

Room Confinement Policy for Secure Detention


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Supporting Regulations: 9 NYCRR 180.9 (c) (11)	Supporting Case Law: NA	Bulletins & Directives: Department of Juvenile Justice Standard of Conduct (in revision)	
Key Words: room confinement, secure detention, DYFJ, serious and evident danger	Related Policies: <ul style="list-style-type: none"> • Administrative Order #01/2012 Reporting of Incidents and Data Management for Group Oriented Analysis Leadership Strategies (GOALS); • #2014/10, Safe Intervention Policy for Secure and Non-Secure Detention • #2015/06 Prevention, Detection, and Response to Sexual Misconduct in the Division of Youth and Family Justice Detention Services 	Supersedes: Department of Juvenile Justice Facility Order #02-08: Room Confinement, dated 1/10/08	
Related Forms: <ul style="list-style-type: none"> • Room Confinement Authorization & Termination Form (Attachment A) • Monthly Facility Room Confinement Report (Attachment B) 			
SUMMARY: Room confinement is to be employed in secure detention facilities, only as a last resort, in situations when youth constitute a serious and evident danger to themselves or others, and only when other measures have been exhausted, are inappropriate, or have been or are likely to be ineffective. This policy provides protocols for the use of room confinement, including procedures for documentation, supervision, and practice reviews of completed periods of room confinement.			
SCOPE: This policy applies to Detention Services staff in the Administration for Children's Services' (ACS) Division of Youth and Family Justice (DYFJ) and contracted staff, as well as to all youth remanded to secure detention.			

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I. Purpose

The following policy regarding room confinement is to be implemented in secure detention facilities operated by the Administration for Children's Services (ACS).¹ The purpose of this policy is to outline the procedures for the use of room confinement within secure detention facilities. Room confinement is a short-term, temporary practice to be used only when necessary to maintain safety and security for youth and staff. It is considered a serious measure and is intended for use only as a last resort, after other strategies to maintain safety have been exhausted, are inappropriate, or have been or are likely to be ineffective.²

II. Policy

- A. In secure detention, room confinement shall only be authorized in cases when a youth is exhibiting behavior that constitutes a serious and evident danger to himself or herself or others. Room confinement may, under no circumstances, be used as punishment for noncompliance or in retaliation for a youth's conduct. Room confinement shall only be used as a last resort when less restrictive measures to keep the youth safe have been exhausted, are inappropriate, or have been or are likely to be ineffective.
- B. Room confinement shall be avoided for acutely suicidal youth whenever possible. Suicidal youth shall be placed on a Special Watch for suicide per ACS policy.³
- C. Room confinement shall not be used for youth who have documented medical conditions that make the use of room confinement unsafe for the youth, including youth who have seizure disorders.
- D. Room confinement shall not be used for youth who have significant intellectual or developmental disabilities, unless used as a last resort when less restrictive measures are inadequate to keep the youth safe. Such room confinement shall be for short periods when the youth is engaging in self-destructive behavior, and the youth shall be in close proximity to staff.
- E. Room confinement shall not be used if a youth has an individualized treatment plan that prohibits the use of room confinement.

III. Definitions

- A. Room Confinement - Involuntary confinement of a youth in a room, including the youth's own room, when locked or when the youth is authoritatively told not to leave. It is not

¹ See 9 NYCRR § 180.9 (c) (11).

² See ACS Policy #2014/10, *Safe Intervention Policy for Secure and Non-Secure Detention*.

³ See ACS Policy and Procedure, *Suicide Prevention and Intervention Policy for Secure and Non-Secure Detention*.

considered room confinement when a youth is in his or her room voluntarily, or as a routine part of programs or daily activity, such as study or rest.

- B. Serious and Evident Danger – A youth’s behavior constitutes a serious and evident danger if it is likely and imminent that the youth will injure himself or herself, any other youth, staff, or visitors.
- C. Observation - Auditory and visual supervision of a youth maintained throughout a period of room confinement.
- D. Staff Visit - A visit by staff to a youth on room confinement status consisting of, at minimum, opening the door and standing in the entryway of the room of confinement to safely interact with the youth.
- E. Assessment for Release - Consideration by staff of a youth’s behavior to determine whether he or she continues to exhibit behavior that constitutes a serious and evident danger to himself or herself or others. Assessments result in a determination or a recommendation to either continue or terminate the period of room confinement.
- F. Room Confinement Logbook – A logbook used by staff members assigned to supervise youth to record their observations and assessments of the youth, including their efforts to calm the youth. Other staff visiting youth shall also record their observations and assessments in the logbook. This logbook is only used when youth are in room confinement and is normally kept in the Tour Commander’s office when not in use.

