



Tennessee Corrections Institute

Local Correctional Facility TCI Plan of Action Release Form

Facility name: _____

Address: _____

Sheriff: _____

County Mayor: _____

Jail Administrator: _____

TCI Minimum Standard Deficiency(s):

POA Corrective Action(s) and final completion date(s):

The following measures have been taken and the required corrective actions completed to comply with the above listed TCI Minimum Standards Deficiencies. I am requesting the TCI Board of Control release the above mentioned local correctional facility from the necessitated "Plan of Action" to regain full certification prior to the next annual inspection.

Sheriff/Chief of Police Signature: _____

Date: _____