Juvenile Service Center Assessment

Knoxville, Tennessee

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County Technical Assistance Service
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Knox County

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2025

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The CONTENTS

Figures:

Appendices:

EXECUTIVE SUMMARY

On June 2, 2025, I was contacted by Mr. Dwight Van de Tate, Chief Operating Officer/co-Chief of Staff, Office of Mayor Glenn Jacobs, regarding challenges that Knox County was facing with its Juvenile Services Center. We discussed various topics including DCS licensing of facilities, a listing of DCS facilities statewide, operational and leadership opportunities that the County was exploring. He also indicated that the County Legislative Body was submitting a request to the County Technical Assistance Service (CTAS) to have a formal assessment done of the Juvenile Services Center. That letter was received by the CTAS Executive Director, Jon Walden, on July 14, 2025. The letter requested a study be conducted to evaluate the current *state of policies, procedures, staffing, population demographics, security protocols, treatment procedures and other related operational and administrative aspects of the facility.* Also requested were *recommendations for procedural improvements, implementation of best practices and other guidance to help improve the standard of care.*

Contact was made with Mr. Brian Bivens who assumed the role of managing the Juvenile Services Center on August 1, 2025. We discussed various challenges that he had already identified and scheduled dates for me to be onsite. I spent August 5 through 7, 2025 onsite touring the facility, meeting with staff, reviewing documents, and meeting with various external stakeholders.

This study explored the current staffing needs, scheduling of staff, basic operations, review of policies and procedures, a review of Tennessee's Minimum Standards for Juvenile Detention Centers and Temporary Holding Resources, and the American Correctional Association's 3rd Edition Standards for Juvenile Detention Facilities.

The Process (Page 9)

An advanced data gathering document was sent to the Juvenile Services Center Chief and asked for a variety of operations data such as intakes and releases, average daily populations, current staffing challenges, a description of the facility, significant incidents, etc. The purpose of this step was to identify the various functions going on within the facility on a regular basis. This assessment was conducted through onsite visits, as well as email and phone exchanges. The staffing assessment was based on the National Institute of Corrections (NIC) "Staffing Analysis Workbook for Jails". Although this document is applicable to jails, the process was suitable for use in the juvenile detention setting.

Changes in the Facility "Context" Impact Staffing Needs and Practices

Staffing practices are ways to implement the Juvenile Services Center mission, policies, and procedures within the context posed by the facility, technology, and detained resident population. To create an effective and efficient staffing plan, the facility context must not only be described, but its impact on staffing must also be analyzed. Beginning on page 11 and Appendix A, a variety of descriptive information is presented about the operations of the Juvenile Services Center operations and residents.

Daily Activities (Page 35 and Appendix B)

The second step of the NIC model examines the various activities in the facility by half hour increments for each day of the week. A detailed review of the current scheduled activities was conducted. These activities were charted. The activities were then placed on a spread sheet to evaluate "peaks and

valleys" in the daily operation. Charting activities provided a means to identify times of high stress and demand in the facility and to consider ways to level the demand. The chart also permits the addition of future activities and programs that enable the agency to take control of the activity schedule and not let the schedule control the agency staff work efforts.

Coverage Plan (Page 37 and Appendix C)

A coverage plan was developed for the facility based on interviews with the leadership, a review of current operations and staff challenges, review of compliance with State standards, and the challenges identified in this analysis. The proposed staffing plan is provided on page 89. Two plans were developed. One for continued eight-hour security shifts and a second converting to twelve-hour shifts. The proposed staff coverage plan recommends:

- Converts the front lobby position from a correctional officer to civilian position.
- Creates a Compliance Corporal position to monitor detention and PREA standards compliance and manage the agency policies and procedures to ensure they are accurate and current.
- Creates a food service manager position.
- Creates a part time nurse (LPN) position to provide 24 hours a week coverage.
- Creates a social service provider position.
- Creates a safety and sanitation corrections officer position.
- A Facility Training Officer (FTO) to support changing culture and improving operations.
- Establishes the CO/teacher position as a formal position to stop pulling this person from the security shift.
- Formalizes a lieutenant position for Operations.
- Establishes shift supervisor positions as Sergeants.
- Establishes assistant shift supervisor/intake Corporal positions.

The eight-hour shift proposal and above recommendations increase the staffing needs from 66 to 73.5. The twelve-hour shift proposal and above recommendations increase the staffing needs from 66 to 83.5.

The reason for the variance is due to reducing the night shift (2200 – 0600) housing staff from a 1:8 ratio to a 1:16 ratio. This staffing configuration was confirmed as appropriate by Ms. Heather Helton with the DCS in an email response dated September 30, 2025. In a twelve-hour shift configuration, we could not reduce the numbers as the shift would overlap time when residents were not secured inside their cells.

Net Annual Work Hours (NAWH) (Page 64 and Appendix D)

The next step of the NIC model is the Net Annual Work Hours (NAWH) that are calculated each year for each job classification of employees. The NAWH represents the number of hours that the "average employee" in that job classification will be available to work their scheduled shift or workday that year. NAWH's not only shows us how much the average employee will be available to work, but it can show flaws in employment practices. For example, it can demonstrate the overuse of overtime by an employee, group of employees, or an entire shift. One shift may have significant overtime usage and when compared to incidents occurring on that shift, and sick time usage on that shift might identify a shift "in crisis".

There are many reasons an employee might be scheduled to work a post but will not be available. The Human Resources Department provided the following reasons: Annual, sick time, FMLA, and Maternity/Paternity Leave. I found documents in the food service area that reflect time off for cooks included holiday, bereavement, off, and personal time taken off. Yet, this time was not reported to

Human Resources. Due to poor record keeping of vacation time earned/used the County committed to the employees and credited them with vacation and sick time that they could have earned if there was no documented evidence of them having used the time. The expectation is now that employees want to use their time and/or be paid for the earned time if they leave the agency. This has resulted in the agency being restricted from hiring some vacant positions due to budgetary constraints.

Several phone calls and email exchanges were had with Knox County Human Resources to obtain accurate data. Like other records maintained by the agency, employee time off was an archaic, inadequate process that simply capture sick and annual time. My experience in conducting staffing analysis of jails for the last 25 years is that we will see other time off categories such as bereavement, military, suspensions, training, among others.

We collected data on the actual time employees were not present for work during the period covering January – August 2025. This data was calculated for each job classification and calculated for every person employed during this period, regardless of if they were employed for just one day or the entire time. The actual time off for each employee can be found at Appendix D.

Discussions with Marcus Kennedy at Human Resources indicate that the detention center employees time will now be captured via the county's ERP system. Employees are also now adhering to the countywide human resource policies.

Calculate Operational Costs. (Page 67)

Full Time Equivalent (FTE) is central to budget preparation. An FTE represents the number of hours a full-time employee works on a post during a year. The NAWH is also an expression of the FTE. The proposed coverage plan addresses all posts and positions that exist and those determined to be essential to accomplish the facility's mission in a safe and secure manner.

Conclusions

Observations and conclusions are identified throughout this report. To prevent repetition, they will not be included in this section of the report.

Adequate staff to ensure safety, security, supervisory duties, and perform the myriads of mandated functions is challenging with the existing staffing plan and "frozen positions".

While sanitation practices in common areas and housing areas have been well maintained, they are substandard in the "out of site" areas. Additionally, upgrades to locking systems, camera systems, control panels, communication systems, computer systems, and watch tour systems are needed.

Written policies and procedures are undated and provide minimal guidance as it relates to current operations.

In general, the operational practices, record keeping, standards compliance, leadership practices, and updating of technology seem to have been frozen in time at this agency.

In a short period of time, since August 1st, there have been significant improvements in the operation, cleaning of areas, coordinating training programs, and soliciting input from staff, implementing mental health and substance abuse programs for the residents, starting the revision and updating of policies and procedures, among others. However, making any significant sustainable change will require funding support for staff, technology and security upgrades.

A question has surfaced in several discussions, “do we have to operate a juvenile detention facility?” The simple answer to this question is no. However, that comes at a price. Today, in Tennessee there are limited numbers of bedspace for juvenile detention. Statewide there are 549 beds, including the 120 Knox County beds. There are another 15 Temporary Holding Resource (limited to 72 hours holding) beds. My experience interacting with counties statewide without juvenile detention facilities has found extreme challenges trying to find available beds, and once getting one, keeping it. One of the challenges is if the county operating the facility has an increase in their juvenile population, they will have other counties remove their youth. Routinely, I have heard stories from Youth Services Officers of juveniles being held in offices and conference rooms for extended periods of time while trying to find a bed. Additionally, there are transport costs, and medical expenses that come with housing in other counties.

Juvenile detention has become such a statewide challenge that on May 9, 2025, the Tennessee Advisory Commission on Intergovernmental Relations (TACIR) has been directed by Public Chapter 418 to conduct a study for the State Legislature that is expected to be released later this year. The Public Chapter directs TACIR to study: *(1) The current availability of local juvenile detention centers and other facilities for the housing and treatment of juveniles detained prior to an adjudicatory hearing, and whether there is a need for additional local juvenile detention centers or other facilities for the housing and treatment of juvenile offenders detained prior to an adjudicatory hearing; and (2) The current availability of housing and other treatment facilities for juvenile offenders who have been adjudicated delinquent and committed to the custody of the department of children's services, and whether there is a need for additional housing or other treatment facilities for those juvenile offenders.*

A final comment surfaced several times during this study was a consideration to “rent out” one of the housing pods for the purpose of housing persons with mental health or substance use disorders. While the study did not assess the feasibility of these thoughts, I offer the following:

There is limited office, counseling/programming, and storage space to support an additional/separate function inside the facility.

Consideration on how support will be provided including food service, health care, mental health care, emergency response, laundry services, maintenance and housekeeping services, etc.

In processing/out-processing of people. Assuming the current detention services center intake area would be used and become a shared area. Security concerns arise with controlling potential contraband on a newly admitted person, which is a detention center concern but a function of whatever entity this space is “rented out to”.

Procedural practices relating to movement of residents (to and from court, visits, medical, etc.) and persons housed in the “rented” pod to ensure confidentiality practices and youth/adult site and sound exposure.

Recommendations

Recommendations are provided on page 70 of this report.

1. **INTRODUCTION.**

   a. On June 2, 2025, I had a conversation with Mr. Dwight Van de Tate Chief Operating Officer/co-Chief of Staff, Office of Mayor Glenn Jacobs regarding challenges that Knox County was facing with its Juvenile Services Center. We discussed various topics including DCS licensing of facilities, a listing of DCS facilities statewide, operational and leadership opportunities that the County was exploring. He also indicated that the County Legislative Body was submitting a request to CTAS to have a formal assessment done of the Juvenile Services Center. That letter was received by the CTAS Executive Director, Jon Walden, on July 14, 2025. The letter requested a study be conducted to evaluate the current *state of policies, procedures, staffing, population demographics, security protocols, treatment procedures and other related operational and administrative aspects of the facility.* Also requested were *recommendations for procedural improvements, implementation of best practices and other guidance to help improve the standard of care.*
   b. Contact was made with Mr. Brian Bivens who assumed the role of managing the Juvenile Services Center on August 1, 2025. We discussed various challenges that he had already identified and scheduled dates for me to be onsite. I spent August 5 through 7, 2025 onsite touring the facility, meeting with staff, reviewing documents, and meeting with external stakeholders including the Department of Children Services, Knox County Department of Education, Knox County Human Resources and Benefits Department, and the Juvenile Court Director.
   c. This study explored the current staffing needs, scheduling of staff, basic operations, review of policies and procedures, a review of Tennessee's Minimum Standards for Juvenile Detention Centers and Temporary Holding Resources, and the American Correctional Association's 3rd Edition Standards for Juvenile Detention Facilities.
   d. Various documents and discussions were exchanged via email while working on this project. A draft of the report was sent to Chief Bivens to review. On October 14th we discussed his comments via a phone conversation.
   e. The Richard L. Bean Juvenile Service Center is a 120-bed secure detention facility located at 3321 Division Street, Knoxville, Tennessee. The Juvenile Services Center is located next door to the Knox County Juvenile Court. The facility contracts with the Department of Children's Services for placements and houses residents from Knox and nearby counties including Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Greene, Hamblen, Jefferson, Monroe, Morgan, Roane, and Union.

A. **Approach**

   a. The operations and staffing of a detention center are directly affected by the agency operational philosophy, the mission of the facility, residents held in the facility, the design of the physical plant, and the number and characteristics of those in custody. In addition, court decisions and state and professional standards influence operations and staffing.
   b. Staffing issues that adversely impact operations typically include (1) having too few staff, (2) not having staff members in the right types of jobs, (3) failing to provide

staff with clear direction in the form of policies, procedures, and post orders, (4) not scheduling staff members efficiently, (5) not training staff properly, and (6) failing provide coaching and support to staff through proper supervision. These are the types of issues to be considered in a staffing and operational study and addressed in a staffing plan.

c. A well-conceived and properly implemented staffing plan will address many of these problems. Good staffing plans and practices contribute to safety for staff, detained residents, and the public, enhance the detention center's ability to provide programs and services, and support efficient use of costly staff resources.
d. Detention centers have several characteristics that make them unique within local government and have an impact on staffing needs:
    i. They operate on a twenty-four hour a day, seven days a week continuous basis.
    ii. They must provide a wide range of programs and services to address the risks and needs of detained residents. Detention centers are like communities – most all the services essential to communities are also essential within the facility.
    iii. Detention centers are high-risk settings. The most hardened residents in a state facility were initially held in a local detention center – along with minor offenders and those with mental health or medical issues. Detention center officials must deal with people with very diverse sets of issues.
    iv. Detained resident populations can fluctuate widely in number and classification.
    v. Most detained residents stay a short time. The facility is two facilities in one – an intake operation where residents are processed and then released in a relatively short period of time pending adjudication and a custody operation where residents may be held months awaiting trial.
    vi. Admission and release procedures are time and staff intensive.
    vii. Staff turnover is higher than in other professions.
    viii. Supervision needs vary based on the classifications of the detained residents. They present a wide range of risks and needs, and some require closer supervision than others.
    ix. Detention centers are potentially a high liability function of a county.
    x. Functions and activities in the facility require extensive documentation. Whether done electronically or on paper, many aspects of detention center operations require some form of documentation, as indicators that policy is followed, as a communication tool, and for future planning needs.
    xi. Perimeter security must be controlled, and internal movement must be monitored.
e. There are some basic staffing requirements that must be considered when analyzing staffing.
    i. Residents must be continuously supervised.
    ii. A minimum staffing level must always be maintained to be able to respond to emergencies.
    iii. Electronic surveillance is only a backup for personnel.
    iv. Relief must be provided for custody staff posts.
    v. Staff must receive extensive training.
    vi. Staff must also be supervised.

f. The physical plant is a major factor influencing the number of staff required and their placement within the facility. The physical plant considerations include:
   i. Sightlines – what correctional officers can see and observe from staff posts.
   ii. The supervision style – direct, indirect, or intermittent.
   iii. The classifications of residents and the number and types of separations required to manage them appropriately.
   iv. The amount of resident movement and the level of control are needed.
   v. Maintaining a secure perimeter is critical. Movement in and out of secure areas must be controlled.
   vi. The number of secure internal compartments within the facility.
   vii. Barriers to maintaining a high level of resident and staff contact.
   viii. The role and effectiveness of security technology.

B. **Staffing Methodology.** A portion of this study will address the detention center staffing needs. The methodology that will be used is described in the National Institute of Correction's Staffing Analysis Workbook for Jails. Although designed for analyzing jail staffing, it is also applicable for evaluating juvenile detention center staffing. NIC's Workbook involves nine sequential steps:
   a. The Staffing Analysis Process
      i. **Step 1. Profile of the Facility** (describes the detention center context in which staffing occurs).
      ii. **Step 2. Chart the Daily Activities** (look at the pattern of daily activities).
      iii. **Step 3. Develop a Coverage Plan** (describes what type of employees are needed, where they are needed, and when they are needed).
      iv. **Step 4. Evaluate the Coverage Plan** (ensures that the coverage plan is sufficient and identifies potential inefficiencies).
      v. **Step 5. Develop a Schedule** (finds efficient and effective ways to deploy staff to meet coverage needs).
      vi. **Step 6. Calculate NAWH** (understands how many hours we really obtain from each full-time position and ensure that the data and math is correct).
      vii. **Step 7. Calculate Operational Costs** (ask for the right number of resources).
      viii. **Step 8. Prepare a Report** (justifies all aspects of the proposed staffing plan).
      ix. **Step 9. Implement the Plan and Monitor Results** (continuously refine the plan as it is implemented).

2. **FINDINGS.** A visit to the detention center occurred August 5 – 7, 2025. During these dates we gathered information and data, met with various detention center employees, juvenile court staff, Knox County staff, and Department of Child Services staff. A tour of the facility was conducted and a review of the DCS standards. The following observations were made.
   a. Medical:
      A. Medication passes are done at 0800 and approximately 2000 daily. The morning pass is typically done by a nurse on Monday through Friday and the nighttime and weekend pass is done by corrections officers. This practice permits various officers to access the medication storage.
      B. Officers at intake receive medications from residents being received. They will try to verify the medications and then dispense them during the next medication pass. The effort of verifying the medication may be done by a corrections officer after hours and on weekends.

C. I met with various health care staff from the Knox County Health Department who provide temporary coverage. They expressed that there were no written protocols and limited equipment available to provide necessary healthcare services. We looked at filing cabinets and storage rooms that were all full of various records and items.
D. We discussed a discharge (transfer form) for residents leaving custody with DCS. However, no similar form is used for out of county or other releases. We discussed implementing this practice.
E. Documenting of medical notes, physician contacts, etc., are done in a memorandum book, then in nurse notes, and finally in a shared email. We discussed documenting healthcare encounters in resident medical records.
F. There are no written protocols or formulary. Both must be established.
G. There is no protocol for a resident who is refusing to eat even though there was a resident in custody who was refusing food. We discussed the need for a mental health assessment, documenting food provided through photographs, daily vital checks, etc.
H. When mobile crisis interviews a potential suicidal, self – harming, or a resident experiencing a mental health crisis the document is filed in the intake file and not connected to medical. Medical staff indicated that they are unaware when mobile crisis interviews a resident unless they are making contact for assistance. We discussed the need to inform medical on any of these encounters. Further, the results of the interaction with mobile crisis would be best filed in their medical record not their intake record.
I. On September 29, 2025, I had a phone conversation with Chief Bivens who provided some updates on healthcare operations.
    1. The detention services center nurse is back to work. The Health Department staff are still onsite and assisting in finalizing written protocols. Their time at the facility is coming to an end. Chief Bivens feels that it is essential to add a part-time nurse to cover weekends and during periods when the full-time nurse is off work.
    2. The filing system is currently being reorganized.
    3. The nurse is now processing new intake medications.
    4. Any healthcare related information received at intake is being connected to medical.
    5. All first aid kits in the building are now fully stocked and inventoried.

b. Food Service.
    A. Discussions with DCS indicate a repeat finding of not having a menu approved by a licensed dietician.
    B. When interacting with the food service staff regarding how menus are put together, they explained that “last year’s” menu is used.
    C. Menus do not have calorie counts listed.
    D. Children are served desserts for lunch and dinner. While not violating any standards, a review of the menu by a licensed dietician might suggest that at least one of the deserts each day be substituted with a healthier option. On October 14th, Chief Bivens informed me that he has implemented providing a fruit snack (apple, orange, etc.) at the end of each school day for residents.
    E. The schedule for food service staff is maintained by writing work and off days on a calendar. Time off categories documented on the calendar included

birthdays, sick, bereavement, bonus days, OJI, "off", vacation, and holiday. Staff commented that they frequently don't get days off.

F. There is a need for a paid manager position to oversee the food service operation.
G. We discussed medical and religious diets. Staff reported that the medical clinic will provide them with a list of special diets for medical purposes. There is no formal guidance provided for religious observances. I asked staff how they address residents observing Ramadan. The response was that their meals are pork free. When asking about meal service times for these residents, they were unaware of daylight fasting requirements.
H. Staff indicated that there is an excessive amount of food waste on weekends for the breakfast meal due to residents refusing to get out of bed.
I. Meals are served in housing pods/dorms on Styrofoam trays. It was explained that the primary reasoning is it would expand the food service (and cook work hours) time by using the large dining room. I discussed evaluating a schedule that will support the use of the dining room and adequately staffing and scheduling food service staff to support this.
J. The "Suicide Watch Guidelines" provide various steps to follow for suicide watch. Step #9 states "Juvenile will be fed on paper plates. No spoons or plastic allowed." It is unclear if the expectation is for the residents to use their fingers versus a utensil to eat with. It is recommended that this practice be reviewed.
K. There is discussion regarding the Juvenile Services Center being moved under the Sheriff. If this occurs, I recommend that the Sheriff's Office evaluate the need to continue to operate this kitchen or to have meals prepared at the jail and transported to the detention center. During a September 29, 2025, discussion with Chief Bivens, he was concerned with this recommendation. Being familiar with the jail kitchen, he felt that the youth services center kitchen was larger and just as well equipped to handle food service operations.

c. Housing.

A. There are two different housing configurations, pods and dorms.
B. Four pods (Orange, Yellow, Green, and Red) have a lower level and mezzanine level with individual cells and large dayroom areas.
C. The three dorms (Pink, Blue, and Brown) have a single hallway with cells on each side of the hallway resembling a linear configuration.
D. Yellow Pod houses females of all classification levels.
E. Green Pod houses males and is used as the male intake pod for new arrivals.
F. Orange Pod houses males. The plan is to make this the initial orientation pod.
G. Blue dorm houses high risk/custody residents.
H. We discussed plans on making the orange pod an honor pod. The requirements to be housed in this pod were still under development during my visit. During a conversation with Chief Bivens on October 17th he informed me that he is implementing the honor pod operations the week of October 20, 2025.
I. Pink and brown dorms are closed. The Pink Pod has been used as a storage for "junk" for years. It was also used to house goats with the remnants of

feces in the hallway and several cells. Sheriff's Office staff and inmates were cleaning this area out during my visit.

J. There is a state standard that requires the presence of a single staff member to meet a one to eight ratio (staff to residents). A second officer is required when the housing unit has nine or more residents confined.

K. The pods and dorm in operation were found to be clean, quiet, and organized. There is an agency practice of not permitting any leisure books, mail, hygiene items, or additional clothing inside the cell.

L. Chief Bivens discussed developing a housing and classification plan that would use Pink, Brown, and Blue dorms to house short term DCS residents and the remaining dorms would house residents in Judge Irwin's court and long term DCS residents.

d. Classrooms/Education.

A. During the school year there are four classrooms (yellow/orange pod, red/green pod, and two connected to the large dayroom outside brown and blue dorms). All four classrooms are being used each day during the school year. They appear well equipped. Per contract with Knox County schools, an officer must be inside the classroom meeting the officer/resident ratio of 1:8 during classes. A resident can decline to attend school and stay in their room during the school day. When this occurs, another officer must remain inside the housing unit providing supervision.

B. I met with a representative from Knox County Department of Education who expressed an ongoing trend last school year of residents not coming to class. Although addressed with the leadership, no change occurred. I was present on the first day of this school year and every resident attended. I recommend that the agency consider a plan to address residents who choose not to attend school. Instead of permitting them to stay in their cell (in bed) throughout the day, consider placing them in the intake holding cells where they can be safely separated, housed, and reduce staff requirements by having a single officer monitor them in this area versus having several officers supervising residents in different housing units.

C. On my first day at the facility, it was still summer vacation. I observed residents in classrooms watching violent movies with corrections officers. I asked other staff members about this practice, and they indicated that movies to be watched were not supposed to be violent or sexually explicit.

D. Knox County has added a part time social worker that is going to introduce animal therapy and a part time therapist this year. Ms. Heather Willis informed me that she has a donation plan for recreational equipment that will encourage residents to come to class. They are also planning on introducing Habit Therapy.

E. One of the challenges with delivering services at the detention center is that their funding supports Knox County residents, which in 2024 was 74.4% of the residents and through August 2025 was 70.7% of the population. The remaining 25% - 30% are residents from other counties. It was suggested that a review of the contracts with DCS and consider establishing a contract with the other counties housing residents at the center be carried out to ensure fair and reasonable costs are collected to support the Juvenile Services Center

operation which includes services provided by Knox County Department of Education.

F. Another challenge teachers express is the rapid turnover of residents in detention. In 2024, 741 of the 975 residents (76%) released from custody spent less than ten days in custody. In 2025 through August, 530 of the 644 (82%) released spent less than ten days in custody.

G. The juvenile services center school operates on the same schedule as Knox County Schools and is staffed with three teachers plus one corrections officer that works as a schoolteacher while school is in session. The CO is paid by Title I funds while teaching, and out of the detention center operating budget at all other times. This practice takes a CO out of operation during school hours and when she is attending mandated Knox County teacher in-service training.

H. Due to the lack of technology support received by the Knox County Detention Center, the school has established their own Wi-Fi and IT support from Knox County Department of Education. On October 14th, Chief Bivens communicated to me that due to limited funding he has collaborated with the Sheriff's Office to fund $6,000.00 for Wi-Fi throughout the rest of the building. Additionally, they are going to provide tablets for residents to access educational and programming materials and, to have two free visits via tablet a week with family members. Additionally, the tablets will enable staff to document officer cell checks and future expansion to report writing capabilities. Additionally, Wi-Fi will support expanded use of the Quest system. On August 1, 2025, access to Quest was by five officers that were capable of doing new resident intakes. Chief Bivens has expanded that to twelve trained people. On October 16th he had six officers trained as "super users", a train the trainer program to further expand the use and capabilities of the Quest system.

I. The detention facility violated state standards by mandating that resident mail be retained in their property and delivered to them on Thursdays after their English class. They would be given an opportunity to read their personal mail and write a letter. After the class, their mail would be collected back up and put in their personal property. The consensus among the teachers and officers that this practice made no sense, was manpower intensive, and sometimes emotional for a resident reading a letter for the first time in the presence of other residents. On October 16th, Chief Bivens informed me that the practice now complies with the state standards where mail is delivered to the resident to keep in their cell.

e. General Observations.

A. There is a public announcement system used by the courts to call up cases, attorneys, etc., during the court hours. This announcement is heard throughout the juvenile services center as well. However, none of the security communication devices between the security doors and central control work. We discussed turning off the court announcements and immediately provide funding for the repair of the security communication devices. During my discussion with Chief Bivens on September 29, 2025, he indicated that funding for necessary security equipment/upgrades and staff

uniforms were not available. He agreed to freeze one CO position to purchase staff uniforms and a "Cell Sense Tower" to enhance security in the building.

B. The facility is extremely "paper heavy" in its documentation. While not a jail, most jails today have gone to electronic records. For example, there are systems that can be installed in housing areas where officers can track their rounds, document behavior of residents, take photographs of a cell or residents and minimize the use of paper records. An example of documenting rounds is provided below:
    1. Officers use a document to record their observations of every detained resident that captures who did the check, the time and date. This document is filed in the resident's folder when it is full or when the resident is released from custody. Officers also record their observations in their post logs, thus duplicating their work.
    2. I spoke with DCS licensing, Ms. Heather Helton about this practice. Her response was *"I did get an answer from the Director of Licensing regarding the use of the logbooks, and whether the Supervision/Observation form was also required. The Director confirmed that the logbook would be sufficient to document the supervision of youth as long as the youth's name and behavior were included in the logbook. An additional form is not required per Licensing Standards."*
    3. A concern with current practices and supervision is reflected in the logs officers currently maintain. Figures 1 and 2 are logbook entries reflecting officer checks of housing units and residents. The entries are inconsistent. Figure 1 simply states pod secure, while the second one identifies residents by their cell (k-12, k-14…). Not shown in the photograph for confidentiality purposes are the residents' names connected to the cell listed at the top of the page. While the second log in Figure 2 gives some additional information, most of the time it simply states "check". Another observation is that most of the entries of observation were exactly on the half hour or quarter hour. The practice should be intermittent checks/observations not to exceed every 15 minutes or 30 minutes dependent on the resident's status.

