Subject: Risk Assessment Attestation

In January 2021, the Ministry provided an early notice to your organization of its plan to decommission the Ministry's Transfer Payment Risk Assessment application on March 31, 2021 and recommended you obtain a copy of your organization's most recent risk assessment (the "Risk Assessment") in advance of this date.

In its January correspondence, the Ministry also advised that it would follow up with you in March 2021 to ask for an attestation from your organization that there has been no change to its risk profile as reflected in the Risk Assessment.

Further to that, two different Attestation and Agreement forms are provided below.

1. Review carefully the Risk Assessment
2. Select the appropriate Attestation and Agreement below
3. Complete the agreement on behalf of your organization
4. Send the completed Attestation and Agreement along with a copy of the Risk Assessment to your ministry contact
5. Deadline for completion is March 31, 2021

Your ministry contact will review your Attestation and Agreement and follow up if further details are needed or further steps are required to be taken by your organization.

Thank you for your attention to this matter.

Attestation and Agreement 1:

On behalf of Community Living Durham North the ("Organization"),
(Please insert the legal name of your organization.)
we agree with the findings as reflected in the Risk Assessment.

We hereby attest, after making appropriate inquiries and assessments, that the Risk Assessment remains valid and accurate, and that there have been no changes to the Organization or its risk profile that would impact its current low risk rating reflected in the Risk Assessment.

Name:	Glenn Taylor Executive Director	Name:	Clare Suggitt Board Chair
Signature:		Signature:	
Date:	March 22, 2021	Date:	March 22, 2021

We have the necessary knowledge and authority to make this attestation and agreement on behalf of, and to bind, the Organization.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

Risk Assessment Summary

Risk Assessment ID:	RA0000052259	**Fiscal Year:**	
Agency Name:	COMMUNITY LIVING DURHAM NORTH	**TPR #:**	100963
Status:	Complete		
Lead Risk Assessor:	Cindy Dionne (Cindy.Dionne@ontario.ca)		
TPA Lead:	Glenn Taylor (Glenn@cldn.ca)		
TPA Boardchair:	Clare Suggitt (clare_suggitt@sympatico.ca)		
Regional Director:	Jeff Gill (jeff.gill@ontario.ca)		

Risk Rating and Legend

Overall Calculated Risk Rating: 0 LOW

Rank	From	To
LOW	0	2
MEDIUM	3	8
HIGH	9	Above

Detailed Response Chart

Dimension	# 1	# 2	# 3	# 4	Total
Governance	7	1	0	0	8
Service Delivery	7	0	0	0	7
Stakeholder Statisfaction	2	1	0	0	3
Financial Risk	8	0	0	0	8
Legal	3	2	0	0	5
IT	3	0	0	0	3
HR	6	0	0	0	6
Total	36	4	0	0	40
Overall Calculated Risk Rating:			0 LOW		

Agency Summary Comment

Colin Kemp (9/1/2016 3:52 PM): The assessment does not permit us to draw attention to the primary risk factor that we face as an organization; i.e. the annual 1% budget cut imposed by the Pay Equity Act.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

Governance

Q1) Does the Board of Directors have the capacity to make effective decisions?

(X) 1. The Board has a governance model in place to guide their decision making. Clear, formal lines/systems for decision-making that involve broad participation and appropriate dissemination/ implementation of decisions. The Board decision-making process is transparent and based on relevant data and/or information to help the organization effectively meet its responsibility for the children, youth, families and communities they serve. The Board's governance model has been revised annually to address changes in agency's circumstances and to ensure adherence to bylaws and other applicable legislation.

( ) 2. The Board has a governance model under development that will guide their decision making. Clear, largely formal lines/systems for decision-making are used, but decisions are not always appropriately implemented or followed; transparency of decision-making and dissemination of decisions is generally good but inconsistencies are present. The Board decision-making process is based on relevant data and/or information to help the organization effectively meet its responsibility for the children, youth, families and communities they serve. The Board's governance model has been revised at least once in the past three years to address changes in the agency's circumstances and ensure adherence to bylaws and other relevant legislation.

( ) 3. The Board does not have a governance model in place to guide their decision making. The appropriate decision makers are known; decision making process is fairly well-established and process is generally followed, but often breaks down and becomes informal. The Board decision-making process is less transparent and rarely based on relevant data and information. Decisions are not always appropriately implemented or followed. The Board has not revised the governance model within the past five years to address changes in the agency's circumstances and ensure adherence to bylaws and other relevant legislation.

( ) 4. The Board has a governance model in place to guide their decision making. Decisions are made largely on an ad hoc basis by one person and/or whomever is accessible; highly informal. The decision-making process is not transparent and rarely based on relevant data and information. Decisions are not always appropriately implemented or followed. The Board's governance model has not been reviewed for more than five years, to address changes in the agency's circumstances and ensure adherence to bylaws and other relevant legislation.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Governance policies (chiefly A-2) clearly define the Board's roles.
Location of the Documents	Policy Manual

Source of Evidence	Reports
Description of the Evidence	CEO's written reports and Management Letter that are issued to the board in advance of every monthly meeting.
Location of the Documents	CEO's Board Reports file and also on server (Directors\Board\Board Meetings... etc.

Source of Evidence	Strategic documents
Description of the Evidence	Board was involved in developing our Strategic Plan which is current.
Location of the Documents	website, policy manuals, etc.

Source of Evidence	Others
Description of the Evidence	Board Work Plan is referred to monthly and updated frequently.
Location of the Documents	Directors\Board\Work Plan

Ministry Question Comment

Cindy Dionne (8/26/2016 8:53 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:02 PM): Further evidence/confirmation required.

Q2) Does the composition of the Board reflect the skills and community perspectives necessary to oversee the organization?

(X) 1. Board membership has a broad variety of fields of practice and expertise, and is drawn from the full spectrum of stakeholders, consistent with the Board's succession plan. A profile of each board member is available in written form and featured on the agency's website. The list of board members is made available to the public and is updated annually.

( ) 2. Board membership has good diversity in fields of practice and expertise; the membership represents most constituencies (non-profit, clients/consumers, academia, legal, corporate, etc.) and is consistent with the Board's succession plan. A profile of each board member is available in written form in the agency's records. The list of board members is made available to the public and is updated on an ad-hoc basis.

( ) 3. Board has some diversity in fields of practice; membership represents a few different stakeholders and limited plans for succession. A profile of each board member is not available. The list of board members is available, but is not necessarily up-to-date.

( ) 4. Board composition has limited diversity in fields of practice and expertise; is drawn from a narrow spectrum of stakeholders (i.e., insufficient representation of non-profit, clients/consumers academia, legal, corporate, etc.) and has no plans for succession. A profile and list of board member is not available.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy A-4 speaks to Recruitment. By-laws speak to staggered two year terms to promote continuity and knowledge transfer. Succession Planning tracking sheet is employed regularly. Bios are posted on website.
Location of the Documents	Policy Manual and Corp Minute Book. Website.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:25 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:02 PM): Further evidence/confirmation required.

Q3) Does the Board work effectively to carry out its mandate?

(X) 1. The board meets on a regular basis, according to agency's by-laws and policies. Meetings are well-managed, consistently and attended in compliance with their quorum requirement and meeting minutes are documented and include key discussions and decisions for reference purposes. Board by-laws, policies and practices are updated and revised at least once every three years, and as needed to guide decision-making and support strategic service delivery objectives. Relevant committees and sub-committees to support are in place to support appropriate use of Board members' skills and expertise. The committees are reflective of the business needs and make constructive recommendations for Board decisions. The Board demonstrates that it exercises its authority as a whole (team work), and not at an individual level.

( ) 2. There is quorum at most of the board meetings according to agency's by-laws and policies to take care of the organization’s business. The value of the meetings can be enhanced, but meetings are consistently well-attended. Meeting minutes document most of the discussions and decisions for reference purposes. Board by-laws, policies and practices are reviewed and revised at least once every three years to guide decision-making and support strategic service delivery objectives. Relevant committees and sub-committees to support are in place to support appropriate use of Board members' skills and expertise. The Board demonstrates that it exercises its authority as a whole (team work) but there are also instances when authority is exercised at an individual level.

