

 <p style="text-align: center;"> ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction </p>	Index #: 404.05	Page 1 of 4
	Effective Date: September 15, 2008	
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Approved by: George M. Little		
Subject: ORIENTATION PROGRAM		

- I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.
- II. PURPOSE: To establish a comprehensive orientation program for all inmates.
- III. APPLICATION: To Assistant Commissioner of Operations, Wardens, Director of Classification Programs, institutional staff, inmates, and privately managed facilities.
- IV. DEFINITIONS: None.
- V. POLICY: All inmates received at any Tennessee Department of Correction (TDOC) facility or facility housing TDOC inmates shall participate in an orientation program.
- VI. PROCEDURES:
 - A. The orientation program shall occur within seven calendar days of the inmate's arrival. An inmate's refusal to participate in orientation may result in disciplinary action.
 - B. When orientation cannot be completed within seven days due to significant medical or mental health problems, or a temporary absence from custody, such shall be documented on the Orientation Acknowledgment, CR-2110. Orientation shall then be completed within seven days of return to institution or when medical/mental health status allows.
 - C. Inmates who may have difficulty in understanding the orientation program and/or written materials due to a language and/or literacy problem or hearing or visual impairment shall receive personal assistance from a facility staff member or volunteer.
 - D. The correctional classification coordinator/designee shall be responsible for:
 1. Ensuring that the orientation program occurs within seven calendar days after receipt of the inmate and is documented by completion of the Orientation Acknowledgment, CR-2110.
 2. Ensuring the involvement of a representative of the inmate population in the orientation program and documentation of same on the CR-2110.
 - E. Requirements for orientation of new commitments and inmates returning to TDOC from a temporary absence of 90 days or more include:
 1. An explanation of the TDOC *Inmate Rules and Regulations*, including disciplinary and security threat group (STG) procedures and range of penalties, with a written copy provided to the inmate. (See Policies #502.04 and #506.25)

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2. Eligibility criteria for and description of programs and services available throughout the TDOC. Inmates shall be advised that TDOC program assignments are equitable and in compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination in program service delivery or benefits on the basis of race, color, or national origin. Inmates shall also be advised of Title IX of the Education Amendments Act of 1972, which prohibits discrimination on the basis of gender or visual impairment in the provision of any educational program or activity.
 3. A brief explanation of the major aspects of a felony sentence, i.e., parole eligibility, release dates, credit for jail time, earning sentence credits, etc.
 4. A brief explanation of the consequences of incurring additional felony conviction(s) while on release for furlough or program assignment outside a TDOC facility per TCA 40-28-123. (See form BI01D089 for specific wording).
 5. Procedures for reporting sexual misconduct, sexual harassment, or sexual abuse by staff or other persons as addressed in Policy #305.03, and sexual assault as addressed in Policy #502.06.
- F. An inmate transferred to another institution shall complete orientation within seven calendar days of arrival, as shall an inmate placed at an annex or other specific unit which has significantly different rules and procedures. Institutional and specific unit orientation programs shall be detailed in written format or on videotape. The institutional orientation program shall include, but not be limited to, discussion and written materials of the following:
1. Institutional rules and/or unit regulations, programs, access to health care, and activities
 2. The classification process, including procedures for custody level changes, program assignments, and institutional transfers
 3. Procedures for mail and visitation
 4. Personal property procedures
 5. Inmate grievance procedures
 6. Procedure for job assignments
- G. All institutions will provide incoming inmates with a copy of the TDOC and/or institutional *Inmate Rules and Regulations Handbook* in an appropriate language during the health screening process as well as a copy of their visitation handbook within 24 hours of arrival. All staff conducting inmate orientations shall document on TOMIS contact LDCG ORCC that the orientation and the 2003 Prison Rape Elimination Act (PREA) Information have been given to the inmate.

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- H. Segregation orientation shall occur within 24 hours of placement including (F)(1-6) above and any other procedures unique to segregation.
 - I. Additional information pertaining to inmate orientation is contained in the *Classification User's Guide* published by the Director of Classification Programs.
- VII. ACA STANDARDS: 4-4281-1, 4-4284, 4-4285, 4-4287 through 4-4291, and 4-4344.
- VIII. EXPIRATION DATE: September 15, 2011.



TENNESSEE DEPARTMENT OF CORRECTION
ORIENTATION ACKNOWLEDGMENT

INSTITUTION

OFFENDER NAME: _____

TDOC#: _____

I have completed the orientation program/unit of this institution. I have been advised of the programs, activities and privileges available to me.

I have been issued a copy of:

- TDOC INMATE RULES AND REGULATIONS
- INSTITUTIONAL RULES AND REGULATIONS
- SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)
- PRISON RAPE ELIMINATION ACT (PREA) INFORMATION

I have been issued a revised copy of:

- TDOC INMATE RULES AND REGULATIONS
- INSTITUTIONAL RULES AND REGULATIONS
- SPECIFIC UNIT RULES AND REGULATIONS (*CHECK ONLY IF APPLICABLE*)

I have viewed:

- VIDEO PREA INFORMATION PROVIDED DURING ORIENTATION
- ADDITIONAL VIDEO PREA INFORMATION AT RECEIVING INSTITUTION

_____ Offender Signature	_____ Date
_____ Offender Representative	_____ Date
_____ Correctional Counselor	_____ Date
_____ Classification Coordinator	_____ Date
_____ Clinical Service Designee	_____ Date
_____ Associate Warden of Treatment/Chief Counselor	_____ Date