

ADMINISTRATIVE POLICIES AND PROCEDURES

State of Tennessee Department of Correction

Distribution: A

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Approved by: Tony Parker

Subject: DNA SPECIMEN COLLECTION AND DOCUMENTATION

- I. AUTHORITY: TCA 38-6-113 and TCA 40-35-321.
- II. <u>PURPOSE</u>: To ensure appropriate procedures are followed when collecting human biological specimens and thumbprints for the purpose of deoxyribonucleic acid (DNA) analysis.
- III. <u>APPLICATION</u>: Wardens/Superintendent, Associate Wardens/Deputy Superintendent, Health Administrators, Decision Support: Research and Planning, Tennessee Department of Correction (TDOC) staff, staff of privately managed institutions, medical contractors, inmates, and the Tennessee Bureau of Investigation (TBI).

IV. <u>DEFINITIONS</u>:

- A. <u>Convicted Offender DNA Buccal (Cheek) Swab kits</u>: DNA collection kits provided by the TBI CODIS Unit for collection of offender's DNA per TCA 40-35-321.
- B. <u>DNA Analysis</u>: A process through which deoxyribonucleic acid (DNA) in a human biological specimen is analyzed and compared with DNA from another human biological specimen for the purpose of identification.
- C. <u>Sex Crimes</u>: As used herein, sex crimes will refer to those crimes committed, or attempted, on or after July 1, 1991, set out in TCA 39-13-502, 39-13-503, 39-13-504, 39-13-505, 39-13-522, and 39-15-302.
- D. <u>Violent Felony:</u> As used herein, any of the crimes listed below for which an inmate is arrested on or after January 1, 2008, as defined in TCA 40-35-321, TCA 39-12-101 through 103, TCA 39-11-402(2), TCA 39-11-403, and TCA 39-11-411:
 - 1. First or second degree murder
 - 2. Aggravated kidnapping or especially aggravated kidnapping
 - 3. Aggravated assault
 - 4. Aggravated child abuse
 - 5. Robbery, aggravated robbery or especially aggravated robbery
 - 6. Aggravated burglary or especially aggravated burglary
 - 7. Carjacking

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8. Sexual battery, sexual battery by an authority figure or aggravated sexual battery

- 9. Statutory rape by an authority figure or aggravated statutory rape
- 10. Rape, aggravated rape, rape of a child or aggravated rape of a child
- 11. Aggravated arson
- 12. Attempt, under 39-12-101, to commit any of the offenses enumerated in 1-11 above
- 13. Solicitation, under 39-12-102, to commit any of the offenses enumerated in 1-11 above
- 14. Conspiracy, under 39-12-103, to commit any of the offenses enumerated in 1-11 above
- 15. Criminal responsibility, under 39-11-402(2), for any of the offenses enumerated in 1-11 above
- 16. Facilitating the commission, under 39-11-403, of any of the offenses enumerated in 1-11 above
- 17. Being an accessory after the fact, under 39-11-411, to any of the offenses enumerated in 1-11 above
- V. <u>POLICY</u>: A trained health care professional shall collect a Convicted Offender DNA Buccal (Cheek) Swab to initiate DNA analysis on all TDOC inmates convicted of committing a felony offense on or after July 1, 1998, convicted of a sex crime as defined above, or arrested on or after January 1, 2008 for the commission of a violent felony provided that documentation of prior DNA specimen submission does not exist.

VI. PROCEDURES:

- A. Collection and Disposition of DNA Buccal Swab Specimens:
 - 1. The TBI shall distribute Convicted Offender DNA Buccal (Cheek) Swab collection kits to all diagnostic centers. Additional buccal swab collection kits may be ordered by faxing the specified quantity to the TBI at (615) 744-4690.
 - 2. During the diagnostic process, a buccal swab specimen shall be collected-from all applicable inmates when documentation or a prior DNA specimen submission in compliance with TCA 38-6-113 and 40-35-321 does not exist. Thumbprints of the offender are required on the DNA Database DNA Sample Submittal Form. Questions concerning the validity of an inmate's assertion that a sample has been submitted can be directed to the TBI lab at (615) 744-4498, (615) 744-4478, or (615) 744-4504.
 - 3. The Warden/Superintendent shall designate an individual to identify those inmates requiring a buccal swab specimen collection during the initial diagnostic process. The designee shall fully explain and complete the Consent for DNA Analysis, CR-3521.

