

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