Performance Audit Report

Department of Correction

December 2023

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December 12, 2023

The Honorable Randy McNally
Speaker of the Senate
The Honorable Cameron Sexton
Speaker of the House of Representatives
The Honorable Kerry Roberts, Chair
   Senate Committee on Government Operations
The Honorable John D. Ragan, Chair
   House Committee on Government Operations
   and
Members of the General Assembly
State Capitol
Nashville, Tennessee 37243

Ladies and Gentlemen:

We have conducted a performance audit of selected programs and activities of the Department of Correction for the period August 1, 2019, through July 31, 2023.¹ This audit was conducted pursuant to the requirements of the Tennessee Governmental Entity Review Law, Section 4-29-111, Tennessee Code Annotated.

Our audit disclosed findings, conclusions, and recommendations in this report. Management has responded to the audit findings, conclusions, and recommendations, and we have included the responses in the respective sections. We will follow up the audit to examine management’s corrective actions instituted because of the audit findings.

This report is intended to aid the Joint Government Operations Committee in its review to determine whether the department should be continued, restructured, or terminated.

Sincerely,

Katherine J. Stickel, CPA, CGFM, Director
Division of State Audit

¹ For certain audit objectives, which can be found in Appendix 1 under the Methodologies, our audit scope extended beyond this point.
TENNESSEE
DEPARTMENT OF CORRECTION

AUDIT HIGHLIGHTS

Department of Correction’s Mission

*To operate safe and secure prisons and provide effective community supervision in order to enhance public safety*

We have audited the Department of Correction for the period August 1, 2019, through July 31, 2023. The audit included work related to the department’s responsibility for all correctional facilities, whether directly operated by the department or administered through the contracts with CoreCivic of Tennessee, LLC (CoreCivic), a for-profit prison operator headquartered in Brentwood, Tennessee. Our audit scope included a review of program effectiveness, internal controls, and compliance with laws, regulations, policies, procedures, and provisions of contracts in the following areas at the department and/or CoreCivic:

- management’s and CoreCivic’s processes to ensure sufficient staffing of Correctional Officers;
- Northwest Correctional Complex’s staffing and operational risks;
- management’s and CoreCivic’s responsibility to ensure offenders receive required or recommended rehabilitation, educational opportunities, and other resources while incarcerated or on Community Supervision;
- management’s and CoreCivic process to protect offenders against sexual abuse and sexual harassment, including the process to investigate allegations within the correctional facilities;
- management’s and CoreCivic’s process to ensure correctional facilities maintain sufficient staffing of health services personnel to adequately care for offenders;
• management’s process to ensure offenders receive orientation when they enter the correctional system or a correctional facility;
• management’s process to record offender accidents, incidents, and traumatic injuries in the department’s Tennessee Offender Management Information System (TOMIS);
• management’s process to monitor the operating capacity of the correctional facilities; and
• management’s plan and timelines to replace TOMIS.

Additionally, our audit scope included follow-up on prior audit findings in the following areas:

• department leadership’s oversight of operations;
• management’s correctional facility inspection scoring process;
• management’s public reporting of offender deaths and other serious incidents;
• management’s process to enforce contract provisions; and
• the department’s records management process.

### Key Conclusions

#### Findings

• Department management has taken action to address critical staffing shortages of Correctional Officers, but both state and CoreCivic facilities are facing an ongoing and deeply rooted challenge of attrition within their ranks (page 17).

• Management is experiencing heightened operational and cultural risks, including serious safety concerns, due to significant staffing vacancies at Northwest Correctional Complex (page 39).

• Due to limited capacity and lengthy waitlists for behavioral health and educational programs, fewer offenders could access programs that are designed to address criminal behavior for successful reentry into the community (page 53).

• Management did not ensure that offenders were released from correctional facilities with the vital documents and service referrals to set them up for successful reentry into their communities and did not maintain state records related to the reentry process (page 63).

• In some probation and parole districts, the waitlists for key behavioral programs were high and management did not ensure offenders met with forensic social workers, which may have contributed to offenders not receiving programming or services prior to the end of their Community Supervision (page 67).
• Department management did not ensure facilities performed the required annual PREA screenings to minimize the risk of victimization (page 76).

• The department and CoreCivic housed potential aggressors in the same cells as potential victims of sexual abuse, in violation of Federal PREA Standards (page 78).

• As noted in the prior audit, the department did not conduct or ensure CoreCivic conducted investigations of sexual abuse and sexual harassment in accordance with federal standards and department policy (page 86).

• As noted in the prior audit, CoreCivic management could not demonstrate that offenders received their required medications (page 103).

• As noted in the prior audit, management did not ensure that facility staff provided or maintained evidence of offenders’ orientation, which is meant to set expectations for life in a correctional facility (page 109).

Observations

The following topics are included in this report because of their effect on the operations of the Department of Correction and the citizens of Tennessee:

• Management has had to rely on unsustainable overtime hours due to challenges in filling Correctional Officer vacancies (page 22).

• Although management may have provided some relief to overworked Correctional Officers through the Augmentee Program, management has spent approximately $10.8 million in augmentee employee overtime and created an unfair pay disparity between Correctional Officers and augmentee employees who worked the overtime (page 30).

• CoreCivic facilities do not offer offenders post-secondary education or Group Therapy that many of the state facilities provide (page 61).

• As noted in the prior audit, management should continue to train staff to accurately enter accidents, incidents, and traumatic injuries into TOMIS to protect the offenders and staff (page 113).

• The department should evaluate all inactive beds to determine whether management can reinstate these beds to expedite moving state offenders from local jails and to alleviate other space concerns (page 118).

• To avoid the pitfalls of the previous efforts to replace its offender management system, management should proactively monitor the new system’s development for operating effectiveness and information security protocols (page 123).
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>1</td>
</tr>
<tr>
<td>Audit Authority</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td><strong>Audit Scope</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Prior Audit Findings</strong></td>
<td>6</td>
</tr>
<tr>
<td>Report of Management’s Actions to Address Prior Audit Findings</td>
<td>6</td>
</tr>
<tr>
<td><strong>Audit Conclusions</strong></td>
<td>7</td>
</tr>
<tr>
<td>Correctional Officer Staffing</td>
<td>7</td>
</tr>
<tr>
<td>Finding 1 – Department management has taken action to address critical staffing shortages of Correctional Officers, but both state and CoreCivic facilities are facing an ongoing and deeply rooted challenge of attrition within their ranks</td>
<td>17</td>
</tr>
<tr>
<td>Observation 1 – Management has had to rely on unsustainable overtime hours due to challenges in filling Correctional Officer vacancies</td>
<td>22</td>
</tr>
<tr>
<td>Observation 2 – Although management may have provided some relief to overworked Correctional Officers through the Augmentee Program, management has spent approximately $10.8 million in augmentee employee overtime and created an unfair pay disparity between Correctional Officers and augmentee employees who worked the overtime</td>
<td>30</td>
</tr>
<tr>
<td><strong>Heightened Concerns at Northwest Correctional Complex</strong></td>
<td>36</td>
</tr>
<tr>
<td>Finding 2 – Management is experiencing heightened operational and cultural risks, including serious safety concerns, due to significant staffing vacancies at Northwest Correctional Complex</td>
<td>39</td>
</tr>
<tr>
<td><strong>Offender Rehabilitative and Reentry Services</strong></td>
<td>45</td>
</tr>
<tr>
<td>Finding 3 – Due to limited capacity and lengthy waitlists for behavioral health and educational programs, fewer offenders could access programs that are designed to address criminal behavior for successful reentry into the community</td>
<td>53</td>
</tr>
<tr>
<td>Finding</td>
<td>Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Observation 3</td>
<td>CoreCivic facilities do not offer offenders post-secondary education or Group Therapy that many of the state facilities provide</td>
</tr>
<tr>
<td>Finding 4</td>
<td>Management did not ensure that offenders were released from correctional facilities with the vital documents and service referrals to set them up for successful reentry into their communities and did not maintain state records related to the reentry process</td>
</tr>
<tr>
<td>Finding 5</td>
<td>In some probation and parole districts, the waitlists for key behavioral programs were high and management did not ensure offenders met with forensic social workers, which may have contributed to offenders not receiving programming or services prior to the end of their Community Supervision</td>
</tr>
<tr>
<td>Prison Rape Elimination Act</td>
<td></td>
</tr>
<tr>
<td>Finding 6</td>
<td>Department management did not ensure facilities performed the required annual PREA screenings to minimize the risk of victimization</td>
</tr>
<tr>
<td>Finding 7</td>
<td>The department and CoreCivic housed potential aggressors in the same cells as potential victims of sexual abuse, in violation of Federal PREA Standards</td>
</tr>
<tr>
<td>Finding 8</td>
<td>As noted in the prior audit, the department did not conduct or ensure CoreCivic conducted investigations of sexual abuse and sexual harassment in accordance with federal standards and department policy</td>
</tr>
<tr>
<td>Offender Medical and Behavioral Health Services</td>
<td></td>
</tr>
<tr>
<td>Finding 9</td>
<td>As noted in the prior audit, CoreCivic management could not demonstrate that offenders received their required medications</td>
</tr>
<tr>
<td>Critical Records for Offenders</td>
<td></td>
</tr>
<tr>
<td>Finding 10</td>
<td>As noted in the prior audit, management did not ensure that facility staff provided or maintained evidence of offenders’ orientation, which is meant to set expectations for life in a correctional facility</td>
</tr>
<tr>
<td>Observation 4</td>
<td>As noted in the prior audit, management should continue to train staff to accurately enter accidents, incidents, and traumatic injuries into TOMIS to protect the offenders and staff</td>
</tr>
</tbody>
</table>
## Contents (continued)

### Operating Capacity of Correctional Facilities

**Observation 5** – The department should evaluate all inactive beds to determine whether management can reinstate these beds to expedite moving state offenders from local jails and to alleviate other space concerns

Page 118

### Offender Management System Replacement Project

**Observation 6** – To avoid the pitfalls of the previous efforts to replace its offender management system, management should proactively monitor the new system’s development for operating effectiveness and information security protocols

Page 123

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Objectives, Conclusions, and Methodologies</td>
<td>125</td>
</tr>
<tr>
<td>2</td>
<td>Internal Control Significant to the Audit Objectives</td>
<td>147</td>
</tr>
<tr>
<td>3</td>
<td>Department of Correction’s Organizational Structure</td>
<td>151</td>
</tr>
<tr>
<td>4</td>
<td>Organizational Chart</td>
<td>153</td>
</tr>
<tr>
<td>5</td>
<td>Financial Information</td>
<td>154</td>
</tr>
<tr>
<td>6</td>
<td>Department of Correction Correctional Facilities</td>
<td>156</td>
</tr>
<tr>
<td>7</td>
<td>Department of Correction Probation and Parole Districts and Offices</td>
<td>157</td>
</tr>
<tr>
<td>8</td>
<td>Private Prison Operation Contracts</td>
<td>158</td>
</tr>
<tr>
<td>9</td>
<td>Department of Correction Employee Satisfaction Survey Form and Responses</td>
<td>159</td>
</tr>
<tr>
<td>10</td>
<td>CoreCivic Employee Satisfaction Survey Form and Responses</td>
<td>165</td>
</tr>
<tr>
<td>11</td>
<td>Centurion Employee Satisfaction Survey Form and Responses</td>
<td>171</td>
</tr>
<tr>
<td>12</td>
<td>Correctional Officer Vacancy Rates and Turnover Rates by Facility</td>
<td>177</td>
</tr>
<tr>
<td>13</td>
<td>CoreCivic Contract Monitoring Area and Frequency</td>
<td>181</td>
</tr>
<tr>
<td>14</td>
<td>Offender Rehabilitation and Reentry Services Testwork Results and Criteria</td>
<td>182</td>
</tr>
<tr>
<td>15</td>
<td>Audit Results Related to Operating Capacity of Correctional Facilities</td>
<td>195</td>
</tr>
</tbody>
</table>
Audit Authority

This performance audit of the Department of Correction was conducted pursuant to the Tennessee Governmental Entity Review Law, Title 4, Chapter 29, Tennessee Code Annotated. Under Section 4-29-245, the department is scheduled to terminate June 30, 2024. The Comptroller of the Treasury is authorized under Section 4-29-111 to conduct a limited program review audit of the agency and to report to the Joint Government Operations Committee of the General Assembly. This audit is intended to aid the committee in determining whether the Department of Correction should be continued, restructured, or terminated.

Background

The Department of Correction was established in 1923 under Title 4, Chapter 3, Part 6, Tennessee Code Annotated, and Section 41-1-102, Tennessee Code Annotated, grants it the authority to operate the state’s correctional system. The Commissioner is responsible for ensuring all 14 correctional facilities operate as safe and secure prisons. The department directly operates 10 of the 14 correctional facilities and contracts with CoreCivic of Tennessee, LLC (CoreCivic), a for-profit prison operator headquartered in Brentwood, Tennessee, to manage the other 4 facilities (see Appendix 8 for more information related to CoreCivic’s contracts).

In the overview on the next page, we provide various statistics about the department’s operations. For detailed background information about the department’s organization, including the department’s organizational chart, see Appendix 3 and Appendix 4. See Appendix 6 and Appendix 7 for a map of the department’s correctional facilities and its probation and parole districts and offices, respectively.
Overview

Mission
To operate safe and secure prisons and provide effective community supervision in order to enhance public safety.

14 prisons
13 probation and parole districts
14 Community Corrections contractors

5,432 department employees
1,107 vacant positions as of June 30, 2023

22,595 offenders in TDOC custody as of June 30, 2023
- 19,063 in prison
- 3,532 in jail

62,210 offenders on probation and parole as of June 30, 2023
29.6% of offenders are reincarcerated within 3 years of their release

Source: Auditor created from reports on the department’s website and discussions with department management.
Audit Scope

We have audited the Department of Correction for the period August 1, 2019, through July 31, 2023. Our audit scope included a review of program effectiveness, internal controls, and compliance with laws, regulations, policies, procedures, and provisions of contracts. The audit included work related to the department’s responsibility for all correctional facilities, whether directly operated by the department or administered through the contracts with CoreCivic of Tennessee, LLC (CoreCivic), a for-profit prison operator headquartered in Brentwood, Tennessee. We performed site visits to the selected facilities identified in bold.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Shortened Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State-Run Facilities</strong></td>
<td></td>
</tr>
<tr>
<td>Bledsoe County Correctional Complex</td>
<td>Bledsoe</td>
</tr>
<tr>
<td>Debra K. Johnson Rehabilitation Center</td>
<td>Johnson</td>
</tr>
<tr>
<td>Lois DeBerry Special Needs Facility</td>
<td>DeBerry</td>
</tr>
<tr>
<td>Mark Luttrell Transition Center</td>
<td>Luttrell</td>
</tr>
<tr>
<td>Morgan County Correctional Complex</td>
<td>Morgan</td>
</tr>
<tr>
<td>Northeast Correctional Complex</td>
<td>Northeast</td>
</tr>
<tr>
<td>Northwest Correctional Complex</td>
<td>Northwest</td>
</tr>
<tr>
<td>Riverbend Maximum Security Institution</td>
<td>Riverbend</td>
</tr>
<tr>
<td>Turney Center Industrial Complex</td>
<td>Turney Center</td>
</tr>
<tr>
<td>West Tennessee State Penitentiary, including the</td>
<td></td>
</tr>
<tr>
<td>Women’s Therapeutic Residential Center</td>
<td>West TN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CoreCivic Facilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardeman County Correctional Facility</td>
<td>Hardeman</td>
</tr>
<tr>
<td>South Central Correctional Facility</td>
<td>South Central</td>
</tr>
<tr>
<td>Trousdale Turner Correctional Center</td>
<td>Trousdale</td>
</tr>
<tr>
<td>Whiteville Correctional Facility</td>
<td>Whiteville</td>
</tr>
</tbody>
</table>

We examined the following areas at the department and/or CoreCivic:

- management’s and CoreCivic’s processes to ensure sufficient staffing of Correctional Officers;
- Northwest Correctional Complex’s staffing and operational risks;
- management’s and CoreCivic’s responsibility to ensure offenders receive required or recommended rehabilitation, educational opportunities, and other resources while incarcerated or on Community Supervision;
management’s and CoreCivic’s process to protect offenders against sexual abuse and sexual harassment, including the process to investigate allegations within the correctional facilities;

management’s and CoreCivic’s process to ensure correctional facilities maintain sufficient staffing of health services personnel to adequately care for offenders;

management’s process to ensure offenders receive orientation when they enter the correctional system or a correctional facility;

management’s process to record offender accidents, incidents, and traumatic injuries in the department’s Tennessee Offender Management Information System (TOMIS);

management’s process to monitor the operating capacity of the correctional facilities; and

management’s plan and timelines to replace TOMIS.

Additionally, our audit scope included follow-up on prior audit findings in the following areas:

• department leadership’s oversight of operations;

• management’s correctional facility inspection scoring process;

• management’s public reporting of offender deaths and other serious incidents;

• management’s process to enforce contract provisions; and

• the department’s records management process.

The information for these areas can be found in the Prior Audit Findings section on page 6.

We present more detailed information about our audit objectives, conclusions, and methodologies in Appendix 1 of this report.

We provide further information on internal control significant to our audit objectives in Appendix 2. In compliance with generally accepted government auditing standards, when internal control is significant within the context of our audit objectives, we include in the audit report (1) the scope of our work on internal control and (2) any deficiencies in internal control that are significant within the context of our audit objectives and based upon the audit work we performed.

For our sample design, we used nonstatistical audit sampling, which was the most appropriate and cost-effective method for concluding on our audit objectives. Based on our professional judgment, review of authoritative sampling guidance, and careful consideration of underlying statistical concepts, we believe that nonstatistical sampling provides sufficient appropriate audit evidence to support the conclusions in our report. Although our sample results provide reasonable bases for drawing conclusions, the errors identified in these samples cannot be used to make statistically valid projections to the original populations.
We conducted our audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings, recommendations, and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings, conclusions, and recommendations based on our audit objectives.

The Department of Correction’s management is responsible for establishing and maintaining effective internal controls and for complying with applicable laws, regulations, policies, procedures, and provisions of contracts and grant agreements.
Report of Management’s Actions to Address Prior Audit Findings

Section 8-4-109(c), Tennessee Code Annotated, requires that each state department, agency, or institution report to the Comptroller of the Treasury the action taken to implement the recommendations in the prior audit report. The Department of Correction’s prior audit report was dated January 2020 and contained 18 findings and 13 observations. The department filed its report with the Comptroller of the Treasury on July 3, 2020. We conducted a follow-up of the prior audit findings as part of the current audit. See Figure 1.

Figure 1
Status of Prior Year Audit Findings

14 Resolved
(see Appendix 1)

3 Repeated
(see Findings 8, 9, and 10)

1 Partially Resolved
(see Observation 4)

Current Audit
10 findings: 3 repeat findings and 7 new findings
6 observations: 1 prior finding repeated as an observation and 5 new observations
Audit Conclusions

Correctional Officer Staffing

We examined the Department of Correction’s responsibilities for staffing both state and CoreCivic correctional facilities. Our goal was to determine how the department and CoreCivic address vacancy, turnover, and overtime to ensure the safety and security of its staff, offenders, and the community.

The department should continue to use innovative strategies to bring Correctional Officer staffing at both state and CoreCivic facilities to levels that continually ensure safe and secure operations. Management should also ensure that security positions, including all critical and non-critical posts, are staffed at all times.

See the two subsections, Vacancy and Turnover and Overtime, which include Finding 1, Observation 1, and Observation 2.

General Staffing Background

Correctional Officers are the foundation of the Department of Correction’s and CoreCivic’s efforts to operate safe and secure prisons. Correctional Officers are tasked with ensuring the safety of all individuals within the correctional facility. They navigate a dynamic and unpredictable landscape, constantly assessing and mitigating risks, and often face threats to their health, safety, and emotional well-being while supervising the state’s offender population. Correctional Officers serve as the gatekeepers between incarcerated individuals and the outside world. These individuals also act as mentors, counselors, and motivators to offenders. Correctional Officers serve in many areas of the correctional facilities such as housing, recreational yards, educational units, libraries, mail rooms, kitchens, infirmaries, and inmate work areas. Correctional Officers’ responsibilities include but are not limited to

- patrolling the facility grounds;
- performing searches of people, items, and buildings;
- supervising and interacting with offenders during daily activities;
- observing offender behavior and hygiene, and referring these observations to counselors;
• breaking up fights and defusing tensions in potentially dangerous situations;
• transporting offenders to medical appointments inside and outside the facility; and
• reporting incidents and other matters related to offenders.

Correctional facilities operate in a similar fashion to a city, with each individual housing unit functioning like a unique community within that city. The department has units designated for various offender groupings to avoid conflicts or provide an environment with offenders of similar backgrounds. For instance, certain units have pods for incarcerated military veterans, which provides the offenders an opportunity to be housed with other offenders who may have shared interests; however, it affords them no extra privileges.

Additionally, the department designed each unit to accommodate specific security-level offenders from minimum custody to maximum custody. Housing for minimum-security offenders allows management to house low-risk offenders together and have them complete tasks (including work) outside the secure perimeter of an institution while under periodic supervision. Units with minimum-security offenders require less Correctional Officer supervision than the maximum-security level units.

Given that there is no set standard for the number of Correctional Officers needed per unit, department management and the facility wardens work jointly to determine the number of Correctional Officers needed to adequately operate each facility. Their collaboration culminates in the development of the security staffing pattern.²

Classification of Correctional Officer Posts

While all facility posts have an element of necessity, a critical post is a security position that each facility warden must staff with a Correctional Officer; if left unfilled, it would jeopardize the immediate security and safety of the facility, staff, offenders, or community. Some critical posts include security checkpoints, where Correctional Officers ensure visitors do not bring banned items, such as drugs, weapons, or cell phones, into the facility or housing units. Noncritical posts are also significant, and an inability to staff these areas directly inhibits other operational functions. Noncritical posts may include providing security for the mailroom and laundry facilities. Other posts, such as providing security for emergency medical transports and for educational and vocational classes, may also be considered noncritical at night or when there are no offenders present. Many noncritical posts involve routine facility operations and can become critical when staffing issues negatively affect essential services.

² A staffing pattern is an assignment schedule that includes a list of all security positions and designates critical and non-critical posts for each shift.
The department’s policy\(^3\) states that correctional facilities must staff critical posts before staffing noncritical posts. Correctional facilities have many moving parts, and staffing within a correctional setting is a complex task that is challenging to administrators in any facility.

**Current Audit**

In this section, we examined how Correctional Officer vacancy, turnover, and overtime affected staffing at state- and CoreCivic-operated correctional facilities. We also reviewed the department’s Augmentee Program, a short-term program where department employees earned overtime by working at night or on weekends in state-run correctional facilities and covering posts normally filled by Correctional Officers. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

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**Vacancy and Turnover**

In recent years, many occupational sectors have experienced high vacancy rates (the proportion of authorized but unfilled positions) and turnover rates (the frequency at which staff depart from the organization). The government sector, including law enforcement and correction, has experienced unprecedented staffing issues, with various agencies reporting record-high vacancy and turnover rates—simply put, government entities have had trouble hiring staff and keeping them once hired.

In addition, Correctional Officers’ responsibilities are inherently stressful. The correctional accrediting body, American Correctional Association, stated in a recent study:

Correctional Officers are confronted with various work-related, institution-related, and psycho-social dangers and adverse outcomes. This can result in diminished work performance, burnout, and absenteeism, leading to workforce shortage and reduced security levels within entire correction facilities.\(^4\)

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\(^3\) Policy 506.22, “Security Staff Assignments.”

As of June 30, 2022, the department employed 2,410 Correctional Officers* and had 894 vacant positions. One year later, the department employed 2,601 Correctional Officers* and had 749 vacant positions.

*These numbers include the entire Correctional Officer security series. The positions in the series are Correctional Officer 1, Correctional Officer 2, Corporal, Sergeant, Lieutenant, Captain, and Major.

Source: Auditor created from Edison staffing pattern.

Vacancy and turnover rates touch upon the fundamental aspects of safety, security, rehabilitation, operational efficiency, financial stability, public perception, legal compliance, and recruiting.

Safety and security are the cornerstones of the department’s and CoreCivic’s mission, and Correctional Officers serve as the linchpin of order and security within the confines of each correctional facility. Given that vacancy and turnover rates are critical to understanding the cultural, organizational, and operational health of an entity, management has a responsibility to regularly monitor these key metrics. The department’s Human Resources Director is responsible for monitoring vacancies and turnover in the state facilities.

Core Civic Monitoring

For CoreCivic, department management monitors CoreCivic’s staffing metrics through their contract monitoring activities. Department monitors are responsible for determining whether CoreCivic is fulfilling its contract terms, including staffing requirements, by reviewing a monthly staffing report and staffing matrix. The Contract Monitor then sends the reports detailing noncompliance to the department. When department monitors identify repeated or egregious noncompliance at the CoreCivic facilities, department management may assess liquidated damages against CoreCivic in accordance with the CoreCivic contract. Management sends a notification letter
to CoreCivic informing them of the violations noted and damages assessed. CoreCivic has 30 days to appeal the decision. After receiving the appeal and associated evidence, the department has 60 days to decide whether to adjust the damages. Then, the department sends the final assessed liquidated damages to CoreCivic, if applicable. Our audit work found that the department performs monitoring of the contract and assesses penalties against CoreCivic. However, staffing issues persist at CoreCivic-operated facilities. See Figure 2 on page 13.

**Vacancy Rates for Selected Facilities (Proportion of Authorized but Unfilled Positions)**

**State Facilities**

Average vacancy rates for Correctional Officers each fiscal year have remained above 25%. As of June 30, 2023, **Northwest had the greatest vacancy rate at 61%**, followed by Riverbend at 40%. Bledsoe and Morgan had the lowest vacancy rates at 9% and 15%, respectively. We looked at vacancy rates again as of August 31, 2023, and found that all facilities’ vacancy rates either stayed the same or decreased, except for Northwest, which increased by another 2%. We provide the vacancy rates for state Correctional Officers in Table 1 and the vacancy rates for each individual state facility in Appendix 12, Table 39.

**CoreCivic Facilities**

Similar to department-operated facilities, vacancies for Correctional Officers at CoreCivic-operated facilities for fiscal years 2022 and 2023 were elevated, ranging from 38% to 52%. Whiteville showed the most improvement over the two-year period, with a decrease in vacancies of 10% from fiscal year 2022 to fiscal year 2023. We provide the vacancy rates for CoreCivic Correctional Officers in Table 1 and the vacancy rates for each CoreCivic facility in Appendix 12, Table 41.

**Table 1**

**Correctional Officer Vacancy Rates by Facility Operator**

**Fiscal Year 2020 to 2023**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>Department Correctional Officers</td>
<td>27%</td>
</tr>
<tr>
<td>CoreCivic Correctional Officers*</td>
<td>*</td>
</tr>
</tbody>
</table>

Source: Auditor created from Edison staffing pattern query and CoreCivic’s staffing pattern.

* Auditors did not obtain CoreCivic’s Correctional Officer vacancy data for fiscal years 2020 and 2021.
Turnover Rates for Selected Facilities (Frequency at Which Staff Leave the Organization)

State Facilities

Turnover for Correctional Officers at state facilities has remained above 35% over the last four fiscal years. As of June 30, 2023, Riverbend had the highest turnover rate at 60%, followed by Debra K. Johnson Rehabilitation Center at 52%. West TN had the lowest turnover rate at 27%. We provide the turnover rates for Correctional Officers at the department-operated facilities in Table 2 and the turnover rates for each department-operated facility in Appendix 12, Table 40.

CoreCivic Facilities

CoreCivic-operated facilities saw triple-digit turnover for fiscal year 2023, except for Whiteville. Trousdale’s 188% turnover rate for fiscal year 2023, which was a 74% increase from fiscal year 2022, was the worst of the four CoreCivic facilities. Interestingly, Whiteville experienced a 61% decrease in turnover in fiscal year 2023 compared to fiscal year 2022, while its neighbor, Hardeman, experienced a 39% increase in turnover.5 We provide the turnover rates for Correctional Officers at CoreCivic-managed facilities in Table 2 and the turnover rates for each individual facility for CoreCivic-operated facilities in Appendix 12, Table 42.

Table 2
Correctional Officer Average Turnover Rates by Facility Operator
Fiscal Year 2020 to 2023

<table>
<thead>
<tr>
<th>Operator</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
</tr>
<tr>
<td>Department Correctional Officers</td>
<td>44%</td>
</tr>
<tr>
<td>CoreCivic Correctional Officers*</td>
<td>*</td>
</tr>
</tbody>
</table>

Source: Auditor created from Edison staffing pattern query and CoreCivic’s staffing pattern.
*Auditors did not obtain CoreCivic’s Correctional Officer turnover data for fiscal years 2020 and 2021.

For a comparison of fiscal year 2023 vacancy and turnover rates for the department-operated and CoreCivic-operated facilities, see Figure 2.

5 According to Google Maps, Whiteville Correctional Facility and Hardeman County Correctional Facility are approximately 1.3 miles apart.
Results From the Prior Audit

In the department’s January 2020 performance audit, we reported that the department has struggled with turnover for some time, especially in the Correctional Officer position. We reported an observation that management must continue efforts to ensure adequate staffing at department and CoreCivic correctional facilities in order to provide safe and secure facilities for offenders and staff. We noted that state facilities had experienced significant difficulties in hiring and retaining a sufficient number of Correctional Officers. In another observation, due to minimal staffing levels at both department and CoreCivic facilities, management had increased overtime and temporarily closed noncritical posts to cover critical posts and duties. At the facilities we visited during the prior audit, we found that, on average, they operated with fewer than the approved number of Correctional Officers, while noncritical posts, such as transportation and recreation, were consistently under-staffed or closed.

Current Audit

Given the most recent employment data, including payroll and staffing patterns from selected facilities, and because various factors have continued to contribute to vacancy and turnover problems, we focused our review on how employee vacancies and turnover have affected the department’s current operations. We also reviewed management’s actions since the last audit to address the vacancy and turnover challenges. Specifically, we examined staffing operations by performing site visits at
<table>
<thead>
<tr>
<th>Department Facilities</th>
<th>CoreCivic Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeBerry</td>
<td>South Central</td>
</tr>
<tr>
<td>Morgan</td>
<td>Trousdale</td>
</tr>
<tr>
<td>Northwest</td>
<td></td>
</tr>
<tr>
<td>West TN</td>
<td></td>
</tr>
</tbody>
</table>

We analyzed Correctional Officer vacancies and turnover data for every department and CoreCivic facility. We also observed management’s interventions to address staffing deficiencies within facility operations and observed how equitably facility management distributed overtime hours to cover vacant positions as dictated by policy.  

Throughout the course of our audit, we also identified staffing challenges beyond those of the Correctional Officer shortages, and we report more details about these areas in the applicable sections. See the following sections for more information about management’s ability to:

- provide educational and rehabilitation programs to offenders (see Offender Rehabilitation and Reentry Services);
- provide medical services to offenders, including medication and medical records (see Offender Medical and Behavioral Health Services);
- record and maintain official offender records (see Critical Records for Offenders); and
- properly conduct processes such as orientation and PREA investigations (see Critical Records for Offenders Records and Prison Rape Elimination Act).

Management’s Ongoing Efforts to Address Vacancy and Turnover

Department and CoreCivic management have made efforts that have resulted in incremental improvements to both hire and retain Correctional Officers, as exhibited in Table 3.

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6 The department’s Policy 506.22 clarifies responsibilities for establishing “reasonable, predictable, and equitable job assignment practices within the Tennessee Department of Correction (TDOC) regarding fixed post assignments.”
Table 3
Department and CoreCivic Management’s Actions to Reduce Correctional Officer Vacancy and Turnover

<table>
<thead>
<tr>
<th>Actions to Hire More Correctional Officers*</th>
<th>Actions to Retain Correctional Officers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• increased advertising on local radio and TV stations and billboards</td>
<td>• created retention specialist positions at each of the facilities</td>
</tr>
<tr>
<td>• increased the use of recruiting websites, such as ZipRecruiter, LinkedIn, Indeed.com, and Jobs4tn.gov</td>
<td>• introduced on-the-job-training</td>
</tr>
<tr>
<td>• worked with Tennessee Colleges of Applied Technology and their new criminal justice program</td>
<td>• paired new Correctional Officers with Field Training Officers for support</td>
</tr>
<tr>
<td>• recruited at local high schools and military bases</td>
<td>• provided more comfortable uniforms</td>
</tr>
<tr>
<td>• hosted job fairs and set up booths at community events</td>
<td>• increased Correctional Officer series salaries</td>
</tr>
<tr>
<td>• increased starting pay for Correctional Officer 1 positions</td>
<td>• provided a $4,000 retention bonus (department only)</td>
</tr>
<tr>
<td>• provided a $5,000 sign-on bonus paid over 18 months (department only)</td>
<td>• celebrated Correctional Officer week, holding annual fall festivals for employees and their families, and other employee appreciation events</td>
</tr>
<tr>
<td>• provided a $1,000 recruitment bonus for staff who refer successful candidates to the department (department only)</td>
<td>• provided shift incentives (CoreCivic only)</td>
</tr>
<tr>
<td>• provided employee incentives up to $3,000 to refer individuals to become new hires (CoreCivic only)</td>
<td></td>
</tr>
<tr>
<td>• increased starting salary to $44,512 for CoreCivic and $44,520 for the department</td>
<td></td>
</tr>
<tr>
<td>• provided relocation help for new hires who move to Tennessee from other states</td>
<td></td>
</tr>
</tbody>
</table>

Source: Auditor creation based on interviews with department and CoreCivic employees.
* Actions noted in this table apply to both the department and CoreCivic unless otherwise noted.

Despite management’s efforts in both areas, turnover has remained high (see Figure 3). Additionally, management has continued to have difficulty hiring and retaining Correctional Officers
in 7 of the 10 state facilities, where vacancy rates remained above 22% as of August 31, 2023. See Appendix 12, Table 39.

**Figure 3**
Correctional Officer Turnover and Vacancies After Bonuses and Salary Increases

Source: Edison separations query for July 1, 2019, through June 30, 2023, filtered for last hired date of April 1, 2021, or after.

In the department’s most recent strategic plan and 2023 Customer Focused Government Plan, department management developed goals to improve training, promote succession planning strategies, increase high school graduate-level recruitment, and even transition to better uniforms that are more comfortable and functional for their officers. Management also proposed partnering with an outside organization to analyze staffing levels.

**Commissioner’s Initiatives to Address Staffing and Workplace Culture**

A new Commissioner was appointed in January 2023. Since his appointment, he has changed the department’s organizational structure with the intention of streamlining the flow of oversight, responsibility, and business processes. The Commissioner also installed a new executive leadership team and changed the leadership at seven facilities. In videos and newsletters posted on the department’s internal website, the Commissioner stated that his top priorities are staff safety, security, and accountability. In his short tenure, the Commissioner stated that he has

- begun to hold town hall meetings at correctional facilities across the state,
- provided equipment and resources to help staff perform their duties, and
- provided Correctional Officers with new uniforms.

Throughout the course of our fieldwork, the Commissioner also made significant leadership changes at the central office and at the correctional facilities. Although prior and current department leaders have and are focused on addressing Correctional Officer staffing levels, including vacancy and
turnover rates, the department still faces a crisis. See **Finding 1**. See **Appendix 1** for our detailed audit objectives, conclusions, and methodologies.

**Finding 1**

Department management has taken action to address critical staffing shortages of Correctional Officers, but both state and CoreCivic facilities are facing an ongoing and deeply rooted challenge of attrition within their ranks.

Vacancies and turnover both pre- and post-pandemic have made it increasingly difficult for management to staff all posts necessary to provide a safe and secure prison environment, resulting in adverse impacts on facility operations.

Based on our review of evidence and direct observations during visits to department- and CoreCivic-operated facilities, we found that although management has taken action to address staffing challenges, management is still unable to assign Correctional Officers to all posts. We also observed or reviewed evidence during our visits that identified

- limited security support during emergency situations such as overdoses and physical altercations;
- doors and gates, which should have been secured, left open for convenience;
- staff working to exhaustion and having little time to eat or be relieved for a break; and
- individual Correctional Officers responsible for an entire housing unit alone (the staffing pattern called for three to four Correctional Officers, depending on the unit).

We observed and spoke to many Correctional Officers who shared similar situations that affect the operation of their facilities and the morale of their fellow Correctional Officers.

**Our site visits indicated high levels of unfilled Correctional Officer posts**

We conducted our site visits in February, March, and April 2023, and we requested facility management to provide one day’s daily staff roster\(^7\) to identify whether management staffed all posts.

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\(^7\) The daily staff roster is a tool created from the approved staffing pattern that identifies each Correctional Officer’s daily post assignment.
work revealed that Northwest, South Central, and Trousdale were unable to staff over 40% of their assigned posts, with Trousdale failing to staff 57% of their assigned posts. See Tables 4 and 5.

Table 4
Necessary But Unfilled Correctional Officer Posts
Based on Date Observed

<table>
<thead>
<tr>
<th>Correctional Facility</th>
<th>Date</th>
<th>Posts Needed</th>
<th>Posts Unfilled</th>
<th>% of Posts Unfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeBerry*</td>
<td>2/21/2023</td>
<td>101</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>Morgan†</td>
<td>3/21/2023</td>
<td>416</td>
<td>107</td>
<td>26%</td>
</tr>
<tr>
<td>Northwest‡</td>
<td>4/11/2023</td>
<td>257</td>
<td>110</td>
<td>43%</td>
</tr>
<tr>
<td>South Central</td>
<td>3/7/2023</td>
<td>158</td>
<td>77</td>
<td>49%</td>
</tr>
<tr>
<td>Trousdale</td>
<td>3/8/2023</td>
<td>230</td>
<td>131</td>
<td>57%</td>
</tr>
<tr>
<td>West TN§</td>
<td>3/20/2023</td>
<td>130</td>
<td>37</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Auditor created table from daily roster walkthroughs.
* DeBerry’s analysis only includes the first and second shifts for this day.
† Morgan has three 8-hour shifts, while the other facilities use two 12-hour shifts.
‡ We reviewed the daily roster for site 1 and site 2 at Northwest.
§ At West TN, site 1 is the women’s compound, which is called the Women’s Therapeutic Rehabilitation Center, and site 2 is the men’s compound. We examined the first shift at site 1, and both first and second shifts at site 2.

Table 5
Breakout Of Critical And Noncritical Unfilled Correctional Officer Posts
Based on Date Observed

<table>
<thead>
<tr>
<th>Correctional Facility</th>
<th>Date</th>
<th>Critical Posts Needed</th>
<th>Critical Posts Unfilled</th>
<th>% of Critical Posts Unfilled</th>
<th>Noncritical Posts Needed</th>
<th>Noncritical Posts Unfilled</th>
<th>% of Noncritical Posts Unfilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeBerry*</td>
<td>2/21/2023</td>
<td>77</td>
<td>1</td>
<td>1%</td>
<td>24</td>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>Morgan†</td>
<td>3/21/2023</td>
<td>191</td>
<td>6</td>
<td>3%</td>
<td>225</td>
<td>101</td>
<td>45%</td>
</tr>
<tr>
<td>Northwest‡</td>
<td>4/11/2023</td>
<td>163</td>
<td>44</td>
<td>27%</td>
<td>94</td>
<td>66</td>
<td>70%</td>
</tr>
<tr>
<td>South Central</td>
<td>3/7/2023</td>
<td>47</td>
<td>6</td>
<td>13%</td>
<td>111</td>
<td>71</td>
<td>64%</td>
</tr>
<tr>
<td>Trousdale</td>
<td>3/8/2023</td>
<td>66</td>
<td>13</td>
<td>20%</td>
<td>164</td>
<td>118</td>
<td>72%</td>
</tr>
<tr>
<td>West TN§</td>
<td>3/20/2023</td>
<td>96</td>
<td>7</td>
<td>7%</td>
<td>34</td>
<td>30</td>
<td>88%</td>
</tr>
</tbody>
</table>

Source: Auditor created table from daily roster walkthroughs.
* DeBerry’s analysis only includes the first and second shifts for this day.
† We reviewed the daily roster for site 1 and site 2 at Northwest.
‡ At West TN, site 1 is the women’s compound, which is called the Women’s Therapeutic Rehabilitation Center, and site 2 is the men’s compound. We examined the first shift at site 1, and both first and second shifts at site 2.
Our survey of department and CoreCivic Correctional Officers found that staffing shortages impacted management’s ability to operate safe and secure prisons.

To help us understand the difficulties that Correctional Officers face and the areas that may contribute to employee turnover, we conducted a survey of the current department and CoreCivic staff. Correctional Officers expressed significant, recurring personal safety concerns, including long shifts (over 16 hours a day) and dealing with assaults and verbal abuse from offenders. See Figure 4 for examples of survey responses regarding the effect of staffing shortages. See Appendix 9 for the complete survey questions and results.

**Figure 4**
Correctional Officer Survey Responses Regarding the Effect of Staffing Shortages

<table>
<thead>
<tr>
<th>How have staffing shortages affected your ability to do your job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically short [staffed,] making the job that much <strong>more dangerous</strong>.</td>
</tr>
<tr>
<td>Correction Officers are working blocks by themselves. We haven’t had partners in over 2 years. <strong>Sometimes there is one officer for 4 blocks.</strong> We are hiring young kids who have NO idea how to speak to grown men. I could go on and on.</td>
</tr>
<tr>
<td>Makes it <strong>difficult and very tiring</strong> to complete all duties and within a timely manner.</td>
</tr>
<tr>
<td>It has affected the response time to medical emergencies, fights, and it has exhausted us all to the point of not wanting to be here.</td>
</tr>
<tr>
<td>You cannot properly operate safe and secure prisons when you are <strong>constantly working 16-hour shifts multiple times a week</strong>.</td>
</tr>
<tr>
<td>Less sleep, no family time, feels like [I] live at <strong>work not at home</strong>, more stress.</td>
</tr>
<tr>
<td>Staff working units by themselves is <strong>completely unsafe</strong>. Not to mention unsafe for our inmates and detainees. New staff needs to start at a lower wage and get their feet wet before making what we do an hour. <strong>Staff are EXHAUSTED.</strong> We get no time off GIVEN to us. It’s earned by working. Which is BS because we are all human and need breaks. People get sick and so on.</td>
</tr>
<tr>
<td>While at <strong>TROUSDALE I feel unsafe at all times</strong>.</td>
</tr>
</tbody>
</table>

Source: Correctional Officer responses to Comptroller survey (**emphasis added**).

Despite their concerns, our survey found that Correctional Officers did have positive comments regarding their jobs. See Figure 5.
Figure 5
Correctional Officer Survey Responses Regarding Why They Enjoy Their Job

<table>
<thead>
<tr>
<th>What do you enjoy about your job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correcting and helping people by making them a better person.</td>
</tr>
<tr>
<td>I enjoy training new staff the correct way to do things and also being available to help other departments.</td>
</tr>
<tr>
<td>I enjoy the interaction I have with both the staff and offenders. Most of my offenders are within 3 years of release so I have the opportunity to work with them on transitioning back into the community.</td>
</tr>
<tr>
<td>Coming to work seeing my positive co-workers so we can keep the community safe, along with the facility.</td>
</tr>
<tr>
<td>Most of the people I work with, the pay is great.</td>
</tr>
<tr>
<td>I enjoy teaching someone how to be the safest they can be in this environment and how to keep the offenders in their care safe as well.</td>
</tr>
<tr>
<td>Helping inmates</td>
</tr>
</tbody>
</table>

Source: Correctional Officer responses to Comptroller survey (emphasis added).

