

INTERIM BEHAVIOR & ACTIVITY DOCUMENTATION
 (Behavior Intervention (BI) and Staff Directed Time Out (SDTO))

DATE: _____ Youth Name: _____ JETS # _____ Location / Room # _____

The time and observation code(s) are required for each period of observation. More than one code may be used to document multiple behaviors (for example, # 1 for follows directions, cooperative, # 2 for lying or sitting calmly). The behaviors enclosed in the Warning Signs section below may be indicators of mental disturbance. If staff observes persistent Warning Signs, the youth must be referred to mental health staff for further assessment. Specify observation for numbers **16, 18, 19, 21, 22, 24, 27, 28, 30 and 31**. Utilize **# 40** for Other Behaviors Observed to indicate any behavior that is not provided.

CODE EXPLANATION:	BEHAVIORS & ACTIVITIES	TIME	OBSERVATION	TIME	OBSERVATION	TIME	OBSERVATION
1. Follows Directions, Cooperative	22. Leisure Time / Library / Reading & Writing / Refused	AM / PM		AM / PM		AM / PM	
2. Lying or Sitting Calmly	23. Return to Cell	AM / PM		AM / PM		AM / PM	
3. Walking / Standing Calmly	24. BI / SDTO	AM / PM		AM / PM		AM / PM	
4. Sleeping	25. Supervisor's Evaluation of Removal	AM / PM		AM / PM		AM / PM	
5. Sullen, Quiet	26. Youth Returned to Programming	AM / PM		AM / PM		AM / PM	
6. Cleaning Detail of Room	27. COC Committee/ Staffing	AM / PM		AM / PM		AM / PM	
7. Nervous, Jumpy	28. With MHTP / QMHP / Counselor / Medical Staff / Facility Director / Treatment Director / OSS	AM / PM		AM / PM		AM / PM	
8. Withdrawn, Doesn't Want to Talk	29. Youth on Call-Out	AM / PM		AM / PM		AM / PM	
9. Agitated, Pacing	30. Lights on / Begin Programming Lights out / Programming Ended	AM / PM		AM / PM		AM / PM	
10. Yelling or Screaming	31. Group Participation/Community Meetings Begins / Ends	AM / PM		AM / PM		AM / PM	
11. Cursing, Foul Language in Anger	WARNING SIGNS						
12. Making Threatening Gestures	32. Crying	AM / PM		AM / PM		AM / PM	
13. Flooding Cell / Popped Sprinkler	33. Hallucinating (sees things that are not present, reports hearing voices)	AM / PM		AM / PM		AM / PM	
14. Beating on Door, Wall	34. Laughing inappropriately	AM / PM		AM / PM		AM / PM	
15. Personal Hygiene	35. Making clear threats of violence against self or others	AM / PM		AM / PM		AM / PM	

16. Showering / Begin / Ends	36. Superficial attempt to hurt self (pinching or scratching self)	AM / PM		AM / PM		AM / PM
17. Using Restroom / Toilet						
18. Eating	37. Takes off clothes, smears feces	AM / PM		AM / PM		AM / PM
19. School Programming Participation / Refusal / GED	38. Talking incoherently	AM / PM		AM / PM		AM / PM
20. Return from School Programming	39. Trembling, shaking	AM / PM		AM / PM		AM / PM
21. Outdoor Exercise / Refused / If denied, approved by Director / Designee	OTHER BEHAVIORS OBSERVED 40.	AM / PM		AM / PM		AM / PM

JJS Signature: _____ (Name / Title)

Date: _____

Day Shift: _____

JJS Signature: _____ (Name / Title)

Date: _____

Night Shift: _____

Page _____ of _____

May 1, 2013