

Office of Juvenile Affairs Attachment E
Monthly Report
(Facility Name)

Month/Year: _____

# 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	

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:

Program Highlights:

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		

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