



July 2, 2021

Applicant c/o  
Jeffrey Sunstrum, Access and Privacy Officer  
Corporate Information Management, ATIPP Office

Final Response ATIPP Access Request 21-082

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**Decision**

The Department of Justice searched the Whitehorse Correctional Centre and identified records responsive to Access Request #21-082. Our final response on the information is as follows:

**Access Granted in Part**

The Department of Justice has provided partial access to information and records relating to the request noted below:

***I am requesting all records documenting the number and nature of incidents (e.g. hunger strikes, protests, refusals to stand for inmate counts) involving prisoners in your correctional institutions. ADDITIONAL INFORMATION: I am only seeking information relating to your definition of inmates.  
Timeframe: 01 October 2020 - 20 December 2020.***

Third party names, personal unique identifiers, gender, information about current and past health, information about criminal history, and information about employment history have been withheld under section 70(1) of the ATIPP Act as disclosure would be an unreasonable invasion of third party privacy.

Third party personal information about employment history has been withheld under section 70(3)(a)(iii) of the ATIPP Act as disclosure would be an unreasonable invasion of third party privacy.

Third party personal information about past health has been withheld under section 70(3)(a)(iv)(A) of the ATIPP Act as disclosure would be an unreasonable invasion of third party privacy.

There will be no charge for this request.


**Right to Complain**

You have the right to make a complaint in respect of this response to the Yukon Information and Privacy Commissioner under Section 66 of the ATIPP Act, no later than 30 business days after you receive this response. To make a complaint, contact:

Yukon Information and Privacy Commissioner  
3162 3<sup>rd</sup> Ave.  
Whitehorse, YK Y1A 1G3  
E-mail: [intake@yukonombudsman.ca](mailto:intake@yukonombudsman.ca)  
Phone: (867) 667-8468; toll free (in Yukon) 1-800-661-0408 (ext. 8468)

**Contact Person in Department**

If there are any questions, please contact Scott Tyrner, Access and Privacy Analyst for the Department of Justice at (867) 667-9477 or [jus.atipp@yukon.ca](mailto:jus.atipp@yukon.ca)

<b>Reviewed by:</b>	<b>Signatures:</b>
John Phelps, Deputy Minister, Justice	



WHITEHORSE CORRECTIONAL CENTRE – ADULT CUSTODY DIVISION  
**DAILY OBSERVATION REPORT**

Inmate last name	Inmate first name 70(1)	Inmate number	Date
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**Meals**

	Accepted	Refused	Notes (including any medical /supplementary food provided and/or inmate rationale for not eating any or all meals)
Breakfast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hunger strike
Brunch	<input type="checkbox"/>	<input type="checkbox"/>	NA
Lunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hunger strike
Snack	<input type="checkbox"/>	<input type="checkbox"/>	NA
Dinner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hunger strike
Snack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Accepted snack from CO - Unknown if 70(1)

**Unlock schedule**

It is assumed that the inmate is unlocked unless stated otherwise (this may include time offered during which they choose to remain in their cell). If there is a discrepancy between the time offered and not taken, describe what contributed to the discrepancy.

	Officer/adjudicator imposed cell restriction (minutes)	Total time out of cell (minutes)	Comments (outline any operational impacts preventing out of cell time)
0700-0800		70(1)	
0800-0900			
0900-1000			
1000-1100			
1100-1200			
1200-1300			
1300-1400			
1400-1500			
1500-1600			
1600-1700			
1700-1800			
1800-1900			
1900-2000			
2000-2100			
2100-2200			
2200-2300			
2300-0700			
Total (minutes)		70(1)	
Total unlock time in hours			

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal and professional visits on and off unit**

Document all personal and professional visit information including visits by medical, NGOs, counsellors, FCCT, etc. as well as any visits offered that the inmate refused.

Visitor name or organization	Purpose	Start of visit	End of visit	Comments
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			

**Programming**

Programs completed or refused.

Type of program	Name of program	Location	Completed as required	Comments
Recreation				
Recreation				
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	

**Positive and negative behavioral observations**

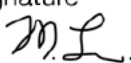
Peer interaction, officer interactions, inmate correspondence sent/received, other interactions and conversations of note.

70(1)

**Additional efforts made to promote human interaction**

Only to be completed if identified as a requirement in the inmate's Individualized Care Plan.

**Completed by:**

Author name and title CO1 GONZALO	Start time 0630	End time 1900	Signature	Date and time 70(1)
Author name and title P DELANEY COII	Start time 0930	End time 2015	Signature	Date and time 70(1)
Author name and title CO SKVORTSOV	Start time 1900	End time 0700	Signature	Date and time 70(1)
Author name and title	Start time	End time	Signature	Date and time
Supervisor name and title A/MCS LAFFIN			Signature 	Date and time 70(1)

## APPENDIX A

### SEGREGATION/RESTRICTIVE CONFINEMENT PLACEMENT

Inmate last name	First name	Inmate number	Date
	70(1)		

**Part A: Initial placement (no later than 18 hours after original placement)**

To be completed by unit officer as soon as decision is made to place an individual in conditions that amount to non-disciplinary segregation or non-disciplinary restrictive confinement. To be completed by hearing coordinator as soon as a decision is made to place an individual in conditions that amount to disciplinary segregation or disciplinary restrictive confinement. Once completed, unit officer or hearing coordinator will provide Part A to officer in charge. Once completed, a printed copy of Part A is to be provided to the inmate within 24 hours of the initial placement.

Part A is to be completed for any inmate who is placed in segregation or restrictive confinement, whether disciplinary or non-disciplinary.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	

**Reason(s) for initial placement.** Provide details on the reason(s) for initial placement. If there are concerns that a prohibition may apply, notify the officer in charge immediately and document concerns here. For non-disciplinary segregation or non-disciplinary restrictive confinement placements, indicate which of the criteria required under section 19.05(1)(a) of the *Corrections Act* apply.

Officer in charge notified of any concerns that a prohibition may apply

**Inmate's response to placement decision.** Provide details on the inmate's response to the placement decision.

**Other options exhausted.** Provide details on all other options to manage the inmate without segregating them or imposing restrictive confinement on them that were exhausted.

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Inmate's response to other options.** Provide details on the inmate's response to the other options to manage the inmate without segregating them or imposing restrictive confinement on them that were presented and exhausted.

**Inmate institutional reintegration plan.** Provide suggestions on the steps that will be required for institutional reintegration.

**Inmate suggestions on reintegration plan.** Provide details on any suggestions the inmate has on how he/she/they can be reintegrated.

**Completed by:**

Name of unit officer completing Part A

Served by (print officer's name)

Signature

Date

Time

**Part B: Officer in charge review**

To be completed by the officer in charge. Part B is to be completed within 24 hours after initial placement. Once completed, a printed copy Part B is to be provided to the inmate as soon as practicable.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of review (YYYY/MM/DD)	Time of review (24-hour clock)	

WCC Health Services notified in writing of any concerns that a prohibition may apply

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

Inmate:

70(1)

Date:

70(1)

0007

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit	
<p><b>Placement decision and rationale</b> Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision.</p>			
<p><b>Inmate provided with an opportunity to respond to placement decision?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.</p>			
<p><b>Inmate's response considered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Check yes to indicate that the inmate's response has been considered.</p>			
<p><b>Inmate response</b> Provide details on the inmate's response if he/she/they provided one.</p>			
<b>Completed by</b>			
Name of officer in charge completing Part B			
Served by (print officer's name)	Signature	Date	Time

**Part C: Interdisciplinary care review**

To be completed live by case manager during the interdisciplinary care review meeting the following business day after initial placement and signed by the superintendent or deputy superintendent designate present at the meeting.

