


## Attachment Seven: TDOC Policies & TDOC Contact Notes Handbook

#113.32 Levels of Care

#704.10 Community Supervision Sanctions

TDOC Contact Notes Handbook

**PLEASE NOTE:** The State is providing a copy of the TDOC Community Supervision Contact Notes Handbook within this attachment. This handbook will serve as a **SAMPLE** for **review purposes only** and the final Community Corrections Contact Note handbook will be made available to all awarded grantees upon contract execution and all awarded grantees will receive appropriate training from the State on this handbook.

 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.32	Page 1 of 10
	Effective Date: March 31, 2020	
	Distribution: A	
	Supersedes: 113.32 (1/1/18) PCN 19-14 (1/30/19)	
Approved by: Tony Parker		
Subject: LEVELS OF CARE		

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, and TCA 41-21-204.
- II. PURPOSE: To ensure that appropriate levels and continuity of health care are available to accommodate inmate health care needs.
- III. APPLICATION: Wardens, Superintendent, Associate Wardens of Treatment (AWTs), Deputy Superintendent (DS) health administrators, health care staff, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Chronic Care: Health care services that are provided to inmate/patients for a specifically identified illness that is ongoing or recurring. For the purposes of this policy, the following conditions are defined as chronic care conditions: congestive heart failure, diabetes mellitus, hypertension, pregnant offenders, chronic respiratory diseases to include asthma and COPD, neurological disorders to include epilepsy, physical impairments that impact an individual's ability to function in a correctional environment, geriatric care, terminal illness, and infectious diseases, to include Hepatitis C, and Human Immunodeficiency Virus (HIV).
  - B. Clinic Care: Care for ambulatory patients with health care conditions that are evaluated and appropriately treated.
  - C. Comprehensive Clinical Health Record Review: A periodic review of the clinical health records (physical and behavioral health) to ensure that inmate's clinical files are completely and fully documented.
  - D. Convalescent Care: Health care to assist a patient in recovery from an illness or injury.
  - E. Emergency Care: Immediate medical evaluation and treatment for a medical condition that reasonably appears to a prudent person to represent an immediate threat to life or limb, possible permanent impairment in one or more body functions.
  - F. Extended Clinical Services: Specialty treatment services utilized to meet the inmate's physical health, mental health, and/or developmental needs. Treatment services may include but are not limited to geriatric, psychiatric, psychological, physical therapy, occupational therapy, hospice, end-of-life care, and intensive sex offender treatment.
  - G. Infirmiry Care: Care for an illness or medical condition as diagnosed by an appropriate health care provider that requires medical/nursing observation and/or management in the facility infirmiry.

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- H. Self-Care: Care for a condition which can be solely treated by the inmate and may include "over the counter" (OTC) products.
  - I. Sub-Acute Care: Infirmar-y-based care for an illness or medical condition as diagnosed by an appropriate health care provider that requires care above medical/nursing observation but does not require care at the level of extended clinical services.
- V. POLICY: The health administrator, in cooperation with the AWT/DS, shall develop a coordinated health care delivery program that ensures access of the inmate to the appropriate level of care for his/her health needs.
- VI. PROCEDURES:
- A. Self-care: All inmates shall be encouraged to assume responsibility for their own health through self-care.
    - 1. A self-care program shall include health education. (See Policy #113.40)
    - 2. Each TDOC facility shall have a written procedure indicating how commonly used over-the-counter preparations are made available to inmates. Personal hygiene products (including feminine hygiene items at institutions with female inmates) and approved OTCs may be made available in the institutional commissary upon approval by the TDOC Chief Medical Officer.
    - 3. When health care professionals feel that self-care is appropriate for an inmate, the inmate shall receive the necessary training and equipment. If any self-care requires a level of privacy in order to be performed, the health administrator/designee will notify the AWT/DS/unit manager so that appropriate accommodations may be arranged.
  - B. First-Aid: The institutional emergency care policy/plan shall clearly describe provisions for access to first aid, including staff responsibilities and the location of first aid equipment and supplies. First aid supplies, including those carried on vehicles shall be regularly inspected. (See Policy #113.02)
  - C. Emergency Care: Each TDOC facility shall have a written plan to ensure the availability of emergency medical, mental health, and dental services on a 24-hour basis. (See Policy #113.30)
  - D. Clinic Care: Each TDOC facility shall provide regularly scheduled ambulatory care services. (See Policy #113.31) Protocols and procedures shall be developed indicating referral procedures to the appropriate level of care.
  - E. Infirmar-y Care:
    - 1. Each TDOC facility with an infirmar-y shall make suitable arrangements for the provision of 24-hour nursing coverage whenever there is a patient in the infirmar-y.

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2. Procedures which guide institutional infirmary services and which define the scope of services available shall be developed by each applicable institution and shall include but not be limited to the following:
  - a. All care shall be rendered in compliance with applicable local, state, and federal laws.
  - b. If infirmary care is not available on-site at the institution where the inmate is housed, procedures shall specify the transfer mechanism for movement to an institution where such care is available in accordance with Policy #113.34.
  - c. Each facility's Medical Director, Health Administrator, and Behavioral Health Administrator shall draft a nursing care procedure manual containing the facilities infirmary services scope of care, admission and discharge procedures, technical nursing functions, and treatment procedures. The drafted manual shall be located in the clinic of each institution designated to provide infirmary care as indicated in Section VI.(E)(6) of this policy. The approved TDOC Infirmary Protocol shall be utilized to develop the facilities infirmary nursing care procedure manual.
  - d. All inmates requiring infirmary care shall be within the sight or sound of medical staff at all times.
  - e. Infirmary Protocols
    1. The TDOC approved global infirmary protocols shall be used as a guide and addendum to the facility infirmary protocol.
    2. Each local infirmary shall have facility-specific infirmary protocols which take into account the limitations of the physical plant and the resources available at that location. See Policy #113.01.
3. An institutional or contract physician shall be responsible for the quality of care in the infirmary and shall be available on-call 24-hours per day.
4. Nursing services shall be under the direction of a full-time registered nurse. Licensed health care personnel shall be on duty and present 24-hours per day whenever an inmate remains in the infirmary.
5. The health record shall be maintained and documentation shall reflect the care rendered during the infirmary stay. This documentation shall be located in the "Infirmary" Section, section seven, of the health record in accordance with Policy #113.50.
6. The following institutions shall provide on-site infirmary care as indicated:
  - a. Bledsoe County Correctional Complex (infirmary)
  - b. DeBerry Special Needs Facility (Regional Sub-Acute Infirmary)

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- c. Hardeman County Correctional Facility (infirmary)
- d. Morgan County Correctional Complex (Regional Sub-Acute Infirmary)
- e. Northeast Correctional Complex (infirmary)
- f. Northwest Correctional Complex (infirmary)
- g. Riverbend Maximum Security Institution (infirmary)
- h. South Central Correctional Center (Regional Sub-Acute Infirmary)
- i. Tennessee Prison for Women (Regional Sub-Acute Infirmary)
- j. Trousdale Turner Correctional Facility (Regional Sub-Acute Infirmary)
- k. Turney Center Industrial Complex (infirmary)
- l. West Tennessee State Penitentiary (Regional Sub-Acute Infirmary)
- m. Women's Therapeutic Residential Center (Regional Sub-Acute Infirmary)
- n. Whiteville Correctional Facility (infirmary)

Residents housed at the Mark Luttrell Transition Center who require infirmary care or higher will be transferred to an institution equipped to provide the appropriate level of care.

- 7. The TDOC Chief Medical Officer/designee shall have authority to direct the transfer of a patient from another TDOC institution to the DSNF Health Care Center for skilled nursing care. If the inmate is a patient in a local hospital, the collaboration of the institutional physician shall be obtained prior to the transfer.
- 8. DSNF shall designate a long term nursing care unit for special needs inmates who are not in need of skilled nursing care but have unique physical restrictions and/or medical conditions which create a need for them to be in special housing.
  - a. Upon identifying a need for placement in the Long Term Nursing Care Unit, the institutional physician or designee shall submit a written request to the DSNF Medical Director. The request shall include a detailed justification for the placement, including a copy of the inmate's most recent physical examination; the Health Classification Summary, CR-1886; the Major Problem List, CR-1894; treatment plan; and any other pertinent consultations or reports that substantiate the need for long term nursing care placement.
  - b. The DSNF Medical Director shall evaluate the request based on the following criteria:
    - (1) Age and its effect on and relation to disability

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- (2) Multiple chronic illnesses and/or degeneration
- (3) Type(s) and severity of physical disabilities, restrictions, and individual dependency and the patient's inability to perform activities of daily living.
- (4) Type(s), severity, and number of medical restrictions and risk factors
- (5) Mental status, capabilities, and restrictions
- (6) Level of need for medical observation
- (7) Appropriate utilization of sick call and on-site health services
- (8) Frequency of specialty appointments, hospital, or emergency care
- (9) Accessibility of emergency resources in institution and community

- c. The DSNF Medical Director or designee shall notify the classification coordinator at DSNF and the appropriate institutional physician or designee of all approvals for placement in, and clearances for discharge from, the Long Term Nursing Care Unit. The classification coordinator shall then make the transfer in accordance with Policy #403.01. The DSNF Medical Director may also direct internal transfers between the Health Care Center and the Long Term Nursing Care Unit when necessary.
- d. Placement shall occur upon the availability of space in the designated unit and based on priority of need.

F. Health Criteria for Placement in a Minimum Security Annex

- 1. The institutional classification coordinator at each time-building institution shall provide a list of all inmates recommended for transfer to its annex to the health administrator. Prior to transferring an inmate to an annex, the health administrator shall ensure that a review of the current health status of the inmate is done to assure that the individual is compatible with the mission of the annex. This review shall be conducted by the physician, mid-level provider, or a registered nurse and shall consist of an evaluation of the inmate's health record.
- 2. The following health-related conditions are not considered compatible with placements in a minimum security annex:
  - a. Inmates with a frequent or predictable need for close access to emergency care, including those with severe cardiac conditions, uncontrolled seizure disorders, or uncontrolled diabetes
  - b. Inmates who require frequent access to specialty physicians, or dental care, or other services not readily available
  - c. Inmates in poor health requiring frequent medical attention

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- d. Inmates requiring access to 24-hour nursing services
  - e. Inmates on extensive/complicated drug therapy requiring frequent monitoring
  - f. Inmates on extended controlled drug medication therapy
  - g. Inmates with unstable mental health conditions.
- G. Chronic Care: Each TDOC/private managed institution shall have a written plan to provide for chronic care for those inmates requiring ongoing or recurring care. The Chronic Disease Clinic Treatment Plan, CR-3624, shall be developed for each chronic care patient and shall be maintained consistent with Policy #113.50.
- 1. All treatment plans shall include:
    - a. Current medications
    - b. Any special therapies (e.g., physical, speech)
    - c. Special orders (e.g., diet, exercise, laboratory and other diagnostic tests).
    - d. Opt out HCV testing is to be ordered, unless previously obtained.
    - e. Frequency of follow-up
    - f. Evaluation and outcome criteria
    - g. Patient education needs and goals (See Policy #113.40)
    - h. Other identified pertinent information about the individual patient
  - 2. Inmates with stable conditions including but not limited to: congestive heart failure, diabetes mellitus, hypertension, chronic respiratory diseases, COPD, neurological disorders to include epilepsy, Human Immunodeficiency Virus (HIV) shall be seen no less than every six months by a practitioner, and annually by a physician. Inmates with the above conditions whose condition becomes unstable shall be seen at least every three months by a midlevel provider and by a physician at least every six months. The associated conditions shall be documented on the Major Problem List, CR-1894.
  - 3. All other chronic care conditions shall be seen no less than every six months by a medical practitioner and no less than annually by a physician.
  - 4. Terminally ill shall be seen at least every three months by a provider and more frequently per providers discretion.
  - 5. Pregnant offenders (See Policy #113.90).

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6. Any deviation from this schedule shall be approved by the TDOC Chief Medical Officer or designee. For Hepatitis C patients please refer to the *TDOC Chronic HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C*.
  7. If the level of chronic care exceeds that available through the facility's health care resources, appropriate arrangements and procedures, consistent with Policy #113.04, shall exist to ensure that the care is available by transfer to DSNF (TPFW for females) or another TDOC institution.
  8. Comprehensive Clinical Record Review: The Health Service Administrator/designee and Behavioral Health Administrator/designee shall conduct a comprehensive clinical record review of every health record for inmates with a chronic care/mental health treatment plan within 60 days of (before or after) the inmates birth month. This review shall be documented on the Comprehensive Clinical Record Review, CR-4201, with the health administrator/behavioral health administrator's signature, time, date and language indicating "record reviewed for completeness".
  9. Refusal: When an inmate refuses a scheduled chronic care visit complete a Refusal of Medical Services, CR-1984, and reschedule a follow-up chronic care visit in 90 days.
- H. Convalescent Care: Each TDOC/privately managed institution shall have a written plan to ensure that convalescent care for inmates recovering from an illness or injury is available either on-site, by interdepartmental referral, or by community arrangements. Patients requiring convalescent care shall receive care based on an individual treatment plan approved by the appropriate medical, dental, or mental health practitioner.
  - I. Nursing Coverage: Each facility with a capacity of 500 or more shall have a supervising registered nurse on site 24 hours per day, seven days per week.
  - J. Transfers of Inmates: Each institution shall have a written plan to ensure that the records of inmates who are physically disabled, geriatric, seriously mentally/physically ill, or developmentally disabled are reviewed, prior to transfer, by the responsible clinician (or designee) for appropriate care availability at the receiving institution.
- VII. ACA STANDARDS: 4-4144, 4-4350, 4-4351, 4-4352, 4-4359, and 4-4399.
  - VIII. EXPIRATION DATE: March 31, 2023.





**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TDOC ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Exam Date: \_\_\_\_\_ Dental Exam Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

	<u>Code</u>	<u>Description</u>
Health Classification (Code):	A	Class A – No Restrictions
	B	Class B – Moderate Restrictions
	C	Class C – Severe Restrictions

Level of Care (LOC): _____ <i>Based on health record information provided by Mental Health Treatment Team</i>	LOC 1	No Mental Health Services
	LOC 2	Outpatient
	LOC 3	Supportive Living Services (SLU) Moderate Impairment
	LOC 4	Supportive Living Services (SLU) Severe Impairment
	LOC 5	None

Clinical Alert: \_\_\_\_\_ Date: \_\_\_\_\_ Note: \_\_\_\_\_

Health Related Conditions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

<u>Code</u>	<u>Health Conditions</u>	<u>Code</u>	<u>Health Conditions</u>
A	Visual Impairment	P	Neurological Disease/Disorder <input type="checkbox"/> Dementia
B	Hearing Impairment	Q	Arthritis
C	Speech Impairment	R	Obesity (BMI >40)
D	Orthopedic Disease/Disorder <input type="checkbox"/> Documented Hx of Back Problems	S	Aging (>60)
E	Amputation/Missing Extremity	T	Dermatological Disease/Disorder
F	Pregnancy <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> (Trimester)	U	Prosthetic Device Associated with Disability
G	Cancer	V	(Specify) _____
H	Asthma/Hay Fever	W	Permanently confined to a Wheelchair/Mobility
I	Allergies a)Drug: _____ b)Other: _____	X	Sleep Apnea
J	Diabetes <input type="checkbox"/> BS >300	Y	G. U. Disease
K	Seizure Disorder	Z	Surgery within last 6 months (abdominal, chest, back, or upper extremity)
L	Cardiovascular Disease/Disorder	AA	Other: _____
M	Hypertension	BB	Acute Injury/Serious Medical Condition: Specify _____
N	Pulmonary Disease/Disorder		



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TDOC ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specific Restrictions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Specific Accommodations (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Code	Restrictions
A	Complete bed rest or limited activity(C)
B	Sedentary work only-lifting 10 lbs. maximum, occasional walking or standing (C)
C	No heavy lifting-20lbs. maximum, able to frequently lift or carry objects up to 10 lbs. (B)
D	Light work only-lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.(B)
E	Medium work only-lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.(B)
F	Limited strenuous activity for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
G	Continuous standing or walking for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
H	Repetitive stooping or bending (B)
I	Acute need to be housed on first floor/bottom bunk(B)
J	Climbing and balancing (uneven ground) (B)
K	Exposure to loud noises or work detail with prolonged exposure (B)
L	Avoid areas or work details with exposure to skin irritants (B)
M	Participation in weight lifting or strenuous athletics(B)
N	Activity involving potentially dangerous machinery or equipment
O	Operation of motor vehicles (B)
P	Activity involving food preparation/handling (B)
Q	Prolonged exposure to sun or high temperatures (B)
R	Outside work detail during Spring or Summer (B)
S	Exposure to chemicals producing fumes or equipment producing dust (B)

Code	Accommodations
A	Prosthetic Limbs
B	Altered Accommodation (furniture, cell, etc.)
C	Air way assists (Oxygen, CPAP, BiPAP, etc.)
D	Sleeping Accommodation (pillow, blanket, mattress, etc.)
E	Ostomy Supplies
F	Catheter Supplies
G	Assist Devices (cane, crutches, walker, braces, wheel chair)
H	Inmate helper
I	Minimal Assistance for transporting in a van or bus
J	Wheel chair, bus or van required for transport
K	Non-emergency ambulance required for transport
L	Housed on first floor
M	Bottom bunk in housing assignment
N	Special footwear required

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date

**REVIEWED**

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date



TENNESSEE DEPARTMENT OF CORRECTION  
**COMPREHENSIVE CLINICAL RECORD REVIEW**

INSTITUTION \_\_\_\_\_

INMATE NAME: \_\_\_\_\_ TDOC ID: \_\_\_\_\_

**Health Services Review:**

Applicable Items identified as complete:

- Advance Directives
- Conservatorship
- Major Problem List, CR-1894- Diagnosis Current/Resolved
- Chronic Disease Clinic Treatment Plan, CR-3624
- Medication orders/renewed
- Teaching /Counseling Plan, CR-2742
- Immunization/TB Control Record, CR-2217
- Inmate/Employee Tuberculosis Screening Tool CR-3628
- Health Classification Summary, CR-1886
- Report of Physical Examination, CR-3885
- Health History, CR-2007
- Progress Notes
- Signatures/dates/full legible
- CR-2178

**Behavioral Health Services Review:**

Applicable Items identified as complete:

- Major Problem List-CR-1894
- LOC       Diagnosis Current/Resolved
  - Treatment Plan
  - Medication orders/ renewed
  - Consent
  - Mental Health Evaluation
  - Referrals
  - Annual Psychiatrist Review
  - Intrasystem Transfers signed within 14 days
  - Signatures/dates full/legible
  - CR-4050

