Ministry of Children and Family Development

East Fraser Service Delivery Area

(FIE)

Special Practice Audit

Report Completed: October 2022

Office of the Provincial Director and Aboriginal Services
Quality Assurance Branch

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1. PURPOSE

Practice audits are conducted regularly by the Provincial Director of Child Welfare (PDCW) across the Ministry of Children and Family Development (MCFD) service lines and for services provided by Indigenous Child and Family Service Agencies (ICFSA) under the *Child, Family and Community Service Act* (CFCSA). These quality assurance audits examine compliance with legislation, policy, and standards, while providing a systematic approach to the evaluation and improvement of services.

This report pertains to a special audit that was conducted, apart from MCFD's regular audit schedule, regarding the MCFD East Fraser office (office code FIE). This was a census audit conducted as a recommendation from an action plan that was developed following a practice review of a child fatality. This audit was based on a review of electronic and physical records of all the files during the audit time period (see methodology).

The purpose of this audit is to improve and support child and youth service (CS), resources (RE) and child safety/family service (FS) practice. Through the review of records, the audit provides a measure of the quality of documentation during the audit timeframes (see methodology for dates), confirms good practice and identifies areas where practice requires strengthening. The specific purposes of the audit are to:

- determine the current level of practice across records
- further the development of practice
- assist in identifying training needs
- provide information for use in updating and/or amending practice standards or policy

While this report is part of MCFD's continuous improvement process, this report will not be published on the public website.

2. METHODOLOGY

There were three quality assurance practice analysts from MCFD's Office of the Provincial Director and Aboriginal Services division who conducted the practice audit. The MCFD SharePoint site was used to store collected data, program compliance tables and a compliance report for each record audited (see Findings and Analysis section).

This was a census audit. There were a total of 20 records reviewed which represented the entire population of records that met the sampling criteria. There is no margin of error and the confidence level is 100%.

Record Types

This Special Audit is comprised of three different record types. They are:

- Resources
- Child service
- Family service

Record Types	Total Files	Measures Reviewed
Open and closed child service	11	8
Open and closed resource	3	7
Open and closed family service	6	7

The records were drawn with the following parameters:

1. Child Service (CS) Records:

- CS records open in the FIE office on December 31, 2021, with legal category Voluntary Care Agreement, Special Needs Agreement, Removal, Interim Care Order, Temporary Care Order, Continuing Custody Order or Out of Province.
- CS records that were closed in the Integrated Case Management database (ICM) between January 1, 2019, and December 31, 2021 and managed by the FIE office for at least six months (continuously) with the following legal categories: Voluntary Care Agreement, Special Needs Agreement, Removal, Interim Care Order, Temporary Care Order, Continuing Custody Order or Out of Province.

2. Resource (RE) Records:

- RE records open or closed in ICM that were managed by the FHB office that had children and youth in care from the FIE office, for at least three months (continuously) between January 1, 2019, and December 31, 2021. Children or youth in care had to have one of the following placement or service types: Regular Family Care, Restricted Family Care, Level 1 Care, Level 2 Care, Level 3 Care and First Nations Foster Home.

3. Family Service (FS) Records:

- FS records open in ICM on August 31, 2021, and managed by the FIE office for at least six months (continuously) with a service basis listed as protection.
- FS records closed in ICM between September 1, 2020, and August 31, 2021 and managed by the FIE office for at least six months (continuously) with a service basis listed as protection.

- FS records open in ICM on August 31, 2021, and managed by the FIE office for at least three months (continuously) with a service basis listed as protection.
- FS records closed in ICM between September 1, 2020, and August 31, 2021 and managed by the FIE office for at least three months (continuously) with a service basis listed as protection.

Ratings for each measure were based on documentation found within the timeframes established at the outset of each audit. Timeframes are used in defining and selecting samples to ensure the focus is on recent practice.

