

Part A: Initial Placement

Complete this section as soon as possible after an inmate has been placed in segregation.

Institution	Date of Segregation Review (Mmm-dd-yyyy)	Time Inmate was Admitted (24 Hour Clock i.e. in hours)
Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell

General Note(s): It is imperative that all sections (Parts A-E) if applicable of this form be completed with relevant and accurate information to support timely reviews, administrative procedural fairness to the affected person, decision making and record keeping.

If additional space is required in any section of this form, complete and attach an Occurrence Report.

Criteria for Segregation (Check all that apply) Reg. 778, s. 34 (1) (a) - s. 34 (1) (d), and Reg. 778, s. 32 (2)	<input type="checkbox"/>	Inmate is in need of protection
	<input type="checkbox"/>	To protect the security of the institution or the safety of other inmates
	<input type="checkbox"/>	Alleged to have committed a misconduct of a serious nature
	<input type="checkbox"/>	Inmate requests to be placed in segregation
	<input type="checkbox"/>	Close confinement as a result of misconduct

Provide Reasons and Details for Segregation

Occurrence Report attached Yes No

Placement Details:

- Were Ontario Human Rights Code (Code) accommodations considered for this inmate (e.g., translator/interpreter assistance and/or extra time to make a written/verbal inmate submission, support worker, access to special diet for religious purposes, assistive devices, etc.)? N/A Yes
If yes, list Code considerations and accommodations, if any:
- Does the inmate have Code related accommodation(s) or need(s) which may cause them to be adversely impacted by segregation? (e.g., mental illness, blindness, deafness, intellectual disability, gender identity, etc.)? Yes No If yes, provide details:
- List/check other alternative placement(s) that were **considered** for this inmate (e.g. inmate with Code related need(s)) at the time of this review and explain why: **Protective Custody (PC)** **Special Needs Unit** **Transfer** **Other**
Provide rationale for options considered but **rejected** (must amount to undue hardship):
- Was this inmate assessed by clinical staff **prior** to being admitted to segregation? Yes No
If no, provide rationale (e.g., inmate declined, did not consent, clinical staff not available, etc.):

Mental Health:

- Does the inmate have a suspected or known mental illness? Yes No (If No, disregard questions 6-9 of this section)
If yes, provide details (i.e. behaviour observed) without disclosing diagnosis or other confidential medical/health information (e.g., medication name, etc.):
- Was a mental health provider consulted (clinical staff if mental health provider is not available) prior to placement in segregation? Yes No If no, provide rationale:
- Was a baseline assessment completed to evaluate Treatment Plan and/or Care Plan requirements by a Physician and/or Psychiatrist (as appropriate)?
 Yes If yes, specify name _____, designation _____ and assessment date _____ (Mmm-dd-yyyy)
 No If no, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):
- Does a Care Plan exist for this inmate? Yes No N/A
- If a Care Plan exists for inmate, was it accessed and reviewed? Yes No

PART A – Initial Placement Cont'd

Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
<p>Inmate must be Advised of Reasons(s) for Segregation</p> <p>1. Inmate was advised of reason(s) for segregation and duration of the segregation?</p> <p><input type="checkbox"/> Yes If yes, list reasons given to the inmate as to why:</p> <p><input type="checkbox"/> No If no, provide rationale (e.g., specific details would compromise security and safety of the institution, etc.)</p> <p>2. Inmate has been provided a copy of the Segregation Handout information sheet (short of undue hardship, an alternate format is to be provided upon request) that explains the inmate's rights when placed in segregation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inmate Declined</p> <p>3. The inmate has been offered access to the Inmate Information Guide (if operationally feasible) and informed that it contains information pertaining to the inmate's rights, governing regulations and rules of conduct, availability of programs and services? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide rationale:</p>		
Name of Superintendent/Designate (Print)	Signature of Superintendent/Designate	Date (Mmm-dd-yyyy)

Continue to Part B - 24 Hour Preliminary Review (within 24 hours of the inmate being placed in segregation).

Part B: 24 Hour Preliminary Review

Complete within 24 hours of the inmate being placed in segregation.

