

**Division of Juvenile Justice Services**  
**Office of Correctional Facilities**  
**\*Name\***

**DEBRIEFING TEAM REPORT**

**DJJS Incident Report No.: 2014 –** [Office Use Only]

**PbS Incident ID:** [Office Use Only]

**This Debriefing Team Response was assigned by:**

\*An AAR cannot occur prior to 72 hours from the incident

NAME & TITLE

DATE

**The following staffs have been appointed to conduct this AFTER ACTION REVIEW:**

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**

**Instructions:**

- Review all Incident/Supplemental Report
- Review surveillance video
- Review relevant medical documentation
- Review relevant clinical documentation
- Identify what worked
- Identify what didn't work
- Identify what areas can be improvement
- Identify other risk Factors (e.g., mental health, gang issues, overcrowding, and programming)

**AFTER ACTION REPORT:**

DATE of response

DATE report submitted