( ) 3. According to agency's by-laws and policies, it seems that there are insufficient board meetings to take care of the organization’s business, and quorum requirements are not consistently met. The value of the meetings and participation in the meeting can be enhanced. Meeting minutes document only high level discussions and decisions are not clearly identified for reference purposes. Board by-laws, policies and practices have not been reviewed and/or revised within the past five years. The current committee structure can be enhanced to support the work of the board. Most of the time, Board members exercise authority at an individual level and less as a whole (team work).

( ) 4. The frequency of the Board meetings is not according to agency's by-laws and policies and quorum requirements are not consistently met. The value of the meetings and participation in the meeting can be significantly improved to ensure quorum. Meeting minutes document only high level discussions and decisions are poorly recorded for reference purposes. Board by-laws, policies and practices are outdated and the latest revisions are more than five years old. The Board does not have relevant committees and sub-committees in place to ensure appropriate use of Board members' skills and expertise. The Board members exercise authority at individual level and rarely as a whole (team work).

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	The board has a formal committee structure (Rights, Selection & Recruitment). Finance was eliminated, tended towards becoming an Executive, but is now being reconsidered.
Location of the Documents	Minutes (committee reports), Org Chart

Source of Evidence	Communication documents

Description of the Evidence	Board does meet every month except in summer, and has a work plan that specifies which recurrent tasks need to be addressed in which month. Policy A-5 allows for electronic polling which sometimes occurs in between scheduled meetings.
Location of the Documents	Server and Corporate Minute Book

Source of Evidence	Communication documents
Description of the Evidence	AGM minutes document by-law revisions; Board minutes document that we regularly ratify policy revisions.
Location of the Documents	Minutes. Corp. Minute Book.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:25 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:02 PM): Further evidence/confirmation required.

Q4) Is the Board effectively performing its roles and responsibilities to ensure that their organization achieves its stated mission?

(X) 1. Through their practice, engagement and discussions during board meetings, the Board members demonstrate a thorough understanding of their roles and responsibilities as it relates to strategic planning, governance policies, accountability, oversight and performance management. The Board also has well-established financial limits and controls, (e.g., spending limits; spending approvals; sign-off procedures) for the organization and has a designated Board member/committee responsible for this function, and monitors the limits and controls on a regular basis.

( ) 2. Through their practice, engagement and discussions during board meetings, the Board members demonstrate a basic understanding of their roles and responsibilities as it relates to strategic planning, governance policies, accountability, oversight and performance management. The Board has identified financial limits and controls (e.g., spending limits; spending approvals; sign-off procedures) for the organization, has a designated Board member responsible for this function, but rarely monitors the limits and controls on a regular basis.

( ) 3. Through their practice, engagement and discussions during board meetings, the Board members demonstrate a partial understanding of their roles and responsibilities as it relates to strategic planning, governance policies, accountability, oversight and performance management. The Board has identified financial limits and controls (e.g., spending limits; spending approvals; sign-off procedures) for the organization, but does not have a designated Board member responsible for ensuring that financial systems are developed and implemented with due regard to generally accepted financial control standards, and government business and strategic directions. The Board does not monitor the limits and controls on a regular basis.

( ) 4. Through their practice, engagement and discussions during board meetings, the Board members demonstrate a limited understanding of their roles and responsibilities as it relates to strategic planning, governance policies, accountability, oversight and performance management. The Board of Directors has not established financial limits and controls (e.g., spending limits; spending approvals) for the organization, and does not have a designated Board member responsible for this function.

Evidence Report(s)

Source of Evidence	Resources
Description of the Evidence	Treasurer is a retired accountant (see Board profiles).
Location of the Documents	Website.

Source of Evidence	Reports
Description of the Evidence	Variance Reports are received for information at every Board meeting; as are Budget submission, Q reports and TPAR as required.
Location of the Documents	Minutes, Corp. Minute Book.

Source of Evidence	Others
Description of the Evidence	Auditor meets with the Board, or with ad hoc committee, annually, to review financial statements.
Location of the Documents	Corp. Minute Book.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Spending approvals, cheque signing protocols, etc. are set out in policy.
Location of the Documents	Policy Manual.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:26 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:03 PM): Further evidence/confirmation required.

Q5) Is there a clear differentiation and understanding of roles and responsibilities between the Board and Executive Director?

(X) 1. There is always a clear differentiation between the governance roles/functions that the Board undertakes and the senior management roles/functions that the executive director undertakes and senior management is consistently held accountable for their roles/functions. Their roles and responsibilities clearly reflect lines of authority and delegation of powers among the Board and the management. It is standard practice for the ED to anticipate the board's information requirements and consistently provides sufficient and appropriate level of information to board members to enable effective decision-making.

( ) 2. Board by-laws, policies and practices identify lines of authority and delegation of powers among the Board and the management; the Board shows some consistency in adopting appropriate governance versus management roles and some consistency in holding senior management accountable. The ED provides information to board members to support their decision-making.

( ) 3. Board by-laws, policies and practices identify lines of authority and delegation of powers among the Board and the management, but the Board is inconsistent in adopting appropriate governance versus management roles and is inconsistent in holding senior management accountable. The ED rarely provides information to board members to support their decision-making.

( ) 4. There is little differentiation between the governance roles/functions that the Board undertakes and the senior management roles/functions that the executive director undertakes. The ED provides information to board members to support their decision-making only when the Board is seeking information.

Evidence Report(s)

Source of Evidence	Strategic documents
Description of the Evidence	Strategic Plan is current; Board monitors through periodic reviews of Management's Operational Plan.
Location of the Documents	Server. Board minutes.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy A-2 articulates division of responsibility, Board & CEO.
Location of the Documents	Policy Manual.

Source of Evidence	Reports
Description of the Evidence	Written CEO Monthly Reports (and Management Letters) are comprehensive.
Location of the Documents	CEO's email and hard copy files.

Source of Evidence	Others
Description of the Evidence	CEO has a signed Executive Authority & Limitations doc and a Job Description.
Location of the Documents	Board Minute Book, Server.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:26 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:03 PM): Further evidence/confirmation required.

Q6) Does the Board regularly assess and document the performance of the Executive Director?

( ) 1. The Board has completed and documented the results of an annual performance appraisal of the Executive Director, with a review of previously-set goals.

(X) 2. The Board has completed and documented the results of a performance assessment of the Executive Director in the last two years, with minimal follow-up on previously-set goals.

( ) 3. The Board has completed/ documented the results of a performance assessment of the Executive Director, but it was two or more years ago.

( ) 4. The Board has not completed and documented the results of a performance assessment of the Executive Director.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	Policy A-2 states that the Board has this responsibility and it also speaks to process.
Location of the Documents	Policy Manual.

Source of Evidence	Reports
Description of the Evidence	There is a documented history of Performance Reviews; in the past not all were formally approved by full board but this was rectified in the most recent appraisal.
Location of the Documents	CEO's Personnel file. Board Minutes.

Source of Evidence	Others
Description of the Evidence	The Board's approval of the CEO's appraisal is an item on it's Work Plan (currently scheduled for November 2017 (i.e. one year after new CEO will assume her position).
Location of the Documents	Work Plan. Corp. Minute Book.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:28 AM): The performance review process is currently being reviewed and the agency is targeting a score of 1 on this item within the next 2 years.

Cindy Dionne (7/26/2016 12:03 PM): Further evidence/confirmation required.

Q7) Does the Executive Director and the board understand and appreciate their distinct roles to support an effective working relationship?

(X) 1. The Board members interact with the ED very often formally and informally. The working relationships among board members and the ED can be described as being based on trust, mutual understanding, respect and constructive problem-solving. The Executive Director proactively works to communicate and build relationships with the Board members. The Executive Director helps determine which issues the board will address and provide timely the information that shapes board discussions and guides the board towards a true governance role. The Board has a policy to address conflict of interest that requires all members to disclose potential conflicts and a process in place to address conflict as it arises. Board members work well together and perform their responsibilities in a way that demonstrates consideration and understanding of the role and perspective of the other.