IV. Procedure

- A. Conditions for Placing a Youth in Room Confinement
 - 1. The youth is exhibiting behavior that constitutes a serious and evident danger to himself or herself or others;
 - 2. Less intensive interventions and all appropriate de-escalation techniques consistent with the *Safe Intervention Policy for Secure and Non-Secure Detention* have been exhausted, are inappropriate, or have been or are likely to be ineffective, and have not abated the behavior that constitutes a serious and evident danger; and
 - 3. Staff have advised the youth of the potential for room confinement, the behavior necessary to avoid room confinement, and have given the youth an opportunity to stop the behavior that constitutes a serious and evident danger to himself or herself or others.

B. Administrative Authorization

1. Staff who have determined that room confinement is an appropriate intervention must receive prior approval from the **head of the institution**⁴ or designee, unless staff have determined that the youth requires immediate room confinement for safety reasons (e.g., the youth's behavior presents an imminent risk of harm to the youth or to others at the facility, and waiting for approval could cause harm to the youth or to others). In such cases, staff must notify the head of the institution or designee as soon as possible after the event, but under no circumstances more than 15 minutes after room confinement commences. If the head of the institution or designee cannot be reached within 15 minutes, the Tour Commander may approve room confinement for up to one (1) hour.
2. If the head of the institution or designee determines that room confinement is necessary, he or she shall approve the room confinement. This decision shall be made upon consideration of the facts including the youth's behavior, attempts to de-escalate, and efforts made to address any safety concerns, including whether any alternative means for keeping all youth safe can be arranged.
3. The Tour Commander shall complete Part I of the Room Confinement Authorization & Termination Form [Attachment A]. This form must then be promptly delivered to the head of the institution or designee for approval. In the physical absence of the head of the institution or designee, the Tour Commander shall sign approval after conferring with the head of the institution or designee.
4. The head of the institution or designee shall consider the circumstances described by staff, any other relevant and available information, and as practicable, shall respond to the location of the incident to make a firsthand observation and determine whether the youth's behavior poses a serious and evident danger to himself or herself or others. This decision shall be made immediately upon receiving a request for room confinement authorization.
5. Youth may not remain in room confinement for longer than two (2) hours without further authorization from the head of the institution or designee. If after two (2) hours the youth is still exhibiting behavior that constitutes a serious and evident danger to himself or herself or others, the head of the institution or designee may authorize an extension of the room confinement for no more than two (2) additional hours. During this time, staff must continue their best efforts to de-escalate the youth and remove him or her from room confinement.

⁴ Note: The head of institution may be the Executive Director, Operations Manager, and/or any other member of the secure detention management team that has direct oversight of facility operations at the time of room confinement.

6. If two (2) periods of two-hour room confinement [for a total period of four (4) hours] have been approved and have passed, and the youth continues to behave in a manner that constitutes a serious and evident danger to himself or herself or others, any requests for a **third** two-hour period of room confinement must be approved by the Assistant Commissioner of Secure Detention or his or her designee. Each detention facility shall establish procedures for referral to ACS-contracted mental health staff for assessment, where practicable.
7. Youth may not remain in room confinement for longer than six (6) hours without re-authorization from the Associate Commissioner for Detention Services. If a youth is approaching the sixth hour of room confinement, the head of the institution or designee must determine how to end the room confinement. During evening or weekend hours, the head of the institution or designee shall be reached by phone as part of the on-call process. The head of the institution or designee may wish to convene an on-site or teleconference interdisciplinary team meeting, including clinical staff, to explore other options to room confinement including transporting the youth to a hospital for a psychiatric evaluation. This effort to end room confinement shall be documented on the Room Confinement Authorization & Termination Form.

