

## Administrative Separation (AS) Placement

Name: \_\_\_\_\_ OID: \_\_\_\_\_ Living Unit: Choose an item.

Date & Time AS Approved: \_\_\_\_\_ Date & Time AS Began: \_\_\_\_\_

AS Approved By: \_\_\_\_\_ AS Initiated By: \_\_\_\_\_

Reintegration Date & Time \_\_\_\_\_

Approved By: \_\_\_\_\_ AS Ended: \_\_\_\_\_

### Reason(s) for placement on AS:

- ☐ Under investigation to determine if criminal charges/delinquency will be brought
- ☐ Security Threat Group (STG) activity that threatens the youth, peers, staff, or facility operations
- ☐ Chronic disruption that presents an on-going threat to the safety of the youth, peers, staff, or facility operations and cannot be addressed with Safety Stabilization Period (SSP)
- ☐ Protect vulnerable youth (whose actions/comments create a threat to their safety and require a different environment better suited to their needs until a modified treatment plan is created)

### Requirements Met:

- ☐ **Incident report** completed identifies separation status and circumstances leading to separation.
- ☐ **Notification** within 4 hours of placement to: CSC, PO, legal guardian, family, and records.
- ☐ **AS plan created** within 12 awake hours. Date and time created: \_\_\_\_\_
- ☐ **Reintegration approved** by: CSC/treatment team member, behavioral health (if necessary), and OD.
- ☐ **Notification** within 4 hours of reintegration to: CSC, PO, legal guardian, family, OD, and commissioner.
- ☐ Critical incident packet created if **AS exceeded 48 awake hours**
- ☐ **Notification** every 7 calendar days to: CSC, PO, legal guardian, family, and OD. Includes AS plan, progress toward reintegration, and why continued AS placement is necessary
- ☐ Critical incident packet created every **7 calendar days**

## Daily Reviews

*(why AS is necessary, why other behavioral interventions are unavailable/unsuccessful,  
and any modifications to the youth's daily programming)*

Review Date: _____	Review Time: _____	Decision: <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Reviewers _____	Watch Commander: _____	OD: _____
Review Comments: _____		

Review Date: _____	Review Time: _____	Decision: <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Reviewers _____	Watch Commander: _____	OD: _____
Review Comments: _____		

Review Date: _____	Review Time: _____	Decision: <input type="checkbox"/> Continue <input type="checkbox"/> Discontinue
Reviewers _____	Watch Commander: _____	OD: _____

Review Comments:

Review Date: \_\_\_\_\_ Review Time: \_\_\_\_\_  
Reviewers \_\_\_\_\_ Watch Commander: \_\_\_\_\_  
Review Comments: \_\_\_\_\_

Decision: ☐ Continue ☐ Discontinue  
OD: \_\_\_\_\_

Review Date: \_\_\_\_\_ Review Time: \_\_\_\_\_  
Reviewers \_\_\_\_\_ Watch Commander: \_\_\_\_\_  
Review Comments: \_\_\_\_\_

Decision: ☐ Continue ☐ Discontinue  
OD: \_\_\_\_\_

Review Date: \_\_\_\_\_ Review Time: \_\_\_\_\_  
Reviewers \_\_\_\_\_ Watch Commander: \_\_\_\_\_  
Review Comments: \_\_\_\_\_

Decision: ☐ Continue ☐ Discontinue  
OD: \_\_\_\_\_

Initial and Updated Form Distribution: Daily Administrative Packet  
Completed Form Distribution: Safety-based Separation Review Packet