

Minnesota Correctional Facility – Red Wing  
**Safety-based Separation Review**

<b>Name:</b> _____	<b>OID:</b> _____	<b>Living Unit:</b> Brown	
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<b>Date &amp; Time Began:</b> _____	<b>Date &amp; Time Ended:</b> _____
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**Type(s):**

☐ Safety-stabilization Period (SSP)

☐ Administrative Separation

☐ Medical Separation

**Separation Characteristics**

- ☐ SSP lasted more than 24 awake hours & was reported as a Critical Incident
- ☐ Administrative or Medical Separation lasted more than 48 awake hours & was reported as a Critical Incident
- ☐ Administrative or Medical Separation lasted more than 7 calendar days

**Procedural Issues**

**Check any that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Approvals missed  | <input type="checkbox"/> Steps not taken to avoid use of separation |
| <input type="checkbox"/> Notification(s) missed  | <input type="checkbox"/> Untrained staff used separation            |
| <input type="checkbox"/> Reviews missed  | <input type="checkbox"/> Youth separated longer than necessary      |
| <input type="checkbox"/> Reintegration Plan not created/updated                            | <input type="checkbox"/> Youth believes use was unwarranted         |
| <input type="checkbox"/> Modified treatment plan not created                               | <input type="checkbox"/> Resulted in youth injury                   |
| <input type="checkbox"/> Documentation not completed                                       | <input type="checkbox"/> Resulted in staff injury                   |
| <input type="checkbox"/> Treatment Plan Restrictive Procedures accommodations not followed |   |

**Describe anything checked above:**

**Administrative Reviews**

**Review Notes (known patterns, missed opportunities, deficiencies, actions taken):**

\_\_\_\_\_  
Lieutenant/Designee (Print Name and Title)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Executive Reviewer (Print Name and Title)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Warden/Designee (Print Name and Title)

\_\_\_\_\_  
DATE