Part C is to be completed daily, Monday to Friday, excluding statutory holidays – i.e. Part C must be completed within 4 days of the inmate’s initial placement.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of interdisciplinary care review (YYYY/MM/DD)	Time of interdisciplinary care review (24-hour clock)	

**Interdisciplinary care team attendees**

Identify the name and position of all attendees at review (i.e. deputy superintendent, case manager(s), correctional officer(s), health services staff, First Nations liaison officer, FCCT member(s), other(s)) and put an asterisk (\*) next to the writer of Part C.

**Notes on roundtable discussion regarding placement and inmate’s current behaviour**

Provide details on updates received from the interdisciplinary care team regarding the inmate’s progress through his/her Institutional Reintegration Plan and identify any changes made to the Institutional Reintegration Plan since the last review.

**Placement decision**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation conditions.

**Reason(s) for placement decision**

Provide details on the reason(s) for the placement decision made during this review.

**Inmate institutional reintegration and support plan.** Outline steps that will be required for institutional reintegration and inmate support while in restrictive conditions. Inmate reintegration and support plan development as well as execution of said plan is to be led by program area recommending the requirement for restrictive confinement or segregation.

**Completed by**

Name of individual completing Part C

Name superintendent or deputy superintendent designate in attendance the meeting	Signature
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Served by (print officer's name)	Signature	Date	Time
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**Part D: Person in charge review**

To be completed by the superintendent or on-call designate. Part D is to be completed every time Part C is completed.

**Person in charge has reviewed daily observation report?**  Yes  No

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Confirm that a prohibition does not apply:**  Yes  No

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision)

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

**Part E: Person in charge review – non-disciplinary restrictive confinement**

To be completed by the superintendent or on-call designate.

Part E is only to be completed if an inmate is held in non-disciplinary restrictive confinement for 10 consecutive days and then again if the inmate is held in non-disciplinary restrictive confinement for 20 consecutive days. Part E must be completed on the 10th consecutive day and on the 20th consecutive day that an inmate is held in non-disciplinary restrictive confinement.

Once completed, a printed copy of Part E is to be provided to the inmate within 48 hours if the person in charge orders that the inmate continue to be held in non-disciplinary restrictive confinement.

Date of interdisciplinary care review (YYYY/MM/DD)	Time of interdisciplinary care review (24-hour clock)
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**Review type:**     10th consecutive day     20th consecutive day

**Person in charge has reviewed daily observation reports?**     Yes     No

**Person in charge has had a face-to-face meeting with the inmate?**     Yes     No

If no, indicate the reason(s) why a face-to-face meeting could not be held with the inmate:

**Inmate provided with an opportunity to respond to daily observation reports?**     Yes     No

Check yes to indicate that inmate was provided with a copy of all daily observation reports prepared in relation to the inmate's current placement in non-disciplinary restrictive confinement.

**Inmate's response considered?**     Yes     No

Check yes to indicate that the inmate's response has been considered if he/she/they provided a response.

**Inmate response**

Provide details on the inmate's response if he/she/they provided one.

**Inmate response to previous placement decision considered?**     Yes     No

Check yes to indicate that the Person in Charge has considered any response the inmate provided following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Inmate response to previous placement decision**

Provide details on the inmate's response if he/she/they provided one following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued restrictive confinement conditions and provide details on the reason(s) for the placement decision.

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

**Inmate provided with an opportunity to respond to placement decision?**  Yes  No

Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.



# SHIFT REPORT

0015

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	<b>X</b>
<b>MCS Name:</b>	J.QIU	<b>Evening Shift 1900-0700</b>	
<b>Manager on Call: Sup. MACLENNAN</b> <span style="float: right;">70(1) (332-5878)</span>			

70(1)	

Restrictive Confinement/Segregation Placement				
Name (LAST, First)	Location	Date Placed	Reason	Review Date

Daily Review of Restrictive Confinement/Segregation Placement			Night Shift
Name (LAST, First)	Outcome of Review	Review Date	Total time out

Observation Check Sheet				
Name (LAST, First)	Location	Date Placed	Reason	Review Date
70(1)				

Assigned Posts				
Post	Day	Night	d8	e8
MCS	QIU	LAFFIN		
Control	THERIAULLT in @0630-1900	FOWLER 1830-0700		
H / SEG	SCHMIDT	VIGNEAU		
B		K. MARTIN 2300-0700	MEHTA till 2300	
D	LECOURS 0630-1500			JOHNSTON
F	LECOURS 1500-1900	K. MARTIN 1830-2300	VIJAY	
G	GONZALO	SKVORTSOV		
Prowl	DELANEY 0930-2015	JOHNSTON 2300-0700	SJ. GRAHAM	THERIAULT 1900-2300
Prowl	D.MURRAY till 1730			
Prowl				
APU	MILNE	TREUSCH		
APU		K. GRAHAM		
A&D	MCGINNIS till 1900			
Courts	LINDSAY			
Courts	PEARSON			
Courts	WALKER			
Programs	FALKINER			
Nursing			MANNEZ	FERENDEZ

STAFF ABSENT				
Name	Sick / special lv	Replacement	OT authorize by	Assigned Post
	70(1), 70(3)(a)(iii)			



# SHIFT REPORT

0017

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	<b>X</b>
<b>MCS Name:</b>	<b>J.QIU</b>	<b>Evening Shift 1900-0700</b>	
<b>Manager on Call: Sup. MACLENNAN</b> 70(1) <b>(332-5878)</b>			

<p>➤ 1450hrs - CO LECOURS into unit to relieve CO VIJAY. Count confirmed @6</p>
<p><b>G Unit: GONZALO</b></p> <p>➤ 0645 hrs. - CO1 GONZALO relieved CO1 SKVORTSOV in G unit. Keys, radio and briefing received at muster. 911 knife, CPR mask, Epi-pen, Narcan and 1st aid kits all accounted for. Count is confirmed at 14.</p> <p>➤ 0950 hrs. - Unit cell inspections done. 70(1)</p> <p>➤</p> <p>➤</p> <p>➤ 1055 hrs. - 70(1) will be on hunger strike for two weeks starting today. This is with reference with the Inmate Complaint Form 70(1)</p> <p>➤ 70(1)</p> <p>➤ 1205 hrs. - Formal count is confirmed at 13 inmates in the unit. 70(1)</p> <p>➤ 1535 hrs. - Superintendent MacLENNAN is in the unit. Out @ 1545 hrs. 70(1)</p> <p>➤</p> <p>➤ 1830 hrs. - Formal standing count is confirmed at 15 inmates in the unit. (6S, 9R).</p>
<p><b>H East / H West: SCHMIDT</b></p> <p>➤ 0645 - CO II SCHMIDT into secondary control to relieve CO II MAINVILLE. Briefed, Keys &amp; radio exchanged. All security/medical supplies accounted for. Narcan sealed.</p> <p>➤ 0700 - Visual check done and count confirmed at HE:5 (R: 4 S: 1) HW:3 (R:3) Total=8.</p> <p>➤ H-East: 70(1)</p> <p>➤</p> <p>➤</p> <p>➤</p> <p>➤ H-West: 70(1)</p> <p>➤</p> <p>➤</p> <p>➤</p> <p>➤ 1200 - FORMAL COUNT HE:4 (R: 3 S: 1) HW:3 (R:3) Total=7. 70(1)</p> <p>➤ 70(1)</p> <p style="padding-left: 40px;">All staff please monitor. Is on a sperated unlock group and needs to follow covid cleaning protocol.</p> <p>➤ Painting Program to H-West by Programs officer FALKINER. 30 brushes and 9 tubes of paint. To be signed in and out as per Painting program contract.</p> <p>➤ The general atmosphere in H-units was calm and relaxed. Morale appeared good. Inmate behaviour toward this officer was mostly polite and respectful. Unit cleanliness was good. Meal issues: None reported.</p>
<p><b>BSCS Issues:</b> None</p>
<p><b>Building Issues:</b></p> <p>➤ D unit exhaust fan in the common area is very loud, D. MURRAY &amp; MCS POLTORASKY have been informed, added to D unit building issues log.- on Oct. 16, PMD in and turned off the fan.</p>
<p><b>Memos:</b></p> <p>➤ 2020.10.08 - New laundry protocols by MCS CAMERON</p> <p>➤ 2020.10.08 - Intermittent Cell Confinement by Superintendent MACLENNAN</p> <p>➤ 2020.10.09 - Medication Distribution - Covert Medication by Superintendent MACLENNAN</p>
<p><b>Visits:</b></p> <p>15:15 70(1)</p>
<p><b>Programs:</b> As per programs schedule</p>
<p><b>ION Scan Verification:</b> Completed on Dayshift.</p>

