



Tennessee Department of Children's Services
Incident Debriefing

Facility/Foster Home Name		Date/Time	
Name of Youth	Incident Report #		
Debriefing Participants			
Review of Employee or Foster Parents/Parents/Legal Guardians/Youth's Action During the Incident			
Review of Employee or Foster Parents/Parents/Legal Guardians/Youth's Statements			
Evaluation of Current Physical and Emotional Status/Impact and Needs of Employee, Foster Parents/Parents/Legal Guardians/Youth			
Review of Actions Taken			
Plan of Improvement to Prevent/Avoid Another Similar Incident and/or Facilitate Re-entry			

_____	_____
<i>Signature of Youth (If Applicable)</i>	<i>Date</i>
_____	_____
<i>Signature of Employee</i>	<i>Date</i>
_____	_____
<i>Signature of Parents/Foster Parents/Legal Guardians (If Applicable)</i>	<i>Date</i>
_____	_____
<i>Administrative Reviewer (If Applicable)</i>	<i>Date</i>

