

## JAIL INITIAL CONTACT INFORMATION SHEET

Jail Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Name and Location of Jail \_\_\_\_\_

Name and Title of Contact Person \_\_\_\_\_

Number and Security Level of inmates 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 Inmate 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: Regional Director, Region III  
File

(R 8/18)