I. **AUTHORITY:** TCA 4-3-603, TCA 4-3-606, TCA 10-7-503, and TCA 10-7-506; Rules of the Tennessee Department of Correction 0420-01-04.

II. **PURPOSE:** To establish procedures ensuring compliance with the Tennessee Public Records Act.

III. **APPLICATION:** To all employees of Tennessee Department of Correction (TDOC) and privately managed facilities.

IV. **DEFINITIONS:**

A. **Computer Generated Data:** Records retrieved and transmitted electronically including, but not limited to, file transfer protocol, flat files, disc, or tape.

B. **Labor:** For purposes of this policy, the time reasonably necessary to produce the requested records and includes the time spent locating, retrieving, reviewing, redacting, and reproducing the records.

C. **Labor Threshold:** For purposes of this policy, the labor of the employee(s) reasonably necessary to produce the requested material for the first hour incurred by the records custodian in producing the material.

D. **Office of Open Records Counsel:** State agency authorized by statute to provide information to public officials and the public regarding public records.

E. **Production Costs:** Combined cost of material, copying, delivery and labor incurred in producing goods.

F. **Public Record(s):** All documents, papers, letters, maps, books, photographs, microfilms, electronic data processing files and output, films, sound recordings, or other material (regardless of physical form or characteristics) made or received due to laws or ordinances or in connection with the transaction of official business by any governmental agency.

G. **Public Records Request Coordinator (PRRC):** For purposes of this policy, PRRC is defined as the Commissioner, Deputy Commissioners, Chief Financial Officer, Assistant Commissioners, Wardens, Superintendents, District Directors, Correctional Administrators, and Directors or designee of each respective office.

H. **Records Custodian:** The person or group of persons who are directly responsible for a particular set or type of records.

I. **Reproduction:** Duplication of a file or record.
V. **POLICY:** The TDOC shall respond promptly to all Public Records Act requests and charge fees for such records reproduction or computer generated data in accordance with the procedures established herein and by the Office of Open Records Counsel.

VI. **PROCEDURES:**

A. **Records Requests:**

1. Upon request, the records custodian/designee of a public record shall promptly make available for inspection any public record that is not specifically exempt from disclosure. Such request for inspection of a public record shall be sufficiently detailed to enable the records custodian to identify the specific records to be located or copied.

2. In the event it is not practicable for the record to be promptly available for inspection or retrieval, the records custodian shall perform the following within seven business days:
   
   a. Furnish the requestor a completed Inspection/Duplication of Records Request, CR-3725.
   
   b. Deny the request in writing by completing a Records Request Denial Letter, CR-3726.

B. **Reproduction of Documents and Charges:**

1. The Department shall not assess a charge for inspecting public records. If the requesting party subsequently requests copies of public records, the Department shall charge the requestor for production costs, including copying, labor, and delivery costs, in accordance with the guidelines below.

2. No labor costs shall be assessed against the requestor for the first hour incurred by the records custodian in producing the requested material. After the first hour, labor incurred shall be assessed as follows:

   a. The hourly wage of the employee(s) reasonably necessary to produce the requested information above the labor threshold.

   b. The hourly wage is based upon the base salary of the employee(s), excluding benefits. In calculating the charge for labor, the records custodian shall:

      (1) Determine the number of hours that each employee spends producing the request;

      (2) Subtract one hour from the number of hours that the highest paid employee spends producing the request;

      (3) Multiply the total number of hours to be charged for the labor of each employee by that employee’s hourly wage; and,

      (4) Add the totals for all of the employees who are involved in the request to determine the total amount of labor to be charged.
(For example, the hourly wage of employee #1 is $15.00 and the hourly wage of employee #2 is $20.00. Employee #1 spends two hours on the request and employee #2 spends two hours on the same request. Because employee #2 is the higher paid employee, subtract the one hour threshold from the hours that employee #2 spends producing the request. The total labor cost for this example is $50.00.)

3. **Reproduction Costs:** If a request is made by a federal, state, or local government agency on behalf of a citizen under the Tennessee Public Records Act, that request shall be treated as a request by the citizen and charged accordingly.

   a. The custodian shall assess a charge of $.15 per page for each standard 8 ½ x 11 or 8 ½ x 14 inch sized black and white copy produced. A duplex copy shall be considered the equivalent of two separate copies.

   b. If a public record is maintained in color and the requestor wishes the copy in color, the reproduction costs for 8 ½ x 11, 8 ½ x 14, or 11 x 17 inch sized documents shall be $.50 cents per page (provided that the records custodian can reproduce the record in color). If the requestor does not want to pay $.50 per page, then the record is to be reproduced in black and white.

   c. Procedures for assessing a charge to inmates shall be governed by Policy #208.05.

