ROOM CONFINEMENT REPORT NORFOLK GROUP HOME								
no confinements				4/1/2020			_	
REPORT INFORMATION					JUVENILE INFORMATION			
DATE	TIME	REPORTING STAFF NAME	JUVENILE FACILITY NAME		JUVENILE NAME	SEX	AGE	RACE

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

CONFINEMENT INFORMATION							
TOTAL HOURS IN 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		

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