

Mississippi Division of Youth Service

Reviewer: _____

CONFIDENTIAL

PROTECTION FROM HARM - MONITORING TOOL

Date: _____

INCIDENT REPORT- Page One (1)

	Staff writing report	Date & Time of Incident	Type of Incident	Was Type Adequately Documented	# /YouthStaff Involved addressed in ? #2	Staff/ Student Ratio Met	#of Witness Statements Correct	Adequate Witness Statements?/ Did they try to get Youth/Staff to make Statements	COMMENTS
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
	% Compliance								

Mississippi Division of Youth Services

Reviewer: _____

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PROTECTION FROM HARM - MONITORING TOOL

Date: _____

INCIDENT REPORT Page 2 of 2

	Was Force Used	Was Verbal De-Escalation Used	Description of UOF Y or N	Were Mechanical Restraints Y or N	Did Supervisor Complete Check List	Supervisor's Critique Adequate/ Correct	YLAF- Medical Assessment Present	Check IR Log Did the IR Have One (1) Number/ or Did One(1) IR have more than One (1) Incident		COMMENTS
1										
2										
3										
4										
5										
6										
7										
8										
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10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
	% Compliance									

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Mississippi Division of Youth Services
Behavior Management Isolation (BMI) Monitoring

Reviewer: _____
Date: _____
page 1

	Date	Unit Reviewed	Student ID	Date IN Time IN	Date OUT Time OUT	Notation in BMI LOG Book	BMI LOG Completed Correctly	BMI Lasted Over 2 Hours	# of Observation Sheets Correct	Observation Sheets Completed Correctly	Comments
1											
2											
3											
4											
5											
6											
7											
8											
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10											
11											
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13											
14											
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16											
17											
18											
19											
20											
			%	%	%	%	%	%	%	%	

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Mississippi Division of Youth Services
Behavior Management Isolation (BMI) Monitoring

Reviewer:
Date:

page 2

	Date	Unit Reviewed	Student ID	Initial 2 Hour Extension Present/Completed	# of 2 Hour Extensions Correct	Extensions Completed/ Correct	Meals	Hygiene	Recreation	Education	Comments
1											
2											
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12											
13											
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17											
18											
19											
20											
	Percent	%	%	%	%	%	%	%	%	%	

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**Mississippi Division of Youth Services
Due Process Isolation (DPI) Monitoring Tool**

**Reviewer:
Date:**

	Date	Student Initials	Date/Time In- Date/Time out From LOG	#Hours Actually Ordered/ Served	# of Observation Forms/ Correct	Observation Forms Completed	Meals	Hygiene	Recreation	Education	Comments
1											
2											
3											
4											
5											
6											
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8											
9											
10											
11											
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13											
14											
15											
16											
17											
18											
19											
20											
	Percent Compliance		%	%	%	%	%	%	%	%	

Mississippi Division of Youth Services

CONFIDENTIAL

**PROTECTION FROM HARM - MONITORING TOOL
DUE PROCESS HEARINGS**

Reviewer Name: _____

Page 1 of 2

Date: _____

	MDYS ID	Date & Time of Incident	Youth received Notice of Charges	Did Youth Waive Hearing	Was Student on QMHP Case Load	Did QMHP Assess/ Attend	Was Student on SPED List	Did SPED Assess/ Attend	Did Student Ask for Staff Advocate/ Attend	Did Student Tell His Side During Hearing	Did Student Tell His Side During Investigation	Comments
1												
2												
3												
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18												
19												
% Compliance												

CONFIDENTIAL

**Mississippi Division of Youth Services
Due Process Hearing Page 2 of 2**

Date: _____

	DPI Imposed	Alternative Sanctions Imposed	Was There an Appeal Filed	Was the Appeal Handled Correctly	Documentation of appeal	Comments
1						
2						
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17						
18						
19						
	% Compliance					

CONFIDENTIAL

**Mississippi Division of Youth Services
Grievances Monitoring Tool**

Reviewer:

Date:

	Date	Youth Name	Issue	Was the Student Contacted W/T 48 hours	Was Investigation Thorough	Was Issue Addressed (i.e. Work Orders)	Was Issue Resolved	Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	Percent Compliance		%	%	%	%	%	

CONFIDENT

**Mississippi Division of Youth Services
Grievances Page 2 of 2**

**Reviewer:
Date:**

	# of Days Until Resolution	All Contacts Have Statements	Did the Student Sign the Form Before Resolution	Did the Student Sign the Form After the Resolution	Did the G.O. Handle Appropriate Issues	For LOS Did G.O. Refer to Counselor Before Facility Administrator	Comments
1							
2							
3							
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10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
	Percent Compliance	%	%	%	%	%	

Quality Assurance

**Mississippi Division of Youth Services
STAFFING RATIOS Page 1 of 2**

Reviewer: Pam Dulaney
Date: September 20, 2011

	Date	Ratios on 1st	Ratios on 2nd	Ratios on 3rd	AMU Ratio	BMU Ratio	Comments
1							
2							
3							
4							
5							
6							
7							
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9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
	Percent	%	%	%	%	%	

Quality Assurance

Mississippi Division of Youth Service Reviewer: Pam Dulaney

STAFFING RATIOS PAGE 2 of 2 Date: September 20, 2011

	Date	Number of Units Single Staffed 1st/ 2nd/ 3rd Shift	# of Staff Late 1st/ 2nd/ 3rd Shift	# of Staff Call-ins 1st/ 2nd/ 3rd Shift	# of Staff No Call/Show 1st/ 2nd/ 3rd Shift	Comments
1						
2						
3						
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12						
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15						
16						
17						
18						
19						
20						
	Percent	%	%	%	%	

Confidential

**Mississippi Division of Youth Services
Admission and Orientation Monitoring Tool**

**Reviewer:
Date:**

	Date	Student Initials	How Long in AMU (IMU)	Medical Screen W/ Time Frame	Mental Health Screen W/I Time Frame	Education Screening W/I Time Frame	Statement Signed by Student RE: Orientation	Comments
1								
2								
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8								
9								
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11								
12								
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14								
15								
16								
17								
18								
19								
20								
	Percent Compliance		%over 72 hrs	%	%	%	%	