

**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 Behavior:

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	Activity Type and Description <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>
		Choose an item. <input type="checkbox"/> Youth out of room during this activity
		Choose an item. <input type="checkbox"/> Youth out of room during this activity
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