

**Quarterly Reports for Wilder Youth Development Center**

<b>Superintendent/ Director's Name:</b>		<b>Date:</b>	
<b>Quarter of:</b>			
<b>Report compiled by:</b>			
<b>As per Departmental Policy <u>18.26, Monthly Reports for Youth Development Centers</u> this report will summarize significant events that occurred during the past month:</b>			
<b>1. MAJOR EVENTS</b> <i>(Give a general summary of the following)</i>			
<b>A. Accomplishments:</b>			
<b>B. Escapes or Runaways/Attempted Escapes or Runaways:</b>			
<b>C. Major Incidents:</b>			
Incident Type		Quarterly Description	
Active Suicide Hold			
Active Suicide			
Admission to Hospital			
Alleged Abuse by Staff (Physical)			
*Allegations of Abuse Physical Pending			
*Allegations of Abuse Sexual Pending			
Alleged Abuse by Youth on Youth			
Abuse-Sexual Substantiated			
Abuse- Sexual Unsubstantiated			
Abuse-Physical Substantiated			
Abuse-Physical Unsubstantiated			
Assault on Staff by Youth (report by incident)			

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<b>Superintendent/ Director's Name:</b>		<b>Date:</b>	
Assault on Youth by Youth			
Attempted Escape			
Death			
Emergency Medical Treatment/Youth			
Emergency Mental Health Treatment/Youth			
Fire/Emergency Vehicle			
Medical Confinement			
Physical Plant Problems			
Police Involvement			
Possession of Drugs/Alcohol			
Protective Custody			
Possession of Contraband			
Self-inflicted Injury by Youth			
Staff Illness/Injury			
Stolen/Missing State Property			
Unclothed Search			
Use of Confinement			
Use of Mechanical Restraint			
Use of Mechanical Restraint/Transport			
Use of Physical Restraint			
Youth Disturbance			
Youth Illness/Injury			
Total Major Incidents			
<b>D. Other:</b>			

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<b>Superintendent/ Director's Name:</b>		<b>Date:</b>	
<b>E. Facility Events:</b>			
<b>F. Tours (Report date, name/agency and # of visitors):</b>			
<b>G. Media Attention:</b>			
<b>H. Community Activities (Off Campus activities youth participate in):</b>			
<b>I. Monitoring:</b> (Please submit copies of any monitoring reports with Monthly report):			
<b>2. Human Resources and Training</b>			
<b>A. Human Resources</b>			
<b>Number of Current Vacancies</b>			<b>Position Title(s)</b>
<b>Number of Disciplinary Actions</b>			<b>Type of Action</b>
<b>Name of New Hires</b>			<b>Position Title</b>
<b>Name of Employees on Extended Leave</b>			<b>Position Title/Type Leave</b>
<b>B. Training</b>			
<b>Training (List training titles)</b>	<b>No. Employees Attending</b>	<b>Total Hours</b>	
<b>3. YOUTH AND EMPLOYEE SURVEYS</b>			
<b>A. Youth Morale:</b>			

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<b>Superintendent/ Director's Name:</b>		<b>Date:</b>	
<b>B. Employee Morale:</b>			
<b>C. Other Relevant Information</b>		<b>Quarterly Totals</b>	
Number of Youth Grievances			
Number of Youth Disciplinary Reports			
Number of Employee Grievances			
<b>4. DESCRIBE UNUSUALLY DIFFICULT PROBLEMS AND PLANS FOR RESOLUTION:</b>			
<b>5. COMPARISON/ATTAINMENT OF STATED GOALS AND OBJECTIVES:</b>			
<b>Goals</b> <i>(Per Department)</i>		<b>Status</b>	
<b>A. MAINTENANCE/CONSTRUCTION PROJECTS:</b>			
<b>B. Department Initiatives: (Describe New or Status of On-going Initiatives)</b>			
<b>6. INITIAL STAFFINGS:</b> <i>(In order for several names to be entered and allow area to expand, after each entry apply a</i>  <i>"return" to type the next entry. Ensure the correct information across is entered for each youth.)</i>			
<b>Youth</b> <i>(First Name &amp; Last initial)</i>	<b>Date</b>	<b>Home County</b>	<b>Family Service Worker</b> <i>(If Present)</i>
<b>7. POPULATION DATA:</b>			
Beginning In-House Population			
Youth Admitted During the Quarter			
Youth Released <i>(Include Trial Home Pass)</i>			
Ending In-House Population			
Step Down to Contract Provider and Transfers to Other Facilities			
Transfers to Other Hardware Secure Facilities			
AWOLS			
Number of Youth Administered the HiSet Test			
Number of Youth Passed HiSet			
Number of Youth Received High School Diploma			
Number of Youth Received Special Education Certificate			
Number of Youth Received Vocational Certification (i.e. Serve Safe)			
Number of Youth Applied for College			
Number of Youth Accepted into College			

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<b>Superintendent/ Director's Name:</b>		<b>Date:</b>	
Number of Youth Enrolled in College Courses			
Number of Youth Enrolled in Work Program			
Number of Youth Enrolled in Job Readiness Program (SORT)			
Number of Youth Completed A&D Treatment			

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