UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY	
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Use of Seclusion	
RATIONALE: This policy is essential for providing a standardized, last-resort intervention to safely manage a minor's immediate behavioral threat to themselves, others, or security, ensuring seclusion is used only for safety and never for punishment. By establishing strict procedures for authorization, duration, and monitoring, the policy ensures that seclusion is used solely for safety and security restoration, and never as a punitive measure or for staff convenience. *Related Policies, Applicable Standards, Statutes:* *Section 62A-2-101; R501-1; JJYS 04-01 Rights and Responsibilities of Minors, 05-03 Suicide Prevention, 05-06 Use of Restraint Devices, 05-07 Physical Intervention Continuum, 05-08 Staff Supervision and Monitoring, 05-17 Specialized Interventions, and 07-01 Non-Emergency Medical and Dental Services*	

Original Effective: **August 14, 2008**	**Revision:** **June 18, 2026**	**Next Review Due:** **June 18, 2029**

I. DESCRIPTION

Defines seclusion as the involuntary confinement of a minor and establishes guidelines for its use as a behavior management method. The policy specifies that seclusion is a last-resort intervention to be used only when a minor's behavior poses an immediate threat to safety or security, and it explicitly prohibits its use for punishment, staff convenience, or as a substitute for valid programming. It details separate procedures for secure and non-secure settings, outlining criteria for placement, conditions of seclusion, limits on length of stay, required staff authorization (including approvals for extended periods), visual monitoring, and mandatory documentation through incident reports.

II. DEFINITIONS

The following terms are defined for this policy as:

A. **Calming Room**: A room that provides a space that is unlocked, with comfortable chairs, without items that could be used for harming self or others, and allows the minors to safely de-escalate.
B. **Medical Isolation**: Determined by a qualified healthcare professional for purposes related to a medical issue and means a resident will stay in their assigned room..
C. **Non-secure Setting**: Residential program without locking doors.
D. **Qualified Mental Health Professional (QMHP)**: A licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
E. **Safe Room**: A room that is locked and provides an area free of distractions where a youth can de-escalate safely.

F. **Seclusion**: The involuntary confinement of a minor in a room or an area:
    1. Away from the minor's peers; and
    2. In a manner that physically prevents the minor from leaving the room or area.
G. **Self-seclusion**: Used in a secure setting when a minor decides on their own to go to a locked room for self-regulation, complaint of illness, or personal time (e.g., read a book) rather than participating in programming.
H. **Self-timeout**: Used in a non-secure setting when a minor decides on their own to go to their room for self-regulation, complaint of illness, or personal time (e.g., read a book) rather than participating in programming.
I. **Secure Setting**: Secure care or secure detention.
J. **Valid Programming**: Predetermined programming schedule set by a facility or program administration.
K. **Verbal De-escalation**: A method of giving directions, setting expectations, and stating limits and consequences.

III. POLICY

A. Seclusion shall only be used when reasonably necessary:
    1. To prevent a minor from causing physical harm to another person;
    2. To protect the minor and other people from injury when the minor is in possession of a weapon or other dangerous object;
    3. To prevent a minor from leaving their assigned area creating a safety threat or significant disruption; or
    4. For continued non-compliance or rule infractions that result in threat to safety and security.
    5. Seclusion shall only be used until the minor can demonstrate self-control by displaying behavior that does not threaten safety or security and complies with the facility or program rules.
B. Seclusion may not be used during:
    1. Shower time, unless an exception is approved by the APD;
    2. Team meetings;
    3. As part of regular programming, except as set forth in Subsection C;
    4. As a consequence, punishment, substitution for valid programming;
    5. For the convenience of staff; or
    6. In youth services settings, except as allowed by Division approved operations manuals.
C. Seclusion may only be used for daily programming as follows:
    1. During shift change, not to exceed 30 minutes;
    2. Following school (e.g. bathroom breaks for minors), not to exceed 15 minutes;
    3. Early or late bedtimes as prescribed in the level system. Minors shall not be directed to their room for bedtime before 8:30 p.m. without PD approval; or
    4. During meal preparation, not to exceed 15 minutes.

IV. PROCEDURE

A. Secure Setting

1. The criteria for placement in seclusion is limited to the following except as outlined in III.C:
    a) The minor's behavior presents an immediate threat of physical harm to another person;
    b) A minor in a secure facility presents an immediate threat of escape;
    c) A minor persists in willful non-compliance that causes a threat to safety and security; or
    d) The minor damages property in such a way that the damaged property becomes an imminent threat to the safety or security of the minor or other individuals on the unit.
2. Conditions of seclusion or medical isolation:
    a) Seclusion shall typically be in the minor's normally assigned sleeping room. Any items in the room which pose a threat to safety or security may be removed from the room during the period of seclusion.
    b) Seclusion of a minor in a room not assigned to them, including the safe room (in approved settings), may be used when the criteria for seclusion (Subsection III. A) are met and one of the following additional circumstances applies:
        1) There is an immediate need for closer supervision to protect the safety of the minor or others in the facility;
        2) There is continued significant disruption to other residents or programming that causes a threat to safety or security; or
        3) The placement is specified as part of a Specialized Intervention Plan (SIP) approved by the APD and QMHP (Policy 05-17 Specialized Interventions).
    c) Meals shall be offered on the same schedule as other minors in the facility and consist of the same menu.
    d) An item, including an article of clothing, that is being used for violence or self-directed violence shall be removed (05-06 Use of Restraint Devices). A safety garment shall be provided if other clothing is removed (04-01 Rights and Responsibilities of Minors, 05-03 Suicide Prevention, 05-06 Use of Restraint Devices, and 05-07 Physical Intervention Continuum).
    e) Youth in medical isolation shall stay in their room except to shower; shall wear a mask to transfer through public areas; and shall not share a room while in medical isolation (07-01 Non-Emergency Health Care Services).
3. Self-timeout and self-seclusion require the following:
    a) When a self-timeout or self-seclusion is not related to illness, staff shall make efforts to help the minor reintegrate with the unit.
    b) When a self-timeout or self-seclusion is not related to illness and lasts longer than:
        1) Four hours, the Supervisor shall be notified for guidance to help support the minor to reintegrate.
        2) Six hours, the APD is notified for guidance to help support the minor to reintegrate.

