

CCA FACILITY EMPLOYEE PROBLEM SOLVING NOTICE

CONFIDENTIAL: THIS FORM IS TO BE MAINTAINED IN ACCORDANCE WITH POLICY 3-9, EMPLOYEE RECORDS

Location: Whiteville Correctional Facility

Employee: Wanda Howard Title: Licensed Practical Nurse

Name of Supervisor initiating Problem Solving Notice: Tammy Ford, Assistant Warden

Policy Violation: [X] Yes [] No

If yes, policy Violated (Indicate Policy # and Title): 3-3 Code of Conduct and 3-3AA Code of Conduct Guide "Business and Confidential Information: Accuracy, Retention, and Disposal of Documents and Records"

Date of Situation: January 2009 Date of Notice: March 3, 2009

Description of Situation:

An internal investigation conducted by the CCA Ethics Office concluded that you, by your own admission, falsified documents with the intent to mislead auditors assigned by the Tennessee Department of Corrections. In doing so, you engaged in conduct in violation of CCA Policy 3-3, Code of Conduct, specifically the section headed "Business and Confidential Information: Accuracy, Retention and Disposal of Documents and Records" of 3-3AA, Code of Conduct Guide ("Each employee is responsible for the integrity and accuracy of the company's documents and records ... No employee may alter or falsify information on any record or document.") and the section headed "Business Conduct and Fair Dealing: Relationships with Customers" ("No employee shall misrepresent, circumvent or conceal the nature of any material aspect of any transaction when dealing with a customer."). On 4/6/06, 1/26/07 and 5/16/08, you signed the CCA Ethics and Conduct Acknowledgement Form affirming that you were responsible for being familiar with the standards of conduct in policy 3-3 as well as other policies, procedures and guidelines applicable to your position. The company appreciates and respects your high level of cooperation and candor in connection with the investigation; however, the company cannot continue your employment due to the seriousness of your misconduct.

Corrective Action Recommended: [X] Yes [] No

If yes:

[] Written Reprimand [] Re-Assignment [] Suspension [] Demotion [X] Termination

[] Other _____

Tammy Ford [Signature]
Supervisor's Signature

Assistant Warden
Title

March 3, 2009
Date

AT FACILITY LEVEL - SECTION BELOW TO BE COMPLETED BY WARDEN/ADMINISTRATOR
AT FSC LEVEL - SECTION BELOW TO BE COMPLETED BY APPLICABLE DEPARTMENT HEAD

Corrective Action Taken:

- [] Written Reprimand
[] Re-Assignment (Indicate New Assignment) _____ am
[] Suspension (List Date(s) of Suspension) _____
[] Demotion (Indicate New Position) _____