

Critical Incident Debrief Division of Juvenile Justice Services

DJJS Incident Report #:

Name of person conducting the debriefing:

The following staff members have been appointed to conduct this critical incident debriefing:

S1:

Name (Print or Type) Title

S2:

Name (Print or Type) Title

S3:

Name (Print or Type) Title

S4:

Name (Print or Type) Title

S5:

Name (Print or Type) Title

S6:

Name (Print or Type) Title

Instructions:

Review:

All Incident/Supplemental Reports
Surveillance video
Relevant medical documentation
Relevant clinical documentation

Identify:

What worked
What didn't work
What areas can be improved
Other risk factors (e.g., mental health, gang issues, overcrowding, and programming)

Critical Incident Debriefing Results: (i.e. identified a training opportunity regarding the Physical Intervention Policy and will discuss it in next staff meeting, room checks were not completed as required, will work with staff on addressing identified concerns):

1. _____
2. _____
3. _____

DATE of response

DATE report submitted