WARDEN/DESIGNEE'S REVIEW AFTER DISCHARGE (SIGNATURE):

	SEGREGATION: TIER I PROGRAM ISOLATION CHECKLIST												
OFFENDER NAME:							GDC ID:PRIOR JOB DISCHARGE DATE: EGE DATE & TIME:	RACE:					
PRIOR LIVING UNIT: COU				COU	JNSEL	OR:	B DETAIL						
DATE COMMITTED:					EX	PECTED 1	DISCHARGE DATE:	STATUS:					
TIME COM	MITTED: _			AC	TUAL	DISCHAR	GE DATE & TIME:						
REASON FO	OR ASSIGN	MEN	Т:										
PERTINEN'	T INFORM	ATIO	N:										
		Meals			SH	EXER	COMMENTS						
Date	Shift						(Include note/sig. of staff	ADM REV:	OFFICER SIG:				
							visits, such as medical)						
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	1st												
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 $EXPLANATORY\ NOTES;\ Meals-Yes(Y)\ or\ No(N)\ or\ Refused(R); Shower(SH)-Same\ codes\ as\ meals;\ Exercise\ (Exer)-Enter\ actual\ time\ period\ (e.g.\ 9:15AM-10:30AM\ Inside)$

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

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

SEGREGATION REVIEW: Asst. Warden or Duty Officer, shift OIC/Captain, as appropriate

SEGREGATION: TIER I PROGRAM ISOLATION CHECKLIST 30-MINUTE OR 15-MINUTE WATCH

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Segregation/Isolation Observation Record

DATE		DATE		DATE		DATE		DATE		DATE		DATE	
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Copy: Offender File

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