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 SHU 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 SHU
   - Regular cell in SHU
   - General population

   Clothing:
   - Safety smock **ONLY** (none of the following items may be checked if "Safety Smock Only" is checked)
   - Safety smock
   - Jumpsuit
   - T-shirt
   - Jeans (no belt)
   - Shorts
   - Socks
   - Shoes (no laces)
   - Shower shoes
   - Glasses

   Bedding:
   - Safety blanket **ONLY** (none of the following items may be checked if "Safety Blanket Only" is checked with the exception of mattress)
   - Safety blanket
   - Mattress
   - Blanket
   - Pillow
   - Pillowcase
   - Sheets

   Hygiene:
   - Shower
   - Toothbrush
   - Toothpaste tube
   - Toothpaste on cloth at cell door
   - Deodorant
   - Bar soap
   - Liquid soap on cloth at cell door
   - Comb
   - Toilet paper
   - Washcloth
   - Towel
   - Shampoo

   Dining:
   - Sack lunch
   - Regular tray

   Privileges:
   - Exercise
   - Reading material
   - Writing material
   - Canteen
   - Stamps
   - Mail
   - Other:

   Comments: ________________

QMHP Signature: _____________________ Date: ________________

5. Comments: ________________

QMHP Signature: _____________________ Date: ________________

Inmate Name: _____________________ DOC#: _____________________

OKLAHOMA DEPARTMENT OF CORRECTIONS
Therapeutic Seclusion Conditions/Precautions

DOC 140141F (R 4/16)