for each reasonable suspicion drug/alcohol test ordered. The TDOC Director of Human Resources/designee must be notified within one business day of all reasonable suspicion test conducted.
 - (2) A staff member of the TDOC shall escort the employee to a test location where the initial test shall be conducted, at an approved collection site and processed by a certified laboratory.

The Human Resources staff or the Third Party Administrator (TPA) can advise of the location of an approved collection site. The appropriate TDOC Site Manager shall identify staff member(s) who shall provide escort for any employee who is to be tested due to reasonable suspicion. Procedures for the collecting and testing of urine specimens as well as the reporting and reviewing of results shall be in accordance with Sections VI.(G thru I) below.

Effective Date: August 1, 2019	Index # 302.12	Page 7 of 16
Subject: DRUG-FREE WORKPLACE		

- (3) If the employee fails to provide a specimen immediately, the procedures outlined in Section VI.(I) below shall be followed. If the employee cannot provide a specimen during the three-hour timeframe, the escorting employee shall ensure that contact is made with the appropriate TDOC Site Manager for further instruction.
 - (4) TDOC reserves the right to request observed collection of samples at their discretion. Based on SAMHSA guidelines, all follow up tests due to an initial positive result will be an observed collection.
3. Follow-up Drug Testing: Testing that is conducted as a follow-up for an employee that in the course of employment enters an employee assistance program for drug or alcohol-related problems as described in Section VI.(C)(4) of this policy.
 4. Return to Duty Testing: An employee who had a positive test result and received discipline must submit to a drug or alcohol test and have a negative test result before returning to duty as described in Section VI.(H)(7) of this policy.
 5. Post-Accident/Critical Incident Testing:
 - a. An employee shall be subject to drug and/or alcohol testing if he or she appears to have caused or contributed to a work-site accident resulting in:
 - (1) Death
 - (2) Personal injury requiring immediate medical treatment away from the scene of the accident, or
 - (3) Any type of car accident in which the employee is operating a state vehicle and any form of damage is inflicted on the state and/or another vehicle or other property. If the accident involved the operation of a qualifying commercial motor vehicle, then post-accident testing may also be required under the authority of the Department of Transportation, Federal Highway Administration (DOT/FHWA).
 - b. An employee who is authorized to carry a firearm shall be required to submit to drug testing after any discharge of the firearm other than at the gun range.
 - c. If an employee is in an accident where a drug test is required these tests must be coordinated through the TDOC's TPA for drug and alcohol testing.
 - d. In the event of a serious or life threatening injury requiring immediate medical attention the employee shall be taken to the most convenient medical facility/emergency room for treatment of the injury. No specimens shall be taken prior to the administration of emergency medical care. Once this condition has been satisfied, an injured employee must submit to testing. The Human Resources Division or the TPA can advise where testing should occur. If an employee is admitted to the hospital the provider designated to conduct after-hours collections may be contacted to collect the specimen.

Effective Date: August 1, 2019	Index # 302.12	Page 8 of 16
Subject: DRUG-FREE WORKPLACE		

- e. An employee who has a confirmed presence of drugs or alcohol or refuses to submit to a test for drugs or alcohol, following an accident or critical incident, may forfeit eligibility for workers' compensation medical and indemnity benefits and may be subject to disciplinary action including termination.
6. Random Testing: Employees in safety-sensitive positions shall be subject to mandatory, random drug and alcohol testing.
- a. At each Department of Correction work location, Human Resources shall maintain a current list of employees who are subject to random testing as the result of being assigned to a safety-sensitive position. All positions in the department shall be reviewed annually to determine whether a change in job functions necessitates a change in a position's designation or non-designation as safety-sensitive.
 - b. Each employee in a position designated as safety-sensitive shall be notified of such designation and shall be required to certify his/her acknowledgment of the safety-sensitive designation by using Acknowledgment of Receipt of Notice of Designation of Position as Safety-Sensitive, CR-3678.
 - c. On a schedule established by the Department and using the list of TDOC employees in safety-sensitive positions supplied by TDOC Human Resources, the TPA will notify the appropriate TDOC Site Manager/designee, that an employee has been randomly selected for drug testing. The appropriate TDOC Site Manager/designee shall notify the employee that he/she has been randomly selected for a drug test and direct the employee to immediately report to the designated test site to provide a specimen. Notification to the employee shall occur during the employee's current shift or, if the employee is not on duty at the time, during the next shift the employee works. Testing shall occur during the period the employee is scheduled to work, and within two hours after the employee is notified of his/her selection.
 - d. The test shall be at the Department's expense.
 - e. When an individual is unable to provide a sufficient amount of urine for a valid drug test due to a medical condition the MRO may check with the physician to determine if there is clinical evidence that the individual is an illicit drug user. The MRO or the physician conducting the evaluation may conduct an alternative test (e.g., blood) as part of the medically appropriate procedures in determining clinical evidence of drug use. If the medical evaluation reveals no clinical evidence of drug use, the MRO must report the result to the employer as a negative test with written notations regarding results of both the evaluation conducted and any further medical examination.
7. Fitness-for-Duty Testing: Employees in safety-sensitive positions may be required to submit to fitness-for-duty testing as described in Section VI.(H)(2)(c) of this policy.

Effective Date: August 1, 2019	Index # 302.12	Page 9 of 16
Subject: DRUG-FREE WORKPLACE		

- a. If the drug testing result indicates that an employee’s ability to perform his or her duties and responsibilities may be impaired due to the presence of legally prescribed medication a recommendation for a fitness-for-duty examination may be received from the MRO.
 - b. If the MRO recommends a fitness-for-duty examination because the drug testing result indicates that an employee’s ability to perform his or her duties and responsibilities may be impaired due to the presence of legally prescribed medications, the TDOC Site Manager will heed those recommendations. With prior approval of the appropriate Assistant Commissioner, the fitness-for-duty physical or psychological shall be coordinated through the Director of Human Resources.
 - c. The fitness-for-duty test will be conducted by a licensed professional medical provider skilled and qualified to do fitness evaluations for physical and/or psychological impairments, to ensure that the employee is able to perform his/her duties in a safety sensitive position. See Section VI.(H)(2)(c) of this policy for additional information.
- F. As a condition of receiving federal grant funding, if an employee participating in an activity funded by a federal agency is convicted of violating any criminal drug statute in the workplace, the Department shall notify the appropriate federal agency. Notification shall be within ten days of receipt of notice regarding such conviction.
- G. Testing:
- 1. All testing thresholds shall comply with SAMHSA testing threshold guidelines:
 - a. All specimens will be tested for the following:
 - (1) Amphetamines/Methamphetamine (including MDA and/or MDMA)
 - (2) Barbiturates (BAR)
 - (3) Benzodiazepines (BZO)
 - (4) Buprenorphine (BUP)
 - (5) Cannabinoids (THC)
 - (6) Cocaine Metabolite (COC)
 - (7) Ecstasy
 - (8) Methadone (MTD)
 - (9) Opiates (OPI) (including Codeine, Morphine, and Heroin)
 - (10) Opiates (OPI) (Hydrocodone, Hydromorphone)
 - (11) Oxycodone (OXY), Oxymorphone
 - (12) Phencyclidine (PCP)
 - (13) Propoxyphene (PPX)
 - b. Specimens will also be examined for adulteration. The following are the standard, though not the only, indicators of adulteration that will be checked for:
 - (1) Temperature
 - (2) Color/Appearance
 - (3) Nitrates

Effective Date: August 1, 2019	Index # 302.12	Page 10 of 16
Subject: DRUG-FREE WORKPLACE		

- (4) Oxidants
- (5) Specific Gravity
- (6) PH Level
- (7) Creatinine

2. Those employees assigned to a position requiring him/her to maintain a specialized/commercial driver's license in order to complete his/her assigned duties shall be tested in compliance with USDOT 49 CFR Part 40 and Federal Motor Carrier Safety Administration (FMCSA) 49 CFR Part 382. Employees will also be tested in compliance with Policy #213.03.
3. Contract laboratory staff trained to collect urinalysis specimens shall conduct urine specimen collection. Employees to be tested shall be required to provide positive photograph identification before entering the testing area. A photographic TDOC identification card and/or driver's license may be used for this purpose. Collection procedures shall be in conformance with the procedures compiled at 49 CFR, Part 40, and must be collected in accordance with those procedures using the split sample method. The chain of custody form developed by the Department of Labor for the Tennessee Drug Free Workplace Program shall be utilized.
4. Security of the collection site, chain of custody procedures, privacy of the individual, collection control, integrity, identity, and retention of the specimen, and transportation of the specimen to the laboratory shall be in accordance with the SAMHSA guidelines and United States Department of Transportation regulations (49 CFR, Part 40).
5. A SAMHSA licensed and approved contract laboratory shall conduct an initial drug screening test using an immunoassay testing method. If a positive result is found, the laboratory shall immediately perform a confirmation test using gas chromatography/mass spectrometry (GC/MS).
6. Positive, adulterated, or invalid results attained on both testing methods shall be reported to the MRO who shall proceed as set forth in Section VI.(H).
7. If a test is cancelled due to an identified problem that cannot be corrected the test is considered neither negative nor positive.

H. Reporting and Review of Results by MRO

1. The contract laboratory shall report any specimens with evidence of dilution, contamination, tampering or any question normally requiring an MRO opinion to the MRO for disposition. The MRO may determine the need to re-test, re-collect, or otherwise modify the collection procedure to ensure adequate and appropriate testing.
 - a. Samples which are confirmed as "Adulterated Samples" will be considered positive and will follow the procedures outlined in Section VI.(H)(2-7).
 - b. Employees whose samples are confirmed as "Invalid Samples" shall be required to do the following:
 - (1) Submit to an immediate follow up, observed collection.

Effective Date: August 1, 2019	Index # 302.12	Page 11 of 16
Subject: DRUG-FREE WORKPLACE		

- (2) During the follow-up test, employees who have produced invalid results twice will be required to submit to an alternative form of testing (hair, blood, etc.) as determined appropriate by the physician conducting the test and the MRO.
2. The contract laboratory shall report confirmed positive tests to the MRO. After the laboratory has returned a confirmed positive test result to the MRO, he/she shall attempt to contact the employee/applicant within 24 hours to privately discuss any issues that might have affected the urine sample.
 - a. An employee/applicant who receives a positive confirmed test result from the MRO may contest or explain the result to the MRO within five working days after receiving such notification. The MRO may require the employee/applicant to submit additional evidence to justify a positive drug test result, including, but not limited to, a valid prescription or a letter from the individual's physician verifying a valid prescription. The prescription must have been issued within six months prior to the positive confirmed drug result for purposes of determining a valid prescription and immunity from actions authorized by the drug-free workplace program following a positive confirmed drug result.
 - b. The MRO shall review all medical records made available by the employee/applicant, if any, and determine whether a confirmed positive test could have resulted from legally prescribed medication. If an employee's or applicant's explanation or challenge is unsatisfactory to the MRO, or if the employee/applicant does not challenge the test result, the tests shall be considered verified. The MRO shall promptly report the verified test result to the appropriate TDOC Site Manager/designee.
 - c. Employees who test positive for legally prescribed drugs or who have produced two invalid tests may be asked to submit to a fitness-for-duty test, as recommended by the MRO, to determine their ability to function in a safety sensitive position. A fitness-for-duty examination does not include an additional drug screen.
 - (1) Individuals who pass the Fitness-for-Duty test shall be allowed to return to work as scheduled.
 - (2) Individuals who fail the Fitness-for-Duty test shall have their results and all information leading up to the failure forwarded to the appropriate appointing authority/designee and the local Human Resources Staff. The appointing authority/designee shall review and decide upon the outcome on a case by case basis.
 - (3) Should further clarification be needed by the appointing authority/designee and/or the local Human Resources Staff, the TDOC Director of Human Resources will be available for consultation.

Effective Date: August 1, 2019	Index # 302.12	Page 12 of 16
Subject: DRUG-FREE WORKPLACE		

3. If the MRO is unable to make contact with the employee/applicant within 24 hours after a minimum of three reasonably spaced attempts over the 24-hour period, he/she shall request the appropriate TDOC Site Manager/designee contact the employee/applicant and inform the employee/applicant to contact the MRO. The MRO shall not inform the TDOC Site Manager/designee that the employee/applicant has a confirmed positive, adulterated, substituted or invalid test result.
 - a. The appropriate TDOC Site Manager/designee shall immediately attempt to contact the employee/applicant, by telephone and written notification instructing him/her to call the MRO. The employee must contact the MRO within five working days of the date on the notification from the TDOC Site Manager/designee.
 - b. The TDOC Site Manager/designee must leave a message for the employee/applicant by any practicable means (such as voicemail, e-mail, or letter) to contact the MRO. The TDOC Site Manager/designee shall inform the MRO of the date and time of the attempted contact. Reasonable efforts include, at a minimum, three attempts, spaced over a 24-hour period, to reach the employee at the day and evening telephone numbers listed on the chain of custody form, as well as written notification to the address on record.
 - c. Five working days after the written notification has been sent the Site Manager/designee shall inform the MRO that the five day period has expired. If the employee/applicant does not contact the MRO within five working days after being contacted by the TDOC Site Manager/designee, the MRO may verify the test result as positive or refusal to test, as applicable.
4. Upon notification by the MRO, the employee/applicant may request a reconfirmation test using the same specimen sample previously taken.
 - a. The reconfirmation test shall be performed by an independent SAMHSA-certified or CAP-FUT program certified laboratory designated by the TPA.
 - b. The reconfirmation test shall be at the employee's/applicant's expense.
5. Results from this analysis on the split specimen sample shall be evaluated by the MRO and be the final step for determining positive or negative findings.
6. Upon being notified by the MRO of an employee's verified test result, the TDOC Site Manager/designee shall notify the employee/applicant of his/her positive drug test.
7. If there is a positive result the employee shall not be permitted to return to work. The employee shall be subject to disciplinary action up to and including termination. Disciplinary action should take place as soon as practicable, within one week provided no extenuating circumstances exist. If the disciplinary action is less than termination and the employee will be returning to duty the employee must submit to a return-to-duty drug and/or alcohol test before their first scheduled day of duty. A positive test result on the return-to-duty test may result in disciplinary action including termination.

Effective Date: August 1, 2019	Index # 302.12	Page 13 of 16
Subject: DRUG-FREE WORKPLACE		

8. If an employee is terminated for a positive drug screen the unacceptable test results shall be valid for one year. Employees shall not be eligible for reconsideration for hire until the one year period has elapsed.

I. Failure to Provide an Immediate Specimen

1. If the employee/applicant fails to provide a specimen immediately, he/she shall remain in the collection area with an escort and may be furnished up to a total of 40 ounces of fluids over a three-hour period.
2. If the employee/applicant has not provided a sufficient specimen within three hours of the first unsuccessful attempt, the collection site person shall discontinue the collection and notify the appropriate TDOC Site Manager/designee.
3. Any employee/applicant who fails to provide a sufficient urine specimen may have a licensed physician (who has performed an evaluation of the employee) submit to the MRO a brief written statement indicating the physician's conclusion as to the employee's/applicant's ability to provide an adequate amount of urine and the basis for the conclusion. The MRO shall consider the statement in determining whether the employee has willfully refused to provide the required specimen. After reviewing the physician's statement, the MRO shall report his/her determination to the appropriate TDOC Site Manager/designee in writing. For purposes of this paragraph, a medical condition includes an ascertainable physiological condition (e.g., a system dysfunction) or a documented pre-existing psychological disorder, but does not include unsupported assertions of "situational anxiety" or dehydration.

J. Confidentiality: Subject to federal and state law, employee drug and alcohol testing results and records shall be maintained under strict confidentiality. The TPA, the MRO, and employees involved in the administration of this policy shall observe strict confidentiality of an employee's test results and treatment. Any employee violating this requirement of confidentiality will be subject to disciplinary action, up to and including termination.

K. Any employee who compromises the integrity of the alcohol and drug testing program or who fails to enforce it shall also be subject to disciplinary action, up to and including termination.

L. An employee or applicant shall be responsible for notifying the laboratory of any administrative or civil action brought pursuant to TCA 50-9-101 through 114 and/or Tennessee Administrative Compilation (TAC) 0800-2-12.

VII. ACA STANDARDS: 5-1C-4064, 4-4063.

VIII. EXPIRATION DATE: August 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

ACKNOWLEDGMENT OF RECEIPT OF TDOC DRUG-FREE WORKPLACE POLICY

By signing this Acknowledgment form, I affirm that I have received a copy of Policy #302.12 Drug-Free Workplace. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this policy. I also understand that failure to comply with a drug and/or alcohol testing request or a positive confirmed test for the illegal use of drugs and/or alcohol may lead to disciplinary action up to and including termination of employment and/or loss of workers' compensation benefits.

Employee Name (printed)

Employee Signature

Date

TDOC Work Location

Witness Signature



**STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
DRUG FREE WORKPLACE PROGRAM
REASONABLE SUSPICION OF SUBSTANCE USE
TESTING NOTICE**

All parts, A through D, must be completed by a trained supervisor and signed by both the supervisor and the Appointing Authority/Designee prior to directing an employee to undergo reasonable suspicion drug testing.

An employee is subject to reasonable suspicion testing when, after review of the specific facts and circumstances in a particular employee's case, a trained supervisor concludes that there exists a reasonable suspicion that an employee has engaged or is engaging in conduct prohibited under this policy. A trained supervisor must document the specific facts and circumstances that led to reasonable suspicion.

PART A

Employee _____ TDOC Work Location _____

Employee ID # (or SS#) _____ Date(s) of occurrence(s) _____

PART B Check all that apply.

1.

PERSONAL APPEARANCE

- | | |
|---|--|
| <input type="checkbox"/> Smells of alcohol | <input type="checkbox"/> Deteriorating personal appearance or change in appearance after lunch or breaks |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Unsteady walk |
| <input type="checkbox"/> Bloodshot eyes, apparent unfocused vision or wearing sunglasses at inappropriate times | |

MENTAL FACTORS

- | | |
|---|--|
| <input type="checkbox"/> Decreased concentration or increased confusion | <input type="checkbox"/> Repeated mistakes, increased carelessness, errors in judgment |
| <input type="checkbox"/> Difficulty understanding and following instruction | <input type="checkbox"/> Wide mood swings |

HEALTH & SAFETY

- | | |
|--|---|
| <input type="checkbox"/> High on-the-job accident rate | <input type="checkbox"/> Careless handling and maintenance of equipment |
| <input type="checkbox"/> Numerous accidents off the job that affect work performance | <input type="checkbox"/> Needless risk-taking |
| | <input type="checkbox"/> Disregard for others' safety |

GENERAL PERFORMANCE

- Failure to meet deadlines
- Continuing decrease in work quality and productivity
- Improbable excuses for poor job performance

PEER RELATIONSHIPS

- Altercations with others
- Avoidance of others
- Excessive co-worker complaints

- Threatening and intimidating behavior
- Borrowing money from co-workers

ATTENDANCE

- Frequent absences for questionable or unexplained reasons or a pattern of absences
- Unexcused absences

- Unexplained disappearances from the job
- Tardiness / leaving work early
- Long lunches or breaks

Comments made by employee: (Please quote any remarks, admissions, inappropriate language, etc. that may be pertinent to the employee's condition)

- 2. Employee observed with drug paraphernalia while on duty or on State of Tennessee property

Reason for believing source is reliable and credible:

- 3. Report of prohibited drug and/or alcohol use by employee provided by a reliable and credible source

Reason for believing source is reliable and credible:

Note to Supervisor: Each section of **Part B** will be reviewed independently. An absence of response(s) in any one section does not preclude the ordering of a reasonable suspicion test.

PART C: Provide any additional descriptions of the circumstances, including any facts, inferences drawn from those facts, which constitutes the reasonable suspicion held that the employee has engaged in prohibited drug or alcohol use.

Trained Supervisor Recommending Test

Date

Testing: Approved Not Approved

Appointing Authority/Designee

Date

The signatories are ordering the following reasonable suspicion test (check one):

____ drugs ____ alcohol ____ both

It is required that a copy of this Reasonable Suspicion Form be forwarded to Human Resources.

For purposes of Department of Transportation reporting, please check the following box if this employee is required to maintain a Commercial Drivers License (CDL).

CDL Holder



TENNESSEE DEPARTMENT OF CORRECTION
ACKNOWLEDGMENT OF RECEIPT
OF NOTICE OF DESIGNATION OF POSITION AS SAFETY SENSITIVE

By signing this Acknowledgment form, I affirm that I have been notified in writing that my position has been designated as safety sensitive and that I will be subject to random drug/alcohol testing in accordance with Policy #302.12.


Employee Name (printed)

Employee Signature

Date

TDOC Work Location

Witness Signature

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 501.01	Page 1 of 12
	Effective Date: May 1, 2021	
	Distribution: B	
	Supersedes: 501.01 (5/1/18)	
Approved by: Tony Parker		
Subject: INMATE GRIEVANCE PROCEDURES		

- I. **AUTHORITY:** TCA 4-3-603, TCA 4-3-606, and TCA 41-24-110 and Title 28 CFR 115; and Prison Rape Elimination Act of 2003 standard 115.52(b)(1), (e)(1), and (3).
- II. **PURPOSE:** To establish a standard procedure for the expression and resolution of inmate complaints.
- III. **APPLICATION:** To Tennessee Rehabilitation Initiative in Correction (TRICOR) employees, employees and inmates of the Tennessee Department of Correction (TDOC), and privately managed facilities, except those offenders assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program.
- IV. **DEFINITIONS:**
 - A. **Advocate:** An inmate who is selected by a grievant from his/her peers or from those appointed by the Warden/Superintendent to assist in the filing and/or appeal of a grievance.
 - B. **Calendar Days:** A time limit that begins to run at 12:01 a.m. on the day following the date of the triggering event. Example: if an inmate files a grievance and the alleged triggering event occurred on April 1st, the seven calendar day's time limit for filing grievances set by Section VI.(C)(1) below would begin to run at 12:01 a.m. April 2nd, and end at 11:59 p.m. on April 8th.
 - C. **Central Office Review:** Review of Title VI allegations by the Central Office Title VI Coordinator.
 - D. **Central Office Title VI Coordinator:** The TDOC employee appointed to adjudicate Title VI allegations and monitor compliance for the Department.
 - E. **Contract Monitor of Compliance (CMC):** TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
 - F. **Contract Monitor of Operations (CMO):** TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the contract monitor of compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the CA. If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
 - G. **Emergency Grievance:** The resolution of a grievance that if subjected to the normal time limits could cause the grievant substantial risk of personal injury or irreparable harm.
 - H. **Grievance:** A written complaint concerning the substance or application of a written or unwritten policy or practice, any single behavior or action toward an inmate by staff or other

Effective Date: May 1, 2021	Index # 501.01	Page 2 of 12
Subject: INMATE GRIEVANCE PROCEDURES		

inmates, or any condition or incident within the Department or institution which personally affects the inmate complainant.

