



ALASKA DEPARTMENT OF CORRECTIONS

Therapeutic Seclusion Order/Release Form 807.03B

DATE: _____

Offender Information

Offender Name:		ACOMS:	
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Least Restrictive Alternatives

<input type="checkbox"/>	Verbal counseling	<input type="checkbox"/>	Removing stimuli	<input type="checkbox"/>	Single housing cell
<input type="checkbox"/>	Suicide precautions	<input type="checkbox"/>	Psychotropic medication	<input type="checkbox"/>	Interdisciplinary Intervention Plan
<input type="checkbox"/>	Other:				

Therapeutic Seclusion Order

<input type="checkbox"/>	Initiate therapeutic seclusion	<input type="checkbox"/>	Maintain therapeutic seclusion
<input type="checkbox"/>	Release from therapeutic seclusion		

Justification

<input type="checkbox"/>	Imminent risk of harm to self/others	<input type="checkbox"/>	Disruptive behavior	<input type="checkbox"/>	Refusing medications/med. adjustment
<input type="checkbox"/>	Other:				
<input type="checkbox"/>	No longer presenting with behavior requiring intervention				

Authorization

	Name & Title	Date	Time
Requestor			
Health Care Personnel			

Supervision

<input type="checkbox"/>	15 minutes	<input type="checkbox"/>	30 minutes	<input type="checkbox"/>	60 minutes
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Housing

<input type="checkbox"/>	Single Cell	<input type="checkbox"/>	Camera Cell	<input type="checkbox"/>	Sub-Acute Mental Health Unit
<input type="checkbox"/>	Acute Mental Health Unit				

Bedding

<input type="checkbox"/>	Safety blanket	<input type="checkbox"/>	Blanket	<input type="checkbox"/>	Mattress
<input type="checkbox"/>	Pillow	<input type="checkbox"/>	Pillowcase	<input type="checkbox"/>	Sheets

Hygiene

<input type="checkbox"/>	Shower	<input type="checkbox"/>	Toothbrush	<input type="checkbox"/>	Toothpaste tube
<input type="checkbox"/>	Toothpaste on cloth at cell door	<input type="checkbox"/>	Deodorant	<input type="checkbox"/>	Bar soap
<input type="checkbox"/>	Liquid soap on cloth at cell door	<input type="checkbox"/>	Comb	<input type="checkbox"/>	Toilet paper
<input type="checkbox"/>	Washcloth	<input type="checkbox"/>	Towel	<input type="checkbox"/>	Shampoo

Dining

<input type="checkbox"/>	Finger food	<input type="checkbox"/>	Regular tray	<input type="checkbox"/>	Other:
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Privileges

<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Writing material	<input type="checkbox"/>	Commissary
<input type="checkbox"/>	Reading material	<input type="checkbox"/>	Stamps	<input type="checkbox"/>	Mail
<input type="checkbox"/>	Other:				

Release Criteria

<input type="checkbox"/>	No imminent risk of harm to self/others	<input type="checkbox"/>	Medication compliance	<input type="checkbox"/>	Lesser restrictive alternatives are effective and/or more appropriate
Offender aware of release criteria		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Additional Comments

Notification

Title	Signature	Date	Time
Superintendent			