## Oklahoma Department of Corrections Quarterly Integrated Celling Report

Facility	Code		Report Date			
Report Prepared By						
	(Print)		(Signature and Date)			
Report Reviewed By						
(Warden/Supt)			(Signature and Date)			
Report Reviewed By						
(Affected Administrator)			(Signature and Date)			
I. Facility Com	position					
		Inmates At	Descentence			
		Facility	Percentage			
1.	White					
2.	All NonWhite					
3.	Facility Total		100%			

## II. Unit Calculations

Housing Units	Whites	Nonwhites	Total	% Whites	% Nonwhites
TOTAL					

(R 09/22)