

After Action Review Check List

Yes No NA Were all Incident/Supplemental forms collected and reviewed?

Yes No NA Was the surveillance video reviewed?

Yes No NA Was the surveillance video copied?

Yes No NA Was the juvenile assessed by medical personnel?

Yes No NA Was the medical documentation collected and reviewed (facility, hospital, clinic)?

Yes No NA Was a Qualified Medical Health Professional (QMHP) contacted?

Yes No NA Was the juvenile assessed by a QMHP?

Yes No NA Was the incident report and/or supporting documentation complete within 72 hours?

Yes No NA Was staff's emotional well-being considered?

Yes No NA Were staff injured?

Yes No NA Did staff require medical services?

Yes No NA Were all relevant notifications made (parents/guardians, case manager)?

Yes No NA Did involved staff follow Division policy?

APD Response

Yes No Under review Was further action required?

APD Action/Additional Information