
 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index # 113.09	Page 1 of 8
	Effective Date: May 2, 2024	
	Distribution: A	
	Supersedes: 113.09 (4/15/20) PCN 20-17 (6/15/20)	
Approved by: 		
Subject: CLINICAL SERVICES CONTINUOUS QUALITY IMPROVEMENT		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 63-1-150, TCA 63-6-219 and TCA 68-11-272.
- II. PURPOSE: To promote wellness among the inmate population by maintaining a system that continually identifies opportunities for improvement through the measured quality of care outcomes.
- III. APPLICATION: All Wardens/Superintendents, all clinical services staff, privately managed institutions, and contract staff.
- IV. DEFINITIONS:
 - A. Clinical Services: Healthcare services that encompass physical health and behavioral health (mental health and substance use treatment) services.
 - B. Continuous Quality Improvement (CQI): A process of ongoing monitoring and evaluation to systematically and objectively assess the adequacy and appropriateness of the health care provided to inmates and to recommend and execute improvement(s) as needed.
 - C. CQI Data: Statistics and other protected health information are required to be entered in the TDOC Clinical Services Database. Such data includes Medication Error Log, Inmate Grievance/Inquiry Log, CQI Committee Agenda, Minutes, and Attendance Roster, as well as any other reports required by the Assistant Commissioner of Clinical Services/designee.
 - D. Institutional CQI Committee: A group of clinical providers (e.g., health administrator, behavioral health administrator, medical director/physician, etc.) and other facility staff (e.g., Wardens/Superintendents, food services, security, etc.) who are responsible for the review of processes, practices, and outcomes of the facility's clinical services delivery system.
 - E. Keep on Person (KOP): Medication approved to be kept in an inmate's possession for the purpose of self-administration.
 - F. Statewide Continuous Quality Improvement Coordinator (SCQI Coordinator): A designated individual in medical and behavioral health assigned to coordinate all statewide continuous quality improvement activities, which include evaluation, recommendations, implementation, and ongoing monitoring.
 - G. Statewide CQI Committee (SCQI Committee): A group of clinical providers appointed by the Commissioner or Assistant Commissioner of Clinical Services/designee to identify opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes.
 - H. TDOC Clinical Services Database: An electronic confidential collection of protected health information stored on a secure, shared drive containing specific inmates' medical diagnoses and health status. This data may be utilized to report and analyze outcome measures regarding the quality of health care and disease management.

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V. POLICY: The TDOC strives to ensure quality patient care by requiring and supporting the maintenance of an effective system-wide Continuous Quality Improvement (CQI) program.

VI. PROCEDURES:

A. The Statewide Continuous Quality Improvement Committee (SCQI) identifies opportunities for quality improvement, evaluate outcomes through quality indicators, and evaluate risk management processes.

1. The SCQI Committee will be directed by a Charter, which is reviewed and approved at least annually by the Assistant Commissioner of Clinical Services/designee.
2. Members of the committee consist of a variety of clinical professionals, including physicians, nurses, psychiatrists, and administrative staff. Other operational staff will be asked to serve on an “as-needed” basis.
3. The committee meets at least quarterly. Committee members are expected to attend regularly scheduled meetings. In case of scheduling conflicts or emergencies, there is an allowance of no more than two absences from meetings, per year.
4. The Continuous Quality Improvement (CQI) program provides an evaluation of the quality of care through measured outcomes in the health delivery system as follows:
 - a. The SCQI Committee evaluates and makes recommendations regarding the structure of institutional CQI programs with input from selected institutional staff.
 - b. The process and outcomes are evaluated primarily by each institutional CQI committee with oversight by the SCQI Committee.
5. The CQI process provides regular feedback to clinical services care providers and the institutional CQI committee through ongoing examination of the care provided. The process also serves as a mechanism for the improvement of the quality and consistency of the clinical services care delivery system.
6. Sub-committees: The SCQI Committee directs the following sub-committees, which are responsible for reporting findings and recommendations to the SCQI Committee for review and action as appropriate.
 - a. Infectious Disease Committee: Responsible for developing a comprehensive program of surveillance and implementing protocols to address the control and prevention of communicable diseases within TDOC.
 - b. Peer Review Committee: Responsible for developing a written evaluation of the professional competence of all physicians, psychologists, and dentists every two years. As necessary, the committee reviews specific cases and/or patterns of professional activities.

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- c. Morbidity and Mortality Review Committee: Responsible for reviewing all data related to inmate death and illness and reporting the findings to the Tennessee Bureau of Investigation (TBI). The committee will also identify risk factors related to inmate morbidity and mortality, as well as recommend and implement strategies to reduce risk factors and improve the health of the inmate.
- d. Pharmacy and Therapeutics Committee: Responsible for developing and maintaining a Departmental drug formulary and reviewing the utilization and cost-effectiveness of the pharmacy system. The committee may also review policies and procedures for the management and administration of pharmaceuticals, as well as recommend procedural changes and interventions.

C. Statewide Continuous Quality Improvement (SCQI) Coordinator responsibilities are as follows:

- 1. Plan and coordinate health and behavioral health services CQI activities.
- 2. Continuously monitor and update the TDOC clinical services database.
- 3. Provide technical assistance to institutions related to CQI procedures.
- 4. Promote acceptance and understanding of the CQI process.
- 5. Request evaluation of specific topics as necessary.
- 6. Review significant CQI findings to identify patterns or trends and recommend improvements to enhance effectiveness. Prepare and submit findings and/or recommendations to the Assistant Commissioner of Clinical Services/designee quarterly during the SCQI meeting or more often if indicated.
- 7. Conduct site visits bi-annually with institutional staff to provide feedback and recommendations to improve the quality of health and behavioral health care in TDOC institutions and privately managed facilities.
- 8. The medical and behavioral health SCQI coordinator reviews the TDOC clinical services database by the 15th of each month to ensure all required CQI data, from the previous month, has been entered. A status report is provided to the Assistant Commissioner of Clinical Services/designee by the last day of the month.

D. Institutional CQI Committees: The health services administrator is responsible for maintaining a monthly institutional Clinical Services CQI committee meeting and also serves as the committee advisor for structure and goals.

- 1. The committee composition minimally includes the health and behavioral health services administrator/designee, Warden/Superintendent/designee, Associate Warden of Treatment/Deputy Superintendent, Director of Nursing (DON), Fiscal Director, institutional physician/medical director, CQI coordinator, representatives from nursing, dental, behavioral health/psychiatry. Substance use treatment, health record management, food services, fire and safety, and additional security staff should be considered ad hoc members as CQI issues indicate.

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2. Each institutional health services administrator designates one registered nurse (RN) whose primary responsibilities include serving as the institutional CQI coordinator and overseeing the institutional infection control/surveillance program. In larger facilities (over 500 inmates), it is necessary for the health services administrator to designate another RN with infectious disease management experience as the Infection Control Coordinator in accordance with Policy #113.42, *Communicable Diseases*.
3. The health services administrator, in consultation with the institutional CQI coordinator, appoints or reappoints committee members annually. Membership appointment/reappointment is recorded in the committee minutes. An institutional CQI committee membership roster is maintained in the TDOC clinical services database. Appointments to fill committee vacancies are made as soon as possible.
4. All committee members are required to attend at least ten meetings annually. If continual absenteeism of any member occurs, the committee evaluates options for improvement and resolution.
5. The committee meets by the 15th of each month to review and discuss CQI reports and opportunities for quality improvement.
6. When opportunities for improvement are identified that require action beyond the scope of clinical personnel authority, the health services administrator forwards those particular institutional CQI committee findings and recommendations for action to the Associate Warden of Treatment/Deputy Superintendent.
7. The minutes are recorded at each meeting and provide a permanent, factual, historical record. The agenda and minutes for each meeting are maintained in the clinical services database utilizing the templates provided.
8. The medical and behavioral health SCQI Coordinator review institutional CQI meeting minutes and reports findings to the Assistant Commissioner of Clinical Services/designee quarterly, or more often if indicated.

E. Professional Peer Review and Supervision.

1. A documented peer review program for all health care practitioners and a documented external peer review program will be utilized for all physicians, psychologists, and dentists and are completed every two years.
2. The peer review of all physicians, psychologists, and dentists should be routinely completed every two years with an ability to have an immediate review if problems of practice arise. In the event of a patient care complaint or an observation by other health services providers, security, or other nonmedical providers, the responsible physician can call a panel of independent physicians to review the practice and practice patterns of the physician on whom the complaint has been made. The investigation and findings will be kept in the employee's file and remain confidential.
3. In accordance with Policy #113.11, *Clinical and Nursing Protocols*, each mid-level provider must have a physician preceptor who is responsible for supervising his or her clinical practice. The physician/mid-level provider relationship must be

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clearly established in writing, with a copy maintained by each party and the health services administrator. At least monthly, the supervising physician reviews a minimum of 20% of health records written by the mid-level provider during the past 30 days.

F. CQI Reporting Requirements.

1. In accordance with Policy #113.54, *Clinical Services Statistics Collection and Reporting*, the health services administrator/designee maintains all facility medical and behavioral health CQI logs in the TDOC Clinical Services Database utilizing the templates provided by the medical and behavioral health SCQI coordinators. These templates are used to gather information for reporting on the Monthly Statistical Report, CR-2124. These logs are completed on or before the 8th of each month and include but are not limited to:
 - a. Medication Error Administration Accuracy Log;
 - b. Inmate Grievance Log;
 - c. Monthly Statistical Report, CR-2124;
 - d. Chronic Care Log;
 - e. HIV Log;
 - f. Quarterly Nurse Sick Call Review by the Physician; and
 - g. Annual studies for hypertension, diabetes, and HIV.
2. Plans of Corrective Action (POCA): After the official report from an audit has been completed, the HSA and BHA will receive an audit summary from the TDOC Office of Inspector General (OIG)/designee regarding the timeframe in which to submit a POCA for each noted deficiency. The facility HSA, BHA, DON, and CQI Coordinator will work together to create a POCA that is measurable and actionable. The HSA or BHA will ensure the audit summary is returned with the appropriate POCA within the time frame determined by the OIG/designee. The HSA and BHA will ensure the electronic POCA form on the Q-drive is complete and includes:
 - a. Description of the deficiency.
 - b. Root cause including the 5 Why Analysis (asking “Why” five times).
 - c. Action that defines changes to the current process; and
 - d. The individuals responsible for the implementation.

The HSA and BHA or designee will maintain POCA information on the Q drive as directed by the medical and behavioral health statewide CQI coordinators. The OIG/designee will determine if a POCA may be closed based upon review during the next audit.

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3. The medical and behavioral health SCQI coordinators will review the TDOC clinical services database on or before the 15th of each month to ensure all required CQI data has been entered and provide a status report to the Assistant Commissioner of Clinical Services/designee. The medical or behavioral health SCQI coordinator will consult with the HSA, BHA, or designee regarding data that is either incomplete or appears to present a discrepancy. The TDOC Assistant Commissioner of Clinical Services/designee notifies the facility's Warden/Superintendent and copies the appropriate Correctional Administrator of any delinquent reports.

G. Institutional CQI Studies.

1. Each institutional CQI committee monitors the following CQI indicators as often as deemed necessary:
 - a. Patient satisfaction (i.e., inmate grievances, correspondence, and information requests);
 - b. Medication Errors;
 - c. Risk assessment/accident/injury monitoring;
 - d. Tuberculosis management;
 - e. Bloodborne pathogen prevention;
 - f. Dental treatment;
 - g. Health maintenance;
 - h. Suicide prevention;
 - i. Appropriateness of chronic disease management;
 - j. Credentialing;
 - k. Informed consent - psychotropic medications;
 - l. Mortality review (See Policy #113.05, *Deaths and Autopsies.*);
 - m. Inpatient care;
 - n. Therapeutic diets;
 - o. Pharmacological therapies, including Keep On Person (KOP);
 - p. Physician-patient encounter/sick call review;
 - q. Institutional-specific studies; and
 - r. Methicillin-Resistant Staphylococcus Aureus (MRSA) and other infectious diseases.

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2. Each month, the institutional CQI committee reviews processes that may require improvement and completion of a CQI study. Results of the study will be reported to the medical or behavioral health SCQI coordinator(s) and recorded in the monthly CQI committee meeting minutes. The minutes must include the following:
 - a. Data collection and analysis.
 - b. Corrective actions required, which include educational/training activities, as applicable; and
 - c. Outcome evaluations to determine action plan effectiveness.
 3. Facilities send a request to the medical or behavioral SCQI coordinator in Central Office for approval by Assistant Commissioner of Clinical Services/designee to study CQI processes not included in this policy. Approved CQI processes may be studied in the month following approval.
- H. Patient Encounter/Sick Call Review: A quality improvement review of sick call and all other patient encounters is conducted quarterly by the facility physician. The review includes:
1. An examination of all encounter logs.
 2. A review of referrals made by the staff members conducting sick call.
 3. Oral discussion with staff members.
 4. A review of randomly selected health records to include:
 - a. Adequacy of treatment plans
 - b. Extent to which orders have been carried out
 - c. Legibility and completeness
 - d. Adequacy of pharmaceutical management
 - e. Appropriateness of implementation and countersigning of clinical or nursing protocols; and
 5. A report of the review prepared by the facility physician and submitted to the institutional CQI committee and uploaded to the corresponding folder on the Health Services Clinical Database.
- I. Confidentiality and Release of Information.
1. All information or minutes are subject to rules of confidentiality as authorized by Tennessee Code Annotated 63-6-219 and Public Law 99-660. Committee minutes are confidentially compiled and maintained in the institutional CQI committee files. Copies of minutes are to be classified and marked as confidential, protected

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health information and only shared in accordance with Policy #113.52, *Release of Protected Health Information*.


2. All facilities maintain a copy of the committee minutes with original signatures. Such copies are secured in a confidential CQI folder for a minimum of five years.
3. No documents maintained by the CQI program are removed from the facility or Central Office unless specifically authorized by the TDOC Assistant Commissioner of Clinical Services.
4. Information (CQI data), analysis findings, recommendations, conclusions, and actions developed by or for clinical services care staff, clinical services, or other individual committees performing CQI assessments or similar functions will not be available to unauthorized persons or organizations or used for other purposes as allowed for under state and federal law.
5. Information covered by this policy includes clinical services staff employee files, credentials, committee considerations, and administration and clinical services staff disciplinary actions.

VII. APPLICABLE FORMS: CR-2124.


VIII. ACA STANDARDS: 5-ACI-1A-17, 5-ACI-6A-12, 5-ACI-6A-13, 5-ACI-6B-015-ACI-6D-02, 5-ACI-6D-03, and 5-ACI-6D-09.

IX. DIVISION OF PRIMARY RESPONSIBILITY: Office of Clinical Services.


TENNESSEE DEPARTMENT OF CORRECTION
MONTHLY STATISTICAL REPORT

AUTO-CALCULATED CELL- DO NOT ENTER DATA														
DUE BY THE <u> </u> th OF EACH MONTH														
NAME OF INSTITUTION														
Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
8	Average Daily Population (ADP from count room on last day of the month)													
9	Number of Safe Keeper Inmates (Total for the month from count room)													
10	ACA													
11	MRSA (MRSA Log)													
12	(1A1) Number of offenders newly diagnosed with MRSA infection this month. Soft tissue infections empirically treated as MRSA should be tracked as a component of this outcome measure.													
13	ACA Calculated Outcome Measure (line 12/line 8)													
14	TUBERCULOSIS (TB Log)													
15	(1A2) Number of offenders newly diagnosed with active tuberculosis this month													
16	ACA Calculated Outcome Measure (line 15/line 8)													
17	(1A3) Number of offenders who are new converters on a TB skin test (TST) that indicate newly acquired TB infection													
18	(1A3) Number of offenders administered skin tests for TB (TST) as part of annual, periodic, or clinically based testing, but not intake screening													
19	ACA Calculated Outcome Measure (line 17/line 18)													
20	Number of offenders screened for TB as part of annual, periodic, or clinically based testing, but not intake screening													
21	Number of TST completed as part of the Intake Process (BCCX; DJRC; NWCX (juvenile))													
22	Total skin tests for TB (TSTs) (line 18+line 21)													
23	Number of IGRAs completed as part of annual, periodic, or clinically based testing, but not intake screening													
24	Number of IGRAs completed as part of the Intake Process (BCCX & DJRC)													
25	Total number of IGRAs completed (line 23+line 24)													
26	(1A4) Number of offenders who completed treatment for latent tuberculosis infection													
27	(1A4) Number of offenders started on treatment for latent tuberculosis infection													
28	Number of offenders who STOPPED/DID NOT COMPLETE treatment for latent tuberculosis infection													
29	ACA Calculated Outcome Measure (line 26/line 27)													
30	HEPATITIS C (HCV Log)													
31	(1A5) Number of offenders diagnosed with Hepatitis C viral infection													
32	ACA Calculated Outcome Measure (line 31/line 8)													
33	Number of offenders with Hepatitis C viral infection being treated with antiretroviral treatment													
34	Number of offenders diagnosed with Hepatitis A viral infection (New cases only)													
35	Number of offenders diagnosed with Hepatitis B viral infection (New cases only)													
36	Number of Hepatitis B vaccine administered													
37	HIV/AIDS (HIV Log)													
38	(1A6) Number of offenders diagnosed with HIV infection													
39	ACA Calculated Outcome Measure (line 38/line 8)													
40	(1A7) Number of offenders with HIV infection who are being treated with highly active antiretroviral treatment (HAART)													


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NAME OF INSTITUTION														
Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
41	ACA Calculated Outcome Measure (line 40/line 38)													
42	(1A8) Number of selected offenders with HIV infection at a given point in time who have been on antiretroviral therapy for at least six months with a viral load of less than 50 copies/mL													
43	(1A8) Total number of treated offenders with HIV infection who were reviewed (25 or total number of pts; whichever is smaller)													
44	ACA Calculated Outcome Measure (cell O 42/cell O 43)													
45	Total number of confirmed cases of AIDS													
46	MENTAL HEALTH (MHA)													
47	(1A9) Number of offenders diagnosed with an individualized services/treatment plan for a diagnosed mental disorder (excluding sole dx of substance abuse).													
48	ACA Calculated Outcome Measure (line 47/line 8)													
49	OFF-SITE HOSPITAL ADMISSIONS / ER TRANSPORTS (Daily Inpatient Report/ER Transfer Log)													
50	(1A10) Number of offender admissions to off-site hospitals													
51	ACA Calculated Outcome Measure (line 50 / line 8)													
52	(1A11) Number of offenders transported off-site for treatment of emergency health conditions													
53	ACA Calculated Outcome Measure (line 52/ line 8)													
54	CONSULTS (Consult Log)													
55	(1A12) Number of offender specialty referrals completed													
56	(1A12) Number of specialty referrals (on-site or off-site) ordered by primary health care practitioners													
57	ACA Calculated Outcome Measure (line 55/line 8)													
58	HYPERTENSION (CCC Log)													
59	(1A13) Number of selected hypertensive offenders with blood pressure reading > 140/90 mmHg													
60	(1A13) Total number of offenders with hypertension who were reviewed (25 or total number of pts; whichever is smaller)													
61	ACA Calculated Outcome Measure (cell K 53/cell K 60)													
62	DIABETES (CCC Log)													
63	(1A14) Number of selected diabetic offenders who are under treatment for at least six months with a hemoglobin A1C level measuring greater than 9 percent													
64	(1A14) Total number of diabetic offenders who were reviewed (25 or total number of pts; whichever is smaller)													
65	ACA Calculated Outcome Measure (cell R 63/cell R 64)													
66	DENTAL (Dental Department)													
67	(1A15) Number of completed dental treatment plans													
68	ACA Calculated Outcome Measure (line 67/line 8)													
69	EMPLOYEE CREDENTIALS (HSA)													
70	(2A1) Number of health care staff with lapsed licensure or certification													
71	(2A1) Number of licensed or certified staff													
72	ACA Calculated Outcome Measure (line 70/line 71)													
73	(2A2) Number of new health care staff who completed orientation training prior to undertaking their new job													

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Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
74	(2A2) Number of new health care staff													
75	ACA Calculated Outcome Measure (line 73/line 74)													
76	EMPLOYEE BLOOD BORNE PATHOGEN AND TB EXPOSURES (HSA/Infection Control Nurse/OSHA 300 Log)													
77	(2A3) Number of occupational (employee) exposures to blood/potentially infectious materials													
78	(2A3) Total number of employees													
79	ACA Calculated Outcome Measure (line 77/line 78)													
80	(2A4) Number of direct care staff (employees and contractors) with a conversion of a TB skin test (TST) that indicates a newly acquired TB infection													
81	(2A4) Number of direct care staff tested (TST) for TB infection during periodic or clinically indicated evaluations													
82	ACA Calculated Outcome Measure (line 80/line 81)													
83	GRIEVANCES (HSA/CQI Nurse)													
84	(3A1) Number of offender grievances related to health care services found in favor of the offender (should match number from the Grievance Log)													
85	(3A1) Total number of evaluated offender grievances related to health care services (should match number of total grievance on the Grievance Log)													
86	ACA Calculated Outcome Measure (line 84/line 85)													
87	(3A2) Number of offender grievances related to safety or sanitation sustained													
88	(3A2) Total number of evaluated offender grievances related to safety or sanitation													
89	ACA Calculated Outcome Measure (line 87/line 88)													
90	(3A3) Number of adjudicated offender lawsuits related to the delivery of health care found in favor of the offender													
91	(3A3) Total number of offender adjudicated lawsuits related to health care delivery													
92	ACA Calculated Outcome Measure (line 90/line 91)													
93	CQI (CQI Nurse)													
94	(4A1) Number of problems identified by the CQI program that were corrected													
95	(4A1) Total number of problems identified by the CQI program													
96	ACA Calculated Outcome Measure (line 94/line 95)													
97	(4A2) Number of high-risk events or adverse outcomes identified by the CQI program													
98	Number of serious injuries or illnesses requiring medical attention													
99	DEATHS (HSA)													
100	(4A3) Number of offender suicide attempts													
101	ACA Calculated Outcome Measure (line 100/line 8)													
102	(4A4) Number of offender suicides completed													
103	ACA Calculated Outcome Measure (line 102/line 8)													
104	(4A5) Number of unexpected natural deaths													
105	Number of all other deaths (excluding completed suicides & unexpected natural deaths)													
106	Total Number of Deaths (line 102+line 104+ line 105)													

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Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG	
107	ACA Calculated Outcome Measure (line 104/line 106)														
108	MEDICATION ERRORS (Medication Error Log)														
109	(446) Number of serious medication errors														
110	OTHER DATA														
111	PHARMACY (Pharmacy Report)														
112	Number of prescriptions written														
113	Number of inmates on prescribed medications														
114	PERIODIC HEALTH APPRAISALS AND PHYSICAL EXAMS (Encounter Log)														
115	Number of Intake physical exams completed this month														
116	Number of periodic health appraisals completed this month														
117	WOMEN'S SPECIALTY SERVICES (OB Log)														
118	Number of NEW pregnant inmates (Current Month Only)														
119	Number of live births via vaginal delivery														
120	Number of live births via C-section delivery														
121	Total number of live births (line 118+line 119)														
122	Number of miscarriages/spontaneous abortions														
123	Number of mammograms completed this month (onsite)														
124	SPECIALTY CLINICS AND SERVICES (DSNF ONLY) (Encounter Log)														
125	Number of Males undergoing dialysis														
126	Number of Females undergoing dialysis														
127	Total number of offenders undergoing dialysis (line 124+line 125)														
128	Number of on-site dialysis treatments this month														
129	Total number of offenders in the On Site Chemotherapy Program (OCHIP)														
130	Number of OCHIP treatments this month														
131	Number of physical therapy visits this month														
132	Number of infectious disease consultations this month														
133	Number of oral surgery consultations/procedures this month														
134	Number of podiatry consultations/procedures this month														
135	DIAGNOSTIC IMAGING SERVICES (ON-SITE ONLY) (Encounter Log)														
136	Number of Ultra Sounds completed onsite this month														
137	Number of X-Rays completed onsite this month														
138	SEXUALLY TRANSMITTED INFECTIONS (STIs) (Infection Control Nurse)														
139	Number of offenders diagnosed with syphilis this month														


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Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
140	Number of offenders diagnosed with gonorrhea this month													
141	Number of offenders diagnosed with chlamydia this month													
142	Number of offenders diagnosed with other STDs this month													
143	INFLUENZA (Infection Control Nurse)													
144	Number of offenders with confirmed diagnosis of influenza (New cases only)													
145	Number of offenders with diagnosis of influenza like illness (ILI) (New cases only)													
146	OTHER INFECTIONS (Infection Control Nurse)													
147	Number of offenders diagnosed with scabies													
148	Number of offenders diagnosed with C-Difficile													
149	CANCER (CCC Log)													
150	Number of offenders with new diagnosis of cancer													
151	SICK CALL ENCOUNTERS (Encounter Logs)													
152	Number of NURSE Sick Call encounters													
153	Nurse encounters per 500 Inmate population													
154	Number of MID-LEVEL Sick Call encounters													
155	Mid-level encounters per 500 Inmate population													
156	Number of PHYSICIAN Sick Call encounters													
157	Physician encounters per 500 Inmate population													
158	Total Sick Call encounters													
159	Total Sick Call encounters per 500 Inmate population													
160	CHRONIC CARE CLINIC ENCOUNTERS (Encounter Log)													
161	Total Number of Inmates In Chronic Care as of last day of the month													
162	Number of MID-LEVEL Chronic Care Clinic encounters													
163	Mid-level encounters per 500 Inmate population													
164	Number of PHYSICIAN Chronic Care Clinic encounters													
165	Physician encounters per 500 Inmate population													
166	Total Chronic Care Clinic encounters													
167	Total Chronic Care Clinic encounters per 500 Inmate population													
168	LABORATORY DIAGNOSTIC TESTING (Lab Log/Diabetic Testing Log)													
169	Number of laboratory tests completed onsite (multiple-test dipstick urinalysis, finger-stick blood glucose, fecal blood, and peak flow (TDOC Policy 113.75))													
170	Number of laboratory tests referred to an off site laboratory													
171	HIV Testing (Lab Log/Infection Control Nurse)													
172	Number tested upon Intake/Admission (BCCX; DURC; NWCX (juvenile))													

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Monthly Data:		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL/AVG
173	Number POSITIVE													
174	Number tested randomly (per provider's order)(all sites)													
175	Number POSITIVE													
176	Number tested due to BBP Exposure (all sites)													
177	Number POSITIVE													
178	HEPATITIS C TESTING (Lab Log/Infection Control Nurse)													
179	Number tested upon intake/admission (BCCX; DJRC; NWCX (juvenile))													
180	Number POSITIVE													
181	Number tested randomly (per provider's order)(all sites)													
182	Number POSITIVE													
183	Number tested due to BBP Exposure(all sites)													
184	Number POSITIVE													
185	ON-SITE INFIRMARY ADMISSIONS (Excluding MLCC) (Infirmary Log)													
186	Number of MEDICAL INFIRMARY ADMISSIONS													
187	Number of MENTAL HEALTH INFIRMARY ADMISSIONS (SP or MHS)													
188	Number of SECURITY related INFIRMARY ADMISSIONS													
189	Total number of Infirmary patients for the month (include rollover from previous month)													
190	Total number of Infirmary In-patient days (count from 1st day to last day of month)													
191	Infirmary Average Length of Stay (days) (equals line 189 / line 188)													
192	# OF PATIENTS IN INFIRMARY > 15 DAYS													
193	# OF PATIENTS ASSIGNED PERMANENTLY IN THE INFIRMARY													

Not to be reproduced or disclosed without the expressed written authorization of the TDOC Chief Medical Officer

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 512.01	Page 1 of 9
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	Distribution: B	
	Supersedes: 512.01 (2/15/20) PCN 20-21 (8/1/20) PCN 20-16 (6/1/20)	
Approved by: Tony Parker		
Subject: MAINTENANCE, SAFEGUARDING, AND ARCHIVING OF TENNESSEE DEPARTMENT OF CORRECTION (TDOC) RECORDS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-6-140, TCA 10-7-504, Title 28, USC, Section 534, and 2008 Public Chapter 1179.
- II. PURPOSE: To establish procedures for the maintenance, safeguarding, and archiving of TDOC records and information.
- III. APPLICATION: TDOC employees, privately managed facilities, and contract vendors.
- IV. DEFINITIONS:
 - A. Abbreviated Code Definitions:
 1. TBI: Tennessee Bureau of Investigation (TBI) forms
 2. BOP: Board of Parole (BOP) forms
 3. CR: Tennessee Department of Correction (TDOC) forms
 4. OMS: Offender Management System
 5. FileNet: An electronic document repository.
 - B. Administrative Records: Any record created that documents Department operations or day to day management functions but does not necessarily relate directly to the programs of the Agency.
 - C. Community Supervision File: Contains all documents related to an offender's case management, including supervision plan, program treatment, drug tests, court orders, etc.
 - D. Confidential Information:
 1. Health and behavioral health treatment.
 2. Educational records of inmates receiving special education services.
 3. The TDOC shall adhere to the federal Health and Human Services Alcohol and Drug Abuse Confidentiality regulations. (See Policy #113.52) Disclosure of any information to the BOP or others about inmate's treatment for alcohol/drug abuse requires written consent from the inmate on Authorization for Release of Health Services Information, CR-1885, and Authorization for Release of Substance Use Disorder Treatment Information, CR-1974.
 4. The TDOC shall adhere to Title 28, United States Code (U.S.C.) Section 534 and restrict access to FBI criminal histories to criminal justice agencies for criminal justice purposes.
 5. Social Security numbers.
 6. Identifying information (name, address, telephone number) of victims, victim family members, and members of the public who have requested notice regarding changes in inmate status.

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- E. Inactive Inmate Institutional Records (IIIR): The IIR, Satellite Folders, and Inmate Unit File for any inmate who has been released from institutional custody of TDOC either by discharge release to parole, probation, community corrections, court order or death.
- F. Inmate Health Record: A letter sized, 10-compartment, outpatient, brown file folder with prong fasteners at the top of each inside flap maintained in the institution's medical records area.
- G. Inmate Records Office File: A letter sized, four-compartment, light blue folder maintained in the institutional records office.
- H. Inmate Institutional Record (IIR): All documents located in designated files related to an inmate's conviction, sentence, and period of incarceration.
- I. Inmate Unit File: A letter sized, six-compartment, light green file folder maintained in the unit management office.
- J. Satellite Folders: Documents related to inmate property, jobs, visitation, education, and programs.
- K. Security Sensitive Information: Any information which, if disclosed to an inmate, could threaten the security of the institution and/or the safety of a confidential source.
- L. TDOC Field Offices: Community Supervision Offices, Day Reporting Centers or Community Resource Centers.

V. POLICY: Institutions shall maintain complete and current files on each inmate and shall safeguard such files from unauthorized or improper disclosure of information. Files shall be maintained as a paper record or as a scanned record in FileNet. Central Office, the Academy, Community Supervision, institutions or other TDOC field offices shall ensure that any information as defined in Section IV.(B) is secured at all times. Records available through OMS conversations shall not be duplicated in the inmate institutional record, unless there is a requirement for signature by inmate or staff. At no time will any inmate have access to another inmate's record.

