

TCJS REQUIRED OPERATIONAL PLANS

ONLY the following operational plans are required to be submitted for review to the Commission on Jail Standards. Due to the number of operational plans awaiting our approval, your SOP's/Policies and Procedures **WILL NOT** be reviewed and will be discarded. You will then be asked to resubmit only **OPERATIONAL PLANS**.

1. **EMERGENCY PLAN** (see Chapters [263.40](#), [263.41](#))
2. **FIRE PREVENTION PLAN** (see Chapter [263.42](#))
3. **CLASSIFICATION PLAN** (see Chapters [271.1](#), [271.2](#), [271.3](#), [271.4](#), [271.6](#), [271.7](#))
4. **HEALTH SERVICES PLAN** (see Chapters [273.2](#), [273.3](#), [273.4\(a\)](#), [273.6](#))
5. **MENTAL DISABILITIES / SUICIDE PREVENTION PLAN** (see Chapter [273.5](#))
6. **SANITATION PLAN** (see Chapter [279.1](#), [279.2](#)) (do not include food service, hygiene, bedding, etc.)
7. **DISCIPLINE PLAN** (see Chapters [283.1](#))
8. **GRIEVANCE PLAN** (see Chapter [283.3](#))
9. **RECREATION / EXERCISE PLAN** (see Chapters [285.1](#), [285.2](#), [285.3](#), [285.4](#))
10. **EDUCATION / REHABILITATION PLAN** (see Chapters [287.1](#), [287.2](#), [287.3](#))
11. **LIBRARY PLAN** (see Chapter [287.4](#)) (recreational only; do not include law library)
12. **TELEPHONE PLAN** (see Chapter [291.1](#))
13. **CORRESPONDENCE PLAN** (see Chapter [291.2](#))
14. **COMMISSARY PLAN** (see Chapter [291.3](#))
15. **VISITATION PLAN** (see chapter [291.4](#), [291.5](#))
16. **RELIGIOUS PRACTICES PLAN** (see Chapter [291.5](#))
17. **INMATE HANDBOOK** (see Chapter [283.2](#))
(aka Inmate Handbook, Jail Rules, Rules and Regulations, etc. "...as provided to the inmate." Not a 'plan'.)

Each county must have **17 separate plans** on file in our office. Please make sure that all items listed in the referenced section are addressed.

Each plan must be **submitted as a separate, properly titled document** as indicated above. This ensures that **each plan receives its own approval date**. Plans may be emailed to gale.vanpelt@tcjs.state.tx.us.

****If we have requested changes, please resubmit a complete copy of the revised plan for approval. ****

Please use the following **criteria to determine if ANY of your operational plans must be resubmitted** to our agency for approval:

- 1) operational plan was **approved more than 5 years ago**;
- 2) **you** have **changed a procedure** that affects one of the above listed operational plans; or,
- 3) **we** have made a **change to minimum standards** that affects one of the above listed plans.

DO NOT IMPLEMENT OPERATIONAL PLANS UNLESS YOU HAVE SUBMITTED THEM TO US AND YOU HAVE BEEN NOTIFIED THAT THEY HAVE BEEN APPROVED