Based on our work in this section and throughout this report, we found that Correctional Officer staffing shortages directly impacted management’s overall ability to maintain safe and secure facilities, both state- and CoreCivic-operated. We also found heightened safety concerns at one facility, and we discuss those concerns in the Heightened Concerns at Northwest Correctional Complex section.

Based on the conditions we observed, staff survey comments, and correctional staff interviews, management still has work to do to overcome the identified challenges. Management will continue to face the adverse effects of staffing shortages until they can fill existing vacancies and retain their existing Correctional Officers.

Recommendation

Because the Commissioner has overall responsibility for sufficiently staffing all 14 correctional facilities, the Commissioner must continue to identify innovative strategies to maintain Correctional Officer staffing at both state and CoreCivic facilities at levels that ensure the safe and secure operation of the facilities. Management should specifically ensure there are enough Correctional Officers to fill all critical and non-critical posts. In addition to the steps department management has already taken to address Correctional Officers’ salaries, we encourage management to analyze each facility’s root causes of any challenges that are impacting
staffing levels and workplace culture. Management should also ensure they focus on Correctional Officer well-being by addressing unsustainable overtime (see the following Overtime section).

**Management’s Comment**

Concur.

The Department will continue its recruiting and retention efforts that were recognized and detailed in the report, i.e., salary adjustments, performance bonuses, signing bonuses, etc. Additionally, to discern further causes of recruiting and retention challenges, Department management will continue to conduct Town Hall meetings to solicit information from facility staff on recruiting and retention. In conjunction with these meetings, the Department will provide staff with an opportunity to provide feedback confidentially regarding the specific facility’s administration, management, and recruiting/retention challenges.

To improve staffing levels and overall facility operations, an evaluation of security rosters will be conducted considering each facility’s unique safety and security needs (State and private). The results will be used, through collaboration with local leadership at each facility, to determine the optimal use of Departmental resources.

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**Overtime**

**Correctional Officer Overtime**

Because of the high vacancies and turnover, Correctional Officers had to work overtime to fill approved security posts within department- and CoreCivic-operated facilities. According to the department’s Policy 506.22, “Security Staff Assignments,” “overtime should be used only as a last resort to maintain basic institutional security and should be equally distributed among staff.” Some of the risks and impacts of overtime on staff include increased burnout, increased resignations, diminished work performance, and reduced safety.

Given the high vacancy and turnover rates, management at all correctional facilities had to increase the amount of overtime that Correctional Officers worked. The department may compensate employees for excess hours worked in one of two ways: paying cash overtime or offering compensatory
The department spent $51.4 million on Correctional Officer overtime in fiscal years 2022 and 2023 combined. Source: Edison analysis.

Current Audit

We focused our review on Correctional Officer overtime at both state and CoreCivic facilities. Our analysis included state employees who received cash overtime for excess hours worked: Correctional Officer 1s, Correctional Officer 2s, Corporals, and Sergeants. CoreCivic also compensates Correctional Officers and Senior Officers with cash overtime. Specifically, we analyzed overtime worked by Correctional Officer staff at all facilities based on a typical 80-hour 2-week work period, which equates to 2,080 hours annually. See Observation 1. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

Observation 1

Management has had to rely on unsustainable overtime hours due to challenges in filling Correctional Officer vacancies

Our survey of Correctional Officers confirmed some of the risks and impacts they face. CoreCivic Correctional Officers pointed out the following:

- “Extremely long hours with minimal days off.”
- “The long hours tire me out.”

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8 Overtime compensation type is dependent on the employee’s job title as defined by the Tennessee Department of Human Resources.
9 Title 29, Code of Federal Regulations, Chapter 553, Part 201.
10 The FLSA allows public agencies to pay overtime to law enforcement staff, including correctional security staff, over a 171-hour or 14-day period.
• “Not having enough time to complete all tasks in a timely manner, such as moves and disciplinaries.”

Correctional Officers at department-operated facilities stated the following regarding some of the challenges they face:

• “Balancing work and family life.”
• “Working in a hostile environment, short-staffed, working 16-hour shifts.”
• “Short-staffed, frequent, and more common staff and inmate assaults.”
• “Staffing shortage. Working so many hours.”
• “Staff shortage, lack of appropriate tools, negativity, complacent staff.”

At our site visits, we observed the adverse effects of staffing shortages and unsustainable levels of overtime.

In addition to our surveys, we also visited selected facilities during our fieldwork. We observed the following during our site visit to the department-operated Northwest facility:

• the facility was more than 60% understaffed;
• the Correctional Officers seemed exhausted and overworked, and one officer noted in a logbook, “we are mentally exhausted from long hours worked”;
• Correctional Officers from other facilities were on location to fill security posts; and
• one Correctional Officer, who had worked an 8-hour shift, returned 6 hours later to work a 17-hour shift (working 25 hours in a 36-hour period).

See the Heightened Concerns at Northwest Correctional Complex section for additional work related to our Northwest site visit.

During our site visit to the CoreCivic-operated South Central facility, we observed

• one employee had been working over 24 hours on the day of our visit; and
• as noted in Table 5, management did not follow the department-approved staffing pattern.

During our visit to the CoreCivic-operated Trousdale facility, we observed

• one Correctional Officer was responsible for 3 pods within a housing unit (overseeing 360 beds);
• at shift change, the transitions between Correctional Officers arriving for work to relieve the prior shift’s officers took over an hour, causing some Correctional Officers to stay late or work an extra shift; and

• as noted in Table 5, management did not follow the department-approved staffing pattern.

Department Overtime

Based on our review, 83% of the department’s Correctional Officers worked overtime in fiscal year 2022. This increased to 87% in fiscal year 2023. See Chart 1.

![Chart 1](image)

Percentage of Department Correctional Officer Staff Receiving Cash Overtime for Fiscal Years 2022 and 2023*

<table>
<thead>
<tr>
<th>Location</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>84%</td>
<td>91%</td>
</tr>
<tr>
<td>DeBerry</td>
<td>81%</td>
<td>87%</td>
</tr>
<tr>
<td>Johnson</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>Luttrell</td>
<td>86%</td>
<td>87%</td>
</tr>
<tr>
<td>Morgan</td>
<td>82%</td>
<td>84%</td>
</tr>
<tr>
<td>Northeast</td>
<td>87%</td>
<td>83%</td>
</tr>
<tr>
<td>Northwest</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>Riverbend</td>
<td>76%</td>
<td>86%</td>
</tr>
<tr>
<td>Turney Center</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>West TN</td>
<td>87%</td>
<td>93%</td>
</tr>
<tr>
<td>Total</td>
<td>83%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of Edison payroll data.
* The employees were paid regular overtime if they worked up to 80 hours in a 2-week period and premium overtime (time and a half) if they worked over 80 hours in the 2-week pay period. We did not analyze employees who receive compensatory leave in lieu of cash overtime.

We also noted that 50 unique department correctional officer series employees worked over 1,500 overtime hours in fiscal years 2022 and 2023. For perspective, this averaged to working 68.8

---

11 The positions in the correctional officer series are Correctional Officer 1, Correctional Officer 2, Corporal, Sergeant, Lieutenant, Captain, and Major.
12 In fiscal year 2022, we noted 42 employees who worked over 1,500 hours of overtime. In fiscal year 2023, we noted 31 employees who worked over 1,500 hours of overtime; some of those 31 employees were the same as those we noted in fiscal year 2022.
hours per week for the entire year. Six employees worked over 2,500 hours of overtime, which averaged to 88 hours worked per week for the entire year—more than double the hours in a standard work week (see Chart 2).

Chart 2
Average Department Correctional Officer Overtime Worked in Fiscal Years 2022 and 2023

Weekly Hours Worked

0 10 20 30 40 50 60 70 80 90

- Standard work week - Overtime

In fiscal years 2022 and 2023, 50 Correctional Officers worked over 1,500 overtime hours. This is an average of 68.8 hours worked per week every week.

6 Correctional Officers worked more than 2,500 overtime hours in fiscal years 2022 and 2023—an average of 88 hours worked per week every week.

Source: Auditor analysis of Edison payroll data.

Of the state employees who worked over 1,500 hours of overtime in either fiscal year 2022 or 2023, there were 50 unique employees for the 2 fiscal years. For the 50 state employees, 49 of whom were part of the Correctional Officer series, we noted that they worked between 62% and 99% of the total possible number of workdays within our audit period. See Table 6 for individual details. The amount of overtime worked by Correctional Officers is not sustainable at these levels.
Table 6
Department’s 50 Correctional Employees Who Worked Over 1,500 Hours of Overtime
Based on Percentage of Days Worked
Between July 1, 2021, and June 30, 2023

<table>
<thead>
<tr>
<th>Employee #</th>
<th>Possible Workdays in Period*</th>
<th>Total Days Worked in Period</th>
<th>% of Days Worked in Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>426</td>
<td>423</td>
<td>99%</td>
</tr>
<tr>
<td>2</td>
<td>726</td>
<td>644</td>
<td>89%</td>
</tr>
<tr>
<td>3</td>
<td>722</td>
<td>684</td>
<td>95%</td>
</tr>
<tr>
<td>4</td>
<td>722</td>
<td>696</td>
<td>96%</td>
</tr>
<tr>
<td>5</td>
<td>700</td>
<td>559</td>
<td>80%</td>
</tr>
<tr>
<td>6</td>
<td>723</td>
<td>569</td>
<td>79%</td>
</tr>
<tr>
<td>7</td>
<td>725</td>
<td>568</td>
<td>78%</td>
</tr>
<tr>
<td>8</td>
<td>724</td>
<td>499</td>
<td>69%</td>
</tr>
<tr>
<td>9</td>
<td>715</td>
<td>679</td>
<td>95%</td>
</tr>
<tr>
<td>10</td>
<td>721</td>
<td>467</td>
<td>65%</td>
</tr>
<tr>
<td>11</td>
<td>722</td>
<td>511</td>
<td>71%</td>
</tr>
<tr>
<td>12</td>
<td>729</td>
<td>542</td>
<td>74%</td>
</tr>
<tr>
<td>13</td>
<td>724</td>
<td>559</td>
<td>77%</td>
</tr>
<tr>
<td>14</td>
<td>722</td>
<td>610</td>
<td>84%</td>
</tr>
<tr>
<td>15</td>
<td>727</td>
<td>697</td>
<td>96%</td>
</tr>
<tr>
<td>16</td>
<td>724</td>
<td>653</td>
<td>90%</td>
</tr>
<tr>
<td>17</td>
<td>724</td>
<td>575</td>
<td>79%</td>
</tr>
<tr>
<td>18</td>
<td>726</td>
<td>628</td>
<td>87%</td>
</tr>
<tr>
<td>19</td>
<td>721</td>
<td>588</td>
<td>82%</td>
</tr>
<tr>
<td>20</td>
<td>728</td>
<td>627</td>
<td>86%</td>
</tr>
<tr>
<td>21</td>
<td>725</td>
<td>600</td>
<td>83%</td>
</tr>
<tr>
<td>22</td>
<td>729</td>
<td>511</td>
<td>70%</td>
</tr>
<tr>
<td>23</td>
<td>696</td>
<td>581</td>
<td>83%</td>
</tr>
<tr>
<td>24</td>
<td>724</td>
<td>529</td>
<td>73%</td>
</tr>
<tr>
<td>25</td>
<td>727</td>
<td>498</td>
<td>69%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee #</th>
<th>Possible Workdays in Period*</th>
<th>Total Days Worked in Period</th>
<th>% of Days Worked in Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>725</td>
<td>623</td>
<td>86%</td>
</tr>
<tr>
<td>27</td>
<td>725</td>
<td>602</td>
<td>83%</td>
</tr>
<tr>
<td>28</td>
<td>726</td>
<td>448</td>
<td>62%</td>
</tr>
<tr>
<td>29</td>
<td>724</td>
<td>584</td>
<td>81%</td>
</tr>
<tr>
<td>30</td>
<td>721</td>
<td>453</td>
<td>63%</td>
</tr>
<tr>
<td>31</td>
<td>729</td>
<td>519</td>
<td>71%</td>
</tr>
<tr>
<td>32</td>
<td>723</td>
<td>608</td>
<td>84%</td>
</tr>
<tr>
<td>33</td>
<td>726</td>
<td>551</td>
<td>76%</td>
</tr>
<tr>
<td>34</td>
<td>728</td>
<td>565</td>
<td>78%</td>
</tr>
<tr>
<td>35</td>
<td>725</td>
<td>529</td>
<td>73%</td>
</tr>
<tr>
<td>36</td>
<td>722</td>
<td>452</td>
<td>63%</td>
</tr>
<tr>
<td>37</td>
<td>724</td>
<td>654</td>
<td>90%</td>
</tr>
<tr>
<td>38</td>
<td>729</td>
<td>498</td>
<td>68%</td>
</tr>
<tr>
<td>39</td>
<td>722</td>
<td>614</td>
<td>85%</td>
</tr>
<tr>
<td>40</td>
<td>725</td>
<td>500</td>
<td>69%</td>
</tr>
<tr>
<td>41</td>
<td>722</td>
<td>578</td>
<td>80%</td>
</tr>
<tr>
<td>42</td>
<td>727</td>
<td>514</td>
<td>71%</td>
</tr>
<tr>
<td>43</td>
<td>654</td>
<td>584</td>
<td>89%</td>
</tr>
<tr>
<td>44</td>
<td>721</td>
<td>541</td>
<td>75%</td>
</tr>
<tr>
<td>45</td>
<td>725</td>
<td>568</td>
<td>78%</td>
</tr>
<tr>
<td>46</td>
<td>333</td>
<td>274</td>
<td>82%</td>
</tr>
<tr>
<td>47</td>
<td>593</td>
<td>445</td>
<td>75%</td>
</tr>
<tr>
<td>48</td>
<td>476</td>
<td>359</td>
<td>75%</td>
</tr>
<tr>
<td>49</td>
<td>368</td>
<td>282</td>
<td>77%</td>
</tr>
<tr>
<td>50</td>
<td>725</td>
<td>505</td>
<td>70%</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of Edison staffing data.
* Possible Workdays in Period is the number of days between the correctional employee’s first and last days worked in fiscal years 2022 to 2023.
CoreCivic Overtime

In comparison, our review of CoreCivic Correctional Officer overtime found that in fiscal year 2023, approximately 1,500 of 1,715 CoreCivic Correctional Officers at all 4 facilities worked approximately 330,000 hours of overtime, which was a 9% increase in overtime hours over fiscal year 2022. See Table 7.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Fiscal Year</th>
<th>Number of Employees With Overtime by Range of Overtime Hours Worked</th>
<th>Total Hours</th>
<th>Total Employees With Overtime</th>
<th>Average Overtime Hours Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0–500</td>
<td>500–750</td>
<td>750–1,000</td>
<td>1,000–1,500</td>
</tr>
<tr>
<td>Hardeman</td>
<td>2022</td>
<td>217</td>
<td>19</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>351</td>
<td>33</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>South Central</td>
<td>2022</td>
<td>157</td>
<td>25</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>272</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trousdale</td>
<td>2022</td>
<td>250</td>
<td>24</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>429</td>
<td>25</td>
<td>15</td>
<td>8</td>
</tr>
<tr>
<td>Whiteville</td>
<td>2022</td>
<td>167</td>
<td>32</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>316</td>
<td>22</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>2022</td>
<td>791</td>
<td>100</td>
<td>57</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>1,386</td>
<td>80</td>
<td>58</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of CoreCivic payroll data.
* “Employees” refers to Correctional Officers and Senior Correctional Officers.

See Appendix 12 for other information related to vacancies, turnover, and overtime.

Based on our observations and analysis, managements of the department and CoreCivic rely on significant overtime to supplement their inability to recruit and retain Correctional Officers. The unsustainable levels of overtime have damaged employee morale and jeopardized the culture within the correctional facilities. Given the current challenges, management may have to devote significant effort and resources to address the challenges.

Relying on a small number of employees to work the equivalent of 70- and 80-hour work weeks is not only unsustainable but also deters incoming applicants from accepting job offers, thus perpetuating the current staffing crisis. For current department staff, when the excitement of recent salary increases and bonuses wears off, they will still be living the reality of long hours and sacrificing a healthy work-life balance.
Recommendation

The Commissioner must take proactive steps to ensure that Correctional Officers in both department- and CoreCivic-operated facilities have the tools and support needed to perform their responsibilities and to handle crisis situations. Management should make it their priority to partner with the Correctional Officers so that they can be part of the solution to enhance efforts to retain and recruit current and future Correctional Officers.

Management’s Comment

Concur.

Department management reiterates its response to “Finding 1 – Vacancies” regarding soliciting Correctional Officer (and other staff) input on operations, recruitment, and retention through Town Hall meetings, confidential feedback, and detailed reviews of facility security rosters and posts. Additionally, Department management will review and evaluate providing select in-service training classes relevant to handling crisis situations to security staff.

Augmentee Program

Background and Purpose

In response to the excessive Correctional Officer overtime, Department of Correction management stated that they implemented the Augmentee Program as a short-term solution to address the long-standing Correctional Officer staffing issues that were exacerbated by the pandemic. In a memo to all department staff, dated September 29, 2021, the former Assistant Commissioner of Prison Operations discussed the department’s difficulties with Correctional Officer vacancies, stating at the time that

Not unlike most other correctional systems and law enforcement agencies throughout the country, this Department is experiencing unprecedented vacancy rates. As of this past Monday, we have 1,035 vacant Correctional Officer 2 (CO2) positions statewide. Three facilities are at or above the 50% CO2 vacancy rate.

The department began the program on October 3, 2021, after approval from the Department of Finance and Administration (F&A) and the Department of Human Resources (DOHR). The program was still operational during our audit period. Funding for the program was generated through
the payroll savings accumulated from vacant Correctional Officer positions. According to management, they, along with F&A and DOHR, re-evaluate the program’s cost and its benefit to the department biannually to determine if the program should continue for another six months. A significant component of the re-evaluation is the availability of budget dollars due to vacant Correctional Officer positions. According to F&A’s Director of Budget, the department cannot fund the program if management fills all of its vacancies.

As designed, the Augmentee Program allows non-security department employees, including attorneys, fiscal staff, probation and parole officers, and other administrative staff, to volunteer to work security posts in the department’s correctional facilities after fulfilling their position-specific job responsibilities and regular shift, thus allowing them to receive premium overtime for any hours over their regular 75-hour 2-week period.

**Current Augmentee Program Process**

We gained an understanding of the Augmentee Program and management’s goals to alleviate overworked Correctional Officers. According to the department’s Human Resources Deputy Director within the Central Office, management did not create policies for the Augmentee Program, but instead developed internal guidelines concerning how the program was to operate. Based on those guidelines, non-security staff\(^\text{13}\) must complete the security training (Safety Do’s and Don’ts) in the department’s on-demand Learning Management System\(^\text{14}\) before they can work in the Augmentee Program. The Human Resources manager at each facility is responsible for ensuring the non-security augmentee employees have completed the security training before the employees are scheduled to work.

For an augmentee employee to work at a correctional facility, the employee must notify the Associate Warden of Security (AWS) and the Shift Commander at the facility where they wish to work. The AWS creates a list of eligible augmentee employees and sends it to the facility’s Warden for review and approval. If the Warden approves the employee, then the AWS or Shift Commander contacts the employee to assign them to an unstaffed post based on facility needs. The AWS and Shift Commander also notify the facility’s Human Resources Manager. Based on our discussions with the department and facility management, augmentee employees are typically placed in lower security posts, such as the security checkpoint in the front lobby. Human Resources staff are required to compare Augmentee Program hours reported in Edison to those on the spreadsheet of Augmentee Program hours sent from each facility to ensure the time reported is accurate.

\(^\text{13}\) The department’s Policy 305.09 defines institutional non-security employees as “All employees of [the department] that are assigned to non-security positions in the correctional institutions and transition centers, health services staff, institutional positions with contract vendors, institutional intern positions, major maintenance, institutional electronic security services, Tennessee Correction Academy, and institutional TRICOR positions.”

\(^\text{14}\) The department’s Human Resources Deputy Director stated that the department transitioned from the Learning Management System to CollaborNation in March 2023.
Current Audit

We reviewed the department’s Augmentee Program to determine whether management and staff followed department guidelines and whether the program served the purpose of reducing the overtime burden of Correctional Officers. See Observation 2. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

Observation 2

Although management may have provided some relief to overworked Correctional Officers through the Augmentee Program, management has spent approximately $10.8 million in augmentee employee overtime and created an unfair pay disparity between Correctional Officers and augmentee employees who worked the overtime.

Depending on the augmentee employee’s salaried position, some augmentee employees were paid overtime at a higher hourly rate than Correctional Officers, creating a disparity in pay.

Augmentee Program employees are paid overtime based on the hourly rate of their salaried position, which may be a higher rate of pay than Correctional Officers receive. An exception applies to employees whose salaries are less than that of a Correctional Officer, such as secretaries. In these cases, the department increases their hourly pay rate to match that of a Correctional Officer.

To further illustrate, as noted in Chart 3, a Warden 4, who earns an average of $59.15 per hour, would earn an average of $88.73 per hour of premium overtime as an Augmentee Program employee, while a Correctional Officer 1 earns an average of $21.79 per hour as base pay and $32.69 for premium overtime. Based on our analysis, as of June 30, 2023, 91% of augmentee employees’ base salary was more than the average salary of a Correctional Officer 2.
Chart 3
Average Overtime Hourly Pay by Position, Correctional Officers Versus Augmentee Employees

<table>
<thead>
<tr>
<th>Position</th>
<th>Correctional Officers</th>
<th>Augmentee Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hourly Rate</td>
<td>1.5x Hourly Rate</td>
</tr>
<tr>
<td>Correctional Officer 1</td>
<td>$21.79</td>
<td>$32.68</td>
</tr>
<tr>
<td>Correctional Officer 2</td>
<td>$24.32</td>
<td>$36.48</td>
</tr>
<tr>
<td>Admin. Secretary*</td>
<td>$19.99</td>
<td>$29.99</td>
</tr>
<tr>
<td>Academy Instructor</td>
<td>$24.81</td>
<td>$37.21</td>
</tr>
<tr>
<td>Behav. HLth Specialist</td>
<td>$30.80</td>
<td>$46.20</td>
</tr>
<tr>
<td>Prob/Par Officer</td>
<td>$25.71</td>
<td>$38.57</td>
</tr>
<tr>
<td>Psychiatric Chaplain</td>
<td>$22.73</td>
<td>$34.10</td>
</tr>
<tr>
<td>Correctional Lieutenant</td>
<td>$31.32</td>
<td>$46.99</td>
</tr>
<tr>
<td>HR Manager</td>
<td>$31.16</td>
<td>$46.73</td>
</tr>
<tr>
<td>Fiscal Director</td>
<td>$54.38</td>
<td>$81.56</td>
</tr>
<tr>
<td>Warden</td>
<td>$59.15</td>
<td>$88.73</td>
</tr>
</tbody>
</table>

Total Overtime:
- Correctional Officers: $7,296,000
- Augmentee Employees: $26,437,000

Source: Auditor analysis of Edison payroll data as of June 30, 2023.
* Since the hourly pay rate for an Admin Secretary was less than the hourly pay rate for a Correctional Officer 1, the Admin Secretary would have been paid at the Correctional Officer 1 hourly pay rate for augmentee hours worked.
Not only does the Augmentee Program create a disparity in pay between Correctional Officers hired and trained to do the job and Augmentee Program employees, but management also must pay more for overtime worked by most augmentee employees so that they can help staff the correctional facilities. As noted earlier, even with this extra help, management at the correctional facilities continue to experience staff shortages and are unable to fill all Correctional Officer posts.

Based on our review of Edison payroll data for the Augmentee Program, we found that from the program’s inception on October 3, 2021, through June 30, 2023, 987 department employees worked approximately 272,000 overtime hours for the Augmentee Program, which cost the department approximately $10,800,000 (see Table 8).

Table 8
Comparison of Overtime Hours Worked by Correctional Officers and Augmentee Program Employees
Fiscal Years 2022 and 2023

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Correctional Officer Series Overtime Hours</th>
<th>Augmentee Program Volunteers Overtime Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022*</td>
<td>781,993</td>
<td>102,195</td>
</tr>
<tr>
<td>2023</td>
<td>724,810</td>
<td>169,699</td>
</tr>
</tbody>
</table>

Source: Auditor created from Edison payroll data.
* The Augmentee Program started October 3, 2021, so this is not a full fiscal year.

As of June 30, 2023, the department had 662 vacancies for Correctional Officers 1 and 2. If department management were able to fill all vacant positions, the salary costs to fill these positions based on the average Correctional Officer 1 salary would be approximately $30 million, or 90%\(^{15}\) of the total expenditures paid for both Correctional Officer overtime and Augmentee Program overtime for fiscal year 2023 (see Chart 4).

\(^{15}\) To calculate this percentage, we added the Correctional Officer (CO) overtime for fiscal year 2023 ($26,600,000) + $6.8 million augmentee overtime = $33.4 million in total CO/augmentee overtime cost. Additionally, to calculate the salary cost of filling the vacant CO positions, we used the average salary of $21.79 per hour x 2,080 annual hours x 662 vacant CO positions (as of June 30, 2023) = $30,003,958.40, which we rounded to $30,000,000. Finally, we divide $30,000,000/$33,400,000 = 90%.
In 2023 alone, the department spent $3.4 million more on Correctional Officer overtime and the Augmentee Program than the estimated annual salary cost for the 662 vacant Correctional Officer positions.

| Annual salary cost for 662 vacant Correctional Officer positions | $30 million |
| Correctional Officer overtime and Augmentee Program costs (2023) | $33.4 million |

Source: Auditor analysis of Edison payroll data.

Management’s reliance on the Augmentee Program to address staffing shortfalls for critical facility operations is unsustainable.

Based on our analysis of employees who worked in the Augmentee Program, we questioned the sustainability of the program as a benefit to the correctional facilities given the possible detriment to the department’s overall operations. For fiscal year 2022, we found that 1 employee worked over 1,450 Augmentee Program hours; for fiscal year 2023, we found that 4 employees worked over 1,500 Augmentee Program hours. One of those 4 worked approximately 2,125 Augmentee Program hours. It is important to note that each of the augmentee employees worked these hours in addition to claiming hours for their salaried position (the standard is 1,950 hours per year for full-time employees), increasing the risk that their performance in one or both roles will be jeopardized or neglected, or that the program would be abused (see Chart 5).
When we analyzed the department’s overtime data, we found employees who were paid overtime but whose job titles were not eligible for overtime. We asked the agency why these employees were being paid overtime and learned about the Augmentee Program. We sent the department a list of employees we had identified. Department management had already identified 1 employee on the list who had performance issues. According to the department, the employee, who had worked 1,838.2 Augmentee Program hours over fiscal years 2022 and 2023, “was investigated and was terminated due to fraudulently claiming to work his regular hours when he was just working security posts.”

Augmentee Employee Training

While some augmentee employees work within a correctional facility for their regular job and others do not, the department provided the same computer-based training to all individuals who work augmentee hours, instead of the six-week Basic Correctional Officer Training required for Correctional Officers. Because augmentee employees do not receive the same training as Correctional Officers, management has an increased risk of liability for non-Correctional Officer department employees now working in an inherently dangerous environment.
Augmentee Program Monitoring

The department designed controls to ensure that the employees worked the Augmentee Program hours for which they were paid. However, management did not put controls in place to monitor and ensure augmentee employees did not overextend themselves, did not work excessive overtime, or did not neglect their regular responsibilities to profit from extra shifts in the Augmentee Program. As noted above, we found Augmentee Program employees who worked an excessive number of hours in addition to their normal 37.5 hours per week.

Augmentee Program Conclusion

While the program’s intent was to provide support and relief for the department’s Correctional Officers, augmentee employees were limited in the support they could provide. Furthermore, they were not able to help the Correctional Officers where they most needed it: high-security areas and inmate housing units. The augmentee employees assisted in many lower-security areas, with most earning more than Correctional Officers assigned to the riskier safety and security posts.

As noted above, management implemented the Augmentee Program in October 2021 as a short-term fix to provide relief to Correctional Officers, and management reviews the program biannually. As of July 1, 2023, the program has been extended for an additional 6 months with a new requirement. According to a department-wide memo, correctional facilities can only use the Augmentee Program if the facility’s vacancy rate is above 15%. As of August 31, 2023, seven of the 10 department-operated facilities have vacancy rates above 15%, with 5 of the 10 at or above 25%. See Table 39 in Appendix 12.

In the short term, although the department may have benefited from the program, management still faces Correctional Officer critical staffing shortages with unfilled posts in each facility. If other long-term solutions are not implemented, management’s Augmentee Program may unintentionally outlive its benefit and lead once again to low morale, dissatisfaction, and increased turnover for Correctional Officers, as well as for those department employees volunteering to help the officers fulfill the department’s mission to operate safe and secure prisons.

Recommendation

If the Augmentee Program continues, the Commissioner should re-evaluate its intent to provide relief to Correctional Officers, address pay disparity between augmentee participants and Correctional Officers, improve the training requirements for participants, and establish reasonable workload limits with clear guidelines that identify maximum allowable Augmentee Program work hours. Additionally, we advise the Commissioner to implement a more robust framework for
the oversight and monitoring of this program to ensure that augmentee participants can effectively meet the responsibilities of their salaried positions and their commitments to the Augmentee Program. Ultimately, management should work toward the goal of filling all vacant Correctional Officer positions so as not to rely on augmentee employees to meet the department’s mission.

Management’s Comment

Concur.

The Augmentee Program remains a necessary tool in response to correctional officer vacancy challenges until recruiting and retention goals are met or, at least, improved. In response to this recommendation, Department management will review the current practices and ensure that procedures are in place that defines program eligibility and limitations regarding participation and limits on amounts of overtime permitted, especially for management and supervisory staff; implements specific local oversight and monitoring provisions to ensure accountability and compliance; and includes a systemic Central Office reporting function to allow broad Department management oversight and control.

Heightened Concerns at Northwest Correctional Complex

Our goal was to review the safety and security concerns reported by Northwest facility staff in our survey and to conduct a site visit to observe conditions at the facility.

We either observed or found evidence to confirm several safety and security concerns, including security vulnerabilities, out-of-place offenders, an offender overdose, unenforced department policies, and staff who felt unsupported by facility leadership, all of which directly impacted those living and working at the facility. We also found that the facility is one of the most understaffed facilities and faces challenges recruiting and retaining employees due to the facility’s remote location and low applicant pool. See Finding 2.
General Background

Northwest Correctional Complex is located in the city of Tiptonville (Lake County), in the upper northwest area of Tennessee. According to the Department of Correction’s website, the facility opened in 1981 and expanded its operations in 1992. Northwest is capable of housing up to 1,776 male inmates with custody levels ranging from minimum to close\(^{16}\) and is the department’s primary facility for housing juvenile offenders who have been convicted as adults. Northwest is made up of two sites:

- Site 1 – This main site includes 10 general population and programming housing units, a high-security area\(^{17}\) with 4 housing units, and an annex\(^{18}\) with 2 housing units.
- Site 2 – This auxiliary site includes 16 smaller, guild-style\(^{19}\) general population, programming, and juvenile housing units.

A warden and two associate wardens oversee the daily operations of Northwest, with the associates splitting the responsibility to manage offender security and offender treatment. The warden reports to the West Region Correctional Administrator, who reports directly to the department’s Assistant Commissioner of Prison Operations. Northwest provides a variety of educational and rehabilitative programs to offenders. See Tables 44 through 45 in Appendix 12 for a full list of programs offered at this facility.

Northwest’s Correctional Officer Turnover and Vacancy Rates

Northwest’s turnover and vacancy rates for Correctional Officers are exhibited in Tables 39 and 40 of Appendix 12, respectively. The turnover rate, which measures the frequency that employees leave a position, was 37% for fiscal year 2023, a decrease of 12% since fiscal year 2020. Compared to the department’s other nine state-run facilities, Northwest’s turnover rate falls in the middle with Riverbend at 60%, the highest, and West TN at 27%, the lowest.

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\(^{16}\) According to the department’s Classification User’s Guide, custody levels represent the “amount or degree of supervision appropriate for each offender that is consistent with the protection of the public, staff, and other offenders. Within [the department], custody levels are maximum, close, medium, minimum restricted, minimum direct, and minimum trustee.”

\(^{17}\) A high-security area is an area that is separated from the rest of the facility by a fence and has increased security and supervision of offenders. These areas are typically reserved for offenders with disciplinary issues who are in segregation or offenders at higher custody levels.

\(^{18}\) The annex is located outside of the main security fence and houses minimum-custody offenders.

\(^{19}\) Guilds are older, smaller, communal housing units in one-story buildings placed around a central building.
Northwest’s vacancy rate increased another 2% to 63% between June 30, 2023, and August 31, 2023.

Northwest’s vacancy rate, the calculation of unfilled positions compared to total authorized positions, however, was 61% for fiscal year 2023, and has steadily increased each year since fiscal year 2020, when Northwest’s vacancy rate was 46%. Northwest has the highest vacancy rate of all 10 department-operated facilities. In fact, Northwest is 21 percentage points above the next highest, Riverbend at 40%, and 52 percentage points over Bledsoe, with the lowest vacancy rate of 9%. When compared to the CoreCivic-run facilities, Northwest’s vacancy rate exceeded the highest CoreCivic vacancy rate of 44% for the fiscal year 2023. As of August 31, 2023, two months into fiscal year 2024, Northwest’s vacancy rate increased another 2%, to 63%.

Northwest Survey Results

We administered an anonymous survey to all department and contract employees to solicit opinions concerning staffing levels and safety at all correctional facilities. We received feedback from Correctional Officers, teachers, health services professionals, and administrative support staff. The survey respondents submitted survey responses which included numerous concerns and allegations regarding Northwest’s operations. Specifically, the respondents commented on severe staffing shortages, frequent offender overdoses, hostile work environments, staff safety concerns, and a lack of support from management. Staff also reported heightened concerns with two Site 1 housing units, alleging that the units were understaffed, uncontrollable, and unsafe. We provide examples in Figure 6.

Figure 6
Northwest Staff Responses to Survey

**Inmates are out of control, 200 staff shortage, inmates walking around with homemade knives, the gangs are controlling the units, drug overdoses regularly. This is just some of the issues.**

At times, the inmates all decide to get irate, and management just yells at the officer over the radio to simply put the inmates back inside their cells. This happens because management doesn’t have back up either. Inmates feel that they are the ones that run the prison.

**There seems to be a lack of leadership with helping discipline inmates. In particular, as they do threaten officers and get out of place as well as assault an officer to the point, they are locked back down just to come out the following day to another officer. Most units in [Northwest] need to be locked down for a long period of time...**

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20 Respondents were not required to provide their name, where they worked, or their contact information. We did include an option for respondents to select the facility where they worked so that we could analyze results by facility.

21 In addition to conducting a survey of department employees as of January 17, 2023, we also conducted a survey of 750 Centurion employees who worked in the 10 department-operated correctional facilities, as of February 16, 2023. This survey was open from March 2, 2023, to March 23, 2023. See Appendix 11 for the complete survey questions and results.
Current Audit

As a result of the survey responses and the number of concerning allegations, we conducted a site visit at Northwest from April 10, 2023, through April 12, 2023, and focused our review on facility operations, including our observation of security posts and housing units during the day and at night. See Finding 2. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

Finding 2

Management is experiencing heightened operational and cultural risks, including serious safety concerns, due to significant staffing vacancies at Northwest Correctional Complex

We observed security vulnerabilities, unit-wide lockdowns, offenders free to move within their housing units, limited staff to respond to a medical emergency, and overwhelmed staff who did not feel supported by management

Building Security Vulnerabilities

During our Northwest site visit, we observed both physical security concerns and equipment functionality issues. Ineffective physical security and dysfunctional equipment increase the risk that offenders and correctional staff will not be safe while at the facility. Pursuant to Standard 9.61 of the U.S. Government Accountability Office’s Government Auditing Standards, we omitted details from

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22 Security posts are positions within the facilities where Correctional Officers are stationed to supervise offenders, enforce rules, and keep order.
this finding because they would expose the facilities’ vulnerabilities and should remain confidential under the provisions of Section 10-7-504(m), *Tennessee Code Annotated*. We provided department management with detailed information regarding the specific conditions we identified.

**Offenders Were Free to Move at Will Within Their Housing Units During Lockdowns**

During our site visit in mid-April 2023, we learned that the two housing units mentioned in the survey had been on lockdown\textsuperscript{23} since March 24, 2023. Facility staff told us that this lockdown resulted from Correctional Officers’ inability (exacerbated by vacant positions) to control the offender population. We observed the housing units during the day and at night and found that despite the imposed lockdown and extra support during the day from Turney Center’s TACT\textsuperscript{24} team, offenders in these units were able to move within the housing units at will, even swapping cells with each other. Given the nature of the prison environment, it is critical that the warden and department management know where offenders are located at any moment. According to the department’s Policy 506.14, “Housing Assignments,” staff are required to take multiple factors into consideration prior to assigning offenders to a housing unit. These multiple factors include but are not limited to compatibility among inmates, conduct, custody level, disabilities, programming needs, gang affiliations, and Prison Rape Elimination Act status. Based on discussions with facility staff and review of department policies, it is our understanding that cell assignments are made with the intention to minimize gang activity, protect offenders from other incompatible\textsuperscript{25} offenders, and minimize the risks of sexual abuse (see the *Prison Rape Elimination Act* section on page 71).

In the days after our visit to Northwest, facility management, in conjunction with the West Region Correctional Administrator, went through all offender cell assignments at Site 1 and confirmed that other offenders were in the wrong cells. Management did take immediate action to move all offenders back to their originally assigned cells. Our observations of these two units and management’s follow-up confirmation that offenders were not located in their originally assigned cells lends credence to staff’s reports that there was a lack of control over these units.

**Limited Staff Available to Respond to a Medical Emergency**

On the night of April 11, 2023, the correctional officer escorting us at Site 1 received a radio call communicating a medical code for an overdose, and this officer had to leave us in the yard to respond to the call. This event supports staff’s claims that there are a limited number of staff available to respond to medical emergencies at night because there were only 15 correctional officers and one

\textsuperscript{23} A lockdown is a safety measure Correctional Officers use to control offender movement, such as restricting offenders to their cells for a certain period.

\textsuperscript{24} The department’s Policy 506.07.02 establishes that, except when excused by policy, the warden of each institution is required to maintain a 13-member Facility Based Tactical Squad (TACT) to respond to emergencies as they occur in accordance with the mission and logistical layouts of the facility. TACT is a part-time, call-up team that can be utilized within the base facility or deployed to other facilities.

\textsuperscript{25} Policy 404.09, “Protective Services,” defines incompatible inmates as “inmates who pose a significant and substantiated potential for physical harm to one another.”
Captain on shift that night at Site 1 and two of them responded to the event. If another incident had occurred at the same time elsewhere on the compound, it would have been difficult for additional officers to respond given how few officers were on shift that night.

**Staff Not Enforcing Critical Department Policies Designed to Protect Both Offenders and Staff**

We witnessed 19 offenders without their required identification cards, which serve as the offenders’ means to receive meals and medications, as well as to help Correctional Officers verify their identity and proper cell assignment during the offender counts.\(^{26}\) As mentioned above, we also witnessed offenders who were out of place, even during a lockdown, when there was supposed to be increased supervision and limited offender movement.

We also reviewed unit logbooks for the two Site 1 housing units from the two weeks\(^{27}\) leading up to our visit and found 24 incidents, including but not limited to contraband, out-of-place offenders, overdoses, destruction of state property, and an assault that staff did not report in TOMIS.\(^{28}\) Facility staff explained that due to staffing challenges, they do not always have the time or resources to devote to reporting incidents in TOMIS.

Policies and procedures are the core of correctional operations; they inform and govern staff behavior and set clear expectations, which management must enforce. To maintain a safe and secure environment for staff, offenders, and visitors, compliance with these operational policies and procedures is critical and cannot be compromised.

**Staff at Northwest Feeling Unsupported by Management**

During our visit, multiple staff—Correctional Officers at all levels, teachers, and administrative support staff—approached us with concerns about the facility. They echoed similar concerns identified in the staff survey regarding an unsafe work environment due to staffing challenges and a lack of support from management. Their examples included

- being left alone to supervise hundreds of offenders at a time, especially at night, with no backup security staff available in case of an emergency situation like an assault, overdose, or other medical emergency;
- management’s decision to place all offenders with disciplinary issues in the same two housing units, further compounding staff’s ability to control these offenders;

\(^{26}\) Policy 506.13, “Identification of Inmates.”

\(^{27}\) We obtained the logbooks for each housing unit from March 21, 2023, to April 12, 2023.

\(^{28}\) According to the department’s Policy 103.02, “Incident Reporting,” “Incidents, as listed in Section VI.(G) of this policy, which occur within the [department’s] jurisdiction concerning the safety and security of the facility, community, staff, and inmates, or which may result in media attention, shall be reported on a regular basis according to the procedures set forth below.”
• staff required to work long hours without reliable relief for multiple days in a row, and with no official overtime caps; and
• disconnects between upper management’s perception of staffing, employee morale, and security situations at Northwest versus the staff’s experience.

During our visit, we confirmed the concerns noted above were valid through inspection of logbooks, interviews with staff and management, and our observations. Collectively, all these validated concerns are contributing to Northwest’s inability to retain Correctional Officers and maintain a safe and secure facility for offenders and employees.

According to the U.S. Government Accountability Office’s Standards for Internal Control in the Federal Government, Principle 1.05, “Tone At The Top,”

Tone at the top can be either a driver . . . or a barrier to internal control. Without a strong tone at the top to support an internal control system, the entity’s risk identification may be incomplete, risk responses may be inappropriate, control activities may not be appropriately designed or implemented, information and communication may falter, and results of monitoring may not be understood or acted upon to remediate deficiencies.

Despite recruitment efforts, Northwest management still faces serious staffing challenges due to the facility’s remote location, local job market competitors, a small pool of potential applicants, and the challenges of the position.

As noted in the Correctional Officer Staffing section, Northwest’s turnover rate for fiscal year 2023 was 37%, and its vacancy rate was 61% (and 63% by August 2023). High turnover and vacancy rates are important indicators for management to analyze impacts on existing Correctional Officers and other staff who are or may be overworked, exhausted, and unable to ensure safe conditions within the facility.
According to the facility’s Fiscal Director, facility management budgeted approximately $324,000 for advertising that covered counties surrounding Lake County where Northwest is located, as well as other parts of Tennessee, Kentucky, Missouri, and Mississippi. Facility staff also participated in job fairs to specifically recruit Correctional Officers.

Even with focused efforts, management stated that they have not seen a positive return on their investment and blame their remote location, competition from other local employers (who offer less stressful working conditions), the declining Northwest Tennessee population, and the nature of the job as negative factors in filling existing vacancies.

