### Part A: Initial Placement

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

<table>
<thead>
<tr>
<th>Institution</th>
<th>Date of Segregation Review (Mmm-dd-yyyy)</th>
<th>Time Inmate was Admitted (24 Hour Clock i.e. in hours)</th>
</tr>
</thead>
</table>

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<th>Segregation Location/Cell</th>
</tr>
</thead>
</table>

| 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. |

<table>
<thead>
<tr>
<th>Criteria for Segregation (Check all that apply)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inmate is in need of protection</td>
<td></td>
</tr>
<tr>
<td>To protect the security of the institution or the safety of other inmates</td>
<td></td>
</tr>
<tr>
<td>Alleged to have committed a misconduct of a serious nature</td>
<td></td>
</tr>
<tr>
<td>Inmate requests to be placed in segregation</td>
<td></td>
</tr>
<tr>
<td>Close confinement as a result of misconduct</td>
<td></td>
</tr>
</tbody>
</table>

### Provide Reasons and Details for Segregation

Occurrence Report attached  □ Yes  □ No

### Placement Details:

1. 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:

2. 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:

3. 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):

4. 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:

5. 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.):

6. 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:

7. 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.):

8. Does a Care Plan exist for this inmate? □ Yes  □ No  □ N/A

9. If a Care Plan exists for inmate, was it accessed and reviewed? □ Yes  □ No

Part A – Initial Placement Review continued on next page.
# PART A – Initial Placement Cont’d

<table>
<thead>
<tr>
<th>Name (Preferred Name if appropriate), (Last, First, Middle)</th>
<th>OTIS#</th>
<th>Segregation Location/Cell</th>
</tr>
</thead>
</table>

Inmate 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 inmate as to why:
   - [ ] No   If no, provide rationale (e.g., specific details would compromise security and safety of the institution, etc.)

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. 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:

<table>
<thead>
<tr>
<th>Name of Superintendent/Designate (Print)</th>
<th>Signature of Superintendent/Designate</th>
<th>Date (Mmm-dd-yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Date of Segregation Review (Mmm-dd-yyyy)</th>
<th>Time Inmate was Admitted (24 Hour Clock i.e. in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Preferred Name if appropriate), (Last, First, Middle)</td>
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</tr>
</tbody>
</table>

**Provide Reasons and Details for Segregation**

Occurrence Report attached | Yes | No |

**Inmate must be Advised of Reasons(s) for Segregation**

1. Inmate was advised of reason(s) for segregation and duration of the segregation?
   - Yes
   - No

   If yes, list reasons given to the inmate as to why:
   - 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 make a submission in writing or in person to Superintendent/Designate prior to the initial 5 Day Review
   - Yes
   - 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 | Yes | No |
   Occurrence Report attached | Yes | No |

**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:
   - Protective Custody
   - Special Needs Unit
   - Transfer
   - Other

   Provide rationale for options considered but rejected (must amount to undue hardship):

2. Inmate was assessed by clinical staff when admitted to segregation?
   - Yes
   - 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?
   - Yes
   - No
   - N/A

4. If a Care Plan exists for this inmate, was it accessed and reviewed?
   - Yes
   - No

5. If the inmate has a suspected or known mental illness, was the inmate reviewed by a mental health provider?
   - Yes
   - No

6. 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.).

**Additional Comment/Detail Section**

Occurrence Report attached | Yes | No |
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):

2. Inmate was assessed by clinical staff upon release from segregation? ☐ Yes ☐ No If no, provide rationale (e.g., inmate declined, did not consent, clinical staff not available, etc.):

3. If the inmate has a suspected or known mental illness, was the inmate assessed by a mental health provider upon release from segregation?
   ☐ 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)
   ☐ No If no, provide rationale (e.g., inmate declined, did not consent, mental health provider not available, etc.):
   ☐ 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 and to maximize integration and interaction with other inmates? (explain):

Occurrence Report attached ☐ Yes ☐ No

Name of Superintendent/Designate (Print) Signature of Superintendent/Designate Date (Mmm-dd-yyyy)

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

<table>
<thead>
<tr>
<th>Institution</th>
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<tbody>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Provide Reasons and Details for Segregation

**Occurrence Report attached** ☐ Yes ☐ No

Inmate must be Advised of Reasons(s) for Segregation

☐ Yes If yes, list reasons given to the inmate as to why:

☐ 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? ☐ 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)

   ☐ Yes Inmate would like to make a submission in writing

   ☐ Yes Inmate would like to make a submission in person

   ☐ 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 ☐ Yes ☐ No

   Occurrence Report attached ☐ Yes ☐ 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:

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.)? ☐ N/A ☐ 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.)? ☐ Yes ☐ 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: ☐ Protective Custody (PC) ☐ Special Needs Unit ☐ Transfer ☐ 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

<table>
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</table>

**Superintendent/Designate Comments cont’d**

4. Does a Care Plan exist for this inmate?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

5. If a Care Plan exists for inmate, was it accessed and reviewed?  
   - [ ] Yes  
   - [ ] No

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?  
   - [ ] Yes  
   - [ ] No

7. If the inmate has mental illness, was the inmate assessed by a physician or psychiatrist?  
   - [ ] Yes  
   - [ ] No

   - **If yes, specify name ________, designation ________ and assessment date ________(Mmm-dd-yyyy)**
   - **If no, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):**

**Additional Comment/Detail Section**

**Occurrence Report attached**  
- [ ] Yes  
- [ ] No

**Superintendent/Designate Decision and Supporting Comments.**

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**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):

2. Inmate was assessed by clinical staff upon release from segregation?  
   - [ ] Yes  
   - [ ] No

   - If no, provide rationale (e.g., inmate declined, did not consent, clinical staff not available, etc.):

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?  
   - [ ] Yes  
   - [ ] No

   - **If yes, specify mental health provider name ________, designation (e.g., Psychiatrist, Psychologist, Mental Health Nurse, Social Worker, etc.) ________ and assessment date ________(Mmm-dd-yyyy)**

   - **If no, provide rationale (e.g., inmate declined, did not consent, mental health provider not available, etc.):**

   - [ ] 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)

**Additional Comment/Detail Section**

**Occurrence Report attached**  
- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
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</table>

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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.

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<tr>
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<table>
<thead>
<tr>
<th>Provide Reasons and Details for Segregation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occurrence Report attached</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Inmate must be Advised of Reasons(s) for Segregation**

Inmate 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 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?  
   - [ ] Yes

2. **Inmate Response** (Check all that apply)

   - [ ] Yes  Inmate would like to make a submission **in writing**
   - [ ] Yes  Inmate would like to make a submission **in person**
   - [ ] 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:

<table>
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<tr>
<th>Inmate written submission attached</th>
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<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occurrence Report attached</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**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.)?  
   - [ ] N/A  
   - [ ] 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.)?  
   - [ ] Yes  
   - [ ] 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:  
   - [ ] Protective Custody (PC)
   - [ ] Special Needs Unit
   - [ ] Transfer
   - [ ] Other

   Provide rationale for options considered but **rejected** (must amount to undue hardship):

4. Does a Care Plan exist for this inmate?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

5. If a Care Plan exists for inmate, was it accessed and reviewed?  
   - [ ] Yes  
   - [ ] No

Part D – 30 Day Superintendent/Designate Review continued on next page.
### Part D – 30 Day Superintendent/Designate Review Cont’d

<table>
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</table>

#### Superintendent/Designate Comments cont’d

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?  
   - [ ] Yes  
   - [ ] No

7. If the inmate has mental illness, was the inmate assessed by a physician or psychiatrist?  
   - [ ] Yes  
   - [ ] No

   If Yes, specify name, designation and assessment date (Mmm-dd-yyyy):

   If No, provide rationale (e.g., inmate declined, did not consent, Physician/Psychiatrist not available, etc.):

#### Additional Comment/Detail Section

#### Occurrence Report attached  
- [ ] Yes  
- [ ] No

#### Superintendent/Designate Decision and Supporting Comments

**Segregation Decision**

- [ ] Release (Questions 1, 2 and 3 below only) or  
- [ ] 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?  
   - [ ] Yes  
   - [ ] No

   If Yes, specify clinical staff name, designation (e.g., Nurse, Physician, etc.) and assessment date (Mmm-dd-yyyy):

   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?  
   - [ ] Yes  
   - [ ] No

   If Yes, specify mental health provider name, designation (e.g., Psychiatrist, Psychologist, Mental Health Nurse, Social Worker, etc.) and assessment date (Mmm-dd-yyyy):

   If No, provide rationale (e.g., inmate declined, did not consent, mental health provider not available, etc.):

   - [ ] 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  
- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Name of Superintendent/Designate (Print)</th>
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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.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Date of Segregation Review (Mmm-dd-yyyy)</th>
<th>Time Inmate was Admitted (24 Hour Clock i.e. in hours)</th>
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<tbody>
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<td>Name (Preferred Name if appropriate), (Last, First, Middle)</td>
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</tr>
</tbody>
</table>

### 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 and 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

Information that must be contained in this comment section and/or an attached report include reviewed details concerning:

- Information related to whether the inmate has suspected or known Code related needs or circumstances which may cause the inmate to be:
  - adversely impacted by segregation (e.g., mental illness)
  - placed in segregation without individualized assessments of needs and circumstances
- Information about any Code related accommodations that were implemented or considered and rejected (must amount to undue hardship). These may include:
  - alternatives to segregation or accommodations to maximize integration and participation
  - accommodations related to the inmate’s ability to communicate, understand information and/or participate in the segregation review process (e.g., translation/interpretation services, support person to read/convey information, extra time, etc.)
- Information related to being seen by clinical staff
- Information of suspected or known mental illness related to (if applicable):
  - mental health provider assessment on initial placement
  - the status of the inmate’s Care Plan (if applicable)
  - completion of subsequent 5 day Physician/Psychiatrist assessments/reviews
  - mental health provider assessment on release

### Comment/Detail Section

- Report attached

### Regional Director/Designate Decision and Supporting Comments

- Continued Segregation:
  - **Supported**
  - **Not Supported**

1. **Supportive of Continued Segregation Details:**

   - Identify and explain reason(s) for supporting continued segregation, including why any other placements and/or accommodations were rejected because they would amount to undue hardship and the process that was used to reach this conclusion (e.g. mental health provider was consulted):

   - If supporting continued segregation, what is the plan for releasing this inmate from segregation? (explain)
Part E – 30 Day Regional Director/Designate Review Cont’d

<table>
<thead>
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<th>Name (Preferred Name if appropriate), (Last, First, Middle)</th>
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</table>

2. **Not Supportive of Continued Segregation Details:**
   - Identify and explain reason(s) for *not* supporting continued segregation:

   - Recommended actions to be taken:

   □ Report attached

<table>
<thead>
<tr>
<th>Name of Regional Director/Designate (Print)</th>
<th>Signature of Regional Director/Designate</th>
<th>Date (Mmm-dd-yyyy)</th>
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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.