ROOM CONFINEMENT REPORT

no confinements **1/2/2018**

REPORT INFORMATION					JUVENILE INFORMATION			
DATE	TIME	REPORTING STAFF NAME	JUVENILE FACILITY NAME		JUVENILE NAME	SEX	AGE	RACE

If Multi-Race, Indicate up to 3	ETHNICITY	DATE PLACED IN ROOM CONFINEMENT	LOCATION OF ROOM CONFINEMENT	TIME PLACED IN ROOM CONFINEMENT	ROOM LOCKED OR UNLOCKED	TIME REMOVED	NAME OF SUPERVISOR WHO GAVE APPROVAL

CONFINEMENT INFORMATION

TOTAL HOURS IN CONFINEMENT	REASON FOR ROOM CONFINEMENT	WHY LESS RESTRICTIVE 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

REASONS ATTEMPTS WERE UNSUCCESSFUL	EVALUATION PERFORMED (TYPE)	EVALUATION RESULTS	CORRECTIVE MEASURES FOR STAFF NONCOMPLIANCE