Figure 1: Staff Post Log Monitoring Residents – July 5, 2025

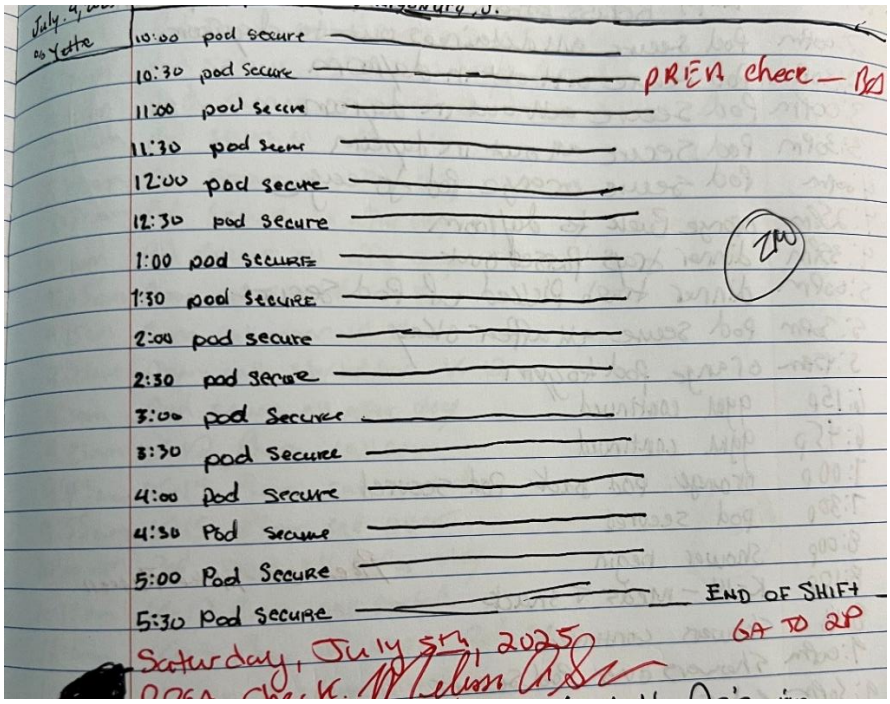
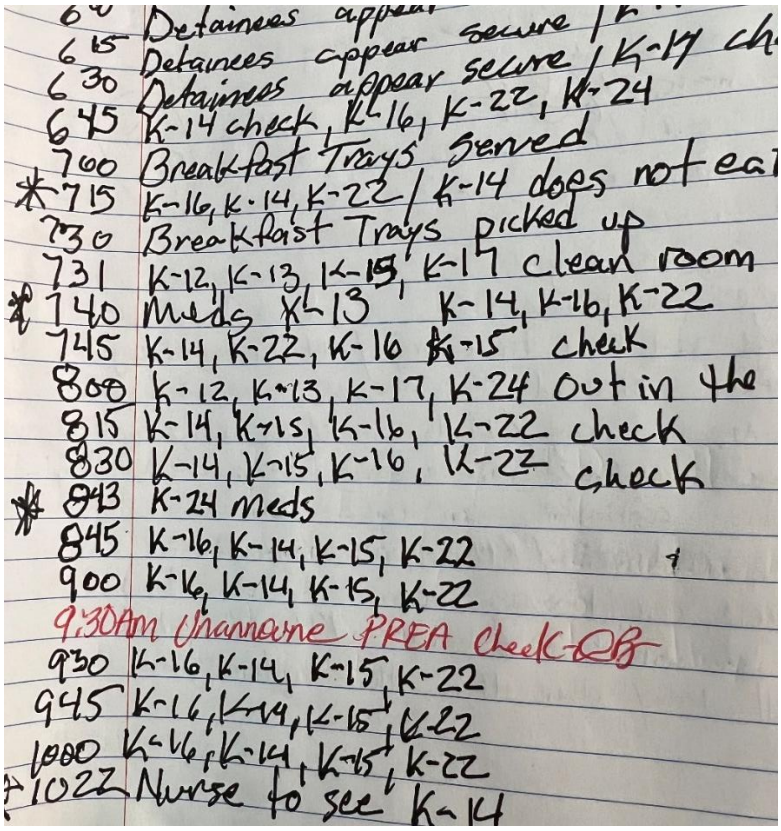
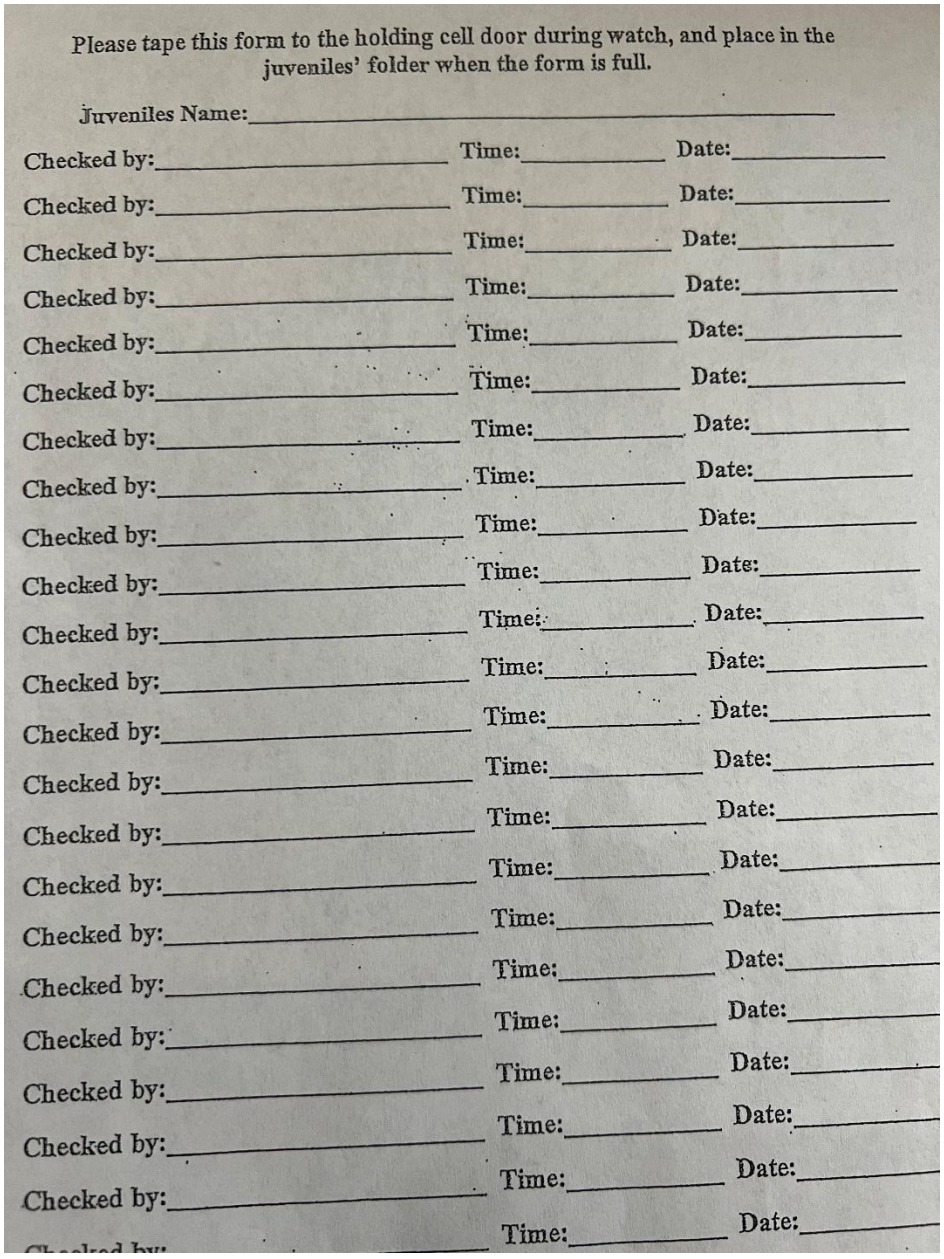


Figure 2: Staff Post Log Monitoring Residents



4. Figure 3 reflects a sample log sheet that simply records "checked by", "Time", and "Date". There is no space to record the behavior of the residents at the time of observation.

Figure 3: Log Sheet Used for Resident Observation Checks



Please tape this form to the holding cell door during watch, and place in the juveniles' folder when the form is full.

Juveniles Name:_____

Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

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Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

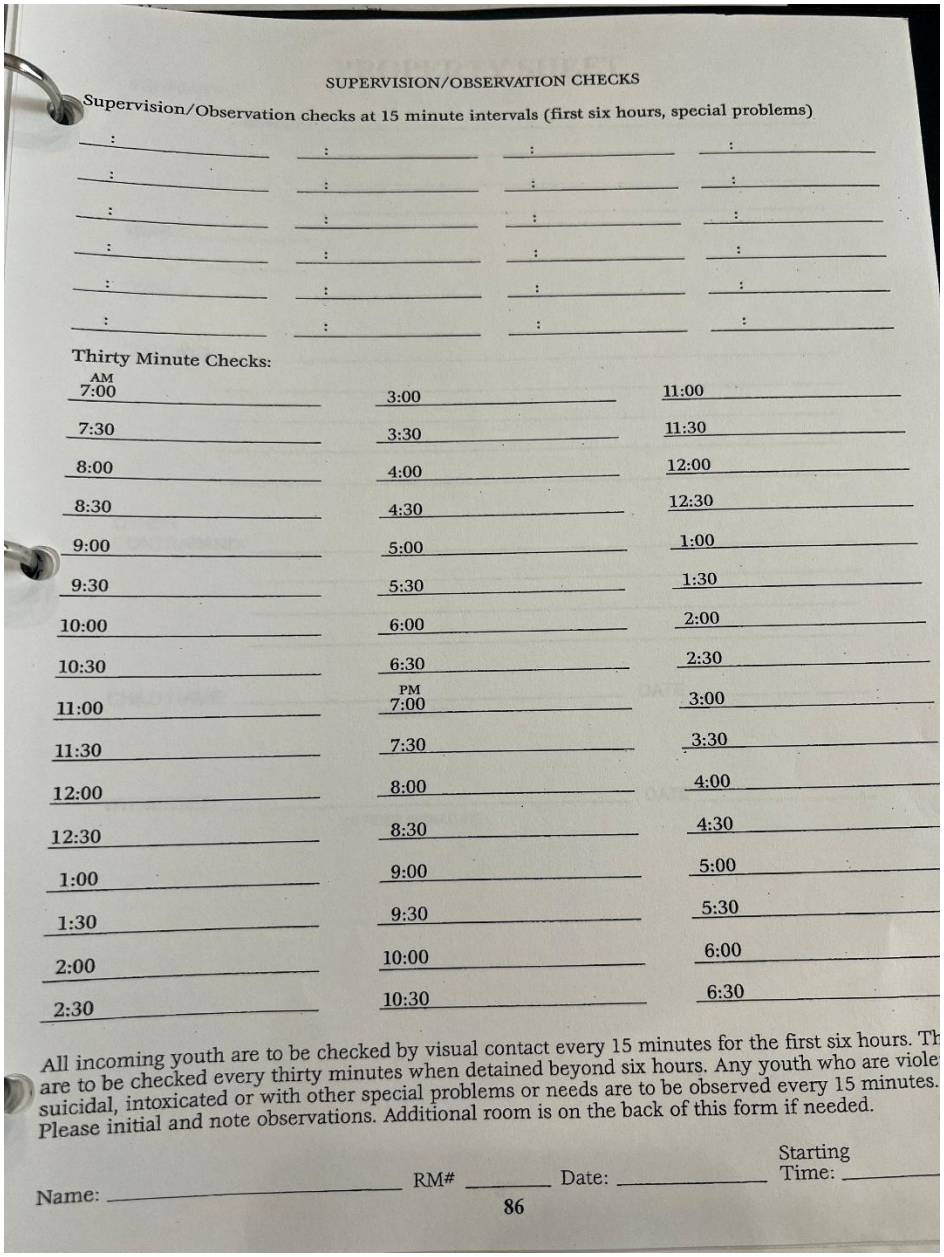
Checked by:_____ Time:_____ Date:_____

Checked by:_____ Time:_____ Date:_____

5. Figure 4 is a "Supervision/Observation Checks" document that officers use to monitor 15 minute or 30-minute checks of residents. Although an explanation at the bottom of the page suggests recording the behavior, there is no space on the document to do so. Additionally, this document pre-prints the times when 30-minute checks are to be done. When speaking with officers, they stated that they simply initial the next time slot each time they do their check. They acknowledged that

they did not record the specific time that the check was completed. For example, 7:04, 10:13, … In the jail environment, the use of preprinted times on observation forms is a practice that hasn't been seen in years.

Figure 4: Supervision/Observation Checks



SUPERVISION/OBSERVATION CHECKS

Supervision/Observation checks at 15 minute intervals (first six hours, special problems)

:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:
:	:	:	:

Thirty Minute Checks:

AM 7:00	3:00	11:00
7:30	3:30	11:30
8:00	4:00	12:00
8:30	4:30	12:30
9:00	5:00	1:00
9:30	5:30	1:30
10:00	6:00	2:00
10:30	6:30	2:30
11:00	PM 7:00	3:00
11:30	7:30	3:30
12:00	8:00	4:00
12:30	8:30	4:30
1:00	9:00	5:00
1:30	9:30	5:30
2:00	10:00	6:00
2:30	10:30	6:30

All incoming youth are to be checked by visual contact every 15 minutes for the first six hours. Th
are to be checked every thirty minutes when detained beyond six hours. Any youth who are viole
suicidal, intoxicated or with other special problems or needs are to be observed every 15 minutes.
Please initial and note observations. Additional room is on the back of this form if needed.

Name: _____ RM# _____ Date: _____ Starting Time: _____

86

6. The goal of the observation checks is to visually observe the resident to ensure that they are safe and secure, to document their behavior (sleeping, reading a book, watching television, etc.), and record the specific time and date that the observation occurred on an intermittent basis within the prescribed timelines. Finally, the officer making the observation records their name, certifying they made the observation. The agency should review the observation practices, the forms/logs

currently being used, and look for an opportunity to reduce the volume of paper used and duplication of entries. Supervisory staff must also review logs throughout the duty day to ensure appropriate log entries are made and that they are consistent from shift to shift.

C. There is a history of a culture of lack of leadership, decision making from the top only, lack of leadership development, staff perception of what days they will or will not work, etc. One of the agency policies states "All personnel work schedules will be based on merit." The current chief has received comments from staff that the previous superintendent gave them certain workdays and hours, and they are threatening to quit if their work schedule is changed. While everyone that I spoke to was positive, the culture still exists. To begin investing in culture change it needs to start with the building. I would strongly encourage using the East Tennessee Regional Juvenile Service Center and eliminating the a/k/a, and going to a more detention-related uniform away from black pants and plain white shirts.

D. Laundry:
   1. I spoke with the employee that operates the laundry. Laundry is done Monday through Friday from 0530 to 1330.
   2. The large washer Uni Mac used for blankets is 25 years old (August 2000) and is aging. There is no apparent capital replacement plan for this. I recommend that this be placed on a capital plan to schedule replacement.
   3. The employee operating this area took a 5-week vacation in 2025 and was off work from September through November 2024 for medical reasons. COs from each shift were assigned to cover laundry duties.

E. There are twelve counties that house residents at the detention center that are billed a per diem rate of $120.00 per day. There is no formal contract with these counties. Residents in the custody of the State Department of Child Services are billed a per diem rate of $185.00 per day.

F. According to the DCS, Ms. Heather Helton, this facility has not met licensing requirements since 2023.

f. Security.

A. Key control is unsatisfactory/non-existent. The agency started the process of developing a key control program. During a September 29th discussion with Chief Bivens I asked about the status of the key control program. He informed me that he had to suspend working on this program due to critical staff shortages. He could not continue to commit a correctional officer to work on this as they were needed to provide minimum shift coverage.

B. In another example of a lack of leadership, I reviewed written serious incident reports that should articulate the who, what, where, when, and how of an incident. These reports also should paint a picture of the actions of staff and residents to support defending compliance with training and policies and procedures. The report writing is below average at best. Supervisory review to ensure that the reports were well written, complied with policy and procedures, merit further action, or not, consisted of another officer on shift simply checking off a box that the review was done. Even though officer reports were poorly written, people doing the review simply checked a review box, signed it, and forwarded it. The two months (May and June 2025) that I

reviewed had no superintendent review. It was explained to me by DCS that the superintendent did not normally sign off on the reports. A review of the report's reflects:

1. May 2025: 35 seclusion, 18 physical restraints, and 8 mechanical restraints.
2. June 2025: 48 seclusion, 25 physical restraints, and 3 mechanical restraints.

C. Staff lockers are located inside the vehicle sally port. Staff use their personal locks to secure items. This is not a typical practice seen inside a secure confinement facility. I would recommend that staff be assigned lockers and a lock. Additionally, a policy, procedure and practice should be established that provide for routine, unannounced locker inspections.

D. On page 22 of the policy and procedure, the position of CO/Main Control Room Operator is described. It states in part "Operate locks and controls to allow authorized persons entrance and exit to and from secured areas.".

1. On 8/7/2025 I entered the visitation area and was locked inside. The communication device to control did not function, and the control operator made no inquiry into why I was there. I called the chief to inform him I was locked inside.
2. On 8/11/2025 the control room operator and security shift on duty had all doors opened from the vehicle sally port to the administrative area "so not to be bothered with having to unlock doors."

E. Page 30 and 32 of the policy and procedure mandate a "Shower Room Search (also referred to as a strip search) to be administered to all incoming residents during the booking process." I spoke with DCS about this practice, and they indicated that some detention centers have this practice while others specify a specific rationale for conducting a strip search of a resident. I suggest that this practice, policy and procedure be reviewed and obtain an opinion by the county law director's office.

F. A process routinely practiced in secure facilities is the searching and/or screening of staff with a metal detector prior to entering the security perimeter of the facility. This is not a practice in place at this facility. It is recommended that a decision be made by the leadership to randomly or in every instance conduct a pat search and/or "wand" employees prior to entrance into the security perimeter of the facility to minimize the potential for introduction of unauthorized items into the facility.

G. The security perimeter of the facility is directly accessible to the public. Figure 5 shows an overhead view of the entire facility. As shown in the wooded area and the two parking areas, the public can simply walk up to the building and introduce contraband and/or communicate with residents in recreation areas. Figure 6 shows a more focused view of the recreation areas used by residents and the potential for direct access by the public. A discussion with Chief Bivens indicated that there was no policy, procedure or practice that addresses "security perimeter" tours. He has implemented this practice to ensure regular security perimeter tours around the building are conducted each shift. It is recommended that this practice be formalized in policy and procedure. Additionally, include in capital improvements for the facility a

secure perimeter fence to restrict public access to staff parking and the exterior of the building.

Figure 5: Overhead View of the Entire Facility

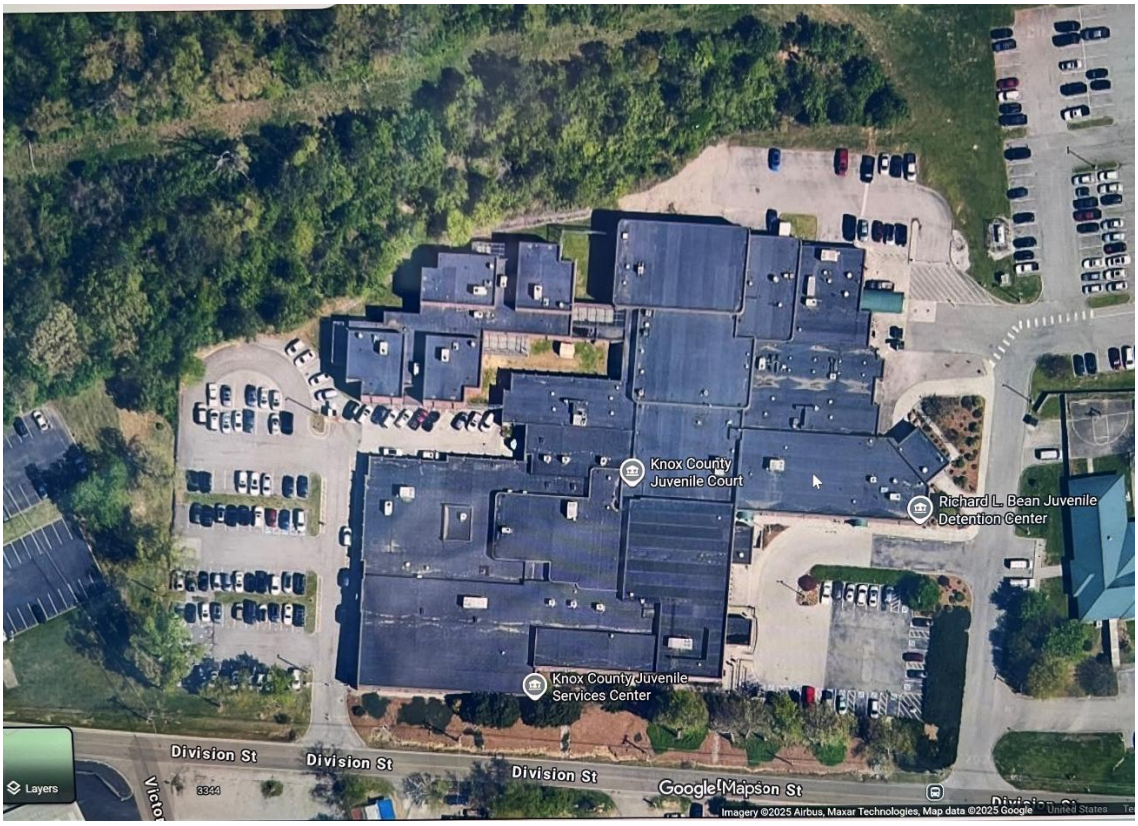
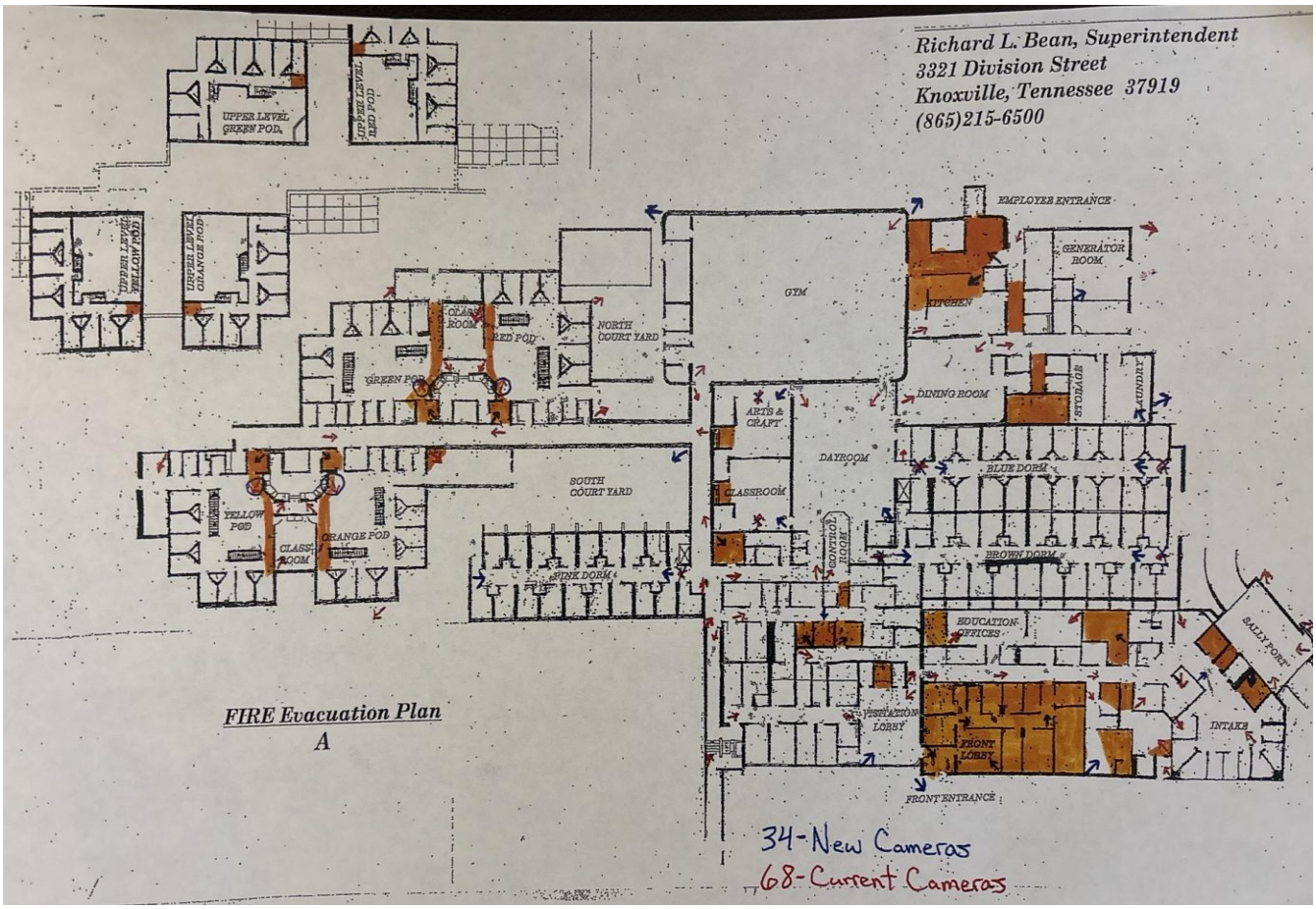


Figure 6: Overhead View of Recreation Areas

H. The camera system is dated and an assessment conducted by the agency has identified numerous “blind spots” throughout the facility. Figure 7 shows shaded areas that are blind spots in the facility. Red arrows designate current cameras, and blue arrows reflect the need for 34 additional cameras to address blind spots. It is recommended that funding be provided for the purchase and installation of the 34 cameras needed to eliminate blind spots throughout the facility.

Figure 7: Facility Camera Coverage and Blind Spots



g. Staff.

A. Work hours vary along with staff coverage. This report will propose a formal staff coverage plan and schedule.

B. Staff calling in to be off work is a problem. Based on information received that the former assistant superintendent processed all time off for payroll purposes, lack of shift supervisors to report and review time off, and a total lack of accountability leads to the question that all time off was accurately captured and reported.

C. The policy and procedures refer to correctional supervisors in the organizational chart and position descriptions, yet there are none. This report will recommend formal positions for shift supervisors. They must be trained in their roles as supervisors, be provided with leadership and management-related training, and compensated for the position they are assigned.

D. I reviewed the in-service training provided to the staff October 16-20, 2024. The topics provided were: training expectations/overview (1 hour); Title VI (1 hour); Communication/Professionalism/Command Presence (2 hours); Personal and Cell Area Searches with Skills (4 hours); Mental Health Offenders (2 hours); Be the One “Talk, Listen, Connect” Workplace Suicide Prevention (2 hours); Prison Rape Elimination Act (2 hours); Verbal Self-Defense (2 hours); and First Aid/CPR/AED Course and CPR Skills (5 hours).

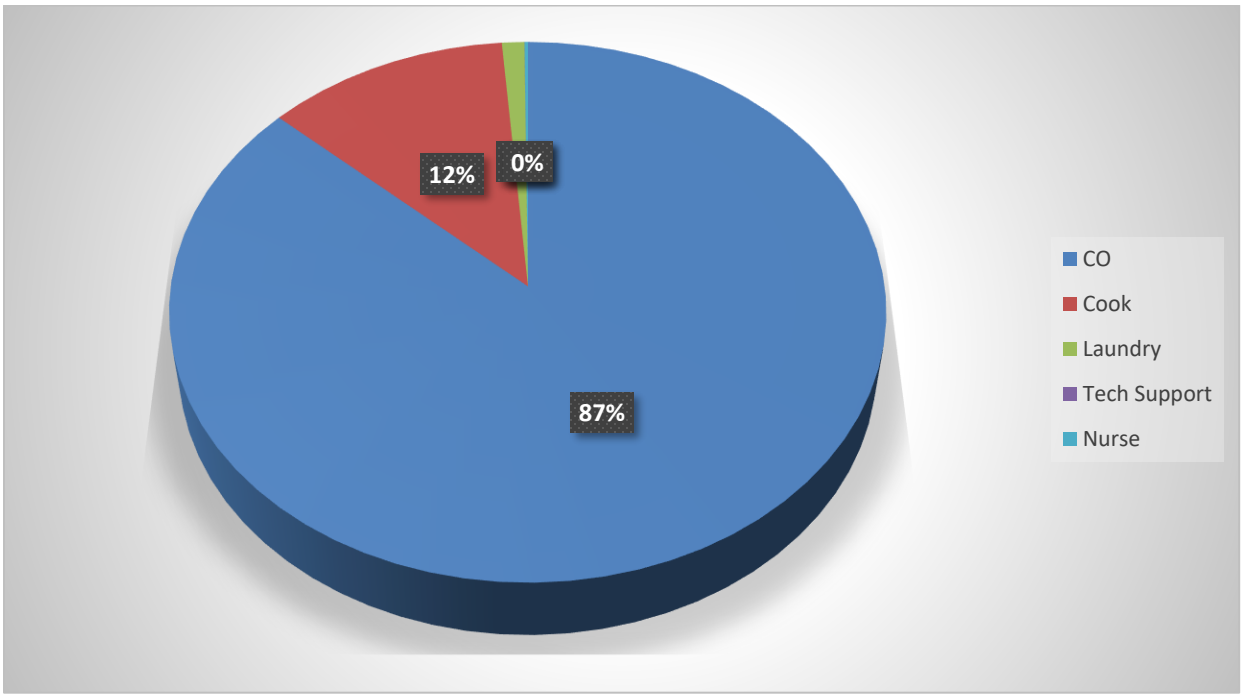
1. There was no record of twelve juvenile services center employees participating in the training.
2. There were another eight employees hired in 2024 that did not participate in the training. It is assumed that they were not required to participate in this in-service due to being a new hire.
3. There is no record of any focused leadership/management development training being provided.

E. A review was conducted of overtime worked by staff during 2024 through August 1, 2025.
1. As indicated in Table 1, 7,700 hours of overtime was worked by staff in 2024 and through August 1, 2025, there has been 4,533.5 hours of overtime worked.
2. In 2024, there were ten employees that worked between 204 and 593 hours of overtime. So far in 2025, there is one employee with 250.75 hours and two employees exceeding 400 hours of overtime (418.25 and 481).
3. There was a peak of overtime hours worked from October 2024 through January 2025. Appendix A provides a detailed, by name, list of overtime hours worked by staff.
4. Figure 8 indicates that 87% of the overtime hours were worked by correctional officers followed by 12% of the hours worked by cooks.
5. I found no documentation that supported the rationale for overtime worked by staff. I recommend that a formal process of approving overtime and documenting the reasons/hours worked in a management report for tracking purposes and identifying trends.

Table 1: Overtime Totals 2024 – August 1, 2025

	2024 Hours	2025 Hours
January	832.75	1,426.75
February	364.5	465
March	487	335.75
April	453.25	463.75
May	280	243.25
June	559	611.25
July	812.75	838.75
August	585.5	149
September	632.75	
October	915.5	
November	916.5	
December	860.5	
Totals	**7,700**	**4,533.5**

Figure 8: Overtime by Job Classification



A. **Profile of the Facility.** Staffing practices are ways to implement the mission, policies, and procedures within the context posed by the facility, technology, and resident population. To create an effective and efficient staffing plan, the facility context must not only be described, but its impact on staffing must also be analyzed. Appendix A presents a variety of descriptive information about the juvenile services center operations and residents. We identified many forces that shape staffing needs, and many changes that have occurred in recent years. Forces and changes in the facility context that were identified included:

   a. Table 2 provides the budgeted positions.

Table 2: Budgeted Positions

Positions	FY 19/20
Chief	1
Captain	1
Executive Assistant	1
Nurse	1
Laundry Worker – CO	1
Technical Support Specialist – Civilian	1
Cook	4
Corrections Officers	56
Total	**66**

   b. Movement to and from courts, professional visits, programs, medical, etc., requires a staff person to escort. Residents cannot simply "roam" the facility unsupervised.

Staff are required to move them in a safe and secure manner and supervise them when they are outside housing units.

c. Another challenge is the screening, hiring, and training of new employees. Fifty-nine employees (48 officers and 7 cooks) resigned or were terminated from January 1, 2023, through September 19, 2025. Sixty-eight new employees were hired during this same time. The employees who left the juvenile service center employment must be replaced. It takes time. During this time, shifts are short, and staff work overtime to cover the vacancies. For a new employee, the detention environment is challenging. It also takes time to train them to ensure they can perform their duties and develop their confidence in dealing with a somewhat non-compliant resident population.

d. Staff retention rates have been a significant part of leadership discussions in Tennessee and across the country in the last several years. As reflected in table 3, we evaluated Knox County's turnover rate for 2023 through September 19, 2025. The turnover rate of employees exceeded 32% each year and is so far in 2025 at 37.5%.

Table 3: Staff Turnover Rates 2023 – September 19, 2025

	2023	2024	2025
Number of staff that left employment during the calendar year	18	20	21
Total number of authorized positions	56	56	56
Turnover rate: divide number of staff leaving agency during the year by the total number of authorized staff.	**32.1%**	**35.7%**	**37.5%**

e. Table 4 provides more detailed insights into the characteristics of the resident population over the period covering 2024 through August 6, 2025. The facility's peak population occurred in 2024 with an average daily population of 31 residents in custody. The average monthly population has declined to 25 in custody during 2025. During this 19-month period there was an average of 29 residents detained each month with the majority being referred by local agencies.

Table 4: Average Monthly Detention Center Population

Month	2024			2025			Average		
	Local Agency	Out of County Agency	Total	Local Agency	Out of County Agency	Total	Local Agency	Out of County Agency	Total
January	22	3	25	23	1	24	23	2	25
February	27	3	30	26	2	28	27	3	30
March	29	2	31	29	2	31	29	2	31
April	25	3	28	23	2	25	24	3	27
May	38	5	43	28	2	30	33	4	37
June	36	2	38	25	3	28	31	3	34
July	32	2	34	22	1	23	27	2	29
August	23	2	25	5	1	6	14	2	16
September	30	5	35				30	5	35
October	25	2	27				25	2	27
November	27	2	29				27	2	29
December	27	1	28				27	1	28
Average	**28**	**3**	**31**	**23**	**2**	**25**	**26**	**3**	**29**

f. The Minimum Standards for Juvenile Detention Standards require a monthly report to be submitted to the Department of Children Services that includes the physical capacity of the facility; demographic information, including monthly discharges by age and gender; monthly discharge information, including custodial status and length of stay; and any other information required by the Department.
g. Tables 5 through 10 provides the monthly reports for 2024 that reflect monthly census data:
    i. Table 5 indicates that an average of 56 males and 26 females being released each month from detention.
        1. The highest month for releases occurred in September with 74 males and 46 females. The lowest months for releases for males was March (43) and for females July and August (4 each month).
        2. 85.8% of the residents in 2024 were between the ages of fourteen to seventeen.
        3. Most of the residents released (35%) from custody in 2024 were Knox County and other counties' children who spent less than 24 hours in detention.
        4. The next highest number of releases were again for Knox County and other counties residents who spent between 24-72 hours (22%) in detention.
    ii. Tables 6 and 7 refer to custody and non-custody residents. Non-Custody residents are local Knox County and other counties offenders while custody refers to residents in state custody with the Department of Children's Services (DCS).
        1. Most Knox County residents released in 2024 spent less than 24 hours in custody (339) followed by 24-72 hours in custody (180).
        2. A total of 99 other county residents were released from custody in 2024. The majority (38) spent 24-72 hours in custody at their release.
        3. Of the 824 total releases in 2024, 725 (88%) were Knox County residents.
    iii. Table 9 indicates that the majority of DCS residents (72) released in 2024 spent over thirty days in custody.

