



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 CHILDREN'S DIVISION  
**Critical Event Case Review – Resource Families**

Attach a copy of the CS-23 for the critical event being reviewed.

Complete only for Resource Family. For all other critical events use CD-164.

_____	_____
Name of Child	DCN
_____	_____
Reviewer	Date Review Completed
_____	_____
Resource Family Name:	Length of Time as Resource Home
_____	_____
Current CA/N Incident Number	Current CA/N Incident Date
_____	_____
Critical Event Circuit/County	Foster Care Case Management Agency (if Applicable)

**Type of Home: (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Licensed Relative/Kin  | <input type="checkbox"/> Unlicensed Relative/Kin | <input type="checkbox"/> Traditional Foster |
| <input type="checkbox"/> Medical Foster         | <input type="checkbox"/> Foster Family Group     | <input type="checkbox"/> Respite            |
| <input type="checkbox"/> Elevated Needs Level A | <input type="checkbox"/> Elevated Needs Level B  | <input type="checkbox"/> Adoptive           |

**Summary of Current Critical Event at Time of Review:**

- **Allegations:**

- **Findings:**

- **Household Composition: (name, age, role)**

- **Strengths of the Resource Family:  
As identified in Case File:**

**As identified by Reviewer:**

- **Challenges of the Resource Family: (such as history of substance abuse, domestic violence, criminal convictions, financial stressors, significant life changes, or mental/physical/behavioral issues)**  
As identified in Case File:

As identified by Reviewer:

- **Relevant Medications: (identify person/medication)**

**Resource Home Compliance**  
(for example: training, visits, licensing rules)

- **Family Development Plan:**

Is there a current Family Development Plan?  Yes  No

Are there items to address noted on the plan?  Yes  No

Have they been addressed?  Yes  No

Explain:

- **Have all required trainings been completed in this licensing period?** Yes  No  
**If no, explain:**

- **Are there issues of concern or licensing violations noted in the file?** Yes  No  
**Explain issues and how they were addressed:**

- **Is there an indication in the file that current background checks exist and meet standards?**

- **Date of last quarterly licensing visit?** \_\_\_\_\_
- **Provide a summary of the last licensing visit:**

- Any additional comments regarding the quality of the resource home with regard to physical space, team participation, compliance with rules and regulations or relationship with agency?

**Answer each of the following questions for the Current Critical Event:**

- How was safety assured for all children in the home?

- Was a referral made to the Juvenile Court?  
Explain:

Yes       No

- Were children removed from home because of the critical event?  
Explain:

Yes       No

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

- **What services are being utilized currently by the family?**

- **Were monthly A/C home visits with victim child made as required by policy?**  **Yes**  **No**  
**Date of last home visit:** \_\_\_\_\_

**Additional Reviewer Comments**