1. **CASE INFORMATION**

|  |  |
| --- | --- |
| Date form completed dd/mm/yyyy | Case ID number |

1. **CHECKLIST PER KEY STEP OF CASE MANAGEMENT PROCESS**

|  |  |  |  |
| --- | --- | --- | --- |
| **GENERAL DOCUMENTATION** | | | |
| **Check** | **Tick** | | **Comments and recommendations** |
| Paper documentation for each child is stored in its own individual file, clearly labeled with the individual I.D. code | [ ] Yes [ ] No [ ] NA | |  |
| Each step in the case management process that occurred thus far has a corresponding form | [ ] Yes [ ] No [ ] NA | |  |
| All relevant sections of the forms are filled out completely and accurately according to the status of the case | [ ] Yes [ ] No [ ] NA | |  |
| **IDENTIFICATION AND REGISTRATION** | | | |
| Informed consent/assent to participate in the case management process and to collect, store and share information has been obtained from the child and caregiver before registering the case; if this was not possible, it is clearly marked that a case file has been opened due to Vital Interests | [ ] Yes [ ] No [ ] NA | |  |
| The registration form is completed, including thorough details related to child/family information and where to find the child | [ ] Yes [ ] No [ ] NA | |  |
| The case has been provided an initial assessment of threat including both incidents and vulnerabilities’ | [ ] Yes [ ] No [ ] NA | |  |
| The case has been provided an initial risk level and is prioritized for timely action and response within the case management process | [ ] Yes [ ] No [ ] NA | |  |
| If tracing is needed for the case, the additional form for UASC is completed | [ ] Yes [ ] No [ ] NA | |  |
| **ASSESSMENT** | | | |
| The assessment was carried out within 1 week of the registration (or earlier depending on risk level of the case) | [ ] Yes [ ] No [ ] NA | |  |
| The assessment comprehensively described the risk factors, protective factors and needs of the case for the child, family and community levels | [ ] Yes [ ] No [ ] NA | |  |
| The caseworker clearly identified and described the child protection concerns | [ ] Yes [ ] No [ ] NA | |  |
| **CASE PLANNING, IMPLEMENTATION AND FOLLOW-UP** | | | |
| The case plan was completed within 2 weeks from the completion of the assessment (or earlier depending on the risk level of the case) | [ ] Yes [ ] No [ ] NA | |  |
| The case plan was developed with the child and caregiver(s) (where possible and appropriate) | [ ] Yes [ ] No [ ] NA | |  |
| The actions within the case plan address the identified needs and risks and build upon the case’s protective factors | [ ] Yes [ ] No [ ] NA | |  |
| The case plan has been signed-off by the supervisor | [ ] Yes [ ] No [ ] NA | |  |
| Children and families were referred to appropriate, available services with child/caregiver’s informed consent/assent and in line with confidentiality principles | [ ] Yes [ ] No [ ] NA | |  |
| Direct services were provided in accordance with the case plan | [ ] Yes [ ] No [ ] NA | |  |
| Follow up was conducted regularly according to case plan and risk level of the case | [ ] Yes [ ] No [ ] NA | |  |
| **REVIEW** | | | |
| Review of case plan was carried out at least once every month with all of those involved in the development of the case plan | [ ] Yes [ ] No [ ] NA | |  |
| Based on the review and if found that the situation of the child significantly changed, another assessment has been conducted | [ ] Yes [ ] No [ ] NA | |  |
| Based on the review, the case plan was adjusted accordingly | [ ] Yes [ ] No [ ] NA | |  |
| **CASE CLOSURE** | | | |
| The reason for the closure is clearly documented | [ ] Yes [ ] No [ ] NA | |  |
| Documentation indicates that:  The caseworker/child/caregiver discussed readiness and agreed to close the case  Contact information was given in the event the child/family need to contact the caseworker/ agency | [ ] Yes [ ] No [ ] NA | |  |
| Case closure has been approved by the supervisor | [ ] Yes [ ] No [ ] NA | |  |
| A follow up visit was planned with the child/caregiver and conducted within 3 months after the case was closed | [ ] Yes [ ] No [ ] NA | |  |
| **ACTIONS TO BE TAKEN** | | | |
| **Caseworker** | | **Supervisor** | |
|  | |  | |