

Special Management Unit: Tier III Program Checklist

Offender Name: _____

GDC#: _____

Week Begin: _____

Date/Time of Initial Assignment: _____

Cell Assignment: _____

Phase: _____

Pertinent Information: _____

Warden/Designee Review: _____

Task:	Sunday Time/Initials	Monday Time/Initials	Tuesday Time/Initials	Wednesday Time/Initials	Thursday Time/Initials	Friday Time/Initials	Saturday Time/Initials
Breakfast Meal							
Lunch Meal							
Dinner Meal							
Recreation Time Out	N/A						N/A
Recreation Time In	N/A						N/A
Table Time Out	N/A						N/A
Table Time In	N/A						N/A
Out-of-Cell Program Start	N/A						N/A
Out-of-Cell Program End	N/A						N/A
Visitation Time Out	N/A						N/A
Visitation Time In	N/A						N/A
Kiosk (2x/wk.)	N/A						N/A
Haircut (as needed)	N/A						N/A
Shower/Shave (3x/wk.)	N/A		N/A		N/A		N/A
Sanitation (3x/wk.)	N/A						N/A
Book Cart (1x/wk.)	N/A						N/A
Supervisor	 	 	 	 	 	 	
Counselor	 	 	 	 	 	 	
Medical	 	 	 	 	 	 	
MH	 	 	 	 	 	 	
Admin Review	 	 	 	 	 	 	