3. DEMOGRAPHICS

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4. FINDINGS AND ANALYSIS

a. Child Service

For the Children and Youth in Care Policies (Chapter 5), the evaluation reviewed records of children and youth in care were under various legal statuses. The audit reflects the work documented by staff in the guardianship and family service programs over a three-year period (see Methodology section for details). There was a total of 11 records identified within the sample. However, measure CS 4 (completion of interim care plan) was only applicable to 6 of the records, as 5 records did not require an interim care plan during the audit timeframe. The overall compliance rate for open and closed children/youth records was **29%.**

Measure	Total Applicable	Total Achieved	Total Not Achieved	% Achieved
CS1: Child/youth placement	11	8	3	73%
CS2: Safety of the Child/Youth	11	3	8	27%
CS3: Contact with the Child/Youth	11	0	11	0%
CS4: Completion of Interim Care Plan	6	0	6	0%
CS5: Development of the Care Plan	11	2	9	18%
CS6: Care Team/Circle Members' Agreements	11	1	10	9%
CS7: Cultural Planning	11	7	4	64%
CS8: Putting the Care Plan Into Action	11	3	8	27%

*Provincial averages were not available for the CS portion of the service evaluation due to different methodology and/or different measure requirements.

CS1: Child and Youth Placement: To receive a rating of achieved, there was evidence confirming that the child/youth was placed in an assessed home. This measure was applied to all 11 records. Eight were rated achieved and three were rated not achieved. The compliance rate for this measure was **73**%.

Supplementary questions found that of the three records rated not achieved, s.22 s.22 as approved by the Team Leader.s.22 At the time of the audit completion,s.22 s.22 The record did reference the need for an assessment. The Director of Operations has s.22

CS2: Safety of the Child: To receive a rating of achieved, a report about a reportable circumstance was submitted to the Director within 24 hours from the time the information about the incident became known to the social worker. This measure was applied to all 11 records. Three were rated achieved and eight were rated not achieved. The compliance rate for this measure was **27%.**

Of the eight records rated not achieved, five contained reportable circumstance reports but they were not submitted within 24 hours (the range of time it took to submit was between four and nine days). Six records contained documentation describing reportable circumstances but submitted reports were not found in the records. These circumstances were brought to the attention of the Director of Operations for follow up.

In addition to the critical measure, notification and safety planning was also reviewed. When a child or youth was missing, lost or runaway, there weres.22 that indicated additional concerns regarding lack of notification to RCMP and/or parents, as required. Additionally, the s.22 had no plans developed as required.

CS3: Contact with the Child or Youth: To receive a rating of achieved, the social worker conducted and documented a private visit with the child/youth every 90 days. This measure was applied to all 11 records; all 11 records were rated not achieved. The compliance rate for this measure was **0**%.

The evaluation also tracked the number of private visits completed and found that of the records rated not achieved, eight documented some private visits (but not every 90 days) and three documented zero private visits during the audit timeframe. Among the 11 records reviewed, policy required a total of 87 private visits during the audit timeframe, however, only 32 private visits were documented. This means only 37% of the visits required took place.

CS4: Completion of Initial Care Plan: To receive a rating of achieved, the record, if it was opened during the three-year audit timeframe, contained an initial care plan completed within 30 days of admission to care. This measure was applied to six of the 11 records; all six applicable records were rated not achieved. The compliance rate for this measure was **0%**.

Of the six records rated not achieved, all did not contain an initial care plan completed within 30 days of admission.

Of note, the Case Plan tab on ICM often indicated the completion of an initial care plan, however, the plans could not be found on electronic or physical records and there was also no reference to the creation of these plans.

CS5: Development of Care Plan: To receive a rating of achieved, the record contained: a completed care plan six months after coming into care and a new completed care plan every 12 months thereafter. This measure was applied to all 11 records; two were rated achieved and nine were rated not achieved. The compliance rate for this measure was **18%.**

In addition to the critical measure, current care planning and signatures were also reviewed. While the records did not contain all required care plans, nine of the 11 records did have completed care plans developed within the last 12 months of the audit timeframe. Also, nine records had team leader signatures on all care plans, while two records had team leader signatures on some.

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CS6: Care Team/Circle Member's Agreements: To receive a rating of achieved, the record contained information that the social worker invited and supported the child/youth where applicable AND significant people in the child's/youth's life to participate in the development of the current care plan. This measure was applied to all 11 records; one was rated achieved and 10 were rated not achieved. The compliance rate for this measure was **9%.**

As indicated above, there were active care plans in nine of the 11 records reviewed. However, there was no evidence that the plans were made in collaboration with the child's care circle, with the exception of one record. In the record rated achieved, there was documentation of collaborative meetings that included the youth and others in which care plan domains were discussed.

CS7: Cultural Planning: To receive a rating of achieved, there was evidence of cultural planning and the child/youth's rights to their Indigenous heritage was promoted and/or preserved. This measure was applied to all 11 records. Seven were rated achieved and four were rated not achieved. The compliance rate for this measure was **64%**.

