# ROOM CONFINEMENT REPORT NORFOLK GROUP HOME

**no confinements** **7/10/2018**

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