## MDHS/DYS

## Oakley Youth Development Center Observation Documentation Form (VII.10.B)

Youth Name:		_ Unit:		_ Room Nu	mber:	<del></del>
Youth Observation Status	Check Status	Start Date	Start Time	End Date	End Time	Shift
Precautionary Status						
Safety Alert 1						
Safety Alert 2						
Safety Alert 3						
Due Process Isolation (DPI)						
Rotating Floor Schedule (RFS)						
Behavior Management Isolation (BMI) 1st						
BMI 2 <sup>nd</sup> (if applicable)						
BMI 3 <sup>rd</sup> (if applicable)						
BMI Extension						

Staff are required to document visual contact and behavior of each student at staggered intervals for each status listed above. A **minimum** of **six** (6) checks per hour (minimum 5 minutes to maximum 10 minutes apart) are to be documented. Record the time of the observation and the youth's behavior at the time of the observation. The JCW Supervisor is to initial at the **two** (2) hour mark after the start of the youth's **initial** Observation Status and thereafter a minimum of every **two** (2) hours. A new Observation Form is to start on each shift. If a youth is placed on BMI Extension, the BMI Extension section of this form is to be completed (pages 6 through 7, as applicable). If the youth's BMI Extension or RFS extends past the end of the shift, the End Date and End Time must be filled in stating "**CONTINUED**".

Observation Date	Observation Time	Behavior of Youth	Staff Initials	Supervisor Initials (as required)
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Youth Name:		Unit:	Room Number:	Room Number:		
Observation Date	Observation Time	Behavior of Youth	Staff Initials	Supervisor Initials (as required)		
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Youth Name:		Unit:	Room Number:	om Number:	
Observation Date	1	Behavior of Youth	Staff Initials	Supervisor Initials (as required)	
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Youth Name:		Unit:	Room Number:	Room Number:	
Observation Date	Observation Time	Behavior of Youth	Staff Initials	Supervisor Initials (as required)	
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Youth Name:	Unit:	Room Number:	
Observation Date	Behavior of Youth	Staff Initials	Supervisor Initials (as required)
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## **Behavior Management Isolation Extension**

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Youth Name:	Unit:	Room Number:	
Date of BMI:	Time of BMI:	Signature:	
		Room Number:	
Date BMI Extension Ended:	Time BMI Extension Ended:	Signature:	
EXTENSION: 2 through 4 hours		-	
Reason for Extension:			
	<del></del>		
		Date:	
EXTENSION: 4 through 6 hours			
Reason for Extension:			
		-	
Supervisor Signature:		Date:	
EXTENSION: 6 through 8 hours			
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Supervisor Signature:			
EXTENSION: 8 through 10 hours			····
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Supervisor Signature:		Date:	

## **Behavior Management Isolation Extension (continued)**

Youth Name:		Unit:	Room Number:	
Date of BMI:	Time of BMI: _		Signature:	
EXTENSION: 10 through 12 hours				
Reason for Extension:				
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Supervisor Signature:			Date:	
EXTENSION: 12 through 14 hours				
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Supervisor Signature:			Date:	<u>.</u>
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EXTENSION: 14 through 16 hours				
			Date:	
EXTENSION: 16 through 18 hours				
Reason for Extension:				
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Supervisor Signature:			Date:	