



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

Name of Child

Case Family Name

Date Opened

Call/Case Number

Intensive In-Home Services (IIS) - (Not applicable when open case was result of current incident)

Name of Provider:

- **Was initial contact made according to IIS policy guidelines?** ☐ Yes ☐ No
If no, explain?

- **Was ongoing contact made according to IIS policy guidelines?** ☐ Yes ☐ No
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

- Was a written referral made to the Juvenile Court? ☐ Yes ☐ No

If yes, discuss the request and the outcome.

If no, discuss why not.

- Is there evidence in the file the IIS and AC/FCS worker are communicating? ☐ Yes ☐ No

Additional Reviewer Comments