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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **CRITICAL EVENT REPORT / ALERT NOTIFICATION**  *(To Add Additional Victim Children See Section IV)* | Initial  Update | |
| Date Reported To Central Office: |  |
| Date of Critical Event: |  |

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| Child’s Name | | County | Circuit | Date of Death(*If applicable)* |
| Foster Care Case Management (FCCM) or Specialized Care Management case? Yes  No | | | | |
| ***If yes***: | FCCM or Specialized Care Management Contact Name: | Agency Name: | | |
| Definitions: | | | | |
| **Near Fatality** – an act 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.  . | | | | |
| **I. Critical Event Category** | | | | |
| Critical Event:    Fatality  Near Fatality  Suicide  Serious Bodily Injury  Check all that apply:  Active Agency Involvement at the time of Critical Event (e.g., investigation, assessment, referral, FCS/IIS)  Call Number:  Victim child is in the legal custody of the Children’s Division  Prior Children’s Division involvement with the family of concern within the past three years or if child is under 5, any prior  Involvement.  If none of the above apply: Child abuse/neglect investigation associated with the critical event | | | | |

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| Other (Serious but doesn’t meet Critical Event Criteria): | |
|  | Media Attention - Has occurred or is likely to occur *(Complete Sections II, III, VI and VII)* |
|  | Child in Foster Care – Involves allegations of sexual abuse, exploitation and/or assault |
|  | Threat to Employee Safety *(Complete Sections II, III, and VI)* |

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| Involves Resource Parent (Both current and prior) as Alleged Perpetrator |
| Within 1 business day of critical event send the CS-23 to Central Office, via email at [DSS.CD.CriticalEventReport@dss.mo.gov](mailto:DSS.CD.CriticalEventReport@dss.mo.gov)  Carbon copy the Circuit Manager and Regional Director (if unable to access email, fax CS-23 form to 573-526-3971) |

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| **Updates should be sent when new information becomes available.** | | | | | | | | | | | | | | | | | | | | |
| **II. CHILD PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | |
| Child’s Name | | | | | | | | | | | | | | | | DOB | | | | |
| Gender | | DCN (If Assigned) | | | | | CD Custody  YES  NO | | | | | | | | | Date of Critical Event | | | | |
| Child Address | | | | | | | | | | | County | | | | | | | | | |
| **III. INCIDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | |
| Incident number(s) | Date of CA/N report | | | | | | | Date of first personal contact with child/family by worker | | | | | | | | | | | | |
| Incident address | | | | | | | | | | | | | | | | | | | | |
| Is this a resource family home?  YES  NO If yes, name of resource family: | | | | | | | | | | | | | | | | | | | | |
| Is this a child care home or facility?  YES  NO If yes, name of child care provider: | | | | | | | | | | | | | | | | | | | | |
| Is law enforcement involved?  YES  NO | | | | | | | | | | | | | | | | | | | | |
| Is juvenile court involved?  YES  NO | | | | | | | | | | | | | | | | | | | | |
| Has there been media coverage?  YES  NO If yes, include dates and sources: | | | | | | | | | | | | | | | | | | | | |
| Is media coverage anticipated?  YES  NO If yes, explain: | | | | | | | | | | | | | | | | | | | | |
| Is child fatality review panel scheduled?  YES  NO  N/A If yes, date: | | | | | | | | | | | | | | | | | | | | |
| Is STAT involved?  YES  NO  Unknown | | | | | | | | | | | | | | | | | | | | |
| Brief Summary of Incident. Be sure to include what happened, where the incident occurred, who is believed to be responsible for the incident, and whose care the child was in at the time of the incident. Please provide the most recent information available. (**Please do not copy from hotline narrative**) | | | | | | | | | | | | | | | | | | | | |
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| **IV. PARENT/GUARDIAN/OTHER CHILDREN PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | |
| Parent 1/Guardian Name | | | | | | DCN (if assigned) | | | | | | | | | | DOB | | | | |
| Parent 1/Guardian Address | | | | | | | | | | | | | | | | | | | | |
| Parent 2/Guardian Name | | | | | | DCN (if assigned) | | | | | | | | | | DOB | | | | |
| Parent 2/Guardian Address | | | | | | | | | | | | | | | | | | | | |
| Name of Other Adult in Child’s Home | | | | Relationship to Child | | | | | | Gender | | DCN (if assigned) | | | | | DOB | | | |
| Other Children in the Home | | | |  | DOB | | | | Gender | | | | DCN | | | | | | Protected | |
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| **(If more children in home add a page.)** | | | | | | | | | | | | | | | | | | | | |
| **V. ALLEGED PERPETRATOR PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | |
| Alleged Perpetrator Name | | | | Relationship To Child | | | | | Gender | | | | DCN (If Assigned) | | | | | | DOB | |
| Alleged Perpetrator Address | | | | | | | | | | | | | | | | | | | | |
| Alleged Perpetrator Name | | | | Relationship To Child | | | | | Gender | | | | DCN (If Assigned) | | | | | | DOB | |
| Alleged Perpetrator Address | | | | | | | | | | | | | | | | | | | | |
| **VI. ADDITIONAL HOUSEHOLD MEMBERS (Include Specific Relationship to Child)** | | | | | | | | | | | | | | | | | | | | |
| Name | | | Relationship to Child | | | | | | | Gender | | | | DCN | | | | | | DOB |
| Name | | | Relationship to Child | | | | | | | Gender | | | | DCN | | | | | | DOB |
| Name | | | Relationship to Child | | | | | | | Gender | | | | DCN | | | | | | DOB |
| Name | | | Relationship to Child | | | | | | | Gender | | | | DCN | | | | | | DOB |
| Name | | | Relationship to Child | | | | | | | Gender | | | | DCN | | | | | | DOB |
| **VII. AGENCY INVOLVEMENT** | | | | | | | | | | | | | | | | | | | | |
| **How has child safety been assured following the critical event?** | | | | | | | | | | | | | | | | | | | | |
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| **Summary of Prior CD History including CA/N, FCS, IIS/IFRS, AC, and Adoption history in chronological order with the most recent case first, not including the critical event. Please include Incident #, Report Date, Case Type, Abuse and/or Neglect Allegations, Conclusion (including findings). Please include history of all household children and parents: (attach additional sheets as necessary)** | | | | | | | | | | | | | | | | | | | | |
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| **Any additional information:** | | | | | | | | | | | | | | | | | | | | |
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| Is there another child’s death/serious injury related to any individual involved with the present child’s death/serious injury?  YES  NO (If yes, give names, dates and reasons.) | | | | | | | | | | | | | | | | | | | | |
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| Person Completing this Form | | | | | | | | | | | County | | | | | | | Date | | |
| Approving Supervisor ‘s Name | | | | | | | | | | | County | | | | | | | Date | | |
| **VIII. UPDATES** | | | | | | | | | | | | | | | | | | | | |
| **Update Information:** | | | | | | | | | | | | | | | **Date:** | | | | | |
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| **Update Information:** | | | | | | | | | | | | | | | **Date:** | | | | | |
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| **Update Information:** | | | | | | | | | | | | | | | **Date:** | | | | | |
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| **Update Information:** | | | | | | | | | | | | | | | **Date:** | | | | | |
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| **Update Information:** | | | | | | | | | | | | | | | **Date:** | | | | | |
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