

Case Record Audit Review Sheet

Case Manager:		Audit Date:	
Resident Name:		ORAS Risk Level:	
Intake Date:		Days in Program:	1

<u>Checklist</u>	<u>Complete</u>	<u>Action Needed</u>	<u>Initial after correcting</u>
Case note for Individual Session within 10 days of intake Comments:			
Case note for MPV list and Intake document sent to PO within first 30 days Comments:			
Case notes made, within a week, for the start and finish of each class Comments:			
Case note for 30 day review of PREA screening form Comments:			
IRC and SASSI, if needed, completed & case noted prior to starting classes Comments:			
Case note for any Amended IRC's within a week of distributing Comments:			
Pre-CTS completed and case noted in RCR before beginning T4C Comments:			
Post-CTS completed & case noted in RCR one week after completing T4C Comments:			
CN for each class longer than 4 weeks (T4C; Moving On; Sub Ab) Comments:			
Case notes made for each phase movement Comments:			
Individual Sessions conducted bi-weekly for resident and case noted Comments:			
Rewards: <input type="text"/> Punishers: <input type="text"/> Ratio: <input type="text"/> #DIV/0!			
Comments:			

Audit Completed By: _____

Signature: _____

Corrections Due By: _____

Once corrections have been made, please sign and return to the Program Manager

Signature: _____

Score Breakdown	
Complete	Action Needed
0	0
Accuracy	

Date: _____