

Daily Record of Special Housing - Supplemental

Inmate Name: _____ **FDC Number:** _____

Special Housing Category: AC ☐ DC ☐ CM ☐ MM ☐ CSU ☐ TCU ☐ MHTF ☐

[illegible]

When it becomes necessary to record additional information concerning an incident or actions pertaining to an inmate assigned to one of the specified statuses, this form will be completed as needed and attached to the applicable DC6-229.