FLORIDA DEPARTMENT OF JUVENILE JUSTICE
MECHANICAL RESTRAINTS SUPERVISION LOG

(1) FACILITY: __________________________________________________________

(2) YOUTH’S NAME: ____________________________________________________

(3) DATE OF RESTRAINT: _____/_____/_____

(4) STAFF APPLYING RESTRAINTS: ______________________________________

(5) STAFF REMOVING RESTRAINTS: _________________________________

(6) STAFF PROVIDING 1:1 SUPERVISION (with possession of key): ______________

(7) TYPE OF RESTRAINTS USED: Check all that apply.

☐ Handcuffs ☐ Waist Chains ☐ Leg Cuffs ☐ Soft Restraints ☐ Restraint Belt

(8) Authorization was obtained prior to placing the youth in restraints. ☐ Yes ☐ No

(9) Supervision Requirements: (a) Continually monitor the youth to determine whether removal of restraints is safe and advisable. Document the ten-minute checks in the spaces below. (b) Beginning with the time that the restraints are applied, conduct circulation and breathing checks at ten-minute intervals. (c) The supervisor/acting supervisor shall interview the youth and decide if it is safe to remove the restraints no more than 30 minutes after applying the restraints and then no more than one (1) hour from the previous interview. Document each interview below. (d) The supervisor/acting supervisor must document all authorizations and consultations necessary for keeping the youth in restraints. (e) If during the 60-120 minute timeframe, the supervisor/acting supervisor determines it is still unsafe to remove the restraints, he or she shall explain the action that will be taken with the youth. If necessary, another copy of this form may be made to continue proper documentation requirements.

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(a) Removal is: Safe ☑ Unsafe ☐ Supervisor/Acting Supervisor (Print & Initial) Time: _____________

(b) Additional Time Beyond 60 Minutes Authorized by: Print Name of Supt./Res. Prog. Dir./Designee _____________ Time Contacted _____________

(c) Name of Licensed Medical and/or Mental Health Professional Who Was Consulted Time Contacted _____________ Amount of Time Authorized _____________

(a) Removal is: Safe ☑ Unsafe ☐ Supervisor/Acting Supervisor (Print & Initial) Time: _____________

(b) Action that will be taken with youth: ________________________________________________________________

06/01/2006