

Part A: Initial Placement

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

Ins	titution		Date of Segregation Review (Mmm-dd-yyyy)	Time Inmate was Admitted (24 Hour Clock i.e. in hours)
Na	me (Prefer	red Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell
and	d accurate	e(s): It is imperative that all sections (e information to support timely reviews king and record keeping.		
lf a	dditional	space is required in any section of this	form, complete and attach an Oc	currence Report.
	Criteria	for Segregation	n need of protection	
		all that apply)	the security of the institution or the	e safety of other inmates
R	ea 778 s 3	4(1)(a) = s(34(1)(d)) =	have committed a misconduct of a	
	-	and Inmate req	uests to be placed in segregation	
D			inement as a result of misconduct	
Pre	ovide Rea	asons and Details for Segregation		
	currence	Report attached Yes No		
FIC	icement i	Jetans.		
1.	translato	ntario Human Rights Code (Code) acco r/interpreter assistance and/or extra tii o special diet for religious purposes, a	me to make a written/verbal inmat	e submission, support worker,
	If yes, lis	t Code considerations and accommod	lations, if any:	
2.	impacted	e inmate have Code related accommo d by segregation? (e.g., mental illness, No If yes, provide details:		
3.	need(s))	ck other alternative placement(s) that v at the time of this review and explain r		
	Provide	rationale for options considered but <u>re</u>	ejected (must amount to undue ha	ardship):
4.	Was this	inmate assessed by clinical staff prior	r to being admitted to segregation	? 🗌 Yes 🗌 No
	If no, provide rationale (e.g., inmate declined, c		id not consent, clinical staff not av	vailable, etc.):
Me	ntal Heal	th:		
5.	Does the this sect	e inmate have a suspected or known n ion)	nental illness? 🗌 Yes 🗌 No (I	f No, disregard questions 6-9 of
		ovide details (i.e. behaviour observed) on (e.g., medication name, etc.):	without disclosing diagnosis or ot	her confidential medical/health
6.		nental health provider consulted (clinica gation?		not available) prior to placement
7.		aseline assessment completed to eval n and/or Psychiatrist (as appropriate)?		Plan requirements by a
	🗌 Yes	If yes, specify name, de (Mmm-dd-yyyy)	signation and asses	sment date
	🗌 No	If no, provide rationale (e.g., inmate o etc.):	declined, did not consent, Physicia	an/Psychiatrist not available,
8.	Does a (Care Plan exist for this inmate? 🗌 Ye	s 🗌 No 🗌 N/A	
9.	If a Care	Plan exists for inmate, was it accesse	ed and reviewed? 🗌 Yes 🗌 No	



PART A – Initial Placement Cont'd

Na	me (Preferred Name if appropriate), (Last, First,	Middle) OTIS#		Segregation Location/Cell		
Inn	nate must be Advised of Reasons(s)	for Segregation				
1.	Inmate was advised of reason(s) for se	egregation and duration of t	he segregation	?		
	Yes If yes, list reasons given to the	he inmate as to why:				
	No If no, provide rationale (e.g., etc.)	specific details would comp	promise securit	ry and safety of the institution,		
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? □ Yes □ No □ Inmate Declined 					
3.	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? Yes No If no, provide rationale:					
Name of Superintendent/Designate Signat (Print)		nature of Superintendent/D	esignate	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.

Ins	stitution		Date of Segregation Review (Mmm-dd-yyyy)	Time Inmate was Admitted (24 Hour Clock i.e. in hours)			
Na	me (Preferred	d Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Location/Cell			
Pr	Provide Reasons and Details for Segregation						
		eport attached 🗌 Yes 🗌 No					
Inr 1.	nmate must be Advised of Reasons(s) for Segregation 1. Inmate was advised of reason(s) for segregation and duration of the segregation?						
	☐ Yes	If yes, list reasons given to the inn					
		If no, provide rationale (e.g., speci	-	urity and safety of the institution,			
2.		etc.): advised of the right to a make a sub al 5 Day Review Yes No	mission in writing or in person to	o Superintendent/Designate prior			
3.	Inmate Co comments	omments (Submission) If an inmate	e's submission was in person; incl	ude a summary of the inmate's			
			No 🗌] 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:						
	. List/check other alternative placement(s) that were <u>considered</u> 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: ☐ Protective Custody (PC) ☐ Special Needs Unit ☐ Transfer ☐ Other						
	Provide ra	tionale for options considered but <u>re</u>	jected (must amount to undue ha	rdship):			
2.		s assessed by clinical staff when ac te declined, did not consent, clincal		No If no, provide rationale			
3.	Does a Ca	are Plan exist for this inmate? 🗌 Ye	s 🗌 No 🗌 N/A				
4.	If a Care F	Plan exists for this inmate, was it acc	essed and reviewed? 🗌 Yes 🗌	No			
5.	If the inma ☐ Yes	te has a suspected or known menta] No	l illness, was the inmate reviewed	by a mental health provider?			
6.		eline assessment completed to eval and/or Psychiatrist (as appropriate)?		Plan requirements by a			
	🗌 Yes	If yes, specify name, o (Mmm-dd-yyyy)	designation and asse	essment date			
	No If No, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):						
Ad	Additional Comment/Detail Section						
Oc	Occurrence Report attached 🗌 Yes 🗌 No						

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



PART B – 24 Hour Preliminary Review cont'd					
Superintendent/Designate Decision and Supporting Comments					
Segregation Decision					
Release (Questions 1, 2 and 3 below only) or Continue (Questions 4 and 5 below only)					
1. Reason(s) for release from segregation (explain):					
 Inmate was assessed by clinical staff <i>upon release</i> from segregation? Yes No If no, pro (e.g., inmate declined, did not consent, clinical staff not available, etc.): 	ovide rationale				
 If the inmate has a suspected or known mental illness, was the inmate assessed by a mental heal upon release from segregation? 	th provider				
Yes If yes, specify mental health provider name, designation (e.g., Psychiatris Psychologist, Mental Health Nurse, Social Worker, etc.) and assessmen (Mmm-dd-yyyy)	st, t date				
No If no, provide rationale (e.g., inmate declined, did not consent, mental health provider r etc):	not available,				
□ N/A Inmate is not suspected or known to have mental illness					
4. Provide reason(s) for continued segregation? (explain):					
5. If not releasing, what are the steps being taken to minimize the negative effects of segregation an	d to maximize				
integration and interaction with other inmates? (explain):					
Occurrence Report attached Yes No Name of Superintendent/Designate Signature of Superintendent/Designate Date (Mmm-dd-yy)	vv)				
(Print)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Continue to Part C - 5 Day Segregation Review within 5 days of the inmate being placed in segregation.



Part C - 5 Day Review(s)

On	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.				
Ins	titution	Date of Segregation Review (Mmm-dd-yyyy)	Time of Review (24 Hour Clock i.e.		
Na	me (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation L	ocation/Cell	
	ovide Reasons and Details for Segregation				
	nate must be Advised of Reasons(s) for Segr	regation			
Inm	nate advised of reason(s) and duration for Segre	egation and any changes in these	conditions?		
	Yes If yes, list reasons given to the inm	• • •	Johannee.		
	No If no, provide rationale (e.g., disclo another person):	osing information may jeopardize o	onfidentiality or s	afety of	
	nate must be Advised of Opportunity to Make man Rights Code (Code) related needs)	a Submission (accommodation a	may be required	for Ontario	
1.	Inmate advised of opportunity to make a submit the initial 5 Day Review? Yes	ission <u>in writing</u> or <u>in person</u> to th	ne Superintender	nt/Designate at	
	Note: This does not preclude an inmate to make segregation (i.e., subsequent 5 Day Review(s))		throughout the in	mate's stay in	
2.	Inmate Response (Check all that apply)				
	Yes Inmate would like to make a submissi	ion <u>in writing</u>			
	Yes Inmate would like to make a submission in person				
	Declined Inmate declined from making an	ıy submission			
3.	Inmate Comments (Submission) If an inmate comments:	י's submission was in person; inclu	ide a summary o	f the inmate's	
Inm	nate written submission attached	No			
	currence Report attached Yes		Inmate decline		
	perintendent/Designate Comments Information currence Report include but is not limited to:	on that must be contained in this co	omment section	or the attached	
1.	Were Code accommodations considered for th to make a written/verbal inmate submission, ac religious purposes, assistive devices, etc.)?	ccommodations, support worker, ac	ccess to special of	diet for	
2.	Does the inmate have Code related accommod impacted by segregation at the time of this revi disability, gender identity, etc.)? Yes No	view? (e.g., mental illness, blindnes			
	If yes, provide details:				
3.	List/check other alternative placement(s) that w need(s)) at the time of this review and explain w Transfer Other				
	Provide rationale for options considered but <u>re</u>	jected (must amount to undue har	dship):		

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



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

Na	Name (Preferred Name if appropriate), (Last, First, Middle) OTIS# Segregation Location/Cell					
Su	perintende	nt/Designate Comments con	t d			
4.	Does a Ca	re Plan exist for this inmate? [] Ye	es 🗌 No 🗌 N/A		
5.	If a Care P	lan exists for inmate, was it ac	cesse	ed and reviewed? 🗌 Yes 🗌 No		
6.		te has a suspected or known n e Plan for any required change		l illness, was a review completed o]Yes No	f the inmate's Treatment Plan	
7.	If the inma	te has mental illness, was the i	nmat	e assessed by a physician or psyc	hiatrist?	
	🗌 Yes	If yes, specify name (Mmm-dd-yyyy)	, (designation and asse	ssment date	
	🗌 No	If no, provide rationale (e.g., in etc.):	nmate	e declined, did not consent, Physic	ian/Psychiatrist not available,	
Ad	ditional Co	mment/Detail Section				
	_					
		eport attached <u>Yes</u> No nt/Designate Decision and S		rting Comments.		
	gregation E					
			v) or	Continue (Questions 4 and 5 l	pelow only)	
		for release from segregation (Sion only)	
1.	1(623011(3)	for release norm segregation (CAPIE			
2.	Inmate wa	s assessed by clinical staff up e	on re	<i>lease</i> from segregation?	🗌 No	
	If no, prov	vide rationale (e.g., inmate dec	lined	, did not consent, clinical staff not a	vailable, etc.):	
3.		suspected or known to have a ase from segregation?	a mer	ntal illness, was the inmate assess	ed by a mental health provider	
	/ Ves	If yes, specify mental health Psychologist, Mental Health (Mmm-dd-yyyy)	provi Nurse	der name, designation e, Social Worker, etc.)	n (e.g., Psychiatrist, _and_assessment date	
	🗌 No		inma	te declined, did not consent, menta	al health provider not available,	
	□ N/A	Inmate is not suspected or k	nown	to have mental illness		
4.	Reason(s)	for continued segregation? (e	explai	n)		
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) 					
Ad	Additional Comment/Detail Section					
Oc	currence Re	eport attached 🗌 Yes 🗌 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

Dir	Complete within 3 days of inmate's 30 th 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.					
	titution	Date of Segregation Review (Mmm-dd-yyyy)	Time Inmate wa (24 Hour Clock i.e. i			
Na	me (Preferred Name if appropriate), (Last, First, Middle)	OTIS#	Segregation Lo	ocation/Cell		
Pro	ovide Reasons and Details for Segregation					
	currence Report attached Yes No No Note that the Advised of Reasons(s) for Segretation Segreta	regation				
Inn	nate was advised of reason(s) for segregation?					
	☐ Yes If yes, list reasons given to the inmate	as to why				
	No If no, provide rationale (e.g., specific de	etails would compromise security a	and safety of the i	institution, etc.)		
	nate must be Advised of Opportunity to Make man Rights Code (Code) related needs)	e a Submission (accommodation	may be required	for Ontario		
1.	Inmate advised of opportunity to make a subm	ission <u>in writing</u> or <u>in person</u> to ti	he Superintender	t/Designate?		
2.	2. Inmate Response (Check all that apply)					
	☐ Yes Inmate would like to make a submission <u>in writing</u>					
	☐ Yes Inmate would like to make a submission <u>in person</u>					
	□ Declined Inmate declined from making any submission					
3.	Inmate Comments (Submission) If an inmate comments:	e's submission was in person; inclu	ude a summary of	f the inmate's		
	nate written submission attached Yes currence Report attached Yes	□ No □ No □	Inmate decline	d to comment		
	perintendent/Designate Comments Informati currence Report include but is not limited to:	on that must be contained in this c	comment section (or the attached		
	Were Code accommodations considered for the to make a written/verbal inmate submission, ac religious purposes, assistive devices, etc.)?	ccommodations, support worker, a	ccess to special of	diet for		
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.)? \Box Yes \Box No					
	If yes, provide details:					
3.	List/check other alternative placement(s) that v need(s)) at the time of this review and explain Transfer Other					
	Provide rationale for options considered but re	jected (must amount to undue ha	rdship):			
4.	Does a Care Plan exist for this inmate?	s 🗌 No 🗌 N/A				
5.	If a Care Plan exists for inmate, was it accesse	ed and reviewed? 🗌 Yes 🗌 No				

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



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

Na	me (Preferred	Name if appropriate), (Last, First, N	iddle) OTIS#	4		Segregation Location/Cell
Sι	perintender	nt/Designate Comments co	nt d		I	
6.		e has a suspected or known e Plan for any required chang			ompleted of	the inmate's Treatment Plan
7.	If the inmat	e has mental illness, was the	inmate asses	sed by a physic	an or psych	iatrist?
	Yes If yes, specify name, designation and assessment date (Mmm-dd-yyyy):					
	🗌 No	If No, provide rationale (e.g etc.):	., inmate declii	ned, did not con	sent, Physic	ian/Psychiatrist not available,
Ad	Iditional Co	mment/Detail Section				
00	currence Re	port attached 🗌 Yes 🗌 N	0			
		nt/Designate Decision and S	Supporting Co	omments		
Se	gregation D	ecision				
	Release (Q	uestions 1, 2 and 3 below on	y) or 🗌 Conti	nue (Questions	4, 5, and 6	below only)
1.	Reason(s)	for release from segregation	(explain)			
2.	_	assessed by clinical staff u				
	Yes If yes, specify clinical staff name, designation (e.g., Nurse, Physician, etc.) and assessment date(Mmm-dd-yyyy)					
	🗌 No	If no, provide rationale (e.g.	, inmate declir	ied, did not cons	sent, clinical	staff not available, etc.):
3.	Inmate was	s assessed by a mental healt	h provider upc	n release from	segregation	?
	☐ Yes	If yes, specify mental health	n provider nam	e,	designation	(e.g., Psychiatrist,
		Psychologist, Mental Health (Mmm-dd-yyyy)	Nurse, Socia	Worker, etc.)		and assessment date
	🗌 No	If no, provide rationale (e.g. etc):	, inmate declir	ied, did not cons	sent, mental	health provider not available,
	🗌 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.	6. If supporting continued segregation, what is the plan for releasing this inmate from segregation? (explain)					
Occurrence Report attached 🗌 Yes 🔲 No						
		port attached Yes N intendent/Designate (Print)	-	Superintendent/	Designate	Date (Mmm-dd-yyyy)
		3	5 51		J	

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

Complete within 3 days of receiving and return to Superintendent/Designate of the institution.						
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				
Specific Reasons and Details for Segregation						
Reviewed reasons and details for segregation	and/or attached reports.					
Additional Details/Comments (if applicable)						
Inmate Input						
 Reviewed that Inmate was Advised of Reason(s) for Segregation on Part A, B, C	Cand D				
☐ Reviewed Inmate Submission(s)						
Confirm that inmate was provided with appropriate accommodations for Ontario Human Rights Code (Code) related needs relating to communication and understanding (e.g., translated/interpretation services, support persons, extra time to complete submissions, etc.) Yes No N/A If no, provide rationale:						
Regional Director/Designate Comments Inform attached report include reviewed details concerning		is comment section and/or an				
 Information related to whether the inmate has susper known Code related needs or circumstances which cause the inmate to be: adversely impacted by segregation (e.g., n illness) placed in segregation without individualize assessments of needs and circumstances Information about any Code related accommodation were implemented or considered and rejected (must to undue hardship). These may include: alternatives to segregation or accommodation accommodations related to the inmate's at communicate, understand information and participate in the segregation review proce translation/interpretation services, support read/convey information, extra time, etc.) Information of suspected or known mental illness related to (if applicable): mental health provider assessment on initiplacement the status of the inmate's Care Plan (if applicable): mental health provider assessments/review. mental health provider assessment on releview procement 	may nental d s that t amount tions to pility to /or ss (e.g., person to al	tion				
	,	Report attached				
Regional Director/Designate Decision and Supp	•					
Continued Segregation Supported	Continued Segregation					
1. <u>Supportive of Continued Segregation Detai</u>	<u>ls:</u>					
 Identify and explain reason(s) for supporting co accommodations were rejected because they to reach this conclusion (e.g. mental health pro- 	would amount to undue hardship a					
• If supporting continued segregation, what is the plan for releasing this inmate from segregation? (explain)						

Part E – 30 Day Regional Director/Designate Review continued on next page.



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

Name (Preferred Name if appropriate), (Last, First, Mic	idle) OTIS#	Segregation Location/Cell
2. Not Supportive of Continued Segregat	ion Details:	
 Identify and explain reason(s) for <u>not</u> sup 	porting continued segregation:	
Recommended actions to be taken:		
Report attached		
Name of Regional Director/Designate (Print)	Signature of Regional Director/Designat	e 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.