

ADMINISTRATIVE SEGREGATION: TIER II PROGRAM CHECKLIST

OFFENDER NAME: _____ GDC #: _____ RACE: _____
 PRIOR LIVING UNIT: _____ COUNSELOR: _____
 DATE COMMITTED: _____ EXPECTED DISCHARGE DATE: _____
 TIME COMMITTED: _____ ACTUAL DISCHARGE DATE & TIME: _____
 REASON FOR ASSIGNMENT: _____
 PERTINENT INFORMATION _____

STATUS CHANGE

DATE COMMITTED: _____ EXPECTED DISCHARGE DATE _____ STATUS _____
 TIME COMMITTED _____ ACTUAL DISCHARGE DATE & TIME _____

PERTINENT INFORMATION:

Date	Shift	Meals			SH	EXER	CELL SANT	COMMENTS (Include note/sig. of staff visits, such as medical)	ADM REV:	OFFICER SIG:
		B	L	S						
MON.	1st									
	2nd									
TUES.	1st									
	2nd									
WED.	1st									
	2nd									
THURS.	1st									
	2nd									
FRI.	1st									
	2nd									
SAT.	1st									
	2nd									
SUN.	1st									
	2nd									

EXPLANATORY NOTES: Meals - Yes(Y) or No(N) or Refused(R); Shower(SH) - Same codes as meals; Exercise (Exer) - Enter actual time period (e.g. 9:15AM - 10:30AM Inside)

PERTINENT INFORMATION: Epileptic, Diabetic, Religious Diet, Suicidal, Assaultive, etc.

COMMENTS: General conduct, attitude, hygiene, sanitation of cell,(continue on back if needed).

ADMINISTRATIVE REVIEW: Deputy Warden or Duty Officer, shift OIC/Captain, as appropriate

Copies: Offender File

RETENTION SCHEDULE: Upon completion of this form, it shall be placed in the offender's case history file.