- I. Grievance Chairperson: The individual assigned by the Warden/Superintendent to supervise the inmate grievance process within the TDOC and privately managed facilities.
 - J. Grievance Committee: A committee composed of a staff chairperson appointed by the Warden/Superintendent and members consisting of elected staff and inmates. This committee provides a forum in which an inmate may resolve a grievance at Level II of the inmate grievance process.
 - K. Prison Rape Elimination Act (PREA): A federal law establishing a standard of zero tolerance for incidents related to sexual assault and rape on inmates and/or offenders.
 - L. Reprisal: Any action or threat of action against anyone for the good faith use of or good faith participation in the grievance procedure.
 - M. Title VI Site Coordinator: The Associate Warden of Treatment (AWT) and Deputy Superintendent (DS) at TDOC facilities and the Assistant Warden of Programs at privately managed facilities.
- V. POLICY: The TDOC shall ensure that every inmate has the right to utilize the grievance procedure without fear of reprisal. All grievances shall be considered in a fair and impartial manner and resolved at the lowest possible level in the grievance procedure.
- VI. PROCEDURES:
- A. A handbook entitled *TDOC Inmate Grievance Procedures* shall provide detailed instructions for the filing and processing of inmate grievances and appeals, and for the election, appointment, and removal of grievance committee members. Copies of the handbook and any current departmental and institutional policies concerning inmate grievances will be available to inmates in the institutional legal library. Access to copies of the handbook shall be provided to all grievance committee members and alternates. All living units for housing segregated inmates shall also be provided with a copy of the handbook and policies regarding inmate grievances.
 - B. Access to the grievance procedure: Inmate Grievance, CR-1394, and locked grievance depositories shall be made available for use by all inmates. Inmates shall have unimpeded access to these grievance forms. For general population inmates, the grievance forms shall be openly available for pickup without the need for a request to staff. If required to ask staff for the form (i.e., an inmate in segregation), an inmate shall be given the form without question or discussion. All inmates will be informed of grievance procedures during orientation.
 - C. Grievance Review Process: Except as otherwise provided in VI.(K) and (L), inmate grievances shall follow the following process:
 - 1. First Level: Grievances must be filed utilizing CR-1394 within seven calendar days of the occurrence or the most recent occurrences giving rise to the grievance. The chairperson shall review all grievances received and log them as received and enter them on Grievance screen (LIBG).

Subject: INMATE GRIEVANCE PROCEDURES

All copies of the form must be legible and intact. Grievance forms which are improperly completed or contain insufficient information for processing shall be returned to the inmate with instructions as to proper completion. It should not be logged as received (which starts the deadline times running) until the corrected version is submitted.

If more than one inmate files a grievance on the same incident, the hearing and responses may be consolidated. This shall be noted on the grievance response forms and on Grievance (LIBG) on the Description Detail Screen.

The chairperson's response shall be written on CR-1394 following the chairperson's receipt and review of the supervisor's response. The supervisor shall return his/her signed response to the chairperson within five working days of receipt. There will be a seven working-day time limit at Level I beginning on the day the grievance begins to be processed. If a grievant accepts the supervisor's response, the supervisor shall document on Response of Supervisor of Grievied Employee or Department, CR-3148. The grievance chairperson shall enter the approval on Grievance (LIBG).

2. Second Level: Within five calendar days of being notified of the Level I response, the grievant may appeal the response to the grievance committee and Warden/Superintendent. A hearing shall be held within five working days of an appeal's filing. Within five working days of the hearing, the committee's proposed response shall be documented on the Inmate Grievance Response, CR-1393, and forwarded to the Warden/Superintendent. Within seven working days of receipt, the Warden/Superintendent shall forward his/her decision to the chairperson. Within five working days of receiving the Warden's/Superintendent's response, the chairperson will allow the grievant to review the grievance materials and responses. If the grievant accepts the Level II response, the grievance chairperson shall enter the approval on Grievance (LIBG). The failure of staff to comply with a directive by the Warden/Superintendent as a result of the Warden/Superintendent's review of the grievance may result in disciplinary action. If the Warden/Superintendent agrees to the grievant's requested solution, the grievant shall not have the right to appeal to Level III.

Grievances concerning TRICOR, over which the Warden/Superintendent has no line authority, shall be forwarded from the committee to the Warden/Superintendent for any comments. The grievance then proceeds to Level III of the process. The Assistant Commissioner of Prisons/designee shall review and, if necessary, may forward the grievance for review/response to TRICOR's Chief Executive Officer.

3. Third Level: A grievant may appeal the Level II response within five calendar days of receipt of that response. The chairperson shall forward one legible copy of the grievance and all documentation to the Assistant Commissioner of Prisons/designee. The Level III response shall be sent to the grievance chairperson for distribution within 25 working days of the date the appeal was received. The chairperson shall enter the final decision on Grievance (LIBG). This response is final and is not subject to appeal. Failure of staff at TDOC managed facilities to comply with a directive by the Assistant Commissioner of Prisons or the Assistant Commissioner of Rehabilitative Services as a result of the Level III review may result in disciplinary action. (At privately managed facilities, the Assistant Commissioner of Prisons will make a determination as to the appropriate action to be initiated.) The CMO at privately managed institutions shall receive a copy

Effective Date: May 1, 2021	Index # 501.01	Page 4 of 12
Subject: INMATE GRIEVANCE PROCEDURES		

of all directives issued by the Assistant Commissioner of Prisons or the Assistant Commissioner of Rehabilitative Services.

- D. If a time limit expires at any stage of the process without the required response, the grievant may move the grievance to the next stage of the process, unless the inmate agrees in writing to a fixed extension of the time limit for response. In the event of an institutional lockdown the Grievance Chairperson is not required to receive a written statement from the inmate to extend the time limit. This shall be noted on the grievance response forms and on Grievance (LIBG) on the Description Screen.
- E. Committee election and hearing procedures shall be developed at each institution and shall be forwarded to the Assistant Commissioner of Prisons for review.
- F. Any subsequent revisions to said procedures shall also be forwarded to the Assistant Commissioner of Prisons for approval. The Warden/Superintendent/designee shall enter elected committee members' names on Board/Committee Members (LIBM).
- G. The good faith use of, or good faith participation in, the grievance process will not result in formal or informal reprisals against an inmate. An inmate shall be entitled to pursue, through the grievance procedure, a complaint that a reprisal occurred as the result of the filing of a prior grievance.
- H. Matters Inappropriate to the Grievance Procedure: If the chairperson determines a matter to be non-grievable, the grievant may appeal that decision as outlined in the handbook *TDOC Inmate Grievance Procedures*. Inappropriate grievance notification, CR-3689, shall be used to inform the inmate of an inappropriate grievance. The grievance process is inappropriate for:
 1. Appealing or seeking review of procedures or punishment imposed under established disciplinary procedures of the TDOC. These issues may be appealed pursuant to Policy #502.01. When this determination is made, the chairperson shall cite the incident number associated with the disciplinary report.
 2. Appealing decisions or actions of the Board of Parole or any other agency, other than TRICOR, outside the TDOC.
 3. Addressing classification matters such as institutional placement and custody level, which may be appealed through other avenues outlined in the #400 policy series, except where policy violations are alleged. Cell assignments not due to a classification or reclassification are grievable.
 4. Appealing or seeking review of any decision regarding the awarding of sentence credits. Sentence credit procedures shall be as provided in Policy #505.01.
 5. Seeking monetary compensation for injuries or property loss. Monetary claims against the TDOC or its employees based upon negligent care of persons or personal property should be filed with the Tennessee Claims Commission pursuant to TCA 9-8-101 et seq. Monetary claims by inmates against employees of privately managed facilities shall be filed with the managing company in accordance with TDOC approved contract vendor policy.

Subject: INMATE GRIEVANCE PROCEDURES

6. Addressing questions regarding sentence structures. Such problems should be addressed to the counselor, institutional records office and Sentence Information Services (SIS) through established inmate inquiry procedures.
7. Any visitor's behavior resulting in disciplinary action is not grievable by an inmate.
8. Diagnoses by medical professionals, medical co-payments where Policy #113.15 has been adhered to, and requirements of substance use therapeutic programs.
9. Mail rejection, which may be appealed as described in Policy #507.02.

I. Abuse of the Grievance Procedure

1. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident.
2. Inmates shall not be permitted to have more than one grievance pending at the first level of review.
3. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted in grievances. Threats may result in disciplinary action.

J. Emergency Grievances

1. Grievances deemed to be emergencies shall be expedited. The grievance chairperson or designee shall immediately bring emergency grievances to the attention of the appropriate person by whom corrective action may be taken. The action taken on any emergency grievance may be appealed through expedited emergency grievance procedures, as outlined in the handbook.
2. The determination that a grievance is not an emergency may be appealed through normal grievance procedures.

K. Additional Procedures Applicable to Title VI Grievances:

1. All Title VI complaints must be filed within 180 days of the occurrence of an alleged discriminatory act (See Policy #103.10).
2. The grievance chairperson shall review all grievances received and enter those listed as Title VI on Grievance screen (LIBG) with a flag indicating Title VI if the grievant alleges discrimination on the basis of race, color, or national origin. The chairperson shall then forward the grievance to the Title VI Site Coordinator for review and investigation; all findings from an investigation related to a Title VI grievance shall be documented on the Title VI Complaint Investigation, CR-3886. The investigation should begin within 24 hours of receipt and completed within five working days.
3. Upon completion of the investigation, the Title VI Site Coordinator shall notify the Grievance Chairperson of the results of his/her findings within 24 hours.

Effective Date: May 1, 2021	Index # 501.01	Page 6 of 12
Subject: INMATE GRIEVANCE PROCEDURES		

4. The Grievance Chairperson shall then forward the complaint to the Central Office Title VI Coordinator, electronically, within ten working days of their decision.
5. The Central Office Title VI Coordinator shall enter all Title VI complaints into a database and assign each complaint a tracking number. Only one Title VI allegation received from a complainant will be processed at a time.
6. The Central Office Title VI Coordinator shall review and make a determination based on the findings of the investigation conducted by the Title VI Site Coordinator and shall notify the Title VI Site Coordinator of a response and/or decision within 25 working days.
7. If the Central Office Title VI Coordinator determines that the allegation is not a Title VI violation, the Title VI Site Coordinator shall be notified to make the appropriate notations on OMS screen LIBG. This shall be done within one working day of receipt of such notification by the Grievance Chairperson.
8. If the Central Office Title VI Coordinator determines that the allegation is a Title VI violation, the Title VI Site Coordinator shall be notified to seek a remedy to redress the violation immediately. Once a remedy is identified, the Title VI Site Coordinator shall notify the Central Office Title VI Coordinator who shall concur or not concur. The remedy and/or plan of action shall be entered on OMS screen LIBG.
9. Appeals must be sent to the Assistant Commissioner of Prisons. All appeals must be submitted within five working days upon notification; the inmate shall specify the reason for the appeal. The grievance number must be included on all documentation submitted to Central Office for review of an appeal.
10. The decision of the Assistant Commissioner of Prisons shall be final.

L. Additional Procedures Applicable to PREA Grievances:

1. An inmate may submit a grievance alleging sexual abuse at any time. Applicable time limits shall apply to any portion of a grievance that does not allege an incident of sexual abuse. Inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
2. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint.
3. A final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued by the Associate Warden of Treatment (AWT)/or Deputy Superintendent (DS) within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time used by inmates in preparing the grievance. TDOC may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The inmate shall be notified in writing by the AWT/DS of any such extension and be provided a date by which a decision will be made. At any level of the grievance, including final level, if the inmate does not receive a response within the time allotted to reply, including any properly

Subject: INMATE GRIEVANCE PROCEDURES

noticed extension, the inmate may consider the absence of a response to be a denial at that level. (See subsection (5) below regarding emergency PREA grievances).

4. Third parties (including fellow inmates, staff members, family members, attorneys, and outside advocates) shall be permitted to assist inmates in filing grievances related to allegations of sexual abuse, and shall also be permitted to file such grievances on behalf of the inmate.

If a third party files such a grievance on behalf of an inmate, that inmate shall agree to have the grievance filed on their behalf and document such on the Inmate Grievance, CR-1394. The inmate shall be required to personally pursue any subsequent steps in the grievance process. If the inmate declines to have the grievance processed on his/her behalf, the inmate's decision shall be documented on the original Inmate Grievance, CR-1394, and signed by the inmate.

5. After receiving an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, the grievance chairperson shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the AWT/DS so that any required immediate corrective action may be taken. The grievance chairperson shall provide an initial response within 48 hours and shall issue a final decision within five calendar days. The initial response and final decision provided within the PREA Allegation System (PAS) shall document the facility's determination as to whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Timeframes in (3) above still apply after any immediate corrective action has been implemented.
6. An inmate may be disciplined for filing a grievance related to alleged sexual abuse only when it is demonstrated that the inmate filed the grievance in bad faith."

M. Records

1. Records concerning inmate grievances shall be kept confidential. Only the chairperson shall process grievances after they have been answered by the Warden/Superintendent. Grievance conversation (LIBG) should be available only to employees who have a need for access because of their assigned duties.
2. Records shall be kept regarding inmate grievances as detailed in the handbook, *TDOC Inmate Grievance Procedures*.
3. Upon resolution, grievances shall be distributed as indicated on Inmate Grievance Response, CR-1393, and entered on Grievance (LIBG). An extra copy of health-related grievances shall be supplied to the institutional health administrator by the chairperson.

N. Each institution will submit an annual evaluation of the grievance procedures as outlined in the handbook, *TDOC Inmate Grievance Procedures*. Staff preparing these reports may review actual grievances.

O. Documentary Evidence: Any TDOC policy referred to in any description of problem or response shall be cited by number, paragraph and section. Copies of any institutional policies, post orders, or documents referred to, will accompany all grievances to the third

Subject: INMATE GRIEVANCE PROCEDURES

level. The grievant shall be furnished with a copy of all documentation unless deemed inappropriate by the chairperson for security reasons.

- VII. ACA STANDARDS: 5-ACI-1A-16, 5-ACI-3A-06, 5-ACI-3D-19, 5-ACI-6A-01 (M), 4-ACRS-6A-10, 4-ACRS-6A-11, 4-ACRS-6A-12, 4-ACRS-6A-13, 4-ACRS-6B-01,4-ACRS-6B-02, 4-ACRS-6B-03, 4-APPFS-2G-01, and 4-APPFS-2G-02.
- VIII. EXPIRATION DATE: May 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE

NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM: _____

REQUESTED SOLUTION: _____

Signature of Grievant

Date

.....
TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number

Date Received

Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE: _____

AUTHORIZED EXTENSION: _____
New Due Date

Signature of Grievant

.....
INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence: _____

Chairperson's Response and Reason(s): _____

DATE: _____

CHAIRPERSON: _____

Do you wish to appeal this response? _____ YES _____ NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT

DATE

WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

DATE: _____

Please respond to the attached grievance, indicating any action taken.

Date Due: _____

Grievance Number Inmate Name Inmate Number

Lined area for writing the response.

SIGNATURE

DATE

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee _____

Inmate Grievance Committee's Response and Reasons _____

DATE CHAIRMAN MEMBER

MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response

Disagrees with Proposed Response

If Disagrees, Reason(s) for Disagreement _____

Action Taken: _____

DATE: _____ WARDEN'S SIGNATURE: _____

Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): _____

DATE SIGNATURE

Distribution Upon Final Resolution:
White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Investigation Form

Date Complaint Received: _____

Complainant's Name (and TDOC number, if applicable), Facility and/or Address:

Facility/Site Involved in Complaint: _____

Nature of Complaint: _____

Date of Interview with Complainant: _____

Interview via Telephone In-Person Other (specify) _____

Summary of Interview with Complainant: _____

Other Interviews Conducted: _____

Date: _____



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Withdrawal of Complaint

Interviewee's Address and Telephone Number: _____

Interviewer's Name and Position: _____

Interview via: Telephone In-Person Other (specify) _____

Summary of Interview:

Resolution/Action Taken (include dates, names, etc.): _____

Please attach copies of the complaint, statements of involved parties and witnesses, and response to complainant, etc.

Note: If the offender is no longer at the institution that the Title VI complaint originated, please contact the Title VI Site Coordinator to schedule an interview by phone at his/her current location. If the offender is no longer on community supervision, please contact the Title VI Site Coordinator to schedule an interview by phone. Indicate the Title VI Site Coordinator's name on the document.

Attach Additional Sheets if Necessary



TENNESSEE DEPARTMENT OF CORRECTION

Title VI Complaint Withdrawal of Complaint

I, _____ hereby withdraw my complaint on
Appellate Name

_____ against _____ because _____
Date Person with Title VI Complaint

Offender Signature: _____ Date: _____
Offender

Received By: _____ Date: _____

Forwarded To: _____ On: _____

Please provide any additional information below:



TENNESSEE DEPARTMENT OF CORRECTION
INAPPROPRIATE GRIEVANCE NOTIFICATION

TO: INMATE NAME (Printed) TDOC NUMBER HOUSING UNIT
FROM: Grievance Chairperson Inmate TDOC Grievance Number
DATE:
SUBJECT:

THIS GRIEVANCE IS INAPPROPRIATE TO THE GRIEVANCE PROCEDURE. Your Grievance is being returned to you due to the following reason(s):

- 1. Disciplinary matters are inappropriate to the Grievance Procedure. [Policy #501.01 VI.(H)(1)]
2. Appealing decisions or actions of any agency outside the Tennessee Department of Correction (TDOC) is inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(2)]
3. Classification matters/institutional placement are inappropriate to Grievance Procedure. [Policy #501.01 VI.(H)(3)]
4. Appealing or seeking review of sentence credits. [Policy #501.01 VI.(H)(4)]
5. Grievance Procedure cannot award monetary compensation for injuries or property loss. [Policy #501.01 VI.(H)(5)]
6. Addressing questions regarding sentence structures. [Policy #501.01 VI.(H)(6)]
7. Visitor's behavior which results in disciplinary action. [Policy #501.01 VI.(H)(7)]
8. A diagnosis by medical professionals and medical co-pay is inappropriate. [Policy #501.01 VI.(H)(8)]
9. Security Threat Group (STG) Placement. [Policy #501.01 VI.(H)(9)]
10. Mail rejection. [Policy #501.01 VI.(H)(10)]
11. You have already filed a grievance on this issue. Inmates shall not be permitted to submit more than one grievance arising out of the same or similar incident. [Policy #501.01 VI.(I)(1)]
12. Abuse of Grievance Procedure. You can only have one grievance pending at Level 1 for review. [Policy #501.01 VI.(I)(2)]
13. Profanity, insults, and racial slurs, unless an alleged direct quote of another party, shall not be permitted. Threats may result in disciplinary action. [Policy #501.01 VI.(I)(3)]
14. Grievances must be filed within seven calendar days of the occurrence giving rise to the grievance. A complaint shall not address multiple issues. [Policy #501.01 VI.(C)(1)]

THIS GRIEVANCE IS UNABLE TO BE PROCESSED DUE TO YOU NOT FOLLOWING POLICY. Grievance forms not properly completed or contain insufficient information for processing shall be returned to the Inmate with instructions as to proper completion. [Policy #501.01 VI.(C)(1)] Your grievance is being returned to you due to the following reason(s):

- 1. No specific details, i.e. dates, times, names of persons involved as mandated in Inmate Grievance Handbook, Page 7, First Level of Review.
2. You did not: a) Sign and date, and/or b) state your "Requested Solution"
3. Grievance shall be submitted on Form CR-1394 pages 1 and 2. All copies must be legible and in tact. [Policy #501.01 VI.(C)(1)]
4.

Reminder: You have SEVEN CALENDAR DAYS FROM THE DATE THE INCIDENT OCCURRED to submit a grievance. If you are still interested in filing this grievance, please make the necessary corrections and return to the Grievance Office for further processing immediately. If you would like to appeal this response, sign the bottom of your grievance, check "yes" then date it and place (with this coversheet) back in the grievance box.

Grievance Chairperson



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index: 502.06

Page 1 of 10

Effective Date: August 1, 2020

Distribution: B

Supersedes: 502.06 (6/15/18)

Approved by: Tony Parker

Subject: PRISON RAPE ELIMINATION ACT (PREA) IMPLEMENTATION, EDUCATION, AND COMPLIANCE

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-13-503, TCA 39-16-408, TCA 40-39-202, Title 28 CFR Part 115, and the Prison Rape Elimination Act of 2003, 42 USC 15601 through 15609 (PREA).
- II. PURPOSE: To prevent sexual abuse of inmates under the jurisdiction of the Tennessee Department of Correction (TDOC).
- III. APPLICATION: All TDOC staff, inmates, other employees as defined within this policy, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Employee: For the purpose of this policy, any full-time or part-time staff member, TRICOR employees, volunteer, vendor, intern, contractor, or employee of a contractor.
 - B. Facility/Site PREA Coordinator (FPC): Associate Wardens of Treatment/Deputy Superintendent at TDOC institutions and Assistant Wardens of Programs at privately managed institutions who coordinate local PREA programming activities and reporting requirements and oversees the functions of the PREA Compliance Manager.
 - C. Sexual Aggressor: Any inmate within TDOC custody who has been identified, utilizing the PREA Screening System Application as an individual who is at high risk of being sexually abusive.
 - D. Sexual Victim: Any inmate within TDOC custody who has been identified, utilizing the PREA Screening System Application as an individual who is at high risk of being sexually victimized.
 - E. PREA Compliance Manager (PCM): Employee appointed by the facility PREA coordinator to ensure the facility's compliance with PREA.
 - F. PREA-Free Walk: A walk (inspection) conducted by the on-site PREA compliance manager on a monthly basis at TDOC confinement locations.
 - G. PREA Screening System Application: Computer application located on the TDOC intranet that is used to screen inmates upon intake and transfer for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
 - H. Prison Rape Elimination Act (PREA): Federal legislation which was enacted and signed by President George W. Bush in 2003 to prevent, detect, and respond to prison rapes, sexual assaults, and sexual harassment within the United States.

Subject: PRISON RAPE ELIMINATION ACT (PREA) IMPLEMENTATION, EDUCATION, AND COMPLIANCE

- I. Sexual Abuse: Encompasses inmate-on-inmate sexual abuse; inmate-on-inmate sexual harassment; staff-on-inmate sexual abuse; and staff-on-inmate sexual harassment.
 1. Inmate-on-inmate sexual abuse: Encompasses all incidents of inmate-on-inmate sexually abusive contact and inmate-on-inmate sexually abusive penetration.
 2. Inmate-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexual contact by threats of violence, or of an inmate who is unable to consent or refuse.
 3. Inmate-on-inmate sexually abusive penetration: Penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexually abusive penetration by threats of violence, or of an inmate who is unable to consent or refuse. The sexual acts included are:
 - a. Contact between the penis and the vagina or the anus;
 - b. Contact between the mouth and the penis, vagina, or anus; or
 - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
 4. Inmate-on-inmate sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one inmate directed towards another inmate.
 5. Staff-on-inmate sexual abuse: Encompasses all occurrences of staff-on-inmate sexually abusive contact, staff-on-inmate sexually abusive penetration, staff-on-inmate indecent exposure, and staff-on-inmate voyeurism. Staff solicitations of inmates to engage in sexual contact or penetration constitute attempted staff-on-inmate sexual abuse.
 6. Staff-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member of an inmate with or without the latter's consent that is unrelated to official duties.
 7. Staff-on-inmate sexually abusive penetration: Penetration by a staff member of an inmate with or without the latter's consent. The sexual acts included are:
 - a. Contact between the penis and the vagina or the anus;
 - b. Contact between the mouth and the penis, vagina, or anus; or
 - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
 8. Staff-on-inmate indecent exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.

