An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 285

Year: 2025

Inspection Report

Year:	**2025**
Name of Organisation:	**Misty Croft**
Registered Capacity:	**Six Young People**
Type of Inspection:	**Announced**
Date of inspection:	**15th and 16th September 2025**
Registration Status:	**Registered from 7th March 2025 to 7th March 2028**
Inspection Team:	**Linda Mc Guinness** **Lorna Wogan**
Date Report Issued:	**26/11/2025**

Contents

1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined. During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework

1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 7th March 2025. At the time of this inspection the centre was in its first registration and was in year one of the cycle. The centre was registered without attached conditions from 7th March 2025 to 7th March 2028.

The centre was registered as a multi-occupancy service to assist and support young people separated from family and displaced from their country of origin, to prepare for independent living or adult services, and live safe, meaningful lives in Ireland through providing dignity and respect as equal and valued members of society. The aim was to deliver a high quality, child-centred service by a competent, skilled and caring workforce in partnership with each young person, the social work department and their family, where involved. Referrals were received through the Separated Children Seeking International Protection (SCSIP) department within Tusla who determined the suitability of referrals to the service. There were six young people living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
1: Child-centred Care and Support	1.1
3: Safe Care and Support	3.1
5: Leadership, Governance and Management	5.2

Inspectors look closely at the experiences and progress of children. They considered the quality of work, and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those

concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 9th October 2025. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The centre manager returned the report with a CAPA on the 31st October 2025. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 285 without attached conditions from the 7th March 2025 to the 7th March 2028 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 5: Care Practices and Operational Policies
Regulation 7 : Staffing
Regulation 9: Access Arrangements
Regulation 11: Religion
Regulation 12: Provision of Food and Cooking Facilities
Regulation 17: Records

Theme 1: Child-centred Care and Support

Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.

The organisation had a long history of providing care to separated children seeking international protection. Overall, inspectors found that the centre was meeting its stated purpose and function through a focus on cultural diversity and promoting and protecting the rights of young people. There was evidence that the care team were working to meet their health, education, cultural, religious and legal support needs. They received cultural awareness and diversity training. Among young people, a culture of respect, accepting diversity and learning about each other's customs and culture had developed with support of the care team.

There were information booklets in a range of languages available for the young people that included information relating to the house and explaining their rights under the UN Convention on Rights of Child. For the initial introduction meeting, the team in consultation with the social work department, ensured that a translator was available.

The organisation had policies in place aligned to the National Standards for Children's Residential Centres, 2018, HIQA. These included rights and responsibilities, equality and diversity, contact with families, consultation, complaints as well as health, education and access to information policies. Care staff interviewed were familiar with these policies and procedures and the UN Convention on Rights of Child. Recent records evidenced that ongoing individual work was undertaken to ensure they understood the information provided about rights during the admissions process, and this was also evident in young people's meetings sampled by inspectors.

The team were provided with limited information upon admission of young people. They worked in collaboration with the social work department who had responsibility for separated children seeking international protection (SCSIP) to support them settle in and establish placement goals. If required, young people were supported by the care team and social work staff with their applications for refugee status and the progress of these.

The inspectors reviewed complaints records on file. They found that improvements were required in the management and recording of young people's complaints. While it was evident that young people were listened to and that complaints they made were recorded and discussed, in respect of informal complaints, however there was limited evidence that a complaint was tracked to conclusion or that the outcome of the complaint was recorded.

Where a young person was not satisfied with the outcome of a complaint it was not evident that they were afforded the opportunity to appeal in line with organisational policy and procedures. One young person had made several complaints about nighttime room checks and there was a lack of evidence that this issue was managed in line with the centre's risk management or complaints policies and procedures. In feedback through inspection questionnaires some young people expressed dissatisfaction about food and aspects of the premises. These were recurring across records of informal complaints, and the inspector requested the director of service to ensure that these issues were followed up with the young people.

Inspectors found that some complaints reviewed by the inspectors were not appropriately identified. Some were classified as informal complaints while they should have been assessed by managers as meeting the threshold for a more formal investigation by the centre management as set out in their own organisational policy. Some of these issues were not brought to the attention of the supervising social workers and they remained unaware of the complaint and subsequent action until it was identified during this inspection.

The regional manager must ensure that all care staff understand the complaints policy and procedure and fully implement it in practice through review at team meetings and in staff supervision. Overall, improvements are required to ensure robust oversight, review and assessment of complaints by managers and ensure that there is a system in place to notify social workers of all complaints.

