

**DEPARTMENT OF REHABILITATION AND CORRECTION
STATE OF OHIO**



**TEMPORARY HOLDING FACILITY GUIDELINES
AND REQUIREMENTS**

**BUREAU OF ADULT DETENTION
JANUARY, 2003**

INTRODUCTION

In January 1995, the Bureau of Adult Detention (BAD), in conjunction with the Ohio Jail Advisory Board, initiated a new jail classification which provides local jurisdictions with the flexibility to operate a temporary holding facility (THF), rather than providing the traditional services required in most jail operations. This is offered as an option, primarily to those currently operating 8-Hour jails, although facilities that are not presently designated as such are encouraged to apply.

This process was developed to provide guidelines that are more consistent with short term holding operations and with which THF's must comply. Further, this process simplified BAD responsibilities and enables officials of THF's to complete an annual self-audit process, rather than participate in the BAD annual inspection process.

THF PROCEDURES

A. Definition

A local facility which physically detains arrestees for a maximum of **six hours** for processing and/or awaiting transportation. The THF may be a jail cell, but also may be an area that is designated for temporary holding purposes, e.g., holding area or room. The use of devices such as restraining chairs, cuffing rails or posts for temporary holding is discouraged.

B. Local Accountability to the BAD

By March 31st of each year, the person responsible for the operation of a THF must submit each of the following to their local BAD jail inspector:

1. A letter from the person responsible for the facility (e.g. Chief of Police) indicating both the intent to operate a THF and to limit holding time of arrestees to six hours or less;
2. A completed self-audit form;
3. A completed data items form;
4. A copy of the last annual health inspection report; and
5. A copy of the last annual fire inspection report.

Failure to adhere to these requirements will place the THF into the 12-Hour Jail classification. The regional jail inspector will then schedule an annual inspection of the facility.

C. Guidelines

- THF.1 Written policies and procedures or post orders are developed, implemented and maintained and include the following:
- a. Reception and release.
 - b. Emergency medical care and medications.
 - c. Searches.
 - d. Touch separation of adults from juveniles.
 - e. Touch separation of males from females.
 - f. Touch separation of violent from non-violent.
 - g. Observation/supervision of arrestees.
 - h. Sanitation.
 - i. Security.
 - j. Use of force.
 - k. Use of restraints.
 - l. Emergency responses.
 - m. Fire safety.
 - n. Staffing.
 - o. Staff training on operational policies, procedures and/or post orders.
- THF.2 The following documentation is kept:
- a. Dates, times and names of all arrestees booked and released;
 - b. Reasons for arrest;
 - c. Dates and times of arrestee checks/observations;
 - d. Routine activities; and
 - e. Incidents and problems.
- THF.3 A medical, dental and mental health screening is completed on all arrestees to determine if there are any physical or mental disorders that require attention.
- THF.4 Emergency medical care is provided as needed.
- THF.5 First aid kits are accessible within the THF.
- THF.6 Strip searches and body cavity searches are conducted in accordance with the Ohio Revised Code Section 2933.32.
- THF.7 Prisoner-access to telephones is provided.
- THF.8 Processing and reception of juvenile arrestees is consistent with sections 2151.311 and 2151.312 of the Ohio Revised Code.

- THF.9 Male and female prisoners are physically separated by touch.
- THF.10 Violent prisoners and non-violent prisoners are physically separated by touch.
- THF.11 A staff person personally checks each arrestee no less than once every 60 minutes. Checks are documented.
- THF.12 A staff person personally checks special risk arrestees (such as suicidal, intoxicated, or other special needs arrestees) at least once every 10 minutes. Checks are documented.
- THF.13 Arrestees are able to verbally contact a staff person at all times.
- THF.14 The THF is checked weekly for safety, sanitation, physical security and contraband control. Checks are documented.
- THF.15 Precautions are taken to prohibit arrestees' access to weapons or items that could be used as weapons.
- THF.16 The use of physical restraints is controlled and documented.
- THF.17 The use of force is controlled and incidents documented.
- THF.18 There is a written emergency operations plan.
- THF.19 If installed, closed-circuit televisions (CCTV) are operable and preclude monitoring of shower, toilet or clothing exchange areas.
- THF.20 Twenty square feet of space is provided for each arrestee.
- THF.21 Seating is provided for each arrestee.
- THF.22 Temperatures are maintained between 66 and 80 degrees Fahrenheit.
- THF.23 Arrestees have access to a sanitary toilet, lavatory, and potable water.
- THF.24 The THF is inspected at least annually by a certified local or state fire safety inspector and a written report provided.
- THF.25 The THF is inspected at least annually by local or state health authorities and a written report provided.