3) Eight hours, a QMHP shall be notified for guidance to help support the minor to reintegrate. A specialized intervention plan may be considered as per policy 05-17 Specialized Interventions. This shall be documented in an incident report by the QMHP.

c) Staff shall contact medical staff when a minor remains in their room due to a complaint of illness.

4. Length of stay in seclusion:
    a) Staff shall not seclude a minor for a predetermined period of time, but rather shall use seclusion only as long as is needed to manage the problematic behavior.
    b) Staff shall assess the minor's readiness to reintegrate continually upon placement in seclusion. The minor shall be removed from seclusion when they have demonstrated a reasonable level of calmness and can follow directions from staff .
5. Authorization for the use of seclusion:
    a) Supervisors, or shift leads if the supervisor is not available, shall approve any period of seclusion exceeding one hour. Staff shall document the authorization in the shift log and file an incident report as per policy 05-15 Incident Reports. Shift leads shall notify the supervisor as soon as possible.
    b) When exigent circumstances require the seclusion to exceed two hours, approval shall be obtained from both the facility APD, or their designee, and the program director.
        1) The facility APD or designee shall document the authorization and reason for extended seclusion in an incident report.
        2) Staff shall update the facility APD or designee every hour on progress of removal from seclusion until the minor is removed from seclusion.
    c) If seclusion exceeds three hours, approval shall be obtained from the deputy director or director.
6. Monitoring:
    a) Staff shall visually monitor minors placed in seclusion. Monitoring shall be performed in accordance with policy 05-08 Staff Supervision and Monitoring, and 05-03 Suicide Prevention. Monitoring shall be documented using the electronic scanning device.
7. Documentation:
    a) Periods of seclusion, including self-timeout or self-seclusion longer than one hour require a critical incident report indicating the following:
        1) The specific behavior exhibited that resulted in the seclusion;
        2) The efforts made by staff to remove the minor from seclusion;
        3) Other persons involved (staff and minors);
        4) The name of the person who authorized the use of seclusion; and
        5) "Time In" and "Time Out" of seclusion.

B. The use of seclusion is prohibited in division non-secure programs except as allowed by Division approved operations manuals.
C. Safe Room Procedures
    1. A minor may be placed in a safe room when they engage in behavior that justifies a physical intervention (05-07 Physical Intervention Continuum) or as part of a Specialized Intervention Plan (05-17 Specialized Intervention).
    2. Prior to placing a youth in a safe room, staff shall use techniques of verbal de-escalation, negotiation, discussion, persuasion, and other less restrictive measures, including the calming room, before placing a youth in the safe room.
    3. The decision to place a youth in the safe room shall be agreed upon by a minimum of two staff and then approved by the supervisor or lead on shift. The APD shall be notified of a youth being placed in the safe room once staff have ensured youth safety and facility security.
    4. Staff shall maintain constant visual observation of the youth. If this observation appears to agitate or incite behavior, staff may move out of the line of sight of the minor and remain at the door. The staff may ask Control or other staff to assist with constant visual observation via the video surveillance system in addition to direct observation.
    5. Staff offering a meal to a minor in a safe room may restrict the use of eating utensils to maintain a safe environment for the minor. A minor's refusal of a meal shall be documented in the daily log and meal count.
D. Safe Room Monitoring and Documentation
    1. The shift lead shall contact a QMHP within one hour of a minor being placed into the safe room, or as directed by the SIP. A QMHP shall meet and assess minors within 24 hours of being placed in the safe room. When a facility QMHP is not available, staff may utilize telehealth, Mobile Crisis Response Team (MCOT) or other services provided by the local mental health authority. This shall be documented in the incident report.
    2. Staff shall monitor a minor as per policy 05-08 Staff Supervision and Monitoring.
    3. An incident report shall be completed by staff directly involved in placing a youth in a safe room (05-15 Incident Reports).
    4. Staff shall notify medical staff (05-07 Physical Intervention Continuum).

V. Continuous Renewal

This policy shall be reviewed every three years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice and Youth Services Executive Management Team and is approved upon the signature of the Director.



April Graham, Director
Division of Juvenile Justice & Youth Services

06/18/2026
Signature Date