

Oklahoma Department of Corrections
Cell Assessment Form
(Please print)

FACILITY _____ DATE _____

NAME _____ DOC _____

Gender _____ Race _____ Age _____ (PREA 115.41(d) (2))

Physical Build (115.41 (d) (3): Height _____ Weight _____

Violent Crimes (include past history): (PREA 115.41 (d) (5), (e))

Length of Sentence _____ Number of Prior ODOC Incarcerations _____ (PREA 115.41(d) (4), (e))

Every inmate is presupposed to be unrestricted and able to house/cell with any other assigned inmate, unless documented evidence exists to determine otherwise. All documentation used to make a determination will be listed on this form.

SECTION I: Security Related Criteria (check all that apply)

1. _____ Does the inmate have an active or prior violent offense? If yes, list: (especially Murder I, Robbery and Assault) (PREA 115.41(d) (5))

2. _____ Does the inmate have any prior convictions for sex offense? (PREA 115.41(d) (6))
3. _____ Does the inmate have any separatees at the current facility? Other facilities? How many total? If yes, list: _____
4. _____ Has the inmate ever been involved in any of the following (verified by documentation)? (PREA 115.41(e)) Note if the incident involved other races.
 - (a) _____ Has the inmate been convicted of the following misconduct violations: X-3, X-4, X-5, X-6, X-7, X-8, X-9, X-12, X-13,, X-14, X-15, X-24, A-2 or A-3; as well as misconducts 04-1 through 04-9
 - (b) _____ Has the inmate assaulted/sexually assaulted another inmate? (PREA 115.41(e))
 - (c) _____ Has the inmate been assaulted/sexually assaulted by another inmate?
 - (d) _____ Has the inmate been involved in a fight?
 - (e) _____ Has the inmate been involved in groups disturbance(s) between inmates?
 - (f) _____ Has the inmate been found in possession of a weapon(s)?
 - (g) _____ Has the inmate been convicted of a misconduct A-12 or 02-2(under the influence)?
 - (h) _____ Has the inmate been convicted of a misconduct A-15 or 08-1 Destruction of state property?
 - (i) _____ Has the inmate been convicted of a misconduct - X-10 or 09-2 Possession of a weapon?
5. _____ Has the inmate been pressured for commissary or sexual favors?
6. _____ Has the inmate been involved in homosexual acts or sexual assault?
7. _____ Has the inmate escaped or attempted escape?
8. _____ Is the inmate known to demonstrate influence over other inmates?

9. _____ Does the inmate display predatory behavior or the potential for victimization? If so refer to the facility head/designee for appropriate mental health evaluation. (PREA 115.41(d) (8) (9))
10. _____ Has the inmate experienced sexual victimization? (PREA 115.341(d) (9) (8)) Has the inmate been identified as a High Risk Sexual Predator (HRSP) or as a victim/potential victim at any time during his/her incarceration? (PREA 115.41(d) (8) (9)) _____
11. _____ Does the inmate have an OMS alert as a substantiated sexual assailant?
12. _____ Has the inmate ever requested placement in or been assigned to safekeeping, protective measures/custody, segregation housing or detention during prior or current incarcerations, to include city or county jail, or other adult correctional institutions? _____
13. _____ Has the inmate identified themselves as gay, lesbian, bisexual, transgender, or intersex or appears to be gender nonconforming i.e.: Is the inmate's gender identity/appearance/dress consistent with the inmate's gender? ? (review OP-030102 Attachment B "Self Report" form for this section (PREA 115.41) (d) (7)) If so, list: _____
14. _____ Has the inmate revealed any perception of vulnerability and/or risk for victimization? If so, explain: _____
15. _____ 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? _____
16. _____ Inmate's statement (Indicate date of statement by each entry). Indicate date of incident by each entry. (Attach documentation)
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. _____ Number of facility moves in the past year. _____
Any as a result of violence/protection/separates: _____
21. _____ Number of bed moves in the past year. _____
Any as a result of violence/protection/separates: _____

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 any 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 cell assignment after consideration has been given to compatibility characteristics, such as: physical stature, age, criminal history, violent/passive tendencies, sexual tendencies, inmate enemies, current institutional adjustment and 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:

If the housing/cell restriction was warranted due to the inmates 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 inmates 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. (PREA 115.41 (g))

Intake 30-day Reassessment

SIGNATURE OF UNIT MANAGER/DESIGNATED STAFF

DATE

Reviewer Signature and Date

Reviewer Signature and Date

Reviewer Signature and Date

SECTION V: Administrative Review/Special Considerations (required on all facility receptions)

Cell/housing assignments for transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. (PREA 115.42 (d))

The inmates view (Attachment B) regarding his/her safety shall be taken into consideration. (PREA 115.42 (e))

Cell/housing shall take into account that transgender and intersex inmates shall be afforded the opportunity to shower separately from other inmates. (PREA 115.42 (f))

Administrative Review Deputy Warden/Warden/Facility Head

SECTION VI: Single Cell Assignment (OSP/MBCC)

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 warden 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 warden must approve all single cell assignments.

Single Cell: _____Yes _____No

Signature of Unit Manager **Date**

Signature of UCC Member **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 warden. Any inmate previously single celled that the UCC determines is now appropriate to double cell, must first be approved by the warden prior to the inmate receiving a cell partner.

Mental Health Review:

_____Recommend Double Cell

_____Do 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 inmates 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 inmates arrival and/or upon receipt of additional information. (PREA 115.41 (e))

An inmates risk level will be reassessed when information is received regarding referral requests, incidents of sexual abuse, or receipt of additional information regarding the inmates 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 30-day Reassessment

Signature of QMHP **Date**

Facility Head Review:

_____ Approved to Double Cell
_____ Disapproved to Double Cell; inmate needs to be single celled.

Justification for Approval/Disapproval: _____

Signature of Facility Head Date

If it is determined that 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 12/16)