Effective Date: August 1, 2020	Index #502.06	Page 3 of 10
Subject: PRISON RAPE ELIMINATION ACT (PREA) IMPLEMENTATION, EDUCATION, AND COMPLIANCE		

9. Staff-on-inmate voyeurism: An invasion of an inmate’s privacy by an employee for reasons unrelated to official duties or when otherwise not necessary for safety and security reason, such as peering at an inmate who is using a toilet in his or her cell; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate’s naked body or of an inmate performing bodily functions and distributing or publishing them.
 10. Staff-on-inmate sexual harassment: Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- J. TDOC Statewide PREA Coordinator: Employee designated by the Commissioner/designee to oversee, develop, implement, and monitor the Department’s PREA programming and reporting responsibilities.
- V. POLICY: It is the policy of the TDOC to provide a safe, humane, and appropriately secure environment, free from threat of sexual abuse and sexual harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiated sexual assaults and sexual harassment. TDOC has zero tolerance for incidences of sexual abuse and sexual harassment within its facilities.
- VI. PROCEDURES:
- A. The TDOC shall have an absolute zero tolerance towards sexual acts between staff and inmates as well as between inmates. There are no consensual sexual acts in a custodial or supervisory relationship or consensual sexual contact between inmates. Any sexual abuse or sexual harassment between employees and inmates is inconsistent with the professional, ethical principles, and policies of the TDOC. All allegations of sexual abuse/sexual harassment will be reported and investigated.
 - B. The Commissioner/designee shall appoint a TDOC Statewide PREA Coordinator within the Office of Inspector General (OIG) who will be responsible for implementing, developing, overseeing, and monitoring the Department’s PREA activities, policy development and training,
 - C. The Facility PREA Coordinator (Associate Warden of Treatment/Deputy Superintendent) shall appoint an on-site PREA Compliance Manager (PCM) who will ensure the facility’s compliance with PREA standards. The PCM shall keep the facility PREA coordinator apprised on a monthly basis as to the facility’s compliance status using the Inspection Team Worksheet, CR-3821.
 - D. Inmate Orientation and Education:
 1. All inmates entering the TDOC system shall receive verbal and written information concerning sexual abuse within 24 hours of intake at the diagnostic centers. (See Policy #404.05)
 2. All contractors housing offenders shall have written policy and procedures providing for orientation and education; these policy and procedures require the approval of the TDOC.

3. Each facility shall take appropriate steps to ensure that inmates with disabilities (including, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
 4. Facility staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skill, or who are blind or have low vision.
 5. Staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances such as when an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or the investigation of the inmate's allegation. Contact Note LCDG shall be posted identifying the name of the assistor and their organization.
 6. Facility staff shall take reasonable steps to ensure meaningful access to all aspects of TDOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- E. The screening of inmates for sexual aggressiveness, sexual victimization, and any eventual actual identification as an aggressor or victim shall be conducted in accordance with Policy #502.06.1 and the Department's classification processes.
 - F. Monitoring of sexual abuse or sexual harassment against inmates and residents shall be conducted in accordance with Policy #502.06.1.
 - G. All allegations of sexual abuse and sexual harassment shall be investigated in accordance with Policy #502.06.2.
 - H. Each facility shall develop a staffing pattern that provides for the adequate levels of staffing and monitoring to protect inmates against sexual abuse. By July 1st of each calendar year each facility shall assess, determine, and document whether adjustments are needed to the facility staffing plan. This review will follow the guidelines of PREA Standard 115.13 (a), (b), and (c). This review shall be completed on the PREA Annual Staffing Review, CR-3964.
 - I. Each PREA site coordinator and/or PREA Compliance Manager shall ensure that an unannounced PREA-free walk (inspection) is conducted on a monthly basis in accordance with PREA Inspection Team Worksheet, CR-3821. This inspection shall be conducted to identify and deter sexual abuse and sexual harassment. By the 15th of each month, the Warden/Superintendent/Designee shall submit the facility's previous month's PREA Inspection to the Assistant Commissioner of Prisons. The Assistant Commissioner of Prisons/designee shall compile all of the facility reports and forward to each Assistant Commissioner, Deputy Commissioner, Inspector General, Statewide PREA Coordinator, and Director of Decision Support: Research and Planning for review.

- J. Staff, Security Shift Corporal and above, Unit Managers, and/or Administration Duty Officer, shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. The unit/program area Logbook shall be annotated with Unannounced PREA Inspection/Security Check when signing into the unit/program area. This documentation shall be made in red ink only. Any staff member alerting other staff members that these unannounced rounds are occurring will be subject to appropriate disciplinary action.
- K. Employee Training:
1. The Tennessee Correction Academy (TCA) will be responsible for the development and distribution of the course lesson plans annually. All lesson plans or materials utilized for pre-service and in-service training on inmate sexual abuse and sexual harassment shall be approved by TDOC Statewide PREA Coordinator and TDOC General Counsel. At a minimum the training shall cover:
 - a. TDOC policy on zero tolerance for sexual abuse and/or sexual harassment
 - b. Staff responsibilities under TDOC policies on sexual abuse and sexual harassment, prevention, detection, proper reporting procedures as outlined in Policies #502.06.1, #502.06.2, and #502.06.3 and response to allegations.
 - c. Inmates' rights to be free from sexual abuse and sexual harassment
 - d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
 - e. The dynamics of sexual abuse and sexual harassment in confinement
 - f. The common reactions of sexual abuse and sexual harassment victims
 - g. How to detect and respond to signs of threatened, suspected, or reported sexual abuse
 - h. How to avoid inappropriate relationships with inmates
 - i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates
 - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
 2. Security staff shall be trained on how to conduct cross-gender frisk searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. No inmate shall be searched solely for the purpose of determining gender status or condition, such as intersex, transgender.
 3. Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses female inmates, or vice versa.

4. The Tennessee Correction Academy and facilities shall document through signature that employees understand the training they have received using Employee PREA Training Acknowledgement, CR-3965.
- L. Volunteer and Contractor Training: Each facility shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under TDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Volunteers shall receive their PREA training in accordance with Policy #115.01. Training acknowledgement for volunteers and contractors shall be documented through signature, on CR-3965, noting that they understand the training received.
- M. Specialized Training, Medical and Mental Health Staff: All full and part-time medical and mental health care practitioners who work regularly in the facility shall be trained in:
 - a. How to detect and assess signs of sexual abuse and sexual harassment
 - b. How to preserve physical evidence of sexual abuse
 - c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment
 - d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment
 - e. This training shall be documented on the TDOC Training Roster, CR-2245, and copies provided to the facility training specialist.
- N. Employees of privately managed facilities shall receive PREA training as part of the pre-service and in-service training requirements established by the Contractor and approved by TDOC.
- O. The Director of Contracts Administration shall ensure that all new TDOC contracts or contract renewals include language requiring compliance with the PREA standards.
- P. Monitoring for PREA shall be conducted using the appropriate inspection instrument(s) during the annual compliance inspection. The inspection instrument(s) shall be developed in conjunction with the TDOC Statewide PREA Coordinator to ensure contract vendor compliance with PREA standards.
- Q. Staff shall collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. TDOC shall aggregate the incident-based sexual abuse data at least annually. This report shall be prepared by the TDOC Statewide PREA Coordinator utilizing the Department of Justice annual reporting format. TDOC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident review.
- R. The TDOC Statewide PREA Coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 1. Identifying problem area
 2. Taking corrective action on an ongoing basis

Effective Date: August 1, 2020	Index #502.06	Page 7 of 10
Subject: PRISON RAPE ELIMINATION ACT (PREA) IMPLEMENTATION, EDUCATION, AND COMPLIANCE		

3. Preparing an annual report of its finding and corrective action for TDOC. This report shall include a comparison of the current year's data and corrective actions with those from the prior year and shall provide an assessment of TDOC's progress in addressing sexual abuse. This report shall be approved by the Commissioner and made readily available to the public through the Department's website.
- S. The TDOC Statewide PREA Coordinator shall ensure that data collected is securely retained. TDOC shall make all aggregated sexual abuse data, from TDOC facilities and private facilities with which it contracts, readily available to the public at least annually through the TDOC website. Personal identifiers shall be removed prior to the data being made publicly available.
- T. The TDOC Statewide PREA Coordinator shall maintain sexual abuse data collected for at least ten years after the date of the initial collection unless federal, state or local law require otherwise.
- U. PREA audit documentation shall be retained for 12 months following the deadline for any facility audit appeal. Longer document retention may be requested by the U.S Department of Justice.
- V. Sexual Abuse/Sexual Harassment between Staff on Inmates and between Inmates:
 1. Acts of sexual abuse against inmates or retaliation against inmates who refuse to submit to sexual activity, or intimidation of a witness is prohibited.
 2. Retaliation against individuals because of their involvement in the reporting or investigation of sexual assault or sexual contact/sexual harassment is prohibited.
 3. All incidents of sexual abuse or related intimidation/retaliation will result in corrective and/or disciplinary action, up to and including termination. Failure of employees to report incidents of sexual assault or sexual contact/harassment will result in corrective and/or disciplinary action.
- VII. ACA STANDARDS: 5-ACI-1D-13, 5-ACI-3D-08 through 5-ACI-3D-16, 5-ACI-3D-17, 5-ACI-6A-32, and 5-ACI-6C-14.
- VIII. EXPIRATION DATE: August 1, 2023.



TENNESSEE DEPARTMENT OF CORRECTION

INSPECTION TEAM WORKSHEET PRISON RAPE ELIMINATION ACT (PREA) OF 2003

_____ INSTITUTION _____

_____ DATE _____

_____ TEAM LEADER _____

POSITION

MEMBERS PRESENT:

SART COORDINATOR/DESIGNEE: _____

SART SECURITY REPRESENTATIVE _____

SART MEDICAL REPRESENTATIVE _____

SART MENTAL HEALTH REPRESENTATIVE _____

OTHER: _____

OTHER: _____

REVIEW PRIOR MONTH'S REPORT

Findings: Previous findings corrected?	
Area Toured:	
Findings:	
Staff Quizzed?	
Findings/Comments	
Area Sup. Briefed?	
Comments	
PREA Drill Conducted	
Findings/Comments	
Cameras working?	
Additional comments	



TENNESSEE DEPARTMENT OF CORRECTION

PREA ANNUAL STAFFING REVIEW

(Facility Title)

TITLE	NAME/INITIALS	DATE
Chief of Security		
Associate Warden of Security/Deputy Superintendent		
FACILITY PREA Coordinator-		
TDOC PREA Coordinator		
Warden/Superintendent		

CFR 115.13 Supervision and Monitoring-Each facility shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse

<i>Facilities shall take into consideration:</i>	YES	NO
Generally accepted detention and correctional practices.	<input type="checkbox"/>	<input type="checkbox"/>
Any judicial findings of inadequacy.	<input type="checkbox"/>	<input type="checkbox"/>
Any findings of inadequacy from Federal investigative agencies.	<input type="checkbox"/>	<input type="checkbox"/>
Any findings of inadequacy from internal or external oversight bodies.	<input type="checkbox"/>	<input type="checkbox"/>
All components of the facilities physical plant (including blind-spots or areas where staff or inmate may be isolated).	<input type="checkbox"/>	<input type="checkbox"/>
The composition of the inmate population.	<input type="checkbox"/>	<input type="checkbox"/>
The number and placement of supervisory staff.	<input type="checkbox"/>	<input type="checkbox"/>
Institution programs occurring on a particular shift.	<input type="checkbox"/>	<input type="checkbox"/>
Any applicable State or local laws, regulations, or standards.	<input type="checkbox"/>	<input type="checkbox"/>
The prevalence of substantiated or unsubstantiated incidents of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
<i>No less frequently than once each year each facility the agency operates shall assess, determine, and document whether adjustments are needed to:</i>	YES	NO
The established staffing plan.	<input type="checkbox"/>	<input type="checkbox"/>
The facility's deployment of video monitoring systems and other monitoring technologies.	<input type="checkbox"/>	<input type="checkbox"/>
The resources the facility has available to commit to ensure adherence to the staffing plan.	<input type="checkbox"/>	<input type="checkbox"/>



TENNESSEE DEPARTMENT OF CORRECTION

Employee PREA Training Acknowledgement Form

Employee Name: _____ **Employee Number:** _____

Date: _____ **Instructor's Name:** _____

The PREA training includes:

- Tennessee Department of Correction ZERO TOLERANCE policy on sexual harassment and sexual assault
- Definition of Sexual Harassment and Sexual Assault
- Employee Confidential Reporting Procedures
- Inmate Confidential Reporting Procedures
- Tennessee Department of Correction commitment to investigate every allegation of sexual assault
- How to detect and respond to signs of threatened and actual sexual abuse
- Ways to preserve potential evidence in sexual assault cases
- Employee and Inmate right to be free from retaliation from reporting sexual assault
- Tennessee Department of Correction policy on not using inmate interpreters for PREA investigation
- How to avoid inappropriate relationships with inmates
- How to communicate effectively with lesbian, gay, transgender, intersex or gender nonconforming inmates
- Tennessee Department of Correction policy on cross gender pat downs
- The role of a PREA First Responder
- Treatment and Counseling services available for victims of sexual assault
- Opposite Gender must announce when entering a Pod
- Internal Affairs Investigative Unit involvement with investigating PREA
- Consequences of Reporting in Bad Faith

I acknowledge that I have received training on the Prison Rape Elimination Act (PREA) and I understand the training.

Employee Signature: _____

****Original to be placed in the employee's Training File.***



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 504.05

Page 1 of 7

Effective Date: January 15, 2021

Distribution: B

Supersedes: 504.05 (1/15/18)

Approved by: Tony Parker

Subject: INMATE CLOTHING

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-21-234.
- II. PURPOSE: To outline departmental standards for state-issued inmate clothing and bedding.
- III. APPLICATION: To the Assistant Commissioner of Prisons, Tennessee Rehabilitative Initiative in Correction (TRICOR), privately managed institutions, institutional employees, and inmates [excluding any offender assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program], or inmates assigned to Phase 2 and 3 of a transitional center.
- IV. DEFINITIONS:
 - A. Bedding: Blankets, sheets, pillowcases, mattresses, and pillows.
 - B. Clothing Officer: The employee in charge of issuing clothing and/or supervising laundries. This position may be synonymous with inmate property officer.
 - C. State Issue: Standard clothing and bedding items purchased by the Tennessee Department of Correction (TDOC) and assigned to the personal possession of an inmate while incarcerated in a TDOC facility.
- V. POLICY: Inmates shall be provided clean, climatically suitable, and properly fitting clothing of a particular style which distinguishes them from other persons. The clothing shall be worn as prescribed. Inmates received at diagnostic centers who will be transferred within a short period of time to the SAIU unit will not require a full clothing issue.
- VI. PROCEDURES:
 - A. The TDOC standard issue of clothing for all inmates classified at a diagnostic center shall be as follows:
 1. Pants -Four pair (color: dark blue with two-inch stenciled white stripe w/TDOC)
 2. Shirts -Four (scrub-style, light blue with one-inch stenciled TDOC on back)
 - *3. Underwear (white and/or gray only)
 - a. Males - seven pair underwear, seven t-shirts
 - b. Females - seven pair panties, seven brassieres
 4. Shoes - one pair of boots or leather work shoes with one pair of shoestrings (Inmates classified as maximum custody will be issued one pair of croc style rubberized shoes instead of boots or leather work shoes)

Subject INMATE CLOTHING

5. Belt - one, no wider than 3 inches, black or brown in color or blue webbed cloth, no buckles larger than 3 inches
- *6. Socks - seven pair (white)
7. Winter coat - one lined (dark blue with distinctive marking and "TDOC" lettering on back)
8. Laundry bag (white; size: standard). (Institutions providing central laundry services may issue two bags to allow inmates to separate white from colored clothing.)
9. Maximum custody inmates are to be issued only two white scrub-style tops and bottoms as outerwear. No other type of outerwear is permitted.
- * Underwear and socks (white and/or gray only) may be received through the mail from approved vendors. (See Policy #507.02) Inmates who receive personal underwear and socks will not be issued these items by the TDOC.

B. Inmates will be provided the following linen/bedding:

- *1. Towel(s) - two (size: bath)
- *2. Washcloth(s) - two
3. One blanket (one additional at the discretion of the warden/Superintendent)
- *4. Two sheets
- *5. One pillowcase
6. One mattress (fire-retardant)
7. One pillow (fire-retardant) – unless mattress/pillow combination unit is provided

The items mentioned above will remain at the institution when an inmate transfers, if not personally owned.

- * Personal sheets, pillowcases, washcloths, and towels may be received through the mail (approved vendor(s) only) from outside sources. All items must be white only. (See Policy #507.02) Inmates who receive personal sheets, pillowcases, and washcloths will not be issued these items by the TDOC.

C. Accommodations:

Special clothing accommodations may be made on a case-by-case basis by the Gender Dysphoria, Transgender, Transsexual, Intersex, and Gender Non-Conforming Accommodation Review Committee.

Subject INMATE CLOTHING

1. Inmates diagnosed with gender dysphoria, transgender, transsexual, intersex, and gender non-conforming conditions may elect to have the institution provide state-issued undergarments of the desired gender.
 2. In addition, inmates diagnosed with gender dysphoria and who are transgender, transsexual, or intersex may order undergarments from the inmate catalog that corresponds to the desired gender, consistent with the property limits described in Policy #504.01.
 3. The desired gender, consistent with the property limits described in Policy #504.01. Notwithstanding Policy #504.01 and its property memorandum, such undergarments (top or bottom) may be worn by inmates considered to be gender dysphoria, transgender, transsexual, intersex, and gender non-conforming conditions if the undergarments are not visible to others when worn.
- D. Appropriate special clothing shall be worn by inmates assigned to jobs requiring special apparel:
1. Inmates on a work release program need not wear the inmate uniform while at work.
 2. The following protective clothing will be issued as needed in specific work areas:
 - a. Safety shoes with steel toes or safety toe caps. (Safety shoes and/or safety toe caps must be removed before an inmate goes through a metal detector)
 - b. Overshoes or boots
 - c. Hard hats and/or caps
 - d. Cloth aprons
 - e. Rubber aprons
 - f. Gloves (cloth only)
 - g. Long underwear
 - h. Safety goggles
 - i. Hair/beard nets or other approved head covering.
 - j. Raincoats (clear or color different from those issued for employee use) may be made available for a particular work assignment; however, these should not be an issued item and should be accounted for by the job supervisor. All rain gear will be stenciled with "TDOC" lettering on back.
 3. Inmates assigned to work in food services and dairy processing may wear standard issue clothing with white aprons issued and worn only in the work area.

Subject INMATE CLOTHING

4. Patients – may be provided infirmary gowns/pajamas as needed when temporarily housed in the institution’s infirmary.
 5. All unique clothing items recommended by the medical department shall be approved by the Warden/Superintendent.
 6. Issuance of any other optional items of special clothing to inmates requires that the Warden/Superintendent obtain the approval of the Assistant Commissioner of Prisons in accordance with Policy #505.08 prior to the issuances.
 7. Minimum trustee inmates assigned to programs off the grounds of the facility at sites with a high degree of contact with the general public may be allowed to wear standard issue clothing that do not have the TDOC markings.
 8. The TDOC standard issue of clothing for all residents classified to a transition center (except TC phase 1) shall be as follows:
 - a. Khaki pants
 1. Four pair
 2. TDOC transition center stenciled on each pant leg
 - b. Polo style shirts
 1. Four shirts (color determined by resident’s phase)
 2. TDOC transition center stenciled on front and back
- E. Inmates being released from TDOC custody who have not received discharge clothing from persons on their approved visiting list in compliance with Policy #507.02 shall be provided the following clothing: one pair of pants, one shirt, and one belt. One blouse and one skirt may be substituted for female inmates. A jacket shall only be provided from November through March.
- F. All inmates in transit between institutions, to court, the hospital, funeral home visits, and medical appointments outside TDOC facilities shall be dressed in state issued clothing.
1. Maximum custody inmates shall be dressed only in the white scrub suit.
 2. Where courts mandate civilian clothing, appropriate items of civilian attire will be provided for change on site for the court appearance. At the conclusion of the hearing, the inmate shall change into the appropriate uniform for return to the TDOC facility.
- G. The care, maintenance, and/or cleaning of all state issued items listed in this policy shall be the responsibility of the inmate.

Subject	INMATE CLOTHING
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1. The clothing personnel shall maintain an Inmate State Issue Clothing Card, CR-2143, for each inmate which shall include the following information:
 - a. A listing of all State items issued to the inmate for personal possession, including linen/bedding and special clothing
 - b. The signature of the inmate for all issued items
 - c. The date of issue of each item
 - d. A notation as to whether the item is new issue or replacement of a formerly issued item
 - e. The condition of the item - new or used.
 2. Replacement shall be made by the clothing officer when:
 - a. The item has deteriorated to the extent that it needs replacing. (Items replaced must be returned or otherwise accounted for). Misuse by the inmate should result in disciplinary action.
 - b. A lost or stolen item is authorized by the Warden/Superintendent or designee for replacement. The inmate reimburses the facility for any lost item. (A due process hearing is required)
 3. Prior to an inmate's release or transfer, all items issued shall be inventoried and verified by the clothing officer. The CR-2143 shall be signed by the property officer/designee and forwarded with transfers along with state issued clothing and property records. (See Policy #504.02) State issued property, except underwear, will be collected if the inmate is released.
 4. Possession of the state issued property of another inmate or of state issued property which has been altered shall be considered a violation of institutional rules and shall be reported in accordance with Policy #502.01.
- H. Adequate storage of all inventories of inmate clothing and bedding will be provided.
1. Each institution will be required to keep an inventory of clothing, linen, and bedding maintained to supply the needs of the facility. These inventories shall be stored in an area controlled by warehouse/clothing personnel.
 2. All inmate state issued items collected from inmates being released from custody shall be laundered and disinfected and/or repaired and re-issued. (Underwear will not be re-issued).
- I. As mandated by law, available items for State issue shall be purchased by institutions from TRICOR. TRICOR shall establish clothing specifications based upon the direction of the Commissioner.

Subject	INMATE CLOTHING
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J. State issued clothing shall be worn in all areas listed below:

1. Work areas
2. School/vocational activities
3. Industries
4. Non-recreation programmed activities
5. Dining room
6. Chapel
7. Library
8. Administrative building
9. Health Services/Clinic/Hospital
10. Visitation areas
11. Boards/hearing/reviews

K. All inmate owned or issued (white or gray only) sweat suits, sweat pants, shorts (no hoods or turtlenecks, and shorts must be a minimum of 4 inches length from crotch; spandex or similar materials are not allowed), and t-shirts must be stenciled (one inch minimum) with inmate's number in a conspicuous area. (Maximum-security inmates may not possess these items while in segregation.) This clothing may be worn only in the following areas:

1. Recreation areas - gym and ballfields
2. Inside cells/units – except Monday-Friday from 8:00 a.m. until 4:30 p.m., during cell inspection
3. Arts and crafts (minimum annex only)

L. Clothing shall be worn in the manner intended (i.e., pants shall be worn above buttocks). Failure to comply with this requirement may result in disciplinary action.

