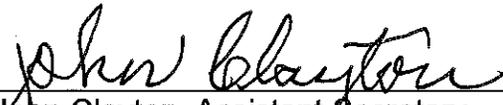




STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
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March 20, 2014

**TO:** JR Policy Holders

**FROM:**   
John Clayton, Assistant Secretary  
Juvenile Justice & Rehabilitation Administration

**SUBJECT** For Distribution: JR Policy 22, *Assigning Isolation and Room Confinement*

The JR Policy Committee has completed the final review of Policy 22, *Assigning Isolation and Room Confinement* based on the PREA Juvenile Standards. Please add the policy to your on-site policy manual.

This policy addresses overarching expectations for assigning youth to isolation, room confinement and programmed room confinement. There were very few revisions to the policy based on PREA, and the Policy Committee intends to continue the development process.

The changes to Policy 22 are below. They include:

- The addition of the option for isolation as a last resort for protective segregation when all other options have been unable to keep youth safe.
- The requirement for reviews in alignment with the policy to address a youth's continued isolation for protective purpose.

This policy has a scheduled effective date of April 1, 2014. If you have questions regarding the policy and its revision, please contact the JR Policy and Planning Administrator, Jennifer Zipoy, at [jrapolicy@dshs.wa.gov](mailto:jrapolicy@dshs.wa.gov).

Attachment: Policy 22, *Assigning Isolation and Room Confinement*

**POLICY 22 ASSIGNING ROOM CONFINEMENT, PROGRAMMED  
ROOM CONFINEMENT AND ISOLATION**

**Policy Committee Chair**

Don Mead, Ed. D.  
Superintendent, Echo Glen  
Juvenile Justice & Rehabilitation Administration

**Approved**

  
John Clayton, Assistant Secretary  
Juvenile Justice & Rehabilitation Administration  
3/20/2014

**Authorizing Sources**

RCW 13.40.010  
RCW 13.40.460  
RCW 72.05  
28 CFR Part 115 PREA, Juvenile Facility  
Standards, effective August 20, 2012

**Information Contact**

Jennifer Zipoy, Policy & Planning Administrator  
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**Effective Date**

4/1/2014

**Sunset Review Date**

4/1/2015

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**I. PURPOSE AND SCOPE**

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This document establishes policy and procedures for the use of isolation, room confinement, and programmed room confinement as a part of the continuum of interventions used by Juvenile Rehabilitation (JR) staff to maintain health and safety and to deter the use of maladaptive behavior.

All staff, contractors, volunteers, and interns working in the Division of Institution Programs, Division of Community Programs and Parole, and the Division of Operations and Support Services are responsible for reviewing and complying with JR policies.

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**II. POLICY**

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- 1. Staff must use the least restrictive method of control most appropriately suited to the situation and the youth involved.**
  - 1.1. When choosing interventions that are not the result of an immediate health and safety risk, staff will consider:
    - 1.1.1. Functions of the maladaptive behavior,
    - 1.1.2. Desired and undesired outcome of the intervention
    - 1.1.3. Potential for the intervention to achieve that outcome, and
    - 1.1.4. Whether the intervention would reinforce behavior desired.
- 2. Isolation must be used only as a temporary means to control behavior or deter a hazardous condition.**

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**3. Staff will remove the youth from isolation when:**

- 3.1. The purpose of confinement is met,
- 3.2. Desired behavior is evident, and
- 3.3. Staff have documented reason to believe the behavior would not immediately reoccur.

**4. Room confinement may be used as a consequence for maladaptive or negative behavior. Staff will use the least amount of time to meet the purpose of the intervention.**

**5. Programmed room confinement may be used when less restrictive methods have not been effective. It will be time limited, with the intent of accomplishing a specific goal or set of goals.**

**6. A copy of rules governing expected behavior will be posted in each living unit and will be given to each youth during the intake process. The posted copy will clearly inform the youth that violations of rules may result in sanctions.**

**7. Staff will inform youth as soon as possible of the reasons for placement in isolation or on room confinement.**

**8. For situations where safety is a concern (which may include sexually vulnerable youth), youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe. (PREA Standard 115.342 (b)) Also, any use of segregated housing to protect a youth who is alleged to have suffered sexual abuse shall be subject to these requirements. (PREA Standard 115.368)**

8.1. Youth may be isolated for safety purposes only until an alternative means of keeping all youth safe can be arranged. (PREA Standard 115.342 (b))

8.2. Superintendent approval is required for isolation based on safety needs.

8.3. If a youth is isolated for safety purposes, staff must document the reason (PREA Standard 115.342(h)) in an Incident Report and Room Confinement Record:

8.3.1. The basis of the concern for the youth's safety, and

8.3.2. The reason why no alternative means of separation can be arranged.

8.4. Youth isolated for safety purposes must be reviewed in accordance with existing isolation and room confinement practices to determine whether there is a continuing need for separation from the general population. (PREA Standard 115.342 (i))

**9. Places of isolation will be:**

9.1. Within calling distance of a staff or equipped with a direct communication link to staff;

9.2. Lighted, heated, clean, and ventilated at the time the youth is placed in isolation, according to applicable health and safety standards.