Table 5: 2024 Monthly Census Data

Exits/Demographic Information							Lengths of Stay for All Exiting Residents									
							<24 Hours		24-72 Hours		4-10 Days		11-30 Days		>30 Days	
2024	Facility Capacity	Males Exiting	Females Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Custody	Non-Custody	Custody	Non-Custody	Custody	Non-Custody	Custody	Non-Custody	Custody	Non-Custody
January	122	40	16	11	45	0	1	18	0	10	0	9	1	9	5	3
February	122	60	16	12	64	0	0	30	0	19	3	12	3	3	5	1
March	122	43	26	9	60	0	2	20	1	18	0	9	4	6	7	2
April	122	65	34	15	84	0	0	40	0	25	1	13	2	7	6	5
May	122	57	38	18	77	0	1	37	0	20	0	19	1	7	7	3
June	122	56	10	10	56	0	1	16	0	9	2	6	3	10	10	9
July	122	56	20	4	72	0	0	22	0	17	1	15	4	5	9	3
August	122	47	20	4	63	0	0	24	0	15	2	8	4	3	11	0
September	122	74	46	25	94	1	0	35	2	35	4	22	5	10	3	4
October	122	65	23	10	77	1	1	41	0	15	1	11	8	4	3	4
November	122	55	29	12	71	0	0	31	2	16	5	13	3	4	4	6
December	122	50	29	5	73	1	0	30	0	19	1	11	10	5	2	1
Total	**122**	**668**	**307**	**135**	**836**	**3**	**6**	**344**	**5**	**218**	**20**	**148**	**48**	**73**	**72**	**41**
Average	**122**	**55.7**	**25.6**	**11**	**69.7**	**0.25**	**0.5**	**28.7**	**0.4**	**18.2**	**1.7**	**12.3**	**4**	**6.1**	**6**	**3.4**

Table 6: 2024 Monthly Census Data Breakdown – Total Non-Custody (Knox & Other Counties)

2024	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	35	14	0	10	39	0	0	18	10	9	9	3
February	51	14	0	10	55	0	0	30	19	12	3	1
March	33	22	0	9	46	0	0	20	18	9	6	2
April	56	34	0	15	75	0	0	40	25	13	7	5
May	49	37	0	16	70	0	0	37	20	19	7	3
June	44	6	0	9	41	0	0	16	9	6	10	9
July	46	16	0	4	58	0	0	22	17	15	5	3
August	34	16	0	3	47	0	0	24	15	8	3	0
September	64	42	0	23	82	1	0	35	35	22	10	4
October	52	23	0	10	64	1	0	41	15	11	4	4
November	43	27	0	10	59	0	1	31	16	13	4	6
December	38	28	0	4	61	1	0	30	19	11	5	1
Total	**545**	**279**	**0**	**123**	**697**	**3**	**1**	**344**	**218**	**148**	**73**	**41**
Average	**45**	**23**	**0**	**10**	**58**	**0.25**	**0.08**	**29**	**18**	**12**	**6**	**3**

Table 7: 2024 Monthly Census Data Breakdown – Non-Custody - Knox County

2024	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	30	13	0	10	33	0	0	18	10	8	5	2
February	44	12	0	7	49	0	0	29	14	10	3	0
March	30	20	0	8	42	0	0	20	16	9	5	0
April	49	34	0	14	69	0	0	39	22	11	6	5
May	44	33	0	14	63	0	0	36	19	17	3	2
June	37	5	0	9	33	0	0	16	5	5	9	7
July	37	16	0	4	49	0	0	22	13	11	4	3
August	28	15	0	3	40	0	0	23	10	7	3	0
September	54	36	0	17	72	1	0	35	31	13	7	4
October	45	22	0	10	56	1	0	41	12	9	3	2
November	36	25	0	9	51	0	1	31	12	10	3	5
December	35	25	0	4	55	1	0	29	16	9	5	1
Total	**469**	**256**	**0**	**109**	**612**	**3**	**1**	**339**	**180**	**119**	**56**	**31**
Average	**39**	**21**	**0**	**9**	**51**	**0.25**	**0.1**	**28**	**15**	**10**	**5**	**3**

iv. Table 8 provides monthly census information for other counties housing residents at the youth detention center. In 2024, ten different counties held residents at the detention facility (Anderson, Campbell, Cocke, Grainger, Hamblen, Jefferson, Macon, Morgan, and Union).

Table 8: 2024 Monthly Census Data Breakdown – Non-Custody – Other Counties

2024	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	5	1	0	0	6	0	0	0	0	1	4	1
February	7	2	0	3	6	0	0	1	5	2	0	1
March	3	2	0	1	4	0	0	0	2	0	1	2
April	7	0	0	1	6	0	0	1	3	2	1	0
May	5	4	0	2	7	0	0	1	1	2	4	1
June	7	1	0	0	8	0	0	0	4	1	1	2
July	9	0	0	0	9	0	0	0	4	4	1	0
August	6	1	0	0	7	0	0	1	5	1	0	0
September	10	6	0	6	10	0	0	0	4	9	3	0
October	7	1	0	0	8	0	0	0	3	2	1	2
November	7	2	0	1	8	0	0	0	4	3	1	1
December	3	3	0	0	6	0	0	1	3	2	0	0
Total	**76**	**23**	**0**	**14**	**85**	**0**	**0**	**5**	**38**	**29**	**17**	**10**
Average	**6**	**2**	**0**	**1**	**7**	**0**	**0**	**0.4**	**3**	**2**	**1**	**0.8**

Table 9: 2024 Monthly Census Data Breakdown – Custody (DCS)

2024	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	5	1	0	1	6	0	0	1	0	0	1	5
February	9	2	0	2	9	0	0	0	0	3	3	5
March	10	4	0	0	14	0	0	2	1	0	4	7
April	9	0	0	0	9	0	0	0	0	1	2	6
May	8	1	0	2	7	0	0	1	0	0	1	7
June	12	4	0	1	15	0	0	1	0	2	3	10
July	10	4	0	0	14	0	0	0	0	1	4	9
August	13	4	0	1	16	0	0	0	0	2	4	11
September	10	4	0	2	12	0	0	0	2	4	5	3
October	13	0	0	0	13	0	0	1	0	1	8	3
November	12	2	0	2	12	0	0	0	2	5	3	4
December	12	1	0	1	12	0	0	0	0	1	10	2
Total	**123**	**27**	**0**	**12**	**139**	**0**	**0**	**6**	**5**	**20**	**48**	**72**
Average	**10**	**2**	**0**	**1**	**12**	**0**	**0**	**0.5**	**0.04**	**2**	**4**	**6**

Table 10: 2024 Monthly Census Data Breakdown – Overall Total

2024	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	40	16	0	11	45	0	0	19	10	9	10	8
February	60	16	0	12	64	0	0	30	19	15	6	6
March	43	26	0	9	60	0	0	22	19	9	10	9
April	65	34	0	15	84	0	0	40	25	14	9	11
May	57	38	0	18	77	0	0	38	20	19	8	10
June	56	10	0	10	56	0	0	17	9	8	13	19
July	56	20	0	4	72	0	0	22	17	16	9	12
August	47	20	0	4	63	0	0	24	15	10	7	11
September	74	46	0	25	94	1	0	35	37	26	15	7
October	65	23	0	10	77	1	0	42	15	12	12	7
November	55	29	0	12	71	0	1	31	18	18	7	10
December	50	29	0	5	73	1	0	30	19	12	15	3
Total	**668**	**307**	**0**	**135**	**836**	**3**	**1**	**350**	**223**	**168**	**121**	**113**
Average	**56**	**26**	**0**	**11**	**70**	**0.25**	**0.08**	**29**	**19**	**14**	**10**	**9**

h. Tables 11 through 16 provides the monthly reports for January through August 2025 that reflect monthly census data:
    i. Table 11 indicates that an average of 54 males and 27 females being released each month from detention.
        1. The highest month for releases occurred in March (62) for males and April (40) for females. The lowest months for releases for males was January (46) and for females June (17).

2. 84.6% of the residents in 2025 were between the ages of fourteen to seventeen.

ii. Tables 12 through 14 refers to non-custody residents.
   1. Most Knox County residents released in 2025 spent less than 24 hours in custody (216) followed by 4 to 10 days in custody (104).
   2. A total of 72 other county residents were released from custody so far in 2025. The majority (35) spent 24-72 hours in custody at their release.
   3. Of the 644 total releases thus far in 2025, 455 (71%) were Knox County residents.

iii. Table 15 indicates that the majority of DCS residents (37) released in 2025 spent four to ten days in custody.

Table 11: 2025 Monthly Census Data

Exits/Demographic Information							Lengths of Stay for All Exiting Residents									
							<24 Hours		24-72 Hours		4-10 Days		11-30 Days		>30 Days	
2025	Facility Capacity	Males Exiting	Females Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Custody	Non-Custody	Custody	Non-Custody	Custody	Non-Custody	Custody	Non-Custody	Custody	Non-Custody
January	122	46	19	3	62	0	1	24	1	11	4	15	2	1	4	2
February	122	53	24	14	63	0	1	27	3	10	6	13	4	6	5	2
March	122	62	36	19	79	0	2	33	1	19	9	19	6	7	0	2
April	122	59	40	17	82	0	2	41	1	15	4	24	3	4	2	3
May	122	56	37	21	72	0	0	35	1	25	3	15	5	4	3	2
June	122	56	17	2	70	0	1	19	3	17	4	11	4	4	3	7
July	122	49	23	12	60	0	1	19	3	14	5	13	4	4	3	6
August	122	47	20	11	56	0	0	26	3	11	2	13	5	3	3	1
September	122															
October	122															
November	122															
December	122															
Total	**122**	**428**	**216**	**99**	**544**	**0**	**8**	**224**	**16**	**122**	**37**	**123**	**33**	**33**	**23**	**25**
Average	**122**	**54**	**27**	**12**	**68**	**0**	**1**	**28**	**2**	**15**	**5**	**15**	**4**	**4**	**3**	**3**

Table 12: 2025 Monthly Census Data Breakdown – Non-Custody (Knox & Other Counties)

2025	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	35	18	0	3	50	0	0	24	11	15	1	2
February	39	19	0	10	48	0	0	27	10	13	6	2
March	49	31	0	17	63	0	0	33	19	19	7	2
April	51	36	0	17	70	0	0	41	15	24	4	3
May	46	35	0	21	60	0	0	35	25	15	4	2
June	46	12	0	1	56	0	1	19	17	11	4	7
July	38	18	0	11	45	0	0	19	14	13	4	6
August	38	16	0	11	43	0	0	26	11	13	3	1
September												
October												
November												
December												
Total	**342**	**185**	**0**	**91**	**435**	**0**	**1**	**224**	**122**	**123**	**33**	**25**
Average	**43**	**23**	**0**	**11**	**54**	**0**	**0.1**	**28**	**15**	**15**	**4**	**3**

Table 13: 2025 Monthly Census Data Breakdown – Non-Custody - Knox County

2025	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	29	17	0	3	43	0	0	23	8	12	1	2
February	32	18	0	8	42	0	0	26	8	10	5	1
March	45	28	0	17	56	0	0	31	17	17	6	2
April	45	35	0	16	64	0	0	41	14	20	4	1
May	38	34	0	18	54	0	0	35	17	14	4	2
June	30	12	0	0	42	0	0	18	9	7	1	7
July	33	17	0	10	40	0	0	19	9	13	4	5
August	30	12	0	9	33	0	0	23	5	11	2	1
September												
October												
November												
December												
Total	**282**	**173**	**0**	**81**	**374**	**0**	**0**	**216**	**87**	**104**	**27**	**21**
Average	**35**	**22**	**0**	**10**	**47**	**0**	**0**	**27**	**11**	**13**	**3**	**3**

Table 14: 2025 Monthly Census Data Breakdown – Non-Custody – Other Counties

2025	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	6	1	0	0	7	0	0	1	3	3	0	0
February	7	1	0	2	6	0	0	1	2	3	1	1
March	4	3	0	0	7	0	0	2	2	2	1	0
April	6	1	0	1	6	0	0	0	1	4	0	2
May	8	1	0	3	6	0	0	0	8	1	0	0
June	16	0	0	1	14	0	1	1	8	4	3	0
July	5	1	0	1	5	0	0	0	5	0	0	1
August	8	4	0	2	10	0	0	3	6	2	1	0
September												
October												
November												
December												
Total	**60**	**12**	**0**	**10**	**61**	**0**	**1**	**8**	**35**	**19**	**6**	**4**
Average	**8**	**2**	**0**	**1**	**8**	**0**	**0.1**	**1**	**4**	**2**	**0.75**	**0.5**

Table 15: 2025 Monthly Census Data Breakdown – Custody (DCS)

2025	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	11	1	0	0	12	0	0	1	1	4	2	4
February	14	5	0	4	15	0	0	1	3	6	4	5
March	13	5	0	2	16	0	0	2	1	9	6	0
April	8	4	0	0	12	0	0	2	1	4	3	2
May	10	2	0	0	12	0	0	0	1	3	5	3
June	10	5	0	1	14	0	0	1	3	4	4	3
July	11	5	0	1	15	0	0	1	3	5	4	3
August	9	4	0	0	13	0	0	0	3	2	5	3
September												
October												
November												
December												
Total	**86**	**31**	**0**	**8**	**109**	**0**	**0**	**8**	**16**	**37**	**33**	**23**
Average	**11**	**4**	**0**	**1**	**14**	**0**	**0**	**1**	**2**	**5**	**4**	**3**

Table 16: 2025 Monthly Census Data Breakdown – Overall Total

2025	Males Exiting	Females Exiting	Unknown Exiting	Residents Age </= 13	Residents 14-17	Residents Age >/= 18	Age Unknown	<24 Hours	24-72 Hours	4-10 Days	11-30 Days	>30 Days
January	46	19	0	3	62	0	0	25	12	19	3	6
February	53	24	0	14	63	0	0	28	13	19	10	7
March	62	36	0	19	79	0	0	35	20	28	13	2
April	59	40	0	17	82	0	0	43	16	28	7	5
May	56	37	0	21	72	0	0	35	26	18	9	5
June	56	17	0	2	70	0	1	20	20	15	8	10
July	49	23	0	12	60	0	0	20	17	18	8	9
August	47	20	0	11	56	0	0	26	14	15	8	4
September												
October												
November												
December												
Total	**428**	**216**	**0**	**99**	**544**	**0**	**1**	**232**	**138**	**160**	**66**	**48**
Average	**54**	**27**	**0**	**12**	**68**	**0**	**0.1**	**29**	**17**	**20**	**8**	**6**

i. Table 17 provides the committing agencies for residents at the detention center for 2024 and 2025 (through 8/6/2025). As indicated, most referrals (621) were from the Knoxville Police Department, followed by the Knox County Sheriff's Office (482), and the Department of Children's Services (333).

Table 17: Committing Agencies, 2024 through August 6, 2025

Referring Agency (Local)	Male		Female		Total	
	2024	2025	2024	2025	2024	2025
Agency not specified	3	0	2	0	5	0
DCS	172	91	31	39	203	130
Knox County Juvenile Court	0	0	1	0	1	0
Knox County Juvenile Court Staff	1	0	0	0	1	0
Knox County Sheriff's Office	211	104	105	62	316	166
Knoxville Police Department	231	151	144	95	375	246
Other	1	3	0	0	1	3
Other LE Agency	1	1	0	0	1	1
Self-Report	8	7	1	4	9	11
TN Bureau of Investigation	1	0	0	0	1	0
TN Highway Patrol	5	5	0	2	5	7
UT Police	8	1	2	0	10	1
Walk In	3	0	0	0	3	0
Total Local Agency	**593**	**363**	**286**	**202**	**879**	**565**
Referring Agency (Out of County)						
Anderson County	16	11	5	9	21	20
Blount County	0	1	0	0	0	1
Campbell County	0	7	1	0	1	7
Claiborne County	8	5	1	1	9	6
Cocke County	17	18	7	0	24	18

Grainger County	1	0	1	0	2	0
Hamblen County	14	4	1	0	15	4
Jefferson County	7	4	4	2	11	6
Macon County	1	0	0	0	1	0
Morgan County	4	2	0	1	4	3
Roane County	5	4	2	0	7	4
Out of County Agency	0	2	1	0	1	2
Union County	1	3	0	0	1	3
Total Out of County Agency	**74**	**61**	**23**	**13**	**97**	**74**

j. Table 18 provides the referrals by month that were processed into the juvenile detention center for 2024 through August 6, 2025.
    i. In 2024 there was an average of 81 referrals each month received with the peak months in September (128), May (108), and April (101). The lowest referral months were in January (57) and June (59).
    ii. Through July 2025 there have been an average of 89 referrals each month. The peak months for referrals were March (115) and April (101). The lowest referral months were July (75) and June (76).

k. During a discussion with Chief Bivens on September 29, 2025, he indicated that the number of staff vacancies that he is restricted from hiring, he raised a concern over maintaining a safe and secure environment. In part, to address this concern, he has restricted taking DCS and other county residents unless absolutely necessary. It is recommended that this practice be continued until such time that Knox County can fund for the staff coverage plan needed to support a safe and secure operation.

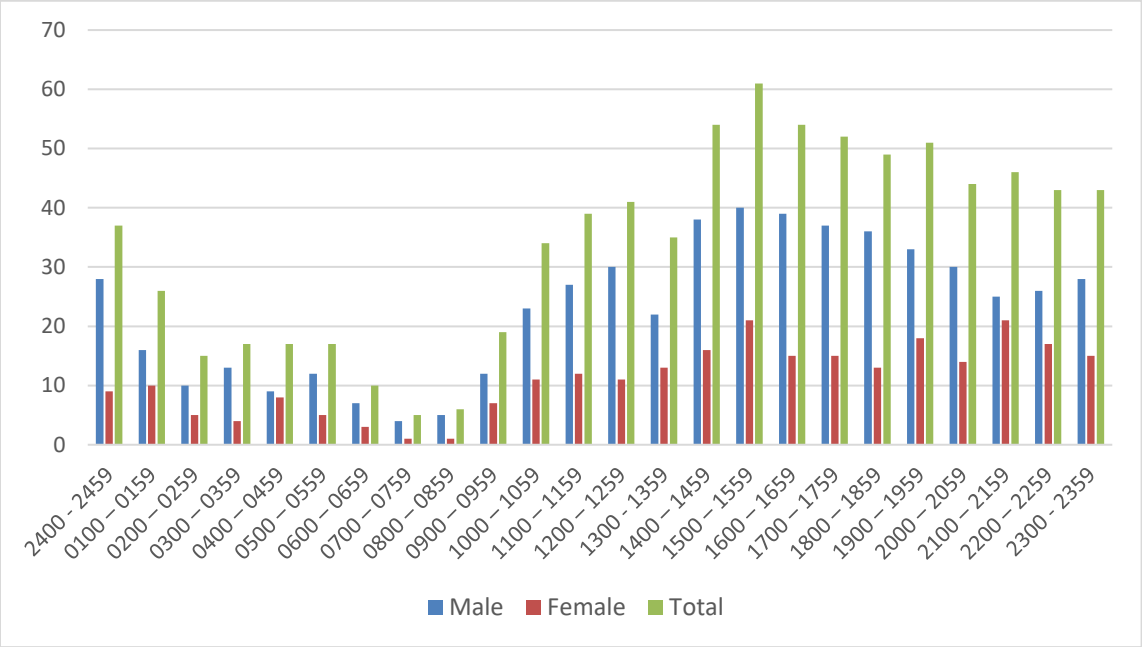
Table 18: Referrals to Juvenile Detention

Month	2024			2025		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
January	43	14	57	56	23	79
February	61	19	80	55	27	82
March	43	27	70	70	45	115
April	67	34	101	60	41	101
May	69	39	108	60	38	98
June	50	9	59	60	16	76
July	44	18	62	53	22	75
August	47	22	69	10	3	13
September	81	47	128			
October	58	22	80			
November	57	31	88			
December	47	27	74			
Total	**667**	**309**	**976**	**424**	**215**	**639**

l. Residents are received at the facility at all hours of the day and night. Intake and release operations must be prepared to meet fluctuating levels of demand safely and efficiently. A review of intakes that occurred between 2024 and August 6, 2025, was conducted. Figure 9 displays the intakes by hour for that period. The times evaluated during this period are provided at Appendix A. Referrals occurred around

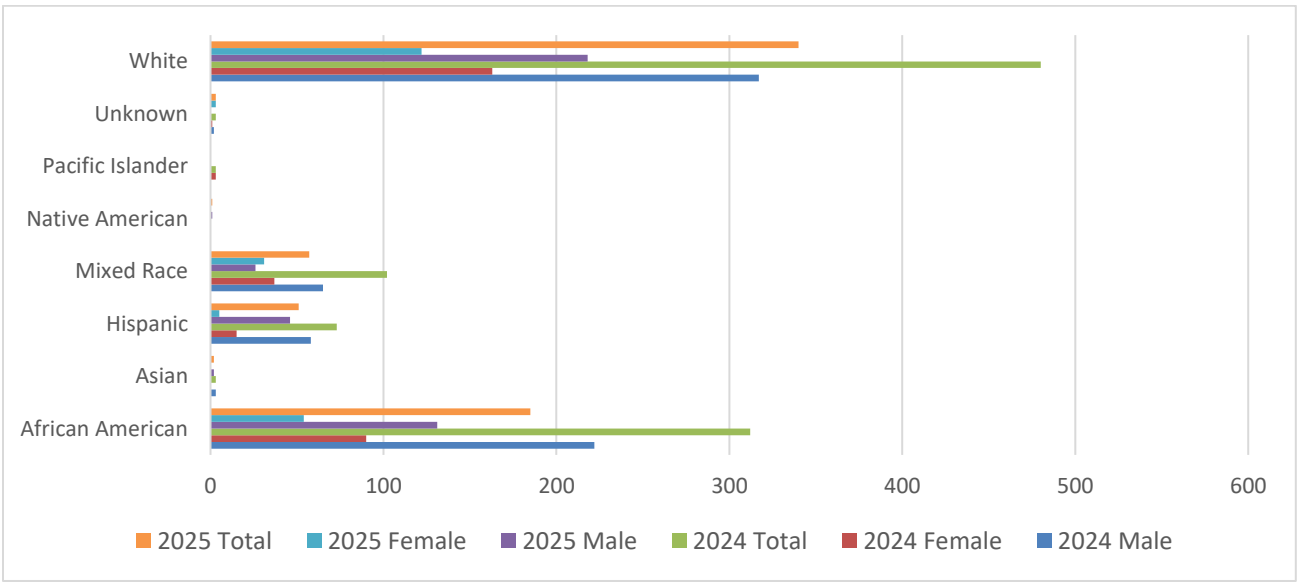
the clock with peak referrals occurring between 2:00 p.m. and 8:00 p.m. and the lowest hourly referrals occurring between 7:00 a.m. and 9:00 a.m.

Figure 9: Referrals by Time



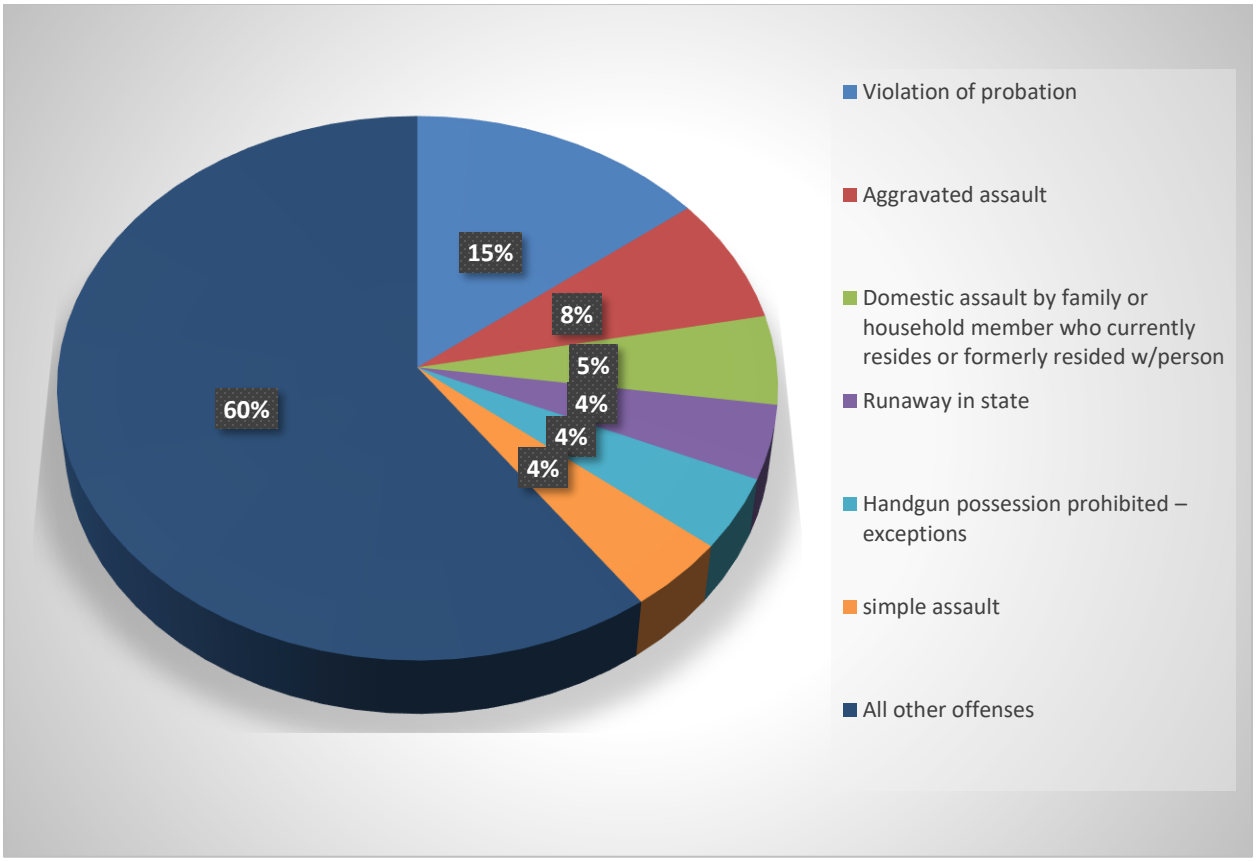
a. Figure 10 provides the ethnicity of residents referred to the juvenile service center during the period of 2024 through August 6, 2025. Most of the residents referred during this period were White (51%) followed by African American (31%).

Figure 10: Ethnicity of Residents Referred



b. We reviewed the charges connected to the juvenile detention referrals during 2024 through August 6, 2025. Most charges of the 776 included violation of probation (112), aggravated assault (58), domestic assault by family or household member who currently resides or formerly resided with person (41), runaway in-state (34), handgun possession prohibited – exceptions (33), and simple assault (33). As shown in figure 11, these charges made up 40% of the total charges. Detailed data for all offenses is provided in Appendix A.

Figure 11: Charges Leading to Detention Holds



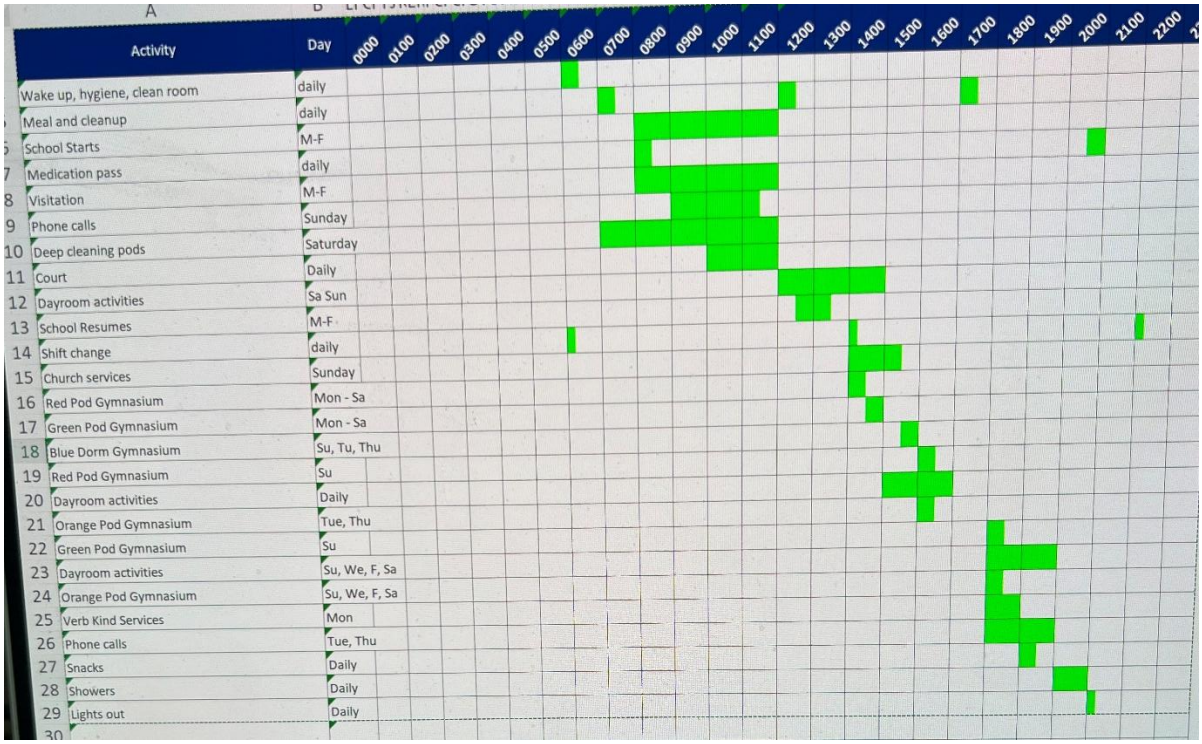
3. **Daily Activities.** The second step of the NIC process examines facility activities by half-hour increments each day of the week. A sample daily activities document was developed and emailed to the agency so they could fill out their current scheduled activities. We reviewed intermittent activities (those that are not continuous) and developed lists of tasks encountered by facility employees. The task lists are presented at Appendix B.
   A. We looked at each activity, the start and end times were identified, along with the days of the week that the activity would occur. Table 19 presents that activity table.

