



Juvenile Justice

State Laws or Rules that Limit or Prohibit Solitary Confinement of Juveniles

Updated January 2021

States highlighted in **Blue** have enacted state statute related to this subject.

States	Statutory Citation, Admin. Citation, Court Rule, or Case Law	Text of Statutory Citation, Admin. Citation, Court Rule, or Case Law
Alaska	AK R DELINQ RULES Rule 13	<p>Rule 13. Judge's Responsibility Concerning Conditions of Detention</p> <p>A court exercising jurisdiction under these rules has a continuing duty to ascertain that appropriate conditions of detention of juveniles are observed concerning visitation, clothing, exercise, private visitation of counsel and confinement. A juvenile may not be confined in solitary confinement for punitive reasons.</p>
Arkansas	§9-27-371.	<p>Punitive isolation or solitary confinement of juveniles.</p> <p>(a) As used in this section:</p> <p>(1) "Punitive isolation" means the placement of a juvenile in a location that is separate from the general population as a punishment; and</p>



(2) "Solitary confinement" means the isolation of a juvenile in a cell separate from the general population as a punishment.

(b) A juvenile who has been placed or detained in a juvenile detention facility shall not be placed in punitive isolation or solitary confinement as a disciplinary measure for more than twenty-four (24) hours unless the:

(1) Placement of the juvenile in punitive isolation or solitary confinement is due to:

(A) A physical or sexual assault committed by the juvenile while in the juvenile detention facility;

(B) Conduct of the juvenile that poses an imminent threat of harm to the safety or well-being of the juvenile, the staff, or other juveniles in the juvenile detention facility; or

(C) The juvenile escaping or attempting to escape from the juvenile detention facility; and

(2)(A) Director of the juvenile detention facility provides written authorization to place the juvenile in punitive isolation or solitary confinement for more than twenty-four (24) hours.

(B) The director of the juvenile detention facility shall provide the written authorization described in subdivision (2)(A) of this section for every twenty-four-hour period during which the juvenile remains in punitive isolation or solitary confinement after the initial twenty-four (24) hours.



<p>Arizona</p>	<p>Arizona Department of Juvenile Corrections</p> <p>Temporary Stabilization Unit Policy 4061</p>	<p>https://portal.azdjcc.gov/policy/main.aspx</p>
<p>California</p>	<p>Section 208.3 is added to the Welfare and Institutions Code</p>	<p>208.3. (a) For purposes of this section, the following definitions shall apply:</p> <p>(1) "Juvenile facility" includes any of the following:</p> <p>(A) A juvenile hall, as described in Section 850.</p> <p>(B) A juvenile camp or ranch, as described in Article 24 (commencing with Section 880).</p> <p>(C) A facility of the Department of Corrections and Rehabilitation, Division of Juvenile Facilities.</p> <p>(D) A regional youth educational facility, as described in Section 894.</p>



(E) A youth correctional center, as described in Article 9 (commencing with Section 1850) of Chapter 1 of Division 2.5.

(F) A juvenile regional facility as described in Section 5695.

(G) Any other local or state facility used for the confinement of minors or wards.

(2) "Minor" means a person who is any of the following:

(A) A person under 18 years of age.

(B) A person under the maximum age of juvenile court jurisdiction who is confined in a juvenile facility.

(C) A person under the jurisdiction of the Department of Corrections and Rehabilitation, Division of Juvenile Facilities.

(3) "Room confinement" means the placement of a minor or ward in a locked sleeping room or cell with minimal or no contact with persons other than correctional facility staff and attorneys. Room confinement does not include confinement of a minor or ward in a single-person room or cell for brief periods of locked room confinement necessary for required institutional operations.

(4) "Ward" means a person who has been declared a ward of the court pursuant to subdivision (a) of Section 602.



(b) The placement of a minor or ward in room confinement shall be accomplished in accordance with the following guidelines:

(1) Room confinement shall not be used before other less restrictive options have been attempted and exhausted, unless attempting those options poses a threat to the safety or security of any minor, ward, or staff.