**10. A youth must not be required to clean the isolation room before being placed in it; however, a youth placed in isolation may be required to clean the room prior to release.**

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**11. Youth placed in isolation or on room confinement must have access to:**

- 11.1. Clothing or suicide resistant smock;
- 11.2. Mattress and bedding;
- 11.3. Medication under staff supervision;
- 11.4. A toilet and sink at least hourly; and a bath or shower at least daily;
- 11.5. The same meals as other youth;
- 11.6. A minimum of one hour of supervised release time every 24 hours including the opportunity for physical exercise (in addition to access to hygiene facilities).
  - 11.6.1. Recreational services and facilities are provided subject to staff availability and the youth's behavior and treatment needs.
  - 11.6.2. If the youth is placed in isolation or on room confinement for less than 24 hours, he/she may receive his/her release time before or after being placed in isolation or on room confinement;
- 11.7. Visitors, telephone calls, and mail consistent with Policy 28, Resident Communications;
- 11.8. Necessary medical treatment;
- 11.9. Necessary mental health services;
- 11.10. Legal services;
- 11.11. Reading material, paper, writing material and envelopes;
- 11.12. Treatment material; and
- 11.13. Other appropriate educational supplies.

**12. A youth placed in isolation or on room confinement should have access to reading material, paper, writing material and envelopes, treatment material, and other appropriate educational supplies, unless precluded by Suicide Precaution Level or the items would hinder staff efforts to resolve the problems that caused isolation or room confinement.**

**13. Any requirement of this policy may be suspended if:**

- 13.1. It would create a health, safety, or security issue;
- 13.2. It would present a clear and present danger of physical harm to the youth placed in isolation or on room confinement or to others; or
- 13.3. There is reasonable concern that destruction or misuse of property or escape would result.
- 13.4. The Superintendent, Regional Administrator, Administrative Officer of the Day, or designee must review the decision to determine whether withholding the specific rights or items will be continued.
- 13.5. Rights or items withheld and reasons for withholding them must be documented.

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**14. Each youth placed in isolation or on room confinement will be visually checked at least every 30 minutes and staff will attend to needs of the youth at that time. Staff will attempt to communicate with awake youth during required checks.**

14.1. Checks will be documented on the Isolation Confinement Record or Room Confinement Record in ACT.

**15. Staff will attempt to provide counseling to youth placed in isolation or on room confinement at least once during day shift and once during swing shift.**

15.1. Counseling may include discussion of a Behavior Chain Analysis (BCA) and use of skills.

**16. If the youth is confined during a school program in which the youth is enrolled, there must be an opportunity to make up any missed schoolwork.**

## **ISOLATION**

**17. Staff may place a youth in isolation when, in the judgment of staff, there is reasonable cause to believe failure to do so would present:**

17.1. An immediate threat of physical harm to self, others, or property;

17.2. An immediate threat of escape; or

17.3. A continuing disturbance disruptive to the sleep or program activity of other residents.

**18. A youth may self-request placement in isolation. Consideration must be given to what outcome the youth is looking for (the function of the behavior) and whether or not isolation would possibly reinforce the maladaptive behavior.**

**19. Staff must complete an Incident Report and an Incident Review form on all incidents of isolation. The program administrator or designee must review these reports.**

**20. All residents placed in isolation must be reviewed periodically to assess their readiness for release from isolation.**

20.1. Those reviews must be held:

20.1.1. Two (2) hours after isolation is imposed, face to face with the youth, by a staff member;

20.1.2. Four (4) hours after initial isolation, face to face with the youth, by a supervisory staff or designee;

20.1.3. Eight (8) hours after initial isolation, face to face with the youth, by a supervisory staff or designee;

20.1.4. Twelve (12) hours after initial isolation, face to face with the youth, by the Superintendent, Administrative Officer of the Day, or designee;

20.1.5. Sixteen (16) hours after initial isolation, face to face with the youth, by the Superintendent, Administrative Officer of the Day, or designee;

20.1.6. Twenty (20) hours after initial isolation, face to face with the youth, by the Superintendent, Administrative Officer of the Day, or designee;

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20.1.7. Twenty-four (24) hours after initial isolation by the Superintendent, Administrative Officer of the Day, or designee;

20.1.8. Forty-eight (48) hours after initial isolation *excluding weekends and holidays* and daily thereafter by the Division Director or designee;

20.1.9. Forty-eight (48) hours after initial isolation *during weekends and holidays* and at four (4) hour intervals by the Officer of the Day or designee.

