| Facility/Foster Home Name | Date/Time | | | | |
|---|-----------|--|---------------|------|--|
| Name of Youth | | | Incident Repo | rt # | |
| Debriefing Participants | | | | | |
| | | | | | |
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| Review of Employee or Foster Parents/Parents/Legal Guardians/Youth's Action During the Incident | | | | | |
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| | | | | | |
| 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 | | | | | |
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Signature of Youth (If Applicable)

Signature of Employee

Signature of Parents/Foster Parents/Legal Guardians (If Applicable)

Administrative Reviewer (If Applicable)

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval. Distribution: Child/Youth Case File, Family Service Worker . RDA 2982 CS-0890, Rev. 05/15



Date

Date

Date

Date