VI. PROCEDURES:

- A. The Assistant Commissioner of Prisons shall promulgate specifications for institutional file folders. References in this policy to the placement of CR forms, which may be obsolete, are for instructional purposes only as to the proper location of the forms used prior to OMS and are not a duplication of information contained in OMS. Records at the institutions shall be maintained in separate files as follows:
 - 1. Inmate Records Office File: Complete history of inmate's institutional record.
 - 2. Unit File: Complete history of inmate's institutional record. Where unit management is not utilized, this file shall be co-located with the Records Office File.
 - 3. Health Record: Complete history of inmate's health record. All documents placed in an inmate's health record shall be written legibly in black ink, and attached face up, in chronological order, with the most recent information on top:
 - a. Section 1 - Assessment data, treatment plan(s), teaching plans

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- b. Section 2 - Diagnostic reports
- c. Section 3 - Provider's orders/medications
- d. Section 4 - Chronological progress/clinic notes
- e. Section 5 - Consultations
- f. Section 6 - Dental
- g. Section 7 - Infirmary
- h. Section 8 - Discharge summaries
- i. Section 9 - Miscellaneous
- j. Section 10-Mental health

4. Satellite Folders: Documents related to inmate property, jobs, visitation, education, and programs.
- B. When inmates are temporarily transferred to another facility, the current volume of the inmate institutional and health record shall be forwarded as appropriate with the inmate to the receiving institution as outlined in Policy #403.01.1. When an inmate is permanently transferred to another facility, the complete institutional and health record will follow the inmate.
- C. Initiation of the IIR: Diagnostic Center Wardens shall be responsible for the initiation of the IIR. (See Policies #401.02 and #401.04)
- D. Maintenance and Security of Files:
1. Each Warden/Superintendent shall be responsible for developing a local policy and procedure to ensure the security of these files. The Warden/Superintendent shall designate the employee(s) responsible for the proper development, maintenance, and care of all file components of the IIR and scanning into FileNet.
 2. All new information designated for inmate records shall be scanned into FileNet and filed in the paper record within 14 working days.
 3. The Records Office file, Unit file, and Health file shall:
 - a. Be maintained by the TDOC ID number. The offender's TDOC ID number shall be affixed to the end tab and numerically color-coded for ready reference.
 - b. Include the Sign In/Sign Out card, CR-1006, to be used anytime a record is removed from a file repository. If the file is removed by one employee for use by another, that information shall be indicated on CR-1006. The individual signing the file out assumes full responsibility for the file, including contents and organization thereof, until the file is returned.
 4. Satellite folders shall be maintained in locations and in accordance with procedures established by the Warden/Superintendent.
 5. Files not in use at the Central Office, the institutions, Community Supervision, or other TDOC field offices shall be stored in a secure area or locked repository. Files in use shall be directly supervised and controlled by an authorized employee.
- E. Organization of Files:

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1. All documents (new and existing) maintained in inmate institutional records office file(s) will be scanned into FileNet by institutional records office personnel. All scanned documents will be stamped "SCANNED" in red ink in the top right-hand corner prior to filing in the inmate Records Office File(s). Document scanning should be completed prior to the offender being released.
2. All documents placed in inmate files shall be legible and attached face up, in chronological order, with the most recent information on top.
3. Documents pertaining to an individual inmate shall be placed in the designated file as follows:
 - a. Records Office File shall contain:
 - (1) Section I: Identification/Classification Data:
 - (a) CR-1391 - Initial Classification Summary or Face Sheet (shall always remain on top). One copy of each previous photograph may be retained in this section.
 - (b) Security/sensitive information
 - (1) Protective Service Routing Sheet, CR-3241
 - (2) Protective Service Hearing Report, CR-3240
 - (3) Protective Custody Review Report, CR-3239
 - (4) Fingerprint card (shall always remain on bottom)
 - (5) Incompatible Inmate Notice, CR-2109
 - (2) Section II: Sentence/Legal:
 - (a) Copy of Judgement Document (mittimus, commitments, and indictments in chronological order)
 - (b) Detainer placement/removal notice (INFOPAC produced detainer notice BI01D070 can be produced after Detainer (LSTS) is used)
 - (c) Warrants/court orders/governor's warrants/declaratory orders - any document relating to court appearance/escapes (i.e., CR-1853, and/or CR-1988) shall remain attached to the warrant/court order. All court orders for future court appearances will be placed on top in the Records Office file. After court hearing, documentation shall be placed in chronological order.
 - (d) Notice of court order (legal) name change (original) (NOTE: Records will not be changed to reflect the new name. An entry shall be made on the Offender Aliases (LCLB) by the records office to reflect legal name change and a written notice forwarded to the required staff)
 - (e) All other information received concerning inmate's time.

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(3) Section III - Parole/Release Documents:

- (a) CR-0122, Extradition Waiver
- (b) Agreement on Detainer Request/Waiver Hearing Form I through IX
- (c) BP-0015, Parole Certificate or CR-3403, Probation Certificate
- (d) Notice to TBI of Sex Offender Release
- (e) Victim Witness Coordinator Notification
- (f) Facesheet at time of release
- (g) CR-1941, Letter of Discharge
- (h) CR-1945, Release Notification
- (i) CR-1947, Release Authorization
- (j) CR-1416, Personal Property Clearance
- (k) CR-4088, Reentry Discharge Summary
- (l) BI01D082, Offender Community Release Notification
- (m) Miscellaneous Release Documents

(4) Section IV- Inmate Information

- (a) CR-3694 Request for 60 Day Education Credit
- (b) Emergency Notification Form
- (c) If an offender has identification documents (birth certificate, social security card, driver's license, identification card, GED certificate, high school diploma, CR-3723, or application for driver's license and inmate identification), they will be kept in his/her file for identification purposes or to assist in obtaining identification documentation with the item content typed on the front of the sealed envelope prior to his/her release. A sealed envelope shall be used to maintain this documentation. All identification documentation shall be issued to the inmate upon release from TDOC custody.
- (d) Security Threat Group File
 - (1) CR-3536 Criminal Submission Form (always on top).
 - (2) Supporting STG Documentation in chronological order
- (e) CR-3118 inmate inquiry - Information Request

b. Unit File shall contain:

(1) Section I - Identification/Classification Data:

- (a) CR-1391, Initial Classification/Face Sheet, pages 1-4 (always remains on top)
- (b) CR-2253, Pre-Sentence Report (if not available on OMS)
- (c) CR-2574, Admission Assessment

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- (d) FBI Rap Sheet and NCIC 2000 until rap sheet has been received, except in privately managed facilities where such information shall be removed from the file and be maintained by the Commissioner's designee.
 - (e) CR-1377, Family Questionnaire (where applicable in older files and if information is not available on OMS)
 - (f) CR-1378, Parental Questionnaire (where applicable in older files and if not available on OMS)
 - (g) CR-3619, Contact Visitation with Minor Agreement
 - (h) CR-2116, Spouse's Questionnaire (where applicable in older files and if not available on OMS)
 - (i) CR-2547, Structured Interview (where applicable in older files)
 - (j) CR-3683, Program Recommendation Guide
- (2) Section II - Sentence/Legal:
- (a) CR-2969, Sentence Reduction Credit Waiver
 - (b) CR-2816, Additional Sentence Letter (if not available on OMS)
 - (c) CR-2042, Class IV Prisoner Designation Letter
 - (d) CR-0016, Actions Involving Good Conduct Credits, if applicable
 - (e) CR-3298, Sentence Credits
 - (f) Written Notice of Legal Name Change
 - (g) CR-3224, Denial of Program Credits.
- (3) Section III - Disciplinary/Administrative Segregation/Protective Services:
All documents related to a specific incident shall be maintained together.
- (a) Disciplinary Report (OMS screen LIBK), INFOPAC produced BI01MGL - Disciplinary Report and BI01D028 - Disciplinary Action Report
 - (b) CR-1834, Disciplinary Report Hearing Summary
 - (c) CR-1831, Disciplinary Continuation
 - (d) CR-1833, Disciplinary Report Appeal
 - (e) CR-2123, Involuntary Administrative Segregation Placement Report
 - (f) CR-1600, Administrative Segregation Review.
- When this section will not hold additional documents with the use of additional prong fasteners, older material may be transferred to an auxiliary folder of the same color, which shall be marked as "Volume II - A", etc. Auxiliary folders are a part of the IIR and must accompany the inmate when transferred.
- (4) Section IV - Reclassification:
- (a) CR-2109, Incompatible Inmate Notice

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- (b) CR-1850, Memo to Committing Jurisdiction
 - (c) CR-0078, Reclassification Summary, pages 1, CAF (BI01MHD), and Summary (BI01D018), INFOPAC produced Classification Hearing Notice/Waiver (BI01D021), if applicable, and Offender Classification Notice (BI01D018)
 - (d) CR-2877, Waiver
 - (e) CR-3004, Classification Appeal or INFOPAC report Appeal Decision Notice (BI01D022)
 - (f) CR-0996 or BI01D089, Assignment of Responsibility.
- (5) Section V - Parole/Release Data:
- (a) BP-0007, Application for Compact Services
 - (b) BP-0008, Agreement to Return
 - (c) Letters of recommendation and/or any parole related documents
 - (d) BI0105, DNA Blood Analysis Request
 - (e) CR-3521, Consent for DNA Analysis
 - (f) CR-3669, Rules of Employment (See Policy #505.10)
- (6) Section VI - Memorandum, Correspondence, Cumulative Education Report, and Miscellaneous: Documents filed in this section may be comprised of, but not limited to, the following:
- (a) Emergency Notification Information
 - (b) CR-2110, Orientation Acknowledgment or INFOPAC report BI01D015
 - (c) CR-2161, Instructions to Inmates
 - (d) CR-2045, Notification of Restitution Obligation
 - (e) CR-2060, Victim Restitution Contract and Repayment Schedule
 - (f) CR-1463, Contract/Agreement Parts 1 and 2
 - (g) CR-2061, Court Cost Contract and Repayment Schedule
 - (h) CR-2064, Community Service Contract
 - (i) CR-2069, Restitution Program Participation Contract
 - (j) CR-2965, Individual Program Plan, includes CR-2169, CR-2963, and CR-2964
 - (k) CR-1972, Program Pass
 - (l) CR-1973, Authorized Absences Appointment/Escort Pass
 - (m) CR-1974, Release of Information Consent Form
 - (n) CR-3086, Inmate Request to Review Institutional File
 - (o) CR-1922, Marriage Application Form
 - (p) BI01D072, Request for Furlough
 - (q) Form W-9, Request for Taxpayer ID Number and Certification
 - (r) Equivalency Diploma
 - (s) Vocational Certificate(s)
 - (t) RNA, Offender Case Plan/CR-4169 Refusal Form
 - (u) RNA Interview Guide, CR-4179 (A copy of the RNA needs report shall not be given to inmate)
 - (v) RNA Needs Report

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- c. Inmate Health Record: See Policy #113.50 for file content requirements.
- d. Satellite Folders:
 - (1) Property (CR-1921, CR-1416, CR-1167, CR-1413) (See Policy #504.02)
 - (2) Inmate Jobs (See Policy #505.07)
 - (3) Academic/Vocational Education (See Policy #117.02 and 117.03)
 - (4) Mental Health Program (See Policy #113.81)
 - (5) Visitation File (See Policy #507.01)
- F. Transfer of IIR: The Warden's/Superintendent's designee shall ensure that the IIR of an inmate being transferred conforms to the criteria established by Policies #403.01 and #403.01.1 prior to transfer.
- G. Confidentiality and accessibility of inmate records shall be the responsibility of each Warden/Superintendent/designee, Superintendent/designee for the Academy, and Commissioner/designee for Central Office. He/she shall ensure that inmate records are given only to identified and authorized individuals. He/she shall ensure that only authorized individuals are given access to the Workplace database.
 - 1. Public Access to Files: Individuals shall be allowed access to, or inspection of, inmate institutional files in accordance with the Tennessee Public Records Act ("TPRA") in TCA 10-7-501, et seq.
 - a. Confidential information and information the release of which would place the safety of an employee, law enforcement officer or informant, or other inmate in jeopardy shall be redacted prior to being given to or inspected by a citizen per Chapter 0420-1-2, Tennessee Comprehensive Rules and Regulations.
 - b. Charges for any costs associated with reproducing or providing these files and forms required by 2008 Public Chapter 1179 shall be in accordance with Policy #216.01. If an NCIC 2000 criminal history is maintained in the file, it shall be removed prior to access by the public.
 - 2. Access to Health/Behavioral Health Information: Individuals shall be supplied health/behavioral health information only in accordance with Policy #113.52.
 - 3. Inmate Access to IIR: An inmate will be allowed, upon request, to review his/her record or relevant OMS conversations annually. If screen prints are made, the inmate must pay per Policy #501.02. The request should be granted after the record(s) are screened and security sensitive information is removed. OMS conversations containing security sensitive information shall not be made available for inmate review. If there is a question as to what should be removed or reviewed, the decision shall be made by the Warden/Superintendent. Employee(s) designated by the Warden/Superintendent shall be present at all times when the record is being reviewed by the inmate (NOTE: Inmate Health Record review - See Policy #113.52.) At no time will an inmate be allowed to remove items from the IIR. CR-3086 is required to complete the review process. A fee shall be charged to inmates for copies made of the IIR. (See Policies #216.01, #208.05, and #509.03)
- H. When an inmate escapes, his record shall be handled in accordance with Policy #506.12.

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I. Disposition of Inactive Inmate Institutional and Health Records:

Records for inmates who are released from custody by discharge, parole, probation, death, or court order shall be disposed of as follows:

1. Inmate Health Record and Behavioral Health Program Files are to be retained as indicated in Policy #113.50.
2. Records Office File, Unit File, Satellite Property Folders, Inmate Job Folders, and Visitation Folders shall be reviewed to ensure all documents have been scanned. Upon verification of the scanned contents of both files for accuracy and completeness, a certificate of destruction must be completed and submitted to the Director of Records Management/Designee for approval prior to any destruction being scheduled. After the certificate of destruction has been approved, the records can be destroyed after 30 days. For records that have not been scanned, the file will be maintained onsite until scanning has been completed.
3. Academic/Vocational Folders are to be retained for five years in accordance with RDA 11369 and then destroyed. Documents related to program certificates should be scanned into FileNet.

J. Any employees who possess confidential information in their office as defined in Section IV.(B) of this policy shall lock office doors and/or filing cabinets that contain this information. No confidential information shall be stored in plain view. Employees shall report any suspected tampering of file security to their immediate supervisor.

K. Employee computers shall be affixed at the restart and/or log off position at the end of the workday as well as be password protected during short-term absences to prevent unauthorized access to any confidential information as defined in Section IV.(B).

L. The *TDOC Records Handbook* accompanying this policy shall be utilized as the reference guide by staff for the maintenance, safekeeping, and retention of all TDOC records. In addition to inmate institutional records, the content of this handbook will also include but not be limited to records pertaining to Community Supervision, Central Office, Day Reporting Centers, health records, and administrative records.

VII. ACA STANDARDS: 1-ACI-1E-01, 1-ACI-1E-02, 1-ACI-1E-04, 1-ACI-1E-05.

VIII. EXPIRATION DATE: September 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION
INMATE REQUEST TO REVIEW INSTITUTIONAL FILE

INSTITUTION

INMATE NAME: _____ TDOC ID: _____

APPROVED: _____
WARDEN/SUPERINTENDENT

In accordance with Policy #512.01, I have had the opportunity to review my institutional file in the presence of a counselor/record clerk on this date.

INMATE SIGNATURE

TDOC ID

DATE

STAFF SIGNATURE

TITLE

CR-3086 (Rev. 7-20)

RDA 1167



TENNESSEE DEPARTMENT OF CORRECTION
INMATE REQUEST TO REVIEW INSTITUTIONAL FILE

INSTITUTION

INMATE NAME: _____ TDOC ID: _____

APPROVED: _____
WARDEN/SUPERINTENDENT

In accordance with Policy #512.01, I have had the opportunity to review my institutional file in the presence of a counselor/record clerk on this date.

INMATE SIGNATURE

TDOC ID



DATE

STAFF SIGNATURE

TITLE

CR-3086 (Rev. 7-20)

RDA 1167

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 512.01	Page 1 of 1
	Effective Date: August 30, 2023	
	Distribution: B	
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Approved by: 		
Subject: MAINTENANCE, SAFEGUARDING, AND ARCHIVING OF TENNESSEE DEPARTMENT OF CORRECTION (TDOC) RECORDS.		

POLICY CHANGE NOTICE 23-06

PURPOSE: This PCN requires using the new RMD IIIR Destruction Checklist, CR-4316, when requesting a certificate of destruction for inactive inmate institutional records.

INSTRUCTIONS: Print this PCN and attach it to the front of all hardcopy versions of Policy #512.01, *Maintenance, Safeguarding, and Archiving of Tennessee Department of Correction (TDOC) Records*.

CHANGES TO POLICY:

SECTION VI.I.2. is revised as follows (added text; ~~deleted text~~):

2. Records Office File, Unit File, Satellite Property Folders, Inmate Job Folders, and Visitation Folders shall be reviewed and certified by Records Office staff to ensure all documents have been scanned, using the RMD IIIR Destruction Checklist, CR-4316. Upon verification of the scanned contents of ~~both~~ all files for accuracy and completeness by the Records Office Supervisor, a certificate of destruction must be completed and submitted to the Director of Records Management/designee for approval prior to any destruction being scheduled. The completed CR-4316 is submitted with the certificate of destruction. After the certificate of destruction has been approved, the records can be destroyed after 30 days. For records that have not been scanned, the file will be maintained onsite until scanning has been completed.



TENNESSEE DEPARTMENT OF CORRECTION
RMD IIIR FILE DESTRUCTION CHECKLIST

INSTITUTION

INMATE NAME

TDOC ID

Date of Release

Method of Release (probation, parole,
exp, dead)

This checklist must be kept with your certificate of destruction.

The listed records below have been scanned and uploaded to FileNet. In the blanks provided, please indicate the number of pages scanned from each section of the file:

Green File:

_____ Section 1- Classification Data
_____ Section 2- Sentence/Legal
_____ Section 3- Disciplinary Actions/Admin Seg/Protective Services
_____ Section 4- Reclassification
_____ Section 5- Parole/Release Data
_____ Section 6- Miscellaneous

Blue File:

_____ Section 1- Classification Data
_____ Section 2- Sentence/Legal
_____ Section 3- Parole/Release
_____ Section 3- SOR paperwork
_____ Section 4- Inmate Information

Satellite Folders:

_____ Jobs
_____ Inmate Property
_____ Academic/Vocational Education
_____ Visitation

I certify that the above records have been scanned and uploaded to FileNet:

Signature

Date

I certify that the above records have been verified in FileNet for completeness and accuracy:

Supervisor Signature

Date



RECORDS MANAGEMENT HANDBOOK

February 2023

RECORDS MANAGEMENT CONTACT LISTING

Mailing Address:

Records Management Division

320 6th Avenue North

Rachel Jackson Bldg., 2nd Floor

Nashville, Tennessee 37243

615-253-8079 (P)

615-532-1497 (F)

<u>NAME</u>	<u>TITLE</u>	<u>EMAIL</u>	<u>PHONE</u>
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Aletha Jefferson	Assistant Director	Aletha.D.Jefferson@tn.gov	615-253-8005 (P) 629-401-7087 (C)
Mia Cook	Records Analyst Manager/ Expungement Coordinator	Mia.Cook@tn.gov TDOC.ExpungementCoordinator@tn.gov	615-253-8008
Michael Frederick	Archive Warehouse Manager	Michael.Frederick@tn.gov	615-253-8002 (P) 629-867-1322 (C)
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Dedicated Phone Line/Email	General Information and Requests	BI.tdocrmdrequests-archive@tn.gov	615-253-8079 (P)

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GLOSSARY

Active Record	Current records created and used during the course of routine daily operations conducted by the Department and are referenced on a frequent basis.
Agency	Of or pertaining to the Department of Correction.
Alpha Format	Arranging records or files by order of the alphabet, regardless of the file content.
Archive Label	Form (CR#4185) used on storage boxes identify the contents, date range, and date of destruction for inactive/archive records.
Archive Record	Records accumulated by the Department over a period of time that provide a representation of the functions carried out during the course of normal business practices.
Archiving	The process of transferring inactive records to a centralized location for maintenance, safekeeping and retention.
Banker's Box	Standard storage container specifically designed to house letter or legal size files in a standard shelving unit or filing cabinet. The carton is one cubic foot in volume or 15"L x 13"W x 10.5"H
Central Office Archives	Central location for records containing health history of an offender.
Certificate of Destruction	Form used to document when public records are properly destroyed in accordance with the Department's Records Disposition Authorizations

Confidential Record	Any record designated confidential by statute that includes information considered to be privileged and for which access by the public would be generally denied.
Cubic Foot	Standard measure of volume equaling 15'L x 13'W x 10.5'H.
Date Range	Period of time covered by records.
Destruction Hold	Preserving records or relevant information when litigation, investigation, audit or a TN Public Records Act request preempts the time frame for destruction.
Disaster Handbook	Department handbook outlining procedures and information necessary to recover records during an unexpected interruption of business caused by a disaster
Essential Records	Any records essential for the continuation of operations for the Department
Historical Records	Any record deemed to have historical value by nature of the information contained in the record or the requirement by statute that all records in a series be kept for historical reference
Inactive Record	A record that has exceeded its active lifespan, but must be retained for a defined period based on the Department RDA
Measurement Guide	Formula used to determine measurement in cubic feet for all record types
Numeric Format	Filing system that relies on the use of coded numbers as an index

Permanent Retention	Records having permanent administrative, fiscal, historical, or legal value
Public Record	Documents, papers, letters, maps, books, photos, microfilm, electronic data, film, sound recordings, or other material, created or received during the course of official business by any government Agency
RDA	A Records Disposition Authorization is an official Department record approved by the Public Records Commission containing authority that specifies the length of time a record series must be kept and the required method of destruction.
RDA Cut Off Date	The date which a record should be closed in accordance with the guidelines of the Department RDA to begin preparation for final disposal or transfer
Records Custodian	Individual(s) responsible for maintaining Department records during the ordinary course of business and producing records for copying or inspection in accordance with state and federal statute.
Records Officer	Individual designated by an Agency to assume the responsibility for implementation of the records management program and to facilitate the creation, use, storage, transfer, and destruction of Department records as defined in T.C. A § 10-7-301(11). For TDOC, the Director of Records Management.
Records Series	Group of related records filed together to document a particular function, transaction or activity
Records Holding Report	Annual report submitted by the Department to the Office of the Secretary of state providing an accounting of all records held in all Agency offices statewide
Records Coordinator	Staff member at a prison facility, field office, central office or other division designated to assist the Department's Records Officer with required records management functions
Retention Schedule	The length of time a record must be kept in accordance

with an RDA

Scanning	Process by which a digital signal of a document can be stored, transmitted and reconstructed for display as an electronic image
Shredding	Process of destroying paper records by mechanical cutting
Statewide RDAs	General retention schedules that apply to common functions of all state Agencies such as human resources and fiscal records
Temporary Record	Documents which can be disposed of in a short period of time.
TN Public Records Act	Statute found under T.C.A. § 10-7-501, providing all state records be made available to any citizen of the State of TN, unless otherwise held to be confidential by state law.
Transfer	Physical relocation of records

INTRODUCTION

The Records Management Division serves as the central location for records retention and storage of offender health records. Our Division is composed of units specializing in records requests processing, electronic scanning, expungement coordination, and warehouse storage. Our goal is to be a leader in records management efficiency through utilizing the latest technology and enhancing the systematic processes used to deliver records information; ensure efficient maintenance and safekeeping for the disposition of offender and administrative records statewide; provide excellent service to our internal and external customers; provide training and information to all staff who handle TDOC public records; and adhere to policies & procedures implemented by TDOC and the Office of the Secretary of State pertaining to the release, retention and disposition of Department records.

PUBLIC RECORDS

Tennessee Code Annotated §10-7-301 defines a public record or state record as all documents, papers, letters, maps, books, photographs, microfilm, electronic data processing files and output, films, sound recordings, or other material, regardless of physical form or characteristics, made or received pursuant to law or ordinance or in connection with the transaction of official business by any governmental Agency.

RESPONDING TO PUBLIC RECORDS REQUESTS

Under the TN Public Records Act, the Department of Correction must respond to public records requests within seven business days of receipt of the request. The response must (1) provide the records being requested, (2) provide a timeframe of when the records will be produced, or (3) deny the records request and provide the reason for the denial of the records.

In accordance with TDOC Policy 216.01- Tennessee Public Records Act and Reproduction of Public Records, upon request, the Records Custodian/designee of a public record shall promptly make available for inspection any public records that are not specifically exempt from disclosure. The Records Custodian is defined as the person or group of persons who are directly responsible for a particular set or type of records.

The Records Management Division facilitates responses to requests for inmate institutional and health records utilizing GovQA software. This handbook is intended to address public records requests for inmate institutional and health records only. All other public records requests should be directed to the division directly responsible for the records that are requested.

The statewide RDA SW35 requires Agencies to maintain all records of

public records requests for five years after completion. GovQA is utilized to maintain all communications related to inmate institutional and health records request to ensure TDOC is in compliance with this statewide RDA.

Things to Remember when processing public records requests for institutional/health records:

1. All requests must be uploaded to GovQA including requests for health records from Social Security/Disability (SSA/ERE) and Veteran's Administration Disability requests.
2. All requests for health records must include the appropriate release of information signed by the offender or offender's conservator.
3. If there are any questions regarding the confidentiality of the records being requested or whether the request should be denied, please request a legal review through GovQA.
4. Response templates from TDOC Policy 216.01 have been built into GovQA for ease of use.

LEGAL AUTHORITY

State Agencies are legally responsible for creating and maintaining

records to document the transaction of government business. These records provide evidence of the operations of government and accountability to the citizens of the state of Tennessee. State Agencies must maintain this information according to established Records Disposition Authorizations. (RDA).

RECORDS BASICS

There are two types of records, active and inactive. Use this guide to determine how to store them:

1. Active: Current records and those accessed on a frequent or daily basis. This type should be kept in close proximity to the work center in a locked drawer or filing cabinet.
2. Inactive: Records which are no longer referenced on a regular basis and tend to be stored in a less accessible place since they are not used frequently. Many times records become inactive when they reach their cut-off as defined on a records retention schedule. (See TDOC/Statewide RDA listing for further information regarding cut off of records)

Format: All records should be stored according to the record series or type of document, and filed in an *alpha* or *numeric* format for easy retrieval.

RECORDS STORAGE

The following steps should be followed when storing records at a facility or field office:

1. Place records in a filing cabinet, on a shelf, a Lektriever/Kardex, or other suitable storage space.
2. Ensure confidential records are located behind a locked door or in a locked cabinet.
3. Do not store records in attics and basements where they may be susceptible to water leaks, pests and sunlight.
4. Keep records at least three inches off the floor and away from water pipes.
5. Limit admission to the records storage area to only those staff needing access to fulfill the requirements of their job duties. Doors should remain locked at all times and keys/passcodes issued to only those who need them.
6. Ensure records, such as microfilm, microfiche or audio are stored in a climate controlled area to preserve the quality of the image or recording.
7. Records of historical value, which have reached their retention period, may be transferred to the Tennessee State Library and Archives for permanent retention if allowed by the RDA.
8. Records must be stored in a logical order that allows for easy retrieval when needed. When boxing up inactive records for storage, each box must be inventoried and a copy of the inventory should be placed in the box with the original being maintained in a secure area that is accessible to other employees who may need it. Boxes must be labeled, and an electronic spreadsheet must be created in order to account for the location of each file at all times.

PROPER STORAGE ENVIRONMENT

Evaluate office and storage space for safety, security, stability of temperature, fire detection and disaster prevention. Consider how often access to records will be needed to determine the most strategic location for a storage area.

Adhere to the following criteria for storage areas to prevent damage to Department records:

1. The temperature should be maintained at 75 degrees or lower
2. For warehouses without climate control, store paper records only
3. Smoke detectors, water sprinklers and fire extinguishers should be onsite
4. Ensure the area is free of vermin and insects
5. Keep records at a safe distance from water pipes
6. Do not store records in a flood zone or other natural disaster area
7. Store infrequently referenced records on the upper shelves of the storage area
8. Ensure boxes do not come in contact with the floor or wall by stacking them on pallets or shelving.
9. Don't store heavy boxes on shelving that cannot hold the weight
10. Reinforce shelving by anchoring it to the floor or wall.
11. Provide sufficient space in between pallets or boxes for easy retrieval
12. Position bottom shelves at least three inches from the floor

RECORDS DISPOSITION AUTHORIZATIONS

Records Disposition Authorizations (RDA), are official documents used to request authority for the length of time a record must be kept and the required method of destruction. An RDA contains the record series, media type, laws/statutory requirements, description of the record, and the disposition requirements. Retention schedules are not merely suggestions. Records cannot be destroyed before the stated period, nor can they be retained longer than the stated period, unless a destruction hold has been placed on that record. A destruction hold is created anytime a record is involved in an investigation, litigation, audit, or a request pursuant to the TN Public Records Act. The destruction hold will remain in effect until the reason for the hold has been completely resolved.

Use the following guidelines regarding RDAs:

1. When there are questions about how long to keep a record, first refer to the TDOC policy for the retention period.
2. If no information is found in policy, refer to the TDOC current RDA listing or the Statewide RDA listing found in the appendix section of the Records Management Procedures Handbook. The determined time to keep the record will be found under the “Retention” column.
3. Remember, the retention time starts after the cutoff period.

The benefits of using an RDA retention schedule include the following:

- Ensures that an agency or department is in compliance with both state and federal laws.
- Verifies that records needed for legal, fiscal, or administrative purposes will not be destroyed prematurely.
- Allows records that are no longer useful to be destroyed legally.
- Determines when records may be transferred to Central Office Archives or scanned for long term storage
- Ensures the preservation of records with historical value.

TDOC RECORDS DISPOSITION AUTHORIZATIONS

TDOC RDAs are specific retention schedules that are designated for correction records, such as offender files, PREA, community supervision files and academy training records.

Contact the Director of Records Management for the following:

1. If you have questions regarding any existing Agency RDA.
2. If you are developing a new program which may require the creation of a different correction records series.
3. If you are generating a new form for publication and use by the Department.

STATEWIDE RECORDS DISPOSITION

AUTHORIZATIONS

Statewide RDAs are general retention schedules that apply to all state agency records, such as human resources, fiscal or temporary records. These RDAs are maintained and updated by the Office of the Secretary of State Records Management Division.

RECORDS DESTRUCTION

When destroying records, adhere to the following:

1. Do not destroy a record without an RDA in accordance with §10-7-303.
2. Do not destroy any records until you receive approval from the Director of Records Management or designee.
3. If you are converting paper records to electronic format, you must complete a COD and obtain approval from the Director of Records Management before destroying the paper records.
4. Only destroy records that have reached total retention.
5. Do not request destruction on any record that has an active destruction hold in place.
6. Destruction of state records must be documented and reported to the Director of Records Management/Designee.
7. Provide the Director of Records Management/Designee with a Certificate of Destruction (COD).
8. Complete the COD using form GS-0989 located in policy 109.03 or in the appendix section of the Records Management Procedures Handbook.
 - a. Review the TDOC retention guideline to determine when records are ready to be destroyed.
 - b. Complete COD form specifying the facility/field office, address, allotment code(32901).
 - c. Complete records description (provide type of record document, Example: Offender Grievances).

- d. Provide RDA number and the date range for documents to be destroyed
(Example: RDA #2244, Date Range 3/2011 – 2/2014).
- e. List record volume in cubic feet (use measurement guide in appendix).
- f. If destroying offender records (institutional, health, community supervision), you must provide a list that includes the offender's name and TDOC ID.
- g. Sign and date the COD and email to the Director of Records Management/Designee
- h. COD will be emailed back to you after approval
- i. After you receive approval, you should schedule the destruction.
- j. Once destruction is complete, you will need to enter the information from the approved COD into the website for the Secretary of State's Office. Make sure to include your name as the contact person and the Director of Records Management as the Agency Record's Officer.

SOS Website: <https://fs26.formsite.com/xDqYjm/rmdcod/index.html>

* Please note that destroying materials that are not public records, such as copies, personal items, and reference materials does not require submission of a Certificate of Destruction.*

DETERMINING DATE OF DESTRUCTION

When determining when a document should be destroyed, refer to the following:

1. RDA cut-off guidelines. Retention should begin from the cut-off period. Refer to the TDOC and Statewide RDA guidelines for cutoff information.
2. Records should be destroyed on a regular cycle that is suitable for your office storage space. The less storage space you have, the more frequently you should process destruction of files. It is recommended that the records be destroyed at least twice per calendar year.

METHODS OF DESTRUCTION

Confidential records containing identifying information must be destroyed by using one of the following methods:

1. Paper records should be destroyed by shredding, pulping, or an approved incinerator
2. Electronic or audio/video records should be purged by overwriting the hard drive's free space

3. Paper records that do not contain identifying information may be destroyed by recycling
4. Electronic records should be deleted

RECORDS HOLDING REPORT AND GUIDELINES

Each year, the Department must prepare an accounting of all records, active and inactive in all offices and facilities statewide, called the Records Holding Report (RHR). This report is submitted to the Office of the Secretary of State Records Division and provides a snapshot of record growth and reduction. The RHR covers the period for fiscal year beginning July 1st through June 30th of the following year. The report is submitted by the Director of Records Management or designee.

The RHR shall be completed by the Records Coordinator (RC) appointed by the Warden, Superintendent, District Director, or Manager. The following guidelines should be followed when completing the report:

1. The Director of Records Management will provide updated information regarding the RHR to each RC with specific reporting instructions and deadlines prior to the Agency count.
2. The RC should review the previous year report to ascertain the amount of records, in cubic feet, for the starting point. If the RC is unable to locate the previous year's report, contact the Director of Records Management to receive a copy.
3. Every facility, community supervision district, central office, and field office must be counted for the report.
 - a. The RC should submit a notice to staff in all work areas to obtain an accurate count of how many records, both paper and electronic, were created during the current fiscal year.
 - b. The RC will also ascertain how many records were destroyed during the current fiscal year. (Keep approved CODs and use for reference)
 - c. All records should be counted in cubic feet using the measurement guide

- provided in the appendix.
- d. A set date should be established for staff to provide the information to the RC to ensure deadlines are met.
 - e. All reports received by the RC should be combined to give an overall accounting of records created and records destroyed.
 - f. If offender institutional or health records were transferred to Central Office Archives, provide the total in cubic feet on the appropriate line.
 - g. The ending total on hand will calculate automatically

Additional categories may apply if microfilm, microfiche, electronic records or other media are maintained.

TDOC DISASTER RECOVERY PLAN

The Tennessee Department of Correction maintains records used in conjunction with the normal course of business. In the event of a disaster, processes and procedures are required to recover and protect records that cannot otherwise be reproduced by a backup server. Records recovery procedures for all records formats used by the Department are outlined in the Agency Disaster Handbook located in the appendix section.

