

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

SAMPLE

CLOSE SUPERVISION - VISUAL CHECKS LOG

 Youth's Name:
 Date of Birth:

 JJIS Number:
 ______Race:
 _____Sex:

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| Pro | vider | : |
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| STEP-DOWN FROM SUICIDE PRECAUTIONS | Date: | Time: |
|------------------------------------|-------|-------|
| MENTAL HEALTH ALERT STATUS | Date: | Time: |

INSTRUCTIONS: This log is used to document staff visual checks of youths who have been placed on CLOSE SUPERVISION. Documentation of staff's visual checks of the youth are required at intervals not to exceed five minutes. Staff initials and time of observation must be documented below at intervals which shall not exceed 5 minutes. Staff must immediately notify the facility superintendent /program director or designee if youth exhibits suicide risk or self-injurious behaviors.

| Time | Staff Initials | Time | Staff Initials | Time | Staff Initials | Time | Staff Initials |
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| Supervisor's Signature | Shift: | Date | Time |
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