At the time of our visit, facility staff told us and we observed that department management took actions to address the staffing challenges and improve morale at Northwest

As noted in Finding 1 on page 17, we found 110 posts at the Northwest facility that were unfilled during our visit on April 11, 2023. To temporarily fill these posts, we found that department management made arrangements for Correctional Officers from other facilities such as Morgan and Bledsoe to work at Northwest to help alleviate the burden on current Northwest employees.

Furthermore, based on a memo from April 3, 2023, the Commissioner implemented a “7.5% location-based stipend for staff assigned to [Northwest] and an additional increase for those working in high security units” through June 30, 2023.

Recent Leadership Changes at Northwest

The Governor appointed a new Commissioner to oversee the department beginning on January 9, 2023. We shared the concerns voiced by staff in the survey with the Commissioner prior to our visit to Northwest. From June 18, 2023, through July 16, 2023, the Commissioner appointed a new Warden, as well as a new Associate Warden of Treatment and a new Associate Warden of Security at Northwest. It is too soon to determine whether the Commissioner’s changes will bring sufficient positive change in the culture at the Northwest facility.

Recommendation

The department should work with the newly appointed leadership to stabilize staffing at Northwest so that staff feel safe, secure, and supported in their jobs; they should also explore new ways to attract a workforce. It is imperative that these facility leaders create a more supportive culture to instill staff’s trust of leadership and help with retention. With more supported staff, the facility may then be able to operate safely and securely. The Commissioner should ensure that
Northwest leadership and staff understand the importance of the department’s critical safe and secure policies and consistently apply them. Leadership should immediately address the facility vulnerabilities that we identified.

Management’s Comment

Concur.

The specific vulnerabilities noted at NWCX have been addressed. The facility is poised to be successful with resources dedicated to filling posts, additional stipends offered for employees at the facility, and new facility leadership. Department executive leadership has visited the facility many times to support the new facility leadership and is closely monitoring the progress. In response to this recommendation, Department management will:

1) Continue routine visits to the facility to support staff and demonstrate commitment to their success.

2) Utilize temporary duty teams to support staffing shortages once the program is fully operational and staff have been selected and appropriately trained.

3) Test new technologies to reduce contraband introductions and improve staff and inmate safety.

4) Continue routine meetings between Department leadership and NWCX administration to share best practices and offer guidance derived from retrieved data related to staffing, misconduct, contraband, and procedural recommendations.
Offender Rehabilitative and Reentry Services

The Department of Correction provides rehabilitative and reentry services, such as education, therapy, substance use disorder treatment programs, and job training programs, to help offenders lead independent, productive, and successful lives after incarceration. The department assesses the needs of each offender to determine which programs may help these individuals successfully reintegrate into public society, thereby reducing recidivism and increasing public safety. Our goal was to review the department’s rehabilitative programs and educational classes provided to incarcerated offenders and offenders in Community Supervision programs.

The department should work to improve rehabilitation and reentry services provided to all incarcerated offenders. These efforts should include increasing the capacity for educational classes and behavioral health programming, reducing the number of offenders on waitlists for education and behavioral health therapies, and providing needed documentation and plans to set the offenders on the right course once they are released. See Finding 3, Observation 3, and Finding 4. Additionally, the department should explore ways to address lengthy class and program waitlists to ensure offenders on probation and parole receive services. See Finding 5.

Background

According to Title 41, Chapter 2, Part 5, Tennessee Code Annotated, otherwise known as the Prisoner Rehabilitation Act of 1970, the Department of Correction is required to carry out a comprehensive program of rehabilitative treatment for offenders. In accordance with the Act, management must develop various methods of rehabilitation for offenders in correctional facilities, such as

- work training and vocational-technical programs,
- formal education classes,
- self-help courses,
The department’s Assistant Commissioner of Rehabilitative Services and the Assistant Commissioner of Clinical Services oversee key components of the department’s rehabilitative and reentry programs. The department’s suite of rehabilitative services includes medical, behavioral health, and substance use treatment, education, vocational training, religious and volunteer services, correctional counseling, and employment services and assistance. The department’s Rehabilitative Services Division provides oversight of the department’s offender rehabilitative programming within the correctional facilities to address the risk factors that lead to criminal behavior. The Rehabilitative Services Division also provides reentry services to help prepare offenders for successful reintegration into the community upon release. The department’s Clinical Services Division’s Behavioral Health and Substance Use Services group contributes to the department’s rehabilitative work by providing behavioral and substance use treatment programs within the prisons. Outside of the facilities, the department’s Community Supervision Division oversees offenders on probation or parole to lessen their chance of reoffending.  

Additionally, Sections 41-1-126 and 41-1-412, Tennessee Code Annotated, require the department to conduct an assessment to develop offender treatment options and reentry plans. In accordance with Section 41-1-126, Tennessee Code Annotated, the department uses the Risk Needs Assessment to identify an offender’s risk of reoffending and what the offender needs to reduce their risk of reoffending. Section 40-28-602, Tennessee Code Annotated, authorizes the department to develop supervision plans that include treatment and rehabilitation of probationers and parolees.

We focused our review on two areas:

- how the department identifies and addresses each offender’s risk of recidivism, via the Risk Needs Assessment and offender case plans; and
- the rehabilitative and reentry services provided to offenders.

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29 The Community Supervision Division also oversees the Community Corrections Program, which allows nonviolent felony offenders to participate in community-based alternatives to incarceration. The department contracts with local governments and private agencies to develop services and resources to reduce the chances that the offender will continue criminal behavior.

30 A reentry plan is a tool the department uses to ensure offenders are prepared for reentry into society post-release from a facility and includes obtaining vital documents, planning for housing and transportation, and connecting offenders to resources in the community.
The department uses the **Risk Needs Assessment (RNA)** to identify an offender’s risk of reoffending and programs that may reduce that risk. The department uses RNAs within correctional facilities and in Community Supervision to identify an offender’s specific risks and needs. Facility counselors interview incarcerated offenders using the RNA questionnaire, and department case managers interview offenders on parole and probation using a similar RNA questionnaire customized for the different environment.

After collecting the responses from the offender, the counselor or case manager enters the information into the **Vant4ge system**, which analyzes the results to produce an RNA score that identifies potential high-risk factors that could contribute to the offender’s risk of reoffending. These factors could include difficulty finding employment, history of substance use, mental health issues, and general attitudes and demonstrated behaviors. The Vant4ge system also identifies potential **treatment pathways**, which are a combination of programs that may benefit the offender and address these factors.

Department staff use the results of the RNA to generate a plan that includes rehabilitative programming and educational classes that most benefit the offender’s rehabilitation. Facility counselors or department case managers review the potential treatment pathway and select appropriate programs. Court-ordered terms or conditions mandated by the Board of Parole can also drive offender programming. Staff review the RNA score, potential risk factors, treatment pathway, and any other required terms or conditions to define specific goals and action steps for the offender, and they compile this information in an **offender case plan (OCP)**. The offender reviews the OCP and can provide input in the goals or express interest in the programs.

**Institutional Jobs Coordinators (IJC)s** within the correctional facilities are responsible for vetting incarcerated offenders’ eligibility for programming and placing incarcerated offenders on job, class, and program registers. The registers serve as the complete lists of all offenders who should receive the requested/recommended programming and also serve as a waitlist for offenders not yet assigned to the programs. **Probation parole officers** also place offenders under Community Supervision on waitlists and in open program spots at locations within the community. Additionally, probation parole

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31 The department contracts with Allvest Information Services, otherwise known as Vant4ge, for the RNA software and hosting data. This software houses all RNA assessments and recommendations, treatment pathways, and offender case plans. The department also maintains a hard copy of the RNA for quality assurance purposes.

32 The department’s Policy 513.11, “Offender Case Plan (OCP),” defines treatment pathways as “a treatment plan that identifies which programs will be most effective for each offender by prioritizing criminogenic needs and matching them with available programming.”
officers refer offenders whose RNAs indicate they have high risks for behavioral health or substance use disorders to a Forensic Social Worker for assessment.

Rehabilitative and Reentry Programs for Incarcerated Offenders

The department provides rehabilitative and reentry programs to incarcerated offenders to reduce the risk of individuals reoffending. These programs include educational and vocational programs as well as behavioral health and substance use programs. The department also provides services to prepare the offender for successful reentry into the community, such as ensuring offenders have a housing plan, transportation, and vital documents.

Educational and Vocational Programs

The department offers multiple educational programs for offenders to obtain a high-school equivalency diploma, as well as vocational skills. The department’s Adult Basic Education (ABE) program aims to help offenders obtain high-school equivalency diplomas while serving their sentences. The department-wide Career Technical Education (CTE) program provides offenders with the opportunity to obtain specific skills through vocational training necessary for specific jobs, trades, or crafts like plumbing, electrical work, or carpentry. At select33 state-run facilities, offenders can receive degrees from colleges and universities, as well as diplomas, licenses, or credentials from Tennessee Colleges of Applied Technology (TCATs), through the Post-Secondary Education pathway. CoreCivic facilities provide both ABE and CTE programs but do not provide college degree programs.

See Tables 44 and 45 in Appendix 14 for a full list of educational opportunities provided at each correctional facility.

Behavioral Health and Substance Use Disorder Programs

The department provides behavioral health and substance use disorder programs to help address critical issues that may prevent offenders from successfully transitioning from incarceration back into the community. The department contracts with Centurion of Tennessee, LLC, to provide behavioral health services, including Therapeutic Community and Group Therapy programs, to offenders in the 10 department-operated correctional facilities. CoreCivic provides Therapeutic Community programs in the 4 facilities they operate. Three of the most recommended programs are shown in Table 9.

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33 Some state-run facilities, like Luttrell and DeBerry, offer a limited number of programs because of their specialized nature. Luttrell is a transition center, and DeBerry is the primary medical and behavioral health facility in the state. Neither Luttrell or DeBerry offer any TCAT or college/university programs. Morgan is the only non-specialty, state-run facility without a college or university program.
Table 9
Most Recommended Facility Programs

<table>
<thead>
<tr>
<th>MOST RECOMMENDED INSTITUTIONAL OFFENDER REHABILITATION PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Intervention Program</td>
</tr>
<tr>
<td>150-hour behavioral program designed to help inmates understand their destructive, criminal behaviors that contribute to a criminal lifestyle.</td>
</tr>
</tbody>
</table>

Source: Auditor prepared based on department data.
* Offenders participating in Therapeutic Community programs live in the same housing unit, separate from the general population, which allows each offender to focus on treatment and recovery.

See Table 46 in Appendix 14 for a full list of behavioral health and substance use disorder programs provided at each correctional facility.

Services for Offenders Nearing Reentry

Reentry Specialists at each correctional facility develop an offender reentry plan (ORP) for each offender to document the reentry services the offender needs. Staff also document in the ORP when offenders receive services to ensure they are prepared for reentry back into the community upon release. Reentry services include

- housing and transportation plans,
- family reunification plans,
- employment portfolios, and
- financial budget plans.

ORPs are maintained digitally within the Reentry Application, one of the department’s distributed applications that operate outside of TOMIS.

As part of the ORP, Reentry Specialists also help offenders obtain vital documents, such as birth certificates, social security cards, driver’s licenses, and state identification cards. In addition, they
help offenders apply for government assistance and coordinate medical, behavioral health, and substance use treatment in the community post-release.

Management developed milestones to ensure Reentry Specialists identify and provide necessary reentry services for offenders prior to their release. Upon entry into the correctional system, the Reentry Specialist at diagnostic intake\(^\text{34}\) initiates the ORP to record what vital documents the offender has, administers a career aptitude test, and meets with the offender to explain the ORP process. Afterward, the department’s milestone intervals are set so that a Reentry Specialist meets with the offender 24 months, 12 months, 6 months, 2 months, and 30 days before their parole hearing date or release date to assess the type of reentry services each offender will need. Reentry Specialists must\(^\text{35}\) update the ORP within the Reentry Application at each of these milestones to document when staff provided each service. See Table 47 in Appendix 14 for a full breakdown of each reentry milestone.

The department’s Policy 511.06, “Reentry Services and Assistance to Inmate and Former Offenders,” requires Reentry Specialists to enter contact notes in TOMIS each time they provide reentry services to offenders. Reentry Specialists must also complete a Reentry Discharge Summary for each offender at least 30 days before the offender’s parole hearing date or release date. The Reentry Discharge Summary summarizes the offender’s ORP and includes additional information, such as the offender’s educational, programming, and employment history while incarcerated and additional verification of vital documents, housing plans, transportation plans, and reconnection of governmental assistance services. According to the department’s Policy 511.06, staff at the facilities must complete and maintain a copy of each offender’s Reentry Discharge Summary, which lists all reentry interventions, benefit reconnections, post-release referrals, and the offender’s signature indicating that they participated in the reentry planning process.

As an offender’s release date approaches, the facility’s Reentry Discharge Planning Committee\(^\text{36}\) reviews the offender’s Reentry Discharge Summary. The committee consists of the Chief Correctional Counselor or their designee, a Reentry Specialist, a member of the health services team, a member of the behavioral health team, and an Institutional Probation and Parole Specialist if the offender is to be released on parole. The committee discusses the offender’s reentry needs and takes action to resolve any barriers to reentry. Each committee member documents their review of the Reentry Discharge Summary on the signature page of the summary.

**Release Procedures and Documentation**

The department’s Policy 511.03, “Release Procedures,” requires facility records staff to complete and maintain a Release Checklist, which serves as final administrative review and signoff that an offender may be released from the facility. This review captures pertinent details of an offender’s release, such as

\(^{34}\) This is the process the department uses to process offenders into the correctional system and orient them to life in prison.

\(^{35}\) According to the department’s Policy 511.06.

\(^{36}\) According to Policy 511.06, this committee meets weekly and must take meeting minutes and maintain them electronically.
whether the offender received their state ID or a bus ticket. Facility staff use these documents to enter the related information into the Reentry Application and in contact notes in TOMIS.

Community Supervision Programs

The department contracts with GEO Reentry Services, LLC (GEO) to provide evidence-based rehabilitative programming for offenders on Community Supervision. GEO provides courses in traditional and digital class settings. In traditional settings, offenders sit before a live instructor, whether in person in a classroom or through remote learning via video conferencing. GEO delivers digital-based classes through self-paced online learning modules. Offender participation in digital programs depends on their risks and needs; their access to a computer, mobile device, and the internet; and their highest grade level completed. As a result, not every offender is eligible for digital versions of these programs.

GEO primarily provides three programs for offenders on Community Supervision, and all three have a digital option. We provide descriptions of those programs in Table 10.

<table>
<thead>
<tr>
<th>COMMUNITY SUPERVISION PROGRAMMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Intervention Program</td>
</tr>
<tr>
<td>Psychotherapy designed to improve the way offenders respond to stress, including anger management and conflict resolution. This is a 60-hour program.</td>
</tr>
</tbody>
</table>

Source: Auditor created the table based on information from department management.

Courts may also sentence offenders on probation to other community programs that are specific to their area.

Management’s Community Supervision Case File Reviews

The department’s Policy 706.02, “Supervisory Review of Caseloads,” establishes the guidelines for supervisory case management reviews. The department has three different reviews that occur on a
case record. According to this policy, a case file is a paper file that holds intake\textsuperscript{37} paperwork, court orders, case plans, and any other records related to the supervision and case management of the offender. **Supervisors perform initial, monthly, and closing case records reviews** to ensure that probation parole officers are adequately supervising offenders. To perform the reviews, supervisors review paper case files, TOMIS records, and case management activities. Department management manually tracks the completion of the reviews listed below in a monthly tracking spreadsheet called the CompStat report.

**Initial Case Record Reviews for New Offenders on Community Supervision**

According to the department’s Policy 706.02, supervisors must review offender case records after intake has been completed, but no later than 60 days after intake. The purpose of the initial case record review is to ensure that the offender has completed the intake phase, is properly oriented to the probation or parole process, and has completed all necessary paperwork. All new offender case records are reviewed as part of this process. The supervisor records their review by entering a contact note in TOMIS.

**Monthly Case Record Supervisory Reviews**

The department has adopted a three-tiered approach for monthly offender case file reviews. The process begins at the local level, where Probation/Parole Managers randomly select 3% of all offenders per district per month and review the case files. The District Directors then review 10% of the managers’ case record reviews for the current month. Next, Correctional Administrators review 10% of the case records reviewed by the District Directors for the previous month. Each reviewer documents their reviews by entering a contact note in TOMIS. The purpose of these reviews is to note any deficiencies in the files or TOMIS records, provide feedback to staff, and implement corrective action as needed to correct any deficiencies.

**Closing Case Record Reviews**

According to the same policy, supervisors are only required to perform closing case record reviews on cases where the offender owes restitution to a victim. Supervisors are required to complete these reviews no later than 180 days before the offender is released from supervision. The supervisors document their reviews by entering a contact note in TOMIS. The purpose of the closing case record review is to verify that offenders who owe restitution are making payments in accordance with their payment plans.

\textsuperscript{37} Intake refers to the process when the department initiates supervision paperwork and orients the offender to the general expectations for Community Supervision.
Results of the Prior Audit

In the department’s January 2020 performance audit, we reported that Community Supervision supervisors, District Directors, and Correctional Administrators did not always review offender case records as required by department policy to ensure probation and parole officers performed their required duties. Specifically, we found that supervisors did not complete initial case record reviews timely, and the department did not track whether District Directors and Correctional Administrators completed quarterly reviews. At the six-month follow-up, management stated that they revised policy and the case file review tracking spreadsheets and provided training to supervisors and managers.

Current Audit

We focused our testwork on management’s corrective action to address the prior audit finding involving supervisor and manager reviews of Community Supervision case records. Our review included gaining an understanding of the offender case file review process and testing the department’s tracking spreadsheets to ensure the reviews were completed timely and in accordance with department policy. This prior finding is resolved.

We also expanded our work to include a review of programs and classes provided to incarcerated offenders and offenders on Community Supervision. See Findings 3 and 5 and Observation 3. Additionally, we reviewed reentry services provided to incarcerated offenders. See Finding 4. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

Finding 3

Due to limited capacity and lengthy waitlists for behavioral health and educational programs, fewer offenders could access programs that are designed to address criminal behavior for successful reentry into the community.

We found that capacity limitations contributed to waitlists for the Cognitive Behavioral Intervention Program, Therapeutic Community, Group Therapy, Adult Basic Education, Core Carpentry, and Career Management for Success programs within the correctional facilities. We attribute some of the lengthy waitlists and missed opportunities to cumbersome manual processes, data entry errors, and limitations of the department’s offender management system.
We found issues with offenders having delayed access to in-demand programs and classes

We reviewed the department’s waitlists for six treatment programs and classes and found that each one had hundreds, and in some cases thousands, of offenders on the waitlist to get into the programs and classes. We also found that an opening for the Cognitive Behavioral Intervention Therapy and Therapeutic Community programs may take months or years due to limited availability. Not only do long waitlists decrease the chance of offenders getting into these key programs and classes before their release, but these delays could also cause offenders’ needs to go unaddressed for long periods of time within the correctional facilities. See Tables 11 and 12 for a summary of our results. We discuss each program and class in the sections below.

Table 11
Results of Auditors’ Review of Behavioral Health Programs’ Capacities and Waitlists

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Capacity</th>
<th>Offenders on the Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Intervention Therapy</td>
<td>695</td>
<td>8,581</td>
</tr>
<tr>
<td>Therapeutic Community</td>
<td>1,264</td>
<td>2,683</td>
</tr>
<tr>
<td>Group Therapy</td>
<td>380</td>
<td>1,666</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of department-provided waitlists.

Table 12
Results of Auditors’ Review of Educational Programs’ Capacities and Waitlists

<table>
<thead>
<tr>
<th>Program</th>
<th>Class Capacity</th>
<th>Offenders on the Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Basic Education</td>
<td>1,525</td>
<td>605</td>
</tr>
<tr>
<td>Core Carpentry</td>
<td>286</td>
<td>217</td>
</tr>
<tr>
<td>Career Management for Success</td>
<td>650</td>
<td>197</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of department-provided waitlists.

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38 Internally, the department refers to these waitlists as registers. Each correctional facility has their own separate set of class and program registers.
The CBIP, TCOM, and Group Therapy behavioral health programs have thousands of offenders on waitlists

Cognitive Behavioral Intervention Program

According to management, the Cognitive Behavioral Intervention Program (CBIP\textsuperscript{39}) is a standard program offered at all correctional facilities. CBIP is one of the most RNA-recommended programs because it helps offenders understand their destructive behaviors and faulty thinking that are part of a criminal lifestyle. Additionally, offenders who are placed in this program are required\textsuperscript{40} to complete it, which management stated is another contributing factor to the lengthy waitlist for this program. 8,581 offenders were on the waitlist to receive CBIP as of June 30, 2023. See Chart 29 in Appendix 14 for a breakdown of the CBIP waitlists by correctional facility.

The two correctional facilities with the highest number of offenders on the CBIP waitlist were Hardeman and Trousdale, both CoreCivic-operated facilities. According to department management, these two facilities experience more frequent lockdowns and struggle with turnover of program facilitators, which prolongs the time it takes offenders to complete CBIP and further lengthens the waitlist.

Therapeutic Community

According to management, Therapeutic Community (TCOM) is a 6- to 12-month voluntary\textsuperscript{41} program\textsuperscript{42} designed to provide multiple levels of substance use disorder treatment to offenders while living together in the same housing unit. As of June 30, 2023, there were 2,683 offenders on the waitlist to receive TCOM. See Chart 30 in Appendix 14 for a breakdown of the TCOM waitlists by correctional facility.

TCOM is one of the longest programs the department offers, which results in lengthy waitlists. Furthermore, facility staff members place each offender on the waitlist, and they remain on the list until the offender is placed in the program, denies the program three times,\textsuperscript{43} transfers to a new facility,

\textsuperscript{39} The CBIP program consists of 150 hours of therapy including anger management, rational decision making, criminal thinking, and parent skill development.

\textsuperscript{40} The department’s Policy 505.07, “Inmate Programming (Jobs/Classes/Treatment).”

\textsuperscript{41} The department’s Policy 513.07.1, “Substance Use High Intensity Residential Services,” states under exclusion criteria, “Inmates who decline to sign the Substance Use Treatment Program Participant Agreement, CR-3586. Declining programming shall be documented in the offender management system (OMS). Once participants decline, they will be removed from the Prioritized Register.”

\textsuperscript{42} Unless mandated by the Board of Parole.

\textsuperscript{43} This is not part of the department’s policies but is the current practice according to the department’s Inmate Jobs Manager. If offenders want to refuse treatment, they must wait until they get to the top of the waitlist and then deny the treatment. After rejecting the treatment, the offender will be identified as “skipped.” The department will offer skipped offenders the program again at a later date. Offenders must reject treatment three times before they are permanently removed from the waitlist.
or is released. Moreover, if an offender is actively experiencing substance abuse issues, facility management can bypass the waitlist and place the offender into the program immediately, so long as the offender agrees to treatment.

Since TCOM is an inpatient residential program, offenders must live in a separate housing unit from the general population. Management stated that increasing the program's capacity is not viable because the program requires correctional facilities to utilize an entire housing unit solely for the program, thereby reducing the number of beds available to the general offender population. Management also stated that Trousdale has a housing unit for TCOM that could fit 125 additional offenders, which would help with the waitlist numbers. Due to facility management’s inability to maintain sufficient staffing numbers, the program cannot operate at full capacity.

According to management, they have programming challenges with specific offender populations. For example, providing TCOM to offenders at higher custody levels (close and maximum) is a challenge because facility management separates those offenders from the general population, which limits group-style programming. Also, based on our discussions with department management, female offenders may face long wait times before entering the TCOM program because the program is only offered at one of the three facilities that house female offenders.

Group Therapy

According to management, Group Therapy is the non-residential version of the TCOM program, where offenders can participate in addiction treatment without living in a separate housing unit within the correctional facility. As of June 30, 2023, there were 1,666 offenders on the waitlist to receive Group Therapy. See Chart 31 in Appendix 14 for a breakdown of the Group Therapy waitlists by correctional facility.

According to department management, all department-operated facilities, except Northwest, provide Group Therapy. The Reentry and Development Correctional Administrator explained that the

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44 See also Observation 5 in the Operating Capacity of Correctional Facilities section for more information regarding bed availability at the correctional facilities.
45 See Finding 1 in the Correctional Officer Staffing section for more information regarding correctional officer staffing challenges at Trousdale. See also page 97 of the Offender Medical and Behavioral Health Services section for information on liquidated damages assessed to Centurion for behavioral health staffing issues.
46 According to the department’s Classification User’s Guide, a custody level is “the amount or degree of supervision appropriate for each offender that is consistent with the protection of the public, staff, and other offenders. Within [the department], custody levels are maximum, close, medium, minimum restricted, minimum direct, and minimum trustee.”
department did not include facility staff positions to run the program at Northwest in their contract with Centurion. However, department management acknowledged that the program was needed and included the facility staff positions to begin offering the program at Northwest by fall 2023.

None of the CoreCivic-operated facilities currently offer Group Therapy, even though there are offenders within those facilities who need the program and have been put on a waitlist. The department’s Clinical Services Behavioral Health management stated that they would like to have this program added to the CoreCivic contracts, but the department’s Inspector General stated that they have been unable to add it due to budgetary constraints.

Hundreds of offenders are on waitlists for the ABE, Core Carpentry, and CMS educational programs

Offenders may also experience wait times for educational programs. Based on our analysis of educational program waitlists, we found the following information for educational programs within the correctional facilities as of June 30, 2023:

- 605 offenders were on the waitlist to receive Adult Basic Education (ABE),
- 217 offenders were on the waitlist to receive Core Carpentry, and
- 197 offenders were on the waitlist to receive Career Management for Success (CMS).

According to management, ABE has high waitlist numbers because it is a large program that many offenders need and because offenders may be in the program multiple years before finishing. Management is, however, currently working to implement new software to help offenders progress through the program faster. This software would also offer multiple language features for offenders who speak different languages. Offenders can opt out of ABE due to age or can be removed due to inability to progress through the program. Department management stated that a shortage of teachers and security staff, as well as frequent lockdowns at CoreCivic facilities, has affected the ability to operate classes, which may have caused offenders to take longer to complete the program.

Management stated that the Core Carpentry program has several offenders on the waitlist because the program is in high demand and requires a lot of space. The Assistant Commissioner of Rehabilitative Services stated that the department may benefit from adding mobile units to increase space available to operate classes on facility property.

According to management, CMS\textsuperscript{47} has a lengthy curriculum. The Assistant Commissioner stated that the department is working to modify the curriculum by removing some aspects of it and

\textsuperscript{47} Career Management Success (CMS) is a class designed to give offenders the career tools needed to reenter the community.
incorporating the removed aspects into other programs to shorten the time it takes for offenders to complete the program.

While offenders received some classes and programs during their incarceration, they did not always complete their RNA-recommended Cognitive Behavioral Intervention Therapy

To determine whether offenders received and completed recommended programming based on their Risk Needs Assessment (RNA), we reviewed 45 offenders from a list of 703 offenders released from September 1, 2022, to March 26, 2023. These offenders were released due to parole and sentence expiration from the Morgan, West TN, Trousdale, and South Central facilities. Based on our review, we determined that 6 of the 45 (13%) offenders did not have the opportunity to enter the Cognitive Behavioral Intervention Therapy (CBIP) program even though facility staff and Vant4ge identified the program as part of their treatment pathway. As noted above, CBIP consists of psychotherapy to assist offenders with stress, anger, and conflict, key for successful re-entry into the community.

Cumbersome manual processes, data entry errors, and an antiquated offender management system may contribute to the high number of offenders on certain class and program waitlists, but the extent of the impact of these issues is unknown

We discussed our conclusions and results involving the waitlists with department management. According to the department’s Inmate Jobs Manager, the Institutional Jobs Coordinators (IJCs) have to manually add offenders to the waitlists, increasing the risk of human error. The Inmate Jobs Manager also stated that TOMIS, the department’s antiquated offender management system, does not automatically flag or remove offenders from waitlists if they are not eligible for a class or program. As a result, the IJCs must perform a multi-step review when an offender is initially added to the waitlist and again each time the offender is at the top of the list and a spot becomes available.

Management indicated that they planned to perform a full-scale review of the waitlists to ensure that any offenders who were erroneously added are removed. Furthermore, they plan to remove offenders

- when a facility eliminates a class or program,
- when offenders transfer to a new facility, or
- when offenders are released.

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48 We present the details of our methodology, including the details of our sample, in Appendix 1.
49 If the department recommended both TCOM and CBIP, and since the completion of TCOM would cover the requirements for CBIP, we considered completion of TCOM and CBIP one requirement and considered it one program for the purposes of our testwork. We did not identify an instance in which an offender completed CBIP but not TCOM when both were required.
50 See the Offender Management System Replacement Project section for more information on the department’s efforts to replace the Tennessee Offender Management Information System (TOMIS).
As of September 20, 2023, management had not completed this review. Despite these potential data entry errors, management agreed that programs like CBIP and TCOM have significant waitlists, and they are exploring ways of increasing capacity with limited physical space and instructor turnover.

The department does not have a statewide waitlist for rehabilitative classes and programs within the correctional facilities

We found that the department does not have a statewide waitlist for rehabilitative classes and programs within the correctional facilities, preventing department management from tracking the number of offenders who need a specific class or program when it is not offered at the facility they reside in. We also observed that some correctional facilities maintained waitlists for classes and programs they did not offer, while others did not, further leading to inconsistencies in tracking each facility’s offender population and their needs. According to management, TOMIS does not have the capability to track waitlists statewide, but this is one of their goals for the upcoming TOMIS replacement project (see the Offender Management System Replacement Project section).

The department is working to increase capacity for classes and programs within the facilities but is challenged by limited physical space, offender custody levels, and instructor turnover

Department management has identified limited physical space for classes as a barrier to increasing the capacity of programs. The Assistant Commissioner of Rehabilitative Services explained there will always be a capacity limitation for all classes and programs within the correctional facilities due to classroom sizes and the lack of physical space available. She further stated that to expand a class or program’s size and program spots, the space and program spots must be taken from another program.

For the ABE program, management stated that they are implementing new technology to allow offenders to complete the ABE program with tablets, which allows offenders to complete the program at their own pace. Additionally, high turnover for instructor positions, especially at CoreCivic facilities and for positions that require specific certifications and licensure, may impact capacity at the facilities. Management has stated that adding portable mobile units to facilities may help increase capacity by allowing more offenders access to programs at one time.

Management also stated that the demand and need for the TCOM program in the facilities was the reason the department decided to repurpose the Chattanooga Resource Center for female parolees and probationers. To help alleviate TCOM’s high waitlist for female offenders, the department is in the process of implementing a post-release TCOM program for women who did not get into the

51 The department uses community resource centers to place offenders in outpatient programs as an alternative to incarceration.
TCOM program in the facility. The program is set to be available in September 2023 in Chattanooga and will provide offenders with housing while they complete the program.

Department management’s risk assessment did not identify risks related to waitlists or RNA-recommended programming

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and found that management did not identify the risks of lengthy waitlists or offenders failing to receive all RNA-recommended rehabilitative programs and, as such, did not design risk responses to address the risks when they presented. The U.S. Government Accountability Office’s Standards for Internal Control in the Federal Government includes guidance to management for establishing an effective internal control system. According to Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

**Recommendation**

The department should continue to look for ways to reduce waitlists and increase the capacity of behavioral health and educational programming to address offenders’ needs before they are released from custody. When the department moves to a new offender management system, management should automate the cumbersome, manual process that Institutional Jobs Coordinators must go through to add offenders to waitlists and should implement statewide waitlists for jobs, classes, and programs.

In addition, management should evaluate their risk assessment to ensure they include the risks noted in this finding and should implement effective controls to address these risks. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risk and mitigating controls, and take action if deficiencies occur.
Management’s Comment

Concur.

Department management is working with STS and our vendor partner to design and implement a statewide offender waitlist for programs that will identify eligibility criteria from the OMS to narrow options for each offender. A statewide system will eliminate redundant, and thus misleading, recurrences of offenders being listed on several reports. While the system is being developed, training will be provided as well as additional oversight steps implemented to ensure the waitlist accurately reflects the individuals identified for program participation based upon the results of their risk and needs assessment. Additionally, Department management continues to pursue digital tablets for inmates, which will expand the available behavioral health and programming opportunities. As recommended, Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.

Observation 3

CoreCivic facilities do not offer offenders post-secondary education or Group Therapy that many of the state facilities provide

The Department of Correction has a responsibility to provide all offenders in its care opportunities for education and rehabilitation programs while incarcerated. We found inconsistency in the programming opportunities between the department-run facilities and the CoreCivic-run facilities.

CoreCivic facilities do not provide offenders post-secondary or TCAT courses

Specifically, we confirmed that CoreCivic does not offer any post-secondary educational opportunities, nor do they offer any Tennessee College of Applied Technology (TCAT) courses at the four correctional facilities they manage for the department despite housing over a third of the department’s offenders. They do, however, offer a variety of vocational programs. See Tables 44 and 45 in Appendix 14 for the full list of educational and vocational offerings at each facility. Department management stated that potential higher education partners hesitate to partner with for-profit correctional facility companies, such as CoreCivic, because the higher education organizations are nonprofits. Department management also indicated that internet access challenges also limit

52 According to Sections 41-21-501 through 517, Tennessee Code Annotated, otherwise known as the Prisoner Rehabilitation Act of 1970, the department is required to carry out a comprehensive program of rehabilitative treatment for offenders. Additionally, Section 41-24-104 states that no proposal from a private prison contractor may be accepted unless “the proposal offers a level and quality of services that are at least equal to those that would be provided by the state.”

53 As of June 30, 2023, the 4 CoreCivic facilities housed approximately 6,900 of 19,000 (36%) of all offenders in the correctional facilities.
educational opportunities at the CoreCivic facilities since these facilities are located in rural areas. As a result of the lack of higher education offered at CoreCivic facilities, if an offender wants to participate in higher education programs, management stated that the department will transfer the offender to a facility that meets these educational needs.

Based on our inquiry with CoreCivic management, they agreed that internet connectivity has been a barrier to implementing these educational opportunities at their facilities, but they also indicated that they are currently working with the Tennessee Board of Regents to bring TCAT programs to Trousdale, with the long-term goal of expanding to the other three facilities.

**Group Therapy is not offered at CoreCivic facilities**

Additionally, as mentioned in Finding 3 above, the CoreCivic facilities also do not offer Group Therapy, despite having offenders at the facility who have a need\(^\text{54}\) for the program. Department management stated that if an offender needed these services, management will transfer them to another facility that offered the program. However, there are lengthy waitlists for Group Therapy in the state-run facilities as well, so there may not be any guarantee a spot would be available.

**Recommendation**

The department should consider the feasibility of bringing post-secondary education opportunities to CoreCivic facilities for offenders assigned at those facilities.

**Management’s Comment**

Concur.

The Department is committed to providing post-secondary opportunities for all eligible TDOC offenders regardless of facility placement. As evidenced in Appendix 14-Table 44 of this report, not all programs are offered equally in facilities due to geographical limitations, technology limitations, or space limitations. The Department reduces the impact of these individual facility limitations by taking a broad system approach and transferring offenders as needs dictate. Department management will continue to work with our CoreCivic partners to explore additional ways that educational and programming needs for offenders can be met. As noted earlier, Department management is continuing to pursue digital tablets for inmates, which will expand the available programming for offenders.

\(^{54}\) Even though these facilities do not offer Group Therapy, we found that the Institutional Jobs Coordinators at Trousdale and Whiteville still had hundreds of offenders on waitlists for this program as of June 30, 2023. Additionally, the department’s Director of Addiction Services and Director of Behavioral Health Services stated there is a need for Group Therapy at the CoreCivic facilities and would like to see this added into their contracts.
Finding 4

Management did not ensure that offenders were released from correctional facilities with the vital documents and service referrals to set them up for successful reentry into their communities and did not maintain state records related to the reentry process.

Facility management did not ensure offenders were released from prison with the vital documents and plans they need to apply for jobs, housing, and assistance after incarceration.

To determine whether facility staff provided reentry services to offenders prior to their release, we reviewed 45 offenders from a list of 703 offenders released from September 1, 2022 to March 26, 2023, due to parole and sentence expiration, from the Morgan, West TN, Trousdale, and South Central facilities. Based on our review of the 45 offenders’ reentry plans and supporting documentation, including discharge summaries, Reentry Discharge Planning Committee meeting minutes, release checklists, and TOMIS notes, we determined that facility management and staff failed to ensure offenders received reentry services and were provided with vital documents as required by policy, increasing the risk of offenders not having the resources, information, and documents necessary to successfully reenter society.

Provision and Documentation of Reentry Services

For successful reentry, the facilities provide offenders with vital documents, such as birth certificates, social security cards, and state-issued IDs or driver’s licenses. Facility staff also ensure the offender has a transportation plan, a housing plan, and any behavioral health services the offender requires. The department uses the offender reentry plan to document the provision and review of each of these documents or services to the offender. During our review of reentry services, facility management and staff could not verify that 30 of the 45 (67%) offenders received 1 or more of the reentry services identified in their offender reentry plans.

The facilities did not document the provision of vital documents like birth certificates, social security cards, and state-issued IDs or driver’s licenses. The facilities also released offenders without documenting in the reentry plan the offender’s housing plan, which ensures the offender has a safe place of residence post-release, or the transportation plan, which is meant to ensure the offender can safely arrive at their place of residence post-release. Facilities also failed to document in the reentry plans whether behavioral health staff completed, reviewed, and approved applicable reentry plans. We provide the details of our review in Table 13.

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55 We present the details of our methodology, including the details of our sample, in Appendix 1.
56 The department’s Policy 511.06.
Table 13
Reentry Services Not Provided by Facility Staff

<table>
<thead>
<tr>
<th>Number of Offenders*</th>
<th>Percentage</th>
<th>Missing or Unverified Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>22%</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>13</td>
<td>29%</td>
<td>Social Security Card</td>
</tr>
<tr>
<td>3</td>
<td>7%</td>
<td>State-Issued ID or Driver’s License</td>
</tr>
<tr>
<td>8</td>
<td>18%</td>
<td>Transportation Plan</td>
</tr>
<tr>
<td>2</td>
<td>4%</td>
<td>Housing Plan</td>
</tr>
<tr>
<td>6</td>
<td>13%</td>
<td>Behavioral Health Services</td>
</tr>
</tbody>
</table>

Source: Auditor created the table based on review of offender reentry plans and supporting documentation.
* Individual reentry plans may have contained multiple errors. All percentages are out of the total of 45 offenders.

See Table 47 in Appendix 14 for a full breakdown of our results, including management’s response to the results and policy requirements.

New Law Requiring Vital Documents

According to management, offenders refused some vital documents because the offenders were responsible for paying for copies of birth certificates and state IDs/driver’s licenses. Under a new law, which goes into effect on January 1, 2024, the department will be required to provide these vital documents to all offenders and use any funds available to cover the costs. With this new law, offenders will not be able to refuse vital documents due to cost, and management indicated that they would obtain these vital documents for offenders whether they request them or not.

Offender Reentry Plans Not Reviewed

Additionally, Reentry Specialists must regularly update the offender reentry plan at regular milestone intervals to document which of the rehabilitative and reentry programs the offenders request, need, and ultimately receive. The department’s Policy 511.06 also states that the reentry plan “shall be approved by the Chief Correctional Counselor and the Associate Warden” prior to the offender’s release date. Based on our review of 45 reentry plans, we found 2 that did not include any documentation of review and 2 that were dated after the offender left the facility.

Behavioral Health Approval of Offender Reentry Plans

We also found that offenders with behavioral health needs were released from a facility without timely input from behavioral health staff. According to the department’s Policy 511.06, for offenders with behavioral health risks, a behavioral health representative must sign off on their release plan. We found that, for 3 of the 45 (7%) reentry plans, behavioral health staff signed off on the plan approximately 2 years before an offender’s release date, increasing the risk that health staff would miss changes in plans and circumstances. The department’s Director of Behavioral Health Services stated that

57 Section 41-51-301, Tennessee Code Annotated.
the reentry planning process begins 24 months before an offender’s release. As a result, some sections of the offender reentry plan may be completed far in advance of the offender’s release date. He added that if no circumstances have changed and there is no update in the offender’s care, then the facility’s behavioral health staff would not be updated again prior to the offender’s release. Based on the documentation we reviewed, we could not tell whether staff checked to ensure no circumstances had changed or no updates in care were necessary because this was not documented within the reentry plan.

Facility staff did not complete and maintain Reentry Discharge Summaries and Reentry Discharge Planning Committee Meeting Minutes

Reentry Discharge Summaries Not Signed or Dated

The department’s Policy 511.06, “Reentry Services and Assistance to Inmates and Former Offenders,” states that the facility’s “reentry specialist and the inmate shall review the Reentry Discharge Summary . . . and sign acknowledging that all of the information is correct.” The policy also states that the Reentry Discharge Planning Committee must meet, review the discharge form, and sign it documenting their review. Based on our review of the discharge summaries, 17 of 45 (37%) summaries were not dated for completion, and 7 of 45 (16%) were not signed by applicable facility management and staff. We provide the details of these errors in Table 49 in Appendix 14.

Reentry Discharge Summaries Not Maintained

The department’s Policy 511.06 also requires the facility to provide and complete a Reentry Discharge Summary for each offender leaving state custody. The offender’s discharge summary provides a list of all of the rehabilitative programs the offender received, including educational programs, counseling, and employment, as well as barriers to reentry or other risks. The Reentry Discharge Planning Committee, which consists of key personnel responsible for rehabilitative and reentry programs, reviews the plan to address the needs the offender may have to increase their chance for a successful reentry to society. The department must maintain the form for 50 years after an offender’s sentence expires or after their death.58 Based on our review, facility staff and management failed to maintain Reentry Discharge Summaries for 18 of 45 (40%) offenders:

- South Central could not provide 9 of the 10 forms we requested,
- Trousdale could not provide 6 of the 13 forms we requested,
- Morgan could not provide 2 of the 14 forms we requested, and
- West TN could not provide 1 of the 8 forms we requested.

Reentry Discharge Planning Committee Meeting Minutes Not Maintained

As part of the Reentry Discharge Planning Committee’s review of each offender reentry plan, the committee must keep minutes of each meeting. The department’s Policy 511.06 requires the

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58 The Reentry Discharge Summary falls under department Records Disposition Authorization 1167.
committee use Form CR-4259 to record the minutes, and they must be “maintained electronically in the reentry team shared file.” The minutes serve as vital evidence that the committee met, that all required parties were present, and that they addressed offenders’ reentry needs timely. Based on our review of offender reentry plans, facility management and staff failed to maintain copies of the meeting minutes for 19 of 45 (42%) offenders. For 10 of 45 (22%) offenders, the minutes were illegible or did not identify which offenders the committee discussed.

Department management’s risk assessment did not identify the risk of released offenders not receiving all reentry services prior to release

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and found that management did not identify the risk of offenders not receiving all applicable reentry services prior to release. The U.S. Government Accountability Office’s Standards for Internal Control in the Federal Government includes guidance to management for establishing an effective internal control system. According to Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

Recommendation

Department management should ensure that staff provide all applicable reentry services to offenders to increase their chances of successfully reintegrating into society after their release. Management should also look for ways to improve turnover and caseloads\(^{59}\) of Reentry Specialists and provide additional training on the department’s policies to ensure Reentry Specialists consistently document their processes and retain reentry documentation in accordance with statewide retention requirements.

\(^{59}\) See Table 48 in Appendix 14 for the department’s comments related to the errors we noted.
Management’s Comment

Concur.

Department management will review our current reentry processes and solicit input from facility level reentry staff to determine ways to make the process more effective and efficient. Training will be delivered to ensure that the documentation deficiencies noted in the report are addressed. Additional support and oversight of this area will be provided by the Rehabilitative Services Division.

Finding 5

In some probation and parole districts, the waitlists for key behavioral programs were high and management did not ensure offenders met with forensic social workers, which may have contributed to offenders not receiving programming or services prior to the end of their Community Supervision.

The department contracts with GEO Reentry Services, LLC (GEO) to provide the Cognitive Behavioral Intervention Program, Stopping Abuse for Everyone, and Victim’s Impact classes for offenders on Community Supervision. GEO provides program facilitators to teach the classes. The department employs Forensic Social Workers (FSWs) to screen and assess offenders who may have behavioral health or substance use problems and connects them with consultation, treatment, or other services.60

Offenders were unable to complete recommended or required programming and did not meet with FSWs prior to the expiration of their Community Supervision sentence.

We found that 40%61 of offenders who completed their Community Supervision from September 2022 to February 2023 did not complete all RNA-recommended or Board of Parole-mandated programming or meet with FSWs for mental health and substance abuse evaluation and treatment. See Table 50 in Appendix 14 for a full breakdown of our results.

According to department management, offenders may not have completed the recommended programming or been referred to FSWs prior to release for the following reasons:

60 The department’s Policy 113.86, “Forensic Social Workers.”
61 We selected a random sample of 25 offenders on probation or parole assigned to all 15 Community Supervision districts for analysis. (During fieldwork, the department merged 2 sets of districts for a new total of 13 districts). We noted issues with 10 of 25 offenders.
• the offender was discharged from the program due to violations of probation or parole conditions, nonparticipation, poor performance, or conflicts with their work schedules;

• waitlists for certain programs, like Cognitive Behavioral Intervention Program (CBIP) and Victim’s Impact, were high in certain districts across the state and offenders did not get into the programs (see Figures 12 through 14 in Appendix 14); or

• offenders had to wait four to six months to see a department-employed FSW due to turnover for that position.

If management does not ensure offenders complete programs like CBIP or does not ensure they timely refer offenders to FSWs, the risk and likelihood increases that the offender may reoffend.

The waitlists for key programs are high within certain Community Supervision districts, especially for the afternoon and evening classes

We reviewed the department’s capacity and waitlist information for the traditional Cognitive Behavioral Intervention Program (CBIP), Stopping Abuse for Everyone (SAFE), and Victim’s Impact programs and found that the waitlists for these programs were high within certain Community Supervision districts and class sections. See Table 14. We did not include the digital versions of these classes because there is no cap on capacity and only select offenders\(^{62}\) meet the criteria to participate in digital programs. See Figures 12 through 14 in Appendix 14 for a full breakdown of our results.

<table>
<thead>
<tr>
<th>Program</th>
<th>Capacity</th>
<th>Offenders on the Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBIP</td>
<td>813</td>
<td>2,686</td>
</tr>
<tr>
<td>SAFE</td>
<td>332</td>
<td>52</td>
</tr>
<tr>
<td>Victim’s Impact</td>
<td>380</td>
<td>652</td>
</tr>
</tbody>
</table>

Source: Auditor testwork.

We found that probation and parole offices and class sections with the highest number of offenders waitlisted for CBIP were afternoon and evening sections in Blountville, Knoxville, Cookeville, Murfreesboro, Tullahoma, and Columbia. We saw similar trends in higher waitlists in the afternoon and evening sections of Victim’s Impact and SAFE classes, with some variance across the districts.

According to department management, the department has been grappling with capacity issues, especially for afternoon and evening classes, because most offenders work during the day.

\(^{62}\) According to department management, they consider an offender’s RNA results, availability of technology and internet, and reading comprehension level to determine who can participate in digital programming.
Management also explained that GEO has experienced a high turnover among program instructors, further lengthening waitlists.

These rehabilitative programs are important because they may reduce the chance that an offender will revert to a criminal lifestyle. Lengthy waitlists can lead to delayed treatment, and in some instances no treatment at all. Additionally, some of these programs are mandated by the court and/or the Board of Parole, so if offenders do not complete the programs, they could face sanctions from the court or the department.

**Department management has already started to look for ways to increase capacity**

According to the department’s Statewide Director of Risk Needs Assessments, the department recently negotiated a contract amendment with GEO to increase the number of group facilitators from 21 to 27, thereby increasing the number of slots available for programs. The Director of Risk Needs Assessments stated that each facilitator instructs at least 2 classes, but the department is expecting an increase of 24 new program slots for offenders. The amendment went into effect on August 7, 2023.

**Department management’s risk assessment did not identify risks released to waitlists for Community Supervision programs**

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and found that management did not identify the risk of offenders not receiving all applicable Community Supervision programs prior to release and, as such, did not design risk responses to address the risks when they presented. The U.S. Government Accountability Office’s *Standards for Internal Control in the Federal Government* includes guidance to management for establishing an effective internal control system. According to Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

**Recommendation**

Department management should continue to explore ways to address lengthy class and program waitlists and increase capacity to ensure all offenders receive rehabilitative services prior to completion of the department’s Community Supervision program.

In addition, management should evaluate their risk assessment to ensure they include all risks and should implement effective controls to
address the risks noted in this finding. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risks and mitigating controls, and take action if deficiencies occur.

Management’s Comment

Concur.

Department management will continue to explore ways to address program waitlists and increase capacities. Staff will be provided additional training on scheduling BHS appointments within supervision timeframes and following up when appointments are missed. The Department has recently begun to utilize technology to reduce missed appointments whereby offenders will receive reminders through text messages and calls which should reduce the number of missed appointments. Finally, the Department continues to work with program providers to expand class offerings to reduce current waitlist issues.

Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.
Prison Rape Elimination Act

Protecting offenders from sexual abuse and harassment by other offenders and correctional staff is a fundamental responsibility of every correctional operation. This protection involves screening offenders for the risk that they are potential victims or aggressors, actively investigating incidents of sexual abuse and harassment, and taking proper disciplinary and legal action. Our goal was to examine the Department of Correction’s process for protecting offenders from sexual abuse and harassment, including the department’s investigative actions when an offender is allegedly victimized.

The department should improve its process to ensure all Prison Rape Elimination Act screenings are completed and should establish effective internal controls over offenders’ housing assignments. Additionally, management should evaluate the current investigation and closure process for allegations of sexual abuse and harassment to prevent further victimization. See Finding 6, Finding 7, and Finding 8.

General Background

Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the problems of sexual assault in the country’s federal and state correctional entities. The U.S. Department of Justice established the PREA Prisons and Jail Standards (Federal PREA Standards) to provide federal and state entities with requirements to prevent, detect, and respond to sexual abuse and harassment in correctional facilities by

- conducting PREA-related training and education for staff and offenders,
- identifying potential victims and aggressors of sexual abuse and harassment, and
- receiving and investigating allegations of sexual abuse and harassment involving staff and offenders.
Department’s PREA Policy

It is the policy of [the department] to provide a safe, humane and secure environment free from threat of sexual abuse for all offenders in custody by maintaining a program of prevention, detection, response, investigation and tracking of all alleged sexual abuse. [Management] has a zero tolerance policy for incidences of sexual abuse within its facilities.

Source: Department website.

Organizational Structure for Screening and Investigations

To ensure compliance with Federal PREA Standards, management uses a number of specialized staff within the central office and in the correctional facilities. Management employs a Statewide PREA Coordinator, who oversees PREA compliance in all 14 correctional facilities in the state. At the correctional facility level, each facility’s chief counselor and team are responsible for screening offenders to identify whether they are at risk of victimization or abusiveness.

Within the Department of Correction’s Office of Investigations and Conduct (OIC), management relies on an OIC Director to employ a Director of Investigations and a team of investigators, who conduct criminal investigations related to PREA. Each facility has an Associate Warden of Treatment, who oversees the facility’s compliance with PREA and oversees a team of facility investigators. Facility investigators have the authority to conduct administrative investigations, which include cases against department policy but not criminal offenses.

We focused our review on management’s processes in two areas, as outlined in the following pages:

- screening offenders for the risk of sexual abuse and harassment, to prevent housing offenders at risk of sexual victimization in the same cells as offenders at risk of sexual abusiveness; and
- PREA allegations and investigations of sexual abuse and harassment, including disciplinary or legal action.

Screening Offenders for the Risk of Sexual Abuse and Harassment

To meet the Federal PREA Standards, management requires every offender to receive a PREA screening upon entering the state’s correctional system. The purpose of these screenings is to mitigate the risk that a potential aggressor (someone at risk of committing sexual violence) could victimize a potential victim. According to the standards and based on discussion with facility management, within 72 hours of the offender’s initial arrival into the state’s correctional system, staff must meet with and screen the offender to assess their level of risk for sexual abusiveness or victimization. Facility staff perform another screening within 30 days of arrival to consider any additional circumstances or
information that may not have come to light during the initial screening.\textsuperscript{63} We also learned that, although the Federal PREA Standards do not require the department to screen offenders annually, the department’s policy\textsuperscript{64} includes an annual PREA screening requirement. Management also performs nonroutine PREA screenings in the following situations:

- when an offender returns to a correctional facility if they are temporarily housed elsewhere for more than 24 hours,
- when an offender reports an allegation of sexual abuse or harassment, or
- upon receiving information that affects the offender’s risk of sexual victimization or abusiveness.\textsuperscript{65}

In this section, we focused our work on routine PREA screenings: those conducted initially, 30 days after arrival, and annually. Regardless of when offenders are screened, management’s process to screen them is the same.

\textbf{Initial and 30-day Screenings}

The offender’s initial PREA screening is part of an extensive 14-day process called intake, which occurs when the offender enters the state’s correctional system, and is designed to assess an offender’s past and present behavior, circumstances, needs, and risks. The intake process involves multiple examinations, assessments, and evaluations, including the PREA screening, which occurs on the first day of intake, when the offender meets privately with an intake counselor. Intake ends with a classification hearing, where a panel of facility management makes recommendations concerning the offender’s custody level, which impacts the offender’s housing assignment. Within 30 days of arrival, the offender receives another PREA screening.

\textbf{Annual Screenings}

Facility staff also perform an annual PREA screening as part of the offender’s annual reclassification, where facility staff and the offender review the offender’s current circumstances to ensure the offender has the proper facility restrictions, programs, services, and resources. The reclassification process begins when each facility’s chief counselor obtains a monthly assessment

\textsuperscript{63} Federal PREA Standard 115.41, “Screening for Risk of Victimization and Abusiveness.”
\textsuperscript{64} Policy 502.06.1, “Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring.”
\textsuperscript{65} Policy 502.06.1.
report\textsuperscript{66} from the Tennessee Offender Management Information System (TOMIS). The chief counselor copies the contents of the report to a master Excel spreadsheet to plan and track the offenders due for reclassification and notifies the counselors of their assigned offenders who are due for reclassification within the next month.\textsuperscript{67} Each counselor is responsible for completing each offender’s reclassification before the offender’s scheduled reclassification hearing, which signifies the end of the reclassification process.\textsuperscript{68} According to facility staff, offenders must have a PREA screening 48 hours before the reclassification hearing.

**PREA Screening Process**

For all three types of PREA screenings, the counselors use the electronic PREA screening application within TOMIS to perform the offender screening. To begin the screening, the counselor enters the offender’s unique identification number. The system application automatically populates the offender’s demographic information, any prior incidents, and the last date the offender received a PREA screening, if applicable. The counselor can also see whether an offender has been previously flagged as a victim or aggressor. Through a series of confidential questions, the screening application guides the counselor to identify and select items that will determine whether an offender is at risk of sexual victimization or is at risk of sexually abusing others, such as the offender’s prior personal and criminal history and physical characteristics.

**PREA Screening Outcomes**

Once counselors complete the screening, the screening application returns an outcome and classifies the offender with one of the following PREA statuses:

- **sexual abusiveness:** aggressor, at-risk aggressor, or not applicable (i.e., no abusiveness status); or
- **sexual victimization:** victim, at-risk victim, or not applicable (i.e., no victimization status).

The counselor then updates TOMIS based on the screening outcome.

**Impact on Offender Cell Assignments When PREA Status Changes**

Counselors must determine whether the offender’s status has changed based on the latest screening. When an offender’s status of sexual abusiveness changes to at-risk or aggressor, facility

\textsuperscript{66} The “Offenders Needing CCR/RNA” report. According to the department’s Policy 513.09, “Risk Needs Assessments (RNA) for Institutions and Transition Centers,” CCR stands for criminal conviction record, and RNA stands for risk/needs assessment. The RNA identifies the offender’s criminal attributes and allows facility staff to recommend programming that may help the offender reduce those criminal tendencies.

\textsuperscript{67} The department’s Policy 401.04, “Initial, Diagnostic, Classification, and Reclassification Process.”

\textsuperscript{68} A reclassification hearing is the department’s process to routinely assess each offender’s programmatic, security, and supervision needs.
staff must ensure that they do not share a cell with a victim or at-risk victim offender. As part of the counselor’s responsibilities, the counselor contacts the facility’s count room staff, who are responsible for making offenders’ cell assignments in TOMIS, to verify if the screened offender’s current cell assignment is appropriate and in compliance with the standards. According to facility management, if the offender’s cell assignment is appropriate, no further cell decision is required. The counselor, however, ensures TOMIS has flagged the offender as an aggressor or victim, thereby preventing count room staff from making inappropriate cell assignments of offender aggressors and victims in the future.

Our walkthrough to gain an understanding of the process, however, identified a TOMIS limitation. For example, if the screening outcome identifies the offender as an at-risk aggressor, and that offender is already sharing a cell with a potential victim, TOMIS does not have the functionality to flag the inappropriate cell assignment. Therefore, it is incumbent on the counselor to immediately contact the count room when the screened offender’s PREA status changes so that staff can separate the offenders as soon as possible.

Results of the Prior Audit

In the department’s January 2020 performance audit, we found that facility staff did not consistently administer required offender screenings to prevent sexual abuse in correctional facilities. Specifically, we found that facility staff did not complete most initial PREA screenings upon an offender’s arrival and did not always complete the 30-day screenings after arrival. In management’s 6-month follow-up, management stated that facility management would perform 48-hour and 15-day reviews to ensure arriving offenders received their required PREA screenings, and if needed, assign a counselor to perform the screening within the designated time limits. Management stated they monitor this process monthly.

Current Audit

We examined management’s efforts to protect offenders against sexual abuse and harassment by reviewing whether the correctional facilities conducted the required PREA screenings. We followed up on management’s corrective actions related to the initial and 30-day screenings. We also expanded our work to examine management’s administration of annual screenings and to determine whether management took the appropriate actions to protect potential victims when the screenings identified risks. See Finding 6 and Finding 7. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

69 Federal PREA Standard 115.42, “Use of Screening Information,” and the department’s Policy 502.06.1.
70 A correctional facility’s count room staff are responsible for monitoring offender movements to, from, and within the facility and making and recording offender cell assignments in TOMIS.
Finding 6

Department management did not ensure facilities performed the required annual PREA screenings to minimize the risk of victimization.

Facility staff did not perform annual PREA screenings to proactively identify offenders at risk of sexual abuse victimization or abusiveness.

Although management did take action to improve the initial and 30-day Prison Rape Elimination Act (PREA) screenings, we found that correctional facility staff were not performing routine annual screenings for every offender to assess offenders’ level of sexual abusiveness or victimization. As part of the annual process, each offender is given a 48-hour notice before their reclassification hearing, at which time the counselor should do the annual PREA screening as required by department policy.

We conducted an analysis of all active offenders as of May 2, 2023, to determine if facility staff performed an annual PREA screening within the last calendar year, as required by the department’s Policy 502.06.1. Based on the analysis, we found that for 1,011 of 18,574 total offenders (5%), department management had not ensured facility staff performed a PREA screening within the last calendar year. We expanded our review and found that some offenders had not had a screening for several years. See Table 15.

<table>
<thead>
<tr>
<th>Last Time Offender Was Screened</th>
<th>Number of Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>323</td>
</tr>
<tr>
<td>2021</td>
<td>389</td>
</tr>
<tr>
<td>2020</td>
<td>251</td>
</tr>
<tr>
<td>2019</td>
<td>42</td>
</tr>
<tr>
<td>2018</td>
<td>4</td>
</tr>
<tr>
<td>2017</td>
<td>1</td>
</tr>
<tr>
<td>2014</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>1,011</strong></td>
</tr>
</tbody>
</table>

Source: Auditor prepared based on analysis results.

According to the Inspector General and the Statewide PREA Coordinator, the responsible counselors did not complete screenings on time or at all in some cases.
The department’s risk assessment did not identify risks related to annual PREA screenings

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and determined that management did not identify the risk related to annual PREA screenings. According to the U.S. Government Accountability Office’s *Standards for Internal Control in the Federal Government*, Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

**Recommendation**

Department management should monitor correctional facilities’ compliance with department policy to ensure counselors complete the required annual PREA screenings during the annual reclassification process. In addition, management should evaluate their risk assessment to ensure they include all risks and should implement effective controls to address the risks noted in this finding. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risks and mitigating controls, and take action if deficiencies occur.

**Management’s Comment**

Concur.

Department management will conduct a review of policy requirements to ensure that PREA mandates are met, and necessary screenings are conducted while also eliminating additional self-imposed requirements in order to clarify PREA standard conformance. Once revisions are made, facility auditing instruments will be modified to evaluate and monitor compliance. Additionally, Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.
Finding 7

The department and CoreCivic housed potential aggressors in the same cells as potential victims of sexual abuse, in violation of Federal PREA Standards

In gaining our understanding of management’s process, we found that an offender’s Prison Rape Elimination Act (PREA) status can change over time. When offenders’ PREA statuses change, Federal PREA Standards\(^{71}\) and Department of Correction policy\(^{72}\) require management to use that information to separate potential aggressors from potential victims of sexual violence.

Management’s control to prevent housing aggressors and victims together was not effective, resulting in incompatible housing

To ensure facility staff consider PREA status changes for cell assignments, management cannot rely on the Tennessee Offender Management Information System (TOMIS) to alert staff of the latest screening outcomes. When an offender’s status changes to either aggressor or victim, or at-risk of either, management must manually evaluate the current cell assignment and separate incompatible offenders due to the PREA status changes. To address the status changes, management established a control that requires counselors to notify the count room staff that an offender’s status has changed so that they can evaluate the housing assignment and make required cell reassignments.

After learning that a new PREA screening may result in potentially incompatible cell assignments, we focused our efforts on management’s post-screening process to evaluate cell assignment compatibility. We analyzed the data\(^{73}\) for the cell housing assignments and found 34 offenders who were housed inappropriately. See Table 16.

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\(^{71}\) Federal PREA Standard 115.42, “Use of Screening Information,” states, “The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.”

\(^{72}\) The department’s Policy 502.06.1, “Prison Rape Elimination Act (PREA) Screening, Classification, and Monitoring,” outlines facility management’s responsibilities to make housing and cell assignments with the “goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.”

\(^{73}\) We obtained cell housing assignment data from TOMIS and analyzed all cells with 2 offenders assigned at all 14 correctional facilities. We found that 17 of 7,506 cells (34 offenders) housed offenders with conflicting PREA statuses.
Table 16
Data Analysis Results of TOMIS Housing Assignments
by Correctional Facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Offenders Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardeman*</td>
<td>4</td>
</tr>
<tr>
<td>Johnson</td>
<td>6</td>
</tr>
<tr>
<td>South Central*</td>
<td>20</td>
</tr>
<tr>
<td>Trousdale*</td>
<td>2</td>
</tr>
<tr>
<td>Turney Center</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>

Source: Auditor prepared based on analysis.
* CoreCivic-operated facilities.

We discussed our results with management, who stated the counselor who screened the offenders should have contacted the facility’s count room staff to move the offenders to a different cell; however, in these instances, the counselor did not notify the count room. In addition, after each PREA screening, management did not perform their own review of TOMIS data to ensure the control of the counselor notifying the count room was operating effectively.

Department management’s risk assessment did not identify risks related to housing offenders inappropriately

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and determined that management did not identify the risk of the department and CoreCivic correctional facility staff failing to separately house potential victims of sexual abuse and harassment from potentially abusive offenders. The U.S. Government Accountability Office’s Standards for Internal Control in the Federal Government (Green Book) provides a comprehensive framework for internal control practices in federal agencies and serves as a best practice for other government agencies, including state agencies. According to Green Book Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

**Recommendation**

Management should remind correctional facility staff to ensure they promptly notify the count room to separate offenders with conflicting PREA statuses who are housed in the same cell. Management should also perform monitoring activities to ensure all staff responsible for
offender cell assignments are meeting PREA standards. As we note in the Offender Management System Replacement Project section, the department is in the process of designing a replacement for TOMIS. As such, management should explore a way to electronically alert staff after each screening event and flag offenders who are aggressors, victims, or at-risk of either.

In addition, management should evaluate their risk assessment to ensure they include all risks and should implement effective controls to address the risks noted in this finding. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risks and mitigating controls, and take action if deficiencies occur.

Management’s Comment

Concur.

While the Department did demonstrate 99.98% compliance in this area, steps have already been taken to eliminate this error in the future. Our current OMS prevented identified “at-risk” individuals from being placed in the same cell but did not prevent them from remaining in a cell if their status changed. As of September 21, 2023, the Department implemented an acknowledgment system in the PREA screening application, that requires screening staff to conduct a review of the offender’s current housing assignment and communicate any PREA screening risk level changes to the appropriate staff to ensure housing assignments are appropriate. Additionally, Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.

PREA Allegations and Investigations

Federal PREA Standards define two types of PREA allegations: sexual abuse and sexual harassment. The definition for sexual abuse is broad and includes nonconsensual sexual contact between inmates and consensual or nonconsensual sexual contact between inmates and staff. In the context of the law, rape is considered a form of sexual abuse. Standard 115.6 defines sexual harassment as repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
The department is responsible for responding to all allegations of sexual abuse and harassment. According to the department’s Policy 502.06, “PREA Implementation, Education, and Compliance,” the department has zero tolerance for sexual acts between staff and offenders, as well as between offenders, regardless of whether the act is consensual.

For the period July 1, 2021, through April 25, 2023, the department received 659 PREA allegations. See Table 17.

<table>
<thead>
<tr>
<th>Outcome of Investigation*</th>
<th>Abuse</th>
<th>Harassment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inmate on Inmate</td>
<td>Staff on Inmate</td>
<td>Inmate on Inmate</td>
</tr>
<tr>
<td>Substantiated</td>
<td>18</td>
<td>40</td>
<td>5</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>128</td>
<td>17</td>
<td>77</td>
</tr>
<tr>
<td>Unfounded</td>
<td>83</td>
<td>54</td>
<td>43</td>
</tr>
<tr>
<td>Total</td>
<td>229</td>
<td>111</td>
<td>125</td>
</tr>
</tbody>
</table>

Source: Auditor created using data in the PREA Allegation System.
* See outcome definitions on page 83.

Process to Report PREA Allegations and Collect Initial Evidence

According to PREA Standard 115.71, “[when] the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.” Offenders in the department’s custody may report allegations of sexual abuse or harassment through a phone tip line, by filling out a grievance form, directly to a staff member, or to a sexual assault center, and offenders have the option of reporting allegations anonymously. Regardless of the method used to report the allegation, the facility investigator and the Associate Warden of Treatment receive the allegation, and the facility investigator begins the investigation.

Department policy requires investigators to enter all PREA allegations into the PREA Allegation System, the department’s PREA allegations tracking system, within 24 hours of receiving the allegation. Federal PREA Standards also require the department to maintain investigative case

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74 Sexual assault centers are resource centers for victims of sexual assault and are not affiliated with the department.
75 Allegations made through the phone tip line automatically route to both the facility investigator’s phone and the Associate Warden’s phone. Facility staff distribute other allegations to the Associate Warden, who assigns the allegation to an investigator.
76 The department’s Policy 502.06.2, “Prison Rape Elimination Act (PREA) Allegations, Investigations, and Sexual Abuse Response Team.”
files for the entire time of an offender’s incarceration, plus five years. According to Federal PREA Standards, for both administrative and criminal investigations, the department must document investigations in written reports. According to the department’s Policy 502.06.2, the department’s Office of Investigations and Conduct (OIC) or a facility investigator must complete and include the following forms in the case file:

- the Sexual Abuse Incident Check Sheet, which lists the required notifications and activities investigators must document once an allegation is received;
- the Sexual Abuse Incident Review Report, which documents facility management’s review of the investigation after its conclusion;
- the Inmate Status Notification, a document signed by the offender acknowledging communication related to the allegation;
- the PREA Allegation Documentation Checklist, which verifies that the facility investigator received all required investigative forms; and
- the PREA Retaliation Review Form, which documents that investigators reviewed whether inmates or staff were targeted for retaliation due to the PREA investigation.

Based on the circumstances of the case, the case file may include other items, such as video recordings, witness statements, and other evidence. Although not addressed in policy, the department uses both a paper file and an electronic file to maintain the case file. The electronic file is maintained on the PREA Allegation System (PAS), and the paper file is maintained on site at the facility where the allegation occurred. According to the Statewide PREA Coordinator, both files serve as the case file of record to maintain PREA-required documentation. The Statewide PREA Coordinator reviews the case files in PAS for completeness and accuracy and audits a selection of paper files annually.

Investigative Process

Once the department receives an allegation of sexual abuse or harassment, the department assigns an investigator to the case and must promptly investigate the allegation. Management also takes action to preserve evidence, such as instructing offenders to not change their clothes to preserve any potential for collecting DNA. If the allegation involves sexual abuse, management then takes the victim and the aggressor to health services, the facility’s medical clinic. If the victim alleges penetration,

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77 PREA Standard 115.71, “Criminal and Administrative Agency Investigations.”
the facility investigator or health services staff notify an OIC investigator,\(^\text{78}\) and health services staff transport the victim to a hospital for a rape examination performed by a Sexual Assault Nurse Examiner. The facility’s health services staff refer the victim to a victims’ advocate. The nurse gives the completed rape kit to the OIC investigator, who sends it to the Tennessee Bureau of Investigation (TBI) for testing. According to Section 39-13-519, *Tennessee Code Annotated*, the department must send the rape kit to the TBI or an equivalent lab within 30 days.

After collecting any physical evidence from the crime scene and the rape kit, and completing the Sexual Abuse Incident Check Sheet, the investigator conducts interviews. If the incident occurred in a common area, the investigator reviews the video footage. If the investigator determines during the investigation that the allegation is a criminal matter, they, the Statewide PREA Coordinator, the OIC investigator, and the Warden meet with and present the evidence to the local District Attorney. This meeting typically takes place during the investigation to allow the investigator to gather sufficient evidence in case the District Attorney decides to prosecute the aggressor. The District Attorney decides whether their office will prosecute the case.

**Investigation Outcomes**

According to Federal PREA Standard 115.5, the investigator can reach one of the following outcomes:

- **substantiated** allegation – the investigator determined the alleged sexual abuse or sexual harassment occurred,
- **unsubstantiated** allegation – the investigator found insufficient evidence to conclude the alleged sexual abuse or sexual harassment occurred, and
- **unfounded** allegation – the investigator determined the alleged sexual abuse or sexual harassment did not occur.

The investigator is responsible for updating PAS with the details and results of the investigation and then closes the case. The investigator is also responsible for ensuring the paper file contains all applicable documentation once the case is closed.\(^\text{79}\) The department must also report the results of the investigation to the victim.\(^\text{80}\)

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\(^\text{78}\) According to the department’s Policy 107.01, “Office of Investigations and Conduct: Unit Authority, Responsibility, Personnel Selection and Training,” OIC investigators have law enforcement and arrest powers, whereas facility investigators do not.

\(^\text{79}\) Federal PREA Standard 115.71(i).

\(^\text{80}\) Federal PREA Standard 115.73, “Reporting to Inmates, Detainees, and Residents.”
The department is required by Federal PREA Standards to periodically monitor the victim, aggressor, and anyone else involved in the allegation for retaliation for 90 days. The investigator can choose to monitor the individual longer if warranted. The department is only responsible for retaliation monitoring on substantiated and unsubstantiated cases, as federal standards do not require retaliation monitoring for unfounded cases.

Disciplinary Actions

If an investigator substantiates an allegation, the department must issue the aggressor a disciplinary report at the conclusion of the case, after which the facility has 72 hours to hold a disciplinary hearing. A disciplinary hearing is a meeting between the offenders, the disciplinary board members, and an inmate advocate. Each facility has a Disciplinary Board, which is a group of Correctional Officers who evaluate the offenders’ disciplinary charges to determine any necessary disciplinary actions. Each Disciplinary Board has a Disciplinary Board Officer, who is the chief member. The offender has the right to an inmate advocate, a fellow offender who can ask questions during the hearing. During the hearing, the offender may argue against the report. At the conclusion of the hearing, the Disciplinary Board determines whether to take disciplinary action for the offense. Generally, the Disciplinary Board Officer determines appropriate disciplinary actions for minor offenses, while the whole Disciplinary Board meets to determine appropriate disciplinary actions for more serious offenses. The department’s Policy 502.02 establishes a matrix that the Disciplinary Board Officer uses to determine the offender’s punishment. The matrix establishes the maximum punishments depending on the incident type and the number of prior offenses. These punishments can include placing the inmate in segregation for up to 30 days, revoking good-conduct credits, or revoking access to other privileges such as commissary. Offenders have the option of waiving the right to a hearing and pleading guilty to the disciplinary report in hopes of receiving a lesser punishment.

If the aggressor is a facility employee, Federal PREA Standards dictate that the department’s or CoreCivic’s disciplinary action shall be commensurate with the nature and circumstances of the acts committed. Staff who perpetrate sexual abuse should be terminated and may be prosecuted. Depending on the severity of the incident, staff who sexually harass an offender may be required to undergo PREA training, receive coaching sessions with their superiors, be placed on suspension, receive written warnings, or be terminated.

81 Federal PREA Standard 115.67, “Agency Protection Against Retaliation.” The standard also states that the department “shall act promptly to remedy any such retaliation [from inmates or staff]. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.”
83 Good-conduct credits are sentence reduction credits for good behavior.
84 Federal PREA Standard 115.76, “Disciplinary Sanctions for Staff.”
Post-Allegation Investigation Screening

As required by Federal PREA Standard 115.41, the department must reassess an offender’s level of victimization or abusiveness “when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.”

According to the Statewide PREA Coordinator, after substantiating an allegation of abuse, the investigator refers both offenders to a facility counselor to be screened. The facility counselor follows the same screening process described above in the Screening Offenders for the Risk of Sexual Abuse and Harassment section. By doing these screenings, the department ensures that new victims or aggressors will be housed appropriately to mitigate the risk of additional victimization. For substantiated sexual harassment allegations, the investigator uses their professional judgement when referring offenders for a screening.

The department’s position is that victims and aggressors in unsubstantiated allegations do not require a referral for a new PREA screening. To the department, unsubstantiated allegations do not bear additional information that would impact the department’s determination of the offender’s risk level of sexual victimization or abusiveness.

PREA Reporting

Federal PREA Standards require the department to provide aggregate PREA information for department- and CoreCivic-operated facilities at least annually. The report must be made readily available to the public and include the total number of allegations and substantiated allegations of sexual abuse and sexual harassment that the department received during the fiscal year, organized by whether the allegation was against a fellow offender or a staff member. Federal PREA Standards also require a comparison to the number of allegations in the prior year, information on the department’s overall activities to address sexual abuse, corrective actions taken to address substantiated allegations against inmates and staff, and corrective actions to improve PREA compliance. The department publishes a PREA Annual Report for each fiscal year. Each year, the Statewide PREA Coordinator uses PAS to obtain the allegation information for the report, and the department publishes the report on its website each October.

The department also creates an annual Statistical Abstract, which it publishes on its website. Although the information found in the Statistical Abstract is similar to the PREA Annual Report, the Statistical Abstract reports the number of rape and sexual misconduct incidents, while the PREA Annual Report provides the number of allegations of sexual abuse and sexual harassment. The department uses the Tennessee Offender Management Information System (TOMIS) to produce the Statistical Abstract, and the department only reports substantiated PREA allegations in TOMIS. Also, the sexual misconduct category on the Statistical Abstract includes consensual and solo sexual acts, whereas PREA does not allow those to be categorized as sexual abuse or harassment.
Results of the Prior Audit

In the department’s January 2020 performance audit report, we found that management did not ensure that state and CoreCivic correctional facility staff followed policies and procedures for investigating sexual abuse and sexual harassment allegations and documenting their results. Specifically, we found that facility staff did not enter PREA allegations into PAS within 24 hours. We also found issues with investigative documentation, including insufficient documentation to support the investigation’s conclusions. In the six-month follow-up, management stated they provided PREA investigation training to investigators and facility staff to ensure they enter allegations into PAS within the required timeframes and comply with the documentation requirements for each investigation. Management also stated they created quick reference guides of PREA standards for staff.

Current Audit

We followed up on management’s corrective actions related to PREA investigations by reviewing documentation to support that training was conducted. To further assess the success of the corrective action, we reviewed allegations in PAS and reviewed paper investigative files. We also expanded our work to review management’s actions once an allegation was substantiated. See Finding 8. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

Finding 8

As noted in the prior audit, the department did not conduct or ensure CoreCivic conducted investigations of sexual abuse and sexual harassment in accordance with federal standards and department policy.

Based on our analysis of the Department of Correction’s Prison Rape Elimination Act (PREA) investigations, we found issues with closing investigations before receiving rape kit results, failing to send rape kits for testing, not ensuring accurate information in case files, not recording disciplinary actions for substantiated allegations, and not reclassifying or re-screening offenders for PREA status changes.

CoreCivic facilities closed 12 investigations before receiving the rape kit results

Federal PREA Standard 115.22 states that “[the] agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.” For all 14 facilities, the department relies on the information in the PREA Allegation System (PAS) to accurately report the number of allegations of sexual harassment and abuse. In our work to verify the accuracy of the information in PAS, we identified 97 ongoing investigations dating back to 2015. When we requested further information on these 97 investigations, facility management responded by
closing 52 investigations, stating that they should have already been closed. In addition, the Statewide PREA Coordinator deleted 6 unsubstantiated investigations and provided clarifying information on why the remaining investigations were still open. We reviewed the 52 closed investigations and found that 12 investigations from 3 CoreCivic facilities should not have been closed due to pending rape kits.

Additionally, we performed file reviews at CoreCivic’s Trousdale facility to determine if investigators properly conducted and documented investigations as required by Federal PREA Standards. We identified 3 additional allegations marked as closed with pending rape kits. See Table 18 for facility results.

Table 18
Closed Allegations With Rape Kit Results Pending

<table>
<thead>
<tr>
<th>Correctional Facility</th>
<th>Number of Closed Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardeman*</td>
<td>2</td>
</tr>
<tr>
<td>Trousdale*</td>
<td>8</td>
</tr>
<tr>
<td>Whiteville*</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

Source: Auditor prepared using data in PAS.
* CoreCivic facility.

According to the department’s Statewide PREA Coordinator, CoreCivic facilities have a history of prematurely closing cases, and he has worked to educate the investigators to prevent it from happening.

**A department OIC investigator failed to send five rape kits to TBI for testing**

Statute85 requires the department to send rape kits to the Tennessee Bureau of Investigation (TBI) within 30 days. Based on our review and discussion with the Statewide PREA Coordinator, we learned that the Coordinator identified five allegations for Trousdale where the investigators failed to send the rape kit to the TBI for testing. According to the Coordinator, one OIC investigator was responsible for the rape kits and was terminated in 2022. After the department found the Trousdale rape kits, other OIC investigators sent the five kits to TBI for testing.

The department did not ensure investigation case files contained accurate information

We reviewed PREA allegation case files to determine if investigators properly conducted and documented investigations as required by Federal PREA Standards\textsuperscript{86} and the department’s policy\textsuperscript{87}. Our review included 120 PREA allegations across 6 facilities.

Twenty-eight of the 120 (23\%) allegation case files that we reviewed had 1 or more errors or instances of noncompliance with Federal PREA Standards and department policies. In the 28 case files, we identified a total of 42 instances of noncompliance. See Table 19 for a summary of errors by correctional facility operator and Table 20 for details of errors and instances of noncompliance we identified per facility.

Table 19
Summary of Errors in Review of PREA Allegation Case Files
for Department and CoreCivic Correctional Facilities

<table>
<thead>
<tr>
<th>Facility Operator</th>
<th>Number of Allegations With Errors or Noncompliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>15</td>
</tr>
<tr>
<td>CoreCivic</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>

Source: Auditor created based on testwork results.

\textsuperscript{86} Federal PREA Standard 115.71, “Criminal and Administrative Agency Investigations.”

\textsuperscript{87} Policy 502.06.2, “PREA Allegations, Investigations, and Sexual Abuse Response Teams.”
Table 20
PREA Investigations
Errors and Instances of Noncompliance Noted During Reviews of Case Files

<table>
<thead>
<tr>
<th>Total Amount and Amount Per Facility</th>
<th>Error or Instance of Noncompliance</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Staff did not enter allegations into PAS within 24 hours of receiving the allegation as required by department Policy 502.06.2. Allegations were late as follows: 3 allegations were one day late, 1 allegation was 2 days late, 2 allegations were 3 days late, 1 allegation was 4 days late, 1 allegation was 12 days late, and 1 allegation was 18 days late Of those allegations that were entered between 1 and 4 days late, the issue may have been caused by a PAS system issue. Of the allegations that were entered 12 and 18 days late, management noted that the South Central facility did not have an investigator on staff to enter the allegation, but another staff member should have entered the allegation.</td>
<td>When allegations are not entered on time in accordance with department policy, there is an increased risk that the person who reported the allegation may face retribution, a victim may stay housed in an inappropriate cell assignment, or management may forget to log the allegation.</td>
</tr>
<tr>
<td>(8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 at Trousdale (CoreCivic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 at South Central (CoreCivic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 at Northwest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 at West TN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Staff did not document investigation activities or evidence in PAS. According to the Statewide PREA Coordinator, PAS does not need the same level of information as the paper case file. However, he also stated that when monitoring investigations, he only reviews PAS to evaluate the investigation and only reviews the paper investigative file during a facility’s annual compliance inspection.</td>
<td>Since the Statewide PREA Coordinator primarily reviews allegations in PAS, the Statewide PREA Coordinator does not have sufficient information to determine whether staff conducted a complete review and reached a proper conclusion.</td>
</tr>
<tr>
<td>(10%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 at South Central (CoreCivic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 at Northwest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 at West TN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 at Morgan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Amount and Amount Per Facility</td>
<td>Error or Instance of Noncompliance</td>
<td>Risk</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>3 (3%) 1 at Trousdale (CoreCivic)  2 at South Central (CoreCivic)</td>
<td>A staff member documented more than one conclusion in PAS as to whether the allegation was substantiated, unsubstantiated, or unfounded. Based on our review, management did not review these files for accuracy.</td>
<td>Since the Statewide PREA Coordinator uses PAS to create the PREA Annual Report, incorrect information in PAS would lead to an inaccurate public report. Without the proper result documented, offenders may not be disciplined for substantiated events or may be disciplined for an unsubstantiated event.</td>
</tr>
<tr>
<td>3 (3%) 1 at Trousdale (CoreCivic)  2 at Morgan</td>
<td>Staff documented incorrect allegation types for investigations. In 2 instances, staff selected sexual harassment in PAS when the allegation was for sexual abuse, and in 1 instance, staff selected sexual abuse when the allegation was for sexual harassment. Based on our review, management did not review these files for accuracy, but the department corrected these entries after we identified them.</td>
<td>Since the Statewide PREA Coordinator uses PAS to create the PREA Annual Report, incorrect information in PAS would lead to an inaccurate public report. Without the proper allegation type documented, offenders may not be appropriately disciplined for substantiated events.</td>
</tr>
<tr>
<td>7 (6%) 5 at South Central (CoreCivic)  2 at Bledsoe</td>
<td>The paper case file did not include the PREA Retaliation Review Form, which documents that investigators reviewed whether inmates or staff were targeted for retaliation due to the PREA investigation. According to the Statewide PREA Investigator, the 2 allegations at Bledsoe did not contain the form or evidence of monitoring because monitoring was not required until after the investigation concluded. We contacted the U.S. Department of Justice, who informed us and the Statewide PREA Coordinator that monitoring should begin at the allegation date. Management did not ensure staff performed monitoring in the 5 instances at South Central, but facility management has since implemented new procedures for ensuring compliance.</td>
<td>By not ensuring that staff have performed retaliation monitoring, management increases the risk that individuals could face retaliation without facility intervention, further exposing the individuals to an unsafe environment.</td>
</tr>
<tr>
<td>Total Amount and Amount Per Facility</td>
<td>Error or Instance of Noncompliance</td>
<td>Risk</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3 (3%) South Central (CoreCivic)</td>
<td>The victimized offender did not receive an Inmate Notification Form, and staff did not inform the offender of the results of the allegation investigation. Management did not ensure staff provided this information to the inmates, but facility management has since implemented new procedures for ensuring compliance. Federal PREA Standards require the department to inform the victim of the results of the investigation.</td>
<td>By failing to inform a victim of the results of an investigation, the offender may suffer further harm to their well-being. Additionally, failure to ensure staff follow policies and procedures increases the risk of noncompliance with Federal PREA Standards.</td>
</tr>
<tr>
<td>4 (3%) South Central (CoreCivic)</td>
<td>The paper case file did not include the Sexual Abuse Incident Check Sheet and the Sexual Abuse Incident Review Report, as required by department Policy 502.06.2. The former lists the required notifications and activities investigators must document once an allegation is received, while the latter documents facility management’s review of the investigation after its conclusion. Management did not ensure staff completed these forms, but facility management has since implemented new procedures for ensuring compliance.</td>
<td>The Check Sheet and Review Reports are a significant control to ensure accurate and complete documentation of investigations, and the failure to make sure staff complete these forms increases the risk of inaccurate investigations and noncompliance with Federal PREA Standards.</td>
</tr>
<tr>
<td>1 (1%) Trousdale (CoreCivic)</td>
<td>The paper case file was missing, but the PAS file was complete.</td>
<td>According to the Statewide PREA Coordinator, the paper file documents all procedures and forms that were completed. When there is no paper file to support the PAS information, there is an increased risk of inaccurate reporting and noncompliance.</td>
</tr>
</tbody>
</table>

Source: Created by auditor from information obtained from case files and discussions with department and facility management and staff.
Management did not record disciplinary actions for substantiated allegations of sexual abuse

Offender Aggressors

To determine whether management disciplined aggressor offenders and recorded the actions as required by Federal PREA Standards and department policy, we reviewed 28 substantiated allegations of inmate-on-inmate sexual abuse involving 38 aggressors for the period August 1, 2019, through April 15, 2023. Although these 28 allegations were all substantiated, facility management did not issue a disciplinary report or document any record of discipline for 28 of the 38 aggressors (74%).