- THF.26 A staff person is able to immediately respond to an emergency in the THF.

THF REQUIREMENTS AND FORMS

This packet contains a self-audit form, a data items form and instructions for their completion for the Temporary Holding Facility (THF). If you operate a THF, these forms must be completed and returned to the jail inspector along with the following:

- Written correspondence signed by the person responsible for the facility indicating the intent to operate a THF and to limit holding time of arrestees to six hours or less.
- A copy of the annual health inspection report.
- A copy of the annual fire inspection report.

INSTRUCTIONS FOR COMPLETING SELF-AUDIT FORM

Detach the self-audit form from this packet to record your answers to the audit questions. Be sure to complete all questions.

Mark each question "YES", "NO", "NO DEFICIENCIES", or "CCTV NOT INSTALLED". Do not insert any other answers such as "sometimes", "occasionally", or "not applicable".

You must be able to respond affirmatively to the entire question in order to check "YES" as your response. Otherwise, you must check "NO"; "NO DEFICIENCIES" or "CCTV NOT INSTALLED". For example,

Has a certified local or state fire inspector inspected the THF this year and issued a written report?

Yes

No

If the inspection has been completed, but no report issued, received or available, the appropriate response would be "NO".

"NO" answers must be accompanied by completed plan of action forms outlining the manner in which

areas of non-compliance will be corrected. A blank plan of action form is enclosed for your use. Make additional copies as needed. Once completed, be sure to sign and date the form.

SELF AUDIT FORM (2002)

1. Does the THF have written policies and procedures or post orders governing the following areas of operation?

YES

NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Reception and release. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Emergency medical care and medications. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Searches. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Touch separation of adults from juveniles. |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Touch separation of males from females. |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Touch separation of violent from non-violent. |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Observation/supervision of arrestees. |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Sanitation. |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Security. |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Use of force. |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Use of restraints. |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Emergency responses. |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Fire safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Staffing. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

- o. Staff training on operational policies, procedures or post orders.

2. Are the following documented?

YES

NO

Dates, time and names of all arrestees booked/released.

Reasons for arrest.

Dates and times of arrestee checks/observations.

Routine activities.

Incidents and problems.

3. Is a medical, dental, and mental health screening completed on all arrestees?

YES

NO

4. Does the THF have emergency medical care available for arrestees as needed?

YES

NO

5. Are first aid kits accessible within the facility?

YES

NO

6. If strip and/or body cavity searches of arrestees are necessary, are they conducted in accordance with Ohio Revised Code Section 2933.32?

YES

NO

Does the strip and/or body cavity search procedure conform to the Ohio Revised Code?

YES

NO

7. Is access to telephones provided for arrestees?

YES

NO

8. Are practices for the processing and reception of juvenile arrestees consistent with sections

YES NO

9. Are female and male arrestees physically separated by touch at all times?

YES NO

10. Are violent and non-violent arrestees physically separated from each other by touch?

YES NO

11. Are surveillance checks of arrestees performed personally by staff no less than once every 60 minutes?

YES NO

Are the checks documented?

YES NO

12. Does a staff person personally check special risk arrestees (e.g. suicidal, intoxicated, or other special needs arrestees) at least once every 10 minutes?

YES NO

Are the checks documented?

YES NO

13. Are arrestees able to verbally contact a staff person at all times?

YES NO

14. Is the THF checked weekly for safety, security, sanitation and contraband?

YES NO

Are the checks documented?

YES NO

15. Are precautions taken to prohibit arrestees from gaining access to weapons or items that could be used as weapons?

YES NO

16. Is the use of physical restraints controlled and documented?

YES NO

17. Is the use of physical force controlled and documented?

YES NO

18. Are responses to emergencies governed by a written emergency operations plan?

YES NO

19. If closed circuit televisions (CCTV) are installed, are they operable and are precautions taken to preclude monitoring of shower, toilet or clothing exchange areas?

YES NO CCTV NOT INSTALLED

20. Are arrestees provided 20 square feet of space?

YES NO

21. Is seating provided for each arrestee?

YES NO

22. Are temperatures in the THF maintained between 66 and 80 degrees Fahrenheit?

YES NO

23. Do arrestees have access to a sanitary toilet, washbasin, and potable water?

YES NO

24. Has a certified local or state fire inspector inspected the THF this year and issued a written report?

Have deficiencies noted in the report been corrected?

YES NO NO DEFICIENCIES

25. Has a local or state health authority inspected the THF this year?

YES NO

Have deficiencies noted in the report been corrected?

