Minnesota Correctional Facility-Red Wing

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 Approved By: _____ **Date & Time 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:** ☐Continue ☐Discontinue

Reviewers **Watch Commander:** _____ **OD:** _____

Review Comments:

Review Date: _____ **Review Time:** _____ **Decision:** ☐Continue ☐Discontinue

Reviewers **Watch Commander:** _____ **OD:** _____

Review Comments:

Review Date: _____ **Review Time:** _____ **Decision:** ☐Continue ☐Discontinue

Reviewers **Watch Commander:** _____ **OD:** _____

Review Comments:

Review Date: _____ **Review Time:** _____ **Decision:** ☐Continue ☐Discontinue
Reviewers **Watch Commander:** _____ **OD:** _____
Review Comments:

Review Date: _____ **Review Time:** _____ **Decision:** ☐Continue ☐Discontinue
Reviewers **Watch Commander:** _____ **OD:** _____
Review Comments:

Review Date: _____ **Review Time:** _____ **Decision:** ☐Continue ☐Discontinue
Reviewers **Watch Commander:** _____ **OD:** _____
Review Comments:

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