



ADMINISTRATIVE POLICIES
AND PROCEDURES
State of Tennessee
Department of Correction

Index #: 404.09

Page 1 of 16

Effective Date: December 15, 2020

Distribution: B

Supersedes: 404.09 (12/15/17)
PCN 19-24 (2/7/19)

Approved by: Tony Parker

Subject: PROTECTIVE SERVICES

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and 41-24-110.
- II. PURPOSE: To establish uniform procedures for the provision of protective services.
- III. APPLICATION: Assistant Commissioner of Prisons, Director of Classification Programs, Wardens/Superintendent staff of Tennessee Department of Correction (TDOC) and privately managed facilities, and inmates (except those who are under safekeeping status).
- IV. DEFINITIONS:
 - A. Contract Monitor of Compliance (CMC): TDOC employee(s) authorized by the Commissioner to monitor contract compliance at privately managed facilities.
 - B. Contract Monitor of Operations (CMO): TDOC employee(s) authorized by the Commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. In the absence of the CMO, the CMC assigned to that facility will serve that function. In the absence of both the CMO and CMC at privately managed facilities, the necessary notification/request for authorization will be made by telephone to the correctional administrator (CA). If the CMO is not reachable via phone, the CMC will be contacted. If both the CMO and CMC are unavailable by telephone, the CA shall be contacted for required authorizations or notifications.
 - C. Extended Restrictive Housing: Housing that separates the offender from contact with general population while restricting an offender/inmate to his/her cell up to 22 hours per day and for more than 30 days for the safe and secure operation of the facility.
 - D. Incompatible Inmates: Inmates who pose a significant and substantiated potential for physical harm to one another.
 - E. Protective Custody: The separation of inmates from the general population for the purpose of providing a level of safety for inmates requiring such.
 - F. Protective Services: Reasonable measures taken to provide for an inmate's safety based upon presumed or subsequently substantiated threat of danger.
- V. POLICY: An appropriate level of protection shall be provided to inmates who have been determined to require such protection.
- VI. PROCEDURES:
 - A. Request for Inquiry:
 1. When information is received which indicates that an inmate may be in danger of harm from other inmates, the inmate shall be so advised, and an immediate inquiry shall be made concerning the facts of the situation. The Protective Services Investigation

Subject: PROTECTIVE SERVICES

Routing Sheet, CR-3241, shall be initiated by the staff person to whom the information was provided.

2. This information shall be immediately transmitted to the shift supervisor/Associate Warden of Security/Deputy Superintendent (Assistant Warden of Operations/Chief of Security at privately managed facilities) who shall review the information to determine if the inmate requires immediate protection as well as request a formal inquiry by staff designated by the Warden/Superintendent. Immediate protection may be provided by:
 - d
 - a. Restriction to cell or unit
 - b. Reassignment of cell or unit
 - c. Separation from general population (document on LIBD) (Code: PCB, reason PHR) and other inmates in protective custody until the inquiry and hearing are completed. In case of inmate segregation, verbal approval of the CMO is required within two hours and a movement confinement sheet must be completed at privately managed facilities.

This information is fully and immediately documented on the routing sheet and distributed as indicated.

3. At privately managed facilities, the approval of the CMO is required on Protective Services Routing, CR-3241, within 72 hours when the inmate is to be segregated, transferred, or custody level changed. If the CMO and Warden do not concur, the matter shall be forwarded to the Assistant Commissioner of Prisons/designee for a final decision. If the Assistant Commissioner is unavailable, the decision of the CMO shall prevail until the Assistant Commissioner makes a determination.

B. Inquiry:

1. The inquiry shall be completed and made available to the protective services panel within seven days unless a delay is approved by the Warden/Superintendent/designee as documented on the routing sheet.
2. The staff member designated to conduct the inquiry shall fully document findings (without recommendations), attach these to the routing sheet, and forward to the chairperson of the classification committee. If the findings are insufficient for the panel's deliberation, the staff member designated to conduct the inquiry shall provide additional information as requested.
3. Should temporary transfer (e.g., medical or court appearance) become necessary prior to the conclusion of the inquiry and hearing, the sending facility shall terminate the segregation (LIBD) entry, include available routing and inquiry information in the inmate's file, and advise the receiving facility of appropriate security alerts. The matter can be resumed upon the inmate's return as necessary.