Inspectors found the messaging to young people across complaints and in other records reviewed was not always written in a child centred manner. This was highlighted by a newly appointed regional manager in one of their first audits, and arrangements were in place to revisit report writing training for staff members. There was evidence that the centre did not have a stable management team since the commencement of operations, and this may have contributed to the issues in respect of complaints.

Tusla had recently notified private providers of significant changes to accessing Tusla funded interpreter services. The centre was adjusting to this transition at the time of inspection and trying to source an appropriate and approved translation service for the young people. This must be prioritised to ensure availability of day-to-day translation when more complex information is being imparted to the young people in the course of their work.

Inspectors found that there was a resource folder available to support the team to undertake relevant pieces of work with young people. The care team provided a step-by-step supported orientation to the local area and to the city where they attended medical and legal appointments. Their right to education was promoted and upheld and they were supported to engage in preferred sporting and recreational activities in the community. Work also took place to explain societal rules, norms and laws in Ireland that may differ from their own such as the role of An Garda Síochána, the age of consent, and information about the equal status of LGBTQI+ individuals. Work also took place regarding diet, exercise, online safety, sex education and integration and safety in the community. When there was a planned anti-immigration protest, extensive work took place with the young people to ensure they understood what was happening and how to ensure their safety. A translator was provided to ensure that all fully understood this issue and the potential risks to their safety.

There were appropriate resources and arrangements in place to facilitate young people to practice their religion and religious festivals/observations. The young people had opportunities to shop for and cook their own meals if they wished and inspectors observed that wholesome and nutritious culturally appropriate food was made available.

The young people's right to privacy was upheld by the care team. They were facilitated to maintain contact if they were in communication with family members or significant people in their country of origin. Each young person had their own personal mobile phone to contact family and their allocated Tusla worker. One parent

was involved in care and placement planning and was in regular communication with their child and the care team. All were working collaboratively to support family reunification.

Care staff and young people met on a weekly basis to discuss house routines and issues arising for them. The content of these meetings at the outset of placements explored young people's views and opinions and had a good focus on rights however, recent meetings showed mainly a focus on menu planning and attendance and investment of young people had diminished over time. The inspectors recommend that the management team review the structure and content of these meetings and find creative ways to ensure the young people are invested in these meetings.

The organisation operated a digital recording system alongside a paper-based care record. Notwithstanding the deficits identified in relation to the quality of records of complaints and some reports, an individual care record was maintained for each young person. These care records contained all relevant documentation to support the team to promote and protect each young person's life, health, safety development and welfare as set out in regulations.

Inspectors found that there were not always an adequate number of care workers on each day to meet the young people's needs. It was inspectors' assessment that two overnight staff and one care staff rostered on a day shift was the optimum number to meet the needs of young people and attend to administration duties, staff supervision and other tasks with six young people in residence. Inspectors were informed that there were three people on most days however, in a twelve-week recent period reviewed by inspectors, there were 39 occasions where only double cover was provided. Additionally, between March and end of June 2025, the majority of shifts were double cover. This had resulted on occasion, in impact on young peoples plans such as when they could not attend church or a medical appointment due to inadequate notice and staffing limitations. While the centre manager and social care leader worked office hours, they sometimes stepped in to support daily routines. However young people often had to be brought to appointments and activities which left one person staffing the house with the remaining young people. This reduced capacity to monitor, supervise and attend to key working and administrative tasks.

The social workers who spoke with inspectors were overall satisfied with the standard of care provided to the young people and felt that they were supported to achieve their goals and integrate into Irish society. One social worker found that communication with the centre was not always effective or timely, and they were

concerned about changes to management and staff turnover since opening in March 2025.

Three of the six young people completed a written questionnaire for the inspectors. Overall, they relayed they were satisfied with the care they received. They stated they felt safe living in the house. They confirmed that they were supported with their education, their culture and religion. All were aware of their right to be involved in decision making. They had people they could speak to and knew how to make a complaint if they were unhappy about something.