# SHIFT REPORT

0018

Date:	70(1)	Day Shift 0700-1900	X
MCS Name:	J.QIU	Evening Shift 1900-0700	
Manager on Call: Sup. MACLENNAN <span style="float: right;">70(1) (332-5878)</span>			

<b>Outside Check:</b>				
<b>COUNTS: 56 Inside + 1 TA ( <span style="float: right;">70(1)</span> ) = Total 57</b>				
	<b>Sentenced</b>	<b>Remand</b>	<b>Males</b>	<b>Females</b>
<b>All of WCC</b>	<b>13</b>	<b>44</b>	<b>52</b>	<b>5</b>

### INFORMATION FOR ONCOMING SHIFT

<b>Releases:</b> None scheduled
<b>Escorts:</b> None Scheduled
<b>Violations:</b> None Scheduled
<b>Programs:</b> As per Programs schedule
<b>Appointments:</b> As per daily routine
<b>Visits:</b> 19:00 70(1) _____
<b>APU:</b>
<b>Other:</b> <ul style="list-style-type: none"> <li>➤ Reminder for all officers: when IM going to medical for specific meds, please do not write into the OBS report.</li> <li>➤ All officers escorting inmates to and from units are now responsible unlocking cells, patting inmates down, signing them out of the book, etc. <b>This is to be in effect immediately and will be part of your duties.</b> This is to balance out the work load on the floor since unit officers are occupied with paperwork and managing safety and security of the unit.</li> <li>➤ Reminder for all H unit officer – <span style="float: right;">70(1), 70(3)(a)(iv)(A)</span></li> <li>➤</li> </ul>

<b>Shift Report Completed and Verified by: MCS QIU</b>
<b>Signature:</b>
<b>Date/Time: 2020.10.16 @</b>
<b>Shift Briefing Completed by: MCS QIU</b>
<b>Oncoming MCS Briefed by: MCS QIU</b>

<b>Reports Completed and/or Scanned during shift:</b> 70(1) ➤  ➤
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# SHIFT REPORT

0020

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>LAFFIN</b>	<b>Evening Shift 1900-0700</b>	<b>X</b>
<b>Manager on Call: Sup. MACLENNAN</b> <span style="float: right;">70(1) (332-5878)</span>			

70(1)	

Restrictive Confinement/Segregation Placement				
Name (LAST, First)	Location	Date Placed	Reason	Review Date

Daily Review of Restrictive Confinement/Segregation Placement			Night Shift
Name (LAST, First)	Outcome of Review	Review Date	Total time out

Observation Check Sheet				
Name (LAST, First)	Location	Date Placed	Reason	Review Date
70(1), 70(3)(a)(iv)(A)				

Assigned Posts				
Post	Day	Night	d8	e8
MCS	QIU	LAFFIN		
Control	THERIAULLT in @0630-1900	FOWLER 1830-0700		
H / SEG	SCHMIDT	VIGNEAU		
B		K. MARTIN 2300-0700	MEHTA till 2300	
D	LECOURS 0630-1500			JOHNSTON
F	LECOURS 1500-1900	K. MARTIN 1830-2300	VIJAY	
G	GONZALO	SKVORTSOV		
Prowl	DELANEY 0930-2015	JOHNSTON 2300-0700	SJ. GRAHAM	THERIAULT 1900-2300
Prowl	D.MURRAY till 1730			
Prowl				
APU	MILNE	TREUSCH		
APU		K. GRAHAM		
A&D	MCGINNIS till 1900			
Courts	LINDSAY			
Courts	PEARSON			
Courts	WALKER			
Programs	FALKINER			
Nursing			MANNEZ	FERENDEZ

STAFF ABSENT				
Name	Sick / special lv	Replacement	OT authorize by	Assigned Post
	70(1), 70(3)(a)(iii)			

# SHIFT REPORT

0021

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>LAFFIN</b>	<b>Evening Shift 1900-0700</b>	<b>X</b>
<b>Manager on Call: Sup. MACLENNAN</b> <span style="float: right;">70(1) (332-5878)</span>			

<b>POLTORASKY</b>	Left SP@0930?			
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<b>Releases:</b>
<b>New Admit:</b> <span style="float: right;">70(1)</span>
<b>Courts:</b>
<b>Escorts:</b>
<b>Moves:</b>
<b>Violation Hearings:</b>
<b>Searches:</b> None

**B Unit: MEHTA**

- 0655 hrs - CO MEHTA into relieve COII MARTIN. Briefed by MCS LAFFIN, keys and radio received. CPR mask, 911 knife, narcan spray, EPI pen and sharps out are accounted for. PAT #52 and radio tested with control. Visual count @ 4 REM
- 1211 hrs - Formal Count Confirmed @ 70(1)
- 1831 hrs - Formal Count Confirmed @
- 2235 hrs - Formal Count Confirmed @
- Rotational Schedule - 70(1)
- 
- 
- A TV has been staged in 3rd tier common area on table by COII GULLISON.
- Unit declined YOGA programming.
- Unit recieved pumkins, was advised to paint and will be displayed as per MCS CAMERON - DDM
- SUP & DSP in unit to talk to 70(1)
- 70(1)

**D Unit: JOHNSTON**

- 1443hrs - CO JOHNSTON into unit to relieve CO LECOURS, keys, radio & briefing received. Emergency equipment - 911 knife, CPR mask, EPI pen & narcan accounted for & secured. Count Confirmed @ 20
- 
- 1532hrs - **BEDDING CHANGE FOR UNIT COMPLETED.**
- 
- 1537hrs - SUP MaCLENNAN & DSP KURTZ into unit - SPU advised the unit the kettles will be returned. 2 kettles were returned to the unit by COII DELANEY 70(1)
- 
- 1830hrs - \* Formal Count Confirmed @ 22 ( 17R & 5S )
- 2230hrs - \* Formal Count Confirmed @ 22 ( 17R & 5S )
- 
- 70(1)
- 
- TV bolt missing in cell D 103
-

# SHIFT REPORT

0022

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>LAFFIN</b>	<b>Evening Shift 1900-0700</b>	<b>X</b>
<b>Manager on Call: Sup. MACLENNAN</b> <span style="float: right;">70(1) (332-5878)</span>			

- 70(1)
- 
- 
- 
- 
- 
- \* staff station & bathroom cleaned & stocked.

