

WARDEN'S/DESIGNEE'S REVIEW

AFTER DISCHARGE (SIGN.): _____

SEGREGATION/ISOLATION CHECKLIST – 12 HOUR SHIFT

Attachment 3A

SOP 209.06

2/19/21

(Page 2 on Back)

OFFENDER NAME: _____ **NUMBER:** _____ **RACE:** _____

PRIOR LIVING UNIT: _____ **COUNSELOR:** _____ **PRIOR JOB DETAIL:** _____

DATE COMMITTED: _____ **EXPECTED DISCHARGE DATE:** _____ **STATUS:** _____

TIME COMMITTED: _____ **ACTUAL DISCHARGE DATE & TIME:** _____

REASON FOR ASSIGNMENT: _____

PERTINENT INFORMATION: _____

Date	Shift	Meals			SH	EXER	COMMENTS (Include note/sig. of staff visits, such as medical)	ADM REV:	OFFICER SIG:
		B	L	S					
	1st								
	2nd								
	1st								
	2nd								
	1st								
	2nd								
	1st								
	2nd								
	1st								
	2nd								
	1st								
	2nd								
	1st								
	2nd								
	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: Asst. Warden or Duty Officer, Shift OIC/Captain, as appropriate

Retention Schedule: Upon completion of this form, it will be placed in the offender's case history file.

[illegible]