Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.

SOP 209.09
Attachment 10
06/18/26

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														