Oklahoma Department of Corrections Cell Assessment Form (Please print)

FACILITY			DATE			
NAME						
Race	·	Age (PREA 115.41(d) (2))				
Heigh	nt	Weight (PREA 115.41 (d) (3))				
List a	all active co	convictions for violent or sex offense(s) (PREA	A 115.41 (d) (5), (e))			
List a	all prior co	nvictions for violent or sex offense(s). (PREA	115.41 (d) (5), (e))			
Leng	th of Sent	tenceNumber of Prior ODO	OC Incarcerations	(PREA 115.41(d) (4), (e))		
docu	mented e	is presupposed to be <u>unrestricted</u> and able evidence exists to determine otherwise. Al form. (The questions below in Section I ref	I documentation used t	to make a determination will be		
SECTION I: Security Related Criteria (check all that apply)						
1.		Does the inmate have active non-associations? How many total active non-associations?				
		List all active non-associations:				
2.		Has the inmate ever been involved in any of the following (verified by documentation)? (Pf 115.41(e))				
	(a)	Has the inmate been convicted of the fo incarcerations X-3, X-4, X-5, X-6, X-7, X-8 misconducts 04-1 through 04-9 prior to 11	3, X-9, X-12, X-13, X-14, I			
	(b)	Has the inmate been convicted of a misco for sexual assault?	onduct X-5, X-6, X-8, X-1	4, X-15, X-24, X-25, 04-5 or 05-4		
	(c)	Has the inmate been convicted of a misco or 04-9 for assault?	onduct X-4, X-12, X-13, 0	5-2, 04-1, 04-2, 04-3, 04-4, 04-8		
	(d)	Has the inmate been convicted of a misco	onduct X-3, X-9, A-2 or A	-3 for being involved in a fight?		
	(e)	Has the inmate been convicted of a misco group disturbance(s) between inmates?	onduct X-1, X-2 or 01-1 th	nru 01-5 for being involved in		
	(f)	Has the inmate been convicted of a miscor	nduct A-12 or 02-2 (unde	er the influence)?		
	(g)	Has the inmate been convicted of a misco	onduct A-15 or 08-1 Dest	ruction of state property?		
	(h)	Has the inmate been convicted of a miscor	nduct - X-10 or 09-2 Pos	session of a weapon?		
3.		_ Has the inmate been assaulted and/or sex	xually assaulted?			
4.		_ Has the inmate been involved in homosex	rual acts ?			
5.		Has the inmate escaped or attempted esc	cane?			

6.	 Is the inmate known to demonstrate influence over other inmates?		
7.	 Does the inmate display predatory behavior? If so, refer to the facility head/designee for appropriate mental health evaluation. Must be completed within 14 days (PREA 115.41(d) (8) (9))		
8.	 Has the inmate been identified as a High-Risk Sexual Predator (HRSP)? (PREA 115.41/241(d) (8) (9))		
9.	 _ Is there information in OMS that substantiates the inmate being a sexual assailant?		
10.	 _ Does the inmate display the potential for victimization? If so refer to the facility head/designee for appropriate mental health evaluation. Must be completed in 14 days. (PREA 115.41(d) (8) (9))		
11.	 Has the inmate experienced sexual victimization? (PREA 115.341(d) (9) (8)) If yes refer to the facility head/designee for appropriate mental health evaluation. Must be completed within 14 days. (PREA 115.41/241(d) (8) (9))		
12.	 Has the inmate ever been assigned to special management housing status? If so, why?		
13.	 Has the inmate identified themselves as gay, lesbian, bisexual, transgender, intersex nonconforming, etc.? (PREA 115.41/241) (d) (7)) How does the inmate identify themselves?		
14.	 Is the inmate's gender identity/appearance/dress consistent with the inmate's sex? (review OP-030102 Attachment B "Self-Report" form for this section (PREA 115.41/241) (d) (7)) If so, list:		
15.	 _ Has the inmate revealed any perception of vulnerability and/or risk for victimization? If so, explain:		
16.	 Is the inmate suspected or confirmed as a member of any disruptive or security threat group(s) which advocates superiority or aggression toward other groups?		
17.	 Do misconducts reflect violence towards past cell mates?		
18.	 Does misconduct pattern reflect violence? Explain pattern		
19.	 Does inmate have a history of violence towards cell mates?		
	 Move requests require cell assignment agreement form at OSP. Cell Assignment forms to be assessed during adjustment reviews with inmate. 		
20.	 Has the inmate moved to another facility in the past year due to violence, protective measures or non-associations?		
	 Total number of facility moves due to violence in the past year. Total number of facility moves due to protective measures in the past year. Total number of facility moves due to non-associations in the past year. 		
21.	 Has the inmate moved to another bed at the facility in the past year due to violence, protective measures or refusing to house?		
	 Total number of bed moves due to violence in the past year. Total number of bed moves due to protective measures in the past year. Total number of bed moves due to refusing housing in the past year. 		

