



**Employee Certification of Compliance with
DJJ 8.30, Physical Intervention Continuum
&
DJJ 8.31, Restraint of Youth**

I have read, understood and will comply with the Department of Juvenile Justice Physical Control Continuum and Restraint of Youth policies, as presented in DJJ 8.30 and 8.31.

Employee's signature

Date

Print employee's name

Witnessed by supervisor:

Supervisor's Signature

Date

Print supervisor's name