

OKLAHOMA DEPARTMENT OF CORRECTIONS
Therapeutic Seclusion Conditions/Precautions

1. Therapeutic Seclusion:

- ☐ Initiate therapeutic seclusion
- ☐ Maintain therapeutic seclusion
- ☐ Change therapeutic seclusion
- ☐ Discharge from therapeutic seclusion

Housing Recommendations:

- ☐ Return to general population
- ☐ Transfer to general population Unit: _____
- ☐ Return or refer to Mental Health Unit (MHU)
- ☐ Return or refer to Intermediate Care Housing Unit (ICHU)
- ☐ Continue SMU placement per security recommendations Comment: _____

2. Reason for Therapeutic Seclusion:

- ☐ Inmate behavior likely to cause self-harm
- ☐ Inmate off medications/needs medication adjustment
- ☐ Mental health staff feels inmate is unstable and unpredictable
- ☐ Risk management interview indicates a need
- ☐ Less restrictive measures failed

3. Level of Supervision:

- ☐ Visual Monitoring: One-to-one visual monitoring on staggered intervals with observations of behaviors logged on the "Therapeutic Seclusion Watch Log".

Visual monitoring to be preformed every: _____

- ☐ Routine level of supervision per security and/or classification recommendations

4. Level of Supervision Housing Recommendation:

- ☐ Safe cell
- ☐ Medical observation cell in SMU
- ☐ Regular cell in SMU
- ☐ General population

Clothing:	Bedding:	Hygiene:	Dining:	Privileges:
<input type="checkbox"/> Safety smock ONLY (none of the following items may be checked if "Safety Smock Only" is checked) <input type="checkbox"/> Safety smock <input type="checkbox"/> Jumpsuit <input type="checkbox"/> T-shirt <input type="checkbox"/> Jeans (no belt) <input type="checkbox"/> Shorts <input type="checkbox"/> Socks <input type="checkbox"/> Shoes (no laces) <input type="checkbox"/> Shower shoes <input type="checkbox"/> Glasses	<input type="checkbox"/> Safety blanket ONLY (none of the following items may be checked if "Safety Blanket Only" is checked with the exception of mattress) <input type="checkbox"/> Safety blanket <input type="checkbox"/> Mattress <input type="checkbox"/> Blanket <input type="checkbox"/> Pillow <input type="checkbox"/> Pillowcase <input type="checkbox"/> Sheets	<input type="checkbox"/> Shower <input type="checkbox"/> Toothbrush <input type="checkbox"/> Toothpaste tube <input type="checkbox"/> Toothpaste on cloth at cell door <input type="checkbox"/> Deodorant <input type="checkbox"/> Bar soap <input type="checkbox"/> Liquid soap on cloth at cell door <input type="checkbox"/> Comb <input type="checkbox"/> Toilet paper <input type="checkbox"/> Washcloth <input type="checkbox"/> Towel <input type="checkbox"/> Shampoo	<input type="checkbox"/> Sack lunch <input type="checkbox"/> Regular tray	<input type="checkbox"/> Exercise <input type="checkbox"/> Reading material <input type="checkbox"/> Writing material <input type="checkbox"/> Canteen <input type="checkbox"/> Stamps <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____ _____ _____

5. Comments: _____

QMHP Signature: _____ Date: _____

Inmate Name: _____ ODOC#: _____