( ) 2. The Board members interact occasionally with the ED, formally and informally. The interaction between the Board and the ED can be a complex and, at times, tense relationship, yet professional and constructive. Sometimes Board members may feel it is a struggle to secure the information they require from the ED. Likewise, the ED sometimes perceives that the Board micromanages, but Board members practice is justifiable due to their monitoring and oversight role. The Board has a policy to address conflict of interest that requires all members to disclose potential conflict, but there is not a clear process to address conflict as it arises. Overall, Board members are working together to achieve a common organisational purpose. Some disagreements can exist at an individual level, but have not been raised in a larger group.

( ) 3. The Board members interact rarely with ED, and only formally. The relationship with the ED is under-developed, and often challenged by disagreements and unresolved issues. Board members struggle to secure the information they require from ED. The Board does not have a policy and process to address conflict of interest. Board members are divided in interest groups and the quality of their relationship varies, but they make efforts to work together towards common goals.

( ) 4. Board leadership has a strained working relationship with the ED. There are tensions and unresolved issues among board members. The Board does not have policy and process to address conflict.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	Board Agenda template and Minutes. In light of agenda, the possibility of conflict is reviewed at every meeting.
Location of the Documents	Corp. Minute Book.

Source of Evidence	Strategic documents
Description of the Evidence	A recent Board Self-Assessment suggests that individual members believe there to be a good working relationship between Board and CEO.
Location of the Documents	Corp. Minute Book.

Source of Evidence	Reports
Description of the Evidence	CEO's Performance Appraisal has consistently referenced good working relations.
Location of the Documents	CEO's Personnel file.

Source of Evidence	Bylaws, policies and procedures

Description of the Evidence	By-Laws (6.10) and Policy (A-18) speak to Conflict of Interest among Board members.
Location of the Documents	By-Laws; Corp. Minute Book. Policy Manual.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:28 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:03 PM): Further evidence/confirmation required.

Q8) How current is the agency's strategic plan? Is the plan reflective of community needs and is there evidence that the plan is evaluated and used in planning and decision-making?

(X) 1. The agency has a Board approved strategic plan that is clear and achievable within established timeframes and available resources. The strategic plan was developed with input from the Board members and it is revised periodically, every three years. The strategy is both actionable and linked to overall mission, vision, overarching goals of the agency and reflective of community needs and ministry strategic objectives. The strategy is known and consistently supports governance, Board decision making, and drives day-to-day operations at all levels of the organization. Strategic planning exercise carried out regularly.

( ) 2. The agency has a Board approved strategic plan that is clear and achievable within established timeframes and available resources. The strategic plan was developed with some input from the Board members and use of external advice and it is revised on a near-regular basis (a revision was done in the past five years). The strategy has some concrete actionable items linked to overall mission and vision, of the agency, but is not fully ready to be acted upon and can be enhanced to be more reflective of community needs and ministry strategic objectives. The strategy is known by many within organization and often used by them to direct actions and set priorities and governance is partly driven by it.

( ) 3. The agency has a Board approved strategic plan, but is either not clearly linked to mission, vision, and overarching goals, or lacks coherence, or is not easily actionable within timeframes and available resources. The strategic plan was developed by external consultants with limited input from the Board members. Strategic planning exercise is not carried out regularly (i.e. older than five years) and does not reflect community needs and ministry strategic objectives. The strategy is known by only a few, or only occasionally used to direct actions, set priorities and support governance and Board decision making.

( ) 4. Strategy is either non-existent, unclear, or incoherent (largely a set of scattered initiatives) or has not been approved by Board. If strategic plan exists, was entirely developed by external consultants with no input from the Board members. No strategic planning exercise was carried out in the past five years. Strategic plan does not reflect community needs and ministry strategic objectives. The strategy is known by only a very limited number of senior leadership members and is rarely or never referenced. If strategic plan exists, has no influence over day-to-day operations, governance or Board decision making.

Evidence Report(s)

Source of Evidence	Strategic documents
Description of the Evidence	The Plan is current (2015-2020); it replaces an earlier 5 year plan (2011-2015). The Operational Plan that links to it goes regularly to the Board and is the document that changes more frequently as it responds to changing circumstances and builds upon itself; i.e. replaces achievements with new targets.

Location of the Documents	Website, server, in every policy manual, etc.

Source of Evidence	Strategic documents
Description of the Evidence	Board members participated directly in the development of the plan and the full board approved the document. This involvement is documented in the body of the Strategic Plan.
Location of the Documents	Strategic Plan, website, policy manual.

Source of Evidence	Communication documents
Description of the Evidence	Board approval of the plan and of the Operational Plan that links to it are documented in Board Minutes.
Location of the Documents	Corp. Minute Book.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:28 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:03 PM): Further evidence/confirmation required.

Governance - Ministry Dimension Comment

Cindy Dionne (8/26/2016 9:29 AM): No concerns to note in regards to governance, well functioning, diverse board with clearly defined roles.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

Service Delivery

Q9) Does the agency effectively manage serious health and safety concerns for clients?

(X) 1. The agency has policies and procedures in place to effectively manage client health and safety concerns, and has designated staff responsible for this function; follow-up of health and safety concerns is consistent and effective.

( ) 2. The agency has policies and procedures in place to effectively manage client health and safety concerns, and has designated staff responsible for this function, but there is inconsistent follow-up.

( ) 3. The agency has policies and procedures in place to manage client health and safety concerns, but does not have designated staff responsible for this function; follow-up of health and safety concerns has been in response to specific requests or part of issues management.

( ) 4. The agency does not have policies and procedures in place to manage client health and safety concerns. Follow-up of health and safety concerns is only part of the issues management requested by ministry.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	Serious Occurrence reporting, incident reports, clinical records and meeting minutes, demonstrate follow up actions taken.
Location of the Documents	AIMS database and Server (S\Agency Wide\People who Live at\).

Source of Evidence	Statistics/databases
Description of the Evidence	AIMS Database provides a Monitoring and SAFE system feature along with instant notifications on health and safety concerns.
Location of the Documents	AIMS

Source of Evidence	Reports
Description of the Evidence	Annual SOR Report provides analysis and summarizes themes within the agency.
Location of the Documents	AIMS

Source of Evidence	Bylaws, policies and procedures

Description of the Evidence	B-9 "Health and Safety of Supported Persons" is comprehensive and considers levels of support, accessing health care, missing persons, water temperature controls; B-15 "Emergency Response and Reporting" and B-21 "Serious Occurrence Reporting" establish protocols and assign responsibility in situations where people's health and safety is at risk.
Location of the Documents	Policy Manual.

Q10) Does the agency establish service delivery standards and monitor performance to ensure standards are met?

(X) 1. The agency has service delivery standards, monitors them regularly and takes action to adjust their services.

( ) 2. The agency has service delivery standards, monitors them regularly, but has inconsistent follow-through action to adjust their services.

( ) 3. The agency has service delivery standards, but they are not monitored regularly.

( ) 4. The agency has not established service delivery standards, and does not perform any monitoring activities.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	We interpret this question to be about compliance, to QAM and to other service standards. We received an MCSS Compliance Letter in July 2015 indicating there were zero instances of non-compliance among some 278 indicators.
Location of the Documents	Website. Server.

Source of Evidence	Reports
Description of the Evidence	We were and are accredited by Focus Accreditation.
Location of the Documents	Server. Wall Plaque.

Source of Evidence	Resources
Description of the Evidence	We use the "Personal Outcomes" philosophy and tool and have dedicated staff resources to ensuring quality services are provided to people.
Location of the Documents	Server. AIMS. Job Descriptions. Support Agreements.

Source of Evidence	Strategic documents

Description of the Evidence	We have two staff partially dedicated to conducting compliance audits.
Location of the Documents	Job Descriptions. Audits.

