Facility/Foster Home Name	Date/Time				
Name of Youth			Incident Repo	rt #	
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					

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