



# FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## SUICIDE PRECAUTIONS-OBSERVATION LOG

<input type="checkbox"/>	<b>PRECAUTIONARY OBSERVATION LOG</b>	Date: _____	Time: _____
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<input type="checkbox"/>	<b>SECURE OBSERVATION ROOM LOG</b>	Date: _____	Time: _____
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Yes	No	Observation
		Safe Housing Areas identified for youth on Precautionary Observation <b>Note: Safe Housing Areas/Activities designated for this youth are:</b>
		Youth was searched prior to placement in secure observation room
		Health Status Checklist completed prior to youth's placement in secure observation room
		Inspected secure observation room prior to youth's placement
		Constant Supervision Implemented and Maintained

Youth's Name: _____	Date of Birth: _____
JJIS Number: _____	Race: _____ Sex: _____
Facility/Program: _____	Provider: _____

<b>ALERT System Check:</b> (check the alerts that currently apply to the youth)				
Suicide Risk <input type="checkbox"/>	Medical <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>	Security <input type="checkbox"/>

**INSTRUCTIONS:** This checklist is used to document staff's behavioral observations of youths who are placed on PRECAUTIONARY OBSERVATION or SECURE OBSERVATION. **PRECAUTIONARY OBSERVATION AND SECURE OBSERVATION REQUIRE CONTINUOUS UNINTERRUPTED OBSERVATION (CONSTANT SUPERVISION).** Also, documentation of time and behavioral observation codes on this checklist is required at **30 minute intervals**. Staff must record behaviors not listed on the form as "Other Behaviors Observed", and document the number code and time these behaviors are observed. Code and staff initials are required for each documentation. More than one code may be used to document multiple behaviors (#1 for walking or sitting calmly, #5 for acting out, disturbing others). If "warning signs" are observed, the facility superintendent/ program director or his/her designee and mental health staff must be notified and documented below. Youths who present an imminent threat of suicide must be treated as an emergency and the Baker Act initiated.

CODE Explanation/Behaviors	Shift: _____			Shift: _____			Shift: _____		
	Time	Observations	Initials	Time	Observations	Initials	Time	Observations	Initials
1. Walking or sitting calmly									
2. Follows directions, cooperative									
3. Interacting with others									
4. Lying down/sleeping									
5. Acting out, Disturbing Others									
6. Yelling or Screaming									
7. Agitated, Pacing									
8. Beating on Door									
9. Cursing/Foul language									
10. Nervous, Jumpy									
11. Sullen, quiet									
12. Withdrawn, doesn't talk									
<b>WARNING SIGNS</b>									
13. Threats to Harm Self or Others									
14. Superficial Attempts to Hurt Self (picks or scratches skin)									
15. Possible Hallucinations (Sees things not present/ hears voices)									
16. Talking incoherently (not rational)									
17. Taking off clothes/Stripping									
18. Crying, Very Sad									
19. Shaking/Trembling									
20. Very sad and agitated or impulsive									
21. Other Behaviors Observed:									

<b>Shift Supervisor's Signature</b> Date: _____ Time: _____  <b>Mental Health Clinical Staff Person's Signature:</b> _____	<b>Shift Supervisor's Signature</b> Date: _____ Time: _____	<b>Shift Supervisor's Signature</b> Date: _____ Time: _____
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Youth's Name \_\_\_\_\_ JJIS# \_\_\_\_\_

**SUICIDE PRECAUTIONS-OBSERVATION LOG**

**NOTIFICATION OF WARNING SIGNS:**

(Document notification of warning signs and mental health clinical staff person's instructions below)

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Shift Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
(Signature)