Room Checks/Monitoring

Youth:_____ **Date:**_____ **Shift:** ☐ AM/PM ☐ Grave

Check One: ☐ Suicide Watch ☐ Illness ☐ Time Out/Disciplinary ☐ Time Out

Time Placed In Room: _____ Time Removed From Room: _____

Room # / *Times*	Awake	Sleeping	Crying	Reading	Agitated	Screaming or Yelling	Rest Room	Eating	Visiting	Showering	Talking w/ Roommate	Other	Comments	Staff Initials