M. Inmate clothing shall not be issued to staff unless approved by the Assistant Commissioner of Prisons.

VII. ACA STANDARDS: 5-ACI-5A-01, 5-ACI-5D-06 through 5-ACI-5D-12, 4-ACRS-4B-02, 4-ACRS-4B-04, and 4-ACRS-4B-05.

VIII. EXPIRATION DATE: January 15, 2024



**TENNESSEE DEPARTMENT OF CORRECTION
INMATE STATE ISSUE CLOTHING CARD**

INSTITUTION

Inmate Name: _____

TDOC Number: _____

DATE	QUANTITY	ITEM	NEW	REPLACED	CONDITION	INMATE INITIALS	*P.O. INITIALS
		SHOES					
		PANTS					
		SHIRTS					
		T-SHIRTS					
		UNDERWEAR (MALES)					
		SOCKS					
		BRASSIERES (FEMALE)					
		PANTIES (FEMALE)					
		JACKET					
		TOWELS/ WASHCLOTHS					
		BELT					
		LAUNDRY BAG					
		LINEN/BEDDING					
		SPECIAL CLOTHING					

*P.O. – Property Officer
CR-2143 (Rev. 01-05)

RDA 1100



**TENNESSEE DEPARTMENT OF CORRECTION
INMATE STATE ISSUE CLOTHING CARD**

INSTITUTION

Inmate Name: _____

TDOC Number: _____

DATE	QUANTITY	ITEM	NEW	REPLACED	CONDITION	INMATE INITIALS	*P.O. INITIALS
		SHOES					
		PANTS					
		SHIRTS					
		T-SHIRTS					
		UNDERWEAR (MALES)					
		SOCKS					
		BRASSIERES (FEMALE)					
		PANTIES (FEMALE)					
		JACKET					
		TOWELS/ WASHCLOTHS					
		BELT					
		LAUNDRY BAG					
		LINEN/BEDDING					
		SPECIAL CLOTHING					

*P.O. – Property Officer
CR-2143 (Rev. 01-05)

RDA 1100



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 504.04

Page 1 of 10

Effective Date: January 15, 2019

Distribution: B

Supersedes: 504.04 (9/1/17)
PCN 17-99 (12/21/17)
PCN 17-56 (10/1/17)

Approved by: Tony Parker

Subject: INMATE PAY

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and Grubbs v. Bradley, 552 F. Supp. 052 (M.D. Tenn. 1982).
- II. PURPOSE: To establish guidelines for a standardized pay plan for all inmates assigned to paid programs.
- III. APPLICATION: To all Tennessee Department of Correction (TDOC) employees and inmates, including privately managed facilities and employees of Tennessee Rehabilitative Initiative in Correction (TRICOR). Inmates who are assigned to and actively participating in the SAIU (Special Alternative Incarceration Unit) program are excluded.
- IV. DEFINITIONS:
 - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
 - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the CMC assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the correctional administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
 - C. Inmate Jobs Manager (IJM): Central office staff person who oversees the departmental day-to-day operation of inmate jobs and coordinates with other Central Office staff who oversee academic and vocational classes and programs.
 - D. Inmate Worker(s): Inmates who have an assigned activity with duties to perform in return for earning program sentence credits and/or monetary compensation.
 - E. Inmate Job Coordinator (IJC): Institutional staff person responsible for coordinating sentence credit policy requirements, maintaining registers, assigning inmates, supervising job tracking personnel, assisting the supervisors in the development of job descriptions, training inmate job supervisors in related inmate policy requirements, and other related duties.
 - F. Inmate Supervisor: Staff person who is responsible for monitoring inmates' participation in their assignment duties, entering accurate attendance, and awarding program sentence credits.
 - G. Master Job List: Authorized titles, skill levels, and base pay rates of all positions available within the TDOC. This list can be accessed through the offender management system (OMS) conversations LJEK, Job Set Up (including programs), and LJEV, Class Set Up.

Subject: INMATE PAY

- H. Security Management Unit (SMU): Restrictive population housing unit(s) located inside the secure perimeter of the institution designated for the placement of confirmed STG members and disruptive inmates for the purpose of separating them from the rest of general population.
- I. Sojourner (SOJR): A mental health/cognitive behavioral program designed to reduce violent and problematic behavior among inmates living in restricted housing. SOJR provides a therapeutic environment that facilitates pro-social choices, while also addressing criminal thinking and mental health issues often associated with recidivism.
- J. Specialty Crew: For the purpose of this policy only, a specialty crew is a select group of five to 15 inmate workers assigned to provide specific construction skills, etc. to complete a temporary project for TDOC.
- K. Specialty Jobs: Specific jobs with an advanced degree of complexity and/or a condition requiring successful completion of a test prior to placement.
- V. POLICY: Inmates may receive compensation for participation in assigned jobs, classes, and/or programs according to established departmental pay rates and procedures.

VI. PROCEDURES:

- A. Pay Rate Levels: Pay rates will be determined by the skill level of each job as defined by the master job list and the length of successful time spent in that skill level by an inmate worker.
1. Unskilled: Academic and vocational education programs and unskilled jobs involving very little training and/or complexity.
 2. Semi-skilled: On-the-job training for positions that require some skill; jobs which involve use of equipment of moderate complexity; and semi-skilled jobs which may require testing/qualification for placement.
 3. Skilled: Work requiring specialized training and/or ability, and work involving complex and valuable equipment. Inmates assigned to Carpentry II class who work in the community may be paid at the skilled rate.
 4. Highly skilled: Specific jobs designated as highly skilled by the IJM or by a certificate reflecting successive completion of a related vocational class, or by a certified test from an accredited institution showing mastery of a specific skill.

B. Inmate pay scale:

1. Skill/Pay Level	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>
Unskilled	\$0.17 /hour	\$0.25/hour	\$.34/hour
Semi-skilled	\$0.25/hour	\$0.34/hour	\$.42/hour
Skilled	\$0.34 /hour	\$0.42/hour	\$.50/hour
Highly Skilled	\$0.42/hour	\$0.50/hour	\$.59/hour
Specialty Jobs	\$0.75/hour	N/A	\$1.00/hour

Subject: INMATE PAY

2. Inmates assigned to a specialty crew~~s~~ shall be paid at the rate of \$0.75 per hour. If an inmate receives a non-disciplinary dismissal from a specialty crew, the inmate shall be returned to the same job or skill/pay level. Upon completion of the project, inmates shall be returned to the previous rate of pay.
 3. Any such jobs or positions identified as Specialty Jobs shall be listed in the OMS accordingly. The pay scale for inmates assigned to a job or position within this category shall be \$0.75 to \$1.00 per hour. The Inmate Jobs Manager (IJM) shall ensure that the applicable jobs, treatment and set up codes to identify the positions within this category are established in the OMS.
 4. Requests for specialty crews must be approved in writing by the Warden/Superintendent. The IJM must be provided verification of approval prior to establishment of positions.
- C. Base pay rates for each job program codes are established by the Inmate Program Manager in the OMS section pertaining to Job Set-up, and the section pertaining to Class Set-up.
1. TRICOR workers shall be paid according to schedules, wage levels, and pay raise procedures developed by the Chief Executive Officer of TRICOR and approved by the Commissioner of TDOC. These pay rates shall be explained to each inmate by the job supervisor at the time of assignment. Changes in pay rate shall also be explained to workers and posted in the work area.
 2. Inmates assigned to the Security Management Unit Program (SMUP) will not receive any pay during the evaluation period. Upon completion of their evaluation, they will receive \$0.17 per hour with no raises.
 3. Inmates assigned to a medical (MEDI), behavioral health program, or to the Sojourner Program (SOJR) will be paid \$0.17 per hour with no raises.
 4. Inmates assigned to the Parole Technical Violator Diversion Program shall be paid at the rate of \$0.34 an hour, for a maximum of 30 hours a week. They may be required to work and/or program for more than 30 hours each week.
 5. Inmates must pass at least three of the five subjects on the Tutor Test to be considered for assignment as a tutor. Inmates hired as a tutor shall be compensated as noted in Section VI.(B)(1) of this policy.
 6. Inmates who pass all five subjects on the Tutor Test and are hired shall be assigned in the OMS as a tutor and shall be paid \$1.00 per hour. Inmates who pass at least three subjects on the Tutor Test and are hired shall be assigned in the OMS as a Tutor II and be paid \$0.75 per hour. Inmates shall be compensated accordingly should they pass all five subjects on the Tutor Test.
- D. Attendance:
1. A full-time work week shall normally consist of 30 hours. Inmates assigned to TRICOR, other state agencies, outside agencies, and community service crews may work up to 40 hours a week. Any work or program scheduled 29 hours or less per week shall be considered part-time.

Subject: INMATE PAY

- a. Inmates assigned to food service and maintenance may be scheduled to work up to 40 hours a week. It shall be the responsibility of the Warden/Superintendent to determine if an inmate will work more than 30 hours per week. It shall also be the Warden's/Superintendent's responsibility to send a memo to the IJC with cc to the IJM documenting the decision.
 - b. Inmates will not be paid for more hours than their supervisor works. Inmates will not be paid for hours their supervisor considers them on call, but they do not work. (This includes inmate advisors, maintenance workers, etc.)
2. Supervisors, including TRICOR staff, shall be responsible for entering the number of hours worked/participated by inmates in OMS section pertaining to Inmate Attendance. It is the responsibility of the Warden/Superintendent/designee to ensure TDOC inmate supervisors enter attendance hours correctly.
- a. Attendance shall be entered daily; i.e., no later than the end of the next work shift.
 - b. The OMS Offender Attendance screen reports are actual hours worked per day. Excused hours are for hours that an inmate did not work, but will be paid. Entries shall be made to reflect tardiness or any other absence from work in which an inmate shall not be paid. See the chart below:

.1 hour = 6 minutes
.2 hour = 12 minutes
.3 hour = 18 minutes
.4 hour = 24 minutes
.5 hour = 30 minutes
.6 hour = 36 minutes
.7 hour = 42 minutes
.8 hour = 48 minutes
.9 hour = 54 minutes
1.0 hour = 60 minutes

Example: Starting time is 8:00 a.m. If an inmate is less than six minutes late, he/she will be paid from 8:00 a.m. If he/she is six minutes late, he/she will be docked 0.1 hour of pay.

(Actual hours would be 5.9 hours.) If he/she is 7 to 11 minutes late, he/she will be docked 0.2 hour of pay. Time is always rounded up, never down.

NOTE: Attendance entries for TRICOR workers are for the calculation of program sentence credits only. TRICOR Prison Industries Enhancement (PIE) jobs may be scheduled for less than six hours a day due to strenuous physical duties. TRICOR will key six hours of attendance for these workers to indicate a full day of work. Attendance does not affect the pay for these workers. TRICOR pay is located in the OMS.

- c. Neither inmate pay nor attendance shall be withheld for poor job performance. Reduction in inmate pay must be addressed through disciplinary procedures. This includes preventing an inmate from working certain hours or days in order to decrease pay. (See Policy #502.01)

Subject: INMATE PAY

- d. The Inmate Pay Attendance Report shall be signed by supervisors to verify their accuracy in entering the hours. Any pay adjustments needed shall be written on this report and emailed or returned to the IJC within the time frame set by the IJC.
- e. No inmate will maintain a paper copy of attendance hours for the supervisor to use to enter the data into the OMS.

E. Pay/Rate Changes:

1. The IJCs and job tracking clerks shall determine an inmate's adjusted pay rate if greater than base pay of the skill level and enter it in the OMS section pertaining to Inmate Pay. If the institution does not have a job tracking clerk, one other staff person may be designated as back-up to make the entries in the OMS. OMS access to Inmate Pay is approved by both STS and the IJM.
2. Inmates in two different part-time assignments will be tracked in both positions and will be paid at the appropriate rate for each assignment. Inmates may be paid for the equivalent of only one full-time position.
3. Any inmate promoted within 30 days of their next regularly scheduled annual pay increase shall receive both the annual increase and the normal promotion raise. The annual raise will be calculated first and then the promotional raise. An increase in pay will result in a new projected pay raise date beginning with the date of the increase in pay.
4. Inmates who successfully complete the SMU Program shall be paid at the specified rate for their next job assignment.
5. Program participants assigned to a transition center will be paid at the rate of \$0.34 per hour in phase one, \$0.42 in phase two, and \$0.50 per hour in phase three, until such time that they receive a work release job assignment. Support workers will be paid at the rate of their assigned job.
6. Inmates who do not successfully complete any assigned program will start at the base pay of the next assignment and will lose all time accrued towards a raise.
7. Inmates in non-TRICOR jobs must participate in a job assignment for 12 months to receive a one-step pay raise. This is commonly referred to as an annual raise. There is no pay raise above the top step of any skill/pay level.
8. Justification for all pay rate changes and adjustments will be noted in the comments field in the OMS on LJE. Pay rate/pay adjustment comments must include the pay period involved.
9. Inmates working for state agencies other than the TDOC shall be paid in accordance with the pay/skill level of the job title to which they are assigned.

F. Overtime:

1. Inmates who are required to work more than the normal number of hours in any work day shall be excused from working for a corresponding number of hours subsequently during that pay period, if possible.

Subject: INMATE PAY

2. Inmates shall not work overtime without prior written approval of the Warden/Superintendent/designee. Overtime for inmates working for TRICOR shall be approved by the Chief Operating Officer or Operations Manager.
3. The maximum number of hours of each month is determined by the number of work days multiplied by six or eight hours. Work days in a month routinely vary from 18 to 23 depending on holidays, etc. Work schedules with off days during the week may increase the total number of hours an inmate may work.
4. The IJC shall submit an inmate overtime report by the 15th of each month to the Warden/Superintendent and copy the IJM for inmates who work over the maximum number of hours during the previous pay period and no pay adjustment was entered to correct the amount to be paid. A copy of the report will be provided to the CMO and the CMC at privately managed facilities.
 - a. The report shall include the inmate's name and number, work area, supervisor, number of overtime hours worked, justification for the overtime hours, and the amount of monies paid for overtime hours.
 - b. Inmates paid by TRICOR are excluded.
 - c. If there is no overtime to report for a pay period, a memorandum will be sent to reflect same.

G. Inmate Pay Period:

1. The inmate payroll period shall begin on the 26th of the month and extend through the 25th of the following month.
2. A memorandum will be jointly issued by Fiscal Services and the IJM for the following fiscal calendar year that provides the dates the BI01MEF Pay Roster runs and the payroll is released each month.

H. Pay Adjustments:

1. The OMS section pertaining to Inmate Pay shall be used to revise an inmate's pay rate and to make pay adjustments.
2. Only the IJC or job tracking clerk shall enter pay adjustments. If the institution does not have a job tracking clerk, another staff member may be designated as a backup.
3. Necessity for pay adjustment shall be included in the comments section in the OMS, including the pay period and the number of hours the adjustment covers.
4. Pay adjustments can be made at the institutions from the date the Pay Roster runs each month until the date payroll is released.

Subject: INMATE PAY

5. Pay adjustment requests may be submitted to the Assistant Director of Fiscal Services/designee in writing from the Warden/Superintendent during the period of time between the release of payroll and the date, the pay Roster runs. The necessity of the pay adjustment, rate of pay, the number of hours worked but not paid, and total amount of adjustment will be included in the memo. A copy will be sent to the Inmate Jobs Manager (IJM).
6. The IJC shall send the Warden/Superintendent a list of all supervisors who need to have adjustments entered each month, the number of inmates under their supervision who need pay adjustments keyed, and the reason for the pay adjustment. It is the responsibility of the Warden/Superintendent to ensure that staff enter attendance correctly so that pay adjustments are not necessary.
7. The IJC may enter a negative pay adjustment to correct supervisors' data entry errors. It is not the intent of this policy for inmates to work overtime each month and have a negative pay adjustment entered to reduce their pay. [See Section VI.(H)(3) above.]
8. Each pay period the IJCs shall compare the pay adjustments keyed after payroll is released or check the pay amount in the OMS. Discrepancies occur when an OMS ID number is keyed incorrectly. The OMS will accept numbers of inmates who are incarcerated in jails. Discrepancies will be resolved.

I. Exceptions:

1. TRICOR Workers: Inmates employed by TRICOR shall not be paid for absences from work except for the following reasons:
 - a. If an inmate was absent due to a disciplinary infraction initiated by TRICOR, in which the inmate was found not guilty or was subsequently overturned, then TRICOR will be responsible for keying back pay.
 - b. If an inmate was absent due to a disciplinary infraction initiated by TDOC, in which the inmate was found not guilty or was subsequently overturned, then TDOC will be responsible for keying back pay.
 - c. Inmates who are assigned to positions in the Prison Industries Enhancement (PIE) jobs will be paid in accordance with TRICOR pay policies and procedures and Policy #208.10.
2. Support and Other Workers:
 - a. Inmates convicted of refusing to participate by the Disciplinary Board shall not be paid for the day of the incident.
 - b. Inmates who participate on holidays shall be paid. Inmates who do not participate on holidays shall not be paid.
 - c. Inmates will be paid for time absent from assigned duties for the following reason(s):
 - (1) Required by the institution to appear as a witness at a disciplinary or grievance hearing

Subject: INMATE PAY

- (2) Attendance at an inmate council meeting, if a member
 - (3) Attendance at a grievance committee hearing, if a member
 - (4) Segregation pending investigation if released to the population without further action and still assigned to their position. (See Policy #505.07)
 - (5) Disciplinary hearing, segregation pending disciplinary hearing, or not allowed to attend assigned program pending disciplinary hearing, if subsequently found not guilty or the conviction is overturned.
 - (6) Parole Board hearing, excluding revocation hearings.
 - (7) This time will be entered in the OMS in the "excused hours" column or a pay adjustment will be keyed if necessary and sentence credits will be requested as needed.
- d. Inmates will not be paid for absences from assigned duties except as provided in VI.(I)(2)c). Below are examples of specific absence types for which inmates will not be paid.
- (1) Sick call visits including follow-up and job-related injuries, if initiated by inmate.
 - (2) Visitation
 - (3) Religious services or observances
 - (4) Chaplain/counselor appointments, if initiated by the inmate
 - (5) Segregation pending investigation, if resulting in dismissal from program assignment. (See Policy #505.07)
 - (6) Disciplinary hearing, segregation pending hearing, or not allowed to attend assigned program pending hearing, if found guilty
 - (7) Grievance hearing
 - (8) Voluntary programs
 - (9) Crews that do not work
 - (10) No participation or programming in school due to absence of teacher or instructor
 - (11) Inmates who do not work during a facility lockdown or restrictive movement situations.

Subject: INMATE PAY

J. Pay for Segregated Inmates:

1. Punitive Segregation: Inmates shall not be paid for work performed while actually in punitive segregation. Inmates not permitted to work due to a disciplinary conviction that is subsequently overturned on appeal, shall be paid by the institution for those days missed on which the inmate was scheduled to participate. TRICOR workers shall be paid according to Section VI.(I)(1) under these circumstances. The Disciplinary Board Chairperson shall notify the IJC by sending a copy of the overturned disciplinary no later than five working days of receipt.
2. Protective Custody: Inmates who lose an assignment due to the necessity of placement in protective custody shall be paid as closely as possible to their prior position's pay within the correct skill/pay level for their next assignment, whether that assignment is while still segregated or following release and reassignment. If this results in the same or lower pay, time accrued for step raise purposes in the previous assignment shall be retained; if resulting in a pay increase, time to accrue for a step raise shall begin the day of the new assignment.
3. Administrative Segregation: Inmates who become unassigned due to placement in administrative segregation (AS), and who are not placed in that status following a disciplinary conviction, shall be paid in their next assignment according to the procedures in Section VI.(J)(2) above. Time accrued for step raise purposes shall not be retained.

K. Disciplinary Dismissals and Class A Disciplinary Convictions: The pay for an inmate who is convicted of a Class A disciplinary offense, or who becomes unassigned due to a disciplinary dismissal, or is transferred or placed on administrative segregation following a disciplinary conviction shall have his/her pay reduced to step one of the skill level to which they are assigned. Any time accrued toward a pay raise will be lost. If the inmate is unassigned, this will apply when he/she receives his/her next assignment. (Note: Dismissals are "disciplinary" only if the disciplinary board recommends an assignment termination and the recommendation is entered in the OMS and is approved by the Warden/designee. A conviction with a sentence of verbal warning is excluded. See Policy #502.01)

L. Non-disciplinary Dismissals:

1. The pay/skill level for inmates receiving non-disciplinary dismissals, demotions, or in the case of non-disciplinary transfers shall be the same as or as close to the previous pay/skill level as possible, upon reassignment. See Section VI.(B) of this policy for specialty crews.
2. Time accrued toward a pay raise date shall be retained following reassignment, if the new assignment results in the same or lower pay/skill level per Policy #505.07.

M. Inmates returning to TDOC custody following release shall lose all previously earned privileges, seniority, or status concerning register and placement, advancement, and pay.

N. Inmates who lose their minimum direct or trusty custody level due to a disciplinary conviction shall lose all previously earned privileges, seniority, or status concerning register placement, assignment, advancement, and pay. The pay rate shall be at Step One of their present assignment or first assignment if he/she loses the assignment due to the disciplinary conviction/custody level change.

Subject: INMATE PAY

- O. Any inmate presently working with a position title not reflecting duties actually performed shall remain at his/her present status; however, the job title shall be changed in order to comply with the master job list. Any incumbent shall not have pay reduced, but the pay rate for the position shall be consistent with this policy for any replacement. The title must reflect the associated duties of the job that are performed 51% or greater of the time.
- P. A history of inmate pay rates is maintained in the OMS LJEI Inmate Pay.
- Q. Inmates are not guaranteed the right to an assignment in a position of the same skill/pay level or rate following an institutional transfer.
- R. The CMO will serve as the approving authority for specific actions occurring at privately managed facilities.

VII. ACA STANDARDS: 4-4461, 4-4462, and 4-663.

VIII. EXPIRATION DATE: January 15, 2022.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 506.16

Page 1 of 13

Effective Date: April 1, 2019

Distribution: B

Supersedes: 506.16 (10/1/17)
PCN 18-6 (1/15/18)
PCN 17-77 (12/10/17)

Approved by: Tony Parker

Subject: LIVING CONDITIONS FOR SEGREGATED INMATES

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606; and Prison Rape Elimination Act of 2003 Standard 115.13(d).
- II. PURPOSE: To provide guidelines governing the living conditions of inmates segregated from the general population.
- III. APPLICATION: Assistant Commissioner of Prisons, institutional employees, privately managed facilities, and inmates, excluding any offender assigned to and actively participating in a Special Alternative Incarceration Unit (SAIU) program, Parole/Probation Violators program, or the Transition Center at Mark Luttrell (MLTC).
- IV. DEFINITIONS:
 - A. Administrative Segregation (AS): The purposeful separation of inmates believed to be a threat to the security of the institution, the welfare of staff, or to other inmates.
 - B. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
 - C. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the Contract Monitor of Compliance (CMC) assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the Correctional Administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
 - D. Extended Restrictive Housing: Housing that separates the offender from contact with general population while restricting an inmate to his/her cell for at least 22 hours per day and for more than 30 days for the safe operation of the facility.
 - E. Extended Restrictive Housing Step-Down Program (SDP): A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involve a coordinated, multi-disciplinary team approach that includes mental health, case management, and security practitioners. Medical personnel will be part of the multidisciplinary team when inmates who have chronic care or other significant medical accommodation needs participate in this program.
 - F. Mandatory Segregation: Assignment to maximum security housing of those inmates committed to the department under the sentence of death, or individuals in the physical custody of the Department by court order for safekeeping, if segregation is indicated upon the initial classification.

Subject: LIVING CONDITIONS FOR SEGREGATED INMATES

- G. Protective Custody: Separation of inmates from the general population for the purpose of providing a level of safety for inmates requiring such.
 - H. Punitive Segregation: The confining of an inmate as a result of a disciplinary conviction, for no longer than 30 days, as punishment for the commission of an infraction.
 - I. Restrictive Housing: The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons that are subject to remain in their cells up to 22 hours each day.
 - J. Safekeeper: Defendants who have been court-ordered to TDOC physical custody and who have not been adjudicated and/or formally sentenced.
 - K. Segregation: The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons.
 - L. Transients: Inmates who are temporarily (not exceeding 14 days) in the in-house count of a receiving institution and in the assigned count of a sending institution.
- V. POLICY: Living conditions of segregated inmates shall be approximate to those of the general population and their rights and privileges shall not be limited to any further extent than is necessary for their own well-being and for the good order of the institution.
- VI. PROCEDURES:
- A. Housing Provisions
 - 1. All segregated inmates, according to their status, shall be separated by cells from each other and other general population inmates. (See Policy #506.14) Segregated inmates should be able to converse with other segregated inmates in the same unit.
 - 2. Punitive segregation inmates from general population may be housed in any unit at any location, unless otherwise prohibited by this policy. Inmates assigned to administrative segregation (AS) may not be reassigned to a unit with a lower security designation in order to serve punitive segregation time.
 - a. Punitive segregation inmates may be single-celled or selectively double-celled with another punitive segregation inmate.
 - b. If punitive segregation inmates are housed in maximum security units, they shall be maintained, programmed safely, and separate from those on AS status.