SECTION II: Health and/or Mental Health Related Criteria

Refer to "Activity/Housing Summary" Form (EHR)

Vulnerability of the inmate due to medical or mental conditions and/or treatments? (PREA 115.41(d)(1))
Mental Health Level? (PREA 115.41(d)(1))Mental Health issues?
 Physical or Developmental Disability/Limitations?(PREA 115.41 (d)(1))
Special Needs?
Indicate if the inmate's current health summary documents a need for lower floor/bunk assignment. Type and Date of Recommendation:
SECTION III: Housing Restrictions
If there is a check for any response to any of the security related questions outlined above, indicate if there is sufficient evidence to impose security restrictions relative to the inmate's assignment to bunk/ celled housing. State clearly the restriction and the risk associated with the inmate, including the specific reason(s) for the restriction. List an documentation from which supporting evidence was obtained
Comments/Special Considerations (security/history, etc.):
SECTION IV: Unrestricted Inmates
If the inmate has no restrictions identified in Section III above, they will be given the first available and appropriate ce assignment after consideration has been given to compatibility characteristics, such as: physical stature, age, crimina history, violent/passive tendencies, sexual tendencies, inmate enemies, current institutional adjustment an job/program assignments.
Comments:
Upon assessment of all information on this inmate, the applicable housing/cell assignment status is indicated below:
Random Eligible/Unrestricted Restricted
If restricted, explain specific restriction:
The inmate will be reassessed if the following apply:

information identified in Section I of this screening for the cell assessment and/or any information received since the intake screening for the cell assessment, a reassessment will occur within 30 days of the inmates arrival and/or upon receipt of additional information. (PREA 115.41/241 (e)(f))

If the housing/cell restriction was warranted due to the inmates risk for victimization or abusiveness based on

An inmate's risk level will be reassessed when information is received regarding referral requests, incidents of sexual abuse, or receipt of additional information regarding the inmate's risk of sexual victimization or abusiveness. (PREA 115.41/241 (g))

☐ Intake (A&R) ☐ Facility A	\rrival [30-day Reassessment	☐ Biannual	l/Annual Review	
SIGNATURE OF UNIT MANAGER/DES	IGNATED S	TAFF	DATE		
Reviewer Signature			DATE		
Reviewer Signature			DATE		
Reviewer Signature			DATE		
SECTION V: Administrative Review/S	pecial Cons	iderations (required on all	facility recep	tions)	
Cell/housing assignments for transgend any threats to safety experienced by the			ed at least twic	ce each year to review	
The inmates view (Attachment B) regard	ling his/her s	afety shall be taken into cor	sideration. (PF	REA 115.42 (e))	
Cell/housing shall take into account that separately from other inmates. (PREA 1		and intersex inmates shall b	e afforded the	opportunity to shower	
Administrative Review: Assistant Fac	ility Head/F	acility Head			
SECTION VI: Single Cell Assignment	(OSP/MBCC	C/JHCC)			
If based on this assessment it is determined that the inmate needs to be placed in a single cell, the Unit Classification Committee (UCC) will be convened and a determination of appropriate housing will be made. If no single cells are available, the unit team will forward this assessment to mental health services for completion of Section VII. Upon mental health services review, the recommendation will then be forwarded to the facility head for final approval/disapproval. Justification for the need to be single celled will be documented below. In addition, the inmate profile screening form and any other supporting documentation will be attached. Regardless of cell availability, the facility head must approve all single cell assignments.					
Single Cell:YesNo					
Signature of Unit Manager	Date	Signature of UCC Memb	er i	Date	
Signature of UCC Member	Date				
SECTION VII: Double Cell Override Review					
If a single cell housing assignment of an inmate is recommended, but no single cell is available or provided at the facility, the inmate must be overridden to double cell. This override must be reviewed by a Qualified Mental Health Services Professional (QMHP) and approved by the facility head. Any inmate previously single celled that the UCC determines is now appropriate to double cell, must first be approved by the facility head prior to the inmate receiving a cell partner.					
Mental Health Review:					
Recommend Double CellDo Not Recommend Double Cell; inmate needs to be single celled.					
Justification for Recommendation:					

The inmate will be reassessed if the following apply:

If the housing/cell restriction was warranted due to the inmate's risk for victimization or abusiveness based on information identified in Section I of this screening for the cell assessment and/or any information received since the intake screening for the cell assessment, a reassessment will occur within 30 days of the inmate's arrival and/or upon receipt of additional information. (PREA 115.41 (e))

An inmate's risk level will be reassessed when information is received regarding referral requests, incidents of sexual abuse, or receipt of additional information regarding the inmate's risk of sexual victimization or abusiveness. (identify if the cell assessment was completed at intake and/or through reassessment a noted above) (PREA 115.41 (g))					
	Intake (A&R)	☐ Facility Arrival	☐ 30-day Reassessment	☐ Biannual/Annual Review	
Signature of QMHP Date					
Facility Head Review:					
Approved to Double CellDisapproved to Double Cell; inmate needs to be single celled.					
Justification for Approval/Disapproval:					
Signa	ture of Facility I	Head			

If it is determined that the inmate cannot be double celled and does in fact require a single cell assignment, but none are available, then notification will be made to the appropriate division manager by submission of this form and other applicable documentation.

THIS FORM MUST BE COMPLETED ON EACH RECEPTION BY THE END OF THE NEXT WORKING DAY (Reception Centers).

THIS FORM MUST BE COMPLETED WITHIN 72 HOURS FOR EACH NEW ARRIVAL AT THE ASSIGNED FACILITY.

(R 09/22)