Q11) Does the agency demonstrate commitment to support continuous improvement of client outcomes?

(X) 1. The agency is responsive to current focus on continuous improvement of client outcomes and mechanisms are in place to track and assess their clients' progress and achievements. This agency regularly assess their own work through internal reviews, audits, evaluations of their programs and services to provide Board and ministry with timely, accurate and reliable information.

( ) 2. The agency is responsive to current focus on continuous improvement of client outcomes and mechanisms are in place to track and assess their clients' progress and achievements. This agency occasionally assess their own work through internal reviews, audits, evaluations of their programs and services to provide Board and ministry with timely, accurate and reliable information.

( ) 3. The agency is aware of the current focus on continuous improvement of client outcomes, and they provide their clients with opportunities to give their feedback on the programs and services. Family members/caregivers are also asked to give their feedback. The programs and services are not formally evaluated to see if they are helping clients. Information about clients' progress and achievements are not easily available.

( ) 4. The agency is not aware of the current focus on continuous improvement of client outcomes. This agency has not provided their clients, including family members/care givers with opportunities to give their feedback on the programs and services. The programs and services are not formally evaluated to see if they are helping clients. Information about clients' progress and achievements are not easily available.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	Our focus on peoples' outcomes is evident in: Vision and Mission and Guiding Principles; Annual Support Agreements; Goal Reviews; Newsletter articles on people's achievements; Reliable Personal Outcome Interviews and the reviews that track progress.
Location of the Documents	AIMS, Policy Manual, Server, etc.

Source of Evidence	Communication documents
Description of the Evidence	Some of our mechanisms are AIMS Complaints, Satisfaction Surveys, the Hotline log and internal compliance audits.
Location of the Documents	AIMS, Server, Compliance files.

Source of Evidence	Strategic documents

Description of the Evidence	A key direction in strategic plan relates to provision of creative and high-quality supports; Operational Plan and Team Plans identify goals, indicators and progress. We are accredited by Focus Accreditation (good until June 2017).
Location of the Documents	Server.

Source of Evidence	Reports
Description of the Evidence	Review and evaluation occurs through Personal Outcomes Reliable Data, Summary of Family/Person Satisfaction Survey, Hotline data shared with Board; Annual Complaint Report and annual Improvement Plan to Focus.
Location of the Documents	AIMS, Server.

Source of Evidence	Resources
Description of the Evidence	We have a "Reliable Interviewer" and a core group of "Person Centered Planners" to assist in planning and evaluating outcomes. Monthly award recognizes staff who have facilitated outcomes; Staff resources are committed to regular program audits.
Location of the Documents	Server.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy B-4 Personal Support Plans, B-22 Resolution of Concerns and Complaints, C-17 Employee Recognition; B-8 Compliance with Service Standard Regulations.
Location of the Documents	Policy Manual.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:31 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:04 PM): Further evidence/confirmation required.

Q12) Has the agency been accredited or had a third-party review (i.e. a party independent from both service provider and ministry)?

(X) 1. The agency has been accredited or has had a third-party review, has an action plan in place to deal with substandard areas, and has created improvements in these areas; or no substandard areas have been identified. A rating of 1 also applies when the agency has not been accredited or has had a third party review because this is not promoted in their sector of work.

( ) 2. The agency has been accredited or has had a third-party review and has a feasible action plan in place to deal with substandard areas identified through accreditation or the review. Action plans have not yet been implemented.

( ) 3. The agency has been accredited or has had a third-party review but does not have a feasible action plan in place to deal with substandard areas identified through accreditation or the review.

( ) 4. The agency has not received accreditation due to issues largely controllable by the agency. Or, where a third party review was completed, the agency has not responded to any of the issues identified.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	Focus Evidence file for all Focus Indicators; framed certificate noting accreditation; posted icon on our web page. Improvement recommendations were minimal but we did respond with required Improvement Plan.
Location of the Documents	Focus File, Server, Website.

Source of Evidence	Others
Description of the Evidence	There is a significant and provable financial cost for securing and maintaining accredited status.
Location of the Documents	A/P files and General Ledger.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:32 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:05 PM): Further evidence/confirmation required.

Q13) Does the agency communicate service delivery results effectively to the Ministry?

(X) 1. Results are reported on-time and cover Ministry-specified topics in sufficient detail.

( ) 2. Results are reported on-time but do not cover Ministry-specified topics in sufficient detail.

( ) 3. Results are reported late and do not cover Ministry-specified topics in sufficient detail.

( ) 4. The agency is often late in reporting results or does not report results at all.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	Our inclusion of accurate Service Data in Budget Submissions and Q Reports is a matter of record.

Location of the Documents	Reports and Email traffic with MCSS.

Source of Evidence	Reports
Description of the Evidence	Annual 2015 Serious Occurrence Report record was 100% (i.e. 100% timely in terms of the 24 hour and 7 day benchmarks).
Location of the Documents	Server.

Q14) Are service delivery risks identified and discussed by senior management on a regular basis?

(X) 1. Risk management is done proactively to identify risks at every level in the organization, and is strongly integrated with its management practices; risk-related information is consistently reported to the Board.

( ) 2. Risk management is done to identify risks and to develop mitigation plans.

( ) 3. Risk management is in some instances done as part of the agency's business or operational planning, but not on a consistent basis.

( ) 4. The focus on risk is primarily on responding to crises, and tends to be reactive rather than proactive.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	Discussion of service delivery risks are evident in CEO's Board Reports, the Management Letter, Board minutes, and in the minutes of weekly Manager and Director meetings.
Location of the Documents	Server, Corp. Minute Book.

Q15) Does the agency effectively collaborate with other agencies in coordinating services for clients?

(X) 1. The agency has effectively built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties, both within and outside its sector.

( ) 2. The agency has effectively built and leveraged some key relationships with a few types of relevant parties.

( ) 3. The agency is in the early stages of building relationships and collaborating with other non-profit or public sector entities

( ) 4. The agency has made limited use of partnerships and alliances with non-profit/public sector entities.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	Our Coffee Kiosk is based on a partnership with the local Library and Trillium funding. It partners with an approved ODSP Employment Support provider (CLOC) and with a local high school that uses it as a co-op opportunity.
Location of the Documents	Server, Trillium Grant files.

Source of Evidence	Resources
Description of the Evidence	Agency staff sit on multiple committees: Chambers of Commerce x3; Municipal Accessibility Committees x2; Regional Housing Committee; UOIT DSW Advisory Committee and on specialized sectoral committees; e.g. Aging, Dual Diagnosis.
Location of the Documents	Committee Minutes; Server.

Source of Evidence	Resources
Description of the Evidence	We sit on the Durham Systems Management Committee; one director has a role in the Community Network for Specialized Care; another sits on the DSAG reference committee and CLO's Communications Group.
Location of the Documents	Server. Minutes.

Source of Evidence	Strategic documents
Description of the Evidence	We partner with ACSS, CCAC, LTC and with Durham Mental Health to provide wrap-around services to people.
Location of the Documents	AIMS, Memorandum of Understanding.

Service Delivery - Ministry Dimension Comment

Cindy Dionne (8/26/2016 9:33 AM): No concerns to note in regards to service delivery. The agency is strong in this area with a focus on client outcomes and health and safety of individuals.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

Stakeholder Statisfaction

Q16) Does the agency have an internal client complaints process that responds to complaints in a timely manner and addresses the complaint to the clients' satisfaction?

(X) 1. The agency has a client complaints process, which is followed, communicated and well-known to clients (e.g. in a brochure or on its website) and is effective in resolving clients' reasonable complaints.

( ) 2. The agency has a client complaints process, which is followed and communicated to clients (e.g. in a brochure or on its website), but is not effective in resolving clients' reasonable complaints.

( ) 3. The agency has a client complaints process, but it is not followed, communicated or well-known to clients.

