

Quarterly Juvenile Room Confinement Report Template -
Upload to <https://nebraskalegislature.gov/agencies/index.php/> as a PDF

Facility Name: Youth Care & Beyond

Reporting Period: July 1, 2019 -- September 30, 2019

| Juvenile Tracking Number | Age at Incident | Sex | Race | Ethnicity | Date of Room Confinement | Time of Room Confinement | Date of Return to General Population | Time of Return to General Population | Reason for Room Confinement | Number of Direct Care Staff on Unit | Number of Juveniles on Unit |
|--------------------------|-----------------|-----|------|-----------|--------------------------|--------------------------|--------------------------------------|--------------------------------------|-----------------------------|-------------------------------------|-----------------------------|
|--------------------------|-----------------|-----|------|-----------|--------------------------|--------------------------|--------------------------------------|--------------------------------------|-----------------------------|-------------------------------------|-----------------------------|

NA

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| <p>Barriers Preventing Return to General Population</p> |
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| Sex | Race | Ethnicity | Reason for Room Confinement |
|--------|---|------------------------|--|
| Male | American Indian or Alaska Native | Hispanic or Latino | Safety: Juvenile is a danger to other residents |
| Female | Asian | Not Hispanic or Latino | Safety: Juvenile is a danger to staff. |
| | Black or African American | | Safety: Juvenile is a danger to self. |
| | Native Hawaiian or Other Pacific Islander | | Safety: Juvenile is in danger due to behaviors of others |
| | White | | Punishment or discipline |
| | Other | | Administrative: Staffing |
| | | | Administrative: Other. |

| Interventions Attempted Before Room Confinement | Services and Interventions during Room Confinement | Barriers Preventing Return to General Population |
|---|---|---|
| Staff communication and support for juvenile | Basic Services | Continued danger to others |
| Verbal warning or redirection by staff | Staff monitoring every 15 minutes or less | Continued danger to self |
| Voluntary cool off/time out | Continuous monitoring by staff | Mental Health |
| Mental health or medical staff evaluation or intervention | Mental health or medical staff evaluation or intervention | Facility design or capacity |
| Other | Participation in programming with staff | Juvenile needs different placement or level of care |
| | Participation in programming with other youth | Other |
| | Contact with family | |
| | Individualized Behavior/Programming Plan | |
| | Other | |