(2) Room confinement shall not be used for the purposes of punishment, coercion, convenience, or retaliation by staff.

(3) Room confinement shall not be used to the extent that it compromises the mental and physical health of the minor or ward.

(c) A minor or ward may be held up to four hours in room confinement. After the minor or ward has been held in room confinement for a period of four hours, staff shall do one or more of the following:

(1) Return the minor or ward to general population.

(2) Consult with mental health or medical staff.

(3) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the minor or ward to general population.

(d) If room confinement must be extended beyond four hours, staff shall do the following:



(1) Document the reason for room confinement and the basis for the extension, the date and time the minor or ward was first placed in room confinement, and when he or she is eventually released from room confinement.

(2) Develop an individualized plan that includes the goals and objectives to be met in order to reintegrate the minor or ward to general population.

(3) Obtain documented authorization by the facility superintendent or his or her designee every four hours thereafter.

(e) This section is not intended to limit the use of single-person rooms or cells for the housing of minors or wards in juvenile facilities and does not apply to normal sleeping hours.

(f) This section does not apply to minors or wards in court holding facilities or adult facilities.

(g) Nothing in this section shall be construed to conflict with any law providing greater or additional protections to minors or wards.

(h) This section does not apply during an extraordinary, emergency circumstance that requires a significant departure from normal institutional operations, including a natural disaster or facility-wide threat that poses an imminent and substantial risk of harm to multiple staff, minors, or wards. This exception shall apply for the shortest amount of time needed to address the imminent and substantial risk of harm.



		<p>(i) This section does not apply when a minor or ward is placed in a locked cell or sleep room to treat and protect against the spread of a communicable disease for the shortest amount of time required to reduce the risk of infection, with the written approval of a licensed physician or nurse practitioner, when the minor or ward is not required to be in an infirmary for an illness. Additionally, this section does not apply when a minor or ward is placed in a locked cell or sleep room for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner, when the minor or ward is not required to be in an infirmary for illness.</p> <p>(j) This section shall become operative on January 1, 2018.</p>
<p>Colorado</p>	<p>Colo. Rev. Stat. Ann. § 26-20-103 (West)</p>	<p>(1) Subject to the provisions of this article, an agency may only use restraint or seclusion on an individual:</p> <p>(a) In cases of emergency, as defined in section 26-20-102(3); and</p> <p>(b)(I) After the failure of less restrictive alternatives; or</p> <p>(II) After a determination that such alternatives would be inappropriate or ineffective under the circumstances.</p> <p>(1.5) Restraint and seclusion must never be used:</p> <p>(a) As a punishment or disciplinary sanction;</p> <p>(b) As part of a treatment plan or behavior modification plan;</p> <p>(c) For the purpose of retaliation by staff; or</p> <p>(d) For the purpose of protection, unless:</p> <p>(I) The restraint or seclusion is ordered by the court; or</p> <p>(II) In an emergency, as provided for in subsection (1) of this section.</p>



(2) An agency that uses restraint or seclusion pursuant to the provisions of subsection (1) of this section shall use such restraint or seclusion:

(a) Only for the purpose of preventing the continuation or renewal of an emergency;

(b) Only for the period of time necessary to accomplish its purpose; and

(c) In the case of physical restraint, only if no more force than is necessary to limit the individual's freedom of movement is used.

(3) In addition to the circumstances described in subsection (1) of this section, a facility, as defined in section 27-65-102(7), C.R.S., that is designated by the executive director of the state department to provide treatment pursuant to section 27-65-105, 27-65-106, 27-65-107, or 27-65-109, C.R.S., to an individual with mental illness, as defined in section 27-65-102(14), C.R.S., may use seclusion to restrain an individual with a mental illness when the seclusion is necessary to eliminate a continuous and serious disruption of the treatment environment.

(4)(a) The general assembly recognizes that skilled nursing and nursing care facilities that participate in federal medicaid programs are subject to federal statutes and regulations concerning the use of restraint in such facilities that afford protections from restraint in a manner consistent with the purposes and policies set forth in this article.

