

DATE OF REPORT	OUT-STANDING ISSUE Y/N	Monitoring Instrument	ITEM NO.	NON-COMPLIANCE ISSUE	CONTRACTOR RESPONSE/DATE/ CORRECTIVE ACTION TAKEN	DATE/METHOD OF CONFIRMATION BY MONITOR/COMMENTS	TDOC MANAGEMENT COMMENTS/NOTES
10/13/06	Yes	Drug testing and Substance abuse treatment	1 through 7	While monitoring drug testing procedures this period, staff could not provide documentation to support testing for July and August 2006. Even though some documentation was present for Septembers testing, the 10% of population required weren't completed.	Warden's response dated: 10/16/06 Just prior to the audit of this area, the drug testing officer went on FMLA leave and has not returned to work. Facility staff was unable to find the required documentation. Another employee has been assigned the responsibility for drug testing.	<b>CM note:</b> Non-compliance issued 1/25/07 for same or similar items, items outstanding.	
10/16/06	Yes	Records and Reports	10	Staff could not provide requested records/documentation required for conducting a complete quarterly audit of inmate drug testing procedures.	Warden's response dated: 10/18/06: As noted on the previous finding, the UA officer went on sudden FMLA leave just prior to the audit of this area and the supervisor's position had been vacant with the person hired for the position still in training. Changes in this area of assignment have been made and steps to correct the deficiencies and preclude their reoccurrence are being taken.	Verified 1/25/07: By review of drug testing documentation and TOMIS entries.	
10/18/06	Yes	Use of Force	4g(1,2,3)	A planned non-emergency use of force with chemical agents occurred to extract inmate from his cell. The warden/designee was not notified for prior approval of a large canister of OC chemical agents (MK IX) to be used during this extraction. Medical staff had been notified nor was the inmates medical file reviewed prior". Staff with first-hand knowledge did enter a TOMIS report, (00675408) Use of Force chemical agents. This report does not reflect a true and accurate account of the incident as witnessed by the acting CD.	Warden's response dated: 10/23/06 An investigation was conducted by AW and Chief into this incident and the resulting use of force. Facility agrees that the Lt. who was just recently promoted into the position failed to follow applicable policy and that the TOMIS report contained information that was not completely accurate. The Lt. was counseled and will receive disciplinary action.	<b>CM note:</b> Non-compliance issued 11/6/06 for same or similar item, item outstanding.	
10/19/06	Yes	Records and Reports	2b, 10	Staff with first-hand knowledge did enter a TOMIS report, (00675408) Use of Force chemical agents. This report does not reflect a true and accurate account of the incident as witnessed by the acting CD.	Warden's response dated: 10/23/06 First issue is a repeat of the other NC finding of same date and incident and as answered on that response, corrective action is being taken. As to the failure to provide incident reports, the facility acknowledges that due to several recent changes in staffing including the Chief of Security, Asst. Chief of Security and the Chief of Security's secretary, there was some confusion regarding the provision of the CCA incident report to the monitor and communications have been made to appropriate staff to provide the 5-1A to the monitor in the future.	Verified 2/6/07: By review of incident reports UOF chemical agents 1/4/07 and 2/6/07.	

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10/26/06	Yes	Special management Inmates	2b	Inmate was segregated 10/16/06 pending an investigation for protective custody. The protective services routing form (CR-3241) was not provided to the Commissioners Designee for approval within the 72-hour policy guideline.	Warden's response date: 11/6/06 Corrective actions have been initiated to ensure that the CR-3241 form is completed and given to the Commissioner's Designee as soon as it is reviewed by the Chief of Security.	Verified 12/26/06: by review of segregation documentation, inmates files and TOMIS entries.	
10/26/06	Yes	Records and Reports	10	On 10/30/06 staff used force (chemical agents) incident #00676614. The 5-1a incident report packet wasn't submitted to the CD by conclusion of the shift. This report was under the TDOC Liaisons door 11/2/06. Furthermore the 5-1a and TOMIS report does not reflect a true and accurate account of the incident told to the CM by the shift supervisor.	Warden's response, dated 11/28/06, makes the following points: 1. The report cited by the CM is required to be completed within 21 days. 2. The CM should have advised the Warden that the report was expected by the end of the shift. 3. The NCR is not specific enough to respond to. 4. The Liaisons do not work to improve facility operation and cooperation. 5. The Liaisons keep trying to find things that are wrong, resulting in inaccurate reports based on assumptions rather than facts. 6. The TDOC is not complying with many requirements of the contract, including weekly meetings between the Warden and Liaisons. 7. The Liaisons continue to seek minute details to report on without discussing them with the Warden in advance.	CM note: Non-compliance issued 10/19/06 and 11/6/06 for same or similar item, item outstanding.	<b>12/11/06 DCCO CM note (summarized):</b> 1. Policy requires the Use of Force report to be submitted to the CD no later than the conclusion of shift. 2. The late submission of these reports was reported on an NCR 10/19/06. 3. This incident is dealt with in the NCR for item 4g above. The Warden admits in his response that the Use of Force report in question was not accurate. 4. TDOC staff constantly communicate with facility staff. 5. Open communication does not preclude the use of the monitoring process required by the contract and policy. 6. WCFA management has indicated such meetings would not be helpful or necessary. 7. The issues discussed in the NCRs issued by the CM are not "minute". They are required by Policies and the contract, and are listed on the monitoring instruments with which the State safeguards its interests.
11/6/06	Yes	Use of Force	4g (2,3)	Staff used OC from a (MK IV) canister on an inmate inside an unlocked cell without prior notification to medical staff or review of medical file. When reporting incident to the CD, shift supervisor failed to mention any details of inmate aggressive behavior. There is no documentation in inmates medical file to support that medical staff was advised during the pre-segregation evaluation that the inmate had chewed/swallowed an alleged substance, possibly drugs.	Warden's response, dated 11/28/06, makes the following points: 1. The CD's report that the Shift Supervisor had not told her about the inmate's alleged aggressive behavior was based only on her feelings. 2. The issue raised by the CM that the gas was used in a cell is irrelevant. 3. The use of force was spontaneous and did not require prior approval. 4. Policy does not require that medical be made aware that the inmate who was gassed was trying to swallow something (reportedly drugs) at the time. 5. TDOC staff fails to communicate with facility staff.		<b>12/11/06 DCCO CM note (summarized):</b> The CD's report is based on what she was told by the Shift Supervisor. 2. WCFA policy requires medical review prior to gas use; use of gas to make an inmate spit something out is questionable, and the cell door could simply have been closed if the inmate was aggressive. 3. This was not a spontaneous use of force. 4. it would have been appropriate for medical staff to have been made aware that the inmate had swallowed something and for this to be documented in the inmate's medical file, and for a drug screen to have been performed. 5. TDOC staff regularly communicate with facility staff.

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11/15/06	Yes	Disciplinary Procedures	4a (6)	10 inmates were segregated 10/31/06 after being on a segregation waiting list. The segregation packs with movement confinement forms were not immediately made available for commissioner's designee review until 11/13/06.	Warden's response dated: 11/20/06 On October 31, 2006, Disciplinary Chairperson SCO Ponds sought and received approval for the above Segregation placements and four additional inmates who are not on the above list, by notifying TDOC Bettie Hammond via telephone and discussing the placements. Additionally, per the Chief of Security's Secretary, on November 1, 2006, the segregation packs with movement confinement forms were placed in the TDOC Office. However, the employee who retrieved the files from the TDOC Office failed to check all of the files to ensure they were signed and therefore ten out of the fourteen files were not signed.		
1/25/07	No	Drug testing and Substance abuse treatment	1c,2f,2g ,2i	1c. Staff conducted 16 reasonable suspicion drug screens during December 06. Only 4 were documented as authorized/approved by designated staff. 2f. Positive test results were not maintained in a confidential file. 2g. No documentation to support treatment services are recommended for inmates convicted of a positive drug test. 2i. No documentation to support that inmates who test positive on a drug screen are retested as required.	Warden's response dated: 1/29/07 Warden concurs with findings. A new Drug Testing Officer was recently appointed and while he has made significant progress in improving this area of operations, was deficient in the areas noted. Corrections have been made in all areas noted to ensure these findings are not repeated.		

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1/31/07	NO	Use of Force	4g(1), 4g(2)	Assistant Shift Supervisor used chemical agents (OC) inappropriately to control an inmate inside a segregation cell. When staff opened the food flap to retrieve food trays the inmate threw a substance. Asst. Supervisor immediately reacted by spraying the inmates twice with a MK-IX fogger through the food flap. The Shift Supervisor approved for a large canister (MK-IX) of OC chemical agents to be issued without question or a complete understanding of the events surrounding the incident. Prior precautions were not taken in advance to minimize OC exposure to inmate Griffin who was not an active participant. Medical staff was not notified prior or present during the use of force nor were the affected inmates medical records reviewed prior to the use of chemical agents.	Warden's response dated 2/6/07: Warden concurs that the Assistant Shift Supervisor failed to follow proper procedure in this incident and reacted to the inmate throwing what was believed to be urine on the staff involved by utilizing inflammatory agent (OC).		

