

## **5-08-150 Archiving And Retention Period Of Movement Sheets For Mental Health Housing Areas**

### **PURPOSE OF ORDER:**

To establish policy and procedure for the archiving and retention of movement sheets for the mental health housing areas.

### **SCOPE OF ORDER:**

This order shall apply to all personnel assigned to and/or working in any capacity at the Twin Towers Correctional Facility.

### **ORDER:**

There are two movement sheets utilized to document the movement of the mentally ill patients who are housed within the mental health housing areas of this facility. One movement sheet is used to document the movement of mentally ill patients within the facility and the other movement sheet is used to document the movement of patients who have been declassified from mentally ill status and are transferred to another custody facility (refer to the attached example movement sheets).

These movement sheets shall be completed by the mental health staff person who is requesting the movement of the patient. The movement sheets will be given to the Officer/Deputy working the control booth from the floor where the patient is being moved.

Tower 1 Officer/Deputy will then deliver the movement sheet to the Tower 1 Transfer Center and place it in the designated box labeled PPO. PPO will be responsible for picking up the movement sheets and updating the computer and/or paperwork on a daily basis. PPO will be responsible for generating an in-house transfer list for movement on PM shift. PM shift Transfer Center shall generate all movement passes and make the appropriate wristband according to the assigned floor and classification. The floor Deputy/Officer will be responsible for retrieving the appropriate wristband from the Transfer Center and placing it on the inmate prior to moving the inmate to the

05-24-05 5-08-150

designated module and/or facility.

Tower 2 Officer/Deputy shall deliver the movement sheets directly to the PPO office for Tower II movement. PPO will be responsible for classifying the inmate, generating a pass, and making the appropriate wristband.

PPO will file and store all movement lists for a period of five years. Weekend and Holiday movement requiring de-class or classification, will be completed by faxing the movement sheet to the Inmate Reception Center (IRC). Once the movement sheet has been faxed to IRC, it should be marked "faxed" and placed in the appropriate PPO box located in the Transfer Center. All module officers should not accept inmates without

Twin Towers Correctional Facility Unit Orders : 5-08-150 Archiving And Retention Period  
Of Movement Sheets For Mental Health Housing Areas

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the appropriate JRC, wristband and/or Behavioral Observation Sheet. Movement shall not take place until the inmate is updated by the PPO and/or IRC office. The Officer/Deputy will keep the original and make two copies. The copies of the movement sheets will be forwarded to the appropriate Transfer Center.

The Transfer Centers will retain one copy (which will be kept in the Transfer Center for 30 days) and forward the second copy to the Operations Office. Each shift is required to forward the movement sheets from their respective shift to the Operations Office located on the 8th floor on a daily basis. The Operations Office will scan the movement sheets, place the information on a floppy disc and archive them. The archived copies of the movement sheets will be kept for five years.

APPROVED BY:            ON FILE  
ALICE E. SCOTT, CAPTAIN  
DATE:                    05-24-05

JAIL MENTAL HEALTH SERVICES    DATE \_\_\_\_\_

FORENSIC OUTPATIENT PROGRAMS MOVEMENT LIST FOR: (Please circle area)

131 - 141 - 151 - 161 - 171  
132 - 142 - 152 - 162 - 172 A B C  
241 - 242                            172 D E F

FOR MOVEMENT OF INMATES TO NON-MENTAL HEALTH HOUSING AREAS ONLY

The following inmates have been evaluated and determined not to require mental health housing at this time. They have been assessed as currently having low risk potential for suicide. They do not require "M" or "S" special handling classification at this time.

NAME

BOOKING #

FROM

TO

CLINICIAN  
CONTINUE PSYCH MEDS

COMMENTS  
TIME OF ACTUAL MOVEMENT

Twin Towers Correctional Facility Unit Orders : 5-08-150 Archiving And Retention Period  
Of Movement Sheets For Mental Health Housing Areas

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ER:jkw (Revised 05/19/05) Movement list

JAIL MENTAL HEALTH SERVICES DATE \_\_\_\_\_

FORENSIC OUTPATIENT PROGRAMS

MOVEMENT LIST WITHIN TTCF: (Please circle area)

131 - 141 - 151 - 161 - 171

132 - 142 - 152 - 162 - 172 A B C

241 - 242 172 D E F

Twin Towers Correctional Facility Unit Orders : 5-08-150 Archiving And Retention Period  
Of Movement Sheets For Mental Health Housing Areas

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NAME

BOOKING #

CELL

TO

CLINICIAN  
CONTINUE PSYCH MEDS

COMMENTS  
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Twin Towers Correctional Facility Unit Orders : 5-08-150 Archiving And Retention Period  
Of Movement Sheets For Mental Health Housing Areas

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