(b) If the use of restraint or seclusion in skilled nursing and nursing care facilities licensed under state law is in accordance with the federal statutes and regulations governing the medicare program set forth in 42 U.S.C. sec. 1395i-3(c) and 42 CFR part 483, subpart B and the medicaid program set forth in 42 U.S.C. sec. 1396r(c) and 42 CFR part 483, subpart B and with the rules of the department of public health and environment relating to the licensing of these facilities,



		<p>there is a conclusive presumption that use of restraint or seclusion is in accordance with the provisions of this article.</p> <p>(5)(a) The general assembly recognizes that article 10.5 of title 27, C.R.S., and article 10 of title 25.5, C.R.S., and the rules promulgated pursuant to the authorities set forth in those articles, address the use of restraint on an individual with a developmental disability.</p> <p>(b) If any provision of this article concerning the use of restraint or seclusion conflicts with any provision concerning the use of restraint or seclusion stated in article 10.5 of title 27, C.R.S., article 10 of title 25.5, C.R.S., or any rule adopted pursuant thereto, the provision of article 10.5 of title 27, C.R.S., article 10 of title 25.5, C.R.S., or the rule adopted pursuant thereto prevails.</p> <p>(6) The provisions of this article do not apply to any agency engaged in transporting an individual from one facility or location to another facility or location when it is within the scope of that agency's powers and authority to effect such transportation.</p>
<p>Connecticut</p>	<p>Conn. Gen. Stat. Ann. § 46b-133 (West)</p>	<p>Any child confined in a community correctional center or lockup shall be held in an area separate and apart from any adult detainee, except in the case of a nursing infant, and no child shall at any time be held in solitary confinement.</p> <p>(d) (1) The Commissioner of Children and Families shall adopt regulations, in accordance with chapter 54,1 with respect to each facility or institution under his jurisdiction, to specify the following:</p>



	Conn. Gen. Stat. Ann. § 17a-16 (West)	(A) When a child or youth may be placed in restraint or seclusion or when force may be used upon a child or youth; (B) when the head of a facility may limit the use or receipt of mail by any child or youth and a procedure for return of unopened mail; and (C) when the head of a facility may restrict the use of a telephone by any child or youth.
District of Columbia	D.C. 21-0238	the Comprehensive Youth Justice Amendment Act of 2016 became law as D.C. 21-0238 . Mayor Muriel Bowser signed the Act on December 7, 2016. The D.C. Council heard testimony on the bill in June 2016 and approved it on October 11, 2016. The Act, sponsored by DC Councilmember Kenyan McDuffie, makes several improvements in the D.C. juvenile justice system, including placing limitations on solitary confinement. These limitations ban solitary confinement as punishment, require staff to try less restrictive options first, require facilities to collect and report detailed data about how they are using solitary, and cap solitary confinement at six hours.
Illinois*		On May 4, 2015, as part of a lawsuit, R.J. v. Jones , filed in 2012 by the ACLU of Illinois against the state over dangerous conditions in juvenile facilities, Illinois limited the use of solitary confinement. The Illinois Department of Juvenile Justice created a policy that limits the use of isolation for Illinois’s six state-run juvenile facilities. Click here to read more about the settlement from the ACLU of Illinois, including a summary of the policy and the lawsuit . <u>*Illinois IDJJ Policy</u>
Indiana	Nelson v. Heyne, N.D.Ind.1972, 355 F.Supp. 451, affirmed 491 F.2d 352,	Although exclusion might be required in an institutional setting for juveniles it must be closely regulated and at the minimum; choice to commit one to solitary must be an informed decision, child must be aware of reason for his detention, committing authority must demonstrate that isolation for given period of time in each child's



