STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

DAILY RECORD OF SPECIAL HOUSING

Security Alerts/Property/Privilege Restrictions:

Inmate Name: FDC#: Institution: Dorm & Cell #: Dorm# Cell#				This is sheet number of inmate's current period of special housing.																
		DOIIII#	Cell	SECURIT	TY DEPARTMENT												MEDI	CAL/MENTA	L HEALTH DEPARTMENT	
						(May b	e ent	ered v		check indica		rk unl	ess c	other	wise					
Day	Physical		_	Remarks		We (enter	Cell S	Laund			T	Assig	Phon	<	Initials	Date	Time	Condition	Action and Remarks	Initials
Date	Appearance	Attitude	Time	(check box if additional remarks include		Weight (enter actual)	Cell Search	Haircut/Snave	ower	Exercise (# hours)	vities ours)	ork Inment ours)	Phone Call	Visit	tials					
											+									
																		P	ROGRAMS	
																Date	Time	Pro	ogram Provided/Remarks	Initials
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Classification / Institutional Classification Team (ICT) / State Classification Office (SCO) Review									
Date Reviewed	Action	Remarks - Disposition	Signature						

INSTRUCTIONS:

Complete this form in one original only on every inmate placed in special housing. Maintain this form in the housing area for thirty (30) days. Forms for inmates in A/C and D/C will be forwarded to the ICT for review and once reviewed will be forwarded to Classification for placement in the institutional inmate record. Forms for inmates in CM, after each 30-day review of the inmate by the ICT, shall be forwarded to Classification to be filled in the institutional inmate record. If inmate is remaining in special housing, fill out the heading of another form on the inmate.

Security Department "physical appearance" and "attitude" columns - indicate by one of the following and add additional comments to explain:

Excellent – (E), Very Good – (VG), Good – (F), Poor – (P), Unsatisfactory – (U). Weigh inmate and record weight upon entry to special housing, once a week thereafter, and on discharge. The actual amount of time out of cell for dayroom activities, outdoor exercise and for job assignment will be recorded in the appropriate space. All other activities will be checked in the appropriate area to signify completion. All other spaces may be left blank, to include spaces for activities not conducted, as well as those not applicable to the inmate's current special housing status.

REMARKS: Full and complete remarks are required in the following situations: Security Department

- Unusual occurrences in inmate's behavior;
- It becomes necessary to notify Medical;
- It becomes necessary to restrict any privilege or remove any clothing, bedding, personal property, or comfort item to prevent the inmate from inflicting injury, to prevent the destruction of property or equipment, or to prevent the inmate from impeding security staff from accomplishing functions essential to the unit and institutional security:
- 4. If inmate refuses food;
- Cell changes;
- 6. Release to population;
- 7. To further explain a notation made under "physical appearance" or "attitude."

Medical

- . Immediate health care services (code #1);
- Call out for a physician's appointment or laboratory, x-ray, tests, etc., (code #2);
- No action required (code #3);
- 4. Referral to mental health (code #4);
- Co-pay, if inmate requests care which results in a health care encounter at that time (code #5):
- Medication administration (code #6).

Mental Health

- Refer to medical for follow-up of physical health related complaint (code MH 1);
- Immediate mental health care services needed due to urgent or emergent concerns (code MH 2);
- 3. No action required (code MH 3);
- Schedule for non-emergency follow-up by mental health (code MH 4).
- 5. Evaluation and/or treatment provided (code MH 5).

Classification/ICT/SCO

- At each review of the case;
 On release from special housing, or upon status change;
- Job Assignment;
- Privilege(s) restricted and/or reinstated by ICT;
- SCO review of privilege restrictions over 30 days;
- 6. Other Classification Action.

Programs

- 1. Academic Services (code AS)
- 2. Wellness Education Program (code WE)
- Fresh Start Smoking Cessation (code SC)
- Betterment Program (code BP)
- Chaplaincy Services (code CS) 100 Hour Transition (code TR)

ADDITIONAL REMARKS.

ADDII	ADDITIONAL REMARKS:											
Date	Time	Remarks	Date	Time	Remarks	Date	Time	Remarks				