According to Federal PREA Standards, the facility should take disciplinary actions when they determine an offender engaged in sexual abuse. When management does not record and track these disciplinary actions, it increases the risk that facility management may fail to discipline the offender who committed sexual abuse and may make favorable decisions on their behalf, such as an early parole recommendation, based on perceived good behavior.

Employee Aggressors

We reviewed 108 staff-on-inmate abuse and harassment allegations. Our review identified active department employees with substantiated allegations of sexual harassment of offenders, and department management either did not take disciplinary action against the employees or did not document the actions taken. See Table 21.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Management did not document coaching sessions.</td>
<td>Bledsoe – 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Johnson – 1</td>
</tr>
<tr>
<td>1</td>
<td>Management did not take disciplinary action.</td>
<td>Johnson – 1</td>
</tr>
</tbody>
</table>

Source: Information obtained from the Statewide PREA Coordinator.

According to the Statewide PREA Coordinator, disciplinary actions for employees can range from coaching sessions to termination, and each facility chooses the option most suited to the

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88 According to Federal PREA Standard 115.76, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.” Furthermore, Standard 115.78 states that offenders “shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.”

89 Policy 502.06.2 quotes Federal PREA Standard language regarding disciplinary actions for staff and offenders.

90 In some cases, there are multiple victims or multiple aggressors.
situation. The Statewide PREA Coordinator also stated that coaching sessions are not required to be documented. Without documentation of employee disciplinary actions, management cannot ensure facilities are protecting the offenders in their care.

After substantiated sexual abuse allegations, offender victims and aggressors either were not reclassified as such or did not receive a PREA re-screening

In our analysis of substantiated allegations, we identified a total of 124 substantiated victims of sexual abuse and 60 substantiated offender aggressors for the period of August 1, 2019, through April 15, 2023. See Table 22.

Based on our review, we found that facility staff failed to identify 70 of 124 (56%) offenders as victims during their PREA re-screening despite the substantiated abuse investigations. We also noted that 88 of 124 (71%) victims did not receive a re-screening within 7 days\(^9\) of the allegation. As for the aggressors, we also found that facility staff did not update the aggressor offender’s status for 19 of 60 (32%) aggressors, and 39 of 60 (65%) aggressors did not have a re-screening near the time of the allegation. See Table 22.

<table>
<thead>
<tr>
<th>Offender</th>
<th>Total Number Involved in Allegations</th>
<th>Screened Without an Update to Victim or Aggressor Status</th>
<th>Not Screened Timely After Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victims</td>
<td>124</td>
<td>70</td>
<td>88</td>
</tr>
<tr>
<td>Aggressors</td>
<td>60</td>
<td>19</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: Auditor created based on information in TOMIS.

The department did not report critical data in its Statistical Abstract

The department’s Statistical Abstract includes line items for management to report sexual misconduct and rape. Based on our review of the department’s Statistical Abstract and discussion with the Inspector General, the department has chosen to report rapes only when they have a substantiated case that is sent to outside prosecution. Any other substantiated rape is reported as sexual abuse. We

\(^9\) The Statewide PREA Coordinator stated that re-screenings should occur immediately or as soon as possible. Without a defined timeline, we used seven days as a reasonable expectation of prompt re-screening.
also discussed the rape reporting with the Director of Investigations, who stated that investigators can label a case as rape given the statutory definition,\(^2\) regardless of whether the case is pursued in court.

For the 2022 Statistical Abstract, we found that the department substantiated five abuse allegations (based on rape kit results), and we believe these abuse allegations should have been reported as rapes in the Statistical Abstract. By not doing so, the public may perceive that rapes have not occurred although investigations support that they have.

**Management should identify all risks and establish effective mitigating controls**

Based on our review of the department’s 2022 annual risk assessment, we determined that management identified the risk of staff at the state-run and CoreCivic correctional facilities not following policies and procedures for investigating sexual abuse and sexual harassment allegations, including documenting investigation results. Management also identified mitigating controls for the risk, which consisted of training facility staff on PREA standards, ensuring that the Statewide PREA Coordinator actively monitors the timeliness of PREA entries, and ensuring that management reviews PREA allegations during the annual correctional facility inspections. However, we question whether the mitigating controls are effective.

Based on our review of the facility inspection reports, we found that management’s mitigating controls may not be effective given that the department continued to find issues with PREA investigation documentation at Hardeman, Whiteville, West TN, Northwest, Riverbend, Johnson, South Central, Morgan, and Northeast during fiscal year 2022. We recommend management reevaluate the controls to determine if the controls mitigate the identified risks.

The U.S. Government Accountability Office’s *Standards for Internal Control in the Federal Government* (Green Book) includes guidance to management for establishing an effective internal control system. According to Green Book Principle 7.09, “Response to Risks,”

> When risk response actions do not enable the entity to operate within the defined risk tolerances, management may need to revise risk responses or reconsider defined risk tolerances. Management may need to conduct periodic risk assessments to evaluate the effectiveness of the risk response actions.

We also found that management had not identified the risks associated with

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• not disciplining offender and staff aggressors of sexual abuse and harassment, and
• staff failing to re-screen offenders after a substantiated sexual abuse or harassment allegation.

As such, management also did not design appropriate risk responses to address either of the risks.

According to Green Book Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

**Recommendation**

The Commissioner should ensure that management takes corrective action as follows:

• Management must ensure all department and CoreCivic facility staff comply with Federal PREA Standards and departmental policies.
• Management should ensure both the department and facility policies and procedures are up-to-date and communicated appropriately.
• Management should report accurate and complete information to the public and the General Assembly via its annual report and statistical abstract.
• Management should ensure that investigators send rape kits for testing within the time frame required by law.
• Management should discipline and record the disciplinary actions in either offender or employee records regarding substantiated cases of sexual abuse and harassment.
• Management must ensure that all victims and aggressors are reassessed for their risk of sexual victimization and abusiveness following investigations of sexual abuse or harassment, as required by Federal PREA Standards.
• Management should ensure the Statewide PREA Coordinator and OIC Director monitor investigators to ensure that investigations are conducted thoroughly and accurately and that investigators maintain all critical case documentation.

• Management should review and update the risk assessment for the deficiencies noted in this finding, design and implement controls to address these risks, continue to monitor these risks, and take appropriate action to address other deficiencies as they occur.

Management’s Comment

Concur.

Department management is examining current policy requirements concerning PREA processes to ensure that requirements are clearly communicated. Training for appropriate staff will be conducted to ensure policy processes are communicated and understood. PREA processes require a collaboration between facility staff, OIC and Central Office and a schedule for routine meetings will be established and/or maintained. Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.
Offender Medical and Behavioral Health Services

The Department of Correction has a responsibility to provide a community standard of medical and behavioral health care to offenders in its custody in order to keep both offenders and staff safe. Each facility must have the appropriate number of health care providers, and staff must maintain accurate medical records to ensure offenders receive adequate and timely health-related services for both critical and routine issues. We reviewed the department’s responsibilities for providing medical and behavioral health services to offenders, including vendor requirements for providing staff and documenting care. Our goal was to determine whether offenders received required medical and behavioral health services.

The department should monitor CoreCivic’s compliance with department policy on keeping accurate offender medical records and should work with its contractors, CoreCivic and Centurion, to ensure they have sufficient, adequately trained staff to maintain complete and accurate medical records. See Finding 9.

General Background

The Department of Correction’s responsibility for the safety and security of offenders and staff in the correctional facilities includes providing a “community standard” of medical and behavioral health care for offenders. According to department management, “community standard” of care means that the offenders within the facilities should receive the same level of care as the individuals who live in the community where the facility is located.

In 1983, Section 41-1-408, Tennessee Code Annotated, was enacted to require the department to “provide adequate medical care, including twenty-four-hour emergency care, at all prison facilities.” This statute also allows the department to contract with county health departments or other appropriate entities to obtain trained medical personnel.

Results of the Prior Audit

In the department’s January 2020 performance audit, we reported that Centurion and the previous behavioral health services provider (Corizon) did not meet contractual medical and behavioral health staffing levels. We found that neither contractor was filling vacancies within the required
The department contracts with Centurion to provide medical and behavioral health care at the 10 prisons managed by the department. The department’s contract with CoreCivic, which manages 4 prisons, includes medical and behavioral health responsibilities.

In accordance with statute, as noted above, the department is responsible for providing medical (including dental and vision) and behavioral health services to offenders incarcerated in all 14 of the state’s correctional facilities. To provide these services for its state-run correctional facilities, management has contracted with Centurion of Tennessee, LLC (Centurion) since November 2020. For the CoreCivic-run correctional facilities,

93 Corizon, LLC provided behavioral health services to the department from April 2016 through October 2020. In November 2020, the department and Centurion entered into a separate contract for behavioral health services.
management’s contract with CoreCivic includes medical and behavioral health responsibilities and staffing requirements for all facilities run by CoreCivic.

Both Centurion’s and CoreCivic’s contracts include specific requirements for both staffing and maintaining accurate offender medical records (see the Maintenance of Offender Health Records section below).

Department management has set staffing requirements that specify that Centurion and CoreCivic must maintain certain numbers of staff by expertise (such as physicians, nurses, therapists, counselors, and clerks) and must have a specified number of shifts per day for each staff position. Both Centurion and CoreCivic must fill vacant medical and behavioral health positions within contractually specified timeframes (see Table 23 on page 100 for required timeframes per position).

Additionally, health services management at each correctional facility is responsible for scheduling and monitoring the medical and behavioral health staff to ensure that each facility meets all contractual staffing requirements. According to both the department’s and CoreCivic’s health services management, their processes for creating staff schedules are similar. See Figure 7 for a summary of the scheduling process.

**Figure 7**
Summary of the Staff Scheduling and Monitoring Process for State and CoreCivic Facilities

Source: Prepared by auditor based on interviews with medical and behavioral health staff at the facilities.
Monitoring Contractor Performance

According to department policy,\textsuperscript{94} staff under the Office of the Inspector General are responsible for monitoring Centurion and CoreCivic for contract compliance. To determine if the contractors have complied with the staffing component of their contracts, each month Centurion and CoreCivic provide reports of vacant positions to the department in accordance with their contracts. Department staff review the vacancy reports each month and compare the reports to each contract’s required positions. When a contractor does not meet the staffing requirements, the department assesses liquidated damages\textsuperscript{95} for the untimely filled positions. The department assesses liquidated damages in six-month batches and recovers the assessed liquidated damages by reducing the next contract payment to Centurion or CoreCivic. See Table 23 for the assessment amounts for Centurion and CoreCivic.

### Table 23

**Contractual Liquidated Damages Assessment Amounts for Vacancies**

<table>
<thead>
<tr>
<th>Contractual Position</th>
<th>Days Vacant</th>
<th>Assessment Amount Per Day After Days Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centurion medical – clinical</td>
<td>Over 14 days</td>
<td>$200</td>
</tr>
<tr>
<td>Centurion medical – other*</td>
<td>Over 30 days</td>
<td>$200</td>
</tr>
<tr>
<td>Centurion behavioral health – clinical</td>
<td>Over 31 days</td>
<td>$250</td>
</tr>
<tr>
<td>Centurion behavioral health – other</td>
<td>Over 31 days</td>
<td>$200</td>
</tr>
<tr>
<td>CoreCivic medical and behavioral health – all</td>
<td>Over 45 days</td>
<td>Daily salary amount for the position</td>
</tr>
</tbody>
</table>

Source: Prepared by auditor from vendor contracts.

* “Other” positions refer to non-clinical positions, such as clerical staff.

Management’s Assessed Liquidated Damages

Between January 2020 and November 2022, the department assessed $5,777,493 in liquidated damages against Centurion for behavioral health staffing vacancies and $1,103,200 for medical staffing vacancies. The department assessed $10,794,150 in liquidated damages against CoreCivic for staffing, which includes medical and behavioral health staffing vacancies. According to department management, they are working on determining the next phase of contract assessments for calendar year 2023.

\textsuperscript{94} Policy 205.02, “Contract Monitoring,” and Policy 205.03, “Contract Monitoring of Privately Managed Facilities.”

\textsuperscript{95} According to Investopedia, liquidated damages occur when a party is in breach of contract; the damages are meant to serve as a fair representation of losses due to that breach.
In January 2023, the department issued a request for proposal for a new electronic health records system. Management announced the winning vendor in August 2023. The department plans to execute the contract with the vendor in October 2023.

Maintenance of Offender Medical Records

Centurion’s and CoreCivic’s health services staff are required by contract to follow department policy to prepare and maintain offenders’ medical records as they provide services to the offenders. Offender medical records contain the offender’s medical history during incarceration and include documentation such as

- drug screenings,
- physical and behavioral health exams and evaluations,
- physician orders for treatment or medication,
- behavioral health treatment plans, and
- health classification summaries.

Department policy also specifies that staff should maintain these paper records in a 10-compartment, letter-size folder and that the records should be legible and in chronological order. Offenders’ medical records travel with them if they are moved to a different facility or go outside the facility for medical treatment.

Medication Administration Record

Offender medical records also include information about any medications that the offender must take. Staff maintain an offender’s prescription records on the monthly medication administration record (MAR) form, which is filed in the offender’s individual medical record. According to management, when an offender needs medical or behavioral health services or medication, a provider, such as a physician or nurse practitioner, fills out a physician’s order, which may include prescribed medications. Next, a member of the facility’s medical staff adds the medication from the physician’s order to the offender’s MAR and includes

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96 Policy 113.50, “Health Records.”
97 According to Policy 113.50, a health classification summary is a form that summarizes an offender’s needs, health condition, level of care, restrictions, and necessary accommodations.
98 CoreCivic uses an electronic MAR system for documenting medication. CoreCivic’s health services staff print the MAR each month and place it in the offender’s paper medical record.
• the name of the medication;
• the medication’s strength, dosage, and form;
• how often and when the offender should take the medication;
• the reason the offender should take the medication;
• the start and stop dates to take the medication;
• the name of the prescribing provider; and
• the name of the medical staff member who entered the information on the MAR.

For medications that are not controlled substances, such as aspirin or allergy medications, the provider may prescribe a 30-day supply of medication that the offender receives and keeps in their cell. In these instances, staff enter the letters “KOP” (for “keep on person”) on the offender’s MAR. If KOP is not listed on the MAR, health services staff must administer the medication to the offender dose by dose. Health services staff must note on the MAR each day that an offender receives a dose to document that the offender received the medication.99

Department policy100 requires the facility’s Health Services Administrator and Behavioral Health Administrator or their designees to review the offender’s medical records whenever an offender transfers from another institution and at the end of the offender’s birth month. Health services staff must document the review on a clinical review form.101 Department policy also requires that nursing staff review each offender’s MAR daily at the end of each shift for completeness and requires the facility’s Health Services Administrator or Director of Nursing to review the offenders’ MARs monthly. However, policy102 does not specify that management should document this review of MARs. Facility medical staff also perform additional reviews of medical records and MARs to determine whether they contain required information. According to health facility management, the frequency of the reviews varies by facility from monthly to weekly to each time an offender receives health services. Contract compliance staff and internal audit staff may also review medical records and MARs.

99 Health services staff record medication doses given to offenders using a standard set of codes and numbers. For example, a number 1 means that the inmate refused to take the medication, and a number 2 means that the inmate did not report to the designated area to receive their medication.
100 Policy 113.20, “Initial Health Screening and Physical Examinations.”
101 Form CR-4201, “Comprehensive Clinical Review Record.”
102 Policy 113.71, “Administration/Distribution of Medication.”
Finding 9

As noted in the prior audit, CoreCivic management could not demonstrate that offenders received their required medications

Department policy establishes requirements for administering health services and medication to offenders

State law requires the Department of Correction to provide offenders in its care with proper medical and behavioral health services. To fulfill their obligations for providing health services and to ensure proper administration of related medications, management has established policy requirements to guide health services management and staff in administering the services, including medications, and documenting such administration within the offenders’ medical records.

The department’s Policy 113.71, “Administration/Distribution of Medication,” requires the medication administration record (MAR) to contain the name of the medication; its strength, dosage, and form; how often and when the offender should take the medication; the reason for the medication; the start and stop date of the medication; the name of the provider who prescribed the medication; and the name of the medical staff member who entered the information on the MAR.

Medical and behavioral health staff at two CoreCivic facilities could not demonstrate that offenders received their required medications

Based on our testwork, we selected a sample of 60 offenders from 3 facilities\[^{103}\] to determine if management had maintained sufficient medical records for these offenders. Due to missing information and keying errors, we could not determine whether 19 of the 60 offenders (32%) tested received their prescribed medications. In our sample, we determined that these medications were prescribed to the offenders for conditions such as depression, anxiety, post-traumatic stress disorder, allergies, pain, and gastrointestinal upsets. All of the errors in our sample were in files from Trousdale and South Central, both of which are CoreCivic-run facilities. See Table 24 for the testwork results.

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\[^{103}\] We chose to review medical records at Bledsoe because Centurion oversees health services at Bledsoe. We chose Trousdale and South Central because we observed risks related to medical recordkeeping, pharmacy administration, and medical administration during our site visits at these facilities.
We also could not determine whether facility health services staff conducted the required MAR reviews for the files in our sample because department policy does not require health services staff to document these reviews.

According to health services management at Trousdale and South Central, the missing medication information and keying errors were due to:

- lack of staff training on how to properly fill out the MARs; and
- not having enough staff to manually enter the medication into the system, which became necessary when the electronic MAR system experienced a software issue that caused it to stop capturing the required data.\(^{104}\)

If the offender’s health information, including records of medication administration, is not complete and accurate, medical and behavioral health staff will not know whether offenders received care. This increases the risk of harm to the offender, other offenders, and facility staff.

Department management’s risk assessment did not identify risks related to maintaining accurate offender medical records

We reviewed the department’s 2022 risk assessment and found that management did not identify maintaining accurate offender medical records as a risk and, as such, did not have a designed risk response to address the risk when it presented. The U.S. Government Accountability Office’s *Standards for Internal Control in the Federal Government* includes guidance to management for establishing an effective internal control system. According to Principle 7.02, “Identification of Risks,”

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\(^{104}\) According to CoreCivic staff, the software issue began after a software update in June 2022 and was ongoing as of July 2023.
Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

**Recommendation**

Department management should monitor CoreCivic’s compliance with department policy to ensure offenders’ medical records, including medication administration records, are accurate. Department management should continue to work with Centurion and CoreCivic to ensure they have sufficient and adequately trained staff to maintain complete and accurate offender medical records. Department management should also consider requiring MAR reviews to be documented.

In addition, management should evaluate their risk assessment to ensure they include all risks and should implement effective controls to address the risks noted in this finding. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risks and mitigating controls, and take action if deficiencies occur.

**Management’s Comment**

Concur.

Department management is assessing the current policies and processes in this area. Once complete, increased medical record documentation training and compliance monitoring will be implemented. An Electronic Health Record system is currently being developed to support and improve MAR documentation of medication administration. The electronic system will guard against errors by inhibiting workflow until all proper documentation is completed. Additionally, Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.
Critical Records for Offenders

The Department of Correction’s processes include promptly and accurately recording within the Tennessee Offender Management Information System (TOMIS) the services provided to offenders, as well as any accidents, incidents, and traumatic injuries that occur within correctional facilities. Our goal was to determine whether the staff at the department’s 14 correctional facilities recorded services provided to offenders, as well as instances of accidents, incidents, and injuries involving offenders.

The department should properly and consistently train correctional facility staff on providing orientation to offenders and correctly reporting it in TOMIS, which ensures that offenders receive information on vital services available to them during their incarceration. See Finding 10. The department should also ensure correctional facility staff clearly understand how to record any accidents, incidents, and traumatic injuries that occur at correctional facilities and to only include sufficient details of the event without revealing confidential information. See Observation 4.

General Background

The Department of Correction’s primary repository for recordkeeping is the Tennessee Offender Management Information System (TOMIS), which it uses to document all aspects of an offender’s incarceration except for medical records (see the Offender Medical and Behavioral Health Services section). Offenders’ records follow them throughout their time served at correctional facilities and should consist of complete and accurate records of offenders’ services, resources, and behavioral conduct while incarcerated, including time spent in jail.

Responsibilities for Proper Offender Records

The department’s facility staff are responsible for establishing the offender records during the intake process. Once intake is complete, offenders are housed in either state-run or CoreCivic facilities. Depending on the offender’s facility assignment, either department employees or CoreCivic employees are responsible for keeping the offender records up-to-date and for recording all accidents, incidents,
and traumatic injuries (AITs). For CoreCivic, the department also contracts with Centurion of Tennessee, LLC for medical and behavioral health services in the 10 state-run facilities. Centurion is responsible for maintaining records related to health care provided to offenders. Although the state’s contract with Centurion does not include any explicit requirements regarding AITs, the contract does provide that the department may issue liquidated damages for any noncompliance noted during the department’s annual inspection process, which includes AITs. Additionally, the department’s Policy 113.53, “Accident/Injury Reporting,” states that the policy applies to the medical contractor.

Results of the Prior Audit

In the department’s January 2020 performance audit, we reported that management and staff of both state-run and CoreCivic facilities either did not perform offender orientation within three days of arrival or did not consistently maintain signed Orientation Acknowledgement Forms in the offenders’ paper files as evidence that orientation occurred. Department management concurred with the finding.

At the six-month follow-up, management stated that they provided refresher training to staff responsible for conducting orientation; this training included a review of policy deadlines, required documentation, and retention of forms. Furthermore, they stated that the training would occur on an ongoing basis.

We also reported in the 2020 performance audit report that the department and CoreCivic health services personnel did not enter all accidents, incidents, and traumatic injuries in TOMIS as required by department policy and contract terms. Department management also concurred with this finding.

Management stated in the six-month follow-up that they established a process for coordination between health services and security staff that outlines each party’s role in reporting accidents, incidents, and traumatic injuries in TOMIS. Management also stated that they created and delivered an Incident Reporting Refresher Course, which staff must take regularly, and they revised department policy.

Current Audit

We focused our offender records work on the offender orientation process and the accident, incident, and traumatic injury reporting process, as outlined below. See Finding 10 and Observation 4. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

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105 The department’s contracts with CoreCivic require the operator to complete and document offender orientation and respond to and document all accidents, incidents, and traumatic injuries in accordance with department policies. The contracts also allow the department to issue liquidated damages in the event of noncompliance.
Offender Orientation Process (Repeat Condition)

Section 41-21-218, *Tennessee Code Annotated*, requires facility staff to provide the rules and regulations of the correctional facility to each offender. To accomplish this, the department’s policy\(^{106}\) dictates that each offender must go through an orientation process within three days of arriving at a new correctional facility, whether it is a first placement or a transfer from another facility. During the orientation program, the offender learns the rules and procedures of that facility, what sanctions exist for unsatisfactory behavior, and what programs are available to provide educational and behavioral skills.

When offenders transfer from a local jail into the state’s correctional system, they arrive first at a diagnostic facility\(^{107}\) to undergo a 14-day intake evaluation,\(^{108}\) which includes orientation. During orientation, facility staff provide offenders with the rules, processes, procedures, and available resources needed for life while incarcerated, such as programs and services, information on sentences related to felonies,\(^{109}\) and an explanation of the Prison Rape Elimination Act (PREA). Staff also review the PREA pamphlet and show a video about PREA. After orientation, offenders complete the Orientation Acknowledgement Form, and the offender and facility management sign the form to document that the offender received orientation. Once the form has been signed, facility staff enter the cognitive orientation contact code\(^{110}\) in TOMIS to record that the offender received orientation. Staff also file a paper form in the offender’s institutional file.

When offenders are transferred from one correctional facility to another, the facility receiving the offender must provide an abbreviated orientation to the offender upon arrival and must enter an orientation contact code in TOMIS to record that the orientation was provided.

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\(^{106}\) Policy 404.05, “Orientation Unit,” and *Classification User’s Guide*.

\(^{107}\) The department’s designated diagnostic facilities are the Bledsoe County Correctional Complex and the Debra K. Johnson Rehabilitation Center.

\(^{108}\) The department’s Policy 404.05 refers to this as “initial diagnostic,” or “the part of the classification process that begins with the receipt of a new commitment and involves the administration of all sections of the risk and needs assessment, establishment of files, examinations and assessments, and which culminates in the first classification hearing of the inmate’s incarceration.”

\(^{109}\) For example, offenders learn about sentence credits, which are credits offenders can earn to reduce their sentence.

\(^{110}\) The cognitive orientation contact code indicates that the offender received orientation when they entered the state’s correctional system.
Finding 10

As noted in the prior audit, management did not ensure that facility staff provided or maintained evidence of offenders’ orientation, which is meant to set expectations for life in a correctional facility.

State statute and department policy require facility staff to provide the rules and regulations of life in a correctional facility.

Section 41-21-218, Tennessee Code Annotated, requires facility staff to read and provide the rules and regulations of the correctional facility to each offender upon admission to the facility. Based on our discussions with facility management and our review of department Policy 404.05, “Orientation Unit,” and the department’s Classification User’s Guide, the department is required to provide offenders orientation within three days of arrival and to document completion in the Tennessee Offender Management Information System (TOMIS). Offenders receive orientation once they enter the state correctional system and each time they are permanently transferred to another facility. Each time, the offenders must take an orientation class that consists of handbooks and rules related to correctional life. They also receive information and watch a video about the Prison Rape Elimination Act (PREA). Management providing this information is an essential component to maintaining a safe and secure prison for staff and the offender.

Facility management provided late orientations or did not provide them at all.

To determine if offenders received orientation as required by department policy, we analyzed individual correctional facility data regarding offenders who either entered the state’s correctional system from a local jail or transferred between facilities (management refers to both of these as movements) from July 1, 2021, through May 26, 2023. We compared this data to TOMIS data of offenders who received orientation.

From our data analysis, we found that 1,568 of 21,143 offenders (7%) were not provided orientation within 3 days of arrival. Upon further review of the 1,568 offenders, we found that for 383 offenders, management did not have evidence in TOMIS that facility management provided orientation at all. See Table 25 for a breakdown of the errors by facility operator.

<table>
<thead>
<tr>
<th>Error Type</th>
<th>Department</th>
<th>CoreCivic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Orientation</td>
<td>956</td>
<td>229</td>
<td>1,185</td>
</tr>
<tr>
<td>No Evidence of Orientation</td>
<td>324</td>
<td>59</td>
<td>383</td>
</tr>
<tr>
<td>Total</td>
<td>1,280</td>
<td>288</td>
<td>1,568</td>
</tr>
</tbody>
</table>

Source: Auditor testwork.
Given the number of offenders with no TOMIS record of the required orientation, we expanded our work to determine if facility management had indeed provided orientation, as evidenced by the signed Orientation Acknowledgement Form. We tested 41 movements and found 2 types of errors, as outlined in Table 26.

<table>
<thead>
<tr>
<th>Number of Errors</th>
<th>Error Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>TOMIS did not reflect the related intake code for offender orientation, but management did provide the Orientation Acknowledgement Form indicating that the offender was provided orientation.</td>
</tr>
<tr>
<td>16</td>
<td>Management could not provide any evidence in TOMIS or on paper that the offender received orientation.</td>
</tr>
</tbody>
</table>

Source: Auditor created table based on results of testwork.

For the errors noted in Table 26, we learned that counselors may have received insufficient training and unclear guidance on how to enter orientation contact codes. In some cases, the counselor did not correctly complete the Orientation Acknowledgement Form to document that orientation had occurred; in other cases, the counselor did not complete the form at all.

Based on our discussions with facility management and observations, facilities’ staff have not entered TOMIS orientation codes consistently or correctly and have not maintained the paper form as evidence that the offender was provided orientation.

Without an effective orientation process administered by trained staff, management risks not complying with state statute and not setting clear expectations for offenders entering correctional facilities. When offenders do not go through orientation upon arrival, they may not be properly screened in accordance with PREA standards and custody requirements and may be housed in violation of PREA requirements, resulting in risks to either the offender or other offenders, depending on the screening results. Additionally, offenders who do not have a prompt orientation may not be aware of the processes to

- report PREA incidents,
- access medical and behavioral health services,
- receive visitation,

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111 Based on our review of the population, we pulled a sample of 47 of 383 offender movements, which is 10% of the population plus 9 additional offenders. For the 9 offenders, we found that facility staff entered incorrect movements into TOMIS. As a result, 6 offenders did not require orientation; therefore, 41 movements were applicable to orientation testing.
• file a grievance, and
• receive knowledge of and access resources at the facility.

Management conducted an analysis of our data and found similar issues

We discussed the results of our testwork with department management, and they conducted their own analysis of the 1,568 offenders we identified as having late or no orientation. Management agreed that 1,154 of 1,568 were errors in terms of their orientation policy and state statute. For 414 errors, however, management did not agree that the offenders received late or no orientation and provided us with additional documentation that the offenders received orientation or were not required to have it. Based on our review of management’s new documentation, we agreed that management provided orientation for 93 of the 414 offenders. After examining the remaining 321 apparent orientation errors in TOMIS, we found that management had provided orientation even though staff failed to enter proper evidence in TOMIS. For these 321 errors, we found that facility staff either mistakenly coded the offender as transferred to another facility (therefore, the offender never needed orientation); entered the wrong orientation code; or entered the wrong orientation date. These TOMIS data errors increase the risk that management may not provide orientation to offenders on time or at all.

Department management’s risk assessment did not identify risks related to the orientation process

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and determined that management did not identify the risk of state and CoreCivic correctional facility staff failing to provide orientation to offenders. The U.S. Government Accountability Office’s Standards for Internal Control in the Federal Government (Green Book) provides a comprehensive framework for internal control practices in federal agencies and serves as a best practice for other government agencies, including state agencies. According to Green Book Principle 7.02, “Identification of Risks,”

Management identifies risks throughout the entity to provide a basis for analyzing risks. Risk assessment is the identification and analysis of risks related to achieving the defined objectives to form a basis for designing risk responses.

Recommendation

Management should ensure that staff at all 14 correctional facilities are properly and consistently trained on orientation procedures, which should include providing orientation, properly entering orientation into TOMIS, and maintaining the Orientation Acknowledgement Forms in the offenders’ institutional files. In addition, management should evaluate their risk assessment to ensure that they include all
risks and should implement effective controls to address the risks noted in this finding. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risks and mitigating controls, and take action if deficiencies occur.

Management’s Comment

Concur.

As part of our classification policy review process currently underway, Management will evaluate the practicality of the current time frames for providing inmates facility orientation, while ensuring compliance with Adult Correctional Institutions Standards of the American Correctional Association. Once changes occur, appropriate staff members will be trained to ensure proper documentation is retained to demonstrate compliance with the orientation process. Additionally, Department management will include this finding as part of the Enterprise Risk Management report due December 31, 2023.

**Accident, Incident, and Traumatic Injury Reporting Process (Repeat Condition)**

When offenders, staff, or visitors experience accidents, incidents, or traumatic injuries, they are taken to health services at the correctional facility. These incidents could include

- involvement in a fight or assault;
- injuries resulting from Correctional Officers using force to get an offender to comply (up to and including physical force, pepper spray, or taser);
- an allegation of sexual abuse;
- self-inflicted wounds or attempted suicide; or
- unresponsive offenders, whether due to drug overdose or other serious illness.

The department’s Policy 113.53, “Accident/Injury Reporting,” requires the department to monitor accidents and traumatic injuries in all 14 correctional facilities for “quality improvement and risk management.” The policy requires “injuries of greater degree or severity . . . associated with an occupational incident or violence [to] be assessed, treated, and documented on the Accident/Incident/Traumatic Injury [AIT] Report . . . [and in TOMIS] . . . .”

When an incident occurs, the facility’s nurse uses the paper AIT Report to note information regarding the date and time of the incident; the type of injury; and whether any weapons, property, equipment, or machinery was involved in the injury. The nurse should also document a witness’s
version of events, if applicable, and complete the following subjective, objective, health assessment, and plan (SOAP)\textsuperscript{112} sections:

- the subjective section is the offender’s assessment of their condition,
- the objective section is what the nurse observes about the offender’s condition,
- the health assessment is the nurse’s diagnosis, and
- the plan is how the nurse will treat the injury.

The Assistant Commissioner of Prison Operations stated that within 24 hours of the medical visit, the nurse or a designated medical staff person should enter information from the visit into the Tennessee Offender Management Information System (TOMIS). The department’s Policy 113.53 specifically states that health services staff must not enter confidential health information, such as SOAP information, illnesses, vital signs, and treatment, into TOMIS. After entering the information in TOMIS, staff should place the original copy of the AIT Report in the offender’s medical record.

To comply with internal policy, management records all AIT Reports in TOMIS to track how many accidents, incidents, and traumatic injuries require medical care within the 14 Tennessee correctional facilities. Security staff also rely on TOMIS to keep track of the offenders; to access pertinent information about any accidents, incidents, and traumatic injuries; and to stay informed about the offender’s treatment, location (such as a hospital), and if any other problems arose during treatment.

**Observation 4**

As noted in the prior audit, management should continue to train staff to accurately enter accidents, incidents, and traumatic injuries into TOMIS to protect the offenders and staff.

Health services staff document accidents, incidents, and traumatic injuries via AIT Reports and TOMIS.

In response to the prior audit finding, management did ensure that all facilities were entering accidents, incidents, and traumatic injuries in the Tennessee Offender Management Information System (TOMIS); however, more improvement is needed.

Based on our discussions with Department of Correction management and review of the department’s Policy 113.53, “Accident/Injury Reporting,” correctional facility staff are required to

\textsuperscript{112} The SOAP note is a widely used documentation method for health care providers.
“maintain a system for monitoring and reporting injuries to inmates, staff, volunteers, and/or visitors resulting from accidents, occupational incidents, or violence occurring within the facility or at other authorized sites.” Health services staff complete the Accident/Injury/Traumatic Injury (AIT) Report when an offender, employee, or visitor is injured on-site and requires medical attention. After completing the report, health services staff enter it into the Tennessee Offender Management Information System (TOMIS).

**Staff entered confidential health information into TOMIS, or the TOMIS record was not sufficient to provide critical offender information to necessary parties**

Based on our analysis of the 10,080 AIT Reports entered into TOMIS during fiscal year 2022, we identified 3,941 (39%) that either contained confidential health information or did not provide sufficient information to understand why an offender needed medical attention. Of the 3,941 AIT Reports, department-operated facilities entered 2,978, and CoreCivic-facilities entered 963. Specifically, we found

- 1,159 of 3,941 AIT Reports (29%) contained the offender’s vital signs, diseases, and health intervention; and
- for 2,782 of 3,941 AIT Reports (71%), staff did not enter sufficient information into TOMIS about the accident or injury or only included “see medical record” or similar language, rendering the TOMIS record useless for users needing to understand the event.

When entering AIT Reports into TOMIS, the department’s policy\(^{113}\) prohibits health services staff from including confidential health information. Other than this prohibition, the policy provides no content requirement for the entries. We learned that the department’s Inspector General sent a directive to health services staff that stated they should simply enter “see medical record” rather than describing the cause of the medical visit. When we discussed the errors with management the acting Chief Medical Officer disagreed that “see medical record” would be sufficient documentation to explain why the offender required medical attention. Based on the conflicting interpretations and the fact that the policy does not clearly describe the informational content that staff should enter into TOMIS, staff do not have clear instructions on how to enter AIT Reports into TOMIS.

Without properly documenting the reason for the visit to health services and where the offender was sent after treatment, it would be difficult for department and facility management to perform quality improvement and risk management activities to track pertinent information, such as drug overdoses and causes of accidents or injuries and address them. This lack of proper documentation increases the risk of jeopardizing offender and staff safety.

\(^{113}\) Policy 113.53 states, “Health services staff shall ensure that entries onto [TOMIS] conversation do not contain confidential health information (e.g., SOAP documentation, vital signs, diseases, illnesses, or health intervention).”
Management’s risk assessment identified the risk related to not entering AIT Reports in TOMIS

We reviewed the department’s 2022 Financial Integrity Act Risk Assessment and found that management identified the risk of department and CoreCivic staff not entering all serious accidents, injuries, and illnesses into TOMIS in accordance with department policy. The purpose of the policy is to ensure the safety of offenders, staff, and guests. Management identified training and policy updates as the controls, which were not sufficient to mitigate the risk. They have not established ongoing monitoring to determine if the controls are effective. According to Green Book Principle 7.09, “Response to Risks,”

When risk response actions do not enable the entity to operate within the defined risk tolerances, management may need to revise risk responses or reconsider defined risk tolerances. Management may need to conduct periodic risk assessments to evaluate the effectiveness of the risk response actions.

Recommendation

The Commissioner must ensure that department leadership continues to provide guidance to staff that aligns with the department’s mission to ensure the safety of offenders and staff. Management should update policies and provide training to ensure staff know how to properly fill out the AIT Report and to only include required and appropriate information in TOMIS. Management should perform sufficient reviews to mitigate the risks identified in the observation and should implement effective controls to address the risks. Management should update the risk assessment as necessary, assign staff to be responsible for ongoing monitoring of the risks and mitigating controls, and act if deficiencies occur.

Management’s Comment

Concur.

Department management will review the OMS entry process of AITs to determine if the entry remains useful to departmental processes. Once the process is reviewed, relevant policies will be updated to ensure specific guidance is given regarding entries. Additionally, Department management will take this recommendation into consideration when completing the Enterprise Risk Management report due December 31, 2023.
Operating Capacity of Correctional Facilities

Overcrowded correctional facilities can lead to inhumane conditions, inadequate space for offender rehabilitative programs, and increased safety concerns for the offenders and staff within the facilities, all of which are contrary to the Department of Correction's mission of operating safe and secure prisons.

Our goal was to determine the department’s plans to address prison capacity and current bed limitations. See Observation 5.

General Background

The Department of Correction is required by statute\textsuperscript{14} to monitor each correctional facility’s capacity in order to manage the intake of new offenders into the correctional system and the daily movements of offenders between facilities. Because each facility has a limited number of beds, management needs ready knowledge of the total number of offenders in custody, the number of offenders housed in the department’s 14 facilities, the number of offenders housed in local jails, and the exact location of all offenders at all times. With this information, management can analyze each facility’s housing needs to prevent overcrowding. As defined in statute, overcrowding occurs when the offender population has exceeded, or there is a reasonable expectation that it will exceed 95% of operating capacity\textsuperscript{15} across all correctional facilities for 30 consecutive days.\textsuperscript{16}

\begin{table}[h!]
\centering
\begin{tabular}{|c|c|}
\hline
Year & Average Number of Offenders \tabularnewline\hline
2023 & 19,107 \tabularnewline 2022 & 19,841 \tabularnewline 2021 & 19,760 \tabularnewline 2020 & 21,466 \tabularnewline\hline
\end{tabular}
\caption{Average Number of Offenders in the 14 Correctional Facilities by Fiscal Year}
\end{table}

Source: June 2023 Tennessee Bed Space and Operating Capacities Report.

\textsuperscript{14} Section 41-1-503, \textit{Tennessee Code Annotated}.
\textsuperscript{15} Operating capacity, referred to in statute as relevant designated capacity, indicates the regular population that should be assigned to the facility and excludes temporary or special-purpose beds. The department’s current operating capacity is set at 98%, meaning if there are 100 beds at a facility, the operating capacity would be 98 beds. In this example, the facility would be over this 95% threshold if 93 of the established 98 beds were full.
\textsuperscript{16} According to Section 41-1-503, \textit{Tennessee Code Annotated}, when the Commissioner determines that the department has or will exceed operating capacity, “the commissioner shall so certify to the governor. (b) Upon receiving the certification from the commissioner, the governor may declare that a state of overcrowding emergency exists. If the governor so declares, the governor shall immediately notify the state and local government committee of the senate, the state government committee of the house of representatives, and the attorney general and reporter that a state of prison overcrowding exists and the approximate number of inmates in the system that is in excess of ninety percent (90%) of the relevant designated capacity.”
Monitoring Offender Counts

The department monitors the number of offenders in each correctional facility multiple times a day by conducting a full count of every offender and recording their locations within the Tennessee Offender Management Information System (TOMIS) as required by department policy. The department’s Director of Classification and his staff use this information each day to determine when they can transfer offenders from local jails to the state’s correctional system, where they have available beds for offenders after intake at Bledsoe or Johnson (the designated intake facilities for men and women, respectively); or when a facility-to-facility transfer is needed.

Bed Capacity Reporting

The department’s Decision Support: Research and Planning Division (the division) compiles daily capacity reports into the monthly Tennessee Bed Space and Operating Capacities Report, which is posted monthly and publicly available on the department’s website. This monthly report shows each facility’s total number of active beds, operating capacity, assigned count of offenders, and other information as of the last day of the month. The report also shows population averages for each month of the current fiscal year, as well as the averages for each fiscal year since 2008.

The division also compiles the daily capacity reports into a quarterly memorandum that is provided to the department’s Commissioner. This memorandum averages the daily capacity information to determine the overall capacity percentage and can help management determine whether the facilities are overcrowded or are approaching that status.

Key Capacity Definitions

Active Bed – A bed that is in good working order and is available to house an offender. Active beds can be occupied or unoccupied by offenders.

Inactive Bed – A bed that is not available to house an offender.

Temporary Bed – A bed that is not designed to house offenders long-term (e.g., segregation and medical beds).

Operating Capacity – The number of active beds minus any temporary beds at a given correctional facility.

See Appendix 15 for more information.

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117 The department’s Policy 506.11, “Population Count,” states, “Facilities housing [department] inmates will conduct accurate population counts” and requires at least five counts per day to be performed. The policy additionally states that three of these counts should be formally entered into TOMIS daily.

118 Strategic Technology Solutions, a division within the Tennessee Department of Finance and Administration, obtains these reports from TOMIS each day and provides them to the department’s Decision Support: Research and Planning division.


120 This is the number of offenders assigned to a specific facility.
Current Audit

We focused our review of management’s facility monitoring and capacity reporting to determine the number of occupied and unoccupied beds at each correctional facility and assessed whether the facilities were at capacity. We also examined the number of inactive beds at each facility, the reasons they were unavailable, and the potential impacts of inactive beds. See Observation 5. See Appendix 1 for our detailed audit objectives, conclusions, and methodologies.

Observation 5

The department should evaluate all inactive beds to determine whether management can reinstate these beds to expedite moving state offenders from local jails and to alleviate other space concerns

As of May 2, 2023, the department had approximately 3,149 inactive beds

On May 2, 2023, we obtained data from the Tennessee Offender Management Information System (TOMIS) showing the number of active, inactive, occupied, and unoccupied beds across the state’s 14 correctional facilities. See Table 52 in Appendix 15.

Since TOMIS does not capture all pertinent information, management also provided us with data documenting the number of inactive beds per facility, why the beds were inactive, and the department’s intended use for these beds in June 2023. See Table 53 in Appendix 15.

Based on our analysis, we found that the department had 3,149 inactive beds and an average of 91.4% operating capacity as of May 2, 2023.

Management should evaluate bed capacity to transfer offenders housed in local jails to correctional facilities

Offenders are sometimes housed in local jails while they await transfer to a correctional facility, partly due to unavailable bed capacity within the correctional system. We reviewed the May

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121 Inactive beds are beds that the facility cannot use to house any offenders and do not count toward the total number of beds available.
122 Beds could be inactive for a variety of reasons, including improvement projects, physical design limitations, and a lack of offenders qualified to live in those beds. See Table 53 in Appendix 15 for example reasons.
123 The department contracts with some county jails to house offenders awaiting transfer into the correctional facility system.
Tennessee Jail Summary Report to determine the number of offenders sentenced to the department’s custody who were housed in local jails while awaiting transfer to a correctional facility. At the time of this report, a total of 3,539 offenders were assigned to the department’s custody but still resided in local jails. Even if management could reinstate all 3,149 inactive beds, management still could not accommodate all offenders housed in the local jails.