C. Parental Notification

1. When a youth is placed in room confinement, the youth's Case Manager, if on duty, must notify the parent/guardian by phone within one (1) hour of the room confinement start time to describe the circumstances that led to the use of room confinement, provide a description of the youth's current behavior, and seek suggestions on how the youth's behavior might be brought under control.
2. If attempts to reach the youth's parent/guardian are unsuccessful, a voicemail message must be left for the youth's parent/guardian with a name and number to contact at the facility. The attempt(s) to reach the youth's parent/guardian must be documented in the youth's case record and on the Room Confinement Authorization & Termination Form.
3. In the absence of the Case Manager, the Tour Commander shall provide such notification.

D. Location of Room Confinement

1. The designated place of confinement shall be lighted, heated, and ventilated in parity with the other comparable living areas in the facility.
2. The location for room confinement shall be the youth's assigned bedroom or another unoccupied standard bedroom where self-harm hazards have been removed.

3. The place of confinement shall be furnished with the items necessary for the health and comfort of the youth including, but not limited to, a bed, chair, desk or chest, mattress, pillow, sheet, and blanket. If the presence of any of these items would be detrimental to the safety of the youth or others, they may be removed upon authorization of the head of the institution or designee.

E. Services

Throughout the youth's room confinement period, staff shall assess the youth on an ongoing basis to determine whether the youth's room confinement should end. Factors that staff shall consider for ending room confinement include the youth's cooperation with the services listed in this section, as well as the youth's overall demeanor. See Section IV. G. 4-9. and Section IV. H. 1-2. below.

1. **Meals:** Meals and snacks must be served to youth in room confinement and must be served at the same time and be identical to the quality and quantity of those served to the general population. If there are any concerns for the youth's safety, staff may make modifications (e.g., provide food that does not require utensils). The Juvenile Counselor shall make a notation of the meals and snacks served to the youth in the Room Confinement Logbook.
2. **School work:** The director of programs shall notify on-site school staff that the youth is in room confinement if such confinement interferes with scheduled educational services. Youth in room confinement shall not be denied legally required educational programming or special education services.
 - a. If a youth is in room confinement during the school day for more than one (1) school period, the school shall provide school work to the youth pertaining to that day's lesson.
 - b. A teacher from the school shall visit any youth receiving school work while in room confinement to review the work and answer any questions the youth may have relating to the lesson.
3. **Exercise and Other Programming:** Youth in room confinement must receive daily access to large muscle exercise and access to other programming and work opportunities when possible unless it would pose a danger to the youth or others. If a youth cooperates, then designated staff shall evaluate whether room confinement should terminate (see Section IV. H. below).

F. Observation

Auditory and visual supervision of the youth shall be maintained throughout the period of room confinement. The Juvenile Counselor assigned to the area where the room confinement is taking place shall conduct and document observations of the youth as follows:

1. One (1) Juvenile Counselor must position himself or herself in a manner that allows the Juvenile Counselor to visually observe the youth, at least once every four (4) minutes.
2. The Juvenile Counselor must be in auditory range of the youth throughout the youth's period of room confinement.

G. Staff Visits and Assessments for Release

1. Throughout a room confinement period and in addition to audio/visual observations by the assigned Juvenile Counselor(s) [Section IV. F. above], various staff members, as described below, are required to conduct visits with the youth to assess the need for continued room confinement.
2. During each visit, staff shall first observe the youth to ascertain whether it is safe to open the door. If staff deem it safe to do so, staff shall open the door, stand in the entryway, and make an effort to calm the youth and reduce the safety concerns that resulted in the use of room confinement. Visits shall be used to reassess the youth's behavior and to make recommendations as to whether to terminate room confinement, depending on whether the youth poses an immediate danger.
3. During visits, staff shall:
 - a. Display a calm demeanor;
 - b. Open the youth's room door, barring any serious safety concerns, and address the youth directly;
 - c. If the youth remains upset or angry about the incident, have a discussion with the youth about what transpired and attempt to calm the youth down;
 - d. If the youth is responsive and calm, initiate steps to terminate the period of room confinement immediately;
 - e. If the youth is not responsive to these efforts, determine if his or her behavior poses a safety threat; and
 - f. If the youth's behavior no longer poses a safety threat, initiate steps to terminate the period of room confinement immediately.
4. **Juvenile Counselor Visits:** In addition to ongoing observation of youth on room confinement (see Section IV. F. above), the assigned Juvenile Counselor shall conduct

a visit at least once every 30 minutes, provided the youth does not pose an immediate danger to staff entering the room. These visits shall be used to reassess the youth's behavior and to determine if room confinement can be terminated.

