



Department of
Rehabilitation & Correction

Mike DeWine, Governor
Annette Chambers-Smith, Director

10/16/2019

Director James Carpenter
Belmont County Jail
68137 Hammond Road
St. Clairsville, OH 43950

RE: 2019 Annual Jail Inspection

Dear Director James Carpenter:

In accordance with Section 5120.10 of the Ohio Revised Code and Executive Order 92-03 of the Department of Rehabilitation and Correction, the Belmont County Jail, a full service jail, was inspected on 10/07/2019. The inspection was restricted to assessing compliance with a group of standards, selected from the Standards for Jails in Ohio promulgated by the Department of Rehabilitation and Correction. The group of standards being inspected focused on Reception & Release, Classification, Security, Housing, Sanitation and Environmental Conditions, Communication, Visitation, Medical and Mental Health Services, Food Service, Recreation and Programming, Inmate Discipline, Administrative Segregation, Grievance, Staffing, and Staff Training. The inspection consisted of this Inspector receiving and/or reviewing requested documentation and/or materials, touring selected areas of the jail, and having discussions with various jail staff.

The total actual general housing capacity for the Belmont County Jail is 146. On the date of the jail inspection, there were 165 inmates incarcerated in the Belmont County Jail. The Ohio Department of Rehabilitation and Correction recommended housing capacity for the jail is 146, which is based upon total available living space and other requirements. Officials should maintain prisoner counts within the Department's recommended capacity figure .

The Belmont County Jail (Full Service Jail) is in compliance with 112 standards, 51 "Essential", and 61 "Important".

5120:1-8-01 (A)(1); -01 (A)(3); -01 (A)(4); -01 (A)(7); -01 (A)(9); -01 (A)(12); -02 (B)(1); -02 (B)(2); -02 (B)(4); -02 (D); -03 (A)(1); -03 (A)(3); -03 (A)(4); -03 (A)(5); -03 (A)(6); -03 (A)(7); -03 (B)(2); -03 (B)(4); -03 (B)(5); -03 (B)(6); -03 (B)(7); -03 (B)(8); -03 (B)(9); -03 (B)(10)(a); -03 (B)(10)(b); -03 (B)(10)(c); -03 (B)(10)(d); -03 (B)(11)(b); -03 (B)(11)(c); -03 (B)(12); -03 (B)(15); -03 (B)(16); -03 (B)(17); -04 (C); -04 (D); -04 (E); -04 (F); -04 (G); -04 (H); -04 (J); -04 (K); -05 (A); -05 (B); -05 (C); -05 (E); -05 (G)(1); -05 (G)(2); -05 (H)(3); -05 (I); -05 (J); -05 (K); -05 (L); -05 (M); -05 (N); -05 (O); -05 (P); -05 (Q); -06 (B); -06 (C); -06 (F); -06 (G); -07 (A); -07 (D); -07 (E); -07 (H); -07 (I); -09 (A); -09 (B); -09 (C); -09 (D); -09 (E); -09 (F); -09 (G); -09 (H); -09 (J); -09 (K); -09 (M); -09 (P); -09 (Q); -09 (U); -09 (V); -09 (W); -09 (X); -10 (A); -10 (B); -10 (C); -10 (D); -10 (E); -10 (F); -10 (G)(1); -10 (G)(2); -11 (A); -11 (B); -11 (E); -12 (B); -12 (C); -12 (F); -12 (G); -12 (H); -15 (B); -15 (D); -15 (E); -16 (A); -17 (D); -17 (E); -17 (F); -17 (G); -18 (A); -18 (B); -18 (C); -18 (D); -18 (E);

The Belmont County Jail did not comply with 3 standards, 1 "Essential", and 2 "Important". This letter is intended to serve as a basis for developing plans of action for bringing the facility into compliance with the deficiencies noted during the inspection.

5120:1-8-04 (A) (4) Full service jails shall provide inmates with sufficient space. The jail shall maintain documentation regarding square footage and maximum occupancy figures for all housing and holding areas, and shall comply with the following minimum requirements: Dayspace: (Important) Thirty-five square feet per number of occupants occupying the dayspace at one time. Minimum size of one hundred five square feet.

Comments: At the time of inspection, temporary beds (boats) were used to assist with overcrowding in the Jail; affecting several inmate housing cells that exceeded the minimum square footage requirements for this standard.

5120:1-8-04 (B) (Important)) Seating shall be provided in holding areas, holding cells, housing cells, dormitories, dayrooms and eating areas for each inmate.

Comments: At the time of inspection, due to the overcrowding of the facility there was not enough seating in the housing areas for each inmate.

5120:1-8-09 (N) (Essential) Suicide prevention program. The health authority shall have a plan for identifying and responding to suicidal and potentially suicidal inmates. The plan components shall include:

(1) Identification - The receiving screening form contains observation and interview items related to the inmate's potential suicide risk. Circumstances include but are not limited to: profound incidents/issues, court dates, loss of significant others either by accident, natural causes or by suicide, sentencing, divorce, rejection, bad news, after a humiliating issue, etc. may be high risk periods for inmates.

(2) Training - Staff members who work with inmates are trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. The plan includes initial and annual training.

(3) Assessment - The plan specifies a suicide risk assessment and level system. The assessment needs to be completed every time an inmate is identified as being or potentially being suicidal, or if circumstances change. Only a qualified mental health professional may remove inmates from suicide risk status.

(4) Housing - The plan must designate the housing beds/units for the suicidal or potentially suicidal inmates.

(5) Monitoring - The plan specifies the procedures for monitoring an inmate who has been identified as potentially suicidal. A suicidal inmate is checked at varied intervals not to exceed ten minutes. Regular documented supervision is maintained. Inmates are placed in a designated cell, all belongings removed and other prevention precautions initiated, as appropriate.

(6) Referral - The plan specifies the procedures for referring a potentially suicidal inmate and attempted suicides to a mental health care provider or facility, and includes timeframes.

(7) Communication - The plan specifies for ongoing communications (oral and written), notifications between health care and correctional personnel regarding the status of suicidal inmates.

(8) Intervention - The plan addresses how to handle a suicide in progress, including first-aid measures.

(9) Notification - The plan includes procedures of notifying the jail administrator, outside authorities and family members of completed suicides. The plan shall consider safety and security issues when it comes to notification.

(10) Reporting - The plan includes procedures for documenting, monitoring and reporting attempted or completed suicides. Completed suicides are immediately reported to the coroner/medical examiner and the division of parole and community services within thirty days of the incident.

(11) Review - The plan specifies procedures for medical and administrative review if a suicide or a serious suicide attempt occurs.

(12) Critical incident debriefing - The plan specifies the procedures for offering critical incident debriefing to affected staff and inmates.

Comments: At the time of inspection, the suicide prevention program was not approved by a mental health professional and/or the health authority.

Plan of action forms are enclosed. Completed form(s) and/or corrective materials addressing the noted deficiencies must be completed and submitted through the Ohio Jail Management System (OHJMS) at www.OHJMS.Intelligrants.com within 45 days of receipt of this correspondence. Please feel free to contact the Bureau if you need assistance or clarification in this effort. The Bureau remains available to discuss the aspects of this report or to provide reference materials or assistance as desired.

Sincerely,

A handwritten signature in black ink that reads "David L. Hicks". The signature is written in a cursive style with a large initial "D" and "H".

David Hicks, State Jail Inspector
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