

Restrictive Housing Assignment – Juvenile Offender Administrative Segregation
CELL CHECK SHEET

Attachment 8
SOP 209.11
(04/11/16)

Juvenile Offender’s Name & GDC #: _____

Housing Unit: _____ Cell #: _____

Date Beginning: _____ Date Ending: _____

The following items will be inspected in each cell:

ITEMS	ACCEPTABLE	UNACCEPTABLE	DISCREPANCIES NOTED
LIGHTS			
DOORS			
LOCKS			
WALLS			
WINDOWS			
HANDICAP RAILS			
BEDS			
LOCKER BOXES			
TOILETS			
SINKS			
SHOWERS			
FIRE SPRINKLERS			
HEATER VENT COVER			
LIGHT SWITCH			
FASTENING HARDWARE			

I understand that I will receive a DR and be charged for any DISCREPANCIES or any DAMAGE to State Property that is noted above and for those that are not noted, if found GUILTY.

 Juvenile Offender’s Signature

 Officer’s Signature

 Officer’s Signature (Witness)

**Form needs to be maintained with the juvenile offender’s door chart.

RETENTION SCHEDULE: When the offender is permanently moved from the cell listed above, this form shall be placed in the juvenile offender’s case history file.