20.1.10. The reviewer may make the decision to extend placement in isolation if the original cause for isolation continues, or if any other valid cause exists.

**21. To remove a youth from isolation:**

21.1. The original cause nor any other valid cause for isolation must not exist;

21.2. The youth must be visibly calm; and

21.3. The youth should make a verbal commitment to engage in skillful behavior and not engage in the maladaptive behavior that resulted in isolation or any other maladaptive behavior that is a valid cause for isolation; and

21.4. The behavior of the youth in isolation must demonstrate that he/she no longer poses a threat. This may include a BCA of the event that resulted in isolation.

**22. Prior to releasing a youth from placement in isolation, the isolating staff member, if available, and the sending living unit staff should be consulted.**

**23. The reviewer may extend isolation if the original cause for isolation continues, or if any other cause exists. The reviewer will document on the Isolation Confinement Record:**

23.1. What continued isolation will accomplish, and

23.2. What factors will determine release from isolation.

**24. A review that begins 30 minutes before or after the time it is due shall be considered as a timely review.**

**25. Reviewers may waive the above periodic reviews until the hour after breakfast if the reviews fall within designated sleeping hours.**

**26. Staff may remove an awake youth from isolation during nighttime sleeping hours if the youth is under control, displaying skillful behavior, and if removal would not disturb other youths.**

**27. If, for extraordinary reasons, a periodic review cannot be held within the required time frames, a review must be held as soon as possible and the reason for the delay must be documented on the Isolation Confinement Record in ACT.**

**28. Youth placed in isolation must receive daily medical/health evaluations and services by appropriate personnel. Health contacts must be documented in the youth's health record and on the Isolation Confinement Record.**

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**29. The staff responsible for removing the youth from isolation will document on the Isolation Confinement Record the date, time, reason for removal and the reviewer's printed name. Staff will enter the release date and time in ACT.**

**30. Isolation beyond five (5) days requires a Multi-Disciplinary Team (MDT) meeting with a written plan for removing the youth from isolation.**

30.1. This plan will be documented in the youth's case record in ACT and attached to the Isolation Confinement Record.

**31. The staff responsible for removing the youth from isolation will document on the Isolation Confinement Record the date, time, reason for removal and the reviewer's printed name. Staff will enter the release date and time in ACT.**

**32. Completed isolation confinement records will be reviewed by the Associate Superintendent, Community Facility Administrator or designee and placed in the case file.**

#### **ROOM CONFINEMENT**

**33. Short confinement periods up to one (1) hour may be used at staff discretion. Staff must consider how the intervention will enhance the ability to achieve a desired treatment outcome. This may include assisting the youth in using skillful behavior.**

**34. A youth may be placed in room confinement beyond one hour for:**

- 34.1. Any reason for which isolation is allowed;
- 34.2. A consequence of attempted escape or assisting in an escape;
- 34.3. Repeated violation of facility or living unit rules;
- 34.4. Repeated refusal to follow staff directives; or
- 34.5. Behavior legally defined as a law violation.

**35. When placement on room confinement exceeds one hour:**

- 35.1. Staff must inform the youth of the specific reasons for confinement
- 35.2. Staff will allow the youth an opportunity to respond prior to the expiration of the one-hour period.
- 35.3. The staff will assist the youth with a plan to facilitate release from room confinement. This may include use of a BCA and/or identification of skills and treatment outcomes to assist the youth.

**36. A single incident of placement on room confinement totaling five (5) hours or more during one day, excluding established facility sleeping hours, must be documented on an Incident Report and Incident Review Form. All residents placed on room confinement must be reviewed periodically to assess their readiness for release from room confinement. Reviews must be held:**

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- 36.1. Within five (5) hours after placement on room confinement is imposed, face to face with the youth, by a supervisory staff, or as soon as it would not unduly interfere with the supervisory staff's other duties. The reviewing staff must:
  - 36.1.1. Consider information from all witnesses, including those identified by the youth, deemed relevant and material by the supervisor.
  - 36.1.2. Immediately release the youth from room confinement if the facts do not justify room confinement or the desired treatment outcome has been achieved.
  - 36.1.3. Provide the youth the opportunity to respond if the facts are deemed by the supervisor to justify room confinement; and
  - 36.1.4. Placement on room confinement may be approved for up to twenty-four (24) hours at the five (5) hour review. Review findings and actions must be documented on the Room and Isolation Confinement Record.
  - 36.1.5. In those unusual circumstances when a supervisory staff is not available the Officer of the Day may delegate review authority.
- 36.2. Within twenty-four (24) hours after room confinement is imposed, face to face with the youth, by the Superintendent, Regional Administrator, Administrative Officer of the Day, or designee. The Superintendent, Regional Administrator, Administrative Officer of the Day, or designee may make the decision to extend room confinement beyond twenty-four (24) hours up to seventy-two (72) hours if:
  - 36.2.1. The original cause or any other valid cause for room confinement exists; or
  - 36.2.2. The youth fails to make a verbal commitment to engage in skillful behavior and not to engage in the maladaptive behavior that led to room confinement; or
  - 36.2.3. Continued room confinement will sufficiently meet the purpose of the intervention which may include deterring the maladaptive or negative behavior that resulted in room confinement.
- 36.3. Review findings and actions must be documented on the Room and Isolation Confinement Record.
- 36.4. The youth must be present at such review and be provided an opportunity to respond.
- 37. If a youth, during one day, receives cumulative room confinement exceeding five (5) hours, but no single confinement exceeds one (1) hour, the responsible supervisor must review the incidents to ensure the youth is receiving appropriate treatment and document the review in the living unit's Daily Log.**