The documentation indicated a supportive Indigenous community in which children and youth had access to camp, canoe pulling and other traditional activities. It should be noted, there were few cultural plans found in the records. s.16

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CS8: Putting the Care Plan into Action: To receive a rating of achieved, there was documentation that actions had been taken to address the needs and goals raised in planning for the child/youth as per care plan domains. This measure was applied to all 11 records. Three were rated achieved and eight were rated not achieved. The compliance rate for this measure was **27%**.

Of the eight rated not achieved, there was no consistent documentation of actions taken to address the needs and goals in planning for the child/youth.

Of note, there were large gaps in documentation in many of the records including one record that had only a single note in an entire year audited. Further, there were numerous notes in ICM that simply said "updates," but no actual update followed. Practice did shift in 2021 for three of the records (rated achieved) in which documented practice improved and there was evidence of collaboration, goals created, and actions taken.

b. Resources

For the Resource Work Policies (Chapter 8), the evaluation reflected the work documented over a three-year period (see Methodology section for details).

There were a total of three records in the sample selected for this audit. However, measure RE 3 (screening and assessment of relief caregivers) was not applicable to any files as there was no evidence of relief being used in any of the records. The overall compliance rate for open and closed resource records was **11%**.

Measure	Total Applicable	Total Achieved	Total Not Achieved	% Achieved	% Provincial Averages (East Fraser Average)
RE 1: Initial screening of prospective caregivers and other adults in family care home	3	1	2	33%	52% (40%)
RE 2: Assessment of prospective caregivers and family care home	3	1	2	33%	52% (56%)
RE 3: Screening and assessment of relief caregivers	0	0	0	N/A	N/A
RE 4: Caregiver continuing learning and education including mandatory training	3	0	3	0%	15% (12%)
RE 5: Sharing Placement Information with Caregiver	3	0	3	0%	5% (12%)
RE 6: Supportive practice	3	0	3	0%	77% (79%)
RE 7: Ongoing monitoring of family care home	3	0	3	0%	1% (0%)

*Percentages in parentheses are specific to East Fraser results

The above table includes a Provincial average of achieved rating (%), added at the request of the East Fraser SDA leadership. The aggregate data is from SDA Resource audits completed between 2018 and 2020 across the Province. Caution should be used when comparing the data to the current evaluation, as the sample of this special audit was so small.

RE1: Initial Screening of the Prospective Caregivers and Other Adults in the Home: To receive a rating of achieved, all of the screening procedures below needed to be completed prior to commencing a contract or placing a child in the home. Required screening procedures included:

- Prior contact checks for all adults in the home
- Criminal records checks for all adults in the home
- Medical assessments of the caregiver(s)
- Reference checks

This rating applied to all three records. One record rated achieved and two records rated not achieved. The compliance rate for this measure was **33%**. Of the two records rated not achieved,

one record was missing a medical assessment of the caregiver, and another was missing a criminal records check (CCRC) of the caregiver. While the criminal record check was missing as a part of the initial screening, a note on MIS indicated that it was completed at a later date.

RE2: Assessment of Prospective Caregivers and the Family Care Home: To receive a rating of achieved, the assessment of the caregiver(s) needed to include:

- A participatory assessment of the caregiver's ability to care for the child
- An environment of care checklist and homestudy
- A written home study documenting the screening information
- Supervisory approval of the home study
- Home study updates as required and
- Criminal record checks completed for each caregiver

This rating applied to all three records. One record rated achieved and two records rated not achieved. The compliance rate for this measure was **33%**. Of the two records rated not achieved, one record did not have the home study updated as required and one did not have supervisory approval of the home study.

In addition to the measure, the evaluation also looked at Pre-Service training. There was no documentation of Pre-Service training in two of the records. One of the records did complete the Pre-Service training, but after the placement of a child.

RE3: Screening and Assessment of Relief Caregivers: This measure was rated as not applicable for all records. From a review of the physical and electronic records there was no evidence that relief was used during the audit timeframe, as such, no data was available about the screening process of the relief caregivers.

RE4: Caregiver Continuing Learning and Education Including Mandatory Training: To receive a rating of achieved there needed to be evidence of:

- A learning plan developed with the caregiver(s)
- Information or education on relevant topics of interest were provided to the caregiver(s)
- Mandatory training was completed within two years of the home study approval

This measure applied to all three records; all three records were rated not achieved. The compliance rate for this measure was **0%**. One record indicated that the mandatory training was completed but outside of the two-year timeline and the other two records did not contain information about training offered or completed.