PROTECTING ESSENTIAL RECORDS

In the event essential records are damaged or lost in a disaster, the following first steps should be followed as outlined in the Disaster Handbook within 24 hours of the occurrence:

1. Move records away from the danger area as soon as possible
2. Assess what records were affected within 24 hours of the disaster
3. Create a comprehensive report which describes all missing or damaged records.
4. Determine which records are necessary to resume operations
5. Contact the Director of Records Management to provide the damage report and discuss recovery methods
6. Assistance will be provided by the Records Management Division within 24 hours of receipt of the damage report

ARCHIVING

AND

CENTRAL OFFICE ARCHIVES TRANSFER


PROCEDURES

When records are no longer active, but still must be retained in accordance with requirements of the Agency RDA, they can be archived in a reliable storage area. File rooms, warehouses, and other secure spaces save time, money and promote efficiency of Department operations. Before moving any records to archived storage areas, the records must be inventoried and clearly labeled for easy retrieval in the event the record must be located.

Offender health files must be transferred to Central Office Archives for long term storage. Please refer to the Archiving Health Records Procedures for transferring these types of files located in the appendix section. The following guidelines should be followed:

1. Use standard size bankers boxes
2. Affix archive label (CR-4185) to each end of box (box handle end)
3. Documents must fit in the box without causing it to bulge, and lids must fit correctly
4. Do not send damaged boxes
5. Document the records placed in each box, by box number and keep a copy for reference (Refer to sample archive listing in appendix section)
6. Contact the Central Office Archives Warehouse Manager at 615-253-8002 to request an appointment to archive. Unscheduled shipments will be refused.

Institutional files will no longer be archived and must be scanned and uploaded to FileNet by the facilities.

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 216.01	Page 1 of 7
	Effective Date: March 15, 2022	
	Distribution: A	
	Supersedes: 216.01 (3/20/19) PCN 20-44 (1-1-21)	
Approved by: Lisa Helton		
Subject: TENNESSEE PUBLIC RECORDS ACT AND REPRODUCTION OF PUBLIC RECORDS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, Tenn. Code Ann. Title 10, Chapter 7 relative to Public Records: 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.

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Subject: TENNESSEE PUBLIC RECORDS ACT AND REPRODUCTION OF PUBLIC RECORDS		

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.
3. All Open Records Requests will be maintained in accordance with the Tennessee Public Records Act and records disposition authorization procedures.

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;

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- (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.

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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

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Subject: TENNESSEE PUBLIC RECORDS ACT AND REPRODUCTION OF PUBLIC RECORDS		

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 15, 2025



TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION _____

\$ _____

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 _____

TDOC ID _____

Building: _____

Room #: _____

WITNESSED: _____

APPROVED: ☐ YES

☐ NO

REASON FOR DENIAL: _____

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE _____

DATE _____

CR-2727 (Rev. 9-19)

Duplicate As Needed



TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION _____

\$ _____

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 _____

TDOC ID _____

Building: _____

Room #: _____

WITNESSED: _____

APPROVED: ☐ YES

☐ NO

REASON FOR DENIAL: _____

WARDEN / SUPERINTENDENT / DIRECTOR / DESIGNEE _____

DATE _____

CR-2727 (Rev. 9-19)

Duplicate As Needed



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
6TH FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465

RECORDS REQUEST DENIAL LETTER

DATE: _____

Dear Sir or Madam:

On _____ this Office received your open records request to inspect/receive copies of _____
Date type of records

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



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
6TH FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465

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. _____
Signature of Records Custodian Date

10. _____
Signature of Requestor Date

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 109.03	Page 1 of 2
	Effective Date: February 9, 2023	
	Distribution: A	
	Supersedes: 109.03 (7/1/19)	
Approved by: 		
Subject: RETENTION AND DISPOSITION OF TENNESSEE DEPARTMENT OF CORRECTION RECORDS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 10-7-302.
- II. PURPOSE: To establish policy with respect to the retention and disposition of Tennessee Department of Correction (TDOC) records.
- III. APPLICATION: All TDOC employees and employees of privately managed facilities.
- IV. DEFINITIONS:
 - A. Approved Records Disposition Authorization (RDA): An authorization signed by all members of the PRC which constitutes the department's legal authority to retain or dispose of the records named in the authorization in the manner prescribed by the authorization.
 - B. Public Records Commission (PRC): A commission designated by TCA Section 10-7-302 to determine and order the proper disposition of state records. Members of the PRC are the Secretary of State (chairman), State Treasurer, Comptroller of the Treasury, Director of Legal Services for the General Assembly, and the Commissioner of General Services. The State Archivist is a nonvoting member.
 - C. Records Officer: Section 1210-1-.01(7) of the *Rules of the Public Records Commission* states that the head of each department, commission, board, or agency shall designate a Records Officer, who shall be an employee at the administrative level, and inform the commission chairman in writing of such designation. The Records Officer shall be the primary facilitator between the agency, the Records Management Division, and the Public Records Commission.
 - D. Certificate of Records Destruction, GS-0989 (COD): A form mandated by the Office of the Secretary of State and required to be completed when destroying any public records that have reached retention in accordance with corresponding Department Records Disposition Authorizations. The COD should be emailed to the Records Officer for approval before destruction to ensure documents are ready to be destroyed and a state approved method is used for destruction.
- V. POLICY: TDOC records shall be retained and disposed of in accordance with approved RDAs.
- VI. PROCEDURES:
 - A. If an approved RDA is not in place, a division wishing to retain or dispose of departmental records shall first contact the Department's records officer for instructions on how an approved RDA may be obtained.

Effective Date: February 9, 2023	Index # 109.03	Page 2 of 2
Subject: RETENTION AND DISPOSITION OF TENNESSEE DEPARTMENT OF CORRECTION RECORDS		

- B. A division or facility wishing to destroy records which have reached their retention shall complete a Certificate of Records Destruction, GS-0989, and email it to the Records Officer for approval before scheduling a state approved method for destruction. Requests to destroy specific offender records (institutional files, health files, community supervision files, etc.) must be accompanied by a list that includes each offender's name and TDOC ID.
- C. A division or facility wishing to destroy paper records that have been converted to electronic format must complete a COD and receive approval from Records Management Division prior to destruction.
- D. A division or facility wishing to store records at the Central Office Archives Warehouse should first contact the Department's Records Management Division, to coordinate the transfer of records. A list of procedures for archiving will be provided and arrangements for the date and time of transfer will be scheduled.
 - 1. Paper records where the RDA allows for electronic storage will not be accepted for archives. Electronic records must be stored in a manner consistent with the RDA requirement.
 - 2. All records(files/boxes/pallets) being sent for archiving must be properly labeled using Archive Storage Label, CR-4185, before shipping.
 - 3. The sending facility is responsible for transporting records to the Central Office Archives Warehouse at the designated time and date.
- E. All current RDAs will be listed in the Records Management Handbook under Appendices: TDOC RDA Listing and/or Statewide RDA Listing. New or revised RDAs will be distributed when updated by the TDOC Records Officer.

VII. APPLICABLE FORMS: GS-0989 (Rev. 6/11) and CR-4185.

VIII. ACA STANDARDS: 5-ACI-1E-01, 4-APPFS-3D-28, and 2-CO-1E-01.

IX. EXPIRATION DATE: February 9, 2026



Tennessee Secretary of State
CERTIFICATE OF RECORDS DESTRUCTION

Agency/Division: _____		Allotment Code: _____		
Address/Location: _____ _____		Cost/Index Code: _____		
RECORDS DISPOSED				
RECORD SERIES TITLE AND DESCRIPTION	RELATED RDA NUMBER	DATE RANGE OF RECORDS DESTROYED		VOLUME
		FROM (MM/YY)	THRU (MM/YY)	
CERTIFICATION OF DESTRUCTION				
<p>ON _____ destruction of above records was made in accordance and authorized by the Tennessee Code Annotated</p> <p>Section 10-7-509 (a) and (b) by means of: <input type="checkbox"/> PURGING <input type="checkbox"/> SHREDDING <input type="checkbox"/> RECYCLING <input type="checkbox"/> OTHER (specify): _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;">_____ Signature</div><div style="width: 45%; text-align: center;">_____ Date</div></div>				

GS-0989 (Rev. 6/11)

RDA SW44



TENNESSEE DEPARTMENT OF CORRECTION

ARCHIVE STORAGE LABEL


ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
of	
DEPT.	
DATE of STORAGE	DATE of DESTRUCTION

ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
of	
DEPT.	
DATE of STORAGE	DATE of DESTRUCTION

CR4185

Duplicate As Needed

11085

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 512.01	Page 1 of 9
	Effective Date: September 1, 2021	
	Distribution: B	
	Supersedes: 512.01 (2/15/20) PCN 20-21 (8/1/20) PCN 20-16 (6/1/20)	
Approved by: Tony Parker		
Subject: MAINTENANCE, SAFEGUARDING, AND ARCHIVING OF TENNESSEE DEPARTMENT OF CORRECTION (TDOC) RECORDS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 4-6-140, TCA 10-7-504, Title 28, USC, Section 534, and 2008 Public Chapter 1179.
- II. PURPOSE: To establish procedures for the maintenance, safeguarding, and archiving of TDOC records and information.
- III. APPLICATION: TDOC employees, privately managed facilities, and contract vendors.
- IV. DEFINITIONS:
 - A. Abbreviated Code Definitions:
 1. TBI: Tennessee Bureau of Investigation (TBI) forms
 2. BOP: Board of Parole (BOP) forms
 3. CR: Tennessee Department of Correction (TDOC) forms
 4. OMS: Offender Management System
 5. FileNet: An electronic document repository.
 - B. Administrative Records: Any record created that documents Department operations or day to day management functions but does not necessarily relate directly to the programs of the Agency.
 - C. Community Supervision File: Contains all documents related to an offender's case management, including supervision plan, program treatment, drug tests, court orders, etc.
 - D. Confidential Information:
 1. Health and behavioral health treatment.
 2. Educational records of inmates receiving special education services.
 3. The TDOC shall adhere to the federal Health and Human Services Alcohol and Drug Abuse Confidentiality regulations. (See Policy #113.52) Disclosure of any information to the BOP or others about inmate's treatment for alcohol/drug abuse requires written consent from the inmate on Authorization for Release of Health Services Information, CR-1885, and Authorization for Release of Substance Use Disorder Treatment Information, CR-1974.
 4. The TDOC shall adhere to Title 28, United States Code (U.S.C.) Section 534 and restrict access to FBI criminal histories to criminal justice agencies for criminal justice purposes.
 5. Social Security numbers.
 6. Identifying information (name, address, telephone number) of victims, victim family members, and members of the public who have requested notice regarding changes in inmate status.

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Subject: MAINTENANCE, SAFEGUARDING, AND ARCHIVING OF TENNESSEE DEPARTMENT OF CORRECTION (TDOC) RECORDS		

- E. Inactive Inmate Institutional Records (IIIR): The IIR, Satellite Folders, and Inmate Unit File for any inmate who has been released from institutional custody of TDOC either by discharge release to parole, probation, community corrections, court order or death.
- F. Inmate Health Record: A letter sized, 10-compartment, outpatient, brown file folder with prong fasteners at the top of each inside flap maintained in the institution's medical records area.
- G. Inmate Records Office File: A letter sized, four-compartment, light blue folder maintained in the institutional records office.
- H. Inmate Institutional Record (IIR): All documents located in designated files related to an inmate's conviction, sentence, and period of incarceration.
- I. Inmate Unit File: A letter sized, six-compartment, light green file folder maintained in the unit management office.
- J. Satellite Folders: Documents related to inmate property, jobs, visitation, education, and programs.
- K. Security Sensitive Information: Any information which, if disclosed to an inmate, could threaten the security of the institution and/or the safety of a confidential source.
- L. TDOC Field Offices: Community Supervision Offices, Day Reporting Centers or Community Resource Centers.
- V. POLICY: Institutions shall maintain complete and current files on each inmate and shall safeguard such files from unauthorized or improper disclosure of information. Files shall be maintained as a paper record or as a scanned record in FileNet. Central Office, the Academy, Community Supervision, institutions or other TDOC field offices shall ensure that any information as defined in Section IV.(B) is secured at all times. Records available through OMS conversations shall not be duplicated in the inmate institutional record, unless there is a requirement for signature by inmate or staff. At no time will any inmate have access to another inmate's record.
- VI. PROCEDURES:
 - A. The Assistant Commissioner of Prisons shall promulgate specifications for institutional file folders. References in this policy to the placement of CR forms, which may be obsolete, are for instructional purposes only as to the proper location of the forms used prior to OMS and are not a duplication of information contained in OMS. Records at the institutions shall be maintained in separate files as follows:
 - 1. Inmate Records Office File: Complete history of inmate's institutional record.
 - 2. Unit File: Complete history of inmate's institutional record. Where unit management is not utilized, this file shall be co-located with the Records Office File.
 - 3. Health Record: Complete history of inmate's health record. All documents placed in an inmate's health record shall be written legibly in black ink, and attached face up, in chronological order, with the most recent information on top:
 - a. Section 1 - Assessment data, treatment plan(s), teaching plans

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Subject: MAINTENANCE, SAFEGUARDING, AND ARCHIVING OF TENNESSEE DEPARTMENT OF CORRECTION (TDOC) RECORDS		

- b. Section 2 - Diagnostic reports
 - c. Section 3 - Provider's orders/medications
 - d. Section 4 - Chronological progress/clinic notes
 - e. Section 5 - Consultations
 - f. Section 6 - Dental
 - g. Section 7 - Infirmary
 - h. Section 8 - Discharge summaries
 - i. Section 9 - Miscellaneous
 - j. Section 10-Mental health
- 4. Satellite Folders: Documents related to inmate property, jobs, visitation, education, and programs.
- B. When inmates are temporarily transferred to another facility, the current volume of the inmate institutional and health record shall be forwarded as appropriate with the inmate to the receiving institution as outlined in Policy #403.01.1. When an inmate is permanently transferred to another facility, the complete institutional and health record will follow the inmate.
- C. Initiation of the IIR: Diagnostic Center Wardens shall be responsible for the initiation of the IIR. (See Policies #401.02 and #401.04)
- D. Maintenance and Security of Files:
 - 1. Each Warden/Superintendent shall be responsible for developing a local policy and procedure to ensure the security of these files. The Warden/Superintendent shall designate the employee(s) responsible for the proper development, maintenance, and care of all file components of the IIR and scanning into FileNet.
 - 2. All new information designated for inmate records shall be scanned into FileNet and filed in the paper record within 14 working days.
 - 3. The Records Office file, Unit file, and Health file shall:
 - a. Be maintained by the TDOC ID number. The offender's TDOC ID number shall be affixed to the end tab and numerically color-coded for ready reference.
 - b. Include the Sign In/Sign Out card, CR-1006, to be used anytime a record is removed from a file repository. If the file is removed by one employee for use by another, that information shall be indicated on CR-1006. The individual signing the file out assumes full responsibility for the file, including contents and organization thereof, until the file is returned.
 - 4. Satellite folders shall be maintained in locations and in accordance with procedures established by the Warden/Superintendent.
 - 5. Files not in use at the Central Office, the institutions, Community Supervision, or other TDOC field offices shall be stored in a secure area or locked repository. Files in use shall be directly supervised and controlled by an authorized employee.
- E. Organization of Files:

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1. All documents (new and existing) maintained in inmate institutional records office file(s) will be scanned into FileNet by institutional records office personnel. All scanned documents will be stamped "SCANNED" in red ink in the top right-hand corner prior to filing in the inmate Records Office File(s). Document scanning should be completed prior to the offender being released.
2. All documents placed in inmate files shall be legible and attached face up, in chronological order, with the most recent information on top.
3. Documents pertaining to an individual inmate shall be placed in the designated file as follows:
 - a. Records Office File shall contain:
 - (1) Section I: Identification/Classification Data:
 - (a) CR-1391 - Initial Classification Summary or Face Sheet (shall always remain on top). One copy of each previous photograph may be retained in this section.
 - (b) Security/sensitive information
 - (1) Protective Service Routing Sheet, CR-3241
 - (2) Protective Service Hearing Report, CR-3240
 - (3) Protective Custody Review Report, CR-3239
 - (4) Fingerprint card (shall always remain on bottom)
 - (5) Incompatible Inmate Notice, CR-2109
 - (2) Section II: Sentence/Legal:
 - (a) Copy of Judgment Document (mittimus, commitments, and indictments in chronological order)
 - (b) Detainer placement/removal notice (INFOPAC produced detainer notice BI01D070 can be produced after Detainer (LSTS) is used)
 - (c) Warrants/court orders/governor's warrants/declaratory orders - any document relating to court appearance/escapes (i.e., CR-1853, and/or CR-1988) shall remain attached to the warrant/court order. All court orders for future court appearances will be placed on top in the Records Office file. After court hearing, documentation shall be placed in chronological order.
 - (d) Notice of court order (legal) name change (original) (NOTE: Records will not be changed to reflect the new name. An entry shall be made on the Offender Aliases (LCLB) by the records office to reflect legal name change and a written notice forwarded to the required staff)
 - (e) All other information received concerning inmate's time.

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(3) Section III - Parole/Release Documents:

- (a) CR-0122, Extradition Waiver
- (b) Agreement on Detainer Request/Waiver Hearing Form I through IX
- (c) BP-0015, Parole Certificate or CR-3403, Probation Certificate
- (d) Notice to TBI of Sex Offender Release
- (e) Victim Witness Coordinator Notification
- (f) Facesheet at time of release
- (g) CR-1941, Letter of Discharge
- (h) CR-1945, Release Notification
- (i) CR-1947, Release Authorization
- (j) CR-1416, Personal Property Clearance
- (k) CR-4088, Reentry Discharge Summary
- (l) BI01D082, Offender Community Release Notification
- (m) Miscellaneous Release Documents

(4) Section IV- Inmate Information

- (a) CR-3694 Request for 60 Day Education Credit
- (b) Emergency Notification Form
- (c) If an offender has identification documents (birth certificate, social security card, driver's license, identification card, GED certificate, high school diploma, CR-3723, or application for driver's license and inmate identification), they will be kept in his/her file for identification purposes or to assist in obtaining identification documentation with the item content typed on the front of the sealed envelope prior to his/her release. A sealed envelope shall be used to maintain this documentation. All identification documentation shall be issued to the inmate upon release from TDOC custody.
- (d) Security Threat Group File
 - (1) CR-3536 Criminal Submission Form (always on top).
 - (2) Supporting STG Documentation in chronological order
- (e) CR-3118 inmate inquiry - Information Request

b. Unit File shall contain:

(1) Section I - Identification/Classification Data:

- (a) CR-1391, Initial Classification/Face Sheet, pages 1-4 (always remains on top)
- (b) CR-2253, Pre-Sentence Report (if not available on OMS)
- (c) CR-2574, Admission Assessment

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- (d) FBI Rap Sheet and NCIC 2000 until rap sheet has been received, except in privately managed facilities where such information shall be removed from the file and be maintained by the Commissioner's designee.
- (e) CR-1377, Family Questionnaire (where applicable in older files and if information is not available on OMS)
- (f) CR-1378, Parental Questionnaire (where applicable in older files and if not available on OMS)
- (g) CR-3619, Contact Visitation with Minor Agreement
- (h) CR-2116, Spouse's Questionnaire (where applicable in older files and if not available on OMS)
- (i) CR-2547, Structured Interview (where applicable in older files)
- (j) CR-3683, Program Recommendation Guide
- (2) Section II - Sentence/Legal:
 - (a) CR-2969, Sentence Reduction Credit Waiver
 - (b) CR-2816, Additional Sentence Letter (if not available on OMS)
 - (c) CR-2042, Class IV Prisoner Designation Letter
 - (d) CR-0016, Actions Involving Good Conduct Credits, if applicable
 - (e) CR-3298, Sentence Credits
 - (f) Written Notice of Legal Name Change
 - (g) CR-3224, Denial of Program Credits.
- (3) Section III - Disciplinary/Administrative Segregation/Protective Services:
All documents related to a specific incident shall be maintained together.
 - (a) Disciplinary Report (OMS screen LIBK), INFOPAC produced BI01MGL - Disciplinary Report and BI01D028 - Disciplinary Action Report
 - (b) CR-1834, Disciplinary Report Hearing Summary
 - (c) CR-1831, Disciplinary Continuation
 - (d) CR-1833, Disciplinary Report Appeal
 - (e) CR-2123, Involuntary Administrative Segregation Placement Report
 - (f) CR-1600, Administrative Segregation Review.

When this section will not hold additional documents with the use of additional prong fasteners, older material may be transferred to an auxiliary folder of the same color, which shall be marked as "Volume II - A", etc. Auxiliary folders are a part of the IIR and must accompany the inmate when transferred.

- (4) Section IV - Reclassification:
 - (a) CR-2109, Incompatible Inmate Notice

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- (b) CR-1850, Memo to Committing Jurisdiction
 - (c) CR-0078, Reclassification Summary, pages 1, CAF (BI01MHD), and Summary (BI01D018), INFOPAC produced Classification Hearing Notice/Waiver (BI01D021), if applicable, and Offender Classification Notice (BI01D018)
 - (d) CR-2877, Waiver
 - (e) CR-3004, Classification Appeal or INFOPAC report Appeal Decision Notice (BI01D022)
 - (f) CR-0996 or BI01D089, Assignment of Responsibility.
- (5) Section V - Parole/Release Data:
- (a) BP-0007, Application for Compact Services
 - (b) BP-0008, Agreement to Return
 - (c) Letters of recommendation and/or any parole related documents
 - (d) BI0105, DNA Blood Analysis Request
 - (e) CR-3521, Consent for DNA Analysis
 - (f) CR-3669, Rules of Employment (See Policy #505.10)
- (6) Section VI - Memorandum, Correspondence, Cumulative Education Report, and Miscellaneous: Documents filed in this section may be comprised of, but not limited to, the following:
- (a) Emergency Notification Information
 - (b) CR-2110, Orientation Acknowledgment or INFOPAC report BI01D015
 - (c) CR-2161, Instructions to Inmates
 - (d) CR-2045, Notification of Restitution Obligation
 - (e) CR-2060, Victim Restitution Contract and Repayment Schedule
 - (f) CR-1463, Contract/Agreement Parts 1 and 2
 - (g) CR-2061, Court Cost Contract and Repayment Schedule
 - (h) CR-2064, Community Service Contract
 - (i) CR-2069, Restitution Program Participation Contract
 - (j) CR-2965, Individual Program Plan, includes CR-2169, CR-2963, and CR-2964
 - (k) CR-1972, Program Pass
 - (l) CR-1973, Authorized Absences Appointment/Escort Pass
 - (m) CR-1974, Release of Information Consent Form
 - (n) CR-3086, Inmate Request to Review Institutional File
 - (o) CR-1922, Marriage Application Form
 - (p) BI01D072, Request for Furlough
 - (q) Form W-9, Request for Taxpayer ID Number and Certification
 - (r) Equivalency Diploma
 - (s) Vocational Certificate(s)
 - (t) RNA, Offender Case Plan/CR-4169 Refusal Form
 - (u) RNA Interview Guide, CR-4179 (A copy of the RNA needs report shall not be given to inmate)
 - (v) RNA Needs Report

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- c. Inmate Health Record: See Policy #113.50 for file content requirements.
- d. Satellite Folders:
 - (1) Property (CR-1921, CR-1416, CR-1167, CR-1413) (See Policy #504.02)
 - (2) Inmate Jobs (See Policy #505.07)
 - (3) Academic/Vocational Education (See Policy #117.02 and 117.03)
 - (4) Mental Health Program (See Policy #113.81)
 - (5) Visitation File (See Policy #507.01)
- F. Transfer of IIR: The Warden's/Superintendent's designee shall ensure that the IIR of an inmate being transferred conforms to the criteria established by Policies #403.01 and #403.01.1 prior to transfer.
- G. Confidentiality and accessibility of inmate records shall be the responsibility of each Warden/Superintendent/designee, Superintendent/designee for the Academy, and Commissioner/designee for Central Office. He/she shall ensure that inmate records are given only to identified and authorized individuals. He/she shall ensure that only authorized individuals are given access to the Workplace database.
 - 1. Public Access to Files: Individuals shall be allowed access to, or inspection of, inmate institutional files in accordance with the Tennessee Public Records Act ("TPRA") in TCA 10-7-501, et seq.
 - a. Confidential information and information the release of which would place the safety of an employee, law enforcement officer or informant, or other inmate in jeopardy shall be redacted prior to being given to or inspected by a citizen per Chapter 0420-1-2, Tennessee Comprehensive Rules and Regulations.
 - b. Charges for any costs associated with reproducing or providing these files and forms required by 2008 Public Chapter 1179 shall be in accordance with Policy #216.01. If an NCIC 2000 criminal history is maintained in the file, it shall be removed prior to access by the public.
 - 2. Access to Health/Behavioral Health Information: Individuals shall be supplied health/behavioral health information only in accordance with Policy #113.52.
 - 3. Inmate Access to IIR: An inmate will be allowed, upon request, to review his/her record or relevant OMS conversations annually. If screen prints are made, the inmate must pay per Policy #501.02. The request should be granted after the record(s) are screened and security sensitive information is removed. OMS conversations containing security sensitive information shall not be made available for inmate review. If there is a question as to what should be removed or reviewed, the decision shall be made by the Warden/Superintendent. Employee(s) designated by the Warden/Superintendent shall be present at all times when the record is being reviewed by the inmate (NOTE: Inmate Health Record review - See Policy #113.52.) At no time will an inmate be allowed to remove items from the IIR. CR-3086 is required to complete the review process. A fee shall be charged to inmates for copies made of the IIR. (See Policies #216.01, #208.05, and #509.03)
- H. When an inmate escapes, his record shall be handled in accordance with Policy #506.12.

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I. Disposition of Inactive Inmate Institutional and Health Records:

Records for inmates who are released from custody by discharge, parole, probation, death, or court order shall be disposed of as follows:

1. Inmate Health Record and Behavioral Health Program Files are to be retained as indicated in Policy #113.50.
2. Records Office File, Unit File, Satellite Property Folders, Inmate Job Folders, and Visitation Folders shall be reviewed to ensure all documents have been scanned. Upon verification of the scanned contents of both files for accuracy and completeness, a certificate of destruction must be completed and submitted to the Director of Records Management/Designee for approval prior to any destruction being scheduled. After the certificate of destruction has been approved, the records can be destroyed after 30 days. For records that have not been scanned, the file will be maintained onsite until scanning has been completed.
3. Academic/Vocational Folders are to be retained for five years in accordance with RDA 11369 and then destroyed. Documents related to program certificates should be scanned into FileNet.

J. Any employees who possess confidential information in their office as defined in Section IV.(B) of this policy shall lock office doors and/or filing cabinets that contain this information. No confidential information shall be stored in plain view. Employees shall report any suspected tampering of file security to their immediate supervisor.

K. Employee computers shall be affixed at the restart and/or log off position at the end of the workday as well as be password protected during short-term absences to prevent unauthorized access to any confidential information as defined in Section IV.(B).

L. The *TDOC Records Handbook* accompanying this policy shall be utilized as the reference guide by staff for the maintenance, safekeeping, and retention of all TDOC records. In addition to inmate institutional records, the content of this handbook will also include but not be limited to records pertaining to Community Supervision, Central Office, Day Reporting Centers, health records, and administrative records.

VII. ACA STANDARDS: 1-ACI-1E-01, 1-ACI-1E-02, 1-ACI-1E-04, 1-ACI-1E-05.

VIII. EXPIRATION DATE: September 1, 2024



GovQA

COMPLIANT – EMPOWERMENT - ENGAGEMENT

**RECORDS MANAGEMENT DIVISION
PROCEDURES & FREQUENTLY ASKED QUESTIONS
2018**

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1. Assigned GovQA requests –

Assigned records requests in GovQA will automatically send you an email with a link directly to the request. Select the link, and the request will open to the “details” page or sign into GovQA to see the request on the dashboard for all open request assigned to you.

You will have access to all the areas to manage the request in the menus and on the toolbar. The detail page has all the information about the request and the gray area on the right of the detail page contains the current status, various dates, and assignment information. Review the following on the details page of an assigned GovQA request:

A - Records request details

1. Read the detail and the type of request to ensure it is in the right place.
 - i) If the request is for both institutional and health do the following:
 - (1) Create an activity for the other department or
 - (2) Reassign to the other department if you do not have any records or
 - (3) Create a new request for the other department to complete separately

B – Offender information

1. Verify the offender’s information by checking in TOMIS for a match of name, SSN, TOMIS number, and race.
2. If there is not enough information contact customer to provide more details

C - Method of delivery of information

1. Customer created requests through GovQA,
 - i) The email address associated then responses can be emailed back through GovQA, and the records are viewable.
 - ii) No Email address provided by the customer the request must be mailed or faxed
2. Staff created requests through GovQA,
 - i) Does not allow responses back through GovQA since it was not set up by the customer.
 - ii) The request should be mailed through the Post Office unless the customer provides a FedEx account to charge. Contact
 - iii) Staff created requests will default to the Administrator portal and not viewable by the staff that created the request. Note: The request is reassigned back to staff that created the request to either reassign or to work unless otherwise notified.

D - Status Details – The gray area on the right

1. Check the Create Date
2. *Required Completion Date and basic customer information

E – Notes – information regarding the request created in GovQA.

[illegible]

▼ Notes						
	Note	Activity ID	Created By	Create Date	Modified By	Modify Date
E						
	Mailed regular copy to AAL via regular mail; since AAL did not have Fed Ex Account # and request was staff-created.		Wary Randle	7/11/2018 5:56:00 PM	Many Randle	7/11/2018 5:56:00 PM
	GovQA Admins (A.L.) received check #1875 dated 7-5-2018 for full amount billed (\$12,135) and remitted to Fiscal on 07/10/18. I uploaded a copy of payment and layed payment info. on GovQA.		Wary Randle	7/11/2018 5:24:00 PM	Many Randle	7/11/2018 5:24:00 PM
	I uploaded a copy of fax confirmation sheet, fax coversheet, health billing reply letter, etc. as an attachment. I am closing this request while I am holding on payment.		Wary Randle	7/5/2018 2:46:00 PM	Many Randle	7/5/2018 2:46:00 PM
	The complete record (small volume) was located. Customer wants a regular copy of the complete record to represent him in federal court.		Wary Randle	7/5/2018 10:12:00 AM	Many Randle	7/5/2018 10:12:00 AM
	T.M. brought 1 volume downtown today.		Wary Randle	7/3/2018 4:24:00 PM	Many Randle	7/3/2018 4:24:00 PM
	Customer faxed Order of Appt. to TDOC-FMD; and, I uploaded it as an attachment.		Wary Randle	7/3/2018 11:42:00 AM	Many Randle	7/3/2018 11:42:00 AM

2. Creating a GovQA Request

When you receive a request for records from an email, fax, or by mail you will be required to create a GovQA request. From the GovQA dashboard, there are several ways to create a request:

1. From the **Quick Panel** – select **Create** – then select **Requests**.
2. From the **Toolbar** click on the **+ New Request** button.
3. From the **Top Menu** click **Create** – then select **Request**.

The screenshot shows the 'All Requests Assigned to Me' page. The left sidebar has the 'Request' module highlighted. The top right corner has a 'Request' button highlighted. The main content area shows a table of requests.

Then, begin creating the request by following

1. Select Request Type – General, then Records request.

2. Search for Customer – search for the customer before creating a new one because the information may be stored in GovQA either by name or company name from a prior request. Enter all information provided, for a new customer.
3. Complete at a minimum on offender the fields with a red asterisk (*).
4. Attach any documents received as part of the request then save.

3. Reassigning a Request

After reviewing the details page and researching the information you may need to reassign the request.

To reassign a request to another staff person go to the request details page on the right gray panel and select:

1. First, contact the staff or depart you are reassigning to by calling or emailing them to inform them you are reassigning the request. They may not have access to the internet to check GovQA daily or may be on vacation.
2. **“Assigned Depart”** for the correct Facility or Records Management office and choose
3. **“Assigned Staff”** select the appropriate staff member make sure they are a “Power User” and have access to GovQA.
4. **“Save”** to ensure the changes update the request.

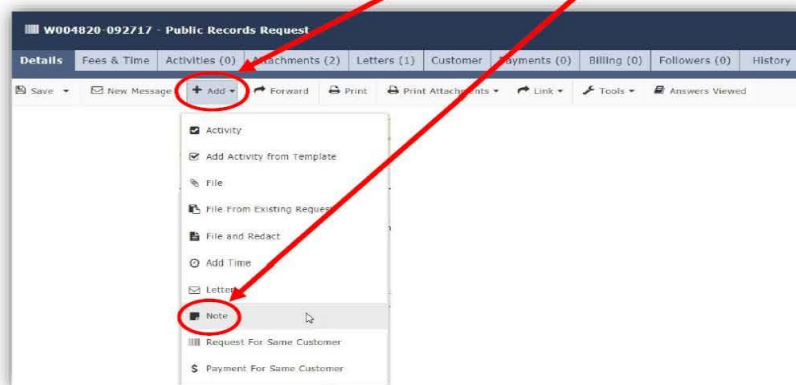
GovQA will send the staff member an email message automatically notifying them of a request assigned to them.

4. Add Notes to GovQA

A note should be added to GovQA each time you interact with the record request. Remember the notes are for someone that has to work with the request if you are not available to assist.

1. Notify the customer when there is a delay in the due date and any communication with the customer about the request.
2. Notify the customer If you cannot find the record and detail any steps that are taken to locate the record or the delay in finding the record.