Table 19: Daily Activities

Activity	Start Time	End Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift Change	0600	0615	X	X	X	X	X	X	X
Wake up, hygiene, clean room, dayroom time	0600	0700	X	X	X	X	X	X	X
Breakfast and clean up	0700	0800	X	X	X	X	X	X	X
Helen Ross McNabb Intake Screenings	0800	1000	X	X	X	X	X		
Medication distribution	0800	0900	X	X	X	X	X	X	X
School Starts	0800	1200	X	X	X	X	X		
Visitation	0800	1200	X	X	X	X	X		
Deep cleaning	0800	1200						X	
Court	1000	1200	X	X	X	X	X		
Lunch Served, cleanup	1200	1230	X	X	X	X	X	X	X
Dayroom activities	1230	1500						X	X
Restricted to room for shift change	1330	1400	X	X	X	X	X	X	X
Shift Change	1400	1415	X	X	X	X	X	X	X
Church Service	1430	1530							X
Red Pod to Gymnasium	1415	1445	X	X	X	X	X	X	
Dr. Bly Mental Health	1430	1630	X		X				
Helen Ross McNabb Mental Health	1430	1630		X		X			
Metro Drug Coalition – Journaling Program	1430	1630	X		X				
Blue Dorm to Gymnasium	1530	1600							X
Green Pod to Gymnasium	1445	1515	X		X		X	X	
Orange Pod to Gymnasium	1630	1700		X		X			
Dinner served, cleanup	1700	1730	X	X	X	X	X	X	X
Green Pod to Gymnasium	1800	1830							X
Verb Kind Services	1800	1900	X			X			
Phone calls	1800	2000		X		X			
Orange Pod to Gymnasium	1800	1830			X		X	X	
Dayroom activities	1800	2000	X		X		X	X	X
Snacks	1930	2000	X	X	X	X	X	X	X
Medication distribution	2000	2030	X	X	X	X	X	X	X
Showers	2000	2100	X	X	X	X	X	X	X
Lights Out	2100	0600	X	X	X	X	X	X	X

B. Below provides a list and times of daily activities. The heaviest concentration of activities occurs between 0800 and 1200 on Monday through Friday. There are some activities that occur that are not listed on the activities provided by the agency. Those include laundry exchange, scheduled inspections, regularly scheduled hearings. Figure 12 presents the seven-day graph of current activity levels for the Youth Services Center. It suggests that there are limited programming opportunities for residents at this facility. As the agency is looking at modifying activity schedules, use this model to assist in spreading out activities across the week and time of day.

Figure 12: 7 Day Activity Graph



C. As part of building the daily routine, we typically consider moving activities from peaks into lower activity times (rescheduling some activities); moving activities into times with low demands to make better use of the staff that are deployed at those times; and look for ways to implement tasks in a more efficient manner to reduce the weight of the demand or reduce the amount of time required.

D. Charting activities provide a means to identify times of high stress and demand in the facility and to consider ways to level the demand. This chart also permit the addition of future activities/programs that enable the agency to take control of the activity schedule and not let the schedule control the agency.

4. **Coverage Plan.** Coverage needs describe the staffing efforts needed to meet operational demands by who is needed (type of employee), when they are needed (start and end times, along with days of the week), and where they are needed (posts and job assignments). Coverage plans are not the same as schedules. A schedule assigns specific employees to defined shifts (by time of day and day of week). A coverage plan describes the numbers and types of employees who are needed at specific times to operate the facility. In effect, it is the net number of employees who must be provided at a specific time. Coverage needs are defined for relieved posts and positions, and not for those positions for which relief is not provided. For example, when the facility administrator is absent due to illness, leave, training, etc., they are not replaced. As such, this position is considered “non-relieved”. We have developed a staff coverage plan that describes all needs for employee effort.

   A. The current shift coverage plan has correctional officers working eight-hour shifts with shift changes occurring at 0600, 1400, and 2200 daily. There are several split shift positions where staff will work a combination of one or two shifts as well as some double shifts. Food service coverage is provided from approximately 0330 to 1700. A

nurse is employed by the juvenile services center and provides onsite coverage Monday through Friday. Medication is distributed at 0800 and 2000 daily. Due to nurse scheduling, this requires corrections officer to pass the evening and weekend medications. This is potentially a high liability practice.

B. To support staff coverage, the facility utilizes overtime during periods of staff vacancies, increased workloads, and other staff absences.
C. Table 20 provides the current facility coverage.

Table 20: Current Staff Coverage

Section	Description	Start Time	End Time	Classification	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Administration											
	Administrator	0730	1530	Chief	X	X	X	X	X		
	Assistant Adm.	0800	1600	Captain	X	X	X	X	X		
	Executive Asst.	0800	1600	Civilian	X	X	X	X	X		
	Tech Supt Specialist	0800	1600	Civilian	X	X	X	X	X		
	Compliance	0800	1600	CO	X	X	X	X	X		
	Front Lobby	0800	1600	CO	X	X	X	X	X		
Support											
	Cook	0400	1700	Civilian	X	X	X	X	X	X	X
	Nurse	0730	1530	Nurse	X	X	X	X	X		
	Laundry	0530	1330	CO	X	X	X	X	X		
	Teacher	0700	1500	CO	X	X	X	X	X		
Security											
Days	Intake	0600	1400	CO	X	X	X	X	X	X	X
	Visitation	0700	1500	CO	X	X	X	X	X		
	Main Control	0600	1400	CO	X	X	X	X	X	X	X
	Orange Pod	0600	1400	CO	X	X	X	X	X	X	X
	Orange Pod	0600	1400	CO	X	X	X	X	X	X	X
	Green Pod	0600	1400	CO	X	X	X	X	X	X	X
	Green Pod	0600	1400	CO	X	X	X	X	X	X	X
	Red Pod	0600	1400	CO	X	X	X	X	X	X	X
	Red Pod	0600	1400	CO	X	X	X	X	X	X	X
	Blue Dorm	0600	1400	CO	X	X	X	X	X	X	X
	Blue Dorm	0600	1400	CO	X	X	X	X	X	X	X
Evenings	Intake	1400	2200	CO	X	X	X	X	X	X	X
	Main Control	1400	2200	CO	X	X	X	X	X	X	X
	Orange Pod	1400	2200	CO	X	X	X	X	X	X	X
	Orange Pod	1400	2200	CO	X	X	X	X	X	X	X
	Green Pod	1400	2200	CO	X	X	X	X	X	X	X
	Green Pod	1400	2200	CO	X	X	X	X	X	X	X
	Red Pod	1400	2200	CO	X	X	X	X	X	X	X
	Red Pod	1400	2200	CO	X	X	X	X	X	X	X
	Blue Dorm	1400	2200	CO	X	X	X	X	X	X	X
	Blue Dorm	1400	2200	CO	X	X	X	X	X	X	X
Nights	Intake	2200	0600	CO	X	X	X	X	X	X	X

	Main Control	2200	0600	CO	X	X	X	X	X	X	X
	Orange Pod	2200	0600	CO	X	X	X	X	X	X	X
	Green Pod	2200	0600	CO	X	X	X	X	X	X	X
	Red Pod	2200	0600	CO	X	X	X	X	X	X	X
	Blue Dorm	2200	0600	CO	X	X	X	X	X	X	X

D. Based on interviews with the leadership, observations of current facility operations, review of State standards compliance, and the challenges identified in this analysis, the proposed new staffing plan is provided in Appendix C. Two plans were developed. One for continued eight-hour security shifts and a second converting to twelve-hour shifts. The proposed staff coverage plan recommends:
    i. Converts the front lobby position from a correctional officer to civilian position.
    ii. A Compliance Corporal position to monitor detention and PREA standards compliance and manage the agency policies and procedures to ensure they are accurate and current. This position will also perform duties as the classification specialist.
    iii. A food service manager position.
    iv. A part time nurse (LPN) position to provide 24 hours a week coverage.
    v. A social service provider position.
    vi. A safety and sanitation corrections officer position.
    vii. A Facility Training Officer (FTO) to support changing culture and improving operations.
    viii. Establishes the CO/teacher position as a formal position to stop pulling this person from the security shift.
    ix. Formalizes a lieutenant position for Operations.
    x. Establishes shift supervisor positions as Sergeants.
    xi. Establishes assistant shift supervisor/intake Corporal positions.
E. The eight-hour shift proposal and above recommendations increase the staffing needs from 66 to 73.5. The twelve-hour shift proposal and above recommendations increase the staffing needs from 66 to 83.5. The reason for the variance is due to reducing the night shift (2200 – 0600) housing staff from a 1:8 ratio to a 1:16 ratio. This staffing configuration was confirmed as appropriate by Ms. Heather Helton with the DCS in an email response dated September 30, 2025. In a twelve-hour shift configuration, we could not reduce the numbers as the shift would overlap time when residents were not secured inside their cells.
F. Chief Bivens has implemented a “Duty Officer in Charge” (DOIC) plan on each shift. This assignment lasts 30 days and will be rotated with new DOIC’s. These officers are performing duties as shift supervisors.
G. There are peaks and valleys in the scheduled activities at the facility. The agency can make decisions on these activities to balance the workload. However, intermittent (unscheduled) activities occur routinely and require staff present for response. These activities include booking, releases, emergency response, cell checks, inspections, searches, etc. A detailed list of the intermittent activities and their frequency is provided at Appendix B.
H. Without a carefully defined coverage plan, it is difficult to evaluate the efficiency of schedules. A good schedule will consistently meet coverage needs. The coverage plan is the foundation on which a good schedule must be built. Typically, a proposed

coverage plan will address many of the problems identified during the earlier steps in the staffing analysis process including:

i. Ensuring that enough staff are always on duty.
ii. Appropriate scheduling to provide effective supervision for certain tasks and activities such as meals and medication delivery.
iii. Ensuring enough staff are available for backup, movement of residents to appointments, court, and programs. Also, allow relief for breaks and supervise any resident work details inside the facility.
iv. Ensure enough staff are available around the clock for intaking, releasing, and resident property operations.

I. Staff coverage levels tell us how many employees will be on duty during a specific time of the day or night.

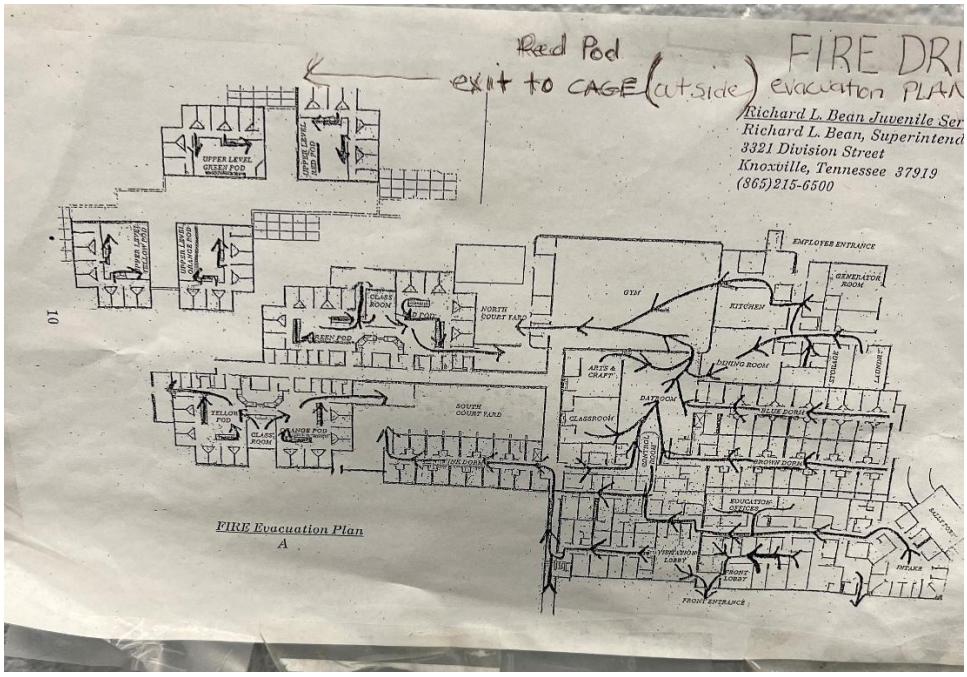
5. **Evaluate the Coverage Plan and Facility Operations**

A. The coverage plan describes where staff are needed, when and for how long they are needed, and what type of employees are needed. The final proposed coverage plan is presented at Appendix C. The proposed coverage levels were compared to the current practices.
B. Evaluating the proposed coverage plan is a critical step in the staffing process. If the coverage plan is not sufficient, then all subsequent efforts including scheduling, budgeting, and deployment will fall short of our needs. First, we compare our activity graph to the coverage plan to ensure there was a correlation between increasing levels of activity in the detention center and corresponding coverage levels.
C. The following areas are considered when evaluating the coverage plan:
    i. <u>Consistency and Efficiency of the Plan:</u> We compare the activities and the coverage plan for correlation of peaks and valleys. Look for adjustments to staff and/or activities that could be made to reduce some of the identified peaks and valleys.
    ii. <u>Key Questions Concerning the Plan and Scheduling:</u>
        a. Does the plan pose any problems in terms of shift changes during key periods of the day?
        b. Is staff supervision always provided?
        c. Are shifts reasonable?
    iii. <u>Standards Compliance Issues:</u>
        a. An evaluation of Tennessee's Minimum Standards for Juvenile Detention Centers and Temporary Holding Resources was conducted to evaluate compliance. Table 21 provides a review of the standards. While these are not every applicable standard for the Juvenile Services Center, I provided comments on standards regarding observations and those standards that had potential deficiencies.

Table 21: Minimum Standards for Juvenile Detention Centers and Temporary Holding Resources

Standard Number	Standard
0250-04-08.02	**General Requirements**
(11)	For youth with special needs, provisions shall be made to address special needs for those youth who exhibit or who have documented physical or intellectual disabilities or impairments, limited English proficiency (LEP), and/or mental or emotional health issues. **NOTE:** Knox County Schools provides a special education teacher that handles residents with an IEP.
(12)	(b) At admission, staff shall request the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. **NOTE:** This is accomplished at intake by reviewing the police report, interacting with the law enforcement agency, and speaking with the resident. (d) Facility staff shall obtain informed consent using a language that is understandable to the youth and his or her parent or legal guardian. **NOTE:** For non-English speaking residents, staff use Google Translator or Court Interpreters.
(13)	Parents, guardians and other family members shall be able to register complaints about the treatment of youth. Facility administrators shall promptly reply to such complaints in writing. The facility shall make appropriate arrangements to receive complaints from parents or guardians who have limited English proficiency. **NOTE:** According to staff, calls from guardians and/or parents would be forwarded to the Superintendent or Assistant Superintendent. A review of the policy and procedure manual found no reference to how this process should formally work. ***Recommendation:*** That this be developed and added to the policy and procedure manual.
0250-04-08.03	**Administration and Management**
(1)	Each facility shall develop a mission statement and written policies and procedures governing the facility's operations. These policies and procedures shall be reviewed and updated annually and shall be accessible to all staff at all times. Staff shall be trained on these policies during pre-service and during their annual in-service training. **NOTE:** Chief Bivens has developed the following: M**ission Statement** The mission of the Richard Bean Juvenile Services Center is to maintain a safe, secure, and efficient environment for detained youth and staff. The facility is committed to meeting basic needs, while offering educational services, medical service, mental health services, and social support services. **Core Values** Professionalism

	Integrity Leadership Accountability Teamwork **Vision Statement** To be a progressive leader in the field of Juvenile Justice detention through leadership development and the use of innovative technology to maintain national best practices. ***Recommendation:*** That the mission, core values, and vision statement be reviewed by a team of staff members and updated as appropriate in the next six to twelve months. The policies and procedures are the 2nd Edition, undated. There were two copies of this manual found, one in the Superintendent's Office, and the second in the Assistant Superintendent's Office. I spoke with numerous staff who indicated that they did not know if one existed, and if it did, they had never seen one. According to the DCS Office of Child Welfare Licensing, when the new minimum standards were mandated in 2017 that the requirement for updating the policies and procedures to comply was a regular discussion with the detention center leadership. Although they would acknowledge the need to update them, it did not occur. In the 2024 DCS Annual Compliance Licensing Review there was a reference to a policy manual update on May 20, 2024. That update was two policies "Discipline/Disciplinary System" and "Seclusion". No other policies in the 129-page policy and procedure manual were updated. ***Recommendations:*** That the entire policy and procedure manual be reviewed and updated to current 2017 standards. Note, the DCS is getting ready to release new standards that will require another review and update. Establish a group of staff to be involved in the writing and review of policies and procedures. Ensure that any new or revised policy and procedure is communicated to all staff and that they are trained to the expectations listed in the policies and procedures. Policies and procedures should be placed on a shared computer drive that all staff can access for immediate reference. This will require the purchase and installation of computers and networks throughout the building. The policy and procedure manual should be formally reviewed and updated as appropriate on an annual basis. The Administrator of the Juvenile Services Center should conduct a formal review with the Board of Directors on an annual basis to review the status of the policy and procedure manual, updates that were conducted, and how the updates were communicated to staff and any formal training required to ensure compliance. There are three best practice standards provided by the American Correctional Association. First, 3-JDF-1A-13 states *"Written policy, procedure, and practice demonstrate that employees participate in the formulation of policies, procedures, and programs."* Secondly, 3-JDF-1A-21 states *"The policies and procedures for operating and maintaining the facility and its satellites are specified in a manual that is accessible to all employees and the public. This manual is reviewed and at least annually updated as needed."* Third, 3-JDF-1A-22 states *"Written policy, procedure, and practice provide that new or revised policies and procedures are disseminated to designated staff and volunteers and, when appropriate, to juveniles prior to implementation."* Finally, policies and procedures should have an implementation date and review date.
(2)	There shall be written plans, developed in advance, for dealing with emergencies such as escape, medical emergencies, quarantine, disturbances, assaults on staff, hostage taking, and emergency evacuation. These written plans shall be incorporated into the facility's operations manual. Each staff member shall be trained on these plans; documentation shall be noted in individual employee training records.

	NOTE: In the undated policy and procedure manual there are very minimal plans for escape, hostage taking, resident disturbance, work stoppage, and fire evacuation. No plans were identified for medical emergencies, quarantine, or assaults on staff. While considered a best practice and realistic event, there were also no plans for bomb threats, destructive weather, or active shooter in the lobby. As with other policies and procedures, these plans are not available to staff. Other than fire drills, there is no indication of other types of drills being conducted. Some of the existing plans are unclear as to what notifications are to be made or reports to be written. Nothing is addressed regarding debriefings after the events. The fire evacuation plan (see photo below) posted throughout the building is poorly done and would lead anyone unfamiliar with the building to be confused as to what route to follow or where they should muster.  ***Recommendations:*** Review and update current emergency plans and develop/implement plans for areas not currently covered. Ensure that all staff are trained in the implementation of the plans. Include in the plans a formal debriefing after any actual event or drill that includes: A review of staff and resident actions during the incident; a review of the incident's impact on staff and residents; a review of corrective actions taken and still needed; and plans for improvement to avoid another incident. Revisit the fire evacuation plans. Narrow them down to specific areas/evacuation routes of an area. Utilize "you are here" locations to immediately orient a person as to their location in relation to the evacuation route. Ensure that all staff participate in drills and that staff in leadership positions monitor/observe drills. Have regular walkthroughs of the building with the fire fighters, EMS, and law enforcement personnel that would respond to emergencies to assist in their familiarization with the building.
(3)	The facility administrator shall approve a list of articles and materials that shall be allowed in the living area. This list shall be made available to all youth upon admission. **NOTE:** Residents are not permitted to have any items or materials other than the clothes they are wearing, two books, a roll of toilet paper, and their linen, mattress, and blanket in their cells. They are even restricted from wearing footwear inside their cells. Their hygiene items are maintained in the shower area that is accessible when taking a shower. As of October 2025, other items including personal mail and legal materials are now maintained in residents' cells.

	Recommendation: Develop an approved list of articles and materials that a resident may keep in their cell. Consider organizing a cell in a manner desired to be kept, photographing it, and posting it in the dayroom. Also, brief newly arriving residents on the expectations of how the cell will be maintained.
(5)	An intake process shall be completed for every youth admitted to the facility and shall contain the following information, as available: … **NOTE:** Most of the information in this standard is gathered. However, minimal information on potential suicide, self-harming, detoxification, or drug use information is gathered. As of October 2025, a mental health screening is conducted within 72 hours of intake by staff from Helen Ross McNabb. ***Recommendation:*** Review the capturing of suicide, self-harming, detoxification, and/or drug use information from residents. Additionally, as other health related trends are identified in the facility, add them to the intake screening. Capture this information and communicate it to the medical staff as soon as possible.
(7)	At the time of a youth's admission to the facility, a diligent attempt shall be made to notify the youth's parents or guardians. This, and all future attempts, shall be documented in case records. **NOTE:** This is accomplished by the resident's school, arresting officer, and the juvenile service center intake officer. The intake officer will also assist in connecting the residents with their guardian and enter the attempts and connection into the Quest System.
(8)	Cash and personal property shall be secured from the youth upon admission, listed on a receipt form in duplicate, and securely stored pending the youth's release. The receipt shall be signed by the receiving staff member and the youth, the duplicate given to the youth, and the original kept for the record. If the youth is unable or unwilling to participate in the process, there shall be at least one (1) witness to verify this refusal and the youth's refusal shall be documented. **NOTE:** Any cash collected from a resident goes into a plastic bag and is stored in a filing cabinet in the property room. The cash will remain here until the resident is released from custody. There is no documented internal control process in the handling of this cash. According to staff interviewed and the current policy and procedure, all cash had historically been turned over to the Superintendent for safekeeping. ***Recommendation:*** Revise the policy and procedure to reflect current practices. Recommend that a audit of property being stored be routinely conducted by a person not routinely associated with collecting and processing property and cash. Recommend that a dollar amount be established in policy whereby a resident exceeds that amount that the cash is counted by a second person before placing it securely in the locked filing cabinet. Suggest that County Finance provide best practices and procedures currently utilized throughout Knox County relating to internal controls. A best practice established by the American Correctional Association standard 3-JDF-1B-19 states *"Juveniles' personal funds held by the facility are controlled by accepted accounting procedures."*
(12)	All youth records shall be retained a minimum of one (1) year from the date of discharge. All medical records shall be retained until a youth's nineteenth (19) birthday. The facility's policy shall adhere to state and federal guidelines regarding the retention of all special education records. **NOTE:** The facility has been maintaining these records for one year and medical records are in filing cabinets and boxes (see photo below) that no one appears to be reviewing for retention requirements. In some medical records boxes, we found lab draws in vials dating back several years. I spoke with the Department of Children's Services (DCS) regarding retention of these records and how they align with state records retention requirements. They could only point me to the standard listed here. I spoke with a CTAS attorney who routinely interacts with Tennessee's Office of Open Records Counsel regarding open records and records

	retention. His opinion is that there is nothing contrary to the standards listed. However, he did agree with me that simply disposing of the records on the timeline recommended in these standards might be inadequate for the county should the juvenile services center be faced with a lawsuit relating to information that might exist in these records.  ***Recommendation:*** Address the records retention and disposition process in written policies and procedures. Note that these standards state a "minimum" retention. I would suggest that a two-year retention and age twenty be more appropriate before disposition of the records. Discuss with Knox County Archives to obtain guidance on proper disposition of resident records after this period. Stop the process of storing lab draws in boxes with paper records.
(14)	All youth released from the facility shall sign a receipt for property, medications, valuables and cash returned to the youth, parent, or legal guardian at the time of release. All items shall be carefully inventoried on the receipt and witnessed by the releasing staff member. The receipt shall be kept in the permanent records of the facility. If the youth is unable or unwilling to sign a receipt, there shall be at least one (1) witness to verify this refusal, and the youth's refusal shall be documented. **NOTE:** We found in the property room property and valuables of residents no longer in custody. According to staff, this property primarily belonged to residents picked up by DCS or residents from other counties where the resident never returned to the facility. Staff indicate that if DCS or an out-of-county agency takes a resident out to court, they should take all their personal possessions just in case the court releases them from custody. This does not always happen. There are no policies and procedures that address this issue. ***Recommendation:*** Develop a specific resident personal property policy and procedure that covers the entrance into the facility until departure. Ensure that all property goes with a resident from DCS or out of county when they depart from the facility. As part of the inventory audit mentioned in section (8) above, the property audit should identify any property left by a resident and pursue getting it back to its owner. Or, follow reporting requirements mandated by the Tennessee Department of Treasury at https://treasury.tn.gov/Unclaimed-Property/Report-Unclaimed-Property/Submit-Your-Report-Online.

(15)	There shall be a system for youth and staff to communicate with one another at all times. **Note:** The resident handbook suggests that residents are restricted from asking staff any questions. Further it indicates that no male staff will speak with female residents, and no female staff will speak with male residents. My observation of staff interactions with residents appeared to be positive. It was noted, however, that corrections officers would sit next to residents in the day room areas having conversations. ***Recommendation:*** The handbook be updated to reflect current practices. Encourage positive and professional staff to resident and vice versa communications. Suggest that a safe distance between staff and residents be maintained during conversations.
(19)	Any significant incident involving a youth shall be documented in a written incident report and retained in the youth's individual file. The incident report shall include date, time, location, and witnesses. Every incident report shall also clearly document the youth's involvement and behavior, and staff actions or reactions (e.g., verbal and physical interventions and follow-up actions) resulting from the incident. Incident reports completed by the facility to fulfill contractual requirements issued by the department shall be considered acceptable in meeting compliance with this provision. The incident shall be reviewed by the facility administrator or the facility administrator's designee prior to the conclusion of the shift and reported as designated by the department and the local jurisdiction. All incident reports shall be made available for review by licensing personnel. Significant incidents include, but need not be limited to, the following: (a) Aggressive behavior, e.g., threats, fights and assaults; (b) Attempted and completed escapes; (c) Suicidal threats and attempts; (d) Any incident involving use of physical force by staff; (e) Use of isolation; (f) Use of mechanical restraints for reasons other than transportation; and Sentinel events, including death or serious illness/injury. **NOTE:** I reviewed multiple reports of incidents. DCS is required to review the monthly incident reports. I was shown the month of July 2025. It was estimated that there were more than 70 reports. Some of these reports related to a single incident. According to DCS this number of monthly reports regarding incidents is a regular occurrence. A review of these reports, "Restrictive Behavior Management Summary" require information on persons involved, a narrative on what happened, some specific "check the box" options for interventions applied, reasons for intervention, and physical restraints. The reporting officer and supervisor information is captured. On the reverse side of the document, the resident has an opportunity to read the report and provide a statement, and then there is a shift supervisor review and finally a Superintendent review. My review concluded that officer report writing is marginal, at best. Further the reports were not filled out completely and restraint application, seclusion times violated state standards. Additionally, supervisory review was no more than another officer signing off on poorly written documents certifying that "Incident Report has been reviewed and contains all the necessary information". This is concerning that other officers would approve these documents, leading to questions relating to their knowledge of standards and acceptable conduct. Finally, none of the reports I reviewed in July and as well as asking DCS staff for previous months had a Superintendent's Review. ***Recommendation:*** Develop and implement a training program on report writing. Develop guidance with supervisory staff to help them understand the impact of their legal binding signature that the document they

	are certifying as accurate when in fact, demonstrates standards and policy violations. The administrator must review all reports. Direct supplemental reports to those reports with missing or inaccurate information. Hold staff accountable for inaccurate information.
02-04-08.04	**Personnel**
(3)	Written policy shall provide that, except in temporary, exigent situations approved by the facility administrator, there shall be a separation of youth care and adult care staff, including management, security, recreational, educational and counseling and other direct care staff. Specialized service staff, such as cooks, bookkeepers and medical professionals who are not normally in contact with detainees or whose infrequent contacts occur under conditions of separation of youth and adults are excluded from this requirement. **NOTE:** There are currently no Knox County Sheriff's Office direct care correctional staff working at the juvenile services center. ***Recommendation:*** Should the detention center be moved under the purview of the Sheriff and jail corrections staff be considered for use in filling vacant juvenile detention facility positions, they must comply with all juvenile detention training requirements. Also suggest that a discussion with the Department of Children Service's be held to identify any potential concerns with this "temporary" practice. Further, consideration of the impact of jail staffing must be given should this become a short-term solution.
(4)	Written personnel policies shall be provided to each staff member prior to or at time of employment. These shall include but are not limited to: (a) A job description for each position covering the position's responsibilities, academic qualifications and required level of experience;… **NOTE:** The job descriptions are included in the policy and procedure manual. They are not dated or reflect current duty assignments. Chief Bivens has drafted post orders for Juvenile Center Chief, Juvenile Center Captain, Executive Assistant, Operations Lieutenant, and Corporals. ***Recommendation:*** Continue to review and update job descriptions. Ensure they are aligned with current duty requirements.
(6)	Staff Development **NOTE:** Several standards address pre-service training, annual in-service training, First Aid and CPR training, medical related training, and removing a resident from hanging situations. Staff indicate training is minimal for new employees and an annual in-service training occurs every October. The training in 2024 occurred October 16 through 19 for all staff. Every staff member completed 16 hours of training that included (the hours are in parenthesis) training expectations (1), Title VI (1), communication/professionalism/command presence (2), personal and cell searches with skills (4), mental health offenders (2), workplace suicide prevention (2), PREA, verbal self-defense (2). During the October 2024 licensing compliance review, DCS noted that five employee files were reviewed. All five lacked documentation of ongoing 40 hours of in-service training and required annual courses for which a notice of findings was issued following the review. Chief Bivens has collaborated with the Sheriff's Office Training Section to begin training new officers in the basic corrections program and putting the experienced officers through the annual in-service program. ***Recommendation:*** Based on observations of staff to resident interactions, poor report writing and log entries, staff supervision practices, escort practices being somewhat substandard it is apparent that the training program provided to staff is inadequate. Strongly recommend continued collaboration with the Sheriff's Training Department and tap into other leadership development programs. The county must ensure adequate funding in the juvenile service center's budget to support annual training needs. Provide

	funding to cover "frozen position" challenges created by the previous leadership to ensure safe and secure operations and compliance with annual training requirements.
(7)	(a)The facility shall establish an application and screening process in order to ensure that all prospective volunteers are of sufficient character and competence as to meet the facility's needs. **NOTE:** According to staff this was historically handled by the Superintendent. Staff were unaware of the process for screening/onboarding volunteers. ***Recommendation:*** Address the application process, screening, basic and annual in-service training, rules and regulations for volunteers in a written policy and procedure. (b)The facility shall provide an ongoing training program and orientation to the philosophies and practices specific to the facility to each volunteer within the facility. Within two (2) weeks of being admitted to the facility's program as a volunteer, the new volunteer shall receive orientation and instructions related specifically to child abuse detection, reporting, and prevention and confidentiality. This training shall be documented in the individual's volunteer file. **NOTE:** Staff are not aware if or who was performing this function. ***Recommendation:*** Develop a written policy and procedure for the volunteer program. Ensure that it addresses all aspect of the program.
0250-04-08-.05	**Service Provision**
(2)(a)	Programs and activities (a)Basic services shall be available to all youth as soon as they are admitted. Programmatic offerings shall be made available to all youth in juvenile detention centers within twenty-four (24) hours of their admittance to the facility. The facility shall provide or make available the following minimum services and programs to all adjudicated and pre-adjudicated youth: educational services; access to mental health counseling, substance abuse counselling, and crisis intervention services; medical services, food services, recreation and leisure time, reading materials; and voluntary religious activities… **NOTE:** Basic programs and activities are provided. However, there is no programming provided for areas such as anger management, substance abuse, family counseling, or other programs to support resident needs. During a discussion with Chief Bivens on October 14th he informed me of some programs and services that have recently been introduced. They include a collaboration with Helen Ross McNabb for mental health screening and counseling services; Dr. Bly for mental health services; and the Metro Drug Coalition Journaling Program. On October 17th, Chief Bivens informed me that he now has a chaplain available to provide religious programs and counselling. ***Recommendation:*** Identify community services and programs that might be introduced into the juvenile services center. This will aid in reducing resident idleness in the facility and support connection to the services in the community upon their release. (a)(5)A recreation and leisure-time plan that includes at least one (1) hour per day of physical exercise and large muscle activity outside the room and one (1) hour per day of structured leisure-time activities. Restrictions may apply if the resident poses a risk to themselves or others; **NOTE:** There is a large gymnasium for use. However, the recreation equipment is limited to two basketballs to be used individually. The facility has a restriction against any competitive game playing.