Additionally, even if enough beds were available, management still faces staffing challenges and must carefully balance the inflow of offenders into the facilities based on staff availability. See our conclusions regarding staffing shortfalls in the Correctional Officer Staffing section of this report.

The newly hired Assistant Commissioner of Prisons stated that the new Commissioner and other leadership are currently assessing capacity needs and determining ways to increase capacity by reviewing all beds, active and inactive. They plan to reevaluate the current housing units at all facilities to determine if they can make any changes to house additional offenders. Additionally, on September 8, 2023, management provided data indicating that some of the beds that were inactive as of May 2, 2023, have already been opened for assignment.

**Recommendation**

The Commissioner and Assistant Commissioner of Prison Operations should continue to determine ways to reinstate inactive beds. They should reevaluate each facility’s needs to determine the best use for all beds and evaluate the feasibility of transferring more offenders from local jails to correctional facilities. As part of these efforts to house additional offenders, management should continually weigh the risk of overcrowding.

**Management’s Comment**

Concur.

A full accounting of the number and types (temporary or permanent) of all beds within state and private facilities was conducted in August 2023. This latest data informs our current practice of transferring appropriate offenders from local jails into TDOC facilities. For example, from January 2023 thru October 2023, more than 3200 offenders were transferred from local jails into state and private facilities, compared to 3600 during the same period the year prior.

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124 We chose the May 2023 Tennessee Jail Summary Report to coincide with our May 2, 2023, analysis of bed space referenced in Table 52 in Appendix 15.

Additionally, it is important to consider that not all sentenced offenders housed in local jails will be transferred to TDOC facilities to serve their sentences. Exclusions may include:

1) Judicial orders requiring sentences be served at local jails;
2) Offender’s time remaining to serve is too short to make a transfer feasible;
3) Partnerships with local jails to house TDOC offenders; and
4) Appropriate housing is the local jail based on custody and security needs.

Offender Management System Replacement Project

Our goal was to review the replacement status of the Department of Correction’s offender management system. The current system is over 30 years old, is difficult and costly to maintain, and requires significant manual processes and outside applications to manage offender information. The department’s 2016 to 2019 effort to replace the system was unsuccessful.

It is imperative that the department collaborate with the Department of Finance and Administration’s Strategic Technology Solutions and other stakeholders to proactively manage the $43 million TOMIS replacement project and ensure a successful implementation by June 30, 2026. See Observation 6.

Background

The Tennessee Department of Correction relies on information systems to support its critical business functions, which include managing its offender population statewide. Strategic Technology Solutions126 (STS) supports the department’s technology needs, including systems development, operations, and maintenance.

The department currently uses the Tennessee Offender Management Information System (TOMIS) to manage its operations and the offenders in its care. TOMIS was originally implemented in June 1992. Because it is an older system, the department has had to develop additional, separate

126 As part of the Department of Finance and Administration, Strategic Technology Solutions carries out its mission of providing IT solutions and services for various state agencies.
applications to meet users’ needs. Additionally, changes in technology over time have made supporting the system increasingly difficult and costly.

Previous Efforts to Implement the COMET System

In 2016, the department signed a $15 million contract with a vendor to develop a new offender management system called the Correctional Offender Management Electronic Tracking (COMET) system. However, by late 2019, the project was over 18 months behind schedule with no foreseeable go-live date. The department, STS, and the vendor faced unanticipated challenges that contributed to the delays, including

- an unrealistic two-year timeline,
- shifting of internal resources at the department,
- complex system modules and business rules,
- communication challenges between the multiple parties involved,
- a high degree of customization required in the system, and
- project management turnover within the vendor organization.

Department management consulted with STS and the state’s Attorney General and Reporter to evaluate how to navigate the challenges facing the replacement project. After weeks of unsuccessful mediation with the vendor, the department allowed the contract to expire in February 2021, formally ending the COMET project.

Ongoing Efforts to Replace the Offender Management System

In February 2023, the department signed a $5 million contract with Deloitte Consulting LLP (Deloitte) to help create and release a Request for Proposal (RFP) and select a vendor to develop and implement a new offender management system. The department plans to release the RFP by November 2023 and select the vendor by March 1, 2024. Once the department selects a vendor, Deloitte will oversee project management, testing and validation, end-user training, and change management activities, and will continue supporting the project during implementation.

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127 The department’s contract with the previous vendor began on February 5, 2016, with a termination date of February 4, 2021, and a maximum liability amount of $15,374,200.
128 The department’s contract with Deloitte began on February 17, 2023, and will expire on September 30, 2026.
129 According to the Central Procurement Office’s CPO Glossary, a request for proposal is “a written solicitation for written proposals to provide goods or services to the State.”
Management has established a targeted go-live date of June 30, 2026, for the replacement system.\textsuperscript{130} See Figure 8 for a complete project timeline.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure8.png}
\caption{Offender Management System Replacement Schedule as of August 17, 2023}
\end{figure}

Source: Prepared by auditor based on meetings and documentation obtained from the department and STS personnel.

Results of the Prior Audit

In the department’s January 2020 performance audit, we reported an observation on the status of the department’s efforts to replace TOMIS with COMET. As discussed above, the department was 18 months behind schedule at the time of our audit, and COMET had no official go-live date. Ultimately the COMET project was cancelled.

\textsuperscript{130} The deadline to spend American Rescue Plan Act (ARPA) funds, some of which have been earmarked for the replacement project, is December 31, 2026.
Observation 6

To avoid the pitfalls of the previous efforts to replace its offender management system, management should proactively monitor the new system’s development for operating effectiveness and information security protocols.

The department partnered with STS to replace TOMIS with a new information system.

The Department of Correction’s current project to replace its offender management system is part of the state’s strategic technology initiatives funded by the American Rescue Plan Act. According to the STS strategic plan, the state is investing approximately $68 million in infrastructure and modernization, and $43 million is designated to replace TOMIS. As noted in Figure 8, management plans to select a vendor in March 2024, with a go-live date of June 2026, giving STS and the department approximately two years to implement the new system. Although the current project timeline has a hard stop due to funding constraints, management believes the new system will be successful due to having a larger budget of $43 million,\(^{131}\) as well as oversight and guidance from Deloitte and dedicated project managers from STS. As of August 17, 2023, the department has spent approximately $144,000 of the $43 million earmarked for the offender management system project.

The department, STS, and the selected vendor will need to collaborate to meet project timelines and to develop a successful system.

Management acknowledged that effective planning between all parties involved, including the selected vendor, is essential to avoid the challenges encountered during the COMET project. According to management, as part of its ongoing oversight, STS will provide IT project management support through the Business Solutions Delivery (BSD) team, a subdivision of STS, that normally oversees the state’s large and complex system implementations. Additionally, the department and BSD project managers will be required to report periodically to the state’s Information Systems Council\(^{132}\) with project status updates. Furthermore, Deloitte will provide weekly status updates to management and conduct monthly meetings with the department and STS. At the same time, the department and STS will continue providing daily support for the current TOMIS system and the various systems that the department relies upon to manage its offender population.

Given the current phase of the project’s development, we were unable to determine whether the new system will fully address the operational deficiencies of TOMIS or whether the system will

\(^{131}\) In comparison, COMET’s budget was approximately $15 million.

\(^{132}\) The Information Systems Council oversees information technology for the State of Tennessee and develops policies for managing the state’s information technology.
meet the state’s security requirements. In future audits, we will review the continued development and implementation of the new system.

**Recommendation**

We recommend that management closely monitor all phases of the procurement and development of the new offender management system to ensure it addresses current operational needs and meets all critical deadlines.

**Management’s Comment**

Concur.

An advisory board of TDOC Executives, STS leadership, and Deloitte Managing Directors is providing oversight for this project to ensure accountability and transparency. Project monitoring includes development of the RFP, selection of the vendor, functional design, and implementation. Monthly advisory board meetings are conducted to review project status, dependencies, and critical events or milestones. TDOC and Deloitte leadership also provide guidance to the OMS project management team to ensure adherence to timelines and meeting project objectives.
Appendices

Appendix 1
Objectives, Conclusions, and Methodologies

Resolved Prior Audit Findings

Department Leadership Oversight

Audit Objective: In response to the prior audit, did the Department of Correction leadership address the problems related to operational oversight at the department’s central office and its correctional facilities?

Conclusion: Based on our review, since the prior audit, management made organizational changes within the department to improve its ability to oversee its operations. The department hired an Inspector General, who is responsible for the department’s internal control, risk assessment, and compliance with all standards. This finding is resolved.

Methodology to Address the Audit Objective

To address the audit objective, which includes gaining an understanding of management’s operational oversight responsibilities and assessing management’s design and implementation of internal control significant to our audit objective, we interviewed the current Inspector General and reviewed

- the department’s 2022 Financial Integrity Act Risk Assessment; and
- the department’s March 2023 organizational chart.

We verified that the department provided leadership training related to the Green Book requirements and created an Inspector General position to review and manage the department’s risks and mitigating controls.

Department’s Annual Inspections of Correctional Facilities

Audit Objective: In response to the prior audit, did department management develop a process to ensure they scored items deemed critical on annual facility compliance inspections with greater weight than scores assigned to noncritical items?
Appendix 1 (Continued)

Conclusion: Based on our work, management developed a process to score critical items with a greater weight than noncritical items. We recalculated the fiscal year 2022 inspection scores using the previous scoring method to compare the scores to the new method. While we found that the scores under the new method decreased, the decrease was not significant. This finding is resolved.

Methodology to Address the Audit Objective

To address our audit objective, which includes gaining an understanding of management’s annual inspection process for correctional facilities and the new inspection scoring process and assessing management’s design and implementation of internal control significant to our audit objective, we interviewed the current Inspector General and reviewed

- the annual facility compliance inspection schedule for 2022–2023;
- compliance inspection instruments for department-run and CoreCivic-operated correctional facilities;
- an example of an inspection summary tally sheet that lists inspection results by item and related scores; and
- fiscal year 2022 annual compliance inspection reports for all correctional facilities.

We recalculated the fiscal year 2022 annual compliance inspection scores for all 14 correctional facilities using the previous method to compare the results to the new method.

Public Reporting of Offender Deaths and Other Serious Incidents

1. Audit Objective: In response to the prior audit, did Department of Correction management ensure that all relevant staff, including those with security and with CoreCivic, entered all required information into the Tennessee Offender Management Information System (TOMIS) correctly?

Conclusion: Based on our work, management developed a verification process to ensure TOMIS data is correct and provided training. This finding is resolved.

2. Audit Objective: In response to the prior audit, did department management ensure that offenders’ causes of death were accurately recorded in TOMIS?

Conclusion: Based on our review of death-related incidents within TOMIS, management revised policies to require the use of codes within TOMIS. This finding is resolved.
3. Audit Objective: In response to the prior audit, did department management ensure that state and CoreCivic facility staff followed incident reporting policies, entered incident information accurately into TOMIS, and maintained supporting documentation for incidents as required?

Conclusion: Based on our work, management implemented a new process for coding incidents and is now providing regular training for staff. This finding is resolved.

4. Audit Objective: In response to a prior audit finding, did management provide adequate internal controls in two specific areas?

Conclusion: Based on our review, management provided adequate internal controls in the two specific areas, reducing the risk of errors or data loss. This finding is resolved.

5. Audit Objective: In response to the prior audit, did department management develop a process to publish accurate and complete data in its statistical abstract?

Conclusion: Based on our work, management implemented a new process to provide accurate and complete data in the statistical abstract. We reviewed the statistical abstracts for 2019 through 2022 for the new process. This finding is resolved.

Methodology to Address the Audit Objectives

To address audit objectives 1, 2, 3, and 5, which includes gaining an understanding of management’s process for entering offenders’ causes of death in TOMIS, entering incident information into TOMIS, and publicly reporting TOMIS data, as well as assessing management’s design and implementation of internal control significant to our audit objectives, we interviewed the department’s Assistant Commissioner of Prison Operations; the Deputy Chief Medical Officer; the Chief Nursing Officer; the Inspector General; the Death in Custody Coordinator; South Central's Chief of Security, Captain, and Count Room Officer; the Continuous Quality Improvement Nurses at South Central, Trousdale, and Morgan; the Correctional Major and the Correctional Lieutenant at Morgan; the Correctional Lieutenant at West TN; and the Medical Records Administrator at West TN. We reviewed statistical abstracts for fiscal years 2019 through 2022 and relevant department policies. To determine if management entered incident information accurately into TOMIS, we performed walkthroughs of management’s processes and reviewed documentation related to entering, reviewing, and updating incidents and offenders’ causes of death in TOMIS.

To address audit objective 2, we obtained a list of all incidents that occurred at all 14 correctional facilities and filtered the list to include only death-related incidents involving offenders.
that occurred from January 1, 2020, through June 30, 2023. The population totaled 253 incidents. We then tested a sample of 62 death-related incidents\(^{33}\) to determine if the offender’s cause of death entered in TOMIS matched the offender’s death certificate.

To address audit objective 4, we interviewed members of management and evaluated information systems controls and policies based on state security policies and industry best practices.

To address audit objective 5, we obtained a list of all 146,004 incidents entered into TOMIS from January 1, 2020, through February 28, 2023, and compared it to the incidents reported in the 2022 Statistical Abstract to determine if management accurately reported incidents. We also confirmed that any incidents labeled with a death manner pending status in the Statistical Abstract were updated once the death certificate was received.

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**Inmate Medical and Mental Health Services**

1. **Audit Objective:** In response to the prior audit, did department management implement procedures to ensure staff enforced contracts as written and to prevent contract administration staff from acting unilaterally?

   **Conclusion:** Based on our review, management moved contract enforcement responsibilities from the Office of Chief Financial Officer to the Office of Inspector General, which monitors the department’s contracts and assesses liquidated damages in the event a contractor fails to comply with a contract. This finding is resolved.

2. **Audit Objective:** In response to the prior audit, did CoreCivic ensure procedures were in place to quickly access inmate medication administration records during an unexpected outage of its electronic medication administration system?

   **Conclusion:** Based on our review, management implemented controls to ensure procedures were in place to access inmate medication administration records during an unexpected outage of its electronic medication administration system. This finding is resolved.

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**Methodology to Address the Audit Objective**

To address audit objective 1, which includes gaining an understanding of management’s contract monitoring and enforcement process, we interviewed the current and previous Inspector

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\(^{33}\) We selected a nonstatistical, random sample of 60 death-related incidents. We also identified 2 death-related incidents marked undetermined in TOMIS and included them in our testwork.
Appendix 1 (Continued)

General, the Audit Director 1, the Director of Contract Monitoring in Privately Managed Facilities, the Correctional Program Director 2, and the Budget Director, and we reviewed

- the Rules of the Central Procurement Office;
- the department’s contracts with Centurion of Tennessee, LLC and CoreCivic, Inc.;
- a liquidated damages tracking spreadsheet maintained separately by the Inspector General and the Office of Chief Financial Officer’s staff; and
- management’s 30-day corrective action plan and “Corrective Action Plan-6 Month Follow-Up Report,” which describes the steps management took to correct the findings in the 2020 Department of Correction performance audit report.

To determine if management collected the assessed liquidated damages, we obtained the Centurion contract and all four CoreCivic contracts. We obtained liquidated damages assessment letters addressed to Centurion and CoreCivic, as well as contractor appeal letters and the department’s appeal responses for our audit period. We compared the assessment documentation to the accounting entries in Edison, the state’s accounting system, to determine if the department collected assessed liquidated damages.

To address audit objective 2, including gaining an understanding of the procedures in place to access inmate medication administration records during an unexpected outage, we interviewed the department’s Chief Medical Officer and CoreCivic management, conducted a walkthrough of the process, and reviewed policies and procedures.

Public Records Management

Audit Objective: In response to the prior audit, did Department of Correction management ensure that staff performed their records management duties correctly, including the retention, destruction, and inventory of documents?

Conclusion: Based on our work, department management ensured staff correctly performed their records management duties, including the retention, destruction, and inventory of documents. This finding is resolved.

Methodology to Address the Audit Objective

To address the audit objective, which included gaining an understanding of management’s records management process and assessing management’s design and implementation of internal control significant to our audit objective, we reviewed state statute related to the retention of public records. We interviewed the department’s records officer, and we obtained the department’s Records Management Handbook and a list of the department’s 34 agency-specific records disposition authorizations as of February 6, 2023. We performed walkthrough procedures of management’s
process to track and destroy the department’s public records. To determine if management provided records management training to staff with records management responsibilities, we obtained the department’s training materials and training rosters.

To determine if management complied with its records retention periods and to assess the effectiveness of internal controls, we obtained a list of 549 records that the department identified as destroyed from July 1, 2019, through January 26, 2023. We also obtained a list of 613 destroyed records that management reported to the Office of the Secretary of State. We reconciled both lists and identified a population of 70 destroyed records that were not included on the department’s list of destroyed records, and we tested a sample of 25 records and reviewed documentation to verify that management approved the documents to be destroyed.

**Current Audit**

**Correctional Officer Staffing and Heightened Concerns at Northwest Correctional Complex**

1. **Audit Objective:** Has department management maintained, monitored, and addressed staff vacancies and turnover, and taken action to ensure the department’s correctional facilities can maintain critical operations and meet their mission to operate safe and secure prisons?

   **Conclusion:** Based on our review, department management monitored staffing turnover and vacancies. Management took action to address staffing levels and avoid interruptions to critical services; however, based on our review, management should continue their efforts to analyze and respond to difficulties in recruiting and retaining Correctional Officers. See **Finding 1** and **Observation 1**.

2. **Audit Objective:** Is the Augmentee Program reducing the burden of Correctional Officers’ overtime worked?

   **Conclusion:** Based on our review, the department’s Augmentee Program has reduced the total number of overtime hours Correctional Officers worked since the program’s inception; however, based on our review, management should continue their efforts to recruit and retain Correctional Officers to minimize other operational risks created by the program, including pay disparity, employee misallocation of resources, and staff overload and burnout. See **Observation 2**.

3. **Audit Objective:** In response to the prior audit finding, did management ensure that CoreCivic’s monthly staffing accurately reflected Correctional Officer vacancies and
Appendix 1 (Continued)

turnover rates and appropriately assess and collect liquidated damages due to CoreCivic’s inability to staff vacancies at its correctional facilities?

Conclusion: Based on our review, department management corrected the prior audit finding related to CoreCivic’s monthly staffing reports by ensuring CoreCivic accurately reported Correctional Officer vacancies and turnover rates and by assessing liquidated damages for Correctional Officer positions vacant over 45 days.

4. Audit Objective: Did our site visit to Northwest Correctional Complex reveal safety and security concerns based on survey responses received from employees and contractors?

Conclusion: Based on our visit, we observed or found evidence of several safety and security concerns, including building security vulnerabilities, offenders who were free to move while housing units were on lockdown, an offender who overdosed, and staff not enforcing department policies. Despite these concerns, we found that management faces serious staffing challenges due to Northwest’s location, job market competition, and the challenges of working in a correctional facility. See Finding 2.

Methodology to Address the Audit Objectives

To gain an understanding of the department’s processes to address staffing for audit objectives 1, 2, and 4, we interviewed the Human Resources (HR) Deputy Director; the Assistant Commissioner of Prisons; the Customer Focused Government Coordinator; the Deputy Inspector General; Human Resources (HR) Managers; Wardens; Associate Wardens of Security; Training Specialists; Administrative Lieutenants; and Shift Captains/Commanders at DeBerry, Morgan, Northwest, and West TN. We also interviewed the West TN Correctional Compliance Manager. We interviewed the HR Managers; Associate Warden of Operations; Associate Warden of Treatment; the Learning and Development Manager; Master Schedulers; Shift Supervisors/Captains; the Contract Monitor of Operations; the Chief of Security; the Assistant Chief of Security; the Interim Associate Warden of Security; and the Education and Development Specialist at South Central and Trousdale. We also reviewed Section 4-6-106, Tennessee Code Annotated; Correctional Officer series job descriptions; and security staffing policies, and we researched national Correctional Officers’ salaries. We obtained Edison data for the department’s Correctional Officer salary, overtime, and employment data; for CoreCivic, we obtained overtime data, monthly staffing reports, and detailed time data to calculate Correctional Officer turnover, vacancy, and overtime rates. We observed the process for assigning Correctional Officers to daily posts required by the staffing patterns at DeBerry, Morgan, Northwest, West TN, South Central, and Trousdale, and we performed critical post checks to gain an understanding of staffing requirements, overtime, and turnover.
We sent a survey to all 5,026 department employees employed as of January 17, 2023, and all 1,239 CoreCivic employees employed as of January 26, 2023; see Appendix 9 for information about the department employee survey and Appendix 10 for information about the CoreCivic employee survey. We analyzed the approved staffing patterns to show the number of employees the department determined it should take to run a safe and secure prison. We also analyzed the daily rosters during our site visits to DeBerry, Morgan, Northwest, West TN, South Central, and Trousdale to determine the number of posts not filled. To determine vacancy and turnover rates, we analyzed Edison and CoreCivic employment data for Correctional Officer series positions from July 1, 2019, through June 30, 2023. We analyzed Edison and CoreCivic overtime data to determine how much overtime Correctional Officer series staff worked in fiscal years 2022 and 2023. We analyzed Edison payable time data to determine the number of hours and amounts charged to the Augmentee Program and the number of employees who participated in the program. To determine the average annual salary and the maximum annual salary, we analyzed Edison salary data for Correctional Officer series employees as of June 30, 2023. We analyzed Edison separation data for Correctional Officer 1s and Correctional Officer 2s for the period of July 1, 2019, through June 30, 2023, to determine the number of employees hired on since April 1, 2021, and the number of officers who left between 0 months to 18 months to see if the hire-on bonus helped with retention.

To gain an understanding of management’s process to determine if CoreCivic complied with its contract related to staffing and to assess the design and implementation of internal control for audit objective 3, we interviewed the Contract Compliance Monitors at South Central and Trousdale and the department’s Director of Contract Monitoring for Privately Managed Facilities. We completed a walkthrough of the Contract Monitor’s review of the staffing reports and reviewed the CoreCivic staffing report process, including staffing reports, the Promotion Demotion Transfer Log, the Salary Damages report, and liquidated damages assessed and collected.

To assess the operating effectiveness of the internal controls that management implemented to ensure CoreCivic complied with its contract related to staffing, we obtained and reviewed the contract monitor’s process for monitoring staffing reports. We haphazardly selected one monthly staffing report and reconciled to the supporting documentation and traced assessed damages to the liquidated damages letter sent to CoreCivic.

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**Offender Rehabilitation and Reentry Services**

1. **Audit Objective:** Did offenders have the opportunity to complete programs and classes designed to reduce their likelihood of reoffending while incarcerated?

   **Conclusion:** Based on our review, we found that some offenders participated in the department’s Risk Needs Assessment-recommended programming while

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134 To assess whether vacancy rates per correctional facility changed after June 30, 2023, we expanded our analysis through August 31, 2023.
incarcerated; however, management has not ensured all offenders can participate in recommended programming prior to their release from incarceration due to space limitations, insufficient trainers, or because of high demand for the programs. We found that long waitlists for some programs within the facilities, such as Cognitive Behavioral Intervention Program, Therapeutic Community, and Group Therapy, may have contributed to some offenders missing one or more programs prior to release. Finally, we found that while the department could benefit from increasing the capacity of classes and programs within the facilities, they are limited due to physical space constraints. See Finding 3 and Observation 3.

2. Audit Objective: Did the department ensure that offenders received reentry planning services while incarcerated to set them up for success upon release?

Conclusion: Based on our review, we found management did not ensure offenders received vital documents, housing plans, transportation plans, and referrals for community services upon release. They also did not maintain state records related to the reentry process. See Finding 4.

3. Audit Objective: In response to the prior audit finding, did department management ensure supervisors, district directors, and correctional administrators completed case plan reviews in accordance with policy?

Conclusion: Based on our review, we found that department management implemented sufficient corrective action to ensure that supervisors, district directors, and correctional administrators completed case plan reviews in accordance with policy. This prior audit finding is resolved.

4. Audit Objective: Did offenders have the opportunity to complete programs and classes designed to reduce their likelihood of reoffending while on Community Supervision?

Conclusion: Based on our review, we found that while some offenders participated in RNA-recommended programming while on Community Supervision, management did not ensure all offenders could participate in all recommended programming prior to their release from supervision. We found that long waitlists for some Community Supervision programs, such as Cognitive Behavioral Intervention Program and Victim’s Impact, may have contributed to some offenders missing out on those programs prior to release. See Finding 5.

Methodology to Address the Audit Objectives

To address the first objective, including obtaining an understanding and assessing the design and implementation of internal control, we interviewed the Assistant Commissioner of Rehabilitative
Appendix 1 (Continued)

Services; the Reentry and Development Correctional Administrator; the Inmate Jobs Manager; the Director of Behavioral Health Services; the Substance Abuse Manager; the Director of Statewide Risk Assessments; and the Associate Wardens of Treatment, Reentry Specialists, Correctional Counselors, and Institutional Jobs Coordinators at Morgan, West TN, South Central and Trousdale. We obtained an understanding of the department’s Risk Needs Assessment (RNA) process, offender case plans, program waitlists, and placement processes. We obtained an understanding of the department’s offender case file review process through discussions with management, walkthroughs of all levels of the file review process, and inspection of the department’s file review tracking spreadsheets. We reviewed relevant Tennessee laws and department policies related to RNAs, offender programming, and case plans.

To determine how many offenders were on the waitlists for programs and classes within the facilities and whether the department had sufficient capacity, we obtained and reviewed facility program capacity and waitlist data from February 2023, April 2023, and June 2023.

We obtained the list of 703 offenders released from September 1, 2022, to March 26, 2023, both due to parole and sentence expiration, from the Morgan, South Central, Trousdale, and West TN facilities. We randomly selected a sample of 45 offenders, as summarized in Table 27.

<table>
<thead>
<tr>
<th>Correctional Facility</th>
<th>Population Size</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan</td>
<td>211</td>
<td>14</td>
</tr>
<tr>
<td>South Central</td>
<td>129</td>
<td>10</td>
</tr>
<tr>
<td>Trousdale</td>
<td>253</td>
<td>13</td>
</tr>
<tr>
<td>West TN</td>
<td>110</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>703</strong></td>
<td><strong>45</strong></td>
</tr>
</tbody>
</table>

Source: Auditor prepared using TOMIS data.

We reviewed their case plans documented in Vant4ge and their contact notes documented in TOMIS to determine the number of RNA recommendations for treatment and Board of Parole-ordered programs for each offender. We then reviewed the offenders’ records in TOMIS to determine whether the department enrolled the offenders in these programs prior to release from incarceration.

To address the second audit objective, including obtaining an understanding and assessing the design and implementation of internal control, we interviewed the Assistant Commissioner of Rehabilitative Services; the Reentry and Development Correctional Administrator; the Director of Reentry Services; and the Associate Wardens of Treatment, Reentry Specialists, Correctional

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135 We originally selected a random sample of 40 offenders; due to risks we identified during our initial review, we added 5 offenders from South Central to bring the total to 45.
Appendix 1 (Continued)

Counselors, and Institutional Jobs Coordinators at Morgan, West TN, South Central, and Trousdale. We obtained an understanding of the department’s reentry process through interviews and walkthrough procedures. We reviewed relevant Tennessee laws and department policies related to the provision of reentry services.

We also performed testwork to determine whether the department provided all applicable reentry services to offenders released from Morgan, West TN, South Central, and Trousdale between September 1, 2022, and March 26, 2023, prior to release from incarceration. We reviewed digital offender reentry plans in the distributed Reentry Application, reentry related contact notes in TOMIS, paper Reentry Discharge Summaries, Reentry Discharge Planning Committee Meeting minutes, and Release Checklists to determine whether reentry services were provided to each offender. We used the same population and sample for this testwork as noted in Table 27.

To address the third audit objective, including obtaining an understanding and assessing the design and implementation of internal control, we interviewed the Assistant Commissioner of Community Supervision; the Deputy Assistant Commissioner of Community Supervision; Probation Parole Correctional Administrators; Probation Parole District Directors; Probation Parole Managers; and the Director of Statewide Risk Assessments from the Gallatin and Clarksville probation and parole offices. We obtained an understanding of the department’s offender case file review process through discussions with management and walkthroughs of all levels of the file review process and inspection of the department’s file review tracking spreadsheets. We reviewed relevant Tennessee laws and department policies related to offender case file reviews.

We obtained and tested the population of 90 case file review tracking spreadsheets (CompStat reports) from September 2022 to February 2023, for all 15 probation and parole offices\(^{136}\) to ensure supervisors, district directors, and correctional administrators completed case plan reviews in accordance with policy.

To address the fourth audit objective, including obtaining an understanding and assessing the design and implementation of internal control, we interviewed the Assistant Commissioner of Community Supervision; the Deputy Assistant Commissioner of Community Supervision; Probation Parole Correctional Administrators; Probation Parole District Directors; Probation Parole Managers; and the Director of Statewide Risk Assessments from the Gallatin and Clarksville probation and parole offices. We obtained an understanding of the department’s RNA process, offender case plans, program waitlists, and placement processes. We reviewed relevant Tennessee laws and department policies related to RNAs, offender programming, and offender case plans.

We obtained and reviewed Community Supervision program capacity and waitlist data from August 31, 2019, to March 31, 2023, to determine the number of offenders on the waitlists for Community Supervision programs and to determine whether the department had sufficient capacity.

\(^{136}\) In April 2023, the department merged districts 40 and 41 and 70 and 71, resulting in 13 districts instead of 15.
to meet the needs of all offenders. From a population of 2,595 offenders on probation and parole from September 1, 2022, to February 28, 2023, we tested a nonstatistical, random sample of 25 offenders to determine whether the offenders released from Community Supervision received and completed all required or recommended programming prior to release.

**Prison Rape Elimination Act**

*Screening Offenders for the Risk of Sexual Abuse and Harassment*

1. **Audit Objective:** In response to the prior audit finding, did the department conduct initial and 30-day PREA screenings in accordance with Federal PREA Standards and department policy?

   **Conclusion:** Based on our review, the department substantially corrected the prior audit finding for conducting PREA screenings for each offender within 72 hours and 30 days of arrival at a correctional facility. We found that 0.6% of offenders we analyzed did not receive a screening within 72 hours of arrival, and 2% of them did not receive a screening within 30 days of arrival.

2. **Audit Objective:** Did the department conduct annual PREA screenings in accordance with department policy?

   **Conclusion:** Based on our review, we found that 5% of offenders did not receive an annual PREA screening. See Finding 6.

3. **Audit Objective:** After conducting a PREA screening, did facility management appropriately assign the offender to a different cell when a PREA screening changed an offender’s PREA status, putting an offender at risk of sexual victimization?

   **Conclusion:** Based on our review, we found that, for 34 offenders in 17 cells, facility management did not assign offenders to a different cell when offenders’ PREA statuses changed. See Finding 7.

**Methodology to Address the Audit Objectives**

To address our audit objectives, which included gaining an understanding of the PREA screening process and obtaining an understanding and assessing management’s design and implementation of internal controls significant to our audit objectives, we interviewed the department’s Statewide PREA Coordinator and facility counselors at

- Bledsoe County Correctional Complex, a state intake facility;
- Morgan County Correctional Complex; and
Appendix 1 (Continued)

• Trousdale Turner Correctional Center.

We performed walkthrough procedures of the facilities’ process to administer PREA screenings to offenders. We also reviewed department policies related to the annual reclassification process and PREA, as well as the U.S. Department of Justice’s Prison Rape Elimination Act Prison and Jail Standards.

To determine management’s compliance with and the operating effectiveness of Federal PREA Standards and department policy (objective 1), we obtained from the Tennessee Offender Management Information System (TOMIS) a population of 15,002 offenders transferred from local jails to state correctional facilities for the period February 1, 2020, through April 30, 2023, and a list of the offenders’ latest PREA screening. We then compared the population to the date of their PREA screening to determine if facility staff conducted a PREA screening within 72 hours and 30 days of arrival.

To determine compliance with and assess the operating effectiveness of the department’s policy (objective 2), we obtained from TOMIS a population of 18,731 active offenders housed at all 14 correctional facilities as of May 2, 2023. We then compared the population to the date of the offenders’ PREA screening to determine if facility staff conducted the annual PREA screenings. We further analyzed the population of 18,731 active offenders and identified 15,013 offenders assigned to cells with more than 1 bed (objective 3). We compared each cell mate’s PREA status to determine if one cell mate was at risk of sexual victimization due to the other cell mate’s PREA status.

**PREA Allegations and Investigations**

1. **Audit Objective:** In response to the prior audit finding, did the department ensure that all sexual abuse and sexual harassment allegations were documented and investigated?

   **Conclusion:** Based on our review, the department has not adequately improved processes to ensure all allegations of sexual abuse and sexual harassment are properly documented and investigated. See Finding 8.

2. **Audit Objective:** For substantiated PREA allegations, did the department ensure that each involved offender’s risk of sexual victimization and abusiveness was reassessed?

   **Conclusion:** Based on our review, the department did not adequately reassess substantiated victims and aggressors for their sexual victimization and abusiveness levels. See Finding 8.
Appendix 1 (Continued)

3. Audit Objective: For substantiated abuse allegations, did the department ensure that all aggressors (both offenders and employees) were disciplined as required by the Federal PREA Standards and department policy?

Conclusion: Based on our review, the department did not always discipline aggressors for committing sexual abuse and harassment. See Finding 8.

Methodology to Address the Audit Objectives

To address our audit objectives, which included gaining an understanding of PREA investigations and re-screenings, and to obtain an understanding and assess the design and implementation of internal control, we interviewed the Statewide PREA Coordinator, facility counselors, facility investigators, the OIC Director, the Director of Investigations, and OIC investigators. We also reviewed department policies and procedures, and we researched Federal PREA Standards.

We obtained all 97 ongoing allegations as of May 3, 2023, and inquired with department and facility management and staff and reviewed supporting documentation to determine the nature of these allegations and if the status needed to be updated or was appropriate.

We obtained all 157 substantiated PREA allegations for the period August 1, 2019, through April 25, 2023. We reviewed supporting documentation and inquired with department and facility management and staff to determine whether each offender victim and aggressor had a post-allegation screening, whether offender aggressors had disciplinary reports written, and whether staff aggressors had disciplinary action taken or were terminated.

To determine if investigators properly conducted and documented investigations as required by Federal PREA Standards\textsuperscript{137} and department policy,\textsuperscript{138} we reviewed the case files for 120 PREA allegations across 6 facilities. We determined if all required documentation (Sexual Abuse Incident Check Sheet, Sexual Abuse Incident Review, Inmate Status Notification, PREA Allegation Documentation Checklist, and Retaliation Monitoring) was in the file and if the information was consistent and complete. We also ensured that the allegation was entered into the PREA Allegation System (PAS) within 24 hours and included enough information for a responsible party to understand what was done to conclude on the investigation.

We began our sample selection by obtaining a population of 228 PREA allegations made between July 1, 2021, and April 25, 2023, from the Bledsoe, South Central, and Trousdale facilities. We selected a random sample of 45 allegations from the 3 facilities and stratified the selection based

\textsuperscript{137} Federal PREA Standard 115.71, “Criminal and Administrative Agency Investigations.”
\textsuperscript{138} Policy 502.06.2, “PREA Allegations, Investigations, and Sexual Abuse Response Teams”
on the size of the facility. Our initial sample of 13 allegations from the Bledsoe facility did not include any sexual abuse allegations, so we haphazardly selected 3 additional allegations of sexual abuse.\footnote{The Bledsoe facility had 28 sexual abuse allegations and 39 sexual harassment allegations for the period of July 1, 2021, through April 25, 2023.}

As we conducted our review, we determined that further evidence was necessary to ensure we drew appropriate conclusions; therefore, we selected additional allegations from 3 other facilities. We obtained a nonstatistical, random sample of 15 PREA allegations from a total of 52 allegations from the Morgan facility, 15 from a total of 35 allegations from the Northwest facility, and 15 from a total of 30 allegations from the West TN facility, for a total sample of 45 PREA allegations from a total population of 117 allegations, all from the period July 1, 2021, through April 25, 2023.

Additionally, as we examined the 97 ongoing allegations open as of May 3, 2023, noted above, we identified a total of 27 unusual items across 5 facilities. Due to the high-risk nature of these files, we added these files to our review.

We provide the details of our sample in \textbf{Tables 28} through \textbf{31}.

\begin{table}[!h]
\centering
\begin{tabular}{|c|c|c|c|}
\hline
\textbf{Prison} & \textbf{Total Allegations for the Period} & \textbf{Nonstatistical, Random Sample} & \textbf{Haphazard Sample} \\
\hline
Bledsoe & 67 & 13 & 3* \\
South Central\textsuperscript{†} & 47 & 9 & \\
Trousdale\textsuperscript{‡} & 114 & 23 & \\
\hline
\textbf{Total} & \textbf{228} & \textbf{45} & 3 \\
\hline
\end{tabular}
\caption{First Random Sample of PREA Allegations \newline Allocations Made From July 1, 2021, Through April 25, 2023}
\end{table}

Source: Auditor created based on data in PAS.
* We haphazardly selected three additional allegations to add to the sample.
† Denotes CoreCivic facilities.

\begin{table}[!h]
\centering
\begin{tabular}{|c|c|c|}
\hline
\textbf{Prison} & \textbf{Total Allegations for the Period} & \textbf{Nonstatistical, Random Sample} \\
\hline
Morgan & 52 & 15 \\
Northwest & 35 & 15 \\
West TN & 30 & 15 \\
\hline
\textbf{Total} & \textbf{117} & \textbf{45} \\
\hline
\end{tabular}
\caption{First Random Sample of PREA Allegations \newline Allocations Made From July 1, 2021, Through April 25, 2023}
\end{table}

\begin{table}[!h]
Appendix 1 (Continued)

Table 30
High-Risk Items Added to Our Review
Selected Open Allegations as of May 3, 2023

<table>
<thead>
<tr>
<th>Prison</th>
<th>High-Risk Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>2</td>
</tr>
<tr>
<td>Northwest</td>
<td>6</td>
</tr>
<tr>
<td>South Central</td>
<td>7</td>
</tr>
<tr>
<td>Trousdale</td>
<td>11</td>
</tr>
<tr>
<td>West TN</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Sample</strong></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

Source: Auditor created based on data in PAS.

Table 31
Total Sampled Allegations by Facility
Allegations Made From July 1, 2021, Through April 25, 2023*

<table>
<thead>
<tr>
<th>Prison</th>
<th>Random and Haphazard</th>
<th>High-Risk Items*</th>
<th>Total Items Examined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>16</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Morgan</td>
<td>15</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Northwest</td>
<td>15</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>South Central</td>
<td>9</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Trousdale</td>
<td>23</td>
<td>11</td>
<td>34</td>
</tr>
<tr>
<td>West TN</td>
<td>15</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total Sample</strong></td>
<td><strong>93</strong></td>
<td><strong>27</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>

Source: Auditor created based on the number of allegations sampled from data in PAS.

*High-risk items are open allegations as of May 3, 2023.

Offender Medical and Behavioral Health Services

1. Audit Objective: In response to the prior audit finding, did Centurion and CoreCivic have sufficient staffing to meet their contractual requirements and Department of Correction policy?

Conclusion: Based on our review, we found that Centurion and CoreCivic were able to provide sufficient staffing by scheduling their own employees or obtaining contract staff. For vacancies that remained unfilled after utilizing contract staff, we found that department management assessed liquidated damages against Centurion and CoreCivic for insufficient staffing.
2. Audit Objective: In response to the prior audit finding, did health services management ensure that staff placed the required medical and behavioral health documents in offenders’ medical records in accordance with department policy?

Conclusion: Based on our review of three facilities, we found that management corrected the issues from the prior audit related to missing documentation, but we noted issues with medication administration records. Specifically, staff at two CoreCivic facilities did not ensure that these records contained adequate information to determine whether offenders received the required medication. See Finding 9.

Methodology to Address the Audit Objectives

To address audit objective 1, which included gaining an understanding of the staffing process for medical and behavioral health and department management’s design of internal controls significant to our audit objective, we interviewed the department’s Director of Behavioral Health Services, the Chief Medical Officer, the Director of Clinical Quality Assurance, Contract Monitoring staff, and the Inspector General; Centurion’s Statewide Director of Nursing; Health Services Administrators, Behavioral Health Administrators, and Directors of Nursing at DeBerry, Morgan, Women’s Therapeutic Residential Center at West TN State Penitentiary, South Central, and Trousdale; and CoreCivic’s Managing Director and Chief Nursing Officer. To determine staffing pattern requirements, we reviewed Section 41-1-408, Tennessee Code Annotated, as well as the contracts with Centurion and CoreCivic. For the facilities we visited for the period June 2021 through December 2022, we requested all staffing matrices for medical and behavioral health, the employee timecards to support them, and a list of salaried employees. We obtained assessed liquidated damages for the period May 2019 through November 2022.

To address audit objective 2, which included gaining an understanding of the requirements for medical records, the process for updating and reviewing the files, and department management’s design of internal controls significant to our audit objective, we reviewed Section 41-1-408, Tennessee Code Annotated, as well as department policies 113.50, “Health Records,” and 113.71, “Administration/Distribution of Medication.” We also interviewed the department’s Chief Medical Officer, the Director of Clinical Quality Assurance, and the Inspector General; Medical Records staff at DeBerry, Women’s Therapeutic Residential Center at West TN State Penitentiary, Morgan, Bledsoe, South Central, and Trousdale; Health Services Administrators at DeBerry, Morgan, Women’s Therapeutic Residential Center, South Central, and Trousdale; DeBerry’s Director of Nursing; South Central’s Compliance Nurse; CoreCivic’s Managing Director and Chief Nursing Officer; and CoreCivic’s Contract Compliance staff.

To determine if management addressed the corrective action related to the prior audit finding, we obtained and reviewed training rosters and materials on the department’s medical record policies and reviewed procedures that the department provided to its own staff, as well as Centurion and
Appendix 1 (Continued)

CoreCivic staff, in February 2020. We performed walkthrough procedures at Bledsoe, the state’s offender intake facility for male offenders, to gain an understanding of the process for creating medical files at intake, and we obtained a sample medical file. We performed walkthrough procedures at DeBerry, Women’s Therapeutic Residential Center at West TN State Penitentiary, Morgan, Bledsoe, South Central, and Trousdale to gain an understanding of the processes for housing and updating medical records, pharmacy administration, distributing medication to offenders, and updating the medication administration records (MARs). We also obtained copies of department policies at each facility to verify whether facility staff had the current version, and we obtained examples of medical forms and MARs. To determine whether offenders’ medical records contained the required documentation to show evidence that they received medical services, we obtained the population of offenders who came into custody between September 1, 2022, and February 28, 2023, and examined 20 offender medical files each at Bledsoe, Trousdale, and South Central, for a total of 60 files. We focused our work on offenders housed at Bledsoe to review medical records overseen by Centurion; at South Central and Trousdale, we observed risks related to medical recordkeeping, pharmacy administration, and medication distribution while performing our site visits at those facilities. See Table 32 for the testwork population.

