

Minnesota Correctional Facility – Red Wing
Safety-based Separation Review

Name: _____	OID: _____	Living Unit: Brown
--------------------	-------------------	---------------------------

Date & Time Began: _____	Date & Time Ended: _____
-------------------------------------	-------------------------------------

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