RE5: Sharing Placement Information with Caregivers: To receive a rating of achieved, the caregiver(s) were provided information about each child in the caregiver's home during the timeframe of the audit AND the caregiver(s) were provided written information about the caregiver's responsibilities as outlined in each child's plan of care. This measure applied to all three records; all three records were rated not achieved. The compliance rate for this measure was **0%**.

There were a total of 7 placements over the audit timeframe. Of the records reviewed, one record contained one referral, four had copies of the caregiver's responsibilities and none of the records had both the referral and a copy of the caregiver's responsibilities (see table below for breakdown).

	Home #1	Home #2	Home #3	Total
Number of CICs placed	s.22			7
Number of CICs with referrals				1
Caregiver responsibilities for CIC on file				4
Number of CICs with referrals and list of caregiver responsibilities				0

RE6: Supportive Practice: To receive a rating of achieved, there needs to be documentation on the file confirming supportive practice as described in the policy and procedures. Examples of supportive practice could include: listening and providing advice, responding to requests in a timely manner, encouraging training opportunities and meeting with caregivers during times of crisis. This measure applied to all three records. The compliance rate for this measure is **0%**.

Of the records rated not achieved, two records reflected some indication of supportive practice but the standard, as reflected in the policy and procedures, was not met. There was no indication of supportive practice as described in the policy and procedures in the remaining record.

A supplementary question found some evidence in all three records of support and encouragement specifically in regard to caregiver's participation in the collaborative homestudy assessment and planning process.

RE7: Ongoing Monitoring of Family Care Homes: To receive a rating of achieved, the social worker needed to have in-person contact with the caregiver in the caregiver's home at least once every 90 days, or virtually during the timeframe the Covid-19 Interim Guidelines were in place (March – July 2020 only). This measure applied to all three records. The compliance rate for this measure was **0%**.

Of the records rated not achieved, all three documented home visits, but they were not completed every 90 days as required. Of an expected 33 home visits for the three homes reviewed over three years, 17 home visits occurred, as such, **52%** of homevisits took place. The three records reviewed contained annual reviews, but they were not completed each year in the audit timeframe.

Supplementary questions found that of the records reviewed, two of the records documented viewing the children's sleeping area when visiting the home. Additionally, all three records reviewed had documentation demonstrating ongoing contact with the caregivers outside of the home visits.

c. Family Service

For Child Protection Response Policies (Chapter 3), the evaluation reflected the work documented over a 12 month period (see Methodology section for details). There were a total of three closed records and three open records for this audit. However, measure FS 7 (Making a Decision to End Ongoing Protection) was only applicable to three of the records, as three records were still open. The overall compliance rate for this audit was **21%**.

Measure	Total Applicable	Total Achieved	Total Not Achieved	% Achieved	% Provincial Averages (East Fraser Average)
FS 1: Completing a Family and Child Strengths and Needs Assessment	6	1	5	17%	42% (34%)
FS 2: Supervisory Approval of the Family and Child Strengths and Needs Assessment	6	1	5	17%	34% (32%)
FS 3: Developing the Family Plan with the Family	6	3	3	50%	34% (40%)
FS 4: Timeframe for Completing the Family Plan	6	1	5	17%	21% (17%)
FS 5: Supervisory Approval of the Family Plan	6	1	5	17%	20% (11%)
FS 6: Completing a Vulnerability Reassessment or Reunification Assessment	6	1	5	17%	32% (26%)

FS 7: Making the Decision to End Ongoing Protection Services (only applies to closed records)	3	0	3	0%	63% (70%)

*Percentages in parentheses are specific to East Fraser results

The above table includes a Provincial average of achieved rating (%), added at the request of the East Fraser SDA leadership. The aggregate data is from SDA Family Service audits completed in 2018 across the Province. Caution should be used when comparing the data to the current evaluation, as the sample of this special audit was so small.

FS1: **Completing a Family and Child Strengths and Needs Assessment:** To receive a rating of achieved, the Family and Child Strengths and Needs Assessment was completed in its entirety. The measure was applied to all six records; one was rated achieved and five were rated not achieved. The compliance rate for this measure was **17%.**

All five records rated not achieved did not contain a Family and Child Strengths and Needs Assessment within the audit timeframe.

The evaluation also assessed whether the Family and Child Strengths and Needs Assessment was completed within the most recent six-month practice cycle. The one record rated achieved met this criteria.

FS2: **Supervisor Approval of the Strengths and Needs Assessment**: To receive a rating of achieved, the Family and Child Strengths and Needs Assessment was approved by the supervisor. The measure was applied to all six records in the sample; one was rated achieved and five were rated not achieved. The compliance rate for this measure was **17%**.

All of the five records rated not achieved did not contain a Family and Child Strengths and Needs Assessment within the audit timeframe and thus they could not contain supervisory approval.

FS3: **Developing the Family Plan with the Family:** To receive a rating of achieved, the Family Plan form or its equivalent was developed in collaboration with the family. An equivalent to the Family Plan form can be a plan developed during a facilitated meeting, such as a Family Case Planning Conference, Traditional Family Planning Meeting, or Family Group Conference. The equivalent plan must have the following key components:

- The priority needs to be addressed
- The goals described in clear and simple terms regarding what the family would like to change in their lives in relation to the identified need
- Indicators that described in clear and simple terms what will appear different when the need is met (from the viewpoint of the family or from the viewpoint of others)

- Strategies to reach goals, where the person responsible for implementing the strategy is also noted
- A review date, when progress towards the goal will be reviewed and a determination made on whether the goal has been met

The measure was applied to all six records; three were rated achieved and three were rated not achieved. The compliance rate for this measure was **50%**. Of the three records rated not achieved, two did not contain Family Plans or equivalents within the audit timeframe. One record noted a family meeting with the caregivers, who were also the grandparents, however, as no parent was present, the measure was rated not achieved.

Of note, while the measure only rated 50% compliance, collaboration on family service records was an area of strength in this office. One family had 24 family meetings between 2017 and 2021.

The evaluation also assessed whether the Family Plans or equivalents were completed after the Family and Child Strengths and Needs Assessments. None of the records met this criteria. When looking at the type of family plan completed, all records contained equivalent plans.

FS4: **Timeframe for Completing the Family Plan:** To receive a rating of achieved, a Family Plan or its equivalent was created within 30 days of initiating ongoing protection services and revised within the most recent six-month practice cycle. The measure was applied to all six records; one was rated achieved and five were rated not achieved. The compliance rate for this measure was **17%**.

Of the five records rated not achieved, two did not contain a Family Plan or equivalent within the audit timeframe. The remaining three did not contain a Family Plan or equivalent within the most recent six-month practice cycle, but they did contain a Family Plan or equivalent created within the 12-month timeframe of the evaluation.

FS5: **Supervisors Approval of the Family Plan:** To receive a rating of achieved, the Family Plan or its equivalent was approved by the supervisor. The measure was applied to all six records; one was rated achieved and five were rated not achieved. The compliance rate for this measure was **17%**.

Of the five records rated not achieved, two did not contain a Family Plan or equivalent and three Family Plans or equivalents were not approved by supervisors.

FS6: Completing a Vulnerability Reassessment OR a Reunification Assessment: To receive a rating of achieved, a Vulnerability Reassessment or Reunification Assessment was completed within the most recent six-month practice cycle and a Reunification Assessment completed within three months of the child's return or a court proceeding regarding custody and the

assessment was approved by the supervisor. The measure was applied to all six records; one was rated achieved and five were rated not achieved. The compliance rate for this measure was **17%**.

The one record rated achieved was based on the completion of the Vulnerability Assessment in the associated Incident. This was in place of the Vulnerability Reassessment in the most recent six-month practice cycle.

Of the five records rated not achieved, two contained no Vulnerability Assessments and two contained no Reunification Assessments. One contained a Vulnerability or Reunification Assessment within the 12-month audit timeframe, but it was not revised within the most recent six-month practice cycle.

FS7: Making the Decision to End Ongoing Protection Services: To receive a rating of achieved, there needed to be evidence of:

- The decision to conclude ongoing protection services was made in consultation with a supervisor
- There were no unaddressed reports of abuse or neglect
- There were no indications of current or imminent safety concerns
- The family demonstrated improvements as identified in the Family Plan
- A recent Vulnerability Reassessment or Reunification Assessment confirmed that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed
- The family demonstrated the ability to access and use formal and informal resources and the family had the ability to parent without MCFD support

The measure was applied to the three closed FS records; all three applicable records were rated not achieved. The compliance rate for this measure was **0%**. All of the closed records did not contain a Vulnerability Reassessment or a Reunification Assessment within the most recent six-month ongoing protection services cycle confirming that factors identified as contributing to high vulnerability no longer existed or have been sufficiently addressed.

5. ACTION PLAN

In October 2022, an Action Plan was developed in collaboration between the SDA and Quality Assurance. At the time of the report sign off, several actions were already completed by the LSA.

1. On October 25, 2022, an LSA tracking system was created to track private visits required for children in care.
2. On October 25, 2022, s.22 and child protection team leaders (CPTLs) created a plan to ensure Case Notes reflect ongoing assessment and consultation. This includes

social workers completing a monthly Case Note in ICM and team leaders tracking the completion of this documentation.

3. On October 25, 2022, an LSA excel spreadsheet was created in conjunction with the Resource Team Leader to ensure required screening of caregivers is completed

The Executive Director, Director of Operations and Director of Practice will oversee all persons responsible to verify each action item has been completed as outlined below.

Actions	Persons Responsible	Completion Dates
Child Service: <u>Social Worker Contact with a Child in Care:</u> 1. All children in care will have a private visit within the next three months. Confirmation of the completion of this will be provided, via email, to the manager of Quality Assurance. 2. The FIE office will create and use a system to track required visits.	s.22	**November 3, 2022:** Confirming all Children in Care have had private visits within this three-month cycle.
<u>Completion of Care plans:</u> 3. The FIE office will complete a learning event session regarding Care Plan Development with the following three goals in mind: - Completed in a timely manner - Involve the child and their circle members - Putting the plan into action	s.22	**November 30th, 2022:** SW s.22 will assist Practice Consultant s.22 in this learning event for FC (Fraser Cascade) and East Fraser float (including new hired staff).
<u>Reportable Circumstances</u>: 4. The FIE office will schedule in-service training on reportable circumstances with the Director of Practice or Provincial Practice Analyst. Confirmation of the completion of this training will be provided, via email, to the manager of Quality Assurance.	s.22	**November 15th, 2022:** Second session discussing Reportable Circumstances with s.22 is scheduled for FC and East Fraser Float (New hires) staff will take place.
<u>Documentation:</u> 5. The CS records will contain ongoing Case Notes and Review Recordings. 6. The FIE office will complete an In-Service training session on the Good Recording Guide <u>The Good Recording Guide (gov.bc.ca)</u>	s.22	**November 30th, 2022:** s.22 will join Practice Consultant s.22 s.22 in facilitating the learning event for FC staff and EF float staff (including new hires).

Family Service: <u>Ongoing Assessment and Consultation</u> *The changes to the SDM tools with the Core Accountabilities, assessment and consultation have changed but remain a key part of Family Service work. As such, it is important to have a system to support families and staff to understand concerns, meet their goals and document progress.* 7. The LSA will have a clear consultation schedule for ongoing monitoring of work. Additionally, staff will understand required consultation points as a part of their daily work and document these consistently. 8. The LSA will have a system of documenting the ongoing assessment of a family's strengths, challenges, goals, and progress towards these goals. Additionally, there will be a tracking system to reassess goals regularly.	s.22	**November 30th, 2022:** Following changes with the roll out of the Core Accountabilities, some of the SDM tools are no longer required. As such, FC staff will review the "Good Recording Guide" with reference to the documentation of consultation. **November 3, 2022**: FC TL Action: FCTL's have instructed all current working staff to set up Monthly Consultation Tabs in ICM for each family service record for the purpose of tracking reoccurring consultations, Quality Assurance meetings, etc.
<u>FS 7 Making the Decision to End Ongoing Protection Services</u> 9. The LSA will develop clear consultation and assessment points to highlight when to end ongoing protection services. 10. The LSA will develop a checklist to assist in the completion of all the necessary steps when determining when to end ongoing protection services.	s.22	**November 30, 2022:** a) FC CP TL's will review the Family Needs and Strengths Assessment with their teams and staff. (Policy 3.9) b) TL's will develop a checklist process and incorporate into consultation points.

Resources: <u>RE 1 Initial Screening of the Prospective Caregivers and Other Adults in the Home</u> 11. The LSA will use a tracking system to ensure that all the initial screening procedures are completed on prospective caregivers prior to placement.	s.22	**November 29th, 2022:** MS Teams meeting with PA s.22 TL s.22 and Office Manager s.22 to orient staff to tracking in MIS for RE files.