



**TENNESSEE CORRECTIONS INSTITUTE
EXIT INTERVIEW**

We are providing this letter in connection with your inspection of the

_____ on _____.
Name of Facility **Date of Inspection**

We understand that the purpose of your inspection is to assess the adequacy of our facility and to the extent to which we have complied with prescribed Minimum Standards for Local Correctional Facilities

We understand the findings of the inspection and if our facility did not meet the prescribed Minimum Standards for Local Correctional Facilities, the inspector will re-inspect our facility no later than 60 days from this initial inspection date.

As prescribed by TCA 41-4-140, Standards prescribed by Tennessee Corrections Institute (b) (1), an extension not to exceed sixty (60) days will be allowed for the purpose of making improvements as are necessary to bring the facility into compliance with the minimum standards.

Should the inspector re-inspect our facility within the prescribed time and the initial deficiencies not remedied, the inspector shall provide a formal TCI Plan of Action Form and explain its contents, requirements and applicable deadlines which will be necessary to present to the TCI Board of Control for further consideration and approval to continue, retain or achieve certification status.

Name Title

Detention Facility Specialist

() Deficiencies Found
Must Re-inspect
Date for Re-inspection

() No Deficiencies Found
Final Yearly Inspection