( ) 4. The agency does not have a client complaints process in place.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	A complaints process is in place: Policy B-22 Resolution of Concerns and Complaints. We also have a Hotline in place for supported people. People are reminded of the hotline and the policy in Satisfaction Surveys, annual Support Agreement meetings and during annual "Be Safe" training.
Location of the Documents	Server. Policy Manual.

Source of Evidence	Statistics/databases
Description of the Evidence	AIMS complaint module provides an immediate email notification to all directors facilitating timely responses.
Location of the Documents	AIMS

Source of Evidence	Strategic documents
Description of the Evidence	A Board Committee (Rights Review) reviews Hot Line complaints and staff responses on a monthly basis.
Location of the Documents	Rights Minutes.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:33 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:05 PM): Further evidence/confirmation required.

Q17) Has the agency received media coverage in the past two years? How has negative media coverage been managed?

(X) 1. The agency has received only positive media coverage in the past two years, or the agency has had no instances of media coverage in the past two years.

( ) 2. The agency has received both positive and negative media coverage in the past two years and has effectively managed the negative coverage.

( ) 3. The agency has received negative media coverage in the past two years and has addressed some aspects of it, but not effectively enough to terminate the negative coverage.

( ) 4. The agency has received only negative media coverage in the past two years and has not actively managed it and negative coverage continues.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Last negative coverage more than 2 years old; involved the opening of a group home for people with some specialized needs. Policy A-1 Public Relations and Media Coverage (specifically its focus on "Key Messages") was used effectively.
Location of the Documents	Policy Manual.

Source of Evidence	Media occurrences
Description of the Evidence	In the last two years we have had lots of positive coverage in multiple local papers; i.e. Amazing Race, Coffee Kiosk, Community Living Month, etc.
Location of the Documents	Public Awareness files.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:34 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:05 PM): Further evidence/confirmation required.

Q18) Does the agency manage local/neighbourhood relationships well?

( ) 1. The agency is widely-known within the broader community, is perceived as actively engaged and highly responsive to the community. Or, the agency is a Youth Justice or VAW agency and does not seek a community presence.

(X) 2. The agency is reasonably well-known within community, and is perceived as open and responsive to community needs.

( ) 3. The agency has some visibility in the community, and is generally regarded as neutral (neither positive nor negative) in terms of responsiveness to community needs.

( ) 4. The agency's community presence is not positively regarded due to poor issues management that is largely controllable by the agency

Evidence Report(s)

Source of Evidence	Others
Description of the Evidence	Union Avenue group home hosted backyard movie night; Port Perry Day Program weeds Community Garden and delivers Meal on Wheels. Self Advocate Group hosts bingo night at local Seniors Citizen Home. It also has a Hot Dog Cart that is invited by community groups to assist at their events.
Location of the Documents	AIMS Service Activities. Team Work Plans.

Source of Evidence	Communication documents
Description of the Evidence	We provide speakers for United Way fundraising, we have an internal giving program program, we host the Amazing Race (a community event in Uxbridge) and its proceeds go to United Way.
Location of the Documents	Newsletters, external media.

Source of Evidence	Resources
Description of the Evidence	Staff resources are dedicated to public awareness work and we would be widely-known but for the fact that people who have developmental disabilities constitute only a small percentage of the population.
Location of the Documents	Job Description.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:34 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

Financial Risk

Q19) Is there a written agency plan to deal with cash-flow requirements or accumulated debt?

(X) 1. The agency has a cash-flow (cash management) budget, has internal controls regarding access to cash, and has a contingency plan in place that is regularly monitored and reported to the Board.

( ) 2. The agency has a written plan to deal with cash-flow requirements, including short and long-term cash flow requirements; debt service payments; and line of credit information.

( ) 3. The agency has a written plan to deal with some cash-flow requirements and to manage their fiscal budget, but has not acted upon it.

( ) 4. The agency does not have a written plan to deal with cash-flow requirements and/or has an accumulated debt that impinges on their cash flow.

Evidence Report(s)

Source of Evidence	Resources
Description of the Evidence	The Board (i.e. the Association) has assets of its own which are monitored monthly.
Location of the Documents	Assoc. Variance Reports, Board Minutes, Corp. Minute Book.

Source of Evidence	Resources
Description of the Evidence	Cash Flow requirements are secured through $0.75 M line of credit with RBC but we have not reported a significant YE deficit in at least 25 years.
Location of the Documents	CEO files (cabinet 11).

Source of Evidence	Others
Description of the Evidence	Mortgage Agreements are in place stipulating respective ownership percentages of MCSS and Agency.
Location of the Documents	Corp. Minute Book, CEO files (cabinet 4).

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Several Financial policies specify our internal controls.
Location of the Documents	Policy Manual.

Source of Evidence	Others
Description of the Evidence	In a long succession of post audit management letters, our board has been informed that our internal controls are completely adequate.
Location of the Documents	Corp. Minute Book.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:36 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:05 PM): Further evidence/confirmation required.

Q20) Is the agency effective in managing its debt?

(X) 1. The agency has good policies and procedures in place for debt management, it has effective cash management practices to ensure the debt obligations are fulfilled.

( ) 2. The agency has adequate policies and procedures in place for debt management, to ensure the debt obligations are fulfilled.

( ) 3. The agency has policies and procedures in place for debt management but they are not always followed to ensure the debt obligations are fulfilled.

( ) 4. The agency does not have policies and procedures in place for debt management to ensure the debt obligations are fulfilled.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	The agency has no debt, not even Pay Equity debt, beyond mortgages on several houses and monthly payments on two vehicles; carrying costs are fully covered within our operating budget.
Location of the Documents	General Ledger.

Source of Evidence	Others
Description of the Evidence	Debt cannot accumulate; CEO's signed Executive Authority & Limitations doc restricts the ability to make commitments outside of budget (YE deficits being capped at $3,000).
Location of the Documents	CEO Personnel file.

Source of Evidence	Reports

Description of the Evidence	The Board monitors overall financial position on a monthly basis and meets directly with auditor annually.
Location of the Documents	Minutes. Corp. Minute Book.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:40 AM): Business Unit Comments - Business Unit does not have access to agency's financial policies and directives, by-laws, financial/action plans.
Current Ratio for 13/14: 0.81
Current Ratio for 14/15: 0.82

Cindy Dionne (8/26/2016 9:36 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:05 PM): Further evidence/confirmation required.

Q21) Does the agency have and utilize current financial policies and procedures covering procurement, meals/hospitality, and travel?

(X) 1. The agency has and adheres to financial policies and procedures (less than 3 years old), including procurement, meals/hospitality, and travel and accountable procurement procedures.

( ) 2. The agency has and adheres to current financial policies and procedures that are older than 3 years, including procurement, meals/hospitality, and travel.

( ) 3. The agency has policies and procedures covering some of the financial areas and they are dated (more than 3 years). These policies are not consistently followed.

( ) 4. The agency does not have financial policies and procedures covering procurement, meals/hospitality, and travel.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	We have the complete set of BPS related policies including one that speaks to the Supply Chain Code of Ethics and it is 1 year old. These, and statements that we do not use lobbyists or spend public funds on perquisites, are posted on our website.
Location of the Documents	Policy Manual, website.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:37 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:06 PM): Further evidence/confirmation required.

Q22) Does the agency have adequate and reliable financial controls, forecasts and effective plans to deal with variances?

(X) 1. The agency has adequate, fully-developed financial controls, forecasts and effective plans in place to deal with variances. The agency has a designated staff responsible for this function and follows-up on variances in a consistent manner.

( ) 2. The agency has adequate, fully-developed financial controls, forecasts and plans in place to deal with variances. The agency has a designated staff responsible for this function, and the follow-up to variances has been inconsistent.

( ) 3. The agency has partially developed financial controls, forecasts and plans in place to deal with variances, and does not have a designated staff responsible for this function, and the follow-up to variances has been inconsistent.

( ) 4. The agency does not have adequate and reliable financial controls, forecasts and effective plans in place to deal with variances. The agency does not have a designated staff responsible for this function, and the follow-up to variances has only been upon request by the Ministry.