- F Unit: K.MARTIN**
- 1450hrs - CO LECOURE into unit to relieve CO VIJAY. Count confirmed @6
  - 
  - 1830hrs - FORMAL COUNT @6 ( 70(1) )
  - 
  - 19:00hrs - CO K.MARTIN in the unit to relieve CO LECOURE. Keys, radio and briefing received. Emergency equipment secured at desk. COUNT CONFIRMED @ 6 INMATES.
  - 70(1)
  - 
  - 22:30 - FORMAL COUNT @ 7 INMATES.
  - 02:30 - FORMAL COUNT @ 7 INMATES.
  - 06:30 - FORMAL COUNT @ 7 INMATES.
  - Rotational Schedule:
  - 70(1)

- G Unit: SKVORTSOV**
- 1855 HRS CO SKVORTSOV in to unit relieve CO GONZALO. Keys received. Briefed. 911 knife and CPR mask accounted for. Sharps list checked. Count of unit confirmed at 15. 6 sentenced and 9 remanded.
  - Good day on the unit.
  - 7 inmates participated in the fitness program.
  - From Dayshift:
  - 70(1) announced 70(1) will be on hunger strike for two weeks starting today. This is with reference with the Inmate Complaint Form 70(1) GRG
  - 70(1) has refused all 3 meals today

- H East / H West: VIGNEAU**
- 18:55hrs - CO II VIGNEAU on shift to relieve CO II SCHMIDT. Briefed; keys, radio and all safety equipment accounted for. Count accepted and confirmed @ HE:6 ( 70(1) HW:3 (R:3) Total=9
  - H-East: 70(1)
  - 
  - 
  - 
  - H-West: 70(1)
  - 
  - 
  - 
  - 22:30hrs - Formal Count @ HHE:6 ( 70(1) HW: 70(1) Total=9
  - From previous- 70(1)
  - All staff please monitor. Is on a sperated unlock group and needs to follow covid cleaning protocol.
  - Units were well beahved this evening with nothing out of the ordinary to report. I/M responded well with all direction.

# SHIFT REPORT

0023

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>LAFFIN</b>	<b>Evening Shift 1900-0700</b>	<b>X</b>
<b>Manager on Call: Sup. MACLENNAN</b> <span style="float: right;">70(1) (332-5878)</span>			

<b>BSCS Issues:</b> None				
<b>Building Issues:</b>				
➤ D unit exhaust fan in the common area is very loud, D. MURRAY & MCS POLTORASKY have been informed, added to D unit building issues log.- on Oct. 16, PMD in and turned off the fan.				
<b>Memos:</b>				
➤ 2020.10.08 - New laundry protocols by MCS CAMERON				
➤ 2020.10.08 - Intermittent Cell Confinement by Superintendent MACLENNAN				
➤ 2020.10.09 - Medication Distribution - Covert Medication by Superintendent MACLENNAN				
<b>Visits:</b>				
19:00 70(1)				
<b>Programs:</b> As per programs schedule				
<b>ION Scan Verification:</b> Completed on Dayshift.				
<b>Outside Check:</b> 0100 – JOHNSTON, 0300 – K.MARTIN , 0500 - SKVORTSOV				
<b>COUNTS:</b> 57 Inside + 2 TA <span style="float: right;">70(1) = Total 59</span>				
	<b>Sentenced</b>	<b>Remand</b>	<b>Males</b>	<b>Females</b>
<b>All of WCC</b>	<b>15</b>	<b>44</b>	<b>54</b>	<b>5</b>

## INFORMATION FOR ONCOMING SHIFT

<b>Releases:</b> None scheduled				
<b>Escorts:</b> None Scheduled				
<b>Violations:</b> None Scheduled				
<b>Programs:</b> As per Programs schedule				
<b>Appointments:</b> As per daily routine				
<b>Visits:</b>				
<b>15:15</b>		70(1)		
<b>17:45</b>		70(1)		
<b>19:00</b>	70(1)			
<b>APU:</b>				
<b>Other:</b>				
➤ Reminder for all officers: when IM going to medical for specific meds, please do not write into the OBS report.				
➤ All officers escorting inmates to and from units are now responsible unlocking cells, patting inmates down, signing them out of the book, etc. <b>This is to be in effect immediately and will be part of your duties.</b> This is to balance out the work load on the floor since unit officers are occupied with paperwork and managing safety and security of the unit.				
➤ Reminder for all H unit officer – regarding covert medication				

<b>Shift Report Completed and Verified by: A/MCS LAFFIN</b>				
<b>Signature:</b>				
<b>Date/Time:</b> 70(1) @ 0630				
<b>Shift Briefing Completed by: A/MCS LAFFIN</b>				
<b>Oncoming MCS Briefed by: A/MCS LAFFIN</b>				

# SHIFT REPORT

0024

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	LAFFIN	<b>Evening Shift 1900-0700</b>	<b>X</b>
<b>Manager on Call: Sup. MACLENNAN</b> 70(1) <b>(332-5878)</b>			

**Reports Completed and/or Scanned during shift:**

70(1)



WHITEHORSE CORRECTIONAL CENTRE – ADULT CUSTODY DIVISION  
**DAILY OBSERVATION REPORT**

Inmate last name	Inmate first name 70(1)	Inmate number	Date
------------------	----------------------------	---------------	------

Meals			
	Accepted	Refused	Notes (including any medical /supplementary food provided and/or inmate rationale for not eating any or all meals)
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	NA
Brunch	<input type="checkbox"/>	<input type="checkbox"/>	Didn't get up for Brunch
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	NA
Snack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Didn't eat 70(1)
Dinner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Didn't eat 70(1)
Snack	<input type="checkbox"/>	<input type="checkbox"/>	

**Unlock schedule**

It is assumed that the inmate is unlocked unless stated otherwise (this may include time offered during which they choose to remain in their cell). If there is a discrepancy between the time offered and not taken, describe what contributed to the discrepancy.

	Officer/adjudicator imposed cell restriction (minutes)	Total time out of cell (minutes)	Comments (outline any operational impacts preventing out of cell time)
0700-0800			70(1)
0800-0900			
0900-1000			
1000-1100			
1100-1200			
1200-1300			
1300-1400			
1400-1500			
1500-1600			
1600-1700			
1700-1800			
1800-1900			
1900-2000			
2000-2100			
2100-2200			
2200-2300			
2300-0700			
Total (minutes)		70(1)	
Total unlock time in hours			

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal and professional visits on and off unit**

Document all personal and professional visit information including visits by medical, NGOs, counsellors, FCCT, etc. as well as any visits offered that the inmate refused.

Visitor name or organization	Purpose	Start of visit	End of visit	Comments
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			

**Programming**

Programs completed or refused.

Type of program	Name of program	Location	Completed as required	Comments
		70(1)		
Employment/education				
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	

**Positive and negative behavioral observations**


Peer interaction, officer interactions, inmate correspondence sent/received, other interactions and conversations of note.

70(1)

**Additional efforts made to promote human interaction**

Only to be completed if identified as a requirement in the inmate's Individualized Care Plan.

**Completed by:**

Author name and title K.MILNE Correctional Officer I	Start time 1000	End time 1900	Signature	Date and time 70(1)
Author name and title COI MARKOWSKI	Start time 1830	End time 0700	Signature	Date and time 70(1)
Author name and title	Start time	End time	Signature	Date and time
Author name and title	Start time	End time	Signature	Date and time
Supervisor name and title MCS GRAHAM			Signature 	Date and time 70(1)

**APPENDIX A**  
**SEGREGATION/RESTRICTIVE CONFINEMENT PLACEMENT**

Inmate last name	First name	Inmate number	Date
	70(1)		

**Part A: Initial placement (no later than 18 hours after original placement)**

To be completed by unit officer as soon as decision is made to place an individual in conditions that amount to non-disciplinary segregation or non-disciplinary restrictive confinement. To be completed by hearing coordinator as soon as a decision is made to place an individual in conditions that amount to disciplinary segregation or disciplinary restrictive confinement. Once completed, unit officer or hearing coordinator will provide Part A to officer in charge. Once completed, a printed copy of Part A is to be provided to the inmate within 24 hours of the initial placement.

Part A is to be completed for any inmate who is placed in segregation or restrictive confinement, whether disciplinary or non-disciplinary.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	

**Reason(s) for initial placement.** Provide details on the reason(s) for initial placement. If there are concerns that a prohibition may apply, notify the officer in charge immediately and document concerns here. For non-disciplinary segregation or non-disciplinary restrictive confinement placements, indicate which of the criteria required under section 19.05(1)(a) of the *Corrections Act* apply.