		case meets the best treatment interest of the child, the decision must be subject to regular review by professionally competent treatment personnel, the detained child must be given reasonable access to his peers and treatment staff and a reasonable amount of recreational material and opportunities for daily physical exercise.
Maine	Me. Rev. Stat. tit. 34-A, § 3032	5. Specific facilities. Punishment at specific correctional facilities is governed as follows. A. Punishment at all correctional facilities, except juvenile correctional facilities, may consist of warnings, loss of privileges, restitution, monetary sanctions, labor at any lawful work, confinement to a cell, segregation or a combination of these. B. Punishment at juvenile correctional facilities and any detention facility may consist of warnings, restitution, labor at any lawful work and loss of privileges.
Massachusetts	2018 SB 2371	Section 10B. A person detained by and committed to the department of youth services shall not be placed in involuntary room confinement as a punishment, harassment or consequence for noncompliance or in retaliation for any conduct.
Maryland	MD.CODE ANN. §9-227(b)(2)(i)	A juvenile may not be confined for punitive reasons. Using “locked door seclusion” as punishment is prohibited.
Michigan	Mich. Comp. Laws Ann. § 722.112d (West)	<p>Sec. 2d. (1) Personal restraint or seclusion shall not be imposed as a means of coercion, discipline, convenience, or retaliation by a child caring institution's staff.</p> <p>(2) An order for personal restraint or seclusion shall not be written as a standing order or on an as-needed basis.</p> <p>(3) Personal restraint or seclusion must not result in serious injury to the minor child and shall be used only to ensure the minor child's safety or the safety of others during an emergency safety situation. Personal restraint or seclusion shall only be used until the emergency safety situation has ceased and the minor child's safety and the safety of others can be ensured even if the order for personal restraint or seclusion has not expired. Personal restraint and seclusion of a minor child shall not be used simultaneously.</p> <p>(4) Personal restraint or seclusion shall be performed in a manner that is safe, appropriate, and proportionate to the severity of the</p>



minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of physical or sexual abuse.

(5) Except as provided in subsection (6), at the time a minor child is admitted to a child caring institution, the child caring institution shall do all of the following:

(a) Inform the minor child and his or her parent or legal guardian of the provider's policy regarding the use of personal restraint or seclusion during an emergency safety situation that may occur while the minor child is under the care of the child caring institution.

(b) Communicate the provider's personal restraint and seclusion policy in a language that the minor child or his or her parent or legal guardian will understand, including American sign language, if appropriate. The provider shall procure an interpreter or translator, if necessary to fulfill the requirement of this subdivision.

(c) Obtain a written acknowledgment from the minor child's parent or legal guardian that he or she has been informed of the provider's policy on the use of personal restraint and seclusion during an emergency safety situation. The child caring institution's staff shall file the acknowledgment in the minor child's records.

(d) Provide a copy of the policy to the minor child's parent or legal guardian.

(6) The child caring institution is not required to inform, communicate, and obtain the written acknowledgment from a minor child's parent or legal guardian as specified in subsection (5) if the minor child is within the care and supervision of the child caring institution as a result of an order of commitment of the family division of circuit court to a state institution, state agency, or otherwise, and has been adjudicated to be a dependent, neglected, or delinquent under chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.1 to 712A.32, if the minor child's individual case treatment plan indicates that notice would not be in the minor child's best interest.



(7) An order for personal restraint or seclusion shall only be written by a licensed practitioner.

(8) A licensed practitioner shall order the least restrictive emergency safety intervention measure that is most likely to be effective in resolving the emergency safety situation based on consultation with staff. Consideration of less restrictive emergency safety intervention measures shall be documented in the minor child's record.

(9) If the order for personal restraint or seclusion is verbal, it must be received by a child caring institution staff member who is 1 of the following:

(a) A licensed practitioner.

(b) A social services supervisor.

(c) A supervisor of direct care workers.

(d) A practical nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(10) A verbal order must be received while personal restraint or seclusion is being initiated by child caring institution staff or immediately after the emergency safety situation begins. The licensed practitioner shall be available to staff for consultation, at least by telephone, throughout the period of personal restraint or seclusion. The licensed practitioner shall verify the verbal order in signed written form in the minor child's record.

