

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

Offender Name: \_\_\_\_\_

Week Begin: \_\_\_\_\_

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							
MH							

**RETENTION SCHEDULE:** Upon completion, this form shall be placed in the offender's institutional file.

Attachment 6  
209.55  
(04/25/19)  
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