Table 32
Population of Offenders Subject to Testwork

<table>
<thead>
<tr>
<th>Correctional Facility</th>
<th>Facility Type</th>
<th>Population Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>State</td>
<td>254</td>
</tr>
<tr>
<td>South Central</td>
<td>CoreCivic</td>
<td>55</td>
</tr>
<tr>
<td>Trousdale</td>
<td>CoreCivic</td>
<td>273</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>582</strong></td>
</tr>
</tbody>
</table>

Source: Department’s Tennessee Offender Management Information System.

Critical Records for Offenders

1. **Audit Objective:** In response to a prior finding, did the department maintain documentation of offender orientation?

   **Conclusion:** Based on our review, staff did not conduct orientation for offenders, conducted orientation late, or did not record the completion of orientation in the Tennessee Offender Management Information System (TOMIS) correctly. Without proper orientation, the department deprives offenders of information for accessing services needed to succeed. See Finding 10.

2. **Audit Objective:** In response to a prior finding, did facility staff enter accidents, incidents, and traumatic injuries into TOMIS in accordance with policy?
Appendix 1 (Continued)

Conclusion: Based on our review, staff entered accidents, incidents, and traumatic injuries into TOMIS but included confidential health information or did not enter sufficient information regarding why the offenders required medical attention. Security officers access this information and are not privy to the offender’s confidential health information; however, they must know whether health services staff treated and released the offender back to their cell or if health services transported the offender to a hospital for further treatment. See Observation 4.

Methodology to Address the Audit Objectives

To address audit objective 1, which included gaining an understanding of the orientation process and understanding how orientation is recorded and tracked and assessing management’s design and implementation of internal control significant to our audit objective, we interviewed diagnostic and intake staff who conduct orientation at Bledsoe, Trousdale, Turney, and Morgan. We also spoke to the Inspector General, the Rehabilitative and Community Services Correctional Administrator, and the Assistant Commissioner of Rehabilitative and Community Services. We reviewed

- the department’s Policy 113.53, “Accident/Injury Reporting”;
- the department’s Policy 404.05, “Orientation Unit”;
- the department’s Classification User’s Guide;
- Section 41-21-218, Tennessee Code Annotated; and
- the department’s 2022 Financial Integrity Act Risk Assessment.

We observed the orientation processes, procedures, and associated movements on the movement screen within TOMIS.

From TOMIS, we obtained data for 21,143 movements that occurred during the period of July 1, 2021, through May 26, 2023, and required an orientation code within TOMIS. We analyzed the data to determine whether facility staff provided orientation in a timely manner. For 383 movements for which the related offenders did not have a record of an orientation, we stratified the 383 movements by correctional facility and selected a nonstatistical, random sample across all facilities. See Table 33. For each movement, we reviewed TOMIS to determine whether the offender had an orientation contact code and contact notes after the movement. If we could not identify a contact note for the corresponding dates of the movement codes, we requested the offender’s Orientation Acknowledgement Form from management to determine if the offender truly received an orientation.
Appendix 1 (Continued)

Table 33
Population and Sample Related to Our Testwork

<table>
<thead>
<tr>
<th>Facility</th>
<th>Population</th>
<th>Sampled Items Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>DeBerry</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Hardeman</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>Johnson</td>
<td>184</td>
<td>20</td>
</tr>
<tr>
<td>Luttrell</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Morgan</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Northeast</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Northwest</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Riverbend</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>South Central</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Trousdale</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Turney</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>West TN</td>
<td>62</td>
<td>6</td>
</tr>
<tr>
<td>Whiteville</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>383</strong></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>

Source: Department’s Tennessee Offender Management Information System.

For 9 of the 47 offenders sampled, we found that facility staff entered incorrect movements into TOMIS. As a result, 6 offenders did not require orientation; therefore, 41 movements were applicable to orientation testing.

To address audit objective 2, which included gaining an understanding of the process for recording accidents, incidents, and traumatic injuries (AITs) in TOMIS and assessing management’s design and implementation of internal control significant to our audit objective, we interviewed the department’s Chief Medical Officer, the Chief Nursing Officer, and the Inspector General, as well as health services staff at DeBerry, Morgan, South Central, Trousdale, and West TN. We also reviewed department policies and procedures and TOMIS AIT entries.

We obtained data for 10,080 AIT entries that health services staff entered from July 1, 2021, through June 30, 2022. For each entry, we assessed whether health services staff entered sufficient information to understand why the offender required medical attention and whether health services staff entered protected health information.
1. **Audit Objective:** Did department management monitor the offender population to prevent overcrowding as required in statute?

   **Conclusion:** Based on our review, we noted that department management monitored the offender population to prevent overcrowding, and the correctional facilities were approximately 90% full. However, the department did not use thousands of inactive beds to house offenders for a variety of reasons, including improvement projects, physical design limitations, and a lack of offenders qualified to live in those beds. The department may be able to bring more offenders into the correctional system from the county jails if management can reinstate the beds. See Observation 5.

2. **Audit Objective:** Did the department have beds within its correctional facilities that were inactive and could have been used to house offenders in its custody who were not housed in the state’s 14 correctional facilities?

   **Conclusion:** Based on our review, the department had approximately 3,000 inactive beds that it was not using to house offenders for a variety of reasons, including improvement projects, physical design limitations, and a lack of offenders qualified to live in those beds. The department may be able to bring more offenders into the correctional system from the county jails if it can bring these beds back into use. See Observation 5.

*Methodology to Address the Audit Objectives*

To address our objectives, including obtaining an understanding and assessing the design and implementation of internal control, we interviewed the department’s Director of Classification, the Director of Offender Administration, the Director of Sentence Management, the Director of Decision Support: Research and Planning, and the Chief of Staff. We completed walkthroughs of the department’s process for intaking offenders into the system from the jails and determining what beds were open for placement. We also interviewed the Executive Director of the Board of Parole. We reviewed the department’s daily population overview reports, monthly *Tennessee Bed Space and Operating Capacities Reports*, and monthly *Tennessee Jail Summary Reports*. We also reviewed policies and procedures applicable to offender placement, Tennessee laws related to the safety valve provisions,140 and executive orders, and we researched the history and implementation of the safety valve laws.

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140 The safety valve is a mechanism that allows for early parole hearings for certain qualified offenders. We provide additional information regarding the safety valve on page 152 of this report.
Appendix 1 (Continued)

We obtained data for offenders and facility beds on May 2, 2023, and June 14, 2023. We used this data to perform an analysis of offender beds, their usages, how many are inactive, why they are inactive, the current correctional capacity, and what the capacity would be if the department was able to alleviate staffing and other issues. We then obtained explanations from department management for the reasons each bed was inactive.

We obtained an extract of all offenders’ housing assignments as of May 2, 2023, from the department’s Tennessee Offender Management Information System and performed a review to determine what percentage of beds were active, inactive, and unoccupied and to calculate the overall capacity of each facility. See Table 52 in Appendix 15 for the results of our review.

Offender Management System Replacement Project

Audit Objective: What is the current status of the department’s effort to replace the existing offender management system, and has management committed to learning from previous unsuccessful projects?

Conclusion: As of August 17, 2023, the department is working with STS and Deloitte Consulting, LLP to define project requirements and identify a vendor for a new offender management system. Management anticipates a go-live date of June 30, 2026. See Observation 6.

Methodology to Address the Audit Objective

To address our objective, including gaining an understanding of the department’s offender management system replacement project, we interviewed key members from the Business Solutions Delivery team within STS, including the team’s Executive Director and project managers. We also interviewed senior members of management from the Department of Correction, including the Inspector General and the Executive Information Technology Director. Furthermore, we obtained and inspected project expenditures for the new offender management system replacement effort, and we inspected policies promulgated by the state’s Information Systems Council related to IT project management.

We also inspected policies and procedures, such as the state’s Enterprise Information Security Policy and policies promulgated by the state’s Information Systems Council, including Policy 5.00, “Information Systems Management & System Development Life Cycle,” and Policy 7.00, “Information Systems Planning.”
Appendix 2
Internal Control Significant to the Audit Objectives

The U.S. Government Accountability Office’s *Standards for Internal Control in the Federal Government* (Green Book) sets internal control standards for federal entities and serves as best practice for non-federal government entities, including state and local government agencies. As stated in the Green Book overview,\(^{141}\)

Internal control is a process used by management to help an entity achieve its objectives . . .

Internal control helps an entity run its operations effectively and efficiently; report reliable information about its operations; and comply with applicable laws and regulations.

The Green Book’s standards are organized into five components of internal control: control environment, risk assessment, control activities, information and communication, and monitoring. In an effective system of internal control, these five components work together to help an entity achieve its objectives. Each of the five components of internal control contains principles, which are the requirements an entity should follow to establish an effective system of internal control. We illustrate the five components and their underlying principles below:

<table>
<thead>
<tr>
<th>Control Environment</th>
<th>Control Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle 1</td>
<td>Principle 10</td>
</tr>
<tr>
<td>Demonstrate Commitment to Integrity and Ethical Values</td>
<td>Design Control Activities</td>
</tr>
<tr>
<td>Principle 2</td>
<td>Principle 11</td>
</tr>
<tr>
<td>Exercise Oversight Responsibility</td>
<td>Design Activities for the Information System</td>
</tr>
<tr>
<td>Principle 3</td>
<td>Principle 12</td>
</tr>
<tr>
<td>Establish Structure, Responsibility, and Authority</td>
<td>Implement Control Activities</td>
</tr>
<tr>
<td>Principle 4</td>
<td>Principle 13</td>
</tr>
<tr>
<td>Demonstrate Commitment to Competence</td>
<td>Use Quality Information</td>
</tr>
<tr>
<td>Principle 5</td>
<td>Principle 14</td>
</tr>
<tr>
<td>Enforce Accountability</td>
<td>Communicate Internally</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Principle 15</td>
</tr>
<tr>
<td>Principle 6</td>
<td>Perform Monitoring Activities</td>
</tr>
<tr>
<td>Define Objectives and Risk Tolerances</td>
<td>Communicate Externally</td>
</tr>
<tr>
<td>Principle 7</td>
<td>Principle 16</td>
</tr>
<tr>
<td>Identify, Analyze, and Respond to Risks</td>
<td>Evaluate Issues and Remediate Deficiencies</td>
</tr>
<tr>
<td>Principle 8</td>
<td>Principle 17</td>
</tr>
<tr>
<td>Assess Fraud Risk</td>
<td></td>
</tr>
<tr>
<td>Principle 9</td>
<td></td>
</tr>
<tr>
<td>Identify, Analyze, and Respond to Change</td>
<td></td>
</tr>
</tbody>
</table>

In compliance with generally accepted government auditing standards, we must determine whether internal control is significant to our audit objectives. We base our determination of significance on whether an entity’s internal control impacts our audit conclusion. In the following matrix, we list our audit objectives, indicate whether internal control was significant to our audit objectives, and identify which internal control components and underlying principles were significant to those objectives.

\(^{141}\) For further information on the Green Book, please refer to [https://www.gao.gov/greenbook/overview](https://www.gao.gov/greenbook/overview).
## Appendix 2 (Continued)

### Internal Control Components and Underlying Principles Significant to the Audit Objectives

<table>
<thead>
<tr>
<th>Audit Objectives</th>
<th>Significance</th>
<th>Control Environment</th>
<th>Risk Assessment</th>
<th>Control Activities</th>
<th>Information &amp; Communication</th>
<th>Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 In response to the prior audit, did the Department of Correction leadership address the problems related to operational oversight at the department’s central office and its correctional facilities?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 In response to the prior audit, did department management develop a process to ensure they scored items deemed critical on annual facility compliance inspections with greater weight than scores assigned to noncritical items?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 In response to the prior audit, did Department of Correction management ensure that all relevant staff, including those with security and CoreCivic, entered all required information into the Tennessee Offender Management Information System (TOMIS) correctly?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 In response to the prior audit, did department management ensure that an offender’s cause of death was accurately recorded in TOMIS?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 In response to the prior audit, did department management ensure that state and CoreCivic facility staff followed incident reporting policies, entered incident information accurately into TOMIS, and maintained supporting documentation for incidents as required?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 In response to a prior audit finding, did management provide adequate internal controls in two specific areas?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 In response to the prior audit, did department management develop a process to publish accurate and complete data in its statistical abstract?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 In response to the prior audit, did department management implement procedures to ensure staff enforced contracts as written and to prevent contract administration staff from acting unilaterally?</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 In response to the prior audit, did CoreCivic ensure procedures are in place to quickly access inmate medication administration records during an unexpected outage of its electronic medication administration system?</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 In response to the prior audit, did Department of Correction management ensure that staff performed their records management duties correctly, including the retention, destruction, and inventory of documents?</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Has department management maintained, monitored, and addressed staff vacancies and turnover, and taken action to ensure the department’s correctional facilities can maintain critical operations and meet its mission to operate safe and secure prisons?</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

148
## Appendix 2 (Continued)

<table>
<thead>
<tr>
<th>Audit Objectives</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Is the augmentee program reducing the burden of Correctional Officers’ overtime worked?</td>
<td>No</td>
</tr>
<tr>
<td>13 In response to the prior audit finding, did management ensure that CoreCivic’s monthly staffing accurately reflected Correctional Officer vacancies and turnover rates and appropriately assess and collect liquidated damages due to CoreCivic’s inability to staff vacancies at its correctional facilities?</td>
<td>Yes</td>
</tr>
<tr>
<td>14 Did our site visit to Northwest Correctional Complex reveal safety and security concerns based on responses received from employees and contractors that responded to our surveys?</td>
<td>No</td>
</tr>
<tr>
<td>15 Did offenders have the opportunity to complete programs and classes designed to reduce their likelihood of reoffending while incarcerated?</td>
<td>Yes</td>
</tr>
<tr>
<td>16 Did the department ensure that offenders received reentry planning services while incarcerated to set them up for success upon release?</td>
<td>Yes</td>
</tr>
<tr>
<td>17 In response to the prior audit finding, did department management ensure supervisors, district directors, and correctional administrators completed case plan reviews in accordance with policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>18 Did offenders have the opportunity to complete programs and classes designed to reduce their likelihood of reoffending while on Community Supervision?</td>
<td>Yes</td>
</tr>
<tr>
<td>19 In response to the prior audit finding, did the department conduct initial and 30-day PREA screenings in accordance with Federal PREA Standards and department policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>20 Did the department conduct annual PREA screenings in accordance with department policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>21 After conducting a PREA screening, did facility management appropriately assign the offender to a different cell when a PREA screening changed an offender’s PREA status, putting an offender at risk of sexual victimization?</td>
<td>Yes</td>
</tr>
<tr>
<td>22 In response to the prior audit finding, did the department ensure that all sexual abuse and sexual harassment allegations were documented and investigated?</td>
<td>Yes</td>
</tr>
<tr>
<td>23 For substantiated PREA allegations, did the department ensure that each involved offender’s risk of sexual victimization and abusiveness was reassessed?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Appendix 2 (Continued)

### Internal Control Components and Underlying Principles
**Significant to the Audit Objectives**

<table>
<thead>
<tr>
<th>Audit Objectives</th>
<th>Significance</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 For substantiated abuse allegations, did the department ensure that each aggressor (both offenders and employees) was disciplined as required by the Federal PREA Standards and department policy?</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
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<td></td>
</tr>
<tr>
<td>25 In response to the prior audit finding, did CoreCivic have sufficient staffing to meet their contractual requirements and Department of Correction policy?</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<td>–</td>
<td>Yes</td>
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</tr>
<tr>
<td>26 In response to the prior audit finding, did CoreCivic have sufficient staffing to meet their contractual requirements and Department of Correction policy?</td>
<td>Yes</td>
<td>–</td>
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<td>–</td>
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<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
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<td>–</td>
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</tr>
<tr>
<td>27 In response to a prior finding, did the department maintain documentation of offender orientation?</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<td>–</td>
<td>Yes</td>
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<td>–</td>
</tr>
<tr>
<td>28 In response to a prior finding, did facility staff enter accidents, incidents, and traumatic injuries into TOMIS in accordance with policy?</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
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<td>–</td>
</tr>
<tr>
<td>29 Is department management monitoring the offender population to prevent overcrowding as required in statute?</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
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<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>30 Does the department have beds within its correctional facilities that are inactive and could be used to house offenders in its custody who are not housed in the state’s 14 correctional facilities?</td>
<td>Yes</td>
<td>–</td>
<td>–</td>
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<td>–</td>
<td>–</td>
<td>Yes</td>
<td>–</td>
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<td>–</td>
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<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>31 What is the current status of the department’s effort to replace the existing offender management system and has management committed to learning from previous unsuccessful projects?</td>
<td>No</td>
<td>–</td>
<td>–</td>
<td>–</td>
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<td>–</td>
<td>–</td>
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<td>–</td>
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</tr>
</tbody>
</table>
Appendix 3
Department of Correction’s Organizational Structure

The Department of Correction (the department) comprises a central office in Nashville, 13 district offices across the state that provide Community Supervision, and 14 correctional facilities. The department is divided into 3 operational divisions, each overseen by a Deputy Commissioner or Chief of Staff, who report directly to the Commissioner.

Through the Offices of Strategic Planning and Customer Focused Government and Decision Support: Research and Planning, the Chief of Staff is responsible for the department’s strategic planning to support the department’s mission, and tracks and monitors the department’s progress around its strategic efforts. He also oversees the department’s Office of Legislative Services. Furthermore, the Executive Officer, who reports to the Chief of Staff, performs administrative functions and provides security for the Commissioner’s leadership team.

The Deputy Commissioner of Operations oversees the following areas:

- Under the Assistant Commissioner of Prison Operations, the correctional administrators in the East, Middle, and West grand divisions oversee the operation of all state-owned and -operated correctional facilities, while one correctional administrator for CoreCivic facilities oversees contract monitors at the four Core Civic facilities housing offenders. The Assistant Commissioner of Prison Operations oversees the Local Jails Resource Office, Interdiction Unit, Strike Force Unit, Transportation, and Classifications.

- The Chief Medical Officer/Assistant Commissioner of Clinical Services oversees Clinical Services Quality Assurance, Nursing Services, Pharmacy, Clinical Services, and Behavioral Health.

- Support divisions under the Assistant Commissioner of Operational Support include Facilities Planning and Construction; Facilities Management and Maintenance; Mission Support; Office of Investigation and Conduct; and Statewide Learning and Development, which oversees the Tennessee Correction Academy.

- The Assistant Commissioner of Community Supervision supervises the Probation and Parole Administrators and Operational Support, overseeing correctional administrators in charge of probation, parole, and specialized caseload operations in the state’s East, Middle, and West grand divisions. This unit also oversees the department’s Community Corrections Program.
Appendix 3 (Continued)

The Deputy Commissioner of Administration oversees the department’s Office of General Counsel, the Office of the Chief Financial Officer, and the Office of Human Resources and Staff Development. This office also supports the department through the following offices:

- The *Office of the Inspector General* ensures the department, including its contractors, complies with all federal and state requirements and the American Correctional Association accreditation standards and performs internal audits and contract monitoring.
- *Offender Administration* controls inmate correctional facility assignments and manages the department’s public records.
- The *Assistant Commissioner of Rehabilitative Services* oversees Re-entry and Women’s Services, Education, Inmate Jobs, inmate Risk Needs Assessments, the Criminal Conviction Records Unit, Offender Housing, and the Day Reporting and Community Reporting Centers.
- The *Office of Community and Stakeholder Engagement* represents the department in the community and interacts with key stakeholders to serve offenders across the state.

**Services by Other State Agencies**

The Department of Finance and Administration’s Strategic Technology Solutions provides information technology support to the department.

The Tennessee Rehabilitative Initiative in Correction (TRICOR) provides job and life skills training, professional certifications, and coaching programs to offenders within the state’s correctional facilities. The training is designed to help offenders integrate back into the community upon release. TRICOR provides offenders with training in a variety of industries, such as agriculture, call centers, and production services.

The Board of Parole schedules and holds parole hearings and makes decisions on whether to grant parole to offenders. Sections 41-1-500 et seq., *Tennessee Code Annotated*, created a “safety valve” that allows for select offenders to be considered for parole earlier than normal when the Governor declares an overcrowding emergency. Tennessee’s correctional system has been under a declared overcrowding emergency since 1985, thus, the safety valve provision is still used today.

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142 The Governor sets limits on the types of offenses that are eligible for consideration under the safety valve.
143 According to Section 41-1-503, the Governor may declare an overcrowding emergency when the in-house population of offenders exceeds 95% of the designated capacity for 30 days. The overcrowding emergency may end once the capacity falls back below 90%.
144 Governor Lamar Alexander declared the overcrowding emergency on December 11, 1985, and no successive Governor has rescinded the order.
Appendix 4
Organizational Chart
August 2023

Commissioner

Executive Administrative Assistant

Deputy Commissioner
- Assistant Commissioner Prison Operations
- Chief Medical Officer / Assistant Commissioner Clinical Services
- Assistant Commissioner Operational Support
- Assistant Commissioner Community Supervision

Deputy Commissioner
- General Counsel
- Chief Financial Officer
- Assistant Commissioner Community & Stakeholder Engagement

Deputy Commissioner
- Inspector General
- Assistant Commissioner Rehabilitative Services
- Assistant Commissioner Human Resources & Staff Development
- Offender Administration

Chief of Staff
- Strategic Planning & Customer Focused Government
- Decision Support: Research & Planning
- Legislative Services
- Executive Officer

Source: Department management.
Appendix 5
Financial Information

Table 34
Fiscal Year 2021 Budget and Actual Expenditures and Revenues

<table>
<thead>
<tr>
<th>Department of Correction</th>
<th>FY 2021 Recommended Budget*</th>
<th>FY 2021 Actual Expenditures and Revenues†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll</td>
<td>$425,422,500</td>
<td>$367,470,000</td>
</tr>
<tr>
<td>Operational</td>
<td>749,626,300</td>
<td>630,223,900</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,175,048,800</td>
<td>$997,693,900</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$1,157,703,000</td>
<td>$754,484,500</td>
</tr>
<tr>
<td>Federal</td>
<td>768,900</td>
<td>202,130,900</td>
</tr>
<tr>
<td>Other</td>
<td>16,576,900</td>
<td>41,078,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,175,048,800</td>
<td>$997,693,900</td>
</tr>
</tbody>
</table>


Table 35
Fiscal Year 2022 Budget and Actual Expenditures and Revenues

<table>
<thead>
<tr>
<th>Department of Correction</th>
<th>FY 2022 Recommended Budget*</th>
<th>FY 2022 Actual Expenditures and Revenues†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll</td>
<td>$424,418,000</td>
<td>$390,272,100</td>
</tr>
<tr>
<td>Operational</td>
<td>756,805,600</td>
<td>629,905,300</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,181,223,600</td>
<td>$1,020,177,400</td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$1,164,268,400</td>
<td>$993,235,600</td>
</tr>
<tr>
<td>Federal</td>
<td>634,100</td>
<td>1,141,800</td>
</tr>
<tr>
<td>Other</td>
<td>16,321,100</td>
<td>25,800,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,181,223,600</td>
<td>$1,020,177,400</td>
</tr>
</tbody>
</table>

† Source: Tennessee State Budget, Fiscal Year 2023–2024.
### Appendix 5 (Continued)

#### Table 36
Fiscal Year 2023 Budget and Estimated Expenditures and Revenues

<table>
<thead>
<tr>
<th>Department of Correction</th>
<th>FY 2023 Recommended Budget*</th>
<th>FY 2023 Estimated Expenditures and Revenues†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll</td>
<td>$486,845,600</td>
<td>$511,037,800</td>
</tr>
<tr>
<td>Operational</td>
<td>762,901,400</td>
<td>818,981,800</td>
</tr>
<tr>
<td>Total</td>
<td>$1,249,747,000</td>
<td>$1,330,019,600</td>
</tr>
<tr>
<td>Revenues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$1,229,060,100</td>
<td>$1,294,867,100</td>
</tr>
<tr>
<td>Federal</td>
<td>353,300</td>
<td>13,683,700</td>
</tr>
<tr>
<td>Other</td>
<td>20,333,600</td>
<td>21,468,800</td>
</tr>
<tr>
<td>Total</td>
<td>$1,249,747,000</td>
<td>$1,330,019,600</td>
</tr>
</tbody>
</table>

† Source: Tennessee State Budget, Fiscal Year 2023–2024.

#### Table 37
Fiscal Year 2024 Budget

<table>
<thead>
<tr>
<th>Department of Correction</th>
<th>FY 2024 Recommended Budget*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td></td>
</tr>
<tr>
<td>Payroll</td>
<td>$510,456,900</td>
</tr>
<tr>
<td>Operational</td>
<td>816,626,900</td>
</tr>
<tr>
<td>Total</td>
<td>$1,327,083,800</td>
</tr>
<tr>
<td>Revenues</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>$1,293,600,500</td>
</tr>
<tr>
<td>Federal</td>
<td>13,149,700</td>
</tr>
<tr>
<td>Other</td>
<td>20,333,600</td>
</tr>
<tr>
<td>Total</td>
<td>$1,327,083,800</td>
</tr>
</tbody>
</table>

*Source: Tennessee State Budget, Fiscal Year 2023–2024.
Appendix 6
Department of Correction Correctional Facilities

West Tennessee
1 Northwest Correctional Complex
   Tiptonville
2 West Tennessee State Penitentiary
   Women’s Therapeutic Residential Center
   Henning
3 Mark Luttrell Transition Center
   Memphis
   Whiteville Correctional Facility
   Whiteville
   Hardeman County Correctional Facility
   Whiteville

Middle Tennessee
4A Turney Center Industrial Complex (Main Site)
   Only
4B Turney Center Industrial Complex (Annex)
   Clifton
5 Lois M. DeBerry Special Needs Facility
   Nashville
6 Debra K. Johnson Rehabilitation Center
   Nashville
7 Riverbend Maximum Security Institution
   Nashville
8 South Central Correctional Facility
   Clifton
9 Trousdale Turner Correctional Center
   Hartsville

East Tennessee
8 Bledsoe County Correctional Complex
   Pikeville
9 Morgan County Correctional Complex
   Wartburg
10 Northeast Correctional Complex
    Mountain City

Source: Auditor generated based on office location data obtained from the department’s website.
Appendix 7
Department of Correction Probation and Parole Districts and Offices

### West Tennessee Districts

<table>
<thead>
<tr>
<th>District</th>
<th>Office Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>Jackson</td>
</tr>
<tr>
<td></td>
<td>Somerville</td>
</tr>
<tr>
<td>61</td>
<td>Dresden</td>
</tr>
<tr>
<td></td>
<td>Dyersburg, Huntingdon, Paris, Union City, Wildersville</td>
</tr>
<tr>
<td>70</td>
<td>Memphis (One Commerce Square)</td>
</tr>
<tr>
<td></td>
<td>Memphis (E.H. Crump Blvd)</td>
</tr>
<tr>
<td></td>
<td>Memphis (Overton Crossing)</td>
</tr>
</tbody>
</table>

### Middle Tennessee Districts

<table>
<thead>
<tr>
<th>District</th>
<th>Office Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Nashville (Blanton Ave)</td>
</tr>
<tr>
<td></td>
<td>Nashville (Pavilion Ave)</td>
</tr>
<tr>
<td>50</td>
<td>Murfreesboro</td>
</tr>
<tr>
<td></td>
<td>Tullahoma</td>
</tr>
<tr>
<td>51</td>
<td>Columbia</td>
</tr>
<tr>
<td></td>
<td>Lawrenceburg</td>
</tr>
<tr>
<td>80</td>
<td>Clarksville</td>
</tr>
<tr>
<td></td>
<td>Ashland City, Dickson</td>
</tr>
<tr>
<td>81</td>
<td>Gallatin</td>
</tr>
<tr>
<td></td>
<td>Lebanon, Springfield</td>
</tr>
</tbody>
</table>

### East Tennessee Districts

<table>
<thead>
<tr>
<th>District</th>
<th>Office Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Johnson City</td>
</tr>
<tr>
<td></td>
<td>Blountville, Elizabethton, Greeneville, Morristown</td>
</tr>
<tr>
<td>20</td>
<td>Knoxville</td>
</tr>
<tr>
<td></td>
<td>Dandridge, Newport, New Tazewell, Sevierville</td>
</tr>
<tr>
<td>21</td>
<td>Clinton</td>
</tr>
<tr>
<td></td>
<td>Jacksboro, Maryville</td>
</tr>
<tr>
<td>30</td>
<td>Chattanooga</td>
</tr>
<tr>
<td></td>
<td>Cleveland, Jasper, Madisonville, McMinville</td>
</tr>
<tr>
<td>31</td>
<td>Cookeville</td>
</tr>
<tr>
<td></td>
<td>Crossville</td>
</tr>
</tbody>
</table>

Source: Auditor generated based on office location data obtained from the department’s website.
Appendix 8
Private Prison Operation Contracts

The Private Prison Contracting Act of 1986\(^{145}\) authorizes the Department of Correction to enter into only one direct contract with a private prison operator, and Section 4-3-603, *Tennessee Code Annotated*, gives the Commissioner the power to contract unilaterally with local government entities to manage the state’s prison population. The department contracts directly with CoreCivic for the South Central Correctional Facility, and contracts with two local governments (Hardeman County and Trousdale County) for three other facilities (Hardeman County Correctional Facility, Whiteville Correctional Facility, and Trousdale Turner Correctional Complex, respectively). These local governments, in turn, contract with CoreCivic to operate the correctional facility in their area. See Table 38.

<table>
<thead>
<tr>
<th>Prison</th>
<th>Location</th>
<th>Contractor</th>
<th>Operator</th>
<th>Contract Term</th>
<th>Maximum Liability</th>
<th>Facility Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Central Correctional Facility</td>
<td>Wayne County</td>
<td>CoreCivic</td>
<td>CoreCivic</td>
<td>7/1/2020 – 6/30/2025</td>
<td>$212,997,181</td>
<td>State</td>
</tr>
<tr>
<td>Hardeman County Correctional Facility</td>
<td>Hardeman County</td>
<td>Hardeman County</td>
<td>CoreCivic</td>
<td>9/1/2019 – 6/30/2024</td>
<td>$209,598,462.50(^{146})</td>
<td>Private - Hardeman County Correctional Facilities Corporation</td>
</tr>
<tr>
<td>Trousdale Turner Correctional Center</td>
<td>Trousdale County</td>
<td>Trousdale County</td>
<td>CoreCivic</td>
<td>7/1/2021 – 6/30/2026</td>
<td>$359,872,722(^{147})</td>
<td>Private - CoreCivic</td>
</tr>
<tr>
<td>Whiteville Correctional Facility</td>
<td>Hardeman County</td>
<td>Hardeman County</td>
<td>CoreCivic</td>
<td>7/1/2021 – 6/30/2026</td>
<td>$220,492,537(^{148})</td>
<td>Private - Hardeman County Correctional Facilities Corporation Two</td>
</tr>
</tbody>
</table>

\(^{145}\) Section 41-24-103, *Tennessee Code Annotated*.

\(^{146}\) This is the increased maximum liability as of the February 2022 Contract Amendment 1.

\(^{147}\) This is the increased maximum liability as of the October 2022 Contract Amendment 2.

\(^{148}\) This is the increased maximum liability as of the November 2022 Contract Amendment 2.
Appendix 9
Department of Correction Employee Satisfaction Survey Form and Responses

We administered a survey, using Microsoft Forms, to all 5,026 employees employed by the Department of Correction as of January 17, 2023, to help us understand how high turnover and vacancy rates affected staff and the safety and security of the prisons. See Figure 9 for the form we provided the employees. The survey was available for employees to respond to from February 7, 2023, through February 28, 2023, and we received 635 responses, a 13% response rate. In Charts 6 through 12, we have provided details about the responses we received for each question. We have not included full narrative responses due to responses potentially containing private or confidential information about employees or the offenders under their supervision.
Figure 9
Survey Form Sent to Department Employees

We are currently conducting a performance audit of the Tennessee Department of Correction, and we would like to invite you, as a Department of Correction employee, to participate in this employee satisfaction survey.

If you decide to participate, your responses will be anonymous and cannot be linked to you unless you include your personally identifiable information in the comment boxes provided within the survey document.

Your contribution to the department’s mission to operate safe and secure prisons and provide effective community supervision is important, and we would like to hear your thoughts about how the department can improve overall, including how the department can support its employees. Specifically, we will use your responses to help us gauge how well the department is providing necessary resources to correctional staff and addressing staff shortages in the prisons. We plan to provide the Department of Correction and the Tennessee General Assembly with recommendations or suggestions based on the overall results of the survey; however, any specific results or comments we share with them will be kept anonymous.

1. How long have you worked for the Department of Correction (TDOC)?

2. Where do you currently work?

3. What is your primary job title and role?

4. Have you searched for another job in the last 30 days?
   ○ Yes  ○ No

5. Would you recommend someone to work in your current job role?
   ○ Yes  ○ No

6. What do you enjoy about your job?

7. What challenges do you face with your job?

8. Have you been concerned about your personal safety at any point while performing your job responsibilities?
   ○ Yes  ○ No

9. Please explain your answer to question number 8 regarding your personal safety.

10. Do you feel your supervisors provide you with the support and resources you need to do your job?
    ○ Yes  ○ No

11. What else could the department do to make your job easier, more efficient, better, or safer?

12. Can you openly and candidly bring requests, concerns, and/or suggestions to your supervisors?
    ○ Yes  ○ No

13. Please explain your answer to question number 12 regarding requests, concerns, and/or suggestions.

14. How have staffing shortages affected your ability to do your job?

15. Please describe your understanding of the augmentee volunteer program (TDOC employees signing up to work extra shifts within TDOC prisons).

16. Regarding the augmentee volunteer program, please describe any benefits that you have observed or experienced from the program.

17. Please describe any concerns or suggestions for improvement that you may have with the augmentee volunteer program.

18. How can the department improve its approach to rehabilitate and reintegrate offenders so they can lead independent and successful lives in the community?

19. Is there anything else you would like to tell us?
Appendix 9 (Continued)

Chart 6
Survey Responses to the Question
*How long have you worked for the Department of Correction (TDOC)?*

Source: Auditor analysis of TDOC employee survey responses.

Chart 7
Survey Responses to the Question
*Where do you currently work?*

Source: Auditor analysis of TDOC employee survey responses.
Appendix 9 (Continued)

Chart 8
Survey Responses to the Question
Have you searched for another job in the last 30 days?

Yes

No

Source: Auditor analysis of TDOC employee survey responses.

Chart 9
Survey Responses to the Question
Would you recommend someone to work in your current job role?

Yes

No

Source: Auditor analysis of TDOC employee survey responses.
Appendix 9 (Continued)

Chart 10
Survey Responses to the Question

Have you been concerned about your personal safety at any point while performing your job responsibilities?

![Bar Chart]

Source: Auditor analysis of TDOC employee survey responses.

Chart 11
Survey Responses to the Question

Do you feel your supervisors provide you with the support and resources you need to do your job?

![Bar Chart]

Source: Auditor analysis of TDOC employee survey responses.
Chart 12
Survey Responses to the Question
Can you openly and candidly bring requests, concerns, and/or suggestions to your supervisors?

Yes

No

Source: Auditor analysis of TDOC employee survey responses.
Appendix 10
CoreCivc Employee Satisfaction Survey Form and Responses

We administered a survey, using Microsoft Forms, to all 1,239 CoreCivic, Inc. employees working in the four prisons operated by CoreCivic, as of January 26, 2023, to help us understand how high turnover and vacancy rates affected staff and the safety and security of the prisons. See Figure 10 for the form we provided the employees. The survey was available for employees to respond to from March 2, 2023, through March 22, 2023, and we received 104 responses, an 8% response rate. In Charts 13 through 19, we have provided details about the responses we received for each question. We have not included full narrative responses due to responses potentially containing private or confidential information about employees or the offenders under their supervision.
Appendix 10 (Continued)

Figure 10
Survey Form Sent to CoreCivic Employees

We are currently conducting a performance audit of the Tennessee Department of Correction (TDOC), and we would like to invite you, as an employee of CoreCivic that works in a State of Tennessee correctional facility, to participate in this employee survey.

If you decide to participate, your responses will be anonymous and cannot be linked to you unless you include your personally identifiable information in the comment boxes provided within the survey document.

Your contribution as a contracted employee to TDOC’s mission to operate safe and secure prisons is important, and we would like to hear your thoughts. Specifically, please share your opinions about how the state or your employer can support you. We will use your responses to help us gauge whether CoreCivic management has provided or can better provide staff the necessary resources to perform their duties. Please include any opinions as to TDOC’s and CoreCivic’s plans to address staff shortages in the prisons.

We plan to provide the Department of Correction and the Tennessee General Assembly with recommendations or suggestions based on the overall results of the survey; however, any specific results or comments we share with them will be kept anonymous.

1. How long have you worked for CoreCivic?
2. What prison do you currently work in?
   □ Hardeman County Correctional Facility
   □ South Central Correctional Facility
   □ Trousdale Turner Correctional Center
   □ Whiteville Correctional Facility
   □ Other
3. What is your primary job title and role?
4. Have you searched for another job in the last 30 days?
   □ Yes □ No
5. Would you recommend someone to work in your job role for your employer?
   □ Yes □ No
6. What do you enjoy about your job?
7. What challenges do you face with your job?
8. Have you been concerned about your personal safety at any point while performing your job responsibilities?
   □ Yes □ No
9. Please explain your answer to question number 8 regarding your personal safety. For instance, how often do you feel you are in an unsafe situation?
10. Do you feel your supervisors provide you with the support and resources you need to do your job?
   □ Yes □ No
11. What else could CoreCivic do to make your job easier or more efficient?
12. Can you openly and candidly bring requests, concerns, and/or suggestions to your supervisors?
   □ Yes □ No
13. Please explain your answer to question number 12 regarding requests, concerns, and/or suggestions.
14. How have staffing shortages affected your ability to do your job?
15. Is there anything else you would like to tell us?
16. Would you like to be contacted for further discussion on your comments?
   □ Yes □ No
Appendix 10 (Continued)

Chart 13
Survey Responses to the Question
How long have you worked for CoreCivic?

- <1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 15-20 years
- 20-25 years
- 25-30 years
- 30-35 years
- 35-40 years

Source: Auditor analysis of CoreCivic employee survey responses.

Chart 14
Survey Responses to the Question
What prison do you currently work in?

- South Central Correctional Facility
- Trousdale Turner Correctional Center
- Hardeman County Correctional Facility
- Whiteville Correctional Facility
- Other

Source: Auditor analysis of CoreCivic employee survey responses.
Appendix 10 (Continued)

Chart 15
Survey Responses to the Question
Have you searched for another job in the last 30 days?

Source: Auditor analysis of CoreCivic employee survey responses.

Chart 16
Survey Responses to the Question
Would you recommend someone to work in your job role for your employer?

Source: Auditor analysis of CoreCivic employee survey responses.
Appendix 10 (Continued)

Chart 17
Survey Responses to the Question
Have you been concerned about your personal safety at any point while performing your job responsibilities?

Source: Auditor analysis of CoreCivic employee survey responses.

Chart 18
Survey Responses to the Question
Do you feel your supervisors provide you with the support and resources you need to do your job?

Source: Auditor analysis of CoreCivic employee survey responses.
Chart 19
Survey Responses to the Question
Can you openly and candidly bring requests, concerns, and/or suggestions to your supervisors?

Source: Auditor analysis of CoreCivic employee survey responses.
Appendix 11

Centurion Employee Satisfaction Survey Form and Responses

We administered a survey, using Microsoft Forms, to all 750 employees of Centurion of Tennessee, LLC who worked in a Department of Correction-operated correctional facility as of February 16, 2023, to help us understand how high turnover and vacancy rates affected staff and the safety and security of the prisons. See Figure 11 for the form we provided the employees. The survey was available for employees to respond to from March 2, 2023, through March 23, 2023, and we received 138 responses, an 18% response rate. In Charts 20 through 26, we have provided details about the responses we received for each question. We have not included full narrative responses due to responses potentially containing private or confidential information about employees or the offenders under their supervision.
Appendix 11 (Continued)

Figure 11
Survey Form Sent to Centurion Employees

We are currently conducting a performance audit of the Tennessee Department of Correction (TDOC), and we would like to invite you, as an employee of Centurion, LLC, that works in a State of Tennessee correctional facility, to participate in this employee survey. If you decide to participate, your responses will be anonymous and cannot be linked to you unless you include your personally identifiable information in the comment boxes provided within the survey document.

Your contribution to TDOC’s mission to operate safe and secure prisons is important, and we would like to hear your thoughts. Specifically, please share your opinions about how the state or your employer can support you. We will use your responses to help us gauge whether Centurion management has provided or can better provide staff the necessary resources to perform their duties. Please include any opinions as to TDOC’s and Centurion’s plans to address staff shortages in the prisons.

We plan to provide the Department of Correction and the Tennessee General Assembly with recommendations or suggestions based on the overall results of the survey; however, any specific results or comments we share with them will be kept anonymous.

1. How long have you worked for Centurion?
2. What prison do you currently work in?
   - Bledsoe County Correctional Complex
   - Debra K. Johnson Rehabilitation Center
   - Mark Luttrell Transition Center
   - Morgan County Correctional Complex
   - Northeast Correctional Complex
   - Northwest Correctional Complex
   - Riverbend Maximum Security Institution
   - Turney Center Industrial Complex
   - West Tennessee State Penitentiary
   - Women’s Therapeutic Residential Center
   - Other

3. What is your primary job title and role?
4. Have you searched for another job in the last 30 days?
   - Yes  No
5. Would you recommend someone to work in your job role for your employer?
   - Yes  No
6. On a weekly basis, approximately how many inmates do you see in the clinic for medical and behavioral health care?
7. What do you enjoy about your job?
8. What challenges do you face with your job?
9. Have you been concerned about your personal safety at any point while performing your job responsibilities?
   - Yes  No
10. Please explain your answer to question number 9 regarding your personal safety. For instance, how often do you feel you are in an unsafe situation?
11. Do you feel your supervisors provide you with the support and resources you need to do your job?
    - Yes  No
12. What else could Centurion do to make your job easier or more efficient?
13. What else could Centurion do to provide better care to inmates?
14. Can you openly and candidly bring requests, concerns, and/or suggestions to your supervisors?
    - Yes  No
15. Please explain your answer to question number 14 regarding requests, concerns, and/or suggestions.
16. How have staffing shortages affected your ability to do your job?
17. Is there anything else you would like to tell us?
18. Would you like to be contacted for further discussion on your comments?
   - Yes  No
Appendix 11 (Continued)

Chart 20
Survey Responses to the Question
How long have you worked for Centurion?

- <1 year
- 1-5 years
- 6-10 years
- 11-15 years

Source: Auditor analysis of Centurion employee survey responses.

Chart 21
Survey Responses to the Question
What prison do you currently work in?