Officer in charge notified of any concerns that a prohibition may apply

**Inmate's response to placement decision.** Provide details on the inmate's response to the placement decision.

**Other options exhausted.** Provide details on all other options to manage the inmate without segregating them or imposing restrictive confinement on them that were exhausted.

**Inmate's response to other options.** Provide details on the inmate's response to the other options to manage the inmate without segregating them or imposing restrictive confinement on them that were presented and exhausted.

**Inmate institutional reintegration plan.** Provide suggestions on the steps that will be required for institutional reintegration.

**Inmate suggestions on reintegration plan.** Provide details on any suggestions the inmate has on how he/she/they can be reintegrated.

**Completed by:**

Name of unit officer completing Part A

Served by (print officer's name)

Signature

Date

Time

**Part B: Officer in charge review**

To be completed by the officer in charge. Part B is to be completed within 24 hours after initial placement. Once completed, a printed copy Part B is to be provided to the inmate as soon as practicable.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of review (YYYY/MM/DD)	Time of review (24-hour clock)	

WCC Health Services notified in writing of any concerns that a prohibition may apply

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
------------------------------	--	---------------

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision.

**Inmate provided with an opportunity to respond to placement decision?**  Yes  No

Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.

**Inmate's response considered?**  Yes  No

Check yes to indicate that the inmate's response has been considered.

**Inmate response**

Provide details on the inmate's response if he/she/they provided one.

**Completed by**

Name of officer in charge completing Part B

Served by (print officer's name)	Signature	Date	Time
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**Part C: Interdisciplinary care review**

To be completed live by case manager during the interdisciplinary care review meeting the following business day after initial placement and signed by the superintendent or deputy superintendent designate present at the meeting.

Part C is to be completed daily, Monday to Friday, excluding statutory holidays – i.e. Part C must be completed within 4 days of the inmate’s initial placement.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of interdisciplinary care review (YYYY/MM/DD)	Time of interdisciplinary care review (24-hour clock)	

**Interdisciplinary care team attendees**  
 Identify the name and position of all attendees at review (i.e. deputy superintendent, case manager(s), correctional officer(s), health services staff, First Nations liaison officer, FCCT member(s), other(s)) and put an asterisk (\*) next to the writer of Part C.

**Notes on roundtable discussion regarding placement and inmate’s current behaviour**  
 Provide details on updates received from the interdisciplinary care team regarding the inmate’s progress through his/her Institutional Reintegration Plan and identify any changes made to the Institutional Reintegration Plan since the last review.

**Placement decision**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation conditions.

**Reason(s) for placement decision**

Provide details on the reason(s) for the placement decision made during this review.

**Inmate institutional reintegration and support plan.** Outline steps that will be required for institutional reintegration and inmate support while in restrictive conditions. Inmate reintegration and support plan development as well as execution of said plan is to be led by program area recommending the requirement for restrictive confinement or segregation.

**Completed by**

Name of individual completing Part C

Name superintendent or deputy superintendent designate in attendance the meeting	Signature
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Served by (print officer's name)	Signature	Date	Time
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**Part D: Person in charge review**

To be completed by the superintendent or on-call designate. Part D is to be completed every time Part C is completed.

**Person in charge has reviewed daily observation report?**  Yes  No

**Supportive of reason(s) for placement?**  Yes  No  
 If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No  
 If no, indicate other options considered and exhausted:

**Confirm that a prohibition does not apply:**  Yes  No

**Supportive of inmate institutional reintegration plan?**  Yes  No  
 If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision)

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Part E: Person in charge review – non-disciplinary restrictive confinement**

To be completed by the superintendent or on-call designate.

Part E is only to be completed if an inmate is held in non-disciplinary restrictive confinement for 10 consecutive days and then again if the inmate is held in non-disciplinary restrictive confinement for 20 consecutive days. Part E must be completed on the 10th consecutive day and on the 20th consecutive day that an inmate is held in non-disciplinary restrictive confinement.

Once completed, a printed copy of Part E is to be provided to the inmate within 48 hours if the person in charge orders that the inmate continue to be held in non-disciplinary restrictive confinement.

Date of interdisciplinary care review (YYYY/MM/DD)

Time of interdisciplinary care review (24-hour clock)

**Review type:**  10th consecutive day  20th consecutive day

**Person in charge has reviewed daily observation reports?**  Yes  No

**Person in charge has had a face-to-face meeting with the inmate?**  Yes  No

If no, indicate the reason(s) why a face-to-face meeting could not be held with the inmate:

**Inmate provided with an opportunity to respond to daily observation reports?**  Yes  No

Check yes to indicate that inmate was provided with a copy of all daily observation reports prepared in relation to the inmate's current placement in non-disciplinary restrictive confinement.

**Inmate's response considered?**  Yes  No

Check yes to indicate that the inmate's response has been considered if he/she/they provided a response.

**Inmate response**

Provide details on the inmate's response if he/she/they provided one.

**Inmate response to previous placement decision considered?**  Yes  No

Check yes to indicate that the Person in Charge has considered any response the inmate provided following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Inmate response to previous placement decision**

Provide details on the inmate's response if he/she/they provided one following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued restrictive confinement conditions and provide details on the reason(s) for the placement decision.

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

**Inmate provided with an opportunity to respond to placement decision?**  Yes  No

Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.



# SHIFT REPORT

0039

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>SJ GRAHAM</b>	<b>Evening Shift 1900-0700</b>	😊
<b>Manager on Call: Sup. MACLENNAN</b> 70(1) <b>(332-5878)</b>			

70(1)	

Restrictive Confinement/Segregation Placement				
Name (LAST, First)	Location	Date Placed	Reason	Review Date

Daily Review of Restrictive Confinement/Segregation Placement			Night Shift
Name (LAST, First)	Outcome of Review	Review Date	Total time out

Observation Check Sheet				
Name (LAST, First)	Location	Date Placed	Reason	Review Date
		70(1)		

Assigned Posts				
Post	Day	Night	d8	e8
MCS	LEVESQUE	SJ GRAHAM		
Control	SINGH 0700-1000 NEAL 1000-1500 MAINVILLE 1500-1900	VAN DE MORTEL 2015-0700		SINGH 1900-2015
H / SEG	CECCO	HEYLAND		
B	ANSAH	WRIGHT		
D	SINGH 1000-1900	HOEHN 1900-2300		
F	VIJAY 1500-1900		LECOURS	MAINVILLE 1900-2300
G		MAROWSKI	MILNE till 1900	
Prowl	CAMERON 0930-2015			
Prowl		ANSAH 1900-2300		VIJAY 1900-2300
Prowl				
APU	NEAL	TREUSCH		
APU	ST-GEORGE	K. GRAHAM		
A&D	HILL			
Courts				
Courts				
Courts				
Programs	VIJAY			
Nursing			KALLOS till 1330 AMIRAULT	FERNANDEZ

STAFF ABSENT				
Name	Sick / special lv	Replacement	OT authorize by	Assigned Post
		70(1), 70(3)(a)(iii)		

# SHIFT REPORT

0040

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>SJ GRAHAM</b>	<b>Evening Shift 1900-0700</b>	😊
<b>Manager on Call: Sup. MACLENNAN</b> 70(1) <b>(332-5878)</b>			