	There is no formal recreation/leisure time plan. In my three days on site, I never saw this area being utilized. There is no equipment to support large muscle exercise. ***Recommendation:*** Develop and implement a formal recreation/leisure time program that is supervised. Speak with Knox County schools to pursue having a coach/teacher assist in the development and implementation of this and to make recommendations regarding exercise equipment appropriate for use by residents. The County should fund for the purchase of equipment to support the program.
(2)(c)	Youth shall not be permitted to perform any work prohibited by state and federal regulations and statutes pertaining to child labor or perform duties normally done by staff members due to inadequate staffing. NOTE: The American Correctional Association standard 3-JDF-5C-05 states *"Juveniles are not required to participate in uncompensated work assignments unless the work is related to housekeeping, maintenance of the facility or grounds, personal hygienic needs, or part of an approved training or community service program."* I contacted Ms. Heather Helton, Licensing Consultant with DCS Office of Child Welfare Licensing regarding residents being assigned to work details. Specifically, I asked: *I am looking at standard 0250-04-08-.07(C) "Youth shall not be permitted to perform any work prohibited by state and federal regulations and statues pertaining to child labor or perform duties normally done by staff members due to inadequate staffing." I'm assuming that general housekeeping of their room/cell and the dayroom area is okay.* *What about some of the following:* ■ *Sweep and mop common area hallways.* ■ *Clean the dining area after meals.* ■ *Clean the indoor gymnasium.* ■ *Wash windows.* ■ *Push food carts to/from housing units to/from the kitchen.* ■ *Fold blankets, linen, uniforms as they come out of the dryer.* *There are other kinds of similar duties.* Ms. Helton provided the following response: *I spoke with the Director of Licensing about this for further clarification and he stated since the standard you referenced is vague, it should be ok to include the items you listed as "duties" youth within the facility could be asked to do. The caveat would be that those duties were not used as a punitive measure and are instead voluntary for the youth.* *For instance, there have been a few facilities in the past that have had a "painting crew" for a special project within the facility or a "kitchen crew" for kids that were interested in helping with cooking duties, but these were voluntary projects for the youths to be a part of and youths were usually chosen for their good behavior.* On September 29, 2025, I spoke with Chief Bivens about this standard. He informed me that residents are now working in details including cleaning the gym, hallways, classrooms, and dayrooms.

	Recommendation: Continue the process to assign residents to various work details to reduce idleness, acknowledge positive behavior, and to develop some self-pride in work detail accomplishments. Assignment to work details shall not be for the purpose of punishment.
(2)(e)	Youth eighteen (18) years of age shall not be housed in the same sleeping areas (bedrooms) as youth under the age of eighteen (18). Programmatic segregation of eighteen (18) year-old youth in other areas and activities shall be at the discretion of the facility administrator. **NOTE:** At midnight on a resident's 18th birthday, they will be moved to an intake holding cell. The Sheriff's Office will be notified to come pick them up.
(3)(c)	Outgoing mail shall be collected and incoming mail shall be delivered without unnecessary delay. **NOTE:** Incoming mail is collected and put in the property room. According to representatives from Knox County Schools, the previous superintendent would not allow the residents to receive their mail except for Thursdays after attending their writing class in school. At the end of the class they would be given their mail and permitted to read the letters and write a return letter. At the end of the class, the incoming mail would be collected and returned to the property room. No one could explain the rationale for this directive. There are no policy and procedure that addresses this. ***Recommendation:*** According to Chief Bivens this practice has been eliminated. Now, mail is received, screened, and delivered daily without unnecessary delay. Address this in a written policy and procedure. A best practice identified in the American Correctional Association's standard JDF, 3rd Edition, 3-JDF-5G-09 states *"Written policy, procedure, and practice require that, excluding weekends and holidays, or emergency situations, incoming and outgoing letters are held no more than 48 hours, and packages (if allowed) are held no more than 72 hours."*
(3)	(d) A youth shall be notified if a letter is rejected, whether it is written by or addressed to the youth. Only correspondence to or from those persons on contact lists approved by the administrator or their designee shall be allowed. **NOTE:** In the policy manual there is a page that informs the residents that mail was returned to the sender and the reason. There is no indication that the sender receives a notification of the reason for rejection. Also, there is no indication of how the sender or receiver can appeal this decision and to who. ***Recommendation:*** Develop a written policy and procedure addressing mail handling. In the rejection component include both sender and receiver being notified of the reason for rejection and identifying a position (not necessarily name) of who they can appeal this decision to.
(4)	Food Services (a)Current food service guidelines and a menu approved by a registered dietician or nutritionist shall be used in all meal preparation whether meals are prepared on or off- site. **NOTE:** There is no menu approved by a registered dietician or nutritionist. I spoke with DCS who informed me that this has been discussed repeatedly with the former superintendent and assistant superintendent with no action being taken. There is no portion (serving) size or calorie count for each item on the menu or showing a meal or daily calorie count. Looking at food trays reflected inconsistent portion sizes. I was shown the September 2023 menu that was being copied to be used for the September 2025 menu. I asked about special diets and was informed that medical will provide information relating to medical special diets. I then asked about religious diets and was told that they have chicken for religious diets. I asked how they accommodated for resident meal serving times that were observing Ramadan. They could explain no accommodation.

	Recommendation: Get the diet/menu approved by a registered dietician or nutritionist. Identify the portion sizes and calorie counts on the menu. Provide instruction to food service staff in portion control. Pursue advice/guidance from local religious leaders on accommodating religious dietary needs. Educate food service staff on medical and religious diet practices. Establish separate menus/schedules to support those needs. (b) Three (3) meals and a substantial evening snack shall be provided daily with no more than a fourteen (14) hour span between the evening meal and breakfast on the following day. At least two (2) of these meals shall be hot. **NOTE:** Three meals are served each day. I personally ate two meals and found them to be tasty. Although provided, the menu does not specify the "substantial evening snack". ***Recommendation:*** Include the substantial evening snack and calorie count on the daily menu. **NOTE:** The agency policy and procedure "Food Service/Rules states … All juveniles will eat their meals in their assigned dining room or dayroom unless they are in the separation adjustment period or on bedrest for a prior incident." The American Correctional Association standard 3-JDF-2E-06 states *"There is at least 15 square feet of floor space per person using the dining room or dining areas; space is provided for group dining except where security or safety considerations justify otherwise."* The Juvenile Services Center has a large dining room with serving line. However, it is rarely used. According to food service staff Styrofoam trays are used and sent to housing unit dayrooms for consumption as it reduces their workload and hours at work that would result in cleaning food trays and implements after meals. ***Recommendation:*** Review the practice of eating meals in dayrooms and look for opportunities to use the dining room. Evaluate costs associated with feeding on Styrofoam and plastic silverware each meal versus trays and silverware that can be cleaned and repeatedly used. Fund and staff food service as recommended in this study.
(6)	(d) Staff shall provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services. **NOTE:** There is no reference to a grievance procedure in the policy and procedures. According to Chief Bivens there is a mechanism for residents to communicate grievances. ***Recommendation:*** Formalize the grievance system in a written policy and procedure. Document trends of grievances and corrective action taken. Provide this information to the Board of Directors during their regularly scheduled meetings.
0250-04-08.06	**Medical Services**
(2)	First aid kits shall be available to and fully accessible by staff. A licensed medical professional shall approve the number and contents of such kits. Documentation of such approval shall be in the facility's permanent records or attached to the kit itself and shall be renewed annually. Outdated medications, including topical ointments, shall be removed and replaced. **NOTE:** I looked at two first aid kits, and neither had an inventory of items required to be inside, there appeared to be some staff over the counter (OTC) medications inside the intake control center kit. No documentation could be found showing that a licensed medical professional approved the number and contents of the kits. On September 29th, Chief Bivens informed me that corrective action has been taken on this finding.

	Recommendation: Develop an approved location and inventory of first aid kits. Have it approved by a licensed healthcare professional. Establish a monthly inspection of the first aid kits to ensure that they are fully stocked and not used for other purposes. Develop a process for when items are used that staff report it to medical who replace/replenish the kit. As part of basic and in-service first aid training, staff should be trained or at a minimum familiarize themselves with the contents and use of the items located inside the kits. Ensure that the practices are included in written policy and procedure. Stop the practice of using these kits for staff member OTC medication.
(3)	Wellness/Health screenings shall be performed on all youth, in a confidential environment, upon admission to a Juvenile Detention Center and before their placement in the general housing area. The findings shall be recorded on a printed or electronic screening form. The juvenile detention center staff member performing this duty shall inquire and check for evidence or appearance of: (a)A serious illness or communicable disease or condition; (b) Open wounds; (c) Prescribed medications; (d) Intoxication – alcohol or drug use; (e) Pregnancy (last menstrual cycle); (f) Physical or sexual abuse; (g) Allergies; (h) Past or current suicidal ideations and/or attempts; (i) Mental health issues, including any prior mental health treatment; (j) Recent significant loss, including but not limited to, the death of a family member or close friend; (k) History of mental health diagnosis or suicidal behavior by family members and/or close friends; and (l) Suicidal issues or mental health diagnosis during any prior confinement. **NOTE:** This screening is conducted by corrections officers during the intake process. Previously a form was used to ask and document the questions. This process is now done utilizing the Quest system. Once completed the forms per written policy are placed in the resident's file. There is no connection of this information between intake and medical. Additionally, in discussions with the intake officers and the medical staff, when mobile crisis is called to evaluate a potential self-harming or suicidal resident, the record of that interaction is also placed in the resident file and not connected to medical. Through collaboration with Helen Ross McNabb, each resident within three days after intake is now screened to identify mental health services needed. ***Recommendation:*** Ensure that policies and procedures related to medical screening, emergency room visits, mobile crisis response, etc., are connected to the medical provider to ensure adequate and timely follow-up with the resident.
(4)	A physical/health history examination shall be completed on all youth admitted to a Juvenile Detention Center within fourteen (14) days of their initial admission date unless documentation of such an examination dated within six (6) months prior to admission is available. A physician, nurse practitioner or registered nurse shall perform this examination. This examination shall include: (a)Monitoring of vital signs; (b) Height and weight; (c) Review of systems; (d) Medical history; and (e) Diagnoses and treatment recommendations as necessary. **NOTE:** The fourteen-day physical is being conducted. The temporary medical staff from the health department reported that there was no scale in obtaining the weights of residents as part of this process. One of the nurses brought a scale in from the Health Department. It is unknown how weights were obtained prior to this. ***Recommendation:*** Ensure that the medical section is fully equipped with items required to provide healthcare services.
(6)	Dental treatment shall be provided when the health of the youth would otherwise be adversely affected during confinement as determined by a physician or dentist.

	NOTE: For residents in custody of Knox County, the juvenile services center staff will coordinate with the court to set up an appointment in the community. DCS staff will coordinate dental appointments for residents in their custody.
(8)	There shall be strict control of medications to be issued to youth. All medications shall be prescribed by a physician or nurse practitioner at the time of use. Over the counter medications can be administered by written medical protocol approved by a licensed medical provider. A trained staff member shall be responsible to see that medication is administered as prescribed. **NOTE:** Medication passes during the morning on weekdays are done by the nurse and on weekends and evening medication passes by trained correctional officers. Medication passes are typically done at 8:00 a.m. and 8:00 p.m. A discussion with intake officers regarding medications brought to the facility with a new resident intake was had. If the medication is in a prescription bottle, and after hours, the staff will dispense the medication at the next medication pass without verifying that the medication is what it appears to be. Of concern here are capsules that could have been manipulated by a resident prior to coming into custody. The prescription bottle is forwarded to medical after intake. This practice is not consistent with the written policy and procedures that outline medication verification by parents or guardians with a "signed Medication/Authorization Form: or, if the juvenile has been in a runaway status for over five days, medications must be re-authorized by a physician". Paper Medication Administration Records (MAR's) for medication distribution are maintained for each resident receiving medications. Prior to the Health Department covering the medical area, there was no written formulary. ***Recommendation:*** Review the current policy and procedure regarding medications. Suggest the medical director provide more guidance relating to receipt of medications at intake and the process for validating the medication prior to corrections officers dispensing without any healthcare professional review of the prescriptions and medication. A nationally recognized standard of the American Correctional Association 3-JDF-4C-19 states "Psychotropic drugs, such as antipsychotics or antidepressants, and drugs requiring parenteral administration are prescribed only by a physician or authorized health provider by agreement with the physician, and then only following a physical examination of the juvenile by the health provider… The American Correctional Association standard 3-JDF-4C-18 states *"Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects: A formulary specifically developed for the facility prescription practices that requires (1) prescription practices, including requirements that psychotropic medications are prescribed only when clinically indicated as one facet or a program of therapy, (2) "stop order" time periods are required for all medications, and (3) the prescribing provider reevaluates a prescription prior to its renewal…."* The medical provider should develop and implement a formal written formulary.
(10)	Medical records shall be maintained on each youth's physical condition upon admission, during confinement, and at discharge. The medical record shall include all medical orders issued by the physician and any other medical personnel who are responsible for rendering health care services. These records shall be retained until the youth's nineteenth (19th) birthday. **NOTE:** Medical records are maintained. It was noted however that there are filing cabinets and boxes going back years with resident medical records. It does not appear that anyone is monitoring the records retention timelines of these documents. ***Recommendation:*** See the notes in standard 0250-04-08.03(12).

(15)	The facility shall develop and implement written policies, procedures and practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until the youth receives a full health assessments. **NOTE:** Discussions with the temporary healthcare staff indicate that the juvenile services center has no written healthcare protocols. Several were written during my onsite visit. The policy and procedure manual has some basic healthcare clinic guidance but nothing relating to medical treatment protocols. ***Recommendation:*** Continue to develop written protocols for the delivery of healthcare services that are reviewed and approved by the healthcare authority for the facility. A practice mandated in the American Correctional Association standard 3-JDF-4C-05 states "Each policy, procedure, and program in the health care delivery system is reviewed at least annually by the appropriate health care authority and revised if necessary. Each document bears the date of the most recent review or revision and signature of the reviewer."
0250-04-08.07	**Supervision of Youth**
(1)	Staff shall provide direct supervision of all youth in placement, including at a minimum the following levels of visual contact:… **NOTE:** During my three-day site visit I observed staff presence in housing and program areas. There did not appear to be any time when residents were left unsupervised.
(2)	The time of all supervision checks shall be logged and the behavior of the youth shall be documented. **NOTE:** I reviewed various "Supervision/Observation Checks" and post logbooks that documented visual observation of residents by staff. The Supervision/Observation Check document has preprinted times for 30-minute checks and blank spots for 15-minute checks. Regarding the 30-minute checks I spoke with several officers who indicated that they check on the resident and initial in the next time slot regardless of if that was the actual time that the check occurred. This practice of pre-printed times for inmate checks in local jails hasn't been seen in over 15 years due to the proven inaccuracy of the logs and viewing of residents. Another observation and discussion with staff indicate that the Supervision/Observation Check document is constantly maintained on every resident plus the similar time checks are recorded in the logbook. A discussion with DCS suggested that one or the other would be sufficient as long as the check is logged and the behavior of the resident is documented. Unfortunately, the inaccurate times are recorded in both the logs and the observation document, but the behavior is not documented on the form, and most logbook entries simply state "pod secure". A review of several of the logbooks reflected similar checks being conducted at exactly the 30-minute marks. ***Recommendation:*** Review the policy, procedure, and practices regarding the viewing of residents during the 15 minute or 30-minute requirements. Eliminate the specific 30-minute time on any form, rather, train staff to document the actual time that they observed the resident. Consider better documentation of time and the behavior of the resident in the post logbook, thus eliminating the dual practice of the log and check sheet and reduce the volume of paper documents that currently exists. Consider using the Supervision/Observation Check document for only 15-minute checks. Establish Sergeant positions as shift supervisors and as one of their functions, review logs and check lists to ensure that staff are accurately filling them out. Strongly recommend that the County fund for a "watch tour system" that records actual times, documents behaviors, can photograph a cell/room and or the resident…

(3)	The facility shall visually count youth and record the results at the beginning and end of each shift changes. **NOTE:** There is no formal process for conducting inmate counts. ***Recommendation:*** Develop a formal process for conducting inmate counts in policy and procedure. Implement the formal count process.
(5)	A female facility staff member or law enforcement officer shall be available when there are female youth in the facility to conduct and document: (a) Searches; (b) Supervision of showers; (c) Health checks; and (d) Constant periodic observations as defined in paragraph 1 of this Rule. **NOTE:** While this standard is met, having adequate female corrections officers employed and scheduled for duty is challenging. ***Recommendation:*** The county should review current staff salaries, recruitment, and retention practices to ensure that quality male and female staff can be recruited, hired, and retained as juvenile detention officers.
(8)	There shall be at least one (1) direct care staff for every eight (8) youth during waking hours and at least one (1) direct care staff for every sixteen (16) youth during sleeping hours or other staffing plan approved by the Department's licensing office. At a minimum, there shall never be less than 2 direct care staff on duty. **NOTE:** There is no formal staff coverage plan or appropriate scheduling of staff. There are seven housing units. Two are closed, pink dorm and brown dorm. Current staffing configuration supports two officers in each housing unit. A challenge that juvenile detention centers are faced with is the constant changing of population, separation requirements of males and females, and custody levels, self-harming residents, incompatibles, rival gang members, etc. Additional requirements include contractual officer presence in the four classrooms during school and the gymnasium activities. As such, staffing levels to man housing units is unpredictable. ***Recommendation:*** This report will provide a staff coverage plan and schedule that should be funded and staffed.
0250-04-08-.08	**Physical Plant**
(16)	Space shall be provided where a health care professional may conduct sick call, examine patients in privacy and provide medical treatment. **NOTE:** One of the visitation rooms is "L" shaped. This room is used by the Health Department to provide injections necessary for treatment of residents with communicable diseases. The injection is delivered "out of site" of the visitation door to prevent viewing by other visitors in the area. According to Health Department nurses and the visitation officer, this area has historically been used for this purpose because the previous superintendent did not want the nurses to access the security perimeter of the facility. ***Recommendation:*** Eliminate the practice of using visitation rooms for medical injections. Utilize the medical clinic of the facility for this purpose.
(24)	There shall be rooms to accommodate each Juvenile Detention Facility's classification plan. Facilities that house both males and females shall have provisions to separate accordingly.

	NOTE: There are two policies that address this standard "Classification of Youth" and "Housing Assignments". Both are general discussions relating to classification and housing, but no specific classification or housing designated by classification. Discussion with staff indicate residents are housed based on "how they get along with each other, and their current behavior". ***Recommendation:*** Develop and implement a formal objective resident classification system and housing plan. The American Correctional Association standard 3-JDF-2C-02 recommends "A classification system is used to divide the occupants into groups that reduce the probability of assault and disruptive behavior. At a minimum, the classification system evaluates the following: Mental and emotional stability; escape history; history of assaultive behavior; medical status; age; enemies of record; and males and female residents are housed in separate cells/rooms.
0250-04-08-.09	**Sanitation, Maintenance, and Life Safety**
(1)	Floors, walls, and ceilings throughout the facility shall be kept clean, dry and free of any hazardous materials or substance. All plumbing fixtures shall be clean and sanitary. **NOTE:** The facility's housing units are maintained in a neat and orderly manner. A primary factor here is the restrictions on items that residents are permitted to have in their possession. Storage areas are cluttered and disorganized, storing items that could easily have been disposed of. The Pink Dorm has not been used for resident housing in what appears to be years. Each cell in this area was full of trash, broken furniture, and equipment. The juvenile services center apparently raised goats at some point. Several of the cells and hallways had remnants of goat feces. During my last day onsite, a work crew from the Knox County Sheriff's Office began clearing cells in this area out to begin a cleanup. They reported seeing rats as they were emptying cells out. Based on the level of unsanitary conditions in certain areas, it is unclear how the agency has met this standard over the years during licensing inspections. ***Recommendation:*** If not yet completed, ensure that the Pink Dorm has been cleaned out, disinfected, and ready for use. Have a pest control company inspect and treat the area. Do not use housing areas for storage. Clean all storage rooms and areas not routinely used. Dispose of items no longer usable or needed for the operation of the facility. Do not house animals in housing units.
(2)	A member of the staff shall be assigned to make daily sanitation and safety inspections. Times of inspections shall be documented and conditions noted. **NOTE:** Due to the cleanliness and conditions observed in various areas the daily sanitation inspections do not appear to include areas such as the Pink Dorm, janitorial closets, storage rooms, or the gymnasium. It appears that the approach relating to sanitation and organization in this agency has been one of "out of sight, out of mind". Behind many locked doors were rooms in total disarray. ***Recommendation:*** Include all areas of the facility in daily sanitation inspections. Record the conditions observed. Assign specific responsibility for the cleanliness of the areas observed to be in disarray, then follow up to ensure that the condition has been corrected.
(4)	The facility shall provide for control of vermin and pests and shall remove youth from treated areas if there is a risk of illness. **NOTE:** The supervisor from the Knox County Sheriff's Office in charge of the detail cleaning out the Pink dorm reported the presence of rats. ***Recommendation:*** Ensure that the pest control program includes all areas of the facility.
(6)	Written policy and procedure shall provide for each shift at a facility to have announced and

	unannounced fire drills at a minimum of every six (6) months. The date of these fire drills as well as participating staff and results shall be documented. **NOTE:** Staff reported that fire drills are done and a review of the October 2024 DCS Licensing Review indicates that Ms. McClain provided them with a copy of the fire drill logs. Due to having no formal supervisory positions, rather a lead person, the review of other incident reports, and post logbooks, I am not confident that the fire drills conducted have any substance, nor could residents be evacuated to safe areas in an orderly and timely manner should a true emergency occur. ***Recommendation:*** This report has highlighted the lack of command structure and leadership in this agency. This is another example where a structured chain of command with authority and responsibility is critical yet has been missing for years. I have discussed my observations and concerns with Chief Bivens and he understands the necessity of having a command structure that provides the guidance, mentoring, and leadership essential for operating a facility housing incarcerated people. Create paid shift supervisor positions, establish a senior position responsible for overall security and safety operations. Develop realistic scenarios relating to fire safety, implement the scenario, and leadership should monitor and critique the shift response and implementation of the fire evacuation plan. Debrief the shift on the lessons learned. Due to the high rate of resident turnover incarcerated in the facility, the frequency of the drills should occur at a minimum of every three months.
(7)	The facility shall have a written and graphic evacuation plan posted in the living area, as well as any other specified locations. **NOTE:** As previously addressed, fire evacuation plans are poorly prepared and confusing. ***Recommendation:*** Review the evacuation plans, post the specific plans for each area of the facility designating a primary and secondary route. Use "you are here" symbols to help orient a person trying to determine where they are and the route of evacuation that should be taken.
(9)	Facilities shall maintain Material Safety Data Sheets (MSDS) in all areas where harmful chemicals are stored. A MSDS shall be maintained for every chemical onsite whose original container contains precautionary wording in case of exposure or ingestion. **NOTE:** Speaking with staff, no Safety Data Sheets (SDS) formally known as Material Safety Data Sheets, were available for toxics, caustics, or flammables being utilized in the building. ***Recommendation:*** Establish a Safety Data Sheet binder for every chemical utilized in the building (medical, food services, maintenance, housing areas, administrative areas). Any time a chemical is no longer used in the building, or a new one is introduced, update the SDS binder. The binders should be located in the maintenance area, medical, central control, and the administrative area. Assign a staff member the responsibility for the chemical control program to ensure that these binders remain up to date; that chemicals are properly stored, labeled, used; that accurate inventories of chemicals are maintained; that any new chemical to be considered for use in the facility is reviewed and approved by this staff member. Train all staff regarding Safety Data Sheets, where to locate the binders, and how to easily identify any immediate first aid treatment to be apply.
(10)	All toxic or caustic chemicals with a hazardous rating of two (2) or above shall be maintained in locked cabinets and inventoried weekly. All flammables shall be maintained in fire-resistant cabinets and inventoried weekly.

	NOTE: The agency policy and procedure refer to this as the "Storage of Dangerous Supplies". It is a basic written policy stating *"In order to prevent the introduction of potentially harmful substances to the juvenile population, all substances and equipment will be stored in the custodian's locked area. A written record will be maintained of all supplies issued. Juveniles only under direct supervision of the Juvenile Service Center staff will use the supplies."* There is no reference to who authorizes the chemicals that can be used in the building; routine inventory of chemicals; restriction of introducing personal chemicals; other authorized storage locations (medical, food service, maintenance, laundry); containers/access for other authorized locations; logs and reviews of logs. Caustics, toxics, and flammables were observed in various areas throughout the facility. It does not appear that there is a chemical control program in place or enforced. ***Recommendation:*** Establish a written chemical control program. Include: *A process of identifying and approving authorized chemicals inside the building. *Authorized storage locations. *Standardized record keeping of inventories and issuance. Include the process of spot-checking storage locations and logs. *Restrict the introduction of personal chemicals in the building. *Specify who is authorized to use chemicals.
0250-04-08-.10	**Security**
(1)	Procedure shall differentiate between the types of searches allowed (cavity, pat, or strip) and identify when these shall occur and by whom such searches may be made. All body cavity searches shall be executed by medical personnel. Youth shall be searched by facility staff of the same sex, except in emergency situations involving an immediate threat to life, limb or property. All searches shall be documented. **NOTE:** The agency's policy and procedure list three types of searches: Frisk, Shower Room (strip search), and Orifice. Frisk searches will be performed on all incoming and outgoing residents prior to admittance or released from the secure area of the facility. Shower Room searches will be administered to all incoming residents during the booking process. Orifice searches will not be conducted on a resident unless there is probable cause to believe the resident is in possession of contraband or unauthorized items which are not located during a strip search. Certified medical personnel will conduct an orifice search only, and in the conditions of complete privacy. Residents are particularly vulnerable to harm from being exposed to these searches. ***Recommendation:*** Review the shower room search requirements and practices. Consider identifying specific rational for conducting a shower room (strip search) and articulate it in a written report. Review the plan with the Knox County legal staff to support the practice.
(2)	Protocols around key control shall be established and the operator of the control center shall log, track, and document all keys issued for use, including duplicate keys. All temporarily issued keys shall be logged

	by ring and a separate log shall be maintained for all permanently issued keys. All day-to-day operations shall be centralized and controlled through the admissions/control center. **NOTE:** There did not appear to be a key control program in place. I was shown bags and rings of keys that were found in the previous Superintendent's office with no labeling or identification as to what they belonged to. Chief Bivens provided me a copy of a draft policy "4.05 Key Control" dated August 8, 2025, that was in the process of implementation. I was also briefed by the officer who was assigned the task of identifying all the keys and the locks they went to. On September 29th, Chief Bivens informed me that he had to suspend the review and updating of the key control program due to critical staff shortages. He could no longer afford to pull the officer from shift to perform this additional duty. ***Recommendation:*** Fully implement the new policy and procedures. Ensure random checks of the practices are done to ensure compliance. Train all staff on the policy to ensure their understanding. Fund for adequate staffing outlined in the proposed staff coverage plan.
(7)	Written policy and procedure shall provide for routine inspection and maintenance of all locks. **NOTE:** This is not a practice that has been done in this building. A current evaluation of the functioning of all locks and documenting their condition is underway. ***Recommendation:*** Finalize the evaluation of the lock assessment. Fund the repair and/or replacement of all non-functioning locks.
(8)	There shall be a written plan providing for continuing operations in the event of a work stoppage or other job action. Copies of this plan shall be distributed to all supervisory personnel, who are required to familiarize themselves with it. **NOTE:** There is a basic written policy "Work Stoppage/Emergency Response". This policy relies on the "ranking Supervisor" on duty to take some action steps. Unfortunately, there are no formal supervisory ranks in this agency. Through discussions with various staff it suggested that "people work when they want"; people were directed to work unreasonable shifts particularly on weekends and holidays; staff stated they were hired and told the times and days that they would work by the Superintendent with apparent disregard for adequate coverage 24 hours a day, seven days a week. This existing culture has now created challenges with the current leadership who is attempting to effect positive change where employees threaten to quit if their schedules or posts are changed. ***Recommendation:*** Review the work stoppage plan and update it to a workable plan. Fund and hire supervisory positions for all shifts and a security operations position to oversee security and safety operations. Work on changing the culture of the organization whereby all staff can apply and work various shifts and compete for supervisory positions; eliminate the culture of staff thinking they "own their workdays and/or post assignments"; eliminate unreasonable shifts (particularly the weekend shifts). Fund the staff coverage plan outlined in this report, hire the staff and implement the proposed work schedules.
0250-04-08-.11	**Seclusion and Restraint**
	NOTE: Several standards address seclusion and restraint. This agency has had much media attention relating to the abuse of the amount of time that residents are placed in seclusion. While reviewing incident reports that involved seclusion it was noted that time limits were routinely exceeded. Some standards #0250-04-08-.11(1)(e)(2) specifically state shift supervisor authorization and actions to be taken. Unfortunately, there are no paid supervisor positions on the shifts. Standards #0250-04-08-.11(e)(4) specify time limits for physical restraints and #0250-04-08-.11(e)(6) states physical restraints and seclusion

	shall be used only for the minimum amount of time necessary. There are no written policies and procedures that directs the use of restraints or seclusion. There is a policy "Use of Chemical Agents" that prohibit the use of chemical agents. However, the "Restrictive Behavior Management Summary" form refers to physical restraint, chemical agents, and seclusion. If a resident is transported outside of the Youth Services Center for a medical/emergency visit they will be leg shackled unless they are high risk, then they will also be handcuffed. This practice is not addressed in any policy or procedure. ***Recommendation:*** Review practices that should be implemented regarding the use of force, application of restraints, types of restraints that should be available and authorized for use, a decision on the use of chemical agents, and the timelines/practices to implement for use of restraints and seclusion that comply with state standards. Based on this review develop and implement a written policy and procedure and train all staff. Ensure that the reporting forms align with the policy and procedure.
(1)(h)	Whenever a youth is injured as a result of the use of physical restraint, staff shall immediately obtain medical treatment for that youth. **NOTE:** Staff indicate that if a minor injury occurs, they will give them some ice, and have the resident fill out a sick call request to be seen the next nurse workday. For serious injuries an ambulance will be called for transport to Children's Hospital. A corrections officer will accompany the resident to the hospital. ***Recommendation:*** Develop and implement a policy and procedure that direct staff connecting the resident to medical treatment and not leaving it up to the resident to submit a sick call request.
(2)(a)	Facilities shall have written policy and procedure which govern the availability, control and use of chemical defense agents. The policies shall include specific guidelines that determine the level of authority needed to access and use chemical defense agents and the procedures required to authorize their use. The policy should also include medical and/or decontamination procedures that will be followed in all instances involving the use of a chemical defense agent. **NOTE:** The agency policy and procedure prohibit the use of chemical agents inside the facility.