Health Services Administrator/Designee \_\_\_\_\_ Date \_\_\_\_\_

Behavioral Health Services Administrator/Designee \_\_\_\_\_ Date \_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
**CHRONIC DISEASE CLINIC**  
**TREATMENT PLAN**

\_\_\_\_\_  
 Inmate Name

\_\_\_\_\_  
 TDOC ID

\_\_\_\_\_  
 Institution

**LIST CHRONIC DISEASES**

- 1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_  
 2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

**Either list or refer to pharmacy profile for current medications:**

**SUBJECTIVE:**

Asthma: # attacks in last month? \_\_\_\_\_ Seizure disorder: # seizures since last visit? \_\_\_\_\_  
 # short acting beta agonist canisters in last month? \_\_\_\_\_ Diabetes mellitus: # hypoglycemic reactions since last visit? \_\_\_\_\_  
 # times awakening with asthma symptoms per week? \_\_\_\_\_ Weight loss/gain  $\uparrow\downarrow$  \_\_\_\_\_ lbs.  
 CV/hypertension (Y/N): Chest pain? \_\_\_\_\_ SOB? \_\_\_\_\_ Palpitations? \_\_\_\_\_ Ankle edema? \_\_\_\_\_  
 HIV/HCV (Y/N): Nausea/vomiting? \_\_\_\_\_ Abdominal pain/swelling? \_\_\_\_\_ Diarrhea? \_\_\_\_\_ Rashes/lesions? \_\_\_\_\_

For all diseases, since last visit, describe new symptoms:

**OBJECTIVE:**

**Patient adherence (Y/N):** with medications? \_\_\_\_\_ with diet? \_\_\_\_\_ with exercise? \_\_\_\_\_  
**Vital signs:** Temp \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Wt \_\_\_\_\_ PEFR \_\_\_\_\_ INR \_\_\_\_\_  
**Labs:** Hgb A1C \_\_\_\_\_ HIV VL \_\_\_\_\_ CD4 \_\_\_\_\_ Total Chol \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_ Trig \_\_\_\_\_  
**Range of fingerstick glucose/BP monitoring:** \_\_\_\_\_

**Physical Evaluation (PE):** \_\_\_\_\_

HEENT/neck:	Extremities:
Heart:	Neurological:
Lungs:	GU/rectal:
Abdomen:	Other:

Additional Comments: \_\_\_\_\_

ASSESSMENT:	Degree of Control*				Clinical Status*			
	G	F	P	NA	I	S	W	NA
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\***Degree of Control:** G-Good F-Fair P-Poor NA-Not Applicable

\***Clinical Status:** I-Improved S-Same W-Worse NA-Not Applicable

**PLAN:**

Medication changes: \_\_\_\_\_

Diagnostics: \_\_\_\_\_

Labs: \_\_\_\_\_

Monitoring: BP \_\_\_\_\_ x day/week/month Glucose \_\_\_\_\_ x day/week/month Peak flow \_\_\_\_\_ Other: \_\_\_\_\_

Education provided:  Nutrition  Exercise  Smoking  Test results  Medication management  Other: \_\_\_\_\_

Referral (list type): \_\_\_\_\_ Specialist: \_\_\_\_\_

# days to next visit?  90  60  30  Other: \_\_\_\_\_ Discharged from Chronic Clinic (specify clinic): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
 Mid-Level / Physician Signature

\_\_\_\_\_  
 Date



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
MAJOR PROBLEM LIST**

\_\_\_\_\_  
INSTITUTION

Name: \_\_\_\_\_ TDOC ID: \_\_\_\_\_  
                     Last                                      First                                      Middle

Date of Birth: \_\_\_\_\_ Gender:  M  F Race: \_\_\_\_\_

Allergies: \_\_\_\_\_

PROBLEM NUMBER*	DATE IDENTIFIED/ RECORDED	MAJOR CLINICAL CONDITIONS/PROBLEMS	RESOLVED <i>(Please check "✓" if resolved)</i>	RESOLVE DATE

Conservator Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

- \* Major medical problems considered medical or surgical in nature are identified by Roman numerals, i.e., **I** – Diabetes, **II** – Laminectomy.
- \* Psychiatric, or serious psychological problems, are identified by capital letters, i.e., **A** – Schizophrenia, **B** – Self-Mutilative Behavior.



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
REFUSAL OF MEDICAL SERVICES**

**INSTITUTION:** \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

This is to certify that I \_\_\_\_\_ (Inmate's Name), \_\_\_\_\_ (TDOC ID)

have been advised that I have been scheduled for the following medical services and/or have been advised to have the following evaluations, treatment, or surgical/other procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am refusing the above listed medical services against the advice of the attending physician and/or the Health Services staff. I acknowledge that I have been informed of the risks involved by my refusal and hereby release the State of Tennessee, Department of Correction, and their employees from all responsibility for any ill effects which may be experienced as a result of this refusal. I also acknowledge this medical service may not be made readily available to me in the future unless an attending physician certifies my medical problem as a medical emergency.

Signed: \_\_\_\_\_  
(Inmate) (TDOC ID) (Date)

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)

The above information has been read and explained to,

\_\_\_\_\_ but has refused to sign  
(Inmate's Name) (TDOC ID)  
the form.

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)

Witness: \_\_\_\_\_  
(Signature) (Title) (Date)



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 704.10

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Distribution: C

Supersedes: 704.10 (1/6/17)  
PCN 17-5 (1/20/17)

Approved by: Tony Parker

Subject: COMMUNITY SUPERVISION SANCTIONS

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, Title 40, Chapter 28, Part 6, TCA 40-35-303, TCA 40-35-313, TCA 39-13-524, TCA 39-13-526, TCA 40-28-703.
- II. PURPOSE: To establish guidelines for the consistent application of graduated sanctions for designated offender behaviors.
- III. APPLICATION: Assistant Commissioner of Community Supervision (ACCS) and Tennessee Department of Correction (TDOC) Community Supervision staff.
- IV. DEFINITIONS:
  - A. Administrative Review: A process by which an offender may object to sanctions which have been imposed by the Probation Parole Officer (PPO).
  - B. Community Service Work (CSW): A program within Community Supervision and administered by a coordinator who works with qualified non-profit or governmental entities to use labor by probationers and parolees on public service tasks.
  - C. Curfew: A lawful instruction establishing a specific time during a 24 hour period in which an offender must be at a certain place for a certain number of hours.
  - D. Graduated Sanctions: Structured, incremental responses to non-compliance with conditions of supervision.
  - E. Level 1 Sanctions: Low-level responses to address offender non-compliance.
  - F. Level 2 Sanctions: Mid-level responses to address offender non-compliance.
  - G. Level 3 Sanctions: High-level responses to address offender non-compliance.
  - H. Level 4 Sanctions (Zero Tolerance Violations): Offender actions which require the PPO to request a warrant from the releasing authority.
  - I. Releasing Authority: For the purpose of this policy, the releasing authority is defined as the parole board and courts.
  - J. Sanction: A swift, certain, and proportionate response by the PPO to return the offender to compliance by use of non-prison accountability measures and programs.
  - K. Sanction Imposition: A process by which a sanction is selected and confirmed in the graduated sanctions distributed application.
  - L. Sanction Matrix: A chart consisting of defined attitude/behavior offender violations and corresponding sanctions that shall be utilized to address those non-compliant offender behaviors within the context of supervision level.

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- M. Sanction Monitor: A PPO charged with the tracking of community supervision offender sanctions by use of non-prison accountability measures and programs.
- N. Special Condition: Additional or modified rule(s) of probation or parole imposed by the Court or Board of Parole, respectively, because of an offender's unique need or for public safety purposes.
- O. Successful Sanction: The completion of all the prescribed actions to address those non-compliant offender behaviors and does not require additional sanctioning.
- P. Unsuccessful Sanction: The failure to complete all, or part, of the prescribed actions to address those non-compliant offender behaviors and does require additional sanctioning.
- V. POLICY: Graduated sanctions shall be applied to offenders as a consequence of non-compliance with the rules and conditions of their community supervision.
- VI. PROCEDURES:
- A. Violations:
1. Attitude violations and corresponding OMS contact codes:
    - a. Unemployed-Failure to Provide Verification/Seek (Employment)-EMPX
    - b. Non-payment of financial obligation-NPFO
    - c. Failure to comply with lawful instructions/Special conditions of supervision-FCLS
    - d. Failure to report violations or criminal behavior-FRVC
    - e. Failure to attend programming, treatment or Sex Offender treatment-FAPT
    - f. Positive Drug Screen during Orientation/Intake-IPDS
  2. Behavior violations and corresponding OMS contact codes:
    - a. Moved without permission or notification (excluding sex offenders), leaving the county without permission, or violation of curfew-MOPC
    - b. One Positive Drug Screen (all offenders) (Alcohol Use-Only Sex Offenders)-ORPD
    - c. Failure to report as instructed-FALR
    - d. New misdemeanor charge/citation-Class "B" or below-NMCB
    - e. Terminated from programming, treatment, or non-compliance sex offender treatment-TRPT
    - f. More than one positive drug screen (all offenders)/more than one alcohol use (Only Sex Offenders)-within a six month period-MPDS
    - g. Failure to comply with sanction-FALS
    - h. Consistently fails to report/failure to comply with sex offender treatment contract-FALC
    - i. Possession of firearm-WFIR
    - j. Positive Drug Screen for Methamphetamine- ZTPD
    - k. Refusal to submit to a Drug Screen-RSDS
    - l. Three or more non-compliance with level 1 sanctions within one year-NCS1
    - m. Two or more non-compliance with level 2 sanctions within one year -NCS2
    - n. Non-compliance with level 3 sanctions within one year -NCS3
    - o. 3<sup>rd</sup> level 2 Sanction applied w/in 6 months on separate instances MST3
    - p. Absconded Supervision-ABSV



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- q. Refusal to Submit to a Search-RFRS
- r. New criminal Class "A" Misdemeanor arrest/conviction-NCAC
- s. New Felony arrest/conviction (arrest for sex offender)-NCAF

B. Sanction Levels: PPOs shall determine the most appropriate sanctioning response for the offender's non-compliant behavior by utilizing the Community Supervision Graduated Sanctions Distributed Application.

1. Level 1 Sanctions and corresponding OMS contact codes: PPOs shall impose sanctions no later than five business days after verifying offender non-compliance.

- a. Verbal Warning-Officer Intervention-VBW1
- b. Restrict travel privilege for 30 days-RTP1
- c. Increase reporting for 30 days-ISL1
- d. Payment Plan Established-PPE1
- e. Submit to an FSW assessment and complete all recommendations-SFS1
- f. One additional drug screen within 30 days-ADS1
- g. Attend job readiness class within 30 days-JRC1
- h. Eight hours CSW within 14 days-CSW1
- i. Curfew for 30 days-CUR1
- j. Submit weekly schedule of activities for 30 days-Sex Offender/CIP Offender-WSA1
- k. GPS Monitoring for 30 Days-Sex/CIP Offender-GPS1
- l. Use of RF 30 Days Monitoring-RFM1
- m. Refer to Community Resource Center (Substance Use Only) for evaluation-CRC1

2. Level 2 Sanctions and corresponding OMS contact codes: PPOs shall impose sanctions no later than two business days of verification of offender non-compliance.

- a. Written Warning- Officer Intervention--WSI2
- b. Restrict travel privilege for up to 60 days-RTP2
- c. Payment Plan Established-PPE2
- d. Increase reporting for 60 days-ISL2
- e. Submit to an FSW assessment and follow all recommendations-SFS2
- f. Two additional drug screens within 60 days-ADS2
- g. Attend job readiness class within 20 days-JRC2
- h. 16 hours CSW within 30 days-CSW2
- i. Curfew for 60 days-CUR2
- j. Submit weekly schedule of activities for 60 Days-Sex Offender/CIP Offender-WSA2
- k. GPS Monitoring for 60 Days-Sex/CIP Offender-GPS2
- l. Use of RF 60 days Monitoring-RFM2
- m. Refer to Community Resource Center (Substance Use Only) for evaluation-CRC2

3. Level 3 Sanctions and corresponding OMS codes: PPOs shall impose sanctions no later than one business day of verification of offender non-compliance.

- a. Restrict Travel Privilege up to 90 days-RTP3
- b. Payment Plan Established-PPE3
- c. Increase reporting
- d. Submit to an FSW assessment and follow all recommendations-SFS3
- e. Three additional drug screens within 90 days-ADS3
- f. Attend job readiness class within 15 days-JRC3

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- g. 24 hours CSW within 45 days-CSW3
- h. Curfew for 90 days-CUR3
- i. Refer to DRC for evaluation- DRC3
- j. Refer for Risk Reassessment-RFRR
- i. Submit weekly schedule of activities for 90 Days-Sex Offender/CIP Offender-WSA3
- j. GPS Monitoring for 90 Days-Sex/CIP Offender-GPS3
- k. Use of RF 90 Days Monitoring-RFM3
- l. Three or more non-compliance in one year with Level 1 Sanctions-NCS1
- m. Two or more non-compliance in one year Level 2 Sanctions-NCS2
- n. Failure to Comply with FSW Recommendations-FCFS

4. Level 4 Sanctions (Zero Tolerance Violations) and corresponding OMS codes: PPOs shall submit a violation report and request a warrant from the releasing authority in accordance to Policies #707.20 and #707.30).

- a. Possession of a firearm-WFIR
- b. Positive Drug Screen for Methamphetamine-ZTPD
- c. Refusal to submit to a Drug Screen-RSDS
- d. Any non-compliance with a Level 3 sanction in one year.-NCS3
- e. Third Level 2 Sanction or above violation within a six month period on separate instances-MST3
- f. Absconded Supervision-ABSV
- g. Refusal to submit to a Search-RFRS
- h. New Criminal Class A Misdemeanor-NCAC
- i. New felony arrest/conviction (any Arrest for Sex Offender)-NCAF

C. When applying sanctions, the PPO shall:

1. Utilize the Community Supervision Graduated Sanctions Matrix Distributive Application to complete offender sanctions.
2. Review violation(s) and utilize the Community Supervision Sanctions Matrix to determine the most appropriate sanctioning response for the offender's non-compliance.
3. Determine if the violation is attitude or behavioral and cross reference the violation with the offender's supervision level in the Community Supervision Sanction Matrix to select the appropriate sanction(s).
4. PPOs may select up to two sanctions per violation committed, but can select no more than a total of four sanctions to be imposed.
5. If an offender incurs additional sanctions during the sanctioning monitoring process, all previous applied sanctions shall continue to be monitored throughout completion of the most recent sanction.
6. A sanction shall not be imposed for a positive drug screen until confirmation is received from the certifying laboratory or the offender signs a voluntary admission Drug Screen Results, CR-4046, pursuant to Policy #705.04.
7. If an offender disagrees with the sanction(s) imposed:

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- a. The PPO shall impose the sanctions as outlined in VI.(B)(3) until a determination is made by management [excluding those appeal sanctions in section VI.(E)(1)].
- b. The PPO will schedule an appointment for the offender and PPO to meet with a Probation Parole Manager (PPM) according to the timeframe designated by the sanction level.
- c. The PPM shall meet with the offender and review the proposed sanction(s) and make a determination as to the appropriateness of the proposed sanctions. If necessary the PPM may make the necessary modifications to the proposed sanctions.

D. Documentation of Sanctions:

1. All sanctions shall be documented in the OMS conversation in a timeframe pursuant to Policy #706.03. PPOs shall complete a detailed comment outlining the offender's non-compliant behavior, date the PPO imposed sanction(s), the sanction level, sanction imposed, and progress with the completion of each sanction(s) imposed.
2. Sanctions shall be documented utilizing the Notice of Sanction, CR-4068, which shall be printed and placed in the offender's case file pursuant to Policy #706.01.
3. Offenders must be present at the time of sanctioning, excluding those zero tolerance violations as outlined in VI.(B)(4). The officer and offender shall sign the Notice of Sanction, CR-4068, which shall serve as notice of sanction(s) imposed. Offenders shall receive a copy of the notice of sanction form after the aforementioned signatures are obtained, which also provides the offender with information pertaining to the right of appeal, if applicable.

E. Monitoring/Approving Sanctions:

1. Probation Parole Managers (PPMs) shall ensure all sanctions are approved within the timeframes as outlined in VI.(B)(4).
2. Probation Parole Managers shall sign the Level 2 and Level 3 Notice of Sanction, CR-4068, after the form is signed by the probationer or parolee and the supervising officer.
3. If the zero tolerance violation is not approved by the releasing authority, the PPM will disapprove the sanction in the application, enter the reason for the disapproval in the notes section, and applicable sanctions shall be applied.
4. PPMs shall conduct a daily review of the monitor report, which is located in the Community Supervision Sanction Distributive Application. PPMs will review and monitor all sanctions which have been applied. PPMs shall monitor the Community Supervision Graduated Sanctions Matrix Distributive Application on a daily basis to ensure all sanctions pending PPM review are addressed.
5. PPMs shall discuss sanctions which have been applied with PPOs each week, and ensure appropriate documentation and OMS contact notes have been completed. PPMs shall use the weekly discussion as an opportunity to provide on-going coaching sessions and training to PPOs.

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6. If discrepancies are discovered in the sanctioning process, corrective action shall be completed.
7. PPOs shall monitor offender sanctions in the Community Supervision Graduated Sanctions Matrix Distributive Application and document the appropriate completion information by entry of the following in Matrix Distributive Application:
  - a. Successful
  - b. Unsuccessful:
    - (1) Refused to comply.
    - (2) Complied with sanction(s) but additional sanctioning required.
    - (3) Absconded.
    - (4) New Class 'A' Misdemeanor arrest/conviction.
    - (5) New Felony arrest/conviction.
    - (6) Possession of a firearm.
    - (7) Positive drug screen for methamphetamine.
    - (8) Refused to submit to a drug screen.
    - (9) Refused to submit to a search.
    - (10) Sanction not permitted by sentencing judge.
    - (11) Expiration of sentence/Court or Board ordered.
8. The District Director shall conduct a monthly review of the Sanction Tracking Report.
9. The Department shall provide the sentencing court and prosecutor's office with a Monthly Report, reflecting all sanctions imposed upon probationers under the court's jurisdiction, which will be submitted by the 10<sup>th</sup> day of each month.

F. Administrative Review of Sanctions:

1. The offender may request an administrative review for curfew sanctions.
2. The PPO shall complete the Administrative Review Request/Decision, CR-4067.
3. Sanctions imposition shall await the administrative review disposition.
4. Upon the request by the offender of an appeal request, the PPO will immediately notify the PPM and Sanction Monitor of the appeal request.
5. The Sanction Monitor shall route the Administrative Review Request/Decision, CR-4067, to the appropriate Correctional Administrator within 24 hours of receipt.
6. The Correctional Administrator (CA) shall conduct a review of the offender request to appeal and provide a written decision within three business days.
7. The CA shall provide the decision to the appropriate Sanction Monitor.
8. The Sanction Monitor shall route the final decision to the PPO of record and PPM within 24 hours of receipt.