(11) An order for personal restraint or seclusion shall meet both of the following criteria:

(a) Be limited to no longer than the duration of the emergency safety situation.

(b) Not exceed 4 hours for a minor child 18 years of age or older; 2 hours for a minor child 9 to 17 years of age; or 1 hour for a minor child under 9 years of age.

(12) If more than 2 orders for personal restraint or seclusion are ordered for a minor child within a 24-hour period, the director of the child caring institution or his or her designated management staff



shall be notified to determine whether additional measures should be taken to facilitate discontinuation of personal restraint or seclusion.

(13) If personal restraint continues for less than 15 minutes or seclusion continues for less than 30 minutes from the onset of the emergency safety intervention, the child caring institution staff qualified to receive a verbal order for personal restraint or seclusion, in consultation with the licensed practitioner, shall evaluate the minor child's psychological well-being immediately after the minor child is removed from seclusion or personal restraint. Staff shall also evaluate the minor child's physical well-being or determine if an evaluation is needed by a licensed practitioner authorized to conduct a face-to-face assessment under subsection (14).

(14) A face-to-face assessment shall be conducted if the personal restraint continues for 15 minutes or more from the onset of the emergency safety intervention or if seclusion continues for 30 minutes or more from the onset of the emergency safety intervention. This face-to-face assessment shall be conducted by a licensed practitioner who is 1 of the following:

(a) A physician licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(b) An individual who has been issued a speciality certification as a nurse practitioner under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(c) A physician's assistant licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(d) A registered nurse licensed under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838.

(15) The face-to-face assessment shall be conducted within 1 hour of the onset of the emergency safety intervention and immediately after the minor child is removed from personal restraint or seclusion. The face-to-face assessment of the physical and psychological well-being of the minor child shall include, but is not limited to, all of the following:



- (a) The minor child's physical and psychological status.
 - (b) The minor child's behavior.
 - (c) The appropriateness of the intervention measures.
 - (d) Any complications resulting from the intervention.
- (16) As used in this section:
- (a) "Social services supervisor" means an individual who supervises a social services worker. A social services supervisor must possess either a master's degree in a human behavioral science from an accredited college or university and 2 years of experience as a social services worker or a bachelor's degree in a human behavioral science or another major with 25% of the credits in a human behavioral science from an accredited college or university and 4 years of experience as a social services worker.
 - (b) "Social services worker" means an individual who works directly with residents, residents' families, and other relevant individuals and who is primarily responsible for the development, implementation, and review of service plans for the resident.
 - (c) "Supervisor of direct care workers" means an individual who supervises workers who provide direct care and supervision of children in an institution. A supervisor of direct care workers must have 1 of the following:
 - (i) A bachelor's degree from an accredited college or university and 2 years of work experience in a child caring institution.
 - (ii) Two years of college from an accredited college or university and 3 years of work experience in a child caring institution.
 - (iii) A high school diploma and 4 years of work experience in a child caring institution.



<p>New Hampshire</p>	<p>N.H.REV.STAT.ANN. § 126-U:5-a</p>	<p>126-U:5-a Limitation on the Use of Seclusion. –</p> <p>I. Seclusion may not be used as a form of punishment or discipline. It may only be used when a child's behavior poses a substantial and imminent risk of physical harm to the child or to others, and may only continue until that danger has dissipated.</p> <p>II. Seclusion shall only be used by trained personnel after other approaches to the control of behavior have been attempted and been unsuccessful, or are reasonably concluded to be unlikely to succeed based on the history of actual attempts to control the behavior of a particular child.</p> <p>III. Seclusion shall not be used in a manner that that unnecessarily subjects the child to the risk of ridicule, humiliation, or emotional or physical harm.</p>
<p>New Jersey</p>	<p>2015 NJ Senate Bill 2003</p>	<p>Puts limits on how long a teenager can spend in solitary confinement. There is currently an eight-hour a day limit on what is known as “room restriction,” for no longer than 10 consecutive days. The bill would allow no more than two consecutive days of room restriction for those under 15; no more than three days for those up to 17; and no more than five consecutive days for those older than 18.</p>
<p>New Mexico</p>	<p>N.M. Stat. Ann. § 32A-6A-10 (West)</p>	<p>A. When providing any treatment or habilitation, physical restraint and seclusion shall not be used unless an emergency situation arises in which it is necessary to protect a child or another from imminent, serious physical harm or unless another less intrusive, nonphysical intervention has failed or been determined ineffective.</p> <p>B. A treatment and habilitation program shall provide a child and the child's legal custodian with a copy of the policies and procedures governing the use of restraint and seclusion.</p> <p>C. When a child is in a restraint or in seclusion, the mental health or developmental disabilities professional shall document:</p> <p>(1) any less intrusive interventions that were attempted or determined to be inappropriate prior to the incident;</p> <p>(2) the precipitating event immediately preceding the behavior that prompted the use of restraint or seclusion;</p> <p>(3) the behavior that prompted the use of a restraint or seclusion;</p>



