



FLORIDA DEPARTMENT OF JUVENILE JUSTICE MECHANICAL RESTRAINTS SUPERVISION LOG

- (1) FACILITY: _____
- (2) YOUTH'S NAME: _____
- (3) DATE OF RESTRAINT: ____/____/____
- (4) STAFF APPLYING RESTRAINTS: _____
- (5) STAFF REMOVING RESTRAINTS: _____
- (6) STAFF PROVIDING 1:1 SUPERVISION (with possession of key): _____

I, as supervisor/acting supervisor, received verbal authorization from the Superintendent / Residential Program Director / Designee to initiate procedures to transport the youth to a treatment center.
Time: _____ a.m. / p.m.

- (7) **TYPE OF RESTRAINTS USED:** Check all that apply.
- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Handcuffs | <input type="checkbox"/> Leg Cuffs | <input type="checkbox"/> Soft Restraints |
| <input type="checkbox"/> Waist Chains | <input type="checkbox"/> Restraint Belt | |

(8) Authorization was obtained prior to placing the youth in restraints. Yes No

(9) **Supervision Requirements:** (a) *Continually* monitor the youth to determine whether removal of restraints is safe and advisable. (b) Beginning with the time that the restraints are applied, conduct circulation and breathing checks at ten-minute intervals. Document the ten-minute checks in the spaces below. (c) The supervisor/acting supervisor shall interview the youth and decide if it is safe to remove the restraints no more than 30 minutes after applying the restraints and then no more than one (1) hour from the previous interview. Document each interview below. (d) The supervisor/acting supervisor must document all authorizations and consultations necessary for keeping the youth in restraints. (e) If during the 60-120 minute timeframe, the supervisor/acting supervisor determines it is still unsafe to remove the restraints, he or she shall explain the action that will be taken with the youth. If necessary, another copy of this form may be made to continue proper documentation requirements.

10 - Minute Checks & Supervisor's Interviews	Restraints Applied: _____ a.m / p.m.			Restraints Removed: _____ a.m / p.m.		
	Time	Initials	Time	Initials	Time	Initials

0-60 Min.	(a) Removal is: Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> _____ <small>Supervisor/Acting Supervisor (Print & Initial)</small> Time: _____ Time Youth Interviewed
	(b) Additional Time Beyond 60 Minutes Authorized by: _____ <small>Print Name of Supt./Res. Prog. Dir./Designee</small> Time Contacted
	(c) _____ <small>Name of Licensed Medical and/or Mental Health Professional Who Was Consulted</small> Time Contacted Amount of Time Authorized
61-120 Min.	(a) Removal is: Safe <input type="checkbox"/> Unsafe <input type="checkbox"/> _____ <small>Supervisor/Acting Supervisor (Print & Initial)</small> Time: _____ 1 hour after previous interview
	(b) Action that will be taken with youth: _____ _____ _____

Staff Member Completing Log & Date Supervisor / Acting Supervisor & Date Supt./Res. Prog. Dir./Designee & Date