



**Board of Directors
Agenda for Open Meeting
Tuesday, September 27, 2022**

about 5:30, following public AGM Meeting

Option of in-person meeting at TownePlace Suites, 30 Fen Ridge Court, Brantford
or via Zoom: <https://us02web.zoom.us/j/81626813562?pwd=MmNoWFFoNFdQTWFBbUgwQStRNmVYZz09>
Meeting ID: 816 2681 3562 Passcode: 172202

1. **Call to Order**
2. **Land Acknowledgment**
3. **Agenda - Additions, Deletions, Approval** **Decision**
4. **Conflict of Interest Declarations** **Declaration**
5. **Approval of Minutes – June 28, 2022** **Decision**
6. **Business Arising from Minutes**
 - a. **Striking of Committees** **Decision**
7. **Executive Reports**
 - a. **Chair's Report – Email decisions** **Information**
 - b. **Treasurer's Report – June 30; July 31; and August 31, 2022** **Decision**
 - c. **CEO's Report** **Decision**
8. **Committee Reports**
 - a. **Policy Review Committee** **Decision**
 - b. **Nominating Committee – current members& By-Law** **Decision**
9. **New Business**
 - a.
10. **Correspondence**
 - a.
11. **In-Camera - Motion to move in-camera** **Decision**
12. **In-Camera Reports (as appropriate)** **Decision**
13. **Adjournment – Motion to adjourn** **Decision**

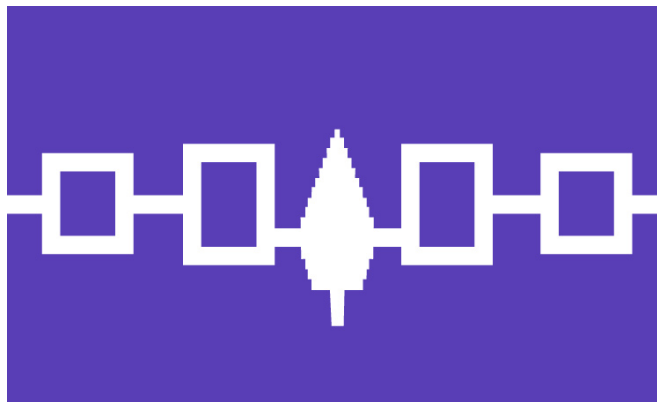
Next Meeting: Tuesday, October 25, 2022 at 5:30

Land Acknowledgment

The Six Nations of the Grand River unifies all Haudenosaunee peoples under the Great Tree of Peace. They are currently the only First Nation community that includes all six Haudenosaunee nations. Located along the banks of the Grand River, the Six Nations of the Grand River is the most populous First Nation in Canada. Lands promised under the 1784 Haldimand Treaty are only a fraction (5%) of the land that was promised.

The Six Nations:

- Seneca
- Cayuga
- Onondaga
- Oneida
- Mohawk
- Tuscarora



The Ayenwahtha Wampum Belt documents the establishment of the Haudenosaunee Confederacy. From right to left, the belt depicts the territory of the Mohawk, Oneida, Onondaga, Cayuga and Seneca. The Tuscarora became the Confederacy's sixth nation in 1722. The first five nations to join the Confederacy are depicted in white, a colour of peace, over a background of purple, a colour of war. This acknowledges the conflict that predated their confederation. It also articulates how the concept of *kanikonhri:yo* (a good mind) can lead to peace and healing.



**Board of Directors
Minutes for Open Meeting
Tuesday, June 28, 2022**

Present:

Chair:

Susan Fitzgerald

Directors:

Jenna Dierick

Emily Miller

Brian Konst

Laura Miedema

Mike DeBruyn

Elizabeth Abraham

Chief Executive Officer:

Jane Angus

Manager of Service Coordination:

Alison Hilborn (recorder)

Regrets: Kelly Skrzypek, Greg Hackborn, Alyssa Brimmer, Cindy Landry

1. Call to Order

Susan called the meeting to order.

2. Land Acknowledgment – read at AGM preceding this meeting

3. Agenda - Additions, Deletions, Approval

Motion: To approve the agenda.

Jenna and Laura. **Carried.**

4. Conflict of Interest Declarations

None declared.

5. Approval of Minutes – May 24, 2022

Motion: To accept the minutes from May 24, 2022.

Laura and Emily. **Carried.**

6. Business Arising from Minutes - none

7. Annual Nomination of Executive Positions

Susan thanked Mike for his 9+ years of service to Contact Brant. Jane also thanked Mike for his leadership and support over the years. Susan also noted thanks to Alyssa who is stepping down from the Board.

Past Chair: (optional position) – No need at this time.

Motion: To approve the following Executive Positions:

Chair: Susan Fitzgerald

Vice Chair and Treasurer: Kelly Skrzypek

Secretary: Greg Hackborn.

Elizabeth and Emily. **Carried.**

8. Annual Striking of Committees

The Board members not attending the meeting will be asked to confirm their participation in a committee; this will be brought back to the September meeting if there are additions to be made.

Nominating committee:

Motion: To approve membership of the following nominees for the Nominating Committee: Jenna & Susan.
Jenna and Laura. **Carried.**

Policy committee:

Motion: To approve membership of the following nominees of the Policy Committee: Laura, Elizabeth and Emily.
Emily and Elizabeth. **Carried.**

Audit committee:

Motion: To approve the Audit Committee responsibilities be assumed by the Board as a whole for July 2022 to June 2023.
Laura and Jenna. **Carried.**

9. Executive Reports

a. Chair's Report – Email decisions presented for information.

b. Treasurer's Report – May 31, 2022

Motion: To approve the Treasurer's report.
Jenna and Laura. **Carried.**

c. CEO's Report

Motion: To approve an increase in the mileage rate to \$0.51 per/km.
Emily and Jenna. **Carried.**

Motion: To approve Board decision making over July and August 2022 to be made by email unless otherwise requested by a Director or the Chief Executive Officer.

Laura and Elizabeth. **Carried.**

Motion: To approve CEO's report as presented.
Jenna and Mike. **Carried.**

10. Committee Reports

a. Policy Review Committee

Motion: To approve the revised Leave of Absence Policy with the Family Responsibility Leave being three paid days in a fiscal year.
Emily and Jenna. **Carried.**

b. Nominating Committee – no report.

11. New Business

a. MCCSS and MOH Final Reports for 2021-2022 – provided for information in the agenda package.

12. Correspondence

- a. MOH Memo re Masking – provided for information.

13. In-Camera -

Motion: To move in-camera
Laura and Jenna. **Carried.**

14. In-Camera Reports.

15. Adjournment – Susan adjourned the meeting.

Next Meeting: AGM public meeting Tuesday, **September 27, 2022 at 4:00;**
The Board meeting will immediately follow the Public AGM.



Board of Directors
Striking of Committees

September 27, 2022

At the June 28th meeting of the Board, not all Directors were in attendance and the Board indicated they wanted to provide the opportunity for these members to choose a Board Committee(s).

The following names in black were recommended at the June 28th meeting; **names in red have indicated their interest in being added a committee**. Directors can also indicate their interest at the September meeting:

Recommendations:

1. Approve the membership of the following nominees for the Nominating Committee for July 2022 to June 2023:
 1. Susan
 2. Jenna
 - 3.

2. Approve the membership of the following nominees for Policy Review Committee for July 2022 – June 2023.
 1. Laura
 2. Elizabeth
 3. Emily
 4. **Kelly**
 5. **Greg**

Decision

Additional Information from the June meeting:

According to By-Laws, the Board annually appoints the members of the Nominating Committee, the Audit Committee, and the Policy Review Committee. According to Governance Policy, Board Committees make recommendations to the Board of Directors which is the final decision-making body for the corporation.

a. Nominating Committee:

Governance Policy Terms of Reference for the Nominating Committee:

- **Responsibilities:** Nominate persons for election to the Board to fill any vacancies on the Board, and consult with the Chief Executive Officer with respect to the type of candidates that the Committee ought to recruit
- **Authorities:** Empowered to request appropriate candidates for their interest in the Board, and to interview potential members
- **Accountability and Reporting:** Accountable and report to the Board.
- **Time Frame:** Standing Committee struck annually at the first board meeting following the AGM; meet as needed by the Board when new members are required
- **Membership:** The Board appoints a minimum of 2 directors to the Nominating Committee, and identifies the Chair of the Committee
- **Staff Roles:** The Chief Executive Officer is a resource to the members of the Committee when requested.

b. Policy Review Committee:

Governance Policy Terms of Reference for the Policy Review Committee:

- *Responsibilities:* Review Operational Policies, Governance Policies and By-Laws
- *Authorities:* Develop draft revisions or new policies and By-Laws for recommendation to the Board
- *Accountability and Reporting:* Accountable and report to the Board.
- *Time Frame:* Standing Committee struck annually at the first board meeting following the AGM.
- *Membership:* The Board appoints a minimum of 2 Directors to the Nominating Committee, and identifies the Chair of the Committee
- *Staff Roles:* The Chief Executive Officer is an equal partner in the discussion and will draft revisions or develop new policies under the direction of the Committee and the Board.

c. Audit Committee:

For the past few years, the Board of Directors as a whole has addressed the responsibilities of the Audit Committee. The Board could choose not to strike an Audit Committee at this time, and if needed strike the committee at a later date.

Governance Policy Terms of Reference for the Audit Committee:

- *Responsibilities:* Review of financial policies, procedures, controls; review external audit of financial statements and reporting; assist CEO develop budget annually; recommend regarding appointment of the auditor
- *Authorities:* Oversee financial reporting and disclosure process, scope and plan for external audit, draft financial statements and management letter with the auditor
- *Accountability and Reporting:* Accountable and report to the Board
- *Time Frame:* Standing Committee struck annually at the first board meeting following the AGM; meet prior to year-end (by February) and after draft audit is prepared (May/June) and complete recommendations by June Board meeting of each year; additional meetings as required.
- *Membership:* The Treasurer (Chair); the Board appoints a minimum of 1 Director
- *Staff Roles:* The Chief Executive Officer is an equal partner in the discussion and will draft the annual budget and be accountable regarding financial processes.



Board of Directors
Open Report from the Chair
September 27, 2022

Email approval was received for the following recommendations over July and August 2022:

1. Approve revisions as presented to the Purchasing Policy, Financial Management Policy, and the Financial Conditions and Activities Governance Policy.
June 29, 2022: Susan, Jenna, Laura, Kelly, Greg, Elizabeth, Emily, Elizabeth
2. Approve the MCCSS 2021-22 Annual Reconciliation Report
July 26, 2022: Kelly, Laura, Brian, Emily, Susan, Jenna
3. Approve the MOH 2020-21 Annual Reconciliation Report
July 26, 2022: Kelly, Brian, Laura, Susan, Jenna, Emily

Information




June 30, 2022

	2021-2022 Actual	2022-23 MCCSS Forecast	2022-23 MOH Forecast	2022-2023 Forecast	2022-2023 YTD
REVENUE					
Access - Children's (MCCSS)	1,200	1,200		1,200	300
DS Children's Specialized (MCCSS)	185,315	185,315		185,315	46,337
RPAC (MCCSS)	692	692		692	179
Coordinated Service Planning (MCCSS)	261,100	261,100		261,100	65,278
Complex Needs (MCCSS)	65,280	65,280		65,280	16,320
FASD (MCCSS)	180,000	180,000		180,000	45,000
Urgent Response Service (MCCSS)	138,160	3,776,999		3,776,999	944,258
Access Intake Service Planning (MOH)	351,493		351,493	351,493	87,883
Service Coordination Process (MOH)	14,566		14,566	14,566	3,640
Sub-Total Ministry Actual Revenue	1,197,806	4,470,586	366,059	4,836,645	1,209,195
Off-Setting Revenue Info Services (211-\$43,114; Findhelp \$1,404)	45,953	44,518	0	44,518	11,153
DSO (off-setting revenue in Access Intake Serv Planning)	10,000	0		0	0
Amortization Deferred Capital Contributions	0			0	0
TOTAL Revenue	1,253,759	4,515,104	366,059	4,881,163	1,220,348
Applied from Projects	698			0	0
Applied from Unrestricted Funds	0				

	2021-2022 Actual	2022-23 MCCSS Forecast	2022-23 MOH Forecast	2022-2023 Forecast	2022-2023 YTD
EXPENSES					
Total Salaries	861,454	925,030	262,023	1,187,053	249,638
Staff Salaries	861,454	815,685	192,942	1,008,627	249,638
ACA Salaries	0	86,050	69,081	155,131	0
Projected New Grids/Increase Salary	0	23,295	0	23,295	0
Benefits	137,302	171,210	49,771	220,981	39,356
Mandatory Benefits (CPP, EI, EHT)	57,851	74,315	21,900	96,215	18,685
Benefits Other (WSIB, group benefits)	79,451	96,895	27,871	124,766	20,671
Training (education, meetings, recruitment - staff & board)	10,365	10,900	3,500	14,400	2,164
Staff Development	7,285	8,000	3,000	11,000	1,190
Staff and Board Expenses	3,080	2,900	500	3,400	974
Transportation & Communication	107,439	64,875	15,665	80,540	4,164
Travel	473	2,875	200	3,075	11
Communication - (Postage, Bell, Cozzmic)	16,892	17,000	2,165	19,165	1,896
Promotion and Membership Fees	15,773	11,000	1,500	12,500	195
IT software & IT equipment & photocopier	40,633	17,500	6,400	23,900	758.79
IT - Maintenance and DataBase Service (Backup Server,KCL, EMHware)	33,669	16,500	5,400	21,900	1,303
Building Occupancy (Lease, Insurance, Repairs & Mtce)	46,672	42,527	17,500	60,027	15,080
Lease and Building Maintenance	33,610.06	31,427	11,500	42,927	11,738
Insurance Expense	13,062	11,100	6,000	17,100	3,342
Professional/Contracted-out (legal, audit, bank, payroll services, consultant fees)	52,886	21,000	11,000	32,000	11,439
Audit, Legal, Bank Charges, Payroll, Other	23,131	19,000	11,000	30,000	11,339
Consulting	29,755	2,000	0	2,000	100
Other Program/Service Expenditures (Dues/Fees for Memberships, all other not classified)	1,593	3,245,160	1,000	3,246,160	68,397
Purchased Client Services	1,593	3,245,160	1,000	3,246,160	68,397
Supplies & Equipment	36,747	34,402	5,600	40,002	834
Furniture and Office Supplies	36,747	34,402	5,600	40,002	834
Amortization Deferred Capital Contributions	0	0	0	0	0
Contingency			0	0	0
TOTAL Ministry Expenses	1,254,457	4,515,104	366,059	4,881,163	391,073
Ministry Surplus (Loss)	0	0	0	0	829,275

Quick Books Cash Balance*	882,949
Internally Restricted BHN	16,374
QuickBooks Balance	866,575
TD Account Actual Balance	953,807
Outstanding Transactions	70,858
Cash Balance (TD - Outstanding)*	882,949
Restricted Lease Funds	26,464
Unrestricted Funds Balance	10,226

GIC bank statement balance \$26,955.90 (Difference \$491.90)

 June 30, 2022	PROJECT FUNDS			Notes
	2020-2021 Actual	2021-2022 Forecast	2022-2023 YTD	
REVENUE				
Your Guide	23,240	23,240	0	\$23,239.78 deferred from 2021/2022
FASD Caregiver Support Group	4,500	4,500	0	
Other (Accrued, Interest Earned, Staff payments, GIC Interest , Miscellaneous)	692	1,000	295	
Non-Ministry Amortization Deferred Capital Contributions	0	0	0	
TOTAL Projects Revenue	28,432	28,740	295	
EXPENSES				
Your Guide	0	0	0	No printing; no expenditures
FASD Caregiver Support Group	4,500	4,500	200	
Other Expenses (Staff personal charges i.e.: postage, Miscellaneous)	196	500	0	
Non-Ministry Amortization Deferred Capital Contributions	0	0	0	
Applied to Ministry	698		0	
Total Projects Expenses	4,696	5,000	200	
Projects Surplus (Loss)	23,038	23,740	95	

TOTAL MINISTRY AND PROJECTS			
TOTAL REVENUE	1,282,191	4,909,903	1,220,644
TOTAL EXPENSES	1,259,153	4,886,163	391,273
TOTAL Surplus (Loss)	23,038	23,740	829,275

ACCRUED EXPENSES 2022-2023	Amount	Amount Paid	Date Paid
Translation - March 2022	350.00	93.55	April 27, 2022
Ceridian HR - March 31, 2022	320.00	302.47	April 26, 2022
Audit Expenses - 2021-2022 Fiscal Year	13,200.00	10,881.90	June 8, 2022
Cozzmic - April 15, 2022 for March 2022	181.92	204.68	April 15, 2022
Bell - April 15, 2022 for March long distance	225.00	58.12	April 13, 2022
Retro 1% - Salary and benefits 2021-22 Fiscal Year	9,491.00	9,509.79	April 13, 2022
Backup Server CTSit	5,269.50	5,269.51	April 5, 2022
Group Benefits	444.75		
TOTAL ACCRUED	29,482.17	26,320.02	

AMORTIZATION	Annual 20/21	
Equipment/Furniture	4,256	
Computers	11,615	
Software	37,029	
Amortization MCCSS	52,900	64522

HST Refund	6,754.39
HST Paid/yet to be Refunded	2,074.53
HST is paid at time of cheque issued, yet bookkeeping & financial report take out the rebate which will be refunded; this reflects the rebate which balances the cheque written to the bookkeeping/financial report.	
Month's Transaction Totals	
Total revenue deposited	403,225.00
Total cheques written	89,107.42
Total withdrawals	187,231.94




July 31, 2022

	2021-2022 Actual	2022-23 MCCSS Forecast	2022-23 MOH Forecast	2022-2023 Forecast	2022-2023 YTD
REVENUE					
Access - Children's (MCCSS)	1,200	1,200		1,200	400
DS Children's Specialized (MCCSS)	185,315	185,315		185,315	61,779
RPAC (MCCSS)	692	692		692	236
Coordinated Service Planning (MCCSS)	261,100	261,100		261,100	87,036
Complex Needs (MCCSS)	65,280	65,280		65,280	21,760
FASD (MCCSS)	180,000	180,000		180,000	60,000
Urgent Response Service (MCCSS)	138,160	3,776,999		3,776,999	1,259,007
Access Intake Service Planning (MOH)	351,493		351,493	351,493	117,173
Service Coordination Process (MOH)	14,566		14,566	14,566	4,854
Sub-Total Ministry Actual Revenue	1,197,806	4,470,586	366,059	4,836,645	1,612,245
Off-Setting Revenue Info Services (211-\$43,114; Findhelp \$1,404)	45,953	44,518	0	44,518	21,932
DSO (off-setting revenue in Access Intake Serv Planning)	10,000	0	0	0	0
Amortization Deferred Capital Contributions	0			0	0
TOTAL Revenue	1,253,759	4,515,104	366,059	4,881,163	1,634,177
Applied from Projects	698	0	0	0	0
Applied from Unrestricted Funds	0	0	0	0	0

	2021-2022 Actual	2022-23 MCCSS Forecast	2022-23 MOH Forecast	2022-2023 Forecast	2022-2023 YTD
EXPENSES					
Total Salaries	861,454	925,030	262,023	1,187,053	333,656
Staff Salaries	861,454	815,685	192,942	1,008,627	333,656
ACA Salaries	0	86,050	69,081	155,131	0
Projected New Grids/Increase Salary	0	23,295	0	23,295	0
Benefits	137,302	171,210	49,771	220,981	53,155
Mandatory Benefits (CPP, EI, EHT)	57,851	74,315	21,900	96,215	25,093
Benefits Other (WSIB, group benefits)	79,451	96,895	27,871	124,766	28,061
Training (education, meetings, recruitment - staff & board)	10,365	10,900	3,500	14,400	3,183
Staff Development	7,285	8,000	3,000	11,000	1,255
Staff and Board Expenses	3,080	2,900	500	3,400	1,928
Transportation & Communication	107,439	64,875	15,665	80,540	9,884
Travel	473	2,875	200	3,075	471
Communication - (Postage, Bell, Cozzmic)	16,892	17,000	2,165	19,165	3,491
Promotion and Membership Fees	15,773	11,000	1,500	12,500	268
IT software & IT equipment & photocopier	40,633	17,500	6,400	23,900	2,989.33
IT - Maintenance and DataBase Service (Backup Server,KCL, EMHware)	33,669	16,500	5,400	21,900	2,665
Building Occupancy (Lease, Insurance, Repairs & Mtce)	46,672	42,527	17,500	60,027	16,194
Lease and Building Maintenance	33,610.06	31,427	11,500	42,927	11,738
Insurance Expense	13,062	11,100	6,000	17,100	4,456
Professional/Contracted-out (legal, audit, bank, payroll services, consultant fees)	52,886	21,000	11,000	32,000	17,629
Audit, Legal, Bank Charges, Payroll, Other	23,131	19,000	11,000	30,000	17,529
Consulting	29,755	2,000	0	2,000	100
Other Program/Service Expenditures (Dues/Fees for Memberships, all other not classified)	1,593	3,245,160	1,000	3,246,160	282,398
Purchased Client Services	1,593	3,245,160	1,000	3,246,160	282,398
Supplies & Equipment	36,747	34,402	5,600	40,002	1,164
Furniture and Office Supplies	36,747	34,402	5,600	40,002	1,164
Amortization Deferred Capital Contributions	0	0	0	0	0
Contingency			0	0	0
TOTAL Ministry Expenses	1,254,457	4,515,104	366,059	4,881,163	717,264
Ministry Surplus (Loss)	0	0	0	0	916,913

Quick Books Cash Balance*	970,585
Internally Restricted BHN	16,374
QuickBooks Balance	954,212
TD Account Actual Balance	1,176,844
Outstanding Transactions	206,259
Cash Balance (TD - Outstanding)*	970,585
Restricted Lease Funds	26,464
Unrestricted Funds Balance	10,226

GIC bank statement balance \$26,955.90 (Difference \$491.90)

 July 31, 2022	PROJECT FUNDS			Notes
	2020-2021 Actual	2021-2022 Forecast	2022-2023 YTD	
<u>REVENUE</u>				
Your Guide	23,240	23,240	0	\$23,239.78 deferred from 2021/2022
FASD Caregiver Support Group	4,500	4,500	0	
Other (Accrued, Interest Earned, Staff payments, GIC Interest , Miscellaneous)	692	1,000	295	
Non-Ministry Amortization Deferred Capital Contributions	0	0	0	
TOTAL Projects Revenue	28,432	28,740	295	
<u>EXPENSES</u>				
Your Guide	0	0	0	No printing; no expenditures
FASD Caregiver Support Group	4,500	4,500	300	
Other Expenses (Staff personal charges i.e.: postage, Miscellaneous)	196	500	0	
Non-Ministry Amortization Deferred Capital Contributions	0	0	0	
Applied to Ministry	698		0	
Total Projects Expenses	4,696	5,000	300	
Projects Surplus (Loss)	23,038	23,740	-5	

TOTAL MINISTRY AND PROJECTS			
TOTAL REVENUE	1,282,191	4,909,903	1,634,473
TOTAL EXPENSES	1,259,153	4,886,163	717,564
TOTAL Surplus (Loss)	23,038	23,740	916,913

ACCRUED EXPENSES 2022-2023	Amount	Amount Paid	Date Paid
Translation - March 2022	350.00	93.55	April 27, 2022
Ceridian HR - March 31, 2022	320.00	302.47	April 26, 2022
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Cozzmic - April 15, 2022 for March 2022	181.92	204.68	April 15, 2022
Bell - April 15, 2022 for March long distance	225.00	58.12	April 13, 2022
Retro 1% - Salary and benefits 2021-22 Fiscal Year	9,491.00	9,509.79	April 13, 2022
Backup Server CTSit	5,269.50	5,269.51	April 5, 2022
Group Benefits	444.75		
TOTAL ACCRUED	29,482.17	26,320.02	

AMORTIZATION	Annual 20/21
Equipment/Furniture	4,256
Computers	11,615
Software	37,029
Amortization MCCSS	52,900

HST Refund	6,754.39
HST Paid/yet to be Refunded	3,090.40
HST is paid at time of cheque issued, yet bookkeeping & financial report take out the rebate which will be refunded; this reflects the rebate which balances the cheque written to the bookkeeping/financial report.	
Month's Transaction Totals	
Total revenue deposited	413,829.00
Total cheques written	227,620.08
Total withdrawals	326,290.75




August 31, 2022

	2021-2022 Actual	2022-23 MCCSS Forecast	2022-23 MOH Forecast	2022-2023 Forecast	2022-2023 YTD
REVENUE					
Access - Children's (MCCSS)	1,200	1,200		1,200	500
DS Children's Specialized (MCCSS)	185,315	185,315		185,315	77,221
RPAC (MCCSS)	692	692		692	293
Coordinated Service Planning (MCCSS)	261,100	261,100		261,100	108,794
Complex Needs (MCCSS)	65,280	65,280		65,280	27,200
FASD (MCCSS)	180,000	180,000		180,000	75,000
Urgent Response Service (MCCSS)	138,160	3,776,999		3,776,999	1,573,756
Access Intake Service Planning (MOH)	351,493		351,493	351,493	146,463
Service Coordination Process (MOH)	14,566		14,566	14,566	6,068
Sub-Total Ministry Actual Revenue	1,197,806	4,470,586	366,059	4,836,645	2,015,295
Off-Setting Revenue Info Services (211-\$43,114; Findhelp \$1,404)	45,953	44,518	0	44,518	21,932
DSO (off-setting revenue in Access Intake Serv Planning)	10,000	0		0	0
Amortization Deferred Capital Contributions	0			0	0
TOTAL Revenue	1,253,759	4,515,104	366,059	4,881,163	2,037,227
Applied from Projects	698			0	0
Applied from Unrestricted Funds	0				