5. **The Tour Commander:** The Tour Commander shall conduct a minimum of two (2) visits per tour for each youth on room confinement for more than two (2) hours. These visits shall be used to reassess the youth's behavior and to determine if room confinement can be terminated.
6. **Head of Institution or Designee Visit:** The head of the institution or a designated member of the facility management team shall visit the youth in room confinement after the first two (2) hours of confinement if possible and at least once during any six-hour period. During this visit, the head of the institution or designee shall terminate the room confinement if the youth no longer poses a safety threat, or develop a plan for termination before it extends beyond six (6) hours.
7. **Case Management Visit:** Case Managers, if on duty, shall visit youth in room confinement at least once during any period of room confinement that lasts more than one (1) hour. During case management visit(s), the Case Manager shall make an effort to calm the youth and reduce the safety concerns that resulted in the use of room confinement. Case Managers shall assess the readiness of a youth to be removed from room confinement and can make such a recommendation to the Tour Commanders, supervisors, or the head of the institution or designee.
8. **Mental Health Visit:** A mental health clinician, if on duty, must visit a youth to evaluate his or her mental health within one (1) hour of placement in room confinement or as soon thereafter as possible, and at least once per day. Mental health clinicians shall assess the readiness of a youth to be removed from room confinement and can make such a recommendation to the Tour Commander, supervisors, or the head of the institution or designee.
9. **Medical Visit:** Each youth in confinement shall be examined at least once in any room confinement event lasting more than three (3) hours by a registered nurse, licensed practical nurse, physician assistant, or licensed physician.
10. Each visit to a youth in room confinement shall be recorded in the Room Confinement Logbook by the visiting staff member documenting his or her efforts to engage the youth in a release strategy, and describing the behavior displayed that constitutes a serious and evident danger if room confinement is not recommended for termination.

H. Termination of Room Confinement Period

1. The necessity of a youth's confinement shall be evaluated during every visit to a youth on room confinement conducted by the head of the institution or designee, Case Manager, Tour Commander, Tour Supervisor, Juvenile Counselor, or mental health clinician.
2. Any manager, Case Manager, Tour Commander, Tour Supervisor, Juvenile Counselor, or mental health clinician may recommend to the head of the institution or designee that a youth be terminated from room confinement if he or she determines that the youth no longer presents a serious and evident danger to himself or herself or others.
3. Authorization for the termination of room confinement must be recorded on the Room Confinement Authorization & Termination Form, and can only be made by the head of the institution or designee, who must determine that the youth no longer presents a risk of serious and evident danger to himself or herself or others.

I. Documentation

1. The purpose of the Room Confinement Authorization & Termination Form is to track the complete history of each room confinement, from referral to termination.
 - a. Any Tour Commander making a referral for room confinement is responsible for filling out Part I of the Room Confinement Authorization & Termination Form, including the incident number, time of the incident, and a description of the incident that required room confinement.
 - b. The form shall then be sent to the head of the institution or designee, who is responsible for completing Part II of the Room Confinement Authorization & Termination Form, which includes an indication of the start time for room confinement.
2. Once it is deemed safe for the room confinement to be terminated or the youth is hospitalized for evaluation, the head of the institution or designee shall complete Part III of the Room Confinement Authorization & Termination Form, noting the time at which the room confinement ended.
3. Room Confinement Logbook documentation shall be entered by the assigned Juvenile Counselor or visitors to the youth. Each Room Confinement Logbook entry shall contain the following:
 - a. The name and title of the staff person;
 - b. The staff person's time of arrival at the room in which the youth is confined;

- c. Efforts made to engage the youth in de-escalation;
 - d. Observations of the youth's behavior;
 - e. Assessment as to whether the youth still needs to be confined;
 - f. Whether any mechanical restraints or Emergency Safety Physical Interventions (ESPIs)⁵ were in use and need to be maintained; and
 - g. The time of departure.
4. A copy of the Room Confinement Authorization & Termination Form shall be placed into a designated folder in the Room Confinement Logbook.

