

**CHILD ADVOCACY CENTER
FOLLOW-UP / TRACKING CHECKLIST**

(form to be used immediately post-interview or with cases that have not come to CAC for interview but require CAC follow-up)

Case #:

Date:

Child's Name:

Disclosure: (what / where on body / date of last, known incident / multiple incidents?)

Medical Exam Indicated: ___ Yes ___ No Already Occurred _____

Other Children Identified to be Interviewed:

Information to be Given to Non-Offending Parent:

Family Court Follow-Up Needed?

Next Steps:

Follow-Up Contacts: _____

