

DIRECTOR'S PRACTICE AUDIT REPORT
SOOKE PROTECTIVE FAMILY SERVICES (VCG)

Field Work Completed: May 22 – June 1, 2001

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1. PURPOSE

The purpose of the audit is to improve and support child protection, child service/guardianship, youth, and non-protective family service practice. Through a review of a sample of cases, the audit is expected to provide a baseline measure of the current level of practice, confirm good practice, and identify areas where practice requires strengthening.

The specific purposes of the audit are:

- to confirm good practice and further the development of practice;
- to assess and evaluate practice in relation to existing legislation, standards and policy;
- to determine the current level of practice across a sample of cases;
- to identify cases where additional assessment and/or intervention is required;
- to identify barriers to providing an adequate level of service;
- to assist in identifying training needs;
- to provide information for use in updating and/or amending practice standards or policy.

The audit is being conducted proactively by the Director's office. Proactive audits of district offices providing child protection, guardianship, youth and non protective family services and resources for children in care are systemically conducted according to a four year cycle.

2. METHODOLOGY

The audit of the Sooke Protective Family Services team was asked to include a minimum of 25% of the number of Child Protection Intakes open and/or closed between November 2000 and April 2001 (6 months); a minimum of 20 – 25% of open Family Services cases (Protective and/or Non-Protective Services); 20 – 25% of open Child Services cases; and, a small number of files closed within the last 6 months. Files were audited for compliance to the Child Protection Standards, the Risk Assessment guidelines and case management policy. Information was obtained from file records and from interviews with staff.

Field work was conducted from May 22 to June 1, 2001 by 1 auditor. The computerized Case Practice Audit Tool (CPAT) was used to collect the data and generate office summary compliance reports, and a compliance report for each file audited. The auditor met initially with the team to review the audit purpose and process. During the audit, the Team Leader and 2 Social Workers were interviewed with respect to office systems, service delivery structure, and community resources. At the conclusion of the audit, the auditor met with the team to provide an overview of the results, including identified themes and patterns, and with the Team Leader and the Community Services Manager for a more detailed review of the findings. Both the Team

Leader and Community Services Manager were provided with the compliance report of each file that had been audited.

3. COMMUNITY OVERVIEW

a) Geographics

The Sooke Protective Family Services Team (VCG) is part of the Capital Region, covering southern Vancouver Island and including Greater Victoria and surrounding communities as well as the Southern Gulf Islands. The VCG Team provides intake, assessment, and ongoing child and family services to the Sooke Electoral Area, including: East Sooke, District of Sooke, Beecher Bay Nation, T'Sou-ke First Nation, Pacheedaht First Nation, Otter Point, Shirley, Jordan River, and Port Renfrew.

b) Demographics

The Team Leader reports that the population served includes single-parent families (due to affordable housing in the area); people seeking “alternative” lifestyles (a history of some families living on the beach, for example); and families where unemployment is an issue. The Team Leader also reports a growing number of teen clients with anger management difficulties. Other social problems cited include family violence, alcohol and drug abuse, and the resulting physical abuse/neglect of children. 3 First Nations Bands, the Beecher Bay Nation, T'Sou-ke First Nation, and Pacheenaht First Nation are served by VCG.

b) Service Delivery

The management structure includes the Regional Executive Director, the Child Protection Manager who administers the delivery of child protection services and the Community Services Manager who oversees ongoing and integrated child and family services delivery.

The Sooke Protective Family Services Team (VCG) provides intake and assessment; ongoing protective and limited non-protective support services to families and children; and guardianship services to children/youth-in-care.

On the Sooke Team, the duty intake function is rotated among the protection social workers. The intake worker receives, records and assesses (in consultation with the Team Leader) new child protection reports and requests for support services within the geographic area of responsibility. Child protection reports and requests for supports on open cases are directed when possible to the social worker in charge of the case and are assessed and investigated, where appropriate, by that worker. Where the social worker in charge of the case (regarding which a report was received) is unavailable, a decision will be made upon Team Leader consultation as to the plan for follow-up if required. Staff report that the Team Leader is consulted at Risk Decision points #1 and 2; at #3 and 4; at # 5, and at #6.

c) Resources

I. Residential

The VCG Team has 1.5 resource social workers who liaise with the Sooke and Western Communities Intake and Child Protection Teams with regard to child placement needs. 1 resource worker will attend the Western Communities offices once per week and 1 will attend the weekly meeting at the Sooke office, to discuss placement needs. Those resource social workers also attend the Victoria Resources Team once per week to discuss placement planning and prioritizing for their areas. The VCG resource workers are also involved in foster placement recruiting.

The Victoria Resources Team oversees VCG's placement needs. Requests for placements are made by the VCG protection social worker, by telephone or email, to the Victoria resources intake social worker. At the same time, the protection social worker will complete and fax the placement request form containing child information and needs to the Victoria intake resources worker. The Victoria resource worker will contact the Sooke resource social worker to discuss possible placements; the protection social worker will often also discuss the placement needs with the Sooke resources worker. The Victoria resources worker will then contact the potential caregiver to provide more information on the child's needs and arrange for the placement. The Sooke resources worker will also telephone the foster parent to provide information, will send or deliver the written child information to the foster parents and will also encourage the foster parent to contact the former foster parent (if applicable) for further information. At times, the foster parent may come by the office to read the relevant information regarding the child.

A Placement Review Committee of the Regional Child Protection Manager and 3 regional Team Leaders meet every other week to review Special Needs Agreements, Voluntary Care Agreements and extensions as well as Maintenance Agreements.

Residential resources available to VCG include Level Homes (I, II and III), Regular Family Care Homes and Specialized Child Care Resources (for children with exceptionally difficult behaviours, for example). A youth shelter is also available in the region for teens with no alternate living arrangement. Teens may stay at the shelter for 5 days, with a possibility of extension.

Staff assess that their children-in-care are in resources generally suited to their needs with efforts made to keep sibling groups intact.

II. Non-Residential

Contracted resources providing support services to families and children in the Sooke area include the Sooke Family Resource Society providing 3 distinct services. The Special Needs contract funds 2 child care workers who assist families in parenting and problem-solving and also work with children individually. The Intensive Family Support program (similar to the Home Builder's model) provides re-unification or risk-reduction services through an outreach and an educational component. In addition, 2 youth and family counsellors work in 4 area schools providing outreach counselling to families referred through school-based teams.