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9. The PPO of record shall immediately notify the offender of the decision. If the sanction is upheld, the sanction shall be imposed immediately.

VII. ACA STANDARDS: 4-APPFS-2B-11.

VIII. EXPIRATION DATE: April 1, 2022.



TENNESSEE DEPARTMENT OF CORRECTION

Drug Screen Results

Offender Name: \_\_\_\_\_

TDOC ID #: \_\_\_\_\_

Testing Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Requesting Officer: \_\_\_\_\_

Test Type: Select One.

**Results**

Please indicate "N" (Negative), "P" (Positive), or Rx (Verified and Valid Prescription) for each substance below

<b>COC</b> _____ Cocaine	<b>PCP</b> _____ PCP
<b>MTD</b> _____ MET-500	<b>BUP</b> _____ Buprenorphine
<b>MOP</b> _____ Opiates	<b>OXY</b> _____ Oxycodone
<b>AMP</b> _____ Amphetamines	<b>THC</b> _____ Marijuana
<b>BZO</b> _____ Benzodiazepines	<b>BAR</b> _____ Barbiturates
<b>MET</b> _____ Methamphetamine	<b>MDMA</b> _____

**Acknowledgement**

Urine Specimen collected on: \_\_\_\_\_ by \_\_\_\_\_  
Date Testing Officer

Drug screen is positive and specimen sent to the lab for confirmation testing.  
*(Offender accounts will be invoiced for the cost of confirmation testing if the lab confirms the specimen is positive for one or more substances).*

\_\_\_\_\_  
Offender Signature Officer Signature

**Voluntary Admission**

I, \_\_\_\_\_ freely and voluntarily admit that I used \_\_\_\_\_  
Print Name Substance(s) Used  
on or about \_\_\_\_\_  
Date

I am interested in a substance abuse assessment and want to speak with a Forensic Social Worker.

\_\_\_\_\_  
Offender Signature Date Testing Officer Signature Date

\_\_\_\_\_  
Offender PPO Signature Date



TENNESSEE DEPARTMENT OF CORRECTION

Notice of Sanction

<b>Offender:</b> <a href="#">Click here to enter text.</a>	<b>TDOC#:</b> <a href="#">Click here to enter text.</a>
<b>Officer:</b> <a href="#">Click here to enter text.</a>	<b>Office:</b> <a href="#">Click here to enter text.</a>
<b>Manager:</b> <a href="#">Click here to enter text.</a>	<b>Supervision level:</b> <a href="#">Click here to enter text.</a>

You have violated the conditions of your probation or parole supervision rules as outlined below. The following sanction(s) will be imposed as a result of the outlined violation. Failure to comply with these sanctions may result in a violation report submission to the court or the Board.

<b>Violation Date:</b> <a href="#">Click here to enter a date.</a>	<b>Sanction Level:</b> <a href="#">Choose an item.</a>
<b>Violation(s):</b> <a href="#">Choose an item.</a>	<b>Sanction(s) Imposed:</b> <a href="#">Choose an item.</a>
	<b>Sanction Impose Date:</b> <a href="#">Click here to enter a date.</a>
	<b>Sanction Level:</b> <a href="#">Choose an item.</a>
	<b>Sanction(s) Imposed:</b> <a href="#">Choose an item.</a>
	<b>Sanction Impose Date:</b> <a href="#">Click here to enter a date.</a>
	<b>Sanction Level:</b> <a href="#">Choose an item.</a>
	<b>Sanction(s) Imposed:</b> <a href="#">Choose an item.</a>
	<b>Sanction Impose Date:</b> <a href="#">Click here to enter a date.</a>
	<b>Sanction Level:</b> <a href="#">Choose an item.</a>
	<b>Sanction(s) Imposed:</b> <a href="#">Choose an item.</a>
	<b>Sanction Impose Date:</b> <a href="#">Click here to enter a date.</a>

Any curfew imposed as a sanction is eligible for an administrative review, at the request of the offender. A request for Administrative Review may be submitted by the offender on form CR4067 to be reviewed by a Correctional Administrator. A final decision from the administrative review will be issued within five (5) business days from the date of the request. If an administrative review has been requested, sanction imposition will remain, pending the results of the review. The administrative review decision will be provided to the offender in writing.

\_\_\_\_\_  
Offender signature

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Manager Signature



TENNESSEE DEPARTMENT OF CORRECTION  
**Administrative Review Request/Decision**

<b>Offender:</b>	<a href="#">Click here to enter text.</a>	<b>TDOC#:</b>	<a href="#">Click here to enter text.</a>
<b>Officer:</b>	<a href="#">Click here to enter text.</a>	<b>Office:</b>	<a href="#">Click here to enter text.</a>
<b>Manager:</b>	<a href="#">Click here to enter text.</a>	<b>Supervision level:</b>	<a href="#">Click here to enter text.</a>

**Violation Date:** [Click here to enter a date.](#)

**Sanction Level:** [Choose an item.](#)

**Violation(s):** [Choose an item.](#)

**Sanction(s) Imposed:** [Choose an item.](#)

Administrative Review Requested. The following statement is provided in support of the request for administrative review:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An administrative review has been completed by the Correctional Administrator. After reviewing the statement provided by the offender and the non-compliance violations information, the final decision in the matter of this review is:

Concur with the proposed sanction, which shall be imposed immediately.

The proposed sanction is sent back for revision. The supervising officer and manager are instructed to select an alternative sanction.

This decision is a final decision and may not be appealed beyond this level.

\_\_\_\_\_  
 Correctional Administrator Signature

\_\_\_\_\_  
 Date



# CONTACT NOTES TRAINING MANUAL

November 2020

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**I. Training Manual Introduction**

**This training manual is designed to provide training and guidance to new and existing Community Supervision staff on the usage and content of contact note codes in the Offender Management System (OMS) as it relates to offender supervision. This training manual outlines the most commonly used contact notes used by Community Supervision staff. For contact note guidelines and standards, please review Policy #706.03, *Offender Contact Notes*.**

**II. Personal Contacts with Offender or Others Regarding Offender–Policy #704.01**

**A. FACF: Face to Face Contact with Offender in the Field**

1. This code is used when documenting face to face contact with the offender.
2. The following will be included in the contact note:
  - a. Location of the face to face contact; include address if applicable.
  - b. Any special circumstances regarding the contact.
  - c. When the offender is seen in the home and the code HOMF is used then FACF must also be entered to trigger the face to face contact requirement for compliance standards.

**B. FAC1: Intake Orientation Phase 1**

1. This code is used when documenting the virtual portion of intake covering the rules of probation, notice of non-discrimination and grievances, notice of obligation or exemption of fees, sanctions, standards of supervision, reporting requirements, travel restrictions, contact numbers and report date for Intake Orientation Phase 2.
2. This code is used when documenting information about what the offender is being supervised for and any requirements of that supervision.
3. The following will be included in the contact note:
  - a. The offender reported to the XX office for intake orientation
  - b. Sentence/Supervision date: XXX
  - c. Expiration date: XXX
  - d. Conviction Charges: XXX
  - e. Special Conditions: XXX
  - f. Court Costs: \$XXX
  - g. Sentencing Court/Docket #: Criminal County Court Case# XXX
  - h. Paperwork completed, explained, and copies provided to the offender:
    - (1) Notice of Obligation or Exemption of Fees
    - (2) Personal Questionnaire and signed Statement
    - (3) Notice of Non-Discrimination/Grievances and Reporting Requirements
    - (4) Rules of TN Probation/Parole explained in detail and ample opportunity for questions provided
    - (5) Office Rules
    - (6) In-state and out of state travel restrictions and permits
    - (7) Process to reschedule appointments were explained
    - (8) Incentives and sanctions for compliance/non-compliance with rules of Community Supervision

- (9) If offender is a registered sex offender and supervised by PSU, the following additional forms need to be completed and explained:
  - (a) Specialized Conditions of Sex Offenders
  - (b) Electronic Monitoring Rules
  - (c) Code 88 Requirements
  - (d) Sex Offender Acknowledgement of Forms received
  - (e) Sex Offender Registry Rules
- i. Instructed offender on DNA requirement, \$37 fee and DNA was or wasn't collected/submitted
- j. Discussed supervision fees beginning the first full month of supervision and discussed JPay payment procedures. If the subject is eligible for an exemption, they were instructed to provide proof to their assigned officer at the next report date. List the amount the offender is required to pay.
- k. Explained that the offender is responsible for making sure that roommates are amenable to the search rules of supervision and remove any firearms they may have in the residence unless explicitly noted in the judgement order.
- l. If Applicable:
  - (1) Restitution is owed to victims through the clerk's office in the amount of \$XXX.
  - (2) Establish a payment plan.
- m. Other Required Codes
  - (1) Initial Contact: PAIC or PRIC
  - (2) Special Condition: SPEC or SPET
  - (3) Fees: FEED or FEER
  - (4) Court Costs and Fines: CCFM or CCFT
  - (5) Employment: EMPA or EMPP or EMPR or EMPS or EMPT or EMPU or EMPV or EMPX
  - (6) Sex Offender Registry: SORI or SORC
  - (7) GPS Initiated: GPSI
  - (8) Sex Offender Evaluation Referral: PSER
- n. Other Additional Codes as needed for Special Conditions

**C. FAC2: Intake Orientation Phase 2**

- 1. This code is used when documenting the physical reporting of the intake process including completing DNA, Offender Photo, SIDS and initial drug screen. Intake Orientation Phase 2 is to be completed within five (5) business days of Intake Orientation Phase 1.
- 2. The following will be included in the contact note:
  - a. The offender reported for intake orientation hosted by Officer XX.
  - b. Drug Screen: DRUM or DRUN or DRUL or DRUX (code is used has a valid RX for a substance he or she tested positive for must be noted in the drug screen results tab) or XDRU
  - c. Risk Needs Assessment interview scheduled with: CC on date: XXX
  - d. Instructed to report to their Officer: Date and bring verification of court payment/special conditions, if applicable
  - e. Employment: The offender's employment status paystub dated X/X/X from XX
  - f. Completion of SIDS or offender fingerprinting.
  - g. If Applicable:

- (1) A transfer request submitted to district and county.
  - (2) Explain if a referral was made.
  - (3) Referred and instructed to report to FSW on date X/X/X as a result of reason for FSW Referral.
- h.** Other Required Codes:
- (1) DNA: DNAC or DNAS
  - (2) Employment: EMPA or EMPP or EMPR or EMPS or EMPT or EMPU or EMPV or EMPX
  - (3) Drug Screen: DRUX (code is used if offender has a valid RX, he or she tested positive for. Must be noted in the drug screen results tab)
  - (4) Sex Offender Registry: SORI or SORC
  - (5) GPS Initiated: GPSI
  - (6) Sex Offender Evaluation Referral: PSER
- i.** Other Additional Codes as needed for Special Conditions:
- (1) Restitution Initiated: RESI
  - (2) ISC Transfer Initiated: ISCT
  - (3) Positive Drug Screens during Orientation/Intake: IPDS
  - (4) Referral from Officer to FSW: FSWR
  - (5) Anger Management Class Referral: AMCR
  - (6) Cognitive Behavior Intervention Class Referral: CBIR
  - (7) Community Resource Center Referral: CRCR
  - (8) High School Equivalency Class Referral: HSER
  - (9) Job Readiness Class Referral: JRCR
  - (10) Relapse Prevention Class Referral: RPCR
  - (11) Safe Class Referral: SAFR
  - (12) Victim Impact Class Referral: VICR

**D. FACO: Face to Face Contact with Offender in the Office**

1. This code is used when documenting face to face contact with the offender in the Office. Contact notes should be made when the contact impacts an offender's supervision.
2. The template below will be followed, and the information included in the contact note:
  - a.** Offender Address
    - (1) Is this a new address? Update any changes.
    - (2) If there are changes, enter a CHAD code and enter new address in the Offender Attributes Screen reflect the change
  - b.** Phone Number
    - (1) Is this a new phone number? Update any changes
    - (2) Is there any alternate number?
    - (3) If there are changes, enter the new phone number(s) in the Offender Attributes Screen
  - c.** Employment
    - (1) Employer address and phone number
    - (2) Update any changes in the Employment Screen in OMS.
    - (3) Have the offender text or email a photo of his/her check stub, unemployment documentation, or mail verification
  - d.** Supervision Fees
    - (1) Discuss current fees or fee arrearage, if applicable

- (2) How was the fee payment verified?
- e. Court Costs and Fines
  - (1) Discuss current court costs and fines, if applicable
  - (2) How was the payment verified?
- f. Special Conditions
  - (1) Has the offender paid restitution, or attended programming/treatment, etc.?
  - (2) Have the offender text, email or mail verification of special conditions.
- g. Law Enforcement Contact
  - (1) Has the offender been arrested or questioned by the police since they last reported?
  - (2) If so, when and for what?
- h. Other
  - (1) Any questions or concerns the offender may have?
  - (2) Document the next call/report date

**E. FACV: Face to Face Virtual**

- 1. This code is used when the face-to-face visit is conducted through a virtual platform (i.e. Facetime; Skype; GoogleDuo).
- 2. The following will be included in the contact note:
  - a. Method of virtual visit
  - b. Offender Address
    - (1) Is this a new address? Update any changes.
    - (2) If there are changes, enter a CHAD code and enter new address in the Offender Attributes Screen reflect the change
  - c. Phone Number
    - (1) Is this a new phone number? Update any changes
    - (2) Is there any alternate number?
    - (3) If there are changes, enter the new phone number(s) in the Offender Attributes Screen
  - d. Employment
    - (1) Employer address and phone number
    - (2) Update any changes in the Employment Screen in OMS
    - (3) Have the offender text or email a photo of his/her check stub, unemployment documentation, or mail verification
  - e. Supervision Fees
    - (1) Discuss current fees or fee arrearage, if applicable
    - (2) How was the fee payment verified?
  - f. Court Costs and Fines
    - (1) Discuss current court costs and fines, if applicable
    - (2) How was the payment verified?
  - g. Special Conditions
    - (1) Has the offender paid restitution or attended programming/treatment, etc.?
    - (2) Have the offender text, email or mail verification of special conditions
  - h. Law Enforcement Contact
    - (1) Has the offender been arrested or questioned by the police since they last reported?
    - (2) If so, when and for what?

- i. Other
  - (1) Any questions or concerns the offender may have?
  - (2) Document the next call/report date

**F. XFAC: Face to Face Contact Not Established**

- 1. This code is used when an offender fails to report
- 2. Remedial actions are taken by the officer to address the offender's non-compliance
- 3. The contact note comment should include an explanation of the remedial action

**III. Correspondence and Telephone Contact with Offender**

**A. OOLC: Letter to/from Offender**

- 1. This code is used when documenting that a letter was sent or received from an offender
- 2. The following will be included in the contact note:
  - a. Address to which the letter was sent
  - b. Summarization of the correspondence
  - c. If the letter is returned undeliverable another contact note will be entered indicating the reason (i.e. undeliverable, refused, no longer at the address, etc.).

**B. OOTA: Attempted to Make Phone Contact with Offender; Left Message or No Answer**

- 1. This code is used when an officer attempts to make telephone contact with an offender, resulting in the officer leaving a voicemail or speaking with an individual and left a message.
- 2. The following will be included in the contact note:
  - a. Number called to reach offender
  - b. If a voicemail message was left, summarize the message.

**C. OOTC: Made Contact with Offender by Phone as Described**

- 1. This code is used when an officer makes telephone contact with an offender.
- 2. The following will be included in the contact note:
  - a. Number called to reach offender
  - b. Summary of the conversation

**IV. Employment–Policy #705.08**

**A. CDWD: Career Development or Workforce Development Services Provided to Offender**

- 1. This code is used when providing career or workforce development assistance to an offender.
- 2. The following will be included in the contact note:
  - a. Brief summary of the discussion with offender
  - b. List any job leads, referrals, or program information provided to the offender
  - c. Action steps for follow-up

**B. EMPA: Academic or Primary Caregiver, not seeking**

1. This code is used when an offender is not seeking work due to academic enrollment or when the offender is a primary caregiver.
  2. If for academic enrollment, the following will be included in the contact note:
    - a. List the offender's academic program
    - b. Time Frame
    - c. List verification provided
  3. If a primary caregiver, the following will be included in the contact note:
    - a. The name(s) and relationship(s) of the person being cared for
    - b. The duration expected for the primary caregiver role
    - c. Document verification stating the necessity for the offender to be the primary caregiver (without violating HIPPA laws)
- C. EMPP: Offender in Job Preparation Program**
1. This code is used when indicating the following reasons:
    - a. An offender is in a program at a halfway house or other program to include inpatient care for drug and alcohol addiction.
    - b. During intake to refer an unemployed offender to the employment specialist.
  2. The following will be included in the contact note:
    - a. Location of the offender
    - b. How long they are not able to seek employment
    - c. How the information is verified
    - d. How referred: Board/court ordered, Voluntary, FSW Referral
- D. EMPR: Retired or Social Security, Not Seeking**
1. This code is used when an offender is not seeking employment due to retirement or receiving social security.
  2. The following will be included in the contact note:
    - a. List if the offender is retired or receiving social security
    - b. List the verification provided to confirm this status
- E. EMPS: Unemployed, Able and Available, Seeking Employment**
1. This code is used when an offender is actively seeking employment.
  2. The following will be included in the contact note:
    - a. List verification provided regarding the offender's job searching activities. This verification should be provided weekly and include where they applied, date and method of application.
    - b. Document when an offender is referred to an employment agency, career center, and specific employer. List when, where and who they were referred to.
- F. EMPT: Employment Monitoring Terminated, Disability**
1. This code is used when an offender has a permanent disability and cannot work. (In most cases, a fee exemption should be submitted.)
  2. The following will be included in the contact note:
    - a. State the offender is permanently disabled without violating HIPPA laws
    - b. List verification of SSDI approval
- G. EMPU: Unemployed, Temporarily Unable or Unavailable due to Disability**



1. This code is used when an offender is currently unemployed due to a temporary disability or in special circumstances.
2. The following will be included in the contact note:
  - a. Reason for the temporary inability to work
  - b. Proof of application for disability or unemployment compensation
  - c. Expected time frame of unemployment
  - d. List documentation provided to verify why the offender is temporarily unable to work.

