

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

<b>Name:</b>		<b>OID:</b>	
<b>Date and Time Began:</b>		<b>Date and Time Ended:</b>	
<b>Initiated By:</b>		<b>Location &amp; Sub-location of Incident:</b>	
<b>Approved By:</b>		<b>Unsafe Behavior:</b>	

*Notifications, approvals, reviews, and reintegration activities exclude sleeping hours of 21:30-07:00 and are noted in the activity type and description section to include names of staff involved and all persons contacted*

**Notifications**

**Within 30 minutes:** OD  
**Within 4 hours:** CSC, PO, Legal Guardian, Family, OD, Records  
**Each hour, at 4 hours 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 hours 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 collaborate with youth (if willing) to create plan  
**Each hour, at 16 hours through 24 hours:** Staff and youth (if willing) update plan

Begin & End Time	Staff Initials	<b>Activity Type and Description</b> <i>(Identify in the narrative all staff involved including who conducted well-being checks and reintegration activities and who was notified and gave approvals)</i>
		<b>Choose an item.</b>  <input type="checkbox"/> Youth out of room during this activity
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