6. **Scheduling**. Evaluating the schedule ensures that the authorized staff positions are deployed in a manner to meet the needs of the agency. When evaluating shift schedules, we look at the following:
    A. Sufficient. By providing at least as many staff for each hour of each day that has been determined in the coverage plan (and the right type of staff). The schedule should never assign fewer staff than is required by the coverage plan. Some agencies refer to coverage needs as the minimum levels of staff, below which they cannot safely operate.
    B. Efficient. Minimizing the number of extra employees deployed by the schedule (those scheduled to work above the number required by the coverage plan).
    C. Consistent. Minimizing variations throughout the schedule cycle.
    D. Attractive. Meeting employees' needs, being considerate of their personal preferences, and offering incentives to stay with the agency.
    E. Healthy. Promoting staff physical well-being and increased job performance.
    F. To evaluate the schedules, we typically look at several different weeks for each shift over a two-to-three-year period. Discussions with staff suggest routine understaffing, and excessive work hours to cover vacant positions, scheduled time off, and for

personnel not showing up for work. Table 22 provides the actual staffing and requirements for the time covering September 14 through 20, 2025. Boxes blocked out in red reflect posts that should have been filled but there were no staff available. Those blocked out in black were posts that did not need to be filled on that day. Those in green were mandated to meet a ratio exceeding 1:8 due to the number of residents housed in the housing unit. Officers working overtime had "OT" listed with their name.

Table 22: Actual Shift Staffing September 14 – 20, 2025

Post 0600 – 1400	**Sunday 14**	**Monday 15**	**Tuesday 16**	**Wednesday 17**	**Thursday 18**	**Friday 19**	**Saturday 20**
Intake	Fletcher		Cordell (0830 – 1400)	Sabol	Sabol	Sabol	**Scott OT**
Main Control	Malone	Daily	Daily	Daily	Daily	Daily	Malone
Facility Security	Wrinkle		Selheimer	Selheimer	Malone		
Orange Pod	McCray, Z.	McCray, Z.	McCray, Z.	McCray, Z.	Grigsby	Russell	**Russell OT**
Orange Pod	McDowell						
Green Pod	Erkins	Russell	Russell	Russell	Russell	Grigsby	**Voorhies OT**
Green Pod							
Red Pod	Eskridge	Eskridge	Eskridge	Erkins	Erkins	Eskridge	Eskridge
Red Pod	Grigsby	Grigsby					**Hulett OT**
Yellow Pod	Selheimer	Scott	Rake	Rake	Rake	Rake	Selheimer
Blue/Brown		Wrinke	Scott Wrinkle	Scott Wrinkle	Scott Wrinkle	Malone Scott	Fletcher
Visitation (0830 -1630)		Myles	Myles	Myles	Myles	Myles	
Minimum Staffing	9	10	10	10	10	10	8
Assigned to work	9	8	10	10	10	9	4
Overtime coverage	0	0	0	0	0	0	4
Total coverage	9	8	10	10	10	9	8
Over/short	**0**	**-2**	**0**	**0**	**0**	**-1**	**0**
Post 1400 – 2200	Sunday 14	Monday 15	Tuesday 16	Wednesday 17	Thursday 18	Friday 19	Saturday 20
Intake	Denton	Denton	Denton	Denton	Denton	Hulett	**Hulett OT**
Main Control	Garrett	Garrett	Garrett	Garrett	Garrett	Garrett	**Garrett OT**
Facility Security	Jordan	Jordan	Jordan	Chambers, G.	Chambers, G.	Chambers, G.	Jordan
Orange Pod	England	Peterson	Peterson	England	England	England	England
Orange Pod	Jefferson					Tanner	Tanner
Green Pod	Tanner	Voorhies	Tanner	Hansen	Hansen	Hansen	Pique
Green Pod	Voorhies					Voorhies	Voorhies
Red Pod	Hulett	Jenkins	Duncan	Duncan	Duncan	Pique	England
Red Pod					Pique		Jefferson
Yellow Pod	Hurst	Hurst	Hurst	Hurst	Hurst	Duncan	Duncan
Blue/Brown	CLOSED	Jefferson	Hulett	Jenkins	Hulett	Jefferson	
Blue/Brown	CLOSED	Hulett	Jenkins	Jordan	Voorhies		
O/Y Control						Fawver	
Additional			Chambers, G.				
Minimum Staffing	10	9	10	9	10	12	12
Assigned to work	9	9	10	9	10	11	8
Overtime coverage	0	0	0	0	0	0	2

Total coverage	9	9	10	9	10	11	10
Over/short	**0**	**0**	**0**	**0**	**0**	**-1**	**-2**
Post 2200 - 0600	Sunday 14	Monday 15	Tuesday 16	Wednesday 17	Thursday 18	Friday 19	Saturday 20
Intake	Smith		Smith		Burris		
Main Control	Francis	Smith	Burris	Smith	Smith	Burris	Francis
Facility Security						Francis	
Orange Pod	McCray, Z.	Burris		McCray, Z.	McCray, Z.	Snyder	Snyder
Orange Pod							
Green Pod	Umukoro	Snyder	Snyder	Umukoro	Umukoro	Umukoro	Umukoro
Green Pod							
Red Pod					Wright	Wright	2.5 hrs - Wright
Red Pod							
Yellow Pod	Wright	Wright	Chambers, Mel	Chambers, Mel	Chambers, Mel	Chambers, M.	Chambers, M.
Blue/Brown	Snyder		McCray, Zion	Burris	Francis		
Blue/Brown							
Minimum Staffing	7	7	7	7	7	7	7
Assigned to work	6	4	4	5	7	6	4.3
Overtime coverage	0	0	0	0	0	0	0
Total coverage	6	4	4	5	7	6	4.3
Over/short	**-1**	**-3**	**-3**	**-2**	**0**	**-1**	**-2.7**
Other Duties	Sunday 14	Monday 15	Tuesday 16	Wednesday 17	Thursday 18	Friday 19	Saturday 20
Laundry 0600-1400		Luttrell	Luttrell	Luttrell	Luttrell	Luttrell	
Kitchen	Montgomery **8.25 hrs**	Montgomery	Montgomery	Montgomery			
			Rutherford	Rutherford	Rutherford	Rutherford	
	Walker	Walker	Walker	Walker	Walker	**Walker OT**	**Walker 13 hrs**
Minimum Staffing	2	3	3	3	3	3	2
Assigned to work	2	3	**4**	4	3	2	0
Overtime coverage	.25	0	0	0	0	1	1
Total coverage	2.25	3	4	4	3	3	1
Over/short	**+.25**	**0**	**+1**	**+1**	**0**	**0**	**-1**

G. Table 22 reflects the day shift being short between two people on Monday and one on Friday. To meet minimum staffing requirements, four people were assigned to work overtime on Saturday. The evening shift was short, one person on Friday and two on Saturday. The night shift was short between one and three positions every day except Thursday. Although there were numerous positions not staffed, no overtime was used on the night shift. Additional positions to be staffing included the laundry and food service. The laundry was staffed each day as scheduled. The kitchen was overstaffed on two days (Tuesday and Wednesday) and was short of one position on Saturday. It was noted that Cook Walker worked seven straight days. During this period.

H. Table 23 provides the actual staffing and requirements for the time covering September 21 through 27, 2025.

Table 23: Actual Shift Staffing, September 21 – 27, 2025

Post 0600 – 1400	Sunday 21	Monday 22	Tuesday 23	Wednesday 24	Thursday 25	Friday 26	Saturday 27
Intake	OT -Scott	Cordell - 830-1400	Scott	Sabol	Sabol	Sabol	Russell
Main Control	Malone	Daily	Daily	Daily	Daily	Daily	Scott
Facility Security	OT - Hulett	Scott	Sabol	Scott	Scott	Scott	
Orange Pod	OT - Russell	Russell	Russell	McCray, Z.	McCray, Z.	Russell	McDowell
Orange Pod	OT - Voorhies	Seilheimer		Russell	Russell		
Green Pod	Fletcher	Fletcher	McDowell	Fletcher	Grigsby	Grigsby	Snyder
Green Pod	Grigsby	Grigsby	Fletcher	Seilheimer	McDowell	4.5 hrs - McDowell	
Red Pod	Eskridge	Eskridge	Eskridge	Erkins	Erkins	7hrs - Erkins	Erkins
Red Pod			Seilheimer	Malone	Malone	Eskridge	Grigsby
Yellow Pod	Seilheimer						
Blue/Brown	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Blue/Brown	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Visitation (0830 -1630)		Myles	Myles	Myles	Myles	Myles	
Minimum Staffing	9	9	9	10	10	9	8
Assigned to work	5	8	9	10	10	9	6
Overtime coverage	4	0	0	0	0	0	0
Total coverage	9	8	9	10	10	9	6
Over/short	**0**	**-1**	**0**	**0**	**0**	**0**	**-2**
Post 1400 – 2200	**Sunday 21**	**Monday 22**	**Tuesday 23**	**Wednesday 24**	**Thursday 25**	**Friday 26**	**Saturday 27**
Intake	Denton	Denton	Denton	Denton	Denton	OT - Denton	Hulett
Main Control	Garrett	Garrett	Garrett	Garrett	Garrett	OT -Garrett	Jenkins
Facility Security	Jordan	Voorhies	Duncan	Jordan	Voorhies	Voorhies	Jordan
Orange Pod	England	Peterson	Peterson	England	England	England	England
Orange Pod	Tanner	Jefferson				Peterson	Peterson
Green Pod	Jenkins	Hulett	Jenkins	Hansen	Hansen	Hansen	Hansen
Green Pod	Voorhies	3.75 hrs.- Chambers				Hulett	Voorhies
Red Pod	Hulett	Tanner	Hulett	Jenkins	Jefferson	Jefferson	Jefferson
Red Pod	Jefferson	Jenkins	Tanner	Duncan	Duncan	Tanner	Tanner
Yellow Pod	Hurst	Hurst	Hurst	Hurst	Hurst	Duncan	Duncan
Blue/Brown	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Blue/Brown	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
O/Y Control		Fawver	Fawver	Fawver	Fawver	Fawver	
Additional	Peterson						
Minimum Staffing	11	11	9	9	10	11	10
Assigned to work	11	10.47	9	9	9	9	10
Overtime coverage	0	0	0	0	0	2	0
Total coverage	11	10.47	9	9	9	11	10
Over/short	**0**	**-.53**	**0**	**0**	**-1**	**0**	**0**
Post 2200 - 0600	**Sunday 21**	**Monday 22**	**Tuesday 23**	**Wednesday 24**	**Thursday 25**	**Friday 26**	**Saturday 27**
Intake					Smith		
Main Control	Francis	Smith	Smith	Smith	Burris	Burris	Malone
Facility Security							
Orange Pod	McCray, Zion	McCray, Zion	McCray, Zion	7.5 hrs - McCray, Zion	McCray, Zion	Snyder	
Orange Pod							
Green Pod	Umukoro		Burris	Umukoro	Umukoro	Umukoro	Umukoro

Green Pod	Snyder						
Red Pod	Yette	Snyder	Snyder	2.5 Hrs - Yette	Yette	Yette	Yette
Red Pod							
Yellow Pod	Wright	Wright	Chambers, Mel	Burris	Wright	Malone	England
Blue/Brown	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Blue/Brown							
Minimum Staffing	7	6	6	6	6	6	6
Assigned to work	6	4	5	5	6	5	4
Overtime coverage	0	0	0	0	0	0	0
Total coverage	6	4	5	5	6	5	4
Over/short	**-1**	**-2**	**-1**	**-1**	**0**	**-1**	**-2**
Other Duties	**Sunday 21**	**Monday 22**	**Tuesday 23**	**Wednesday 24**	**Thursday 25**	**Friday 26**	**Saturday 27**
Laundry 0600-1400		Luttrell	Luttrell	Luttrell	Luttrell	Luttrell	
Kitchen	Rutherford	Rutherford	Rutherford	Rutherford			Rutherford
	Walker			Walker	Walker	Walker	Walker
Minimum Staffing	2	3	3	3	3	3	2
Assigned to work	2	2	**2**	3	2	2	2
Overtime coverage	0	0	0	0	0	0	0
Total coverage	2	2	2	3	2	2	2
Over/short	**0**	**-1**	**-1**	**0**	**-1**	**-1**	**0**

I. Table 23 reflects the day shift being short, one person on Monday and two on Saturday. To meet minimum staffing requirements, four people were assigned to work overtime on Sunday. The evening shift was short one person on Thursday. The night shift was short, between one and two positions every day except Thursday. Although there were numerous positions not staffed, no overtime was used on the night shift. Additional positions to be staffing included the laundry and food service. The laundry was staffed each day as scheduled. The kitchen was short one position on Monday, Tuesday, Thursday, and Friday.

J. I evaluated the above schedules and concluded the following:
   i. The current schedules **are insufficient**. As noted in the above tables, there were shortfalls on twenty-five of the fifty-six shifts evaluated. There were several days where four people worked overtime to provide minimum coverage. The food service area is routinely covered by one person, covering twelve-hour days.
   ii. The current schedule **is efficient**. There were only two kitchen shifts where more people were assigned to work than were required.
   iii. The current schedule is **not consistent.** The difficulty with staffing this facility is the variance required to meet the 1:8 ratio.
   iv. The current schedule appears **to be attractive** to the employees.
   v. The current schedule appears **not to be healthy**. Due to staffing shortfalls and unexpected surges in the resident population overtime is necessary to cover all posts. Additionally, due to staffing levels, it is a common practice where posts are vacant – this practice jeopardizes the safety and security of staff and residents detained at the detention center.

7. **Net Annual Work Hours (NAWH).**
   A. The NAWH is a figure that should be calculated each year, for each classification of employee. It represents the number of hours an average employee in that job

classification will report for duty to work on a shift each year. This is a critical number that applies to relieved posts and positions. In effect, it translates the "gross" number of hours for which each employee is paid annually into the "net" hours that may be applied to meet coverage needs on a post.

B. There are many reasons an employee might be scheduled to work a post but will not be available. The Human Resources Department provided the following reasons: Annual, sick time, FMLA, and Maternity/Paternity Leave. I found documents in the food service area that reflect time off for cooks included holiday, bereavement, off, and personal time taken off. Yet, this time was not reported to Human Resources. Due to poor record keeping of vacation time earned/used the County committed to the employees and credited them with vacation time that they could have earned if there was no documented evidence of them having used the time. The expectation is now that employees want to use their time and/or be paid for the earned time if they leave the agency. This has resulted in the agency being restricted from hiring some vacant positions due to budgetary constraints.
C. Several phone calls and email exchanges were had with Knox County Human Resources to obtain accurate data. Like other records maintained by the agency, employee time off was an archaic, inadequate process that simply capture sick and annual time. My experience in conducting staffing analysis of jails for the last 25 years is that we will see other time off categories such as bereavement, military, suspensions, training, among others. During Covid we saw several other time off categories.
D. We collected data that the County felt could be validated on the actual time employees were not present for work during the period covering January – August 2025. This data was calculated for each job classification and calculated for every person employed during this period, regardless of if they were employed for just one day or the entire time. The actual time off for each employee can be found at Appendix D. Table 24 provides the figures for the positions.
E. Discussions with Marcus Kennedy at Human Resources indicate that the detention center employees time will now be captured via the county's ERP system. I recommend that NAWH's be calculated each year for each relieved position. Then utilize a three year average each year in the calculation to more accurately capture time off and obtain a more accurate NAWH by job classification.

Table 24: Summary of Net Annual Work Hour Calculations for Relieved Positions

Net Annual Work Hours (NAWH) Calculations based on CY 2025 actual days off	Correctional Officer	Cook	Laundry Officer
Annual Hours Scheduled	2,086	2,086	2,086
Holiday time off	0	10.7	0
Annual	41.8	56	168
Sick time	37.6	28	328
FMLA	8.6	0	0
Maternity/Paternity Lv.	2.4	0	0
Bonus	0	0	40
Bereavement	0	6	0
Off	0	2.7	8
Personal time off	0	5.3	0
Total Time Off	90.4	108.7	544
Net Annual Work Hours	1,995.6	1,977.3	1,542

F. The annual hours scheduled are the actual hours that an employee in this job classification is scheduled to work during the year. For example, all employees are scheduled to work 8 hours a day, five days a week. We will multiply the 8-hour day by 5 days and come up with a 40-hour work week. We then multiply 40 hours by 52.14 weeks (365/7 = 52.14) and come up with 2,086 annual hours of coverage needed for these positions.

G. The actual time off categories is listed in the left-hand column of Table 24. The numbers under each job classification equate to <u>average</u> hours away from the job for each employee in that job classification during the period evaluated.

H. When looking at the NAWH's for staff coverage for the relieved positions we see the following:
   i. Corrections Officers – 90.4 hours unavailable, or 11.3 days off annually.
   ii. Cooks – 108.7 hours unavailable, or 13.6 days off annually.
   iii. Laundry Officer – 544 hours unavailable, or 68 days off annually. This position is a great example of why a three-year NAWH calculation will provide a more accurate time off calculation.

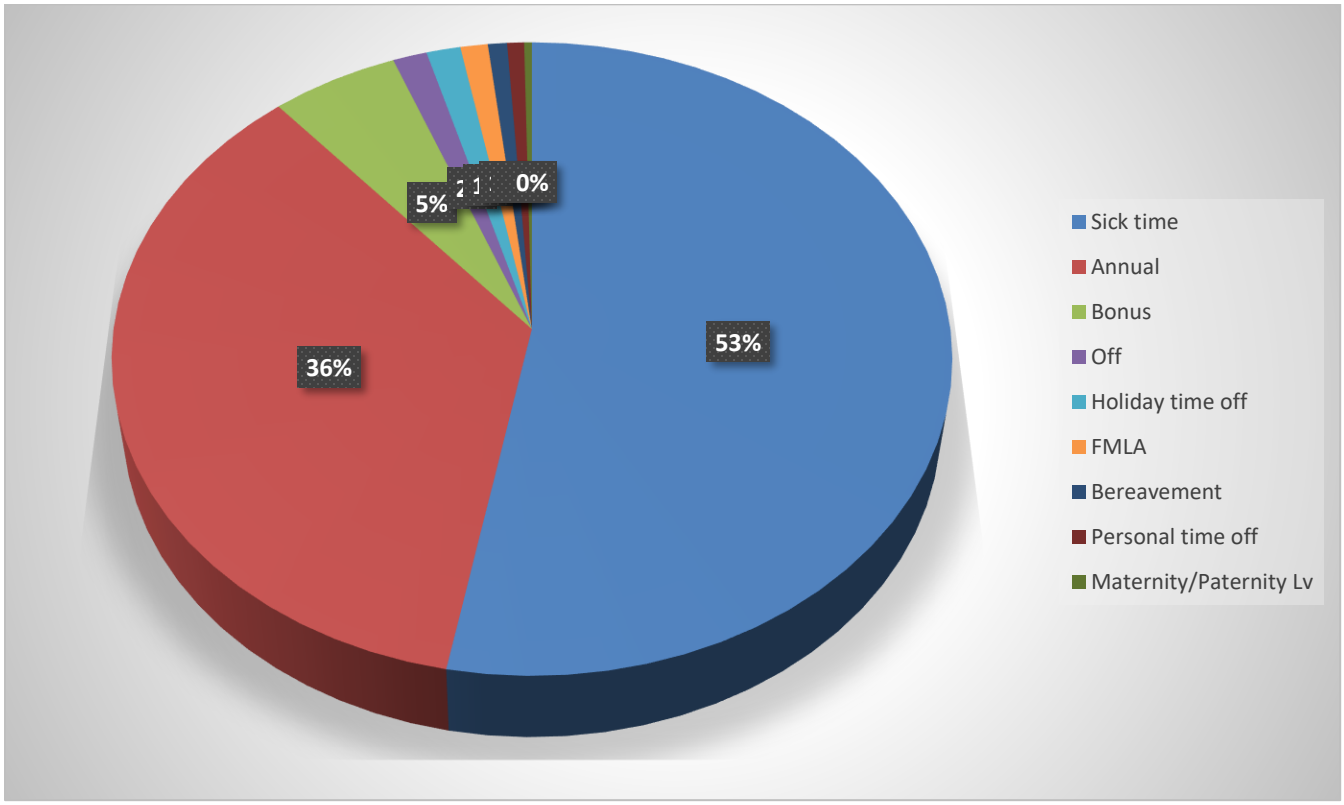
I. Individually, this time off may not seem significant. However, these figures reflect an average time off for each employee within the job classification. Given that, the agency is frequently juggling staff to cover (or not cover) positions with overtime because of employee time off. If an agency is not funded and staffed to support a relief factor, the impact, largely negative, falls on the shoulders of the employees.

J. Table 25 and Figure 13 provide the total cumulated average time off for all relieved employees.

Table 25: Total Average Time Off for Employees

Time Off Category	Total Averaged Time Off
Sick time	393.6
Annual	265.8
Bonus	40
Off	10.7
Holiday time off	10.7
FMLA	8.6
Bereavement	6
Personal time off	5.3
Maternity/Paternity Leave	2.4
Total	743.1

Figure 13: Total Average Time Off for Employees



K. The largest portion of time off is sick time (53%). This is followed by annual vacation time (36%). It is significant to note that you can plan for employee vacation time whereas sick time is typically unexpected. It is usually known just hours before or even right at the start of their scheduled shift. This creates burdens on the shifts to fill those vacancies to accomplish the workload.

L. Another significant impact with the detention center is that there are eleven vacant positions (one cook and ten officers), (see page 93) that are restricted from hiring replacements until dates ranging from October 20, 2025, to July 1, 2026. Although not

added into the NAWH calculation, there is currently 240 hours of cook coverage and 927 hours of correctional officer coverage that are impacted by these "frozen positions". Replacement of these vacant positions is due to the previous administration's lack of documentation of employee time off. As a result, the County credited every employee the maximum amount of accrued vacation and sick time off they could have earned during their period of employment. Due to the accumulation, when an employee leaves employment the position is frozen until those accrued hours have been exhausted. This "frozen position" challenge will continue as others leave employment that were working under prior to August 1, 2025, with remaining accrued time.

8. **Calculate Operational Costs.** Full Time Equivalent (FTE) is central to budget preparation. An FTE represents the number of hours a full-time employee works a post during a year. The NAWH is also an expression of the FTE.
    A. FTEs are not the same as full-time employees. FTEs describe the number of hours that are needed, not necessarily the number of employees needed to deliver those hours. For example, if a staffing analysis determined that 50 FTEs of corrections officer time was required to operate a facility, it is likely that a smaller number of full-time officers would be requested in the budget. A detention center must have a certain amount of overtime or compensatory time hours available each year to fill unscheduled and other intermittent absences on shifts.
    B. Table 26 presents the FTE calculations for the proposed eight-hour shift coverage plan using the previous NAWH assumptions for each job classification. Those NAWH's identified as "N/A" are considered non-relieved positions. We estimated salaries for the lieutenants, sergeants, and corporals. Additionally, the corrections officer salary is based on an average of the current officer salaries.

Table 26: FTE Calculations Using NAWH Assumptions

Employee Classification	Annual Hours	NAWH	FTE's	Individual Cost	Estimated Benefits (30%)	Total Cost
Administration						
Detention Facility Administrator	2,086	N/A	1	$63,648.00	$19,094.40	$82,742.40
Captain	2,086	N/A	1	$70,475.60	$21,142.68	$91,618.28
Executive Assistant	2,086	N/A	1	$54,405.52	$16,321.66	$70,727.18
Technical Support Specialist	2,086	N/A	1	$51,582.44	$15,474.73	$67,057.17
Front Lobby	2,086	N/A	1	$51,582.44	$15,474.73	$67,057.17
Compliance Manager – Corporal	2,086	N/A	1	$54,677.39	$16,403.22	$71,080.61
Facility Training Officer	2,086	N/A	1	$54,156.80	$16,247.04	$70,403.84
Subtotal	**14,602**		**7**			**$520,686.65**
Support						
Nurse	3,337.36	N/A	1.5	$74,354.28	$22,306.28	$133,837.70
Food Service Manager	2,086	N/A	1	$40,922.46	$12,276.74	$53,199.20
Food Service	5,839.68	1,977.3	4	$36,680.28	$11,004.08	$190,737.46
Social Services	2,086	N/A	1	$61,435.51	$18,430.65	$79,866.16
Laundry	2,086	1,542	1	$33,012.20	$9,903.66	$42,915.86
Teacher/Rover – CO	2,086	2,006.6	1	$54,156.80	$16,247.04	$70,403.84
Safety/Sanitation Specialist - CO	2,086	N/A	1	$54,156.80	$16,247.04	$70,403.84
Subtotal	**19,607.04**		**10.5**			**$641,364.06**
Security Shifts						
Security Director – Lieutenant	2,086	N/A	1	$61,435.51	$18,430.65	$79,866.16
Shift Supervisor – Sergeant	8,759.52	2,006.6	4	$57,958.03	$17,387.41	$301,381.76
Assist Shift Supv/Intake – Corporal	8,759.52	2,006.6	4	$54,677.39	$16,403.22	$284,322.44

Intake Control – CO	0	2,006.6	0	$54,156.80	$16,247.04	$0.00
Visitation – CO	2,086	2,006.6	1	$54,156.80	$16,247.04	$70,403.84
Main Control – CO	8,759.52	2,006.6	4	$54,156.80	$16,247.04	$281,615.36
Green Pod – CO	14,599.20	2,006.6	7	$54,156.80	$16,247.04	$492,826.88
Red Pod -CO	14,599.20	2,006.6	7	$54,156.80	$16,247.04	$492,826.88
Green/Red Control - CO	0	2,006.6	0	$54,156.80	$16,247.04	$0.00
Yellow Pod – CO	14,599.20	2,006.6	7	$54,156.80	$16,247.04	$492,826.88
Orange Pod – CO	14,599.20	2,006.6	7	$54,156.80	$16,247.04	$492,826.88
Yellow/Orange Control – CO	0	2,006.6	0	$54,156.80	$16,247.04	$0.00
Blue Dorm - CO	14,599.20	2,006.6	7	$54,156.80	$16,247.04	$492,826.88
Brown Dorm – CO	0	2,006.6	0	$54,156.80	$16,247.04	$0.00
Pink Dorm – CO	0	2,006.6	0	$54,156.80	$16,247.04	$0.00
Security/Rover - CO	14,599.20	2,006.6	7	$54,156.80	$16,247.04	$492,826.88
Subtotal	**118,046**		**56**			**$3,974,550.84**
TOTAL	**152,255**		**73.5**			**$5,136,601.55**

C. The County must ensure that budget allocations closely match facility operations. Whenever a budget falls short, either deliberately such as manning unfunded posts or inadvertently (due to changes in the facility profile), existing staff are required to fill the shortfall by working overtime, and in some instances, posts are not staffed.

9. **Implement the Plan and Monitor the Results**. Employees should be aware of the analysis to assist in making implementation easier. They should be aware of planned changes and the reasons for them before changes are implemented. Once the new staffing plan is implemented, it should be continuously monitored and have a formal evaluation in approximately six months to determine its effectiveness. When identifying problems, it may be necessary to revise the plan. Each change can impact other areas of facility operations, so the impact of any proposed changes must be assessed on the rest of the staffing plan.
    A. Several implementation questions to consider include:
        i. Examine the actual staffing of the facility after the plan is implemented and consider:
            a. Is each shift being filled as planned?
            b. Are shifts being filled by appropriate personnel?
            c. Is more overtime being used than anticipated?
        ii. What do the employees think of the new staffing plan?
            a. Are they satisfied with the changes? Get input from all levels of staff.
            b. Have there been any unexpected consequences?
            c. Are employees satisfied with their assignments and work schedule?
            d. Are employees able to perform the tasks assigned?
            e. Are enough employees provided to get the job done?
            f. Are employees qualified to perform their duties?
        iii. Also look for evidence that the plan is effective or non-effective by analyzing outcomes such as:
            a. Review critical incidents. Have they increased/decreased, and are different types of incidents occurring?
            b. Disciplinary reports.
            c. Contraband.
            d. Grievances.
            e. Does there seem to be an increase in employee turnover?
            f. Are employees satisfied?

g. Are there changes in the amount of time being taken off by employees (more or less)?

iv. Look for potential improvements in the plan:
   a. How can you improve the plan based on the first couple months of implementation? Be alert for unintended consequences.
   b. When identifying problems or opportunities for improvement, go back to the step of the analysis and make necessary revisions. Document all changes.

v. What if the finally approved staffing plan does not provide enough resources to get the job done?
   a. Safety and security are foremost. Operations should be revised or scaled back to match your available staffing levels. Establish contingency plans that reduce or suspend various programs/activities based on levels of staffing.

B. New staffing plans can sometimes represent changes in the way staff will be accustomed to working. Leadership must recognize this and be aware that staff will be asked to adjust (step outside their comfort zone to some degree). It is essential that you carefully and closely monitor staff, the resident population, daily routines, and incidents during the early months of this transition. Finally, it is recommended that you continue to maintain accurate and up to date employee records and fully evaluate the plan (after the first six months) annually.

10. **Conclusions:**
   A. Observations and conclusions are identified throughout this report. To prevent repetition, they will not be included in this section of the report.
   B. Adequate staff to ensure safety, security, supervisory duties, and perform the myriads of mandated functions is challenging with the existing staffing plan and "frozen positions".
   C. While sanitation practices in common areas and housing areas have been well maintained, they are substandard in the "out of site" areas. Additionally, upgrades to locking systems, camera systems, control panels, communication systems, computer systems, and watch tour systems are needed.
   D. Written policies and procedures are undated and provide minimal guidance as it relates to current operations.
   E. Chief Bivens and the juvenile detention staff have already begun implementing new initiatives, procedures, and refining practices. I will be critical going forward for Knox County to provide the support needed for long-term sustainability of programs, services, adequate staffing, and technology upgrades.

11. **Recommendations:**
   A. Develop a plan of action to implement the recommendations contained in this report that address the requested study.
   B. Medical:
      i. Review correctional officer access to medications while conducting the evening and weekend medication distribution.

ii. Review the practice of correctional officers verifying medications prior to dispensing them. This practice should be done by a qualified medical professional.
iii. Complete the writing and implementation of written protocols. Ensure that they are dated and that a formal, documented, annual review is conducted.
iv. Clean and organize storage rooms and filing cabinets. Dispose of dated records in compliance with guidance provided by Knox County.
v. Implement a discharge (transfer form) for residents leaving custody for out of county or other releases.
vi. Document all healthcare encounters in resident medical records.
vii. Establish a written formulary.
viii. Develop and implement policies, procedures, and medical protocols for the handling of residents who are refusing to eat.
ix. Ensure any encounters between a resident and mobile crisis are linked to medical staff. Further, file the results of the interaction with mobile crisis in their medical record.

C. Food Service.
i. Have the menu approved by a licensed dietician. The menu must be reviewed and approved annually.
ii. Document portion sizes and calorie count on menus.
iii. Fund and staff a manager position to oversee the food service operation.
iv. Develop and implement formal guidance provided for religious observances.
v. Develop separate menus that address medical requirements.
vi. Evaluate a schedule that will support the use of the dining room and adequately staffing and scheduling food service staff to support this.
vii. Review current suicide watch guidelines regarding residents not being permitted to have food utensils to eat with.
viii. Evaluate the benefits of food service operations being conducted at the Knox County Jail and delivery of all meals to the juvenile services center.

D. Housing.
i. Finalize and implement plans for making an honor pod.
ii. Maintain all housing pods in working and sanitary conditions. Eliminate the practice of using any pod as a storage area. Do not house animals in housing units.
iii. Review the current restrictions of items inside resident cells.