4. **Delivery Costs:** Delivery costs, if applicable, shall be assessed as follows:

   a. If the requesting party chooses not to return to the records custodian’s office to retrieve the copies, the records custodian will deliver the records to the requesting party through the US Postal Service.

   b. In the discretion of the records custodian, copies of public records may be delivered through other means, including electronically.

C. **Payment of Production Costs:**

1. The fiscal officer/designee in Central Office, at the institution, and the administrative services assistant 2 at each community supervision district office shall calculate the price to be charged for the reproduction of documents and will notify the PRRC.

2. The PRRC shall return to the individual requesting the documents an Inspection/Duplication of Records Request, CR-3725, documenting the production cost to fulfill his/her request. The documentation also shall include instruction for the monies to be sent to the Fiscal Office.

3. Persons other than inmates must pay production costs by cashier’s check or money order. Checks must be made payable to the Fiscal Services Section in Central Office, community supervision district office, or the institution for the exact amount of the production costs. A receipt will be provided to the requesting party upon receipt of payment for the production costs. If the requestor is an inmate, the payment will be deducted from the inmate’s trust fund per an inmate withdrawal request, CR-2727. (See Policy #208.01)
4. The Department shall receive payment in full for the production costs prior to releasing any copies of public records.

5. All monies received shall be deposited to current services revenue. (See Policy #202.04)

D. Waiver of Production Costs and Exemptions:

1. The Department shall provide copies of public records without charge if all production costs do not exceed $3.00.

2. Production costs will be waived under the following circumstances:
   a. When the requesting party is a federal, state, or local government agency;
   b. When the requesting party is a current employee of the Department and the request is for copies of his/her employment record;
   c. Judges;
   d. Other correctional agencies;
   e. Records relating solely to post-conviction relief issues unless the reproduction is pursuant to a public records request;
   f. Any request with a valid court order or subpoena;
   g. Any other exemption shall have the prior written approval from the Commissioner or designee.

3. The Department may provide copies of the following records without charge if the Department will not incur significant production costs in providing the records:
   a. Basic budget information
   b. History of the Department
   c. Biographical data for departmental employees
   d. General facts and figures about the Department
   e. Other similar information

E. Computer Generated Data:

1. Requests for computerized information, including inmate requests, shall be directed to the Decision Support: Research and Planning Director.

2. The Decision Support: Research and Planning Director shall:
   a. Verify that the requested information is available.
b. Notify the requesting person, group, or agency of the following:

   (1) Estimated cost to provide the requested information;

   (2) Estimated time necessary to produce the requested information;

   (3) The final (actual) cost after data completion; and

   (4) Payment in full is required prior to transmittal of the information.

3. Fees for the provision of computer generated information will include the labor hours to extract and verify the accuracy of the computerized information (e.g., programming time, data cleaning and checking, etc.), the actual computer time to generate the information data, and any time, handling, or materials cost for providing the data.

4. Researchers will be charged according to this policy for raw data extracted from the offender management system (OMS) for use in their study. The production costs for necessary random samples for researchers conducting research in accordance with Policy #114.02 shall be waived.

5. The Decision Support: Research and Planning Section will provide the Fiscal Services Section with notification of the purchaser’s request and payment amounts due for all data sales (as they occur) so that the receipt of payment for pending data purchases is verified.

6. The Fiscal Services Section shall notify the Decision Support: Research and Planning Director within 24 hours of receipt of payment for data requests and deposit the funds to current services revenue. (See Policy #202.04)

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: March 20, 2022.
INSPECTION / DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the records custodian is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

Note: Section I of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. 10-7-503(a) adding (7)(a) to provide that unless the law specifically requires such, a request to inspect is not required to be in writing nor can a fee be assessed for inspection of records.