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10/13/06	Yes	Drug testing and Substance abuse treatment	1 through 7	While monitoring drug testing procedures this period, staff could not provide documentation to support testing for July and August 2006. Even though some documentation was present for Septembers testing, the 10% of population required weren't completed.	Warden's response dated: 10/16/06 Just prior to the audit of this area, the drug testing officer went on FMLA leave and has not returned to work. Facility staff was unable to find the required documentation. Another employee has been assigned the responsibility for drug testing.	<b>CM note:</b> Non-compliance issued 1/25/07 for same or similar items, items outstanding.	
10/18/06	Yes	Use of Force	4g(1,2,3)	A planned non-emergency use of force with chemical agents occurred to extract inmate from his cell. The warden/designee was not notified for prior approval of a large canister of OC chemical agents (MK IX) to be used during this extraction. Medical staff had been notified nor was the inmates medical file reviewed prior". Staff with first-hand knowledge did enter a TOMIS report, (00675408) Use of Force chemical agents. This report does not reflect a true and accurate account of the incident as witnessed by the acting CD.	Warden's response dated: 10/23/06 An investigation was conducted by AW and Chief into this incident and the resulting use of force. Facility agrees that the Lt. who was just recently promoted into the position failed to follow applicable policy and that the TOMIS report contained information that was not completely accurate. The Lt. was counseled and will receive disciplinary action.	<b>CM note:</b> Non-compliance issued 11/6/06 and 1/31/07 for same or similar item, item outstanding.	
10/26/06	Yes	Records and Reports	10	On 10/30/06 staff used force (chemical agents) incident #00676614. The 5-1a incident report packet wasn't submitted to the CD by conclusion of the shift. This report was under the TDOC Liaisons door 11/2/06. Furthermore the 5-1a and TOMIS report does not reflect a true and accurate account of the incident told to the CM by the shift supervisor.	Warden's response, dated 11/28/06, makes the following points: 1. The report cited by the CM is required to be completed within 21 days. 2. The CM should have advised the Warden that the report was expected by the end of the shift. 3. The NCR is not specific enough to respond to. 4. The Liaisons do not work to improve facility operation and cooperation. 5. The Liaisons keep trying to find things that are wrong, resulting in inaccurate reports based on assumptions rather than facts. 6. The TDOC is not complying with many requirements of the contract, including weekly meetings between the Warden and Liaisons. 7. The Liaisons continue to seek minute details to report on without discussing them with the Warden in advance.	<b>CM note:</b> Non-compliance issued 10/19/06 and 11/6/06 for same or similar item, item outstanding.	<b>12/11/06 DCCO CM note (summarized):</b> 1. Policy requires the Use of Force report to be submitted to the CD no later than the conclusion of shift. 2. The late submission of these reports was reported on an NCR 10/19/06. 3. This incident is dealt with in the NCR for item 4g above. The Warden admits in his response that the Use of Force report in question was not accurate. 4. TDOC staff constantly communicate with facility staff. 5. Open communication does not preclude the use of the monitoring process required by the contract and policy. 6. WCFA management has indicated such meetings would not be helpful or necessary. 7. The issues discussed in the NCRs issued by the CM are not "minute". They are required by Policies and the contract, and are listed on the monitoring instruments with which the State safeguards its interests.

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11/6/06	Yes	Use of Force	4g (2,3)	Staff used OC from a (MK IV) canister on an inmate inside an unlocked cell without prior notification to medical staff or review of medical file. When reporting incident to the CD, shift supervisor failed to mention any details of inmate aggressive behavior. There is no documentation in inmates medical file to support that medical staff was advised during the pre-segregation evaluation that the inmate had chewed/swallowed an alleged substance, possibly drugs.	Warden's response, dated 11/28/06, makes the following points: 1. The CD's report that the Shift Supervisor had not told her about the inmate's alleged aggressive behavior was based only on her feelings. 2. The issue raised by the CM that the gas was used in a cell is irrelevant. 3. The use of force was spontaneous and did not require prior approval. 4. Policy does not require that medical be made aware that the inmate who was gassed was trying to swallow something (reportedly drugs) at the time. 5. TDOC staff fails to communicate with facility staff.	CM note: Non-compliance issued 10/18/06 and 1/31/07 for same or similar item, item outstanding.	<b>12/11/06 DCCO CM note (summarized):</b> The CD's report is based on what she was told by the Shift Supervisor. 2. WCFA policy requires medical review prior to gas use; use of gas to make an inmate spit something out is questionable, and the cell door could simply have been closed if the inmate was aggressive. 3. This was not a spontaneous use of force. 4. it would have been appropriate for medical staff to have been made aware that the inmate had swallowed something and for this to be documented in the inmate's medical file, and for a drug screen to have been performed. 5. TDOC staff regularly communicate with facility staff.
11/15/06	Yes	Disciplinary Procedures	4a (6)	10 inmates were segregated 10/31/06 after being on a segregation waiting list. The segregation packs with movement confinement forms were not immediately made available for commissioner's designee review until 11/13/06.	Warden's response dated: 11/20/06 On October 31, 2006, Disciplinary Chairperson SCO Ponds sought and received approval for the above Segregation placements and four additional inmates who are not on the above list, by notifying TDOC Bettie Hammond via telephone and discussing the placements. Additionally, per the Chief of Security's Secretary, on November 1, 2006, the segregation packs with movement confinement forms were placed in the TDOC Office. However, the employee who retrieved the files from the TDOC Office failed to check all of the files to ensure they were signed and therefore ten out of the fourteen files were not signed.		
1/25/07	Yes	Drug testing and Substance abuse treatment	1c,2f,2g,2i	<b>1c.</b> Staff conducted 16 reasonable suspicion drug screens during December 06. Only 4 were documented as authorized/approved by designated staff. <b>2f.</b> Positive test results were not maintained in a confidential file. <b>2g.</b> No documentation to support treatment services are recommended for inmates convicted of a positive drug test. <b>2i.</b> No documentation to support that inmates who test positive on a drug screen are retested as required.	Warden's response dated: 1/29/07 Warden concurs with findings. A new Drug Testing Officer was recently appointed and while he has made significant progress in improving this area of operations, was deficient in the areas noted. Corrections have been made in all areas noted to ensure these findings are not repeated.		

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2/27/07	NO	Use of Force	3a	On January 1, 2007 staff used physical force to conduct a strip search of an inmate. A TOMIS (LIBJ) report was not entered for this incident within policy guidelines.	Warden's response dated: 3/2/07: It is my understanding that on the date of this incident the Shift Supervisor entered an LIBJ incident report on the finding of the drugs (TOMIS #00683027) but did fail to enter a separate incident report for the Use of Force. Upon discovery of this the necessary report was entered into the TOMIS system. (See #689631). The supervisor on this shift is one of the most experienced supervisors and simply forgot to do the additional report.		
2/27/07	NO	Records and Reports	2b	Same as above	Same as above		

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10/18/06	Yes	Use of Force	4g(1,2, 3)	A planned non-emergency use of force with chemical agents occurred to extract inmate from his cell. The warden/designee was not notified for prior approval of a large canister of OC chemical agents (MK IX) to be used during this extraction. Medical staff had been notified nor was the inmates medical file reviewed prior". Staff with first-hand knowledge did enter a TOMIS report, (00675408) Use of Force chemical agents. This report does not reflect a true and accurate account of the incident as witnessed by the acting CD.	Warden's response dated: 10/23/06 An investigation was conducted by AW and Chief into this incident and the resulting use of force. Facility agrees that the Lt. who was just recently promoted into the position failed to follow applicable policy and that the TOMIS report contained information that was not completely accurate. The Lt. was counseled and will receive disciplinary action.	<b>Verified 3/31/07:</b> By review of UOF chemical agents incidents 2/6, 2/17, 3/6, 3/11, 3/24 appropriate procedures and documentation. <b>CM note:</b> Non-compliance issued 11/6/06 and 1/31/07 for same or similar item, item outstanding.	
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1/25/07	Yes	Drug testing and Substance abuse treatment	1c,2f,2g,2i	<b>1c.</b> Staff conducted 16 reasonable suspicion drug screens during December 06. Only 4 were documented as authorized/approved by designated staff. <b>2f.</b> Positive test results were not maintained in a confidential file. <b>2g.</b> No documentation to support treatment services are recommended for inmates convicted of a positive drug test. <b>2i.</b> No documentation to support that inmates who test positive on a drug screen are retested as required.	Warden's response dated: 1/29/07 Warden concurs with findings. A new Drug Testing Officer was recently appointed and while he has made significant progress in improving this area of operations, was deficient in the areas noted. Corrections have been made in all areas noted to ensure these findings are not repeated.	<b>Verified 3/29/07:</b> By review of testing procedures, documentation and log books. <b>CM note:</b> Prior non-compliance issued 10/13/06 for same or similar items, items outstanding.	

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2/27/07	Yes	Records and Reports	2b	Same as above	Same as above		
3/8/07	NO	Security and Control-Counts	5	Routine inmate movement is not ceased 15 minutes prior to count. Inmates are not in their assigned cells 15 minutes before count time.	Warden's response dated: 3/12/07: Facility concurs that inmates have not been in cells 15 minutes prior to count. The facility schedule has been revised and every effort will be made to have inmates in their cell 15 minutes prior to count times.		