**H. EMPV: Employment Verified**

1. This code is used when an officer successfully verifies an offender's employment. If the employment is verified through the employer, COLE must also be entered.
2. The following will be included in the contact note:
  - a. Name of business where offender is employed (if new employment, be sure to include business address, supervisor's name, and contact number)
  - b. How employment was verified. If verification includes a paystub, note date of paystub, name and address on paystub, as well as number of hours shown as worked on the paystub. If verification included a phone call to the employer, advise name and title of who confirmed employment.
  - c. Screenshot of the paystub or some other proof of employment may be used.
  - d. Employment Verification Form can be used also for those who do not actually receive a paystub. It should include the name of the company, name of the supervisor and address with the phone number provided. Each officer should have a copy of this form.
  - e. NOTE: Verification shall not include seeing offender in uniform, seeing their work ID badge, seeing them in a company truck, etc.
  - f. If the offender is a registered sex offender, officer must verify that all employment information is accurate on the registry.

**I. XEMP: Employment Status not Verified**

1. This code is used when an offender's employment has not been verified.
2. The following will be included in the contact note:
  - a. Reason offender failed to provide verification of employment and/or verification of job seeking efforts.
  - b. Efforts documented by the officer to verify employment and/or job searching activities.
  - c. What remedial actions/sanctions have been/will be taken
  - d. Note: In order to be considered acceptable for compliance, any remedial action to be taken in the future should also be documented when it occurs.

**V. Drug Testing–Policy #705.04**

**A. DRUL: Drug Screen Awaiting Laboratory Results**

1. This code is used when any positive drug screen is sent to the laboratory until the drug result confirmations are received. Do not enter a DRUP with this code, unless the offender signs the voluntary admission section on the drug screen results Form CR-4046.
2. Ensure all results are entered on the LIBS or the Drug Test Results Screen
3. All positive results will be listed in the contact note

**B. DRUM: Drug Screen Unavailable Due to Medical Condition**

1. This code is used when there is a medical reason the offender is unable to provide a drug sample.
2. The following will be included in the contact note:
  - a. Specify the reason it cannot be completed without violating HIPPA laws
  - b. Offender must present a note from a medical provider as to why they cannot provide a sample
  - c. Date of the note from the medical provider
  - d. A copy of the note from the medical provider will be placed in the file

**C. DRUN: Drug Screen-Negative**

1. This code is used when the offender's drug screen is negative.
2. Ensure all results are entered on the LIBS or the Drug Test Results Screen
3. The following will be included in the contact note:
  - a. Drug screen administered
  - b. All results are negative

**D. DRUP: Drug Screen-Positive**

1. This code is used when the offender's drug screen is confirmed positive from the laboratory or when an offender signs the voluntary admission section on the drug screen results Form CR-4046.
2. Ensure all results are entered on the LIBS or the Drug Test Results Screen
3. The following will be included in the contact note:
  - a. State the drugs that tested with a positive result
  - b. List action taken: Offender voluntary admission; VOP; sanction; etc.
  - c. List date lab confirmation received

**E. DRUX: Drug Screen Negative due to Valid Prescription**

1. This code is used when the offender has a valid prescription for medications.
2. The following will be included in the contact note:
  - a. The offender must present a valid prescription for the positive drug type and a copy will be placed in the file
  - b. Date and type of valid prescription

**F. XDRU: Drug Screen-Not Completed**

1. This code is used when a drug screen is not completed.
2. The following will be included in the contact note:
  - a. The offender failed to report
  - b. Document all efforts attempted to contact the offender
  - c. Offender refused drug screen and left
  - d. Offender was unable to provide specimen
  - e. State remedial action

**VI. Financial Monitoring–Policy #704.03; Policy #705.11**

**A. CCFM: Court Costs and Fines Monitoring**

1. This code is used to monitor offender court costs and fines.
2. The following will be included in the contact note:

- a. What method was used to verify/confirm the court costs and fines payment
- b. Amount of payment made
- c. If a payment was not made, provide an explanation if applicable
- d. Note the remedial action/sanctions are being taken to bring offender into compliance. If offender remains in delinquency the following month, note specifically what remedial actions/sanctions were implemented.

**B. CCFT: Court Costs and Fines Terminated**

1. This code is *only* used when *all court costs and fines have been paid*.
2. The following will be included in the contact note:
  - a. All court costs and fines have been completed
  - b. Method used to verify completion

**C. FEFP: Fees or Exemptions Current**

1. This code is used when Probation Parole fees and exemptions are current or when a payment is made bringing them up to date.
2. The following will be included in the contact note:
  - a. What method (i.e. Fiscal Fee System) was used to verify/confirm that fees and exemptions are current
  - b. Amount of payment made
  - c. Month(s) the payment cover
  - d. Note if fee exemption is current (or new), and if one is due,
  - e. If exemption is not renewed, acknowledge and explain

**D. FEER: Fee Arrearage (See Comments for Remedial Action)**

1. This code is used when Probation Parole fees are one (1) month or more in arrears.
2. The following will be included in the contact note, as applicable:
  - a. What method (i.e. Fiscal Fee System) was used to verify/confirm that fees are delinquent
  - b. The number of months delinquent
  - c. The amount of delinquency
  - d. If a fee payment is made:
    - (1) Amount of payment
    - (2) The month(s) the payment cover(s)
  - e. Note the remedial action/sanctions are being taken to bring offender into compliance. If offender remains in delinquency the following month, note specifically what remedial actions/sanctions were implemented.

**E. RESI: Restitution Initiated**

1. This code is used when an offender is ordered to pay restitution.
2. The following will be included in the contact note:
  - a. Amount of restitution(s) to be paid
  - b. Recipient of Restitution(s)
  - c. Monthly ordered minimum or maximum amount
  - d. Any time constraints
  - e. How the restitution(s) is to be paid i.e. through the court clerk's office or officer

**F. RESM: Restitution Monitoring (Monthly)**

1. This code is used when an offender is ordered to pay restitution, as well entering an SPEC.
2. The following will be included in the contact note:
  - a. List payment verification i.e.: money order; court cost receipt, etc.
  - b. Recipient of Restitution
  - c. Amount paid
  - d. Remaining balance, if known
  - e. Must state when the restitution was sealed and mailed, if sent from the Probation Parole office
  - f. Must use Restitution Monitoring Sheet CR-3851

## **VII. Special Conditions–Policy #704-02**

### **A. SPEC: Special Conditions Monitored as Described**

1. This code is used when documenting an offender’s compliance with any special condition ordered by the Board/Court as a condition of supervision or any needs identified by the Needs Assessment/Reassessment.
2. The following will be included in the contact note:
  - a. Current status of all special conditions being monitored, including those already completed
  - b. List method of verification: receipt for payment on restitution; verification of public service work done (timesheet) AA/NA meeting verification (sheet signed off on with attendance dates), etc.
  - c. If a payment is made for restitution, enter:
    - (1) Amount paid
    - (2) Remaining balance owed
    - (3) If a restitution payment, RESM must also be entered

### **B. SPET: All Special Conditions Monitoring Terminated**

1. This code is used *only* when *all* special conditions have been completed or there are no special conditions ordered.
2. The following will be included in the contact note:
  - a. All special conditions ordered
  - b. Offenders who are supervised as Community Supervision for Life with no additional monitoring needs may have this code entered

### **C. XSPE: Special Conditions not Verified**

1. This code is used only when the status of the special conditions cannot be verified.
2. The following will be included in the contact note:
  - a. List why the conditions cannot be verified
  - b. List any remedial action taken by the officer

## **VIII. Community Service Work–Policy #705.09**

### **A. SCCS: Special Condition Community Service**

1. This is the only code used for community service work entered.
2. The following will be included in the contact note, as applicable:
  - a. The agency name where offender is assigned to complete hours
  - b. The number of CSW hours the offender completed the previous month

- c. Any contacts with participating agencies (phone, in person) regarding an offender performing CSW (behavioral issues, etc.)
- d. When CSW is completed and a certificate of completion is issued

**IX. Home Visits–Policy #704.14**

**A. AHOM: Attempted Home Visit–No Response from Offender**

- 1. This code is used when a home visit is attempted when the offender is not at the residence.
- 2. The following will be included in the contact note:
  - a. Name of officers or Law Enforcement officer present
  - b. Address of the attempted home visit
  - c. Note any individual(s) and their relationship to the offender who were present during the attempted home visit
  - d. Document any planned remedial action regarding observations at the residence or individuals present, etc. which could indicate non-compliance, promotes unlawful behavior or presents a risk to public safety.
  - e. Document any cards left or phone calls; a returned call cannot be used for verification of residence

**B. HOMC: Home Visit-Verification of Residence by Collateral Contact**

- 1. This code is used *only* for high risk offenders after two attempted home visits were conducted and documented. This code may not be used for offenders supervised in PSU Primary.
- 2. The following will be included in the contact note:
  - a. Name of officers or Law Enforcement officer present
  - b. Address of the attempted visit
  - c. Note any individual(s) and their relationship to the offender who were present during the attempted home visit
  - d. Document any planned remedial action regarding observations at the residence or individuals present, etc. which could indicate non-compliance, promotes unlawful behavior or presents a risk to public safety.

**C. HOMF: Home Visit-Face to Face Contact with Offender**

- 1. This code is used when documenting the offender being present at the time of the home visit and was seen by the officer. For compliance purposes, a FAFV will also be used with this code.
- 2. The following will be included in the contact note:
  - a. Name of officers or Law Enforcement officer present
  - b. Note any individual(s) and their relationship to the offender who were present during the attempted home visit
  - c. Address of the visit
  - d. Document any planned remedial action regarding observations at the residence or individuals present, etc. which could indicate non-compliance, promotes unlawful behavior or presents a risk to public safety.
  - e. Any issues related to the offender’s supervision

**D. HOMV: Virtual Home Visit**

1. This code is used when there is contact between the officer and offender via video platform in which the offender uses video and conducts a virtual walk-through of the offender's residence which includes showing numerical address (mailbox/address on house) to ensure compliance with conditions of supervision.
2. The following will be included in the contact notes:
  - a. Address of the virtual visit
  - b. Document any planned remedial action regarding observations at the residence or individuals present, etc. which could indicate non-compliance, promotes unlawful behavior or presents a risk to public safety
  - c. Note any individual(s) and their relationship to the offender who were present during the attempted home visit
  - d. Method used to verify (i.e. Skype, Facetime, Google Duo, etc.)
  - e. State how the residence was verified correct (i.e. house number, mailbox number, Google Earth image)
  - f. Any issues related to the offender's supervision

**E. XHOM: Residence not Verified (See Comments for Remedial Action)**

1. This code is used when the officer cannot verify a residence.
2. The following will be included in the contact note:
  - a. Attempts made to verify the residence
  - b. Reason the residence was not verified i.e. Couldn't find the address or no such address; Found address but residents state offender does not reside there.
  - c. State whether the address was given incorrectly by mistake or an attempt to deceive the officer
  - d. Note any individual(s) and their relationship to the offender who were present during the attempted home visit
  - e. Document the individual at the residence who stated the offender does not live there, if applicable. Include the following information:
    - (1) Name of individual
    - (2) Last date the offender was at the address
    - (3) If they know where the offender is currently residing
    - (4) If they know how to get in contact with the offender
    - (5) If they know who the offender is currently residing with
    - (6) If they know why the offender moved
    - (7) Any other pertinent questions or information that might help
  - f. Remedial action must be taken and documented

**X. Risk and Needs Assessment/Reassessments–Policy #703.02**

**A. FACA: Face-to-Face Contact-Risk Assessment Completed**

1. This code is used when an offender has completed their risk needs assessment interview either by phone, virtually or in person.
2. The following will be included in the contact note:
  - a. Results of the assessment
  - b. List supervision level
  - c. List any supervision objectives

**B. RISC: Risk Assessment Instrument Completed**

1. This code is used when a risk needs assessor enters an assessment in the system.
2. The following will be included in the contact note:
  - a. Results of the assessment
  - b. List supervision level
  - c. List any supervision objectives

**C. RISM: Risk Assessment Modification**

1. This code is used only by the manager or supervisor when the risk level indicated by the assessment score is being overridden.
2. The following will be included in the contact notes:
  - a. Initial risk/need level
  - b. Reason(s) the score is being overridden
  - c. List supervision level
  - d. List priority need items that will be addressed during supervision

**D. RISP: Scheduled Periodic Reassessment**

1. This code is used when the supervision level is modified due to a change in offender status/classification due to in custody, absconder, warrant, detainer, warrant on bond, deportation, etc., where the offender is not available to conduct an assessment.
2. The following will be included in the contact note:
  - a. Reason for the reassessment
  - b. New supervision level
  - c. List any adjustments for supervision objectives

**E. XRI: Risk Assessment/Reassessment not Completed**

1. This code is used when the officer does not perform the scheduled risk assessment or reassessment as required.
2. The following will be included in the contact note:
  - a. Explain the reason the assessment was not completed
  - b. Any remedial actions to address the situation, e.g. rescheduling offender for the following week

**XI. DNA Requirements–Policy #702.02**

**A. DNAC: Confirmation of DNA on File Obtained and Placed in Offender File**

1. This code is used when the offender's DNA is already on file with TBI.
2. The contact note will state the verification was placed in the file.

**B. DNAR: Offender Refused DNA Testing**

1. This code is used when an offender refuses to submit a DNA sample.
2. The following will be included in the contact note:
  - a. Any reasons given by offender for his refusal and actions the officer has taken
  - b. Compliance is required by law, so refusal constitutes a violation of the law

**C. DNAS: DNA Sample Submitted to TBI**

1. This code is used when the officer has obtained the offender's DNA specimen and submitted it to TBI. Entry of the code also triggers the creation of the DNA test invoice in the Fiscal Fee System.
2. The following will be included in the contact note:
  - a. Reason DNA sample was submitted to TBI
  - b. Note that the offender was advised of the fee payable to JPAY

**D. DNAT: DNA Verification-** This code is posted by TBI once they have recorded the DNA.

## **XII. Arrest Checks**

**A. General:** All arrest checks must contain the agency or method by which the offender's arrest history was checked.

**B. ARRP: Arrest Check, Positive**

1. This code is used when the arrest check indicates new charges, or an offender is in custody.
2. The following will be included in the contact note:
  - a. List new charges
  - b. Method by which the arrest check was completed
  - c. Date of new charge(s) or arrest(s)
  - d. Agency that charged the offender
  - e. State if the offender is in custody or has made bond
  - f. Pending court date if known
  - g. List remedial action to be taken by the officer

**C. ARR: Arrest Check-Negative**

1. This code is used when the arrest check does not indicate any new arrests.
2. The following will be included in the contact note:
  - a. The agency name(s) and county(ies) contacted
  - b. Method by which the arrest check was completed

**D. XARR: Arrest Check Not Completed**

1. This code is used when the officer cannot complete the arrest check.
2. The following will be included in the contact note:
  - a. Reason the arrest check could not be completed
  - b. Action steps the officer will take to address the situation

## **XIII. NCIC Checks**

**A. BBNN: Field Supervision NCIC Check-Negative**

1. This code is used when the NCIC check does not report any new warrants, arrests, law enforcement contact or restraining orders.
2. The following will be included in the contact note:
  - a. Reason the request was made
  - b. Results as being negative

**B. BBNP: Field Supervision NCIC Check, Positive**



1. This code is used when the NCIC reports new warrants, arrests, law enforcement contact or restraining orders.
2. The following will be included in the contact note:
  - a. Reason the request was made
  - b. Results received
  - c. Jurisdiction of the results
  - d. Dates of the results
  - e. Any adjudication
  - f. What action was taken to confirm the results

**XIV. Violation Reports, Warrants, Waivers and Final Decisions–Parole: Policy #707.30; Probation: Policy #707.20**

**A. JLWC: Parole Violation Warrant Placed/Withdrawn**

1. This code is used when a Parole Violation Warrant has been placed or retrieved to/from the jail or institution by the officer or IPPS.
2. The following will be included in the contact note:
  - a. List Parole Violation Warrant number
  - b. Date the Parole Violation Warrant was delivered to the local law enforcement
  - c. Name of individual, agency, and location where the Parole Violation Warrant was delivered
  - d. If the Parole Violation Warrant is retrieved, list what agency, date, and reason for the retrieval
  - e. Procedure for returning warrant to Central Office (Follow-Up Report, where warrant shall be processed)

**B. OFSC: Final Decision Sent Offender**

1. This code is used when the IPPS in institutions or an officer delivers the final decision to the offender.
2. The following will be included in the contact note:
  - a. Location of offender at the time of service
  - b. Details concerning the type of decision
  - c. Confirmation of service to the offender showing that offender signed the form

**C. PWAR: Warrant Pending Judicial Approval**

1. This code is used when the probation warrant has been submitted and is waiting on the judge's signature.
2. This code needs to be entered every month to help track the location and status of warrants in the judicial progress.
3. The following will be included in the contact note:
  - a. Any updates on the warrant
  - b. Name of the judge the warrant was submitted to if applicable
  - c. State the name and office where the out of county warrant was sent

**D. VRPT: Violation Report Submitted**

1. This code is used when an officer completes a Violation Report when an offender has violated the terms and conditions of his/her supervision.

