

ROOM CONFINEMENT REPORT

REPORT INFORMATION

JUVENILE INFORMATION

DATE	TIME	REPORTING STAFF NAME	JUVENILE FACILITY NAME	JUVENILE NAME	SEX	AGE	RACE
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If Multi-Race, Indicate up to 3	ETHNICITY	<u>DATE</u> PLACED IN ROOM CONFINEMENT	<u>LOCATION</u> OF ROOM CONFINEMENT	<u>TIME</u> PLACED IN ROOM CONFINEMENT	ROOM LOCKED OR UNLOCKED	TIME REMOVED	NAME OF SUPERVISOR WHO GAVE APPROVAL
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CONFINEMENT INFORMATION

TOTAL HOURS IN CONFINEMENT	REASON FOR ROOM CONFINEMENT	WHY <u>LESS</u> <u>RESTRICTIVE</u> MEANS WERE UNSUCCESSFUL	STAFFING LEVELS AT TIME OF CONFINEMENT	INCIDENTS OF SELF HARM/ SUICIDE WHILE ON ROOM CONFINEMENT	TIME & DATE OF ATTEMPT TO RETURN JUVENILE TO GENERAL POPULATION
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REASONS ATTEMPTS WERE UNSUCCESSFUL	EVALUATION PERFORMED (TYPE)	EVALUATION RESULTS	CORRECTIVE MEASURES FOR STAFF NONCOMPLIANCE
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