Office of Juvenile Justice
Secure Care Search Report

☐ BCCY ☐ SCY ☐ SCYC

Date: _____ **Shift/Team:** _____ **Time:** _____ **AM/PM** **Location of Search:** _____

Name & Title of Staff Involved If applicable, note Staff in Charge with an * Asterisk		

Contraband Report of Findings

Method: G = General; P = Pat Down Search; PS = Property Search S = Strip Search; GMD = Ground Metal Detector; T = Transfrisker; V = Vehicle

Area of Building/Grounds = Contraband found from unknown source in specific area/room within building/grounds where contraband was found. If applicable, include Bed, Locker, or Room Numbers.

Youth's Name & JETS # or Staff's Name & Title/Visitor/Volunteer/Contractor	Method May use more than one	Area of Building/Grounds	Quantity	Contraband Items Seized Include Excessive Clothing/Hygiene

Chain of Custody

Name & Title of Staff Handing Over Contraband	Name & Title of Staff Receiving Contraband	Date Received	Time Received