

## CRITICAL CASE REVIEW CHECKLIST

### Referrals

Referral # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date received: // Allegations:	Hotline tool date: // OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input type="radio"/> Yes <input type="radio"/> No <input 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

# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date received: // Allegations:	Hotline tool date: // OR <input type="radio"/> Missing <input type="radio"/> N/A	Hotline tool accurate? <input type="radio"/> Yes <input type="radio"/> No	Was first contact/attempt within timeframe? <input type="radio"/> Yes <input type="radio"/> No <input 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

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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

**CASE REVIEW (cont.)**

Case # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First actual contact date: // Initial case plan date: //	Initial FSNA completion date: // OR <input type="radio"/> Missing	FSNA accurate? <input type="radio"/> Yes <input type="radio"/> No	Case plan accurately guided by FSNA? <input type="radio"/> Yes <input type="radio"/> No
Number of months between case opening and review: _____ Number of months with at least one visit: _____ [Months with: 0 visits _____ 1 visit _____ 2 visits _____ 3 visits _____ 4+ visits _____]			
Next case plan date or closure date: //	Risk reassessment or reunification reassessment completion date: // OR <input type="radio"/> Missing	Reassessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Case remains open or closed according to risk? <input type="radio"/> Yes <input type="radio"/> No  Reunification decision according to risk? <input type="radio"/> Yes <input type="radio"/> No
	FSNA review completion date: // OR <input type="radio"/> Missing <input type="radio"/> N/A	FSNA accurate? <input type="radio"/> Yes <input type="radio"/> No	Case plan accurately guided by FSNA? <input type="radio"/> Yes <input type="radio"/> No
Date of a new protective placement or other change in safety, if applicable: // OR <input type="radio"/> N/A	Safety assessment date: // OR <input type="radio"/> Missing	Safety assessment accurate? <input type="radio"/> Yes <input type="radio"/> No	Protective placement, safety plan, or no action consistent with safety assessment? <input type="radio"/> Yes <input type="radio"/> No
Number of months between last review and current review: _____ Number of months with at least one visit: _____ [Months with: 0 visits _____ 1 visit _____ 2 visits _____ 3 visits _____ 4+ visits _____]			
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**CASE REVIEW (cont.)**

Case # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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