<b>Releases:</b> None
<b>New Admit:</b> None
<b>Courts:</b> None
<b>Escorts:</b> None
<b>Moves:</b> None
<b>Violation Hearings:</b> None
<b>Searches:</b> None
<b>B Unit:</b> <ul style="list-style-type: none"> <li>➤ 18:50 - <b>CO WRIGHT</b> into unit to relieve CO ANSAH. Keys and radio received. Emergency equipment accounted for and secured at officer's desk. Count accepted/confirmed @ 70(1)</li> <li>➤ Formal Count @ 70(1)</li> </ul>
<b>D Unit:</b> <ul style="list-style-type: none"> <li>➤ 1847hrs <b>CO HOEHN</b> into unit to relieve CO SINGH. Keys/radio obtained. Information exchanged. Briefed By MCS in muster. PAT/Radio tested with control, both working. 911 Knife, CPR mask, Epipen, Narcan secured.. Count confirmed @ 23</li> <li>➤ 2230hrs FORMAL COUNT @ 23</li> <li>➤ Unit was very loud tonight, playing cards, talking on the phone and working on beading projects. No issues - EH</li> </ul>
<b>F Unit:</b> <ul style="list-style-type: none"> <li>➤ 1852 hrs <b>CO II MAINVILLE</b> into Relieve CO VIJAY. Keys, Radio and Briefing Received from CO VIJAY. Security and Medical Equipment Accounted for and Checked over. Count at 6 inmates ( 70(1) ).</li> <li>➤ 2230 hrs Formal Count. Count at 6 inmates ( 70(1) ).</li> </ul>
<b>G Unit:</b> <ul style="list-style-type: none"> <li>➤ <b>CO MARKOWSKI</b> into unit relieving CO MILNE - keys, radio, briefing received from same - Emergency equipment present - visual check @ 15</li> <li>➤ Placement sheet updated - cross referenced with Class List and I/M Safety Plans</li> <li>➤ <b>From unit report</b> 70(1) <b>will be on hunger strike for two weeks starting today. This in regards to complaint form</b> 70(1)</li> <li>➤ Unit morale appears to be good - all I/Ms appear to be getting along well with each other, lots of card/dice playing in the evening, with some I/Ms preferring to stay in their cells and watch TV - 70(1)</li> </ul>
<b>H East / H West:</b> <ul style="list-style-type: none"> <li>➤ 1845 - <b>COI HEYLAND</b> on shift to relieve COI CECCO. Briefed by A/MCS. Keys and radio received. PAT and radio tested. Emergency equipment checked. Count confirmed @ H-E: 6 H-W: 3</li> <li>➤ 2230 - Formal Count @ H-E: 6 H-W: 70(1)</li> <li>➤ Rotation Groups:</li> <li>➤ Hotel East: 70(1)</li> <li>➤</li> <li>➤ Hotel West:</li> <li>➤ 70(1)</li> </ul>
<b>BSCS Issues:</b> None

# SHIFT REPORT

0041

<b>Date:</b>	70(1)	<b>Day Shift 0700-1900</b>	
<b>MCS Name:</b>	<b>SJ GRAHAM</b>	<b>Evening Shift 1900-0700</b>	😊
<b>Manager on Call: Sup. MACLENNAN</b> 70(1) <b>(332-5878)</b>			

<b>Building Issues:</b> None				
<b>Memos:</b> None				
<b>Visits:</b> 19:00 – 70(1)				
<b>Programs:</b> As per programs schedule				
<b>ION Scan Verification:</b> Completed on Dayshift.				
<b>Outside Check:</b> 0033 – WRIGHT,				
<b>COUNTS:</b> 57 Inside + 2 TA 70(1) )= Total 59				
	<b>Sentenced</b>	<b>Remand</b>	<b>Males</b>	<b>Females</b>
<b>All of WCC</b>	<b>18</b>	<b>41</b>	<b>54</b>	<b>5</b>

### INFORMATION FOR ONCOMING SHIFT

<b>Releases:</b> None scheduled
<b>Escorts:</b> None Scheduled
<b>Violations:</b> NoneScheduled
<b>Programs:</b> As per Programs schedule
<b>Appointments:</b> As per daily routine
<b>Visits:</b> 15:15 – 70(1)
<b>APU:</b> None
<b>Other:</b> <ul style="list-style-type: none"> <li>➤ Reminder for all officers: when IM going to medical for specific meds, please do not write into the OBS report.</li> <li>➤ All officers escorting inmates to and from units are now responsible unlocking cells, patting inmates down, signing them out of the book, etc. <b>This is to be in effect immediately and will be part of your duties.</b> This is to balance out the work load on the floor since unit officers are occupied with paperwork and managing safety and security of the unit.</li> <li>➤ Reminder for all H unit officer – 70(1)</li> </ul>

<b>Shift Report Completed and Verified by: MCS GRAHAM</b>
<b>Signature:</b>
<b>Date/Time:</b> 70(1) @
<b>Shift Briefing Completed by: MCS GRAHAM</b>
<b>Oncoming MCS Briefed by: MCS GRAHAM</b>

<b>Reports Completed and/or Scanned during shift:</b>
➤



WHITEHORSE CORRECTIONAL CENTRE – ADULT CUSTODY DIVISION  
**DAILY OBSERVATION REPORT**

Inmate last name	Inmate first name 70(1)	Inmate number	Date
------------------	----------------------------	---------------	------

Meals			
	Accepted	Refused	Notes (including any medical /supplementary food provided and/or inmate rationale for not eating any or all meals)
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>	NA
Brunch	<input type="checkbox"/>	<input checked="" type="checkbox"/>	At 1018hrs. Still on hunger strike.
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	NA
Snack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did not get up for lunch
Dinner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refused Dinner. 70(1)
Snack	<input type="checkbox"/>	<input type="checkbox"/>	

**Unlock schedule**

It is assumed that the inmate is unlocked unless stated otherwise (this may include time offered during which they choose to remain in their cell). If there is a discrepancy between the time offered and not taken, describe what contributed to the discrepancy.

	Officer/adjudicator imposed cell restriction (minutes)	Total time out of cell (minutes)	Comments (outline any operational impacts preventing out of cell time)
0700-0800		70(1)	
0800-0900			
0900-1000			
1000-1100			
1100-1200			
1200-1300			
1300-1400			
1400-1500			
1500-1600			
1600-1700			
1700-1800			
1800-1900			
1900-2000			
2000-2100			
2100-2200			
2200-2300			
2300-0700			
Total (minutes)		70(1)	
Total unlock time in hours			

**Personal and professional visits on and off unit**

Document all personal and professional visit information including visits by medical, NGOs, counsellors, FCCT, etc. as well as any visits offered that the inmate refused.

Visitor name or organization	Purpose	Start of visit	End of visit	Comments
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			

**Programming**

Programs completed or refused.

Type of program	Name of program	Location	Completed as required	Comments
Employment/education		70(1)		
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	

**Positive and negative behavioral observations**

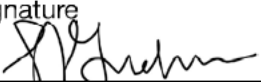
Peer interaction, officer interactions, inmate correspondence sent/received, other interactions and conversations of note.

70(1)

**Additional efforts made to promote human interaction**

Only to be completed if identified as a requirement in the inmate's Individualized Care Plan.

**Completed by:**

Author name and title K. MILNE Correctional Officer I	Start time 1000	End time 1900	Signature	Date and time 70(1)
Author name and title COI MARKOWSKI	Start time 1830	End time 0700	Signature	Date and time 70(1)
Author name and title	Start time	End time	Signature	Date and time
Author name and title	Start time	End time	Signature	Date and time
Supervisor name and title MCS GRAHAM			Signature 	Date and time 70(1)

## APPENDIX A

### SEGREGATION/RESTRICTIVE CONFINEMENT PLACEMENT

Inmate last name	First name	Inmate number	Date
	70(1)		

**Part A: Initial placement (no later than 18 hours after original placement)**

To be completed by unit officer as soon as decision is made to place an individual in conditions that amount to non-disciplinary segregation or non-disciplinary restrictive confinement. To be completed by hearing coordinator as soon as a decision is made to place an individual in conditions that amount to disciplinary segregation or disciplinary restrictive confinement. Once completed, unit officer or hearing coordinator will provide Part A to officer in charge. Once completed, a printed copy of Part A is to be provided to the inmate within 24 hours of the initial placement.

