

Texas Commission on Jail Standards Pregnant Inmate Miscarriage Report

Reporting Month _____

County/Facility name _____

Date _____

Data Collection Period is September 1, 2015-August 31, 2016

Please submit monthly by the 5th of each month beginning in October 2015

Required Information

Total Number of Miscarriages occurring in the reporting month

Miscarriage is defined as spontaneous abortion

Optional Information-Counties are urged to provide information about each miscarriage

This optional information may give policymakers a better understanding of the issue

Please see optional reporting form and instructions to complete.

Report prepared by: (print or type)

Telephone Number

Form may be submitted via fax @ (512) 463-3185 or via email to diana.spiller@tcjs.state.tx.us