**PROGRAMMED ROOM CONFINEMENT**

- 38. A youth may be placed on programmed room confinement in the youth's assigned room or in another room with standard living unit amenities. Programmed room confinement may be used:**

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- 38.1. When a youth has become a serious management problem due to repeated escape attempts or repeated violations of program rules;
  - 38.2. As part of a specialized treatment program, when less restrictive controls have failed, to stabilize behavior; or
  - 38.3. To prevent the necessity of transferring a youth to a higher security setting or more restrictive program.
- 39. A youth may be placed on programmed room confinement as part of a planned program only after the following:**
- 39.1. A supervisory staff has met with the youth and treatment staff.
  - 39.2. A written plan has been approved by the Superintendent, Regional Administrator, or designee. The plan must address, at a minimum:
    - 39.2.1. Statement of problem, including the use of a BCA;
    - 39.2.2. Previous attempts at solutions;
    - 39.2.3. Goals that include youth input;
    - 39.2.4. Specific restrictions and limitations to be placed on the youth;
    - 39.2.5. Method of contact and nature of counseling by staff during the youth's confinement;
    - 39.2.6. Criteria and steps by which the youth can gain release from confinement, including behavioral expectations, skills to be practiced, cues to be practiced with, and the shaping and reinforcement plan that staff will use to assist in moving the youth off programmed room confinement; and
    - 39.2.7. Estimated length of time for the program; and
    - 39.2.8. The youth has had an opportunity to present his/her views
- 40. If placement on programmed room confinement impacts the youth's regular school program, there must be an opportunity to maintain normal school progress during the period of programmed room confinement.**
- 41. Youth must not spend more than half their established waking hours placed on programmed room confinement. Exceptions require approval by the Superintendent, Regional Administrator, or designee as part of the written plan.**
- 42. Treatment staff may terminate placement on programmed room confinement at any time. The Superintendent, Regional Administrator, or designee and the youth will be notified of the termination.**
- 43. Initial placement on programmed room confinement may be for up to seven (7) days.**
- 44. The Superintendent, Regional Administrator, or designee may impose continued programmed room confinement for up to fourteen (14) days.**
- 44.1. Placement on programmed room confinement beyond fourteen (14) days requires approval by the Division Director or designee.

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44.2. A decision to continue placement on programmed room confinement must be reviewed with the youth at least every seven (7) days.

**45. Staff will work to engage and motivate the youth through allowing continued involvement of the youth in program planning and skill acquisition.**

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### III. DEFINITIONS

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**Isolation:** Confinement in a room without amenities and designated solely for the control of behavior.

**Incident Report:** Document that include a statement of the facts or of the specific rule violation that caused the youth to be isolated or placed on room confinement. The statement will be in sufficient detail so someone reading the report can understand what happened. The report also must indicate any staff or youth witnesses and the report must be made in the Automated Client Tracking (ACT) system.

**Multi-Disciplinary Team (MDT):** Team of treatment providers and administrator convened to review cases where youth are presenting a danger to themselves or others and have been unable to be removed from isolation or room confinement after five (5) days. The MDT will consist of at least the counselor of the youth, psychologist or psychiatrist where available, supervisor for the program, and program administrator or designee.

**Programmed Room Confinement:** Time limited confinement used for accomplishing a specific goal or set of goals when less restrictive methods have not been effective.

**Room Confinement:** Confinement in the youth’s assigned room or in a room with standard living unit room amenities.

**Suicide Precaution Supervision Conditions:** Approved requirements to structure a youth’s environment while on a suicide precaution level.

**Standard Living Unit Room:** A room with fixed items similar to a youth’s assigned room, such as a bed, desk, shelving, etc

### IV. FORMS AND DOCUMENTS

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Document Title	Available In ACT	Link to Paper form
Room and Isolation Confinement Record		DSHS Form 20-199
Incident Report Form		DSHS Form 20-206
Incident Review Form		DSHS Form 20-207
Programmed Room Confinement		DSHS Form 20-200

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