

Oklahoma Department of Corrections
Quarterly Integrated Celling Report

Facility _____ Code _____ Report Date _____

Report Prepared By _____ (Print) _____ (Signature and Date)

Report Reviewed By _____ (Print) _____ (Signature and Date)
(Warden/Supt)

Report Reviewed By _____ (Print) _____ (Signature and Date)
(Affected Administrator)

I. Facility Composition

		Inmates At Facility	Percentage
1.	White	<input type="text"/>	#DIV/0!
2.	All NonWhite	<input type="text"/>	#DIV/0!
3.	Facility Total	<input type="text"/>	100%

II. Unit Calculations

Housing Units	Whites	Nonwhites	Total	% Whites	% Nonwhites
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
			0	#DIV/0!	#DIV/0!
TOTAL	0	0	0	#DIV/0!	#DIV/0!