- Bledsoe County Correctional Complex
- Debra K. Johnson Rehabilitation Center
- Mark Luttrell Transition Center
- Morgan County Correctional Complex
- Northeast Correctional Complex
- Northwest Correctional Complex
- Riverbend Maximum Security Institution
- Turney Center Industrial Complex
- West Tennessee State Penitentiary
- Women’s Therapeutic Residential Center
- Other

Source: Auditor analysis of Centurion employee survey responses.
Appendix 11 (Continued)

Chart 22
Survey Responses to the Question
*Have you searched for another job in the last 30 days?*

![Bar chart showing survey responses to the question about searching for another job in the last 30 days.](image)

Source: Auditor analysis of Centurion employee survey responses.

Chart 23
Survey Responses to the Question
*Would you recommend someone to work in your job role for your employer?*

![Bar chart showing survey responses to the question about recommending someone for a job role.](image)

Source: Auditor analysis of Centurion employee survey responses.
Appendix 11 (Continued)

Chart 24
Survey Responses to the Question
*Have you been concerned about your personal safety at any point while performing your job responsibilities?*

![Bar chart showing survey responses to the question about personal safety.]

Source: Auditor analysis of Centurion employee survey responses.

Chart 25
Survey Responses to the Question
*Do you feel your supervisors provide you with the support and resources you need to do your job?*

![Bar chart showing survey responses to the question about supervisor support.]

Source: Auditor analysis of Centurion employee survey responses.
Chart 26
Survey Responses to the Question
*Can you openly and candidly bring requests, concerns, and/or suggestions to your supervisors?*

Yes

No

Source: Auditor analysis of Centurion employee survey responses.
### Appendix 12

**Correctional Officer Vacancy Rates and Turnover Rates by Facility**

**Fiscal Years 2020 Through 2023**

#### Table 39

**Department’s Correctional Officer Vacancy Rates by Facility**

<table>
<thead>
<tr>
<th>Location</th>
<th>Fiscal Year</th>
<th>As of 8/31/2023</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>Bledsoe</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>DeBerry</td>
<td>40%</td>
<td>39%</td>
</tr>
<tr>
<td>Johnson</td>
<td>31%</td>
<td>34%</td>
</tr>
<tr>
<td>Luttrell</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Morgan</td>
<td>19%</td>
<td>30%</td>
</tr>
<tr>
<td>Northeast</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td>Northwest</td>
<td>46%</td>
<td>55%</td>
</tr>
<tr>
<td>Riverbend</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>Turney Center</td>
<td>32%</td>
<td>39%</td>
</tr>
<tr>
<td>West TN</td>
<td>21%</td>
<td>28%</td>
</tr>
</tbody>
</table>

**Correctional Officer Total**

|                | 27%  | 33%  | 36%  | 30%  | 26% ↓         |

Source: Auditor created from Edison staffing data.

#### Table 40

**Department’s Correctional Officer Turnover Rates by Facility**

<table>
<thead>
<tr>
<th>Location</th>
<th>Fiscal Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020</td>
<td>2021</td>
</tr>
<tr>
<td>Bledsoe</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>DeBerry</td>
<td>53%</td>
<td>50%</td>
</tr>
<tr>
<td>Johnson</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>Luttrell</td>
<td>50%</td>
<td>52%</td>
</tr>
<tr>
<td>Morgan</td>
<td>50%</td>
<td>73%</td>
</tr>
<tr>
<td>Northeast</td>
<td>35%</td>
<td>44%</td>
</tr>
<tr>
<td>Northwest</td>
<td>49%</td>
<td>37%</td>
</tr>
<tr>
<td>Riverbend</td>
<td>55%</td>
<td>76%</td>
</tr>
<tr>
<td>Turney Center</td>
<td>67%</td>
<td>28%</td>
</tr>
<tr>
<td>West TN</td>
<td>24%</td>
<td>32%</td>
</tr>
</tbody>
</table>

**Correctional Officer Total**

|                | 44%  | 46%  | 47%  | 37%  |

Source: Auditor created from Edison staffing pattern data.
## Appendix 12 (Continued)

### Table 41
CoreCivic Correctional Officer Vacancy Rates by Facility

<table>
<thead>
<tr>
<th>Location</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022</td>
</tr>
<tr>
<td>Hardeman</td>
<td>44%</td>
</tr>
<tr>
<td>South Central</td>
<td>44%</td>
</tr>
<tr>
<td>Trousdale</td>
<td>38%</td>
</tr>
<tr>
<td>Whiteville</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Correctional Officer Total</strong></td>
<td><strong>45%</strong></td>
</tr>
</tbody>
</table>

Source: Auditor created from CoreCivic payroll data.

### Table 42
CoreCivic Correctional Officer Turnover Rates by Facility

<table>
<thead>
<tr>
<th>Location</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2022</td>
</tr>
<tr>
<td>Hardeman</td>
<td>75%</td>
</tr>
<tr>
<td>South Central</td>
<td>108%</td>
</tr>
<tr>
<td>Trousdale</td>
<td>114%</td>
</tr>
<tr>
<td>Whiteville</td>
<td>128%</td>
</tr>
<tr>
<td><strong>Correctional Officer Total</strong></td>
<td><strong>103%</strong></td>
</tr>
</tbody>
</table>

Source: Auditor created from CoreCivic payroll data.
### Table 43

**Departmental Correctional Officer Series Overtime**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Fiscal Year</th>
<th>Number of Employees With Overtime by Range of Overtime Hours Worked</th>
<th>Total Employees With Overtime</th>
<th>Total Employees*</th>
<th>% Employees Working Overtime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>0-500</strong></td>
<td><strong>500-750</strong></td>
<td><strong>750-1,000</strong></td>
<td><strong>1,000-1,500</strong></td>
</tr>
<tr>
<td>Bledsoe</td>
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<td>360</td>
<td>34</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>501</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>DeBerry</td>
<td>2022</td>
<td>121</td>
<td>25</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>144</td>
<td>24</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>Johnson</td>
<td>2022</td>
<td>116</td>
<td>16</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>115</td>
<td>10</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Luttrell</td>
<td>2022</td>
<td>81</td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>77</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Morgan</td>
<td>2022</td>
<td>334</td>
<td>46</td>
<td>17</td>
<td>3</td>
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<td></td>
<td>2023</td>
<td>438</td>
<td>26</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Northeast</td>
<td>2022</td>
<td>198</td>
<td>30</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>181</td>
<td>37</td>
<td>22</td>
<td>10</td>
</tr>
<tr>
<td>Northwest</td>
<td>2022</td>
<td>138</td>
<td>32</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>153</td>
<td>30</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Riverbend</td>
<td>2022</td>
<td>114</td>
<td>33</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>163</td>
<td>29</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Turney Center</td>
<td>2022</td>
<td>174</td>
<td>21</td>
<td>14</td>
<td>4</td>
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<tr>
<td></td>
<td>2023</td>
<td>202</td>
<td>17</td>
<td>6</td>
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<tr>
<td>West TN</td>
<td>2022</td>
<td>251</td>
<td>31</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>270</td>
<td>37</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2022</td>
<td>1,887</td>
<td>275</td>
<td>117</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>2023</td>
<td>2,244</td>
<td>217</td>
<td>111</td>
<td>72</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of Edison staffing data.

* “Employees” refers to the Correctional Officer 1, Correctional Officer 2, Correctional Corporal, and Correctional Sergeant positions.
Appendix 12 (Continued)

Chart 27
Departmental Correctional Officer Staff Total Hours of Overtime Worked
Fiscal Years 2022 and 2023

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>97,458</td>
<td>51,503</td>
</tr>
<tr>
<td>DeBerry</td>
<td>110,283</td>
<td>118,041</td>
</tr>
<tr>
<td>Johnson</td>
<td>42,771</td>
<td>38,682</td>
</tr>
<tr>
<td>Luttrell</td>
<td>19,592</td>
<td>25,566</td>
</tr>
<tr>
<td>Morgan</td>
<td>104,271</td>
<td>92,453</td>
</tr>
<tr>
<td>Northeast</td>
<td>85,654</td>
<td>94,107</td>
</tr>
<tr>
<td>Northwest</td>
<td>74,914</td>
<td>66,635</td>
</tr>
<tr>
<td>Riverbend</td>
<td>86,039</td>
<td>78,973</td>
</tr>
<tr>
<td>Turney Center</td>
<td>64,558</td>
<td>58,716</td>
</tr>
<tr>
<td>West TN</td>
<td>96,453</td>
<td>100,134</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of Edison payroll data.

Chart 28
Average Overtime Hours of Departmental Correctional Officer Staff
Fiscal Years 2022 to 2023

<table>
<thead>
<tr>
<th></th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>241</td>
<td>102</td>
</tr>
<tr>
<td>DeBerry</td>
<td>557</td>
<td>518</td>
</tr>
<tr>
<td>Johnson</td>
<td>299</td>
<td>284</td>
</tr>
<tr>
<td>Luttrell</td>
<td>215</td>
<td>287</td>
</tr>
<tr>
<td>Morgan</td>
<td>259</td>
<td>194</td>
</tr>
<tr>
<td>Northeast</td>
<td>331</td>
<td>373</td>
</tr>
<tr>
<td>Northwest</td>
<td>384</td>
<td>332</td>
</tr>
<tr>
<td>Riverbend</td>
<td>465</td>
<td>359</td>
</tr>
<tr>
<td>Turney Center</td>
<td>302</td>
<td>256</td>
</tr>
<tr>
<td>West TN</td>
<td>306</td>
<td>295</td>
</tr>
<tr>
<td>Total</td>
<td>336</td>
<td>300</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of Edison payroll data.
## Appendix 13
CoreCivic Contract Monitoring Area and Frequency

<table>
<thead>
<tr>
<th>Monitoring Topics (Assessable Items)*</th>
<th>Monitoring Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td>Staffing†</td>
<td>●</td>
</tr>
<tr>
<td>Inmate counts</td>
<td></td>
</tr>
<tr>
<td>Disciplinary actions</td>
<td></td>
</tr>
<tr>
<td>Food service</td>
<td></td>
</tr>
<tr>
<td>Records and reports†</td>
<td></td>
</tr>
<tr>
<td>Searches</td>
<td></td>
</tr>
<tr>
<td>Security equipment</td>
<td></td>
</tr>
<tr>
<td>Special management inmates (offenders in segregation)</td>
<td>●</td>
</tr>
<tr>
<td>Use of force</td>
<td></td>
</tr>
<tr>
<td>Facility and property†</td>
<td>●</td>
</tr>
<tr>
<td>Clothing, sanitation, and hygiene</td>
<td></td>
</tr>
<tr>
<td>Drug testing and substance abuse treatment</td>
<td>●</td>
</tr>
<tr>
<td>Release procedures</td>
<td></td>
</tr>
<tr>
<td>Safety and emergency procedures</td>
<td></td>
</tr>
<tr>
<td>Classification procedures</td>
<td></td>
</tr>
<tr>
<td>Grievance procedures</td>
<td></td>
</tr>
<tr>
<td>Inmate jobs</td>
<td></td>
</tr>
<tr>
<td>Inmate personal property</td>
<td></td>
</tr>
<tr>
<td>Policy and procedures†</td>
<td></td>
</tr>
</tbody>
</table>

Source: Auditor created based on CoreCivic contracts.

* Assessable items are specific contract items where the department assesses liquidated damages due to contract noncompliance.

† Hardeman’s monitoring frequency differs from the three other CoreCivic facilities. For staffing, Hardeman’s contract only requires monthly monitoring. The contract requires biannual monitoring of records and reports, as well as of facility and property. Policy and procedures are monitored quarterly.
Appendix 14
Offender Rehabilitation and Reentry Services
Testwork Results and Criteria

Correctional Facilities

Educational and Rehabilitative Programs Offered

Department management provided us with the following list of educational and rehabilitative programs offered at the correctional facilities as of February 2023. See Tables 44, 45, and 46 on the following pages.

Table 44
High School Equivalency and College/University Course Offerings by Correctional Facility

<table>
<thead>
<tr>
<th>Programs</th>
<th>State</th>
<th>CoreCivic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Blackshear (Male)</td>
<td>Blackshear (Female)</td>
</tr>
<tr>
<td>Academic Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Basic Education</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Title I Program</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>College Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipscomb University</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Lane College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhodes College</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Belmont University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyersburg State Community College</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Nashville State Community College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chattanooga State Community College</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Roane State Community College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast State Community College</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Auditor created using the department's list of educational programs as of February 2023.
Table 45
Vocational and Career Technical Education Offerings by Correctional Facility

<table>
<thead>
<tr>
<th>Class</th>
<th>State</th>
<th>CoreCivic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bledsoe (Male)</td>
<td>Bledsoe (Female)</td>
</tr>
<tr>
<td>Automotive Mech. Tech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbering</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Career Exploration Class</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Barber Instructor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career Management for Success</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Computer Aided Drafting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Apl/Literacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Carpentry I and II*</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Core Electrical I and II*</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Core HVAC and Refrigeration*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Masonry I and II/Constr.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core Plumbing I and II*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Core*</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>Foundation/Culinary Arts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horticulture/Grounds Keeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cosmetology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persevere Computer Programming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT‡ Building Construction*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Diesel Powered Equipment Tech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Computer Information Tech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Farming Operations Tech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Industrial Electrical Tech*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Welding*</td>
<td>•</td>
<td></td>
</tr>
<tr>
<td>TCAT Cosmetology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Truck Driving (CDL)†</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TCAT Culinary Arts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Auditor created using the department’s list of educational programs as of February 2023.
* Indicates a National Center for Construction Education and Research certificate eligible program.
† CDL is a commercial driver’s license.
‡ TCAT stands for Tennessee College of Applied Technology.
## Table 46
Treatment Program Offerings by Correctional Facility

<table>
<thead>
<tr>
<th>Programs</th>
<th>State</th>
<th>CoreCivic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bedloe (Male)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bedloe (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blaylock North</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blaylock South</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blaylock West</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blaylock West (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blaylock West (Male)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Morgan North</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Morgan West</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Morgan West (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northeast</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northeast West</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northeast West (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northwest</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northwest West</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Northwest West (Female)</td>
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</tr>
<tr>
<td></td>
<td>Annex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annex (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Riverbend</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DeBerry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Turney Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Turney Center (Male)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Turney Center (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Johnson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>West TN (Male)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>West TN (Female)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hardeman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Central</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trousdale</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Whiteville</td>
<td></td>
</tr>
</tbody>
</table>

### Programs

- Evidenced Based Psychotherapy
- Juvenile Program
- Mental Health Supportive Living Unit/Treatment Mall
- Cognitive Behavior Intervention Program
- Pre/Post Therapeutic Community
- Protective Custody Therapeutic Community
- Restricted Housing/Special Management Group Therapy
- Sex Offender Treatment
- Substance Use Group Therapy
- Substance Use Therapeutic Community (TCOM)
- Substance Use Veterans Community
- Substance Use and Recovery Education
- Substance Use Aftercare
- TRICOR
- Victim’s Impact
- Anger Management
- Special Alternative Incarceration Unit
- Youthful Offender Program

Source: Auditor created using the department’s list of rehabilitative programs as of February 2023.

184
Offender Reentry Plan Milestones

The purpose of department Policy 511.06, “Reentry Services and Assistance to Inmates and Former Inmates,” is to guide the provision of reentry services to incarcerated and former offenders to ensure a successful transition back into society. This policy defines the intervals, or milestones, at which Reentry Specialists at the facilities must review the offender’s reentry plan and document the provision of reentry services before the offender’s parole hearing date or release date. These milestones are summarized in Table 47 below.

Table 47

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| 24 months | • Ensure all diagnostic information is entered in the offender’s reentry plan (ORP).  
• Review ORP.  
• Administer the 24-month questionnaire and enter the offender’s answers into the ORP.  
• Meet with inmate to discuss interventions and vital documents needed. |
| 12 months | • Review and update the ORP.  
• Administer the 12-month reentry questionnaire and enter the offender’s answers into the ORP.  
• Identify housing needs and develop housing plans.  
• Verify veteran’s benefits and eligibility, social security, government assistance benefits, health limitations, medications, whether the offender has or needs a conservator, and initiate plans to assist offenders in these areas, if needed. |
| 6 months | • Review and update the ORP.  
• Verify that applicable vital documents have been requested and received.  
• Review housing plans to identify and resolve any housing barriers. |
| 2 months | • Review and update the ORP.  
• Complete the Reentry Discharge Summary and include reentry interventions, benefit reconnections, and post-release community referrals.  
• The Chief Counselor approves the ORP. |
| 30 days | • Review and update the ORP (this time period serves as the final review prior to release).  
• Complete the Reentry Packet Checklist and insert applicable documents to give to the offender at release.  
• The Chief Counselor and Assistant Warden of Treatment approve the ORP. |

Source: Department’s Policy 511.06.

Prison Class and Capacity Review Results

We reviewed the department’s June 30, 2023, waitlists for rehabilitative and educational programs within the correctional facilities and found that the waitlists for Cognitive Behavioral
Intervention Program (CBIP), Therapeutic Community, and Group Therapy were high. Educational programs, such as Adult Basic Education, Core Carpentry, and Career Management for Success, also had less lengthy waitlists. The details of our results are summarized in Charts 29 through 31 below.

Chart 29
CBIP Waitlists by Correctional Facility* as of June 2023

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
<th>Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>107</td>
<td>537</td>
</tr>
<tr>
<td>Hardeman</td>
<td>25</td>
<td>1,123</td>
</tr>
<tr>
<td>Johnson</td>
<td>30</td>
<td>280</td>
</tr>
<tr>
<td>Luttrell</td>
<td>16</td>
<td>68</td>
</tr>
<tr>
<td>Morgan</td>
<td>89</td>
<td>852</td>
</tr>
<tr>
<td>Northeast</td>
<td>25</td>
<td>764</td>
</tr>
<tr>
<td>Northwest</td>
<td>119</td>
<td>525</td>
</tr>
<tr>
<td>Riverbend</td>
<td>27</td>
<td>392</td>
</tr>
<tr>
<td>South Central</td>
<td>40</td>
<td>365</td>
</tr>
<tr>
<td>Trousdale</td>
<td>25</td>
<td>1,482</td>
</tr>
<tr>
<td>Turney Center</td>
<td>122</td>
<td>669</td>
</tr>
<tr>
<td>West TN</td>
<td>45</td>
<td>683</td>
</tr>
<tr>
<td>Whiteville</td>
<td>25</td>
<td>841</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of the department’s June 2023 program waitlists.
* As a specialized medical facility, DeBerry does not offer CBIP to offenders. Facilities in **bold** are CoreCivic facilities.
Appendix 14 (Continued)

Chart 30
Therapeutic Community Waitlists by Correctional Facility* as of June 2023

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
<th>Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>127</td>
<td>154</td>
</tr>
<tr>
<td>Hardeman</td>
<td>124</td>
<td>416</td>
</tr>
<tr>
<td>Johnson**</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Luttrell**</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Morgan</td>
<td>104</td>
<td>410</td>
</tr>
<tr>
<td>Northwest</td>
<td>208</td>
<td>295</td>
</tr>
<tr>
<td>South Central</td>
<td>114</td>
<td>128</td>
</tr>
<tr>
<td>Trousdale</td>
<td>58</td>
<td>532</td>
</tr>
<tr>
<td>Turney Center</td>
<td>80</td>
<td>239</td>
</tr>
<tr>
<td>West TN</td>
<td>128</td>
<td>280</td>
</tr>
<tr>
<td>Whiteville</td>
<td>269</td>
<td>280</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of the department's June 2023 program waitlists.
* Therapeutic Community (TCOM) is not offered at all facilities. DeBerry, Johnson, Luttrell, Northeast, and Riverbend do not provide TCOM. Facilities in **bold** are CoreCivic facilities.
** Johnson and Luttrell do not provide the TCOM program; however, facility staff put them on a waitlist for the program.

Chart 31
Group Therapy Waitlists by Correctional Facility* as of June 2023

<table>
<thead>
<tr>
<th>Facility</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>20</td>
</tr>
<tr>
<td>DeBerry</td>
<td>15</td>
</tr>
<tr>
<td>Johnson</td>
<td>30</td>
</tr>
<tr>
<td>Luttrell</td>
<td>15</td>
</tr>
<tr>
<td>Morgan</td>
<td>15</td>
</tr>
<tr>
<td>Northeast</td>
<td>40</td>
</tr>
<tr>
<td>Northwest</td>
<td>40</td>
</tr>
<tr>
<td>Riverbend</td>
<td>20</td>
</tr>
<tr>
<td>Trousdale</td>
<td>20</td>
</tr>
<tr>
<td>Turney Center</td>
<td>55</td>
</tr>
<tr>
<td>West TN</td>
<td>86</td>
</tr>
<tr>
<td>Whiteville</td>
<td>345</td>
</tr>
</tbody>
</table>

Source: Auditor analysis of the department’s June 2023 program waitlists.
* CoreCivic facilities do not provide Group Therapy, but Trousdale and Whiteville facility management place offenders on waitlists for this program. Northwest did not have any offenders on the waitlist at the time of our review because the program was newly implemented at the facility.

Offender Reentry Review Results

Based on a review of 45 offender reentry plans (ORPs) from offenders released from the Morgan, West TN, South Central, and Trousdale facilities from September 2022 to February 2023, we found that the department did not ensure that ORPs were completed prior to release, that all reentry services were provided to offenders, and that reentry documentation was maintained. See Table 48.
### Table 48
Reentry Review Results

<table>
<thead>
<tr>
<th>Error</th>
<th>Count</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORPs not completed and/or reviewed prior to release*</td>
<td>4</td>
<td>According to management, staff at the facilities did not complete the ORPs prior to the offender’s release due to human error. Department management also mentioned that the CoreCivic facilities, especially Trousdale, have high turnover and caseloads in the Reentry Specialist position, which may have contributed to this error.</td>
</tr>
<tr>
<td>Facility staff could not provide Reentry Discharge Summaries†</td>
<td>18</td>
<td>For South Central, staff stated that, due to a misunderstanding of their job duties, the Reentry Specialist was placing the discharge summaries in the folder that the offender leaves with without maintaining a copy. Management did not provide any additional causes for the other facilities.</td>
</tr>
<tr>
<td>Missing signatures and dates for Reentry Discharge Summaries‡</td>
<td>17</td>
<td>South Central and Trousdale have high turnover in the Reentry Specialist position, which led to inconsistencies in the way discharge summaries were handled.</td>
</tr>
<tr>
<td>Unable to provide Discharge Planning Committee meeting minutes‡</td>
<td>29</td>
<td>According to management, high turnover and caseloads of staff contributed to the facility’s inability to locate these documents. Additionally, the CoreCivic facilities did not have access to the state’s electronic drive where these documents were housed electronically. For Morgan, the facility provided minutes, but they did not reflect which offenders were discussed.</td>
</tr>
<tr>
<td>Unable to provide completed Release Form checklists§</td>
<td>2</td>
<td>Management could not provide a cause for why these documents were not maintained.</td>
</tr>
<tr>
<td>Offenders did not receive reentry services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Auditor created chart based on review of supporting documentation.

* According to the department’s Policy 511.06, “Reentry Services and Assistance to Inmates and Former Offenders,” “The ORP shall be reviewed prior to an inmate’s scheduled parole hearing date (PHD) and completed by expiration of sentence (EXP) date/parole release date.”

† Policy 511.06 states that the Reentry Discharge Summary “must be completed for each inmate who is listed on the 60-day benchmark report. The Reentry Discharge Summary shall include reentry interventions, benefit reconnections, and post release community referrals.”

‡ Policy 511.06 states, “Minutes of the reentry discharge planning committee meeting shall be taken using Reentry Discharge Planning Committee Meeting, CR-4259, and maintained electronically in the reentry team shared file.”

§ Policy 511.03, “Release Procedures,” states, “NO inmate release, of ANY type, shall occur without completing the Release Checklist, CR-3835, in its entirety and with the required signatures of two record office staff/designees and the Warden/Superintendent/Designee, and without final authorization from Sentence Information Services. On the day of release, the OMS offender attributes dates detail (LCLA) is to be printed and initialed as reviewed to ensure offender is eligible for release and attached to the Release Checklist, CR-3835.”

|| Policy 511.06 states, “The required information that must be entered in the reentry application no less than 30 days prior to an inmate’s Parole Hearing Date (PHD) or Expiration of Sentence (EXP) date and approved by chief correctional counselor and Associate Warden of Treatment (AWT).”
Appendix 14 (Continued)

Table 49
Incomplete Reentry Discharge Summaries

<table>
<thead>
<tr>
<th>Error</th>
<th>Facility</th>
<th>Nature of Error*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Morgan</td>
<td>Signed by Behavioral Health, Reentry, IPPO, Chief Counselor &amp; Medical Rep., not dated</td>
</tr>
<tr>
<td>2</td>
<td>Morgan</td>
<td>Signed by Behavioral Health, Reentry, IPPO, Chief Counselor &amp; Health Rep., not dated</td>
</tr>
<tr>
<td>3</td>
<td>Morgan</td>
<td>Signed by Behavioral Health, Reentry, IPPO, Chief Counselor &amp; Health Rep., not dated</td>
</tr>
<tr>
<td>4</td>
<td>Morgan</td>
<td>Signed by Behavioral Health, Reentry, IPPO, Chief Counselor &amp; Health Rep., not dated</td>
</tr>
<tr>
<td>5</td>
<td>Trousdale</td>
<td>Discharge summary not signed and dated</td>
</tr>
<tr>
<td>6</td>
<td>Trousdale</td>
<td>Discharge summary not signed and dated</td>
</tr>
<tr>
<td>7</td>
<td>Trousdale</td>
<td>Discharge summary not signed and dated</td>
</tr>
<tr>
<td>8</td>
<td>Trousdale</td>
<td>Only signed by IPPO, not dated</td>
</tr>
<tr>
<td>9</td>
<td>Trousdale</td>
<td>Signed by Behavioral Health, Reentry, IPPO, &amp; Health Rep., not dated</td>
</tr>
<tr>
<td>10</td>
<td>Trousdale</td>
<td>Signed by Behavioral Health, Reentry IPPO, and Chief Counselor, not dated</td>
</tr>
<tr>
<td>11</td>
<td>Trousdale</td>
<td>Signed by Behavioral Health, Reentry, IPPO, Chief Counselor &amp; Health Rep., not dated</td>
</tr>
<tr>
<td>12</td>
<td>West TN</td>
<td>Signed by Reentry, Chief Counselor &amp; Medical Rep., not dated</td>
</tr>
<tr>
<td>13</td>
<td>West TN</td>
<td>Signed by Reentry Specialist, Chief Counselor &amp; Health Rep., not dated</td>
</tr>
<tr>
<td>14</td>
<td>West TN</td>
<td>Only signed by Signed by BH and Health Rep, not dated</td>
</tr>
<tr>
<td>15</td>
<td>West TN</td>
<td>Discharge summary not signed</td>
</tr>
<tr>
<td>16</td>
<td>West TN</td>
<td>Only signed by Reentry, not dated</td>
</tr>
<tr>
<td>17</td>
<td>West TN</td>
<td>Signed by Behavioral Health, Reentry &amp; Chief Counselor, not dated</td>
</tr>
</tbody>
</table>

Source: Constructed by auditor based on review of Reentry Discharge Summaries.
* The department’s Policy 511.06, “Reentry Services and Assistance to Inmates and Former Offenders,” states “The chief correctional counselor/designee shall designate a recurring date and time for the reentry discharge planning committee to meet and review each inmate’s reentry discharge summary. . . . The reentry discharge planning committee shall consist of the facility’s chief correctional counselor, reentry specialist, institutional parole officer (if applicable), a member of the health services team, and a member of the behavioral health team (if applicable).” Page 4 of the Reentry Discharge Summary contains a signature page where the committee members sign and date their review.

Community Supervision

Offender Program and Special Condition Review Results

We reviewed a random sample of 25 offenders’ case plans, case notes, and programming history from September 2022 to February 2023 to determine whether they received all Risk Needs Assessment (RNA)-recommended programming and court-or Board of Parole-mandated required programming prior to release from Community Supervision. See Table 50 below for our results.
Appendix 14 (Continued)

Table 50
Community Supervision Programming and Special Conditions Review Results

<table>
<thead>
<tr>
<th>Error</th>
<th>Count</th>
<th>Causes According to Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders did not complete all RNA-recommended programming prior to release from supervision*</td>
<td>10 total</td>
<td>For the offenders that did not have an FSW referral, the department indicated it can take 4 to 6 months to see an FSW, and some offenders expired their supervision before they could be seen or the offender failed to participate.</td>
</tr>
<tr>
<td></td>
<td>5 offenders missed Forensic Social Worker (FSW) referral or appointment and 5 offenders did not complete programming</td>
<td>For other programming, like the Cognitive Behavioral Intervention Program, there are also lengthy waitlists. Sometimes offenders simply do not receive programming prior to expiring, the offender's work schedule conflicted with the times the programming was offered, or the offender failed to participate.</td>
</tr>
</tbody>
</table>

Source: Auditor testwork.
* The department’s Policy 703.02, “Offender Risk and Needs Assessment and Classification,” states that department staff “shall use the needs identified by the RNA in the development of an individualized offender case plan (OCP) for each offender under his/her supervision. An initial case plan shall be completed in conjunction with the initial RNA.” This policy also states, “(2) Officers shall focus on the treatment pathway recommended and assign programs in alignment when making case plans. (3) Officers may use discretion in identifying the priority need item for minimum level offenders depending on the offender’s needs. Case plans must address immediate needs and court/[Board of Parole] ordered special conditions.”

Community Supervision Program Waitlist Review Results

We reviewed the department’s waitlists for Community Supervision programs as of March 31, 2023, and our results are exhibited in Figures 12 through 14 below. Additionally, for an index of Community Supervision districts and the counties they cover, see Table 51.
### Table 51
Community Supervision Districts and Counties

<table>
<thead>
<tr>
<th>District</th>
<th>District and County Office Locations</th>
<th>Counties Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 10</td>
<td>Johnson City Greeneville Blountville Morristown Elizabethton</td>
<td>Carter Hamblen Johnson Washington Greene Hawkins Sullivan Unicoi</td>
</tr>
<tr>
<td>District 20</td>
<td>Knoxville Dandridge Newport Sevierville New Tarzwell</td>
<td>Claiborne Grainger Jefferson Sevier Cocke Hancock Knox Union</td>
</tr>
<tr>
<td>District 21</td>
<td>Clinton Maryville Jacksboro</td>
<td>Anderson Campbell Loudon Roane Blount Fentress Morgan Scott</td>
</tr>
<tr>
<td>District 30</td>
<td>Chattanooga Jasper Cleveland Madisonville McMinnville</td>
<td>Bledsoe Marion Monroe Sequatchie Bradley McMinn Polk Van Buren Grundy Meigs Rhea Warren Hamilton</td>
</tr>
<tr>
<td>District 31</td>
<td>Cookeville Crossville</td>
<td>Clay Jackson Pickett Trousdale Cooke Cumberland Macon Putnam White DeKalb Overton Smith</td>
</tr>
<tr>
<td>District 40/41*</td>
<td>Nashville</td>
<td>Davidson</td>
</tr>
<tr>
<td>District 50</td>
<td>Murfreesboro Tullahoma</td>
<td>Bedford Cannon Lincoln Moore Cannon Coffee Franklin Rutherford Hickman Lewis Johnson Lawrence Perry Powe Grundy Maury Wayne Hills Cumberland Mclain Perry Williamson</td>
</tr>
<tr>
<td>District 60</td>
<td>Jackson Somerville</td>
<td>Chester Hardeman Tipton Fayette Haywood Madison Decatur Hardeman Madison Haywood Tipton</td>
</tr>
<tr>
<td>District 61</td>
<td>Dresden Dyersburg Huntingdon Wildersville Paris Union City</td>
<td>Benton Dyer Henderson Lauderdale Carroll Gibson Henry Obion Crockett Hardin Obion Decatur Lake Weakley</td>
</tr>
<tr>
<td>District 70/71*</td>
<td>Memphis</td>
<td>Shelby</td>
</tr>
<tr>
<td>District 80</td>
<td>Clarksville Ashland City Dickson</td>
<td>Cheatham Houston Montgomery Stewart Dickson Humphreys Hardy Stewart Dickson Humphreys Hardy Stewart</td>
</tr>
<tr>
<td>District 81</td>
<td>Gallatin Lebanon Springfield</td>
<td>Robertson Sumner Wilson Lebanon Springfield Robertson Sumner Wilson</td>
</tr>
</tbody>
</table>

Source: District and county office information obtained from the department’s website.
* During our audit, these districts were merged.
## Appendix 14 (Continued)

### Figure 12
Cognitive Behavioral Intervention Therapy Capacity and Waitlists by Community Supervision District as of March 31, 2023

<table>
<thead>
<tr>
<th>Program</th>
<th>Capacity</th>
<th>Offenders on the Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Behavioral Intervention Program (CBIP)</td>
<td>813</td>
<td>2,686</td>
</tr>
</tbody>
</table>

Source: Auditor testwork.

![Bar Chart showing capacity and waitlist for Districts 50 to 60]

Source: Auditor analysis of capacity information provided by department management.
## Appendix 14 (Continued)

**Figure 13**  
Victim’s Impact Capacity and Waitlists by Community Supervision District as of March 31, 2023

<table>
<thead>
<tr>
<th>Program</th>
<th>Capacity</th>
<th>Offenders on the Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim’s Impact</td>
<td>380</td>
<td>652</td>
</tr>
</tbody>
</table>

Source: Auditor testwork.

### Districts and Capacity/Waitlist Information

<table>
<thead>
<tr>
<th>District</th>
<th>Capacity</th>
<th>Wait List</th>
</tr>
</thead>
<tbody>
<tr>
<td>District 50</td>
<td>29</td>
<td>139</td>
</tr>
<tr>
<td>District 10</td>
<td>52</td>
<td>16</td>
</tr>
<tr>
<td>District 20</td>
<td>55</td>
<td>58</td>
</tr>
<tr>
<td>District 31</td>
<td>44</td>
<td>75</td>
</tr>
<tr>
<td>District 51</td>
<td>22</td>
<td>38</td>
</tr>
<tr>
<td>District 71</td>
<td>27</td>
<td>19</td>
</tr>
<tr>
<td>District 30</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>District 80</td>
<td>20</td>
<td>165</td>
</tr>
<tr>
<td>District 81</td>
<td>18</td>
<td>67</td>
</tr>
<tr>
<td>District 40</td>
<td>9</td>
<td>61</td>
</tr>
<tr>
<td>District 61</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>District 21</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>District 41</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>District 60</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

Source: Auditor analysis of capacity information provided by department management.
Figure 14
Stopping Abuse for Everyone (SAFE) Capacity and Waitlists
by Community Supervision District
as of March 31, 2023

<table>
<thead>
<tr>
<th>Program</th>
<th>Capacity</th>
<th>Offenders on the Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stopping Abuse for Everyone (SAFE)</td>
<td>332</td>
<td>52</td>
</tr>
</tbody>
</table>

Source: Auditor testwork.

Source: Auditor analysis of capacity information provided by department management.
# Appendix 15

Audit Results Related to Operating Capacity of Correctional Facilities

## Table 52

Facility Capacity as of May 2, 2023

<table>
<thead>
<tr>
<th>Facility</th>
<th>Active Beds*</th>
<th>Offenders †</th>
<th>Unoccupied Beds‡</th>
<th>Inactive Beds§</th>
<th>% of Capacity ‖</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>2,086</td>
<td>1,750</td>
<td>336</td>
<td>387</td>
<td>84%</td>
</tr>
<tr>
<td>DeBerry</td>
<td>712</td>
<td>614</td>
<td>98</td>
<td>33</td>
<td>86%</td>
</tr>
<tr>
<td>Hardeman</td>
<td>2,016</td>
<td>1,964</td>
<td>52</td>
<td>-</td>
<td>97%</td>
</tr>
<tr>
<td>Johnson</td>
<td>781</td>
<td>639</td>
<td>142</td>
<td>-</td>
<td>92%</td>
</tr>
<tr>
<td>Luttrell</td>
<td>264</td>
<td>185</td>
<td>79</td>
<td>280</td>
<td>70%</td>
</tr>
<tr>
<td>Morgan</td>
<td>2,078</td>
<td>1,752</td>
<td>266</td>
<td>108</td>
<td>87%</td>
</tr>
<tr>
<td>Northeast</td>
<td>1,374</td>
<td>1,368</td>
<td>6</td>
<td>278</td>
<td>100%</td>
</tr>
<tr>
<td>Northwest</td>
<td>1,779</td>
<td>1,639</td>
<td>140</td>
<td>685</td>
<td>92%</td>
</tr>
<tr>
<td>Riverbend</td>
<td>786</td>
<td>759</td>
<td>27</td>
<td>22</td>
<td>97%</td>
</tr>
<tr>
<td>South Central</td>
<td>1,175</td>
<td>1,132</td>
<td>43</td>
<td>534</td>
<td>96%</td>
</tr>
<tr>
<td>Trousdale</td>
<td>2,552</td>
<td>2,457</td>
<td>95</td>
<td>27</td>
<td>96%</td>
</tr>
<tr>
<td>Turney Center</td>
<td>1,522</td>
<td>1,379</td>
<td>143</td>
<td>267</td>
<td>91%</td>
</tr>
<tr>
<td>West TN</td>
<td>1,950</td>
<td>1,589</td>
<td>361</td>
<td>528</td>
<td>81%</td>
</tr>
<tr>
<td>Whiteville</td>
<td>1,488</td>
<td>1,504</td>
<td>(16)</td>
<td>-</td>
<td>101%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20,503</strong></td>
<td><strong>18,731</strong></td>
<td><strong>1,772</strong></td>
<td><strong>3,149</strong></td>
<td><strong>91%</strong></td>
</tr>
</tbody>
</table>

Source: Data provided by department management.

* The total number of beds in good working order and available to offenders for a long-term assignment.
† The number of offenders at each facility who occupied a bed.
‡ Active beds that did not have offenders assigned to them and therefore were open for use.
§ The total number of beds that were not used to house offenders.
‖ The percentage of active beds that were filled by offenders.

It should be noted that the following facilities house specialized offenders and are not expected to have full capacity:

- Bledsoe is the state’s primary intake facility,
- DeBerry primarily houses medically needy and terminally ill offenders,
- Johnson houses solely female offenders, and
- Luttrell is a transitional center for offenders qualifying for specific programs.

Additionally, we excluded temporary beds from our analysis. Temporary beds are beds that are not designated for long-term offender housing, such as infirmary beds and segregation beds, as well
as a small number of other temporary beds used for visitation, transit, and other uses. The only exception is the 896 intake beds at Bledsoe that the department has set aside to house offenders who are entering the correctional system and awaiting transfer to their permanent housing assignment. If we excluded these beds, it would appear that offenders were going without beds at Bledsoe, which is not the case.

Table 53
Number of Inactive Beds by Category* at Each Facility
as of May 2, 2023

<table>
<thead>
<tr>
<th>Facility</th>
<th>Improvement Projects</th>
<th>Offender Availability</th>
<th>Physical Design Limitations</th>
<th>Program Needs</th>
<th>Total Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bledsoe</td>
<td>278</td>
<td>101</td>
<td>8</td>
<td>-</td>
<td>387</td>
</tr>
<tr>
<td>DeBerry</td>
<td>-</td>
<td>-</td>
<td>21</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Hardeman</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Johnson</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Luttrell</td>
<td>184</td>
<td>96</td>
<td>-</td>
<td>-</td>
<td>280</td>
</tr>
<tr>
<td>Morgan</td>
<td>-</td>
<td>32</td>
<td>8</td>
<td>68</td>
<td>108</td>
</tr>
<tr>
<td>Northeast</td>
<td>128</td>
<td>150</td>
<td>-</td>
<td>-</td>
<td>278</td>
</tr>
<tr>
<td>Northwest</td>
<td>376</td>
<td>177</td>
<td>132</td>
<td>-</td>
<td>685</td>
</tr>
<tr>
<td>Riverbend</td>
<td>-</td>
<td>22</td>
<td>-</td>
<td>-</td>
<td>22</td>
</tr>
<tr>
<td>South Central</td>
<td>384</td>
<td>150</td>
<td>-</td>
<td>-</td>
<td>534</td>
</tr>
<tr>
<td>Trousdale</td>
<td>-</td>
<td>-</td>
<td>27</td>
<td>-</td>
<td>27</td>
</tr>
<tr>
<td>Turney Center</td>
<td>128</td>
<td>138</td>
<td>1</td>
<td>-</td>
<td>267</td>
</tr>
<tr>
<td>West TN</td>
<td>-</td>
<td>528</td>
<td>-</td>
<td>-</td>
<td>528</td>
</tr>
<tr>
<td>Whiteville</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,478</strong></td>
<td><strong>1,394</strong></td>
<td><strong>197</strong></td>
<td><strong>80</strong></td>
<td><strong>3,149</strong></td>
</tr>
</tbody>
</table>

Source: Data provided by department management.
* See the next section for an explanation of each inactive bed category.

Category Description of Inactive Beds

Improvement Projects

The Improvement Projects column includes beds that are inactive due to construction, other capital projects, and ongoing maintenance, as well as beds that were inactive to temporarily control the flow of new admissions into the correctional system. These beds can become active again once the projects are completed or the department can gain control of the flow of new admissions. According to the latest contract amendment with CoreCivic to operate South Central, effective July 1, 2023, the department plans to make major facility upgrades,149 most of which are projected to be completed by June 30, 2025. For the other facilities, the department plans to complete the capital projects, construction, and maintenance by the end of fiscal year 2028.

149 The State of Tennessee owns this property, which is why these upgrades are included in the contract.
Offender Availability

Offender availability means that beds were inactive because there were not enough offenders who qualified either to take part in specific, custody-level-based programs at the facility, or to live in an attached annex of the facility. As a result, department management cannot justify keeping these beds active. Annexes are for the lowest custody-level offenders, so only offenders with minimum custody levels qualify to be housed there. Additionally, certain programs, like the Restrictive Housing Step-Down Program and Security Management Units, are for offenders at higher custody levels to help them maintain positive behavior so that they can eventually step down to a lower custody level. Female offender beds are also a challenge because there are more beds designated for female offenders than there are female offenders. This is the case for some beds at Bledsoe and West TN. All of the beds mentioned above are difficult to make active again, as it requires enough offenders who qualify for that type of placement to warrant making those beds active again.

Physical Design Limitations

The Physical Design Limitations column includes beds that are inactive due to the physical makeup of the facilities. For example, the beds at DeBerry are in a long-term medical care unit where the cells were originally designed for bunk beds, but the offenders housed in this unit cannot use a top bunk due to mobility issues.

Program Needs

The last column is Program Needs. These inactive beds are assigned to house offenders of a program. Facility management caps program participation to fewer offenders than that unit can hold, requiring management to inactivate the remaining beds.

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150 According to department Policy 506.14.3, “Extended Restrictive Housing Step Down Program,” this program is designed to “create a pathway for inmates to transition/step-down from extended restrictive housing level to a lower security level in a manner that maintains public, staff, and inmate safety.”

151 According to department Policy 506.26.1, “Security Management Unit Operations,” these units are set aside to “establish separate restricted population housing units that support the management and rehabilitation of close custody inmates or below with documented disruptive behavior and/or those inmates that reliable intelligence indicates are actively involved in STG [gang] activity.”

152 Examples of programs or units include Morgan’s Security Management Unit and DeBerry’s Assisted Living Unit.