The Sooke Neighborhood House, MCF-funded, runs a small daycare and support group for women leaving abusive relationships. Recently MCF has also contracted to receive an anger management program for children. Pacific Centre is contracted to provide employment assistance, counselling, child care workers and alcohol and drug services. Dallas Youth and Family Services contracts with MCF to provide alcohol and drug counselling: 1 day per week a counsellor comes to Sooke to provide this service.

Capital Health Region and MCFD, Health Assessment Resource for Children (HARC) provides comprehensive medical assessments and staff report a positive working relationship.

1 day per week the MCF mental health worker attends VCG to provide service. Staff report a 2 to 3-month waitlist to access mental health service, but that an excellent response to emergency cases is provided by Project Alive. The Team Leader describes the Sooke Team's relationship with the local schools as "pretty good" and with the local RCMP as "excellent".

Community agencies providing services to children and families include the Sooke Crisis and Referral Line (and drop-in), Sooke Hospice and Grief Counselling and 3 transition houses available to the community (1 in Sooke with space for 2 families). A Community Health nurse works in the schools, runs prenatal programs and also works with the 3 Bands. Youth in continuing care may access programs toward independence in the City of Victoria.

The Team Leader has attended meetings in regard to a proposed local centre for family services within the next year.

d) Legal Services

Staff report a satisfactory relationship with contracted legal services, that counsel takes social worker direction and does represent the ministry's position.

4. STAFFING

a) Professional Staff Complement/Staff Turnover

- The team has recently undergone some staff changes. The team currently consists of 1 Team Leader and 3 child protection social workers. There are also 1.5 resource FTEs: 1 full-time resource social worker and 1 worker who works half-time on a resources caseload and half-time on a guardianship caseload (children-in-care by Continuing Care Order).

1 social worker on the team is permanent. 1 permanent social worker has recently left the team on a 6-month secondment. There has been 1 permanent FTE vacancy since February 2001. 2 social workers from the Permanent Float fill these 2 vacancies. A field student is also completing a practicum for the Child Protection Pre-Employment Program at VCG. This worker will remain in the team.

The Team Leader reports that an additional 1.5 FTEs will soon be received, increasing the resources FTEs to 3 full-time resource social workers and .5 guardianship social worker.

The resources social workers are fully delegated and respond to after-hours reports in the community.

Position	Length of Time on Team	Education	MCF Experience	Delegation	Status
Team Leader	10 Years	BA, MSW	35Years	Full	Permanent
Social Worker	10 Months	BA	12Years	Full	Permanent
Social Worker	5 Years	BSW	6 Years	Full	Permanent
Social Worker (Resources)	4 Days	BSW	4 Days	Full	Permanent Float
Social Worker	2 Weeks	BSW, M.Crim	5 Years, 4 Mo.	Full	Permanent Float
Social Worker	2. 5 Mo.	BSW	5 Years	Full	Permanent*
Social Worker (Res/Guardian)	5.5 Years	CYC Dip MSW	7 Years	Full	Permanent

* Recently left the team on 6-month secondment.

b) Administrative Services Staff Complement/Staff Turnover

The administrative services team includes the Office Manager (CL5) and an OA2 position.

c) Current Workload

The Team Leader reports that recently there has been a need to re-distribute cases due to staff changes.

Protective Family Service caseloads on the team ranged from 8 to 24 cases, the largest caseload consisting largely of open intakes. Child Service cases ranged from 2 to 9 cases.

5. TRAINING

The Team Leader has completed the following training:

- Core Training
- District Supervisor Modules 1 and 2
- Clinical Supervision
- Comprehensive Risk Assessment
- Advanced Risk Assessment

The Social Workers have completed the following training:

- Core Training
- Risk Assessment
- Advanced Risk Assessment (all social workers except 1 resources worker)
- Investigative Interviewing (3 workers have attended)
- Looking After Children (2 workers have attended)
- Outcomes Training (1 worker performed the training; 1 worker attended)
- Guardianship Training (1 worker performed the training)
- Steinhauer Parenting Capacity Seminar (1 social worker attended)
- Fundamentals of Supervision (1 worker has attended)
- HARC, 3-day conference (1 worker has attended)
- Sexually-Intrusive Children, JI (1 worker has attended)
- Narrative Therapy, JI (1 worker has attended)
- Sexual Abuse Intervention, JI (1 worker has attended)

6. SUPERVISION/CONSULTATION

The Team Leader provides supervision, and administrative and clinical consultation with respect to the delivery of child protection, non-protection and guardianship services.

Supervision on the team is both regularly scheduled and is provided on an as-needed basis. The Team Leader schedules 1 caseload review every 3 months, with each social worker. At this time non-case-related issues may also be discussed. The Team Leader also exercises an “open door” policy; staff report that the Team Leader is very accessible for consultation on an as-needed basis. Case consultation is also available during 2 weekly meetings. In those circumstances where the Team Leader is out of the office and case consultation is required, social workers may consult with the Team Leader by cell phone or with an alternate Team Leader. The guardianship worker may consult with the Guardianship Manager on relevant issues.

The Community Services Manager oversees the work of the Team Leader. The Team Leader receives no regularly scheduled supervision however the Community Services Manager is accessible for case consultation or consultation on other supervisory issues as they arise. The region’s Protective Services Team Leaders meet monthly as a group with the Community Services Manager. The Community Services Manager also meets monthly with all Team Leaders in the region. The Regional Child Protection Manager also conducts 1 meeting per month for regional Team Leaders involved in intake and investigation. The VCG Team Leader also attends monthly regional resource meetings.

The Regional Child Protection Manager is available by cell phone to consult on new intakes and/or “high profile” cases. The Child Protection Consultant has been on leave from January to April 2001, but the Team Leader reports that he has accessed the Consultant in the past.