Evidence Report(s)

Source of Evidence	Others
Description of the Evidence	The CEO is the designated staff responsible for the monitoring of variances (see Job Description and Ex. Authority and Limitations doc).
Location of the Documents	CEO Personnel file.

Source of Evidence	Reports
Description of the Evidence	Variance reports are reviewed with the Board at every monthly meeting.
Location of the Documents	Minutes.

Source of Evidence	Strategic documents
Description of the Evidence	A zero based budgeting exercise is conducted annually for every discrete program entity (i.e. not detail code but, for example, group home by group home).
Location of the Documents	Server/Accounting/Budgets 2016-17.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:37 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:06 PM): Further evidence/confirmation required.

Q23) Does the agency provide complete and accurate budgets, forecasts, service and financial YTD and year-end reporting on time and as per ministry requirements?

(X) 1. The agency consistently provides complete and accurate budgets, forecasts, service and financial YTD and year-end reporting in a timely manner as per ministry requirements

( ) 2. The agency consistently provides complete and accurate budgets, forecasts, service and financial YTD and year-end reporting as per ministry requirements, but submission is not always on time.

( ) 3. The agency budgets, forecasts, service and financial YTD and year-end reporting are incomplete and contain some errors and the submission is not always on time.

( ) 4. The agency provides budgets, forecasts, service and financial YTD and year-end reporting with significant errors and/or the submission is consistently late.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	Over the years we have been slightly late on rare occasion or a TPAR has gone in, for example, while we've forgot to include the post-audit management letter. Sometimes the few days we've been late have been because of MCSS issues; a Service Description Schedule not available on line or a funding decision not made by March 31st.
Location of the Documents	This should be a matter of record at the Regional Office.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:41 AM): Business Unit Comments - 13/14 Year-end documents received on July 21st
14/15 Year-end documents received on July 14th

Cindy Dionne (8/26/2016 9:37 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Q24) Have there been concerns raised in the past two years as a result of external or Ministry financial reviews or audits, and has appropriate corrective action been taken in response?

(X) 1. No concerns were raised.

( ) 2. Concerns were raised and satisfactory action has been taken.

( ) 3. Concerns were raised and unsatisfactory responsive action has been taken.

( ) 4. Financial concerns were raised by external or Ministry reviews/audits, and no responsive action has been taken.

Evidence Report(s)

Source of Evidence	Others

Description of the Evidence	Auditor's management letters have raised no concerns. Last MCSS Compliance review identified zero areas of non-compliance. We were accredited recently by Focus minimal recommendations for improvement. No other external reviews have taken place.
Location of the Documents	Server and correspondence files.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:37 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:06 PM): Further evidence/confirmation required.

Q25) Have there been significant recoveries through the TPAR process in the past two years that have exceeded 2% of the annual budget?

(X) 1. There have not been any recoveries identified through the TPAR process in the past two years.

( ) 2. There have been recoveries identified through the TPAR process in the past two years but were insignificant (less than 2%), or there have been some identified through the TPAR process in the past two years that have exceeded 2% of the annual budget, due to causes not under the control of the agency.

( ) 3. There have been recoveries identified through the TPAR process in the past two years that have exceeded 2% of the annual budget, due to issues largely controllable by the agency. Plans are in place to address those issues.

( ) 4. There have been recoveries identified through the TPAR process in the past two years that have exceeded 2% of the annual budget, due to issues largely controllable by the agency. There is no plan in place to address the issues.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	MCSS Reconciliation letters.
Location of the Documents	Server and CEO files.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:41 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (8/26/2016 9:41 AM): Business Unit Comments - Recoveries 13/14: $0
Recoveries 14/15: $0

Cindy Dionne (7/26/2016 12:07 PM): Further evidence/confirmation required.

Q26) Has the agency had funding reductions from other funders that affect MCSS/MCYS service delivery?

(X) 1. The agency's funding from another funder is secure, or the agency only receives funding from MCSS/MCYS.

( ) 2. The agency's funding from another funder has been reduced and will only minimally affect its MCSS/MCYS service delivery.

( ) 3. The agency's funding from another funder has been reduced and will likely affect its MCSS/MCYS service delivery.

( ) 4. The agency's funding from another funder has been completely cut or substantially reduced, impacting its MCSS/MCYS service delivery.

Evidence Report(s)

Source of Evidence	Others
Description of the Evidence	We receive various kinds funding from other sources, Regional housing related-funding, United Way funding, etc., and some of it, e.g. Trillium Funding, is short term by design. We regard it as a windfall or "bonus" not as a risk. Service targets in MCSS contracts/budgets are not elevated by this kind of funding or reduced when it ends.
Location of the Documents	Trillium Funding Agreement, Service Data Elements.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:42 AM): Business Unit Comments - Business unit has no access to information regarding pay equity plans, EHT audits, WSIB audits, labour negotiations, or staff training in financial functions.
Approximately 10% of agency funding comes from non-ministry sources. Agency is economically dependent on the ministry for continued operation. Other funding has insignificant changes over the period.

Cindy Dionne (8/26/2016 9:42 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:07 PM): Further evidence/confirmation required.

Financial Risk - Ministry Dimension Comment

Cindy Dionne (8/26/2016 9:43 AM): No financial concerns identified

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

Legal

Q27) Does the agency have a process in place to ensure compliance with applicable legislation, regulations and policy requirements? *specialist support could be in-house or outsourced – the question is: does the agency access this support in any way?

(X) 1. The agency actively assesses its compliance; has specialist support that is accountable for this function, updates its requirements and monitors them on a regular basis.

( ) 2. The agency has a process in place, it utilizes the specialist support that is required to ensure compliance with applicable legislation, regulations and policy requirements, and it does take action to ensure compliance, but only does this on an ad hoc basis.

( ) 3. The agency has a process in place, but it does not have the specialist support (e.g., finance, HR, IT*) that is required to ensure compliance with applicable legislation, regulations and policy requirements.

( ) 4. The agency does not have a process in place to ensure compliance with applicable legislation, regulations and policy requirements.

Evidence Report(s)

Source of Evidence	Others
Description of the Evidence	Job Descriptions: The agency has a staff at the managerial level and second administrative staff who are responsible for monitoring the agency's continuous compliance.
Location of the Documents	Server: HR My Files

Source of Evidence	Communication documents
Description of the Evidence	Management Letter: A monthly document provided to the Board by CEO.
Location of the Documents	Server and Corp. Minute Book.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy B-8 Compliance with Service Standard Regulations.
Location of the Documents	Manual.

Source of Evidence	Reports
Description of the Evidence	In 2015 MCSS Compliance visit identified zero areas of non-compliance.

Location of the Documents	Compliance Letter, Server.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:43 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:07 PM): Further evidence/confirmation required.

Q28) Has there been legal proceeding(s) or settlement(s) in the past three years, resulting in fines, penalties, personal liabilities for management/employees and/or stoppage of work, etc.?

( ) 1. There has been no litigation, legal proceedings or settlements.

(X) 2. There has been litigation, but has not resulted in fines, penalties, personal liabilities for management/employees and/or stoppage of work, etc., in the past three years.

( ) 3. There has been a single legal proceeding with fines, penalties, personal liabilities for management/ employees, stoppage of work, etc., in the past three years.

( ) 4. There has been more than one legal proceeding resulting in fines, penalties, personal liabilities for management/ employees, stoppage of work, etc., in the past three years.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	A labour matter settled outside of Small Claims and termination grievances settled in mediation.
Location of the Documents	Personnel files and Grievance documentation.

Ministry Question Comment

Cindy Dionne (7/26/2016 12:07 PM): Further evidence/confirmation required.

Q29) Are there any pending legal actions that could result in significant financial settlements (net of any insurance proceeds, if applicable)? How well are risks associated with pending legal actions managed?

( ) 1. There are no pending legal actions.

(X) 2. There are pending legal actions; the agency has explored the financial consequences and the insurance aspects of managing these lawsuits, and they have addressed the underlying cause. The Ministry was informed of pending legal actions in a timely manner.