Effective Date: April 1, 2019	Index # 506.16	Page 3 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

3. If an inmate in segregation status is deprived of any authorized item or activity, a report of the deprived item or activity shall be immediately prepared and forwarded to the Associate Warden of Security, Associate Warden of Treatment, or shift captain. At privately managed facilities, a copy of the report shall be forwarded to the assistant Warden and/or Chief of Security, with a copy forwarded to the CMO for review and approval no later than the next business day. In all instances, a copy shall be placed in the inmate's institutional record.
4. Safekeepers shall be assessed using the Department's classification process for safekeepers to determine the appropriate recommendation for the safekeeper's housing, programming and status.

B. Health and Hygiene Provisions

1. Adequate ventilation, heat, and lighting shall be provided. The units and cells shall be cleaned daily and maintained in a sanitary condition.
2. Doors to the cells of segregated inmates should be equipped with a service window/flap at mid-level for the passing in and out of food trays and other necessities. Under no circumstances shall food trays or medicine be passed under the bottom frame of the cell door or through the lower level window/flap to the inmate.
3. Inmates on segregation shall be afforded the following on a daily basis, except where noted:
 - a. Access to medical/nursing staff and prescribed medication. (See Policy #113.31)
 - b. Opportunity to shower/bathe/shave three times weekly (Monday, Wednesday, Friday or Tuesday, Thursday, and Saturday) and have access to barber and hair care services as needed. Inmates on razor restriction may have their beards and/or mustaches trimmed as approved by the Warden. Inmates who have been classified as maximum custody, inmates housed in mental health supportive living units (LOC III and above), mental health LOC IV and above, or under sentence of death (Level C) will be permanently razor restricted and will only be allowed a clipper shave through barber and hair care service. No type of scissors shall be used. Inmates are not allowed to possess personal or state issued razors. Inmates under sentence of death with a Level of A or B will be allowed razors as outlined in the local RMSI policy.
 - c. Restraints shall be utilized as stated in Section VI.(C)(1).
 - d. Meals of the same content as the general population
 - (1) The food shall be served hot or cold as appropriate.
 - (2) The food shall be served with palatable appearance.

Effective Date: April 1, 2019	Index # 506.16	Page 4 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- (3) Therapeutic and Religious diets shall be available to inmates in segregation when requested.
 - (4) Diet jelly and syrup may be substituted for regular.
 - (5) Plastic serving utensils and trays will be used.
 - (6) Styrofoam trays may be used when an inmate is assaultive.
- e. Should the behavior of an inmate be of a nature that serving utensils cannot be issued without jeopardizing the safety and security of institutional personnel and inmates, the Warden/designee/CMO at privately managed facilities or in his/her absence the shift supervisor, may order the serving of finger foods for a time period not to exceed three days. Should the shift supervisor, in the absence of the Warden/designee/CMO authorize the serving of finger foods, the Warden/designee/CMO will sign the order the next business day following the authorization.
- (1) Finger foods will be accordance with those items listed on the approved finger food master menu.
 - (2) The Warden/designee/CMO must make this order in writing with a copy placed in Volume II, Section III, of the inmate's institutional record. The Health Administrator/designee will review and approve the order to ensure there are no existing health problems that contradict use of the diet.
 - (3) The order must specify the date(s) on which finger foods will be served and the reason for this action.
 - (4) Should the Warden determine that the inmate's behavior requires the serving of finger foods beyond the three day time period, the Assistant Commissioner of Prisons/designee will be contacted for approval to extend this restriction.
4. Inmates on segregation shall be afforded exercise periods as follows:
- a. Segregated inmates shall be afforded an exercise period five days per week (Monday through Friday) commencing on the first day following their placement, with the following exceptions:
 - (1) If the behavior of the inmate is judged by the Warden to be dangerous or unmanageable, the Warden may order that the daily exercise period not be granted for a period of time not to exceed 30 days. At privately managed facilities, prior approval of the CMO is required.

Effective Date: April 1, 2019	Index # 506.16	Page 6 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- (a) The Warden/CMO must make the order in writing with a copy placed in the inmate's institutional record.
- (b) The order must specify the date(s) on which the exercise period is to be withheld and state the reasons for the action.

- (2) In no event may the segregated inmate be held longer than 30 consecutive days without being afforded an exercise period unless authorized according to #3 below.
- (3) If the Warden judges that the inmate's behavior continues to be dangerous or unmanageable, he/she may, with the written approval of the Assistant Commissioner of Prisons, repeat the action outlined in Section VI.(B)(4)(a)(1) above.
- (4) When an inmate on AS status is transferred from one facility to another, exercising will begin on the next weekday following his/her arrival.

b. Exercise periods shall be according to the following:

- (1) Inmates shall be taken to a secure outside exercise yard for one hour, weather and other circumstances permitting.
- (2) Inmates should be taken to a secure hallway or day-room for one hour during inclement weather or if other circumstances preclude use of an outdoor exercise yard.

- 5. Bedding/linens shall be provided of like kind and in like quantity with that provided the general inmate population.
- 6. Laundry services for the provision of clean bedding and clothing shall be provided commensurate with that provided the general population.

C. Use of Restraints

- 1. Administrative Segregation: Restraints shall be double locked when placed on administratively segregated inmates prior to being released from their cell. Handcuffs will be applied with the hands behind the inmate's back, leg irons applied, and tether utilized per the facility post orders. This requirement shall apply to movement either within or outside the unit when there is direct face-to-face contact by the inmate and anyone else. Once the inmate is within the secure confines of an exercise yard or shower, the restraints may be removed for the duration of the activity. Upon completion of the exercise period or shower, the restraints shall once again be placed on the inmate until properly secured in his/her cell. If it is determined that an inmate has the need to have his hands available for signature on a document or for medical treatment, handcuffs may be applied in the front but only with the use of a waist chain.

Effective Date: April 1, 2019	Index # 506.16	Page 6 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

2. Punitive segregation: Inmates on punitive segregation will not routinely be restrained when released from their cells. The Warden/designee may, however, require the application of restraints as indicated in Section VI. (C)(1) above. When this occurs at privately managed facilities, a memorandum shall be forwarded to the CMO within the next business day detailing the need for restraints and the actions taken.
3. When the building is being evacuated due to fire or other emergency cuffing is mandatory unless extreme conditions dictate another decision.
4. Inmates approved by the Warden for a job assignment within the unit may be restrained with leg irons only when performing the duties of their assigned job.
5. Inmates who are housed in extended restrictive housing and are assigned to the SDP, for the purpose of programming ONLY, shall be restrained by leg irons and cuffs in the front instead of behind the back.
6. Inmates that are pregnant shall be restrained only according to procedures as outlined in Policy #506.07.

D. Personal Property

1. At the time of placement in segregation, the inmate's personal property must be inventoried and stored, as appropriate. The property of punitive segregation inmates may be stored by the institution until their release to general population. Punitive segregation inmates shall not be allowed to have any personal property in their possession except:
 - a. State issue outer clothing
 - b. Personal nightwear
 - c. Towel, washcloth, underwear, bar soap, comb, toothbrush, toothpaste, deodorant, toilet paper, facial tissues, and shampoo, and sanitary napkins for females. [Razors will be issued as needed but must meet the directives of VI.(B)(3)(b) above]
 - d. Personal jewelry, i.e., watch, wedding band, etc.
 - e. Writing materials, i.e., pencils, paper, envelopes, and stamps
 - f. Correspondence in their possession at the time punitive segregation is initiated or received during segregation time
 - g. Medication in their possession (both prescribed and over-the-counter) at the time punitive segregation is initiated or when prescribed during segregation time

Effective Date: April 1, 2019	Index # 506.16	Page 7 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- h. Religious reading material
 - i. Legal materials (does not include typewriter).
 - 2. Inmates in protective custody and pending investigation status are allowed property commensurate with the general population. Inmates on administrative segregation status will be allowed property commensurate with the general population except those items restricted on the Inmate Personal Property memorandum published by the commissioner. (See Policy #504.01) Personal hygiene items (e.g., toothpaste, shampoo, hair care products, liquid soap, bar soap, shaving gel, deodorant, etc.) must be of a clear, see-through type available from the institutional commissary. Only safety angle mini-toothbrushes will be permitted.
 - 3. Segregation inmates shall be limited to a total bulk of permitted property, including any state issue, of six cubic feet. Property not permitted to AS inmates must be disposed of according to Policy #504.02. Further restrictions on personal property may be approved by the Warden. At privately managed facilities, the CMO shall be notified by memorandum of any restrictions by the next business day for review and approval. Inmates assigned to the SHU may have additional property restrictions.
 - 4. The property of inmates being segregated shall be searched, inventoried, stored, and disposed of in accordance with Policy #504.02 by staff before the property leaves the sending unit, the transfer of property is to occur within eight hours of the inmate's segregation placement.
- E. Activity and Privilege Access
 - 1. Visitation
 - a. Punitively segregated inmates may be allowed visits at the Warden's discretion. These inmates may visit in an area within the unit or as scheduled with the general population. Institutional policy or procedures shall also establish visitation guidelines for protective custody inmates.
 - b. For security reasons, administrative segregation inmates (excluding inmates under sentence of death) and safekeeping inmates shall not be allowed to receive visits from anyone except immediate family, attorneys, and ministers. Visitation shall be in accordance with the guidelines established in Policies #507.01 and #507.01.1. Inmates assigned to the TDOC for safekeeping as of June 1, 2001, shall be allowed to visit with others on their approved list; however, no new visitors who are not family members may be added.

If non-family visitors are suspended or removed from the visitation list in accordance with Policy #507.01, they shall not be allowed to be added back to the approved visitation list.

Effective Date: April 1, 2019	Index # 506.16	Page 8 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- c. For security reasons, mandatory administrative segregation inmates shall be allowed to visit according to a schedule and in a place designated by the Warden.
2. Segregated inmates' access to attorneys and the courts shall be governed by the guidelines set forth in Policies #105.09 and #501.02. Inmates of privately managed facilities shall be governed by the TDOC approved private vendor policy. State-operated and privately managed facilities shall develop local procedures to allow legal assistance by other inmates for segregated inmates.
3. Telephone access for segregated inmates shall be a 30 minute local or long distance call scheduled as follows:
 - a. Punitive - as necessary on a limited basis at the discretion of the Warden/designee, except for telephone calls to the inmate's attorney of record
 - b. All other classes of segregated inmates - at least once each calendar month
 - c. Transients - at least once each seven days
4. Commissary access shall be restricted as follows:
 - a. Punitive segregation inmates shall be limited to the following items: personal hygiene items, writing materials, and stamps.
 - b. All other segregated inmates shall be permitted to make purchases from the commissary once each week.
5. Mail privileges for segregated inmates shall be according to Policy #507.02.
6. Within 24 hours of placement, inmates assigned to segregation shall be oriented to their living conditions as appropriate. The orientation shall include, but not be limited to, access to health, hygiene, and meals, procedures for job assignments, etc.
 - a. A written information packet is acceptable provided the inmate clearly understands the information presented and has an opportunity to receive answers to questions.
 - b. Receipt of the orientation shall be documented by inmate/staff signatures on Orientation Acknowledgement, CR-2110. An inmate representative is not required for segregation orientation.
 - c. Any inmate who has received segregation orientation at the same institution within the past 12 months shall not be required to receive a second orientation.

Effective Date: April 1, 2019	Index # 506.16	Page 9 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

7. Inmate publications may be distributed to segregated inmates, excluding those in punitive segregation.
8. Inmates in segregation may be provided with individual academic study packets or be allowed to take a correspondence course, as institutional resources will permit and at the discretion of the Warden. (See Policy #117.01.1) Privately managed facilities shall follow the corporate policy regarding individual academic study packets for segregated inmates.
9. Administrative segregation, mandatory segregation, and protective custody inmates may be given limited job assignments, if eligible and at the discretion of the Warden pursuant to Policy #505.07.
10. Each inmate on segregation status shall be paid according to the pay scales specified in Policy #504.04.
11. Access to counseling, behavioral, and treatment staff shall be provided to all segregated inmates pursuant to procedures developed by the Warden and in accordance with Policy #113.84
12. Access to chaplains and religious programs shall be provided to segregated inmates pursuant to Policy #118.01.
13. Access to library services shall be provided to segregated inmates pursuant to Policy #509.01. (Privately managed facilities shall follow mandates of TDOC approved private vendor policy regarding access to library services). Inmates in punitive segregation shall only be permitted to access legal, religious study library materials, and educational material pertaining to teacher-issued assignments.
14. Segregated inmates may have visits with another inmate, designated by the Warden, to provide assistance in legal matters pursuant to Policy #501.04. The time and location of these visits shall be scheduled by the Warden/designee. No more than two visits for each inmate confined in the unit per week shall be scheduled. A maximum of two inmates may be designated to visit inmates in segregation for the purpose of providing legal assistance.
15. Administrative segregation inmates shall be scheduled for hearings before the administrative review panel in compliance with Policy #404.10.
16. Segregated inmates shall have access to the inmate grievance process pursuant to Policy #501.01.

F. Documentation:

1. On all units/pods where segregated inmates are housed, a permanently bound log shall be maintained.

Effective Date: April 1, 2019	Index # 506.16	Page 10 of 13
Subject: LIVING CONDITIONS FOR SEGREGATED INMATES		

- a. Entries in the log shall be made by the officer on the post of each shift.
- b. The shift commander/unit manager or designee shall conduct unannounced rounds of inmate living and activity areas at least once during his/her shift for the purpose of detecting deficiencies and breaches of security to identify and to deter sexual abuse and sexual harassment of inmates. Members of the unit team, counselors, teachers, and other members of the program staff shall be available upon request. All staff members and official visitors who visit the housing units shall make an entry in the unit log. When there is significant interaction with a specific inmate, an entry will be made on the Segregation Unit Record CR-2857-1 (for facilities working three, eight-hour shifts) or CR-2857-2, (for facilities working two twelve-hour shifts) and the purpose of the contact shall also be entered in the offender management system (OMS) Contact Notes (LCDG).

2. On all units where segregated inmates are housed, a CR-2857-1 or CR-2857-2, shall be maintained for each individual inmate for the duration of time in segregation. Once the form is complete or the inmate is released from segregation, it shall be filed as designated by the Warden/Superintendent and retained at the institution for no less than three years. The Warden/Superintendent and health authority or their designee shall review segregation sheets monthly and document their reviews.
3. The mandates of this policy and all other instructions regarding the management of segregated inmates shall be included in the post orders of the correctional officers assigned to the unit(s) where the segregated inmates are housed.
4. All segregated units/pods shall be monitored on an irregular basis at least every 30 minutes. Documentation of these checks shall be documented in the unit/pod log book record sheet.

G. SAIU and MLTC Transition Inmates

1. Should inmates assigned to the SAIU program requiring segregation for a period of time exceeding 4 hours, the inmate shall be transported to the TCIX main compound for the segregation purpose.
2. If an inmate assigned to a transition center requires segregation for more than 24 hours, the inmate shall be transferred to a secure facility until the conclusion of the reason for segregation placement.

VII. ACA STANDARDS: 4-4249, 4-4257, 4-4258, 4-4260 through 4-4273, 4-4320, 4-RH-0003, and 4-RH-0004.

VIII. EXPIRATION DATE: April 1, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD**

INSTITUTION

INMATE NAME: _____ TDOC NUMBER: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI PC PCI

DATE RECEIVED: _____ DATE RELEASED: _____

IF PUNITIVE: CHARGE _____ PUNITIVE TIME _____

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) _____

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
	3 rd											
MON	1 st											
	2 nd											
	3 rd											
TUE	1 st											
	2 nd											
	3 rd											
WED	1 st											
	2 nd											
	3 rd											
THUR	1 st											
	2 nd											
	3 rd											
FRI	1 st											
	2 nd											
	3 rd											
SAT	1 st											
	2 nd											
	3 rd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
	3 rd											
MON	1 st											
	2 nd											
	3 rd											
TUE	1 st											
	2 nd											
	3 rd											
WED	1 st											
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	3 rd											
THUR	1 st											
	2 nd											
	3 rd											
FRI	1 st											
	2 nd											
	3 rd											
SAT	1 st											
	2 nd											
	3 rd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:



**TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD**

INSTITUTION

INMATE NAME: _____ TDOC NUMBER: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI PC PCI

DATE RECEIVED: _____ DATE RELEASED: _____

IF PUNITIVE: CHARGE _____ PUNITIVE TIME _____

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) _____

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
MON	1 st											
	2 nd											
TUE	1 st											
	2 nd											
WED	1 st											
	2 nd											
THUR	1 st											
	2 nd											
FRI	1 st											
	2 nd											
SAT	1 st											
	2 nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

DATE	SHIF T	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
MON	1 st											
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TUE	1 st											
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WED	1 st											
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THUR	1 st											
	2 nd											
FRI	1 st											
	2 nd											
SAT	1 st											
	2 nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:



TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

INSTITUTION

OFFENDER NAME: _____

TDOC#: _____

I have completed the orientation program/unit of this institution. I have been advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- TDOC INMATE RULES AND REGULATIONS
- INSTITUTIONAL RULES AND REGULATIONS
- SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)
- PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- TDOC INMATE RULES AND REGULATIONS
- INSTITUTIONAL RULES AND REGULATIONS
- SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)

I have viewed:

- VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

I have been informed of:

- THE REQUIREMENTS TO PURCHASE A STATE ISSUED IDENTIFICATION CARD PRIOR TO RELEASE

Offender Signature

Date

Offender Representative

Date

Correctional Counselor

Date

Clinical Service Designee

Date

Associate Warden of Treatment/Chief Counselor

Date



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 110.01.1

Page 1 of 6

Effective Date: November 15, 2019

Distribution: A

Supersedes: 110.01.1 (3/15/16)

Approved by: Tony Parker

Subject: NEW CORRECTIONAL OFFICER ON-THE-JOB TRAINING

- I. AUTHORITY: TCA 4-3-603, TCA 4-1-116, and TCA 4-1-407.
- II. PURPOSE: To establish a standard on-the-job training program for all new correctional officers upon completion of training at the Tennessee Correction Academy (TCA) and/or newly assigned field training officers.
- III. APPLICATION: Wardens/Superintendents, Tennessee Department of Correction (TDOC) Staff Learning and Development Administrator, Superintendent of TCA, institutional field training officers, institutional training specialists, and all employees in the security and unit management series.
- IV. DEFINITIONS:
 - A. Correctional Academy Field Instructor (CAFI): A Correctional Academy Field Instructor assigned to a specific institution for the purpose of delivering required departmental training to new correctional officers (CO's) at their assigned institution prior to attending the Tennessee Corrections Academy (TCA). The CAFI shall assure that new employee training is consistent between institutions and also meet TCA standards. CAFI may assist with institutional in-service and specialty training as schedule and resources permit.
 - B. Field Training Officer (FTO): An institutional employee assigned to deliver job specific training to new correctional officers (COs) reporting to their job site both prior to and following graduation from the Academy. The FTO serves as a non-supervisory advisor to new correctional officers. The FTO may wear a gold FTO insignia if a ranking officer (or silver if non-ranking) centered one inch above the nametag.
 - C. Institutional Field Training Officer (IFTO): A ranking institutional employee assigned to coordinate and oversee all Field Training Officer (FTO) assignments. The IFTO provides initial training to those employees approved to serve as field training officers to the new COs. The IFTO may be available for other duties as determined by the Training Specialist. The IFTO may wear a gold FTO insignia centered one inch above the nametag.
 - D. New Correctional Officer: Newly hired correctional officers (COs) and correctional clerical officers (CCOs) during the 90 day period following basic training at the Tennessee Correction Academy. Former correctional officers and correctional clerical officers who completed probation during their prior period of employment as COs or CCOs and who are rehired within twelve months of separation from the TDOC, shall not be required to participate in the OJT programs if rehired at the same institution in which they formerly worked.
 - E. On-The-Job Training (OJT): A formalized training experience in which the field training officer/institutional field training officer observes the correctional officer in the actual performance of his/her duties, provides documentation, explanation, demonstration, and practices of specific job tasks. Constructive and corrective feedback will be provided as required.

Subject: NEW CORRECTIONAL OFFICER ON-THE-JOB TRAINING

V. POLICY: It is the policy of the TDOC that a minimum of 80 hours OJT be administered to all new COs before they are assigned independent duties. In addition, the FTO will provide all new COs with advisement for a minimum of 90 days to facilitate a successful adjustment to the correctional environment.

VI. PROCEDURES:

- A. Upon initial hire, each new CO will be assigned to an FTO for instruction on job specific tasks and procedures, and for advice and guidance regarding situations encountered during the first 90 days of assignment to a permanent post.
- B. Rehired staff in the CO series separated for up to two years prior to rehire at the same facility shall be exempt from OJT and the mentoring period at the Warden's/Superintendent's discretion. The Warden/Superintendent can also exempt rehired staff in the CO series who have been separated for up to three years after reviewing with the senior staff a compilation of the employee's prior performance history, length of time at the facility, disciplinary actions, and any mitigating factors the senior staff have to offer. The Warden's/Superintendent's decision to exempt a rehire in the CO series from OJT shall be memorialized, and said memo placed in the rehired employee's training file. See Policy #110.01 for additional information regarding training required for rehired employees.
- C. OJT will consist of a minimum of 80 hours of supervised institutional training and specific security procedures, practices, and post assignments.
- D. TCA shall train IFTOs and provide a standardized OJT manual and lesson plan. The TCA Training Director or designee shall monitor the IFTO/FTO programs by supervising CAFIs, conducting on-site visits, and updating the OJT manual and lesson plan no less frequently than every two years in conjunction with TCA.
- E. The IFTO will complete a basic IFTO training class and the 24-hour Instructor Development Course T4T for Adjuncts (IDC-T4T-ADJ) at TCA to prepare for training all FTOs in the OJT program in a consistent and standardized format. At the Training Specialist's discretion, the IFTO may complete the 40-hour IDC-T4T, which includes training on developing lesson plans, instead of the 24-hour IDC-T4T for Adjuncts.
- F. The IFTO will ensure that each officer is familiar with the following posts/areas and related documentation for the various shifts:

Recreation Yards/Ballfields	Gymnasium
Dining rooms/Kitchen	Visitation gallery
Perimeter Patrols	All Program areas
Checkpoints	Vehicle Gates
Medical area (clinics)	Outside work details
Count Room	Mail Room
Industrial plants, including TRICOR	Intake area/inmate property room
Segregated housing units	Dormitory style units, where applicable
General population housing units	Central Control

Effective Date: November 15, 2019	Index # 110.01.1	Page 3 of 6
Subject: NEW CORRECTIONAL OFFICER ON-THE-JOB TRAINING		

The familiarization process for each post shall be documented on the OJT Trainee Post Checklist, CR-3595. The IFTO shall determine the length of OJT time needed at that institution to accomplish this task

- G. Throughout the OJT process, the new officer will be assigned to as many posts as possible under the guidance of an IFTO.
 - 1. These temporary post assignments for training purposes will be made by the IFTO and the CAFI after consultation with the shift supervisor. Discussion of the officer's ability and institutional needs should occur at this time to ensure the most suitable placement based on the officer's skills.
 - 2. During this period of training, the new officer will receive instruction and demonstrate the use of any post-specific equipment and documentation as outlined with the Module Checklists (See *OJT Manual*).
 - 3. Due to limited inmate movement and activities, third shift assignments are not appropriate except for those officers who will be assigned to the third shift.
- H. The IFTO/FTO shall provide constructive feedback to the new officer throughout the OJT program, and complete a written evaluation at the end of the training period utilizing the Final OJT Observation Report, CR-3598. The final OJT observation report will be reviewed and signed by the officer and placed in the OJT training file by the IFTO upon assignment to a permanent post.
- I. After completing the OJT program, each new officer shall complete a standardized field training OJT Program Evaluation, CR-3597. The completed form will be forwarded to and maintained by the institutional training specialist, with a copy to the IFTO and the CAFI.
- J. The IFTO, with the assistance of the administrative lieutenant and/or shift commander, shall identify and correct any performance deficits prior to a new CO being given an independent post assignment.
- K. Upon completion of OJT, the post assignment officer will make permanent post assignments after consulting with the IFTO. Careful consideration of the officer's ability and institutional needs should be discussed, thereby allowing for the most suitable placement based upon the officer's skills. Upon assignment to a permanent post, each new CO shall be assigned an FTO who will serve as an advisor.
- L. All FTOs shall be selected from the institutional work force and approved by the Unit Training Advisory Committee and IFTO, subject to the Warden's/Superintendent's approval, based upon the following criteria:
 - 1. FTOs shall either be employed in the correctional officer or unit management series, or shall have adequate knowledge of security procedures as determined by the Unit Training Advisory Committee.
 - 2. The employee should have credibility in correctional matters, promote harmonious working relationships, and actively support administrative policies and procedures.

Effective Date: November 15, 2019	Index # 110.01.1	Page 4 of 6
Subject: NEW CORRECTIONAL OFFICER ON-THE-JOB TRAINING		

3. The employee should have attained a rating of at least valued or higher on his/her most recent annual performance evaluation.
 4. The employee should not have received any disciplinary action within the past 12 months.
 5. Staff should serve as FTOs on a voluntary basis whenever possible. However, the IFTO will select FTOs based on institutional needs.
- M. The IFTO shall be responsible for providing a minimum of four hours of on-site initial training to each employee approved to serve in the capacity of FTO.
- N. Upon completion of this training, the IFTO shall make FTO assignments as advisors to ensure all new correctional officers have an FTO advisor available for a 90 day period following the new officer's completion of OJT.
- O. Upon assignment, the FTO advisor shall conduct an initial interview with the new CO, which shall include the following:
1. An overview of the program's purpose and the FTO advisor/new CO relationship. The new CO must be assured that the program is one of confidential employee assistance, breached only for reasons of personal safety or violations of policy and procedure.
 2. An assessment of the basic training program just completed by the new CO. Any program deficits identified will be relayed to the CAFI as well as the institutional training specialist, who shall share the information with the Warden/Superintendent and IFTO, as well as forward any major deficits to the TCA Superintendent for review.
- P. During the 90 day duration of the program, the FTO advisor will maintain a pattern of regular contact with the new CO.
- Q. Upon completion of the new CO's involvement in the program, the IFTO will conduct an exit interview with the FTO advisor and CO, reviewing his/her perceptions of the process and noting significant items and comments. The IFTO shall provide documentation of program completion to the training specialist to incorporate into the new CO's training record/file.
- R. The institutional training specialist shall be responsible for maintaining all permanent records pertinent to the employee OJT process.
- S. Only Wardens/Superintendents/designees shall release FTO advisors from the program prior to its conclusion. In the event of such release, the CO shall be assigned a new FTO advisor immediately, with input from the outgoing FTO advisor.
- VII. ACA STANDARDS: 2-CO-ID-05, 4-4075, 4-4076, 4-4077, 4-4082 through 4-4086, and I-CTA-3A-02.
- VIII. EXPIRATION DATE: November 15, 2022.



**TENNESSEE DEPARTMENT OF CORRECTION
ON-THE-JOB TRAINING
PROGRAM EVALUATION**

To be completed by the trainee

Trainee _____	Date _____
Field Training Officer (FTO) _____	Phase (Circle One): Institutional Orientation (1 Wk) OJT Program (2 Weeks)
Institution _____	

Circle the number that closest describes your opinion, with (1) being "I disagree totally", and (5) being "I agree totally".

Please print comments below each area.

- | | | | | | |
|--|---|---|---|---|---|
| 1. This training was appropriate | 1 | 2 | 3 | 4 | 5 |
| _____ | | | | | |
| _____ | | | | | |
| 2. The FTO ensured adequate time was available for one-on-one training | 1 | 2 | 3 | 4 | 5 |
| _____ | | | | | |
| _____ | | | | | |
| 3. The FTO was knowledgeable about policies and procedures | 1 | 2 | 3 | 4 | 5 |
| _____ | | | | | |
| _____ | | | | | |
| 4. The FTO was very helpful and professional at all times | 1 | 2 | 3 | 4 | 5 |
| _____ | | | | | |
| _____ | | | | | |

What could be improved or added to make this program more useful?

What are some of the most useful aspects of this program?

Additional Comments:




TENNESSEE DEPARTMENT OF CORRECTION
On-The-Job Training
FINAL OJT OBSERVATION REPORT

Trainee: _____ Institution: _____

 Institutional Field Training Officer (IFTO)

 Date

Item #		Not Acceptable		Acceptable			Superior	
	APPEARANCE							
1	General Appearance	1	2	3	4	5	6	7
	ATTITUDE	1	2	3	4	5	6	7
2	Acceptance of Feedback	1	2	3	4	5	6	7
3	Integrity/Ethics	1	2	3	4	5	6	7
4	Cooperation	1	2	3	4	5	6	7
5	Dependability	1	2	3	4	5	6	7
6	Flexibility	1	2	3	4	5	6	7
7	Maintaining Order W/out Unnecessary Tension	1	2	3	4	5	6	7
8	Interaction with Fellow Employees	1	2	3	4	5	6	7
9	Self-assurance and Control	1	2	3	4	5	6	7
10	Tolerance	1	2	3	4	5	6	7
11	Understands and Follows Directions	1	2	3	4	5	6	7
	KNOWLEDGE							
12	Computer Skills	1	2	3	4	5	6	7
13	Inmate Rules and Application of Discipline	1	2	3	4	5	6	7
14	Physical Layout of Facility	1	2	3	4	5	6	7
15	Knowledge of Policy and Procedure	1	2	3	4	5	6	7
	PERFORMANCE							
16	Reaction to Crisis Situations	1	2	3	4	5	6	7
17	Emergency Procedures	1	2	3	4	5	6	7
18	Officer Safety	1	2	3	4	5	6	7
19	Oral Communication	1	2	3	4	5	6	7
20	Radio and Telephone Usage	1	2	3	4	5	6	7
21	Written Communication	1	2	3	4	5	6	7
22	Searches	1	2	3	4	5	6	7
23	Use of Force	1	2	3	4	5	6	7

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 110.04	Page 1 of 1
	Effective Date: September 1, 2020	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: TRAINING PLANS, RECORDS, AND REPORTS		

POLICY CHANGE NOTICE PCN 20-28

INSTRUCTIONS:

Please add the following to Section IV.

- “E. Training Specialist: An individual who has received the 40-hour Training for Trainers course from the Tennessee Correction Academy and is responsible for ensuring that training occurs in each prison, division, or location in accordance to policy”.

Please change Section VI.(E)(5) to read as follows:

- “5. DCCO; Office of Investigations and Conduct; and Major Maintenance staff should complete the Training Hours, CR-4183, and shall submit it to the training specialist/coordinator upon completion of each course. A copy of the brochure or other information describing the training shall be provided to the training officer”.

Please cross through CR-4183 on page 6 and insert the attached page 7. Renumber policy pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION

TRAINING HOURS FY 2019/2020

Training Hours

Employee Name: _____
Supervisor Name: _____

Job Title: _____
Edison ID: _____


Class	Date	Total Hours	Instructor	Location

Employee Name: _____
Supervisor Name: _____

Date Signed: _____
Date Signed: _____

Please keep a copy for your records. This form should be submitted by the following dates accompanied with certificates and/or proof of completion to receive credit for the above classes:

- September 30th
- December 15th
- March 31st
- June 15th

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.35	Page 1 of 1
	Effective Date: February 1, 2021	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: THERAPEUTIC DIETS		

POLICY CHANGE NOTICE 21-3

INSTRUCTIONS:

Please change Section VI. (C) (2) to read as follows;


- “2. The therapeutic diet shall be implemented as soon as possible after the CR-1798 is submitted to Food Services with service beginning no later than the first meal day following receipt of the CR-1798. The Therapeutic Diet Order, CR-1798, must be electronically scanned to the contract Food Service Director or designee.”

Please change Section VI. (C) (4) & (5) to read as follows;

- “4. Diets other than those listed on the Therapeutic Diet Order, CR-1798, may be utilized as needed on a restricted basis by ordering a Non-Standard diet order.”
- “5. If a provider determines the need for a diet not included on the CR-1798, a consultation with the medical vendor’s dietician is required. The provider shall complete the medical vendor’s consultation request form outlining the type of Non-Standard diet desired and submit the completed consult request to the medical vendor’s dietician for approval. Once the Non-Standard diet is approved;
- a. the medical vendor’s dietitian will communicate the approval to the food service vendor’s dietitian.
 - b. the food service vendor’s dietician will provide a menu to the contract food service director with detailed instructions on how to prepare and serve the approved Non-Standard diet.
 - c. the provider shall submit the CR-1798 to the food service director at the site to begin the approved Non-Standard diet.”

Please strikethrough Section VI. (C) (6).

Please strikethrough the CR-1884 on page 5 of this policy and insert the attached page 8. Renumber policy pages accordingly.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 302.12	Page 1 of 1
	Effective Date: February 15, 2020	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: DRUG-FREE WORKPLACE		

POLICY CHANGE NOTICE 20-2

INSTRUCTIONS:

Please add the following definition and re-letter all definitions accordingly:

- “Q. Immediate Medical Treatment: For the purpose of this policy only, the management and care of a patient by a licensed medical or mental health provider (in a clinical setting or through tele-health services) for the purpose of combating disease, injury or disorder; to include but not limited to use of medication, immunizations, first aid, use of closing devices or immobilization devices, physical therapy or psychotherapy, chiropractic treatment, surgical procedures, etc. as prescribed by the medical or mental health provider”.

Please change Section VI.(C)(2) to read as follow:

- “2. Once the employee enters the EAP he or she must sign a release of information with the EAP to provide to the TDOC information concerning the employee’s assessment, any recommended job restrictions, and progress made with the substance use issue in order to participate in the process without penalty. All employees who enter the EAP shall submit to follow-up testing as indicated in number 5 below”.

Please add to Section VI.(C) the following and renumber accordingly:

- “3. Once an employee has entered a drug/alcohol treatment program if he or she is found to be non-compliant with the program requirements, follow-up testing may be conducted and appropriate disciplinary action may be taken, up to and including dismissal”.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index: 502.06.1

Page 1 of 8

Effective Date: August 1, 2020

Distribution: B

Supersedes: 502.06.1 (6/15/18)

Approved by: Tony Parker

Subject: PRISON RAPE ELIMINATION ACT (PREA) SCREENING, CLASSIFICATION, AND MONITORING

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-13-503, TCA 39-16-408, TCA 40-39-202, the Prison Rape Elimination Act of 2003, 42 U.S.C. 15601 through 15609 (PREA), and Title 28 CFR Part 115.
- II. PURPOSE: To prevent sexual abuse of inmates and residents under the jurisdiction of the Tennessee Department of Correction (TDOC).
- III. APPLICATION: All TDOC staff, inmates, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Employee: For the purpose of this policy, any full-time or part-time staff member, TRICOR employees, volunteer, vendor, intern, contractor, or employee of a contractor.
 - B. Intersex: A condition usually present at birth that involves reproductive, genetic, or sexual anatomy that does not seem to fit the typical definitions of female or male.
 - C. Need to know: A criterion for limiting access of certain sensitive information to individuals who require the information to make decisions or take action with regard to an inmate's safety or treatment or to the investigative process.
 - D. PREA Screening System Application: Computer application located on the TDOC intranet that is used to screen inmates upon intake and transfer for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.
 - E. Transgender: A term describing persons whose gender identity and/or expression do not conform to the gender roles assigned to them at birth. Gender identity is determined by medical staff only.
- V. POLICY: It is the policy of the TDOC to provide a safe, humane, and appropriately secure environment, free from threat of sexual abuse and sexual harassment for all inmates, by maintaining a program of prevention, detection, response, investigation, and tracking of all alleged and substantiated sexual assaults. TDOC has zero tolerance for incidences of sexual abuse and sexual harassment within its facilities.
- VI. PROCEDURES: PREA screening of inmates shall be as outlined below. Housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

A. Screening/Assessing Inmates at Diagnostic Centers:

1. Classification teams or unit management teams from diagnostic classification units will interview and evaluate all inmates for sexually aggressive/victim tendencies utilizing the PREA Screening System Application located on the TDOC intranet within 72 hours of arrival. User security access to this system shall be requested by the Associate Warden of Treatment/Deputy Superintendent (Assistant Warden Programs at privately managed facilities) to the TDOC Statewide PREA Coordinator. Additional information shall be gathered utilizing the risk needs assessment. Any conflicting information with the TDOC Sexual Aggressor or Sexual Victim screening should be reported to and resolved by the Chief Counselor.
2. The medical staff shall review for a history of aggressive sexual behavior or sexual abuse/victimization, utilizing information from the county officials and the medical/behavioral health screening on the day of arrival.
3. Inmates arriving at diagnostic centers who will be excluded from a risk needs assessment in accordance with Policy #513.09 shall receive a PREA screening as any other inmate entering the TDOC system. Within 30 days, the inmate will be rescreened with the PREA screening instrument. Once an inmate has been transferred to his/her receiving institution, his/her PREA screening shall be rescreened. This may also be based upon any additional, relevant information received since the intake screening.
4. Inmates refusing to answer particular questions or not disclosing complete information shall not be disciplined. These questions include:
 - a. Whether or not the inmate has a mental, physical, or developmental disability
 - b. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
 - c. Whether or not the inmate has previously experienced sexual victimization
 - d. The inmate's own perception of vulnerability

B. Decisions concerning individual housing assignments and group activities for inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims are the responsibility of the unit management team. This information is strictly need-to-know and housing, cell assignments, work, education and program assignments shall be made with a goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually aggressive. If behavioral health intervention is indicated, a referral shall be made in accordance with Policy #113.82, utilizing Institutional Health Services Referral, CR-3431.

1. No inmate will be double celled (See Policy #506.14.1) until the required screening has been completed. Those inmates who are deemed sexual aggressors or sexual victims will be appropriately housed until assessed by behavioral health professionals or classification.

2. Inmates who enter TDOC and are identified as Sexual Aggressors or Sexual Victims on the PREA Screening System Application to the TDOC intranet may be considered for protective custody placement (See Policy #404.09) or placement in an institutional setting considered more controlled than general population. Clinical services shall be offered to those inmates. Clinical decisions regarding these inmates shall be the responsibility of the medical and behavioral health staff at the diagnostic center.

C. Referrals and Monitoring:

1. Any inmate identified as a Sexual Aggressor shall be monitored quarterly by the assigned counselor and documented on the offender management system (OMS) screen LIBC for a minimum of one calendar year and is to be re-evaluated at annual reclassification and a new PREA screening is to be conducted.
2. Inmates who enter TDOC as sex offenders or inmates identified as Sexual Aggressors will be advised of the sex offender treatment/programming eligibility requirements by the counseling or behavioral health staff involved in the diagnostic and classification process. Those eligibility criteria must be met to be able to enter this program.
3. Those inmates identified as victims shall be re-evaluated within 30 days by the behavioral health staff if placed in segregated/restrictive housing involuntarily. If extension is necessary, there shall be documentation of the basis for concern for inmate safety and reason for no alternative means of separation.
4. Inmates who have been separated from the general population shall be re-evaluated every 30 days to determine whether there is a continuing need for separation.
5. Inmates identified as transgender or intersex shall be considered on a case-by-case basis. (See Policy #113.37) These identified inmates shall be reclassified every six months by the assigned counselor to review any threats to safety experienced by the inmate.

D. Additional Screening/Assessing:

1. All inmates shall be screened, using the PREA Screening Application, upon arrival at a facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This screening shall ordinarily take place within 72 hours of arrival at the facility.
2. Within 30 days of the inmate's arrival at a facility, the facility will again screen, using the PREA Screening Application, reassessing the inmate for risk of victimization or abusiveness to include any additional relevant information received by the facility since the intake screening.
3. Inmates will be screened using the PREA Screening System Application located on the TDOC intranet for the following occurrences:
 - a. Upon triggering events or referrals that occur based upon observation from staff.
 - b. Upon each occurrence of a guilty finding for a disciplinary of a sexual nature.

Subject: PRISON RAPE ELIMINATION ACT (PREA) SCREENING, CLASSIFICATION, AND MONITORING

- c. Upon each substantiated finding of sexual abusiveness or sexual victimization.
- d. During the offender's annual reclassification process.
- e. Upon an offender being housed at a facility longer than 24 hours, he/she shall be screened in accordance with Policy #502.06.1.
- f. Upon return when an offender is away from his/her assigned facility for more than 24 hours, a new PREA screening shall be conducted in accordance with Policy #502.06.1.

Screenings shall be tracked on a PREA Intake Spreadsheet, CR-4202, and shall be reviewed within 48 hours by the Chief Counselor/designee at each facility to ensure that the initial PREA Screening has been completed. If the inmate has not had his/her initial assessment, the Chief Counselor will assign a counselor to conduct the assessment prior to the 72-hour time limit.

If upon an offenders initial meeting with his/her assigned Counselor it is discovered that the offender has not had his/her PREA reassessment screening, the assigned Counselor shall conduct the PREA reassessment screening and document the completion date on the PREA Intake Spreadsheet, CR-4202.

Individuals conducting the reviews shall initial the PREA Intake Spreadsheet, CR-4202, acknowledging that the information on the PREA Intake Spreadsheet is accurate. The PREA Intake Spreadsheet for the prior month shall be submitted by the 15th of each month to the TDOC PREA Coordinator and as part of the monthly PREA-free walk documentation that is submitted to Assistant Commissioner of Prisons.

4. An inmate's risk level shall be rescreened when warranted due to a referral, request, incident of sexual abuse or sexual victimization, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.
 5. If behavioral health intervention is indicated, a referral shall be made in accordance with Policy #113.82 utilizing Institutional Health Services Referral, CR-3431.
 6. Once an inmate is identified as a Sexual Aggressor or Sexual Victim at any time during his/her incarceration, the inmate shall be evaluated for appropriate housing and programs.
- E. The PREA screening application is used to determine if an inmate is at risk of victimization shall, at a minimum, consist of the following criteria:
1. Whether the inmate has a mental, physical, or developmental disability
 2. The age of the inmate (24 or younger or elderly, 60 or older)
 3. The physical build of the inmate (5'5" and/or less than 150 pounds)
 4. Whether the inmate has previously been incarcerated

Subject: PRISON RAPE ELIMINATION ACT (PREA) SCREENING, CLASSIFICATION, AND MONITORING

5. Whether the inmate's criminal history is exclusively non-violent
6. Whether the inmate has prior convictions for sex offenses against an adult or child
7. Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
8. Whether the inmate has previously experienced sexual victimization
9. The inmate's own perception of vulnerability
10. Whether the inmate is detained solely for civil immigration purposes.
11. Whether the inmate is a former victim of institutional (prison or jail) sexual abuse

If the answers to questions 1, 2, and 3 are yes, the inmate shall be scored at risk for victimization

If the answer to questions 7 and 9 are yes, the inmate shall be scored at risk for victimization

If the answer to question 8 is yes, the inmate shall be scored at risk for victimization

If the answer to question 9 is yes, the inmate shall be scored at risk for victimization

If the answer to question 11 is yes, the inmate shall be scored as a victim

Any "YES" answer for E1, E6, E8, or E11 shall require a referral to behavioral health

- F. The PREA Screening application to determine if an inmate is at risk of being abusive shall, at a minimum, consist of the following criteria:

1. Prior acts of sexual abuse
2. Prior acts of violent offenses
3. History of prior institutional violence
4. Prior history of institutional sexual abuse

If the answer to 1 is yes, the inmates shall be scored at risk for abusiveness.


If the answer to 4 is yes, the inmate shall be scored as an aggressor.

Any "YES" answer for F1 or F4, shall require a referral to behavioral health

- G. After completion of the Victim/Aggressor determination and annotating if the inmate had a risk needs assessment conducted, the screening system will offer an option to increase or lower the screening finding. Any increase or lowering of the screening finding requires justification and approval of the facility Chief Counselor and the Associate Warden/Assistant Warden/Deputy Superintendent.

Subject: PRISON RAPE ELIMINATION ACT (PREA) SCREENING, CLASSIFICATION, AND MONITORING

- H. Inmates with a physical or behavioral health issue that prohibits them from understanding the PREA screening application and process shall not be screened until the attending physician clears them for orientation. The assigned counselor shall document the inmate's physical or behavioral health status on LCDG (Contact Notes) and again when the inmate does receive their screening.
- VII. ACA STANDARDS: 5-ACI-1D-13, 5-ACI-3D-08 through 5-ACI-3D-16, 5-ACI-6A-32(M), and 5-ACI-6C-14.
- VIII. EXPIRATION DATE: August 1, 2023.

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 302.12	Page 1 of 1
	Effective Date: May 15, 2021	
	Distribution: A	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: DRUG-FREE WORKPLACE		

POLICY CHANGE NOTICE 21-9


INSTRUCTIONS

Please change Section IV (AA) to read as follows:

- AA. “Tennessee Department of Correction (TDOC) Site Manager: For purposes of this policy only, Warden for prisons, Superintendents for the Tennessee Correction Academy (TCA) and transition centers, District Director for probation/parole offices, Directors for Day Reporting Centers, Office of Inspector General, Office of Investigations and Conduct (OIC), Major Maintenance, Institutional Integrated Technology Services, and Central Office or designee(s).”

Please add to Section VI. (H)(4) the following:

- “c. An employee that requests a reconfirmation test will be required to use their annual or compensatory leave while waiting for the results of the test.”