Institution	Date of Segregation Review (Mmm-dd-yyyy)	Time Inmate was Admitted (24 Hour Clock i.e. in hours)
Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
Provide Reasons and Details for Segregation		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inmate must be Advised of Reasons(s) for Segregation		
1. Inmate was advised of reason(s) for segregation and duration of the segregation?		
<input type="checkbox"/> Yes If yes, list reasons given to the inmate as to why:		
<input type="checkbox"/> No If no, provide rationale (e.g., specific details would compromise security and safety of the institution, etc.):		
2. Inmate is advised of the right to a make a submission in writing or in person to Superintendent/Designate prior to the initial 5 Day Review <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Inmate Comments (Submission) If an inmate's submission was in person; include a summary of the inmate's comments:		
Inmate written submission attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inmate declined to comment		
Superintendent/Designate Comments Information that must be contained in this comment section or the attached Occurrence Report include but is not limited to:		
1. List/check other alternative placement(s) that were considered for the inmate (e.g., inmate has a Ontario Human Rights Code (Code) related need(s)) at the time of this review and explain why: <input type="checkbox"/> Protective Custody (PC) <input type="checkbox"/> Special Needs Unit <input type="checkbox"/> Transfer <input type="checkbox"/> Other		
Provide rationale for options considered but rejected (must amount to undue hardship):		
2. Inmate was assessed by clinical staff when admitted to segregation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide rationale (e.g., inmate declined, did not consent, clinical staff not available, etc.):		
3. Does a Care Plan exist for this inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. If a Care Plan exists for this inmate, was it accessed and reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. If the inmate has a suspected or known mental illness, was the inmate reviewed by a mental health provider? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Was a baseline assessment completed to evaluate Treatment Plan and/or Care Plan requirements by a Physician and/or Psychiatrist (as appropriate)?		
<input type="checkbox"/> Yes If yes, specify name _____, designation _____ and assessment date _____ (Mmm-dd-yyyy)		
<input type="checkbox"/> No If No, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):		
Additional Comment/Detail Section		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part B – 24 Hour Preliminary Review continued on next page.

Part C - 5 Day Review(s)

At least once within each five day period, a review is required of the full circumstances including Ontario Human Rights Code (Code) related factors and all inmate submissions (if provided) to determine whether the inmate's continued segregation is warranted.

Total Days

Institution	Date of Segregation Review (Mmm-dd-yyyy)	Time of Review (24 Hour Clock i.e. in hours)
Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
Provide Reasons and Details for Segregation		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inmate must be Advised of Reasons(s) for Segregation		
Inmate advised of reason(s) and duration for Segregation and any changes in these conditions?		
<input type="checkbox"/> Yes If yes, list reasons given to the inmate as to why:		
<input type="checkbox"/> No If no, provide rationale (e.g., disclosing information may jeopardize confidentiality or safety of another person):		
Inmate must be Advised of Opportunity to Make a Submission (accommodation may be required for Ontario Human Rights Code (Code) related needs)		
1. Inmate advised of opportunity to make a submission in writing or in person to the Superintendent/Designate at the initial 5 Day Review? <input type="checkbox"/> Yes		
Note: This does not preclude an inmate to make a submission at any other time throughout the inmate's stay in segregation (i.e., subsequent 5 Day Review(s)).		
2. Inmate Response (Check all that apply)		
<input type="checkbox"/> Yes Inmate would like to make a submission in writing		
<input type="checkbox"/> Yes Inmate would like to make a submission in person		
<input type="checkbox"/> Declined Inmate declined from making any submission		
3. Inmate Comments (Submission) If an inmate's submission was in person; include a summary of the inmate's comments:		
Inmate written submission attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inmate declined to comment		
Superintendent/Designate Comments Information that must be contained in this comment section or the attached Occurrence Report include but is not limited to:		
1. Were Code accommodations considered for this inmate (e.g., translator/interpreter assistance and/or extra time to make a written/verbal inmate submission, accommodations, support worker, access to special diet for religious purposes, assistive devices, etc.)? <input type="checkbox"/> N/A <input type="checkbox"/> Yes If yes, list Code considerations and accommodations, if any:		
2. Does the inmate have Code related accommodations or needs(s) which may cause them to be adversely impacted by segregation at the time of this review? (e.g., mental illness, blindness, deafness, intellectual disability, gender identity, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details:		
3. List/check other alternative placement(s) that were considered for the inmate (e.g., inmate has a Code related need(s)) at the time of this review and explain why: <input type="checkbox"/> Protective Custody (PC) <input type="checkbox"/> Special Needs Unit <input type="checkbox"/> Transfer <input type="checkbox"/> Other		
Provide rationale for options considered but rejected (must amount to undue hardship):		

Part C – 5 Day Review(s) continued on next page.

