Facility:  Housing:       Original Date: Click to enter date.

Revision Date: Click to enter date.

Inmate Name:       IDOC #:

**Summary of events leading to modification of conditions of confinement:**

|  |
| --- |
|  |

**Controlled Meal Status**

|  |
| --- |
| Flex Tray/Rubber Spork  Comments: |

**Special Handling**

|  |  |  |
| --- | --- | --- |
| Cover Window  Double Escort  Full Restraints | Move Alone  No Razor  Sandbag Door | Utility Port Cautions  Water Restriction |
| Other: | | |

**Property Allowed**

|  |  |  |
| --- | --- | --- |
| Ad. Seg. Property  Basic Hygiene Items  Detention Property | Regular Blanket  Regular Clothing  Regular Mattress | Security Mattress  Security Sleep System |
| Styrofoam Cup | Other: | |

***\*\*\*Print Form to Complete\*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| Shift Commander: |  | Associate #: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Administration Review: |  | Associate #: |  |

| **Administrative / Leadership / Supervisory Review** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Reviewed By** | **Continue** | **Modify** | **Rescind** | **Comments** |
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**Distribution:** Housing Unit, Posted on Cell Door, Shift Commander, Food Service (if applicable)