E. Classrooms/Education.
i. Consider a plan to address residents who choose not to attend school. Instead of permitting them to stay in their cell (in bed) throughout the day, consider placing them in the intake holding cells where they can be safely separated, housed, and reduce staff requirements by having a single officer monitoring them in this area versus having several officers supervising residents in different housing units.
ii. Stop the practice of permitting residents watching violent or sexually explicit movies.
iii. Review of the contracts with DCS and consider establishing a contract with the other counties housing residents at the center be carried out to ensure fair and reasonable costs are collected to support the Juvenile Services Center operation.

iv. Fund the CO position that is primarily serving as a schoolteacher as proposed in this study.
v. Evaluate the technology needs inside the Juvenile Services Center. Develop and fund a plan to install/update needed technology.
vi. Comply with state standards regarding the timely delivery of mail. Establish a procedure regarding mail rejection that informs both the sender and receiver of rejected mail. Further, inform those with rejected mail who they can appeal that decision to.

F. General Observations.
i. Turn off the court announcements inside the juvenile services center and immediately provide funding and repair the security communication devices.
ii. Provide adequate funding to support necessary security equipment/upgrades, staff uniforms, training, and other essential equipment.
iii. Review the paper documents currently being utilized. Determine what can be consolidated, what can be done away with, and identify and fund for technology that can replace paper documents/records.
iv. Review officer reports and logs to ensure accuracy, consistency, and detailed reporting. Ensure that there are accurate supervisory reviews and that addendums to reports requiring additional information are submitted.
v. Modify forms to support recording required information. Eliminate pre-printed forms with times on them. Train and implement practices that document the specific time that security and safety checks were conducted by officers.
vi. Review the observation practices, the forms/logs currently being used, and look for an opportunity to reduce the volume of paper used and duplication of entries. Supervisory staff must also review logs throughout the duty day to ensure appropriate log entries are made and that they are consistent from shift to shift.
vii. To begin investing in culture change related to dated practices, restricted decision making, it needs to start with the building. I would encourage use of the name “East Tennessee Regional Juvenile Service Center” and eliminate the a/k/a Richard L. Bean Juvenile Service Center.
viii. Temporarily, continue to limit the number of DCS and other county residents being admitted to the facility to give the leadership time to hire staff, train them, update policies, procedures, and post orders, review and update practices, conduct supervisory level training, and develop/implement plans of action to address the recommendations in this report.
ix. Evaluate the true cost per day to house a youth in the detention center. A document that can be used to guide this process is Tennessee’s “Guidelines for Determining Reasonable Allowable Cost for State Prisoners”. Although used by jails to calculate the cost of housing, it could be used to determine costs for the juvenile services center. Assistance in completing this process can be provided by the County Technical Assistance Service. Renegotiate the cost per day for housing juveniles in the facility and formalize contracts/agreements with each entity that houses youth in the facility.

G. Laundry:
i. Ensure that there is a capital improvement plan to replace the large washer “Uni Mac”.

H. Security.
    i. Fund and staff the proposed coverage plan to support implementation and ongoing security and safety related functions such as tool, key, chemical control programs.
    ii. Update the policy and procedure to address report writing requirements. Establish a training program that addresses report writing. Set expectations for the accurate documentation of reports. Ensure that supervisory staff conduct detailed reviews of reports before forwarding them to senior leadership. Add addendums to reports requiring additional information. Hold staff accountable for policy violations
    iii. Assign staff lockers and a lock. Develop and implement a policy, procedure and practice that provide for routine, unannounced locker inspections.
    iv. Review and update all post orders. Conduct training on the updates. Ensure that staff understand their duties and responsibilities.
    v. Review the shower room search (strip search) procedures. Consider documenting the rationale for strip searches. Have the policy and procedure reviewed by the county law director's office.
    vi. That a decision be made by the leadership to randomly or in every instance conduct a pat search and/or "wand" employees prior to entrance into the security perimeter of the facility to minimize the potential for introduction of unauthorized items into the facility. The county should fund for the "wands" (metal detectors) to support this practice.
    vii. Formalize the security perimeter checks in policy and procedure. Additionally, include in capital improvements for the facility a secure perimeter fence to restrict public access to staff parking and the exterior of the building.
    viii. Funding be provided to upgrade the security system and for the purchase and installation of the 34 cameras needed to eliminate blind spots throughout the facility.

I. Staff.
    i. County Human Resources and the detention center leadership have begun using the County's HR system to capture and report employee time off data. Continue to use this system.
    ii. Establish formal positions for shift supervisors. They must be trained in their roles as supervisors, be provided with leadership and management-related training, and compensated for the position they are assigned.
    iii. Conduct an annual review of staff training needs. Develop the in-service training program based on those needs. All staff must complete the annual in-service training. Ensure the annual program includes leadership/management level training for supervisory staff.
    iv. Develop a formal process of approving overtime and documenting the reasons/hours worked in a management report for tracking purposes and identifying trends.
    v. Establish a process of conducting formal "exit interviews" for staff leaving employment and "staying interviews" for staff who remain employed. Use the information obtained to address opportunities that may be surfaced.

J. Data/Reporting.
    i. This report provides a variety of pieces of data. Develop a monthly/quarterly and annual report that includes:

a. The various pieces of data presented in this report.
b. Health care encounters.
c. Number of grievance submittals, types of grievances, number founded and those unfounded.
d. Status of staff training.
e. Status on maintenance projects and physical plant improvements.
f. Information on overtime usage, budget expenditure, and staff net annual work hour data.
g. Uses of force data.
h. Updates to items recommended in this report.
i. Other information that would be helpful to inform stakeholders.

K. Daily Activities.
   i. Review the daily activities information provided in this report. Update the information and look for opportunities to modify schedules to support staff workload and availability. Use the document for scheduling future activities.

L. Coverage Plan.
   i. Provide funding to support staffing the facility to the proposed support positions and 8-hour shift coverage plan.

M. Tennessee's Minimum Standards for Juvenile Detention Centers and Temporary Holding Resources.
   i. Formalize in policy and procedure a practice where parents, guardians and other family members can register complaints about the treatment of residents.
   ii. That the mission, core values, and vision statement be reviewed by a team of staff members and updated as appropriate in the next six to twelve months.
   iii. That the entire policy and procedure manual be reviewed and updated to current 2017 standards. Note, the DCS is getting ready to release new standards that will require another review and update. Establish a group of staff to be involved in the writing and review of policies and procedures. Ensure that any new or revised policy and procedure is communicated to all staff and that they are trained to the expectations listed in the policies and procedures. I strongly recommend that the policies and procedures be placed on a shared computer drive that all staff can access for immediate reference. This will require the purchase and installation of computers and networks throughout the building. The policy and procedure manual should be formally reviewed and updated as appropriate on an annual basis. The Administrator of the Juvenile Services Center should conduct a formal review with the Board of Directors on an annual basis to review the status of the policy and procedure manual, updates that were conducted, and how the updates were communicated to staff and any formal training required to ensure compliance. There are three best practice standards provided by the American Correctional Association. First, 3-JDF-1A-13 states *"Written policy, procedure, and practice demonstrate that employees participate in the formulation of policies, procedures, and programs."* Secondly, 3-JDF-1A-21 states *"The policies and procedures for operating and maintaining the facility and its satellites are specified in a manual that is accessible to all employees and the public. This manual is reviewed and at least annually updated as needed."* Third, 3-JDF-1A-22 states *"Written policy, procedure, and practice provide that new or revised policies and procedures are disseminated to designated staff and volunteers and, when appropriate, to*

juveniles prior to implementation." Finally, policies and procedures should have an implementation date and review date.

iv. Review and update current emergency plans and develop/implement plans for areas not currently covered. Ensure that all staff are trained in the implementation of the plans. Include in the plans a formal debriefing after any actual event or drill that includes: A review of staff and resident actions during the incident; a review of the incident's impact on staff and residents; a review of corrective actions taken and still needed; and plans for improvement to avoid another incident. Revisit the fire evacuation plans. Narrow them down to specific areas/evacuation routes of an area. Utilize "you are here" locations to immediately orient a person as to their location in relation to the evacuation route. Ensure that all staff participate in drills and that staff in leadership positions monitor/observe drills. Have regular walkthroughs of the building with the fire fighters, EMS, and law enforcement personnel that would respond to emergencies to assist in their familiarization with the building.

v. Develop an approved list of articles and materials that a resident may keep in their cell. Consider organizing a cell in a manner desired to be kept, photographing it, and posting it in the dayroom. Also, brief newly arriving residents on the expectations of how the cell will be maintained.

vi. Review the capturing of suicide, self-harming, detoxification, and/or drug use information from residents. Additionally, as other health related trends are identified in the facility, add them to the intake screening. Capture this information and communicate it to the medical staff as soon as possible.

vii. Revise the policy and procedure to reflect current practices regarding handling and storage of personal property and cash. Recommend that an audit of property being stored be routinely conducted by a person not routinely associated with collecting and processing property and cash. Recommend that a dollar amount be established in policy whereby a resident exceeds that amount that the cash is counted by a second person before placing it securely in the locked filing cabinet. Suggest that County Finance provide best practices and procedures currently utilized throughout Knox County relating to internal controls. A best practice established by the American Correctional Association standard 3-JDF-1B-19 states *"Juveniles' personal funds held by the facility are controlled by accepted accounting procedures."*

viii. Address the records retention and disposition process in written policies and procedures. Discuss with Knox County Archives to obtain guidance on proper disposition of resident records after this period. Stop the process of storing lab draws in boxes with paper records.

ix. Develop a specific resident personal property policy and procedure that covers entrance into the facility until departure. Ensure that all property goes with a resident from DCS or out of county when they depart from the facility. Conduct routine property audits to identify any property left by a resident and pursue getting it back to its owner. Or, follow reporting requirements mandated by the Tennessee Department of Treasury at https://treasury.tn.gov/Unclaimed-Property/Report-Unclaimed-Property/Submit-Your-Report-Online.

x. Update the resident handbook to reflect current practices. Encourage positive and professional staff to resident and vice versa communications. Suggest that a safe distance between staff and residents be maintained during conversations.

xi. Should the detention center be moved under the purview of the Sheriff and jail corrections staff be considered for use in filling vacant juvenile detention facility positions, they must comply with all juvenile detention training requirements. Also suggest that a discussion with the Department of Children Service's be held to identify any potential concerns with this "temporary" practice. Further, consideration of the impact of jail staffing must be given should this become a short-term solution.

xii. Finalize review and update of job descriptions. Ensure they are aligned with current duty requirements.

xiii. Continue collaboration with the Sheriff's Training Department and tap into other leadership development programs. The county must ensure adequate funding in the juvenile service center's budget to support annual training needs. Provide funding to cover "frozen position" challenges created by the previous leadership to ensure safe and secure operations and compliance with annual training requirements.

xiv. Develop a written policy and procedure for the volunteer program. Ensure that it addresses all aspects of the program including the application process, screening, basic and annual in-service training, rules and regulations for volunteers, and volunteer recognition.

xv. Identify community services and programs that might be introduced into the juvenile services center. This will aid in reducing resident idleness in the facility and support connection to the services in the community upon their release.

xvi. Develop and implement a formal recreation/leisure time program that is supervised. Speak with Knox County schools to pursue having a coach/teacher assist in the development and implementation of this. Identify equipment that will support large muscle exercises. The county should fund and purchase this equipment.

xvii. Continue the process to assign residents to various work details to reduce idleness, acknowledge positive behavior, and to develop some self-pride in work detail accomplishments. Assignment to work details shall not be for the purpose of punishment.

xviii. Continue the newly implemented practice of reviewing, screening and delivering mail daily without unnecessary delay. Address this in a written policy and procedure. A best practice identified in the American Correctional Association's standard JDF, 3rd Edition, 3-JDF-5G-09 states *"Written policy, procedure, and practice require that, excluding weekends and holidays, or emergency situations, incoming and outgoing letters are held no more than 48 hours, and packages (if allowed) are held no more than 72 hours."*

xix. In the mail written policy and procedure address rejection of mail procedures to include both sender and receiver being notified of the reason for rejection and identifying a position (not necessarily name) of who they can appeal this decision to.

xx. Have the diet/menu approved by a registered dietician or nutritionist. Identify the portion sizes and calorie counts on the menu. Provide instruction to food service staff in portion control. Pursue advice/guidance from local religious leaders on accommodating religious dietary needs. Educate food service staff on medical and religious diet practices. Establish separate menus/schedules to support those needs.

xxi. Include the substantial evening snack and calories count on the daily menu.

xxii. Review the practice of eating meals in dayrooms and look for opportunities to use the dining room. Evaluate costs associated with feeding on Styrofoam and plastic silverware each meal versus trays and silverware that can be cleaned and repeatedly used. Fund and staff food service as recommended in this study.

xxiii. Formalize the grievance system in a written policy and procedure. Document trends of grievances and corrective action taken. Provide this information to the Board of Directors during their regularly scheduled meetings.

xxiv. Develop an approved location and inventory of first aid kits. Have it approved by a licensed healthcare professional. Establish a monthly inspection of the first aid kits to ensure that they are fully stocked and not used for other purposes. Develop a process for when items are used that staff report it to medical who replace/replenish the kit. As part of basic and in-service first aid training, staff should be trained or at a minimum familiarize themselves with the contents and use of the items located inside the kits. Ensure that the practices are included in written policy and procedure. Stop the practice of using these kits for staff member OTC medication.

xxv. Ensure that policies and procedures related to medical screening, emergency room visits, mobile crisis response, etc., are connected to the medical provider to ensure adequate and timely follow-up with the resident.

xxvi. Ensure that the medical section is fully equipped with items required to provide healthcare services.

xxvii. Review the current policy and procedure regarding medications. Suggest the medical director provide more guidance relating to receipt of medications at intake and the process for validating the medication prior to corrections officers dispensing without any healthcare professional review of the prescriptions and medication. A nationally recognized standard of the American Correctional Association 3-JDF-4C-19 states "Psychotropic drugs, such as antipsychotics or antidepressants, and drugs requiring parenteral administration are prescribed only by a physician or authorized health provider by agreement with the physician, and then only following a physical examination of the juvenile by the health provider… Consider the best practices established by the American Correctional Association standard 3-JDF-4C-18 which states *"Written policy, procedure, and practice provide for the proper management of pharmaceuticals and address the following subjects: A formulary specifically developed for the facility prescription practices that requires (1) prescription practices, including requirements that psychotropic medications are prescribed only when clinically indicated as one facet or a program of therapy, (2) "stop order" time periods are required for all medications, and (3) the prescribing provider reevaluates a prescription prior to its renewal…."* The medical provider should develop and implement a formal written formulary.

xxviii. Continue to develop written protocols for the delivery of healthcare services that are reviewed and approved by the healthcare authority for the facility. A practice mandated in the American Correctional Association standard 3-JDF-4C-05 states "Each policy, procedure, and program in the health care delivery system is reviewed at least annually by the appropriate health care authority and revised if necessary. Each document bears the date of the most recent review or revision and signature of the reviewer."

xxix. Review the policy, procedure, and practices regarding the viewing of residents during the 15-minute or 30-minute requirements. Eliminate the specific 30-minute time on any form, rather, train staff to document the actual time that they observed the resident. Consider better documentation of time and the behavior of the residents in the post logbook, thus eliminating the dual practice of the log and check sheet and reduce the volume of paper documents that currently exists. Consider using the Supervision/Observation Check document for only 15-minute checks. Establish Sergeant positions as shift supervisors and as one of their functions, review logs and check lists to ensure that staff are accurately filling them out. Recommend that the County fund for a "watch tour system" that records actual times, documents behaviors, can photograph a cell/room and or the resident…

xxx. Develop a formal process for conducting inmate counts in policy and procedure. Implement the formal count process.

xxxi. Review current staff salaries, recruitment, and retention practices to ensure that quality male and female staff can be recruited, hired, and retained as juvenile detention officers.

xxxii. Eliminate the practice of using visitation rooms for medical injections. Utilize the medical clinic of the facility for this purpose.

xxxiii. Develop and implement a formal objective resident classification system and housing plan. The American Correctional Association standard 3-JDF-2C-02 recommends "A classification system is used to divide the occupants into groups that reduce the probability of assault and disruptive behavior. At a minimum, the classification system evaluates the following: Mental and emotional stability; escape history; history of assaultive behavior; medical status; age; enemies of record; and males and female residents are housed in separate cells/rooms.

xxxiv. If not yet completed, ensure that the Pink Dorm has been cleaned out, disinfected, and ready for use. Have a pest control company inspect and treat the area. Do not use housing areas for storage. Clean all storage rooms and areas not routinely used. Dispose of items no longer usable or needed for the operation of the facility. Do not house animals in housing units.

xxxv. Include all areas of the facility in daily sanitation inspections. Record the conditions observed. Assign specific responsibility for the cleanliness of the areas observed to be in disarray, then follow up to ensure that the condition has been corrected.

xxxvi. Ensure that the pest control program includes all areas of the facility.

xxxvii. Create paid shift supervisor positions, establish a senior position responsible for overall security and safety operations. Develop realistic scenarios relating to fire safety, implement the scenario, and leadership should monitor and critique the shift response and implementation of the fire evacuation plan. Debrief the shift on the lessons learned. Due to the high rate of resident turnover incarcerated in the facility, the frequency of the drills should occur at a minimum of every three months.

xxxviii. Review the evacuation plans, post the specific plans for each area of the facility designating a primary and secondary route. Use "you are here" symbols to help orient a person trying to determine where they are and the route of evacuation that should be taken.

xxxix. Establish a Safety Data Sheet binder for every chemical utilized in the building (medical, food services, maintenance, housing areas, administrative areas). Any time a chemical is no longer used in the building, or a new one is introduced, update the SDS binder. The binders should be located in the maintenance area, medical, central control, and the administrative area. Assign a staff member the responsibility for the chemical control program to ensure that these binders remain up to date; that chemicals are properly stored, labeled, used; that accurate inventories of chemicals are maintained; that any new chemical to be considered for use in the facility is reviewed and approved by this staff member. Train all staff regarding Safety Data Sheets, where to locate the binders, and how to easily identify any immediate first aid treatment to be apply.

xl. Establish a written chemical control program. Include: A process of identifying and approving authorized chemicals inside the building; Authorized storage locations; Standardized record keeping of inventories and issuance; the process of spot-checking storage locations and logs; Restrict the introduction of personal chemicals in the building; Specify who is authorized to use chemicals.

xli. Review the shower room search requirements and practices. Consider identifying specific rational for conducting a shower room (strip search) and articulate it in a written report. Review the plan with the Knox County legal staff to support the practice.

xlii. Fully implement the new key control policy and procedures. Ensure random checks of the practices are done to ensure compliance. Train all staff on the policy to ensure their understanding.

xliii. Finalize the evaluation of the lock assessment. Fund the repair and/or replacement of all non-functioning locks.

xliv. Review the work stoppage plan and update it to a workable plan. Fund and hire supervisory positions for all shifts and a security operations position to oversee security and safety operations. Work on changing the culture of the organization whereby all staff can apply and work various shifts and compete for supervisory positions; eliminate the culture of staff thinking they “own their workdays and/or post assignments”; eliminate unreasonable shifts (particularly the weekend shifts). Fund the staff coverage plan outlined in this report, hire the staff and implement the proposed work schedules.

xlv. Review practices that should be implemented regarding the use of force, application of restraints, types of restraints that should be available and authorized for use, a decision on the use of chemical agents, and the timelines/practices to implement for use of restraints and seclusion that comply with state standards. Based on this review develop and implement a written policy and procedure and train all staff. Ensure that the reporting forms align with the policy and procedure.

xlvi. Develop and implement a policy and procedure that direct staff connecting the resident to medical treatment after any use of force incident and not leaving it up to the resident to submit a sick call request.

N. Schedules.

i. Fund and staff to the proposed coverage plan to eliminate employees working seven-day weeks, numerous twelve- and sixteen-hour shifts, excessive overtime, and gapped positions.

O. Net Annual Work Hours (NAWH).
    i. Continue to report employee time using the county's ERP system. Also, calculate NAWH's each year for each relieved position. Then utilize a three year average each year in the calculation to more accurately capture time off and obtain more accurate NAWH data by job classification.

Appendices:

- **A. Profile of the Facility Operations**
- **B. Daily Activities**
- **C. Staff Coverage**
- **D. Net Annual Work Hours (NAWH) Calculations**

APPENDIX A: Profile of the Facility Operations

Referrals by Time

2024 – August 6, 2025

Time	2024 Intakes			2025 Intakes			Average		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2400 - 2459	34	8	42	21	10	31	28	9	37
0100 – 0159	16	12	28	16	8	24	16	10	26
0200 – 0259	10	6	16	10	4	14	10	5	15
0300 – 0359	11	3	14	15	4	19	13	4	17
0400 – 0459	7	11	18	10	5	15	9	8	17
0500 – 0559	17	5	22	6	4	10	12	5	17
0600 – 0659	8	3	11	6	2	8	7	3	10
0700 – 0759	6	0	6	1	1	2	4	1	5
0800 – 0859	7	2	9	3	0	3	5	1	6
0900 – 0959	16	10	26	8	4	12	12	7	19
1000 – 1059	29	12	41	17	10	27	23	11	34
1100 – 1159	31	10	41	23	14	37	27	12	39
1200 – 1259	37	14	51	22	8	30	30	11	41
1300 - 1359	29	19	48	15	6	21	22	13	35
1400 – 1459	51	20	71	25	12	37	38	16	54
1500 – 1559	52	21	73	28	21	49	40	21	61
1600 – 1659	43	18	61	35	12	47	39	15	54
1700 – 1759	48	21	69	26	8	34	37	15	52
1800 – 1859	42	17	59	29	9	38	36	13	49
1900 – 1959	43	20	63	23	16	39	33	18	51
2000 – 2059	26	15	41	33	13	46	30	14	44
2100 – 2159	38	29	67	11	12	23	25	21	46
2200 – 2259	33	16	49	19	18	37	26	17	43
2300 - 2359	34	16	50	22	14	36	28	15	43

Ethnicity of New Referrals

Ethnicity	2024			2025		
	Male	Female	Total	Male	Female	Total
African American	**222**	**90**	**312**	**131**	**54**	**185**
Asian	**3**	**0**	**3**	**2**	**0**	**2**
Hispanic	**58**	**15**	**73**	**46**	**5**	**51**
Mixed Race	**65**	**37**	**102**	**26**	**31**	**57**
Native American	**0**	**0**	**0**	**1**	**0**	**1**
Pacific Islander	**0**	**3**	**3**	**0**	**0**	**0**
Unknown	**2**	**1**	**3**	**0**	**3**	**3**
White	**317**	**163**	**480**	**218**	**122**	**340**

Charges of Detained Residents

Felony	2024			2025		
	Male	Female	Total	Male	Female	Total
Aggravated Arson	1	0	1	0	1	1
Aggravated Assault on first responder	1	1	2	1	0	1
Aggravated assault	25	8	33	22	3	25
Aggravated burglary	2	0	2	0	4	4
Aggravated kidnapping	0	0	0	1	0	1
Aggravated rape	2	0	2	0	0	0
Aggravated rape of a child	0	0	0	1	0	1
Aggravated riot	1	0	1	0	0	0
Aggravated robbery	2	0	2	1	0	1
Aggravated sexual exploitation of a minor	0	0	0	1	0	1
Aggravated sexual battery	1	0	1	0	0	0
Arson	2	2	4	1	1	2
Assault on law enforcement officer	0	0	0	3	0	3
Burglary of a vehicle	7	0	7	0	0	0
Burglary	2	0	2	1	0	1
Carjacking	2	0	2	0	0	0
Carrying a weapon on school property with intent to go armed (not a firearm)	1	0	1	3	0	3
Criminal attempt aggravated robbery	1	0	1	1	0	1
Criminal attempt burglary	0	0	0	0	1	1
Criminal attempt carjacking	1	0	1	0	0	0
Criminal attempt first degree murder	2	0	2	0	0	0
Criminal attempt rape of a child	1	0	1	0	0	0
Criminal attempt, theft of property, value over $10,000, but less than $60,000	0	0	0	1	0	1
Criminal attempt, theft of property, value over $2,500, but less than $10,000	0	0	0	1	0	1
Criminally negligent homicide	0	0	0	2	0	2
Escape, while being held for a felony	1	0	1	0	0	0
Evading arrest using vehicle	2	0	2	3	0	3
Evading arrest (using vehicle and risk of death or injury to others)	0	0	0	1	0	1
Evading arrest	1	0	1	1	0	1
False reports	1	1	2	0	2	2
Offense of possessing a firearm during commission or attempt to commit dangerous felony	1	0	1	0	0	0
Possession of controlled substance, with intent to manufacture or sell – Any other Schedule II over 0.5	0	0	0	1	0	1
Possession of controlled substance, with intent to manufacture or sell – Schedule V	1	0	1	0	0	0
Possession of controlled substance, with intent to manufacture or sell – Schedule VI, ½ oz. to 10 lbs.	1	0	1	0	1	1
Possession of controlled substance, with intent to manufacture or sell – Schedule VI, resin #4 1g under 8#	1	0	1	0	0	0
Possession of prohibited weapons (machine gun)	2	0	2	0	0	0
Rape of a child	1	0	1	0	0	0
Rape	1	0	1	0	0	0
Reckless endangerment (deadly weapon)	5	1	6	4	0	4
Robbery	0	0	0	1	0	1
Schedule II Drugs: Fentanyl >5 grams	1	0	1	1	0	1
Second degree murder	0	0	0	1	0	1
Sexual battery	2	0	2	1	0	1
Theft from a merchant, over $1,000 but less than $2,500	0	0	0	1	0	1
Theft of a firearm	2	0	2	3	0	3
Theft of property, value over $1,000, but less than $2,500	3	0	3	3	0	3
Theft of property, value over $10,000, but less than $60,000	4	0	4	5	0	5

Theft of property, value over $2,500, but less than $10,000	3	0	3	2	0	2
Threats of school-related Mass Violence	11	3	14	6	3	9
Unlawful carrying or possession of a weapon	5	0	5	2	0	2
Unlawful drug paraphernalia uses and activities	1	0	1	0	0	0
Vandalism, value over $1,000, but less than $2,500	2	0	2	0	1	1
Vandalism, value over $10,000 and under $60,000	1	0	1	1	0	1
Vandalism, value over $2,500, but less than $10,000	1	0	1	0	0	0
Vehicle burglary	2	0	2	10	0	10
Total Felony	110	16	126	88	17	105
Misdemeanor						
Aggravated criminal trespass	1	1	2	1	1	2
Assault (simple)	10	8	18	11	4	15
Assault on first responder	2	2	4	0	0	0
Attempted handgun possession prohibited – exceptions	0	0	0	1	0	1
Carrying weapon on school property (firearm)	2	0	2	2	0	2
Contributing to delinquency/unruly	0	5	5	4	2	6
Criminal impersonation	0	1	1	1	0	1
Criminal trespass	3	0	3	0	0	0
Disorderly conduct	9	1	10	9	5	14
Domestic assault by family or household member who currently resides or formerly resided w/person	23	5	28	10	3	13
Domestic assault defined in 39-13-101 against a person who is that person's family/household member	0	0	0	1	1	2
Domestic assault	5	5	10	8	1	9
Driving under influence	2	0	2	3	0	3
Escape, while being held for a misdemeanor	1	0	1	0	0	0
Evading arrest (non-vehicle flight)	0	0	0	3	0	3
Evading arrest	3	0	3	2	0	2
Failure to report threat to commit act of mass violence on school property	2	0	2	1	0	1
Handgun possession prohibited – exceptions	23	1	24	9	0	9
Harassment	1	0	1	0	0	0
Joyriding – Unauthorized use of automobiles and other vehicles	1	1	2	1	0	1
Possession of a controlled substance (on school property)	1	0	1	0	0	0
Possession of a controlled substance	8	0	8	10	3	13
Possession of a handgun while under the influence	0	0	0	1	0	1
Possession of a Legend drug without prescription	2	0	2	0	0	0
Possession/consumption – alcoholic beverage restrictions	1	0	1	6	3	9
Public intoxication	0	0	0	3	0	3
Reckless endangerment with weapon	4	0	4	0	0	0
Reckless endangerment	4	0	4	0	0	0
Resist stop, frisk, halt or arrest	6	3	9	5	2	7
Theft from a merchant $1,000 or less	2	0	2	0	1	1
Theft of property, value $1,000 or less	6	1	7	9	0	9
Threat to commit act of mass violence on school property	1	0	1	0	0	0
Unlawful carrying or possession of a weapon (with intent to go armed)	0	0	0	1	0	1
Unlawful carrying or possession of a weapon	0	0	0	1	0	1
Unlawful drug paraphernalia uses and activities, Misdemeanor	3	1	4	2	1	3
Vandalism, value $1,000 or less	9	6	15	9	2	11
Total Misdemeanor	135	41	176	115	29	144
N/A Detention Hold						
Contempt of Court, delinquent	1	2	3	8	0	8
Detention or shelter care of child prior to hearing on petition/delinquent	2	3	5	1	0	1
Transfer to another Juvenile Court within state	1	0	1	0	0	0
Violation of aftercare	10	0	10	2	2	4
Violation of a court order	0	0	0	7	1	8
Violation of conditions of release	1	0	1	0	1	1

Violation of home placement	**1**	**0**	**1**	**0**	**0**	**0**
Total N/A Detention Hold	**16**	**5**	**21**	**18**	**4**	**22**
Ordinance – Detention Hold						
Reckless driving	**0**	**0**	**0**	**1**	**0**	**1**
Total Ordinance	**0**	**0**	**0**	**1**	**0**	**1**
Status Offense – Detention Hold						
Possession of tobacco products	**1**	**0**	**1**	**3**	**2**	**5**
Runaway/in state	**3**	**7**	**10**	**19**	**5**	**24**
Truancy	**1**	**0**	**1**	**3**	**2**	**5**
Total Status Offense	**5**	**7**	**12**	**25**	**9**	**34**
Traffic Offense – Detention Hold						
Drag racing	**1**	**0**	**1**	**0**	**0**	**0**
Drivers to exercise due care	**1**	**0**	**1**	**0**	**0**	**0**
Driving on a suspended license	**0**	**0**	**0**	**1**	**0**	**1**
Driving without a license	**3**	**1**	**4**	**0**	**0**	**0**
Financial responsibility law – proof of insurance	**0**	**0**	**0**	**1**	**0**	**1**
Leaving the scene of an accident with property damage	**0**	**0**	**0**	**1**	**0**	**1**
Open container law	**0**	**0**	**0**	**0**	**1**	**1**
Reckless driving	**2**	**0**	**2**	**1**	**0**	**1**
Speeding	**1**	**0**	**1**	**2**	**0**	**2**
Unlawful operation of motor vehicle without proper lights	**0**	**0**	**0**	**2**	**0**	**2**
Total Traffic Offense	**8**	**1**	**9**	**8**	**1**	**9**
Violation – Detention Hold						
Violation of judicial diversion	**3**	**0**	**3**	**1**	**1**	**2**
Violation of probation	**32**	**11**	**43**	**52**	**17**	**69**
Total Violation	**35**	**11**	**46**	**53**	**18**	**71**

