

**SAN JOAQUIN COUNTY PROBATION DEPARTMENT
JUVENILE DETENTION POLICY AND PROCEDURE MANUAL**

TO: ALL STAFF

BULLETIN #: D-600.5

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REPLACES: 6/03/2022

ISSUED: 12/19/24

SUBJECT: SEPARATION

POLICY

Staff shall consider positive youth development and trauma informed care for youth who are separated. Separated youth shall not be denied normal privileges available at the facility, except when necessary to accomplish the objective of separation. Types of Separation include Non- Room Separation and Room Separation.

PROCEDURES

A. Non-Room Separation

1. Group Separation

- a. Youth may be separated from group activity as a consequence to negative behavior.
- b. Youth separated from group activity shall be provided an alternative program to assist them in achieving the desired behavior change.
- c. Youth shall not be confined to their room when separated from group activity.

2. Self-Separation (Time Out)

- a. Youth may choose to self-separate from group activity as a “time-out” and in an effort to employ pro-social strategies to address their triggers.
- b. Youth that choose self-separation from group activity, may still participate in group activity, or may be provided an alternative program to assist them in learning pro-social skills.
- c. Youth shall not be confined to their room when they choose self-separation from group activity.

B. Room Separation

1. Room Separation may be used for medical conditions and self-isolation.

a. Medical Room Separation

- i. Medical Room Separation may be used for a youth on medical isolation due to illness, injury or for required extended care after medical treatment with the written approval of a licensed physician or nurse practitioner.
- ii. Medical Room Separation shall continue until the youth is cleared from medical isolation by Medical Clinic Staff.

b. Self-Isolation

- i. Youth who chose to self-isolate in their room, for any reason, are to be encouraged regularly to come out of their room and engage in programming. The Youth Advocate and Behavioral Health Services may be contacted to assist in encouraging the youth's return to programming.
 - ii. Youth on Room Separation for self-isolation, shall have a Room Separation Plan completed. The plan shall be reviewed and evaluated by the Juvenile Detention Unit Supervisor of the youth's housing unit and approved by the Duty Officer.
 - iii. Youth on Room Separation Plans are to be re-evaluated for continued Room Separation no less than every four hours by the Duty Officer and any necessary adjustments shall be made.
 - iv. The Youth Advocate shall review all Room Separation Plans and when needed, discuss goals with the youth and probation officer and create a plan to keep the youth from self-isolation.
2. All occurrences of Room Separation are to be documented in the case management system and on the Juvenile Detention Unit Shift Report.

Room Separation Plan Illness/Medical Isolation

Unit _____ J# _____ Youth _____

Reason for Room Separation (Check One): ☐ Claimed Illness ☐ Medical Isolation
☐ Self-Isolation

Youth Placed on Room Separation on: _____ at _____
Date Time In Time Out

Room Separation Plan: Medical staff were notified, and clinic slip was submitted. Youth will be allowed to stay in their room, without any sanctions, until cleared by medical.

Youth Signature: _____ Detention Officer Signature: _____

Duty Officer Approval (needed for non-mental health and non-medical room separation):

_____ Date: _____
Duty Officer Signature

Room Separation re-evaluation by Duty Officer (No Less Than Every 4 hours)

Duty Officer (signature)	Date	Time	Evaluation and Adjustments

Reviewed By: _____ Date: _____

Reviewed By: _____ Date: _____
ADCPO Signature

Attachment B

Room Separation Plan Self Isolation

Unit _____ J# _____ Youth _____

Reason for Room Separation (Check One): ☐ Claimed Illness ☐ Medical Isolation
☐ Self-Isolation

Youth Placed on Room Separation on: _____ at _____
Date Time In Time Out

Room Separation Plan: If youth chooses to self-isolate longer than 4 hours, Behavioral Health will be notified.

Youth Signature: _____ Detention Officer Signature: _____

Duty Officer Approval (needed for non-mental health and non-medical room separation):

Duty Officer Signature: _____ Date: _____

Room Separation re-evaluation by Duty Officer (No Less Than Every 4 hours)

Duty Officer (signature)	Date	Time	Evaluation and Adjustments

Reviewed By: _____ Date: _____
Youth Advocate

Reviewed By: _____ Date: _____
ADCPO Signature