	2021-2022 Actual	2022-23 MCCSS Forecast	2022-23 MOH Forecast	2022-2023 Forecast	2022-2023 YTD
EXPENSES					
Total Salaries	861,454	925,030	262,023	1,187,053	466,856
Staff Salaries	861,454	815,685	192,942	1,008,627	466,856
ACA Salaries	0	86,050	69,081	155,131	0
Projected New Grids/Increase Salary	0	23,295	0	23,295	0
Benefits	137,302	171,210	49,771	220,981	70,435
Mandatory Benefits (CPP, EI, EHT)	57,851	74,315	21,900	96,215	33,065
Benefits Other (WSIB, group benefits)	79,451	96,895	27,871	124,766	37,369
Training (education, meetings, recruitment - staff & board)	10,365	10,900	3,500	14,400	3,659
Staff Development	7,285	8,000	3,000	11,000	1,255
Staff and Board Expenses	3,080	2,900	500	3,400	2,404
Transportation & Communication	107,439	64,875	15,665	80,540	10,649
Travel	473	2,875	200	3,075	537
Communication - (Postage, Bell, Cozzmic)	16,892	17,000	2,165	19,165	4,000
Promotion and Membership Fees	15,773	11,000	1,500	12,500	268
IT software & IT equipment & photocopier	40,633	17,500	6,400	23,900	3,179.33
IT - Maintenance and DataBase Service (Backup Server,KCL, EMHware)	33,669	16,500	5,400	21,900	2,665
Building Occupancy (Lease, Insurance, Repairs & Mtce)	46,672	42,527	17,500	60,027	20,080
Lease and Building Maintenance	33,610.06	31,427	11,500	42,927	14,510
Insurance Expense	13,062	11,100	6,000	17,100	5,571
Professional/Contracted-out (legal, audit, bank, payroll services, consultant fees)	52,886	21,000	11,000	32,000	19,994
Audit, Legal, Bank Charges, Payroll, Other	23,131	19,000	11,000	30,000	19,894
Consulting	29,755	2,000	0	2,000	100
Other Program/Service Expenditures (Dues/Fees for Memberships, all other not classified)	1,593	3,245,160	1,000	3,246,160	429,834
Purchased Client Services	1,593	3,245,160	1,000	3,246,160	429,834
Supplies & Equipment	36,747	34,402	5,600	40,002	1,206
Furniture and Office Supplies	36,747	34,402	5,600	40,002	1,206
Amortization Deferred Capital Contributions	0	0	0	0	0
Contingency			0	0	0
TOTAL Ministry Expenses	1,254,457	4,515,104	366,059	4,881,163	1,022,714
Ministry Surplus (Loss)	0	0	0	0	1,014,513

Quick Books Cash Balance*	1,073,321
Internally Restricted BHN	16,374
QuickBooks Balance	1,056,948
TD Account Actual Balance	1,285,569
Outstanding Transactions	212,248
Cash Balance (TD - Outstanding)*	1,073,321
Restricted Lease Funds	26,464
Unrestricted Funds Balance	10,226

GIC bank statement balance \$26,955.90 (Difference \$491.90)

 August 31, 2022		PROJECT FUNDS			
		2020-2021 Actual	2021-2022 Forecast	2022-2023 YTD	Notes
REVENUE					
Your Guide	23,240	23,240	23,240	Deferred revenue	
FASD Caregiver Support Group	4,500	4,500	4,500		
Other (Accrued, Interest Earned, Staff payments, GIC Interest , Miscellaneous)	692	1,000	295		
Non-Ministry Amortization Deferred Capital Contributions	0	0	0		
TOTAL Projects Revenue	28,432	28,740	28,035		
EXPENSES					
Your Guide	0	0	0		
FASD Caregiver Support Group	4,500	4,500	457		
Other Expenses (Staff personal charges i.e.: postage, Miscellaneous)	196	500	0		
Non-Ministry Amortization Deferred Capital Contributions	0	0	0		
Applied to Ministry	698		0		
Total Projects Expenses	4,696	5,000	457		
Projects Surplus (Loss)	23,038	23,740	27,578		

TOTAL MINISTRY AND PROJECTS			
TOTAL REVENUE	1,282,191	4,909,903	2,065,263
TOTAL EXPENSES	1,259,153	4,886,163	1,023,171
TOTAL Surplus (Loss)	23,038	23,740	1,014,513

ACCRUED EXPENSES 2022-2023	Amount	Amount Paid	Date Paid
Translation - March 2022	350.00	93.55	April 27, 2022
Ceridian HR - March 31, 2022	320.00	302.47	April 26, 2022
Audit Expenses - 2021-2022 Fiscal Year	13,200.00	10,881.90	June 8, 2022
Cozzmic - April 15, 2022 for March 2022	181.92	204.68	April 15, 2022
Bell - April 15, 2022 for March long distance	225.00	58.12	April 13, 2022
Retro 1% - Salary and benefits 2021-22 Fiscal Year	9,491.00	9,509.79	April 13, 2022
Backup Server CTSit	5,269.50	5,269.51	April 5, 2022
Group Benefits	444.75		
TOTAL ACCRUED	29,482.17	26,320.02	

AMORTIZATION	Annual 20/21
Equipment/Furniture	4,256
Computers	11,615
Software	37,029
Amortization MCCSS	52,900

HST Refund	6,754.39
HST Paid/yet to be Refunded	3,411.57
HST is paid at time of cheque issued, yet bookkeeping & financial report take out the rebate which will be refunded; this reflects the rebate which balances the cheque written to the bookkeeping/financial report.	
Month's Transaction Totals	
Total revenue deposited	407,550.00
Total cheques written	151,582.42
Total withdrawals	303,725.42



Board of Directors
Report from the Chief Executive Officer - Open Meeting

Communication and Counsel to the Board

Quarterly Report for Q1, April 1 to June 30, 2022

Ministry Reporting Data	2022-23 Q4	2022-23 Q3	2022-23 Q2	2022-23 Q1	2021 - 22	Notes
Total Unique Children & Youth				3,835	4,088	Active cases March 31 st are carried over into Q1 - there has been a very large wait list for Woodview's mental health services, as well as a regular influx of new referrals. Woodview is addressing the large wait list and being more responsive through a new CAPA model.
CMH Access & CMH Service Coordination Unique Target 2,200				2,505	2,673	
Direct Hours				542	2,190	
Indirect Hours				1,953	7,791	
Unique Males				1,222	1,242	
Unique Females				1,238	1,388	
Unique Other				45	43	
Unique Aged 0 – 5				187	242	
Unique Aged 6 - 10				764	791	
Unique Aged 11 - 14				816	785	
Unique Aged 15 - 18				738	855	
CMH Eligible for Transition				198	531	
CMH Ended Service				59	225	
Unique Complex Clients Target: 120				165	197	
CDS Access - Unique Target 1,200				1,792	1,945	
Direct Hours				190	628	
Indirect Hours				1,338	5,355	
TAY with Developmental Disability				217	197	
RPAC Target 10				4	0	
Additional Data						
Total Intakes/Response				285	1065	In Q1, we completed 27% of the intakes we completed last fiscal year.
CMH (Children's Mental Health)				205	807	
CDS (Child. Developmental Service)				15	45	
Both				65	213	
Intakes Completed by RC/SC's				207	772	RC = Resource Coordinator SC – Service Coordinator
Total Referrals				181	1,002	
Service Coordination Activity				3,969	16,377	
Case Conferences				13	31	CSP = Coordinated Service Planning staff FASD = Fetal Alcohol Spectrum Disorder staff
CMH				4	11	
CDS				1	0	
Both				5	7	
CSP				0	4	
FASD				3	9	
Case Resolution Reviews				4	40	

CSP Ministry Report 1	2022-23 Q4	2022-23 Q3	2022-23 Q2	2022-23 Q1	2021 - 22	Notes Accumulative stats
# New Referrals Target: 60				10	20	In Q1, we received 50% of the referrals we received last fiscal year.
# New SPC FTE Target: 0				0	0	
Total Coordinated Service Plans				97	100	
Total SPC FTE				6.1	6.1	
Total Waiting for CSP Target: 0				9	4	
Total Days Waiting Target: 0				1,144	584	



FASD Service Coordination						
	Q4	Q3	Q2	Q1	2021-22	Notes
# Referrals				0	17	
# Served Target 60				50	268	
# Active on Caseloads				34	47	
# FASD Capacity Building				16	178	
Direct Hours				160.5	643	
Indirect Hours				424.25	1,752	
# Discharged				3	14	
# Waiting Target 0				0	1	
Wait Time Target 0				0	8	
# Service Plans				18	18	

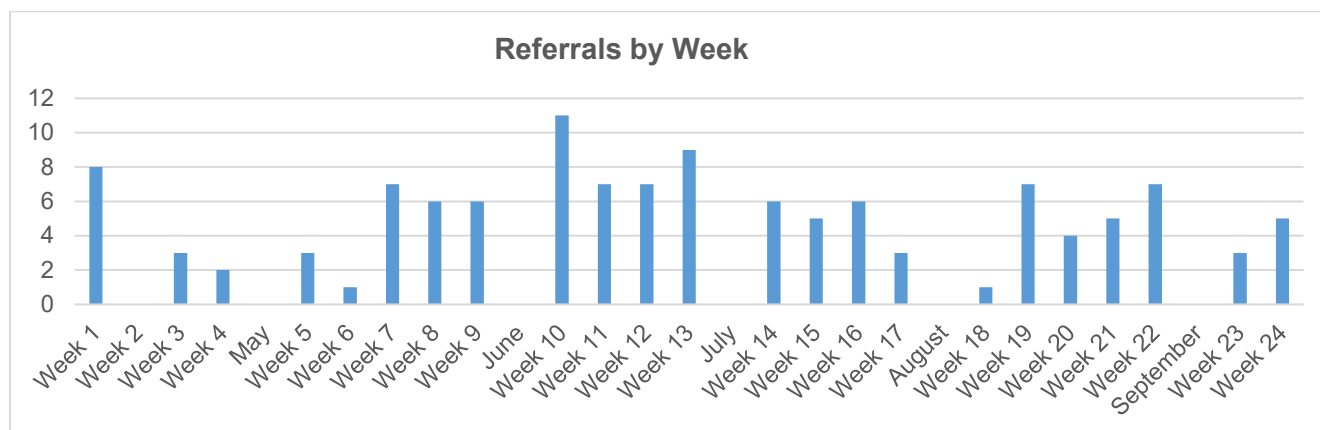


www.info-bhn.ca	2022-23 Q4	2022-23 Q3	2022-23 Q2	2022-23 Q1	2021-22	Notes
Total Records				2,433	2,561	Only 74% of our records are now used by 211. Updated records stand at 97.7%
- Brant Records				1,261	1,301	
- HN Records				1,076	1,104	
- 211 Records				1,808	1,881	
Updates Completed				832	572	
New Records Added				12	8	
Modified Records				934	696	
Deleted Records				21	23	

Public Views (YTD)				329,759	1,182,497	Public Views are 28% and Unique Viewers are 24% of last fiscal year's total.
Unique Viewers (YTD)				44,285	187,829	
Social Media						
# Twitter Followers - CB				1,216	1,196	When we updated our website, we lost the tool that provides data. This has now been corrected; however, data is not available for Q1.
# Twitter Followers Info-BHN				93	85	
# Facebook Followers				619	599	
# Instagram Followers				553	530	
www.contactbrant.net Views				n/a	16,846	
CB Website Unique Viewers				n/a	6,338	

Ontario Autism Program: Urgent Response Service

URS April 1 – September 12, 2022	YTD	2022-23 Q1
Referrals (1 Out of Region)	117	71
Eligible based on Behaviour Threshold within 2 Weeks	65	33
• Aggression	27	15
• Fire Setting	0	0
• Flight Risk	6	4
• Harm to Animals	0	0
• Inappropriate Sexualized Behaviour	1	1
• Property Destruction	2	1
• Risk of Exploitation	0	0
• Self-Injurious Behaviour	17	7
• Suicidal Ideation/Behaviour	5	2
• Violent Thinking	6	3
Peer Support Navigator	16	0
MCCSS Target	190	



We are the only region in the province where referrals have been so significant. Caseload targets are 22 per Urgent Response Service Coordinator (URSC); as of mid-September, our staff are over capacity. As a comparison, on September 12th we had 65 eligible cases and 117 referrals/intakes, and the other half of West Region (Hotel-Dieu Grace Healthcare) had 12 eligible cases and only about 20 referrals with the same number of URSCs. **No other region in the province is at capacity!** Our strong response may be due to our Contact model across our region that supports timely access to services.