( ) 3. There are pending legal actions and the agency has explored the financial consequences and the insurance aspects of managing these lawsuits, but has not addressed the underlying causes of the lawsuits to avoid re-occurrences.

( ) 4. There are pending legal actions, and the agency has not explored the financial consequences or the insurance aspects of managing these lawsuits.

Evidence Report(s)

Source of Evidence	Media occurrences
Description of the Evidence	An employee was charged with serious offenses and suspended without pay for not having disclosed. 18 months later case is still before courts and arbitration date has been set. The underlying cause is our performance of due diligence. MCSS notified.
Location of the Documents	Reports to Board. CEO files. Newspaper.

Ministry Question Comment

Cindy Dionne (7/26/2016 12:07 PM): Further evidence/confirmation required.

Q30) What was the outcome and the agency's response to the most recent licensing or compliance review? (Not applicable for all agencies)

(X) 1. There were no significant areas of non-compliance or licensing issues.

( ) 2. There were areas of non-compliance or licensing issues and the agency response addressed these issues.

( ) 3. There were areas of non-compliance or licensing issues and the agency's response was ineffective, maintaining their non-compliant status.

( ) 4. There were significant areas of non-compliance or licensing issues and the agency did not take responsive action.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	Compliance Letter on file.
Location of the Documents	Server.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:44 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:07 PM): Further evidence/confirmation required.

Q31) Has the agency or Ministry received communication within the past 12 months from stakeholders signaling concerns or alleged improprieties?

(X) 1. The Ministry or agency has received no communication within the past 12 months signaling concerns or alleged improprieties. The agency has put in place mechanisms and protocols to identify risk of fraud or misconduct and take corrective actions when it occurs.

( ) 2. The Ministry or agency has received communication within the past 12 months signaling concerns or alleged improprieties. The agency has put in place mechanisms and protocols to identify risk of fraud or misconduct and take corrective actions when it occurs.

( ) 3. The Ministry or agency has received communication within the past 12 months signaling concerns or alleged improprieties. The agency has not yet developed and put in place mechanisms and protocols to identify risk of fraud or misconduct and take corrective actions when it occurs.

( ) 4. The Ministry or agency has received several communications regarding potential improprieties that could have a negative impact on service delivery and service continuity. The agency has not yet developed and put in place mechanisms and protocols to identify risk of fraud or misconduct and a protocol to take corrective actions when it occurs.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policies regarding Employee Conduct, Conflict of Interest, Abuse, etc. are in place, as is a Complaints Response process.
Location of the Documents	Policy Manual and website.

Source of Evidence	Communication documents
Description of the Evidence	A Hotline for supported people is in place and well publicized.
Location of the Documents	Calls are logged in AIMS database as Complaints.

Source of Evidence	Statistics/databases
Description of the Evidence	Unacceptable behaviour has certainly occurred. We have a robust disciplinary process and terminations are not infrequent.
Location of the Documents	Grievance tracking documents/files.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:45 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

IT

Q32) Does the agency have an electronic and/or paper-based back-up system?

(X) 1. The IT and/or paper-based system is adequately backed-up with stored electronic records and files and has a Disaster Recovery & Business Continuity Plan which is current and which has been tested.

( ) 2. The IT and/or paper-based system is adequately backed-up with stored electronic records and files and has a Disaster Recovery & Business Continuity Plan, but it is not current and has not been tested.

( ) 3. The IT and/or paper-based system is adequately backed-up with stored electronic records and files but the agency does not have a Disaster Recovery & Business Continuity Plan, which could quickly facilitate the agency's return to service.

( ) 4. The agency does not have an IT and/or paper-based back-up system and therefore a system outage or damage would adversely affect the agency's ability to deliver services.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	C-24 IT Policy. A-21 Emergency Plan.
Location of the Documents	Policy manual and website.

Source of Evidence	Charts
Description of the Evidence	We have a full time IT Specialist on staff. This person backs up our data daily and negotiates our contract with a firm that backs up our data monthly. Both kinds of back-up are stored off site and both have been live tested.
Location of the Documents	Org Chart. CSIS invoices.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:45 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Q33) Does the agency have a back-up plan for its physical plant? *Physical plant includes site(s) and location(s) where services are delivered to clients as well as the agency's head office.

(X) 1. The agency has a Disaster Recovery & Business Continuity Plan for its physical plant that has been updated in the past year.

( ) 2. The agency has a Disaster Recovery & Business Continuity Plan for its physical plant, but it has not been updated for over a year.

( ) 3. The agency has minimal back-up plans for its physical plant, which have not been tested and has not been updated for over a year.

( ) 4. The agency does not have a back-up plan for its physical plant and therefore building damage would adversely affect the agency's ability to deliver services.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	A-21 Emergency Plan
Location of the Documents	Policy Manual.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:48 AM): Following further discussion with the agency it was determined that the agency meets the criteria for #1 based on policy/procedure and the existence of a written plan that is reviewed/updated annually. The agency scored themselves a one because they felt that testing may not have been sufficient to meet criteria in #1, following a discussion on the matter we agreed that #1 is the appropriate score.

Cindy Dionne (8/26/2016 9:46 AM): Following further discussion/review with the agency in regards to policies/procedures, a detailed plan exists and meets criteria for #1.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Q34) Does the agency have policies and procedures to protect sensitive information and limit access/disclosure in inappropriate situations? Has there been an incident of unauthorized or untimely disclosure of information?

(X) 1. The agency has disclosure and confidentiality policies and procedures and there has been no unauthorized incident.

( ) 2. The agency has disclosure and confidentiality policies and procedures and there has been an unauthorized incident and follow through was appropriate.

( ) 3. The agency has disclosure and confidentiality policies and procedures and there has been an unauthorized incident and follow through was not appropriate.

( ) 4. The agency has no disclosure and confidentiality policies and procedures and there has been an unauthorized incident and follow through was not appropriate.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	All of these and others address the issue of Confidentiality: A-1 Public Relations & Media Coverage. A-7 Privacy. B-10 Electronic Surveillance. B-18 Rights Review Committee. C-6 Employee Code of Conduct.
Location of the Documents	Policy Manual.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	C-24 IT Policy describes how our electronic files are protected from inappropriate access.
Location of the Documents	Policy Manual.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	B-7 Addresses the files of supported people and the circumstances that warrant the sharing or release of same.
Location of the Documents	Policy Manual.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:48 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Risk Assessment - COMMUNITY LIVING DURHAM NORTH

HR

Q35) Has the agency been successful in recruiting permanent staff (full-time and/or part-time) with the requisite core competencies, skills, accreditations or knowledge?

(X) 1. The agency has not had difficulty in recruiting qualified staff, has a well-planned process for recruitment and is well-connected to potential sources of new talent.

( ) 2. The agency has had some difficulty in recruiting qualified staff, even though it has a thorough recruitment plan, but cannot attract qualified staff due to geographic isolation, funding, etc.

( ) 3. The agency has had difficulty in recruiting qualified staff, because its recruitment plan is not thorough enough.

( ) 4. The agency has had significant difficulty in recruiting qualified staff and has not developed a plan for recruitment.

Evidence Report(s)

Source of Evidence	Strategic documents
Description of the Evidence	We have collapsed several dozen part time positions into full time jobs in the last year; a strategy extending back to before the last round of bargaining during which we had to seek certain concessions to make full time conversion possible.
Location of the Documents	Strategic Plan. Collective Agreement and last round's proposals.

Source of Evidence	Resources
Description of the Evidence	A Professor in UOIT's DSW Program has been on our Board and Rights Committee. One of our HR Managers sits on that program's Advisory Committee and we have agreed to provide educational placements to as many students as the program is able to provide.
Location of the Documents	Board listings; Job Descriptions; Correspondence with College.