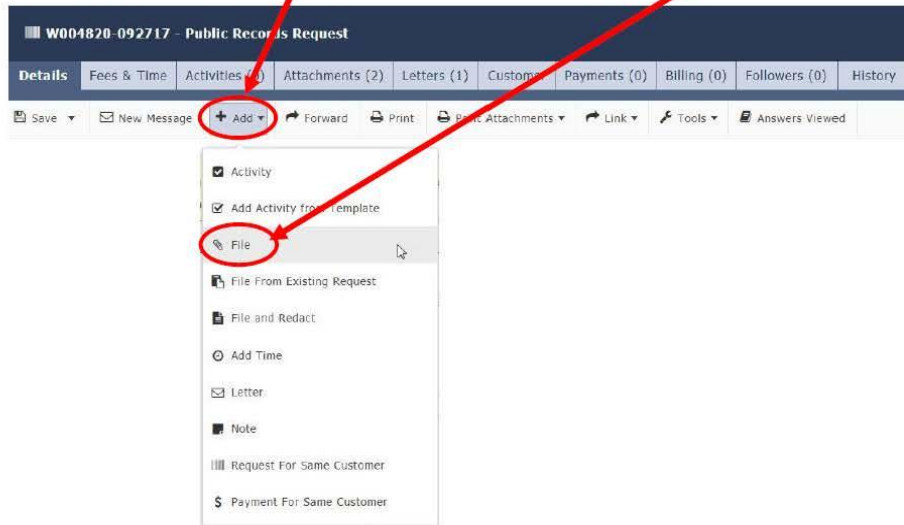
To add a Note to this Request, from the Toolbar select **“Add”** and choose **“Note”** from the drop down list.



5. Adding Files

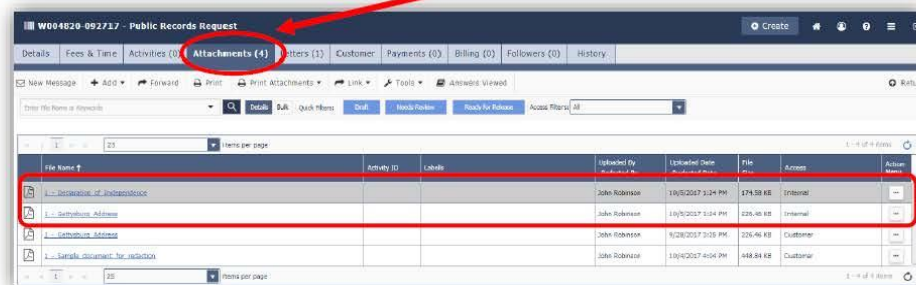
Before adding files to GovQA make sure to save each file in the computer with an identifiable name, i.e., *Jones_Tom 000000 Dental record*.

From the toolbar click on the “+ Add” button and from the drop down select “File”.



When the screen pop-ups select “attach files” at the bottom left to add files saved on your computer. Select the file in your computer and open to upload in GovQA, then select “start.”

You can verify your files uploaded by clicking on the **Attachments** tab.



After adding files review to ensure they are viewable. Only upload a file from an authorized drive on the computer and do not use a USB stick it may corrupt the document.

If a file consists of more than 100 pages consider breaking it down to more than one file to upload.

6. Creating Activities

When a request requires more research such as a "Legal Review" or a "To Do" (requesting a record from the TDOC archives or requiring information from another department) then create an activity.

On the Activity Details screen enter the required information.

The **Due Date** is the date by which this Activity should be completed.

Activity Type should default to the most used for your organization. Choose the correct Activity Type from the drop down list.

Choose the **Department** and **Staff member** from the drop down lists.

You may add a note to the Staff member.

You can also set the **Reminder Date**, **Time**, and method of reminding the Staff member if this Activity is not completed.

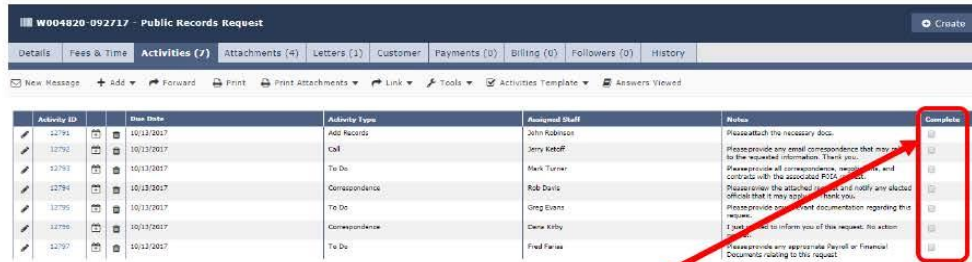
When complete click the **Save** button to accept this Activity and send an email alerting the Staff member that they have a new activity assigned to them.

Click the **Cancel** button if you want to discard this Activity.

Select the **" + Add "** on the toolbar and then select **"Activity"** from the drop down list.

7. Closing Activities

Select the **Activities** tab to view the assigned activities for a request.



Activity ID	Item Title	Activity Type	Assigned Staff	Notes	Complete
12791	10/13/2017	Add Records	John Robinson	Please attach the necessary docs.	<input type="checkbox"/>
12792	10/13/2017	Call	Jerry Kistoff	Please provide any email correspondence that may pertain to the requested information. Thank you.	<input type="checkbox"/>
12793	10/13/2017	To Do	Mark Turner	Please provide all correspondence, recordings, and contents with the associated PRA request.	<input type="checkbox"/>
12794	10/13/2017	Correspondence	Rub Davis	Please enter the attached report and notify any related officials that it may apply. Thank you.	<input type="checkbox"/>
12795	10/13/2017	To Do	Greg Evans	Please provide any relevant documentation regarding this request.	<input type="checkbox"/>
12796	10/13/2017	Correspondence	Clara Kirby	I just wanted to inform you of this request. No action is required.	<input type="checkbox"/>
12797	10/13/2017	To Do	Paul Farnes	Please provide any appropriate Payroll or Financial Documents relating to this request.	<input type="checkbox"/>

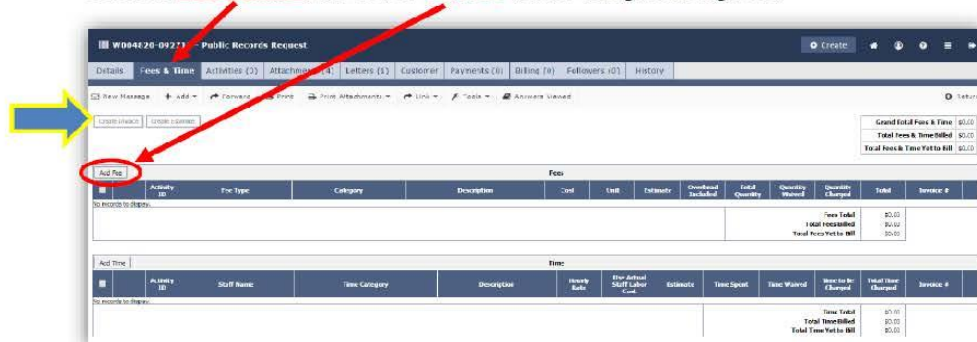
Click the checkbox for the Activity you wish to mark as complete.

8. Adding Fees & Time

GovQA automatically will calculate any fees for copies and time spent on researching records request.

1. Check the customer to ensure they are an agency or individual that should be charged a fee for records request. Also, ensure that a subpoena is not part of the request if so do not charge a fee.
2. The rule of thumb is the first hour is waived, and the first ten pages waived, and no fee charged to the customer.
3. Charge the fee based on the copies as either b&w or color. Also, charge for time used for researching the request and charge based on the Tier level of the employee, i.e., \$10 Tier 1, \$20 Tier 2, and \$30 Tier 3.

Select the **"Fees & Time"** tab. Click on **"Add Fee"** button to begin entering a fee.



When complete click on the **Green Checkmark** (✓) to accept and save this fee.
Or you can click on the **Red Cancel** (✗) to discard this fee.

9. Closing Requests

Once a request has been completed either waiting for a fee or as completed request for a customer goes to the gray area and select “yes” under the “Completed/Closed.”

10. Flipping Attachments to Customer

A completed request or received payment prepare the document for the customer to view by flipping the records.

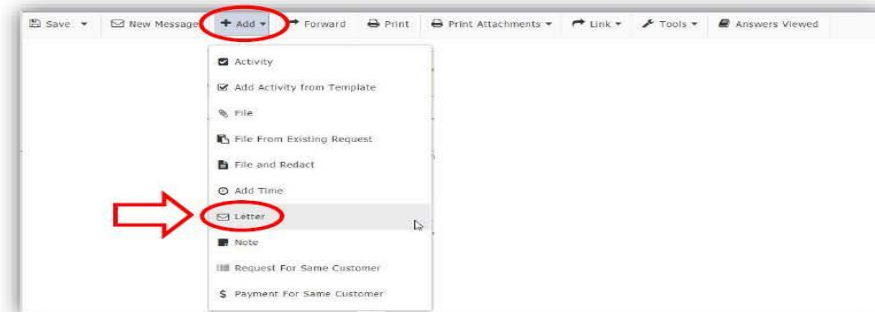
1. Notify the customer by email through GovQA that the document is available to view (only if they created the request not for staff created).
2. Flip the attachment if it has been uploaded and showing in the “Attachments Tab.”
3. Check the “Access” it should be internal which is for GovQA users view only. To change for the customer to see go to “Action Menu” click the...and change from internal to “Customer.”

File Name	Activity ID	Access	Labels	Category	Uploaded	File Size	Exempt	Action Menu
07-0718-AML-Invest-Order-af...		Internal		General	Mary Randle 7/12/2018 11:41:41 AM	79.33 KB	No	...
07-0518-Faxed-Billing-Invoice...		Internal		General	Mary Randle 7/5/2018 2:45:30 PM	512.88 KB	No	...
07-1018-AML-mailing-check-to...		Internal		General	Mary Randle 7/11/2018 5:22:40 PM	115.02 KB	No	...
Assessment_Section		Internal		General	Mary Randle 7/12/2018 8:19:16 AM	1.31 MB	No	...
Chronological_Section		Internal		General	Mary Randle 7/12/2018 8:19:19 AM	1.89 MB	No	...
Dental_Section		Internal		General	Mary Randle 7/12/2018 8:19:19 AM	309.79 KB	No	...
Diagnostic_Section		Internal		General	Mary Randle 7/12/2018 8:19:17 AM	389.61 KB	No	...
Discharge_Summary_Section		Internal		General	Mary Randle 7/12/2018 8:19:20 AM	103.27 KB	No	...

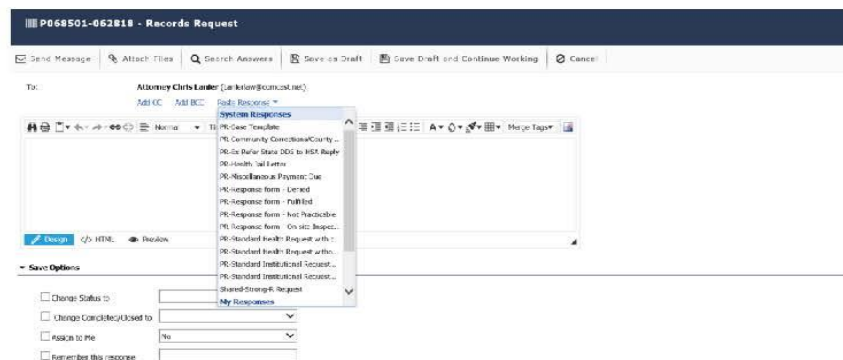
11. Letters & Email responses

There are templates of letters that can be utilized to prepare a response for a customer.

To send a letter (print communication) to the customer, click Letter on the Add drop down menu.



- Go to add and select letters from the drop-down choose the letter,
- Then, “Paste Text” to view the template in the viewer and then “OK.”
- Go to the “Letters” tab at the top and click on the printer icon so that the document can upload into Word. Make changes, then save on the computer.
- To upload the letter to send as a message go to “Send Message.,” then “Attach Files.”
- Select the file from the list and “Ok,” and you will see the file as an attachment (create the message and send to the customer). Note: you can close the request from this page.



Email responses should always be sent to the customer from GovQA from the request and not from Outlook. GovQA will save a copy in the history of all the emails.

Keep in mind that a customer can send an email to request further information or responded to your email at any time to include after being closed.

12. The FAQ (frequently asked questions)

- After I create a GovQA request what happened because I do not see it anymore?
 - The request defaults to the Administrator as a new request, and they will need to reassign it to you for you to see it. If you do not want it reassigned to you, notify the administrator of GovQA.
- How do I close the request after I have completed everything?
 - Go to the details page of the request and on the right-hand side in the gray area look for “Completed/Closed” and from the drop-down choose yes.
- What does flipping to the customer mean?
 - Flipping to the customer means that you are making the record viewable for the customer to view, read or print.
- How do I flip the record to a customer?
 - To flip the record to the customer, first, you will need to scan and upload the record into your computer. Add the record as a file in GovQA and then flip it for the customer to see.

TDOC RDAs

AGENCY	RDA #	RECORD SERIES TITLE	RETENTION	Cut Off	COMMENTS	Link
TDOC	1167	Inmate Institutional and Central Records Files	50 years	Expiration of Sentence	If offender is deceased use RDA 11299	INMATE INSTITUTIONAL AND CENTRAL RECORDS FILES Records Disposition Authorization (tnsos.net)
TDOC	1320	Closed Lawsuits	5 years	Final Disposition of case		CLOSED LAWSUITS Records Disposition Authorization (tnsos.net)
TDOC	1458	Inmate Patient Health Records	7 years	Expiration of Sentence	If offender is deceased use RDA 11299	INMATE PATIENT HEALTH RECORDS Records Disposition Authorization (tnsos.net)
TDOC	1665	Interstate Compact Parole Files	5 Yrs.	Expiration of Sentence (interest closed)		INTERSTATE COMPACT PAROLE FILES Records Disposition Authorization (tnsos.net)
TDOC	2138	Internal Affairs Case Files (Confidential)	25 years	Final Disposition of case		INTERNAL AFFAIRS CASE FILES Records Disposition Authorization (tnsos.net)
TDOC	2181	Warden and Superintendent Quarterly report	5 years	End of Calendar year following report date.		WARDEN & SUPERINTENDENT QUARTERLY REPORT Records Disposition Authorization (tnsos.net)
TDOC	2183	Academy Administrative Training Records	5 years	Fiscal Year		Academy Administrative Training Records Records Disposition Authorization (tnsos.net)
TDOC	2193	Academy Clinic Inhouse Encounter & Medication Logs	5 years	Fiscal Year		ACADEMY CLINIC INHOUSE ENCOUNTER & MEDICATION LOGS Records Disposition Authorization (tnsos.net)
TDOC	2223	TDOC Incident report Forms	10 years	End of Calendar Year		TDOC OFFENDER FACILITY INCIDENT REPORT FORMS Records Disposition Authorization (tnsos.net)
TDOC	2244	Inmate Grievances	5 years	Final Disposition of grievance		INMATE GRIEVANCES Records Disposition Authorization (tnsos.net)
TDOC	2245	Interstate Compact Detainer Forms	5 years	Expiration of Sentence		INTERSTATE Compact Detainer Form Records Disposition Authorization (tnsos.net)
TDOC	2274	Health and Clinical Services Quality Improvement and	7 years	Calendar Year		Health and Clinical Services Continuous Quality Improvement and Quality Assurance Reports

		Quality Assurance Reports				Records Disposition Authorization (tnsos.net)
TDOC	2275	Tennessee Occupational Safety & Health Association (TOSHA) - Debt. Labor	5 years	Calendar Year		TENNESSEE OCCUPATIONAL SAFETY & HEALTH ASSOCIATION (TOSHA) INSPECTION REPORTS Records Disposition Authorization (tnsos.net)
TDOC	2276	American Correctional Association (ACA) Audit Reports and Contracts	5 years	Calendar Date of Audit		AMERICAN CORRECTIONAL ASSOCIATION (ACA) AUDIT REPORTS AND CONTRACTS Records Disposition Authorization (tnsos.net)
TDOC	2292	Petition for Declaratory Order and Department's Response to Petition	5 years	Final Disposition		PETITION FOR DECLARATORY ORDER AND DEPARTMENT'S RESPONSE TO PETITION Records Disposition Authorization (tnsos.net)
TDOC	2351	Confidential Offender Telephone Calls Master Recordings	7 years	End of Contract		CONFIDENTIAL OFFENDER TELEPHONE CALLS MASTER RECORDINGS Records Disposition Authorization (tnsos.net)
TDOC	2392	Workplace Chemical Records	30 years	Termination of Chemical		WORK PLACE CHEMICALS AND HAZARDOUS MATERIALS RECORDS Records Disposition Authorization (tnsos.net)
TDOC	10043	Warrant Tracking System (Electronic Record)	10 years	Varies		WARRANT TRACKING SYSTEM (ELECTRONIC RECORD) Records Disposition Authorization (tnsos.net)
TDOC	10044	Interstate Compact (IC) Tracking System (Electronic Record)	10 years	Expiration of Sentence	Cutoff Applies to TDOC Case File, not the ICOTS	INTERSTATE COMPACT TRACKING SYSTEM (ICOTS) Records Disposition Authorization (tnsos.net)
TDOC	11055	Governor's Extradition Request	5 years	End of Governor's term		Governor's Extradition Request Records Disposition Authorization (tnsos.net)
TDOC	11056	Prison Rape Elimination Records	5 years	Calendar Date of Final Disposition		Prison Rape Elimination ACT (PREA) Records Records Disposition Authorization (tnsos.net)

TDOC	11085	TDOC Administrative Records	5 years	Calendar Year		DEPT. OF CORRECTION ADMINISTRATIVE RECORDS Records Disposition Authorization (tnsos.net)
TDOC	11087	TN Offender Management Information System (TOMIS)	Permanent	Permanent		Tennessee Offender Management Information System (TOMIS) Records Disposition Authorization (tnsos.net)
TDOC	11088	Probation and Parole Community Supervision Files	5 years	Expiration of Sentence/interest closed/revocation		Prison Internal Investigations Records Disposition Authorization (tnsos.net)
TDOC	11197	Prison Internal Investigations	10 years	Final Disposition of investigation		Prison Internal Investigations Records Disposition Authorization (tnsos.net)
TDOC	11299	Deceased Offender Files	15 years	Date of Death		Deceased Offender Files Records Disposition Authorization (tnsos.net)
TDOC	11369	Offender Education Records	5 years	Completion of program	Copies of certificates and certifications are placed in offender's institutional record RDA 1167.	Offender Education Records Records Disposition Authorization (tnsos.net)
TDOC	11368	TDOC Internal Policies, Procedures and Official Forms	Permanent	Approval of Internal Policy, Procedure and Official Forms	Records are maintained in Agency permanently.	TDOC Internal Policies, Procedures and Official Forms Records Disposition Authorization (tnsos.net)
TDOC	11371	TDOC Community Supervision Incident Report Forms	5 years	Expiration of sentence	Incident is entered into OMS and maintained permanently; paper records are destroyed 5 years after expiration of sentence.	TDOC COMMUNITY SUPERVISION INCIDENT REPORT FORMS Records Disposition Authorization (tnsos.net)
TDOC	11409	Sex Offender Community Supervision Files	25 Years	Expiration of Sentence, interest closed		Sex Offender Community Supervision Files Records Disposition Authorization (tnsos.net)
TDOC	11410	Forensic Social Worker (FSW) and Day Reporting Center (DRC) Records	5 years	When interest is closed by DRC or FSW		Forensic Social Worker (FSW) and Day Reporting Center (DRC) Records Records Disposition Authorization (tnsos.net)
TDOC	11411	Signature Legend for Health Care Records	Permanent	End of Calendar Year		Signature Legend for Health Care Records Records Disposition Authorization (tnsos.net)
TDOC	11434	Community Supervision Investigative Report Records	5 years	Completion and approval of report		Community Supervision Investigative Report Records

						Records Disposition Authorization (tnsos.net)
TDOC	11433	Body Scanner Images- Incident Not Identified	90 days	Date image is created once identified as no incident occurring	Images where incident is identified shall not be destroyed under this RDA.	Body Scanner Images- Incident Not Identified Records Disposition Authorization (tnsos.net)

Statewide RDAs

RDA Number	Title	Description	Cut Off	Retention Period	Link
SW47	Historic Disaster Records	Records documenting the effects of and the State's response to historic disaster events	Calendar Year	Transfer to TSLA and maintain as permanent.	Historic Disaster Records Records Disposition Authorization (tnsos.net)
SW01	Accounting Journal Vouchers and Deposit Slips	Documents relating to accounts receivable, deposits with supporting documentation	Fiscal Year	5 years	Accounting Journal Vouchers and Deposit Slips Records Disposition Authorization (tnsos.net)
SW20	Fiscal Administrative Documents	Files of fiscal value not covered by another SW RDA or Agency RDA	Fiscal or Calendar Year	5 years	Fiscal Administrative Documents Records Disposition Authorization (tnsos.net)
SW38	State Publications and Annual Reports	Publications and Annual reports, special reports, etc.	Upon Publication	Transfer 1 copy to TSLA for permanent retention	State Publications and Annual Reports Records Disposition Authorization (tnsos.net)
SW46	Employee Payroll History	Legacy payroll registers, journal vouchers, security forms, employee compensation, deductions and tax records	Separation of Employee	65 years	Employee Payroll History Records Disposition Authorization (tnsos.net)
SW14	Discrimination and Harassment Investigation Files	All documents relating to discrimination and workplace harassment investigations	Calendar year the investigation was concluded	10 years	Discrimination and Harassment Investigation Files Records Disposition Authorization (tnsos.net)
SW15	Annual Report Working Papers	Documents relating to the annual reports prepared by all agencies.	Upon publication of the annual report	5 years	Annual Report Working Papers Records Disposition Authorization (tnsos.net)
SW34	Recordings from Law Enforcement Electronic Devices- Incident not identified	Recordings, created by a law enforcement agency using electronic devices, that are not known to have captured a unique or unusual action from which litigation or criminal prosecution is expected to likely to result	After date of recording once identified as no incident	3 months	Recordings from Law Enforcement Electronic Devices- Incident Not Identified Records Disposition Authorization (tnsos.net)
SW08	Agency Executive Subject Files	Documents relating to Agency heads in the transaction of official business.	Fiscal Year	Maintain in Agency for 5 years then transfer to TSLA	Agency Executive Subject Files Records Disposition Authorization (tnsos.net)

				for permanent retention.	
SW06	Boards and Commission Documents	Documents or recordings related to meetings of Boards, Commissions, Councils, and Committees in the transaction of official business	Fiscal Year	Maintain in Agency for five years after cut off then transfer to TSLA for permanent retention.	Boards and Commission Documents Records Disposition Authorization (tnsos.net)
SW07	Travel Authorization Files	Documents related to requests and authorizations for in-state and out-of-state travel and related correspondence	Fiscal Year	5 years	Travel Authorization Files Records Disposition Authorization (tnsos.net)
SW16	Temporary Records	Material which can be disposed of in a short period of time as being without value in documenting functions of an agency.	Immediately	0 years; 0 months	Temporary Records Records Disposition Authorization (tnsos.net)
SW10	Real Property Lease Files	Documents related to the lease space in which various state agencies and departments are housed excluding the lease agreement	Upon Termination or expiration of the lease including any amendments/extension or holdovers	5 years	Real Property Lease Files Records Disposition Authorization (tnsos.net)
SW17	Working Papers	Those records created to serve as input for a final reporting document, including electronic data processed records, and/or computer output microfilm, and those records which become obsolete immediately after agency use or publication	Upon completion of the final product	1 year	Working Papers Records Disposition Authorization (tnsos.net)
SW39	Title VI Annual Report	Agency copy of annual reports and supporting documentation submitted to the Federal Government or TN Human Rights Commission	Fiscal Year	5 years	Title VI Annual Report Records Disposition Authorization (tnsos.net)
SW35	Open Records Requests	Correspondence with the public regarding requests to view or retrieve information from official records.	Upon completion of request	5 years	Open Records Request Records Disposition Authorization (tnsos.net)

SW40	Rule Promulgation Files	Records of voting on policy or rule adoption. Official files of final promulgated rules; signed copies going to the Attorney General and Secretary of State response to public comments; any signed roll-call votes approving the rules, etc.	Calendar year	Permanent	Rule Promulgation Files Statewide Records Disposition Authorization (tnsos.net)
SW41	Fraud Investigation Files	Documents of investigations that are undertaken based on complaints or referrals received involving but not limited to alleged non-profit fraud, license fraud, medical fraud and the abuse of state funded benefits	End of investigation	10 years	Fraud Investigation Files Records Disposition Authorization (tnsos.net)
SW42	Unsuccessful Grant Applications	Records of proposals that have been denied funding or for which no award decision has been made by the funding state agency.	Calendar year	5 years	Unsuccessful Grant Applications Records Disposition Authorization (tnsos.net)
SW03	HR Employee Documentation	Documents pertaining to proof of eligibility to work and human resource documentation kept in agency	When employee terminates	5 years	Human Resources Employee Documentation Records Disposition Authorization (tnsos.net)
SW31	Communication Databases	Collection of information to facilitate in communication and correspondence with the public.	Calendar year	5 years	Communication Databases Records Disposition Authorization (tnsos.net)
SW36	Original Captured Media	Finished products of video, audio and digital images captured and produced of official agency business created and used by the employees of the agency	Calendar year	5 years in agency, then transfer to TSLA for permanent retention	Original Captured Media Records Disposition Authorization (tnsos.net)
SW37	Temporary Captured Media	Material which can be disposed of in a short period of time as being without value in documenting the function of an agency.	Cut off when no longer of administrative value	0 years, 0 months	Temporary Captured Media Records Disposition Authorization (tnsos.net)
SW32	Accreditation Records	Documents the accreditation process relating to an agency's	Expiration of accreditation granted	10 years	Accreditation Records Records Disposition Authorization

		program or programs as required by federal or state statute or other body.	or until next accreditation whichever is longer		tnsos.net
SW30	Internal Investigation Files	Records of investigation resulting from a complaint from the public and/or internally against an employee of the State.	After completion of the investigation, case closure or conclusion of all court proceedings	10 years	Internal Investigation Files Records Disposition Authorization (tnsos.net)
SW19	Active Employee Files	Departmental Employee Human Resources information	Separation of Employee	Transfer record to DOHR within 30 days when employee separates from State of TN, or if employee transfers to another state agency, file will be forwarded to new employing agency	Active Employee Files Records Disposition Authorization (tnsos.net)
SW33	Volunteer Forms and Unpaid Intern Records	Volunteer and intern screening documents	Calendar year	30 years	Volunteer Forms and Unpaid Intern Records Records Disposition Authorization (tnsos.net)
SW24	Hazardous Material Files	Documentation of hazardous materials purchased, shipped, stored, or utilized by state agencies	Fiscal year	5 years	Hazardous Material Files Records Disposition Authorization (tnsos.net)
SW26	Incident Reports	Records of incidents/accidents occurring on State property, involving state personnel or members of the public or state owned materials.	Calendar Year unless legal action is initiated, then cut off at close of legal action.	10 Years	Incident Reports Records Disposition Authorization (tnsos.net)
SW27	Request for Proposal (RFP) Documents- Not Selected	Final submitted bid documents that were not awarded the contract	Award of Contract	5 Years	Request For Proposal (RFP) Documents - Not Selected Records Disposition Authorization (tnsos.net)
SW28	Employment Applications- Not Selected Candidates	Applications, hiring info, job registers, and resumes of candidates that were not	Selection of successful applicant	5 Years	Employment Applications - Not Selected Candidates Records Disposition Authorization

		selected for the position			 (tnsos.net)
SW29	Affirmative Action Compliance Records	Affirmative Action Program records and any supporting documentation related to recruitment, selection, and advancement of employees that may be used to show compliance with federal Affirmative Action rules and regulations	Calendar Year	5 years	Affirmative Action Compliance Records Records Disposition Authorization (tnsos.net)
SW21	Grant Files	Grant files not covered under a specific RDA	Closure of grant and submission of final expenditure report	5 Years	Grant Files Records Disposition Authorization (tnsos.net)
SW23	Credit Card and Purchasing Card (p-Card) Documents	Documents relating to the issuing and use of state issued credit cards and purchasing cards.	Fiscal Year	5 years	Credit Card and Purchasing Card (p-Card) Documents Records Disposition Authorization (tnsos.net)
SW12	Contracts	Documents relating to contracts between state agencies and vendors	Termination or expiration of contract	6 years	Contracts Records Disposition Authorization (tnsos.net)
SW02	Accounting Reports	Data and documents relating to monthly accounting reports	Fiscal Year	5 years	Accounting Reports Records Disposition Authorization (tnsos.net)
SW04	Employee Medical Records	Confidential employee medical records including worker's comp records	Upon employee termination	30 years	Employee Medical Records Records Disposition Authorization (tnsos.net)
SW09	Attendance and Leave Records	Documents relating to attendance and leave including correspondence	Calendar Year	5 Years	Attendance and Leave Records Records Disposition Authorization (tnsos.net)
SW11	Internal Audit Reports and Internal Audit Working Papers	Documents relating to internal audits and working papers generated to document investigations and/or audit reports	Fiscal year	10 years	Internal Audit Reports and Internal Audit Working Papers Records Disposition Authorization (tnsos.net)
SW18	Budget Papers	Documents relating to budget working papers and budget requests	Fiscal Year	5 Years	Budget Papers Records Disposition Authorization (tnsos.net)
SW43	Agreements and Memoranda of	Records include cooperative agreements, MOUs, legal	End of Agreement Period	6 Years	Agreements and Memoranda of Understanding Records

	Understanding	agreements and cooperative lease agreements. Does not include contracts			Disposition Authorization (tnsos.net)
1769	Retrieval and Disposal Files	Archived records contents, records of disposal- COD	Fiscal Year	5 Years	Retrieval and Disposal Files Records Disposition Authorization (tnsos.net)



Tennessee Secretary of State
CERTIFICATE OF RECORDS DESTRUCTION

Agency/Division: _____	Allotment Code: _____			
Address/Location: _____ _____	Cost/Index Code: _____			
RECORDS DISPOSED				
RECORD SERIES TITLE AND DESCRIPTION	RELATED RDA NUMBER	DATE RANGE OF RECORDS DESTROYED		VOLUME
		FROM (MM/YY)	THRU (MM/YY)	
CERTIFICATION OF DESTRUCTION				
ON _____ destruction of above records was made in accordance and authorized by the Tennessee Code Annotated Section 10-7-509 (a) and (b) by means of: <input type="checkbox"/> PURGING <input type="checkbox"/> SHREDDING <input type="checkbox"/> RECYCLING <input type="checkbox"/> OTHER (specify): _____				
_____ Signature		_____ Title		_____ Date

GS-0989 (Rev. 6/11)

RDA SW44

ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
of	
DEPT.	
DATE of STORAGE	DATE of DESTRUCTION

ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
of	
DEPT.	
DATE of STORAGE	DATE of DESTRUCTION

TDOC Records Management Division

ARCHIVING HEALTH RECORDS

TDOC Records Management Division / Archived Records

Offender health records are archived once an inmate has been paroled, discharged, or are deceased. If an inmate is on escape status for longer than 30 days, the health record shall also be forwarded to archives. Upon the offender's return to TDOC custody, a request for archived health records shall be sent to TDOC Archives.

Beginning January 1, 2023, all facilities must archive health records twice per year. Facilities will be required to archive during their designated months. Exceptions to this schedule will be considered upon request.

Health Records Delivery Schedule	
January	SCCF, BCCX
February	RMSI, DSNF, DJRC
March	WTSP, WTRC, MCCX
April	TTCC, WCFA, MLTC
May	TCIX, HCCF
June	NWCX, NECX
July	SCCF, BCCX
August	RMSI, DSNF, DJRC
September	WTSP, WTRC, MCCX
October	TTCC, WCFA, MLTC
November	TCIX, HCCF
December	NWCX, NECX

Contacts for Archives- Lori Priest, Director of Records Management lori.b.priest@tn.gov
Aletha Jefferson, Assistant Director of Records Management aletha.d.jefferson@tn.gov
Michael Frederick, Warehouse Manager michael.frederick@tn.gov

Preparing Records for Archiving

The following steps are crucial and should be followed exactly to ensure your records are not rejected by Archives:

1. Check each record in the offender management system to ensure the offender does not have any additional files at another facility or is past the retention cutoff. **Any questions related to file retention shall be addressed with the Director of Records Management.**
 - If there are files at another facility, request the file and, upon receipt, archive all volumes together. The number of volumes must be noted on CR-2176.
 - If files are past retention, a request to approve destruction must be sent to the Director of Records Management/Designee. The request must include a COD and CR-2176 sent via email to the Director of Records Management/Designee. Once you receive confirmation from the Director of Records Management/Designee that the COD is approved, you can then prepare the health records for destruction.
 - Single sheets and satellite folders (i.e. treatment program records, psychotherapy notes) must be placed in the offender files before being archived. If the file was archived prior to discovery of the single sheet, see your Medical Records Supervisor. Single sheets should not be sent to Central Office or Archives and will be returned to your facility if received. Health Records Supervisor should contact Archived Records Manager for instructions.
 - Deceased records **must** be sorted into separate boxes. If you have deceased offender files that are fifteen (15) years or older since the date of death, they can be shredded onsite with approval from the Director of Records Management/Designee. You must submit a COD and CR-2176 and receive approval before destroying deceased files.
2. Arrange all files in “terminal digit order” (i.e., in order from the last two digits, first two digits, and then the middle two digits of the TDOC number).
3. Place all charts in **1.0** cubic foot Banker’s boxes with handles and a sealable lid.
4. Prepare a CR-2176 by listing each record in the corresponding box, in the same order as the files have been placed in the Banker’s box.
 - Prepare the CR-2176 with the date and signature of the person and prison site sending the records for shipment, and the site and box number in the right upper corner as shown below:
 - Note in parenthesis the number of volumes for each offender on the **appropriate** line next to their name (even if it’s only 1 volume.)



