CRITICAL CASE REVIEW CHECKLIST

Referrals

Referral #____-

Date received: / /	Hotline tool date:	Hotline tool	Was first contact/attempt within timeframe?
Allegations:	/ / OR	accurate?	o Yes
	o Missing	o Yes	o No
	o N/A	o No	o N/A
First actual contact	Safety	Safety assessment	Was correct action taken?
date: / /	assessment date:	accurate?	o Yes
	/ / OR	o Yes	o No
	o Missing	o No	
			If safety plan was required, was it adequate?
			o Yes
			o No
			o N/A
Substantiation	Risk assessment	Risk assessment	Was case opened or closed correctly based
decision date: / /	date: / / OR	accurate?	on risk?
	o Missing	o Yes	o Yes
	o N/A	o No	o No

# Date received: / /	Hotline tool date:	Hotline tool	Was first contact/attempt within timeframe?
Allegations:	/ / OR	accurate?	o Yes
	o Missing	o Yes	o No
	o N/A	o No	o N/A
First actual contact	Safety	Safety assessment	Was correct action taken?
date: / /	assessment date:	accurate?	o Yes
	/ / OR	o Yes	o No
	o Missing	o No	
			If safety plan was required, was it adequate?
			o Yes
			o No
			o N/A
Substantiation	Risk assessment	Risk assessment	Was case opened or closed correctly based
decision date: / /	date: / / OR	accurate?	on risk?
	o Missing	o Yes	o Yes
	o N/A	o No	o No

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Date received: / /	Hotline tool date:	Hotline tool	Was first contact/attempt within timeframe?
Allegations:	/ / OR	accurate?	o Yes
	o Missing	o Yes	o No
	o N/A	o No	o N/A
First actual contact	Safety	Safety assessment	Was correct action taken?
date: / /	assessment date:	accurate?	o Yes
	/ / OR	o Yes	o No
	o Missing	o No	
			If safety plan was required, was it adequate?
			o Yes
			o No
			o N/A
Substantiation	Risk assessment	Risk assessment	Was case opened or closed correctly based
decision date: / /	date: / / OR	accurate?	on risk?
	o Missing	o Yes	o Yes
	o N/A	o No	o No

CASE REVIEW (cont.)

Case #			
First actual contact date:	Initial FSNA completion	FSNA accurate?	Case plan accurately
/ /	date:	o Yes	guided by FSNA?
Initial case plan date:	/ / OR	o No	o Yes
//	o Missing		o No
Number of months betwee Number of months with a	en case opening and review t least one visit:	/:	
[Months with: 0 visits	_ 1 visit 2 visits 3	3 visits 4+ visits]	
Next case plan date or	Risk reassessment or	Reassessment accurate?	Case remains open or
closure date:	reunification	o Yes	closed according to risk?
//	reassessment	o No	o Yes
	completion date:		o No
	/ / OR		5 .6
	o Missing		Reunification decision
			according to risk?
			o Yes
	FSNA review completion	FSNA accurate?	o No Case plan accurately
	date:	o Yes	guided by FSNA?
	/ / OR	o No	o Yes
	o Missing		o No
	o N/A		
Date of a new protective	Safety assessment date:	Safety assessment	Protective placement,
placement or other	/ / OR	accurate?	safety plan, or no action
change in safety, if	o Missing	o Yes	consistent with safety
applicable:	_	o No	assessment?
//			o Yes
OR			o No
o N/A			
	en last review and current re	eview:	
Number of months with a [Months with: 0 visits		Divisite Allivisite 1	
		B visits 4+ visits]	Case remains onen er
Next case plan date or closure date:	Risk reassessment or reunification	Reassessment accurate? o Yes	Case remains open or closed according to risk?
/ /	reassessment	o Yes o No	o Yes
	completion date:	O NO	o No
	/ / OR		0 110
	o Missing		Reunification decision
			according to risk?
			o Yes
			o No
	FSNA review completion	FSNA accurate?	Case plan accurately
	date:	o Yes	guided by FSNA?
	/ / OR	o No	o Yes
	o Missing		o No
	o N/A		
Date of a new protective	Safety assessment date:	Safety assessment	Protective placement,
placement or other	// OR	accurate?	safety plan, or no action
change in safety, if	o Missing	o Yes	consistent with safety
applicable:		o No	assessment?
// OR			o Yes o No
			o No
o N/A			

CASE REVIEW (cont.)

Case #

	en last review and current re	eview:	
Number of months with a			
[Months with: 0 visits		visits 4+ visits]	C
Next case plan date or	Risk reassessment or	Reassessment accurate?	Case remains open or
closure date:	reunification	o Yes	closed according to risk?
/ /	reassessment	o No	o Yes
	completion date:		o No
	// OR o Missing		Reunification decision
	o iviissirig		according to risk?
			o Yes
			o No
	FSNA review completion	FSNA accurate?	Case plan accurately
	date:	o Yes	guided by FSNA?
	/ / OR	o No	o Yes
	o Missing		o No
	o N/A		
Date of a new protective	Safety assessment date:	Safety assessment	Protective placement,
placement or other	/ / OR	accurate?	safety plan, or no action
change in safety, if	o Missing	o Yes	consistent with safety
applicable:		o No	assessment?
//			o Yes
OR N/A			o No
O N/A		. •	
Number of months between Number of months with a	een last review and current re	eview:	
[Months with: 0 visits		visits 4+ visits]	
Next case plan date or	Risk reassessment or	Reassessment accurate?	Case remains open or
closure date:	reunification	o Yes	closed according to risk?
//	reassessment	o No	o Yes
	completion date:		o No
	/ / OR		
	o Missing		Reunification decision
			according to risk?
			o Yes
			l
		5011	o No
	FSNA review completion	FSNA accurate?	Case plan accurately
	date:	o Yes	Case plan accurately guided by FSNA?
	date: // OR		Case plan accurately guided by FSNA? o Yes
	date: // OR o Missing	o Yes	Case plan accurately guided by FSNA?
Date of a new protective	date: // OR o Missing o N/A	o Yes o No	Case plan accurately guided by FSNA? o Yes o No
Date of a new protective	date: // OR o Missing o N/A Safety assessment date:	o Yes o No Safety assessment	Case plan accurately guided by FSNA? o Yes o No Protective placement,
placement or other	date: // OR o Missing o N/A Safety assessment date: // OR	o Yes o No Safety assessment accurate?	Case plan accurately guided by FSNA? o Yes o No Protective placement, safety plan, or no action
placement or other change in safety, if	date: // OR o Missing o N/A Safety assessment date:	o Yes o No Safety assessment accurate? o Yes	Case plan accurately guided by FSNA? o Yes o No Protective placement, safety plan, or no action consistent with safety
placement or other change in safety, if applicable:	date: // OR o Missing o N/A Safety assessment date: // OR	o Yes o No Safety assessment accurate?	Case plan accurately guided by FSNA? o Yes o No Protective placement, safety plan, or no action consistent with safety assessment?
placement or other change in safety, if	date: // OR o Missing o N/A Safety assessment date: // OR	o Yes o No Safety assessment accurate? o Yes	Case plan accurately guided by FSNA? o Yes o No Protective placement, safety plan, or no action consistent with safety assessment?