2. The following will be included in the contact note:
    - a. State the number of each rule violated and describe in specific detail the nature of the violations and how they occurred. It is not necessary to quote the rule(s) in entirety.
    - b. Note who the violation was submitted to for approval
    - c. State the name and office where the out of county warrant was sent
- E. VWAR: Violation Warrant and Report Issued**
1. This code is used when the warrant has been signed by the judge.
  2. The following will be included in the contact note:
    - a. List the county where the violation warrant was filed and jurisdictions where copies were sent
    - b. Assigned warrant number, if known
    - c. Release information: bond (amount), ROR or no bond
    - d. Note the offender will be moved to warrant status as of this contact note's date
- F. WSNC: Waiver Service–Notice of Charges**
1. This code is used when indicating the service of the Notice of Charges (Violation Report)/Appearance Waiver to the offender following the offender being served with the warrant.
  2. The following will be included in the contact note:
    - a. Location of the offender
    - b. Brief history of the violations, and offender's response (Requested Preliminary Hearing, Revocation Hearing, Deferred Charges, Requested Non-Appearance Hearing-Pled to Charges)
    - c. If offender pled to charges, note the rules and counts guilty/not guilty/deferred for disposition
- G. WSTD: Waiver Service-Technical Violator Program–Decline**
1. This code is used when an offender has been violated based on technical violations, and the officer serves a Technical Violator Diversion Agreement during the waiver process (reference to the Technical Violator Diversion Program Manual).
  2. The following will be included in the contact note:
    - a. Location of the offender
    - b. Brief history of the violations, and offender's response (Hearing Type, see WSNC notes)
    - c. Describe reason for denial by offender, if given
    - d. If offender pled guilty to any violation, not the rules and counts guilty/not guilty/deferred for disposition along with the agreement.
    - e. Confirm date and signature of offender in notes
- H. WSTV: Waiver Service-Technical Violator Program–Volunteer**
1. This code is used when indicating when an offender has been violated based on technical violations, and the officer serves a Technical Violator Diversion Agreement during the waiver process (reference to the Technical Violator Diversion Program Manual).
  2. The following will be included in the contact note:

- a. Location of the offender
- b. Brief history of the violations, and offender's response (Hearing Type, see WSNC notes)
- c. Describe reason for denial by offender, if given
- d. If offender pled guilty to any violation, note the rules and counts guilty/not guilty/deferred for disposition along with the agreement
- e. Confirm date and signature of offender in notes

**XV. Court, Board and Judicial Contacts**

**A. COHC: Contact with Offender at Court Hearing**

1. This code is used when describing contact between an officer and the offender at a Court Hearing. FACF must also be entered when using this code.
2. The following will be included in the contact note, as applicable:
  - a. What judge presided over the hearing
  - b. Type of hearing (arraignment, plea, revocation)
  - c. Name/Division of Court
  - d. Reason for hearing
  - e. Results of court hearing, if continued note the next court date/time
  - f. Case number assigned to offender
  - g. Sentence imposed
  - h. Charges against offender
  - i. Note if offender admitted to drug use in court before intake drug screen
  - j. Note if offender was spoken to in court and what instructions were given to offender (i.e. who they were instructed to contact, when they were told to report)

**B. COIC: Contact with Judge**

1. This code is used when describing contact with the judge when the offender is typically not present.
2. The following will be included in the contact note:
  - a. Name of judge
  - b. Reason and results of the meeting

**C. JCHC: Revocation/Probable Cause Hearing at Jail/Institution (Parole)**

1. This code is used when describing what occurred during a Parole Revocation or Probable Cause Hearing.
2. The following will be included in the contact note:
  - a. Location of hearing
  - b. Reason for hearing (probable cause, revocation)
  - c. Officer and Hearing Officer recommendations
  - d. Witnesses subpoenaed and whether they attended and testified
  - e. Name of Hearing Official
  - f. Results if known/if continued note the next hearing date/time

**XVI. Collateral Contacts**

- A. General:** Collateral contacts are an individual who functions as a source of information that is knowledgeable about an offender's situation. The collateral contact typically

either corroborates or supports information provided by an offender and can be subpoenaed to provide testimony at a hearing if necessary.

**B. CCIC: Contact with Other Person(s)**

1. This code is used when contact is made with someone, other than law enforcement, regarding the offender and the information is relevant to the offender's supervision and compliance.
2. The following will be included in the contact note:
  - a. Name of the individual contacted
  - b. Method of contact, if reached by phone include the number (face-to-face, phone conversation, message, etc.)
  - c. Relationship of the individual to the offender (i.e. victim, witness to crime, etc.)
  - d. Nature of information received (violation investigation, change date of reporting, request offender contact, etc.)

**C. CLIC: Contact with Law Enforcement Agency or Individual**

1. This code is used when there is contact with Law Enforcement other than for record's checks.
2. The following will be included in the contact note:
  - a. Name of law enforcement contact
  - b. Reason for the contact
  - c. Results of this contact
  - d. Method of contact, if reached by phone include the number
  - e. Any intended action to be taken as a result of this contact (warrant)

**D. COLE: Collateral Contact with Employer or Co-Worker**

1. This code is used when documenting interaction with an offender's employer, manager, supervisor, or co-worker.
2. The following will be included in the contact note:
  - a. Method of contact, if reached by phone include the number
  - b. Proper name, rank, and title of the individual with whom the officer spoke
  - c. Brief summary of the conversation
  - d. If employment is verified enter the appropriate information as indicated for EMPV

**E. COLF: Collateral Contact with Offender's Family or Friend**

1. This code is used when documenting interaction with an offender's family (spouses, life partners, etc.) or their paramour. Paramours are defined as a romantic partner; specifically, a secret or illicit romantic partner. Paramours include, but are not limited to, boyfriends and girlfriends.
2. The following will be included in the contact note:
  - a. Method of contact, if reached by phone include the number
  - b. Name and title of contact
  - c. Relationship to the offender
  - d. Brief summary of the conversation
  - e. Phone number of collateral contact if different from the offender's number

**F. COLN: Collateral Contact with Neighbor**

1. This code is used when documenting interaction with an offender's neighbor or other person in the community. This is not limited to the next-door neighbor but may include anyone in a reasonable distance from the offender's primary or secondary residence whom may have information about the offender.
2. The following will be included in the contact note:
  - a. Method of contact, if reached by phone include the number
  - b. Name and title of contact (Mr., Mrs., Miss, Ms., etc.)
  - c. State the neighbor's address and/or describe the location of the neighbor's home. How this neighbor is connected to the offender (ex: Mr. Jones lives three doors from Offender Smith's house)
  - d. Brief summary of conversation

**G. COLS: Collateral Contact with Social Service or Government Agency**

1. This code is used when documenting interaction with a social service agency, such as a non-profit center, or government agency that is actively providing services to the offender.
2. The following will be included in the contact note:
  - a. Method of contact, if reached by phone include the number
  - b. Name and title of person contacted
  - c. Brief summary of conversation
  - d. Description of services provided, or agency is providing to offender
  - e. Description of offender's compliance or response to those services

**H. CTIC: Contact with Treatment/Service Agency/Individual in Community**

1. This code is used when contacting or being contacted by an offender's treatment provider. This code cannot be used to verify sex offender treatment. See sex offender treatment codes for this entry.
2. The following will be included in the contact note:
  - a. Method of contact, if reached by phone include the number
  - b. Name and title of person contacted
  - c. Telephone number of agency or provider if reached by phone
  - d. Brief summary of conversation without divulging confidential information
  - e. Description of services provided, or agency is providing to offender
  - f. Description of offender's compliance or response to those services

**XVII. Determinate Release–Policy #702.20**

**A. DREX: Determinate Release Certificate Executed**

1. This code is used when the Determinate Release Certificate is executed for the offender either by the IPPS or the officer depending on offender's location.
2. The following will be included in the contact note:
  - a. The offender's release date
  - b. Officer's name and location printed on the certificate
  - c. Confirmation the offender has been read all rules on the certificate and signed
  - d. A comment shall be entered if this is a lifetime supervision case

**B. DRNX: Determinate Release Not Executed**

1. This code is used when a Determinate Release Certificate is not issued/executed for an offender.
2. The following will be included in the contact note:
  - a. Reason the Determinate Release Certificate was not printed/executed
  - b. Corrective actions to be taken by the IPPS, officer, and/or Central Office staff

**XVIII. Parole Release Plan Process–Policy #702.30; Policy #702.34**

- A. **General:** To enter contact notes in OMS on cases prior to parole, the officer must use TC as the supervision type and PPCO as the site id.
- B. **EXPC: Executed/Negotiated Parole Certificate**
  1. This code is used when the Parole Certificate is executed for the offender either by the IPPS or the officer depending on offender’s location.
  2. The following will be included in the contact note:
    - a. The offender’s release date
    - b. Officer’s name and location printed on the certificate
    - c. Confirmation the offender has been read all rules of parole and signed
    - d. A comment shall be entered if this is a lifetime supervision case
    - e. Any other pertinent information
- C. **PCNX: Parole Certificate Not Executed**
  1. This code is used when a Parole Certificate is not issued/executed for an offender.
  2. The following will be included in the contact note:
    - a. Reason the Parole Certificate was not printed/executed
    - b. Corrective actions to be taken by the IPPS, officer, and/or Central Office staff
- D. **RLCS: Release Plan Community Supervision**
  1. This code is used when entering the Release Plan investigation information.
  2. The comments must follow the template below:
    - a. Officers that conducted the visit:
    - b. Name of person spoken to at investigation
    - c. Plan Approved / Denied
    - d. Reporting instructions for the offender:
      - (1) Office Address to report to: (specific office)
      - (2) Report at: (list time and date to report).
      - (3) Name of officer:
      - (4) Officer’s desk phone:
      - (5) Officer’s Cell Phone:
      - (6) Manager’s Name:
      - (7) Manager’s Cell Phone:

**XIX. Probation Technical Violator Unit–Policy #707.34**

- A. **PTVC: Probation Technical Violator Unit Certificate Executed**
  1. This code is used when the probation technical violator certificate is issued for the offender either by the IPPS or officer.

2. The following will be included in the contact note:
  - a. The offender's release date
  - b. Officer's name and location printed on the certificate
  - c. Confirmation that offender has been read all rules on the certificate and signed understanding the document
  - d. Any other pertinent information needed for the officer's attention

**B. PTVX: Probation Technical Violator Unit Certificate Not Executed**

1. This code is used when a probation technical violator certificate is not issued/executed for an offender.
2. The following will be included in the contact note:
  - a. Reason the Parole Certificate was not printed/executed
  - b. Corrective actions to be taken by the IPPS, officer, and/or Central Office staff

**XX. Detainer and In Custody Related Contacts–Policy #702.32**

**A. DERC: Detainer Related Contact**

1. This code is used when an offender has been released or paroled to a detainer. The officer utilizes this code when confirming an offender's placement in an institution or facility while under probation/parole supervision.
2. The following will be included in the contact note:
  - a. Name and phone number of the individual contacted
  - b. Agency/Facility which individual and offender are located
  - c. Charges or reason for offender being detained (include sentence info and projected release date)

**B. OCFC: Offender in Custody-Follow-up**

1. This code is used when contact with an offender who is in custody is made.
2. The following will be included in the contact note:
  - a. Location of offender (facility, city/county)
  - b. Circumstances surrounding contact (i.e. new charges)
  - c. Confirmation the offender has been given Miranda Warnings before any questioning/drug screens (if given in the local jail)
  - d. Any information provided to offender/given to offender from the officer
  - e. Reporting instructions

**C. VERC: Verification of Continued Incarceration/Placement**

1. This code is used when verifying an offender is in custody either as a detainer, new charges or after being served with a probation or parole warrant.
2. The following will be included in the contact note:
  - a. Method of verification, person contacted and phone number
  - b. Offender's location
  - c. Reason for incarceration (Probation Violation, Parole Violation and/or Warrant, Revocations, Detainer, etc.)
  - d. A projected release date, if applicable
  - e. Court date, if possible

**D. XVER: Incarceration/Placement Not Verified**

1. This code is used when explaining why an offender's custody status was unable to be verified.
2. The following will be included in the contact note:
  - a. Steps taken to locate offender
  - b. Action plan for locating the offender so that custody can be verified
  - c. Note the plan of supervision should be updated to reflect when an offender is released from custody

**XXI. GPS Related Codes–Policy #704.12**

**A. EMFI: Initial Electronic Monitoring Fee**

1. This code is used when a GPS is initially installed, and it generates a onetime fee. This code should not be entered for any offender where the offender was previously on GPS during a current or previous supervision.

**B. GPSA: History of Absconding/Tampering**

1. This code is used when a GPS is installed due to a history of absconding or tampering. Offender is required to be on GPS for a minimum six months of significant compliance after return to supervision.
2. The following will be included in the contact note:
  - a. Summary of absconding history and/ or last tamper
  - b. Conviction information for last tamper
  - c. List any special instructions
  - d. Statement that all GPS forms have been read and signed by the offender

**C. GPSB: Offender on Bond**

1. This code is used when a GPS is installed on an offender due to the offender being released on bond by the court. This is only used for offenders already on supervision with TDOC and not for pre-trial bond release.
2. The following will be included in the contact note:
  - a. List the charges and the specific court that released the offender
  - b. List any special bond conditions
  - c. List next court date
  - d. Statement that all GPS forms have been read and signed by the offender

**D. GPSC: GPS Related Contact with Offender**

1. This code is used when documenting contacts with the offender related to GPS monitoring or equipment other than installation or termination.
2. The following will be included in the contact note, as applicable:
  - a. Officer view and inspection of the equipment
  - b. Responding to alerts
  - c. Troubleshooting equipment
  - d. Swapping out GPS units
  - e. Any contact from the monitoring center
  - f. Anytime officer is contacted by the offender about equipment or change in schedule (work, doctors, appointment, etc.)

**E. GPSD: Discretionary/Other**



1. This code is used when a GPS has been placed on an offender as a discretionary decision for a specific concern not covered in other contact codes.
2. The following will be included in the contact note:
  - a. Summary of the concern
  - b. Statement that all GPS forms have been read and signed by the offender
  - c. Required to have District Directors approval

**F. GPSG: CIP Program**

1. This code is used when the offender is placed on GPS due to requirements of the CIP Program.
2. The following will be included in the contact note:
  - a. List the court and conviction
  - b. List any special instructions
  - c. Statement that all GPS forms have been read and signed by the offender

**G. GPSH: Homeless**

1. This code is used when a GPS is installed due to offender due to being homeless. Offenders are required to be on GPS until permanent residence is found.
2. The following will be included in the contact note:
  - a. Summary of where the offender plans to stay each day/night
  - b. List any special instructions
  - c. Statement that all GPS forms have been read and signed by the offender

**H. GPSI: GPS Tracking Initiated**

1. This code is used when a GPS is initially installed. *Do not use when changing out units.*
2. The following will be included in the contact note:
  - a. List any special instructions (swing shifts, picks up children from schools etc.)
  - b. Statement that all forms have been read and signed (GPS Fee Form, GPS monitoring rules, etc.)

**I. GPSJ: Judicial or Board Order**

1. This code is used when a GPS is installed due to the court or board ordering GPS as part of the offender's supervision.
2. The following will be included in the contact note:
  - a. List the court and conviction
  - b. Must have a court/board order
  - c. List any special instructions
  - d. Statement that all GPS forms have been read and signed by the offender

**J. GPSP: Travel Permit**

1. This code is used when a GPS is installed due to issuing a travel permit.
2. The following will be included in the contact note:
  - a. Summary of the concern
  - b. Reasons and location for the travel
  - c. Statement that all GPS forms have been read and signed by the offender
  - d. Required to have District Directors approval

**K. GPSR: Rape of Child/Aggravated Rape of Child Conviction**

1. This code is used when a GPS is installed due to the offender being convicted of Aggravated Rape of a Child or Rape of a Child. The offender is required to be on GPS for the entire length of supervision.
2. The following will be included in the contact note:
  - a. List the court and conviction including dates
  - b. List any special instructions
  - c. Statement that all GPS forms have been read and signed by the offender

**L. GPSS: High Risk on VASOR**

1. This code is used when a GPS is installed due to a high score on the sex offender specific risk assessment (VASOR2). The offender is required to be on GPS for the entire supervision.
2. The following will be included in the contact note:
  - a. List the risk level and score for assessment
  - b. List any special instructions
  - c. Statement that all GPS forms have been read and signed by the offender

**M. GPST: GPS Tracking Terminated**

1. This code is used when a GPS is being taken off at the end of the required period. It is not used when a device change is needed.
2. The following will be included in the contact note:
  - a. The reason for GPS being terminated (reporting to jail, VASOR, court order, etc.)
  - b. The condition of equipment and that the GPS form was signed off on
  - c. Status of GPS fees (current or balance owed)

**N. GSPW: Master Tamper Warrant Issued**

1. This code is used when it has been verified that an offender has removed his GPS equipment and a warrant has been issued by a judge and/or magistrate.
2. The following will be included in the contact note:
  - a. Summary of tamper (date, time, and location device recovered)
  - b. Court information for where the warrant has been filed
  - c. Bond information if provided
  - d. This code can only be entered after the warrant is signed and issued by a magistrate/court

**O. GPVC: Victim Concern**

1. This code is used when a GPS is installed due to a specific victim concern.
2. The following will be included in the contact note:
  - a. Summary of the concern including the specific information regarding the victim
  - b. Statement of any specific court orders regarding the victim including all Orders of Protection
  - c. Statement that all GPS forms have been read and signed by the offender

**P. MSTC: Conviction for Master Tamper**

1. This code is entered after an offender has received a conviction for tampering with GPS equipment per TCA 40-39-304.
2. The contact code should include a summary of the conviction information including the court and judge information. A copy of the judgment order shall be maintained in the file

**XXII. Programmed Supervision Unit–Policy #704.05**

**A. Residence Search Codes**

**1. ARSS: Residence Search Attempted – Offender Not Present**

- a. This code is used when documenting a residence search was attempted but not completed.
- b. The following will be included in the contact note:
  - (1) Reasons and location for the search
  - (2) Names of all person’s present including the relationship to the offender
  - (3) Any problems encountered
  - (4) The reported reason why the offender was not home; i.e. at work, at treatment

**2. RSSM: Residence Search Not Conducted Due to Medical Reasons**

- a. This code is used when documenting that a residence search was not conducted due to the offender having a documented medical issue such as hospitalization
- b. A brief summary of the medical concern including how it was verified should be included in the contact note:

**3. RSSN: Residence Search Complete – No Violations Found**

- a. This code is used when documenting a residence search was conducted where no violations were found.
- b. The following will be included in the contact note:
  - (1) Reasons and location for the search
  - (2) Names of all persons present at the home including the relationship to the offender
  - (3) Specific notes on any concerns that violate the offender’s sex offender treatment contract but are not specific rules of supervision such as alcohol, pornography, and/or internet

**4. RSSP: Residence Search Complete – Violations Found**

- a. This code is used when documenting a residence search was conducted where violations were found.
- b. The following will be included in the contact note:
  - (1) Reasons and location for the search
  - (2) Names of all persons present at the home including the relationship to the offender
  - (3) Any problems encountered
  - (4) A brief summary of the contraband and/or evidence

**5. XRSS: Residence Search Not Completed**

- a. This code is used when documenting a residence search was not conducted.
- b. A brief summary of why the residence search was not attempted and/or completed should be included in the contact note:

**B. Sex Offender Registry Codes–Policy #702.01**

**1. SORA: Sex Offender Registry: Annual Update Completed**

- a. This code is used when the sex offender registry update is being conducted for sexual offenders that require annual updates.
- b. The following will be included in the contact note:
  - (1) Summary of any changes
  - (2) Statement that all SOR forms have been read and signed by the offender
  - (3) List next date the annual update is required

**2. SORC: Sex Offender Registry: See Comments**

- a. This code is used when updating any information provided by the offender that is completed outside of the timeframe for a quarterly/annual update such as change of residence or employment.
- b. The following will be included in the contact note:
  - (1) the specific information being changed
  - (2) the date of the offender’s next required update

**3. SORD: SOR Direct Presentment Submitted to DA**

- a. This code is used when a sex offender registry violation has been submitted to the DA for direct presentment.
- b. The following will be included in the contact note:
  - (1) Summary of the violation
  - (2) Judicial district and DA’s name information was provided
  - (3) This code can only be entered after approval by manager