Subject: PROTECTIVE SERVICES

C. Protective Services Hearing:

1. Upon receipt of the inquiry report and the routing sheet, the Chief Correctional Counselor (CCC) shall cause the inmate to be scheduled for a protective services hearing.
2. Provisions shall be made for the inmate to appear at the hearing to provide any pertinent information to the protective services panel regarding his/her situation.
3. The protective services panel (See Policy #401.03) shall review all information on the routing sheet and the findings of the inquiry report to make one of the following recommendations:
 - a. Return to housing unit with no further action
 - b. Return to housing unit and advise staff that the inmate requires closer supervision
 - c. Recommend change in housing unit
 - d. Recommend administrative or regular transfer to the general population of another facility
 - e. Recommend protective custody at current location;
 - f. Recommend protective custody and administrative or regular transfer to another facility.
4. The Protective Services Investigation/Inquiry Review Form, CR-3240, shall be completed noting that the hearing shall be documented on LCLF (Code: PP). The protective services hearing shall be completed within seven days after the conclusion of the investigation.
5. Only the Warden/Superintendent or Warden's designee can sign as the approving authority for any of the above administrative actions. At privately managed facilities, the Warden or Warden's designee shall immediately obtain the approval of the CMO for any action involving segregation, transfer, or custody level change. If the Warden or Warden's designee and CMO do not concur, the matter shall be forwarded to the Assistant Commissioner of Prisons for a final decision. If the Assistant Commissioner is unavailable, the CMO's decision shall prevail until the Assistant Commissioner makes a determination.
6. The routing sheet and hearing form shall be marked confidential and placed in the inmate institutional record (IIR) per Policy #512.01. Inquiry reports shall be marked confidential and maintained in the confidential file of the Warden/Superintendent /designee; upon transfer, copies shall be forwarded within the IIR or Warden-to-Warden as appropriate.
7. If an administrative transfer is approved by the Warden/Superintendent/designee, procedures specified in Policy #403.01 shall be followed.

Subject: PROTECTIVE SERVICES

- D. Protective custody placement shall be made only when there is full documentation that such action is warranted and no reasonable alternatives are available. Upon approval, placement entries are posted on OMS conversation LIBD (Segregation).
- E. Incompatible Inmates:
1. When incompatibility which is not associated with a need for protective services (i.e., inmates not at same facility or site, etc.) is substantiated by inquiry findings and approved by the Warden/Superintendent/designee, it shall be documented on BI01D030 (Incompatible Inmate Notice-CR2109) and entered on LIBA.
 2. When extreme circumstances warrant the separation of an inmate from a staff member for significant and verifiable safety reasons (e.g., employee is the victim of an inmate assault resulting in serious injury) or serious conflict of interest (e.g., staff member is closely related to the inmate or to the inmate's victims of a violent or sexual offense), an incompatible may be filed. Such shall be affected subsequent to inquiry, written documentation, and Warden's/Superintendent's approval. Staff-inmate incompatibles shall be filed only in extraordinary situations and shall not be placed solely at the request of an inmate or staff member.
 3. When circumstances of incompatibility no longer exist, such status may be terminated as authorized by the Warden/Superintendent. This is documented on BI01D029 (Incompatible Release Form) and signed by the inmate and two staff witnesses. LIBA shall be modified accordingly.
- F. Protective Custody Reviews and Assessments:
1. Within 24 hours of the initial placement in protective custody status, the inmate shall be seen by a member of the medical/nursing staff.
 - a. Thereafter, the inmate shall have daily access to medical/nursing staff as long as he/she remains in protective custody status.
 - b. Any findings regarding the negative aspects of the inmate's physical or mental health shall be forwarded in writing to the Warden/Superintendent, who shall in turn advise the panel as appropriate.
 2. During the first 60 days of protective custody placement (subsequent to the most recent date placement was signed by the approving authority), the counselor and unit officer shall conduct reviews of the inmate's placement and adjustment at least every seven days; thereafter, the counselor shall contact the inmate at least monthly. Staff must be alert for any changes which could result in release from protective custody. Contacts shall be documented on LCLF (code: WR) per Policy #508.04.
 3. At least once every 30 days, a hearing shall be conducted by the protective services panel. (The first and second monthly review shall be counted as the fourth and eighth weekly review as required in (F)(2) above.)