**TENNESSEE DEPARTMENT OF CORRECTION
HEALTH RECORDS/MEDICATION MOVEMENT**

DESTINATION: _____

THIS PACKET CONTAINS HEALTH RECORDS ON THE FOLLOWING INMATE(S):

CHECK ALL THAT APPLY

	<u>Inmate Name</u>	<u>TDOC ID</u>	<u>Health Record</u>	<u>Dental Record</u>	<u>Medication</u>	<u>* Purpose (A, B, C or D)</u>	<u># of Volumes</u>
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
11.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
12.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
13.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
14.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
15.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

*** PURPOSE OF RECORDS MOVEMENT:**

A. Permanent Transfer B. Temporary Transfer for Clinical Services C. Record to Archives D. Other (See Comments)

Comments: _____

Sending Institution: _____

Clinical Services Signature: _____

**** THIS DOCUMENT SHALL NOT CONTAIN PROTECTED HEALTH INFORMATION ****

CR-2176 (Rev. 12-19)

RDA11085

White-Exterior Packet Canary-Exterior Packet Pink-Inside Records Packet Goldenrod-Sending Institution Medical Records Office

5. Each box must have two (2) Archive Storage Labels with **Box # of Total Box #**, <Your Site Code> in the **Dept.** field, **Contents** (*Health Records Discharged, Health Records Deceased*) and the date of the scheduled delivery to Archives placed on the front and back (short side) of boxes. **Date of Destruction should be left blank.**

ARCHIVE STORAGE LABEL	
BOX # of Total Box #	CONTENTS (CR#/RDA#/TITLE)
1 OF 10	HEALTH RECORDS EXPIRED
DEPT. BCCX	1458 ..
DATE of STORAGE 01/01/2018	DATE of DESTRUCTION

CR4185 Duplicate As Needed 11085

6. Maintain copies of CR-2176; this is crucial for you to be able to track records when Requests for Information are received.
7. Schedule delivery with RMD Warehouse Management and provide the number of boxes to be archived. Any unscheduled shipment will be refused.
8. Place the CR-2176 forms in a manila envelope and give to the transporting officer to sign and date. Seal the envelope. Once delivered the transporting officer will hand the CR-2176 forms to the Archives Records Management personnel to use when checking in the boxes shipped.

Address the envelope as follows:

RMD Archives

Andrew Jackson State Office Building, Basement Level

500 Deaderick Street

Nashville, TN 37219

Note loading dock entrance is located on the Rep John Lewis Way (5th Avenue) side of the building

9. Seal the Boxes containing the Health records securely with two-inch (2") packing tape (not scotch tape).

10. Acceptable manner of delivering boxes:

- Boxes can be stacked on pallets no more than 4 rows high (maximum 32 boxes per pallet). Pallets must be tightly and securely shrink wrapped.
- Boxes can be stacked inside a cargo van for delivery, however, transporting officers must be able and available to assist with unloading the cargo van.
- **Do not stack pallets on top of other pallets inside the delivery truck.** Not only does this present a safety issue for the driver and staff unloading the truck, it also creates a risk of damaging the records.
- RMD does not have a forklift available to unload deliveries. If the delivery cannot be unloaded with a regular pallet jack, the shipment will be refused.
- Any shipment received in a manner that creates a safety concern for staff will be refused. This includes pallets that were not securely wrapped and shifted/collapsed/fell over during transport.

Records Holding Report
Facility/Field Office

Starting Year of the Report: 1-Jul-18

End Year of the Report: 30-Jun-19

Paper Records **Cubic Feet**

Starting Records 10254

Created (+) 2536

Destroyed (-) 587

Transferred Records Center (-) 0

Transferred TSLA (-) 0

Transferred Other (-) Central Office Archives 125

Ending on Hand **12078**

Records by Media Category **Total**

Paper **12078**

Microfilm 0

Microfiche 0

Cartridge & Magnetic Tape 0

CD's & DVD's 0

Magnetic/Optical Disks 0

Server Storage (gigabytes) **24**

Microfilm Produced **Rolls**

Agency 0

Other State Agencies 0

Vendor 0

Total **0**

Records Holding Measurement Guide

- 3,000 letter-size sheets of paper = 1 Cubic Foot
- 1 letter-size file drawer = 1.5 Cubic Feet
- 100 (100 ft. rolls) 16mm microfilm reels = 1 Cubic Foot
- 50 (100 ft. rolls) 32mm microfilm reels = 1 Cubic Foot
- 16 magnetic tape reels = 1 Cubic Foot
- Microfiche (4000 sheets) = 1 Cubic Foot
- 1 Standard Archive Storage box = 1 Cubic Foot
- 1 letter-size lateral file 36" = 1.5 Cubic Feet
- 1 legal-size file drawer = 2 Cubic Feet
- 1 letter-size open shelf 15" = 1 Cubic Foot
- 1 legal-size open shelf 12" = 1 Cubic Foot

TDOC RECORDS MANAGEMENT DISASTER PLAN

June 2019

INTRODUCTION

The Records Management Division serves as the central location for records retention and storage. Our goal is to be a leader in records management efficiency through utilizing the latest technology and enhancing the systematic processes used to deliver records information; ensure efficient maintenance and safekeeping for the disposition of offender and administrative records statewide; provide excellent service to our internal and external customers; and adhere to policies & procedures implemented by TDOC and the Office of the Secretary of State pertaining to the release, retention and disposition of Department records.

The Tennessee Department of Correction maintains records used in conjunction with the normal course of business. In the event of a disaster, processes and procedures are required to recover and protect records that cannot otherwise be reproduced by a backup server. This manual contains records recovery procedures for all records formats used by the Department.

EVENTS AFFECTING RECORDS

- 1) Risks (potential harm that may arise from a current or future event)
- 2) Hazards (A thing that may be dangerous or harmful to records)
- 3) Server Crashes
- 4) Fire
- 5) Broken Pipes
- 6) Flooding
- 7) Cyber Threats

MITIGATING DISASTER RISKS/HAZARDS

- Properly store records in archival quality storage in a stable environment free of pests.
- Destroy records when their retentions expire.
- Keep an up-to-date inventory of all your records.


WHAT TO DO IF A DISASTER HAPPENS

FIRST STEPS

- Move Records out of danger area as soon as possible
- Assess what records were affected within 24 hours of disaster
- Create a report listing all missing or damaged records
- Determine which records are necessary to resume operations
- Contact Director of Records Management to provide the damage report and discuss recovery methods
- Assistance will be provided by the Records Management Division within 24 hours of receipt of damage report

STATE DISASTER ASSISTANCE CONTRACTORS

Belfor (615) 885-6577

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 513.11	Page 1 of 7
	Effective Date: December 15, 2022	
	Distribution: B	
	Supersedes: 513.11 (8/1/19)	
Approved by: <i>Lisa Helton</i>		
Subject: OFFENDER CASE PLAN (OCP)		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 40-35-205, TCA 40-35-207, TCA 40-35-210(b)(f), TCA 40-35-311(f), TCA 41-21-202, TCA 41-21-204, TCA 41-21-218, TCA 41-21-222, TCA 41-21-224, TCA 41-21-240, TCA 41-21-507, TCA 41-21-516, and Public Safety Act of 2016.
- II. PURPOSE: To establish guidelines for the development of a continuous offender case plan for all individuals sentenced to serve their sentence under the authority of the Tennessee Department of Correction (TDOC).
- III. APPLICATION: Assistant Commissioner of Prisons, Assistant Commissioner of Rehabilitative Services, Assistant Commissioner of Community Supervision, Assistant Commissioner of Clinical Services, all TDOC staff, and privately managed facilities.
- IV. DEFINITIONS:
 - A. Criminogenic Needs: Characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to reoffend.
 - B. Custom Goals: A non-programming goal created in the case plan of the vendor software to address criminogenic needs of the offender.
 - C. Offender Case Plan (OCP): A plan that is developed collaboratively between the offender and risk/needs assessment (RNA) certified user that is derived from the risk/needs assessment (RNA) score, identifies programmatic needs based on treatment pathways, and establishes meaningful goals that include action steps to address criminogenic needs of the offender.
 - D. Qualifying Event: Any significant special movement or behavioral, mental, medical, environmental, familial event experienced by an inmate/offender that may change the criminogenic needs and/or classification/supervision level of the offender.
 - E. Risk Needs Assessment (RNA) Tool: A validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to more accurately identify crime-producing attributes of each inmate/offender/resident and to make more appropriate and productive recommendations for the inmate's level of programming.
 - F. RNA Certified User: An individual who has successfully completed the user certification course facilitated by a trainer who has been certified by the risk needs assessment (RNA) vendor, in the use of the RNA tool.
 - G. RNA Needs Report: The report that is generated once the RNA is completed and reflects the inmate/offender's overall risk level and a breakdown of the inmate's needs and protective factors.

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- H. Senior Quality Assurance Auditor: Individual responsible for overseeing the monitoring and auditing of the compliance and effectiveness of rehabilitative services programs across the state.
- I. Transitional OCP: The case plan that is developed for an offender who is transitioning from an institution into the community or from the community into the institution.
- J. Treatment Pathway: A treatment plan that identifies which programs will be most effective for each offender by prioritizing criminogenic needs and matching them with available programming.
- V. POLICY: The TDOC shall develop and adhere to an OCP for each individual sentenced to its authority.
- VI. PROCEDURES:
 - A. OCP Development
 - 1. An RNA certified user shall initiate the OCP for defendants who are sentenced to serve their time within the custody of the TDOC. An institutional counselor shall initiate the OCP for defendants who are to serve their time within a facility. For defendants receiving a suspended sentence, or who are placed on diversion pursuant to TCA 40-35-313, a Community Supervision RNA certified user shall initiate the OCP.
 - 2. The institutional counselor shall update and edit the OCP for individuals who transition from confinement to supervised release to ensure their criminogenic needs continue to be addressed during the transition. Such updates shall govern the action steps, rehabilitation, and treatment of the individual until the assessor in Community Supervision reassesses the individual's risk and needs.
 - a. The OCP is modified and updated, as necessary, at the risk/needs reassessment. Adjustments to the OCP shall be made based on the offender's reassessed need items.
 - b. All incomplete tasks that remain on the OCP shall be a priority for the updated OCP. However, institutional counselor/probation and parole officer (PPO) shall encourage offenders to complete the tasks and goals prior to reassessments.
 - 3. Offenders without an RNA due to refusal or exemption will not have a treatment pathway or needs report to guide the case plan process. However, custom goals and action steps shall be created to reflect standards of supervision, court orders, or parole mandates.

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4. The RNA certified user shall develop the OCP based on the RNA results, information contained in the pre-sentence investigation report, court order (if applicable) and in conjunction with the individual. The OCP shall consist of realistic and measurable goals based on the individual's needs identified by the RNA and measurable actions steps to achieve the goals. Each action step shall indicate persons responsible and time frames and shall be reviewed on a schedule that corresponds with the individual's level of care, custody, and/or supervision.
5. The OCP shall be signed by the inmate/offender and institutional counselor/PPO. A copy of the signed OCP shall be provided to the inmate/offender. The signed copies of the OCP shall be maintained in the offender case file.
6. In addition to the OCP, the offender reentry plan (ORP) shall be developed for individuals transitioning from confinement to parole in accordance with Policy #511.06 and shall include residential and employment resources for the offender.
7. Custom Goals: The RNA certified user shall determine the inmate's risk level based on the RNA results. The RNA Needs Report prioritizes criminogenic needs of the offender and custom goals address criminogenic needs in order of priority. At least one custom goal and corresponding action step shall be created addressing a moderate or high need for the offender.
 - a. The inmate/offender and RNA certified user shall develop goals that address the criminogenic needs identified in the risk and needs assessment and diagnostic screenings. Action steps shall be generated to meet each goal. Every action step shall have a person(s) responsible to complete the action step and a time frame for completion based on the inmate/offender's individual needs.
 - b. All goals associated with the OCP shall be attained by completing the action steps and/or revised as needed to ensure the offender is successful while under TDOC authority. Action steps shall be edited in vendor software to reflect progress by selecting the appropriate status.
 - c. In the event that Education is a moderate to high need on the offender's Needs Report, but the offender meets one of the below criteria, a custom goal shall not be required. The RNA Certified User shall document which criteria is met in the comments section of an OCP contact note in the OMS.
 - (1) Offender is retired and does not wish to pursue education at this time.
 - (2) Offender is employed and does not wish to pursue education at this time.
 - (3) Offender has medical and/or mental health needs that prevent them from participating in an educational program at this time.
 - (4) Offender has adequate legal source of income and does not wish to pursue education at this time.

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8. Programming Goals:

- a. Institutions: The inmate's RNA is to be reviewed by the institutional counselor within 14 business days of the inmate's arrival at the assigned institution.
 - (1) The inmate must be assigned to a program register unless their treatment pathway is basic supervision and support.
 - (2) Program recommendation selected in the treatment pathway on the vendor software shall be reviewed with the inmate. The counselor will review the inmate's RNA recommendations and notify inmate that the IJC will place the inmate on the corresponding register(s).
 - (3) This contact will be documented on offender management system (OMS) screen LCDG using contact code, OCPR (Offender Case Plan Review). The comment section shall include date of inmate's arrival, date review was held, and details of discussion regarding program recommendation.
- b. Community Supervision: The offender's RNA is to be reviewed by the PPO within 45 days of the start of supervision.
 - (1) The offender must be assigned to a program through their treatment pathway unless they qualify for basic supervision and support.
 - (2) The PPO shall review the recommended program with the offender and work collaboratively to select the program instance that the offender will attend.
 - (3) Community Supervision Goals:
 - (a) For offenders released from an institution, the PPO shall review the goals of the OCP for completion and develop goals and action steps for Community Supervision with the offender, focusing first on reentry related goals not completed prior to parole.
 - (b) For new offenders entering Community Supervision from the courts, the PPO shall develop the Community Supervision goals and action steps with the offender.
 - (c) For determinate release offenders, PPOs shall conduct intake services according to Policy #703.03. PPOs and offenders shall review the institutional and transitional goals on the OCP and develop the Community Supervision goals.

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- (d) Contact with the offender shall include discussion of action step progress or completion, motivation to complete actions steps, and assessment of resources that could aid offender in success.
- (e) All OCP discussions shall be documented in the OMS as a contact note with a comprehensive comment on the goals discussed, actions steps completed, the individual(s) that completed the actions steps, dates of completion, remaining action steps and goals for completion, and projected date of completion for remaining action steps and goals.
- (f) An offender's failure to comply with the OCP shall result in graduated sanctions up to and including a violation report and request for revocation. (See Policies #704.10, #707.20, and #707.30)
- (g) PPOs shall complete a closing case summary (TEPE) for offenders whose suspended sentence or supervision is revoked.

B. Offender Case Plan Contact Notes

- 1. All changes made to the OCP shall be entered into the OMS as they are developed with the inmate/offender.
 - a. The counselor/PPO who makes changes to the OCP shall be responsible for entering the following contact notes into LCDG screen:
 - (1) OCPI shall be used to indicate that the initial OCP was created.
 - (2) OCPM shall be used to indicate that the OCP has been modified.
 - (3) OCPA shall be used to indicate that the OCP has been audited by the supervisor.
 - (4) OCPR shall be used to indicate that the OCP has been reviewed with offender.
 - (5) OCPT shall be used to indicate the transitional OCP review has been completed for those offenders transitioning to Community Supervision.
 - b. Contact notes shall be entered into the OMS within three business days.
- 2. The counselor/PPO shall complete the following upon completion of the OCP:
 - a. Print, sign and secure the inmate/offender signature as proof of agreement and commitment to participate in completing the OCP.

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- b. Submit the OCP for approval to the TDOC staff responsible for plan approvals. Supervisors shall review, approve/deny, and sign the OCP during the initial case file review and during annual reviews. If changes to the OCP are needed, supervisors shall document the changes for inclusion at the next case plan review in the OMS screen LCDG using contact code OCPA. Community Supervision goals shall be approved by the probation and parole manager (PPM). The institutional goals shall be approved by the counselor's direct supervisor. The PPM and counselor supervisor shall review/approve the case management plan within three business days of completion.
- c. Provide the inmate/offender with a copy of the OCP.

C. Offender Case Plan Reviews and Updates

- 1. The OCP shall be reviewed on a time frame as determined by the classification/supervision level of the offender or when qualifying events occur.
- 2. Reassessments and Case Plan Reviews shall be completed on the inmate/offender for qualifying events such as:
 - a. Treatment progress or lack of progress, such as successfully completing a treatment program or being discharged unsuccessfully.
 - b. Any reoffending, or disciplinary issues, such as being convicted of new charges, or being non-compliant in the institution.
 - c. Changes to substance use history such as having a positive drug screen or abstaining from substance use for six months or longer.
 - d. Having significant changes to family relationships such as death of a relative, marriage or divorce, adding children to the family or losing custody of a child.
 - e. Changes to education such as completion of high school equivalency, obtaining a vocational certificate or degree.
 - f. Positive and negative changes to employment such as obtaining a job or losing a job.
 - g. Any significant changes to mental health such as suicidal ideations or attempts, being diagnosed with a mental health disorder, being prescribed medication, or coming off of medication, or being hospitalized for mental health issues.

D. Offender Case Plan Quality Assurance

- 1. The Senior Quality Assurance Auditor shall ensure the OCP goals are entered in the timeframes established in this policy. Reviews shall occur no less frequently than annually.

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2. The Senior Quality Assurance Auditor shall ensure compliance with reporting standards and that appropriate measures are reported on a frequency established by the Commissioner/designee.
3. Quality Assurance shall measure the difference between initial and final risk assessment scores and record as a measure of the efficacy of the programming and the OCP.


E. Training

1. The following staff shall receive training on the OCP process and development according to approved TDOC training curriculum:
 - a. Associate Wardens of Treatment
 - b. Chief Counselors
 - c. Institutional Counselors
 - d. Reentry Counselors
 - e. All Community Supervision staff, with the exception of support staff
2. OCP training and curriculum shall be reviewed on an annual basis for updates to the applicable statutes, American Correctional Association standards, and current evidence-based practices.

VII. APPLICABLE FORMS: NONE.

VIII. ACA STANDARDS: 2-CO-4A-01, 2-CO-4A-02, 5-ACI-5B-01 through 5-ACI-5B-05, 5-ACI-5B-10, 5-ACI-5F-01, 5-ACI-5F-03, 4-APPFS-2A-08 through 4-APPFS-2A-11.

IX. EXPIRATION DATE: December 15, 2025

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	Effective Date: January 15, 2021	
	Distribution: B	
	Supersedes: 513.12 (12/1/16) PCN 17-4 (1/15/17)	
Approved by: Tony Parker		
Subject: EVIDENCE BASED PROGRAMS		

- I. AUTHORITY: TCA 4-3-603; TCA 4-3-606.
- II. PURPOSE: To establish the procedures for the use and consistent implementation of Evidence Based Programs (EBP) specifically targeted at reducing offender risk to recidivate.
- III. APPLICATION: All Tennessee Department of Correction (TDOC) institutional and community supervision staff, Deputy Commissioner/General Counsel of Administration, Assistant Commissioner of Prisons, Assistant Commissioner of Rehabilitative Services, Tennessee Corrections Academy and training staff, contract staff, offenders, and privately managed institutions.
- IV. DEFINITIONS:
 - A. Community Supervised Adult Felon: Any individual 18 or above who has been convicted of a felony and is currently under supervision of probation or parole.
 - B. Enrichment Programs: For the purpose of this policy, any faith-based, or skill-based program facilitated by anyone other than TDOC employees. This includes volunteers, mutual self-help groups, sponsors, etc.
 - C. Evidence-Based Programs: Services for which systematic empirical research has provided evidence of statistically significant effectiveness of treatments for specific problems that will lead to a lower rate of return to incarceration.
 - D. Incarcerated Adult Felon: Any individual age 18 or above who has been convicted of a felony and is currently incarcerated in a TDOC facility.
 - E. Incarcerated Juvenile Felon: Any individual under the age of 18 who has been convicted (as an adult) of a felony and is currently incarcerated in a TDOC facility.
 - F. Office of the Inspector General (OIG): A TDOC staff member designated by the Commissioner to oversee compliance of all providers under contract that provides programs and services in accordance with Policy #205.02.
 - G. Qualified Trainer: For purposes of this policy, an individual who has been credentialed or certified to provide various training such as Thinking for a Change, Cognitive Behavioral Therapy, and so forth.
 - H. Specialized Evidence Based Program Facilitator: Correctional or Behavioral Health staff who have received and successfully completed specialized training by a qualified trainer in delivering evidence-based programs.

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- I. Texas Christian University Criminal Thinking Scale: Designed to measure criminal thinking and cognitive orientation across six scales including entitlement, justification, personal irresponsibility, power orientation, cold heartedness and criminal rationalization.
- J. Texas Christian University Social Functioning Scale: Designed to measure social functioning across four scales including hostility, risk taking, social support and social desirability.
- V. POLICY: All programs facilitated by TDOC staff, including community supervision staff and contract staff, will follow the criteria and implementation standards for evidence-based programs.
- VI. PROCEDURES:
 - A. Evidence Based Program Criteria:
 - 1. Consideration shall be given to practices that have been measured, validated, and demonstrated to be reliable, and have shown statistical significance related to efficacy for reducing recidivism.
 - a. Experimental/control research design, with well-established psychometric properties and/or from a peer reviewed journal, for the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population.
 - b. Significant sustained reduction in recidivism.
 - c. Multiple replications of EBP with the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population.
 - d. Preponderance of all evidence supports program's effectiveness as delineated by an exhaustive literature review, conducted by the Specialized EBP Facilitator or the Director of Behavioral Health Services, and/or designee; as instructed in VI.(B).
 - 2. Significant and sustained effects are measured by large longitudinal studies (ones that follow the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population for several months or years) that verify that reducing criminal behavior is sustained over time.
 - 3. Research that has been conducted on an incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population over a longitudinal period of time.
 - B. EBP Implementation:
 - 1. In order to implement EBPs into institutions or community supervision, the criteria must be followed in Section VI.(A).
 - 2. Prior to implementation, a request must be sent to the Director of Behavioral Health Services for evaluation [1] to ensure the institution or community supervision office has the adequate resources and staffing [2] for a review of the program to ensure the criteria

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for EBP is applicable to the incarcerated adult felon population, the incarcerated juvenile felon or community supervised adult felon population.

3. Once the Director of Behavioral Health Services completes the evaluation, a recommendation will be submitted to the Assistant Commissioner of Rehabilitative Services for final approval or denial.
4. EBPs must be implemented in accordance with the same standardized practices that were utilized when determining that the program met all evidence-based criteria. Therefore, EBP implementation will require the exact replication of program delivery which includes the program design, program hours, and program duration.
5. Institutions and Community Supervision offices will not implement or discontinue EBPs without the written approval of the Director of Behavioral Health Services and Assistant Commissioner of Rehabilitative Services.
6. The Associate Warden of Treatment or District Director will notify the Director of Behavioral Health Services of any reassignment of Specialized EBP Facilitators within three business days of the reassignment. Specialized EBP Facilitators include any correctional or behavioral health staff that facilitates EBPs.

C. EBP Facilitator Training Requirements:

1. Training for Specialized EBP Facilitators will be coordinated through the TDOC Training Division to ensure consistency and effectiveness.
2. In order to qualify as a Specialized EBP Facilitator at an institution or community supervision office, training must be completed in the research on using evidence-based interventions and the theoretical foundation of that research.
3. The institution and community supervision office must keep documentation/statement of proof that a Specialized EBP Facilitator has completed the necessary training to facilitate specified EBP. Training records will be forwarded;
 - a. For the institutions to the Institutional Training Director.
 - b. For Community Supervision to the Parole/Probation Manager.
 - c. For the Day Reporting Centers (DRC) to the DRC Director and Regional Training Instructor.
4. The Specialized EBP Facilitator will be provided appropriate and adequate facilitator materials prior to inception of EBP into institution or community supervision office.

D. Monitoring the Impact of EBPs:

1. The Specialized EBP Facilitator will administer pretest by using the Texas Christian University (TCU), Criminal Thinking Scale (CTS) and TCU Social Desirability Scale (SOC) to each individual during the program orientation. Upon completion of the program, the facilitator will administer the TCU, CTS and SOC posttest.


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2. The Specialized EBP Facilitator will submit TCU, CTS and SOC pre and post test scores for every participant to the OIG designee.
3. To ensure the quality of EBP's effectiveness, the Director of Behavioral Health Services will establish outcome data to measure the program's effectiveness. The Specialized EBP Facilitator's will submit a monthly summary of the output data to the OIG by the 7th working day of each month.
4. OIG designee will provide a quarterly and annual report of program outcome data to the Director of Behavioral Health Services.
5. The Director of Behavioral Health Services or designee will conduct a review of any EBP that does not meet standardized goals of the specified program. Upon the completion of the review, the Director of Behavioral Health Services will make recommendations to the Assistant Commissioner of Rehabilitative Services of a plan of improving the quality and effectiveness of the EBP. The recommendation can also include discontinuation of a program.
6. The Director of Decision Support: Research and Planning will provide annual recidivism data upon the request from the Director of Behavioral Health Services. The Director of Behavioral Health Services will request EBP recidivism data by May of each year. The Director of Behavioral Health Services will report the findings to the Deputy Commissioners, Assistant Commissioners, Chief Financial Officer, Chief of Staff, and the Commissioner.

E. Enrichment Programs: Institutional and community supervision staff will not be assigned to facilitate any Enrichment Program that does not meet EBP criteria.

VII. ACA STANDARDS: 5-ACI-5E-01, 5-ACI-5E-06, 5-ACI-5E-11, 2-CO-4F-01, 4-APPFS-2A-07, and 4-APPFS-3D-09.

VIII. EXPIRATION DATE: January 15, 2024

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	Effective Date: May 1, 2021	
	Distribution: B	
	Supersedes: 514.01 (8/21/17) PCN 19-20 (1/30/19) PCN 18-36 (6/15/18)	
Approved by: Tony Parker		
Subject: DAY REPORTING CENTERS		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and Title 42 CFR Chapter 2.
- II. PURPOSE: To establish procedures for the operation of the Tennessee Department of Correction (TDOC) Day Reporting Centers (DRC).
- III. APPLICATION: Assistant Commissioner of Rehabilitative Services, Assistant Commissioner of Community Supervision, Community Supervision and Rehabilitative Services_Correctional Administrators, all TDOC Rehabilitation Services staff, and Community Supervision Staff.
- IV. DEFINITIONS:
 - A. Accountability Contract: The Accountability Contract, CR-4083, is an agreement entered into by the participant outlining all of the rules and conditions of the DRC program along with the prescribed sanctions and incentives associated with each.
 - B. Aftercare Group Therapy: Group therapy that provides a continuation of counseling and support once participant has successfully completed Phase 1, Phase 2, and Phase 3.
 - C. Clinical Intake: The First individual meeting with the assigned qualified behavioral health personnel/designee.
 - D. Clinical Treatment Record: A file that is specifically for substance use treatment programming with the documentation being maintained by assigned counselors for each participant on their caseload.
 - E. Court Specialist: A community supervision officer that acts as a liaison between the courts and the TDOC and performs court functions as outlined in this policy.
 - F. Day Reporting Center (DRC): A highly structured, non-residential substance use treatment program that combines rehabilitation, supervision, treatment, and re-entry services.
 - G. Day Reporting Center Intake and Interpretive Summary (CR-4218): A comprehensive compilation of essential historical and criminogenic needs information designed to determine the extent of behavioral health needs and/or substance use problems and match the participant with appropriate treatment services.
 - H. Family and Friends Intake/Orientation: An orientation that occurs during phase one that is designed to introduce members of the participant's support network (family and friends) to the DRC program.

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- I. Job Readiness: A program designed to assess the participant's employment skills. The program covers proper work attire, resume writing, completing applications, a mock interview, and enhancing his or her job search skills.
- J. Participant: For the purposes of this policy, any offender assigned to probation or parole supervision that is actively enrolled and participating in a (DRC) program.
- K. Participant Staffing: For the purposes of this policy, a meeting of a team comprised of (but not limited to) a minimum of two of the following positions: DRC Program Director, Clinical Director, Forensic Social Worker (FSW), Correctional Counselor 3, Correctional Counselor 2 and Probation/Parole Officer (PPO) as well as the DRC participant whose purpose it is to discuss participant status, progress, challenges and/or misconduct.
- L. Protected Health Information (PHI): Any oral or recorded clinical data relating to the past, present, or future health or provision of mental health treatment of participant.
- M. Psychotherapy Note: Treatment notes recorded in the OMS by a mental health professional that document or analyze the contents of conversations during a counseling session. Psychotherapy notes entered in the OMS do not include medication prescription and monitoring, treatment frequency and modality, clinical test results and/or any summary of the following items: diagnosis, functional status, treatment plans, symptoms, prognosis, and progress notes to date.
- N. Qualified Behavioral Health Personnel: Independently Licensed Clinical Social Worker (LCSW), or other licensed behavioral healthcare professional.
- O. Substance Use Initial Treatment Plan (CR-3752) and Substance Use Disorder Individual Treatment Plan (CR- 3753): A clinical plan of care that specifies the goals and objectives of substance use treatment methods to be used in the treatment process, and a schedule for assessing and updating progress.
- P. Support Network: For the purposes of this policy, a person or group of people consisting of family, friends, and acquaintances of a DRC participant who have a vested interest in the continued sobriety of the DRC participant (e.g. immediate or extended family, significant others, friends, employer, mentor).
- Q. Treatment Team: For the purposes of this policy, a team comprised of (but not limited to) a minimum of three of the following positions with at least one of those being a qualified behavioral health professional: DRC Program Director, Clinical Director, Forensic Social Worker (FSW), Correctional Counselor 3, Correctional Counselor 2 and Probation/Parole Office (PPO).
- R. POLICY: Each TDOC DRC shall be constituted and organized to provide select offenders with resources and opportunities to improve the likelihood of successful outcomes through participation in a combination of treatment, counseling, educational programming, and close supervision.

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VI. PROCEDURES:

A. Criteria to meet eligibility:

1. Convicted of a felony or on Judicial Diversion with the TDOC and has at least two years remaining on his/her sentence
2. Offender must have an alcohol and/or drug treatment need.

B. Referral Process

1. Probation Offenders Referred Through the Court:

- a. The sentencing judge will order an interview/assessment to be completed to determine eligibility for the DRC.
- b. The Day Reporting Center - Referral Form, CR-4084, will be completed by the court specialist/designee and submitted to the DRC director.
- c. The DRC Director/designee will conduct the interview/assessment using Day Reporting Center Intake and Interpretive Summary, CR-4218, to determine eligibility, which must be reviewed, approved, signed and dated by the clinical director.
- d. The Director/designee shall send approval or denial recommendations to the court attorneys, court specialists, supervising probation/parole officer, and any other court personnel as determined by the presiding court, five calendar days prior to court date.
- e. If an offender is accepted to the DRC, a court order will be completed placing the offender in the program.

2. Probation and Parole Offenders Referred Via Sanctioning:

- a. When the offender commits a violation and the sanction level supports the offender being referred to the DRC, the probation/parole officer (PPO) will complete the Day Reporting Center – Referral Form, CR-4084, and submit it to the DRC Director.
- b. The Director/designee shall meet with the offender and shall conduct the interview/assessment using Day Reporting Center Intake and Interpretive Summary, CR-4218, to determine eligibility, which must be reviewed, approved, signed and dated by the clinical director.
- c. The Director/designee shall make notification of approval to the supervising probation/parole officer, the court and any other court personnel as determined by the court within 14 calendar days, using the Day Reporting Center Assessment and Recommendations Report, CR-4217. Should DRC placement be deemed inappropriate for the referred offender, notification of denial shall be made to the probation/parole officer.

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3. Probation and Parole Offenders Referred via Forensic Social Worker (FSW):

- a. When a FSW completes their assessment/interview and determines that a referral to the DRC is appropriate in accordance with the offender's needs, the FSW will complete the Day Reporting Center - Referral Form, CR-4084, and submit it to the DRC Director and the assigned probation/parole officer.
- b. The Director/designee shall meet with the offender and shall conduct the interview/assessment using the Day Reporting Center Intake and Interpretive Summary, CR-4218, to determine eligibility, which must be reviewed, approved, signed and dated by the clinical director.
- c. The Director/designee shall send notification to the FSW for assessment in order to determine the appropriate course of treatment or refer to an outside provider or the DRC. The Director/designee shall send the notification of approval to the supervising probation/parole office, the court and any other personnel as determined by the presiding court within 14 calendar days. Should DRC placement be deemed inappropriate for the referred offender, notification of denial shall be made to the probation/parole officer.

