

# Division of Juvenile Justice Services

\*Name\*

## AIR TEAM REPORT

DJJS Incident Report No.: 2019 – [Office Use Only]

This AIR Team Response was assigned by:

NAME & TITLE

DATE

The following staffs have been appointed to conduct this Administrative Incident 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)

### AIR RESULTS:

DATE of response

DATE report submitted