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3/9/07	NO	Policies and Procedures manual	1a	December 1, 2006, while monitoring the inmate library, CM discovered that some TDOC policies that WCFA is not required to follow but should be accessible to TDOC inmates were not in the library. To this date these policies are not readily accessible to the inmate general population.	Warden's response dated: 3/9/07: Policies have been made accessible. Policy nor contract requires these policies to be made available but we concur it is the right thing to do and had agreed to place them there when this issue arose several months ago. The clerk tasked with the directive to place these in the library in the library miscommunicated the intention to the librarian and the policies were provided to the librarian but not made available to the inmate population. This was not the intention of facility management and has been corrected.		
3/23/07	NO	Records and Reports	6a(3)	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eight (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined	<b>CM note:</b> Non-compliance issued 8/8/06 for same or similar item, item outstanding.	<b><u>5/3/07 CMC note: Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.</u></b>

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2/27/07	Yes	Use of Force	3a	On January 1, 2007 staff used physical force to conduct a strip search of an inmate. A TOMIS (LIBJ) report was not entered for this incident within policy guidelines.	Warden's response dated: 3/2/07: It is my understanding that on the date of this incident the Shift Supervisor entered an LIBJ incident report on the finding of the drugs (TOMIS #00683027) but did fail to enter a separate incident report for the Use of Force. Upon discovery of this the necessary report was entered into the TOMIS system. (See #689631). The supervisor on this shift is one of the most experienced supervisors and simply forgot to do the additional report.		
2/27/07	Yes	Records and Reports	2b	Same as above	Same as above		
3/8/07	Yes	Security and Control-Counts	5	Routine inmate movement is not ceased 15 minutes prior to count. Inmates are not in their assigned cells 15 minutes before count time.	Warden's response dated: 3/12/07: Facility concurs that inmates have not been in cells 15 minutes prior to count. The facility schedule has been revised and every effort will be made to have inmates in their cell 15 minutes prior to count times.		
3/9/07	Yes	Policies and Procedures manual	1a	December 1, 2006, while monitoring the inmate library, CM discovered that some TDOC policies that WCFA is not required to follow but should be accessible to TDOC inmates were not in the library. To this date these policies are not readily accessible to the inmate general population.	Warden's response dated: 3/9/07: Policies have been made accessible. Policy nor contract requires these policies to be made available but we concur it is the right thing to do and had agreed to place them there when this issue arose several months ago. The clerk tasked with the directive to place these in the library in the library miscommunicated the intention to the librarian and the policies were provided to the librarian but not made available to the inmate population. This was not the intention of facility management and has been corrected.		
3/23/07	Yes	Records and Reports	6a(3)	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eight (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined	<b>CM note:</b> Non-compliance issued 8/8/06 for same or similar item, item outstanding.	<b>6/6/07 CMC note: Breach letter issued by Commissioner 5/14/07. 5/3/07 CMC note:</b> Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.

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4/18/07	NO	Special Management Inmates	2b	Inmate was segregated 4/14/07 pending an investigation for protective custody. The protective services routing form (CR-3241) was not provided to the Commissioners Designee for approval within the 72-hour policy guideline.	Warden's response date: 4/18/07: Concur that the supervisor failed to obtain signature within proscribed time frame. He had obtained the Designee's verbal approval at the time of the placement but filed the form in the segregation packet. The error was later discovered and TDOC liaison's signature obtained but it was outside the time frame in policy. The Shift Supervisor handling the Protective Custody Investigation routing process had transferred from another facility shortly before this and followed the procedure used at that facility, as he had become accustomed. He has subsequently had the TDOC required process communicated to him.	<b>CM note:</b> Non-compliance issued 10/26/06 for same or similar item, item outstanding.	
5/1/07	NO	Records and Reports	10	According to TOMIS incident report #00697394, at 6:05am an inmate was found unresponsive by the facility medical clinic officer. The inmate was transported to outside hospital where he was pronounced dead. WCF Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.	<b>CM note:</b> Non-compliance issued 10/16/06, 10/19/06 and 11/6/06 for same or similar item, item outstanding.	<b>6/6/07 CMC note:</b> <u>Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.</u>

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2/27/07	Yes	Use of Force	3a	On January 1, 2007 staff used physical force to conduct a strip search of an inmate. A TOMIS (LIBJ) report was not entered for this incident within policy guidelines.	Warden's response dated: 3/2/07: It is my understanding that on the date of this incident the Shift Supervisor entered an LIBJ incident report on the finding of the drugs (TOMIS #00683027) but did fail to enter a separate incident report for the Use of Force. Upon discovery of this the necessary report was entered into the TOMIS system. (See #689631). The supervisor on this shift is one of the most experienced supervisors and simply forgot to do the additional report.	Verified 5/22/07: By review of TOMIS incident reports, facility reports and segregation logs.	
2/27/07	Yes	Records and Reports	2b	Same as above	Same as above	Verified 5/22/07: By review of TOMIS incident reports, facility reports and segregation logs.	
3/8/07	Yes	Security and Control-Counts	5	Routine inmate movement is not ceased 15 minutes prior to count. Inmates are not in their assigned cells 15 minutes before count time.	Warden's response dated: 3/12/07: Facility concurs that inmates have not been in cells 15 minutes prior to count. The facility schedule has been revised and every effort will be made to have inmates in their cell 15 minutes prior to count times.	Verified 5/24/07: By review of inmate movement prior to counts, outcount count sheets, countroom procedures and routine movement.	
3/9/07	Yes	Policies and Procedures manual	1a	December 1, 2006, while monitoring the inmate library, CM discovered that some TDOC policies that WCFA is not required to follow but should be accessible to TDOC inmates were not in the library. To this date these policies are not readily accessible to the inmate general population.	Warden's response dated: 3/9/07: Policies have been made accessible. Policy nor contract requires these policies to be made available but we concur it is the right thing to do and had agreed to place them there when this issue arose several months ago. The clerk tasked with the directive to place these in the library in the library miscommunicated the intention to the librarian and the policies were provided to the librarian but not made available to the inmate population. This was not the intention of facility management and has been corrected.	Verified 5/22/07: By review of applicable/accessible TDOC and facility policies in inmate library.	
3/23/07	Yes	<b>Records and Reports</b>	<b>6a(3)</b>	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eight (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined	<b>CM note:</b> Non-compliance issued 8/8/06 for same or similar item, item outstanding.	<b>6/6/07 CMC note:</b> Breach letter issued by Commissioner 5/14/07. <b>5/3/07 CMC note:</b> Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.

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4/18/07	No	Special Management Inmates	2b	Inmate was segregated 4/14/07 pending an investigation for protective custody. The protective services routing form (CR-3241) was not provided to the Commissioners Designee for approval within the 72-hour policy guideline.	Warden's response date: 4/18/07: Concur that the supervisor failed to obtain signature within proscribed time frame. He had obtained the Designee's verbal approval at the time of the placement but filed the form in the segregation packet. The error was later discovered and TDOC liaison's signature obtained but it was outside the time frame in policy. The Shift Supervisor handling the Protective Custody Investigation routing process had transferred from another facility shortly before this and followed the procedure used at that facility, as he had become accustomed. He has subsequently had the TDOC required process communicated to him.	<b>CM note:</b> Non-compliance issued 10/26/06 for same or similar item, item outstanding.	
5/1/07	No	<b>Records and Reports</b>	<b>10</b>	According to TOMIS incident report #00697394, at 6:05am an inmate was found unresponsive by the facility medical clinic officer. The inmate was transported to outside hospital where he was pronounced dead. WCF Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.	<b>CM note:</b> Non-compliance issued 10/16/06, 10/19/06 and 11/6/06 for same or similar item, item outstanding.	<b><u>7/5/07 CMC note: Notice of Breach letter issued by Commissioner 6/7/07. 6/6/07 CMC note:</u></b> Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.

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3/23/07	Yes	<b>Records and Reports</b>	<b>6a(3)</b>	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eights (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined		<b>6/6/07 CMC note:</b> Breach letter issued by Commissioner 5/14/07. <b>5/3/07 CMC note:</b> Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.
4/18/07	No	Special Management Inmates	2b	Inmate was segregated 4/14/07 pending an investigation for protective custody. The protective services routing form (CR-3241) was not provided to the Commissioners Designee for approval within the 72-hour policy guideline.	Warden's response date: 4/18/07: Concur that the supervisor failed to obtain signature within proscribed time frame. He had obtained the Designee's verbal approval at the time of the placement but filed the form in the segregation packet. The error was later discovered and TDOC liaison's signature obtained but it was outside the time frame in policy. The Shift Supervisor handling the Protective Custody Investigation routing process had transferred from another facility shortly before this and followed the procedure used at that facility, as he had become accustomed. He has subsequently had the TDOC required process communicated to him.	Verified 7/19/07 by review of segregation logs, TOMIS entries and PC routing. <b>CM note:</b> Non-compliance issued 10/26/06 for same or similar item, item outstanding.	
5/1/07	No	<b>Records and Reports</b>	<b>10</b>	According to TOMIS incident report #00697394, at 6:05am an inmate was found unresponsive by the facility medical clinic officer. The inmate was transported to outside hospital where he was pronounced dead. WCF Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.		<b>7/5/07 CMC note: Notice of Breach letter issued by Commissioner 6/7/07. 6/6/07 CMC note:</b> Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.



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3/23/07	Yes	<b>Records and Reports</b>	<b>6a(3)</b>	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eights (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined		<b>6/6/07 CMC note:</b> Breach letter issued by Commissioner 5/14/07. <b>5/3/07 CMC note:</b> Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.
4/18/07	Yes	Special Management Inmates	2b	Inmate was segregated 4/14/07 pending an investigation for protective custody. The protective services routing form (CR-3241) was not provided to the Commissioners Designee for approval within the 72-hour policy guideline.	Warden's response date: 4/18/07: Concur that the supervisor failed to obtain signature within proscribed time frame. He had obtained the Designee's verbal approval at the time of the placement but filed the form in the segregation packet. The error was later discovered and TDOC liaison's signature obtained but it was outside the time frame in policy. The Shift Supervisor handling the Protective Custody Investigation routing process had transferred from another facility shortly before this and followed the procedure used at that facility, as he had become accustomed. He has subsequently had the TDOC required process communicated to him.	Verified 7/19/07 by review of segregation logs, TOMIS entries and PC routing. <b>CM note:</b> Non-compliance issued 10/26/06 for same or similar item, item outstanding.	
5/1/07	Yes	<b>Records and Reports</b>	<b>10</b>	According to TOMIS incident report #00697394, at 6:05am an inmate was found unresponsive by the facility medical clinic officer. The inmate was transported to outside hospital where he was pronounced dead. WCF Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.		<b>7/5/07 CMC note:</b> Notice of Breach letter issued by Commissioner 6/7/07. <b>6/6/07 CMC note:</b> Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.