C. DRC Exclusions:

1. Offenders without alcohol and/or drug treatment need
2. Offenders with sexual convictions and/or convictions requiring registration with the Sex Offender Registry
3. Offenders that need a higher-level intensity of substance use treatment program that will provide offenders the opportunity to attain a clean and sober lifestyle while serving their probation or parole sentence in the community

D. Intake

1. Program Intake:

- a. Program intake will consist of a DRC program overview within 7 calendar days.
- b. Participants are required to have their TDOC issued photo identification to participate in any service at the DRC.
- c. During the program intake participants shall receive a *TDOC Day Reporting Center Participant Handbook* which shall outline the expectations and requirements of the program.
- d. The following required documentation shall be explained:
 - (1) Accountability Contract, CR-4083
 - (2) Authorization for Disclosure of Professional Information, CR-4091

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- (3) Physical Education Participation Agreement, CR-4089
 - (4) Phase Contract, CR-4090
 - (5) Substance Use Treatment Informed Consent for Treatment Services, CR-3750
 - (6) Substance Use Treatment Confidentiality Notice and Waiver, CR-3751
 - (7) Computer Lab Usage Guidelines, CR-4221
 - (8) Substance Use Treatment Program Participant Rights and Limits of Confidentiality Acknowledgement, CR-3755
 - (9) A Substance Use Initial Treatment Plan, CR-3752
 - (10) Probation/Parole intake will be completed by Community Supervision staff in compliance with Policy #703.03
- e. A review of the following procedures shall be conducted with the participant:
1. Sign-in/out procedures
 2. Center's Emergency Procedures
 3. Community Service Requirements
 4. Drug Screens in accordance with Policy 705.04, Substance Use Screening
 5. Disciplinary procedures
 6. Class Schedule
 7. Curfews
 8. Any additional location specific forms shall be completed.
 9. Any additional location specific procedures shall be explained
 10. The DRC Director or designee shall review the orientation process and ensure that it is complete and that all appropriate steps have been followed.
- f. The PPO is responsible for ensuring that the information in the offender management system (OMS) is accurate and updated as changes occur.
2. Clinical Intake: A Substance Use Disorder Individualized Master Treatment Plan, CR-3753, will be mutually developed by the Clinical Director/designee and agreed upon with

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the participant within 30 calendar days of arrival at the DRC in accordance with Policy 514.02. Behavioral Health Intake will be conducted in accordance with Policy 514.03.

3. Designated staff shall make required entries in the case management system for all newly admitted participants and establish appropriate files.
4. Designated staff shall notify the DRC Director or designee within 24 hours of a participant's failure to report for intake.
5. Family and Friends Intake/Orientation: Conducted by the qualified behavioral health personnel/designee and required for all Phase one participants to attend. Participants who bring at least one support network member to family and friend's intake/orientation will be credited five hours towards their mandatory community service work hours.

E. Phase Structure:

1. Phase I: Each participant shall be given the opportunity, in accordance with their treatment plan, to complete the following objectives and goals to progress from Phase I to Phase II:
 - a. Complete 40 hours of community service. Once accepted into the program participants are required to perform community service weekly until 40 hours are completed. Failure to perform community service may result in sanctions.
 - b. Drug testing four times monthly and randomly
 - c. Thirty consecutive days of clean drug screenings
 - d. Therapy or other treatment component in accordance with Policy #514.02
 - e. Complete all homework and class/programs assignments
 - f. Adherence to the *TDOC Day Reporting Center Participant Handbook*
 - g. Compliance with curfew, if applicable
 - h. Submit a one-page essay entitled "My Accomplishments in Phase I"
 - i. Obtain approval from treatment team for advancement to Phase II
 - j. Complete or show progress in classes/programs according to treatment plan
 - k. Participate in Adult Basic Education classes, if required
 - l. Attend and participate in the Family and Friends Intake/Orientation
2. Phase II: Each participant shall be given the opportunity to complete the following objectives and goals, in accordance with their treatment plan, to progress from Phase II to Phase III.

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- a. Complete all class homework and assignments.
 - b. Adherence with the *TDOC Day Reporting Center Participant Handbook*
 - c. Complete or show progress in classes according to treatment plan.
 - d. Complete 40 hours community services in addition to the 40 hours completed in Phase I.
 - e. Drug testing twice per month and randomly
 - f. Therapy or other treatment component in accordance with Policy #514.03
 - g. Participate in Adult Basic Education classes, if required
 - h. Maintain 60 consecutive days of negative drug screenings
 - i. Continued compliance with curfew, if required
 - j. Submit a one-page essay entitled “My Accomplishments in Phase II”
 - k. Obtain approval from treatment team for advancement to Phase III
 - l. Obtain and maintain approved employment, if employable or seek volunteer opportunities if not employable
3. Phase III: Each participant shall be given the opportunity to complete the following objectives and goals, in accordance with their treatment plan to progress from Phase III to Aftercare.
- a. Complete all class/program homework and assignments
 - b. Adherence with the *TDOC Day Reporting Center Participant Handbook*
 - c. Complete or show progress in classes/programs according to treatment plan
 - d. Drug testing once per month and randomly
 - e. Therapy or other treatment component
 - f. Participate in Adult Basic Education classes, if required
 - g. Maintain 90 consecutive says of negative drug screenings with any lapse to be assessed for therapeutic intervention and/or sanction
 - h. Continued compliance with curfew, if required
 - i. Submit a two-page essay entitled “My Accomplishments in Phase III and Future Sobriety.”

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- j. Maintain employment for 60 calendar days, if employable
 - k. Obtain approval from treatment team for graduation
 - l. Successful completion of program shall be in accordance with Policy #514.02
 - m. Development of a mutually agreed upon aftercare treatment plan with the Clinical Director or qualified behavioral health personnel/designee.
4. Aftercare: Each participant shall participate in Aftercare Group Therapy for a minimum of 6 months and in accordance with their treatment plan. Participants shall be given the opportunity to complete the following tasks to transition to Community Supervision for the remainder of their sentence.
- a. Complete all class/program homework assignments
 - b. Complete or show progress in classes/programs according to treatment plan
 - c. Drug testing quarterly and randomly
 - d. Therapy or other treatment component
 - e. Maintain 90 consecutive days of negative drug screenings with any lapse to be assessed for therapeutic intervention and/or sanction
 - f. Maintain employment for 90 calendar days, if employable
 - g. Obtain approval from treatment team to be discharged and transition to Community Supervision in consultation with the treatment team.
 - h. Continued supervision in accordance with Policy #704.01.
- F. Programs and Services: The DRC Director shall be responsible for the implementation of all DRC approved programs and services for DRC participants. These programs and services shall include counseling/case management, employment assistance, education, drug and alcohol screening, and community service.
- 1. Individualized Counseling shall be delivered in accordance with Policy #514.03 that provides a continuous assessment of progress toward individualized treatment plans and goal attainment.
 - 2. Employment/Job Readiness: The DRC shall ensure that every effort is made to have all eligible participants employed in Phase II of the program.
- The Employment Specialist shall conduct job readiness classes for all employable participants and assist with securing employment for those who have not secured gainful employment or maintained gainful employment.
- 3. Family and Friends Event is held quarterly or as scheduled by the DRC Director/designee. In this event, participants are encouraged to bring a support network

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member with them to the DRC. The support network member(s) will be exposed to different topics pertaining to the program goals, support networks, and participant's progress in the program. Participants who bring a support network member to family and friends' night will be credited five hours towards their mandatory community service work hours. All participants must attend and participate in the family and friends' event unless excused by the Director.

G. Completion and Discharge

1. Phase Completion: The DRC Director/designee shall place a contact note in the offender management system upon the participant's completion of each phase.
2. Types of Discharge
 - a. Successful completion:
 - (1) Participant has successfully met all the conditions identified in their individualized treatment plan.
 - (2) The participant's discharge drug test is negative for drugs and alcohol.
 - b. Non-Disciplinary/Disciplinary Dismissal: Non-disciplinary and disciplinary dismissals from the DRC shall be conducted in accordance with Policy #514.02. In such cases, the DRC Director must ensure that the release or program transfer is approved by the controlling court or referring agent.
3. Discharge Procedures
 - a. The DRC Director/designee shall maintain a record of the date of release by entry into the offender case management system.
 - b. If at any time during the program DRC staff determines that program placement is not appropriate based on the participant's level of substance use disorder, medical or mental health need, the program director/designee shall notify the court or Board of Parole.

H. Volunteer Services: The Director of the DRC shall be responsible for designating a staff member to coordinate the citizen involvement and volunteer service program. The Director of the DRC and designated staff shall follow the guidelines as outlined in Policy #115.01 and the accompanying *Volunteer Services Training Manual*.

I. Records Maintenance:

1. The participant's probation/parole case file will be constructed per Policy #706.01. All required notes and information will be entered into OMS.
2. An individual clinical treatment record shall be maintained for each participant participating in a DRC substance use treatment program.

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- a. Clinical treatment records shall be stored in a locked cabinet and behind locked doors at all times when unattended.
 - b. Access to clinical treatment records shall be limited to those employees who have a legitimate need to access thereto. No participant in any position shall have access to any other participant's treatment records.
 - c. The clinical treatment record shall contain a chronological history of the participant, related assessments, progress notes, pre and post testing, release of information form(s), drug screens if applicable, treatment interventions, discharge summary, events and activities.
 - d. The Tennessee Department of Corrections Day Reporting Center Participant Staffing Report, CR-4214, shall be completed each time a participant's staffing occurs.
 - e. Retention and destruction of records shall be accomplished in accordance with policy #109.03, Retention and Disposition of TDOC records.
3. Confidentiality
- a. Substance Use Treatment
 - (1) All information regarding substance use treatment and all records of the identity, diagnosis, prognosis, or treatment of any participant that are maintained in connection with the performance of any program or activity relating to substance use disorder treatment is strictly confidential under federal law, Title 42, CFR, Chapter 2 and shall be considered confidential.
 - (2) Clinical treatment records of substance use disorder services or any correspondence or other information pertaining to substance use disorder treatment program participation shall be disclosed only with the written consent of the participant or his/her lawful representative in accordance with Policy #113.52. Copies of all such documents shall be marked as confidential and maintained in accordance with TDOC state and federal regulations. Exceptions are as follows:
 - (a) To medical or mental health personnel to the extent necessary to meet a medical/mental health emergency
 - (b) To qualified personnel for the purpose of conducting management audits or program evaluation/reviews
 - (c) Upon application to and mandate issued by a court of jurisdiction, in accordance with 42 CFR §2.31
 - (d) Disclosures within the treatment program or between the program and Departmental administration for behavioral health services.

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- (e) Disclosure of a participant's identity, in the course of reporting suspected child abuse
 - (f) A report to law enforcement concerning a crime committed by a participant, on the premises, which shall be limited to the identity of the participant and the description of the incident.
- b. Mental Health Treatment: All participant information and all records of the identity, diagnosis, prognosis, or treatment of any participant referred for or participating in mental health treatment constitute PHI, in which the participant has a right of confidentiality.
 - (1) Except as indicated herein, participant information shall not be disclosed to another person or entity unless the disclosure is authorized in writing, signed by the patient in accordance with Policy #113.52.
 - (2) The disclosure of any information that meets the definition of psychotherapy note requires a distinct authorization, entirely separate from any other authorization for disclosure of other PHI, in accordance with Policy #113.52.
 - (3) Disclosure without participant authorization is permitted only in the following circumstances:
 - (a) Executive Staff: Information shall be released to the Commissioner, Deputy Commissioners, Assistant Commissioners, Wardens/Superintendents, Chief Medical Officer/designee, Behavioral Health Services, Probation and Parole Field Administrators, Correctional Administrators, or their designees for the purpose of monitoring and evaluating the delivery of health services.
 - (b) Investigations Unit: Information shall be released to the TDOC investigations unit of the Office of Investigations and Conduct investigators conducting an authorized investigation as established in Policy #107.02.
 - (c) Health or Security Risk: Confidential information may be disclosed if the clinician determines that such disclosure is necessary to protect against a substantial risk of death, disease, or injury to self or others; or the participant is a threat to the security of the program and/or the community.
 - (d) Workforce members and law enforcement: Correctional personnel who require limited information necessary for the purposes of compliance monitoring or discharge planning.
 - (4) A disclosure of PHI, with authorization, or as permitted without participant authorization, shall be limited to the minimum amount of information necessary to accomplish the purpose of the disclosure.

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J. Security:

1. Participants in the DRC are subject to search in accordance with Policy #703.22.
2. All DRC participants will be required to adhere to a dress code that will be provided to them during intake.
3. Any item staff deems inappropriate or unsafe will not be allowed into the DRC.

K. Sanctions/Violations:

1. Violations committed while in the DRC program will be addressed per Policies #704.10, #707.20, and #707.30.
2. When a participant commits a violation of the program or probation/parole, sanctions shall be imposed according to Policy #704.10 and a Treatment Team meeting shall be held within three working days of the violation (with exception of pending results information) to discuss the violation and sanctions.
3. The assigned probation/parole officer is responsible for filing violation reports, warrants and all other probation/parole-related documents.

L. Incentives: Participants shall receive incentives for recognition of compliant behavior as soon as possible after notification.

M. Program Accountability: At least annually the DRC will undergo an inspection by the Office of the Inspector General that is designed to ensure compliance with policy, statute, applicable ACA standards, to identify opportunities for improvement.

VII. ACA STANDARDS: 4-APPFS-2A-06, 4-APPFS-2B011, 4-APFFS-2A-07, and 4-APPFS-2A-08.

VIII. EXPIRATION DATE: May 1, 2024



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT INFORMED CONSENT FOR TREATMENT SERVICES

INSTITUTION / DRC

Dear Participant:

Welcome to the Tennessee Department of Correction (TDOC) Substance Use Treatment Program. We are looking forward to working with you. The following statement will help clarify your responsibility in regard to the development of your program expectations:

I have been fully informed of my rights as a client of this facility, the extent and limits of confidentiality in treatment and the goals associated with this program. With that knowledge, I request and consent to receive treatment.

INFORMED CONSENT

You have been provided with specific, complete, and accurate information about:

- 1) The benefits and methods of treatment
- 2) Options to proposed treatment
- 3) Consequences of not receiving the proposed treatment
- 4) The initial treatment plan
- 5) The client rights, confidentiality, and grievance procedure

The informed consent is effective until treatment is terminated.

In signing this form, I understand my rights as a participant in this program and responsibilities as a program participation.

Participant Name/TDOC ID

Participant Signature

Date

Counselor Name

Counselor Signature

Date

Addiction Treatment Program Director/DRC
Clinical Director Name

Addiction Treatment Program Director/
DRC Clinical Director Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT
CONFIDENTIALITY NOTICE AND WAIVER**

INSTITUTION/DRC

I, _____ hereby consent to communication
Participant Name (*Please Print*) TDOC ID

between the Tennessee Department of Correction (TDOC) Addictions Treatment Staff and other facility staff (including Institutional Parole Officers) as needed to complete their job.

The purpose of and need for this disclosure is to inform criminal justice agencies of my attendance and progress in substance use disorder treatment. The extent of information to be disclosed is my assessment, information about my attendance and participation or lack of attendance/participation in treatment sessions, my cooperation with and participation in the treatment program, prognosis, recommendations by the staff, participation in Continuing Care, and compliance with my Re-Entry Plan.

I understand that this consent will remain in effect for 12 months from the date signed unless:

- a. It is earlier revoked by me. (I understand that revoking this waiver before the completion of treatment will prevent the TDOC from informing other facility staff, including Institutional Parole Officers, of necessary information to complete their job. By revoking this waiver, my treatment will end and I will receive the associated consequences of an unsuccessful termination.)
- b. There has been a formal and effective termination or revocation of my sentence, release from confinement, probation, parole, or other completed legal proceeding which removes me from facility control.

I also understand that any disclosure made is bound by Part 2 of title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records, and that recipients of this information may re-disclose it only in connection with their official duties.

Participant Signature

TDOC ID

Date of Birth

Addiction Treatment Program Director / DRC Clinical Director Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE INITIAL TREATMENT PLAN

INSTITUTION/DRC

Participant Name

TDOC ID

____ / ____ / ____
Date

Modality: _____ TC _____ Group Therapy _____ DRC _____ Primary Counselor
DSM V Diagnostic Impression: _____

Problem: Participant has a need to complete the Substance Use Disorder Treatment Program based on the intake and interpretive summary and/or bio-psycho-social and risk needs assessments outcome.

Long Term Outcome/Goal: Complete all necessary requirements related to the treatment program and attend all scheduled program activities during the next thirty (30) days.

OBJECTIVES/INTERVENTIONS

#	DATE	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE PARTICIPANT AND COUNSELOR INITIALS
1			Client complete the assessment surveys: CTS, PSY, SOC, MOT.		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document (CR-3586) committing to participate by these rules.		
5			Client will attend individual session to develop the master individual treatment plan (CR-3753).		

OBJECTIVE	METHODS/INTERVENTIONS(SERVICES)	FREQUENCY
1.	Counselor will provide all the necessary assessments, score them and place documentation on chart.	One Time
2.	Counselor will monitor program attendance.	On Going
3.	TDOC Staff will administer urine drug screen at intake and the counselor will document results in participant's file.	One Time
4.	Counselor will provide the participant with the group rules and expectations. Will make sure participant understands these requirements by verbal agreement between the counselor and participant as well as a signed document representing this agreement in the clinical file.	One Time
5.	Counselor will provide an individual session to develop the individual treatment plan with the participant.	One Time

Participant Signature

Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE DISORDER INDIVIDUAL TREATMENT PLAN

INSTITUTION / DRC

Participant Name: _____ TDOC ID: _____

Service Start Date: _____ Primary Counselor: _____

TC Residential SA _____ Group Therapy _____ DRC _____

DSM-V- Diagnostic Impression

CODE

DESCRIPTION

_____	_____
_____	_____

MASTER PROBLEM LIST:

STRENGTHS:

OBSTACLES TO TREATMENT:

PROBLEM DESCRIPTION/#:

--

LONG TERM OUTCOMES/GOALS:

--

OBJECTIVES:

	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/PARTICIPANT AND COUNSELOR INITIALS	CHECK IF GOAL CONTINUED
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

OBJECTIVE	METHODS/INTERVENTIONS (SERVICES)	FREQUENCY	
1.			
2.			
3.			

Participant Signature

Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



**TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE TREATMENT PROGRAM PARTICIPANT RIGHTS
PARTICIPANT RIGHTS AND LIMITS OF CONFIDENTIALITY ACKNOWLEDGEMENT**

INSTITUTION/DRC

As a participant in our program, you have the right to the following:

1. Be informed of your rights verbally and in writing.
2. Give informed consent acknowledging your permission for us to provide treatment.
3. Be provided a safe environment, free from physical, sexual, and emotional abuse.
4. Receive complete and accurate information about your treatment plan, goals, methods, potential risks and benefits, and progress.
5. Receive information about the professional capabilities and limitations of any clinician(s) involved in your treatment.
6. Be free from audio video recording without informed consent.
7. Have the confidentiality of your treatment and treatment records protected. Information regarding your treatment will not be disclosed to any person or agency without your written permission except under circumstances where the law required such information to be disclosed. You have the right to know the limits of confidentiality and the situations in which your therapist/agency is legally required to disclose information.
8. Have access to information in your treatment records:
 - a. With the approval and under the supervision of the addiction treatment program director / clinic director.
 - b. To have information forwarded to a new therapist following your treatment at this facility.
 - c. To challenge the accuracy, completeness, timeliness, and/or relevance of information in your record, and the right to have factual errors corrected and alternative interpretations added.
9. File a grievance if your rights have been denied or limited. You can initiate a complaint in writing to the grievance chairperson. You have the right to receive information about the grievance procedure in writing.

PARTICIPANT CONFIDENTIALITY

The Tennessee Department of Correction (TDOC) has a commitment to keep information you provide and your clinical record confidential. Beyond our commitment to Ethical Standards, federal as well as state law requires it. You can give permission to our program counselors in writing if you wish your information to be shared with specific persons outside our agency. There are exceptions when we can/must release information without your written permission. Your clinical information will be released without your written consent if: (1) it is necessary to protect you or someone else from imminent physical harm; (2) we receive valid court order that mandates we release your information; or (3) you are reporting abuse of children, the elderly, or persons with disabilities.

This is to acknowledge that I have read, understood, and agreed with the above information.

Participant Signature

TDOC ID

Date

This acknowledges that I have reviewed and answered questions about the client's rights and confidentiality as well as our services.

Addiction Treatment Counselor

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date

TENNESSEE DEPARTMENT OF CORRECTION Accountability Contract

- _____ 1. I am currently on probation or parole with the Tennessee Department of Correction (TDOC) and I understand that I must comply with all rules and conditions set forth on my Probation Order, Parole Certificate and/or Orders of the Court.
- _____ 2. I understand that I am required to complete a daily schedule approved by the DRC staff. If I leave or fail to report to any location without authorization of the DRC staff, I may be terminated from the program which would be considered a violation of my supervision.
- _____ 3. I shall attend any program, class, treatment, or appointment as directed by the DRC staff.
- _____ 4. I shall carry my state issued identification card with me at all times and will produce it at any time that I may be asked.
- _____ 5. I understand that curfews and electronic monitoring may be imposed as a condition of the program. Failure to be at my approved residence during designated times will be considered a major violation. As a participant in the DRC, I must be available and respond to the DRC staff members communication. I agree that DRC staff members may contact me in a function of their job duties, through any communication means, including, but not limited to, virtual platforms, telephone, text, e-mail, letter or in person. I also grant authorization to any DRC staff, probation/parole officer, or surveillance officer to search myself or my property, including any data contained on electronic devices such as cellular telephones or laptop computers.
- _____ 6. I will get the permission of my treatment team before taking any over the counter or prescribed medications. I authorize any member of my treatment team to communicate with my health care providers to assist in my recovery and compliance with the program and will sign any like authorizations required by my health care providers.
- _____ 7. Unless required through authorized DRC or other TDOC functions, I agree that I will have no contact with any persons known to have a criminal record without prior approval of my supervision team.
- _____ 8. I shall not enter into a civil contract or incur any indebtedness without the approval of my supervision team.
- _____ 9. I understand that any threats or acts of violence by me to any person may result in my removal from the program.
- _____ 10. I have been provided a copy of the Participant Handbook, which was explained to me during orientation, and agree to those terms and conditions.
- _____ 11. I understand the no cell phones are allowed in the classrooms unless approved by the director/designee.
- _____ 12. The DRC is an abstinence-based substance use treatment program that will provide offenders the opportunity to attain a clean and sober lifestyle while serving their probation or parole sentence in the community.

I have read and/or have had explained to me fully and understand the above rules and regulations and agree to abide by them fully. I understand that any deviation may result in my removal from the program.

Participant: _____ Date: _____

Witness: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION
Day Reporting Center – Referral Form

Date of Referral: _____

Participant Name: _____
LAST FIRST MIDDLE

Date of Birth: _____ Social Security: _____ TDOC ID: _____

Gender: _____ Incarcerated? ☐ Yes ☐ No County of Incarceration: _____

Address: _____

County of Residence: _____

Phone Number: _____ Alternative Contact: _____

Referral Source/Agency _____ Attorney: _____

County/Court: _____ Docket: _____

Offenses: _____

Any Previous Sex Offenses or Major Violent Offenses: ☐ Yes ☐ No

Explain: _____

PROBATION ONLY:

Judge: _____ Reset Date: _____ Release Date: _____

Interview Ordered by Judge: ☐ Yes ☐ No Special Instructions: _____

PAROLE ONLY:

Facility: _____ Release Date: _____

Facility Contact: (Name, Email, Phone Number) _____

Parole Violator? ☐ Yes ☐ No

Conditions of Placement or Additional Comments: (Medications, Medical Conditions, Etc., _____)

ADMINISTRATIVE USE BELOW

Interview Date: _____ Placement Date: _____ Intake Date: _____ Date of Entry: _____



DAY REPORTING CENTER PHYSICAL EDUCATION PARTICIPATION AGREEMENT

As a participant in the Day Reporting Center (DRC) program, I am choosing, as part of my individual DRC program plan, to participate also in a course of basic physical education. I understand that the choice to participate in basic physical education activities strictly my own decisions and is entirely voluntary.

I understand that physical exercise of any kind can cause strain or injury. I further understand that my own personal health needs, as determined by my physician, will alone determine what is a safe and reasonable exercise program for me. I understand that it is my responsibility to abstain from any form of exercise that would not be a safe and reasonable activity for me, in consideration of my physical and/or medical condition.

Based upon the foregoing understanding, and in consideration of the opportunity to participate in a course of regular physical exercise, I hereby personally assume any and all risk involved in connection with this activity; and furthermore, I agree to waive any claim of liability against, and release, discharge, and hold harmless, the course presenter, the Department of Correction, its respective officers, agents, facilitators and employees, from any and all liability arising in connection with the undersigned's participation in this course of physical exercise. Further, the undersigned specifically releases and waives any and all claims against TDOC from acts or omissions of said agency, its staff or volunteer facilitator(s), regardless of whether such act(s) or omission(s) arise(s) in whole or in part from the negligence of said agency, its staff or volunteer facilitator(s).

The undersigned affirms by his/her signature below that he/she has read the foregoing disclosures and terms of agreement in their entirety, affirms his/her understanding of all the information therein, and agrees to the participate in this activity, on that basis

Participant: _____ Date: _____

Witness: _____ Date: _____



TENNESSEE DEPARTMENT OF CORRECTION
DAY REPORTING CENTER PHASE CONTRACT

Participant Name: _____
Last First Middle

Phase: _____ Date Entering Phase: _____ TDOC ID: _____

In order to complete this phase and move forward in the program you will be required to complete the following items:

Programming:

Community Service Hours:

Additional Requirements:

Participant signature: _____

Witness signature: _____



TENNESSEE DEPARTMENT OF CORRECTION

DAY REPORTING CENTER AUTHORIZATION FOR DISCLOSURE OF PROFESSIONAL INFORMATION

Participant Name: _____ Today's Date: _____

Date of Birth: _____ Social Security: _____

ORIGIN OF AUTHORIZATION: TDOC DAY REPORTING CENTER

I, _____ hereby give my consent and authorize the Court System and Tennessee Department of Correction to disclose/consult and obtain the following information from the Day Reporting Center staff or vice versa for the purpose of my coordination of services and treatment progress. I understand this is on an as needed basis for the purpose identified above.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	Compliance & Court Records
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral & Psychosocial Information	<input type="checkbox"/>	<input type="checkbox"/>	Progress Group Notes, Homework Observational Information
<input type="checkbox"/>	<input type="checkbox"/>	Social History	<input type="checkbox"/>	<input type="checkbox"/>	Individual Progress Reports
<input type="checkbox"/>	<input type="checkbox"/>	Educational History	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol and Drug Abuse Tx Information
<input type="checkbox"/>	<input type="checkbox"/>	Medical History	<input type="checkbox"/>	<input type="checkbox"/>	Treatment Plans
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health History	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

FOR THE PURPOSES OF: (The minimum of protected health information will be disclosed to accomplish the purpose specified.)

<input type="checkbox"/> Coordination of Services	<input type="checkbox"/> Evaluation/Assessment	<input type="checkbox"/> At the request of the individual
<input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Prerequisite for Lab Study	
<input type="checkbox"/> Other _____		

I understand that this consent is subject to revocation by me at any time, and unless an earlier date is specified, this release will expire 12 months after the date specified below. As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke in writing to the person who is in possession of my records except to the extent that action has been taken in reliance thereon. A copy of this consent will accompany any disclosure, and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. I may also request to inspect or copy the information to be used or disclosed. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law. Information redisclosed by the recipient may no longer be protected by Federal or state law.

I understand that I have the right to refuse to sign this Authorization for Disclosure of Professional Information and have been informed that by refusing to allow communication between treating physicians/clinicians is counter-productive and potentially dangerous. My access to treatment services will not be conditioned upon my authorization of this disclosure.

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Prohibition on Redisclosure: "This information has been disclosed to you from records protected by Federal confidentiality rules relating to A&D service (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Tennessee Department of Health & Environment's Rules for Licensing of Health Care Facilities has ruled that the medical records are the property of the institution or health care facility who compiled the medical record (1200-8-4, .30). This information may contain documentation of mental health information. It may be injurious to a client's health and well-being to review this material without professional assistance. When direct client access is contemplated, consider consulting a person with professional training and experience related to the client's condition.



Tennessee Department of Correction Day Reporting Center Participant Staffing Report

Date: _____ Time: _____ TDOC ID: _____

DRC Participant: _____

Participant Report: _____

Staff Observations/Feedback: _____

_____ Plan(s) for Improvement/ Recommendations/Expectations:

Sanction(s) Needed? ☐ Yes ☐ No

If "Yes," Sanction Given: _____

Attending DRC Staff: _____

Signatures/Date:

DRC/CRC Director: _____ / _____ Clinical Director: _____ / _____

Primary Counselor: _____ / _____ Probation/Parole Officer: _____ / _____

Participant: _____ / _____





Tennessee Department of Correction Day Reporting Center Participant Staffing Report

Date: _____ Time: _____ TDOC ID: _____

DRC Participant: _____

Participant Report: _____

Staff Observations/Feedback: _____

_____ Plan(s) for Improvement/ Recommendations/Expectations:

Sanction(s) Needed? ☐ Yes ☐ No

If "Yes," Sanction Given: _____

Attending DRC Staff: _____

Signatures/Date:

DRC/CRC Director: _____ / _____ Clinical Director: _____ / _____

Primary Counselor: _____ / _____ Probation/Parole Officer: _____ / _____

Participant: _____ / _____



This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Participant: _____ / _____

STATE OF TENNESSEE

VS.



Day Reporting Center

IN THE CRIMINAL COURT OF

_____ COUNTY, TN

DOCKET: _____

TDOC: _____

DRC Assessment and Recommendations

When _____ appeared before the _____ County Criminal Court on _____, the court referred _____ to the Day Reporting Center to be assessed for eligibility. An interview was conducted on _____ by _____ at the _____. Based on the reported responses, _____ meets the overall "technical" requirements for DRC eligibility, as identified: 1) has a substance abuse history; 2) reports no sex offenses; 3) has a two year sentence or longer.

CASE OVERVIEW:

MOTIVATORS:

BARRIERS:

CONCERNS/RECOMMENDATIONS:

Respectfully Submitted,

Name

Title

Day Reporting Center

Address

Phone: _____ --- Fax: _____

Day Reporting Center
Address
Phone: _____ --- Fax: _____



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

INSTITUTION/PROBATION PAROLE OFFICE/DRC

TDOC ID

Interview Date/Sentencing Date

Sentence Expiration Date

SECTION I. PERSONAL DATA

GENERAL

True (Given) Name:

First

Middle

Last

Pre/Suffix

Social Security Number

Driver License:

State

Number

☐ Yes ☐ No
Valid?

Gender

- ☐ Female
☐ Male
☐ Unknown

RACE

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Middle Eastern
☐ Native Hawaiian or Pacific Islander
☐ Other Race
☐ Unknown
☐ White

HISPANIC

- ☐ Hispanic
☐ Non-Hispanic
☐ Unknown

CITIZENSHIP

- ☐ Illegal Alien
☐ Legal Alien
☐ US Citizen
☐ Unknown

DEMOGRAPHICS

Age: _____

Date of Birth: _____

Country/Place of Birth: _____

Country of Citizenship: _____

PERSONAL DATA: GENERAL - COMMENTS AND REMARKS

Nicknames: _____

Court: _____

Judge: _____

Attorney: _____

Court Date: _____

Docket: _____

Any other probation/holds: _____



TENNESSEE DEPARTMENT OF CORRECTION

DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY

SECTION I. PERSONAL DATA *continued*

SOCIAL

Do You Own A Vehicle: ☐ Yes ☐ No

If no, do you have sources of transportation? ☐ Yes ☐ No

Sources of Transportation
(include alternative sources): _____

Backup Plan: _____

Emergency Contact: _____ Number: _____

Collateral Contacts (Family, Friends, Other Frequent Contacts, etc.)

<u>NAME</u>	<u>RELATIONSHIP/ FREQUENCY OF CONTACT</u>	<u>TELEPHONE NUMBER</u>	<u>NOTES</u>
			<u>QUALITY OF RELATIONSHIP/ RESIDENCE LOCATION</u> <u>(IDENTIFY ANY CRIMINAL RECORD, SUBSTANCE USE HISTORY, OR DRUG OF CHOICE)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What are your residential plans? (include addresses, if know)

Phone number upon release?

What is your plan to sustain housing?