Additionally, our Lead URS resigned at the end of August to work for the school board. Our Front Door Coordinator was interested in being a URSC, and had already picked up a small caseload to help with the service demand. We are thus currently in the hiring process for new a Front Door Coordinator, with interviews scheduled the week of September 19th.

With an average of 5+ new eligible cases per week (over 20 per month), we need an additional URSC, even with 9 discharges planned for September. MCCSS indicates that wait lists 'were not conceptualized' for this program. I have requested funding for an additional URSC this fiscal year to help us manage demand.

However, our URS staff are feeling overwhelmed! I have put in temporary measures of support:

- Woodview's current model of maintaining an 'internal wait list for intake', and Sheryl being the only one with access to that internal list to complete the intakes, means our other RC's are not as busy. (We are working with Woodview on this inequity for our staff.) In the next few months, I anticipate that we can free up an RC to help with URS. Our RC, Lindsay Izsak, is thus supporting URS part-time to help with service demand in the interim.
- Hotel-Dieu Grace Healthcare is the URS agency for the south-west part of West Region and will temporarily complete our screening and intake process for URS effective September 26th until we can get more staffing in place.

As we had not hired all the URSC's at the beginning of this fiscal year, and with a current vacancy of the Lead URSC, we have 6 months of being short-staffed which also means we have funds to hire a temporary URSC for the remainder of this fiscal year. We are in the hiring process for the Front Door Coordinator, and will also hire a temporary URSC for the remainder of this fiscal year. It is hoped that MCCSS will right-size our funding to address our service demand for next year – their messaging is that they are 'closely monitoring our situation'.

Information

HRCovered

In August, we transferred to HRCovered for HR support services as they specialize in not-for-profits. Our contract with e2r was ended July 31, 2022.

Attached is the Policy Review Assessment they completed. Once revisions are drafted, they will be brought to the Board.

HRCovered indicated that our Termination of Employment Policy stating, "Any employee resigning from Contact Brant must provide one month written notice of

termination” would not have any weight unless it is in the employment contract. Employment Standards states 2 weeks notice is all that is required.

- **Direction:** Do we want to add the requirement for one month’s notice into our employee contracts, or do we just follow Employment Standards?

HRCovered made some recommendations about our Sick Leave Policy, and our Leave of Absence Policy (current policies attached, with relevant sections highlighted).

- 1) They suggested that 15 days sick eligibility is above the norm and recommended 7 days annually with an increase to personal leave eligibility of 5 days that would include mental health days. (Note: Health and well-being is promoted in our Sick Leave Policy). HRCovered also noted that federal legislation is now requiring 10 paid sick days per year; it is not known yet how this will impact provincial legislation.

We have historically had 15 days of sick leave eligibility per year, and suggest we should not decrease this.

Legislation requires 3 days unpaid Family Responsibility Leave. We just revised the Personal Leave Policy to include 3 paid Family Responsibility Leave days because of illness, injury, medical emergency or urgent matter relating to immediate family; we could broaden this definition to being ‘personal days’.

Finally HRCovered suggested employees could receive a bonus of 1 – 2 days off if they have no sick days in a fiscal year. This could stress employees to come to work when not feeling well. In 2021-22, we had 47% of employees with no sick days, compared to the previous year with 63% of staff with no sick days.

- **Direction:** Maintain Sick Leave eligibility at 15 paid days per year; maintain Family Responsibility Leave at 3 paid days per year; and do not add bonus days for taking no sick time.
- 2) We do not provide eligibility for sick leave until the 3 month probationary period has been completed and this is not in compliance. (i) ESA indicates employees are eligible for 3 unpaid sick days after 2 weeks employment and (ii) COVID legislation states employees are eligible for 3 paid sick days after 2 weeks employment due to having or caring for someone with COVID.

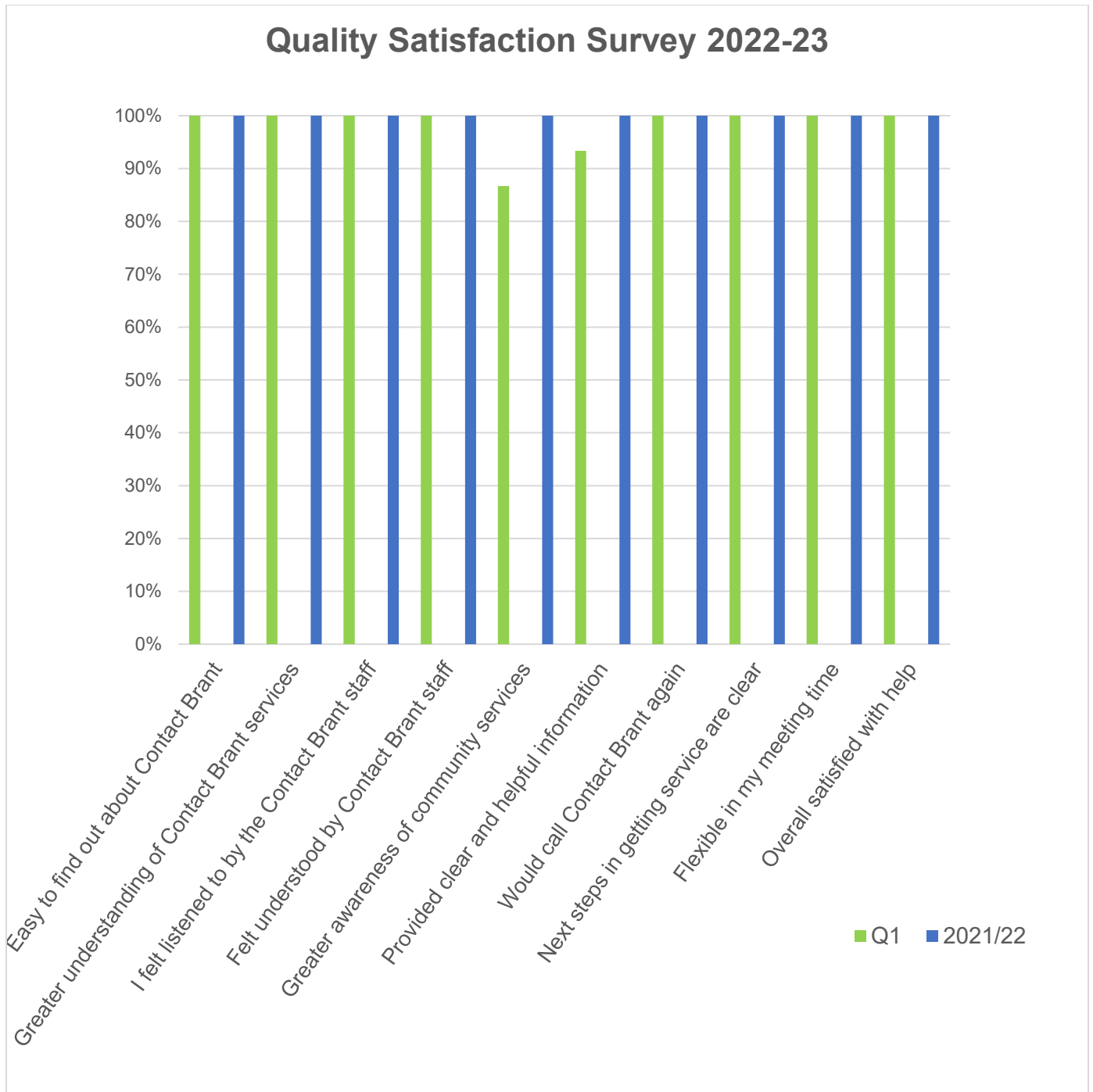
I have already implemented the eligibility for 3 paid sick days for COVID as we have had new employees need to take sick leave. HRCovered suggested a policy change could include the specific COVID requirements, or just start sick eligibility after 2 weeks of employment.
- **Direction:** Revise the Sick Leave Policy to state paid sick leave eligibility starts 2 weeks after employment.

Client Feedback

Quality Satisfaction Survey for Access Services (QSS) results:

QSS Distribution	2022-23 4 th Q	2022-23 3 rd Q	2022-23 2 nd Q	2022-23 1 st Q	2021-22	Notes
Response Rate				3%	6%	Very low response rate.
QSS Responses				3	28	
QSS Distributed				108	493	
Ratio Distribution to Intakes				52%	64%	

Quality Satisfaction Survey Client Comments
Q1
Fast to respond to request for services , very thorough with information and programs available
Experience was amazing!! Cheryl was amazing!! Thanks Cheryl :)
Stu is always excellent to deal with.



Customer Thermometer

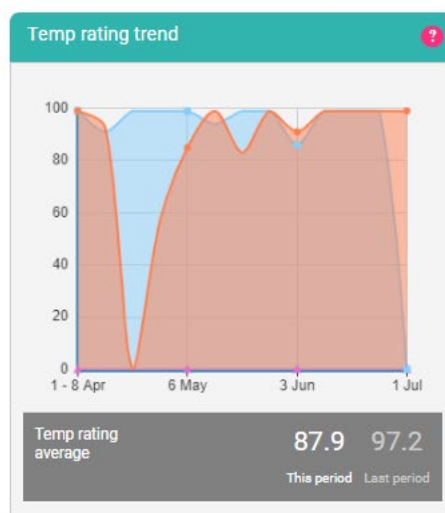
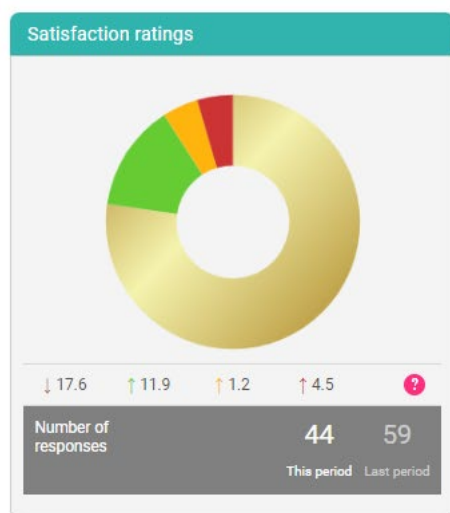
To capture more frequent feedback, we implemented a survey to gather additional feedback from clients. Email signatures include a survey through Customer Thermometer:

“How was the service you received from Contact Brant?”



Great Good OK Poor

Customer Thermometer	
1 st Quarter (April 1 – June 30, 2022)	
Number of Responses	44
Satisfaction Ratings	
• Great	34
• Good	6
• OK	2
• Poor	2
Happiness Factor	90.9%



Customer Thermometer Comments:

- First impression was great.
- I love working with Lyndsey! She is always so helpful to my family and her positive energy is so welcoming. You have a gem with her!
- Excellent – Bravo!
- Very helpful and looking forward to more appointments.
- Extremely helpful.
- Thank you for reaching out and helping my daughter.
- Stuart was very thoughtful and thorough when he conducted the intake interview. He asked for more detail about particular issues that are troubling my child.

- Paul was warm, friendly and easy to talk to about sensitive issues. He put a plan in place, followed through on all items discussed and put my mind at ease. Thank you.
- The associates at Contact Brant were excellent, very easy to talk to, understanding, and able to connect us to organizations who are able to support our needs.




Information






COMPLIANCE ASSESSMENT






Company Name: Contact Brant






Company Size: 17 Employees





Let's get your organization HR covered!





			N/A
Compliant	Needs Updates	Do Not Have	Do Not Require




Key Legislated Compliance Policy Areas		Notes
	Accessibility (or AODA) <ul style="list-style-type: none"> Include information on all standards that have come into force 	<input type="checkbox"/> Page 7 Accommodation of Employee Handbook <ul style="list-style-type: none"> This is good but must comply with the Accessibility For Ontarians w/ Disabilities Act 2005 requirements. <input type="checkbox"/> HR Covered has provided this policy
	Pay Equity (Pay Equity Act) <ul style="list-style-type: none"> Required if 10+ Employees 	<input type="checkbox"/> HR Covered has provided this policy
	Statement of Human Rights Commitment Ontario Human Rights Code	<input type="checkbox"/> HR Covered has provided this policy
	Smoke Free Workplace Smoke Free Ontario Act	<input type="checkbox"/> Page 19 Smoking of Employee Handbook <ul style="list-style-type: none"> Must follow <i>Smoke Free Ontario Act</i> (SFOA) <input type="checkbox"/> HR Covered has provided this policy
	Protection of Personal Information <ul style="list-style-type: none"> Must be equivalent to PIPEDA 	<input type="checkbox"/> Page 19-22 Privacy Policy of Employee Handbook <input type="checkbox"/> Page 1-13 of HR 03 Privacy and Confidentiality <ul style="list-style-type: none"> Equivalent to PIPEDA. Well done!

