I. **AUTHORITY**: TCA 4-3-603 and TCA 4-3-606.

II. **PURPOSE**: To establish a comprehensive orientation programming unit for all offenders.

III. **APPLICATION**: To Assistant Commissioner of Prisons, Assistant Commissioner of Rehabilitative Services, Wardens/Superintendents, institutional staff, inmates, medical, behavioral health and substance use contractors, and privately managed facilities.

IV. **DEFINITIONS**:

A. **Acute and Sub-acute Centers**: Designated facilities with 24-hour a day infirmary services.

B. **Classification**: The continuous process of assessing an offender’s supervision and program needs to implement appropriate custody, supervision, and program assignments within the scope of TDOC resources and inmate cooperation.

C. **Classification Committee**: A decision-making body of staff members from which panels are selected to hold hearings according to their designated functions.

D. **Cognitive Orientation Program**: An informational program to orient offenders to their assigned institution.

E. **Initial Diagnostic**: The part of the classification process that begins with the receipt of a new commitment and involves the administration of all sections of the risk and needs assessment, establishment of files, examinations and assessments, and which culminates in the first classification hearing of the inmate’s incarceration.

F. **Nonexempt Inmate**: Any offender who is not mentioned in the exemption section of this policy [See Section VI. (L)].

G. **Orientation Unit**: A unit designated at each institution for all new admissions and nonexempt offenders. This unit will house each offender who arrives to their assigned facility to ensure they have been appropriately screened and classified prior to assignment to a unit/cell or job/class/program.

H. **Reclassification**: The reassessment of an offender’s supervision and program needs to ensure current and appropriate custody, supervision, and program assignments are made.

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 inmates remaining in their cells up to 22 hours each day.
V. POLICY: All offenders and nonexempt offenders received at any Tennessee Department of Correction (TDOC) facility or facility housing TDOC offenders shall be housed in the institution’s orientation unit prior to being assigned to their housing unit/cell and job/class/programming assignment.

VI. PROCEDURES
A. Each admission or nonexempt offender shall be housed in the orientation unit upon the offender’s arrival.

B. The cognitive orientation program shall occur within three calendar days of the offender’s arrival. Offenders who fail or refuse to participate in the orientation process shall be issued a disciplinary for refusal to participate which is a Class A offense.

C. Offenders shall receive the cognitive orientation program one time per incarceration with the exceptions for terminally ill offenders or those with an acute condition.

D. When the cognitive orientation program cannot be completed within three days due to significant medical or mental health problems, or a temporary absence from custody, such shall be documented on the Orientation Acknowledgment, CR-2110. Orientation shall then be completed within seven days of return to institution or when medical/mental health status allows. Additionally, this information shall be entered in the offender management system on LCDG-Contact Note, Code-ORCC.

E. Offenders who may have difficulty understanding the cognitive orientation program written materials due to a language and/or literacy problem or hearing or visual impairment shall receive personal assistance from a facility staff member or volunteer.

F. The institution’s designated orientation unit staff shall be responsible for:
   1. Ensuring that the cognitive orientation program occurs within three calendar days after receipt of the offender and is documented by completion of the Orientation Acknowledgment, CR-2110, and by using contact code OOGC in offender management system (OMS) conversation LCDG.
      a. An offender will receive the cognitive orientation program in the orientation unit one time.
      b. If an offender returns to TDOC custody after release, they shall receive the cognitive orientation program again.
   2. Ensuring the involvement of a representative of the offender population in the orientation program and documentation of same on the Orientation Acknowledgement form, CR-2110.

G. The institutional classification committee shall screen new admissions and nonexempt offenders, offenders returning to TDOC from a temporary absence of 90 days, offenders stepping down from any form of segregated custody (excluding punitive segregation), or protective custody utilizing Offender Orientation Checklist, CR-3920, to ensure appropriate recommendations are made regarding housing unit/cell assignment, and job/class/programming assignment. This form shall be filed in the offender’s institutional file.
H. Requirements for the institutional classification committee to complete orientation of all new admissions and nonexempt offenders, offenders returning to TDOC from a temporary absence of 90 days, offenders stepping down from any form of segregated custody (excluding punitive segregation), or protective custody shall include providing the offender with:

1. A copy of the TDOC and/or institutional *Inmate Rules and Regulations Handbook* in an appropriate language during the health screening process as well as a copy of their visitation handbook within 24 hours of arrival. All staff conducting offender orientations shall document on OMS contact LCDG, using contact code ORCC that the orientation and the 2003 Prison Rape Elimination Act (PREA) Information have been given to the offender.

