

Screener: _____
 Facility: _____
 Date: _____

DISCIPLINARY SEGREGATION AUDIT FORM

Inmate: _____

DOC/CL#: _____

Date placed on Disciplinary Segregation: _____

	Yes	No	N/A
1. Verification exists that segregation reviews are being conducted monthly. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The primary assignment matches the inmate's current status. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If applicable, the reclassification instrument or Automatic Security Level Change has been completed. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Notification is sent to inmates regarding results of Case Management actions. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Record of Confinement Housing forms are maintained for each inmate and documents the inmate's access to activities. Completed forms are maintained in the base file in accordance with directives. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If applicable, an enemy alert form is completed and the information entered in OCMS. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>