Compliance with Regulations	
Regulation met	**Regulation 5** **Regulation 7** **Regulation 9** **Regulation 11** **Regulation 12** **Regulation 17**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 1.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The director of service must ensure that all care staff understand the complaint policy and implement it in practice. There must be adequate recording, oversight, and review of all complaints and social workers must be made aware of all complaints in line with policy.
- The director of service must ensure that complaints are retrospectively reviewed, to ensure that all were appropriately responded to, with a particular emphasis on recurring complaints.
- The director of service must ensure that there are adequate numbers of staff available and the rota is planned to respond to the needs of young people and attend to additional tasks.

Regulation 5: Care practices and operational policies
Regulation 16: Notification of Significant Events

Theme 3: Safe Care and Support

Standard 3.1 Each Child is safeguarded from abuse and neglect and their care and welfare is protected and promoted.

The inspectors found there was a focus on providing safe care and support to young people to safeguard and protect them from abuse and neglect. There was evidence that managers and the care team promoted the safety and welfare of the young people through assessing risk, learning from incidents and implementing the policies and procedures designed to protect them. This was evidenced through individual risk assessments, monthly governance reports, management, team and handover meetings. There was written child protection guiding principles and safeguarding procedures that set out the key roles in respect of safeguarding and guidance to respond to and report any child protection or welfare concerns arising. Staff in interview were able to describe the procedures for reporting and responding to disclosures or allegations of abuse. The process for managing an allegation against a staff member was also outlined in the policy.

Safeguarding procedures were outlined in the policy such as working safely with young people, recognising the signs of trafficking or child sexual exploitation, monitoring and supervision of young people, complaints and lone working. There were procedures for the safe recruitment and selection of staff and a code of practice for care staff to follow during their employment with the service. The personnel files for all staff employed since registration were reviewed and evidenced that Garda/Police vetting and reference checks took place in line with the centre policy.

There was a child safeguarding statement as required by legislation. Only the front page of this statement was displayed in the centre and management responded to a request from inspectors to ensure that all aspects of the statement were on view including the risk assessment. The inspectors reviewed the statement and found it contained out of date information in respect of the name of the designated liaison person (DLP) and this was updated by organisational management during the inspection process. The staff interviewed were able to identify the possible harm young people could be exposed to while living in the centre as well as the mitigation measures in place to minimise any potential risks.

Care staff were provided with the safeguarding and child protection policies upon commencing employment. All received the required Tulsa online training in Children First, National Guidance for the Protection and Welfare of Children, 2017 and mandated person training. In addition, the team completed a training webinar in respect of the organisations' child protection policies and their responsibilities under the legislation. There was a lack of evidence that child protection policies were reviewed periodically at team meetings however this was highlighted in a recent audit, and measures were identified to address this. With the exception of two staff members, the care team had not completed the mandatory training relating to child sexual exploitation (CSE) procedure (including CSE as it pertains to child trafficking). This training must be completed as a matter of priority.

The inspectors found that staff were aware of their role and responsibilities as mandated persons. All care staff were identified as mandated persons in centre policy, however there was no list of these people as required under legislation. This was provided post inspection. The centre manager was named as DLP and as this person had left the service in the weeks prior to inspection, an alternative person was identified until such time as a new manager was appointed. Care team members interviewed were aware of the role of designated liaison person and the deputy designated liaison person and the temporary persons appointed to these roles.

Significant events were notified to the relevant social work department who had oversight of them, and they were also accessible to senior managers and notified through governance reports.

The inspectors reviewed child protection report forms and found they were recorded and submitted appropriately and were stored on individual young people's care records. A deficit relating to tracking of child protection referrals was highlighted in an audit completed by the director of service and appropriate action was taken. Strategy meetings took place and subsequent communication with supervising social workers was maintained on the organisations electronic recording system. Issues of safety and risk relating to child protection concerns were discussed at team and management meetings.

The centre had an anti-bullying policy in place. There was evidence that the care team helped young people to negotiate and communicate with each other and assisted them to manage any emerging negative dynamic. Social workers told inspectors that the team managed the situation well and took steps to improve the relationships between them. There were appropriate safeguards in place and the allocated social

workers and care staff reported that relationships between the young people had since improved.

The inspectors found there was a policy and system in place to record, manage and track concerns that did not meet the threshold for mandated reporting or reasonable ground for concern under Children First. This was managed through the significant event notifications, risk assessment, careful monitoring and consultation with social workers.

There was evidence on care records that the team worked in partnership with the young people's social workers and family (if involved) to promote their safety and well-being. The inspectors found the care team were alert to interactions between the young people that might possibly constitute a child protection concern, and this was well managed in consultation with the social work department. The social workers confirmed to inspectors that the team could identify risk of harm under Children First and were satisfied that they would report and manage concerns appropriately.