Source of Evidence	Others
Description of the Evidence	We have sound interview practices (Core Competencies, Shortlisting tools, etc.) and are expanding our recruitment sweep (where we place ads); we have been challenged to recruit people into only one classification (i.e. unionized Team Leaders).
Location of the Documents	HR Offices and electronic files.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:49 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Q36) Does the agency have appropriate HR planning in place?

(X) 1. Organization is able to develop and refine concrete, realistic, and detailed HR plan; has critical mass of internal expertise in HR planning (via trained, dedicated HR manager), or efficiently uses external, sustainable, highly qualified resources; HR planning exercise carried out regularly.

( ) 2. Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis.

( ) 3. The agency has some ability to develop a high-level HR plan, but is lacking expertise (either internal or accessible externally).

( ) 4. The agency uncovers and/or addresses HR needs only when issues are too large to ignore; there is a lack of HR planning activities and expertise (either internal or accessible externally); there is no experience in HR planning.

Evidence Report(s)

Source of Evidence	Strategic documents
Description of the Evidence	One of the key directions on our Strategic Plan relates to staff development and staff recognition. The corresponding sections of our Operational Plan with defined actions and assignments are, in essence, our HR Plan.
Location of the Documents	Strategic & Operational Plans.

Source of Evidence	Resources
Description of the Evidence	Our HR function is provided by two full time HR Managers and their support staff. Both managers have 15-20 years of experience in our sector, were program managers, and have since received specialized training using resources such as Queen's School of Management and UOIT Leadership training.
Location of the Documents	Personnel files.

Source of Evidence	Resources
Description of the Evidence	As members of OASIS and Community Living Ontario we have access to the expertise of HR Managers and Directors across the sector/province.
Location of the Documents	Email traffic, websites.

Source of Evidence	Statistics/databases

Description of the Evidence	Comprehensive systems are in place to collect and analyze data that inform planning and decision making (Grievance and termination logs, vacancy tracking logs, staff injury and absenteeism reports, etc.).
Location of the Documents	HR database and AIMS.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:49 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Q37) Does the agency have documented processes in place to maintain knowledge when staff leave?

(X) 1. The agency has developed a process and policy to capture, document and disseminate knowledge, including an exit interview policy. When a staff leaves, the agency follows this policy and process consistently.

( ) 2. The agency has developed a process and policy to capture, document, and disseminate knowledge, including an exit interview policy. When a staff leaves, the agency does not consistently follow their policy.

( ) 3. The agency has some documented processes in place to capture, document and disseminate knowledge when staff leave. The agency does not have a formal exit interview policy, and processes and practices are not consistently followed.

( ) 4. No formal system to capture, document and disseminate knowledge when staff leave.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy C-21 calls for exit interviews and these are conducted whenever possible, particularly with full time staff where turnover is very low. If an interview is not practicable, emails and letters of resignation which might provide the desired information are filed as exit interviews.
Location of the Documents	Personnel files, exit interview log.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	The preservation of knowledge is not all about extracting it out of departing employees. There is an institutional body of knowledge that endures and is communicated through our intensive 5 day orientation process to incoming employees; see Policy C-1.
Location of the Documents	Policy Manual. Site Orientation Checklists.

Source of Evidence	Statistics/databases
Description of the Evidence	Turnover rate among core full time staff, directors, managers and team leaders, is extremely low with service records typically exceeding 10 years and extending to 20 and 30 years.
Location of the Documents	Personnel files.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:51 AM): Following a discussion with the agency we agreed that the appropriate score here is a #1 based on the policy that is in place and is followed. Agency scored a #2 based on the fact that sometimes staff refuse or are unable to participate in the exit interview which is outside of the agency's control. The policy exists and the active offer is consistently made which is in compliance with the policy.

Cindy Dionne (7/26/2016 12:08 PM): Further evidence/confirmation required.

Q38) Is there a succession plan for key management positions?

(X) 1. Well-planned processes to recruit, develop, and retain key managers; CEO/executive director takes active interest in managerial development; individually tailored development plans for employees who exhibit exceptional potential. Performance annual reviews include a development plan for each staff.

( ) 2. Recruitment, development, and retention of key managers is a priority on CEO/ executive director's agenda; some tailoring in development plans for employees who exhibit exceptional potential. Performance annual reviews include a development plan for management.

( ) 3. Recruitment, development, and retention of key managers is not a priority on CEO/ executive director's agenda; there is no tailoring in development plans for employees who exhibit exceptional potential. Performance annual reviews do not incorporate a development plan for any staff.

( ) 4. Standard career paths are in place without considering succession planning and managerial development.

Evidence Report(s)

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy A-8 "Succession Planning" is in place for key management positions.
Location of the Documents	Policy Manual.

Source of Evidence	Communication documents
Description of the Evidence	The CEO position is about to transfer and this process has been carefully played out over more than two years.
Location of the Documents	Board Reports and Minutes, Executive Contracts.

Source of Evidence	Statistics/databases
Description of the Evidence	We have a robust performance management and development system (see Policy C-2). 100% of our current program managers were hired internally, out of full time ranks. Supervisory processes, training programs and sandbox opportunities readied people for promotion over protracted periods of time.
Location of the Documents	Training records, performance development plans.

Source of Evidence	Reports
Description of the Evidence	High performers are provided with opportunities to expand their skills and knowledge base. Various front line staff currently teach Safe Management, Medication Admin, Ergonomics, AIMS, etc.). Others participate in interviews. Still others are designated Person-Centred Planners. One is an agency wide resource for communication technology.
Location of the Documents	Performance Appraisals, Training Records, Certifications.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:51 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:09 PM): Further evidence/confirmation required.

Q39) Does the management team have the requisite core competencies, and the required knowledge, skills and experience to deliver on contract expectations and to serve the client population?

(X) 1. All of the management team has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.

( ) 2. The majority of the management team (at least 75%) has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.

( ) 3. A few of the management team (less than 50%) has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.

( ) 4. A limited number of the management team (less than 25%) has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.

Evidence Report(s)

Source of Evidence	Reports
Description of the Evidence	We do have a system of Core Competencies in place and managers and directors meet them, see Performance Appraisals.
Location of the Documents	Personnel files.

Source of Evidence	Reports
Description of the Evidence	The better evidence is: our accreditation by Focus, the absence of any instances of non-compliance in the last MCSS Compliance visit, low risk scores in every Risk Assessment to date, high approval ratings in Family Satisfaction Surveys, etc.
Location of the Documents	Server documents.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:51 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:09 PM): Further evidence/confirmation required.

Q40) Is there a formal orientation for new employees ?

(X) 1. The agency has a formal orientation process and package for new employees. Orientation is consistently carried out with every new employee, relevant materials are up-to-date, and covers all aspects of the agency's mandate, structure, policies, as well as services and functions.

( ) 2. The agency has a formal orientation process and package for new employees. Orientation is consistently carried out with every new employee; however, relevant materials are not up-to-date.

( ) 3. The agency has formal orientation for new employees, but it is not consistently applied with every new employee. The orientation materials are not up-to-date.

( ) 4. The agency has no formal orientation materials and process. Staff orientation is informal.

Evidence Report(s)

Source of Evidence	Communication documents
Description of the Evidence	All new employees receive a full five days of orientation to the agency and its work (e.g. Health and Safety, Fire Safety, QAM, Safe Management, Medication Administration, intro to AIMS database, Policies & Procedures, Personal Outcomes, etc. Personnel files document that orientation has occurred).
Location of the Documents	Training Records. Personnel files.

Source of Evidence	Bylaws, policies and procedures
Description of the Evidence	Policy C-1 describes the orientation process.
Location of the Documents	Policy Manual.

Ministry Question Comment

Cindy Dionne (8/26/2016 9:51 AM): Information was reviewed and confirmed with the agency on August 22, 2016 in person. No concerns noted and agency meets scoring criteria for #1.

Cindy Dionne (7/26/2016 12:09 PM): Further evidence/confirmation required.

Q41) Has the agency been successful in retaining staff with the requisite core competencies, skills, accreditations or core knowledge?

(X) 1. Yes.

( ) 2. No.

( ) 3. Partially/Some.