SECURE CARE
Youth Drug/Alcohol Testing Report

Date: _____ **Facility (check one):** □ **BCCY** □ **SCY** □ **SCYC**

Youth's Name & JETS #	Dorm	Test Requested By:	Type of Test		Reason For Test			Youth Refused		Test Results		1st Test Obtained By	2nd Test Obtained By
			Drug	Alcohol	Random	Routine	Suspicion	Yes	No	Pos	Neg		