7. INTAKE AND TRACKING SYSTEMS

a) Intake

The intake function for new reports is rotated between protection social workers. Reports on open VCG cases are generally directed to the social worker in charge of the case. The intake worker assesses and registers the report in consultation with the Team Leader. A copy of the intake is given to the Team Leader following Risk Decision #2; at this time the Team Leader ensures that a Prior Contact Check (PCC) is attached to the intake. If a PCC is not attached, the Team Leader will request administrative staff to complete and print a PCC. In the case of a decision to investigate, the Team Leader also ensures that some initial investigation plan is on the intake prior to signature and return of the intake to the social worker for follow-up. The Team Leader will most times have already discussed the initial plan of investigation with the worker, prior to signature.

The majority of new protective family service cases are received and assessed at VCG; therefore, a majority of cases requiring ongoing service will have originated at VCG, rather than having been transferred from another office. However in those cases where cases are transferred in to VCG (for example in the case of a family's relocation), the case would be transferred Team Leader to Team Leader. The Team Leader transferring the case would e-mail the VCG Team Leader and once the transfer is approved, the VCG Team Leader would assign the case. The family service social workers (transferring and receiving) would then arrange a transfer meeting, involving the family where possible. The administrative staff would complete the electronic and physical file transfer. In the case of Child Service files, an updated CPOC is required to be on file prior to the transfer. Where transferring a CS file out of VCG, the social worker would first discuss the transfer with the child-in-care, make the transfer request by e-mail to the Team Leader, and concurrent with the transfer, arrange a transfer meeting with the new social worker and the child

Where an RD#5 is completed, staff may invite community professionals, the Child Protection Consultant and/or the family to a comprehensive risk assessment meeting. File information would also be added to the assessment and upon completion the Team Leader reviews and signs the assessment, directing any questions to the social worker prior to sign-off.

b) Tracking

The Team Leader uses Case Management Reports to assist in the tracking and monitoring of family service and child service cases. Entire family and child service caseloads are reviewed in scheduled supervision once every 3 months, in addition to "open door" consultations. As well, social workers are encouraged to bring cases for discussion to the weekly team meetings. There are 2 team meetings per week, 1 to discuss new intakes and 1 meeting to discuss team issues, including case planning issues which social workers may bring for discussion.

The Team Leader recently re-instated an intake tracking form, which notes the worker number, nature of intake, direction given and status regarding completion. A checklist is completed upon opening or transfer-in of a child services file, noting documents present and required. When

reviewed upon scheduled supervision, the Team Leader documents the status of many of the areas addressed in the Comprehensive Plan of Care. This form is attached to the CS file.

8. PROTOCOLS

The following protocols are in effect:

Aboriginal protocols reported by the Regional Protection Manager to be in effect in the Region:

- Delegation Confirmation Agreement between the MCF and the Knucwentwecw Society
- Interim Protocol Arrangement between MCF and the Esquimalt Nation
- Protocol for Protection Investigations involving children of the Songhees Band
- Protocol between MCF and Island Metis Family and Community Service*
- Protocol between MCF and Ayas Men Men (North Vancouver)
- Protocol between MCF and Heiltsuk Tribal Council
- Protocol Agreement between MCF Nil/tu,O Child and Family Services Society

Provincial protocols reported to be in effect in the region are:

- Protocol for communication between MCF and Physicians
- Protocol with the Sooke Police for youth who are missing in the community, deemed to be at extreme risk
- Youth Agreement Protocol
- Protocol between MCFD and MHR concerning the safety and well-being of children
- Protocol for Investigation of Allegation of Abuse and Neglect in Foster Homes*
- Protocol and Guidelines between Child Protection and Addiction Services
- Child Protection Case Transfer Protocol

Regional protocols reported to be in effect are:

- Out of District/Region Placement Protocol between MCF, Lower Mainland School Districts and the Attorney General

The following protocols are under development:

- Trilateral Protocol: work is underway to draft a Trilateral Protocol between RCMP, Education and MCF in the region. (Scheduled to be completed in Fall 2001)
- Trilateral Protocol Agreement: Responding to Child Abuse and Neglect, between MCF, School District 64, the Salt Spring Island RCMP and the Outer Islands RCMP

The Community Services Manager reports a positive working relationship between the region and hospital Health Assessment Resource for Children (HARC) program.

Work is being done by the Regional Child Protection Manager to provide each district office with a binder containing all of the protocols relevant to the region.

9. ABORIGINAL SERVICES

The Team Leader estimates that 50% of the VCG children-in-care are Aboriginal and that 15% of VCG client families are Aboriginal.

There are 3 Bands within the VCG geographic area: the Beecher Bay Nation; the Pacheedaht First Nation; and the T'Sou-ke Nation (associated with the Nil/Tu,O Child and Family Services). A Protocol agreement has been signed in April 2001, between T'Sou-ke Nation, Nil/Tu,O Services, Ministry for Children and Families and the RCMP. Similar Protocol agreements are pending with regard to work with the Beecher Bay Nation and Paheedaht First Nation. VCG staff contact the family's Band where removals and planning for support services are required.

There are 3 First Nations youth and family counsellors for the schools in the area, funded by MCFD. The School Board provides 1 Native School Coordinator. There is 1 Community Health Nurse serving the 3 area Bands.

10. AUDIT SAMPLE

The audit of the Sooke Protective Family Services team was asked to include a minimum of 25% of the number of Child Protection Intakes open and/or closed between November 2000 and April 2001 (6 months); a minimum of 20 – 25% of open Family Services cases (Protective and/or Non-Protective Services); 20 – 25% of open Child Services cases; and, a small number of files closed within the last 6 months.

Caseload Management Reports were printed from the MCF computer system at the commencement of the audit and used to arrive at a sample number. The Case Management Report recorded 44 open Family Services cases (this number includes open intakes). 9 open Family Service cases were audited representing 20% of open Family Services cases. 24 intakes (16 closed and 8 open, representing 20%) of a total of 116 intakes opened and/or closed in the last 6 months were also audited. 8 of 21 open Child Service cases were audited, representing 38% of open Child Service cases. In addition, 3 of 90 Family Service cases closed within the last 6 months and 3 of 7 Child Service cases closed within the last 6 months were audited.

Family Service and Child Service cases audited were randomly chosen. The Child Service sample is representative of cases involving removals, Temporary Custody Orders, Supervision Orders, Special Care Agreements and Continuing Custody Orders.

