

Facility _____

West Virginia
Juvenile Secure Holding Log

Month of: _____

Case #	Last name	First name	DOB	Age	Charge (list most serious)	Date In	Time IN	Location Held	Sight and Sound Separation Y/N	Date Out	Time Out

CHARGE: Please list most serious, either by name or code section (Capias or Warrant are not enough information) what is the Capias or Warrant for?

LOCATION: Where in the facility was the juvenile held? (Holding cell 1, Cuffing bench, Sgt. Office, Process room, ect)

SIGHT AND SOUND SEPARATION: Was the juvenile detainee kept sight and sound separate from any adult detainees in custody(Y/N)?

More log sheets available at :

<https://djcs.wv.gov/grant-programs/all-general-programs/JJDP-Title%20II/Documents/2020Juvenile%20secure%20holding%20log%20revised.pdf>

Monthly submit by the 5th via E-mail to: OJJDPlogs@wv.gov

**Any questions contact:
Compliance Monitor
304-558-8814 ext. 53327**