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7/18/07	No	Security Equipment	4	WCFA staff notified TDOC Liaison that a MK IX chemical agent fogger was missing from central control.	Warden's response July 24, 2007: The Warden concurs that the item was found to be missing from Central Control and that it was not logged out. He also indicates that an investigation was conducted and remains open, but has not identified the person responsible. He indicates that it appears to have been stolen rather than issued and not returned. He states that this is not a contractual violation but is rather the act of an individual acting outside the scope of their employment and the policies and practices of the facility. Both the Commissioner's Designee and the Contract Monitor were fully apprised as well as the Acting Assistant Commissioner. An LIBJ entry was made in accordance with TDOC policy. No 5-1 packet was provided to TDOC because one was not prepared. This incident is not categorized as requiring a 5-1 packet.		
7/18/07	No	Use of Force	7i	This security equipment (fogger) was not logged out nor any documentation as to its location. It was later discovered a staff member had removed the fogger from the facility without permission.			
7/18/07	No	<b>Records and Reports</b>	<b>10</b>	No CCA 5-1 report packet was submitted to the CD by conclusion of the shift, nor was a finalized report submitted within 21 days of occurrence.			<u>9/24/07 CMC note: Determined not to be a non-compliance issue for this item. The CCA 5-1 policy is currently under review and the distribution requirement is in question.</u>

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3/23/07	Yes	Records and Reports	6a(3)	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eights (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined		<u>9/24/07 CMC note: Verification of Breach cure pending.</u> <b>6/6/07 CMC note:</b> Breach letter issued by Commissioner 5/14/07. <b>5/3/07 CMC note:</b> Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.
5/1/07	Yes	Records and Reports	10	According to TOMIS incident report #00697394, at 6:05am an inmate was found unresponsive by the facility medical clinic officer. The inmate was transported to outside hospital where he was pronounced dead. WCF Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.		<u>9/24/07 CMC note: Verification of Breach cure pending.</u> <b>7/5/07 CMC note:</b> Notice of Breach letter issued by Commissioner 6/7/07. <b>6/6/07 CMC note:</b> Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.
7/18/07	No	Security Equipment	4	WCFA staff notified TDOC Liaison that a MK IX chemical agent fogger was missing from central control. There is no record in the equipment issuance log in Central Control that the fogger was issued.	Warden's response July 24, 2007: The Warden concurs that the item was found to be missing from Central Control and that it was not logged out. He also indicates that an investigation was conducted and remains open, but has not identified the person responsible. He indicates that it appears to have been stolen rather than issued and not returned. He states that this is not a contractual violation but is rather the act of an individual acting outside the scope of their employment and the policies and practices of the facility. Both the Commissioner's Designee and the Contract Monitor were fully apprised as well as the Acting Assistant Commissioner. An LIBJ entry was made in accordance with TDOC policy. No 5-1 packet was provided to TDOC because one was not prepared. This incident is not categorized as requiring a 5-1 packet.		
7/18/07	No	Use of Force	7i	This security equipment (fogger) was not logged out nor any documentation as to its location. It was later discovered a staff member had removed the fogger from the facility without permission.	This security equipment (fogger) was not logged out nor any documentation as to its location. It was later discovered a staff member had removed the fogger from the facility without permission.		<u>9/24/07 CMC note: It has been determined that the non-compliance item Security Equipment #4, above, is more appropriately applicable to this incident. Use of Force item 7i will not be found in non-compliance due to this incident.</u>

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3/23/07	Yes	<b>Records and Reports</b>	<b>6a(3)</b>	Inmate was transported and admitted to outside hospital after attempting suicide. A suicide note was left in the cell for staff to find. Staff failed to enter TOMIS (LIBJ) reports within eights (8) hours of the incident's occurrence/discovery concerning the attempted suicide and transportation to outside hospital and surrounding incidents.	Wardens response dated: 4/16/07 The Warden concurs that the supervisor on duty failed to enter the appropriate LIBJ report. The LIBJ has since been entered and the supervisor that was responsible for the incident entry was disciplined.		<u>10/16/07 CMC note: Warden's response dated 10/1/07 indicates there have been no reoccurrences since initial response to the NCR. This has been verified. The Breach is determined to be cured.</u> 9/24/07 CMC note: Verification of Breach cure pending. 6/6/07 CMC note: Breach letter issued by Commissioner 5/14/07. 5/3/07 CMC note: Determined to be a Breach issue (2nd finding on semi-annual instrument in 18 mo [ref. NCR dated 8/8/06]). Notice of Breach letter pending.
5/1/07	Yes	<b>Records and Reports</b>	<b>10</b>	An inmate was found unresponsive by the facility medical clinic officer and transported to outside hospital where he was pronounced dead. WCFA Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.		<u>10/16/07 CMC note: Warden's response dated 10/1/07 indicates there have been no reoccurrences since initial response to the NCR. This has been verified. The Breach is determined to be cured.</u> 9/24/07 CMC note: Verification of Breach cure pending. 7/5/07 CMC note: Notice of Breach letter issued by Commissioner 6/7/07. 6/6/07 CMC note: Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.

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7/19/07	Yes	Security Equipment	4	WCFA staff notified TDOC Liaison that a MK IX chemical agent fogger was missing from central control. There is no record in the equipment issuance log in Central Control that the fogger was issued.	Warden's response July 24, 2007: The Warden concurs that the item was found to be missing from Central Control and was not logged out. He also indicates that an investigation was conducted and remains open, but has not identified the person responsible, and that it appears to have been stolen rather than issued and not returned. He states that this is not a contractual violation but is rather the act of an individual acting outside the scope of their employment and the policies and practices of the facility. Both the CD and CM were fully apprised as well as the Acting Assistant Commissioner. An LIBJ entry was made in accordance with TDOC policy. No 5-1 packet was provided to TDOC because one was not prepared. This incident is not categorized as requiring a 5-1 packet.		
9/11/07	No	Staffing	1b	All three shifts and the administrative shift are using rosters that are not approved by TDOC.	Warden's response September 24, 2007: Revised rosters have been submitted for approval.		
9/11/07	No	Staffing	3	Several posts not manned according to the shift rosters provided by the institution. Weekend rosters not provided to the monitor. SCO in segregation unit was not being reflected on the rosters as a critical post.	Warden's response September 24, 2007: Verification that the noted posts were covered was provided to the monitor. The shift supervisor had inadvertently failed to show the staff on the shift rosters but records/logbooks reflect these posts were manned. Monitor was provided the rosters in question. The rosters did not reflect a supervisor as mandatory in segregation, however the practice since this meeting has been to assign a supervisor to segregation. Logbooks and rosters reflect this was done.		
9/18/07	No	Staffing	16	Three of six personnel files of applicable staff did not contain copies of signed security addendum form.	Warden's response September 24, 2007: Training was conducted in the past year for all applicable staff however the three (3) files that did not have a signed security addendum had been promoted/hired since that time and had not had this completed. The HR Manager will ensure that this is accomplished for all future hires in the applicable positions and the ones currently lacking this will have a signed copy placed in their file.		

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9/19/07	No	Use of Force	3h	On two different incidents, one on 6-2-07 and one on 8-14-07, notification exceeded the one (1) hour timeframe.	Warden's response September 24, 2007: Facility attempted to reach CD within the hour time frame but the time shown on the incident report was the actual time that contact was made. There are times when the supervisors are unable to reach CD within the specified time frame. In the future if the CM is not immediately available, call will be made to the CM. Additionally supervisors will log times in report that calls were made with no answer and if neither the CD or CM can be reached then Turney Center will be notified.		<b>10/30/07 CMC note: This is the 2nd instrument in 12 months on which this item has been found in non-compliance. A third non-compliance finding will trigger a Breach.</b>
9/19/07	No	Use of Force	4a	The requirements of the applicable approved Use of Force policies were not followed concerning issuance of chemical agents and reporting use, as noted in Items 3h above and 7e below.	Warden's response: September 24, 2007: See 3h above and 7e below.		
9/19/07	No	Use of Force	7e	On 7-1-07, a MK 9 fogger was issued to the Assistant Shift Supervisor. On 8-21-07, a MK 9 fogger was issued to a Correctional Officer. Per CCA approved policy neither of these positions are authorized.	Warden's response September 24, 2007: <b>Warden does not concur.</b> TDOC approved facility policy specifies that use of OC must be approved by Shift supervisor or higher authority. It does not state that OC cannot be issued to other staff. He notes in both incidents the supervisor sent personnel to pick up the OC.		
9/19/07	No	Use of Force	7i	On 7-22-07, at 7:20 p.m. a MK 9 fogger was used in a Use of Force incident. There is no record of a MK9 fogger being issued by Central Control.	Warden's response September 24, 2007: The facility concurs that the staff in central control failed to log the issuance of OC in this instance as required. Corrective steps have been taken to address their failure.		
9/27/07	No	Security and Controls - Counts	1b	On 9-3-07, 9-12.07 and 9-21-07, there were count slips filled out incorrectly or not in their entirety.	Warden's response October 3, 2007: Facility agrees with the noncompliance issues concerning S/C - Count. After review, it was discovered that each of the three shifts had contributed to the noncompliance issues. Therefore, on Oct. 2, 2007, a meeting was held with all Shift Supervisors and Count Room Officers to conduct training on the proper count procedures and expectations of count. Additionally, the Shift Supervisors will personally observe the count procedure while each count is being conducted and ensure that the policy is being followed. Also, the Chief of Security will monitor the count procedure and the Shift Supervisors to ensure compliance.		

