



Florida Department of Juvenile Justice

Rule 63E-7 Pregnant Youth Controlled Observation Form

Program Name: _____

Youth's Name: _____ DOB: _____ Race: _____

Date: _____ Time: _____ Incident Location: _____

Witness(es) to Event: _____

Staff making controlled observation placement: _____

Placement authorized by: _____

Active Alerts:

Medical

Mental Health

Security

Narrative Report (to be completed when placing a pregnant youth in controlled observation) include specific details such as the reason for placing the pregnant youth in controlled observation, the reason less restrictive means were not available, whether a qualified healthcare professional concurs with the placement. This form must be completed within 12 hours of placing the youth in controlled observation. Youth must be seen by a medical professional once every 24 hours. This youth must be observed at a minimum once per hour.

Staff Signature

Date

Time

Qualified Health Care Professional:

Healthcare Professional Signature

Date

Time

Supervisory review and comment:

Supervisor Signature

Date

Time

Justification for continuing controlled observation:

Signature of Program Director/Designee

Date

Time

Disposition of Controlled Observation:

Released to General Population:

Date

Time

Action taken to successfully reintegrate youth into program environment:

Program Director/Supervisor Signature

Date

Time

Administrative Review and Comments:

Program Director/Asst. Program Director Signature

Date

Time