

CARE OFFICER MONTHLY REVIEW



Monthly Review No: _____

Officer Name: _____

Date: _____

Is the Detainee on any current level of

No

RASP

ACDT

ABS

Date opened: _____

Date closed: _____

Has the Detainee been issued any warnings?

No

verbal

1st

2nd

3rd

Has any Reviews Boards taken place?

Yes ☒ No

If yes what was the out come: _____

Present level of Incentive Scheme:

Basic

☒ Standard

Enhance

Does the Detainee have Bail/ Appeal dates set?

Yes ☒ No

If yes what are the dates: _____

Has RD's been set?

Yes ☒ No

Is yes whats the date and how does the Detainee feel about going home: _____

Does the Deatinee have any problems on the Wing / Centre?

☒ Yes ☐ No

If yes what are they:

ISSUE with a female member of staff. Another member of staff witnessed.

Does the Detainee feel safe on the Wing / Centre?

Yes ☒ No

If no why not and what has been done about:

people fighting and lots of Spice around. Some staff no respect for detainees.

any other issues:

friend threatened in gym by other detainees and abused him.

Detainee Signature: _____

Signature

Officer Signature: _____

Signature

Date of next review:

16/10/17

Please up date DAT system, Histroy Sheet and Observations