J. Reporting

- 1. On a monthly basis, the head of the institution or designee shall submit a Monthly Facility Room Confinement Report [Attachment B] to the Associate and Assistant Commissioners for Detention Services, the ACS Division of Policy, Planning & Measurement (PPM) Office of Research and Analysis, and the Office of Children and Family Services (OCFS).
- 2. In preparing the monthly report, the head of the institution or designee shall verify that instances of room confinement reported in the Monthly Facility Room Confinement Report correspond in number and length of time with instances of room confinement approved on any submitted Room Confinement Authorization & Termination Form and documented in the Room Confinement Logbook.
- 3. The Monthly Facility Room Confinement Report shall include:
 - a. The number of youth and the name of each youth in confinement;
 - b. The duration of confinement;
 - c. The name of the official authorizing the confinement;
 - d. The names of the staff visiting each youth; and
 - e. The dates and times of such visits.
- 4. Instances of room confinement shall be reported on a monthly basis as part of the ACS performance management process. Room confinement shall be a GOALS indicator presented and discussed at monthly performance management meetings. The head of the institution at any secure detention facility shall be prepared to discuss the circumstances of each room confinement during the applicable reporting period and provide details about their review and response to any room confinement periods lasting longer than three (3) hours.

⁵ See ACS Policy #2014/10, *Safe Intervention Policy for Secure and Non-Secure Detention*.

Attachment A

ROOM CONFINEMENT AUTHORIZATION & TERMINATION FORM

INSTRUCTIONS: This form must be completed by both (1) the Tour Commander on duty at the time of room confinement referral and (2) the Operations Manager or designee at the time of authorization and termination.

PART I: REFERRAL

Name of Youth: _____ Incident #: _____

Date: ____/____/____ Time: _____ AM/PM Hall: _____ Room #: _____

Name of Staff: _____ Title: _____

Description of the incident, any actions employed by staff to intervene and de-escalate the incident, and a specific description of the youth's behavior leading to a recommendation that room confinement be used, and the reason why no alternative means of keeping all youth safe can be arranged:

PART II: AUTHORIZATION (Note: only an Operations Manager or designee can authorize a room confinement).

OPERATIONS MANAGER AUTHORIZATION

Name of Staff: _____ Title: _____

DECISION: Room Confinement ☐ Yes

☐ No

Room Confinement Start Time: _____ AM/PM Date: ____/____/____

Signature: _____

PART III: NOTIFICATION (The Case Manager or Tour Commander must notify the parent/guardian by phone within one hour of the room confinement start time)

Name of Staff: _____ Title: _____

Attempts to Reach Parent/Guardian: (Date and Time)

Conversation with Parent/Guardian: (e.g., suggestions on how to deescalate youth's behavior)

PART IV: TERMINATION (Note: Only an Executive Director or designee can terminate a room confinement).

EFFORTS TO END ROOM CONFINEMENT (If three two-hour periods of room confinement have been approved)

Interdisciplinary Team Meeting

☐ Yes

☐ No

Attendees: (Name and Title) [Leave blank if a meeting is not held]

Other options to Room Confinement: (e.g., psychiatric evaluation)

DECISION TO END ROOM CONFINEMENT

Name of Staff: _____ Title: _____

Room Confinement End Time: _____ AM/PM Date: __/__/____

Signature: _____

PART V: TIME CALCULATION

Confinement Start Time: _____ AM/PM Date: __/__/____ (see PART I)

Confinement End Time: _____ AM/PM Date: __/__/____ (see PART IV)

Total Confinement Time: _____ **Hours**

Attachment B

MONTHLY FACILITY ROOM CONFINEMENT REPORT

To: _____, NYS Office of Children and Family Services

From: _____, Executive Director

Re: Monthly Facility Room Confinement Report

Date: ____/____/____

Facility: ☐ Horizon ☐ Crossroads

Pursuant to NYS Juvenile Detention Facilities Regulations under Section 180.9 (c) (11) entitled "Room Confinement" the following entails the Facility's information for room confinement for the month of _____, 20__.

Total number of youth placed on room confinement for the above-mentioned month is _____.

YOUTH ON ROOM CONFINEMENT

Name of Youth	Length of Time in Room Confinement	Person Authorizing Room Confinement	Visits			
			Name	Date	Time	Administration, Case Management, or Medical?