GEORGIA DEPARTMENT OF CORRECTIONS Mental Health Services **Certificate of Approval** We are pleased to notify you that the CSU cells, ACU cells and Observation Cell(s) (cell numbers) at (facility) have been inspected and found to be structurally ready for use. Statewide Mental Health Director/Designee Date

Form no. M68-01-01

Retention Schedule: Upon completion, this form shall be maintained in the mental health area for 10 years.