

Name of Child

Case Family Name

/

Date Opened / Date Closed

Call/Case Number

IIS Prior Case

• Reason this prior case is relevant to critical event:

• Reason for Opening:

• Household Composition: (name, age, role)

• Family Strengths As identified in Case File: 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:

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 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? Yes No

• How was progress assessed during supervisory consultations?

	Are there written reports from providers in the file? \Box Yes \Box	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 were communicating? \Box Yes \Box No

Additional Reviewer Comments