



Tennessee Department of Children's Services
Suicide Monitoring Cover Sheet/Log for a YDC

Youth _____ Dorm _____ has been placed on:

Eyesight Supervision Arm's Length Supervision

*** Note: A new cover sheet is needed if the licensed clinician changes the level of supervision at any point**

1. Monitoring Start: Date: _____ Time: _____ AM PM

By: _____ **Security Supervisor/Title:**

Special Instructions: _____

2. Licensed Clinician Consulted _____

Licensed Clinician Name /Title

Formal Order: Date: _____ Time: _____ AM PM

Special Instructions: _____

3. Medical Staff Assessed Youth N/A Date: _____ Time: _____ AM PM

(When closing out file, check N/A if there are no medical concerns and no consult needed)

By: _____ **Medical Staff/Title:**

Special Instructions: _____

4. Monitoring End: N/A Date _____ Time: _____ AM PM

(Check N/A if monitoring did not end but a new face sheet was started)

Ordered by: _____

Licensed Clinician Name /Title

5. Signature of Staff Member(s) Completing this Form: _____

*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.
 Distribution: Superintendent, Treatment Manager, YSW-Shift Leaders, YSS, RCM, Case Manager Supervisor, Principal, Food Service Director,
 Contracted Mental Health Provider and Central Operations*