Part A is to be completed for any inmate who is placed in segregation or restrictive confinement, whether disciplinary or non-disciplinary.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	

**Reason(s) for initial placement.** Provide details on the reason(s) for initial placement. If there are concerns that a prohibition may apply, notify the officer in charge immediately and document concerns here. For non-disciplinary segregation or non-disciplinary restrictive confinement placements, indicate which of the criteria required under section 19.05(1)(a) of the *Corrections Act* apply.

Officer in charge notified of any concerns that a prohibition may apply

**Inmate's response to placement decision.** Provide details on the inmate's response to the placement decision.

**Other options exhausted.** Provide details on all other options to manage the inmate without segregating them or imposing restrictive confinement on them that were exhausted.

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Inmate's response to other options.** Provide details on the inmate's response to the other options to manage the inmate without segregating them or imposing restrictive confinement on them that were presented and exhausted.

**Inmate institutional reintegration plan.** Provide suggestions on the steps that will be required for institutional reintegration.

**Inmate suggestions on reintegration plan.** Provide details on any suggestions the inmate has on how he/she/they can be reintegrated.

**Completed by:**

Name of unit officer completing Part A

Served by (print officer's name)

Signature

Date

Time

**Part B: Officer in charge review**

To be completed by the officer in charge. Part B is to be completed within 24 hours after initial placement. Once completed, a printed copy Part B is to be provided to the inmate as soon as practicable.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of review (YYYY/MM/DD)	Time of review (24-hour clock)	

WCC Health Services notified in writing of any concerns that a prohibition may apply

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
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**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision.

**Inmate provided with an opportunity to respond to placement decision?**  Yes  No

Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.

**Inmate's response considered?**  Yes  No

Check yes to indicate that the inmate's response has been considered.

**Inmate response**

Provide details on the inmate's response if he/she/they provided one.

**Completed by**

Name of officer in charge completing Part B

Served by (print officer's name)	Signature	Date	Time
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**Part C: Interdisciplinary care review**

To be completed live by case manager during the interdisciplinary care review meeting the following business day after initial placement and signed by the superintendent or deputy superintendent designate present at the meeting.

Part C is to be completed daily, Monday to Friday, excluding statutory holidays – i.e. Part C must be completed within 4 days of the inmate's initial placement.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of interdisciplinary care review (YYYY/MM/DD)	Time of interdisciplinary care review (24-hour clock)	

**Interdisciplinary care team attendees**

Identify the name and position of all attendees at review (i.e. deputy superintendent, case manager(s), correctional officer(s), health services staff, First Nations liaison officer, FCCT member(s), other(s)) and put an asterisk (\*) next to the writer of Part C.

**Notes on roundtable discussion regarding placement and inmate's current behaviour**

Provide details on updates received from the interdisciplinary care team regarding the inmate's progress through his/her Institutional Reintegration Plan and identify any changes made to the Institutional Reintegration Plan since the last review.

**Placement decision**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation conditions.

**Reason(s) for placement decision**

Provide details on the reason(s) for the placement decision made during this review.

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Inmate institutional reintegration and support plan.** Outline steps that will be required for institutional reintegration and inmate support while in restrictive conditions. Inmate reintegration and support plan development as well as execution of said plan is to be led by program area recommending the requirement for restrictive confinement or segregation.

**Completed by**

Name of individual completing Part C

Name superintendent or deputy superintendent designate in attendance the meeting	Signature
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Served by (print officer's name)	Signature	Date	Time
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**Part D: Person in charge review**

To be completed by the superintendent or on-call designate. Part D is to be completed every time Part C is completed.

**Person in charge has reviewed daily observation report?**  Yes  No

**Supportive of reason(s) for placement?**  Yes  No  
 If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No  
 If no, indicate other options considered and exhausted:

**Confirm that a prohibition does not apply:**  Yes  No

**Supportive of inmate institutional reintegration plan?**  Yes  No  
 If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision)

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

**Part E: Person in charge review – non-disciplinary restrictive confinement**

To be completed by the superintendent or on-call designate.

Part E is only to be completed if an inmate is held in non-disciplinary restrictive confinement for 10 consecutive days and then again if the inmate is held in non-disciplinary restrictive confinement for 20 consecutive days. Part E must be completed on the 10th consecutive day and on the 20th consecutive day that an inmate is held in non-disciplinary restrictive confinement.

Once completed, a printed copy of Part E is to be provided to the inmate within 48 hours if the person in charge orders that the inmate continue to be held in non-disciplinary restrictive confinement.

Date of interdisciplinary care review (YYYY/MM/DD)	Time of interdisciplinary care review (24-hour clock)
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**Review type:**  10th consecutive day  20th consecutive day

**Person in charge has reviewed daily observation reports?**  Yes  No

**Person in charge has had a face-to-face meeting with the inmate?**  Yes  No  
 If no, indicate the reason(s) why a face-to-face meeting could not be held with the inmate:

**Inmate provided with an opportunity to respond to daily observation reports?**  Yes  No  
 Check yes to indicate that inmate was provided with a copy of all daily observation reports prepared in relation to the inmate's current placement in non-disciplinary restrictive confinement.

**Inmate's response considered?**  Yes  No  
 Check yes to indicate that the inmate's response has been considered if he/she/they provided a response.

**Inmate response**  
 Provide details on the inmate's response if he/she/they provided one.

**Inmate response to previous placement decision considered?**  Yes  No  
 Check yes to indicate that the Person in Charge has considered any response the inmate provided following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Inmate response to previous placement decision**  
 Provide details on the inmate's response if he/she/they provided one following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued restrictive confinement conditions and provide details on the reason(s) for the placement decision.

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

**Inmate provided with an opportunity to respond to placement decision?**  Yes  No

Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.



WHITEHORSE CORRECTIONAL CENTRE – ADULT CUSTODY DIVISION  
**DAILY OBSERVATION REPORT**

Inmate last name	Inmate first name 70(1)	Inmate number	Date
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Meals			
	Accepted	Refused	Notes (including any medical /supplementary food provided and/or inmate rationale for not eating any or all meals)
Breakfast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	At 0720hrs. Did not get up for breakfast.
Brunch	<input type="checkbox"/>	<input type="checkbox"/>	NA
Lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At 1224hrs. I/M ate 70(1)
Snack	<input type="checkbox"/>	<input type="checkbox"/>	NA
Dinner	<input type="checkbox"/>	<input type="checkbox"/>	
Snack	<input type="checkbox"/>	<input type="checkbox"/>	

**Unlock schedule**

**It is assumed that the inmate is unlocked unless stated otherwise** (this may include time offered during which they choose to remain in their cell). If there is a discrepancy between the time offered and not taken, describe what contributed to the discrepancy.

	Officer/adjudicator imposed cell restriction (minutes)	Total time out of cell (minutes)	Comments (outline any operational impacts preventing out of cell time)
0700-0800			70(1)
0800-0900			
0900-1000			
1000-1100			
1100-1200			
1200-1300			
1300-1400			
1400-1500			
1500-1600			
1600-1700			
1700-1800			
1800-1900			
1900-2000			
2000-2100			
2100-2200			
2200-2300			
2300-0700			
Total (minutes)		70(1)	
Total unlock time in hours			

**Personal and professional visits on and off unit**

Document all personal and professional visit information including visits by medical, NGOs, counsellors, FCCT, etc. as well as any visits offered that the inmate refused.

Visitor name or organization	Purpose	Start of visit	End of visit	Comments
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			

**Programming**

Programs completed or refused.

Type of program	Name of program	Location	Completed as required	Comments
Employment/education		70(1)		
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	
Select one		Select one	<input type="checkbox"/>	

**Positive and negative behavioral observations**

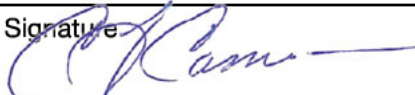
Peer interaction, officer interactions, inmate correspondence sent/received, other interactions and conversations of note.

70(1)

**Additional efforts made to promote human interaction**

Only to be completed if identified as a requirement in the inmate's Individualized Care Plan.