Will you be living with anyone upon release that:

- ☐ Uses prescribed and/or non-prescription drugs
- ☐ Has a criminal record
- ☐ Have been involved in criminal related activities
- ☐ Has substance use history
- ☐ Has a current alcohol problem



TENNESSEE DEPARTMENT OF CORRECTION

DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY

MARITAL HISTORY

Current Marital Status: ☐ Cohabiting ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>DATES OF MARRIAGE</u>	<u>NO. OF CHILDREN</u> <u>(IDENTIFY ANY CRIMINAL RECORD, SUBSTANCE USE HISTORY, OR DRUG OF CHOICE)</u>

CHILDREN

<u>MOTHER/FATHER OF CHILD (IDENTIFY ANY CRIMINAL RECORD, SUBSTANCE USE HISTORY, OR DRUG OF CHOICE)</u>	<u>NAME/AGE/GENDER</u>	<u>CHILDREN LIVE WITH WHOM (CAREGIVER)</u>	<u>QUALITY OF RELATIONSHIP BETWEEN PARTICIPANT & CAREGIVER</u>	<u>FREQUENCY OF CONTACT</u>



TENNESSEE DEPARTMENT OF CORRECTION

DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY

EDUCATION/MILITARY HISTORY

EDUCATION LEVEL:

- ☐ No HS Diploma/GED ☐ Associate's Degree ☐ Some College
☐ Graduate Equivalency ☐ Bachelor's Degree ☐ Unknown
☐ Vocational/Apprentice ☐ Master's Degree

ANY PROBLEM WITH READING OR WRITING? ☐ No ☐ Yes

MILITARY BACKGROUND

Branch of Service: _____
Dates from _____ to _____
Discharge Type: _____
Service Connected: ☐ No ☐ Yes

DATE EDUCATION OBTAINED/LAST YEAR

Name of Previous School: _____
Address/Location of Previous School: _____

Highest Grade Completed/ Year: _____

Certificates/Degrees: _____

LANGUAGE SKILLS

- ☐ English ☐ Spanish
☐ French ☐ German
☐ Latin ☐ Other _____

Completed and/or Current Prison Curriculum/Programs: _____

PERSONAL DATA: SOCIAL – COMMENTS AND REMARKS

Family upbringing? Family history of substance use? With whom do you primarily interact with peers, family, etc.)

Mood & Affect		Danger to Self/Others	Thought Content	Orientation	Memory	Judgment	General Appearance	Speech	
<input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Flat <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric	<input type="checkbox"/> Anxious <input type="checkbox"/> Hostile <input type="checkbox"/> Labile <input type="checkbox"/> Suspicious <input type="checkbox"/> Pleasant	<input type="checkbox"/> Not Present <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal	<input type="checkbox"/> Appropriate <input type="checkbox"/> Expansive <input type="checkbox"/> Pessimistic <input type="checkbox"/> Loose Assoc. <input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Oriented x1,2,3,4 _____ <input type="checkbox"/> Disoriented <input type="checkbox"/> Person <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Situation	<input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Confabulations	<input type="checkbox"/> Good <input type="checkbox"/> Fair Insight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Neat <input type="checkbox"/> Unclean <input type="checkbox"/> Bizarre <input type="checkbox"/> Disheveled _____ Eye Contact <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Appropriate <input type="checkbox"/> Hesitant <input type="checkbox"/> Rambling <input type="checkbox"/> Mute <input type="checkbox"/> Circumstantial <input type="checkbox"/> Perseverating	<input type="checkbox"/> Slowed <input type="checkbox"/> Loud <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Rapid <input type="checkbox"/> Pressured



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

SECTION II. EMPLOYMENT

Have You Ever Been Employed: ☐ Y ☐ N

Most Recent Employer: _____

Address: _____

Start/End Date: _____ to _____

Occupation: _____

Job Title: _____

Can You Return: _____

If N, Reasons for Unemployment:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Caregiver Treatment | <input type="checkbox"/> Long-Term |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Other |

Work Hours: _____

Employer Knowledge of Arrest: ☐ Y ☐ N

Vocational/Training Skills (Check All That Apply):

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Finance | <input type="checkbox"/> Military | <input type="checkbox"/> Food/Lodging Services |
| <input type="checkbox"/> Arts, Design, Entertainment and Media | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Production | <input type="checkbox"/> Child/Adult Care |
| <input type="checkbox"/> Office/Clerical/Admin Support | <input type="checkbox"/> Assembly | <input type="checkbox"/> Sales | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Janitorial/Cleaning Services | <input type="checkbox"/> Legal | <input type="checkbox"/> Management | <input type="checkbox"/> Landscape/Ground Keeper |
| <input type="checkbox"/> Computer and Mathematics | <input type="checkbox"/> Electrician/Plumber/Mechanic | <input type="checkbox"/> Tradesman | |
| <input type="checkbox"/> Cosmetology/Barber | <input type="checkbox"/> Life, Physical, Social Science | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Farming, Fishing, Forestry | <input type="checkbox"/> Transportation/Materials | | |

EMPLOYMENT – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION
**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

SECTION III. FINANCIAL INFORMATION

SOURCES OF INCOME BEFORE INCARCERATION OR PRESENT:

<u>TYPE</u>	<u>MONTHLY</u>
Earnings from Job	
Alimony	
Child Support	
Child Support Hold:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Family Support	
Food Stamps	
Retirement Pension	
Unemployment	
Social Security	
Other:	

EXPENSES BEFORE INCARCERATION OR PRESENT:

<u>TYPE</u>	<u>MONTHLY</u>
Rent	
Gas/Electricity/Water	
Alimony	
Child Support	
Phone/Internet	
Food	
Car Payment	
Transportation (Gas, Bus Fare, etc.)	
Other:	



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

FINANCIAL INFORMATION – COMMENTS AND REMARKS

SECTION IV. SUBSTANCE USE HISTORY

Drug(s) of Choice: _____

Triggers: _____

Date of last use: _____ Intoxicant(s) used on that date: _____

Will you be clean and sober upon intake if released? ☐ Yes ☐ No

SUBSTANCE USE:

DRUG TYPE	RANK OF PREFERENCE (1 ST , 2 ND , 3 RD , ETC.)	AGE BEGAN USING	METHOD/DATE LAST USED	FREQUENCY OF USE
Alcohol	_____	_____	_____	_____
Amphetamines	_____	_____	_____	_____
Benzodiazepines	_____	_____	_____	_____
Cannabinoids	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
MDMA (X)	_____	_____	_____	_____
Hallucinogens	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
MethAMP	_____	_____	_____	_____
Opiates	_____	_____	_____	_____
Suboxone	_____	_____	_____	_____
Methadone	_____	_____	_____	_____
Other	_____	_____	_____	_____

Identify the people who have contributed to your drug use:



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

SUBSTANCE USE TREATMENT:

<u>TYPE</u>	<u>CURRENT</u>	<u>HISTORY</u>
Inpatient	_____	_____
Outpatient	_____	_____
Self-Help (AA/NA)	_____	_____
Confined Treatment	_____	_____

Can you commit to having no romantic relationships with any other DRC participants? ☐ Yes ☐ No

Do you currently know anyone in the DRC program? ☐ Yes ☐ No

If yes, please identify. _____

<u>NAME OF PROGRAM</u>	<u>LOCATION</u>	<u>DATES</u>	<u>PURPOSE/TREATMENT EXPERIENCE</u>	<u>DISCHARGE TYPE (COMPLETED/NOT)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUBSTANCE USE HISTORY – COMMENTS AND REMARKS



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

SECTION V. HEALTH

**PHYSICAL HEALTH (Please Include Allergies):
BRIEF CURRENT STATUS DESCRIPTION**

PHYSICAL HEALTH STATUS *(Check Best Fitting Response)*

- ☐ Minor Medical Problems Only
☐ Significant Medical Disorder (Under control but follow-up care required)
☐ One of More Chronic or Recurrent Medical Problems
☐ Uncontrolled Significant Disorder
☐ Diagnostic Evaluation or Specific Treatment in Progress
☐ None ☐ Unknown

NAMES OF MEDICATIONS AND REASON(S) FOR USE:

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

MENTAL HEALTH (CHECK ALL THAT APPLY)

- ☐ No Evidence of a current or past mental health condition
☐ History of mental health condition. No active symptoms.
☐ Mental health condition requiring ongoing treatment.
☐ Has been in psychotherapy or counseling within the last 12 months for a mental health condition.
☐ Currently taking medication for a mental health condition (psychotropic drug).
☐ Has seen a physician within the last 12 months for a mental health condition.
☐ Has been hospitalized within the last 24 months for a mental health condition.

History of being a victim of abuse: ☐ **No history of being a victim of abuse**

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> No abuse as a child | <input type="checkbox"/> Physical abuse as child | <input type="checkbox"/> Sexual abuse as child | <input type="checkbox"/> Emotional abuse as a child |
| <input type="checkbox"/> No abuse as an adult | <input type="checkbox"/> Physical abuse as adult | <input type="checkbox"/> Sexual abuse as adult | <input type="checkbox"/> Emotional abuse as an adult |



TENNESSEE DEPARTMENT OF CORRECTION

DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY

SUICIDE ATTEMPT HISTORY

of prior attempts _____

Last attempt? _____

Method of last attempt _____

Medical attention needed ever? _____

Ever while intoxicated? _____

When incarcerated? _____

Comments: _____

☐ History of self-injury (*non-suicidal intent*)

☐ cutting burning ☐ head-banging ☐ non-cosmetic

Ever while intoxicated? _____

When incarcerated? _____

MENTAL HEALTH TREATMENT HISTORY: ☐ Records available ☐ Records not available ☐ Records Requested

☐ No history of prescribed psychotropic(s) medication(s)

Age (estimated) 1st prescribed psychotropic: _____

Age (estimated) last prescribed psychotropic medication: _____ or
Current: _____

Name of last treatment
agency

History of the following prescribed medications:

☐ Medication likely confounded with A/D use

☐ Psychotropics primarily when incarcerated only

Treatment compliance:

☐ always ☐ usually ☐ sometimes
☐ infrequently

Current psychotropic medication (or within last 2 to
4 weeks):

Comments: _____

☐ No history of Inpatient Psychiatric Treatment

Age of 1st Psychiatric Hospitalization: _____

Age of last Psychiatric Hospitalization: _____ or Current: _____

Number of inpatient stays _____

History of Psychotherapy, psycho-educational groups, classes or support groups:

☐ Yes

☐ No

If yes, please explain: _____

Duration of longest stay (est. ok): _____

Age of longest stay: _____

☐ History of hospitalization related to suicide threat

HEALTHCARE/BENEFIT RECONNECTION:

Do you have healthcare benefits? ☐ Y ☐ N ☐ Unknown

If yes, what kind of coverage? _____

Do you need to be reinstated or need health insurance? ☐ Y ☐ N ☐ Unknown

Were you receiving social security disability or other state provided assistance? ☐ Y ☐ N ☐ Unknown

If yes, what kind and do you need to be reinstated? _____



TENNESSEE DEPARTMENT OF CORRECTION
**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

SECTION V. HEALTH *continued*

HEALTH – COMMENTS AND REMARKS

SECTION VI. SELF REPORTED CRIMINAL HISTORY

<u>DATE OF ARREST/AGE</u>	<u>AGENCY/LOCATION</u>	<u>OFFENSE CHARGED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

When was your most recent arrest? _____ How long is your sentence? _____

Any consecutive cases? County? _____

Probation/Parole History: ☐ Y ☐ N Agency/Location:

Violations: ☐ Y ☐ N Probation Officer: _____

Name(s) of Codefendant(s): _____

Do you continue to have a relationship with codefendant(s)? ☐ Y ☐ N

If yes, explain: _____



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

Are you currently a member of a gang? ☐ Y ☐ N

Have you ever been a member of a gang? ☐ Y ☐ N

Gang Name: _____

Initiation Date: _____

When Did You Get Out: _____

SELF REPORTED CRIMINAL HISTORY – COMMENTS AND REMARKS

What do you believe will be different this time as opposed to previous opportunities? _____

SECTION VII. INITIAL INTAKE ASSESSMENT

Check the most appropriate response in each category:

<u>PROBLEM AREA</u>	<u>LIMITED/SLIGHT</u>	<u>MODERATE</u>	<u>SEVERE</u>
Employment/Financial Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Peer Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure/Recreations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal/Criminality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational/Vocational Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



TENNESSEE DEPARTMENT OF CORRECTION

**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

MOTIVATORS/BARRIERS:

	NOT AT ALL	SLIGHTLY	MODERATELY	CONSIDERABLY	EXTREMELY
How serious do you think your drug problems are?					
How important is it for you to get drug treatment now?					

NEEDS ASSESSMENT NOTES

Alcohol/Drug Use:

Employment/Financial:

Family/Peer Relationships:

Leisure/Recreation:

Legal/Criminal History:

Healthcare (Primary and Mental):



TENNESSEE DEPARTMENT OF CORRECTION
**DAY REPORTING CENTER
INTAKE AND INTERPRETIVE SUMMARY**

SECTION VII. INITIAL INTAKE ASSESSMENT CONT.

Benefit Reconnection/Support:

Educational/Vocational Needs:

Family Ties:

Additional Comments:

Staff Completing Intake Summary (*Printed*): _____

Signature

Date

DRC Clinical Director/Addiction Treatment Program Director (*Printed*) _____

DRC Clinical Director/Addiction Treatment Program Director Signature

Date

DRC Clinical Director/Addiction Treatment Program Director (*Printed*) _____

DRC Clinical Director/Addiction Treatment Program Director Signature

Date

Tennessee Department of Correction
Day Reporting Center Crisis Plan

Name: _____

Address: _____

Phone #: _____

Date of Birth: _____

Gender: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Health Needs (dietary arrangements, health complications, allergies, mental health diagnosis, voluntary/involuntary mental facilities stay, etc.): _____

Service Providers (current outpatient, medication management provider): _____

Children (names, ages, living arrangements if crisis occurs): _____

Are there people in your life who are important to you (children, partner, friends, staff, etc.) that you make want to be in touch when/if you're experiencing crisis? List them below.

Name	Relationship	Phone #

Describe what crisis looks and feels like to you?
Describe other times in your life (non-crisis)?

Crisis (a bad day):	Other times (a good/normal day):

Tennessee Department of Correction
Day Reporting Center Crisis Plan

<p>When you've been in crisis situations what kinds of support (people, places, things) did you seek? Why was it helpful?</p> <p>If you did not seek support, what support could you have sought? What would have made it helpful?</p>	
What was or could have been helpful?	<p>Why or how was it helpful?</p> <p>Why or how could it have been helpful?</p>

<p>Identify red flags/warning signs that could potentially lead to crisis. Could these behaviors or actions frighten others?</p> <p>How would you like others to react? What do you need to hear? What can make it worse?</p> <p>What do you need to do personally?</p>

Day Reporting Center/ Community Resource Center
Computer Lab Participant Usage Guidelines

Purpose: To establish general guidelines and conditions governing the acceptable use of state provided Internet and network resources.

State employees, vendors/ business partners/ sub recipients, other governmental agencies and participants of the DRC/CRC program may be authorized to access state provided network resources to perform business functions related to the DRC/CRC programming and services. Any other uses are prohibited. Users must be acting within the scope of their employment or program requirements with the DRC/CRC and must agree to abide by these terms as evidenced by his/ her signature.

Acceptable uses of the DRC/CRC computer lab include, but are not limited to, the following activities:

- DRC/CRC educational coursework including:
 - Hi-Set readiness
 - Computer skills (examples: typing practice and worksheet tutorials)
- DRC/CRC job readiness coursework including:
 - Resume writing skills
 - Job searches and applications for employment
 - Job interview preparation
- Using DRC/CRC provided storage media to save documents related to coursework

Unacceptable and prohibited uses of the DRC/CRC computer lab include, but are not limited to, the following activities¹:

- Using the DRC/CRC computer lab in the support of activities that violate federal, state, and/or local law or supervision requirements
- Using the internet to access E-mail services, Social Media Sites (Facebook, Twitter, etc.) and/or websites not related to the DRC/CRC computer lab activities
- Using personal devices (non DRC/CRC workstations) to access the DRC/CRC internet
- Using external storage media, except for those provided by the DRC/CRC Administrative Staff for participant use
- Using the DRC/CRC computer lab to send disruptive items (examples: junk mail/spam, spreading computer worms and viruses, etc.)
- Sending or soliciting transmission, by message or image, of information which contains material which is violent, threatening, harassing, offensive, defamatory, abusive, obscene, pornographic, profane, sexually-oriented, racially-oriented, or otherwise biased, discriminatory, or illegal

¹ For reference, many of the listed details are from TDOC policy 109.05.

- Conducting any personal, for-profit activities (examples: sale of goods, non-DRC/CRC participant related correspondence or services)
- Distributing illegal copies of copyrighted software (including music or other mediums), storing such copies on DRC/CRC workstations or provided participant media or installing/saving unauthorized software or documents
- Connecting hardware not part of the DRC/CRC computer learning lab and authorized by the DRC/CRC administrators
- Disturbing other DRC/CRC participants and interrupting their program coursework
- Violating the privacy of other DRC/CRC computer lab participants by reading their program related E-mail communications, lessons, job application material etc.
- Sending/sharing information that is confidential by law, rule, or regulation
- Use of fee-for-services providers on the Internet
- Using DRC/CRC computer lab resources to play or download games, music, or videos unless authorized by DRC/CRC Administrator as part of the learning program
- Utilizing peer-to-peer networking, peer-to-peer file sharing or using Instant Messaging
- Using the Internet for broadcast audio or video
- Damages to DRC/CRC computer lab equipment
- Printing documents not related to DRC/CRC computer lab work

Enforcement: The Department may, at any time monitor usage of equipment owned or leased by the State. Therefore, **users have no expectation of privacy**. If the Department receives information indicating a potential violation, disciplinary action, up to and including termination of privileges may be taken for violation of these guidelines.


Access to information technology resources and services has been granted to me, as a privilege, for programming and services offered through the TDOC Day Reporting/ Community Resource Center. I have read and agree to abide by the TDOC Day Reporting/ Community Resource Center Computer Participant Usage Guidelines which govern my use of these services.

By signing this agreement, I certify that I understand and accept responsibility for adhering to the guidelines. I also acknowledge my understanding that any infraction on my part may result in disciplinary action including, but not limited to termination from the DRC Program.

Participant Name (Print): _____

Participant Signature: _____

Date: _____



 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 514.01	Page 1 of 1
	Effective Date: October 1, 2021	
	Distribution: B	
	Supersedes: N/A	
Approved by: Tony Parker		
Subject: DAY REPORTING CENTER		

POLICY CHANGE NOTICE 21-27

INSTRUCTIONS:

Please add Section VI.(N):

- “N. Quarterly Meetings: Quarterly meetings will be held with local criminal court judges and the Attorney General's office to discuss the progress of participants in the program and to ensure continuous, appropriate referral submissions from the courts. Notification of the meetings will be sent to the TDOC Deputy Commissioner/General Counsel and a written report documenting the outcome from the meetings will be submitted to the regional Correctional Administrator, Assistant Commissioner of Rehabilitative Services, and TDOC Deputy Commissioner/General Counsel.”

 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 514.01	Page 1 of 1
	Effective Date: April 1, 2024	
	Distribution: B	
	Supersedes: N/A	
Approved by: 		
Subject: DAY REPORTING CENTER		

POLICY CHANGE NOTICE 24-06

PURPOSE: This Policy Change Notice (PCN) attaches the current versions of Substance Use Initial Treatment Plan, CR-3752, and Substance Use Disorder Individual Treatment Plan, CR-3753, to the policy in accordance with changes made to Policy #513.07, *Administration of Addiction Treatment and Recovery Services*.

INSTRUCTIONS: Print this PCN and attach it to the front of all hardcopy versions of Policy #514.01, *Day Reporting Center*, add to official policy binders and distribute the revised CR-3752 and CR-3753 for implementation.

CHANGES TO POLICY: None.



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE INITIAL TREATMENT PLAN

INSTITUTION/DRC

Participant Name

TDOC ID

____ / ____ / ____
Date

Modality: _____ TC _____ Group Therapy _____ DRC _____ Primary Counselor
DSM V Diagnostic Impression: _____

Problem: Participant has a need to complete the Substance Use Disorder Treatment Program based on the intake and interpretive summary and/or bio-psycho-social and risk needs assessments outcome.

Long Term Outcome/Goal: Complete all necessary requirements related to the treatment program and attend all scheduled program activities during the next thirty (30) days.

OBJECTIVES/INTERVENTIONS

#	DATE	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE PARTICIPANT AND COUNSELOR INITIALS
1			Client will complete the assessment surveys: CTS, PSY, SOC, MOT.		
2			Client will attend all scheduled program activities.		
3			Client will submit to intake urine drug screen.		
4			Client will show a verbal understanding of all group rules and sign a document (CR-3586) committing to participate by these rules.		
5			Client will attend individual session to develop the master individual treatment plan (CR-3753).		

OBJECTIVE	METHODS/INTERVENTIONS(SERVICES)	FREQUENCY
1.	Counselor will provide all the necessary assessments, score them and place documentation on chart.	One Time
2.	Counselor will monitor program attendance.	On Going
3.	TDOC Staff will administer urine drug screen at intake and the counselor will document results in participant's file.	One Time
4.	Counselor will provide the participant with the group rules and expectations. Will make sure participant understands these requirements by verbal agreement between the counselor and participant as well as a signed document representing this agreement in the clinical file.	One Time
5.	Counselor will provide an individual session to develop the individual treatment plan with the participant.	One Time

Participant Signature

Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date



TENNESSEE DEPARTMENT OF CORRECTION
SUBSTANCE USE DISORDER INDIVIDUAL TREATMENT PLAN

INSTITUTION / DRC

Participant Name: _____ TDOC ID: _____

Service Start Date: _____ Primary Counselor: _____

TC Residential SA _____ Group Therapy _____ DRC _____

DSM-V- Diagnostic Impression

CODE	DESCRIPTION
_____	_____
_____	_____

MASTER PROBLEM LIST:

STRENGTHS:

OBSTACLES TO TREATMENT:

PROBLEM DESCRIPTION/#:

--

LONG TERM OUTCOMES/GOALS:

--

OBJECTIVES:

	PARTICIPANT AND COUNSELOR INITIALS	OBJECTIVES	TARGET DATE	ACHIEVED DATE/PARTICIPANT AND COUNSELOR INITIALS	CHECK IF GOAL CONTINUED
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>

OBJECTIVE	METHODS/INTERVENTIONS (SERVICES)	FREQUENCY	
1.			
2.			
3.			

Participant Signature


Date

Primary Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director Signature

Date

 <div style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </div>	Index #: 514.01	Page 1 of 1
	Effective Date: September 15, 2022	
	Distribution: B	
	Supersedes: N/A	
Approved by: <i>Lisa Nelson</i>		
Subject: DAY REPORTING CENTERS		

POLICY CHANGE NOTICE 22-31

INSTRUCTIONS:

Please change Section VI.(A)(1) to read as follows:

- “1. Convicted of a felony or on Judicial Diversion with the TDOC and has at least 18 months remaining on his/her sentence.”

Please strike through the CR-4220 on pages 27 and 28 and insert the attached page 30 with the updated CR-4220. Renumber pages accordingly.



TENNESSEE DEPARTMENT OF CORRECTION
Day Reporting Center Crisis Plan

Name: _____

Address: _____

Phone #: _____

Date of Birth: _____

Gender: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Health Needs (dietary arrangements, health complications, allergies, mental health diagnosis, voluntary/involuntary mental facilities stay, etc.): _____

Service Providers (current outpatient, medication management provider): _____

Children (names, ages, living arrangements if crisis occurs): _____

Are there people in your life who are important to you (children, partner, friends, staff, etc.) that you may want to be in touch when/if you're experiencing crisis? List them below.

Name	Relationship	Phone #

Describe what crisis looks and feels like to you?

Describe other times in your life (non-crisis)?

Crisis (a bad day):	Other times (a good/normal day):

When you've been in crisis situations, what kinds of support (people, places, things) did you seek?
Why was it helpful?

If you did not seek support, what support could you have sought? What would have made it helpful?

What was or could have been helpful?	Why or how was it helpful? Why or how could it have been helpful?

Identify red flags/warning signs that could potentially lead to crisis. Could these behaviors or actions frighten others?
How would you like others to react? What do you need to hear? What can make it worse?
What do you need to do personally?

Participant Signature

Date

Counselor Signature

Date

Addiction Treatment Program Director/DRC Clinical Director
Signature

Date



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 703.02

Page 1 of 13

Effective Date: October 18, 2024

Distribution: C

Supersedes: 703.02 (8/1/19)

Approved by: Frank Strada

Subject: RISK AND NEEDS ASSESSMENT (RNA) FOR COMMUNITY SUPERVISION

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 39-13-501, TCA 40-28-601, TCA 41-1-412, TCA 41-1-413, and TCA 41-21-236(a).
- II. PURPOSE: To employ evidence-based practices that assist offenders under Community Supervision in becoming and remaining law-abiding, self-sufficient, and contributing members of the community.
- III. APPLICATION: Assistant Commissioner of Prison Operations (ACP), Assistant Commissioner of Community Supervision (ACCS), all Tennessee Department of Correction (TDOC) staff, and all Community Corrections agency staff.
- IV. DEFINITIONS:
 - A. Basic Needs: Transportation, housing, employment, mental health, and sex offender treatment issues that must be addressed in order to promote an offender's success on community supervision.
 - B. Collateral Information: Material gathered from research in the offender management system (OMS) or with individuals who may have knowledge of the offender's current needs, including behavioral health specialists, program providers, employer, other probation and parole officers, family members and/or friends.
 - C. Criminal Conviction Record (CCR) Unit: A unit within the Department that ensures each offender has an up-to-date, accurate criminal history in the offender management system (OMS) that populates the criminal history section of the risk/needs assessment tool.
 - D. Criminogenic Domains: Issues, risk factors, characteristics, and/or problems related to an offender's likelihood of reoffending or propensity to recidivate. This includes static factors such as age at first arrest, criminal history, and other issues that programming cannot change. Dynamic factors are related to an offender's values, attitudes, and circumstances that impact an offender's behavior.
 - E. GovQA: The web-based program used for communication between the Criminal Conviction Records Unit (CCR) and the person making the CCR request.
 - F. Initial Offender Case Plan: The case plan that is developed for an offender during initial intake in either the institution or community supervision office.
 - G. Juvenile: For the purpose of this policy only, juvenile offenders are persons between the ages of 16 and 18 who are sentenced and committed to the TDOC by a court having adult criminal jurisdiction.
 - H. Offender Case Plan (OCP): A plan that is developed collaboratively between the offender and risk/needs assessment (RNA) certified user that is derived from the risk/needs assessment (RNA) score, identifies programmatic needs based on treatment pathways, and establishes meaningful goals that include action steps to address criminogenic needs of the offender.

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Subject: RISK AND NEEDS ASSESSMENT (RNA) FOR COMMUNITY SUPERVISION		

- I. Priority Needs Items: For the purpose of this policy, the critical factors that are the offender's three highest scoring criminogenic domains on the RNA Needs Report that should be addressed during supervision.
- J. Programmatic Needs: For the purposes of this policy, programs that have been identified, using the program pathway matrix, to meet the needs of the offender across multiple criminogenic domains.
- K. Qualifying Events: Any significant special movement or behavioral, mental, medical, environmental, familial event experienced by an inmate/offender that may change the criminogenic needs and/or classification/supervision level of the offender.
- L. Quality Assurance (QA): For purposes of this policy, the process of gauging and reinforcing the effective administration of the RNA.
- M. Risk Needs Assessment (RNA) Certified Assessor: An individual who has successfully completed the approved RNA initial user training and subsequent Assessor Development Model (ADM).
- N. Risk Needs Assessment (RNA) Certified User: An individual who has successfully completed the RNA user certification course.
- O. Risk Needs Assessment (RNA) Tool: A validated risk/needs assessment instrument that utilizes motivational interaction and interview techniques to collect offender-specific information to help determine their crime-producing attributes to establish their level of risk to reoffend and identify their criminogenic risk factors.
- P. Specialized Caseloads Unit: The probation parole unit responsible for the supervision of registered sex offenders, historical sex offenders, and known sexually motivated offenders in accordance with the Sex Offender Standards of Supervision, Policy #704.04, *Sex Offender Standards of Supervision*.
- Q. Supervision Level Override: For the purpose of this policy, a decision made to place an offender on a supervision level that does not correspond to their assessed risk level.
- R. Supplemental Information: Personal and collateral information, responses on the personal questionnaire during intake, drug screens, and home checks that assist officers in the identification of an offender's dynamic risk and criminogenic needs.
- S. Transitional Offender Case Plan: The offender case plan (OCP) that is updated for an offender who is transitioning from an institution into the community or from the community into the institution.
- T. Treatment Pathway: A treatment plan that identifies which programs will be most effective for each offender by prioritizing criminogenic needs and matching them with available programming.
- U. Youth Assessment and Screening Instrument (YASI): A juvenile risk assessment tool which measures a youth's level of risk, needs, responsivity factors, and strengths to guide early decision-making during the juvenile intake process.
- V. POLICY: The Tennessee Department of Correction provides differentiation of supervision and targeted interventions for offenders placed on Community Supervision based on an objective RNA and collaborative case planning process.

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Subject: RISK AND NEEDS ASSESSMENT (RNA) FOR COMMUNITY SUPERVISION		

VI. PROCEDURES:

A. Assessment:

1. Staff assess offender risk and needs with a risk needs assessment (RNA) tool, along with any additional instruments authorized by the TDOC.
 - a. Staff uses an RNA tool approved by the TDOC to identify offender risk and criminogenic needs directly impacting the likelihood of criminal behavior.
 - b. Offenders convicted of sexual offenses as defined by TCA 39-13-501 and supervised under the specialized conditions for sex offenders are assessed with the TDOC approved RNA tool and a sex offender specific RNA tool.
 - c. Staff uses the needs identified by the RNA tool as a guide in the development of an individualized offender case plan (OCP) for each offender under supervision.
2. Assessment Procedures.
 - a. If a presentence investigation report (PSI) was ordered by the court, officers ensure the offender case file contains the completed RNA and, if applicable, specialized assessments as part of the presentence investigation.
 - b. All offenders are administered an RNA and any other approved assessments during the intake process if an RNA was not completed during a PSI investigation unless there has been a new conviction since the PSI RNA was completed.
 - (1) Assessments are completed by first submitting the names of offenders to the Criminal Conviction Record (CCR) Unit through GovQA. CCR requests are documented on OMS screen LCDG using Contact Code "CCRI", Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request is documented in the comments sections of the contact note.
 - (2) The criminal conviction record generated by the CCR unit is used as part of the interview, as well as any other collateral information. The sex offender risk assessment and reassessments are only completed if new information becomes available to the officer that was not available at the time of the initial assessment. Once the criminal conviction record is verified the offender interview is conducted using RNA Interview Guide, CR-4179, and entered into the RNA tool. Offenders are assigned to the appropriate supervision level once they are assigned a community supervision officer.
 - (3) Specialized Caseload Unit (SCU) officers complete an initial sex offender specific risk assessment for sex offenders within 45 days of the offender placed on community supervision.
 - (4) The Youth Assessment and Screening Instrument (YASI) is administered to offenders under the age of 18 by a staff member who has completed the YASI vendor training course online.
3. RNAs, sex offender specific risk assessments, and reassessment results are not subject to appeal by the offender and are considered non-grievable.

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Subject: RISK AND NEEDS ASSESSMENT (RNA) FOR COMMUNITY SUPERVISION		

B. Time Frames.

1. Initial RNAs, other approved assessments, and when applicable, sex offender specific assessments are completed within the first 45 business days of the offender being placed on supervision or during the PSI process.
2. Reassessments are completed at least annually by a dedicated officer specifically assigned to complete reassessments. Alternative assessors are approved by a Community Supervision Administrator.
 - a. Prior to the interview with the offender, an updated CCR is requested through GovQA. CCR requests are documented on OMS screen LCDG using Contact Code, “CCRI”, Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request is documented in the comments section of the contact note.
 - b. The CCR, as well as any other collateral information, is considered when completing the reassessment.
3. Upon completion of any RNA interview, the assessor enters the assessment results into the vendor software within three (3) business days from the time of the interview and documents the completion in the OMS as outlined in this policy.
4. If an offender refuses or cannot participate in the assessment process, it is documented in the OMS screen LCDG, using Contact Code “FACR”, and documented in the contract vendor assessment software by assigning the proposed assessment and marking it unable to complete.
 - a. In the case of a refusal, the officer who attempted the interview ensures that the offender signs the Risk Needs Assessment Refusal, CR-4169, and places the refusal in the offender’s case file.
 - b. If an officer cannot complete the RNA, they complete Cannot Complete/Risk Needs Assessment, CR-4253, and place it in the offender’s case file.
5. Offenders with medical and/or mental health needs may be exempt from the RNA as documented by an assessment of the offender’s physical and/or mental health status, signed by a licensed medical or behavioral health professional that acknowledges the offender has an impairment which prevented participation in the RNA. These exemptions are documented in OMS screen LCDG, using contact codes “CCMH”, Cannot Complete Mental Health, and/or “CCMC”, Cannot Complete Medical.
6. Offenders who are expiring their sentence within three (3) months of the assessment or reassessment may be exempt from the RNA. These exemptions are documented in OMS screen LCDG, using contact code “RISE”.

C. Use of the RNA Tool.

1. The results of the RNA are used to determine the supervision level of the offender and help guide the supervision officer when collaborating with the offender to create the OCP.
2. Interpreting the RNA and Providing Assessment Feedback.

