

Section 2: Reception and Release

Subject: Identification of Officer

Minimum Standard: 5120:1-8-01(A)(2)

Revised: 05/90, 01/12, 09/2014, 09/2015, 05/2019

Authorized: _____ **Effective date:** _____
Sheriff Paul A. Sigsworth

POLICY

The Erie County Jail shall implement policies and procedures, and produce documentation that evidences compliance showing all arresting, transporting, or committing officers are identified by name and department.

PROCEDURE

- A. Prior to acceptance into the Erie County Jail, the Corrections Officer may require all arresting, transporting, or committing officers produce a badge and appropriate credentials (preferably photo I.D.) that verifies his or her authority to make the commitment to the jail. Any other such identification as the admitting corrections officer deems necessary to establish positive identification, may be required.
1. If the arresting, transporting, or committing officer cannot or will not produce proper identification, or if the identification does not confirm the officer's identity, the shift supervisor may refuse to accept custody of the prisoner.
 2. If custody is refused due to the inability of a transporting or committing officer to properly identify himself/herself, or for any other reason, the jail shift supervisor, will complete an Incarceration Denial Form (incorporated into this policy as Attachment A) detailing the reason for the denial of the acceptance of custody of the arrestee.



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ERIE COUNTY JAIL ARRESTEE ADMISSION DENIAL

MINIMUM STANDARDS FOR JAILS IN OHIO OHIO ADMINISTRATIVE CODE 5120:1-8-09(B)

No arrestee without medical clearance from a physician and/or the Erie County Jail medical staff will be accepted for custodial admission into the Erie County Jail who is unconscious; has evidence of serious physical illness or injury requiring immediate medical attention; appears to be an alcohol and/or drug overdose risk; has suicidal thoughts, a suicidal plan, or exhibits signs of any other serious mental health issue requiring immediate intervention; has injuries requiring immediate medical attention due to the use of a taser, pepper spray, and/or other less lethal use of force during arrest; has apparent foreign object(s) secreted internally that cannot be readily removed by the arrestee and as observed during a body scan; and/or for any other legitimate reason as determined by the jail medical staff and/or the Erie County Jail supervisor.

Arrestee name: _____

Agency/agency representative requesting jail admission: _____

Date and time of denial: _____

Reason(s) for denial: _____

Jail supervisor signature: _____