## 7-Day Status Review Form

Type of Segregation:	Administrative	Disciplinary	Medical	Protective Custody
On	, at	hours, I,		conducted a
7-Day Status Review or	Offender		ID #	
Date Segregation began	:			
-	-	e considered with the resu		YES NO
<ul><li>2. Does the offender post</li><li>3. Did any Unit staff med</li><li>4. Is the offender unwill</li><li>5. Was the offender's bed</li><li>6. Has the offender rece</li></ul>	se a threat to security/ ember(s) report any ne ing or unable to live i chavior defiant or insu- ived any disciplinary	themselves/others/propert egative behavior or acts sin n general population? (PC abordinate, during the revi- reports since the last revie any statements that conce	y? nce last review? Only, explain below ew? w?	
Warden/Superintendent regarding your review v entering the review resu	determines otherwise vill be made below. T lts into the Offender's ion Unit Manager and	e. If all factors are marke The Authorized Staff Men s Case Note in SCRIBE. I	d "NO", the offender ober conducting the R f number 2, is "YES"	e existing status, unless the r may be released. Comments deview shall be responsible for the Authorized Staff Member ete a Mental Health Referral at
COMMENTS:				
For the reasons docum	ented above, I recon	nmend:		
☐ Remain in Adm ☐ Return to appro	inistrative Segregation priate housing unit	n		
Authorized Staff Memb	er:		Date:	
Warden's Recommenda	tion:			
☐ Return to Gener	provide additional inf ral Population (approp nt Segregation Status		ÿ:	
Warden/Superintendent	:		Date:	
_		ment shall be maintained for	one (1) year and then d	lestroyed.