**Completed by:**

Author name and title K. MILNE Correctional Officer I	Start time 0700	End time 1500	Signature	Date and time 70(1)
Author name and title LECOURS CO	Start time 1430	End time 1900	Signature	Date and time 70(1)
Author name and title COI MARKOWSKI	Start time 1900	End time 0700	Signature	Date and time 70(1)
Author name and title	Start time	End time	Signature	Date and time
Supervisor name and title Craig Cameron MCS			Signature 	Date and time 70(1)



# APPENDIX A SEGREGATION/RESTRICTIVE CONFINEMENT PLACEMENT

Inmate last name	First name 70(1)	Inmate number	Date
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**Part A: Initial placement (no later than 18 hours after original placement)**

To be completed by unit officer as soon as decision is made to place an individual in conditions that amount to non-disciplinary segregation or non-disciplinary restrictive confinement. To be completed by hearing coordinator as soon as a decision is made to place an individual in conditions that amount to disciplinary segregation or disciplinary restrictive confinement. Once completed, unit officer or hearing coordinator will provide Part A to officer in charge. Once completed, a printed copy of Part A is to be provided to the inmate within 24 hours of the initial placement.

Part A is to be completed for any inmate who is placed in segregation or restrictive confinement, whether disciplinary or non-disciplinary.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	

**Reason(s) for initial placement.** Provide details on the reason(s) for initial placement. If there are concerns that a prohibition may apply, notify the officer in charge immediately and document concerns here. For non-disciplinary segregation or non-disciplinary restrictive confinement placements, indicate which of the criteria required under section 19.05(1)(a) of the *Corrections Act* apply.

Officer in charge notified of any concerns that a prohibition may apply

**Inmate's response to placement decision.** Provide details on the inmate's response to the placement decision.

**Other options exhausted.** Provide details on all other options to manage the inmate without segregating them or imposing restrictive confinement on them that were exhausted.

**Inmate's response to other options.** Provide details on the inmate's response to the other options to manage the inmate without segregating them or imposing restrictive confinement on them that were presented and exhausted.

**Inmate institutional reintegration plan.** Provide suggestions on the steps that will be required for institutional reintegration.

**Inmate suggestions on reintegration plan.** Provide details on any suggestions the inmate has on how he/she/they can be reintegrated.

**Completed by:**

Name of unit officer completing Part A

Served by (print officer's name)

Signature

Date

Time

**Part B: Officer in charge review**

To be completed by the officer in charge. Part B is to be completed within 24 hours after initial placement. Once completed, a printed copy Part B is to be provided to the inmate as soon as practicable.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of review (YYYY/MM/DD)	Time of review (24-hour clock)	

WCC Health Services notified in writing of any concerns that a prohibition may apply

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit	
<p><b>Placement decision and rationale</b> Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision.</p>			
<p><b>Inmate provided with an opportunity to respond to placement decision?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.</p>			
<p><b>Inmate's response considered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Check yes to indicate that the inmate's response has been considered.</p>			
<p><b>Inmate response</b> Provide details on the inmate's response if he/she/they provided one.</p>			
<b>Completed by</b>			
Name of officer in charge completing Part B			
Served by (print officer's name)	Signature	Date	Time

**Part C: Interdisciplinary care review**

To be completed live by case manager during the interdisciplinary care review meeting the following business day after initial placement and signed by the superintendent or deputy superintendent designate present at the meeting.

Part C is to be completed daily, Monday to Friday, excluding statutory holidays – i.e. Part C must be completed within 4 days of the inmate’s initial placement.

Placement type Select one	If non-disciplinary, select one N/A	Cell and unit
Date of initial placement (YYYY/MM/DD)	Time of initial placement (24-hour clock)	
Date of interdisciplinary care review (YYYY/MM/DD)	Time of interdisciplinary care review (24-hour clock)	

**Interdisciplinary care team attendees**

Identify the name and position of all attendees at review (i.e. deputy superintendent, case manager(s), correctional officer(s), health services staff, First Nations liaison officer, FCCT member(s), other(s)) and put an asterisk (\*) next to the writer of Part C.

**Notes on roundtable discussion regarding placement and inmate’s current behaviour**

Provide details on updates received from the interdisciplinary care team regarding the inmate’s progress through his/her Institutional Reintegration Plan and identify any changes made to the Institutional Reintegration Plan since the last review.

**Placement decision**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation conditions.

**Reason(s) for placement decision**

Provide details on the reason(s) for the placement decision made during this review.

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Inmate institutional reintegration and support plan.** Outline steps that will be required for institutional reintegration and inmate support while in restrictive conditions. Inmate reintegration and support plan development as well as execution of said plan is to be led by program area recommending the requirement for restrictive confinement or segregation.

**Completed by**

Name of individual completing Part C

Name superintendent or deputy superintendent designate in attendance the meeting	Signature
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Served by (print officer's name)	Signature	Date	Time
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Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Part D: Person in charge review**

To be completed by the superintendent or on-call designate. Part D is to be completed every time Part C is completed.

**Person in charge has reviewed daily observation report?**  Yes  No

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Confirm that a prohibition does not apply:**  Yes  No

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

**Placement decision and rationale**

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued segregation or restrictive confinement conditions and provide details on the reason(s) for the placement decision)

**Completed by**

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

Inmate: \_\_\_\_\_

Date: \_\_\_\_\_

**Part E: Person in charge review – non-disciplinary restrictive confinement**

To be completed by the superintendent or on-call designate.

Part E is only to be completed if an inmate is held in non-disciplinary restrictive confinement for 10 consecutive days and then again if the inmate is held in non-disciplinary restrictive confinement for 20 consecutive days. Part E must be completed on the 10th consecutive day and on the 20th consecutive day that an inmate is held in non-disciplinary restrictive confinement.

Once completed, a printed copy of Part E is to be provided to the inmate within 48 hours if the person in charge orders that the inmate continue to be held in non-disciplinary restrictive confinement.

Date of interdisciplinary care review (YYYY/MM/DD)

Time of interdisciplinary care review (24-hour clock)

**Review type:**  10th consecutive day  20th consecutive day

**Person in charge has reviewed daily observation reports?**  Yes  No

**Person in charge has had a face-to-face meeting with the inmate?**  Yes  No

If no, indicate the reason(s) why a face-to-face meeting could not be held with the inmate:

**Inmate provided with an opportunity to respond to daily observation reports?**  Yes  No

Check yes to indicate that inmate was provided with a copy of all daily observation reports prepared in relation to the inmate's current placement in non-disciplinary restrictive confinement.

**Inmate's response considered?**  Yes  No

Check yes to indicate that the inmate's response has been considered if he/she/they provided a response.

**Inmate response**

Provide details on the inmate's response if he/she/they provided one.

**Inmate response to previous placement decision considered?**  Yes  No

Check yes to indicate that the Person in Charge has considered any response the inmate provided following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Inmate response to previous placement decision**

Provide details on the inmate's response if he/she/they provided one following an order to continue to hold the inmate in non-disciplinary restrictive confinement following a review on the 10th consecutive day. **Only complete this section for a review conducted on the 20th consecutive day.**

**Supportive of reason(s) for placement?**  Yes  No

If no, indicate action taken:

**Confirm that all other options have been exhausted:**  Yes  No

If no, indicate other options considered and exhausted:

**Supportive of inmate institutional reintegration plan?**  Yes  No

If no, indicate action taken:

#### Placement decision and rationale

Indicate whether the inmate's conditions of confinement will change – i.e. less restrictive conditions or continued restrictive confinement conditions and provide details on the reason(s) for the placement decision.

#### Completed by

Name of person in charge	Signature of person in charge	Date	
Served by (print officer's name)	Signature	Date	Time

**Inmate provided with an opportunity to respond to placement decision?**  Yes  No

Check yes to indicate that inmate was provided with an opportunity to respond to the placement decision.