Key Legislated Health and Safety Areas		Notes
	General Health & Safety Statement <ul style="list-style-type: none"> Signed by Upper Management 	<input type="checkbox"/> Page 16-18 Health and Safety of Employee Handbook <ul style="list-style-type: none"> Must meet the requirements set out in the <i>Occupational Health and Safety Act</i> <input type="checkbox"/> HR Covered has provided this policy
	Health and Safety Representative Policy <ul style="list-style-type: none"> Required if you have between 6-19 Employees 	<input type="checkbox"/> HR Covered has provided this policy
N/A	Joint Health and Safety Committee <ul style="list-style-type: none"> Required if you have over 20 employees 	You do not require a JHSC
	Workplace Anti-Harassment and Discrimination Policy and Program <ul style="list-style-type: none"> Includes psychological harassment/bullying 	<input type="checkbox"/> Page 24-29 Respect in Workplace of Employee Handbook <input type="checkbox"/> Page 1-10 of HR 05 Workplace Harassment and Violence <ul style="list-style-type: none"> You provided detailed information. Well done! We suggest adding the supervisor's responsibilities. <input type="checkbox"/> HR Covered has provided this policy
	Workplace Anti-Violence Policy and Program <ul style="list-style-type: none"> Includes domestic violence 	<input type="checkbox"/> Page 1-10 HR 05 Workplace Harassment and Violence <input type="checkbox"/> Page 1-5 of HR 19 Abuse <ul style="list-style-type: none"> Must include domestic violence. Must have violence Risk Assessment. Employee and Supervisor responsibilities. Grounds of disciplinary action. <input type="checkbox"/> HR Covered has provided this policy
	Workplace Hazardous Materials Information Safety (WHMIS) <ul style="list-style-type: none"> Compliant with WHMIS 2015 	<input type="checkbox"/> Page 7 HR 06 Health and Safety <ul style="list-style-type: none"> Ensure WHMIS 2015 is up to date. Employer and Employee responsibilities.

		<input type="checkbox"/> HR Covered has provided this policy
	Right to Refuse Unsafe Work	<input type="checkbox"/> HR Covered has provided this policy
	Duty of Persons Directing Work <ul style="list-style-type: none"> Persons directing work are now criminally liable for worker safety 	<input type="checkbox"/> HR Covered has provided this policy
	Hazard Identification Policy Specific Areas (workplace dependant)	<input type="checkbox"/> HR Covered has provided this policy
N/A	Emergency Preparedness and Response <ul style="list-style-type: none"> Required if 20+ Employees 	You do not require this policy
	Covid-19 Workplace Safety Plan <ul style="list-style-type: none"> Recent requirement in response to the pandemic 	<input type="checkbox"/> HR Covered has provided this policy
Key Employment Standards Policy Areas		Notes
	Protected Leaves for Employees <ul style="list-style-type: none"> <u>Employment Standards Act (ESA)</u> 	<input type="checkbox"/> Page 31-35 Time away from work of <u>Employee Handbook</u> <input type="checkbox"/> Page 1-3 of <u>HR 10 Sick Leave</u> <input type="checkbox"/> Page 1-2 of <u>HR 11 Leave of Absence</u> <ul style="list-style-type: none"> Jury Duty - All good here! Medical leave - Must state number of leaves allowed. Pregnancy leave/Parental leave - You did great here! Voting leave - 3 hrs paid off during FED and provincial election. Note that voting is open for 12hrs. Family Responsibility Leave - Giving 3 days paid leave. Must provide 16 Protected leave. <input type="checkbox"/> HR Covered has provided this policy

	Hours of Work and Overtime	<input type="checkbox"/> Page 18 Hours of Work of Employee Handbook <input type="checkbox"/> Page 1-4 of HR 08 Hours of Work <ul style="list-style-type: none"> Take note that managers and supervisors are not eligible for OT pay. <input type="checkbox"/> HR Covered has provided this policy
	Public Holidays (Stat Holidays)	<input type="checkbox"/> Page 33 Paid Holidays of Employee Handbook <input type="checkbox"/> Page 01-3 of HR 09 Vacations and Holidays <ul style="list-style-type: none"> Included Civic Holiday. Holiday pay follows Employment Standards legislation. I suggest that it must indicate qualification and computation for Holiday.
	Vacation	<input type="checkbox"/> Page 35 Vacation of Employee Handbook <input type="checkbox"/> Page 01-3 of HR 09 Vacations and Holidays <ul style="list-style-type: none"> Employees who worked less than 5 yrs should have 2 weeks of vacation time and must receive 4% gross wages for vacation pay. Employees who worked more than 5yrs should have 3 weeks vacation time and 6% gross wages. Please note that during Maternity leave/Parental leave, Only the vacation time accrued not vacation pay. <input type="checkbox"/> HR Covered has provided this policy
	Hiring <ul style="list-style-type: none"> Include accommodation statement (AODA requirement) 	<input type="checkbox"/> Page 1-6 HR 01 Hiring & Conditions of Employment <ul style="list-style-type: none"> Duty to accommodate Ensure to do a reference check prior to giving the employment contract. Make sure to provide orientation and training for new employees.

		<input type="checkbox"/> HR Covered has provided this policy
	Termination <ul style="list-style-type: none"> Always consult the ESA or call your HR Manager with questions 	<input type="checkbox"/> Page 24 Termination/Dismissal of Employee Handbook <input type="checkbox"/> Page 1 of HR 15 Termination of Employment <ul style="list-style-type: none"> Can add more detailed definitions. Always ensure to consult your HR before terminating an employee. Need to add policy for Final pay and ROE <input type="checkbox"/> Page 30 Temporary Layoffs <input type="checkbox"/> HR Covered has provided this policy
Key Common Law or Company Specific Policy Areas		Notes
	Absenteeism and Attendance	<input type="checkbox"/> Page 31 Time away from work of Employee Handbook <ul style="list-style-type: none"> 3 consecutive absences without notice is considered job abandonment. Add patterns of absenteeism. <input type="checkbox"/> HR Covered has provided this policy
	Code of Conduct or Ethics	<input type="checkbox"/> Page 9-10 Business Conduct of Employee Handbook <input type="checkbox"/> Page 1-5 of HR 04 Professional Code of Conduct <ul style="list-style-type: none"> This part is detailed! Well done!
	Corrective Action	<input type="checkbox"/> Page 23-24 Progressive Discipline of Employee Handbook <input type="checkbox"/> Page 1-5 of HR 20 Progressive Discipline <ul style="list-style-type: none"> Step 3 - Suspension? Can discuss this with your HR. Employee and Managers responsibilities.

		<input type="checkbox"/> HR Covered has provided this policy
	Drugs and Alcohol/Fitness to Work <ul style="list-style-type: none"> Includes substance abuse, duty to accommodate, cannabis, investigation procedure 	<input type="checkbox"/> Page 8-9 Alcohol and Substance Abuse of Employee Handbook <ul style="list-style-type: none"> Add employee and Supervisor responsibilities. <input type="checkbox"/> HR Covered has provided this policy
	Social Media <ul style="list-style-type: none"> Recommended during this day and age 	<input type="checkbox"/> Page 14-15 Online Social Community Pages, Personal Websites and Blogs of Employee Handbook <ul style="list-style-type: none"> Good job on providing detailed information.
	Working from Home	<input type="checkbox"/> Page 29 Teleworking of Employee Handbook <input type="checkbox"/> Page 1-3 of HR 12 TeleWork Policy <ul style="list-style-type: none"> Add employer and employee responsibilities. <input type="checkbox"/> HR Covered has provided this policy

Upcoming Considerations:

- All employees and volunteers require accessibility training (AODA). HR Covered can provide this online training to your team
- Have your employees had Safety Awareness Training or Violence and Harassment training or WHMIS? Simply let us know who you'd like to train and when and we can assign that training
- Key policies should be reviewed annually to ensure they are up-to-date with legislation. HR Covered can help with this
- HR Covered will monitor legislation and keep you in the loop if there are updates that apply generally or to you in particular

Next Steps:

Now that the key protective policies are in place, HR Covered would be pleased to advise on additional areas identified as important by you and create additional policies or documents that would make your HR operations run more smoothly.

SECTION: Human Resources

POLICY: HR 10

REVISED: June 2019

PAGE: 1 of 3

April 2019; September 2018; September 2015; March 2015

SICK LEAVE

PREAMBLE

Contact Brant places a high value on attendance as well as the well-being of employees. Regular attendance is critical to the services, goals, objectives, effectiveness, and standards of Contact Brant.

The purpose of this policy is to confirm the requirement that each employee work all scheduled hours as deemed necessary by their position, promote well-being and support of healthy lifestyles, and identify the parameters of paid sick leave when legitimate illness occurs. Paid sick leave has the specific purpose of protecting an employee's income against loss due to legitimate illness or non-work related injury.

Some organizations define Sick Leave in the number of occurrences rather than the number of eligible days because employers typically define it as a more serious problem if an employee has chronic absences rather than a single occurrence of a lengthier absence (e.g., 10 absences of 1 day each, compared to an employee who is absent once in a year for 10 days).

Contact Brant will work with employees to address well-being, as well as communicate costs and impact of absenteeism to other employees and the organization.

POLICY

All permanent full-time employees who have successfully completed the first 3 months of their probationary period will be eligible fiscally for 1.25 days per months worked of paid sick leave due to legitimate illness or non-work related injury.

PROCEDURE

1. Based on a 37.5 hour workweek, employees are entitled to 9.375 hours of sick leave per month worked in a fiscal year, totaling a maximum of 112.5 hours (15 days) per fiscal year. The amount of sick leave time per year is identified in hours at the beginning of the fiscal year, based on the projected number of months that will be worked and prorated for the employee's contracted hours in a workweek.
 - 1.1 Reporting of sick time used will be recorded in hours on the monthly Employee Attendance Record that is submitted to the Chief Executive Officer. No compensatory time can be accumulated in a week where sick time is taken.
 - 1.2 Eligible employees who have successfully completed their probationary period are eligible to receive sick leave benefits for the remainder of the calendar year beginning in their 4th month of employment.
 - 1.3 Employees who terminate during a given year and have taken more than their earned sick leave days per months worked, may choose to use any

balance of eligible comp time or vacation to off-set the unearned sick days taken or will have such monies deducted in their final pay.

2. Employees are encouraged to consider their own well-being to help manage regular attendance at work by being mindful of maintaining a healthy work/family life balance, health and safety practices, and considering a healthy lifestyle.
3. Employees may not accumulate or carry forward unused sick leave from one fiscal year to the next. Under no circumstances will unused sick days be paid out at any time.
4. Employees are responsible for notifying the Chief Executive Officer by email, telephone, or phone message if they intend to not report for work because of illness (or any other reason).
 - The employee should state the reason for the absence
 - The employee should ensure coverage for their work schedule for the day of absence due to illness.
5. Responsible use of sick leave is expected by employees. Sick days must be used only for legitimate illness or non-work related injury.
6. Contact Brant reserves the right to request medical certification in writing from a licensed physician or medical practitioner including:
 - The prognosis: the expected period of absence and an expected return to work date
 - Any changes in return to work dates
 - Confirmation of fitness to return to work and any limitations or restrictions in carrying out the employee's job function.
7. Abuse of sick days will not be tolerated. Any abuse or misuse of sick leave will be grounds for disciplinary action.
8. Well-being and promoting healthy lifestyles is supported by Contact Brant through benefit coverage for Paramedical Practitioners, Professional Development opportunities, and approved flexible schedules to accommodate non-work priorities.
9. An employee who is chronically absent due to illness or injury shall have their attendance record reviewed with the Chief Executive Officer. Supervision will address well-being and the impact of absence on other employees.
 - 9.1 Chronic absenteeism is defined as single use of sick days repeatedly over the year.
10. If an employee utilizes all their eligible Sick Leave days, the employee can request the Chief Executive Officer for approval to use accrued Compensatory time or eligible Vacation time, or request an Extended Sick Leave.

Extended Sick Leave:

1. For an extended sick leave, once an employee utilizes all their eligible Sick Leave days, the employee will be required to apply for Employment Insurance (EI) sick benefits. Following the 15 weeks on EI benefits, employees will be eligible for Long Term Disability insurance per the employee benefits package.
2. Contact Brant will work with the employee and the employee's physician to develop an accommodation plan when this identified as needed by a physician. The Chief Executive Officer will remain in regular contact with the employee while

on extended sick leave to see how they are doing and confirming the plan to return to work when confirmed by the physician.

2.2 The employee is obligated to work with the employer on the return to work plan as well as an accommodation plan including:

- Providing the Chief Executive Officer with written medical certification from a licensed physician or medical practitioner the expected period of absence and an expected return to work date; any updated return to work dates need to be similarly communicated.
- Prior to returning to work, providing the Chief Executive Officer with (i) written medical certification from a licensed physician or medical practitioner of final medical confirmation of return to work date as well as (ii) confirmation of fitness to return to work; (iii) any limitations or restrictions in carrying out the employee's job function; whether limitations are time-limited or permanent.

