

SINGLE-CELL REVIEW FORM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

No inmate will be assigned alone in a locked cell unless there is a compelling reason and immediate approval is obtained from the Warden. For the duration of the inmate's single-cell status, this form is to be reviewed on day watch by the Unit Manager and by a Lieutenant on evening and morning watch, and weekly at the multi-disciplinary meeting.

Inmate Name		Security Level	
Register Number		CIM Assignment	
Date		Time	
Reason for Single Cell	<input type="checkbox"/> Risk of Violence to Others: (details)		
	<input type="checkbox"/> Severe Mental Health Problems "Disorganization": (details)		
	<input type="checkbox"/> Other: (details)		
Unit			
Date arrived at Institution	Arrival Date: <input type="checkbox"/> less than 30 days		
Index Offense	<input type="checkbox"/> High Profile <input type="checkbox"/> Pretrial <input type="checkbox"/> Sex Offense <input type="checkbox"/> Other:		
MH Care Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Medical Care Level	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Psych Advisory List	<input type="checkbox"/> Yes <input type="checkbox"/> No (as annotated in TRUSCOPE)		
Psych Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No (per review of a PP44)		
Currently Intoxicated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence of Substance Withdrawal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alternatives considered			

The following employee review for any known contraindications. Afterhours, the Lieutenant will call each employee for recommendations for/against single cell and note the recommendation was obtained verbally. Each employee will sign on the next business day.

Employee	Afterhours review	Known Contraindications	Signature	Date
Lieutenant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unit Manager	<input type="checkbox"/> Verbal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specific Concerns				
Captain	<input type="checkbox"/> Verbal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specific Concerns				
Chief Psychologist	<input type="checkbox"/> Verbal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specific Concerns				

SINGLE CELL DECISION		
Warden Signature	Time/Date	Decision
	<input type="checkbox"/> Verbal	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Rationale and Special Instructions		
A copy of this form will be maintained in Central File		