

GEORGIA DEPARTMENT OF CORRECTIONS

Notification to Warden/Superintendent of subsequent 24 hours of Observation in an Observation Cell.

Date: _____

To: _____ Warden/Superintendent

From: _____ Mental Health Unit Manager/Designee

Offender: _____ ID#: _____

This is to notify you that the above offender has been placed in an Observation Cell.

Beginning at the Date and time below:

Date: _____ Time: _____

Date and Time the Psychiatrist was notified:

Date: _____ Time: _____

Date and Time evaluated by a qualified mental health care provider:

Date: _____ Time: _____

Placement in the observation cell exceeds 24 hours as of (Date) _____ (Time) _____

Reason for placement in the Observation Cell.

- no vacant stabilization beds
- unable to transfer because it's at night/weekend/holiday
- officer shortage
- Other: _____

Why the observation cell continues to be the most reasonable and appropriate response to the problem: _____

Date of last placement in an observation cell: _____ *(If offender is admitted 2 times in 7 consecutive days, the offender must be transferred)*

Signatures

Warden/designee Date: _____

Statewide Mental Health Director/designee Date: _____

Retention Schedule: Completed forms shall be given to the Warden/Superintendent (original), faxed to the Statewide Mental Health Director and a copy placed in the offender's mental health file (section 8). At the end of the offender's need for mental health services and/or sentence, the mental health file shall be placed within the offender's health record and retained for 10 years.