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9/27/07	No	Security and Controls - Counts	4d	On 9-25-07, at 10:30 am count, all out-count slips were not received prior to count being announced.			
10/3/07	No	Food Service	2	On 7-29-07, sack lunches were served for the dinner meal, however, no documentation could be found to support this substitution.			
10/3/07	No	Food Service	20	Eating utensils are sent by the case to segregation unit, however, they are in bulk form and have no covering whatsoever.			
10/3/07	No	Food Service	34b	On two different dates, hot food delivered to segregation unit never reached required temperature of 140 degrees.			

DATE OF REPORT	OUT-STANDING ISSUE Y/N	Monitoring Instrument	ITEM NO.	NON-COMPLIANCE ISSUE	CONTRACTOR RESPONSE/DATE/ CORRECTIVE ACTION TAKEN	DATE/METHOD OF CONFIRMATION BY MONITOR/COMMENTS	TDOC MANAGEMENT COMMENTS/NOTES
5/1/07	Yes	<b>Records and Reports</b>	<b>10</b>	An inmate was found unresponsive by the facility medical clinic officer and transported to outside hospital where he was pronounced dead. WCFA Warden notified Acting Assistant Commissioner at 7:40am. As per Department of Corrections Central Office memorandum dated July 2004 to all facility warden's. "Class (A) incidents, and other incidents assessed by the facility official as significant and requiring prompt notification, shall be reported to the Assistant Commissioner of Operations immediately by phone on a 24 hour basis by the warden".	Warden's response dated 5/9/07: I was notified at approx. 6:15 at home that the inmate had been found unresponsive, medical staff was performing CPR and EMS was en-route. There was no intention to delay in this instance. At 6:05 I had no information other than an inmate who was unresponsive was being transported to the emergency room and made the notification immediately upon reaching the facility and obtaining the information that he had died and the particulars. From what I have since discovered the shift supervisor erred in prematurely telling the TDOC Liaison that an inmate had died long before receiving a death pronouncement from the hospital. TDOC Liaison then called the Asst. Commissioner and informed him that we had an inmate death.		<u>11/21/07 CMC note: After additional discussion of this incident and NCR between CCA and TDOC management staff, it has been determined that this specific incident was not a non-compliance issue. The NCR and subsequent finding of Breach have, therefore, been withdrawn and removed from the tracking system. NOTE: Previous non-compliance findings are still valid for this item. 10/16/07 CMC note: Warden's response dated 10/1/07 indicates there have been no reoccurrences since initial response to the NCR. This has been verified. The Breach is determined to be cured. 9/24/07 CMC note: Verification of Breach cure pending. 7/5/07 CMC note: Notice of Breach letter issued by Commissioner 6/7/07. 6/6/07 CMC note: Since this is the second instrument in an 18-month period on which this item has been found in non-compliance (ref. NCRs dated 10/16/06, 10/19/06 and 10/26/06), this item is now in breach. Breach letter pending.</u>
7/19/07	Yes	Security Equipment	4	WCFA staff notified TDOC Liaison that a MK IX chemical agent fogger was missing from central control. There is no record in the equipment issuance log in Central Control that the fogger was issued.	Warden's response July 24, 2007: The Warden concurs that the item was found to be missing from Central Control and was not logged out. He also indicates that an investigation was conducted and remains open, but has not identified the person responsible, and that it appears to have been stolen rather than issued and not returned. He states that this is not a contractual violation but is rather the act of an individual acting outside the scope of their employment and the policies and practices of the facility. Both the CD and CM were fully apprised as well as the Acting Assistant Commissioner. An LIBJ entry was made in accordance with TDOC policy. No 5-1 packet was provided to TDOC because one was not prepared. This incident is not categorized as requiring a 5-1 packet.		<u>11/21/07 CMC note: The theft of the chemical agent was an illegal act by an individual acting outside of Policy, however, the accountability for chemical agents and the secure storage and accessibility to such security devices is an institutional and contractual issue. This is a valid compliance concern. The monitor will check the appropriate storage, issuance, use and accessibility to chemical agents to verify that appropriate corrective action has been taken.</u>
9/11/07	Yes	Staffing	1b	All three shifts and the administrative shift are using rosters that are not approved by TDOC.	Warden's response September 24, 2007: Revised rosters have been submitted for approval.	CM note: Asst. Commissioner approved rosters on 10-11-07.	<u>Approval of the rosters has occurred. The institution is advised that only approved rosters are to be used. PRIOR TDOC approval is required for any changes to rosters, staffing patterns or policies.</u>
9/11/07	Yes	Staffing	3	Several posts not manned according to the shift rosters provided by the institution. Weekend rosters not provided to the monitor. SCO in segregation unit was not being reflected on the rosters as a critical post.	Warden's response September 24, 2007: Verification that the noted posts were covered was provided to the monitor. The shift supervisor had inadvertently failed to show the staff on the shift rosters but records/logbooks reflect these posts were manned. Monitor was provided the rosters in question. The rosters did not reflect a supervisor as mandatory in segregation, however the practice since this meeting has been to assign a supervisor to segregation. Logbooks and rosters reflect this was done.	CM note: Log books and records did show posts were manned as required.	<u>This is a valid monitoring issue. The approved rosters for documentation of security post assignments must be accurately completed.</u>



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9/18/07	Yes	Staffing	16	Three of six personnel files of applicable staff did not contain copies of signed security addendum form.	Warden's response September 24, 2007: Training was conducted in the past year for all applicable staff however the three (3) files that did not have a signed security addendum had been promoted/hired since that time and had not had this completed. The HR Manager will ensure that this is accomplished for all future hires in the applicable positions and the ones currently lacking this will have a signed copy placed in their file.		
9/19/07	Yes	Use of Force	3h	On two different incidents, one on 6-2-07 and one on 8-14-07, notification exceeded the one (1) hour timeframe.	Warden's response September 24, 2007: Facility attempted to reach CD within the hour time frame but the time shown on the incident report was the actual time that contact was made. There are times when the supervisors are unable to reach CD within the specified time frame. In the future if the CM is not immediately available, call will be made to the CM. Additionally supervisors will log times in report that calls were made with no answer and if neither the CD or CM can be reached then Turney Center will be notified.		<b>11/21/07 CMC note: The procedures cited in the response to this NCR as corrective action to be taken are already required by Policy. The monitor will check subsequent Use of Force notifications to verify that Policy is now being adhered to. 10/30/07 CMC note:</b> This is the 2nd instrument in 12 months on which this item has been found in non-compliance. A third non-compliance finding will trigger a Breach.
9/19/07	Yes	Use of Force	4a	The requirements of the applicable approved Use of Force policies were not followed concerning issuance of chemical agents and reporting use, as noted in Items 3h above and 7e below.	Warden's response: September 24, 2007: See 3h above and 7e below.		
9/19/07	Yes	Use of Force	7e	<b>Redacted</b>			
9/19/07	Yes	Use of Force	7i	On 7-22-07, at 7:20 p.m. a MK 9 fogger was used in a Use of Force incident. There is no record of a MK9 fogger being issued by Central Control.	Warden's response September 24, 2007: The facility concurs that the staff in central control failed to log the issuance of OC in this instance as required. Corrective steps have been taken to address their failure.		
9/27/07	Yes	Security and Controls - Counts	1b	On 9-3-07, 9-12-07 and 9-21-07, there were count slips filled out incorrectly or not in their entirety.	Warden's response October 3, 2007 indicates that the facility agrees with the noncompliance issues. After review, it was discovered that each of the three shifts had contributed to the noncompliance issues. Therefore, on Oct. 2, 2007, a meeting was held with all Shift Supervisors and Count Room Officers to conduct training on the proper count procedures and expectations of count. Additionally, the Shift Supervisors will personally observe the count procedure while each count is being conducted and ensure that the policy is being followed. Also, the Chief of Security will monitor the count procedure and the Shift Supervisors to ensure compliance.		
9/27/07	Yes	Security and Controls - Counts	4d	On 9-25-07, at 10:30 am count, all out-count slips were not received prior to count being announced.	Same as above.		
10/3/07	Yes	Food Service	2	On 7-29-07, sack lunches were served for the dinner meal, however, no documentation could be found to support this substitution.	Warden's response dated 10/18/07: Facility concurs and the following actions have been taken to correct the identified areas: All substitutions will have a hard copy of form sent to AW and will be checked to verify they are being properly completed;		
10/3/07	Yes	Food Service	20	Eating utensils are sent by the case to segregation unit, however, they are in bulk form and have no covering whatsoever.	Warden's response dated 10/18/07: Starting 10/2/07 separately pre-wrapped utensils are being used.	Monitored on 11/5/07 and eating utensils were individually wrapped.	