Subject: PROTECTIVE SERVICES

- a. Provisions shall be made for the inmate to appear at the hearing to provide pertinent information to the panel regarding the inmate's status.
 - b. The panel shall determine whether the reasons for the initial placement still exist and make a recommendation to the Warden/Superintendent for release from or continuance of protective custody. Juveniles (convicted as adults) housed in protective custody shall remain in protective custody as required by Policy #506.14.2, but shall be exempt from the 30-day reviews until they reach the age of 18. Upon reaching the age of 18, such inmates shall be afforded a protective services review (and reclassification, if applicable).
 - c. The panel's review and subsequent recommendations shall be documented on Protective Custody Review Report, CR-3239, and forwarded to the Warden for action. (At privately managed facilities, the Warden shall immediately forward the review form to the CMO for approval. If the CMO does not concur with the Warden, the matter shall be forwarded to the Assistant Commissioner of Prisons for a final decision). The results shall be documented on LCLF (code: PC).
4. When an inmate has been confined to a cell for longer than 30 days from the date that placement was most recently signed by the approving authority, a qualified mental health professional shall provide a mental health assessment. Only those protective custody inmates who are confined to their cells for 23-hour periods shall receive continued assessments as directed in Policy #113.84. The results of the assessment shall be forwarded to the Warden for use by the protective services panel.
 5. A ranking correctional officer shall visit each inmate in protective custody status on a daily basis and documentation of these visits shall be made on the Segregation Unit Record, CR-2857-1 or CR-2857-2.
 6. As appropriate, referral for mental health services will be made to mental health staff. Behavioral health staff shall visit each offender in restrictive housing on a weekly basis to ensure that offenders have access to the behavioral health system. All visits shall be announced and recorded in the segregation pod/unit logbook.

G. Release from Protective Custody

1. Anytime staff becomes aware of a change in circumstances which may present a reason for an inmate's release from protective custody, this information shall be made available to the chairperson of the classification committee who may cause a protective custody review to be scheduled. Such information shall be posted on LCLF for review by the protective services panel.
2. Only the Warden (with the CMO's approval at privately managed facilities) may authorize release from protective custody. An approved release shall be posted on LCLF (Offender Findings), LIBD (Segregation), and noted in the review report.
3. Upon approval for protective custody release, the CCC shall ensure a review of the inmate's current classification status. Any change in custody level or institutional assignment shall require reclassification.

Subject: PROTECTIVE SERVICES

4. The Unit Manager/Designee shall ensure that any protective custody inmate placed on extended restrictive housing will be required to participate in a step-down program before release to the general population or community. These programs shall include, at a minimum, the following:
 - a. Pre-Screening evaluation
 - b. Monthly evaluations using a multidisciplinary approach to determine the inmate's compliance with program requirements
 - c. Subject to monthly evaluations
 - d. Gradually increasing out-of-cell time
 - e. Gradually increasing group interaction
 - f. Gradually increasing education and programming opportunities
 - g. Gradually increasing privileges
 - h. A step-down transition compliance review
 - i. Post Screening Evaluation

H. General Mandates

1. Placement in protective custody in and of itself shall not affect the level of custody; only inmates of close or lower custody may be placed in protective custody. Inmates in this status will remain confined to cells except for periods for exercise, showers, meals, or supervised program participation, which may be allowed in small groups when incompatibility is not an issue. Meals may be taken to the cell where tray flaps exist, or picked up in the pod in scheduled groups and returned to the cells to eat.
2. Inmates in protective custody shall have access to in-cell programs or activities per (H)(1) above similar to those available to the general population of the institution within the limits of available resources and subject to adequate security and protection.
3. When an inmate is released or permanently transferred, the institutional staff shall log on LIBD and terminate the protective custody assignment. If necessary, the receiving facility staff shall modify the same entry to indicate the continuation of protective custody.

