☐ BMI ISOLATION	☐ DPI ISOLATION	☐ Rotating Floor Schedu	le (RFS)
-		r of each student at staggered mum of six (6) checks per hour	
*Note: If this form is used for Ethereafter every two (2) hours.	BMI, there must be JCW Super	evisor Initials at the two (2) hour	mark and
*Note: If this form is used for DP	I or RFS, the Column for Superv	isor initials will not be used.	
*Note: Start a new form every shi	ft.		
*Note: Note this form is NOT to b	be used for any purposes other th	an BMI, DPI, or RFS.	
Youth Name:	Housing Unit:	Room #:	
Start Date:	Start Time:		

Date	Time	Behavior	Staff Initials	Supervisor Initials

☐ BMI ISOLATION		□ DPI ISOLATION	☐ Rotating Floor Schedule (RFS)		
Date	Time	Behavior		Staff Initials	Supervisor Initials

☐ BMI ISOLATION	☐ DPI ISOLATION	☐ Rotating Floor Schedule (RFS)

Date	Time	Behavior	Staff Initials	Supervisor Initials

☐ BMI ISOLATION	☐ DPI ISOLATION	☐ Rotating Floor Schedule (RFS)

Date	Time	Behavior	Staff Initials	Supervisor Initials