2.3 If an employee fails to request extended sick leave with proper notification or fails to request an extension of the initial sick leave beyond the physician-approved return to work date, the employee can be deemed to have abandoned their position.



POLICY AND PROCEDURE MANUAL

SECTION: Human Resources

POLICY: HR 11

REVISED: June 2022

May 2019; September 2018; November 2017;
September 2015, August 2012

PAGE: 1 of 2

LEAVE OF ABSENCE

PREAMBLE

Leaves of absence may be granted on scheduled workdays at the request of an employee to the Chief Executive Officer. Leaves of absence may be paid or unpaid. Bill 47, Making Ontario Open for Business Act, 2018 outlines that employers must annually provide 3 days unpaid Sick Leave, 3 days unpaid Family Responsibility Leave, and 2 days unpaid Bereavement Leave. Contact Brant follows legislative requirements including the Employment Standards Act for leaves of absence.

POLICY

Contact Brant provides a work environment for its employees which is based on fairness, equity and recognition of work/life balance and complies with legislative expectations for Leaves of Absence. Employees may apply for a leave of absence at any time.

PROCEDURE

- 1.0 Employees will direct their request for a personal leave of absence to their supervisor in writing. The Leave of Absence Policy, which addresses paid and unpaid leaves, is an additional option for employees than what is covered in other policies:
 - 1.1 Contact Brant's Sick Leave Policy addresses paid time for legitimate illness or non-work related injury, as well as unpaid extended sick leave.
 - 1.2 The Vacation and Holiday Policy provides paid leave that employees can request for any personal time off.
 - 1.3 Employees can also use any accrued Compensatory time for personal time off, as outlined in the Hours of Work Policy.

Bereavement Leave

- 2.0 Bereavement Leave will be granted with pay in the event of a death of an immediate family member. The amount of approved bereavement leave will depend upon the closeness of the relationship and the unique circumstances of the situation such as needing to make the funeral arrangements, out-of-town travel to attend the funeral. The maximum paid leave for bereavement will be based on the following:
 - Death of a child, spouse/partner, parent or sibling – up to 5 days
 - Death of a grandparent, aunt, uncle, cousin, or other relation or close relationship – up to 1 day.

- 2.1 The Total Hours in a workweek where Bereavement Leave is taken will not exceed 37.5 hours.

Family Responsibility Leave

3.0 Up to 3 paid Family Responsibility Leave days may be granted in a fiscal year because of illness, injury, medical emergency or urgent matter relating to immediate family.

- 3.1 The Total Hours in a workweek where Family Responsibility Leave is taken will not exceed 37.5 hours.

Other Leaves of Absence

4.0 Employees may request a leave of absence without pay as outlined in legislation. Other leaves of absence may include, but are not limited to, pregnancy leave, parental and/or adoption leave, family medical/family caregiver leave, organ donor leave, reservist leave, or jury duty.

- 4.1 *Jury Duty:* Contact Brant will grant a leave to employees for the duration of a jury summons.

An employee who is granted Jury Duty Leave may continue to receive pay for a maximum of 2 weeks, conditional on providing a copy of the jury summons to the Chief Executive Officer. If juror duties are not required, the employee is expected to return to work immediately if more than 3 hours remain in the employee's regular work shift. Where facilities exist and such activity is not prohibited by the Court during breaks or while waiting, the employee is expected to attempt to attend to job-related duties including checking and returning messages. Following 2 weeks of paid Jury Duty Leave, the employee will be granted a leave of absence without pay for the remainder of the jury summons.

The employee must keep the Chief Executive Officer informed regarding the expected return to work date throughout the court process.

- 4.2 *Summons as a Witness:* The Chief Executive Officer will grant an unpaid leave if an employee is required to attend court because they have been summoned as a witness; the employee can utilize accumulated compensatory hours or vacation time instead of an unpaid leave. Contact Brant may require a copy of the summons to be a witness.

- 4.3 *Plaintiff or Defendant:* If an employee is in court due to being a plaintiff or defendant, such attendance is a personal matter for which compensatory or vacation time must be used.

5.0 Any request for a personal leave for the purpose of working for another employer or serving a jail sentence will not be granted.



**Policy Review Committee
Recommendations to the Board
September 27, 2022**

Abuse Policy

As part of the renewal process for our insurance coverage, the insurance company has requested that we “add the Definition of Harassment to the Abuse Policy”.

Cheques Requisitioning and Processing Policy

This policy did not include the Past Chair as one of the cheque signatories. The revisions address that when a Past Chair is elected, they would also have signing authority.

Client Satisfaction Surveys

Revisions were made for the FASD and URS surveys.

COVID-19 Vaccination Policy

Revisions reflect current expectations, and removed specific guidelines established by the province that have now been removed.

Human Resource Records

HR Covered recommended that the location of personnel records be identified. Other revisions are highlighted.

Recording Standards Policy

HR Covered recommended that this should be an operational policy, not a Human Resource Policy; it has been moved to the Administrative Policies. Staff role changes have also been reflected, including adding the Manager of Service Coordination.

Statistics Policy

It has been a significant amount of work to develop an annual System Report for both the Administrative Assistant responsible for data and the CEO. During COVID, this report was not completed. The revision reflects a more general approach to sharing data with the community when requested.

Visual Identity Policy

Revisions reflect the new Coordinated Service Planning logo that was developed by the CSP Provincial Network. The Urgent Response Service graphic was added - we have been waiting for the URS Lead Agencies' Network to develop a provincial logo; however, we recently learned this will not be done. We will look at whether we will develop a logo, or use this graphic as the logo, and will bring it back to the Board once finalized.

Recommendation: Approve the following revised policies as presented:

1. Abuse Policy
2. Cheques Requisitioning and Processing Policy
3. Client Satisfaction Surveys
4. COVID-19 Vaccination Policy
5. Human Resource Records
6. Recording Standards Policy
7. Statistics Policy
8. Visual Identity Policy

Decision



POLICY AND PROCEDURE MANUAL

SECTION: Human Resources

POLICY: HR 19

Revised: September 2022

PAGE: 1 of 5

April 2018; October 2014

Abuse Policy

Preamble

Every person has the right to be free from any form of abuse. Contact Brant treats any act of abuse and/or neglect as a very serious matter and will report incidents to the authorities as appropriate, and investigate promptly.

Contact Brant takes every reasonable precaution to reduce the risk of abuse and/or neglect through the implementation of continuous quality improvement and risk management, including an annual evaluation of the effectiveness of our policy to promote zero tolerance of abuse and neglect. Contact Brant will ensure staff, students, volunteers and Directors of the Board are provided with definitions of abuse to support prevention and identification of abuse as well as understand the obligations for reporting and investigation processes to be followed related to allegations of abuse.

Contact Brant promotes safety and respects the rights and dignity of people receiving services. Any client reporting an act of abuse or neglect will be listened to respectfully, supported in understanding their rights and the need for staff to report, and supported to be protected from further abuse, or reprisal from the reporting.

Contact Brant follows legislation and guidelines, including the Child, Youth and Family Services Act and the Human Rights Act.

Other organizational policies relate to this Abuse Policy including Workplace Harassment and Violence Policy, Progressive Code of Conduct Policy, Serious Occurrence Policy, and Progressive Discipline Policy.

Definition of Abuse:

Abuse refers to any act or situation which may be physical, emotional, psychological, sexual and/or financial that is unwarranted, demeans, harms, infringes on personal rights or dignity, neglects, or places an individual at risk to personal harm and safety. Definitions of abuse include, but are not limited to the following:

- **Physical Abuse** causes pain or may inflict injury on the body, including but not limited to biting, hitting, kicking, slapping, pinching, pushing, pulling, shoving, burning, and improper or unwarranted restraint.
- **Sexual Abuse** occurs when sexual activity is forced, coerced or is against a person's will, including sexual exploitation.
- **Verbal Abuse** is using words to hurt or demean another person or destroy self-esteem, including but not limited to swearing, name calling, and use of derogatory or disrespectful language.
- **Emotional or Psychological Abuse** are actions that negatively affect the self-esteem of a person, including but not limited to a persistent pattern of belittling, criticizing, and undermining; destruction of property; withholding of normal social interaction or contact; and threats.

- **Neglect or Mistreatment** are acts that are disrespectful or demeaning to a person, punishment of a person by another that is condoned or instigated by staff, requiring or forcing a person to assume an uncomfortable position or to repeat physical movements, and deprivation of basic needs.
- **Exploitation** takes selfish or unfair advantage of a person or situation for personal gain or is the wrongful taking, use of, or exercising control over a person's property, resources, time or skills.
- **Financial Abuse** is the denial of access to and control over a person's own funds and the misuse of their financial resources.

Definition of Harassment: *Also refer to the Workplace Harassment and Violence Policy*

- Engaging in a course of vexatious comment or conduct against an employee in a workplace that is known or ought reasonably to be known to be unwelcome; or
- Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome.

POLICY

Contact Brant has zero tolerance for abuse which may result in disciplinary action up to and including termination of employment.

All incidents, allegations, or suspicions of abuse or willful neglect by Contact Brant staff or others will be appropriately reported immediately.

PROCEDURE

1. Orientation and Training:

All staff, students, and volunteers will be trained in abuse prevention, identification and reporting; an annual refresher of this will be provided.

- a. The Chief Executive Officer will ensure documentation of the orientation and refresher training will be maintained in each employee's file.

2. Prevention:

The best way to prevent abuse, especially of people with disabilities, is to meaningfully include them in regular community life as neighbours, co-workers, volunteers and friends. Considerations include:

- a. Seeing people from a positive perspective of capacities and gifts, not deficits and needs
- b. Advocating for a quality life which is defined by the person based on interests, dreams and desires
- c. Assisting people to understand their rights to be treated with dignity and respect, including how to recognize abuse and know what action to take.
- d. Encouraging the person to be involved in the community where people can get to know the person and live meaningful lives in the community
- e. Supporting the person to lead; supporting family and staff not to take control but rather to play a support role to the extent necessary

- f. Promoting adequate, flexible and individualized supports responsive to personal and family changes
- g. Encouraging people to build relationships and maintain connections with family, friends and other community members
- h. Recognizing the potential of individuals and providing them with information and opportunities for continuing personal growth and life-long learning
- i. Responding to the direction determined by the individual, their families and others who are important in their life.

3. **Identification of Abuse:**

Although the following are not conclusive indicators of abuse, the existence of one or more may indicate that an individual has been abused. Listen carefully to what a person has to say and pay attention to their behaviour – special attention should be paid to evasive, inconsistent or illogical explanations of indicators.

a. Indicators of Physical Abuse

- injuries inconsistent with description of cause
- signs from being shaken, hit, burned or restrained
- signs of new injuries when old injuries have not yet healed
- unexplained and unusual burns, cuts, bites, blisters, bruises, broken bones or bald spots on head (in unusual or clustered patterns)
- unusual imprints on the skin from any instrument used to inflict abuse

b. Indicators of Sexual Abuse

- the existence of sexually transmitted diseases or pregnancy
- stained, torn or bloody underclothes
- bruised or swollen genitalia/anal area
- soreness in throat or neck area which may be due to pressure applied through choking for forced oral sex
- pain while walking or sitting with illogical explanation
- semen around the mouth, genitals or on clothing
- unusual or offensive odour
- a significant change in sexual behaviour or attitude

c. Indicators of Emotional Abuse

- extreme, unusual behaviour (aggression, compliance, withdrawal)
- high level of anxiety/fear of returning to a particular place
- attempted suicide
- delayed emotional or physical development
- lack of attachment to parents or other caregivers

d. Indicators of Mistreatment/Neglect

- poor hygiene
- dirty torn clothes worn every day
- insufficient and/or inadequate clothing
- bug infestation in the individual's clothes or body
- unattended medical or dental needs
- significant change in weight of individual

4. **Response and Reporting:**

An immediate response including reporting is required:

- a. If a client is reporting a situation of abuse, staff should be objective and briefly question the person as to the incident, the identity of the person involved, and location.
 - b. When there are reasonable grounds to suspect abuse has taken place, employees, students and volunteers will immediately provide the individual with appropriate supports to ensure safety, and assist with access to professional resources including medical, legal, psychological, advocacy, etc., if appropriate.
 - c. When the alleged, suspected, or witnessed incident of abuse may constitute a criminal offence, employees, students, or volunteers must immediately contact police.
 - i. Staff should record the attending police officer's name, number and division.
 - ii. If unsure of the incident being a criminal offence, staff could consult with the Chief Executive Officer or designate.
 - d. Employees will notify the Chief Executive Officer or designated alternate of all alleged, suspected, or witnessed incidents of abuse. This requirement takes precedence over relationships and reflects the intent of the legislation with respect to protection from abuse.
 - i. Failure to report may result in disciplinary action up to and including termination of employment.
 - e. Employees will document details of the witnessed incident or the information as provided by the person; words should not be edited, corrected or censored.
 - f. All incidents of alleged, suspected, or witnessed incident of abuse will be reported and documented according to the Serious Occurrence Policy and Procedures, AD-05.
 - g. Notification to others, including family and other service providers, will only occur with written consent from the person. If the individual has a public trustee or legal guardian, Contact Brant staff will notify them of the incident.
5. The Chief Executive Officer will initiate an internal investigation to any alleged, suspected, or witnessed incident of abuse that involves an employee, student, or volunteer of Contact Brant. If there is a police investigation, an internal investigation will not be initiated before police have completed their investigation. (Refer to Appendix 1 for considerations when conducting an investigation).
- a. Contact Brant will ensure that the rights and dignity of the alleged abuser are respected and safeguarded, and that the alleged abuser is aware of their rights to due process.
 - b. Any form of abuse is considered unacceptable conduct and will result in disciplinary action up to and including termination according to the Progressive Discipline Policy.
 - c. The CEO must report all internal investigations to the Board of Directors, and will share only pertinent information; the CEO will recommend and implement any changes that need to be made to policies and procedures.