11. COMPLIANCE TO CHILD PROTECTION PRACTICE

36 Child Protective service files were audited (18 open and 18 closed). Overall compliance to the child protection standards was **69.72%**. Information was obtained from file records and from interviews with staff. 2 cases were identified as requiring immediate review, based on case documentation and a third (open intake) was identified for review of RD#1.

Child Protection intake reports were audited for compliance to the child protection standards, the risk assessment model and case management policy to include:

- the quality of the investigation
- compliance to utilization of the risk assessment model
- the quality of the assessments/decisions made
- the appropriate use of removal and court intervention, where applicable.

Ongoing Child Protective Services were audited for compliance to the child protection standards, case management policy and procedures, and the risk assessment model, including:

- quality of the risk reduction plan
- clarity of goals along with timeframes
- involvement of family and community partners
- nature of the monitoring and evaluation of the service provided
- goals and monitoring of supervision orders
- reassessment of risk at critical points during the case management process
- the process around file transfer and closure, as applicable.

. The following provides a breakdown of the compliance ratings:

1. Protocols

5 (14%) of 36 applicable cases were rated C and 31 of 36 (86%) applicable cases were rated CA. Overall this indicates 100% compliance.

2. Children from Aboriginal Communities

29 (81%) of 36 applicable cases were rated C; 7 (19%) cases were rated NC. Where rated NC, the snapshot on file does not address whether the child is from an Aboriginal community or what is the Aboriginal affiliation.

3. Cultural, Racial and Religious Differences

36 (100%) of 36 applicable cases were rated C.

4. Reportable Circumstances

36 (100%) of 36 cases were NA.

5. Case Records

30 (83%) of 36 applicable cases were rated C. 6 (17%) were rated NC. Where rated NC intakes, either the latest intakes or all intakes were absent from the file. The Team Leader explained that the workers would keep the open intakes in their possession rather than maintain the intakes on the physical file; this practice would largely account for the NC ratings.

6. Supervisory Responsibility

18 (50%) of 36 applicable cases were rated C. 18 (50%) cases were rated NC where no Team Leader consultation was documented on file at key decision points.

7. Assessment of Reports

36 (100%) of 36 applicable cases were rated C.

8. Prior Contact Check and Registration

21 (58%) of 36 applicable cases were rated C. 15 (42%) cases were rated NC, where no PCC was attached to the intake.

9. Determining the Speed of Assessment

31 (86%) of 36 applicable cases were rated C. 5 (14%) cases were rated NC where documentation indicated that the assessment was made beyond the 24-hour period.

10. Risk Decision 1: Deciding Whether to Investigate

34 (94 %) of 36 applicable cases were rated C. 2 (6 %) cases were rated NC: in 1 case, protection concerns were not investigated; in 1 case, insufficient information was documented on file to make the decision.

11. Informing the Police

5 (83%) of 6 applicable cases were rated C. 1 (17%) of 6 cases was rated NC where the case lacked documentation that police were contacted as appropriate. 30 cases were NA.

12. Risk Decision 2: Decide Investigation Response Time

28 (100%) of 36 applicable cases were rated C. 8 cases were NA.

13. Initial Plan of Investigation

20 (77%) of 26 applicable cases were rated C. 6 (23%) of 26 cases were rated NC, where no initial plan was documented on file. 10 cases were rated NA.

14. Steps Required to Complete the Investigation

10 (38%) of 26 applicable cases were rated C. 16 (62%) cases were rated NC. In 7 cases rated NC, the case lacked documentation of both a home visit and collateral/key collateral checks. In 6 cases rated NC, there was no confirmation of a home visit on the file. In 1 case rated NC, no collateral checks were documented and in another case, no case history review was documented. 10 cases were NA.

15. Seeing and Interviewing the Child

14 (50%) of 28 applicable cases were rated C. 2 (7%) of 28 cases were rated NCF: in 1 case, the child was out of the province at the time of investigation; and in 1 case, the worker documented the children's lack of willingness to be interviewed. 12 (43%) of 28 cases were rated NC, where interviews, alone, with either the subject child and/or siblings were undocumented on the file.

16. Arranging Medical Examination for the Child

4 (50%) of 8 applicable cases were rated C. 4 (50%) of 8 cases were rated NC where the case lacked documentation of a medical examination where appropriate. 28 cases were NA.

17. Seeing and Interviewing the Parent

17 (63%) of 27 applicable cases were rated C. 2 (7%) of 27 cases were NCF: in 1 of these cases the parents were not interviewed however a police referral was made and in another case the worker's attempts to interview the parent were documented. 8 (30%) of 27 cases were NC where no in-person interview with a parent was documented. 9 cases were NA.

18. Risk Decision 3: Assess Child's Immediate Safety

18 (72%) of 25 applicable cases were rated C. 7 (28%) of 25 cases were rated NC, where findings were inconsistent with file information or insufficient information was on file to complete this decision. 11 cases were NA.

19. Risk Decision 4: Decide if Child Needs Protection

12 (57%) of 21 applicable cases were rated C. 9 (43%) of 21 cases were rated NC where the finding was inconsistent with file information or insufficient information was on file to complete this decision. 15 cases were NA.

20. Investigative Action - Cannot Locate Child or Family

36 (100%) cases were NA.

21. Recording and Reporting the Investigation Results

16 (80%) of 20 applicable cases were rated C. 4 (20%) of 20 cases were rated NC, where the file documentation did not confirm completion of the standard.

22. Time Limit for Investigations

18 (78%) of 23 applicable cases were rated C. 1 (4%) of 23 cases was rated NCF, where the 30-day period had passed upon completion of the investigation but reasons for this were documented. 4 (17%) of 23 cases were rated NC, where the investigation was completed beyond the 30-day time period. 13 cases were NA.

23. Risk Decision 5: Assess Risk of Future Abuse Neglect

2 (25%) of 8 applicable cases were rated C. 6 (75%) of 8 applicable cases were rated NC: 1 lacked an overall risk rating; 5 cases lacked an RD#5 where appropriate. 28 cases were NA.