VII. ACA STANDARDS: 5-ACI-4A-04, 5-ACI-4A-05, 5-ACI-4A-07, 5-ACI-4A-08, 5-ACI-4A-09, 4-RH-0001, 4-RH-0002, 4-RH-0003, 4-RH-0008, 4-RH-0009, 4-RH-0029, and 4-RH-0032.

VIII. EXPIRATION DATE: December 15, 2023

Subject: PROTECTIVE SERVICES



TENNESSEE DEPARTMENT OF CORRECTION
Protective Services Investigation Inquiry/Review Form

CONFIDENTIAL

FACILITY CASE NUMBER: _____
FACILITY: _____

TO: _____, Warden

FROM: _____, Facility Investigator

DATE: _____

I _____ conducted a Protective Custody Investigation concerning inmate (Name & Number) _____ placed on PCI. The findings are listed below.

Date Drug test administered on: _____

Drug test results: Positive Negative Date: _____ If positive, was inmate charged? Yes No

Prior Protective Custody Issues

Facility Case Number(s): _____

List Name of Aggressor(s):

STG Affiliation: _____

Facility inmate transferred from: _____

Date inmate arrived _____

Violence: Did inmate receive any type of injury which resulted in need for PC? Yes No

If Yes, please note injuries below and attach CR-2592 Accident/Incident/Traumatic Injury Report.

Reason inmate wants/needs to be placed in Protective Custody:

Effective Date: December 15, 2020

Index # 404.09

Page 8 of 16

Subject: PROTECTIVE SERVICES



TENNESSEE DEPARTMENT OF CORRECTION
Protective Services Investigation Inquiry/Review Form

CONFIDENTIAL

Investigator's Synopsis of Facts:

Investigator's Name Printed

Investigator's Signature

Date

Reviewed by:

Internal Affairs Investigator's Name Printed

Internal Affairs Investigator Signature

Date

Subject: PROTECTIVE SERVICES



TENNESSEE DEPARTMENT OF CORRECTION
Protective Services Investigation Inquiry/Review Form

TRACK SHEET

Monthly Review:

[Empty box for Monthly Review]

Counselor's Signature

Date

Recommendation:

Release from PC

Continue PC

[Empty box for Recommendation]

Unit Manager's Name Printed

Unit Manager's Signature

Date

Reviewed for Release by:

Associate Warden Security Name Printed

Associate Warden Security Signature

Date

Subject: PROTECTIVE SERVICES



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

TELEPHONE () - , TENNESSEE
 FAX () -

TO: _____, Warden

FROM: _____, TDOC#: _____

DATE: _____

SUBJECT: Refusal of Protective Custody

By signing this form, I am stating that I am NOT in need of protective custody at _____ and that there is NOT a threat to my life. Also, by signing this form, I am requesting to be returned to general population at _____.

Inmate Signature

TDOC#

Staff Witness (Chairperson)

Date

Staff Witness (Security)

Date

Staff Witness (Treatment)

Date

Subject: PROTECTIVE SERVICES



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE SERVICES INVESTIGATION ROUTING

CONFIDENTIAL

TO: _____ AWS/DW Shift Commander/Chief of Security
FROM: _____, Reporting Staff Member
RE: INMATE _____ TDOC ID _____
INSTITUTION: _____ DATE: _____

The following information has been provided by _____ and such indicates that the above inmate may require protective services: _____

TO: _____ Staff Assigned to Perform Inquiry
FROM: _____, Reporting Staff Member AWS/DW/Shift Commander

Please complete your formal inquiry and submit on or before _____
The following action has been taken pending inquiry:

- () Inmate is restricted to cell and/or unit.
- () Inmate's housing assignment is changes from _____ to _____
- () Inmate is separated from general population pending a hearing.

