STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

Daily Record of Special Housing - Supplemental

Inmate Name: ______________________________ **FDC Number:** ____________________

Special Housing Category: **AC** ☐ **DC** ☐ **CM** ☐ **MM** ☐ **CSU** ☐ **TCU** ☐ **CMHI** ☐

DATE	TIME	REMARKS	OFFICER

When it becomes necessary to record additional information concerning an incident or actions pertaining to an inmate assigned to one of the specified statuses, this form will be completed as needed and attached to the applicable DC6-229.