Part C - 5 Day Review(s) Cont'd

Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
Superintendent/Designate Comments cont d		
<p>4. Does a Care Plan exist for this inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>5. If a Care Plan exists for inmate, was it accessed and reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If the inmate has a suspected or known mental illness, was a review completed of the inmate's Treatment Plan and/or Care Plan for any required changes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If the inmate has mental illness, was the inmate assessed by a physician or psychiatrist?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes If yes, specify name _____, designation _____ and assessment date _____ (Mmm-dd-yyyy)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No If no, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):</p>		
Additional Comment/Detail Section		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Superintendent/Designate Decision and Supporting Comments.		
Segregation Decision		
<input type="checkbox"/> Release (Questions 1, 2, and 3 below only) or <input type="checkbox"/> Continue (Questions 4 and 5 below only)		
<p>1. Reason(s) for release from segregation (explain):</p> <p>2. Inmate was assessed by clinical staff upon release from segregation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide rationale (e.g., inmate declined, did not consent, clinical staff not available, etc.):</p> <p>3. If inmate is suspected or known to have a mental illness, was the inmate assessed by a mental health provider upon release from segregation?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes If yes, specify mental health provider name _____, designation (e.g., Psychiatrist, Psychologist, Mental Health Nurse, Social Worker, etc.) _____ and assessment date _____ (Mmm-dd-yyyy)</p> <p style="margin-left: 20px;"><input type="checkbox"/> No If no, provide rationale (e.g., inmate declined, did not consent, mental health provider not available, etc.):</p> <p style="margin-left: 20px;"><input type="checkbox"/> N/A Inmate is not suspected or known to have mental illness</p> <p>4. Reason(s) for continued segregation? (explain)</p> <p>5. If not releasing, what are the steps being taken to minimize the negative effects of segregation and to maximize integration and interaction with other inmates? (explain)</p>		
Additional Comment/Detail Section		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Superintendent/Designate (Print)	Signature of Superintendent/Designate	Date (Mmm-dd-yyyy)

For every subsequent 5 Day Review, **print another copy of this section (Part C)** of the Segregation Decision/Review Form.

For every consecutive 30 days, go to Part D to submit to the Regional office.

All sections of Part A, B and C (i.e., Initial Placement, 24 Hour and 5 Day Review(s)) should be kept together as a single package.

Part D - 30 Day Superintendent/Designate Review

Complete within 3 days of inmate's 30th day of segregation and submit to Regional Director/Designate. A new submission is required for each subsequent 30 days that the inmate remains in segregation.

Total Days

Institution	Date of Segregation Review (Mmm-dd-yyyy)	Time Inmate was Admitted (24 Hour Clock i.e. in hours)
Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
Provide Reasons and Details for Segregation		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inmate must be Advised of Reasons(s) for Segregation		
Inmate was advised of reason(s) for segregation?		
<input type="checkbox"/> Yes If yes, list reasons given to the inmate as to why		
<input type="checkbox"/> No If no, provide rationale (e.g., specific details would compromise security and safety of the institution, etc.)		
Inmate must be Advised of Opportunity to Make a Submission (accommodation may be required for Ontario Human Rights Code (Code) related needs)		
1. Inmate advised of opportunity to make a submission in writing or in person to the Superintendent/Designate?		
<input type="checkbox"/> Yes		
2. Inmate Response (Check all that apply)		
<input type="checkbox"/> Yes Inmate would like to make a submission in writing		
<input type="checkbox"/> Yes Inmate would like to make a submission in person		
<input type="checkbox"/> Declined Inmate declined from making any submission		
3. Inmate Comments (Submission) If an inmate's submission was in person; include a summary of the inmate's comments:		
Inmate written submission attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inmate declined to comment		
Superintendent/Designate Comments Information that must be contained in this comment section or the attached Occurrence Report include but is not limited to:		
1. Were Code accommodations considered for this inmate (e.g., translator/interpreter assistance and/or extra time to make a written/verbal inmate submission, accommodations, support worker, access to special diet for religious purposes, assistive devices, etc.)? <input type="checkbox"/> N/A <input type="checkbox"/> Yes If yes, list Code considerations and accommodations, if any:		
2. Does the inmate have Code related accommodations or needs(s) which may cause them to be adversely impacted by segregation at the time of this review? (e.g., mental illness, blindness, deafness, intellectual disability, gender identity, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details:		
3. List/check other alternative placement(s) that were considered for the inmate (e.g., inmate has a Code related need(s)) at the time of this review and explain why: <input type="checkbox"/> Protective Custody (PC) <input type="checkbox"/> Special Needs Unit <input type="checkbox"/> Transfer <input type="checkbox"/> Other		
Provide rationale for options considered but rejected (must amount to undue hardship):		
4. Does a Care Plan exist for this inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5. If a Care Plan exists for inmate, was it accessed and reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part D – 30 Day Superintendent/Designate Review continued on next page.

Part D – 30 Day Superintendent/Designate Review Cont'd

Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
Superintendent/Designate Comments cont d		
<p>6. If the inmate has a suspected or known mental illness, was a review completed of the inmate's Treatment Plan and/or Care Plan for any required changes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. If the inmate has mental illness, was the inmate assessed by a physician or psychiatrist?</p> <p><input type="checkbox"/> Yes If yes, specify name _____, designation _____ and assessment date _____ (Mmm-dd-yyyy):</p> <p><input type="checkbox"/> No If No, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):</p>		
Additional Comment/Detail Section		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Superintendent/Designate Decision and Supporting Comments		
Segregation Decision		
<input type="checkbox"/> Release (Questions 1, 2 and 3 below only) or <input type="checkbox"/> Continue (Questions 4, 5, and 6 below only)		
1. Reason(s) for release from segregation (explain)		
2. Inmate was assessed by clinical staff upon release from segregation?		
<input type="checkbox"/> Yes If yes, specify clinical staff name _____, designation (e.g., Nurse, Physician, etc.) _____ and assessment date _____ (Mmm-dd-yyyy)		
<input type="checkbox"/> No If no, provide rationale (e.g., inmate declined, did not consent, clinical staff not available, etc.):		
3. Inmate was assessed by a mental health provider upon release from segregation?		
<input type="checkbox"/> Yes If yes, specify mental health provider name _____, designation (e.g., Psychiatrist, Psychologist, Mental Health Nurse, Social Worker, etc.) _____ and assessment date _____ (Mmm-dd-yyyy)		
<input type="checkbox"/> No If no, provide rationale (e.g., inmate declined, did not consent, mental health provider not available, etc):		
<input type="checkbox"/> N/A Inmate is not suspected or known to have mental illness		
4. Reason(s) for continued segregation? (explain)		
5. If not releasing, what are the steps being taken to minimize the negative effects of segregation and to maximize integration and interaction with other inmates? (explain)		
6. If supporting continued segregation, what is the plan for releasing this inmate from segregation? (explain)		
Occurrence Report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Superintendent/Designate (Print)	Signature of Superintendent/Designate	Date (Mmm-dd-yyyy)

All sections of Part A, B, C and D (i.e., Initial Placement, 24 Hour, 5 Day Review(s) and 30 Day Superintendent/Designate Review) should be kept together as a single package when sending to the Regional Director/Designate for review.

Part E – 30 Day Regional Director/Designate Review Cont'd

Name (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
<p>2. Not Supportive of Continued Segregation Details:</p> <ul style="list-style-type: none"> Identify and explain reason(s) for not supporting continued segregation: Recommended actions to be taken: <p><input type="checkbox"/> Report attached</p>		
Name of Regional Director/Designate (Print)	Signature of Regional Director/Designate	Date (Mmm-dd-yyyy)

All sections of Part A, B, C, D and E (i.e., Initial Placement, 24 Hour, 5 Day Review(s), 30 Day Superintendent/Designate Review and 30 Day Regional Director/Designate Review) should be kept together as a single package when being sent back to the institution.