Conducting an Internal Investigation

Considerations when Conducting an Investigation

- Contact the authorities where appropriate.
- Conduct your investigation immediately after learning of the complaint.
- Ensure that the investigation remains confidential, and that all information gathered remains confidential. Information should be shared only where necessary, and with appropriate parties (who must also be informed of the need for confidentiality).
- Investigate all claims seriously.
- Document all information appropriately.

Interviewing the Complainant

- Obtain a full account of the incident, and document all details provided.
- Determine any potential pattern involved, or if the incident was a singular occurrence.
- Determine if the incident was influenced by any contextual factors.
- Identify any reporting relationships, or hierarchical structures that may have influenced the incident(s).
- Determine a timeline of events associated with the incident, and what the job duties of each party were at the time of the incident, and what their expected locations were.
- Examine the potential of a charge made under false pretences, and any motivating factors that may be involved. Work to rule out these potential elements.
- Inform the complainant that a thorough investigation will take place.
- Obtain a written, signed and dated statement from the claimant.
- Ensure that the employee is free from retaliation as a result of their coming forward.

Interviewing Witnesses

- Obtain written, dated and signed statements from any witnesses.
- Ensure that the witness is free from retaliation as a result of their coming forward.

Resolve the Complaint

- Where disciplinary action is required, determine the level of discipline based on the severity of the incident, previous action taken in similar circumstances, the employee's previous history, and the frequency.
- Review, revise and re-communicate company policy on abuse and/or neglect.
- Place documentation of the complaint, investigation, rulings, discipline imposed, and any actions taken into confidential files.
- Follow up with the involved parties to provide details of the actions being taken in response to the findings of the investigation.



POLICY AND PROCEDURE MANUAL

SECTION: Financial

POLICY: FI 04

REVISED: November 2014

PAGE: 1 of 2

CHEQUE REQUISITION AND PROCESSING

PREAMBLE

Cheque disbursements are generally made for:

1. Payments for goods and services (operational expenses including lease, IT contracts, utilities, telephone services, etc.)
2. Staff training and mileage
3. Board expenses
4. Program and meeting expenses
5. Specific project expenses
6. Taxes

POLICY

All cheques written on behalf of the Corporation will be approved and signed by two signatories of the Chief Executive Officer, Chair, Vice Chair, Treasurer or Secretary, **or when elected the Past Chair**, of the Board of Directors.

PROCEDURE

1. Reimbursements will be paid in a timely manner to meet due dates upon receipt of invoices and complete expense reports.
2. The Executive Assistant will:
 - a. Verify the invoice amount is appropriate related to services/goods received or ordered.
 - b. Verify expenditures are within the budgeted amount and can be paid within cash flow projections.
 - c. Ensure expenditures are correctly allocated to agency accounts by entering into Accounts Payable.
 - d. Produce cheques at a minimum of twice each month.
 - e. Produce cheques and provide to the Chief Executive Officer for approval, with appropriate documentation attached.
 - f. Ensure cheques are signed by two approved signatories, and mailed or delivered to meet due date timelines.
 - g. Follow up with individuals or companies where the billing amount is in question or payment will not be received in a timely fashion.
 - h. File all documentation to ensure everything is available for the annual audit.

3. The Chief Executive Officer will review and approve all cheques and the accompanying documentation. The Chief Executive Officer will verify expenditures are within the budgeted amount and can be paid within cash flow projections.
 - a. The Chief Executive Officer will review and initial all invoices and note any special instructions regarding payment or the appropriate account.
4. Reimbursements to the Chief Executive Officer will be reviewed and authorized by the Board Chair or other Executive member.
5. Cheques will usually be signed by the Chief Executive Officer and one of the Board Chair, Vice-Chair, Treasurer, or Secretary, **or when elected the Past Chair**. Cheques will not be pre-signed.
6. A Staff Expense Form must be attached to all reimbursements to employees for mileage and other approved expenses (refer to Staff Mileage and Expenses Policy). Original receipts with the employee's initials and purpose detailed must be attached to this form and filed.
7. A Petty Cash Reconciliation Form must be attached to all reimbursements of the Petty Cash (refer to Petty Cash Policy). Original receipts with the employee's initials and purpose detailed must be attached to this form and filed.
8. The Chief Executive Officer will ensure that any contracts requesting monthly withdrawals are annually approved by the Board of Directors to ensure accountability.



POLICY AND PROCEDURE MANUAL

SECTION: Access Coordination

POLICY: AC 05

REVISED: September 2022

February 2020; June 2016; February 2016;
November 2014

PAGE: 1 of 2

CLIENT SATISFACTION SURVEYS

PREAMBLE

Contact Brant welcomes and encourages client feedback. The Performance Measurement Survey (PMS) was developed and directed by the Ministry to be used by access mechanisms for feedback from clients on the intake process. In June 2013, Contact Brant and the other Contact agencies implemented a revised evaluation survey for clients, the Quality Satisfaction Survey (QSS), following work with the Centre of Excellence.

The province directs Coordinated Service Planning (CSP) Lead Agencies to ensure distribution of the MPOC-20 to CSP families, as well as the MPOC for Fetal Alcohol Spectrum Disorder (FASD) to FASD families served.

The Urgent Response Service Provincial Network developed a Family Experience Survey for URS Lead Organizations to use to collect family feedback.

Client feedback is encouraged at any time, and employees are always encouraged to ask if the service provided was helpful and record feedback in EMHware Contacts as a case note. Employees should also inform clients of the Feedback and Complaints Policy and brochure to encourage client feedback (refer to the Feedback and Complaints Policy, AD-08).

POLICY

Contact Brant employees will distribute the agency-approved tools for client feedback to collect responses about our services.

~~The Quality Satisfaction Survey will be offered to clients after each intake. The identified tools for Coordinated Service Planning and the FASD Service Coordination supports will be offered to clients upon completion of the Coordinated Service Plan/Service Plan at least once annually.~~

PROCEDURE

1. Resource/Service Coordinators will request each client to complete a Quality Satisfaction Survey using the electronic link or hard copy at the completion of an intake interview.
 - 1.1. The Resource/Service Coordinator will document that a Quality Satisfaction Survey was requested of the client. In EMHware, the documentation will be made in Contacts – Activity List: QSS Survey Provided.
 - 1.2. Resource/Service Coordinators should inform clients at the beginning of the intake that a brief evaluation survey will be requested at the end of the meeting.

- 1.3. The QSS can be completed in hard copy, over the telephone with an employee asking the questions and inputting the answers, or electronically. No record of the client's name will be linked with the completed QSS.
- 1.4. The Administrative Assistant will ~~Chief Executive Officer will ensure an employee is assigned responsibility to enter~~ collate the responses of the QSS for the Chief Executive Officer for the Quality Satisfaction Survey Report to be taken quarterly to the Board of Directors, and submitted to the Regional Office, and the FASD Service Coordination Report templates, including recording the comments which are maintained electronically.
- 1.5. The Chief Executive Officer will ensure the Quality Satisfaction Survey results are posted quarterly on the Contact Brant website.
2. Service Coordinators will request each client complete the provincially-developed MPOC through the survey link at 6 months after writing the initial Coordinated Service Plan, and annually thereafter, as well as prior to closing the client.
 - 2.1. In EMHware, the documentation will be made in Contacts – Activity List: CSP MPOC when a request has been made to the client to complete the MPOC.
 - 2.2. The Manager of Coordinated Services will work with CSP Provider agencies to ensure their Service Coordinators meet the provincial guidelines for distribution of the MPOC, as well as the CSP Provider report regularly on the number of clients asked to complete the MPOC.
 - 2.3. The Chief Executive Officer will ensure the provincial CSP MPOC Report is shared with the Board when it is received.
3. FASD Coordinators will request each client complete the provincially developed MPOC through the survey link annually, as well as prior to closing the client.
 - 3.1. In EMHware, the documentation will be made in Contacts – Activity List: FASD MPOC when a request has been made to the client to complete the MPOC.
 - 3.2. The Chief Executive Officer will ensure the provincial FASD MPOC Report is shared with the Board when it is received.
4. Urgent Response Service Coordinators will request each client complete the URS Family Experience Survey, using the electronic link or hard copy, prior to closing. The URS Peer Support Navigator will
 - 4.1. In EMHware, the documentation will be made in Contacts – Activity List: URS Family Survey provided.
5. ~~The Chief Executive Officer will ensure a quarterly report of the Quality Satisfaction Survey and the FASD Service Coordination Survey data are completed for the Ministry and the Board, as well as provide a copy to staff for quality assurance.~~



POLICY AND PROCEDURE MANUAL

Section: Administrative

POLICY: AD 14

Policy Date: September 2022

Page: 1 of 8

November 2021; September 2021; October 2021

COVID-19 Vaccination Policy

PREAMBLE

Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, severe outcomes including hospitalizations and death due to COVID-19. Achieving high immunization rates with service providers who regularly provide essential close contact and direct interventions will support achieving protection for those we serve.

On August 30, 2021, MCCSS directed that Contact Brant **is was** required to comply with the *Letters of Instruction* issued by the Office of the Chief Medical Officer of Health. This Instruction falls under the authority of subsection 2(2.1) of Schedule 1 of O. Reg. 364/20: *Rules for Areas at Step 3 and at the Roadmap Exit Step under the Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 (ROA) ("Instructions")*. This policy is based on the expectations of these Instructions.

Contact Brant **is was** a "Covered Organization" in the Vaccination Policy Requirements as we are a Transfer Payment recipient funded under CYFSA that provides services with respect to children and youth with special needs, Autism, Complex Special Needs funded services, Coordinated Service Planning, and FASD worker services. A "Required Individual" is an employee, contractor, volunteer, or student of our agency.

Additionally, we **are were** responsible for "Third Parties" that we **have** entered into a contract with to provide services to children and youth with special needs such as through Complex Special Needs, and Urgent Response Services funding. Contact Brant **is was** required to share the Ministry policy information with all third party contracts, and third parties are required to complete the reporting requirements.

Visitor and other individuals not captured in the Letter of Instruction **are were** NOT in the scope for these requirements. Public health measures are in place to protect residents, service recipients, and staff from COVID-19 transmission - these include the safety measures and expectations that we have outlined in the Contact Brant *Pandemic Safety Plan*.

Note: The following are NOT in the scope of these requirements: Services purchased with funding received through Passport, Special Services at Home, Assistance for Children with Severe Disabilities, Enhanced Respite for Medically Fragile/Technology Dependent Children, and OAP Interim One-Time Funding

Rapid Antigen Screening Tests facilitate the identification of an individual infected with COVID-19 that regular screening protocols (e.g., symptom screening) might otherwise miss. It may therefore help prevent asymptomatic individuals from

unknowingly spreading COVID-19. Frequent screening with rapid antigen tests increases the chances of early identification of cases in otherwise asymptomatic individuals. Antigen testing increases the sense of protection and security in the workplace. ~~At this time, the Ministry is expecting Contact Brant to ensure regular Rapid Antigen Screening Tests for all individuals who do not provide proof of full COVID-19 vaccination.~~

Although it is an individual's right to make the decision about whether to be vaccinated or not, the Chief Medical Officer of Health strongly encourages that everyone get vaccinated.

As of ~~September 2021~~ September 2022, 100% of our staff are fully vaccinated!