**4. SORI: Sex Offender Registry: Initial Entry Complete**

- a. This code is used when the offender is being placed on the sex offender registry for the first time.
- b. The following will be included in the contact note:
  - (1) Summary of conviction and victim information
  - (2) Statement that all SOR forms have been read and signed by the offender

**5. SORM: Sex Offender Registry: Violation Approved by Manager**

- a. This code is used when and only when by a manger after review and approval of a sex offender registry violation report and warrant.
- b. The following will be included in the contact note:
  - (1) Summary of the violation
  - (2) Documentation that the violation was reviewed and approved

**6. SORQ: Sex Offender Registry: Quarterly Updated Completed**

- a. This code is used when the sex offender registry update is being conducted for violent sex offenders that require quarterly updates.
- b. The following will be included in the contact note:

- (1) Summary of any changes
- (2) Statement that all SOR forms have been read and signed by the offender
- (3) List next date quarterly update is required

**7. SORV: Sex Offender Registry: Violation Submitted**

- a. This code is used when a sex offender registry violation report has been prepared and submitted to manager for review.
- b. The following will be included in the contact note:
  - (1) Summary of the violation
  - (2) Who the violation was submitted to for review

**8. SORW: Sex Offender Registry: Warrant Issued**

- a. This code is used when a sex offender registry violation warrant has been issued
- b. The following will be included in the contact note:
  - (1) Summary of the violation
  - (2) List any bonds that were given
  - (3) This code can only be entered after the warrant is signed and issued by a magistrate/court

**C. Sex Offender Treatment Contact Codes**

**1. CHAP: Chaperone Approved**

- a. This code is used when documenting that management has approved the offender to have a chaperone.
- b. The following will be included in the contact note:
  - (1) Supervision level and compliance of the offender
  - (2) Reason for the chaperone
  - (3) The name, relationship and contact information of the chaperone
  - (4) The name and relationship of the person/child that the chaperone will be used
  - (5) The name of the Approved Sex Offender Treatment Provider that conducted the chaperone classes and any recommendation/concerns
  - (6) A copy of the chaperone agreement shall be maintained in the offender case file

**2. MSCR: Monthly Summary Received**

- a. This code is used when documenting that the Approved Sex Offender Treatment Provider has provided a monthly summary of the offender's progress.
- b. The following will be included in the contact note:
  - (1) The name of the Approved Sex Offender Treatment Provider and any recommendation/concerns
  - (2) The date the report was received and the month the progress report is covering
  - (3) A copy of the summary shall be maintained in the offender case file

**3. SOCR: Sex Offender Contract Received**

- a. This code is used when documenting that the offender has signed a treatment contract with the Approved Sex Offender Treatment Provider.
  - b. The following will be included in the contact note:
    - (1) The name of the Approved Sex Offender Treatment Provider and any recommendation
    - (2) A copy of the contract shall be maintained in the offender case file
  
- 4. **SOTC: Sex Offender Treatment**
  - a. This code is used when documenting any contact with a sex offender treatment provider outside of a monthly treatment verification. It may also be used during the first 90 days of supervision when the offender is in the process of completing the Psychosexual Evaluation and/or waiting for the report from the Provider to document the status of the evaluation. This code cannot be used in place of verifying monthly sex offender treatment or lack thereof.
  - b. The following will be included in the contact note:
    - (1) The name of the Approved Sex Offender Treatment Provider and a summary of the information provided or
    - (2) The name of the Approved Evaluator and the progress/status of the Psychosexual Evaluation
  
- 5. **SOTI: Sex Offender Treatment Initiated**
  - a. This code is used when documenting the first sex offender treatment class the offender attended and should be used with the SOTV code.
  - b. The following will be included in the contact note:
    - (1) The date and time of the class attended
    - (2) The name of the Approved Sex Offender Treatment Provider
  
- 6. **SOTM: Sex Offender Treatment Maintenance**
  - a. This code is used when documenting that the offender has moved from a full-time sex offender treatment program to a maintenance program as determined by the Approved Sex Offender Treatment Provider.
  - b. The following will be included in the contact note:
    - (1) The name of the Approved Sex Offender Treatment Provider making the recommendation
    - (2) The frequency of the maintenance program: i.e. biweekly, monthly, bi-monthly, annually
    - (3) The clinical justification for the change in programming as indicated in the letter from the Approved Treatment Provider. A copy of the letter shall be maintained in the offender case file
  
- 7. **SOTN: Sex Offender Treatment Not Recommended**
  - a. This code is used when documenting that the offender's psychosexual evaluation did not recommend treatment.
  - b. The following will be included in the contact note:
    - (1) The name of the Approved Evaluator making the recommendation
    - (2) The date the report was received by the officer
    - (3) Any and all specific recommendations made on the evaluation

- 8. SOTR: Sex Offender Treatment Recommended**
- a. This code is used when documenting that the offender’s psychosexual evaluation recommended sex offender specific treatment.
  - b. The following will be included in the contact note:
    - (1) The name of the Approved Evaluator making the recommendation
    - (2) The date the report was received by the officer
    - (3) Any and all specific recommendations made in the evaluation
- 9. SOTT: Sex Offender Treatment Terminated**
- a. This code is to be entered by a manager/supervisor when an offender is no longer required to receive sex offender treatment. It ends the monthly standard for the compliance. This code is required to be re-entered by the Manager for all supervision level changes.
  - b. The following will be included in the contact note:
    - (1) Receipt of the clinical letter of discharge from the Approved Sex Offender Treatment Provider and a copy of the offender’s Relapse Prevention Plan. The manager shall indicate the date all documentation is received and list the specific clinical reason for discharge; or
    - (2) Receipt of documentation that the offender is incapacitated with no anticipation of recovery, terminally ill or having some condition that would not allow the offender to progress in sex offender treatment. Specific documentation and a clinical letter from the Approved Sex Offender Treatment Provider is required
    - (3) SOTT can only be entered by a PPM or above
- 10. SOTV: Sex Offender Treatment Verified**
- a. This code is used when documenting that the officer had a face to face, email, or phone conversation with the offender’s Approved Sex Offender Treatment Provider regarding the offender’s attendance and participation in treatment.
  - b. The following will be included in the contact note:
    - (1) Method of verification
    - (2) Date and time of the offender’s assigned treatment class
    - (3) Name of the Approved Sex Offender Treatment Provider
    - (4) A synopsis of offender’s participation, attendance, progress in treatment and any concerns noted by the provider including noting if the treatment is being conducted in person or via telehealth
    - (5) If the treatment is verified in person, the name of all officers in attendance at the treatment class
- 11. SOTW: Sex Offender Treatment Waived by the Court**
- a. This code is used when documenting that the court/board waived sex offender treatment.
  - b. The following will be included in the contact note:
    - (1) Summary of the court order that includes date of order, Judicial district, judge and DA names
    - (2) A copy of the court order shall be given to the PPM for review and to enter SOTT

- (3) A copy of the court order shall be maintained in the offender case file

**12. XSOT: Sex Offender Treatment not Verified**

- a. This code is used when an offender's attendance to sex offender treatment cannot be verified.
- b. The following will be included in the contact note:
  - (1) Actions officer is taking to rectify the situation
  - (2) Brief summary of why the offender failed to provide documentation or what obstacles prevented the officer from verifying treatment
  - (3) If offender has not enrolled in sex offender treatment by the deadline

**D. Polygraph/Objective Testing Codes–Policy #704.04**

**1. POLC: Polygraph Completed; Waiting for Report**

- a. This code is used when documenting that the offender has completed the appointment with a polygraph examiner.
- b. The following will be included in the contact note:
  - (1) Name of polygraph examiner
  - (2) Date/time offender completed the exam
  - (3) List any issues or concerns that may have been reported by polygraph examiner

**2. POLD: Polygraph Administered-Deception/Concerns Noted**

- a. This code is used when documenting a polygraph was conducted where deception is noted by the polygrapher.
- b. The following will be included in the contact note:
  - (1) Name of the polygrapher
  - (2) The date and location of the exam
  - (3) What concerns were raised
  - (4) Action to be taken to address concerns

**3. POLN: Polygraph Administered-No Deception/Concerns Noted**

- a. This code is used when documenting a polygraph was conducted but no deception or concerns were noted.
- b. The following will be included in the contact note:
  - (1) Name of the polygrapher
  - (2) The date and location of the exam

**4. POLR: Polygraph Referred**

- a. This code is used when documenting that the offender has been referred to a polygraph examiner.
- b. The following will be included in the contact note:
  - (1) Reason referred for a polygraph
  - (2) Date referred
  - (3) Deadline given to have appointment completed
  - (4) List the name of the Approved Sex Offender Treatment provider that made referral and the polygraph examiner or the name of the officer referring and the reason for the exam (i.e. specific incident or



maintenance exam). If specific incident referral, list the concerns prompting the referral

**5. POLS: Polygraph Scheduled**

- a. This code is used when documenting that the offender has been scheduled with a polygraph examiner.
- b. The following will be included in the contact note:
  - (1) Name of polygraph examiner
  - (2) Date/time and location scheduled

**6. XPOL: Polygraph Not Obtained**

- a. This code is used when a polygraph is not obtained by an offender.
- b. The following will be included in the contact note:
  - (1) Summary of the instructions that the offender was given regarding scheduling a polygraph
  - (2) Offender's reason(s) for not obtaining a polygraph
  - (3) Summary of what the polygraph provider had to say about the offender including whether offender contacted him/her or whether offender was cooperative or uncooperative
  - (4) Action plan officer is taking to rectify the situation

**E. Internet/Alcohol/Pornography Codes**

**1. ARBC: Alcohol Restricted by Court**

- a. This code is used when documenting that the court has restricted the use of alcohol.
- b. The following will be included in the contact note:
  - (1) Summary of the court order that includes date of order, Judicial district, judge and DA names
  - (2) Summary of the instructions that the offender was given regarding the restriction
  - (3) A copy of the order shall be maintained in the offender case file

**2. ARBS: Alcohol Restricted by Sending State**

- a. This code is used when documenting that the sending state has restricted the use of alcohol.
- b. The following will be included in the contact note:
  - (1) Summary of the court order that includes date of order and sending state information
  - (2) Summary of the instructions that the offender was given regarding the restriction
  - (3) A copy of the order shall be maintained in the offender case file

**3. ARBT: Alcohol Restricted by Treatment**

- a. This code is used when documenting that the sex offender risk evaluation completed by the TSOTB Approved Sex Offender Treatment Evaluator has restricted the use of alcohol.
- b. The following will be included in the contact note:

- (1) Summary of the sex offender risk evaluation that includes date of report and name of the TSOTB Approved Sex Offender Treatment Evaluator
  - (2) Summary of the instructions that the offender was given regarding the restriction
  - (3) A copy of the evaluation shall be maintained in the offender case file
- 4. INTC: Internet Permission Given by Court**
  - a. This code is used when documenting that the court has approved the use of internet.
  - b. The following will be included in the contact note:
    - (1) Summary of the court order that includes date of order, Judicial district, judge and DA names
    - (2) Summary of the instructions that the offender was given regarding the approval
    - (3) A copy of the order shall be maintained in the offender case file
- 5. INTN: Internet Access not Approved**
  - a. This code is used when documenting that internet access is not allowed either because of a court/board order, sex offender risk evaluation conducted by a TSOTB Approved Evaluator or sending state.
  - b. The following will be included in the contact note:
    - (1) Summary of the why internet access is not allowed that includes the dates and names/courts restricting internet access
    - (2) Summary of the instructions that the offender was given
    - (3) A copy of the order and /or evaluation shall be maintained in the offender case file
- 6. INTR: Internet Access Revoked**
  - a. This code is used when documenting that internet access has been revoked either because of a court/board order, sex offender risk evaluation completed by a TSOTB Approved Evaluator or sending state.
  - b. The following will be included in the contact note:
    - (1) Summary of the why internet access is revoked that includes the dates and names/courts revoking internet access
    - (2) Summary of the instructions that the offender was given
    - (3) A copy of the order and /or evaluation shall be maintained in the offender case file
- 7. PRBC: Pornography Restricted by Court**
  - a. This code is used when documenting that the court has restricted the use of pornography.
  - b. The following will be included in the contact note:
    - (1) Summary of the court order that includes date of order, Judicial district, judge and DA names
    - (2) Summary of the instructions that the offender was given regarding the restriction
    - (3) A copy of the order shall be maintained in the offender case file

8. **PRBS: Pornography Restricted by Sending State**
  - a. This code is used when documenting that the sending state has restricted the use of pornography.
  - b. The following will be included in the contact note:
    - (1) Summary of the court order that includes date of order and sending state information
    - (2) Summary of the instructions that the offender was given regarding the restriction
    - (3) A copy of the order shall be maintained in the offender case file
  
9. **PRBT: Pornography Restricted by Treatment**
  - a. This code is used when documenting that the sex offender risk evaluation completed by the TSOTB Approved Sex Offender Treatment Evaluator-has restricted the use of pornography.
  - b. The following will be included in the contact note:
    - (1) Summary of the risk evaluation that includes date of report and name of TSOTB Approved Sex Offender Treatment Evaluator
    - (2) Summary of the instructions that the offender was given regarding the restriction
    - (3) A copy of the evaluation shall be maintained in the offender case file

**F. CSL Related Contact Codes–Policy #704.07**

1. **CSLD: CSL Direct Presentment Submitted to DA**
  - a. This code is used when a CSL violation has been submitted for direct presentment.
  - b. The following will be included in the contact note:
    - (1) Summary of the violation
    - (2) Judicial district and DA’s name information was provided
    - (3) This code can only be entered after approval by manager
  
2. **CSLM: CSL Violation Approved by Manager**
  - a. This code is used only by a manger after review and approval of a CSL violation report and warrant.
  - b. The following will be included in the contact note:
    - (1) Summary of the violation
    - (2) Documentation that the violation was reviewed and approved
  
3. **CSLR: CSL Violation Submitted**
  - a. This code is used when a CSL violation report has been prepared and submitted to manager for review.
  - b. The summary of the violation should be included in the contact note:
  
4. **CSLS: Community Supervision for Life Sanction**
  - a. This code is used when documenting any CSL sanction that is being imposed.
  - b. The following will be included in the contact note:
    - (1) Summary of the noncompliance and type of sanction imposed
    - (2) Summary of the instructions that the offender was given

**5. CSLW: CSL Warrant Issued**

- a. This code is used when a CSL violation warrant has been issued.
- b. The following will be included in the contact note:
  - (1) Summary of the violation
  - (2) State any type of bond given
  - (3) This code can only be entered after the warrant is signed and issued by a magistrate/court

**6. PCSL: Pre-Community Supervision for Life Contact**

- a. This code is used when documenting contact with an offender who will be released on Community Supervision for Life at the expiration of sentence. Contact should be made 120 days prior to the offender's scheduled expiration or, in cases where sentence credits change the offender's scheduled release date, as soon as possible once the offender's expiration date is known.
- b. The following will be included in the contact note:
  - (1) Officer that conducted the meeting prior to release
  - (2) Summary of the reviewing of supervision rules and expectations including treatment requirements as well as statutory restrictions for the offender
  - (3) GPS equipment given including the specific equipment numbers and the name and title of the staff member receiving the equipment
  - (4) Any concerns or issues during this meeting
  - (5) Used by IPPS to document any CSL related contact prior to release

**7. RLCS: Release Plan Community Supervision:** The following should be included in the contact note:

- a. Investigation results (approved or denied)
- b. Reporting instructions that includes officer and manager contact information, office address, and office site ID

**G. VASOR Contact Codes–Policy #703.02**

- 1. **VASC: VASOR Completed:** This code is automatically generated by the Vantage software once the VASOR2 is completed in the system
- 2. **VASN: Not VASOR Eligible**
  - a. This code is used when the offender is not eligible for the VASOR2.
  - b. The contact note should include why the offender is not eligible (i.e. offender is female, offender was under the age of 18 at the time of conviction, child pornography conviction, etc.)

