1. **Therapeutic Seclusion**:
   - Initiate therapeutic seclusion
   - Maintain therapeutic seclusion
   - Change therapeutic seclusion
   - Discharge from therapeutic seclusion

   **Housing Recommendations**:
   - Return to general population
   - Transfer to general population Unit:
   - Return or refer to Mental Health Unit (MHU)
   - Return or refer to Intermediate Care Housing Unit (ICHU)
   - Continue SHU placement per security recommendations
   Comment: ____________________

2. **Reason for Therapeutic Seclusion**:
   - Inmate behavior likely to cause self-harm
   - Inmate off medications/needs medication adjustment
   - Mental health staff feels inmate is unstable and unpredictable
   - Risk management interview indicates a need
   - Less restrictive measures failed

3. **Level of Supervision**:
   - Visual Monitoring: One-to-one visual monitoring on staggered intervals with observations of behaviors logged on the "Therapeutic Seclusion Watch Log".
   Visual monitoring to be performed every: ____________________
   - Routine level of supervision per security and/or classification recommendations

4. **Level of Supervision Housing Recommendation**:
   - Safe cell
   - Medical observation cell in SHU
   - Regular cell in SHU
   - General population

   **Clothing**:
   - Safety smock **ONLY**
   (none of the following items may be checked if “Safety Smock Only” is checked)
   - Safety smock
   - Jumpsuit
   - T-shirt
   - Jeans (no belt)
   - Shorts
   - Socks
   - Shoes (no laces)
   - Shower shoes
   - Glasses

   **Bedding**:
   - Safety blanket **ONLY**
   (none of the following items may be checked if “Safety Blanket Only” is checked with the exception of mattress)
   - Safety blanket
   - Mattress
   - Blanket
   - Pillow
   - Pillowcase
   - Sheets

   **Hygiene**:
   - Shower
   - Toothbrush
   - Toothpaste tube
   - Toothpaste on cloth at cell door
   - Deodorant
   - Bar soap
   - Liquid soap on cloth at cell door
   - Comb
   - Toilet paper
   - Washcloth
   - Towel
   - Shampoo

   **Dining**:
   - Sack lunch
   - Regular tray

   **Privileges**:
   - Exercise
   - Reading material
   - Writing material
   - Canteen
   - Stamps
   - Mail
   - Other: ____________________

5. **Comments**:
   ____________________________________________________________________________
   ____________________________________________________________________________

   QMHP Signature: ____________________ Date: ______________

   Inmate Name: ____________________ ODOC#: ____________________