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## Special Management Unit – Tier III Segregated Transition Education Program (Tier III STEP) Checklist

Offender Name:		Week Begin:	(Page 2
GDC#:		Cell Assignment:	
Date/Time of Initial Assignment:		-	
Tentative Release Date:	Date/Time Released:	Warden/Designee Review:	
Pertinent Information:			

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					_		
Out of Cell Start							
Out of Cell End							
Shower (3x per Week)							
Haircut/Shave							
Mail							
Visitation							
Admin Review							
Supervisor							
Counselor							
Medical							
МН							

## Special Management Unit – Tier III Segregated Transition Education Program (Tier III STEP) 30 Minute or 15 Minute Watch Observation Record

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D	ATE	DATE		DATE		DATE		DATE		DATE		DATE		
МО	NDAY	TUE	SDAY	WEDN	ESDAY	THRU	JSDAY	FRI	DAY	SATURDAY		SUNDAY		
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