**H. Sex Offender Evaluation Contact Codes**

**1. Sex Offender Evaluation Contact Code: PSEC: Psychosexual Evaluation Report Completed**

- a. This code is used when documenting that the offender has completed his evaluation with a TSOTB approved evaluator.
- b. The following will be included in the contact note:
  - (1) Date/time appointment was completed with the TSOTB approved evaluator

- (2) Name of evaluator that completed the evaluation
  - (3) This should be completed within 60 days from offender being placed on supervision
2. **PSED: Psychosexual Evaluation Received–Recommendations Reviewed**
- a. This code is used when documenting that the officer has received the psychosexual evaluation from the TSOTB approved evaluator.
  - b. The following will be included in the contact note:
    - (1) Name of the TSOTB approved evaluator that completed the evaluation
    - (2) Summary of any concerns/issues
    - (3) Risk level and recommendations given
3. **PSEER: Psychosexual Evaluation Referred**
- a. This code is used when documenting that the offender has been referred for a sex offender risk evaluation and a copy of the TSOTB approved evaluator list has been given.
  - b. The following will be included in the contact note:
    - (1) Date the TSOTB approved evaluator list was given
    - (2) Deadline given to have appointment completed which should be 30 days from offender being given the evaluator list
4. **PSEW: Psychosexual Evaluation Waived by the Court**
- a. This code is used when documenting that the court/board waived a psychosexual evaluation.
  - b. The following will be included in the contact note:
    - (1) Summary of the court order that includes date of order, Judicial district, judge and DA names
    - (2) A copy of the letter shall be given to the PPM for review and to enter SOTT
    - (3) A copy of the letter shall be maintained in the offender case file

### **XXIII. Administrative**

- A. **OCCC: Office Correspondence as Described in Comments**
- 1. This code is used when requesting and/or responding to transfer requests or any other office correspondence regarding the offender.
  - 2. The following will be included in the contact note:
    - a. Method of correspondence (faxes, e-mails, letters, or texts)
    - b. Purpose for correspondence
    - c. Name of recipient, agency, fax number, and location (if sending a letter)
- B. **QQQQ: No Contact Code, Typed Text**
- 1. This code is used when no other contact code covers the contact/situation.
  - 2. The following will be included in the contact note:
    - a. Reason for the contact note
    - b. Detail concerning the contact/situation
- C. **TEPE: Termination Progress Evaluation (Closing Summary)–Policy #706.03**

1. This code is used when an officer will be closing a case for either expiration, court ordered, death or revocation. It is not to be used for transferring cases. The TEPE is very important to Hearing Officers and Board Members when determining parole eligibility for an offender. Use the below mandatory template.
2. The following template will be included in the contact note:
  - a. Reason for termination of supervision i.e. expiration, revocation, court ordered discharge, etc.
  - b. Any new misdemeanor or felony convictions while on supervision
  - c. Brief history of prior violence, sex offense(s), absconding, incarcerations in Tennessee and other states, custody escapes, bond jumping, etc.
  - d. Number of probation and parole revocation hearings and dispositions. This will include a brief explanation of the circumstances surrounding the revocation
  - e. Brief note of substantiated alcohol and drug abuse during supervision to include information about hospitalizations and interventions, if applicable
  - f. Compliance while under community supervision
  - g. Serious medical or psychological conditions while on supervision to include information about hospitalizations and interventions if applicable
  - h. Any victim(s) name involving a threat to harm that should preclude future contact upon release (Do NOT include the address in contact notes due to the confidential nature and potential harm to the victim. Such information should be sent under confidential correspondence to be placed into the Board file)
  - i. Known security threat group affiliations
  - j. Home address
  - k. Current employment status
  - l. Notes concerning offender's fees, court costs and restitution payments status at the time of termination
  - m. Notes concerning offender's Special Conditions and any sanctions during supervision (if applicable)
  - n. Voter's Rights Restoration Form completed and provided to the offender
  - o. The risk level and recommendations of the Psychosexual Evaluation (if applicable)
  - p. If required to attend sex offender treatment, the status of treatment at the time of expiration

**D. ZZZA: Supervisor's Annual Case File Review–Policy #706.02**

1. This code is used when the supervisor has reviewed the case for its annual review or any other reason.
2. Results shall be added to the Monthly Review Form CR-3848.
3. The following will be included in the contact note:
  - a. List all deficiencies
  - b. List a due date for corrective action within ten (10) business days

**E. ZZZC: Supervisor's Closing Case Review**

1. This code is used when the supervisor has completed the closing review.
2. Results shall be added to the Monthly Review Form CR-3849.
3. The following will be included in the contact note:
  - a. List all deficiencies

- b. List a due date for corrective action within ten (10) business days

**F. ZZZD: District Director File Review Complete**

- 1. This code is used when the District Director has completed a file review.
- 2. Results shall be added to the Monthly Review Form CR-3848.
- 3. The following will be included in the contact note:
  - a. List all deficiencies
  - b. List a due date for corrective action within ten business days

**G. ZZZI: Supervisor's Initial Case File Review**

- 1. This code is used when the supervisor has reviewed the case after the intake process has been completed, but within sixty (60) days of the offenders start date.
- 2. The file review will be documented using the New Offender Checklist and Initial Case Record Review, CR-3847.
- 3. The following will be included in the contact note:
  - a. List all deficiencies
  - b. List a due date for corrective action within ten business days

**H. ZZZR: Correctional Administrator Case File Review**

- 1. This code is used when the Correctional Administrator has completed a file review.
- 2. Results shall be added to the Monthly Review Form CR-3848.
- 3. The following will be included in the contact note:
  - a. List all deficiencies
  - b. List a due date for corrective action within ten business days

**I. ZZZZ: Supervisor's Review of the Case File**

- 1. This code is used when the Supervisor only needs to document a review of a TEPE contact note.
- 2. The following will be included in the contact note:
  - a. Note a TEPE review was completed
  - b. List all deficiencies
  - c. Corrections must be made quickly in order to close the case within three business days of expiration as required by Policy #706.03

**XXIV. Interstate Compact–Policy #708.03**

- A. General:** Contact note entries summarizing the results of incoming ISC investigations should be entered within three (3) business days after acceptance of the case. ISC contact notes will contain the name of the other state.

**B. ABIC: Interstate Compact Correspondence**

- 1. This code is used when documenting correspondence was sent or received from the other state.
- 2. The following will be included in the contact note:
  - a. Purpose for correspondence
  - b. Name of the State regarding correspondence

- c. Summary of the correspondence: Transfer request, Information request, request for reporting instructions, request for progress report from other state, etc.

**C. ISCR: Interstate Progress Report**

1. This code is used when the progress report has been received from or sent to the other state.
2. The following will be included in the contact note:
  - a. Name of the State it was received from
  - b. Summary of any significant information contained in the report

**D. ISCT: Initial Out-of-State Transfer Application**

1. This code is used when an outgoing transfer request is submitted. This will generate the \$150 fee to be invoiced in the fiscal fee system. The \$150 will allow the offender to submit up to three requests to the same state, therefore, requiring only one entry. (If a request to another state is made, another entry shall be entered to download another fee invoice).
2. The following will be included in the contact note, if applicable:
  - a. The name of the state the transfer is being requested
  - b. State whether it is the first, second, or third request

**E. XISC: Interstate Progress Report Not Received**

1. This code is used when documenting the progress report has not been received in a timely manner.
2. The following will be included in the contact note:
  - a. Name of the state which did not submit the report
  - b. Remedial action taken by the officer to get the report

**XXV. Programming Classes–Policy #705.05**

**A. Anger Management**

**1. AMCA: Anger Management Class Attendance**

- a. This code is used when documenting each Anger Management class attendance.
- b. The following will be included in the contact note:
  - (1) Present
  - (2) Tardy
  - (3) Additional information detailing the participation in class or notes

**2. AMCC: Anger Management Class Completion**

- a. This code is used when an offender has successfully completed the required minimum attendance of Anger Management classes.
- b. The following will be included in the contact note:
  - (1) State if the offender was board/court ordered to attend Anger Management
  - (2) If required, state a letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney

**3. AMCF: Anger Management Class Failure to Complete**



- a. This code is used when it is determined to terminate the offender from the Anger Management class.
    - b. The following will be included in the contact note:
      - (1) Reason for termination
      - (2) State if the offender was court ordered to attend Anger Management
      - (3) If required, state a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney
      - (4) If ordered by the Board, the case note should document that the officer was notified of the termination so that appropriate sanctions can be applied
  - 4. AMCR: Anger Management Class Referral**
    - a. This code is used when an offender has been referred to Anger Management.
    - b. Include the reason for the referral in the contact notes.
  - 5. AMCX: Anger Management Class Non-Attendance**
    - a. This code is used when an offender is absent from an Anger Management class.
    - b. The following will be included in the contact note:
      - (1) Notification of the supervising officer
      - (2) Excused/Unexcused absence
      - (3) If an excused absence, what is the reason
      - (4) The number of times an offender has been absent
      - (5) Withdrawal
      - (6) Dismissal from class or program
      - (7) Additional information regarding the offender failing to attend
- B. Cognitive Behavior Intervention Program**
- 1. CBIA: CBIP Class Attended**
    - a. This code is used when documenting each CBIP class attendance.
    - b. The following will be included in the contact note:
      - (1) Present
      - (2) Tardy
      - (3) Additional information detailing the participation in class or notes
  - 2. CBIC: CBIP Class Completed**
    - a. This code is used when an offender has successfully completed the required minimum attendance of CBIP classes.
    - b. The following will be included in the contact note:
      - (1) State if the offender was board/court ordered to attend CBIP
      - (2) If required, state a letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney
  - 3. CBIF: CBIP Class Failed to Complete**
    - a. This code is when it is determined to terminate the offender from the CBIP class
    - b. The following will be included in the contact note:
      - (1) Reason for termination
      - (2) State if the offender was court ordered to attend CBIP

- (3) If required, state that a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney
- (4) If ordered by the Board, the case note should document that the Parole Officer was notified of the termination so that appropriate sanctions can be applied

**4. CBIR: CBIP Class Referral**

- a. This code is used when an offender has been referred to CBIP.
- b. The reason for the referral should be included in the contact notes.

**5. CBIX: CBIP Class Absent**

- a. This code is used when an offender is absent from a CBIP class.
- b. The following will be included in the contact note:
  - (1) Notification of the supervising officer
  - (2) Excused/Unexcused absence
  - (3) If an excused absence, what is the reason
  - (4) The number of times an offender has been absent
  - (5) Withdrawal
  - (6) Dismissal from class or program
  - (7) Additional information regarding the offender failing to attend

**C. High School Equivalency**

**1. HSEA: HSE Attendance**

- a. This code is used to document each GED or HiSET attendance.
- b. The following will be included in the contact note, as applicable:
  - (1) Present
  - (2) Tardy
  - (3) Additional information detailing the participation in class or notes

**2. HSEC: HSE Class Completion**

- a. This code is used when an offender has successfully completed and graduated with their High School Equivalency diploma.
- b. The following will be included in the contact note:
  - (1) Name and location where the offender earned their diploma
  - (2) State if the offender was board/court ordered to attend HSE class
  - (3) If required, state a letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney

**3. HSEF: High School Equivalency Class Failure to Complete**

- a. This code is used when it is determined to terminate the offender from the class.
- b. The following will be included in the contact note:
  - (1) Reason for termination
  - (2) If required, state that a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney

- (3) If ordered by the Board, the case note should document that the Parole Officer was notified of the termination so that appropriate sanctions can be applied

**4. HSER: High School Equivalency Class Referral**

- a. This code is used when an offender is referred to the High School Equivalency Class.
- b. The reason for the referral should be included in the contact note.

**D. Job Readiness**

**1. JRCA: Job Readiness Class Attendance**

- a. This code is used when documenting each Job Readiness attendance.
- b. The following will be included in the contact note:
  - (1) Present
  - (2) Tardy
  - (3) Additional information detailing the participation in class or notes

**2. JRCC: Job Readiness Class Completion**

- a. This code is used when an offender has successfully completed the required minimum attendance of Job Readiness classes.
- b. The following will be included in the contact note:
  - (1) State if the offender was board/court ordered to attend Job Readiness
  - (2) If required, state letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney

**3. JRCF: Job Readiness Class Failure to Complete**

- a. This code is used when it is determined to terminate an offender from Job Readiness.
- b. The following will be included in the contact note:
  - (1) Reason for termination
  - (2) State if the offender was a court ordered to attend Job Readiness
  - (3) If required, state that a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney
  - (4) If ordered by the Board, the case note should document that the Officer was notified of the termination so that appropriate sanctions can be applied

**4. JRCN: Failed to Attend Job Readiness Class**

- a. This code is used when an offender fails to attend a Job Readiness class.
- b. The following will be included in the contact note:
  - (1) Notification of the supervising officer
  - (2) Excused/Unexcused absence
  - (3) Withdrawal
  - (4) Dismissal from class or program
  - (5) Additional information regarding the offender failing to attend

**5. JRCR: Job Readiness Class Referral**

- a. This code is used when an offender is referred to Job Readiness.

- b. The reason for the referral should be included in the contact note.

**E. Relapse Prevention**

**1. RPCA: Relapse Prevention Class Attendance**

- a. This code is used when documenting each Relapse Prevention attendance.
- b. The following will be included in the contact note:
  - (1) Notation information concerning attendance, as applicable:
  - (2) Present
  - (3) Tardy
  - (4) Additional information detailing the participation in class or notes

**2. RPCC: Relapse Prevention Class Completion**

- a. This code is used when an offender has successfully completed the required minimum attendance of Relapse Prevention classes.
- b. The following will be included in the contact note:
  - (1) State if the offender was board/court ordered to attend Relapse Prevention
  - (2) If required, state that a letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney

**3. RPCF: Relapse Prevention Class Failure to Complete**

- a. This code is used when it is determined to terminate the offender from Relapse Prevention.
- b. The following will be included in the contact note:
  - (1) Reason for termination
  - (2) State if the offender was court ordered to attend CBIP
  - (3) If required, state that a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney
  - (4) If ordered by the Board, the case note should document that the officer was notified of the termination so that appropriate sanctions can be applied

**4. RPCR: Relapse Prevention Class Referral**

- a. This code is used when an offender has been referred to Relapse Prevention
- b. The reason for the referral should be included in the contact note.

**5. RPCX: Relapse Class Non-Attendance**

- a. This code is used when an offender is absent from a Relapse Prevention class.
- b. The following will be included in the contact note:
  - (1) Notification of the supervising officer
  - (2) Excused/Unexcused absence
  - (3) If an excused absence, what is the reason
  - (4) The number of times an offender has been absent
  - (5) Withdrawal
  - (6) Dismissal from class or program
  - (7) Additional information regarding the offender failing to attend

**F. Stopping Abuse for Everyone**

**1. SAFA: SAFE Class Attended**

- a. This code is used when documenting each SAFE attendance.
- b. The following will be included in the contact note:
  - (1) Present
  - (2) Tardy
  - (3) Additional information detailing the participation in class or notes

**2. SAFC: SAFE Class Completed**

- a. This code is used when the offender has successfully completed the required minimum attendance of SAFE classes.
- b. The following will be included in the contact note:
  - (1) State if the offender was board/court ordered
  - (2) If required, state that a letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney

**3. SAFF: SAFE Class Failure to Complete**

- a. This code is used when it is determined to terminate the offender from the class.
- b. The following will be included in the contact note:
  - (1) Reason for termination
  - (2) State if the offender was court ordered to attend SAFE
  - (3) If required, state that a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney
  - (4) If ordered by the Board, the case note should document that the officer was notified of the termination so that appropriate sanctions can be applied

**4. SAFR: SAFE Class Referral**

- a. This code is used when an offender has been referred to SAFE.
- b. The reason for the referral should be included in the contact note.

**5. SAFX: SAFE Class Absent**

- a. This code is used when an offender is absent from a SAFE class.
- b. The following will be included in the contact note:
  - (1) Notification of the supervising officer
  - (2) Excused/Unexcused absence
  - (3) If an excused absence, what is the reason
  - (4) The number of times an offender has been absent
  - (5) Withdrawal
  - (6) Dismissal from class or program
  - (7) Additional information regarding the offender failing to attend

**G. Victim Impact**

**1. VICA: Victim Impact Class Attendance**

- a. This code is used when documenting each Victim Impact attendance.
- b. The following will be included in the contact note, as applicable:
  - (1) Present
  - (2) Tardy

- (3) Additional information detailing the participation in class or notes
- 2. **VICC: Victim Impact Class Completion**
  - a. This code is used when an offender has successfully completed the required minimum attendance of Victim Impact classes.
  - b. The following will be included in the contact note:
    - (1) State if the offender was board/court ordered to attend Victim Impact
    - (2) If required, state that a letter of class completion was submitted to the courts. This should include the name of the judge and District Attorney
- 3. **VICF: Victim Impact Class Failure to Complete**
  - a. This code is used when it is determined to terminate the offender from the Victim Impact class.
  - b. The following will be included in the contact note:
    - (1) Reason for termination
    - (2) State if the offender was court ordered to attend Victim Impact
    - (3) If required, state that a letter of failure to complete was submitted to the courts. This should include the name of the judge and District Attorney
    - (4) If ordered by the Board, the case note should document that the officer was notified of the termination so that appropriate sanctions can be applied
- 4. **VICR: Victim Impact Class Referral**
  - a. This code is used when an offender is referred to Victim Impact.
  - b. The reason for the referral should be included in the contact note.
- 5. **VICX: Victim Impact Class Absent**
  - a. This code is used when an offender is absent from a Victim Impact class.
  - b. The following will be included in the contact note:
    - (1) Notification of the supervising officer
    - (2) Excused/Unexcused absence
    - (3) If an excused absence, what is the reason
    - (4) The number of times an offender has been absent
    - (5) Withdrawal
    - (6) Dismissal from class or program
    - (7) Additional information regarding the offender failing to attend

**XXVI. Forensic Social Workers–Policy #113.86**

- A. **FSWA: FSW Completed an Assessment with the Offender**
  - 1. This code is used when documenting the completion of an assessment with the offender.
  - 2. The following will be included in the contact note:
    - a. List the type of assessment
    - b. General information, while confidential information will be retained in the FSW case file, which is confidential
- B. **FSWC: FSW Contact that Describes Contact with the Offender**

1. This code is used when the FSW describes the contact with offender, Probation/Parole staff, Board and/or and collateral contacts.
  2. The following will be included in the contact note:
    - a. Identity of the person contacted
    - b. General summary of the contact, but no confidential information
- C. FSWO: Offender Case File is Re-Opened and Referred by Officer to FSW**
1. This code is used when the FSW re-opens an offender's case file with a new referral.
  2. The following will be included in the contact note:
    - a. Reason for the referral, minus any confidential information
- D. FSWR: Referral from Officer to the FSW**
1. This code is used when the officer makes a referral to the FSW for Probation/Parole Officer sanction, Board ordered, TDOC Central Office and Court requests, Risk Needs Assessment recommendation or positive for illegal alcohol use or substance use.
  2. The contact note should include general information, while confidential information will be retained in the FSW case file, which is also confidential.
- E. FSWS: FSW Discharged the Offender with Successful Completion of Treatment**
1. This code is used when the FSW discharges the offender for successful completion of treatment services.
  2. The following will be included in the contact note:
    - a. Whether the offender needs any additional services
    - b. If so, FSWT will also be entered to capture additional services
- F. FSWT: FSW Completed a Treatment Plan with the Offender**
1. This code is used when the FSW documents a treatment plan has been made with the offender and signifies that appointment has been completed.
  2. The following will be included in the contact note:
    - a. General information, while confidential information will be retained in the FSW case file, which is confidential
    - b. Supervising officer has been notified of treatment plan
- G. FSWU: FSW Discharged the Offender with Unsuccessful Completion of Treatment**
1. This code is used when the FSW discharges the offender with unsuccessful completion of treatment services.
  2. The reason for the discharge, excluding confidential information, should be included in the contact note.
- H. FSWX: FSW Appointment-Client did not Show**
1. This code is used when informing the officer that the offender did not report or attend the scheduled FSW appointment and will need rescheduled by the officer.