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10/3/07	Yes	Food Service	34b	On two different dates, hot food delivered to segregation unit never reached required temperature of 140 degrees.	Warden response dated 10/18/07: A warming cart is now being used to transport trays from FS to seg unit and meals will be checked on a random basis each week by the Chief of Security and the FS Manager for temp compliance.	Monitored on 11/5/07 and food was still not at the required temperatures.	
10/24/07	No	Release and Pre-Release	16	No copies of Health Care Discharge Summary CR-3616 could be located.	Wardens response dated 10/30/07: Facility concurs that this document has not been maintained in the medical files. As verified by the facility IPO's WCFA medical staff have been completing the required document and forwarding to the IPO's but have not retained and filed a copy.		
10/29/07	No	Security and Control - Searches	6	Checked twenty (20) cells where contraband was found and disciplinary issued. Eleven (11) did not have LIBQ/LIBR, six (6) had LIBQ but LIBR was incorrect. It do show items found in cell as charged on LIBJ.	Warden response dated 11/01/07: WCFA agrees with the noncompliance issue. The Unit Managers and Shift Captains have been advised that each time a cell is searched, regardless of the reason (confidential information or other reason) that a LIBQ and LIBR must be completed. The Chief of Unit Management and Chief of Security will follow up to ensure this is being completed in every instance.		
10/31/07	No	Inmate Identification	2	Inmate Institutional Files, Volumes I & II were checked on twenty-five (25) files. Thirteen (13) were noncompliant in regards to the Face Sheet. Five (5) were missing the face sheet either in Volume I or II or both. Two (2) had black and white photos; policy requires they be in color. six (6) files exceeded the four (4) year timeframe required by policy.	Wardens response dated 11/2/07: Facility concurs that the files were in non-compliance as stated and a process to ensure compliance has been initiated. However would note that the TDOC equipment used to take and print the photos was not working for several months (June-September 2007) thus created a serious backlog. Additional employees were assigned to assist in this process as at the time the equipment was repaired there was a backlog of 175 inmates needing photos.		<b>11/21/07 CMC note: This issue was not caused by equipment malfunction. The photos had been made, but were not placed in the IIR, as required.</b>

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7/19/07	Yes	Security Equipment	4	WCFA staff notified TDOC Liaison that a MK IX chemical agent fogger was missing from central control. There is no record in the equipment issuance log in Central Control that the fogger was issued.	Warden's response July 24, 2007: The Warden concurs that the item was found to be missing from Central Control and was not logged out. He also indicates that an investigation was conducted and remains open, but has not identified the person responsible, and that it appears to have been stolen rather than issued and not returned. He states that this is not a contractual violation but is rather the act of an individual acting outside the scope of their employment and the policies and practices of the facility. Both the CD and CM were fully apprised as well as the Acting Assistant Commissioner. An LIBJ entry was made in accordance with TDOC policy. No 5-1 packet was provided to TDOC because one was not prepared. This incident is not categorized as requiring a 5-1 packet.		<b>11/21/07 CMD note:</b> The theft of the chemical agent was an illegal act by an individual acting outside of Policy, however, the accountability for chemical agents and the secure storage and accessibility to such security devices is an institutional and contractual issue. This is a valid compliance concern. The monitor will check the appropriate storage, issuance, use and accessibility to chemical agents to verify that appropriate corrective action has been taken.
9/11/07	No	Staffing	3	Several posts not manned according to the shift rosters provided by the institution. Weekend rosters not provided to the monitor. SCO in segregation unit was not being reflected on the rosters as a critical post.	Warden's response September 24, 2007: Verification that the noted posts were covered was provided to the monitor. The shift supervisor had inadvertently failed to show the staff on the shift rosters but records/logbooks reflect these posts were manned. Monitor was provided the rosters in question. The rosters did not reflect a supervisor as mandatory in segregation, however the practice since this meeting has been to assign a supervisor to segregation. Logbooks and rosters reflect this was done.	Log books and records did show posts were manned as required.	<b>12/21/07 CMD note:</b> <u>The monitor will examine the rosters in a subsequent month to ensure that the corrective action has been effective.</u> <b>1/21/07 CMD note:</b> This is a valid monitoring issue. The approved rosters for documentation of security post assignments must be accurately completed.
9/18/07	No	Staffing	16	Three of six personnel files of applicable staff did not contain copies of signed security addendum form.	Warden's response September 24, 2007: Training was conducted in the past year for all applicable staff however the three (3) files that did not have a signed security addendum had been promoted/hired since that time and had not had this completed. The HR Manager will ensure that this is accomplished for all future hires in the applicable positions and the ones currently lacking this will have a signed copy placed in their file.	Security addendum forms have been signed by all applicable staff.	<b>12/21/07 CMD note:</b> <u>The monitor will check files for applicable new hires in a subsequent month to ensure corrective action has been effective.</u>
9/19/07	No	Use of Force	3h	On two different incidents, one on 6-2-07 and one on 8-14-07, notification exceeded the one (1) hour timeframe.	Warden's response September 24, 2007: Facility attempted to reach CD within the hour time frame but the time shown on the incident report was the actual time that contact was made. There are times when the supervisors are unable to reach CD within the specified time frame. In the future if the CM is not immediately available, call will be made to the CM. Additionally supervisors will log times in report that calls were made with no answer and if neither the CD or CM can be reached then Turney Center will be notified.		<b>11/21/07 CMD note:</b> The procedures cited in the response to this NCR as corrective action to be taken are already required by Policy. The monitor will check subsequent Use of Force notifications to verify that Policy is now being adhered to. <b>10/30/07 CMD note:</b> This is the 2nd instrument in 12 months on which this item has been found in non-compliance. A third non-compliance finding will trigger a Breach.
9/19/07	No	Use of Force	4a	The requirements of the applicable approved Use of Force policies were not followed concerning issuance of chemical agents and reporting use, as noted in Items 3h above and 7e below.	Warden's response: September 24, 2007: See 3h above and 7e below.		
9/19/07	No	Use of Force	7e	<b>Redacted</b>			
9/19/07	No	Use of Force	7i	On 7-22-07, at 7:20 p.m. a MK 9 fogger was used in a Use of Force incident. There is no record of a MK9 fogger being issued by Central Control.	Warden's response September 24, 2007: The facility concurs that the staff in central control failed to log the issuance of OC in this instance as required. Corrective steps have been taken to address their failure.		

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9/27/07	No	Security and Controls - Counts	1b	On 9-3-07, 9-12-07 and 9-21-07, there were count slips filled out incorrectly or not in their entirety.	Warden's response October 3, 2007: Facility agrees with the noncompliance issues concerning S/C - Count. After review, it was discovered that each of the three shifts had contributed to the noncompliance issues. Therefore, on Oct. 2, 2007, a meeting was held with all Shift Supervisors and Count Room Officers to conduct training on the proper count procedures and expectations of count. Additionally, the Shift Supervisors will personally observe the count procedure while each count is being conducted and ensure that the policy is being followed. Also, the Chief of Security will monitor the count procedure and the Shift Supervisors to ensure compliance.		
9/27/07	No	Security and Controls - Counts	4d	On 9-25-07, at 10:30 am count, all out-count slips were not received prior to count being announced.	Same as above.		
10/3/07	No	Food Service	2	On 7-29-07, sack lunches were served for the dinner meal, however, no documentation could be found to support this substitution.	Warden's response dated 10/18/07: Facility concurs and the following actions have been taken to correct the identified areas: All substitutions will have a hard copy of form sent to AW and will be checked to verify they are being properly completed;		
10/3/07	No	Food Service	20	Eating utensils are sent by the case to segregation unit, however, they are in bulk form and have no covering whatsoever.	Warden's response dated 10/18/07: Starting 10/2/07 separately pre-wrapped utensils are being used.	<b>Corrective action verified:</b> Monitored on 11/5/07 and eating utensils were individually wrapped.	
10/3/07	No	Food Service	34b	On two different dates, hot food delivered to segregation unit never reached required temperature of 140 degrees.	Warden response dated 10/18/07: A warming cart is now being used to transport trays from FS to seg unit and meals will be checked on a random basis each week by the Chief of Security and the FS Manager for temp compliance.	Monitored on 11/5/07 and food was still not at the required temperatures. AWO Collins and F/Mgr. Logan are working to come up with a solution. At this point, temperatures are not consistently at the required temperature.	
10/24/07	No	Release and Pre-Release	16	No copies of Health Care Discharge Summary CR-3616 could be located.	Wardens response dated 10/30/07: Facility concurs that this document has not been maintained in the medical files. As verified by the facility IPO's WCFA medical staff have been completing the required document and forwarding to the IPO's but have not retained and filed a copy.		
10/29/07	No	Security and Control - Searches	6	Checked twenty (20) cells where contraband was found and disciplinary issued. Eleven (11) did not have LIBQ/LIBR, six (6) had LIBQ but LIBR was incorrect. It do show items found in cell as charged on LIBJ.	Warden response dated 11/01/07: WCFA agrees with the noncompliance issue. The Unit Managers and Shift Captains have been advised that each time a cell is searched, regardless of the reason (confidential information or other reason) that a LIBQ and LIBR must be completed. The Chief of Unit Management and Chief of Security will follow up to ensure this is being completed in every instance.	<b>Corrective action verified:</b> Monitor checked searches daily and LIBQ/LIBR are now being done for cell searches where contraband is found.	
10/31/07	No	Inmate Identification	2	Inmate Institutional Files, Volumes I & II were checked on twenty-five (25) files. Thirteen (13) were noncompliant in regards to the Face Sheet. Five (5) were missing the face sheet either in Volume I or II or both. Two (2) had black and white photos; policy requires they be in color. six (6) files exceeded the four (4) year timeframe required by policy.	Wardens response dated 11/2/07: Facility concurs that the files were in non-compliance as stated and a process to ensure compliance has been initiated. However would note that the TDOC equipment used to take and print the photos was not working for several months (June-September 2007) thus created a serious backlog. Additional employees were assigned to assist in this process as at the time the equipment was repaired there was a backlog of 175 inmates needing photos.		<b>11/21/07 CMD note:</b> This issue was not caused by equipment malfunction. The photos had been made, but were not placed in the IIR, as required.