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- a. If current participation in treatment is documented in the RNA or elsewhere (e.g., OMS), then the offender is exempt from a behavioral health specialist (BHS) referral.
- b. If the offender has a moderate or high need in the mental health domain in the assessment, the officer reviews RNA results with the offender, inform them that services are available through the BHS, and schedule an appointment if indicated on BHS MH Referral Roadmap Form, CR-4344. The discussion and decision are documented in the OMS on OCPR contact note. Counselors may complete the BHS MH Referral Roadmap Form, CR-4344 if needed and associated contact note FSWO if the offender opts out of the BHS referral.
- c. If the offender has a moderate or high need in the alcohol and drug domain, the officer conducts a drug screen with the offender and completes the TCUDS 5 in the vendor software if drug use is indicated. If the score on the TCUDS 5 is a four or higher, then a referral to the BHS is made for further evaluation.
- d. Sex offenders are assigned a supervision level according to the higher overall score between the RNA and the sex offender specific risk assessment.
- e. Supervision Level Overrides.
 - (1) If for any reason the supervision officer feels that it would be in the best interest of the offender to increase their assessed supervision level, the officer discusses the reasons with their manager and obtains the manager's approval for the override.
 - (2) The Manager documents their approval or denial in OMS, using code "RISM" in the case note section with a comment indicating approval for the override. The District Director is notified of all approvals.

3. Offender Case Plans:

- a. Officers engage the offender in the development of the initial or transitional offender case plan (OCP) within 45 days of the start of supervision. Video conferencing platforms may be used to conduct assessment interviews. Case plans are made in alignment with the treatment pathway recommended by the RNA, unless an override is utilized. Overrides are documented on the case plan by the officer.
 - (1) For offenders released from a facility either on probation or parole, officers address all offender re-entry plan recommendations in the transitional offender case plan (OCP) to ensure a seamless transition from the facility to community supervision.
 - (2) Officers focus on the treatment pathway recommended and assign programs in alignment when making case plans.
 - (3) Officers may use discretion in identifying the priority needs items for minimum-risk level offenders depending on the offender's needs. Case plans address immediate needs and any court/BOP ordered special conditions that relate to the offender's criminogenic needs.

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- (4) Offenders without an RNA due to refusal or exemption do not have a treatment pathway or needs report to guide the case plan process. However, custom goals and action steps are created to reflect standards of supervision, court orders, or parole mandates.
- b. The initial and transitional OCP include the following:
 - (1) The offender's immediate needs, top priority need items identified by the RNA, and special conditions of supervision that relate to the offender's criminogenic needs,
 - (2) Tasks that promote the completion of each goal,
 - (3) Persons responsible for each task,
 - (4) Time schedule for achieving specific tasks, and
 - (5) The officer's, offender's, and Probation Parole Manager's signature and date. Electronic signatures may be utilized, when available.
- c. Officers file each OCP in the offender's case file in the Side III section and provide the offender with a copy.
- d. Supervisors review and sign the OCP during the initial case file review and during annual reviews. If changes to the plan are needed, supervisors document the changes for inclusion at the next case plan review.
- e. Subsequent Case Plan Reviews: Officers review case plans with offenders in accordance with TDOC policy and procedure. If changes to the previous OCP are needed, officers jointly develop those changes with the offender. Both the officer and the offender sign the review section of the OCP. The OCP remains in the offender's case file, with a copy provided to the offender. All modified case plans are reviewed and approved by the supervisor. All signed copies of the OCP are maintained in the offender's case file.
- f. The OCP is modified and updated, as necessary, at the time of the risk and needs reassessment. The supervising PPO reviews the RNA Needs Report to identify updated needs levels and determine whether additional goals and action steps will be assigned to address moderate and high needs. Adjustments to the OCP are made based on the offender's reassessed priority need items. All incomplete tasks that remain on the OCP must be a priority for the updated OCP. Officers must encourage offenders to complete the tasks and goals prior to reassessments.
- g. Offenders are not given a copy of the RNA reports or interview guides but can be given a copy of the OCP.
- h. Offenders are required to comply with the collaborated OCP within the time frames established jointly by the officer and the offender. Offenders who fail to comply or refuse to participate are subject to sanctions, up to and including revocation.
- i. Officers monitor the offender's OCP as part of routine supervision practices. Upon an offender's completion of a goal related to a priority needs items, officers

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document the completion in the case notes section of OMS as outlined in this policy.

D. Documentation.

1. Officers document the RNA in the appropriate conversation of OMS, using the following contact codes:
 - a. RISC upon completing the initial risk needs assessment.
 - b. RISP upon completing reassessments. Officers also enter a comment documenting the reassessment score and adjustments to the supervision objectives, if any.
 - c. RISE for offenders whose expiration date is within three months and therefore qualify for an exemption.
 - d. RISM for any supervision level overrides. Officers, or designated staff members, enter a comment stating the offender's assessed risk level, any overrides and justifications, and priority needs items that are addressed during supervision.
 - e. VASC for sex offenders upon completion of the sex offender risk assessment or VASN for sex offenders whose risk assessment is not applicable.
2. The RNA needs report, RNA Interview Guide, CR-4179 or RNA Reassessment Interview Guide, CR-4348, BHS Mental Health Referral Roadmap, CR-4344 and sex offender specific risk assessment, if applicable, is printed and maintained in the offender's case file in chronological order of completion.

E. Reassessments.

1. Assessments are a continuous process that is accomplished throughout supervision by the officer's observation of the offender's behavior, lifestyle changes, and compliance with the conditions of supervision.
2. Reassessments are completed annually or initiated because of reoffending or violations, such as being convicted of new charges, having a revocation, or being non-compliant on supervision. Prior to the interview with the offender, an updated CCR is requested through GovQA. CCR requests are documented on OMS screen LCDG using contact code "CCRI", Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request is documented in the comments sections. The CCR report is used as part of the interview, as well as any other collateral information.
3. Qualifying events that occur within 45 days of a completed RNA may be documented as a "Major Life Event RNA" in the vendor software and do not require an updated CCR, interview, or RNA Interview Guide, CR-4179. Details of the significant changes which prompted the "Major Life Event RNA" are documented in OMS screen LCDG using contact code "RISP", and detailed contact note comments section.
4. Reassessments are mandatory within 45 days after an offender is reinstated to supervision following a revocation and for offenders returning to supervision after absconding. Reassessments are not required for offenders who are incarcerated on pending revocation proceedings, who are on absconder status, or have an administrative supervision type.

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5. Video conferencing platforms may be used to conduct assessment interviews. Assessments are entered into the vendor software within three (3) business days of completion of the interview. The officer places the RNA needs report in the offender's case file in chronological order of completion.
 - a. If an offender does not have access to a video platform or has specific needs that require an assessor to be face-to-face, then the RNA is completed in person.
 - b. Phone interviews are utilized as a last resort to accomplish an assessment interview when an offender does not have access to video platform, or extenuating circumstances prohibit a face-to-face assessment interview. Offender identification is verified by the assessor by requesting that the offender provide their TDOC ID, date of birth, and Social Security number. Assessors document that the verification occurred in the OMS contact note using the appropriate code for the RNA as listed in this policy.
6. Changes to the offender's supervision level reflect the reassessed risk level score with the exceptions listed in this policy. Changes are communicated to the officer's supervisor after the completion of any reassessment.

F. Assessments of Offenders in County Jails.

1. All TDOC offenders housed within the county jails receive an RNA prior to any initial parole hearing, parole review hearing, or rescission hearing if an RNA has not been completed within the last year. Prior to the interview with the offender, an updated CCR is requested through GovQA, except for initial parole hearings. The CCR Unit is responsible for CCRs on initial parole hearings. CCR requests are documented on OMS screen LCDG using contact code, "CCRI", Criminal Conviction Record Unit-Initiated. The reference number from the GovQA request is documented in the comments sections. The CCR is used as part of the interview, as well as any other collateral information.
2. The RNA is completed by an RNA Certified Assessor at the county jail in which the offender is located. The RNA may be completed in person or virtually.
3. If an offender refuses or cannot participate in the assessment process, the Risk Needs Assessment Refusal, CR-4169, is maintained by the RNA Certified Assessor. The assessor scans and emails the refusal form to the institutional probation parole specialist (IPPS) or designee. The refusal is entered into the vendor software and in OMS screen LCDG using contact code "IRAR".
4. RNA Certified Assessors are also responsible for completing RNAs in the county jails for offenders eligible for sentence credits in accordance with T.C.A. Section 41-21-236(a) if an RNA Certified Assessor in the jail has not already completed one. Without a completed/current RNA, an inmate may not be eligible to earn behavior credits.
5. The RNA Interview Guide, CR-4179 or RNA Reassessment Interview Guide (prison setting) CR-4347, and/or Risk Needs Assessment Refusal, CR-4169, for offenders in county jails is uploaded by the assigned RNA Certified Assessor to the statewide RNA shared drive.

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- G. Training: Pre-service officers receive RNA training during the Probation Parole Officer Field Training. In-service assessment and case planning booster training occurs annually.
- VII. APPLICABLE FORMS: CR-4169, CR-4179, CR-4253, CR-4344, CR-4347, and CR-4348.
- VIII. ACA STANDARDS: 4-APPFS-2A-02, 4-APPFS-2A-03, 4-APPFS-2A-06, 4-APPFS-2A-08 thru 4-APPFS-2A-12, and 4-APPFS-3D-29.
- IX. DIVISION OF PRIMARY RESPONSIBILITY: Office of Rehabilitative Services.



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(PRISON SETTING)

Offender Name:		TDOC ID:
Staff Name:	Date of Reassessment:	Date of Last Assessment:

The purpose of the Reassessment Face Sheet is to provide an "at-a-glance" checklist for the most relevant questions in a STRONG-R Reassessment. The checklist items are those that are most likely to change in the time between assessments; as such, these questions will not be pre-populated with answers from a previously completed assessment. Use the information below to (1) collect collateral information prior to the Reassessment Analysis and (2) reference all non-pre-populated questions.

Collateral Information

Only address these items directly with the offender if they have not been addressed in a previous assessment. Otherwise, refer to the *Collateral Information Follow-Up* section of the Reassessment Analysis Guide. If no changes exist, state "None" here:

Please list any convictions that have occurred since last assessment:

Conviction(s):

Date(s):

Note(s):

Please list any program completions since last assessment:

Program(s):

Completion Date(s):

Note(s):

Please list any disciplinary infractions since last assessment:

Disciplinary Infraction(s):

Date(s):

Note(s):

Please list any supervision violations since last assessment:

Violation(s):

Date(s):

Note(s):



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(PRISON SETTING)

INTRODUCTORY STATEMENT

Hello, my name is _____, and I will be interviewing you today. It has been approximately **[insert time frame]** since your last assessment.

As you may recall, this assessment helps us keep track of your progress and the needs you have for programming and education. Given that this is a re-assessment, we will focus primarily on changes since your last assessment.

I have reviewed your file, and I will be taking notes throughout the interview. The information gathered will determine assessment results and action plan for you.

We are required to do these assessments at least every year, in order to update your case plan and associated requirements. Occasionally, we do them more frequently, when something has changed that is likely to impact your case plan requirements.

This assessment is reviewed by the Board of Parole for hearing decisions regarding parole and clemency applications. This assessment is taken into consideration for programming, job, and education.

Do you have any questions before we begin?



TENNESSEE DEPARTMENT OF CORRECTION RNA REASSESSMENT INTERVIEW GUIDE (PRISON SETTING)

GENERAL UPDATE QUESTIONS

Tell me about any changes or updates since your last assessment.

Is there anything you want me to know or that you think should be considered in this assessment?

CRIMINAL HISTORY

Tell me about any convictions, discipline infractions, or violations since your last assessment.

If None, then skip to next domain.

Tell me about the people you were with.

What time was it?

What were you thinking at the time?

Were you under the influence of alcohol or drugs at the time?

What kinds of emotions were going through your body?

Feelings?

How did your family respond?

Assessing family relationships

What happened as a result of the arrest?

Consequential thinking

How did it affect you?



TENNESSEE DEPARTMENT OF CORRECTION
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What happened next?

How did it affect your family/friends?

*Eliciting Self-Motivational
Statements*

Who else was affected and how did it affect them?

Consequential thinking

What do you think about it now?

Feelings about result:

What kinds of emotions are you feeling because of what happened?

Problem solving

Would you do anything different if the same situation occurred again?

Internal/External triggers:

EDUCATION

REMINDERS

Have you completed any schooling or skilled trades programs since your last assessment?

Are you planning to keep going to school? What would you like to do next?



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
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EMPLOYMENT

Tell me about your current job:

Have you had any problems in your job since your last assessment?

If unemployed: What's preventing you from getting a job right now?

REMINDERS

Currently employed:

FRIENDS

How would you describe your current friends/associates?

How do they support you?

Are there any other people or groups that you feel give you support?

REMINDERS

Pro-social Friends:

*Pro-Social
community ties:*

RESIDENTIAL

What would you like to do next?

How can we help you with that?

Community resources



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
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FAMILY

Describe to me your current relationship.

Partners influence:

Partner's problems:

Tell me about any recent conflicts with family members/friends.

*Conflicts/Aggression
with partner:*

Support from partner:

What family members are involved in your life?

Family's problems:

*Conflicts/Aggression
with family:*

Support from family:

Number of children:

Do any of your family members visit you?

Do you have any children? Talk to me about them.

Age of child(ren)

Tell me if you are responsible for supporting your children financially.



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(PRISON SETTING)

ALCOHOL AND DRUGS

Have you used or drank since your last assessment?

Last admitted use:

If None, then skip to next domain.

What kind of drugs have you used? Tell me about your use.

Types of drugs used:

What impacts have you experienced from alcohol or drug use during the last six months?

Impacts of alcohol/drug problem:

How much money do you spend on supporting your use?
How do you get that money?

*Method of supporting
alcohol/drug use:*

Tell me what you've done in the last 6 months to avoid alcohol and drug use.

Participation in treatment?

Protective factors:

What obstacles do you see in your life that might make it difficult to stay clean?

Risk factors:



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(PRISON SETTING)

MENTAL HEALTH

ITEM CHECKLIST

Have you participated in a mental health evaluation since your last assessment?
What was the result?

Diagnosis:

Since your last assessment, have you tried to harm yourself in any way?
If yes, what happened?

Suicide attempts:

Have you had any thoughts of self-harm?

Have you ever participated in an in-patient treatment facility?
Tell me about that. Voluntary/In-voluntary?

In-patient treatment:

What medications are you currently on?

ATTITUDES AND BEHAVIORS

ITEM CHECKLIST

What have been your top three challenges during the last six months?

How have you been dealing with those issues?

Are there any supports that you think could help you to overcome
these challenges?

How have you been getting along with staff during the last six months?

How likely do you think you are to succeed on parole?



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(COMMUNITY SETTING)

Offender Name:		TDOC ID:
Staff Name:	Date of Reassessment:	Date of Last Assessment:

The purpose of the Reassessment Face Sheet is to provide an "at-a-glance" checklist for the most relevant questions in a STRONG-R Reassessment. The checklist items are those that are most likely to change in the time between assessments; as such, these questions will not be pre-populated with answers from a previously completed assessment. Use the information below to (1) collect collateral information prior to the Reassessment Analysis and (2) reference all non-pre-populated questions.

Collateral Information

Only address these items directly with the offender if they have not been addressed in a previous assessment. Otherwise, refer to the *Collateral Information Follow-Up* section of the Reassessment Analysis Guide. If no changes exist, state "None" here:

Please list any convictions that have occurred since last assessment:

Conviction(s):

Date(s):

Note(s):

Please list any program completions since last assessment:

Program(s):

Completion Date(s):

Note(s):

Please list any disciplinary infractions since last assessment:

Disciplinary Infraction(s):

Date(s):

Note(s):

Please list any supervision violations since last assessment:

Violation(s):

Date(s):

Note(s):



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(COMMUNITY SETTING)

INTRODUCTORY STATEMENT

Hello, my name is _____, and I will be interviewing you today. It has been approximately **[insert time frame]** since your last assessment.

As you may recall, this assessment helps us keep track of your progress and the needs you have for programming and education. Given that this is a re-assessment, we will focus primarily on changes since your last assessment.

I have reviewed your file, and I will be taking notes throughout the interview. The information gathered will determine the assessment results and action plan for you.

We are required to do these assessments at least every year, in order to update your case plan and associated requirements. Occasionally, we do them more frequently, when something has changed that is likely to impact your case plan requirements.

The result determines your supervision level and what will be required during your probation/parole. It also recommends programs for you to take to successfully complete supervision.

Do you have any questions before we begin?



TENNESSEE DEPARTMENT OF CORRECTION RNA REASSESSMENT INTERVIEW GUIDE (COMMUNITY SETTING)

GENERAL UPDATE QUESTIONS

Tell me about any changes or updates since your last assessment.

Is there anything you want me to know or that you think should be considered in this assessment?

CRIMINAL HISTORY

REMINDERS

Tell me about any convictions, discipline infractions, or violations since your last assessment.

If None, then skip to next domain.

Tell me about the people you were with.

What time was it?

What were you thinking at the time?

Were you under the influence of alcohol or drugs at the time?

What kinds of emotions were going through your body?

Feelings?

How did your family respond?

Assessing family relationships

What happened as a result of the arrest?

Consequential thinking

How did it affect you?



TENNESSEE DEPARTMENT OF CORRECTION
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What happened next?

How did it affect your family/friends?

*Eliciting Self-Motivational
Statements*

Who else was affected and how did it affect them?

Consequential thinking

What do you think about it now?

Feelings about result:

What kinds of emotions are you feeling because of what happened?

Problem solving

Would you do anything different if the same situation occurred again?

Internal/External triggers:

EDUCATION

REMINDERS

Have you completed any schooling or skilled trades programs since your last assessment?

Are you planning to keep going to school? What would you like to do next?



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(COMMUNITY SETTING)

EMPLOYMENT

Tell me about your current job:

Have you had any problems in your job since your last assessment?

If unemployed: What's preventing you from getting a job right now?

How would you describe your performance as an employee?

Tell me about your co-workers and boss.

REMINDERS

Currently employed:

FRIENDS

How would you describe your current friends/associates?

How do they support you?

Are there any other people or groups that you feel give you support?

REMINDERS

Pro-social Friends:

*Pro-Social
community ties:*

RESIDENTIAL

Has anything changed related to your housing situation?

Who are you living with now?

What would you like to do next?

How can we help you with that?

Community resources



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(COMMUNITY SETTING)

FAMILY

Describe to me your current relationship.

Partners influence:

Partner's problems:

Tell me about any recent conflicts with family members/friends.

*Conflicts/Aggression
with partner:*

Support from partner:

What family members are involved in your life?

Family's problems:

*Conflicts/Aggression
with family:*

Do any of your family members visit you?

Support from family:

Do you have any children? Talk to me about them.

Number of children:

Age of child(ren)

Tell me if you are responsible for supporting your children financially.



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(COMMUNITY SETTING)

ALCOHOL AND DRUGS

Have you used or drank since your last assessment?

Last admitted use:

If None, then skip to next domain.

What kind of drugs have you used? Tell me about your use.

Types of drugs used:

What impacts have you experienced from alcohol or drug use during the last six months?

Impacts of alcohol/drug problem:

How much money do you spend on supporting your use?
How do you get that money?

*Method of supporting
alcohol/drug use:*

Tell me what you've done in the last 6 months to avoid alcohol and drug use.

Participation in treatment?

Protective factors:

What obstacles do you see in your life that might make it difficult to stay clean?

Risk factors:



TENNESSEE DEPARTMENT OF CORRECTION
RNA REASSESSMENT INTERVIEW GUIDE
(COMMUNITY SETTING)

MENTAL HEALTH

ITEM CHECKLIST

Have you participated in a mental health evaluation since your last assessment?
What was the result?

Diagnosis:

Since your last assessment, have you tried to harm yourself in any way?
If yes, what happened?

Suicide attempts:

Have you had any thoughts of self-harm?

Have you ever participated in an in-patient treatment facility? Tell me about that.
Voluntary/In-voluntary?

In-patient treatment:

What medications are you currently on?

ATTITUDES AND BEHAVIORS

ITEM CHECKLIST

What have been your top three challenges during the last six months?

How have you been dealing with those issues?

Are there any supports that you think could help you to overcome these challenges?

Tell me about any police contact you've had in the last six months?

How likely do you think you are to succeed on probation/parole?



TENNESSEE DEPARTMENT OF CORRECTION

RNA INTERVIEW GUIDE

OFFENDER NAME: _____ TDOC ID: _____
INTERVIEWER NAME: _____ DATE: _____

***PRIOR TO CONDUCTING THE INITIAL INTERVIEW WITH THE OFFENDER, REVIEW ALL AVAILABLE DOCUMENTATION.**

INTRODUCTORY STATEMENT

Hello, my name is _____, and I will be interviewing you today.

This is an assessment that will help us determine your risk to reoffend. We will discuss things that have impacted your life, including your criminal history. This information helps us determine what resources may help you. I will be taking notes in addition to reviewing your file. The information gathered will determine the assessment result.

We do these assessments every year, or when you complete classes/programs or if you receive disciplinary/violations or new charges. This is to document changes and update your goals moving forward. We strive to prepare you for success during and after TDOC supervision.

Prisons- This assessment is reviewed by the Board of Parole for hearing decisions regarding parole and clemency applications. This assessment is taken into consideration for programming, job, and bed placement.

Community Supervision- The result determines your supervision level and what will be required during your probation/parole. It also recommends programs for you to take to successfully complete supervision.

Do you have any questions before we begin?



TENNESSEE DEPARTMENT OF CORRECTION

RNA INTERVIEW GUIDE

CRIMINAL HISTORY

LEAD-IN

REMINDERS

Why don't we start by talking about your experience with the justice system, since that's why you are here?

Tell me about the most recent conviction.

What?

Tell me more about what happened.

Age:

Tell me about the people you were with.

When?

What time was it?

What were you thinking at the time?

What kinds of emotions were going through your body?

Feelings?

How did your family respond?

Assessing family
relationships

What happened as a result of the arrest?

Consequential thinking

How did it affect you?

How did it affect your family/friends?

Eliciting Self-Motivational
Statements

Who else was affected and how did it affect them?

Consequential thinking

What do you think about it now?

Feelings about result:

What kinds of emotions are you feeling because of what happened?

Problem solving



TENNESSEE DEPARTMENT OF CORRECTION

RNA INTERVIEW GUIDE

CRIMINAL HISTORY CONT.

NOTES

REMINDERS

Would you do anything differently if the same situation occurred again?

Internal/External triggers:

Tell me about any prior arrests. (CCR REVIEW)

Assess for history of aggression



TENNESSEE DEPARTMENT OF CORRECTION

RNA INTERVIEW GUIDE

EDUCATION

LEAD-IN

Now, I would like to talk to you about your education

REMINDERS

AFFIRM Offender's
struggles and strengths and
REFLECT offender's
interests

ITEM CHECKLIST

Tell me about your education.

How far did you go in school?

Highest grade level
completed:

Did you enjoy being in school? What did you enjoy/not enjoy
about it?

How did you do in school? Did you have any difficulties in
school? Describe them to me.

Have you taken any vocational classes?

Tell me about the circumstances that led to you not completing
high school.

Reason:

What was your family's reaction to your quitting/being expelled
from school?

Result:

Were you involved in any criminal activity while you were in
school? If so, how did this behavior impact your schooling?

Motivation for more
academic or vocational
education:

Do you feel it is important to continue with your education?
Why is this important?

What do you think about people who go back to school later in
life?

What would make continuing your education more appealing to
you?



TENNESSEE DEPARTMENT OF CORRECTION

RNA INTERVIEW GUIDE

COMMUNITY EMPLOYMENT

LEAD-IN

Let's talk about any employment opportunities you've had.

Tell me about your employment history.

What is the longest period of time you have ever been employed? Tell me about that job.

Have you ever needed specialized training or education to perform a job? What types of certifications have you had to complete the jobs you've held?

How long have you gone between jobs? How do you support yourself while unemployed? What did your life look like during those times?

Have you ever had any problems while employed? Tell me about them.

Have you ever been fired or quit a job? How often and for what reasons? How do you generally get along with co-workers?

How would they describe your work ethic or behavior?

How have personal problems impacted your employment?

REMINDERS

OARS

ITEM CHECKLIST

Longest period of employment:

Occupational and/or vocational skills:

Problems while employed since age 18:



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COMMUNITY EMPLOYMENT CONT.

LEAD-IN

REMINDERS

Tell me about your current job or most recent job prior to incarceration.

Currently employed:

How would you describe your performance as an employee?

Tell me about your co-workers and boss.

Current relationships at work:

Does your current job offer health insurance?

How much money would you have to make to feel "comfortable?" How much do you/your household make now?

Average household monthly income:

What about this job could be a barrier to complying with your conditions of supervision or treatment?

Management of finances:

Would you say that you make enough money to cover your bills? How much would you say you bring in versus how much you pay in bills? How much money are you able to save?



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FRIENDS

LEAD-IN

I would like to get a better sense of the people you spend time with and the types of friendships you have.

REMINDERS

Ask follow up questions

NOTES

ITEM CHECKLIST

What people other than family members, have really been there for you?

Friends:

What's enjoyable about spending time with them?

Names of friends:

How would you describe your friends/associates?

How do they support you?

Pro-social Friends:

What was their reaction to this most recent offense?

Tell me about you friends' involvement in the criminal justice system?

Anti-social friends:

If your friends suggest an activity that could potentially get you into trouble, how do you act? What do you say?

Response to influences of
anti-social
friends/associates:

Have you ever been arrested for criminal behavior with your friends? Tell me about that.

Are there any other people or groups that you feel give you support?

Pro-Social community ties:



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RESIDENTIAL

LEAD-IN

It's important for me to understand the living environment you are in. I'd like to get an idea of those you spend most of your time with.

REMINDERS

Assess for access to resources

NOTES

Within the last 6 months in the community, where have you lived?

Residences within the last 6 months:

Tell me about those places. How long were you at each?

Length of stay:

Where are you currently living? (If incarcerated, where were you living the last time you were in the community?)

Current living arrangements:

Who lives/lived there with you? Tell me about them.

Living with whom?

Tell me about the neighborhood you live in.

Positive influence:

Tell me about the kinds of crimes happening in your neighborhood.

Negative influence:

How would you rate your neighborhood:

- _____ High Crime
- _____ Moderate Crime
- _____ Some but more than most
- _____ Little Crime

What assistance could you benefit from in the community?

Community resources



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FAMILY

LEAD-IN

We've talked a bit about your friends and your current living arrangements, but I'd like to get an idea of the other people you may have in your life.

NOTES

Tell me about any long-term relationships or marriages you've had.

Tell me about those. How long were you/have you been together?

Describe to me your current relationship.

What family members are involved in your life?

Do you have any children? Talk to me about them.

Tell me if you are responsible for supporting your children financially.

REMINDERS

ELABORATION

ITEM CHECKLIST

Been married or in a long-term relationship:

Longest relationship:

Partners influence:

Partner's problems:

Conflicts/Aggression with partner:

Support from partner:

Family's problems:

Conflicts/Aggression with family:

Support from family:

Number of children:

Age of child(ren)



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ALCOHOL AND DRUGS

LEAD-IN

Similar to what we did with your criminal justice history, I would like to try and map out how your substance use began and progressed, so let's start at the beginning and work our way up to the present.

NOTES

Tell me about your use of alcohol throughout your lifetime. Tell me about your use of drugs throughout your lifetime.

When was the last time you used?

What kind of drugs have you used? Tell me about your use.

What effects would you say your alcohol or drug use has had on your life?

Have you ever lost anything important to you because of your alcohol or drug use?

What part has your alcohol or drug use played in your committing crimes?

How much money do you spend on supporting your use? How do you get that money?

What treatment programs have you ever participated in for your alcohol/drug use?

Have you ever been able to stay clean for at least 6 months in the community? Tell me about that.

REMINDERS

ELABORATION
REFLECTIONS

ITEM CHECKLIST

Age of first alcohol or drug use:

Alcohol problem:

Drug problem:

Last admitted use:

Types of drugs used:

Impacts of alcohol/drug problem:

Method of supporting alcohol/drug use:

Participation in treatment?

Protective factors:



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What obstacles do you see in your life that might make it difficult to stay clean?

Risk factors:

MENTAL HEALTH

LEAD-IN

Sometimes a lot of the things we deal with in our lives have to do with some type of mental health history. I'd like to spend some time talking about your experiences with that.

REMINDERS

AFFIRM/ASK ALL
QUESTIONS

NOTES

Have you ever seen a mental health professional? Tell me how that came about.

ITEM CHECKLIST

Has a mental health
problem:

Did you ever participate in an evaluation with them? What was the result?

Diagnosis:

Tell me about a time when you thought you couldn't go on.

Suicide attempts:

Have you ever attempted suicide? What were the circumstances at the time?

What were your methods in attempting suicide? What happened?

Have you ever participated in an in-patient treatment facility? Tell me about that. Voluntary/In-voluntary?

In-patient treatment:

Tell me about any counseling or treatment you've participated in while in the community?

Out-patient treatment:

What do you think about it?

What medications have doctors prescribed to you?

Mental health medications:



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What medications are you currently on?

ATTITUDES AND BEHAVIORS

LEAD-IN

Tell me a bit about what “makes you tick” and what makes you do what you do.

NOTES

Tell me about what was going through your head right before you committed your crime. What do you tell yourself to make it “ok” when you’re planning your crimes? During your crimes?

Do you ever act on a whim or impulse? Tell me about a time when you acted on the spur of the moment.

In what ways do you think you’re a risk-taker?

Is it important to you what others think about you? How do you want to be seen by others?

Do you ask people for help? Tell me about a time when you needed to ask for someone else’s help.

How would others describe your “trustworthiness?”

What do you consider “respect?”

How do you show respect? Why do you show respect?

Who would you consider an “authority figure?” What do you think about the “authority figures” you’ve come in contact with throughout your life?

What do you think about people’s personal property? If you saw a purse on the ground what might your reaction be?

What does “being successful” look like to you?

REMINDERS

REFLECT, SUMMARIZE
What the offender has already said about this

ITEM CHECKLIST

Motivation for criminal behavior:

Antisocial tendencies

Respect authority:

Respect for property:

Stage of readiness to change:



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Tell me how successful you think you'll be with completing your sentence.



BHS Mental Health Referral Roadmap

Offender name: _____ TDOC ID: _____ Date: _____

1. Has the individual been diagnosed with a Mental Health disorder?

☐ Yes (If yes, please indicate the diagnosis from the list below.) ☐ No

- ☐ Anxiety
- ☐ Bipolar
- ☐ Depression
- ☐ Personality
- ☐ Psychotic

- ☐ PTSD
- ☐ Schizophrenia
- ☐ Substance-Related/Addictive
- ☐ Trauma-Related
- ☐ Other _____

2. Is the Individual currently experiencing any of the following symptoms?

- | | |
|--|--|
| <input type="checkbox"/> Anger/aggressive outbursts | <input type="checkbox"/> Intrusive thoughts |
| <input type="checkbox"/> Anxiety or panic attacks | <input type="checkbox"/> Obsessive thoughts |
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Self-Injurious behavior |
| <input type="checkbox"/> Delusions (bizarre/unusual thoughts) | <input type="checkbox"/> Sleeplessness/insomnia |
| <input type="checkbox"/> Flashbacks/Recurring nightmares | <input type="checkbox"/> Suicidal or Homicidal ideations |
| <input type="checkbox"/> Hallucinations (seeing/hearing things that are not there) | <input type="checkbox"/> Unable to complete daily tasks |
| | <input type="checkbox"/> Other _____ |

☐ No- Currently Stable (This can include no current diagnosis, a diagnosis was during childhood, situational or temporary)

3. Is the individual currently in treatment with adequate services in place?

☐ Yes - Current Services/Provider: _____.

☐ No current services

4. If the individual is symptomatic and does not have services currently in place, refer to the BHS for further evaluation.

If the individual is stable, do not refer unless appointment requested.

☐ BHS Referral needed. Appointment Date/Time: _____

☐ No BHS Referral needed at this time. *Note: If the individual meets the stable criteria, then the PPO will provide ongoing monitoring for any increase in symptoms and make the appropriate referral at that time.*

Offender Signature: _____ PPO/Staff Signature: _____

Manager/supervisor Signature: _____

Additional Notes/Comments:



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CANNOT COMPLETE RISK / NEEDS ASSESSMENT

Date: _____ Location: _____

Offenders Name: _____ TDOC ID: _____

Assessor Name: _____

Select the RNA cannot be completed:

- ☐ Attorney prohibited offender from answering
- ☐ Available Information is incomplete or inadequate
- ☐ Offender unavailable for interview
- ☐ Offender qualifies for an exemption

Additional Information: _____

Assigned Counselor / Assessor Signature

Date

Date entered in software

Assessor Initials



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RISK/NEEDS ASSESSMENT REFUSAL

Date: _____ Location: _____

Offender's Name: _____ TDOC ID: _____

Assessor Name: _____

Reason for refusal: _____

I understand that the Public Safety Act of 2016 requires that all TDOC inmates and offenders participate in and complete a Risk/Needs Assessment. Despite that, as indicated by my signature below, I choose to not participate in the process to complete my RNA. As a result of my decision to not participate, I may not be able to receive programming which could prepare me for success upon release from TDOC supervision. I also understand that not completing a validated risk and needs assessment makes me ineligible to earn sentence credits for good institutional behavior.

Offender Signature

Date

Assigned Counselor / Assessor Signature

*I have discussed with the inmate the RNA
assessment process and the reason for the
refusal.*

Chief Counselor / AWT