

Screener: _____
 Facility: _____
 Date: _____

ADMINISTRATIVE SEGREGATION AUDIT FORM

Inmate: _____

DOC/CL#: _____

	Yes	No	N/A
1. The inmate signed and was provided a copy of the Notice of Assignment to Administrative Segregation. If not, the refusal was signed by two staff persons. Comments: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A completed Administrative Segregation investigative report and supporting documentation was available at the time of the review. Comments: _____ Reason(s) for placement: _____ _____ Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The inmate was reviewed by a team within 5 working days of placement on Administrative Segregation. If not, date seen _____ Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The Warden/designee reviewed the team's recommendation within 5 working days. If not, date reviewed _____ Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If applicable, an enemy alert form is completed and the information entered in OCMS. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Verification exists that Administrative Segregation reviews are being conducted monthly. Comments _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
<p>7. Verification exists that Administrative Segregation reviews are being conducted every 7 days for the first 2 months of placement. (ACA) Comments: _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Verification exists that updated information was available for the team's review. Comments: _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Verification exists that the inmate was notified after each review of the Warden/designee or Commissioner/designee's decision. Comments: _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. The primary assignment and effective date match the documentation. Comments: _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. The inmate has been assigned to Administrative Segregation for one year and had an annual review signed by the Commissioner/designee. Comments: _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The Record of Confinement Housing Forms are completed and maintained in the base file. Comments: _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>