YES NO NO DEFICIENCIES

26. Are arrangements made to insure that a staff person is able to immediately respond in the event of an emergency in the THF?

YES NO

Completed By: _____ Date: _____
(signature)

FOR BUREAU USE:

Date Received: _____

Date Reviewed: _____ By: _____
(INSPECTOR)

Comments :

DRC 7021 (Template 12/01)

COMPLETING PLAN OF ACTION FORM

Complete a plan of action form for each guideline for which a "NO" answer was recorded on the self-audit form. Include the date, the name of the person who completed the form, the name of the facility/jurisdiction and the number of the guideline (1-26) addressed by the plan of action.

In Section A, record the deficiency or problem that required a negative answer. In Section B, describe the change or solution that will be implemented to achieve compliance with this guideline. In Section C, list the tasks that must be completed to achieve compliance with this guideline, specify the staff persons responsible for accomplishment of the tasks and provide an approximate time-table for completion.

Completed plan of action forms must be returned to the appropriate inspector with the self-audit and data items forms.

**TEMPORARY HOLDING FACILITY
Plan of Action**

Date: _____ Form Completed by: _____

Facility Name: _____ Guideline: _____

A. Statement of Deficiency

B. Proposed means for achieving compliance:

C. Activities:

Tasks	Designated Staff	Proposed Completion Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9.

10.

ANNUAL DATA ITEMS INSTRUCTION SHEET (THF)

Detach the data sheet from this packet. Complete all blanks according to the instructions outlined below. Return the completed data sheet to the jail inspector in your area.

DATE COMPLETED - Month, day and year the form was filled out.

FACILITY NAME - Name of the facility.

FACILITY ADDRESS, COUNTY, TELEPHONE - Address, city, state, zip code, telephone # and county in which jail is located.

NAME OF SHERIFF/CHIEF/SUPT. - Name of person responsible for facility.

NAME OF PERSON COMPLETING FORM - Supply name, title.

OPERATING AUTHORITY - Circle either County, City, Village, or Township. List if other.

HOLDING CAPACITY - Maximum # of arrestees that can be held at any given time.

DESCRIBE HOLDING AREA/MEANS OF HOLDING: Explain how/where arrestees are held.

DOES THE THF HOLD MALES, FEMALES, OR JUVENILES? - Indicate YES or NO in the blanks provided.

AVERAGE DAILY COUNT - Average # of arrestees held each day for the past 3 months.

HIGH COUNT - Highest # of arrestees held at a given time in the past 3 months.

LOW COUNT - Lowest # of arrestees held at a given time in the past 3 months.

MAXIMUM LENGTH OF STAY - Indicate the longest time any arrestee was held in the THF in the past 3 months.

NUMBER OF PENDING CIVIL SUITS - Enter the # of civil suits currently pending against the THF or concerning THF operations. **EXPLAIN** - Describe suit issues.

ACTIVE COURT ORDERS/DECREEES - If the THF is currently under a court order(s) (e.g.,

population cap, consent decree, etc.), indicate the total #. Break out that #, federal + common pleas = # of court orders or consent decrees. **EXPLAIN** - Describe any special stipulations of court order or decree. If no court order/decree, indicate N/A.

NUMBER OF MAJOR INCIDENTS IN PAST 12 MONTHS - Total # of incidents, e.g. suicides (not attempts), other deaths, significant fires, escapes from the jail perimeter or other critical incidents (for other specify type of incident), inmate assaults on staff, and inmate assaults on other inmates. **EXPLAIN** - Describe incidents.

HOW ARE ARRESTEES SUPERVISED? - Describe staffing/supervision arrangements whenever arrestees are held in the THF.

Annual Data Items: Temporary Holding Facility 2003

Date Completed: _____

Name of Facility: _____

Address: _____

City: _____ State: Ohio Zip: _____ County: _____

Telephone No.: () _____ Fax No.: () _____

Name of Sheriff/Chief/Supt.: _____

Name of Person Completing Form: _____

Operating Authority: County; City; Village; Township; _____

Holding Capacity: _____ Describe Holding Area/Mean of Holding: _____

Does THF Hold Males? _____ Females? _____ Juveniles? _____

Avg. Daily Count: _____ High Count: _____ Low Count: _____

Maximum Length of Stay: _____ (Hours)

Number of Pending Civil Suits: _____ Explain: _____

Active Court Orders/Decrees: _____ = Federal: _____ + Common Pleas: _____

Explain: _____

No. of Major Incidents Within Past 12 Months: _____ Explain: _____

How are Arrestees Supervised? _____

For Bureau Use:

Date Received: _____ Date Reviewed: _____ By: _____
(Inspector)

Comments:

