Office of Juvenile Affairs Attachment E

**Monthly Report**

**(Facility Name)**

Month/Year:

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| --- | --- |
| **# of Grievances Submitted (attach log)** |  |
| **# of Admissions (include last names)** |  |
| **# of Discharges (include last names)** |  |
| **# of AWOLs (include last names)** |  |
| **% of Bed Utilization** |  |
| **Youthful Offenders (New, include last names)** |  |
| **Census as of last day of month** |  |
|  **# WRAT Tests - Pre & Posts**  |  |

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| --- | --- | --- | --- | --- |
| **Administrative/Professional Vacant Position(s)** | **Date Open:** |  | **Position:** |  |

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| **# of Critical Incidents** (attach Critical Incident Report Log): |  |

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| --- | --- |
| **# of Medical/Dental/Vision/etc Appointments** (attach Medical Appointment & Medication Log) |  |

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| --- | --- |
| **# of Restraints** (attach Physical Intervention Report Log)**:** |  |

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| --- | --- | --- | --- | --- | --- |
| **# of Drug Tests:** |  | **# Positive:** |  | **# Negative:** |  |

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| **System Concerns/Special Needs:** |
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| **Program Highlights:** |
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| **Job Orientation - ILS Curriculum**  |
| **Category** | **# of Hours Provided this Month** | **# of Residents** |
| **Personal Health & Hygiene** |  |  |
| **Maintenance of the Living Environment, including Food Preparation** |  |  |
| **Money Management** |  |  |
| **Job Skills Readiness, Acquisition & Retention** |  |  |
| **Community Awareness & Mobility, Including the Use of Community Resources** |  |  |
| **Socialization Skills & Techniques, including Communications** |  |  |

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|  | **OCA Referral’s** |
| **Type** | **Total Allegations**  | **Pending CCR’s**  | **Pending Investigations** | **# Confirmed**  | **# Not Confirmed** | **Ruled Out**  |
| **Neglect** |  |  |  |  |  |  |
| **Mistreatment** |  |  |  |  |  |  |
| **Abuse** |  |  |  |  |  |  |
| **Misconduct** |  |  |  |  |  |  |