



DEPARTMENT of CHILDREN SERVICES

CASE RECORD SHEET – A

Rev. Aug '15

This form to be filled whenever a child protection issue is brought before a child protection office, institution or facility

County.....Sub county.....

Case Serial No:		Date of Reporting:		Contact Address/email	
Case Reported by (Name):		Relationship to Child:		Telephone:	

PERSONAL DETAILS OF THE CHILD

Name of Child:	First Name	Middle Name	Last Name	Date of Birth:	dd/mm/yyyy	Sex:	Male [1]	Female [2]
Child in School:	Yes/No	Name of School:		Class:		Category of the school	Formal [1]	Informal [2]
Tribes/Ethnicity:		Name(s) of closest friends of the child ¹		Religion:	Protestant [1]	Muslim [2]	Catholic [3]	Other [4]
Mental Condition	Normal [1]	Challenged [2]	Physical Condition	Normal [1]	Challenged [2]	Other Medical Condition	Normal [1]	Chronic [2]
Hobbies:	Sports [1]	Movies [2]	Music [3]	Dancing [4]	Reading [5]	Child has birth certificate	Yes [1]	NO [2] Refer to CRD

SIBLINGS

No.	Name	D.O.B.	Sex	Name of School	Class	Remarks
1		(dd/mm/yyyy)	(F or M)			
2		(dd/mm/yyyy)	(F or M)			
3		(dd/mm/yyyy)	(F or M)			
4		(dd/mm/yyyy)	(F or M)			
5		(dd/mm/yyyy)	(F or M)			

HOME PARTICULARS OF THE CHILD

County:	eg Kisii	Sub-County:	Gucha	Village/Estate:	Sameta
Ward:		Nearest Land mark			
Family Status	Parents living together [1]	Parents not living together [2]	Household Economic Status	Low income [1]	Middle Income [2]
				High Income [3]	

PARENTS PARTICULARS

Name	Sex	Relationship	ID No.	Date of Birth	Telephone	Village/Estate	Occupation	Education ²	Alive
		Father		dd/mm/yy					Yes/No
		Mother		dd/mm/yy					Yes/No

CAREGIVER'S PARTICULARS

Relationship: Foster Parent ☐ Guardian ☐ Next of Kin ☐ select as appropriate

Name	Sex	ID No.	Date of Birth	Telephone	Village/Estate	Occupation	Education

¹ Source of Information relatives/teachers

² Indicate highest level of education attained

CASE HISTORY OF THE CHILD

Date of Event/incident	<i>mm/dd/yyyy</i>		Place of Event/incident	<i>e.g. Lukenya, Athi River at the Uncle's House</i>		
Alleged Perpetrator/Offender		<i>name</i>	Relationship to Child			
Case Category:	<i>e.g. Neglect</i>		Specific issue about the case	<i>Denied education or medical care (e.g. For Neglect)</i>		
Nature of Case	One-off event [1]	Chronic/On-going event [2]	Risk Level:	Low [1]	Medium [2]	High [3]
Needs of the Child:	<i>Immediate needs</i>			<i>Long-term needs</i>		
Action Taken (Intervention)						
Referral to:	State Agency: <i>(specify)</i>			Reason for referral		
	Non-State Actors: <i>(specify)</i>			Reason for referral		

RECOMMENDATIONS FOR FURTHER ASSISTANCE BASED ON THE BEST INTEREST OF THE CHILD (BIC)

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Name of Officer		Signature	
Designation		Date	

FOLLOW-UP INFORMATION (INDICATE INFORMATION ON ANY PROGRESS OR FURTHER INTERVENTION GIVEN)

Date	Follow-up Status	Comment	Officer
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature:
			Name:
			Designation:
			Signature: