



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

Name of Child

Case Family Name

Date Opened / Date Closed

Call / Case Number

Family Centered Services (FCS) Prior

- Reason this prior case is relevant to critical event:

- Reason for Opening:

- 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 risk level?** ☐ Yes ☐ No
If no, explain:

- **Was ongoing contact made according to risk level?** ☐ Yes ☐ No
If no, explain:

- **Last date child was seen by the worker prior to case 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 the 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

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

If no, discuss why not.

Additional Reviewer Comments