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 502.06.2	Page 1 of 13
	Effective Date: August 1, 2020	
	Distribution: B	
	Supersedes: 502.06.2 (6/15/18)	
Approved by: Tony Parker		
Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-604, TCA 4-3-606, TCA 4-3-609, TCA 10-7-504, Title 28 CFR Part 115, and the Prison Rape Elimination Act of 2003.
- II. PURPOSE: To establish standardized procedures to request, approve, and govern the actions; reporting procedures; and authority of the Tennessee Department of Correction (TDOC) regarding Prison Rape Elimination Act (PREA) investigations and the role of Sexual Abuse Response Teams (SARTs).
- III. APPLICATION: All TDOC employees, inmates, Tennessee Rehabilitative Initiative in Correction (TRICOR) employees, contract employees, approved volunteers, and employees of privately managed institutions.
- IV. DEFINITIONS:
 - A. Facility/Site PREA Coordinator (FPC): Associate Wardens of Treatment/Deputy Superintendent of TDOC institutions and Assistant Wardens of Programs at privately managed institutions who coordinate local PREA programming activities and reporting requirements and oversee the functions of the PREA Compliance Manager.
 - B. First Responder: Any employee who has initially received information regarding a sexual abuse allegation.
 - C. Investigations Unit (IU) Special Agents: Agents specifically trained to perform criminal investigations and respond to information provided by SART members which may warrant additional investigation pursuant to potential criminal activity.
 - D. PREA Allegation System (PAS): Computer application located on the TDOC intranet that is used to enter all inmate-on-inmate and staff-on-inmate allegations of sexual assault and sexual harassment.
 - E. PREA Victim Advocate: Any employee designated by the Facility PREA Coordinator who has been specially trained to support an alleged victim during the investigation of an alleged sexual assault.
 - F. Restrictive Housing: The purposeful separation of inmates from the general inmate population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons that subject the inmate to remain in his/her cell at least 22 hours each day.
 - G. Sexual Abuse Nurse Examiner (SANE): Nurses specially trained in the discipline of sexual response.

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

- H. Sexual Abuse Response Team (SART): A coordinated response team comprised of medical and mental health practitioners, facility investigators, and facility security leadership.
- V. POLICY: It is the policy of the TDOC to investigate all PREA sexual abuse and sexual harassment allegations in a timely, efficient, and confidential manner in accordance with federal guidelines (Title 28 CFR Part 115).
- VI. PROCEDURES:
- A. PREA Allegations:
1. All staff are required to report immediately to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of TDOC, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
 2. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.
 3. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse as outlined in VI.(A)(1) above and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
 4. Facility staff shall report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the facilities designated investigator(s).
- B. PREA Investigations:
1. The Department shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse. These include but are not limited to:
 - a. Reporting directly to staff
 - b. Facility PREA Tip Line
 - c. Third-party reporting
 - d. Written communication
 2. The Department shall provide at least one way for inmates to report abuse or harassment to an outside governmental entity that is not affiliated with the agency or that is operationally independent from agency leadership. This information shall be made available through the *Inmate Handbook*.

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

3. Staff shall accept reports made verbally, in writing, anonymously, and from third parties. All allegations shall be documented within 24 hours of becoming known to facility staff in the PREA Allegation System (PAS). Facilities shall call the TDOC Central Communication Center within 24 hours to report the allegation. The caller will not provide any details regarding the allegation, but rather provide only the PAS number assigned to the allegation. The facility PREA Coordinator/designee shall review all PAS entries to ensure the allegation was documented within 24 hours of becoming known to facility staff. This review shall be documented on the Sexual Abuse Incident Check sheet, CR-3776. Approval for selected staff to have security access for this system shall be requested by the Associate Warden of Treatment/Deputy Superintendent/Assistant Warden of Programs to the TDOC Statewide PREA Coordinator.
4. No information related to a PREA incident of sexual abuse or harassment shall be entered in the offender management system (OMS). PREA Allegation System incident numbers shall be used for communication purposes and reported to the CCC within 24 hours.
5. Staff may privately report sexual abuse and sexual harassment of inmates to the Central Office PREA Tip Line (615-253-8178).
6. If facility staff receives information that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate.

C. Responsibilities of First Responders:

1. If the first staff responder is not a security staff member, he/she is required to instruct the alleged victim not to take any actions that could destroy physical evidence and then immediately notify the shift commander.
2. The alleged victim and abuser shall be instructed not to wash their hands, shower, brush teeth, change clothes, urinate, defecate, drink or eat.
3. The security shift supervisor who is notified of the allegation shall initiate the Sexual Abuse Incident Check Sheet, CR-3776.
4. Security shall separate the alleged victim and abuser.
5. Security shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
6. Security staff shall notify SART

D. SART Response: The facility shall coordinate actions taken in response to an incident of alleged sexual abuse or harassment among staff first responder(s) and SART, which includes medical and behavioral health practitioners, institutional investigator(s), and facility leadership.

1. Medical and behavioral health protocols related to allegations shall be followed and documented relative to community standards of care, in the event of a sexual abuse allegation, SART members shall determine if a SANE response is indicated at outside medical facilities with SANE personnel. The alleged victim shall be transferred only to medical facilities trained and equipped with SANE personnel whenever possible. PREA Victim Advocate(s) shall be available to the alleged victim when requested.

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

2. Any use of restrictive housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements set forth in (a-d) below and coordinated by the unit management team. Protective Services Investigation Routing, CR-3241, shall clearly indicate the basis of concern for the inmate's safety and the reason why no alternative means of separation can be arranged.
 - a. Inmates at high risk for sexual victimization may be placed in restrictive housing only after an assessment of all available alternatives has been made, and then only until an alternative means of separation from likely alleged abuser(s) can be arranged. This housing assignment shall not ordinarily exceed a period of 30 days.
 - b. Inmates placed in restrictive housing for this purpose shall have access to programs, education, and work opportunities to the extent possible. If inmate access to programs, privileges, education, or work opportunities is restricted, the facility shall document what opportunities have been limited; the duration of the limitation; and the reasons for such limitations. This shall be documented on LCDG Contact Notes.
 - c. If an extension is necessary, the SART member(s) shall clearly document in the PREA Allegation System application:
 - (1) The basis for concern for the inmate's safety
 - (2) The reason why no alternative means of separation can be arranged
 - (3) The need for emotional support services for inmates or staff who fear retaliation for reporting sexual abuse, or sexual harassment, or for cooperation with investigations
 - d. Every 30 days, the facility staff shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.
- E. SART Investigations: These investigations shall be conducted within 72 hours of receiving the allegation. SART team members/investigators who have received special training in conducting sexual abuse investigations in confinement settings shall investigate all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively, including third-party and anonymous reports. Investigations Unit Special Agents shall be contacted immediately when circumstances warrant further actions pursuant to criminal findings.
 1. The TDOC Investigative Unit shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
 2. When the quality of evidence appears to support criminal prosecution, the Department shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

3. The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff.
4. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.
5. For allegations referred to a Special Agent with the TDOC Investigative Unit, the Warden/Superintendent shall convene a PREA review within 48 to 72 hours after the incident. The reviewers shall consist of Warden/Superintendent, Associate Warden of Treatment/Assistant Warden of Programs/Deputy Superintendent, IU Institutional Investigator, IU Special Agent, and the TDOC Statewide PREA Coordinator. Sexual Abuse Incident Check Sheet, CR-3776, shall be utilized to document this review.

F. Sexual Abuse Incident Review:

1. The facility shall conduct a Sexual Abuse Incident Review Report, CR-3985, at the conclusion of every sexual abuse investigation, including investigations in which the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Warden/Superintendent/designee, the Associate Warden of Treatment/Deputy Superintendent/Assistant Warden at privately managed facilities, facility and IU investigators, line supervisor(s), and medical/mental health professionals.
2. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
 - b. Consider whether the incident or allegation was motivated by race; ethnicity, gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
 - c. Examine the area within the facility or facility grounds where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
 - d. Assess the adequacy of staffing levels in that area during different shifts
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
 - f. Prepare a report of its findings, including but not limited to, determinations made in accordance with (a-c) above and any recommendations for improvement and submit such report to the Warden/Superintendent.

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

3. The facility shall implement the recommendations for improvement or shall document the reason for not doing so. A copy of the incident review shall be scanned and electronically forwarded to the TDOC Statewide PREA Coordinator.
4. The SART shall ensure that upon completion of all investigations that the required forms have been provided to the institutional investigator for inclusion in the investigative file. The PREA Allegation Documentation Checklist, CR-4039, shall be utilized to monitor this activity and shall become part of the investigative file.

G. Monitoring for Retaliation:

1. Inmates and staff who are involved in reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. Appointed members of the facility SART shall monitor staff and inmates for protection from retaliation utilizing PREA Retaliation Review (Inmate) for inmates, CR-3963, and PREA Retaliation Review (Staff), CR-3982, for staff.
2. For at least 90 days following a report of sexual abuse, the Department shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Departmental monitoring shall involve looking for any changes that may suggest possible retaliation by inmates or staff. Institutional SART members shall act promptly to remedy any such retaliation. Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. Items to be monitored include, but not limited to, the following:
 - a. Inmate disciplinary reports
 - b. Inmate housing or programming changes
 - c. Negative performance reviews or reassignments of staff
3. If an offender who is being monitored for retaliation transfers to another facility whose primary purpose is to house TDOC inmates, the PREA Coordinator from the sending facility shall notify the PREA Coordinator at the receiving facility of the required monitoring. The receiving facility will be responsible for conducting the monitoring and forwarding the required PREA Retaliation Review (Inmate) for inmates, CR-3963, to the sending facility for placement in the PREA investigative file. Should the offender transfer to another facility prior to completing the 90 day cycle of monitoring, the original sending facility shall be notified by the original receiving facility so that notification of the monitoring requirement can be sent to the new facility by the original sending facility so the process can begin again with no break in monitoring for the offender.
4. The facility shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)

5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measure to protect that individual against retaliation. The Department's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.
- H. Administrative Investigations: These investigations shall include an effort to determine whether staff actions or failures to act facilitated the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative findings.
- I. Criminal Investigations: These investigations shall be documented in a written report which contains a thorough description of physical, testimonial, and documentary evidence. Copies of all documentary evidence shall be attached where feasible.
1. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
 2. Such investigative records shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five additional years.
 3. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation.
 4. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.
- J. Reporting the Status of Allegations to Inmates:
1. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in a facility, the Department shall inform the inmate in writing:
 - a. As to whether the allegation has been determined to be substantiated or unsubstantiated or unfounded.
 - b. Whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility
 - c. When the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
 2. Following an inmate's allegation that a staff member has committed sexual abuse, the Department shall subsequently inform the inmate in writing whenever:
 - a. The staff member is no longer posted within the inmate's unit
 - b. The staff member is no longer employed at the facility
 - c. The staff member has been indicted on a charge related to sexual abuse within the facility

- d. The staff member has been convicted on a charge related to sexual abuse within the facility
3. All notifications shall be done in writing using Inmate PREA Allegation Status Notification, CR-3984, and the inmate shall acknowledge by signature that he/she has received such notification. The notification shall become part of the allegation file. If the inmate refuses to sign the acknowledgement, two staff members shall sign and date that the inmate has refused to acknowledge notification.
- K. Disciplinary Sanctions for Staff: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment, or PREA policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of investigation. Sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Department's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.
- L. Disciplinary Sanctions for Inmates:
1. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.
 2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.
 3. The disciplinary process shall consider whether an inmate's behavioral disabilities or behavioral illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
 4. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.
 5. An inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
 6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
 7. Any prohibition on inmate-on-inmate sexual activity shall not consider consensual sexual activity to constitute sexual abuse.

Effective Date: August 1, 2020	Index # 502.06.2	Page 9 of 13
Subject: PRISON RAPE ELIMINATION ACT (PREA) ALLEGATIONS, INVESTIGATIONS, AND SEXUAL ABUSE RESPONSE TEAMS (SART)		

M. Sanctions for Contractors and Volunteers:

1. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmate and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
2. Any contractor or volunteer who has engaged in sexual abuse/sexual harassment of an inmate shall be prohibited from further contact with any inmate.

N. Upon request, all employees shall fully cooperate with IU Special Agents conducting an authorized investigation, including but not limited to participating in interviews and providing truthful testimony. Failure to do so will constitute insubordination and shall result in disciplinary action, up to and including termination. Administrative Investigation Warning, CR-3640, shall be utilized by agents to document this action.

O. The IU operations shall be governed by this policy and IU operational protocols approved by the Commissioner.

P. Allegation Occurring in Other Correctional Settings

1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden/Superintendent of the facility that received the allegation shall notify the head of the facility where the alleged abuse occurred.
2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification.
3. The Warden/Superintendent who receives such notification shall ensure that the allegation is investigated in accordance with TDOC policy.

Q. Each institution shall develop a written policy and procedure to coordinate actions to be taken in response to an incident of sexual abuse and to ensure compliance with the mandates of this policy.

VII. ACA STANDARDS: 5-ACI-3D-09, 5-ACI-3D-11, 5-ACI-3D-13, and 5-ACI-6C-14.

VIII. EXPIRATION DATE: August 1, 2023.



**TENNESSEE DEPARTMENT OF CORRECTION
SEXUAL ABUSE INCIDENT CHECK SHEET
PRISON RAPE ELIMINATION ACT (PREA) OF 2003**

INSTITUTION

Alleged Victim (Name/Number): _____
Alleged Aggressor (Name/Number - if Inmate) _____

INITIAL REPORT OR ALLEGATION OF SEXUAL ABUSE

DATE	TIME	NOTIFICATIONS	DATE	TIME	REQUIRED ACTIVITIES
		Notifies Shift Supervisor			First responder ensures safety of inmate from alleged aggressor
		Shift Supervisor notifies the PREA Coordinator and SART			Security escorts inmate to Health Services immediately.
		PREA Coordinator or facility investigator notifies OIC IU			Inmate is not allowed to shower, remove clothing (without medical supervision), use the restroom, or consume any liquids (in order to preserve evidence.
		Health Services notifies the SART medical representative and mental health/ victim advocate			Health Services stabilizes/ assesses victim.
					If the alleged perpetrator is an inmate, security staff ensures they are placed in a single cell. The inmate is not allowed to wash, shower, or change clothes.
					If report is within 72 hours of physical abuse/ penetration, shift supervisor and/or investigator preserves the crime scene by sealing access.
					Shift Supervisor or investigator obtains a brief statement from the alleged victim, while in the Health Services Department.
					If report is within 72 hours of physical abuse / penetration, shift supervisor and medical staff ensure victim is transported to outside medical provider for evidence collection/ treatment.
					The PREA Coordinator/designee assures documentation is completed within 24 hours of the initial allegation of sexual abuse on the PREA Allegation Screen (PAS).

INITIAL PREA REVIEW (48 TO 72 HOURS AFTER REPORT)

		For allegations referred to IU Special Agent, Warden/ Superintendent/ designee convenes a preliminary review of the response to the incident involving the Warden/Superintendent, PREA Coordinator, facility investigator, and the State PREA Coordinator
		If the alleged incident involves a staff aggressor, confirm the employee has been separated from inmate contact, and / or placed on administrative leave pending investigation.

SART Coordinator Signature: _____



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE SERVICES INVESTIGATION ROUTING

CONFIDENTIAL

TO: _____ AWO/Shift Commander/Chief of Security
FROM: _____, Reporting Staff Member
RE: INMATE _____ TDOC # _____
INSTITUTION: _____ DATE: _____

The following information has been provided by _____ and such indicates that the above inmate may require protective services: _____

TO: _____ Staff Assigned to Perform Inquiry
FROM: _____, Reporting Staff Member AWO/Shift Commander

Please complete your formal inquiry and submit on or before _____
The following action has been taken pending inquiry:

- () Inmate is restricted to cell and/or unit.
- () Inmate's housing assignment is changes from _____ to _____
- () Inmate is separated from general population pending a hearing.

Contract facilities only: Approved Yes () No () _____
Contract Monitor of Operations Date

TO: _____, Chairperson, Protective Services Panel
FROM: _____, Staff Assigned to Perform Inquiry
DATE: _____

Findings of inquiry are attached for review by the protective services panel.



**TENNESSEE DEPARTMENT OF CORRECTION
SEXUAL ABUSE INCIDENT REVIEW REPORT**

This form must be completed within thirty (30) days of the conclusion of the investigation.

A response must be provided to all statements.

1. FACILITY:	<input type="checkbox"/>	PAS	2. ALLEGED VICTIM'S NAME AND TDOC #	3. ALLEGED AGGRESSOR'S NAME AND TDOC #
	<input type="checkbox"/>			
	<input type="checkbox"/>			
4. DATE OF INCIDENT:	<input type="checkbox"/>	SUBSTANTIATED		
	<input type="checkbox"/>	UNSUBSTANTIATED		
5A. The review team has considered whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.				<input type="checkbox"/> No changes to policy or practices indicated. <input type="checkbox"/> Yes changes to policy or practices indicated.
5B. COMMENTS:				
6A. The review team has assessed whether monitoring technology should be deployed or augmented to supplement supervision by staff.				<input type="checkbox"/> No supplemental technology necessary. <input type="checkbox"/> Yes supplemental technology may be necessary.
6B. COMMENTS:				
7A. The review team has examined the area in the facility where the incident allegedly occurred to assess whether physical barriers to the area may have enabled abuse.				<input type="checkbox"/> No physical barriers present that may have enable abuse. <input type="checkbox"/> Yes physical barriers may have enabled abuse.
7B. COMMENTS:				
8A. The review team has assessed the adequacy of staffing levels in that area during different shifts.				<input type="checkbox"/> No indication of inadequate staffing levels. <input type="checkbox"/> Yes there may be inadequate staffing levels.
8B. COMMENTS:				
9A. The review team considered whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBT identification, status or perceived status, or gang affiliation, or was motivated or caused by other group dynamics of the facility.a may have enabled abuse.				<input type="checkbox"/> No <input type="checkbox"/> Yes
9B. COMMENTS:				
10. PREA MANAGER:	11. DATE:	12. PREA COORDINATOR (AWT/AWS)	13. DATE:	14A. SART MEMBER (WARDEN/SUPERINTENDENT/DESIGNEE)
14B. SART MEMBER (FACILITY/IU INVESTIGATOR)		14C. SART MEMBER (LINE SUPERVISOR)		14D. SART MEMBER (MEDICAL PROFESSIONAL):
14E. SART MEMBER (MENTAL HEALTH PROFESSIONAL)		14F. SART MEMBER:		14G. SART MEMBER:
Recommendation for improvement is to be implemented or the justification for not doing so is to be well documented below:				
COMMENTS:				



TENNESSEE DEPARTMENT OF CORRECTION

PREA ALLEGATION DOCUMENTATION CHECKLIST

RESPONSE					
1. PREA CASE NUMBER:	2. DATE REPORTED:	3. TYPE OF PREA INCIDENT: <input type="checkbox"/> INMATE ON INMATE <input type="checkbox"/> STAFF ON INMATE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CONTRACTOR	4. ALLEGATION TYPE:	<input type="checkbox"/>	ABUSE
				<input type="checkbox"/>	HARASSMENT
5. ALLEGED VICTIM'S NAME (ID NUMBER):		6. ALLEGED AGGRESSOR'S NAME (ID NUMBER):	7. DATE INVESTIGATION STARTED:	8. DATE INVESTIGATION COMPLETED:	
9A. FINAL DISPOSITION:	<input type="checkbox"/>	SUBSTANTIAL	9B. FINAL DISPOSITION DATE:	9C. IS THE VICTIM STILL IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	9D. IF NO, RELEASE DATE:
	<input type="checkbox"/>	UNSUBSTANTIAL			
	<input type="checkbox"/>	UNFOUNDED			

COMPLETE THE FOLLOWING	DATE
10. WAS THE ALLEGATION DISCUSSED WITH THE TDOC PREA COORDINATOR WITHIN 48 HOURS, EXCLUDING WEEKENDS?	
11. WAS THE "ABUSE INCIDENT CHECKSHEET"–CR3776 COMPLETED?	
12. HAS THE INCIDENT BEEN DISCUSSED WITH THE TDOC PREA COORDINATOR?	
13. WAS THE INCIDENT REFERRED TO THE OIC INVESTIGATIVE UNIT?	
14. HAS THE VICTIM HAD A SAFE/SANE EXAMINATION?	
15. HAS THE AGGRESSOR HAD A SAFE/SANE EXAMINATION?	
16. HAS THE VICTIM BEEN RESCREENED?	
17. HAS THE VICTIM BEEN REFERRED TO MENTAL HEALTH?	
18. HAS THE AGGRESSOR BEEN RESCREENED?	
19. HAS THE AGGRESSOR BEEN REFERRED TO MENTAL HEALTH?	
20. HAS THE "STATUS NOTIFICATION"–CR3984 BEEN COMPLETED?	
21. HAS THE "30-DAY INCIDENT REVIEW"–CR3985 BEEN COMPLETED?	
22. HAS RETALIATION MONITORING BEGUN FOR THE VICTIM–CR3963?	
23. HAS RETALIATION MONITORING BEGUN FOR THE AGGRESSOR–CR3963?	
24. HAS RETALIATION MONITORING BEGUN FOR STAFF INVOLVED IN THE ALLEGATION–CR3982?	
25. ADDITIONAL COMMENTS:	
26. REVIEWED BY FACILITY PREA COORDINATOR FOR COMPLETENESS ON:	



TENNESSEE DEPARTMENT OF CORRECTION
PREA RETALIATION REVIEW (INMATE)

INITIAL RESPONSE					
1. PREA CASE NUMBER:	2. DATE RETALIATION REVIEW (INMATE) COMPLETED:	3. TYPE OF PREA INCIDENT: <input type="checkbox"/> INMATE <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CONTRACTOR		4. REVIEW TYPE:	<input type="checkbox"/> 30 DAY REVIEW <input type="checkbox"/> 60 DAY REVIEW <input type="checkbox"/> 90 DAY REVIEW <input type="checkbox"/> BEYOND 90 DAYS
5. ALLEGED VICTIM'S NAME (ID NUMBER):		6. PERPETRATOR'S NAME (ID NUMBER):		7. INMATE'S COUNSELOR:	
8. INMATE BEING MONITORED:		9A. FINAL DISPOSITION:		9B. FINAL DISPOSITION DATE:	
		<input type="checkbox"/> SUBSTANTIAL <input type="checkbox"/> UNSUBSTANTIAL <input type="checkbox"/> UNFOUNDED		9C. IS THE VICTIM STILL IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
				9D. IF NO, RELEASE DATE:	

IF YES, COMPLETE THE FOLLOWING

10. ARE THE VICTIM AND THE AGGRESSOR LISTED AS INCOMPATIBLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. ARE THE VICTIM AND THE AGGRESSOR HOUSED IN SEPARATE HOUSING AREAS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. IS THE VICTIM STILL RECEIVING ASSISTANCE FROM A VICTIM ADVOCATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. IS THE VICTIM STILL RECEIVING ASSISTANCE FROM MEDICAL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. IS THE VICTIM/AGGRESSOR STILL RECEIVING ASSISTANCE FROM MENTAL HEALTH?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. IS THE VICTIM/AGGRESSOR STILL RECEIVING ASSISTANCE FROM PROGRAM STAFF?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. HAS THE VICTIM'S CUSTODY LEVEL CHANGED SINCE THE PREA VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. HAS THE VICTIM/AGGRESSOR RECEIVED ANY DISCIPLINARY REPORTS SINCE THE PREA VIOLATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

VICTIM ASSESSMENT AND INTERVIEW

18. HAS THE INMATE BEING MONITORED BEEN NEGATIVELY AFFECTED IN ANY MANNER? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. HAS THE INMATE BEING MONITORED BEEN SUBJECTED TO UNPROFESSIONAL COMMENTS AND/OR NEGATIVE ACTIONS BY OTHER INMATES, STAFF, SUPERVISORS, AND/OR ADMINISTRATIVE PERSONNEL AS A RESULT OF THE PREA VIOLATION? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. SART RESPONSE TO COMMENTS AND ACTIONS:		
21. REVIEWING SART MEMBERS:		



TENNESSEE DEPARTMENT OF CORRECTION

PREA RETALIATION REVIEW (STAFF)

