

CHILD'S NAME: _____

LOCKED ISOLATION LOG

DATE: _____ TIME IN: _____ AM PM TIME OUT: _____ AM PM

STAFF REQUESTING ISOLATION: _____

STAFF MONITORING ISOLATION: _____

STAFF AUTHORIZING ISOLATION: _____

TIME	BEHAVIORAL OBSERVATIONS	TIME	BEHAVIORAL OBSERVATIONS
8:00 - 8:10		2:01 - 2:10	
8:11 - 8:20		2:11 - 2:20	
8:21 - 8:30		2:21 - 2:30	
8:31 - 8:40		2:31 - 2:40	
8:41 - 8:50		2:41 - 2:50	
8:51 - 9:00		2:51 - 3:00	
9:01 - 9:10		3:01 - 3:10	
9:11 - 9:20		3:11 - 3:20	
9:21 - 9:30		3:21 - 3:30	
9:31 - 9:40		3:31 - 3:40	
9:41 - 9:50		3:41 - 3:50	
9:51 - 10:00		3:51 - 4:00	
10:01 - 10:10		4:01 - 4:10	
10:11 - 10:20		4:11 - 4:20	
10:21 - 10:30		4:21 - 4:30	
10:31 - 10:40		4:31 - 4:40	
10:41 - 10:50		4:41 - 4:50	
10:51 - 11:00		4:51 - 5:00	
11:01 - 11:10		5:01 - 5:10	
11:11 - 11:20		5:11 - 5:20	
11:21 - 11:30		5:21 - 5:30	
11:31 - 11:40		5:31 - 5:40	
11:41 - 11:50		5:41 - 5:50	
11:51 - 12:00		5:51 - 6:00	
12:01 - 12:10		6:01 - 6:10	
12:11 - 12:20		6:11 - 6:20	
12:21 - 12:30		6:21 - 6:30	
12:31 - 12:40		6:31 - 6:40	
12:41 - 12:50		6:41 - 6:50	
12:51 - 1:00		6:51 - 7:00	
1:01 - 1:10		7:01 - 7:10	
1:11 - 1:20		7:11 - 7:20	
1:21 - 1:30		7:21 - 7:30	
1:31 - 1:40		7:31 - 7:40	
1:41 - 1:50		7:41 - 7:50	
1:51 - 2:00		7:51 - 8:00	

REASON FOR PLACEMENT (BE SPECIFIC) AND INCLUDE ALL INTERVENTIONS USED PRIOR TO THE CHILD BEING PLACED IN ISOLATION, REASON FOR RELEASE AND WHERE CHILD WAS RELEASED TO. USE THE BACK IF NECESSARY.

PROGRAM DIRECTOR REVIEW: _____
SIGNATURE DATE