Minnesota Correctional Facility-Red Wing Safety Stabilization Period (SSP) Log

Name:		OID:
Date and Time Began:		Date and Time Ended:
Initiated By:	Location & Sub-location of Incident:	
Approved By:	Unsafe Beh	avior:

and a	-	ations, approvals, reviews, and reintegration activities exclude sleeping hours of 21:30-07:00 In the activity type and description section to include names of staff involved and all persons contacted		
	enoteun	Notifications		
Within 30	minutes	: OD		
Within 4 h	ours: CS	SC, PO, Legal Guardian, Family, OD, Records		
Each hour,	at 4 hou	urs through 23 hours: OD		
At 24 hours: OD, CSC, PO, Legal Guardian, Family, Referral to behavioral health, Critical Incident Packet				
		Approvals to Continue SSP		
At 1 hour:	OD			
Each hour,	at 4 hou	urs through 23 hours: OD		
		Reviews		
Hourly: Reason(s) continued SSP is needed to alleviate safety risk, reason(s) reintegration is not possible, and specific interventions that were unsuccessful.				
		Reintegration Plan		
At 4 hours:	: Staff co	ollaborate with youth (if wiling) to create plan		
Each hour,	at 16 ho	ours through 24 hours: Staff and youth (if willing) update plan		
Begin & End Time	Staff Initials	Activity Type and Description (Identify in the narrative all staff involved including who conducted well-being checks and reintegration activities and who was notified and gave approvals)		
		Choose an item.		
		\Box Youth out of room during this activity		
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