During inspection interviews care staff described the centres' risk management framework that measured and scored risk using a matrix. They identified potential risks and vulnerabilities of individual young people and described measures implemented to reduce and manage known risk. Individual work was completed with the young people to support them to develop knowledge, self-awareness and an understanding of the skills needed for self-care and protection. This work took place as described under standard 1.1 and inspectors were satisfied there was an appropriate focus on safety.

Care staff in interview were aware of the protected disclosures policy. They described internal reporting mechanisms if they felt the need to raise a concern. The whistleblowing policy referenced that, in some circumstances, a protected disclosure could be made to an external body however, the agencies to whom staff could report wrongdoing or malpractice were not specifically identified in the written policy and this is recommended.

Compliance with regulations	
Regulation met	**Regulation 5** **Regulation 16**
Regulation not met	**None identified**

Compliance with standards	
Practices met the required standard	**Not all standards under this theme were assessed**
Practices met the required standard in some respects only	**Standard 3.1**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- The regional manager must ensure that all care staff undertake Tusla's mandatory child sexual exploitation (CSE) procedure training (including CSE as it pertains to child trafficking).

Regulation 5: Care Practices and Operational Policies
Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

The company had been taken over by another larger service provider and was still assimilating into the new governance structures. Improvements were required in governance and management systems to ensure accountability and provide effective leadership. Since the centre opened there have been significant management and staffing changes. Since application for registration in March 2025 there were seven changes to the team submitted for registration which included three centre manager changes plus four social care staff changes. Review of centre records and rotas provided found that including the core team, 39 care staff had worked shifts in the centre and that the team required much mentoring and support. There was insufficient evidence of stability and consistent and effective leadership to date.

The director of service who was appointed in April 2025, explained that the centre was undergoing a period of change and new management structures were identified prior to this inspection. A regional manager was appointed to this service for the first time in July 2025 and they were settling into their post with the support of the director of service. At the time of inspection, the centre manager had recently left their post following a period of extended leave and the social care leader who provided management support was on unplanned leave. There was much uncertainty in the period prior to inspection in respect of management of the centre. As such, it is imperative that all staff are fully appraised of the revised governance arrangements, and the roles and responsibilities of those in defined management posts.

There was a system in place whereby the internal social care manager/social care leader provided a detailed monthly governance report to the external managers. There were some gaps in these audits due to management changes discussed above. Prior to the appointment of the regional manager the director of service had completed two monthly audits of the centre and one child protection audit. The methodology included visits to the centre and online review of centre records. Areas requiring improvements were identified for action. The director also attended team meetings on occasion.

In addition, the newly appointed regional manager had completed comprehensive themed audits in respect of medication management and fire safety. Actions requiring attention were highlighted however, timeframes and persons responsible were not identified. The director of service informed inspectors that a review of audit templates across the organisation had commenced, and it was planned to include columns to capture this information. Plans were in place to ensure that, alongside the themed audits to date, audits going forward would assess compliance with the national standards and statutory regulations. There were arrangements in place for regular meetings between the director of service and regional manager. Additionally, meetings had commenced between the regional manager and all managers and social care leaders in the region to monitor the service's performance and address issues arising.

The care team had limited experience in residential care work and had been through significant periods of instability in terms of management of the centre. Those interviewed were committed to caring for each of the young people, however acknowledged that frequent changes in management had sometimes caused frustration and made effective planning more difficult. The deficits in leadership had an impact in terms of staff supervision, mentoring and support, oversight of

complaints, medication management and fire safety. Additionally, some maintenance issues or reasonable requests from young people relating to the premises were not recorded properly or addressed in a timely manner. There was a lack of written evidence that specific management tasks were delegated to appropriately qualified staff. This is required to ensure clarity and accountability in relation to management tasks at all times. Full implementation of the revised governance arrangements and systems of oversight and auditing are essential to ensure a child centred, safe and effective service.

There was a service level agreement and contracting arrangements in place between Tusla and the provider and these were subject to periodic review.

Policies and procedures were submitted upon application for registration, and relevant policies were subject to review as part of this inspection. They had been updated to include information recommended by the alternative care inspection and monitoring service. During induction to the organisation and centre, care staff familiarised themselves with policies and procedures however, there was a lack of evidence that policies were periodically reviewed at team meetings. This was highlighted in one of the directors' audits of the centre however it was too early to assess implementation of this action. Care staff confirmed that they were made aware of any updates to policies and procedures by email.

The centre operated a matrix-based risk management framework, and there were effective systems in place for the identification, assessment and management of risk. There were minimal high-risk concerns identified in respect of the young people in placement since the centre opened in March 2025. As discussed previously, inspectors found that the issue in respect of nighttime room checks should have been risk assessed in consultation with social workers, in response to expressions of dissatisfaction by young people. The care team were familiar with the risk assessment process, and there was evidence that risk was discussed at team and management meetings. Risk assessments and safety plans were implemented and updated as required. The external managers could access all information relating to risk through the organisation's IT system and through the daily updates from internal managers. Issues of risk were also reported through monthly governance reports.

Compliance with Regulation	
Regulation met	**Regulation 5** **Regulation 6**
Regulation not met	**None Identified**

Compliance with standards	
Practices met the required standard	**Standard 5.2**
Practices met the required standard in some respects only	**Not all standards under this theme were assessed**
Practices did not meet the required standard	**Not all standards under this theme were assessed**

Actions required

- None required

4. Corrective Actions and Preventive Actions (CAPA)

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies to Ensure Issues Do Not Arise Again
1	The director of service must ensure that all care staff understand the complaint policy and implement it in practice. There must be adequate recording, oversight, and review of all complaints and social workers must be made aware of all complaints in line with policy.	The complaints policy will be discussed in depth in the senior management meeting. The regional manager will then feed this back to social care manager and discuss in length at a designated team meeting. A complaints directive PowerPoint to be presented to the team and a copy on file for quick access when needed along with the policy. This will be completed by director of service and regional manager by the 23/11/2025. Director of service will share all documentation in line with company policy and national standards. Director of service will ensure regional manager and social care manager understand the process fully. This will be completed by director of service by 23/11/2025.	Regional manager will ensure social care manager discusses in team meetings regularly going forward so all social care workers understand and are fully competent in recording complaints and delivering feedback to young people in a timely effective manner.

	The director of service must ensure that complaints are retrospectively reviewed, to ensure that all were appropriately responded to, with a particular emphasis on recurring complaints.	Regional manager and social care manager to review all complaints in centre and ensure all are closed where possible with satisfactory responses and feedback and all relevant paperwork is uploaded and recorded. Any complaints that cannot be closed will be either escalated if required or current information added to the documentation to explain the current status. Regional manager will send director of service a report confirming this action has been completed by the agreed date of 23/12/2025.	Social care manager will observe if complaints volumes are escalating, the complaints process will be covered again, and social care manager will ensure any complaints are being recorded correctly and effectively to the policy and standards. This will be an ongoing action to ensure best practice and quality of work going forward. Complaints are recorded by regional manager in their monthly report to the director of service. Director of service will review on a monthly basis to ensure governance over the process and to highlight any possible trends arising. This is to be completed by regional manager and social care manager by 23/12/2025.
	The director of service must ensure that there are adequate numbers of staff available and the rota is planned to respond to the needs of young	Social care manager to review roster and ensure adequate staffing is present when required. Regional manager to review the rota weekly and highlight	Regional manager will have oversight of roster weekly to ensure the roster is covered to the standard. Regional manager and director of service have

	people and attend to additional tasks.	any issues that might arise. Regional manager and director of service have weekly recruitment meetings to ensure all lines are covered or being recruited for. This is weekly check requirement which will be ongoing.	weekly meetings with the recruitment department to ensure any gaps in staffing are highlighted and advertising for the position is efficient. This is an ongoing weekly action for social care manager, regional manager and director of service
3	The regional manager must ensure that all care staff undertake Tusla's mandatory child sexual exploitation (CSE) procedure training (including CSE as it pertains to child trafficking)	Regional manager has directed that all staff complete this training by 14th November 2025. A further in person training session will be completed in late 2025 or January 2026.	Social care manager to ensure training audits are completed monthly and sent to regional manager. Social care manager also will report in their centre monthly if this audit is completed and what outstanding training is needed. If there is outstanding training social care manager to organise with the training team and that any relevant training required is completed by social care team to provide best care within the timeline of the renewal. Regional manager will monitor this monthly and ensure both audit and monthly are recording all training needs. This is a monthly ongoing process.