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- 4. In the event it is necessary to collect a DNA buccal swab specimen at a TDOC time building institution, the DNA buccal swab specimen kits can be obtained directly from the TBI by faxing an order to (615) 744-4690.
- 5. To ensure that chain of custody is followed, the trained health care professional shall proceed to collect and process the buccal swab specimen in accordance with procedures established by the TBI. The trained health care professional shall complete CR-2727, Trust Fund Account Personal Withdrawal Request for the fee payment of \$37 for the DNA testing completed. If the inmate refuses to sign the withdrawal request, the health care provider shall advise the inmate he/she shall be charged for the test, regardless of whether he/she signs. The health care provider shall then sign CR-2727, note the inmate's refusal.
- 6. Each month, the Division of Decision Support: Research and Planning shall generate an offender management system (OMS) DNA Collection Report for distribution to each facility health administrator and Warden/Superintendent. This report should be used as a means for the institutional staff to determine which inmates do not have test results entered in the OMS
- 7. If the inmate refuses to give the specimen, the court for which the most recent conviction was given shall be notified in writing by the Warden/Superintendent or his/her designee.
- 8. Inmates refusing to provide a buccal swab specimen for DNA analysis shall be provided a due process hearing by the disciplinary board.
- 9. Inmates convicted by the disciplinary board for refusing to provide a buccal swab specimen shall forfeit the opportunity to receive behavior sentence credits until such time he/she agrees to provide a buccal swab specimen. (See Policy #505.01 to review additional specifics concerning sentence credits)
- 10. No person convicted of a sex crime or felony crime as defined in this policy shall be released on parole unless he/she has provided a buccal swab specimen for DNA analysis.
- 11. All inmates who provide buccal swab specimens for DNA testing, on or after July 15, 2000, shall be charged a fee as outlined in VI.(A)(5) of this policy.
- B. The trained health care professional collecting the buccal swab specimen shall be responsible for verifying the full name and TDOC identification number of the inmate.

C. Documentation:

1. The trained health care professional shall document the procedure in the inmate's health record utilizing the Problem Oriented Progress Record, CR-1884. The record shall specify that the procedure was or was not court ordered and shall include the date, time, full legal signature, and professional title of the person collecting the buccal swab specimen.

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- 2. Each buccal swab specimen collection shall be documented in the OMS. The service date, setting, encounter status AS, site ID, provider, and DNA collection code shall be completed. The following DNA collection codes shall be entered into the Diagnostic Code field:
 - a. DNATST=TDOC inmate consented and submitted a specimen. 999999= TDOC inmate has refused to submit a specimen.
 - b. DNAPTY = Consent and specimen submitted for a paternity case order. 777777 = Refused to submit specimen.
 - c. DNAJAL=Jail inmate has consented and submitted a specimen.
 666666 = Jail inmate has refused to submit a specimen.
 (Section (C)(2)(d) shall be completed by either the local jail or TBI)
- 2. When a refusal code has been entered into the OMS, it shall not be modified. If an inmate consents to DNA testing at a later date, a new diagnostic code shall be entered. This will create an historical tracking of events.
- 3. Each month TDOC Clinical Services shall submit a DNA Collection Report to each facility electronically via the Clinical Services shared computer drive. This report indicates inmates with no record of DNA collection on the OMS. Each facility will document the status of the requested DNA collection on the submitted report, and resubmit to Central Office once complete.
- VII. <u>ACA STANDARDS</u>: None.
- VIII. <u>EXPIRATION DATE:</u> February 15, 2023.



