



Colorado Department of Human Services – Division of Youth Corrections Vulnerability Assessment Team – Site Visit Reporting Form

Institution: _____ **Date:** _____

Person Completing this Report: _____

Building/Area: _____

Be particularly aware of the following during the review: Furniture Placement, Security Equipment, Doors, Locks, Lighting, Obstruction of View, Shower Curtains, Secluded Areas, Youth Working Hours and Keys.

Room #/ Identifier/Activity Time	Potential Vulnerability	Recommendation

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Room #/ Identifier/Activity Time	Potential Vulnerability	Recommendation

Signature of Person Completing Report: _____

Reviewed By: _____

Date: _____