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:**

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| --- |
|  |

**Controlled Meal Status**

|  |
| --- |
| [ ]  Flex Tray/Rubber SporkComments:       |

**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)