24. Risk Assessment of a Third Report

1(100%) of 1 applicable case was rated NC, where an RD#5 was not completed upon the 3rd protection report requiring investigation into circumstances concerning a young or vulnerable child. 35 cases were NA.

25. Risk Decision 6: Developing a Risk Reduction Plan

7 (100%) of 7 applicable cases were rated NC where an RD#6 did not appear on file where required. 29 cases were rated NA.

26. Supervision Orders

1 (100%) of 1 applicable case was rated NC. Where rated NC, the Supervision Order does not advice the court under which terms/conditions MCF will remove.

27. Removing a Child

36 (100%) of 36 cases were rated NA.

28. Risk Decisions 7, 8, 9,: Reassessing Risk

1 (100%) of 1 applicable cases was rated NC where no re-assessment of risk was documented on file, where required. 35 cases were rated NA.

29. Reclassify - Protective to Non Protective Family Service

2 (100%) of 2 applicable cases were rated NC where the re-assessment of risk indicating risk factors have been resolved was not documented. 34 cases were rated NA.

30. Where a Child or Family is Missing

36 (100%) of 36 cases were NA.

31. Transferring a Protective Family Service Case

1 (100%) of 1 applicable cases was rated C. 35 cases were rated NA.

32. Closing a Protective Family Service Case

14 (78%) of 18 applicable cases were rated C. 4 (22%) of 18 applicable cases were rated NC where the documentation did not confirm that the family had been informed of the case closure and in 1 case, neither that the service provider had been informed as appropriate.

12. COMPLIANCE TO CHILD SERVICE PRACTICE

11 Child Service files were audited (8 open and 3 closed). Overall compliance to the child service standards was **66.97%**. Information was obtained from file records and from interviews with staff. (Staff are interviewed regarding standard #22 - resource suitability). 2 files were brought to the attention of the Team Leader and identified as in need of immediate review.

The files were audited for compliance to case management policy, including:

- the appropriate legal plan: appropriate use of removal, supervision order or agreement in planning for the child
- the quality and adequacy of the plan of care
- the frequency and adequacy of the care plan review
- the level of contact with the child
- resource suitability
- the degree of stability and continuity provided to the child while in care
- the rights of children in care
- the process of file transfer and closure, where applicable.

The following provides a breakdown of the compliance ratings:

- 1. Protocols**
2 (18%) of 11 applicable cases were rated C and 9 (82%) of 11 cases were rated CA, best practice followed in the absence of a protocol.
- 2. Children from Aboriginal Communities**
8 (73%) of 11 applicable cases were rated C. 3 (27%) of 11 cases were rated NC: in 1 of those cases, whether the child is of Aboriginal affiliation was not determined/documented on the snapshot; in 1 case, the snapshot did not note Aboriginal affiliation where the file does; in 1 case a VCA noted Aboriginal affiliation of a child while the snapshot and subsequent court documents did not.
- 3. Cultural, Racial, Religious Differences**
11 (100%) cases were rated C.
- 4. Reportable Circumstances**
1 (100%) of 1 applicable case was rated NC: in this case a reportable circumstance was documented on the file with no documented report to the Director.
- 5. Case Records**
1 (9%) of 11 applicable cases were rated C; 10 (91%) of 11 cases were rated NC. Where NC, no electronic intakes were on file and/or the legal information was not up to date.
- 6. Supervisory Responsibility**
11 (100%) of 11 applicable cases were rated C.
- 7. Appropriate Legal Plan**
11 (100%) of 11 applicable cases were rated C.
- 8. Legal Documentation**
7 (64%) of 11 applicable cases were rated C; 4 (36%) of 11 cases were rated NC. Where NC, 2 current VCA's were not on file (1 was accidentally shredded by the worker and the Team Leader had it replaced at the time of audit); in 1 case, the Independent Living agreement had expired; in 1 case a Report to Court was not on file.
- 9. Public Trustee Notified**
2 (100%) of 2 applicable cases were rated NC, where undocumented on file; 9 cases were rated NA.
- 10. Admission Medical**
7 (64%) of 11 applicable cases were rated C; 4 (36%) of 11 cases were rated NC, where no admission medical form appeared on the file.
- 11. Medical History Obtained and Recorded**
7 (88%) of 8 applicable cases were C; 1 (12%) of 8 cases was NC. 3 cases were NA. Where rated NC, little health information was documented on file.

12. Ongoing Medical Needs Attended

5 (63%) of 8 applicable cases were rated C; 3 (38%) of 8 cases were NC; 3 cases were NA. Where NC, efforts to meet child's ongoing medical needs were undocumented on file.

13. Overall Goal Determined

11 (100%) cases were rated C.

14. Developing a Comprehensive Plan of Care

3 (38%) of 8 applicable cases were rated C; 5 (63%) of 8 cases were rated NC. 3 cases were NA. Where rated NC, no CPOC was on file.

15. Plan of Care - Timely & Current

1 (13%) of 8 applicable cases were rated C; 2 (25%) of 8 cases were rated NCF, CPOC begun or completed but not within 30 days; 5 (63%) of 8 were rated NC, no CPOC on file or beyond time limit; 3 were rated NA.

16. Assessment, Planning & Views

2 (25%) of 8 applicable cases were C; 1 (13%) were CA, partial compliance; 5 (63%) of 8 cases were NC, CPOC not on file; and 3 were rated NA.

17. Care Plan Reviewed

1 (50%) of 2 applicable cases were rated C; 1 (50%) of 2 applicable cases were rated NC where no review was documented. 9 cases were rated NA.

18. Meet With Child

5 (71%) of 7 applicable cases were rated C; 2 (29%) of 7 were rated NC where it could not be confirmed that the worker had seen the child alone within the last 3 months. 4 cases were NA.

19. Rights of Children in Care

5 (63%) of 8 applicable cases were C; 3 (38%) of 8 were rated NC, where the worker reported non-compliance to the standard or the worker was unavailable to confirm compliance. 3 cases were NA.

20. Preparation for Independence

2 (67%) of 3 applicable cases were rated C. 1 (33%) of 3 cases were NC, where the documentation did not confirm compliance. 8 cases were NA.

21. Placement

8 (100%) of 8 applicable cases were rated C. 3 cases were NA.

22. Resource Suitability

7 (100%) of 7 applicable cases were rated C. 4 cases were rated NA.

23. Information to Caregiver

2 (25%) of 8 applicable cases were rated C. 6 (75%) of 8 cases were rated NC, where no file documentation confirmed compliance to the standard. 3 cases were NA. Staff report that either the resource or the protection worker may provide the required information to the caregiver.

24. Continuity and Stability

9 (82%) of 11 applicable cases were rated C. 1 (9%) of 11 cases was rated NCF where the child's difficult behaviours resulted in many placements attempted prior to the current, satisfactory placement. 1 (9%) of 11 cases was rated NC, where the child had been in 5 placements.

25. Reassessing Risk

2 (100%) of 11 applicable cases were rated NC where no re-assessment of risk appeared on file where required. 9 were rated NA.

26. Missing, Lost or Runaway Child in Care

11(100%) of 11 applicable cases were rated NA.

27. File Transfer

9 (100%) of 9 applicable cases were rated C. 2 cases were NA.

28. File Closure

2 (67%) of 3 applicable cases were rated C. 1 (33%) of 3 cases were rated NC, where file documentation did not confirm Team Leader consult or MCF/family meeting prior to closure or that service providers were informed of closure.

29. File Recording and Documentation

11 (100%) of 11 applicable cases were rated C.

14. RECOMMENDATIONS

(Developed by Regional Staff and Child Protection Division Staff)

1. That Regional Management develops a plan with the Team Leader to ensure documentation in the following areas:
 - Supervisory consultation/approval
 - Medical examination of a child
 - Personal interview of the parent (s)
2. That the Regional Child Protection Manager and the Team Leader monitor the process for the opening of Family Service files to ensure physical files contain: copy of the intake with supervisory approval for RD1 and RD2, prior contact check, and updated snapshot (at the opening and also the closing of the file).
3. That Regional Management and the Team Leader develop and implement a plan to review with staff the Immediate Safety Plan, investigation steps, section 13 findings, and Risk Decision 4
4. That Regional Management and the Team Leader develop and implement a plan with the team to increase:
 - compliance with risk decision 5 and risk decision 6;
 - compliance with comprehensive plans of care
 - guardian responsibilities meeting the child and discussion of child's rights
 - documentation on information to caregivers
5. That the District Office be re-audited in one year.

Jennifer K. Bailey, BSW
Audit Unit
2001May18

APPENDIX I: DISTRICT OFFICE AUDIT COMPLIANCE REPORTS

New Child Protection Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Jun-13

SUMMARY OF 36 CASE AUDIT(S) FOR OFFICE VCG

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
10-10-010	1	Protocols	5	14%	31	86%		
10-10-020	2	Children From	29	81%			7	19%
10-10-030	3	Cultural, Racial &	36	100%				
10-10-040	4	Reportable						36
10-10-050	5	Case Records	30	83%			6	17%
10-10-060	6	Supervisory	18	50%			18	50%
10-20-010	7	Assessment Of Reports	36	100%				
10-20-020	8	Prior Contact Check And	21	58%			15	42%
10-20-030	9	Determining The Speed	31	86%			5	14%
10-20-040	10	Risk Decision 1:	34	94%			2	6%
10-20-050	11	Informing The Police	5	83%			1	17%
10-30-010	12	Risk Decision 2:	28	100%				30
10-30-020	13	Initial Plan Of	20	77%			6	23%
10-30-030	14	Steps Required To	10	38%			16	62%
10-30-040	15	Seeing And Interviewing	14	50%		2	7%	12
10-30-050	16	Arranging A Medical	4	50%			4	50%
10-30-060	17	Seeing And Interviewing	17	63%		2	7%	8
10-30-070	18	Risk Decision 3:	18	72%			7	28%
10-30-080	19	Risk Decision 4:	12	57%			9	43%
10-30-090	20	Investigation Where						36
10-30-100	21	Record & Report	16	80%			4	20%
10-30-110	22	Time Limit For	18	78%		1	4%	4
10-40-010	23	Risk Decision 5:	2	25%			6	75%
10-40-020	24	Risk Assessment Of A					1	100%
10-50-010	25	Risk Decision 6:					7	100%
10-50-020	26	Supervision Orders					1	100%
10-50-030	27	Removing A Child						36
10-60-010	28	Risk Decisions 7, 8, 9:					1	100%
10-60-020	29	Reclassify Case From					2	100%
10-60-030	30	Where A Child Or Family						36
10-60-040	31	Transferring A	1	100%				35
10-60-050	32	Closing A Protective	14	78%			4	22%

Standards in Compliance: 419 Applicable Standards: 601 Overall level of compliance: 69.72%

Compliance Definitions:

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only

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Child Service Standards Completed Case Reviews For All Reviewers

BRITISH Ministry for
COLUMBIA Children and

For the period between 2000-Jan-01 and 2001-Jun-13

SUMMARY OF 11 CASE AUDIT(S) FOR OFFICE VCG

<u>Code</u>	<u>Num</u>	<u>Short Description</u>	<u>C</u>	<u>CA</u>	<u>CB</u>	<u>NCF</u>	<u>NC</u>	<u>NA</u>
45-10-010	1	Protocols	2	18%	9	82%		
45-10-020	2	Children From	8	73%			3	27%
45-10-030	3	Cultural, Racial,	11	100%				
45-10-040	4	Reportable					1	100%
45-10-050	5	Case Records	1	9%			10	91%
45-10-060	6	Supervisory	11	100%				
45-20-010	7	Appropriate Legal Plan	11	100%				
45-20-020	8	Legal Documentation	7	64%			4	36%
45-20-030	9	Public Trustee Notified					2	100%
45-30-010	10	Admission Medical	7	64%			4	36%
45-30-020	11	Medical History	7	88%			1	13%
45-30-030	12	Ongoing Medical Needs	5	63%			3	38%
45-40-010	13	Overall Goal Determined	11	100%				
45-40-015	14	Developing a	3	38%			5	63%
45-40-021	15	Plan Of Care - Timely	1	13%		2	25%	5
45-40-025	16	Assesment , Planning	2	25%	1	13%	5	63%
45-40-030	17	Care Plan Reviewed	1	50%			1	50%
45-40-040	18	Meet With Child	5	71%			2	29%
45-40-050	19	Rights Of Children In	5	63%			3	38%
45-40-060	20	Preparation For	2	67%			1	33%
45-50-005	21	Placement	8	100%				
45-50-010	22	Resource Suitability	7	100%				
45-50-020	23	Information To Caregiver	2	25%			6	75%
45-50-030	24	Continuity and Stability	9	82%		1	9%	1
45-60-010	25	Reassessing Risk					2	100%
45-60-030	26	Missing, lost or runaway						
45-60-040	27	File Transfer	9	100%				
45-60-050	28	File Closure	2	67%			1	33%
45-60-060	29	File Recording &	11	100%				

Standards in Compliance: 148 Applicable Standards: 221 Overall level of compliance: 66.97%

Compliance Definitions:

- C - Compliance as indicated in the scoring section for standard being measured
- CA - Non-Compliance to the Standard Requirements but Acceptable Alternative Action consistent with good practice
- CB - Non-Compliance to the Standard Requirements but action in best interest of child advance approval required
- NCF - Non-Compliance due to factors beyond control of Worker or Supervisor
- NC - Non-Compliance to the Standard Requirements
- NA - Not Applicable

Note: Percentages are for non-NA values only

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APPENDIX II: OFFICE TO PROVINCIAL COMPARISON REPORTS

New Child Protection Standards Compliance Comparison

BRITISH Ministry for
COLUMBIA Children and

Standard	Short Description	2000-Jan-01 to 2001-Jun-20 Office VCG Percentage	2000-Apr-01 to 2001-Mar-31 Provincial Average Compliance	Change + Increase
		Total # files - 601	Total # files - 19556	- Decrease
10-10-010	Protocols	14%	47%	-33%
10-10-020	Children From Aboriginal Communities	81%	73%	+8%
10-10-030	Cultural, Racial & Religious Differences	100%	97%	+3%
10-10-040	Reportable Circumstances	0%	30%	0%
10-10-050	Case Records	83%	89%	-5%
10-10-060	Supervisory Responsibility	50%	68%	-18%
10-20-010	Assessment Of Reports	100%	96%	+4%
10-20-020	Prior Contact Check And Registration	58%	89%	-30%
10-20-030	Determining The Speed Of Assessment	86%	96%	-10%
10-20-040	Risk Decision 1: Deciding Whether To Investigate	94%	91%	+3%
10-20-050	Informing The Police	83%	91%	-8%
10-30-010	Risk Decision 2: Determine Investigation Response Time	100%	93%	+7%
10-30-020	Initial Plan Of Investigation	77%	74%	+3%
10-30-030	Steps Required To Complete The Investigation	38%	72%	-33%
10-30-040	Seeing And Interviewing The Child	50%	77%	-27%
10-30-050	Arranging A Medical Exam For The Child	50%	75%	-25%
10-30-060	Seeing And Interviewing The Parent(s)	63%	82%	-19%
10-30-070	Risk Decision 3: Assessing Child's Immediate Safety	72%	86%	-14%
10-30-080	Risk Decision 4: Decide If The Child Needs Protection	57%	80%	-23%
10-30-090	Investigation Where Child Or Family Can't Be Located	0%	69%	0%
10-30-100	Record & Report Investigation Results	80%	81%	-1%
10-30-110	Time Limit For Investigations	78%	72%	+6%
10-40-010	Risk Decision 5: Assess Risk Of Future Abuse & Neglect	25%	67%	-42%
10-40-020	Risk Assessment Of A Third Report	0%	46%	0%
10-50-010	Risk Decision 6: Developing A Risk Reduction Plan	0%	50%	0%
10-50-020	Supervision Orders	0%	74%	0%
10-50-030	Removing A Child	0%	85%	0%
10-60-010	Risk Decisions 7, 8, 9: Reassessing Risk	0%	28%	0%
10-60-020	Reclassify Case From Protective To Voluntary Fam. Serv.	0%	36%	0%
10-60-030	Where A Child Or Family Is Missing	0%	71%	0%
10-60-040	Transferring A Protective Family Service Case	100%	93%	+7%
10-60-050	Closing A Protective Family Service Case	78%	86%	-8%
Overall Level of Compliance		69.72%	80.13%	-10.41%

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Child Service Standards Compliance Comparison

Standard	Short Description	2000-Jan-01 to 2001-Jun-20 Office VCG Percentage	2000-Apr-01 to 2001-Mar-31 Provincial Average Compliance	Change + Increase
		Total # files - 221	Total # files - 7516	- Decrease
45-10-010	Protocols	18%	43%	-25%
45-10-020	Children From Aboriginal Communities	73%	73%	0%
45-10-030	Cultural, Racial, Language, & Religious Differences	100%	98%	+2%
45-10-040	Reportable Circumstances	0%	60%	0%
45-10-050	Case Records	9%	75%	-66%
45-10-060	Supervisory Responsibility	100%	78%	+22%
45-20-010	Appropriate Legal Plan	100%	95%	+5%
45-20-020	Legal Documentation	64%	86%	-22%
45-20-030	Public Trustee Notified	0%	56%	0%
45-30-010	Admission Medical	64%	77%	-13%
45-30-020	Medical History Obtained & Recorded	88%	66%	+22%
45-30-030	Ongoing Medical Needs	63%	91%	-28%
45-40-010	Overall Goal Determined	100%	95%	+5%
45-40-015	Developing a Comprehensive Plan of Care	38%	51%	-13%
45-40-021	Plan Of Care - Timely and Current	13%	27%	-15%
45-40-025	Assesment , Planning and Views	25%	47%	-22%
45-40-030	Care Plan Reviewed	50%	56%	-6%
45-40-040	Meet With Child	71%	69%	+2%
45-40-050	Rights Of Children In Care	63%	69%	-7%
45-40-060	Preparation For Independence	67%	83%	-17%
45-50-005	Placement	100%	96%	+4%
45-50-010	Resource Suitability	100%	95%	+5%
45-50-020	Information To Caregiver	25%	74%	-49%
45-50-030	Continuity and Stability	82%	84%	-2%
45-60-010	Reassessing Risk	0%	49%	0%
45-60-030	Missing, lost or runaway child in care	0%	83%	0%
45-60-040	File Transfer	100%	75%	+25%
45-60-050	File Closure	67%	74%	-7%
45-60-060	File Recording & Documentation	100%	57%	+43%
Overall Level of Compliance		66.97%	73.52%	-6.55%

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APPENDIX III: DESCRIPTION OF AUDIT STANDARDS

PRACTICE AUDIT STANDARDS FOR CHILD PROTECTION

ST#	STANDARD	C	CA	CB	NCF	NC	NA
1	Protocols						
2	Children from Aboriginal Communities						
3	Cultural, Racial and Religious Differences						
4	Reportable Circumstances						
5	Case Records						
6	Supervisory Responsibility						
7	Assessment of Reports						
8	Prior Contact Check and Registration						
9	Determining the Speed of Assessment						
10	Risk Decision 1: Deciding Whether to Investigate						
11	Informing the Police						
12	Risk Decision 2: Decide Investigation Response Time						
13	Initial Plan of Investigation						
14	Steps Required to Complete the Investigation						
15	Seeing and Interviewing the Child						
16	Arranging Medical Examination for the Child						
17	Seeing and Interviewing the Parent						
18	Risk Decision 3: Assess Child's Immediate Safety						
19	Risk Decision 4: Decide if Child Needs Protection						
20	Investigative Action - Cannot locate child or family						
21	Recording and Reporting the Investigation Results						
22	Time Limit for Investigations						
23	Risk Decision 5: Assess Risk of Future Abuse Neglect						
24	Risk Assessment of a Third Report						
25	Risk Decision 6: Developing a Risk Reduction Plan						
26	Supervision Orders						
27	Removing a Child						
28	Risk Decisions 7, 8, 9: Reassessing Risk						
29	Reclassify - Protective to Voluntary Family Service						
30	Where a Child or Family is Missing						
31	Transferring a Protective family Service Case						
32	Closing a Protective Family Service Case						

Compliance Definitions:

C Compliance as indicated in the scoring section for the standard being measured.

CA Non-compliance to the standard requirements but acceptable **alternative action** consistent with good practice is carefully chosen.

CB Non-compliance to the standard requirements but the action taken is in the **best interests of the child and approved in advance**.

NCF Non-compliance due to **factors beyond the control of the worker and/or supervisor**.

NC Non-compliance to the standard's criteria requirements.

NA Not applicable to the standard being measured.

PRACTICE AUDIT STANDARDS FOR CHILD SERVICE

Revised April 1, 1999

1. 45-10-010 PROTOCOLS

Standard relates to the existence of protocols with police, Aboriginal Bands, etc., and carrying out practice according to the protocol.

2. 45-10-020 CHILDREN FROM ABORIGINAL COMMUNITIES

Was it established if the child was from an Aboriginal community and was that community contacted and involved in the planning for the child?

3. 45-10-030 CULTURAL, RACIAL, RELIGIOUS DIFFERENCES

Standard relates to sensitivity, respect for differences, ensuring an interpreter is obtained if social worker cannot communicate with the child in it's language.

4. 45-10-040 REPORTABLE CIRCUMSTANCES

Critical incidents reported to the Director as defined by policy.

5. 45-10-050 CASE RECORDS

Are case records and confidential file information stored in a secure file room, etc.?

6. 45-10-060 SUPERVISORY RESPONSIBILITY

Supervisor is consulted according to policy.

7. 45-20-010 APPROPRIATE LEGAL PLAN

Appropriate use of care agreements; was removal appropriate; was extension appropriate, etc.?

8. 45-20-020 LEGAL DOCUMENTATION

Agreements; court documents; orders on file.

9. 45-20-030 PUBLIC TRUSTEE NOTIFIED

As defined in policy.

10 45-30-010 ADMISSION MEDICAL

Completed and on file.

11. 45-30-020 MEDICAL HISTORY OBTAINED AND RECORDED

Information gathered and records clearly identifiable on file.

12. 45-30-030 ONGOING MEDICAL NEEDS ATTENDED

Child's medical/dental needs followed up.

13. 45-40-010 OVERALL GOAL DETERMINED

As defined in policy

14. 45-40-015 DEVELOPING A COMPREHENSIVE PLAN OF CARE

Plan of care meeting occurs where possible and appropriate.

- 15. 45-40-021 PLAN OF CARE - TIMELY & CURRENT**
Completed according to time frames.
- 16. 45-40-025 ASSESSMENT, PLANNING & VIEWS**
Assessment and planning is appropriate to child's needs.
- 17. 45-40-030 CARE PLAN REVIEWED**
Care plan reviews completed according to policy.
- 18. 45-40-040 MEET WITH CHILD**
SW meets alone with child at least once every 3 months.
- 19. 45-40-050 RIGHTS OF CHILDREN IN CARE**
Child is aware of Rights, given a copy. Work with child reflects child's rights.
- 20. 45-40-060 PREPARATION FOR INDEPENDENCE**
Older youth is assisted to become independent; policy guidelines; discharge planning, etc.
- 21. 45-50-005 PLACEMENT**
Placement consistent with Section 71 CFCS Act
- 22. 45-50-010 RESOURCE SUITABILITY**
Is/have resources been suitable to child's needs?
- 23. 45-50-020 INFORMATION TO CAREGIVER**
Was information regarding child and child's history provided to the caregivers?
- 24. 45-50-030 CONTINUITY AND STABILITY**
Continuity, number of placements? Continuity, number of workers?
- 25. 45-60-010 REASSESSING RISK**
Was risk reassessed before child was returned to parent (if there was a previous protection finding), or before expiration of a supervision order?
- 26. 45-60-030 MISSING, LOST OR RUNAWAY CHILD IN CARE**
Policy guidelines followed in case on missing, AWOL child.
- 27. 45-60-040 FILE TRANSFER**
File transfer process.
- 28. 45-60-050 FILE CLOSURE**
Process around closure - meeting with the family, contacting collateral persons, etc.
- 29. 45-60-060 FILE RECORDING AND DOCUMENTATION**
Frequency, content, opening summary, closing/transfer summary.