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11/8/07	Yes	Security and Control - Counts	4a	While monitoring the 4:30 am count in I pod on November 5, 2007, the control room light was showing unsecure for cell IA-110. Both officers said no one was assigned to that cell. However, the count room had 2 inmates assigned to cell IA-110. One inmate had been moved to cell IA-103 and the other had been moved to cell IA-107. The count room was not notified that these inmates had changed cells. This apparently meant that these inmates were not properly accounted for on TOMIS or the count room locator board, and had gone through counts uncorrected.	Wardens response dated 11/15/07: A directive has been given to facility employees that in no circumstance are inmates to be moved without count room approval. The employee who initiated these moves was identified and corrective action has been taken. Unit Managers and other supervisory staff are conducting meetings with line staff to ensure all staff know not to move inmates unless approved by the count room. This has also been added to the Warden's agenda for the upcoming staff recall meetings on November 27th that all employees are expected to attend.		<u>1/7/08 CMD note: This item is identified as an Essential item. It has been determined that a Breach notification will not be issued at this time; however, a letter of concern will be sent addressing this issue.</u>
11/19/07	Yes	Special Management Inmates	NIN	Per TDOC incident #721199, on November 16, 2007 at approximately 12:30 p.m., a maximum custody inmate and a protective custody inmate were placed in the recreation cage together. The max. inmate pulled a 10 inch homemade weapon and held to the PC inmate's throat. Verbal attempts by the Mental Health Supervisor and Nurse Practitioner were successful to retrieve the weapon. No use of force or injury resulted.	Wardens response dated 12/3/07: The facility agrees that staff assigned to supervise and monitor the segregation unit activities had failed to follow applicable policy and post orders resulting in this incident. As a result of this incident a thorough review of segregation operations was conducted by external CCA management staff and areas were identified that contributed to this incident. A number of immediate actions were taken to ensure a higher level of supervision and accountability of staff assigned to the recreation unit and to full compliance with TDOC/CCA policies and post orders. In addition, a meeting was held with Managing Director Kevin Myers and Wardens of all 3 TDOC contract facilities. This meeting addressed segregation concerns at WCFA, HCCF and SCCF and outlined a plan to establish a focus team to evaluate current operations at each facility.		<u>1/7/08 CMD note: This issue, due to the significance of the incident, is being considered an Essential requirement. As such, a notification of Breach is being drafted for distribution.</u>

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7/19/07	Yes	Security Equipment	4	WCFA staff notified TDOC Liaison that a MK IX chemical agent fogger was missing from central control. There is no record in the equipment issuance log in Central Control that the fogger was issued.	Warden's response July 24, 2007: The Warden concurs that the item was found to be missing from Central Control and was not logged out. He also indicates that an investigation was conducted and remains open, but has not identified the person responsible, and that it appears to have been stolen rather than issued and not returned. He states that this is not a contractual violation but is rather the act of an individual acting outside the scope of their employment and the policies and practices of the facility. Both the CD and CM were fully apprised as well as the Acting Assistant Commissioner. An LIBJ entry was made in accordance with TDOC policy. No 5-1 packet was provided to TDOC because one was not prepared. This incident is not categorized as requiring a 5-1 packet.	Verified 12/4/07: Equipment issuance properly documented in logs.	<b>1/31/08 CMD note: The issue of proper procedures for the issuance and documentation of security equipment, including chemical agents, needs to be effectively addressed. The monitor is requested to verify the effectiveness of the corrective action taken within 30 days. If the problem persists, another NCR should be issued.</b> 11/21/07 CMD note: The theft of the chemical agent was an illegal act by an individual acting outside of Policy, however, the accountability for chemical agents and the secure storage and accessibility to such security devices is an institutional and contractual issue. This is a valid compliance concern. The monitor will check the appropriate storage, issuance, use and accessibility to chemical agents to verify that appropriate corrective action has been taken.
9/19/07	Yes	Use of Force	3h	On two different incidents, one on 6-2-07 and one on 8-14-07, notification exceeded the one (1) hour timeframe.	Warden's response September 24, 2007: Facility attempted to reach CD within the hour time frame but the time shown on the incident report was the actual time that contact was made. There are times when the supervisors are unable to reach CD within the specified time frame. In the future if the CM is not immediately available, call will be made to the CM. Additionally supervisors will log times in report that calls were made with no answer and if neither the CD or CM can be reached then Turney Center will be notified.	Verified 12/7/07: All notifications have been within required time.	<b>11/21/07 CMD note:</b> The procedures cited in the response to this NCR as corrective action to be taken are already required by Policy. The monitor will check subsequent Use of Force notifications to verify that Policy is now being adhered to. <b>10/30/07 CMD note:</b> This is the 2nd instrument in 12 months on which this item has been found in non-compliance. A third non-compliance finding will trigger a Breach.
9/19/07	Yes	Use of Force	4a	The requirements of the applicable approved Use of Force policies were not followed concerning issuance of chemical agents and reporting use, as noted in Items 3h above and 7e below.	Warden's response: September 24, 2007: See 3h above and 7e below.	Repeat finding 12/7/07 below.	<b>1/31/08 CMD note: The non-compliance finding for this item is being removed. The problem is addressed separately and sufficiently by findings for other monitored items. The issue of proper procedures for the issuance and documentation of security equipment, including chemical agents, needs to be effectively addressed.</b>
9/19/07	Yes	Use of Force	7e	<b>Redacted</b>			
9/19/07	Yes	Use of Force	7i	On 7-22-07, at 7:20 p.m. a MK 9 fogger was used in a Use of Force incident. There is no record of a MK9 fogger being issued by Central Control.	Warden's response September 24, 2007: The facility concurs that the staff in central control failed to log the issuance of OC in this instance as required. Corrective steps have been taken to address their failure.	Repeat finding 12/7/07 below.	
9/27/07	Yes	Security and Controls - Counts	1b	On 9-3-07, 9-12-07 and 9-21-07, there were count slips filled out incorrectly or not in their entirety.	Warden's response October 3, 2007: "Facility agrees... a meeting was held with all Shift Supervisors and Count Room Officers to conduct training on the proper count procedures and expectations of count. Additionally, the Shift Supervisors will personally observe the count procedure while each count is being conducted and...the Chief of Security will monitor the count procedure and the Shift Supervisors..."	<b>Corrective Action Verified 11/7/07:</b> Count slips were completed accurately.	
9/27/07	Yes	Security and Controls - Counts	4d	On 9-25-07, at 10:30 am count, all out-count slips were not received prior to count being announced.	Same as above.	<b>Corrective Action Verified 11/5/07:</b> Paperwork received prior to count being announced.	

Instrument name and Item numbers for Liquidated Damages issues are in BOLD print

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10/3/07	Yes	Food Service	2	On 7-29-07, sack lunches were served for the dinner meal, however, no documentation could be found to support this substitution.	Warden's response dated 10/18/07: Facility concurs and the following actions have been taken to correct the identified areas: All substitutions will have a hard copy of form sent to AW and will be checked to verify they are being properly completed;	<b>Corrective Action Verified - December 18, 2007:</b> All substitutions had documentation.	
10/3/07	Yes	Food Service	34b	On two different dates, hot food delivered to segregation unit never reached required temperature of 140 degrees.	Warden response dated 10/18/07: A warming cart is now being used to transport trays from FS to seg unit and meals will be checked on a random basis each week by the Chief of Security and the FS Manager for temp compliance.	<b>Outstanding:</b> Monitored on 11/5/07 and food was still not at the required temperatures. AWO F/Mgr. are working to come up with a solution. At this point, temperatures are not consistently at the required temperature.	
10/24/07	Yes	Release and Pre-Release	16	No copies of Health Care Discharge Summary CR-3616 could be located.	Wardens response dated 10/30/07: Facility concurs that this document has not been maintained in the medical files. As verified by the facility IPO's WCFA medical staff have been completing the required document and forwarding to the IPO's but have not retained and filed a copy.	<b>Corrective Action Verified - December 21, 2007:</b> Checked medical files, a copy of CR-3616 is being kept now.	
10/31/07	Yes	Inmate Identification	2	Inmate Institutional Files, Volumes I & II were checked on twenty-five (25) files. Thirteen (13) were noncompliant in regards to the Face Sheet. Five (5) were missing the face sheet either in Volume I or II or both. Two (2) had black and white photos; policy requires they be in color. six (6) files exceeded the four (4) year timeframe required by policy.	Wardens response dated 11/2/07: Facility concurs that the files were in non-compliance as stated and a process to ensure compliance has been initiated. However would note that the TDOC equipment used to take and print the photos was not working for several months (June-September 2007) thus created a serious backlog. Additional employees were assigned to assist in this process as at the time the equipment was repaired there was a backlog of 175 inmates needing photos.	<b>Corrective Action Verified - December 12, 2007:</b> All files have been checked and face sheets are in the files as required.	<b>11/21/07 CMD note:</b> This issue was not caused by equipment malfunction. The photos had been made, but were not placed in the IIR, as required.
11/8/07	Yes	Security and Control - Counts	4a	The count room was not notified that 2 inmates had changed cells. This apparently meant that these inmates were not properly accounted for on TOMIS or the count room locator board, and had gone through counts uncorrected.	Wardens response dated 11/15/07: A directive has been given to facility employees that in no circumstance are inmates to be moved without count room approval. The employee who initiated these moves was identified and corrective action has been taken. Unit Managers and other supervisory staff are conducting meetings with line staff to ensure all staff know not to move inmates unless approved by the count room. This has also been added to the Warden's agenda for the upcoming staff recall meetings on November 27th that all employees are expected to attend.	<b>Monitors Note:</b> On 12/19/07 went to the unit to verify that the problem had been fixed. An Inmate, according to LIMC/count room was assigned to IA202, but he was living in IA103. Therefore will continue to monitor compliance on this item.	<b>1/31/08 CMD note: Letter of Concern issued 1/16/08.</b> <b>1/7/08 CMD note:</b> This item is identified as an Essential item. It has been determined that a Breach notification will not be issued at this time; however, a letter of concern will be sent addressing this issue.
11/19/07	Yes	Special Management Inmates	NIN	Per TDOC incident #721199, on November 16, 2007 at approximately 12:30 p.m., a maximum custody inmate and a protective custody inmate were placed in the recreation cage together.	Wardens response dated 12/3/07: "The facility agrees that staff...failed to follow applicable policy and post orders... As a result of this incident a thorough review of segregation operations was conducted by external CCA management staff... A number of immediate actions were taken to ensure a higher level of supervision and accountability...In addition, a meeting...with Managing Director Kevin Myers and Wardens of all 3 TDOC contract facilities...addressed segregation concerns at WCFA, HCCF and SCCF and outlined a plan to establish a focus team to evaluate current operations at each facility."		<b>1/31/08 CMD note: Breach letter issued 1/16/08.</b> <b>1/7/08 CMD note:</b> This issue, due to the significance of the incident, is being considered an Essential requirement. As such, a notification of Breach is being drafted for distribution.

