**Case File Checklist1**

*This tool can be used for the review of case files at all stages of the case management process. It is suggested that files are selected randomly for review.*

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| --- | --- |
| **Case Number** |  |
| **Date** |  |
| **Caseworker** |  |
| **Supervisor** |  |

**Case File Checklist**

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| --- | --- | --- | --- |
| **1. 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 | |  |
| **2. IDENTIFICATION AND REGISTRATION** | | | |
| The case meets the eligibility criteria of the agency/organization | [ ] Yes [ ] No [ ] NA | |  |
| 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 | [ ] 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 protection concerns | [ ] Yes [ ] No [ ] NA | |  |
| The case has been provided an initial risk level and is prioritised for timely action and response within the case management process | [ ] Yes [ ] No [ ] NA | |  |
| If tracing is needed for the case, the additional registration & initial assessment information for UASC form is completed | [ ] Yes [ ] No [ ] NA | |  |
| **3. 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 | |  |
| The case has been provided a risk level based on the comprehensive assessment and is prioritised for timely action and response within the case management process | [ ] Yes [ ] No [ ] NA | |  |
| **3. CASE PLANNING** | | | | |
| 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 sets out a SMART objective and clearly identifies the agreed upon timeframes for actions to be taken, and by whom | [ ] Yes [ ] No [ ] NA | |  |
| The case plan has been signed-off by the supervisor | [ ] Yes [ ] No [ ] NA | |  |
| **4. CASE PLAN IMPLEMENTATION** | | | | |
| 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 | |  |
| Referrals were documented according to the prioritized actions in the case plan | [ ] Yes [ ] No [ ] NA | |  |
| Direct services were provided in accordance with the case plan | [ ] Yes [ ] No [ ] NA | |  |
| **5. FOLLOW-UP AND REVIEW** | | | | |
| Follow up was conducted regularly according to case plan and risk level of the case | [ ] Yes [ ] No [ ] NA | |  |
| 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 | |  |
| **6. 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 | |  |
| **7. ACTIONS TO BE TAKEN** | | | | |
| **Caseworker** | | **Supervisor** | |
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1 Adapted from the Global Case Management Task Force (2018): Child Protection Case Management Supervision and Coaching Training Package.