# Missouri Department of Social Services Children's Division Critical Event Report Notification (CS-23) Form Instructions

#### **PURPOSE:**

The purpose of the CS-23 is to provide notification of critical events (child fatalities, near fatalities, or serious bodily injuries), suspected abuse or neglect of a child while they are in the legal custody of CD, or incidents that involve the arrest of a resource parent. Involving child fatalities, near fatalities, or serious bodily injury;

- Involving sexual abuse, exploitation or assault of a foster child.
- Victim child is in the legal custody of the Children's Division AT TIME of (not as a result of) the critical event.
- Active Agency Involvement at the time of Critical Event (e.g., investigation, assessment, referral, FCS/IIS)
- Prior Children's Division involvement with the family of concern within the last five (5) years OR if the child is under five (5) years old, ANY prior involvement.
- Child abuse/neglect investigation associated with the critical event.
- Media attention (only related to the critical event)

#### **Critical Event and Critical Notification Reporting:**

When the county office or contracted case management agency (FCCM) becomes aware of a critical event or need to make a critical notification, the supervisor or above will ensure the following occurs:

- Complete the CS-23 within one (1) business day.
- Send the CS-23 to <u>DSS.CD.CriticalEventReport@dss.mo.gov</u> and carbon copy (cc) the Circuit Manager, Field Support Manager, and Regional Director, and the litigation attorney(s) if assigned to the circuit.
- If the county office and the Out of Home Investigation (OHI) unit are both involved, only one CS-23 needs to be sent. FCCM agencies are responsible for sending the CS-23 for critical events involving contracted cases. The supervisors involved in the critical event should collaborate to determine the best staff member to complete/submit the CS-23. When determining who the best person would be to complete the CS-23, be mindful of the impacts of secondary trauma.
- Upload the CS-23 to OnBase in the associated CAN Report for the critical event. If there
  is no applicable CA/N Report, the CS-23 should be uploaded to the open case
  management function in FACES.
- Provide important updates via the CS-23 as the critical event unfolds. Examples include but are not limited to: change in the child's medical condition, arrest of an involved individual, change in circumstances that require a new safety assessment or reassessment, safety planning, or change in placement.

<sup>\*\*\*</sup>Complete a separate CS-23 for each victim child.

#### INSTRUCTIONS FOR COMPLETION:

*Initial or Update* – A CS-23 may be used as an initial alert notification (initial) or may be used to update Central Office as new information comes in (Update). Check the appropriate box.

Date of Critical Event- Enter the date the event happened- this may be different than death date (if applicable).

County – Case Management County

County Incident occurred (if different than case management county) - Name county where incident occurred

Circuit- Case management circuit

Date of Death- if applicable

Foster Care Case Management (FCCM) or Specialized Care Management case- check appropriate box

FCCM or Specialized Care Management Contact Name- Enter name of case manager

Agency Name- Name of case carrying agency

## I. Critical Event Category

Critical Event Category Criteria- check the appropriate box (if applicable)

Definitions as used in the Critical Event process:

- **Fatality** A child fatality from any cause. CA/N, Accidental or Suicide.
- **Near Fatality** (Any physical injury or illness of a child caused by suspected or substantiated child abuse or neglect that, as certified by a physician, places the child in serious or critical condition)
- **Serious bodily injury** Bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

Check All that Apply to the Critical Event- please check ALL that apply to this critical event.

- Victim child is in the legal custody of the Children's Division AT THE TIME of (not as a result of) the critical event.
- Active Agency Involvement AT THE TIME of the Critical Event (e.g., investigation, assessment, referral, FCS/IIS).
- Prior Children's Division involvement with the family of concern within the past 5 years OR if the child is under **five (5) years old**, with ANY prior involvement.
- Child abuse/neglect investigation associated with the critical event.
- Media attention (only related to the critical event)

\*\*\*You may have items that are appropriate to check in, Critical Event Category, Section I and Critical Notification, Section II.

#### **II. Critical Notification**

- Suspected abuse or neglect of a child that occurred while they are in the legal custody of the Children's Division.
- Events that involve the arrest of a resource parent.

Please check all that apply to the critical event. Example: allegations of physical abuse in a foster home to LS1 youth and foster parent is arrested. For this event you would check, other abuse/neglect of a child while in legal custody of Children's Division, involves the arrest of a resource parent, and possibly media attention.

## III. Victim Child's Information (Complete a separate CS-23 for each victim child)

Child's name- only provide name of child involved in the critical event

DCN- list child's DCN

DOB- enter child's date of birth

Fill out a new CS-23 for each child that was involved in the critical event.

#### IV. Critical Event Details

*Incident number*- list report number associated to the critical event.

Date of CA/N report- list the date CA/N report was received.

Location of the event- where did the incident take place.

*Is this a resource family home-* check the appropriate box- If yes, provide resource family name.

*Is this a child care home or facility-* check the appropriate box- If yes, name of child care provider.

Is there history of domestic violence- check the appropriate box.

Which of the following substances affect the family- check all that apply.

Provide a **DETAILED** Summary of the critical event - Provide all the details concerning the event. Provide preliminary findings of the investigation or review of event (if known, list possible causes of death). Please include the most current and up to date information known regarding the event. This is where you should state if the child was placed in custody because of the critical event. Please do not copy directly from the hotline narrative or FACES narrative.

## V. Agency Response

Are there remaining children in the home- check the appropriate box.

If yes, how has the safety of the child/ren been assured following the critical event- provide details.

Was an Immediate Safety Intervention Plan (CD-263) put in place- check the appropriate box.

Was a Temporary Alternative Placement Agreement (TAPA) put in place- check the appropriate box.

# VI. Agency Involvement

*CA/N history, including service dates and brief summary-* Provide case numbers, dates, and summary of each report.

Has there been a previous critical event involving any individual involved in the current critical event? Check the appropriate box. If yes, provide a summary of the event.

FCS case history- check the appropriate box. If yes, list case number.

Alternative care history- check the appropriate box. If yes, provide summary of AC history.

*IIS history*- check the appropriate box.

Adoption or guardianship history- check the appropriate box.

# VII. Parent/Guardian/Other Children Information

Parent 1/Guardian- provide name, DCN and DOB of parents/guardians.

Other Children in the Home- provide name, DCN, and DOB of other children in the home.

Alleged Perpetrator- provide name, DCN, DOB, and relationship of perpetrator to the victim.

## VIII. Updates

Use this section each time there is an update regarding the critical event (if applicable).