Case Audit

Date Completed				
OID				
Evaluation	**Exceeds**	**Meets**	**Needs Improvement**	**Comments**
Case notes reviewed (Notes completed thoroughly, timely, and in sufficient detail.)				
Annual reviews completed (timely, thoroughly, and provide sufficient detail) including updated emergency contact information.				
Other case reviews completed as appropriate (MDT, Special, Lifer, etc.)				
Release plan completed on time, thoroughly, appropriate conditions assigned, and planning done to reduce homelessness.				
Case plan established, updated and interventions completed as needed.				
Annual PREA review and 30 days case management follow ups completed on time.				
Classification completed accurately and re-classification up to date and reviewed to ensure accuracy.				
self-reported assessment/reassessment completed, and feedback provided to incarcerated person.				