MDHS/DYS
Oakley Youth Development Center
Safety Alert Observation Sheet - XIII.12.A

Youth Name: _____ **Unit:** _____ **Room Number:** _____

Level	Start Date	Start Time	Start Day of Week	Shift
Precautionary Status				
Safety Alert 1				
Safety Alert 2				
Safety Alert 3				

Staff are required to document visual contact and behavior of youth placed on ***Precautionary Status*** or any ***Safety Alert Level*** at staggered intervals - a **minimum** of **six times** per hour (minimum 5 minutes, maximum 10 minutes). Record the time of the observation and the youth's behavior at the time of observation.

DATE	TIME	BEHAVIOR	INITIALS

DATE	TIME	BEHAVIOR	INITIALS

- over -

Youth Name: _____

DATE	TIME	BEHAVIOR	INITIALS

Unit: _____ Date: _____ Shift: _____

DATE	TIME	BEHAVIOR	INITIALS