

AUTHORIZATION OF OBSERVATION MONITORING FORM

This document shall be completed accurately and shall not be falsified in any way.

Individual Name: _____ | DOB: _____ | Facility: _____

Date Observation Started: _____ | Time Observation Started: _____

Start of Observation Authorized By: _____

(Please print and sign)

Is this person designated SFI? Yes No

Is this person designated DPP? Yes No

Initial observation level determination made by: Security | Contracted Healthcare Provider (QHCP or QMHP)

Section I: Reason for Observation (select all that apply):

Detoxification Dry Cell Mental Health Physical Health

Security Segregation Suicide Precautions

Section II: Observation Level Determination

15-minute 30-minute Constant observation

Section III: End of Observation

Date Observation Ended: _____ | Time Observation Ended: _____

End of Observation Authorized by: _____

(Please print and sign)

OBSERVATION MONITORING FORM

This document shall be completed accurately and shall not be falsified in any way. Please complete the applicable sections only.

Individual Name: _____ | DOB: _____ | Date: _____ | Cell Location: _____

Reason for Observation (select all that apply):

- Detoxification Dry Cell Mental Health Physical Health Security Segregation Suicide Precautions

Observation Level Determination: 15-minute 30-minute Constant observation

Please note any changes to an observation status during a shift:

Reason: _____ Level: _____ | Date: _____ | Time: _____ Updated by whom: _____

Reason: _____ Level: _____ | Date: _____ | Time: _____ Updated by whom: _____

Codes for Incarcerated Individual Behavior: record all that apply

A. Quiet	C. Agitated Behavior	E. Eating	G. Out of Cell Activities	I. Open Ears Coach Offered (once per shift when on observations for mental health/suicide precautions) Open Ears Coach Visit <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____
B. Sleeping	D. Destructive Behavior	F. Threatening Behavior	H. Other	

Time	Codes	Correctional Officer	Time	Codes	Correctional Officer

Time	Codes	Correctional Officer	Time	Codes	Correctional Officer

RESTRICTIVE HOUSING OBSERVATION MONITORING FORM

This document shall be completed accurately and shall not be falsified in any way. Please complete the applicable sections only.

Individual Name: _____ | DOB: _____ | Date: _____ | Cell Location: _____

Reason for Observation (select all that apply):

- Detoxification Dry Cell Mental Health Physical Health Security Segregation Suicide Precautions

Observation Level Determination: 15-minute 30-minute Constant observation

Please note any changes to an observation status during a shift:

Reason: _____ Level: _____ | Date: _____ | Time: _____ Updated by whom: _____
 Reason: _____ Level: _____ | Date: _____ | Time: _____ Updated by whom: _____

Include Appropriate Abbreviation in Each Box: A – Accepted C – Completed R- Refused

HEALTHCARE AND MEALS	Sunday Date:			Monday Date:			Tuesday Date:			Wednesday Date:			Thursday Date:			Friday Date:			Saturday Date:		
QHCP Visit																					
QMHP Visit																					
Prescribed Medication																					
Open Ears Coach Offered (once per shift when on observations for mental health/suicide precautions)																					
Open Ears Coach Visit If no, please explain:																					
Meals Served	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D	B	L	D

**Include Appropriate Abbreviation in Each Box
 I-Issued A-Approved E-Exchanged R-Refused X-Received Ret-Returned**

ACTIVITY	Sunday Date:			Monday Date:			Tuesday Date:			Wednesday Date:			Thursday Date:			Friday Date:			Saturday Date:		
Exercise																					
Commissary																					
Shave (unless on no razor status)																					
Shower (3 per week)																					
Hygiene Items																					
Telephone Privileges																					
Clothing Exchange																					
Laundry Exchange																					
Mail Sent/Received																					
Leisure Library/Reading Materials																					
Barbering/Hair Care Services																					
Educational Services																					
Legal Visit/Calls																					
Religious Guidance Visit																					
Staff Visit																					
Visits																					
CFSS/Officer in Charge of Unit (once per shift).																					