



Tennessee Department of Children's Services

Video Camera Recording Reviews for the YDC

Fidelity reviews of video recordings for all three shifts are conducted weekly by non-security Administrative Staff. Designated times for fidelity reviews are set by the Superintendent or designee. When conducting the review, video recordings are selected in a systematic way to ensure a variety of times, activities and staff are observed. A minimum of two (2) separate fidelity reviews are required per shift each week. After conducting the review, the reviewer scans the form to the Security Manager for review and further action (if needed). Security and Non-Security Administrative Staff may use this form to conduct a review when a specific or major incident occurs to assist with making informed decisions to address youth behaviors, staff responses, and training needs.

Type of Review	<input type="checkbox"/> Fidelity	<input type="checkbox"/> Specific Incident <i>(Manager Use Only)</i>
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Recording:	Date:	Shift:	Start Time:	End Time:
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Locations/Activities Viewed During Review (Check All That Apply):

- ☐ Counseling Center ☐ Dorm# 2 ☐ Dorm#3 ☐ Dorm#4 ☐ Dorm#5 ☐ Dorm#6 ☐ Dorm#7
- ☐ Dorm#8 ☐ Recreation/Gym ☐ Group ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Classroom
- ☐ Movement/Hallways ☐ Administration ☐ Med Pass/Sick Call ☐ Commissary ☐ Showers Time ☐ TRU

Summary of Observation (Document any policy/procedure violations, disturbances, incidents, coaching/training needs, strengths, de-escalations, positive and proactive responses, etc.):

Reviewer Name/Title: _____ Date/Time of Review: _____

Corrective Action Taken (For all actions listed above, document what steps were taken to follow up by supervisory staff- e.g. for positive actions noted - type of acknowledgments/incentives given **OR** for incidents/ negative actions noted - type of corrective action/training/discipline given to address the issues):

Supervisor Signature/Title: _____ Date Action Taken: _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

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