ROOM CONFINEMENT REPORT NORFOLK GROUP HOME

no confinements

1/1/2019

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

If Multi-Race, Indicate up to 3	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

			STAFFING LEVELS	I	TIME & DATE OF ATTEMPT
			AT TIME OF		TO RETURN JUVENILE TO
CONFINEMENT	CONFINEMENT	WERE UNSUCCESSFUL	CONFINEMENT	CONFINEMENT	GENERAL POPULATION

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