



FLORIDA DEPARTMENT OF JUVENILE JUSTICE SAMPLE

MENTAL HEALTH ALERT - OBSERVATION LOG

 ONE-TO-ONE SUPERVISIONDate: _____ Time: _____ **CONSTANT SUPERVISION**Date: _____ Time: _____

Youth's Name: _____ Date of Birth: _____
 JJIS Number: _____ Race: _____ Sex: _____
 Program _____
 Provider _____ Circuit _____

INSTRUCTIONS: This checklist is used to document staff behavioral observations of youths who are placed on MENTAL HEALTH ALERT and **one-to-one supervision** or **constant supervision**. Although one-to-one supervision and constant supervision require **CONTINUOUS UNINTERRUPTED OBSERVATION**, documentation of time and behavioral observation codes on this checklist is required at **30 minute intervals**. Staff must record behaviors not listed on the form as "Other Behaviors Observed", and document the number code and time these behaviors are observed. Code and staff initials are required for each documentation. More than one code may be used to document multiple behaviors (#1 for walking or sitting calmly, #5 for acting out, disturbing others). If **"warning signs"** are observed, the facility superintendent/ program director or his/her designee and mental health staff must be notified and documented below.

Code Explanation/Behaviors	Shift:			Shift:			Shift:		
	Time	Observations	Initials	Time	Observations	Initials	Time	Observations	Initials
1. Walking or sitting calmly									
2. Follows directions, cooperative									
3. Interacting with others									
4. Lying down/sleeping									
5. Acting out, Disturbing Others									
6. Yelling or Screaming									
7. Agitated, Pacing									
8. Beating on Door									
9. Cursing/Foul language									
10. Nervous, Jumpy									
11. Sullen, quiet									
12. Withdrawn, doesn't talk									
WARNING SIGNS									
13. Threats to Harm Self or Others									
14. Superficial Attempts to Hurt Self (picks or scratches skin)									
15. Possible Hallucinations (See things that are not present or hears voices)									
16. Talking incoherently (not rational)									
17. Taking off clothes/Stripping									
18. Crying, Very Sad									
19. Shaking/Trembling									
20. Very sad and agitated or impulsive									

Other Behaviors Observed:
 21. _____
 22. _____

Shift Supervisor's Signature _____
 Date: _____ Time: _____

Shift Supervisor's Signature _____
 Date: _____ Time: _____

Shift Supervisor's Signature _____
 Date: _____ Time: _____

Mental Health Clinical Staff Person's Signature: _____

NOTES (Document notification of warning signs and mental health professional's instructions below)

Staff Signature: _____ Date: _____ Time: _____