**XXVII. Compliant Reporting-Policy #704.01.01**

- A. ACIO: Accepted for CR**

1. This code is used when an offender has been approved by review process to be in CR Program.
- B. CHAD: Address Change**
1. This code is automatically generated in OMS after it has been approved by an officer.
  2. The address will be automatically entered in the contact note and on the LCLA/Offender Attributes screen.
- C. CHEC: Employment Changed**
1. This code is used when an offender has new employment information.
  2. The following will be included in the contact note:
    - a. List the new place of employment
    - b. Update LCLC/Employment Screen in the OMS
- D. CHTC: Phone Number Changed**
1. This code is automatically generated in OMS after it has been approved by an officer.
  2. The phone number will be automatically entered in the contact note and on the LCLA/Offender Attributes screen.
- E. COLP: Contact with Law Enforcement (CR Only)**
1. This code is used when a CR offender regarding contact with Law Enforcement.
  2. The following will be included in the contact note:
    - a. Nature of contact with law enforcement
    - b. Date, time and type of offense for any reported new arrest or citation (ARRP should also be entered for new arrest)
    - c. Any other contact with law enforcement (i.e.: witness to crime or victim of crime)
- F. DECF: Denied, No Effort to Pay Fine and Costs**
1. This code is used when denying CR based on making no efforts to pay fines or costs.
  2. The following will be included in the contact note:
    - a. Explanation of how offender failed to comply with payments
    - b. Last date offender paid fines/costs, and amount of arrearage owed
- G. DEDF: Denied, No Effort to Pay Fees**
1. This code is used when denying CR based on failure to pay fees.
  2. The following will be included in the contact note:
    - a. Explanation of how offender failed to comply with payments
    - b. Last date offender paid fees, and amount of arrearage owed
- H. DEDU: Denied, Serious Compliance Issues**
1. This code is used when denying CR based on serious compliance issues.
  2. The following will be included in the contact note:
    - a. Description of compliance issues (i.e.: failure to attend treatment, failure to report)
    - b. Actions to be taken regarding compliance issues



**I. DEIO: Denied for CR**

1. This code is used when the CR program is denied
2. The following will be included in the contact note:
  - a. Reason for denial
  - b. Any recommendations for officer regarding offender (i.e.: violation report)

**J. DEIR: Denied, Failure to Report as Instructed**

1. This code is used when denying CR based on failing to report as instructed.
2. The following will be included in the contact note:
  - a. Date(s) of failure to report
  - b. Any remedial action taken by the officer

**K. IOTI: Interactive Offender Tracking Inbound Call**

1. This code is automatically generated when the offender calls to report for CR.
2. The following is included in the contact note:
  - a. Status Completed
  - b. Number
  - c. Type of call
  - d. Language used
  - e. If the call was later
  - f. Address change
  - g. Employment change
  - h. Phone number change
  - i. Alternate phone number change
  - j. Law Enforcement contact
  - k. Voicemail
  - l. Duration of the call
  - m. Confirmation number

**L. REIO: Recommended for CR**

1. This code is used when an offender meets criteria and is recommended for CR.
2. The following will be included in the contact note:
  - a. State offender is being recommended for CR
  - b. State what offender meets minimum requirements
  - c. Drug screens
  - d. Sentence conviction meets standards
  - e. Length on supervision level meets requirements

**M. TEFA: Terminated for Felony Arrest**

1. This code is used when an offender is terminated for a new felony arrest.
2. The following will be included in the contact note:
  - a. The date of arrest
  - b. Type of offense
  - c. Current location of offender if known on bond (ARRP should also be entered)

**N. TEMA: Terminated for Misdemeanor Arrest**

1. This code is used when an offender is terminated for a new misdemeanor arrest.

2. The following will be included in the contact note:
  - a. The date of arrest
  - b. Type of offense
  - c. Current location of offender if known on bond (ARRP should also be entered)
  
- O. TEVW: Terminated for PV Warrant**
  1. This code is used when an offender is terminated due to a Parole/Probation warrant.
  2. The following will be included in the contact note:
    - a. The reason for warrant request
    - b. Status of offender (i.e.: in custody, absconder)
  
- P. TFTR: Terminated for Failure to Report**
  1. This code is used when an offender is terminated for failure to report.
  2. The following will be included in the contact note:
    - a. The offender's last report date in system
    - b. Attempts (text, letter, phone) to bring offender into compliance
  
- Q. TFPF: Terminated for Failure to Pay Fees**
  1. This code is used when an offender is terminated for failure to pay fees.
  2. The following will be included in the contact note:
    - a. Offender's last date of fee payment
    - b. Offender's fee arrearage amount
    - c. Attempts officer made to bring offender into compliance
  
- R. TFSC: Terminated for Failure to Comply with SC**
  1. This code is used when an offender is terminated for failure to comply with their special conditions.
  2. The following will be included in the contact note:
    - a. Specific special conditions that offender has failed to meet
    - b. Attempts officer made to bring offender into compliance

**XXVIII. Travel Permit–Policy #705.02**

- A. ATDI: Travel Document Issued**
  1. This contact code is used when a travel permit is issued. This is for both in-state travel and out-of-state travel permits.
  2. The following will be included in the contact note:
    - a. Location/address of where the offender is going
    - b. Date of departure and date of arrival/return
    - c. Method of travel
    - d. Duration of stay
    - e. Travel Companions
    - f. Any other pertinent information specific to the offender's situation
    - g. Was the offender instructed to contact local law enforcement? If so, instruct the offender that proof is required upon return
    - h. Name and phone number of person offender is visiting (if applicable)
    - i. Reason for travel permit-business or personal

**XXIX. Security Threat Group–Policy #506.25**

**A. STGI: Staff Observations Regarding Security Threat Group Affiliation**

1. This code is used when documenting security threat group affiliations.
2. Detailed information about the types of information to be covered in a STGI contact note type is detailed in TDOC Policy #506.25, Security Threat Group Intelligence

**XXX. Absconded Offenders–Policy #707.22**

**A. ABSR: Absconder Violation Report Submitted**

1. This code is used when a violation report for absconding has been submitted
2. The following will be included in the contact note:
  - a. Rules violated included on the warrant/violation
  - b. County of origin
  - c. Note who the violation was submitted to for approval

**B. ABSW: Absconder Warrant Issued**

1. This code is used when a warrant for absconding supervision has been signed. The offender can now be placed into warrant supervision.
2. The following will be included in the contact note:
  - a. County of origin
  - b. Warrant/Violation Number, if known
  - c. Agency receiving the original copy

**XXXI. Initial Contact–Policy #703.03**

**A. PAIC : Parole Initial Contact**

1. This code is used when indicating the initial contact required by the supervising officer with an offender released onto parole has occurred. This contact must be completed within 2 business days of the offender’s release to parole.
2. The following will be included in the contact note:
  - a. The date of the offender’s scheduled intake appointment
  - b. Type of Contact (phone number-number called from)/in person-if in person enter the location)
  - c. What instructions were given to the offender (next report date, intake date, etc.)

**B. PRIC: Probation Initial Contact**

1. This code is used when indicating the initial contact required by the supervising officer with an offender released onto probation has occurred. This contact must be completed within 2 business days of the offender’s release to probation.
2. The following will be included in the contact note:
  - a. The date of the offender’s scheduled intake
  - b. Type of Contact (phone number-number called from)/in person-if in person enter the location)
  - c. What instructions were given to the offender (next report date, intake date, etc.)

**XXXII. Offender Case Plan–Policy #703.02; Policy #513.11**

- A. OCPA: Offender Case Plan Audited by Supervisor**
  - 1. This code is used when a supervisor audits a case plan.
  - 2. The following will be included in the contact note:
    - a. Required changes
    - b. Any other applicable information
  
- B. OCPI: Offender Initial Case Plan**
  - 1. This code is used when the initial case plan is created.
  - 2. The following will be included in the contact note:
    - a. Goals in the case plan
    - b. Any other applicable information
  
- C. OCPM: Offender Case Plan Modification**
  - 1. This code is used when reviewing and making a revision to a case plan based on an identified need as required.
  - 2. The following will be included in the contact note:
    - a. List reason for modification
    - b. Specify what modifications were made
  
- D. OCPR: Offender Case Plan Review**
  - 1. This code is used when there are no changes made and the officer is documenting the review with the offender.
  - 2. The following will be included in the contact note:
    - a. Document the case plan was reviewed and no changes are currently necessary
    - b. Note any progress towards case plan goals or needs
  
- E. OCPT: Offender Case Plan Transitional**
  - 1. This code is used when indicating a transitional case plan review has been completed for those offenders being received after being released from an institution or received as a transfer from another community supervision office.
  - 2. The following will be included in the contact note:
    - a. List the reason for the case plan review
    - b. List any modifications required
    - c. List any other applicable information
  
- F. XOCP: Offender Case Plan Not Completed**
  - 1. This code is used when indicating an offender’s case plan was not completed.
  - 2. The following will be included in the contact note:
    - a. List the reason the case plan was not completed
    - b. Note the remedial action/sanctions are being taken to bring offender into compliance. If offender remains in delinquency the following month, note specifically what remedial actions/sanctions were implemented.

**XXXIII. Sanction Codes–Policy #704.10**

**A. General**

1. All sanctions shall be documented in the OMS conversation in a timeframe pursuant to Policy #706.03. Officers shall complete a detailed comment outlining the offender's noncompliant behavior, date the officers imposed sanction(s), the sanction level, sanction imposed, and progress with the completion of each sanction(s) imposed.
2. Sanctions shall be documented utilizing the Notice of Sanction, CR-4068, which shall be printed and placed in the offender's case file pursuant to Policy #706.01.
3. Offenders must be present at the time of sanctioning, excluding those zero tolerance violations as outlined in VI.(B)(4). The officer and offender shall sign the Notice of Sanction, CR-4068, which shall serve as notice of sanction(s) imposed. Offenders shall receive a copy of the notice of sanction form after the signatures are obtained, which also provides the offender with information pertaining to the right of appeal, if applicable.
4. The best tool to use is the sanction matrix that is found on the Intranet. The left side of the matrix are the sanction codes that list the violations. The right side of the matrix are the selections of imposed sanctions (colored-the sanction level).
5. The option the officer chooses automatically enters the corresponding code into the OMS. The officer will enter details about the sanction in the distributed application which will automatically populate in the OMS.

**B. NPFO: Non-Payment (Financial Obligations)**

1. This code is used when indicating the offender has not made a payment for their financial obligations
2. The following will be included in the contact note:
  - a. List the non-payment
  - b. List amount in arrears
  - c. List any remedial actions
  - d. List any other applicable information
  - e. List imposed sanction

**C. FCLS: Failure to Comply with Lawful Instructions/FSW Recommendations/Special Conditions of Supervision**

1. This code is used when indicating the offender has not followed lawful instructions or FSW recommendations or special conditions of supervision.
2. The following will be included in the contact note:
  - a. List the lawful instructions or FSW recommendations or special conditions of supervision which the offender failed to comply
  - b. List any remedial actions
  - c. List any other applicable information
  - d. List imposed sanction

**D. FRVC: Failure to Report Criminal Behavior**

1. This code is used when indicating the offender has failed to report any criminal behavior.
2. The following will be included in the contact note:
  - a. List method of notification
  - b. List the violation or criminal behavior
  - c. List any legal action taken against the offender

- d. List any remedial actions
- e. List any other applicable information
- f. List imposed sanction

**E. FAPT: Failure to Attend Programming/Treatment (Sex Offender)**

- 1. This code is used when an offender fails to attend programming or Sex Offender Treatment.
- 2. The following will be included in the contact note:
  - a. List method of notification
  - b. List any resulting actions from the provider
  - c. List any remedial actions
  - d. List any other applicable information
  - e. List imposed sanction

**F. MOPC: Moved without Permission or Notification (excluding sex offenders), leaving the county without permission, Violation Curfew**

- 1. This code is used to indicate when an offender, excluding sex offenders, has moved without permission or violated curfew.
- 2. The following will be included in the contact note:
  - a. List details for this violation
  - b. List the method of notification
  - c. List the new address if applicable
  - d. List any remedial actions
  - e. List any other applicable information

**G. ORPD: One Positive Drug Screen/Alcohol Use (Sex Offender Only)**

- 1. This code is used when indicating when an offender has one positive drug screen or sex offender alcohol use. This code is not to be used during the intake process.
- 2. The following will be included in the contact:
  - a. List details of violation
  - b. List all positive drug outcomes
  - c. State if a referral to the FSW was made and the appointment date
  - d. List any remedial actions
  - e. List any other applicable information

**H. FALR: Failure to Report as instructed**

- 1. This code is used when documenting an offender has failed to report as instructed.
- 2. The following will be included in the contact note:
  - a. Any attempts and their results to contact the offender, including any phone numbers or individuals
  - b. List the next report date and time
  - c. List any remedial actions
  - d. List any other applicable information

**I. NMCB: New Criminal Charge/Citation (Class B Misdemeanor or below)**

- 1. This code is used when an offender has received a new criminal charge or citation regarding a Class B Misdemeanor or below. This code is not to be used with sex offenders.
- 2. The following will be included in the contact note:

- a. List the new charge(s) or citation(s)
  - b. Class of each charge or citation
  - c. Date, time and location of the charge(s) or citation(s)
  - d. List any resulting or pending legal action(s)
  - e. Method of notification regarding the charge(s) or citation(s)
  - f. List any remedial actions
  - g. List any other applicable information
  - h. List imposed sanction
- J. TRPT: Terminated from programing/treatment/non-compliant sex offender treatment**
- 1. This code is used when an offender is terminated from a class, treatment or is non-compliant with Sex Offender Treatment.
  - 2. The following will be included in the contact note:
    - a. List the program and reason for termination
    - b. Method of notification regarding termination or non-compliance with Sex Offender Treatment
    - c. List any remedial actions
    - d. List any other applicable information
    - e. List imposed sanction
- K. MPDS: In a six-month period more than one positive drug screen (all offenders), more than one alcohol use (sex offenders only).**
- 1. This code is used when any offender has more than one positive drug screen or a sex offender has more than one alcohol use within a six-month period.
  - 2. The following will be included in the contact note:
    - a. List what drugs had positive outcomes
    - b. List if FSW referral made, enter date and time of appointment if applicable
    - c. List any remedial actions
    - d. List any other applicable information
    - e. List imposed sanction
- L. FALS: Failure to comply with sanction**
- 1. This code is used when an offender fails to comply with the imposed sanction.
  - 2. The following will be included in the contact note:
    - a. List any reason(s) the offender failed to comply
    - b. List any remedial actions
    - c. List any other applicable information
    - d. List imposed sanction
- M. FALC: Consistently fails to report/failure to comply with sex offender treatment contract**
- 1. This code is used when an offender consistently fails to report or fails to comply with the Sex Offender Treatment Contract.
  - 2. The following will be included in the contact note:
    - a. List any reason(s) the offender failed to comply
    - b. List Sex Offender Treatment Provider is the contract with
    - c. List last known contact or attempt to contact with offender, to include phone number or individual spoken with

- d. Method of notification
- e. List any remedial actions
- f. List any other applicable information
- g. List imposed sanction

**N. NCS1: Three or more non-compliance with Level 1 sanctions in a year**

- 1. This code is when an offender has failed to comply with three (3) or more Level 1 sanctions in one (1) year.
- 2. The following will be included in the contact note:
  - a. List the non-compliant sanctions, to include dates
  - b. Last known contact or attempted contact with the offender, to include phone number or individual spoken with
  - c. Method of notification
  - d. List any remedial actions
  - e. List any other applicable information
  - f. List imposed sanction

**O. NCS2: Two or more non-compliance with level 2 sanctions in a year**

- 1. This code is used when an offender has failed to comply with two (2) or more Level 2 sanctions in one (1) year.
- 2. The following will also be included in the contact note:
  - a. List the sanctions and dates of the non-compliance
  - b. Last known contact or attempted contact with the offender, to include phone number or individual spoken with
  - c. Method of notification regarding non-compliance
  - d. List any remedial actions
  - e. List any other applicable information
  - f. List imposed sanction

**P. NCS3: Any non-compliance with level 3 sanctions in a year**

- 1. This code is used when an offender has any non-compliance with a Level 3 sanction within one (1) year.
- 2. The following will be included in the contact note:
  - a. List the sanctions and dates of the non-compliance
  - b. List the reasons for the non-compliance
  - c. Last know contact or attempted contact with the offender, to include phone number and individual spoken with
  - d. Method of notification regarding non-compliance
  - e. List any remedial actions
  - f. List any other applicable information
  - g. List imposed sanction

**Q. MST3: Second Level 2 sanction applied within six months in a year.**

- 1. This code is used when an offender has received a second Level 2 sanction within six (6) months in a one (1) year.
- 2. The following will be included in the contact note:
  - a. List the sanctions and dates of the two (2) Level 2 sanctions
  - b. List if the sanctions were successful; if not explain why
  - c. List any remedial actions



- d. List any other applicable information
  - e. List imposed sanction
- R. ZPTD: Positive drug screen for methamphetamine (excluding intake drug screens)**
- 1. This code is used when an offender has tested positive for methamphetamine during a drug screen, except during intake.
  - 2. The following will be included in the contact note:
    - a. List any remedial action
    - b. List any other applicable information
    - c. List imposed sanction
- S. RSDS: Refusal to submit to a drug screen (Zero Tolerance)**
- 1. This code is used when offender refuses to submit to a drug screen.
  - 2. The following will be included in the contact note:
    - a. List any remedial action to be taken
    - b. List any other applicable information
    - c. List imposed sanction
- T. RFRS: Refusal to submit to a search (Zero Tolerance)**
- 1. This code is used when an offender refuses to submit to a search.
  - 2. The following will be included in the contact note:
    - a. Reason for the search
    - b. Reason for refusal
    - c. List any remedial action to be taken
    - d. List any other applicable information
    - e. List imposed sanction
- U. ABSV: Absconded Supervision (Zero Tolerance)**
- 1. This code is used when the offender is being declared an absconder by the supervising officer after completing the investigation.
  - 2. The following will be included in the contact note:
    - a. List the last time, date and location of contact or attempted contact with the offender
    - b. Method of notification regarding absconding, if applicable
    - c. List any remedial action
    - d. List any other applicable information
    - e. List imposed sanction
- V. WFIR: Possession of Firearm (Zero Tolerance)**
- 1. This code is used when an offender is discovered to be in possession of a firearm.
  - 2. The following will be included in the contact note:
    - a. Date and time of firearm(s) discovery
    - b. Location of firearm(s) discovery
    - c. Type(s) and number of firearm(s) discovered
    - d. Method of notification regarding possession of firearm(s)
    - e. List any remedial action
    - f. List any other applicable information
    - g. List imposed sanction

- W. NCAC: New Criminal Class A Misdemeanor Arrest/Conviction (Zero Tolerance)**
1. This code is used when an offender has a new Criminal Class A Misdemeanor Arrest/Conviction.
  2. The following will be included in the contact note:
    - a. List the new charge(s) or citation(s)
    - b. Date, time and location of the charge(s) or citation(s)
    - c. List any resulting or pending legal action(s)
    - d. Method of notification regarding the charge(s) or citation(s)
    - e. List any remedial actions
    - f. List any other applicable information
    - g. List imposed sanction
- X. NCAF: New Criminal Felony Arrest/Conviction (Any Arrest charge for sex offenders) (Zero Tolerance)**
1. This code is used when a sex offender receives any new felony arrest or conviction.
  2. The following will be included in the contact note:
    - a. List the new charge(s) or citation(s)
    - b. Class of each charge or citation
    - c. Date, time and location of the charge(s) or citation(s)
    - d. List any resulting or pending legal action(s)
    - e. Method of notification regarding the charge(s) or citation(s)
    - f. List any remedial actions
    - g. List any other applicable information List imposed sanction
    - h. List imposed sanction