Overtime Usage 2024 – August 1, 2025

Employee	Position	2024		2025	
		OT Hours	OT Paid	OT Hours	OT Paid
Roy Baker	CO	24	$858.03	[redacted]	
Ben Belew	CO	593	$21,200.15	73.25	$2,690.06
Deztany Bishop	CO	180.25	$6,444.07	180.25	$6,693.54
Marvin Bonilla	CO	48	$1,716.05	[redacted]	
Carla Brunty	CO	35.5	$1,269.16		
Alan Burris	CO	79.25	$2,948.29	64	$2,453.27
John Cate	CO	66.5	$2,652.43	[redacted]	
Gregory Chambers	CO	137	$5,976.32	64.5	$2,899.38
Melissa Chambers	CO	45.5	$1,626.67	41	$1,513.57
Otis Clinkscale	CO	218	$7,871.61	[redacted]	
Stefani Clowers	Nurse	14	$721.47	6.25	$335.15
Jeremy Coleman	CO	40	$1,430.04	[redacted]	
Thomas Cordell	Tech Support Spec.	[redacted]		1	$37.20
Mary Dailey	CO	105	$4,580.40	64.25	$2,888.04
Billy Denton	CO	10.75	$300.93	24	$869.60
Gary Denton	CO	323	$11,547.50	85.25	$3,136.45
Huy Dinh	CO	50.25	$1,796.48	24	$892.77
Cassidy Duncan	CO	85.5	$3,056.71	88.5	$3,292.10
Peter Early	CO	40	$1,430.03	[redacted]	
Whitney Early	CO	210.5	$7,525.52	55	$2,045.95
David England	CO	[redacted]		70	$2,552.63

Frederick Erkins	CO	87.5	$3,159.50	48	$1,780.01
Jason Eskridge	CO	311.5	$11,360.26	149.75	$5,650.34
Jeffrey Fawver	CO	16	$740.91		
Anthony Fletcher	CO	71.25	$2,624.41	56	$2,134.33
Devin Francis	CO	449.5	$16,069.94	418.25	$15,500.55
Timothy Garrett	CO	27.5	$1,096.87	17.5	$726.28
Larry Grigsby	CO	52.25	$1,867.98	48	$1,762.37
Blair Hansen	CO	95.5	$3,414.19	158	$5,831.07
Dwight Hundley	CO	204.25	$7,302.08		
Amber Hurst	CO			27.75	$1,011.93
Roy Jenkins	CO			8	$291.73
Chad Johnson	CO	46.75	$1,671.36		
Jayna Johnson-Lay	CO	61.25	$2,189.75	37.5	$1,394.96
Jonathon Jordan	CO	62	$2,216.56	194	$7,181.85
Steven Lins	CO	52	$1,859.03	24	$892.77
Tyler Long	CO	17.5	$625.64		
Tron Luttrell	CO – Laundry	71.75	$1,641.64	64	$1,508.84
Dolly Mack	CO	9.25	$368.95	1	$41.50
Gary Mack	Cook	56	$1,423.66		
Tiffany Malone	CO	193	$6,899.92	113	$4,173.06
Jeremy Mauritzen	CO	101.5	$3,628.70	8	$286.01
Brandon McCorkel	CO	193.75	$6,926.71	62	$2,294.74
Jordan McCoy	CO			8	$291.73
Oscar McCray	CO	101.25	$4,078.86	61	$2,556.89
Zion McCray	CO	37.25	$1,331.72	32	$1,167.19
Emeka McDowell	CO	36	$1,299.90	109	$4,071.83
Jeremiah Monroe	CO	61.25	$2,233.77	48	$1,797.79
Gerald Myles	CO	49.5	$2,116.80	3	$133.48
Kim Peays	CO	49.5	$1,974.37	32	$1,302.20
Grace Penson	Cook	102.25	$2,599.45	53.75	$1,410.75
Timothy Perry	CO			64	$2,333.82
Johnny Pique	CO	46.75	$1,671.35	56	$2,071.55
Tracy Rake	CO	25.25	$958.24	16	$631.80
Christopher Ramirez-Mendez	CO	24	$858.02		
Michael Russell	CO	179	$8,371.80	62.75	$3,023.35
Evelyn Rutherford	Cook	226.75	$5,764.50	250.75	$6,598.87
Paul Sabol	CO	130.75	$5,267.29	80	$3,327.21
Melissa Scott	CO	418.5	$16,859.29	188.5	$7,849.08
Traci Seilheimer	CO	140.25	$5,014.06	153	$5,686.37
Antonio Smith	CO	141	$5,350.96	79.5	$3,115.43
Gregory Stacy	CO	128.25	$6,179.94	16.75	$807.13
Stephen Tanner	CO			109	$3,974.78
Marquis Thomas	CO	16	$572.02		
Jeffrey Troutman	CO	91.25	$3,639.62	69	$2,837.75
Murphy Umukoro	CO	115	$4,111.34	8	$297.59
Stefan Vonner	CO	124	$4,433.09	32	$1,167.19
Shirley Walker	Cook	300.5	$8,523.05	481	$14,147.50
Sterl Walker	CO	114	$4,075.61	80	$2,952.73
Kathy Wallace	CO	142.75	$5,750.72	14.5	$584.13
Ronald Whitson	CO	8	$286.01		

Cindi Williams	CO	84.5	$3,143.60		
Robert Williamson	CO	79.25	$3,818.78	40	$1,974.20
Kenneth Wilson	CO	52.75	$2,103.99	48.25	$2,002.44
Randall Wrinkle	CO	100.5	$4,384.09	48	$2,178.72
Mark Yette	CO	88	$3,146.08	13.75	$511.48
Totals		**7,700**	**$281,958.24**	**4,533.5**	**$165,567.03**

Employees September 25, 2025

Name	Salary	Budgeted Position	Position #
Brian Bivens	$63,648.00	Chief	443100001
Christopher Daur	$70,475.60	Captain	441200001
Megan Lively	$54,405.52	Executive Assistant	443300001
Stefani Clowers	$74,354.28	Nurse	442900001
Tron Luttrell	$33,012.20	Laundry Worker	441300001
Evely Rutherford	$36,680.28	Cook	441400001
Shirley Walker	$40,922.96	Cook	441400002
Cannot hire until 10/20/2025	$36,680.28	Cook	441400003
Mary Montgomery	$36,680.28	Cook	441400004
Deztany Bishop	$51,582.44	CO – Compliance	441700006
Thomas Cordell	$51,582.44	Technical Support Spec.	443000001
CO Vacancies			
Cannot hire until FY 2027	$69,518.28	CO	441700001
Cannot hire until FY 2027	$50,565.84	CO	441700005
Cannot hire until FY 2027	$51,582.44	CO	441700022
Cannot hire until 10/20/2025	$51,582.44	CO	441700023
Cannot hire until FY 2027	$50,565.84	CO	441700030
Cannot hire until FY 2027	$50,565.84	CO	441700033
	$50,565.84	CO	441700042
Cannot hire until 12/1/2025	$57,548.92	CO	441700044
Cannot hire until 12/15/2025	$57,548.92	CO	441700046
Cannot hire until 11/3/2025	$51,582.44	CO	441700052
Cannot hire until 12/15/2025	$57,548.92	CO	441700057
1st Shift			
Jayna Johnson-Lay	$51,582.44	CO	441700007
Traci Seilheimer	$51,582.44	CO	441700008
Emeka McDowell	$52,098.28	CO	441700010
Frederick Erkins	$52,098.28	CO	441700014
Tracy Rake	$54,755.74	CO – School Teacher	441700018
Anthony Fletcher	$53,145.56	CO – Key Control/Intake	441700020
Mary Dailey	$62,940.28	CO	441700021
Randall Wrinkle	$62,940.28	CO	441700025
Gerald Myles	$61,700.08	CO	441700027
Jeremiah Monroe	$52,619.06	CO	441700029
Paul Sabol	$58,124.30	CO – Supervisor	441700036
Oscar McCray	$58,124.30	CO	441700041
Dolly Mack	$57,548.92	CO	441700050

Timothy Garrett	$57,548.92	CO	441700054
2nd Shift			
Roy Jenkins	$50,565.84	CO	441700003
Steven Tanner	$50,565.84	CO	441700004
Jeffrey Fawver	$66,812.46	CO	441700009
Robert Peterson	$50,565.84	CO	441700015
Blair Hansen	$51,582.44	CO	441700016
Emeka Jefferson	$50,565.84	CO	441700019
Gregory Chambers	$62,940.28	CO	441700024
Cassidy Duncan	$51,582.44	CO	441700028
Gary Denton	$51,582.44	CO	441700031
Jason Eskridge	$52,619.06	CO	441700047
Larry Grigsby	$51,582.44	CO	441700048
Amber Hurst	$50,565.84	CO	441700049
Austin Voorhies	$50,565.84	CO	441700051
Brandyn Hulett	$50,565.84	CO	441700053
Johnthan Jordan	$51,582.44	CO	441700055
3rd Shift			
Alan Burris	$53,677.00	CO	441700002
Tiffany Malone	$51,582.44	CO	441700017
Murphy Umukoro	$51,582.44	CO	441700026
Zion McCray	$51,582.44	CO	441700034
Mark Yette	$51,582.44	CO	441700037
Melissa Chambers	$51,582.44	CO	441700038
Eve Wright	$50,565.84	CO	441700040
Antonio Smith	$54,755.74	CO	441700043
Teddy Snyder	$50,565.84	CO	441700045
Swing Shift			
Devin Francis	$51,582.44	CO	441700011
David England	$50,565.84	CO	441700035
Johnny Pique	$51,582.44	CO	441700056
Weekend			
Michael Russell	$67,480.40	CO	441700013
Melissa Scott	$58,124.30	CO	441700032
New Hire			
Kendria Stephens	$51,582.44	CO	441700039

Employee Hires and Losses

Last Name	First Name	Job Class Code Desc	Termination Date	Hire Date
PELFREY	JENNA	CO	03/13/2023	04/26/2022
THOMASON	OLLIE	CO	03/24/2023	08/16/1982
DODSON	JAMES	CO	03/31/2023	01/23/2023
HIBBERT	EDWARD	CO	04/10/2023	10/30/2001
COOK	CATHY	COOK	05/01/2023	03/03/2007
MATHIS	MAKAYLA	COOK	05/02/2023	01/22/2023
BAILEY	CHARLES	CO	05/13/2023	03/16/2020
ROBINSON	JERRY	COOK	05/16/2023	05/10/2023
HOHN	ANDREW	CO	06/08/2023	08/30/2022
GARRETT	DOUGLAS	CO	06/17/2023	01/03/2023
LOOPE	DENVER	CO	06/28/2023	06/18/2001
HAYNES	RYAN	CO	09/06/2023	07/25/2022
CAMERON	JASON	CO	09/16/2023	07/17/2023
ROBINSON	LAVEDA	COOK	10/11/2023	08/22/2023
WHITE	ELISHA	CO	10/13/2023	06/13/2023
HURST	WADE	CO	10/13/2023	07/01/2023
MILLER	CRYSTAL	CO	10/27/2023	10/18/2023
RUSSELL	DONALD	CO	11/30/2023	06/24/2022
BAKER	ROY	CO	03/17/2024	10/12/2023
RAMIREZ-MENDEZ	CHRISTOPHER	CO	03/27/2024	11/20/2023
BRUNTY	CARLA	CO	03/28/2024	10/02/2023
HILLIARD	LEILA	CO	05/02/2024	01/25/2021
DUREE	JESSICA	CO	05/10/2024	05/02/2024
JOHNSON	CHAD	CO	05/25/2024	08/01/2023
CATE	JOHN	CO	05/28/2024	12/17/2011
WHITSON	RONALD	CO	06/07/2024	05/23/2024
COLEMAN	JEREMY	CO	06/10/2024	02/16/2024
BONILLA	MARVIN	CO	06/27/2024	02/07/2022
THOMAS	MARQUIS	CO	08/01/2024	04/26/2024
ANDERS	BRANDON	CO	08/27/2024	08/15/2024
WILLIAMS	CINDI	CO	10/04/2024	12/12/2015
LONG	TYLER	CO	10/11/2024	07/05/2024
EARLY	PETER	CO	10/14/2024	09/09/2024
HUNDLEY	DWIGHT	CO	11/29/2024	01/29/2024
CLINKSCALE	OTIS	CO	12/11/2024	10/15/2018
MAURITZEN	JEREMY	CO	12/30/2024	09/06/2022
STACY	GREGORY	CO	12/31/2024	08/09/1983
WALLACE	KATHY	CO	12/31/2024	06/12/2006
MACK	GARY	COOK	01/03/2025	05/30/2023
DENTON	BILLY	CO	01/12/2025	11/12/2024
WILL	RACHEL	COOK	02/03/2025	01/28/2025
DINH	HUY	CO	03/16/2025	06/01/2024
VONNER	STEFAN	CO	04/29/2025	02/23/2024
LINS	STEVEN	CO	05/02/2025	06/17/2024
MCCOY	JORDAN	CO	05/13/2025	02/01/2025
MILNAR	MIN	COOK	05/19/2025	03/17/2025
WILLIAMSON	ROBERT	CO	06/30/2025	07/01/1977

BEAN	RICHARD	SUPERINTENDENT	08/1/2025	07/1/2025
MCCLAIN	WARDEENA	ASST. SUPERINTENDENT	08/1/2025	6/1/1993
BIVENS	BRIAN	CHIEF		07/1/2025
PERRY	TIMOTHY	CO	07/07/2025	01/30/2025
EARLY	WHITNEY	CO	07/15/2025	04/25/2024
LIVELY	MEGAN	EX. ASST.		07/28/2025
DAUR	CHRISTOPHER	CAPTAIN		08/4/2025
WRIGHT	EVE	CO		08/4/2025
HULETT	BRANDYN	CO		08/4/2025
VOORHIES	AUSTIN	CO		08/4/2025
SNYDER	TEDDY	CO		08/11/2025
MONTGOMERY	MARY	COOK		08/26/2025
PENSON	GRACE	COOK	09/3/2025	05/14/2023
TROUTMAN	JEFFREY	CO	09/5/2025	04/26/2008
BELEW	BEN	CO	09/7/2025	05/15/2023
WALKER	STERL	CO	09/8/2025	08/15/2022
WILSON	KENNETH	CO	09/11/2025	04/5/2008
MCCORKEL	BRANDON	CO	09/11/2025	05/30/2024
HULETT	TWILA	CAPTAIN	09/19/2025	09/2/2025
PEAYS	KIM	CO	09/19/2025	09/23/2010
STEPHENS	KENDRIA	CO		09/23/2025

APPENDIX B: Daily Activities

Intermittent Activities Performed by Staff

Most Common Tasks	Second Most Common	Third Most Common	Least Common Tasks
Collect outgoing mail	Receive new residents	Drills	Tours
Process contact visits	15-minute suicide checks	Dealing with biohazard contamination	2 officer escort of high-profile, maximum-security resident
Enforce rules	Forward issues regarding resident complaints	Respond to various routine and emergency codes	Bomb threat
Process residents out of custody	Process legal mail	Staff meetings	Agency inspections (DCS and other agencies)
Health and welfare issues	Disciplinary process	Emergency Medical Conditions	Fire/evacuation
Search/document incoming/outgoing mail	Orienting residents to the facility	Respond to visitor acting out	Escape
Search residents to/from appointments	Notifying residents of various legal issues	Hospital/outside clinic appointments	Internal affairs interviews
Search residents to/from visits	Conducting security checks	Security system malfunctions	Large resident disturbance
Issue request forms	Process residents out to court	Investigating minor incidents	Hostage situation
Issue mail	Process residents in from court	Issue clothing due to biohazard contamination or tearing	
Issue garbage bags	Deliver supplies to housing areas	Issue special needs items due to medical needs	
Issue sick call slips	Sign property release forms	Search for missing food service implements	
Issue soap	Distribute library books	Supervisor rounds	
Issue toilet paper	Supervise programs	Doing new fingerprints	
Inspect janitorial closets	Area searches	Notarizing paperwork	
Lock down cells	Search volunteers	Resident disruption	
Pass out food	Search contract workers	Emergency counts	
Haircuts		Issue/collect grievances	
Distribute meds		Tracking cleaning supplies	
Supervise sick call		Tracking fingernail clippers	
Resident speaking w/CO		Outside recreation	
Answer Phones		Answer Phones	
Resident cell checks		Shadow new CO's	
Writing reports		ER transports	
Entering logbook entries		Resident refusing to lockdown/return trays	

Appendix C: Staff Coverage

Proposed Staff Coverage Plan – 8 Hour Shifts

	Job Class	Total Hrs. on Days	Total Hrs. on Evenings	Total on Nights	# Days per Week	# Hours per Week	# Hours of Coverage per Year	Is Relief Needed for Post?	NAWH	Total # of FTE's Needed	Rounded # of FTE's
Administration											
Facility Administrator	Chief	8	0	0	5	40	2,086	No	N/A	1	1
Assistant Administrator	Captain	8	0	0	5	40	2,086	No	N/A	1	1
Executive Assistant	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Technical Support Specialist	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Front Lobby	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Compliance Manager	Corporal	8	0	0	5	40	2,086	No	N/A	1	1
Facility Training Officer	CO	8	0	0	5	40	2,086	No	N/A	1	1
ADMIN SUBTOTAL		**56**	**0**	**0**		**200**	**14,602**			**7**	**7**
Support											
Food Service Manager	Manager	8	0	0	5	40	2,086	No	N/A	1	1
Food Service	Cook	8	8	0	7	112	5,839.68	Yes	1,977.3	2.95	4
Medical	RN	8	0	0	5	40	2,086	No	N/A	1	1
Medical	LPN	8	0	0	3	24	1,251.36	No	N/A	.5	.5
Social Services	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Laundry	Civilian	8	0	0	5	40	2,086	Yes	1,542	1.35	1
Teacher/Rover	CO	8	0	0	5	40	2,086	Yes	1,995.6	1.05	1
Safety/Sanitation Specialist	CO	8	0	0	5	40	2,086	No	N/A	1	1
SUPPORT SUBTOTAL		**64**	**8**	**0**		**376**	**19,607.36**			**9.85**	**10.5**
Security Operations											
Security Director	Lieutenant	8	0	0	5	40	2,086	No	N/A	1	1
Shift Supervisor	Sergeant	8	8	8	7	168	8,759.52	Yes	1,995.6	4.39	4
Assist Shift Supv/Intake	Corporal	8	8	8	7	168	8,759.52	Yes	1,995.6	4.39	4
Intake Control	CO	0	0	0	0	0	0	N/A	N/A	0	0
Visitation	CO	8	0	0	5	40	2,086	Yes	1,995.6	1.05	1
Main Control	CO	8	8	8	7	168	8,759.52	Yes	1,995.6	4.39	4
Green Pod	CO	16	16	8	7	280	14,599.2	Yes	1,995.6	7.32	7
Red Pod	CO	16	16	8	7	280	14,599.2	Yes	1,995.6	7.32	7
Green/Red Control	CO	0	0	0	0	0	0	N/A	N/A	0	0
Yellow Pod	CO	16	16	8	7	280	14,599.2	Yes	1,995.6	7.32	7
Orange Pod	CO	16	16	8	7	280	14,599.2	Yes	1,995.6	7.32	7
Yellow/Orange Control	CO	0	0	0	0	0	0	N/A	N/A	0	0
Blue Dorm	CO	16	16	8	7	280	14,599.2	Yes	1,995.6	7.32	7
Brown Dorm	Closed	0	0	0	0	0	0	Yes	N/A	0	0
Pink Dorm	Closed	0	0	0	0	0	0	Yes	N/A	0	0
Security/Rover	CO	24	8	8	7	280	14,599.2	Yes	1,995.6	7.32	7
SHIFT SUBTOTAL		**144**	**112**	**72**		**2,264**	**118,046**			**59.14**	**56**
COMBINED TOTAL		**264**	**120**	**72**		**2,840**	**152,615.36**			**75.99**	**73.5**

Proposed Staff Coverage Plan – 12 Hour Shifts

	Job Class	Total Hrs. on Days	Total Hrs. on Evenings	Total on Nights	# Days per Week	# Hours per Week	# Hours of Coverage per Year	Is Relief Needed for Post?	NAWH	Total # of FTE's Needed	Rounded # of FTE's
Administration											
Facility Administrator	Chief	8	0	0	5	40	2,086	No	N/A	1	1
Assistant Administrator	Captain	8	0	0	5	40	2,086	No	N/A	1	1
Executive Assistant	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Technical Support Specialist	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Front Lobby	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Compliance Manager	Corporal	8	0	0	5	40	2,086	No	N/A	1	1
Facility Training Officer	CO	8	0	0	5	40	2,086	No	N/A	1	1
ADMIN SUBTOTAL		**56**	**0**	**0**		**200**	**14,602**			**7**	**7**
Support											
Food Service Manager	Manager	8	0	0	5	40	2,086	No	N/A	1	1
Food Service	Cook	8	8	0	7	112	5,839.68	Yes	1,977.3	2.95	4
Medical	RN	8	0	0	5	40	2,086	No	N/A	1	1
Medical	LPN	8	0	0	3	24	1,251.36	No	N/A	.5	.5
Social Services	Civilian	8	0	0	5	40	2,086	No	N/A	1	1
Laundry	Civilian	8	0	0	5	40	2,086	Yes	1,542	1.35	1
Teacher/Rover	CO	8	0	0	5	40	2,086	Yes	1,995.6	1.05	1
Safety/Sanitation Specialist	CO	8	0	0	5	40	2,086	No	N/A	1	1
SUPPORT SUBTOTAL		**64**	**8**	**0**		**376**	**19,607.36**			**9.85**	**10.5**
Security Operations											
Security Director	Lieutenant	8	0	0	5	40	2,086	No	N/A	1	1
Shift Supervisor	Sergeant	12	12	0	7	168	8,759.52	Yes	1,995.6	4.39	4
Assist Shift Supv/Intake	Corporal	12	12	0	7	168	8,759.52	Yes	1,995.6	4.39	4
Intake Control	CO	0	0	0	0	0	0	N/A	N/A	0	0
Visitation	CO	8	0	0	5	40	2,086	Yes	1,995.6	1.05	1
Main Control	CO	12	12	0	7	168	8,759.52	Yes	1,995.6	4.39	4
Green Pod	CO	24	24	0	7	336	17,519.04	Yes	1,995.6	8.8	9
Red Pod	CO	24	24	0	7	336	17,519.04	Yes	1,995.6	8.8	9
Green/Red Control	CO	0	0	0	0	0	0	N/A	N/A	0	0
Yellow Pod	CO	24	24	0	7	336	17,519.04	Yes	1,995.6	8.8	9
Orange Pod	CO	24	24	0	7	336	17,519.04	Yes	1,995.6	8.8	9
Yellow/Orange Control	CO	0	0	0	0	0	0	N/A	N/A	0	0
Blue Dorm	CO	24	24	0	7	336	17,519.04	Yes	1,995.6	8.8	9
Brown Dorm	Closed	0	0	0	0	0	0	Yes	N/A	0	0
Pink Dorm	Closed	0	0	0	0	0	0	Yes	N/A	0	0
Security/Rover	CO	36	0	0	7	252	13,139.28	Yes	1,995.6	6.6	7
SHIFT SUBTOTAL		**208**	**156**	**0**		**2,516**	**131,185**			**65.82**	**66**
COMBINED TOTAL		**328**	**164**	**0**		**3,092**	**165,394.36**			**82.67**	**83.5**

Current and Proposed Positions

Position	Current	Proposed 8 Hour Shift	Proposed 8 Hour Shift	Proposed 12 Hour Shift	Difference 12 Hour Shift
Administration					
Facility Administrator	1	1	0	1	0
Assistant Administrator	1	1	0	1	0
Executive Assistant	1	1	0	1	0
Technical Support Specialist	1	1	0	1	0
Front Lobby - CO	1	1	0	1	0
Compliance Manager – Corporal	0	1	+1	1	+1
Facility Training Officer - CO	0	1	+1	1	+1
Administration Subtotal	**5**	**7**	**+2**	**7**	**+2**
Support					
Food Service Manager	0	1	+1	1	+1
Food Service	4	4	0	4	0
Nurse	1	1.5	+.5	1.5	+.5
Social Services	0	1	+1	1	+1
Laundry - CO	1	1	0	1	0
Teacher/Rover – CO	1	1	0	1	0
Safety/Sanitation Specialist	0	1	+1	1	+1
Support Subtotal	**7**	**10.5**	**+3.5**	**10.5**	**+3.5**
Security					
Operations Lieutenant	0	1	+1	1	+1
Sergeant	0	4	+4	4	+4
Corporal	0	4	+4	4	+4
Correctional Officers	54	47	(-7)	57	+3
Security Subtotal	**54**	**56**	**+2**	**66**	**+12**
TOTAL	**66**	**73.5**	**+8.5**	**83.5**	**+17.5**

Appendix D: Net Annual Work Hours (NAWH) Calculations

	Year	Hire Date	Holiday Hours	Annual Hours	Sick Hours	FMLA	Maternity/ Paternity LV	Bereavement	Bonus Day	Off	Personal	Total Time Off
Corrections Officer												
Ben Belew	2025	5/15/23	0	40	80	0	0	0	0	0	0	120
Deztany Bishop	2025	9/12/22	0	48	0	0	0	0	0	0	0	48
Alan Burris	2025	4/12/16	0	80	16	0	0	0	0	0	0	96
Gregory Chambers	2025	11/4/03	0	112	112	0	0	0	0	0	0	224
Melissa Chambers	2025	11/6/23	0	56	40	0	0	0	0	0	0	96
Mary Dailey	2025	3/14/03	0	80	0	0	0	0	0	0	0	80
Christopher Dauer	2025	8/4/25	0	0	0	0	0	0	0	0	0	0
Gary Denton	2025	8/7/23	0	12	0	0	0	0	0	0	0	12
Cassidy Duncan	2025	7/17/23	0	56	16	0	0	0	0	0	0	72
David England	2025	1/30/25	0	8	40	0	0	0	0	0	0	48
Frederick Erkins	2025	8/24/20	0	56	56	0	0	0	0	0	0	112
Jason Eskridge	2025	2/13/18	0	40	0	0	0	0	0	0	0	40
Jeffrey Fawver	2025	5/15/96	0	48	160	0	0	0	0	0	0	208
Anthony Fletcher	2025	7/14/16	0	40	72	0	0	0	0	0	0	112
Devin Francis	2025	5/16/24	0	0	8	0	0	0	0	0	0	8
Timothy Garrett	2025	10/17/09	0	120	40	0	0	0	0	0	0	160
Larry Grigsby	2025	6/1/24	0	32	0	0	0	0	0	0	0	32
Blair Hansen	2025	4/13/24	0	56	56	0	0	0	0	0	0	112
Brandon Hulett	2025	8/24/25	0	0	0	0	0	0	0	0	0	0
Amber Hurst	2025	5/18/25	0	0	0	0	0	0	0	0	0	0
Emeka Jefferson	2025	6/16/25	0	0	0	0	0	0	0	0	0	0
Roy Jenkins	2025	3/3/25	0	32	40	0	0	0	0	0	0	72
Jayna Johnson-Lay	2025	3/14/20	0	16	36	0	0	0	0	0	0	52
Jonathon Jordan	2025	7/1/24	0	56	80	0	0	0	0	0	0	136
Dolly Mack	2025	4/11/09	0	64	296	0	0	0	0	0	0	360
Tiffany Malone	2025	6/13/22	0	40	0	0	0	0	0	0	0	40
Brandon McCorkle	2025	5/30/24	0	64	96	440	0	0	0	0	0	600
Oscar McCray	2025	9/29/07	0	120	32	0	0	0	0	0	0	152
Zion McCray	2025	9/10/24	0	56	40	0	0	0	0	0	0	96
Emeka McDowell	2025	8/.10/20	0	40	24	0	0	0	0	0	0	64
Jeremiah Monroe	2025	1/13/18	0	40	272	0	0	0	0	0	0	312
Gerald Myles	2025	4/8/04	0	40	8	0	0	0	0	0	0	48
Kim Peays	2025	9/23/10	0	104	0	0	0	0	0	0	0	104
Robert Peterson	2025	6/14/25	0	0	0	0	0	0	0	0	0	0
Johnny Pique	2025	7/12/24	0	48	8	0	120	0	0	0	0	176
Tracy Rake	2025	5/4/15	0	80	0	0	0	0	0	0	0	80
Michael Russell	2025	12/24/97	0	0	0	0	0	0	0	0	0	0
Paul Sabol	2025	8/26/06	0	64	0	0	0	0	0	0	0	64
Melissa Scott	2025	1/5/06	0	24	0	0	0	0	0	0	0	24
Traci Seilheimer	2025	10/3/22	0	56	48	0	0	0	0	0	0	104
Antonio Smith	2025	5/13/15	0	24	8	0	0	0	0	0	0	32
Teddy Snyder	2025	8/11/25	0	0	0	0	0	0	0	0	0	0
Steven Tanner	2025	3/6/25	0	16	24	0	0	0	0	0	0	40
Jeffrey Troutman	2025	4/26/08	0	72	48	0	0	0	0	0	0	120

CO Continued	Year	Hire Date	Holiday Hours	Annual Hours	Sick Hours	FMLA	Maternity/ Paternity LV	Bereavement	Bonus Day	Off	Personal	Total Time Off
Murphy Umukoro	2025	1/2/24	0	72	32	0	0	0	0	0	0	104
Austin Voorhies	2025	8/4/25	0	0	0	0	0	0	0	0	0	0
Sterl Walker	2025	8/15/22	0	32	0	0	0	0	0	0	0	32
Kenneth Wilson	2025	4/5/08	0	40	80	0	0	0	0	0	0	120
Eve Wright	2025	8/4/25	0	0	0	0	0	0	0	0	0	0
Randall Wrinkle	2025	12/8/03	0	16	16	0	0	0	0	0	0	32
Mark Yette	2025	9/5/23	0	32	32	0	0	0	0	0	0	64
Total			0	2,132	1,916	440	120	0	0	0	0	4,608
Average			**0**	**41.8**	**37.6**	**8.6**	**2.4**	**0**	**0**	**0**	**0**	**90.4**
Laundry												
Tron Luttrell	2025	12/6/96	0	168	328	0	0	0	40	8	0	544
Total			0	168	328	0	0	0	40	8	0	544
Average			**0**	**168**	**328**	0	0	**0**	**40**	**8**	**0**	**544**
Food Service												
Grace Penson	2025	5/14/23	16	96	48	0	0	0	0	0	0	128
Evelyn Rutherford	2025	11/14/23	0	56	16	0	0	0	0	8	8	88
Shirley Walker	2025	11/13/03	16	16	20	0	0	18	0	0	8	78
Total			32	168	84	0	0	18	0	8	16	326
Average			**10.7**	**56**	**28**	0	0	**6**	**0**	**2.7**	**5.3**	**108.7**

Vacant Positions Restricted from Filling

Position #	Vacancy Date	Restricted to Hire Date	Hours
Cook			
441400003	9/3/2025	10/20/2025	240
Vacant Cook Position			**240 hours**
Corrections Officer			
441700001	9/12/2025	Cannot hire until FY 2027	1,680
441700005	9/12/2025	Cannot hire until FY 2027	1,680
441700022	9/12/2025	Cannot hire until FY 2027	1,680
441700023	9/12/2025	Cannot hire until 10/20/2025	160
441700030	9/12/2025	Cannot hire until FY 2027	1,680
441700033	9/12/2025	Cannot hire until FY 2027	1,680
441700042	9/12/2025		120
441700044	9/12/2025	Cannot hire until 12/1/2025	400
441700046	9/12/2025	Cannot hire until 12/15/2025	440
441700052	9/12/2025	Cannot hire until 11/3/2025	240
441700057	9/12/2025	Cannot hire until 12/15/2025	440
Average Vacant CO Positions			**927 hours**