

- New Arrival within 24 Hours
- 120 Day/Annual Review
- Request Change of Status

Oklahoma Department of Corrections
 Cell Assessment Form
 (Please print)

FACILITY Oklahoma State Penitentiary DATE July 7, 2014
 NAME Jones, Julius DOC 270147
 Gender M Race B Age 34 Height 5'9 Weight 170
 Violent Crimes (include past history): Murder First Degree, Robbery W/ Firearm(current)

Length of Sentence Death

of Prior DOC Incarcerations 0

Every offender is presupposed to be unrestricted and able to house/cell with any other assigned offender, 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

1. Yes Does the offender have an active or prior violent offense? If yes, list: (especially Murder 1, Robbery and Assault)
Murder First Degree, Robbery W/ Firearm(current)

2. No Does the offender have any separatees at the current facility? Other facilities? How many total? If yes, list:
As of July 7, 2014 - SEE ATTACHED

3. No Has the offender ever been involved in any of the following? (verified by documentation) Note if the incident involved other races.

- No The entire Battery series of misconducts (04-1 through 04-9)? _____
- No Has the offender assaulted another offender?
- No Has the offender been assaulted by another offender?
- No Has the offender been involved in a fight?
- No Has the offender been involved in groups disturbance(s) between offenders?
- No Has the offender been found in possession of a weapon(s)?
- No Has the offender been convicted of 02-2 (under the Influence)?
- No Has the offender been convicted of 08-1 Destruction of State Property?
- No Has the offender been convicted of 09-2 Possession of a weapon?
- No Has the offender been pressured for commissary or sexual favors?
- No Has the offender been involved in homosexual acts or sexual assault?



- No Has the offender Escaped or Attempted Escape?
No Is the offender known to demonstrate influence over other offenders?
No The offender's PREA status per OP-030601 entitled "Oklahoma Prison Rape Elimination Act," Section VII, Items A. and B. Predator / Victim (*circle one*)

Special Notes: _____

- No Does offender have OMS alert as a substantiated sexual assailant?
4. No Has the offender ever requested placement in or been assigned to safekeeping, protective measures/custody, segregation housing or detention during prior or current incarcerations (include city or county jail, or other adult correctional institutions)?
5. Yes Is the offender suspected or confirmed as a member of any disruptive or security threat group(s) which advocates superiority or accession toward other groups?
456 PIRU(BLOOD).
6. No Offender's statement (Indicate date of statement by each entry). Indicate date of incident by each entry. (Attach documentation).
7. No Do misconducts reflect violence towards past cell mates?
8. No Does misconduct pattern reflect violence? Explain pattern.
9. No Does offender 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 offender
10. No Number of facility moves in the past year. _____
Any as a result of violence/protection/separates: _____
11. Yes Number of bed moves in the past year. 1
Any as a result of violence/protection/separates: No

SECTION II: Health and/or Mental Health Related Criteria

Refer to "Activity/Housing Summary" Form (DOC 140113C)

> Vulnerability of the offender due to medical or mental conditions and/or treatments?

- *Mental Health Level?* _____
▪ *Mental Health issues?* _____
▪ *Handicapped?* _____
▪ *Special Needs?* _____

Indicate if the offender's current health summary documents a need for lower 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, please indicate if there is sufficient evidence to impose security restrictions relative to the offender's assignment to bunk / celled housing. State clearly the restriction and the risk associated with the offender, including the specific reason(s) for the restriction. List any documentation from which supporting evidence was obtained.

Comments/Special Considerations (security/history, etc.):

Offender is double cell approved, currently has ~~no~~ cell partner.

Section IV: Unrestricted Offenders

If the offender 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, offender enemies, and current institutional adjustment and job/program assignments.

Comments:

After assessment of all information on this offender, check the applicable housing/cell assignment status below:

Random Eligible/Unrestricted Restricted

If restricted, explain specific restriction:

E. Thomas
SIGNATURE OF UNIT MANAGER/DESIGNATED STAFF

July 7, 2014
DATE

[Signature] 7.7.14
Reviewer Signature and Date

[Signature] 7/7/14
Reviewer Signature and Date

Reviewer Signature and Date

Section V: Administrative Review (required on all facility receptions)

Administrative Review Deputy Warden/Warden

Section VI: Single Cell Assignment (OSP/MBCC)

If based on this assessment it is determined that the offender needs to be placed in a single cell, the Unit Classification Committee will be convened and a determination on 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, attach offender profile screening form and any other supporting documentation). Regardless of cell availability, the Warden must approve all permanent single cell assignments.

Single Cell: _____ Yes X No

E. Thomas 7-9-14
Signature of Unit Manager Date
Deborah Smith 7/7/14
Signature of UCC Member Date

A. Thom 7-7-14
Signature of UCC Member Date

Section VII: Double Cell Override Review

If a single cell housing assignment of an offender is recommended, but no single cell is available or provided at the facility, the offender must be overridden to double cell. This override must be reviewed by Qualified Mental Health Services Professional (QMHP) and approved by the Warden. Any offender previously single celled that the UCC determines is now appropriate to double cell, must first be approved by the Warden prior to the offender receiving a cell partner.

Mental Health Review:

_____ Recommend Double Cell
_____ Do Not Recommend Double Cell; offender needs to be single celled.

Justification for Recommendation: _____

Signature of QMHP Date

Warden's Review:

Approved to Double Cell
 Disapproved to Double Cell; offender needs to be single celled

Justification for Approval/Disapproval: _____

Debra Dammell 7-15-14
Signature of Warden Date

If it is determined that offender 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 Deputy Director 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. (R 4/11)

Oklahoma Department of Corrections
Cell Assessment Form
(Please print)

FACILITY OSP DATE 7-13-15
NAME Julius Jones DOC 270147
Gender m Race B Age 35 (PREA 115.41(d) (2))
Physical Build (115.41 (d) (3): Height 5'9 Weight 170
Violent Crimes (include past history): (PREA 115.41 (d), (5), (e))
Murder 1st Deg, Robbery w/Firearm
Length of Sentence Death Number of Prior DOC Incarcerations 0 (PREA 115.41(d) (4), (e))

Every offender is presupposed to be unrestricted and able to house/cell with any other assigned offender, 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 offender have an active or prior violent offense? If yes, list: (especially Murder I, Robbery and Assault) (PREA 115.41(d) (3))
see above
2. Does the offender have any prior convictions for sex offense? (PREA 115.41(d) (6))
3. Does the offender have any separations at the current facility? Other facilities? How many total? If yes, list: see attached
4. Has the offender ever been involved in any of the following (verified by documentation)? (PREA 115.41(e)) Note if the incident involved other races.
 - (a) Does the offender have the entire Battery series of misconducts (04-1 through 04-9)?
 - (b) Has the offender assaulted/sexually assaulted another offender? (PREA 115.41(e))
 - (c) Has the offender been assaulted/sexually assaulted by another offender?
 - (d) Has the offender been involved in a fight?
 - (e) Has the offender been involved in groups disturbance(s) between offenders?
 - (f) Has the offender been found in possession of a weapon(s)?
 - (g) Has the offender been convicted of a misconduct 02-2 (under the influence)?
 - (h) Has the offender been convicted of a misconduct 08-1 Destruction of state property?
 - (i) Has the offender been convicted of a misconduct 09-2 Possession of a weapon?
5. Has the offender been pressured for commissary or sexual favors?
6. Has the offender been involved in homosexual acts or sexual assault?
7. Has the offender escaped or attempted escape?
8. Is the offender known to demonstrate influence over other offenders?

9. N Does the offender 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. N Has the offender experienced sexual victimization? (PREA 115.341(d) (9) (8)) Has the offender 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. N Does the offender have an OMS alert as a substantiated sexual assailant?
12. N Has the offender 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. N Has the offender identified themselves as gay, lesbian, bisexual, transgender, or intersex or appears to be gender nonconforming i.e.: Is the offender's gender identity/appearance/dress consistent with the offender's gender? (review OP-030102 Attachment B "Self Report" form for this section (PREA 115.41) (d) (7)) If so, list: _____
14. N Has the offender revealed any perception of vulnerability and/or risk for victimization? If so, explain: 456 P.r.v (Blood)
15. Y Is the offender suspected or confirmed as a member of any disruptive or security threat group(s) which advocates superiority or aggression toward other groups? _____
16. NA Offender's statement (Indicate date of statement by each entry). Indicate date of incident by each entry. (Attach documentation)
17. N Do misconducts reflect violence towards past cell mates? _____
18. N Does misconduct pattern reflect violence? Explain pattern. _____
19. N Does offender 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 offender.
20. N Number of facility moves in the past year. _____
Any as a result of violence/protection/separates: _____
21. N 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 offender 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 offender'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 offender's assignment to bunk/ celled housing. State clearly the restriction and the risk associated with the offender, including the specific reason(s) for the restriction. List any documentation from which supporting evidence was obtained.

Comments/Special Considerations (security/history, etc.):

Offender currently has cell partner

SECTION IV: Unrestricted Offenders

If the offender 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, offender enemies, current institutional adjustment and job/program assignments.

Comments:

Upon assessment of all information on this offender, the applicable housing/cell assignment status is indicated below:

Random Eligible/Unrestricted Restricted

If restricted, explain specific restriction:

The offender will be reassessed if the following apply:

If the housing/cell restriction was warranted due to the offenders 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 offenders arrival and/or upon receipt of additional information. (PREA 115.41 (e))

An offender's risk level will be reassessed when information is received regarding referral requests, incidents of sexual abuse, or receipt of additional information regarding the offender's risk of sexual victimization or abusiveness. (PREA 115.41 (g))

Intake 30-day Reassessment



SIGNATURE OF UNIT MANAGER/DESIGNATED STAFF

DATE

Bull shape 7-13-15

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 offender. (PREA 115.42 (d))

The offender's 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 offenders shall be afforded the opportunity to shower separately from other offenders. (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 offender 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 offender 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 8-3-15 Date *Bull Shyne* 7-13-15 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 offender is recommended, but no single cell is available or provided at the facility, the offender 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 offender previously single celled that the UCC determines is now appropriate to double cell, must first be approved by the warden prior to the offender receiving a cell partner.

Mental Health Review:

_____ Recommend Double Cell
_____ Do Not Recommend Double Cell; offender needs to be single celled.

Justification for Recommendation: _____

The offender will be reassessed if the following apply:

If the housing/cell restriction was warranted due to the offenders 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 offenders arrival and/or upon receipt of additional information. (PREA 115.41 (e))

An offenders risk level will be reassessed when information is received regarding referral requests, incidents of sexual abuse, or receipt of additional information regarding the offenders 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

