

JAIL INITIAL CONTACT INFORMATION SHEET

Jail Coordinator _____ Date _____

Name and Location of Jail _____

Name and Title of Contact Person _____

Number and Security Level of Offenders Being Requested _____

Is the jail new or existing? _____ If the jail is new, is it currently in operation? _____
If not, when will it become operational? _____

What is the Fire Marshal's rated bed capacity for the jail? _____

What is the jail's current average daily count? _____

Does the facility have a history of invoking Title 57 O.S. 37? _____

Why is the jail seeking a contract with ODOC? _____

The jail coordinator will discuss the following requirements:

_____ Mandatory 120 hours of required ODOC training

_____ ODOC's expectation of the jail to allow contact visiting in compliance with OP-030118 entitled "Visitation"

_____ ODOC's expectation of the jail to provide offender programs

_____ ODOC's mandatory requirement for a minimum of one hour outside exercise daily

_____ Advise the jail authority of the documents required for review: Cover letter, most recent Fire Marshal and Department of Health jail inspections with corrective actions and the dietitian approved meal menu. The dieticians credentials,(certificates, licenses) are to be submitted with the approved menu.

cc: Division Manager, West Institutions
File

(R 10/16)