2. An explanation of the TDOC disciplinary and security threat group (STG) procedures and range of penalties, with a written copy provided to the offender. (See Policies #502.04 and #506.25)

3. Eligibility criteria for and description of programs and services available throughout the TDOC. Offenders shall be advised that TDOC program assignments are equitable and in compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination in program service delivery or benefits on the basis of race, color, or national origin. Offenders shall also be advised of Title IX of the Education Amendments Act of 1972, which prohibits discrimination on the basis of gender in the provision of any educational program or activity.

4. Information regarding institutional rules, access to health care, procedures for mail, visitation, inmate grievance and job assignments procedures.

5. Explanation of the classification process, including procedures for custody level changes, program assignments, and institutional transfers

6. A brief explanation of the major aspects of a felony sentence, i.e., parole eligibility, release dates, credit for jail time, earning sentence credits, etc.

7. Procedures for reporting sexual misconduct, sexual harassment, or sexual abuse by staff or other persons as addressed in Policy #305.03, and sexual assault as addressed in Policy #502.06.

8. Information regarding eligibility and requirements for obtaining a state issued identification card or driver’s license as addressed in Policy #511.05.

I. Any offender going out to court with charges and returning shall be assigned in the orientation unit until the classification committee determines it is appropriate for the offender to be returned to general population or other housing by completing the Offender Orientation Checklist, CR-3920.

J. Once the offender returns from out court, the intake staff shall:

1. Notify the institution’s inmate record’s office immediately. The inmate record’s office shall notify the sentencing court to obtain the disposition of the offender.
2. The inmate record’s office shall contact the Associate Warden of Treatment or the Chief Correctional Counselor that an offender has returned from court prior to the offender returning to population.

3. The Associate Warden of Treatment or Chief Correctional Counselor shall notify the orientation unit staff. The orientation unit counselor shall complete Offender Out to Court Disposition Summary, CR-3921, and submit to the classification committee for approval.

Should an offender’s disposition result in an additional conviction, the Behavioral Health Administrator/designee shall be notified by the orientation unit staff so the offender is reviewed by the behavioral health staff to determine any mental health needs prior to placement back into population.

K. The classification committee shall review and recommend the following:

1. Job/class/program placement

2. Custody level change

The Offender Out to Court Disposition Summary, CR-3921, will be returned to the inmate record’s office and kept in the offender’s institutional file.

L. Exempt offenders are subject to receive specialized orientation programming on their assigned unit, and are exempt from being housed in the orientation unit and receiving the cognitive orientation program. Exempted offenders are as follows:

1. Safe keepers

2. Maximum custody and other forms of segregation but not including punitive segregation.

3. Inmates under a sentence of death

4. Juveniles

5. Special Alternative Incarceration Unit (SAIU)

6. Chattanooga Release Center (CRC)

7. Protective Custody (PC)

8. Participants that have been interviewed, selected, and classified for the Young Adult Offender Program at Northwest Correctional Complex (NWCX) or Turney Center Industrial Complex (TCIX).
9. Level of Care Three or above will go directly to a supportive living unit based on custody level.

10. Direct admits to DeBerry Special Needs Facility (DSNF) or to designated regional sub-acute health centers [(Tennessee Prison for Women (TPFW); West Tennessee State Penitentiary (WTSP); Morgan County Correctional Complex (MCCX); and South Central Correctional Facility (SCCF)]

M. The following offenders shall also go through their assigned facility’s orientation unit prior to being assigned to job/class/program and housing unit/cell if:

1. An offender’s status changes from a safe keeper to a TDOC offender
2. A juvenile offender turns 18 years of age
3. An offender steps down from any form of segregation but not including punitive segregation.
4. An offender is released from protective custody
5. An offender’s death sentence has been reversed
6. Any offender who has failed to complete the Probation Technical Violator Unit (PTVU), Technical Violator Diversion Program, (TVDP), SAIU, or CRC
7. Any offender discharged from a mental health or infirmary bed

N. An offender placed at an annex or other specific unit (i.e. Supportive Living Units/Therapeutic Community) which has significantly different rules and procedures shall receive specific unit orientation programs information in detailed written format or on videotape.

O. Segregation orientation shall occur within 24 hours of placement including any other procedures unique to segregation.

P. New inmates assigned directly to restrictive housing shall receive written orientation materials and/or translations in their own language about the institution’s programs, rules, and regulations. When a literacy problem exists, a staff member shall assist the inmate in understanding the material. Completion of orientation is documented through the Orientation Acknowledgement, CR-2110. Orientation should also be used to observe inmate behavior and to identify special problems. Inmates who are unable to read and write, or have limited English proficiency shall be assisted in accordance with Policy #103.10.1.

VII. ACA STANDARDS: 4-4281-1, 4-4284, 4-4285, 4-4287, and 4-RH-0028.

VIII. EXPIRATION DATE: November 30, 2021.
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
Offender Orientation Checklist

The OMS Screens That Must Be Reviewed Prior to Housing Unit/Cell Assignment

Institution: ___________________________  Offender Name: ___________________________
TDOC#: ___________________________  Date: ___________________________

Is there any housing unit/cell that the offender cannot be assigned to due to security reasons?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If yes, please list the reason(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The classification committee reviewed the following screens to ensure appropriate housing unit/cell assignment:

- LCLN  Classification Scores, Previous Reclassification Scores and Dates
- LSTS  If detainer flag, review this screen for felony or INS detainers
- LSTQ  Review sex offenses, etc.
- LSTJ  Review to ensure offender is not housed with their co-defendant
- LCLF  Offender Findings, Review for OTC flag information as well as other information
- LIMK  Escape Records
- LIBA  Incompatibles
- LIBL or LIBK  Disciplinary Record
- LIBB  PREA Screening Results
- LHSM  Mental Health Services: Current LOC
- LCLA  STG Affiliation
The classification committee reviewed the following screens to ensure appropriate job/class/program:

- LCLX TAP-BIG Recommendations, Risk/Needs Assessment Scores
- LPDA Parole Board Action Recommended for parole? ☐ Parole revoked? ☐
- LJET Active/Historical Job/Class Assignment Jobs, Programs Completed, Current Assignment Is offender in a class where eligible to receive 60-day credit ☐
- LCLJ or LCLR Prior Record
- LHSE Medical Health Screen: Health Related Classification (Class A, B, or C)

The classification committee has notified the Inmate Job Coordinator regarding the recommendation(s) for a job/class/program?

☐ Yes ☐ No

Date contacted: ______________ Reason(s) for contacting: ____________________________

**Classification Committee Action**

This offender has been reviewed and is ☐ Approved or ☐ Disapproved for placement into their assigned housing unit and/or job/class/program.

Explain disapproval for housing unit/cell assignment:

________________________________________________________________________

________________________________________________________________________

Explain disapproval for job/class/program assignment:

________________________________________________________________________

________________________________________________________________________

List next steps of Classification Committee:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Housing Unit Assignment: ________________________________________________

Cell/Bed Assignment: _____________________________________________________
Job/Class/Program Recommendation(s):

The Classification Committee has explained the following:

☐ CUSTODY LEVEL/CAF SCORE
Custody level: _____________ CAF: _____________

☐ UNIT/BED ASSIGNMENT
Unit: _____________ Bed: _____________

☐ JOB/CLASS/PROGRAM ASSIGNMENT

☐ ASSIGNED CORRECTIONAL COUNSELOR
Name of Counselor: ________________

Chairperson          Clinical Services          Security Member          Correctional Counselor

Date                  Date                  Date                  Date
To: Classification Committee

From: ___________________________ Date: ___________________________

TDOC Number: ___________________ Offender Name: ___________________

Sentencing Court: _______________ Sentencing County: _______________

Reason for Out to Court: ___________________________________________

Disposition: ______________________________________________________

______________________________________________________________

***Classification Committee***

__________________________ ___________________________
Chairperson Date

__________________________ ___________________________
Security* Date

__________________________ ___________________________
Behavioral Health Designee Date

*Security member signature needed if an additional sentence is received.
INSTRUCTIONS:

Please add the following to Section VI.(F) as a new (1) and renumber policy portions accordingly:

“1. An orientation tracking spreadsheet will be created by each facility which will include the date of arrival for all permanent inmates, date orientation is required, date orientation is conducted, and a field to acknowledge that the inmate signed the Orientation Acknowledgement Form, CR-2110, and a field to acknowledge that documentation was entered into the OMS. This spreadsheet will be maintained by the Chief Counselor and reviewed by the Chief Counselor and Associate Warden of Treatment/Deputy Superintendent on a daily basis. A copy of the spreadsheet will be provided to the facility compliance manager for searchable/electronic retention”.

Please renumber remaining portions accordingly.