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12/4/07	No	Drug Testing and Substance Abuse Treatment	2e	There were ten (10) positive drug screens. Four (4) inmates never received a disciplinary for this charge. (They were entered into the computer, but never issued.) <b>Essential Item.</b>	Wardens response dated 12/4/07. WCFA concurs with the noncompliance issues. Staff did not follow already established procedures to ensure all DR's were logged, entered printed and served. This resulted in some DR's being entered but unprocessed.	<b>Corrective action verified on 1/8/08.</b> Checking LIBJ daily and maintaining tickler file on all positive drug screens to ensure proper procedures are followed. No finding of non-compliance since this NCR.	
12/4/07	No	Drug Testing and Substance Abuse Treatment	2h	Four (4) inmates never received a disciplinary charge. (They were entered into the computer, but never issued.) Therefore, this resulted in no charge for the test. In addition, two (2) inmates found guilty were not charged the lab confirmation test cost.	Wardens response dated 12/4/07. WCFA concurs with the noncompliance issues. As noted above the 4 not charged were the result of employee negligence. The 2 that were heard but not assessed the test fee were found to have occurred when a new D-Board clerk assumed that responsibility and made the error.	<b>Corrective action verified on 1/8/08.</b> Checking LIBJ daily and maintaining tickler file on all positive drug screens to ensure proper procedures are followed. No finding of non-compliance since this NCR.	
12/4/07	No	Drug Testing and Substance Abuse Treatment	8c	It was verified that four (4) inmates did not receive an initial drug screening upon being moved into J housing unit in September and October.	Wardens response dated 12/4/07. WCFA concurs with the noncompliance issues. These inmates will be drug tested this week. Additionally, upon admission into the Drug and Alcohol Program, the ATU Manager will ensure that the inmates receive an initial drug screen. The ATU Manager is currently creating a step by step procedure to ensure that this will be completed once an inmate is admitted into the program.	<b>Corrective action verified on 1/8/08.</b> ATU Manager is now maintaining listing and ensuring drug screens are placed in the treatment file.	
12/4/07	No	Drug Testing and Substance Abuse Treatment	8d(1)	Treatment plans are not being completed within the thirty (30) day requirement.	Wardens response dated 12/4/07. The ATU Manager will be implementing a detailed process and spreadsheet to ensure that the treatment plans are completed within the thirty (30) day requirement. The staff will be conducting a complete audit of the program files to ensure all required paperwork has been completed.	<b>Corrective action verified on 1/8/08.</b> Treatment plans are now being completed within the required time frame.	
12/4/07	No	Drug Testing and Substance Abuse Treatment	8d(2)	The Participation Agreements CR-3586 were not completed in eight (8) out of twenty (20) files.	Wardens response dated 12/4/07. The ATU Manager will ensure that this form is completed within the intake into the program paperwork.	<b>Corrective action verified on 1/8/08.</b> The Participation Agreement CR-3586 is now being completed as required.	
12/4/07	No	Drug Testing and Substance Abuse Treatment	8d(3)	The program drug test copy was not in the program file.	Wardens response dated 12/4/07. In the past, the drug test copies were stored in the ATU Manager's office. That procedure has changed and the copies will be placed in the inmate's program file. Therefore, this part of the admission process will also be placed on a spreadsheet to ensure that it is being completed.	<b>Corrective action verified on 1/8/08.</b> ATU Manager is now maintaining listing and ensuring drug screens are placed in the treatment file.	
12/4/07	No	Drug Testing and Substance Abuse Treatment	8e	The program file did not contain the completed assessment form.	Wardens response dated 12/4/07. The ATU Manager will ensure that this form is completed upon admission into the program. After the new process is set up, the staff will be conducting a complete audit of the program files to ensure all required paperwork has been completed.	<b>Corrective action verified on 1/8/08.</b> The assessment form has been completed on all inmates in the ATU program.	



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12/7/07	No	Security and Control - Security Equipment	5	MK 3 Fogger actual count was nine (9). Perpetual inventory showed ten (10). October and November monthly inventories showed twelve (12). <b>Essential.</b>	Wardens response dated 12/12/07. A complete inventory has been scheduled for the week of 12/17/07.		<u>2/1/08 CMD note: Per Policy, essential items found in non-compliance may result in a breach determination regardless of the number of times the item has been found in non-compliance. At this time, a breach determination is being held in abeyance in this instance, however, another finding of non-compliance for this item in the next 12 months shall result in a breach finding and immediate assessment of liquidated damages.</u>
12/7/07	No	Security and Control - Security Equipment	6	Documented inventories present, however due to Item 5 above, inventoried did not match the perpetual records.	Wardens response dated 12/12/07. Weekly inventories will be conducted and any discrepancies will be immediately reported to the Chief of Security and the Duty Officer.		
12/7/07	No	Security and Control - Security Equipment	7	<b>Redacted</b>			
12/7/07	No	Security and Control - Security Equipment	12a (1)	<b>Redacted</b>			
12/7/07	No	Security and Control - Security Equipment	12b	Quarterly reports are not being done for key inventories. <b>Essential.</b>	Wardens response dated 12/7/07. Quarterly reports will be documented in regards to keys in the future.		<u>See 2/1/08 CMD note above.</u>
12/7/07	No	Security and Control - Security Equipment	12c	<b>Redacted</b>			
12/7/07	No	Security and Control - Security Equipment	NIN	On 11-6-07, 11/12/07, and 11/27/07 the concave shield was used but no record of it being checked out in the armory.	Wardens response dated 12/7/07. Supervisors have been given clear directives that they will be held accountable for ensuring the items are signed out and back in when used.		<u>1/31/08 CMD note: The issue of proper procedures for the issuance and documentation of security equipment, including chemical agents, needs to be effectively addressed. The monitor is requested to verify the effectiveness of the corrective action taken within 30 days. If the problem persists, another NCR should be issued.</u>

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12/11/07	No	Use of Force	4a	The requirements of the applicable approved Use of Force policies were not followed concerning issuance of chemical agents and reporting use, as noted in Items 7e and 7i. <b>Repeat finding - NCR dated 9/19/07.</b>	Wardens response dated 12/11/07, The Warden concurs that central control staff and shift supervisors have failed to maintain issuance logs appropriately and in accordance with policy. Expectations have been communicated to all staff responsible and to the managers they report to. Procedures are in place and management will be ensuring staff comply with the policy(s). A tracking process has been implemented to provide oversight and ensure employees continue to follow procedures.		<u>1/31/08 CMD note: The non-compliance finding for this item is being removed. The problem is addressed separately and sufficiently by findings for other monitored items. The issue of proper procedures for the issuance and documentation of security equipment, including chemical agents, needs to be effectively addressed.</u>
12/11/07	No	Use of Force	7e	On 11/30/07, six (6) cans of MK9 were issued to a correctional officer with no authorizing supervisor's signature. <b>Repeat finding - NCR dated 9/19/07.</b>	Same as above.		<u>1/31/08 CMD note: The issue of proper procedures for the issuance and documentation of security equipment, including chemical agents, needs to be effectively addressed. The monitor is requested to verify the effectiveness of the corrective action taken within 30 days. If the problem persists, another NCR should be issued.</u>
12/11/07	No	Use of Force	7i	On 12/3/07, incident #723026 MK9 was used in a Use of Force incident. On 11/14/07, incident #720934 MK9 was used in a Use Force incident. There was no record of MK9 being issued by Central Control in either of these incidents. <b>Repeat finding - NCR dated 9/19/07.</b>	Same as above.		<u>1/31/08 CMD note: Same as above.</u>
12/11/07	No	Use of Force	NIN	On 10/29/07, log shows one MK9 in the cabinet with Chief of Security being notified. Explanation entered on 11/1/07 that canister was empty and removed by Captain. Armory personnel are to remove/add canisters. On 11/8/07, log sheet showed three (3) MK9's exchanged but the count was changed to four (4). Also supervisors are not signing the central control chemical agent check out log consistently. Note: There were fourteen (14) occasions during the monitoring period (Oct. 1-Dec.7) that the supervisor did not sign the central control check out log for chemical agents.	Same as above.		<u>1/31/08 CMD note: Same as above.</u>