

CRITICAL CASE REVIEW CHECKLIST ANSWER KEY

Referrals

Referral # 1111-1111-1111-1111111

Date received: 8/4/11 Allegations: General neglect	Hotline tool date: 8/4/11 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input checked="" type="radio"/> Yes—8/10/11 attempted <input type="radio"/> No <input type="radio"/> N/A
First actual contact date: 8/19/11	Safety assessment date: 8/20/11 OR <input type="radio"/> Missing <i>Should be dated 8/19/11 first face to face with child</i>	Safety assessment accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>Safety threat identified without narrative support</i>	Was correct action taken? <input checked="" type="radio"/> Yes <input type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input checked="" type="radio"/> No— <i>Safety decision was incorrect AND there was no safety plan</i> <input type="radio"/> N/A
Disposition decision date: 8/20/11	Risk assessment date: 8/20/11 OR <input type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input checked="" type="radio"/> Yes— <i>Safety assessment decision incorrect, no safety threat and risk is moderate</i> <input type="radio"/> No

Referral #2222-2222-2222-2222222

Date received: 10/15/11 Allegations: None	Hotline tool date: 10/15/11 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
First actual contact date: / /	Safety assessment date: / / OR <input type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was correct action taken? <input type="radio"/> Yes <input type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Substantiation decision date: / /	Risk assessment date: / / OR <input type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No

#3333-3333-3333-0000000

Date received: 5/25/14 Allegations: Physical abuse	Hotline tool date: 5/25/14 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No— <i>Should be 24 hour</i>	Was first contact/attempt within timeframe? <input checked="" type="radio"/> Yes— <i>But response decision should have been 24 hours.</i> <input type="radio"/> No <input type="radio"/> N/A
First actual contact date: 6/4/14	Safety assessment date: / / OR <input checked="" type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was correct action taken? <input type="radio"/> Yes <input type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Disposition decision date: 8/7/14	Risk assessment date: / / OR <input checked="" type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No

#0000-0000-4444-0000000

Date received: 4/1/15 Allegations: Physical abuse	Hotline tool date: 4/1/15 OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
First actual contact date: 4/1/15	Safety assessment date: 4/1/15 OR <input type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No— <i>Safety threat 7 should have been marked as yes and child vulnerability not noted.</i>	Was correct action taken? <input type="radio"/> Yes <input checked="" type="radio"/> No If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
Disposition decision date: 4/16/15	Risk assessment date: / / OR <input checked="" type="radio"/> Missing <input type="radio"/> N/A	Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No

#0000-5555-0000-0000000

<p>Date received: 6/13/2015</p> <p>Allegations: Physical abuse</p>	<p>Hotline tool date: 6/13/15 OR <input type="radio"/> Missing <input type="radio"/> N/A</p>	<p>Hotline tool accurate? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><i>Inadequate information in the screener narrative to determine timeframe of incident, whether uncle is or is not a household member, and whether parents were aware of uncle's behavior toward 13-year old girl. Item likely should be marked General Neglect, Failure to Protect.</i></p>	<p>Was first contact/attempt within timeframe? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A</p>
<p>First actual contact date: / /</p>	<p>Safety assessment date: / / OR <input type="radio"/> Missing <input type="radio"/> N/A</p>	<p>Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Was correct action taken? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If safety plan was required, was it adequate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
<p>Substantiation decision date: / /</p>	<p>Risk assessment date: / / OR <input type="radio"/> Missing <input type="radio"/> N/A</p>	<p>Risk assessment accurate? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Was case opened or closed correctly based on risk? <input type="radio"/> Yes <input type="radio"/> No</p>