



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
Critical Event Case Review

Attach a copy of the CS-23 for the critical event being reviewed

If this is a resource home, complete the CD-164 RF in lieu of this form.

_____ Name of Child	_____ Reviewer
_____ Case Family Name	_____ Critical Event Circuit/County
_____ Current Incident Number	_____ Date Review Completed
_____ Current Incident Date	_____ Foster Care Case Management Agency

Summary of Current Critical Event at Time of Review:

- **Family Functioning:**

- **Household Composition: (name, age, role)**

- **Family Strengths**
As identified in Case File:

As identified by Reviewer:

- **Family Challenges: (such as history of substance abuse including mom during pregnancy, mental/physical/behavioral issues, including post partum depression, domestic violence, criminal convictions, financial stressors)**
As identified in Case File:

As identified by Reviewer:

- Relevant Medications: (identify person/medication)

Answer each of the following questions for the Current Critical Event:

- Was initial contact made according to policy guidelines? Yes No

If no, explain?

- Date of last worker contact with the child? _____

- Was there a safety assessment?

Yes - Date of completion: _____

No (if no explain)

- Was there a Safety Plan?

Yes - Date of completion: _____

No (if no explain)

- Did the Safety Plan address the needs identified by the family and the worker? Yes No

If no, explain.

- **Is there a documented consultation with the Chief Investigator/supervisor?** **Yes** **No**
What was discussed during the consultation with the Chief Investigator/supervisor?

- **Was a written referral made to the Juvenile Court?** **Yes** **No**
If yes, discuss the request and the outcome.

As identified by Reviewer

- **If no, discuss why not.**

Additional Reviewer Comments