



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

Name of Child

Case Family Name

Date Opened

Call/Case Number

Alternative Care (AC) - (Not applicable when open case was result of current incident)

- **Was ongoing contact made? (visits to the parents home, child in his/her placement)
If yes explain?**

If no, explain?

- **Last date child was seen by the worker prior to the incident? _____**
- **How has ongoing safety been assured and assessed? (such as home visit, collaterals, family functioning assessment)**

- **What service needs were identified? (explain)**

- **What services were offered? (explain)**

- **What services have been or are being utilized by the family?**

- **What are the case plan goals?**

- **Do the case plan goals address the needs identified by the family with the worker?**

- **How was progress assessed during supervisory consultations?**

- **Were collateral/professional provider contacts appropriately used and documented to address the identified issue?** Yes No
Provide Examples:

Are there written reports from providers in the file? Yes No

Additional Reviewer Comments