



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
Critical Event Case Review – Prior CA/N

| Incident Case # | Report/Case Type | Open Date | Close Date |
|-------------------|------------------|---------------------|------------|
| | | | |
| Child/Victim Name | | Alleged Perpetrator | |
| | | | |

- **Reason this prior case is relevant to critical event:**

- **Allegations:**

- **Findings:**

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

If no, explain:

- **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?**

Additional Reviewer Comments