(4) the names of the mental health or developmental disabilities professional who observed the behavior that prompted the use of restraint or seclusion;

(5) the names of the staff members implementing and monitoring the use of restraint or seclusion; and

(6) a description of the restraint or seclusion incident, including the type and length of the use of restraint or seclusion, the child's behavior during and reaction to the restraint or seclusion and the name of the supervisor informed of the use of restraint or seclusion.

D. The documentation shall be maintained in the child's medical, mental health or educational record and available for inspection by the child's legal custodian.

E. The child's legal custodian shall be notified immediately after each time restraint or seclusion is used. If the legal custodian is not reasonably available, the mental health or developmental disability professional shall document all attempts to notify the legal custodian and shall send written notification within one business day.

F. After an incident of restraint or seclusion, the mental health or developmental disabilities professional involved in the incident shall conduct a debriefing with the child in which the precipitating event, unsafe behavior and preventive measures are reviewed with the intent of reducing or eliminating the need for future restraint or seclusion. The debriefing shall be documented in the child's record and incorporated into the next treatment plan review.

G. As promptly as possible, but under no circumstances later than five calendar days after a child has been subject to restraint or seclusion, the treatment team shall meet to review the incident and revise the treatment plan as appropriate. The treatment team shall identify any known triggers to the behavior that necessitated the use of restraint or seclusion and recommend preventive measures that may be used to calm the child and eliminate the need for restraint or



seclusion. In a subsequent review of the treatment plan, the treatment team shall review the success or failure of preventive measures and revise the plan, if necessary, based on such review.

H. Physical restraint shall be applied only by a mental health or developmental disabilities professional trained in the appropriate use of physical restraint.

I. In applying physical restraint, a mental health or developmental disabilities professional shall use only reasonable force as is necessary to protect the child or other person from imminent and serious physical harm.

J. Seclusion shall be applied only by mental health or developmental disabilities professionals who are trained in the appropriate use of seclusion.

K. At a minimum, a room used for seclusion shall:

(1) be free of objects and fixtures with which a child could self-inflict bodily harm;

(2) provide the mental health or developmental disabilities professional an adequate and continuous view of the child from an adjacent area; and

(3) provide adequate lighting and ventilation.

L. During the seclusion of a child, the mental health or developmental disabilities professional shall:

(1) view the child placed in seclusion at all times; and

(2) provide the child placed in seclusion with:

(a) an explanation of the behavior that resulted in the seclusion; and



		<p>(b) instructions on the behavior required to return to the environment.</p> <p>M. At a minimum, a mental health or developmental disabilities professional shall reassess a child in restraint or seclusion every thirty minutes.</p> <p>N. The use of a mechanical restraint is prohibited in a mental health and developmental disability treatment setting unless the treatment setting is a hospital that is licensed and certified by and meets the requirements of the joint commission for the accreditation of health care organizations or a facility created pursuant to the Adolescent Treatment Hospital Act.</p> <p>O. This section does not prohibit a mental health or developmental disabilities professional from using a mechanical support or protective device:</p> <p>(1) as prescribed by a health professional; or</p> <p>(2) for a child with a disability, in accordance with a written treatment plan, including but not limited to a school individualized education plan or behavior intervention plan.</p>
<p>New York</p>	<p>Leroy Peoples v. Brian Fischer http://www.nyclu.org/files/releases/Solitary_Stipulation.pdf</p>	
<p>Nevada</p>	<p>Nev. Rev. Stat. Ann. § 62B.215 (West)</p>	<p>1. A child who is detained in a local or regional facility for the detention of children may be subjected to corrective room restriction only if all other less-restrictive options have been exhausted and only for the purpose of:(a) Modifying the negative</p>



behavior of the child;(b) Holding the child accountable for a violation of a rule of the facility; or(c) Ensuring the safety of the child, staff or others or ensuring the security of the facility.2. Any action that results in corrective room restriction for more than 2 hours must be documented in writing and approved by a supervisor.3. A local or regional facility for the detention of children shall conduct a safety and well-being check on a child subjected to corrective room restriction at least once every 10 minutes while the child is subjected to corrective room restriction.4. A child may be subjected to corrective room restriction only for the minimum time required to address the negative behavior, rule violation or threat to the safety of the child, staff or others or to the security of the facility, and the child must be returned to the general population of the facility as soon as reasonably possible.5. A child who is subjected to corrective room restriction for more than 24 hours must be provided:(a) Not less than 1 hour of out-of-room, large muscle exercise each day, including, without limitation, access to outdoor recreation if weather permits;(b) Access to the same meals and medical and mental health treatment, the same access to contact with parents or legal guardians, and the same access to legal assistance and educational services as is provided to children in the general population of the facility; and(c) A review of the corrective room restriction status at least once every 24 hours. If, upon review, the corrective room restriction is continued, the continuation must be documented in writing, including, without limitation, an explanation as to why no other less-restrictive option is available.6. A local or regional facility for the detention of children shall not subject a child to corrective room restriction for more than 72 consecutive hours.7. A local or regional facility for the detention of children shall report monthly to the Juvenile Justice Programs Office of the Division of Child and Family Services the number of children who were subjected to corrective room restriction during that month and the length of time that each child was in corrective room restriction. Any incident that resulted in the use of corrective room restriction for 72 consecutive hours must be addressed in the monthly report, and the report must include the reason or reasons any attempt to return the child to the general population of the facility was unsuccessful.8. As used in this section, “corrective room restriction” means the confinement of a



		<p>and confinement, procedures for enforcing rules of conduct consistent with due process of law and visitation privileges.</p> <p>B. The policies prescribed shall, at a minimum, ensure that:</p> <p>1. A child shall not be punished by physical force, deprivation of nutritious meals, deprivation of family visits or solitary confinement;</p>
<p>Oregon</p>	<p>2017 OR S 82</p>	<p>420A.108. (1) It is the policy of the State of Oregon that:</p> <p>(a) Rules regulating the conduct of youth offenders and other persons placed in the physical custody of the Oregon Youth Authority under ORS 137.124 or any other provision of law be based on the following principles and goals:</p> <p>(A) Concrete expectations and goals for the conduct of youth offenders and other persons in the custody of the youth authority;</p> <p>(B) Safety of youth correction facility staff, the public, visitors, youth offenders and other persons in the custody of the youth authority;</p> <p>(C) Maintenance of order within youth correction facilities;</p> <p>(D) Maintenance of a structured environment within youth correction facilities; and</p> <p>(E) Maintenance of an atmosphere necessary for effective education, training, treatment and reform within youth correction facilities.</p> <p>(b) Sanctions and punishment for violation of rules regulating the conduct of youth offenders and other persons in the custody of the youth authority:</p>



