



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

Name of Child	Case Family Name
Date Opened/Date Closed	Call/Case Number

Alternative Care (AC)

- Reason this prior case is relevant to critical event:

- Reason child entered alternative care:

- 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:

- **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 closing? _____**
- **How was ongoing safety assured and assessed? (such as home visit, collaterals, family functioning assessment)**

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

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

- **What services were utilized by the family?**

- **Were case plan goals achieved?**

- **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