TENNESSEE DEPARTMENT OF CORRECTION **CONSENT FOR DNA ANALYSIS**

INSTITUTION

NAME			
	Last	First	Middle
TDOC ID:		DOB	
statute TCA §40-3	am being requested to allow the house of the second		
§39-13-503 (Rape) Child), or §39-15-3 analysis. Furtherm after July 1, 1998,	ovides that any person who has com , §39-13-504 (Aggravated Sexual B 02 (Incest) on or after July 1, 1991 nore, TCA §40-35-321 provides that must provide a biological specimen to Tennessee Bureau of Investigation,	sattery), §39-15-505 (Sexua , must provide a biological any person convicted of ar for the purpose of DNA ana	I Battery), §39-13-522 (Rape of a specimen for the purpose of DNA ny felony offense committed on or lysis. The biological specimen wil
522, §39-15-302, imprisonment, doe	ed of violating or attempting to viola or §40-35-321, and committed to the not provide a biological specimer prisonment, that person may not be becimen.	he custody of the commiss n for the purpose of DNA	sioner of correction for a term o analysis before completion of the
opportunity to earn previously earned to may at a later date	victed of a disciplinary offense for relative behavior sentence credits until succeedavior sentence credits shall not be provide a specimen. For those per the disciplinary board.	ch time he/she provides a be e forfeited. A person refusir	piological specimen. If applicable ng to provide a biological specimer
By signing this I acl	knowledge that I understand the above	ve mentioned.	
	Inmate Signature		Date
V	/itness/Health Professional		Date
I am refusing to par	ticipate in the DNA testing process:		
	Inmate Signature		Date
	Health Professional		Date
	Witness/Conservator	<u> </u>	Date



TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

		INSTITUTION
INMATE NA	ME:	TDOC ID:
	1	<u> </u>
DATE	TIME	

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION TRUST FUND ACCOUNT PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$		DATE:	
PLEASE DEDUCT THE FOLL	OWING AMOUNT FROM MY ACCOUNT:		
			DOLLARS
THIS CHECK IS TO BE MAIL	ED TO:		
			NAME STREET ADDRESS
			CITY, STATE, ZIP
THE PURPOSE OF THIS WIT	THDRAWAL IS:		
_	INMATE CIONATURE		TDOO ID
	INMATE SIGNATURE Building	r	TDOC ID
	Room #	·	
/ITNESSED:			
PPROVED: YES	□ NO		
EASON FOR DENIAL:			
WARDEN /	SUPERINTENDENT / DIRECTOR / DESIGNEE		DATE
WARDEN/	SUPERINTENDENT / DIRECTOR / DESIGNEE		DATE
R-2727 (Rev. 9-19)	Duplicate As Needed		
	TENNIFOCE DEDICATION OF COR	DECTION.	
	TENNESSEE DEPARTMENT OF CORF TRUST FUND ACCOUNT		
₹ AGRICUTURE	PERSONAL WITHDRAWAL REQU	EST	
1796:	INSTITUTION	<u>—</u>	
\$		DATE:	
	OWING AMOUNT FROM MY ACCOUNT:		
FLEASE DEDUCT THE FOLL	OWING AMOUNT PROMIMIT ACCOUNT.		DOLLARS
THIS CHECK IS TO BE MAIL	ED TO:		
THIS STILL TO BE WING			NAME
			STREET ADDRESS
			CITY, STATE, ZIP
THE PURPOSE OF THIS WIT	THDRAWAL IS:		
-			
_	INMATE SIGNATURE		TDOC ID
	Building	ı:	
	Room #	·	
/ITNESSED:			
PPROVED: YES	□ NO		
EASON FOR DENIAL:			
WARDEN /	SUPERINTENDENT / DIRECTOR / DESIGNEE		DATE