		<p>(A) Must be structured to reflect the severity and frequency of the violations;</p> <p>(B) Must be consistently and promptly imposed-; and</p> <p>(C) May not include placing a youth offender or other person in the custody of the youth authority alone in a locked room.</p>
Rhode Island	14-2 R.I.CODE R.§1200.1307	The Division of Juvenile Correctional Services which maintains the Rhode Island Training School permits “lock up” as a disciplinary measure “only after all other means of discipline have been taken” and pursuant to a discipline review known as a Major Discipline Review.
West Virginia	W. Va. Code Ann. § 49-5-16a (West)	(3) Except for sleeping hours, a juvenile in a state facility may not be locked alone in a room unless that juvenile is not amenable to reasonable direction and control;
Texas	37 Tex. Admin. Code § 343.288	<p>(a) Disciplinary seclusion may be used when a resident commits a major rule violation or poses an imminent physical threat to self or others.</p> <p>(b) A written disciplinary report which describes the resident's precipitating behavior and identifies the staff's response shall be completed promptly, but no later than the end of the shift on which the seclusion occurs. The report shall be submitted immediately to the facility administrator for review.</p> <p>(c) Seclusion in excess of 24 hours shall be approved in writing by the facility administrator. The written approval of the facility administrator shall also be required for each subsequent 24-hour extension.</p> <p>(d) The seclusion of a resident with a known diagnosis of a serious mental illness requires consultation with a mental health provider prior to the authorization of any seclusion beyond a 24-hour period. If the seclusion occurs on a holiday or weekend and no mental health provider is available, the facility administrator or designee shall make a referral to a mental health provider and notify the</p>



		<p>mental health provider of the seclusion. The facility administrator shall consult with the mental health provider as soon as possible after the referral.</p> <p>(e) During disciplinary seclusion, a juvenile supervision officer shall personally observe and record the resident's behavior at random intervals not to exceed 15 minutes.</p> <p>(f) In addition to the requirements enumerated in subsections (a)-(c) and (e) of this section, the facility shall provide the secluded resident the disciplinary review mechanisms contained in § 343.278 of this chapter.</p>
<p>Vermont</p>	<p>Code of Vermont Rules 13-172-001 Sections 658-666.</p>	<p>SECLUSION</p> <p>658 A Residential Treatment Program shall not use any form of seclusion without prior approval of the Licensing Authority.</p> <p>659 Seclusion shall be used only to ensure that immediate safety of the child/youth or others when no less restrictive intervention has been, or is likely to be, effective in averting danger.</p> <p>660 Children/youth in seclusion will be provided constant, uninterrupted supervision by qualified staff, employed by the program and familiar to the child/youth.</p> <p>661 Seclusion lasting more than 10 minutes requires supervisory approval and oversight.</p> <p>662 Seclusion lasting more that 30 minutes requires clinical/administrative consultation, approval and oversight.</p>



663 Seclusion shall never be use for coercion, retaliation, humiliation, as a threat of punishment or a form of discipline, in lieu of adequate staffing, or for staff convenience.

664 A Residential Treatment Program shall develop and implement a written policies and procedures that govern the circumstances in which seclusion is used. These policies and procedures shall contain and address the following:

- Circumstances under which seclusion may be used;
- Staff members authorized to approve the use of seclusion;
- Procedures for monitoring children/youth in seclusion;
- Time limitations on the use of seclusion;
- The immediate and continuous review of the decision to use seclusion;
- Documentation of the use of seclusion;
- Record keeping of incidents of seclusion;
- Debriefing with the child/youth;



-- Debriefing with all witnesses;

-- Debriefing staff;

-- Notification of parent(s) and custodian; and

-- Administrative review of all restraints and follow up actions taken.

665 Incidents of seclusion shall be reported to the parent(s) and person legally responsible for the child/youth as soon as possible, and not later than within 24 hours.

666 Incidents of seclusion which result in injury to a child/youth or staff member, requiring medical attention shall be reported in writing to the Licensing Authority as soon as possible, and not later than within 24 hours.

667 Each incident of restraint and seclusion shall be documented separately by staff members directly involved in the intervention as soon as possible, not later than 24 hours.