Contract facilities only: Approved Yes () No () _____
Contract Monitor of Operations Date

TO: _____, Chairperson, Protective Services Panel
FROM: _____, Staff Assigned to Perform Inquiry
DATE: _____

Findings of inquiry are attached for review by the protective services panel.

Subject: PROTECTIVE SERVICES



TENNESSEE DEPARTMENT OF CORRECTION
PROTECTIVE CUSTODY REVIEW REPORT

TO: _____ Warden/Superintendent INSTITUTION: _____
FROM: Protective Services Panel DATE: _____
RE: Inmate _____ TDOC #: _____

The panel has reviewed this inmate's protective custody status and makes the following recommendation

() Release from protective custody due to _____

() Continuance in protective custody; no less restrictive option available because _____

_____ Treatment Member _____ Security Member _____ Chairperson

WARDEN/SUPERINTENDENT'S ACTION	
<input type="checkbox"/> Approve recommendation	
<input type="checkbox"/> Disapprove recommendation; modify as follow	

Warden		Date

Contract facilities only: Approved () Denied () _____
 Commissioner's Designee Date

Subject: PROTECTIVE SERVICES



**TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD**

INSTITUTION _____

INMATE NAME: _____ TDOC ID: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI PC PCI

DATE RECEIVED: _____ DATE RELEASED: _____

IF PUNITIVE: CHARGE _____ PUNITIVE TIME _____

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) _____

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
	3 rd											
MON	1 st											
	2 nd											
	3 rd											
TUE	1 st											
	2 nd											
	3 rd											
WED	1 st											
	2 nd											
	3 rd											
THUR	1 st											
	2 nd											
	3 rd											
FRI	1 st											
	2 nd											
	3 rd											
SAT	1 st											
	2 nd											
	3 rd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

Subject: PROTECTIVE SERVICES

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
	3 rd											
MON	1 st											
	2 nd											
	3 rd											
TUE	1 st											
	2 nd											
	3 rd											
WED	1 st											
	2 nd											
	3 rd											
THUR	1 st											
	2 nd											
	3 rd											
FRI	1 st											
	2 nd											
	3 rd											
SAT	1 st											
	2 nd											
	3 rd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:

Subject: PROTECTIVE SERVICES



**TENNESSEE DEPARTMENT OF CORRECTION
SEGREGATION UNIT RECORD**

INSTITUTION _____

INMATE NAME: _____ TDOC ID: _____ CELL: _____

TYPE OF SEGREGATION (Circle One):

ADMINISTRATIVE MANDATORY PUNITIVE PH PI PC PCI

DATE RECEIVED: _____ DATE RELEASED: _____

IF PUNITIVE: CHARGE _____ PUNITIVE TIME _____

PERTINENT INFORMATION (Examples: Epileptic, Diabetic, Suicidal, Assaultive, etc.) _____

DATE	SHIFT	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
MON	1 st											
	2 nd											
TUE	1 st											
	2 nd											
WED	1 st											
	2 nd											
THUR	1 st											
	2 nd											
FRI	1 st											
	2 nd											
SAT	1 st											
	2 nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

Subject: PROTECTIVE SERVICES

DATE	SHIF T	SHIFT OFFICER SIGNATURE	B	D	S	SHO	SHA	TIME EXERCISE		MEDICAL STAFF SIGNATURE	SUPERVISOR SIGNATURE	PROGRAM
								OUT	IN			
SUN	1 st											
	2 nd											
MON	1 st											
	2 nd											
TUE	1 st											
	2 nd											
WED	1 st											
	2 nd											
THUR	1 st											
	2 nd											
FRI	1 st											
	2 nd											
SAT	1 st											
	2 nd											

Meals/Shower/Shave: Yes (Y) Not Offered (N) Refused (R)
 Exercise: Enter actual time period (i.e., 9:30 OUT/10:00 IN) : Yes (Y) Not Offered (N) Refused (R)
 Medical Staff: On a daily basis, inmates shall have access to medical/nursing staff.
 This shall be documented by signing the unit log and segregation unit record each time the inmate is seen.

REMARKS/COMMENTS:
