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LEGISLATIVE ACTION

Senate

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House

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The Committee on Criminal Justice (Montford) recommended the following:

**Senate Amendment**

Delete lines 278 - 389  
and insert:

(d) "Mental health clinician" means a licensed psychiatrist, psychologist, social worker, or nurse practitioner.

(e) "Solitary confinement" means the involuntary placement of a child in an isolated room to separate that child from other children in the facility for any period of time.



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(2) PROHIBITION ON THE USE OF SOLITARY CONFINEMENT.—A child may not be placed in solitary confinement, except as provided in this section.

(3) PROTECTING A CHILD IN EMERGENCY CONFINEMENT.—

(a) A child may be placed in emergency confinement if all of the following conditions are met:

1. A nonphysical intervention with the child would not be effective in preventing harm or danger to the child or others.

2. There is imminent risk of the child physically harming himself or herself, staff, or others or the child is engaged in major property destruction that is likely to compromise the security of the program or jeopardize the safety of the child or others.

3. All less-restrictive means have been exhausted.

(b) Facility staff shall document the placement of a child in emergency confinement. The documentation must include justification for the placement of a child in emergency confinement, in addition to a description of the less-restrictive options that the facility staff exercised before the child was so placed.

(c) A mental health clinician shall evaluate a child who is placed in emergency confinement within 1 hour after such placement to ensure that the confinement is not detrimental to the mental or physical health of the child. Following the initial evaluation, a mental health clinician shall conduct a face-to-face evaluation of the child every 2 hours thereafter to determine whether the child should remain in emergency confinement. The mental health clinician shall document each evaluation and provide justification for continued placement in



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emergency confinement.

(d) A child may not be placed in emergency confinement for more than 24 hours unless an extension is sought and obtained by a mental health clinician.

1. If a mental health clinician determines that release of the child would imminently threaten the safety of the child or others, the mental health clinician may grant a one-time extension of 24 hours for continued placement in emergency confinement.

2. If, at the conclusion of the 48-hour window, a mental health clinician determines that it is not safe for the child to be released from emergency confinement, the facility staff must prepare to transfer the child to a facility that is able to provide specialized treatment to address the child's needs.

(e) A child who is placed in emergency confinement must be provided access to the same meals and drinking water, clothing, medical treatment, contact with parents and legal guardians, and legal assistance as provided to children in the facility.

(f) The use of emergency confinement is strictly prohibited for the purposes of punishment or discipline.

(4) PROTECTING A CHILD IN MEDICAL CONFINEMENT.—

(a) A child may be placed in medical confinement if all of the following conditions are met:

1. Isolation from staff and other children in the facility is required to allow the child to rest and recover from illness or to prevent the spread of a communicable illness.

2. A medical professional deems such placement necessary.

3. The use of other less-restrictive means would not be sufficient to allow the child to recover from illness or to



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69 prevent the spread of a communicable illness.

70 (b) A child may be placed in medical confinement for a  
71 period of time not to exceed the time that is necessary for the  
72 child to recover from his or her illness or to prevent the  
73 spread of a communicable illness to other children or staff in  
74 the facility.

75 (c) Facility staff shall document the placement of a child  
76 in medical confinement. The documentation must include a medical  
77 professional's justification for the placement.

78 (d) A medical professional must conduct a face-to-face  
79 evaluation of a child who is held in medical confinement at  
80 least once every 12 hours to determine whether the child should  
81 remain in medical confinement. The medical professional shall  
82 document each evaluation and provide justification for continued  
83 placement in medical confinement.

84 (e) The use of medical confinement is strictly prohibited  
85 for the purposes of punishment or discipline.

86 (5) IMPLEMENTATION.—

87 (a) The department and the board of county commissioners of  
88 each county that administers a detention facility shall review  
89 their policies and procedures relating to disciplinary treatment  
90 to determine whether their policies and procedures comply with  
91 this section.

92 (b) The department and the board of county commissioners of  
93 each county that administers a detention facility shall certify  
94 compliance with this section in a report that the department and  
95 the board shall submit to the Governor, the President of the  
96 Senate, and the Speaker of the House of Representatives by  
97 January 1, 2020.



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98       (c) This section does not supersede any law providing  
99 greater or additional protections to a child in this state.

100       Section 4. Section 985.4415, Florida Statutes, is created  
101 to read:

102       985.4415 Solitary confinement in residential facilities.—

103       (1) DEFINITIONS.—As used in this section, the term:

104       (a) "Child" means a person within the custody of the  
105 department who is under the age of 19 years.

106       (b) "Emergency confinement" means a type of solitary  
107 confinement that involves the involuntary placement of a child  
108 in an isolated room to separate that child from other children  
109 in the facility and to remove him or her from a situation in  
110 which he or she presents an immediate and serious danger to the  
111 security or safety of himself or herself or others.

112       (c) "Medical confinement" means a type of solitary  
113 confinement that involves the involuntary placement of a child  
114 in an isolated room to separate that child from the other  
115 children in the facility and to allow him or her to recover from  
116 illness or to prevent the spread of a communicable illness.

117       (d) "Mental health clinician" means a licensed  
118 psychiatrist,