1. Name of requestor: ____________________________________________________________________________
   (Print or Type; Initials required for copy requests)

2. Form of identification provided:
   □ Photo ID issued by governmental entity including requestor’s address
   □ Other: __________________________________________________________________________

3. Requestor’s address and contact information: _______________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

4. Record(s) requested to be inspected/copied:
   a. Previously inspected on ______________________(date); □ Inspection waived
   b. Type of record: □ Minutes □ Annual Report □ Annual Financial Statements □ Budget
      □ Employee File □ Other
   c. Detailed Description of the record(s) including relevant date(s) and subject matter: ______________________
      _______________________________________________________________________________________
      _______________________________________________________________________________________

5. Request submitted to: __________________________________________________________________________
   (Name of TDOC Central Office, Academy, Institutional Division, or Community Supervision)
   a. Employee receiving request: ________________________________________________________________
      (Print or Type and Initial)
   b. Date and time request was received: _______________________________________________________
   c. Response: □ Same day □ Other _____________________________________________________________
6. Costs
   a. Number of pages to be copied ____________________ □ Estimated
   b. Cost per page: ________________________________
   c. Estimate of labor costs to produce the copy (for time exceeding 1 hour): ____________________
      □ Labor at $_________/hour for ____________ hour(s).
      □ Labor at $_________/hour for ____________ hour(s).
      □ Labor at $_________/hour for ____________ hour(s).
   d. Programming cost to extract information requested: ________________________________
   e. Method of delivery and cost: ____________________ □ Estimated
      □ On-site pick up □ U.S. Postal Service □ Other: ________________________________
   f. Estimate of total cost to produce request: ________________________________
   g. Estimate of total cost provided to requestor: □ In Person □ By USPS □ By Phone □ Other: ______

7. Form, Amount, Date of Payment:
   a. Form of payment: □ Cash □ Check □ Other ________________________________
   b. Amount of payment: ________________________________
   c. Date of payment: ________________________________

8. Date of Delivery: ________________________________

9. ___________________________________________ Date
    Signature of Records Custodian

10. ___________________________________________ Date
    Signature of Requestor
Dear Sir or Madam:

On ____________ this Office received your open records request to inspect/receive copies of _________________

After reviewing the request, this Office is unable to provide you with either all or part of the requested record(s). The basis for this denial is:

- [ ] No such record(s) exists.
- [ ] This office is not the records custodian for the requested record(s).
- [ ] Additional information is needed to identify the requested record(s): ___________________________

[_________________________________________________________________________________]
[_________________________________________________________________________________]
[_________________________________________________________________________________]

- [ ] The following law (citation and brief description of why access is being COMPLETELY denied):
  - [ ] Tennessee Code Annotated, Section: ____________________________________________
  - [ ] Court Rule: _________________________________________________________________
  - [ ] Common Law Provision: _____________________________________________________
  - [ ] Federal Law (HIPAA, FERPA, etc.): __________________________________________

- [ ] The following law (citation and brief description of why access is being PARTIALLY denied):
  - [ ] Tennessee Code Annotated, Section: ____________________________________________
  - [ ] Court Rule: _________________________________________________________________
  - [ ] Common Law Provision: _____________________________________________________
  - [ ] Federal Law (HIPAA, FERPA, etc.): __________________________________________

If you have any additional questions, please contact ____________________________________________________

NAME     TELEPHONE NUMBER

Sincerely,

Record Custodian/Signature/Contact Information

CR-3726   Duplicate as Needed   RDA S836-1
TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

$  DATE: __________________________

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT: __________________________ DOLLARS

THIS CHECK IS TO BE MAILED TO:

NAME
______________________________

STREET ADDRESS
______________________________

CITY, STATE, ZIP
______________________________

THE PURPOSE OF THIS WITHDRAWAL IS:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

INMATE SIGNATURE

INMATE #

Building:

Room #:

WITNESSED:

APPROVED:  YES  NO

REASON FOR DENIAL:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

__________________________________________  ________________________________
WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE  DATE

CR-2727 (Rev. 3-18)  Duplicate As Needed

TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

$  DATE: __________________________

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT: __________________________ DOLLARS

THIS CHECK IS TO BE MAILED TO:

NAME
______________________________

STREET ADDRESS
______________________________

CITY, STATE, ZIP
______________________________

THE PURPOSE OF THIS WITHDRAWAL IS:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

INMATE SIGNATURE

INMATE #

Building:

Room #:

WITNESSED:

APPROVED:  YES  NO

REASON FOR DENIAL:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

__________________________________________  ________________________________
WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE  DATE

CR-2727 (Rev. 3-18)  Duplicate As Needed