

OFFICE OF JUVENILE AFFAIRS
LEVEL E Group Home

Daily Placement Census		(Facility Name)						(Date)				
No. of Beds	Youth Name	Age	JOLTS #	Referral Date	Admt Date	Projected D/C Date	Actual D/C Date	D/C Reason	Date AWOL	OJA Worker	County	Facility Therapist
1												
2												
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10												
11												
12												
13												
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16												

Email to: placementunit@oja.ok.gov;jeremy.evans;rex.boutwell@ oja.ok.gov or fax to 405-530-2897