

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
**DAILY RECORD OF SPECIAL HOUSING**

**Security Alerts/Property/Privilege Restrictions:**

Inmate Name: \_\_\_\_\_ Special Housing Category: AC  DC  CM  MM  CSU  TCU  MHTF  \_\_\_\_\_  
 FDC#: \_\_\_\_\_ This is sheet number \_\_\_\_\_ of inmate's current period of special housing. \_\_\_\_\_  
 Institution: \_\_\_\_\_ Initial Placement Date \_\_\_\_\_ Applicable Level \_\_\_\_\_ Team \_\_\_\_\_  
 Dorm & Cell #: \_\_\_\_\_ Diet: \_\_\_\_\_ Status \_\_\_\_\_ DC Time Begins \_\_\_\_\_ Ends \_\_\_\_\_  
Dorm # Cell#

SECURITY DEPARTMENT											MEDICAL/MENTAL HEALTH DEPARTMENT											
<i>(May be entered with check ✓ mark unless otherwise indicated)</i>																						
Day	Physical Appearance	Attitude	Time	Remarks	Weight (enter actual)	Cell Search	Laundry/Linen	Haircut/Shave	Shower (# hours)	Outdoor Exercise (# hours)	Activities (# hours)	Dayroom (# hours)	Assignment (# hours)	Work (# hours)	Phone Call	Visit	Initials	Date	Time	Condition	Action and Remarks	Initials
Date				<small>(check box if additional remarks included on back or DC6-229B)</small>	<input type="checkbox"/>																	
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<b>PROGRAMS</b>																						
					<input type="checkbox"/>													Date	Time	Program 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 filed 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 – (G), Satisfactory – (S), Fair – (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:**

- |   |  |  |   |   |
|---|--|--|---|---|
| <p><b>Security Department</b></p> <ol style="list-style-type: none"> <li>Unusual occurrences in inmate's behavior;</li> <li>It becomes necessary to notify Medical;</li> <li>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;</li> <li>If inmate refuses food;</li> <li>Cell changes;</li> <li>Release to population;</li> <li>To further explain a notation made under "physical appearance" or "attitude."</li> </ol> | <p><b>Medical</b></p> <ol style="list-style-type: none"> <li>Immediate health care services (code #1);</li> <li>Call out for a physician's appointment or laboratory, x-ray, tests, etc., (code #2);</li> <li>No action required (code #3);</li> <li>Referral to mental health (code #4);</li> <li>Co-pay, if inmate requests care which results in a health care encounter at that time (code #5);</li> <li>Medication administration (code #6).</li> </ol> | <p><b>Mental Health</b></p> <ol style="list-style-type: none"> <li>Refer to medical for follow-up of physical health related complaint (code MH 1);</li> <li>Immediate mental health care services needed due to urgent or emergent concerns (code MH 2);</li> <li>No action required (code MH 3);</li> <li>Schedule for non-emergency follow-up by mental health (code MH 4).</li> <li>Evaluation and/or treatment provided (code MH 5).</li> </ol> | <p><b>Classification/ICT/SCO</b></p> <ol style="list-style-type: none"> <li>At each review of the case;</li> <li>On release from special housing, or upon status change;</li> <li>Job Assignment;</li> <li>Privilege(s) restricted and/or reinstated by ICT;</li> <li>SCO review of privilege restrictions over 30 days;</li> <li>Other Classification Action.</li> </ol> | <p><b>Programs</b></p> <ol style="list-style-type: none"> <li>Academic Services (code AS)</li> <li>Wellness Education Program (code WE)</li> <li>Fresh Start Smoking Cessation (code SC)</li> <li>Betterment Program (code BP)</li> <li>Chaplaincy Services (code CS)</li> <li>100 Hour Transition (code TR)</li> </ol> |
|---|--|--|---|---|

**ADDITIONAL REMARKS:**

Date	Time	Remarks	Date	Time	Remarks	Date	Time	Remarks