INITIAL RESPONSE					
1. PREA CASE NUMBER:	2. DATE RETALIATION REVIEW (STAFF) COMPLETED:	3. TYPE OF PREA INCIDENT:		4. REVIEW TYPE:	
		<input type="checkbox"/> INMATE	<input type="checkbox"/> STAFF	<input type="checkbox"/>	30 DAY REVIEW
		<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/>	60 DAY REVIEW
				<input type="checkbox"/>	90 DAY REVIEW
				<input type="checkbox"/>	BEYOND 90 DAYS
5. ALLEGED VICTIM'S NAME (ID NUMBER):		6. PERPETRATOR'S NAME (ID NUMBER):		7. STAFF SUPERVISOR:	
8. STAFF BEING MONITORED:		9A. FINAL DISPOSITION:		9B. FINAL DISPOSITION DATE:	
<input type="checkbox"/>	SUBSTANTIAL			9C. IS THE VICTIM STILL IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	UNSUBSTANTIAL				
<input type="checkbox"/>	UNFOUNDED				
				9D. IF NO, RELEASE DATE:	

IF YES, COMPLETE THE FOLLOWING		
10. HAS THE PERSON'S DAYS OFF CHANGED IN AN UNREASONABLE NEGATIVE MANNER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. HAS THE PERSON'S SHIFT CHANGED IN AN UNREASONABLE NEGATIVE MANNER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. HAS THE PERSON'S POST ASSIGNMENT IN AN UNREASONABLE NEGATIVE MANNER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. HAS THE PERSON BEEN INFORMED OF THE EMPLOYEE ASSISTANCE PROGRAM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. HAS THE PERSON RECEIVED AN UNREASONABLE EVALUATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. HAS THE PERSON BEEN DECLINED FOR SPECIAL ASSIGNMENT/PROMOTION/ACADEMY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. HAS THE PERON RECEIVED ANY TYPE OF DISCIPLINARY ACTION DEEMED TO BE UNREASONABLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. HAS THE PERON'S VACATION TIME BEEN CANCELLED OR CHANGED BY HIS/HER SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. HAS THE PERSON HAD ANY OTHER UNEXPLAINED ACTIONS TAKEN AGAINST HIM/HER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

VICTIM ASSESSMENT AND INTERVIEW		
19. HAS THE PERSON BEING MONITORED BEEN NEGATIVELY AFFECTED IN ANY MANNER? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. HAS THE PERSON BEING MONITORED BEEN SUBJECTED TO UNPROFESSIONAL COMMENTS AND/OR NEGATIVE ACTIONS BY OTHER INMATES, STAFF, SUPERVISORS, AND/OR ADMINISTRATIVE PERSONNEL AS A RESULT OF THE PREA VIOLATION? IF YES, HOW?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. SART RESPONSE TO COMMENTS AND ACTIONS:		
22. REVIEWING SART MEMBERS:		



**TENNESSEE DEPARTMENT OF CORRECTION
INVESTIGATIONS UNIT
ADMINISTRATIVE INVESTIGATION WARNING**

CASE NUMBER	DATE / TIME
EMPLOYEE NAME (<i>PRINTED</i>)	TITLE / RANK

I am Special Agent _____ of the Investigations Unit,
PLEASE PRINT

Tennessee Department of Correction. I wish to advise you that you are being questioned as part of an official investigation. You will be asked questions specifically directed and narrowly related to the performance of your official duties. You are entitled to all the rights and privileges guaranteed by the laws and the constitution of this state and the United States, involving the right not to be compelled to incriminate yourself. I further wish to advise you that refusal to testify or to answer questions relating to the performance of your departmental duties could result in your dismissal from the department. If you do answer, neither your statements nor any information or evidence which is gained by reason of such statements can be used against you in any subsequent criminal proceeding. However, these statements may be used against you in relation to subsequent departmental charges.

At this time I am going to question you regarding _____

This questioning concerns administrative matters relating to the official business of the department. I am not questioning you for the purpose of instituting any criminal proceeding against you. During the course of the questioning, even if you do disclose information which indicates that you may be guilty of criminal conduct, neither your statements nor the fruits (products, results, etc.) of any statement you make may be used against you in any criminal proceedings.

Do you understand that this interview may be recorded in its entirety? Yes No

I have read and fully understand the advisement.

EMPLOYEE SIGNATURE	DATE / TIME
WITNESS SIGNATURE	DATE / TIME



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index: 502.06.3

Page 1 of 7

Effective Date: August 1, 2020

Distribution: B

Supersedes: 502.06.3 (6/15/18)

Approved by: Tony Parker

Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 39-13-503, TCA 39-16-408, the 2003 Prison Rape Elimination Act, 42 USC 15601 through 15609 (PREA), and Title 28 CFR Part 115.
- II. PURPOSE: To ensure compliance with state and federal laws and the Prison Rape Elimination Act of 2003 as it relates to medical, behavioral health, victim advocacy, and community support services.
- III. APPLICATION: All TDOC employees, inmates, Wardens, Superintendents, Health and Behavioral Health Administrators, counseling services staff, health and mental health care staff, the medical and mental health contractors, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Employee: For the purpose of this policy, any full-time or part-time staff member, contractor, employee of a contractor, volunteer, or intern.
 - B. Facility/Site PREA Coordinator (FPC): Associate Wardens of Treatment/Deputy Superintendent of TDOC institutions and Assistant Wardens of Programs at privately managed institutions that coordinate local PREA programming activities and reporting requirements and oversee the functions of the PREA Compliance Manager.
 - C. Prison Rape Elimination Act (PREA): Federal legislation enacted in 2003 to address the problem of sexual abuse of a person in custody within the United States.
 - D. PREA Victim Advocate: A person made available to the victim from a rape crisis center or, if unavailable, a qualified employee designated by the FPC to support an alleged victim during the investigation of an alleged sexual assault. A qualified agency employee is an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.
 - E. Sexual Abuse: Encompasses inmate-on-inmate sexual abuse; inmate-on-inmate sexual harassment; staff-on-inmate sexual abuse; and staff-on-inmate sexual harassment.
 1. Inmate-on-inmate sexual abuse: Encompasses all incidents of inmate-on-inmate sexually abusive contact and inmate-on-inmate sexually abusive penetration.
 2. Inmate-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexual contact by threats of violence, or of an inmate who is unable to consent or refuse.

Effective Date: August 1, 2020	Index #502.06.3	Page 2 of 7
Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

3. Inmate-on-inmate sexually abusive penetration: Penetration by an inmate of another inmate without the latter's consent, or of an inmate who is coerced into sexually abusive penetration by threats of violence, or of an inmate who is unable to consent or refuse. The sexual acts included are:
 - a. Contact between the penis and the vagina or the anus;
 - b. Contact between the mouth and the penis, vagina, or anus; or
 - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
4. Inmate-on-inmate sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one inmate directed towards another inmate.
5. Staff-on-inmate sexual abuse: Encompasses all occurrences of staff-on-inmate sexually abusive contact, staff-on-inmate sexually abusive penetration, staff-on-inmate indecent exposure, and staff-on-inmate voyeurism. Staff solicitations of inmates to engage in sexual contact or penetration constitute attempted staff-on-inmate sexual abuse.
6. Staff-on-inmate sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a staff member of an inmate with or without the latter's consent that is unrelated to official duties.
7. Staff-on-inmate sexually abusive penetration: Penetration by a staff member of an inmate with or without the latter's consent. The sexual acts included are:
 - a. Contact between the penis and the vagina or the anus;
 - b. Contact between the mouth and the penis, vagina, or anus; or
 - c. Penetration of the anal or genital opening of another person by a hand, finger, or other object.
8. Staff-on-inmate indecent exposure: The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.
9. Staff-on-inmate voyeurism: An invasion of an inmate's privacy by an employee for reasons unrelated to official duties or when otherwise not necessary for safety and security reason, such as peering at an inmate who is using a toilet in his or her cell; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions and distributing or publishing them.
10. Staff-on-inmate sexual harassment: Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member. Such statements include demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures

Effective Date: August 1, 2020	Index #502.06.3	Page 3 of 7
Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- F. Sexual Abuse Nurse Examiner (SANE): Nurses specially trained in the discipline of sexual response.
 - G. Sexual Abuse Response Team (SART): A coordinated response team comprised of medical and mental health practitioners, facility investigators, and facility security leadership.
 - H. Sexual Aggressor: Any inmate within TDOC custody, including but not limited to contracted confinement facilities, who has been identified utilizing the PREA Screening System Application as an individual who is at high risk of being sexually abusive.
 - I. Victim: Any inmate within TDOC custody, including but not limited to contracted confinement facilities, who has been identified utilizing the PREA Screening System Application as an individual who is at high risk of being sexually victimized.
- V. POLICY: It is the policy of the TDOC to provide appropriate medical or behavioral health care, victim advocacy, and community support services in accordance with the Prison Rape Elimination Act of 2003.
- VI. PROCEDURES:
- A. Staff shall accept reports of sexual abuse, harassment or retaliation by other inmates or staff for reporting sexual abuse or sexual harassment in accordance with Policy #502.06.2.
 - 1. Staff shall maintain confidentiality except to the extent necessary to make treatment, investigation and other security management decisions.
 - 2. Unless otherwise precluded by federal, state, or local law, medical and behavioral health providers shall be required to report sexual abuse and shall inform inmates of the providers' duty to report, and the limitations of confidentiality, at the initiation of services.
 - 3. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and behavioral health practitioners and other staff, as necessary, to make informed treatment plans and security and management decisions, including housing, bed, work, education, and programs assignments, or as otherwise required by Federal, State, local law.
 - 4. Medical and Behavioral Health providers shall obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in the institutional setting.
 - 5. Non-SART members of medical and behavioral health staff will not be involved in the criminal investigations of PREA allegations, except for the preservation of evidence per operational protocol. Investigations will be conducted in accordance with Policy #502.06.2.
 - B. Medical and behavioral health support and services shall be provided to victims of sexual abuse or sexual harassment in accordance with Policy #502.06.2 and to the extent allowable and not in direct conflict with the Prison Elimination Act of 2003.

Effective Date: August 1, 2020	Index #502.06.3	Page 4 of 7
Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

1. Referrals and Monitoring:

- a. If the screening process indicates that an inmate has experienced prior sexual victimization, or has perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a referral to a medical and or behavioral health provider within 14 days of the screening.
- b. Within a set time period, not to exceed 30 days from the inmate's arrival at the institution, the institution will rescreen the inmate for risk of victimization or abusiveness or based upon any additional, relevant information received by the facility since the screening.
- c. Those inmates identified as victims during the screening process and placed in segregated/restrictive housing involuntarily, shall be re-evaluated within 30 days of arrival at a facility by the behavioral health staff. If an extension is necessary, there shall be documentation of the basis for the concern for the inmate's safety and the reason for no alternative means of separation.

2. Medical Response:

a. Access to Emergency Care:

- (1) Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and behavioral health providers, according to their professional judgment, in accordance with Policy #113.30.
- (2) If no qualified medical or behavioral health providers are on duty at the time a report of recent abuse is made, correctional officers are trained to render first aid as needed. Once the victim is safe and the scene is secure, if medical attention is deemed necessary for stabilization, the security shift supervisor shall notify the medical member of SART or their designee.
- (3) Medical care should be limited to stabilizing the victim for transport.
- (4) Medical and behavioral health providers shall follow operational protocols regarding evidence preservation.

- b. All inmates alleging to be victims of a sexual abuse shall automatically be referred to behavioral health staff utilizing the referral process in accordance with Policy #113.82.

c. SANE Response:

- (1) Upon receiving a report of an alleged sexual abuse within the 72 hour time frame SART members shall determine if SAFE/SANE response is indicated at an outside medical facility. If the services of an outside medical facility are determined to be indicated, the victim shall be transported by security to an outside medical facility with SAFE/SANE personnel for a forensic examination at no cost to the victim.

Effective Date: August 1, 2020	Index #502.06.3	Page 5 of 7
Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- (a) If the victim is medically unstable, transport shall be to the nearest emergency medical facility by Emergency Medical Services.
 - (b) A PREA Victim Advocate shall be made available to the alleged victim, when requested, to accompany and support the victim through the forensic medical examination and the investigation process.
 - (2) Upon receiving a report of an alleged sexual abuse outside of the 72 hour time frame, SART members shall determine if SAFE/SANE response is indicated at an outside medical facility with SAFE/SANE personnel. The alleged victim shall be transported only to medical facilities trained and equipped with SANE personnel.
 - (3) If SAFE/SANE personnel cannot be made available, the forensic examination can be performed by other qualified medical practitioners. The medical member of the SART shall document the efforts to provide SANE services.
- 3. Follow-up Care for Sexual Abuse:
 - a. Ongoing medical and behavioral health care for sexual abuse victims and abusers:
 - (1) The facility shall offer medical and behavioral health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility.
 - (2) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
 - (3) The facility shall provide such victims with medical and behavioral health services consistent with the community level of care.
 - (4) Inmate victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests and timely information about, and access to, all pregnancy-related medical services that are lawful in the community. (See Policy #113.90)
 - (5) Inmate victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, as medically appropriate in accordance with Policy #113.42.
 - (6) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with investigations.

Effective Date: August 1, 2020	Index #502.06.3	Page 6 of 7
Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- (7) All facilities shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by behavioral health providers

b. Inmate Access to Facility and Outside Confidential Support Services:

- (1) The name and contact information of the facility's Inmate PREA Victim Advocate shall be posted to each housing unit bulletin board. The facility shall ensure that inmates are provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address and telephone numbers, including toll-free hotline numbers, where available, of local, state, or national victim advocacy or rape crisis organizations and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.
- (2) The FPC shall ensure that inmates are informed, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- (3) The TDOC shall attain memoranda of understanding (MOU) or other agreements with community services providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Memoranda of Understanding are to be approved by the TDOC General Counsel.

C. Employee Training:

1. All Medical and Behavioral Health care employees, (TDOC, contracted, privately managed, and agency), full and part-time, shall receive specialized training in:
 - a. How to detect and assess signs of sexual abuse and sexual harassment
 - b. How to preserve physical evidence of sexual abuse
 - c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment
 - d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment
2. Documentation of specialized training for medical and behavioral health employees shall be the responsibility of the Health Services Administrator and Behavioral Health Administrator at each facility.

Effective Date: August 1, 2020	Index #502.06.3	Page 7 of 7
Subject: MEDICAL, BEHAVIORAL HEALTH, VICTIM ADVOCACY, AND COMMUNITY SUPPORT SERVICES FOR PREA VICTIMS		

- VII. ACA STANDARDS: 5-ACI-3D-08 through 5-ACI-3D-16, 5-ACI-6A-05, 5-ACI-6A-08(M), 5-ACI-6A-10(M), 5-ACI-6A-12 (M), 5-ACI-6A-32, and 5-ACI-6C-14.
- VIII. EXPIRATION DATE: August 1, 2023.



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #:

Page 1 of

Effective Date:

Distribution:

Supersedes:

Approved by:

Subject: MEAL DELIVERY SYSTEM FOR SPECIAL HOUSING UNITS

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a procedure to standardize the method of food service delivery to any satellite/bulk feeding unit including, but not limited to, administrative segregation (AS), extended restrictive housing, infirmary, mandatory segregation, renal unit, protective custody (PC), punitive segregation, restrictive housing step-down program (RHSDP), specialized alternative incarceration unit (SAIU), technical violator unit (TVU), and re-therm tray systems at DeBerry Special Needs Facility (DSNF).
- III. APPLICATION: To Wardens/Superintendents, Associate Wardens, Fiscal Directors, Tennessee Department of Correction (TDOC) employees, contractor staff, health service staff, unit directors/managers, behavioral health staff, and inmates under TDOC custody, including privately managed institutions.
- IV. DEFINITIONS:
 - A. Administrative Segregation: The purposeful separation of inmates believed to be a threat to the security of the institution, the welfare of the staff, or to other inmates.
 - B. Bulk/Satellite Feeding: Quantity food preparation and service for inmates not permitted/able to consume meals in the dining hall. Inmates in housing areas that utilize bulk feeding method shall be served meals of the same content as the general population.
 - C. Contract Food Service Director: The individual employed by the Contractor who oversees the food service operation in the facilities.
 - D. Contractor: The organizational entity serving as the primary vendor with whom a contract is executed. The term Contractor includes all employees, subcontracts, agents, volunteers, and anyone acting on behalf of, in the interest of, or for the Contractor.
 - E. Contractor Staff: Individuals who are employed by the Contractor.
 - F. Extended Restrictive Housing: Housing that separates an inmate from contact with the general population while restricting an inmate to his/her cell for at least twenty-two (22) hours per day and for more than thirty (30) days for the safe operation of the facility.
 - G. Hazard Analysis and Critical Control Points (HACCP): A systematic preventive management system in which food safety is addressed through the analysis of biological, chemical, and physical hazards in production processes that can cause the finished product to be unsafe and designs measures to reduce these risks to a safe level.
 - H. Infirmary: The place within a facility for the care of those who are ill.
 - I. Inmate Workers: Inmates that are assigned in the bulk/satellite feeding areas to plate meals and prepare beverages utilizing Hazard Analysis and Critical Control Points (HACCP) standards to ensure food safety.

Effective Date:	Index #	Page 2 of
Subject: MEAL DELIVERY SYSTEM FOR SPECIAL HOUSING UNITS		

- J. Mandatory Segregation: Assignment to maximum security housing of those inmates committed to the Department under the sentence of death, individuals in the physical custody of the Department by court order for safekeeping, or if segregation is indicated upon the initial classification.
 - K. Protective Custody (PC): The separation of inmates from the general population for the purpose of providing a level of safety for inmates requiring such.
 - L. Punitive Segregation: The confining of an inmate as a result of disciplinary conviction, for no longer than thirty (30) days, as punishment for the commission of an infraction.
 - M. Religious Meals: A diet that consists of specific foods and/or food preparation techniques that accommodate religious dietary requirements or that replaces the standardized heart healthy menu for more than three (3) days. (i.e., Ramadan meals, Passover meals, etc.)
 - N. Restrictive Housing: The purposeful separation of inmates from the general population in confinement or housing where measures are taken to provide maximum security and/or to control their circumstances or circumscribe their freedom. This general status is for either punitive or administrative reasons that are subject to remain in their cells for up to twenty-two (22) hours each day.
 - O. Restrictive Housing Step-Down Program (RHSDP): A program that includes a system of review and establishes criteria to prepare an inmate for transition to general population or the community. Individualized programs involved a coordinated multi-disciplinary team approach that includes behavioral health, case management, and security employees. Medical personnel will be part of the multi-disciplinary team when an inmate who has chronic care or other significant medical accommodations needs participates in this program.
 - P. Re-Therm Area: The Health Center, Behavioral Health units, Transit, and Rehabilitation Unit at the Lois M. DeBerry Special Needs Facility (DSNF) where food is reheated to safe temperatures prior to serving.
 - Q. Satellite Kitchen: Any kitchen within a facility, excluding the central kitchen.
 - R. Specialized Alternative Incarceration Unit (SAIU): A highly regimented, short-term military style program for selected non-violent inmates.
 - S. Specialty Meals: A vegan or vegetarian diet requested based on personal preference.
 - T. Standardized Menu: A 28-day menu cycle that is designed to standardize the processes for ordering receiving, service, and daily meal cost.
 - U. Technical Violator Unit (TVU): A minimum security, short-term incarceration program for technical probation or parole violators who have no new felonies.
 - V. Therapeutic Meals: A special diet or food combination lists developed by the Contract Dietician and prescribed by an authorized health care professional as part of the inmate's medical or dental treatment.
- V. POLICY: Institutions within TDOC shall follow the meal service delivery procedure that will provide all inmates housed in areas that provide meals in a bulk feeding-satellite meal system with nutritionally adequate meals according to the Standardized, Therapeutic, Specialty, and Religious Standardized Menus.

Effective Date:	Index #	Page 3 of
Subject: MEAL DELIVERY SYSTEM FOR SPECIAL HOUSING UNITS		

VI. PROCEDURES:

- A. Meals shall be prepared in the main kitchen and applicable satellite kitchens at each institution. Menu components, along with all required condiments and beverage, will be transported to special housing units in enclosed, insulated food transport carts.
- B. Meal Delivery System:
1. Meals shall be delivered to each special housing unit utilizing Hazard Analysis and Critical Control Points (HACCP) processes to ensure menu components are properly handled during transport.
 2. Contractor staff shall utilize and accompany inmate workers to transport food carts to each special housing unit and re-therm areas at the Lois M. DeBerry Special Needs Facility (DSNF).
 3. The Contract Food Service Director shall provide adequate Contractor staff to supervise preparation and plating of all meals in the bulk feeding/satellite units to ensure all menu components, to include all required condiments, correct portion sizes, and a beverage, are included in each inmate meal. Contractor staff shall also take and record food temperatures to verify HACCP requirements are met.
 4. The Unit Director/Manager or designee, along with Contractor staff, shall verify and sign a form that all menu components, condiments, and beverage for the meal were delivered. The form shall be signed and dated for each meal and shall be kept on file in the Contract Food Service Director's office.
 5. The Contractor shall ensure food items and serving utensils required are properly supervised per TDOC Policy 506.03 and are available for serving line personnel.
 6. Therapeutic, specialty, religious, or religious holiday meals shall be prepared in the main kitchen and transported under the same directions as the regular meal service. These meals shall be marked for easy identification of which inmate is to receive the meal.
 7. The Unit Director/Manager or designee shall be responsible for the daily documentation of therapeutic, specialty, religious, and religious holiday meals that are not served to inmates within their respective units and shall forward the data to the Contractor on a weekly basis. Carefully documented Therapeutic Diet requests, CR-1798, Contractor diet tracking spreadsheets, and Inmate Special Meal Diet Logs, CR-4057, shall be maintained for inmates housed in special housing units by the Contractor.
 8. The Unit Director/Manager or designee shall accompany inmate workers assigned to the bulk feeding areas while delivering meals.
- C. Inmate Workers in Special Housing Units:
1. Inmates assigned to work in the special housing unit food preparation areas shall have a current annual Food Handler Permit, CR-2239, on file.
 2. The Contract Food Service Director shall be responsible for maintaining training files for each inmate assigned to work in special housing unit food preparation areas. Training and file retention shall be conducted in accordance with TDOC Policies 116.04 and 116.11.

Effective Date:	Index #	Page 4 of
Subject: MEAL DELIVERY SYSTEM FOR SPECIAL HOUSING UNITS		

3. The Contract Food Service Director or designee shall ensure that all inmates assigned to work in the special housing unit food preparation areas are visually checked for signs of communicable diseases, open wounds, sores, and respiratory infections and shall record/maintain documentation as outline in TDOC Policy 116.11.
4. The Contract Food Service Director or designee shall ensure that all inmates assigned to work in the special housing unit food preparation areas wear clean uniforms, including a hair restraint/beard guard, and single use gloves as required in TDOC Policies 116.05 and 504.05. The Contractor shall provide transparent, food grade approved gloves, hair restraints, beard guards.
5. Any inmate injury shall be documented on the Accident/Injury/Traumatic Injury Report, CR-2592, and on the Offender Management System (OMS) Health Service Screen (LHSB) in accordance with TDOC Policy 113.53. Life threatening injuries shall be reported in accordance with TDOC Policy 103.02.
6. The Contract Food Service Director shall be responsible for ensuring accurate attendance hours for inmate workers are entered in OMS in accordance with TDOC Policy 504.04.

VII. ACA STANDARDS: 5-ACI-5C-03 through 5-ACI-5C-11, and 5-ACI-5C-16.

VIII. EXPIRATION DATE:

