Attachment C
OP-030102

Oklahoma Department of Corrections
Quarterly Integrated Celling Report

Facility _____ **Code** _____ Report Date _____

Report Prepared By _____ _____
(Print) (Signature and Date)

Report Reviewed By _____ _____
(Warden/Supt) (Print) (Signature and Date)

Report Reviewed By _____ _____
(Affected Administrator) (Print) (Signature and Date)

I. Facility Composition

		Inmates At Facility	Percentage
1.	**White**		
2.	**All NonWhite**		
3.	**Facility Total**		

II. Unit Calculations

Housing Units	Whites	Nonwhites	Total	% Whites	% Nonwhites
TOTAL					

(R 09/22)