POLICY

Contact Brant requires employees, contractors, volunteers and students to provide one of the following:

- i. **Proof of full vaccination against COVID-19, or**
- ii. **Written proof of a medical reason for not being fully vaccinated against COVID-19, or**
- ~~iii. Documentation of completing an education session about the benefits of COVID-19 vaccinations prior to declining vaccination.~~

~~Those employees not fully vaccinated will be required to complete regular antigen point of care testing for COVID-19 and demonstrate each test result.~~

PROCEDURES

1. Contact Brant employees are required to provide one of the following to their Supervisor ~~CEO~~:
 - a. Proof of full vaccination against COVID-19; or
 - b. Written proof of a medical reason provided by a physician or registered nurse in the extended class that sets out: (i) a documented medical reason for not being fully vaccinated against COVID-19, and (ii) the effective time period for the medical reason; or
 - ~~c. Written Attestation of completing the agency approved educational session about the benefits of COVID-19 vaccination prior to declining vaccination for any reason other than a medical reason.~~

"Fully vaccinated" is defined as at least 14 days have passed since receiving the second dose of the COVID-19 vaccine

Refer to Appendix A for further information on proof of vaccination and the written medical reason.

COVID-19 Rapid Antigen Tests

2. Regular use of COVID-19 Rapid Antigen Tests is encouraged for employees who are not fully vaccinated, as well as for vaccinated employees who may have COVID symptoms or might have been exposed to COVID.
~~Where an employee does not provide proof of being fully vaccinated against COVID-19 but instead relies upon the medical reason described in 1(b), or declines vaccination following the educational session described in 1(c), the~~

individual is required to submit to regular antigen point of care testing for COVID-19 and provide the test results to the CEO or alternate:

- a. Antigen testing will occur at a minimum three times per week, as established by the CEO with each employee based on work interface with individuals. The rapid antigen testing will usually be completed on Mondays, Wednesdays and Fridays.
- b. Contact Brant will provide each unvaccinated and partially vaccinated staff with a COVID-19 Rapid Test kit. Instructions for using the kit must be reviewed prior to the distribution of these kits.
 - See Appendix B for training and instructions on the self-administration of the COVID-19 Rapid Test.
 - Rapid testing kits are not to be shared or distributed and are not for personal use. Unused portions of rapid testing kits are to be returned to Contact Brant.
- c. Staff will self-administer the rapid tests outside of the workplace and prior to the start of the employee's workday.
 - Staff are permitted to obtain rapid antigen testing administered elsewhere if it meets the requirements of this policy.
- d. The employee is responsible for the self-collection of specimens, proper handling of specimens, documentation and reporting of results, required actions depending upon results, and appropriate disposal of specimens, kits and other contaminated materials following the authorized protocols per the Rapid Antigen Test manufacturer's instructions, and directives per Ontario Health and their local Public Health Unit.
 - The employee will provide photo verification of each test result to the CEO or alternate prior to the start of their workday, with the date of the test clearly identifiable.
 - Unvaccinated and partially vaccinated staff who do not provide proof of a test before the start of their workday shall not be permitted to work and will not be paid until they provide proof of a test.
- e. Where a staff receives a positive rapid antigen test result, the staff must immediately notify their Supervisor CEO or alternate, and self-isolate. The staff must undergo laboratory-based COVID-19 testing as soon as possible and in any event within the next 24 hours.
 - If a staff's confirmatory test is positive, they will need to continue self-isolating and follow directions from their local public health unit. Staff with a confirmed positive result must immediately advise the CEO or alternate.

COVID-19 Vaccination Education

3. Contact Brant provides For employees declining vaccination for any reason other than a medical reason, the CEO or designate will provide the individual with the and approved agency educational program and required *Attestation of Completion of the COVID-19 Vaccination Education* form, which must be

submitted to the CEO. Contact Brant's educational program is intended to help individuals understand:

- How COVID-19 vaccines work.
- Vaccine safety related to the development of the COVID-19 vaccines.
- The benefits of vaccination against COVID-19.
- Risks of not being vaccinated against COVID-19; and
- Possible side effects of COVID-19 vaccination.

4. As this policy is directed by provincial Instruction, non-compliance with this policy by employees will result in disciplinary action up to and including termination.

5. Offers of employment, as well as student and volunteer placements, will be conditional upon the individual reviewing the agency's COVID-19 Vaccination Policy and providing one of the documentation required in Section 1 of this Policy. If not fully vaccinated they must agree that they will submit to regular antigen testing and provide their results to the agency.

Contracted Services

6. Contact Brant may enter into contracts with "Third Parties" for the provision of direct services to children and youth with special needs. Third Parties may include other Ministry-funded transfer payment agencies or private providers not licensed by the Ministry. All contracted services will be encouraged to have their employees vaccinated.

a. Contact Brant will provide Third Party organizations with the Ministry Guidelines, which outline the expectation that they are a "Covered Organization" and as such must meet the requirements of the COVID-19 Vaccination Policy.

b. Third Parties must provide their COVID-19 Vaccination Policy to the CEO. The Policy must meet the Ministry requirements to be considered by the agency as a contractor.

c. Third Parties also are required to complete the reporting requirements. Contact Brant will provide the Ministry reporting link to the Third Party organizations to complete the reporting directly.

7. Contact Brant operational contractors who regularly enter the Contact Brant worksites (including technology and phone providers) must acknowledge that they understand the Ministry directives and the requirements of a COVID-19 Vaccination Policy.

a. Contact Brant will provide operational contractors with the Ministry Guidelines.

b. These contractors will be requested to share their COVID-19 Vaccination Policy with Contact Brant if they have one, and submit an Attestation that their organization has implemented the standards with their employees who regularly access the Contact Brant building. The Policy or the Attestation must meet the Ministry requirements (collecting proof of full vaccination against COVID-19 or documented medical reason, or providing an education program for those not fully vaccinated) to be considered by the agency as a contractor.

- Contact Brant requires that these contractors will ensure a minimum of twice weekly rapid antigen testing of their unvaccinated and partially vaccinated employees.

c. If the Ministry requires Contact Brant to include these contractors in their reporting, these contractors will be required to collect, maintain, and disclose the required statistical, non-identifiable information to Contact Brant.

Board of Directors

8. Although the Board is not covered by the provincial expectations, they have identified that they recognize the importance of this COVID-19 Vaccination Policy and will be included in this policy.
 - a. Directors of the Board will submit one of the following to the Executive Assistant:
 - i. Proof of full vaccination against COVID-19; or
 - ii. Written proof of a medical reason for not being fully vaccinated against COVID-19; or
 - iii. Attestation of Completion of the COVID-19 Vaccination Education following completion of the agency approved education session about the benefits of COVID-19 vaccinations prior to declining vaccination.
 - b. As the Board members do not regularly enter the Contact Brant building, Directors will not complete the antigen testing. However, they Board members need to follow the safety measures and expectations outlined in the Contact Brant *Pandemic Safety Plan* including but not limited to completion of the COVID-19 Screening prior to entering the building, physical distancing, and wearing a face mask if appropriate.

All Other Individuals

9. For all visitors and other individuals not captured in the *Letter of Instruction* are not in the scope for these requirements.

For these individuals entering the building, or face to face meetings that occur outside of the building, staff will follow the safety measures and expectations outlined in the Contact Brant *Pandemic Safety Plan*. This will include (i) Elimination and Substitution controls such as limiting numbers; (ii) Engineering and awareness controls such as physical distancing; (iii) Administrative control measures including completing the COVID-19 Screening for staff and others; and (iv) Personal Protective Equipment.

Daily COVID-19 Screening Still Applies

10. All staff must continue to undergo use standard COVID screening before entering the workplace or attending any in-person meetings. in order to be permitted into the workplace. This applies regardless of the results of a rapid antigen test, and for fully vaccinated staff.

Staff who are symptomatic or otherwise fail the standard COVID-19 screening, must not enter will be prohibited from entering the workplace. as outlined in Contact Brant's *Pandemic Safety Plan*. Instead, staff are encouraged to work from home, if feeling well enough to do so.

Ministry Reporting

11. ~~Contact Brant will collect, maintain, and disclose required statistical, non-identifiable information to the Ministry/Ministries related to this policy:~~
- ~~a. The number of required individuals that provided proof of being fully vaccinated against COVID-19~~
 - ~~b. The number of required individuals that provided a documented medical reason for not being fully vaccinated against COVID-19~~
 - ~~c. The number of required individuals that declined vaccination after completing an educational session about the benefits of COVID-19 vaccination~~
 - ~~d. The total number of the organization's required individuals to whom this instruction applies.~~

Retention of Records

12. The Vaccination status records will only be used for the purposes of this policy and individual records will not be shared without consent.
- a. Employee vaccination status will be stored in their confidential personnel record maintained securely by the Chief Executive Officer.
 - b. Board and contractor information will be stored securely in their associated confidential records maintained by the Executive Assistant.
 - c. When ~~the Ministry~~ **Contact Brant** no longer requires this information to be ~~collected and~~ reported, the Vaccination record in each file will be securely destroyed, as per the Retention of Records Policy.

Proof of Full Vaccination against COVID-19

After vaccination, individuals with an Ontario photo health card can log in to the provincial portal to download or print an electronic COVID-19 vaccine receipt (PDF) for each dose received. The physical/hard copy receipt and email version of the receipt will resemble the following:

Ontario 

Ministry of Health
Ministère de la Santé

Name/Nom: [REDACTED]
 Health Card Number/Numéro de la carte Santé: [REDACTED]
 Date of Birth/Date de naissance: [REDACTED]
 Date/Date: 2021-05-16, 3:43 p.m.
 Agent/Agent: COVID-19 mRNA
 Product Name/Nom du produit: PFIZER-BIONTECH COVID-19 VACCINE mRNA
 Diluent Product: PFIZER Diluent 0.9% Sodium Chloride
 Lot/Lot: [REDACTED]
 Dosage/Dosage: 0.3ml
 Route/Voie: Intramuscular / intramusculaire
 Site/Site: Left deltoid / deltoïde gauche
 You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)
 Vaccine Administered By/Vaccin Administré par: [REDACTED]
 Registered Practical Nurse
 Authorized Organization/Organisme agréé: [REDACTED]

Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées.

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at 3:58 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à 3:58 PM.

Individuals who have a red and white health card can call the *Provincial Vaccine Booking Line* at 1-833-943-3900. The call center agent can email a copy of their receipt.

Otherwise, contact the health unit in the region where you received your vaccinations and they can provide a copy of their receipt.

Proof of Medical Reason for Not Being Vaccinated

Written proof of a documented medical reason for not being fully vaccinated against COVID-19 must be provided by either a physician or a registered nurse in the extended class (see Extended Class (cno.org)). Referral and consultation support for physicians and registered nurses in the extended class is available through Ontario's eConsult Service and OTN Hub.

In some instances, the medical reason for the person not being vaccinated may be time-limited. The Ministry Instructions require that the note from the physician/nurse practitioner specifies the effective time-period for the medical reason. If time-limited, the note should indicate how long it is expected to last.

COVID-19 Rapid Test Training

Rapid antigen testing is used to detect and respond to COVID-19, a highly infectious and deadly communicable disease. Contact Brant will follow Provincial Guidance regarding rapid antigen testing as a reasonable and necessary measure to prevent, respond to, and alleviate the outbreak of COVID-19 and the associated risk to our staff and to the people that we support, in addition to the public health safety measures we practice. This Policy is also adopted to comply with our obligations under the *Occupational Health and Safety Act* to take every reasonable precaution in the circumstances to protect a worker and to comply with our obligation under applicable emergency orders, as well as government mandated rapid antigen testing for unvaccinated and partially vaccinated staff as well as the recommendations and directions of our local Public Health Unit.

Rapid antigen COVID-19 tests provide quick detection of COVID-19 (in as little as 15 minutes) with less sensitivity than regular laboratory-based COVID-19 tests. There is a higher rate of false negatives and false positives. A false negative is a result that incorrectly shows that a person does not have COVID-19, while a false positive is a result that inaccurately shows that a person does have COVID-19. Despite this, these tests are accurate enough that they can catch many asymptomatic cases of COVID-19 early.

These rapid tests are therefore used for screening to identify people who may have COVID-19 but not for diagnosis of COVID-19. ~~Those who test positive must undergo more accurate laboratory testing to confirm that they do or do not have it. The Province requires that any positive result in a rapid test means an individual must undergo a confirmatory laboratory test within 24 hours.~~

~~**Note:** In accordance with directives from Public Health, in the event of an outbreak in the staff's program location, all staff regardless of vaccination status will be required to participate in Rapid Antigen Testing.~~

~~This Policy relates to unvaccinated or partially vaccinated staff who must self-test as per policy.~~

~~Prior to self-administering a Panbio™ COVID-19 Rapid test, staff are to complete the agency's approved training and sign the *Attestation of Completion of the COVID-19 Vaccination Education*.~~

Free Rapid test kits are available in community locations such as pharmacies and grocery stores. Staff are encouraged to have tests available at home. Contact Brant will make every endeavor to have rapid test kits available at work.



POLICY AND PROCEDURE MANUAL

SECTION: Administrative

POLICY: AD 12

Policy Date: September 2022
August 2017; February 2016

Page: 1 of 2

Human Resource Records

Preamble:

The *Employment Standards Act* identifies some documentation that is required to be included in the Human Resource Record. The *Personal Information Protection and Electronic Documents Act* (PIPEDA) and the *Personal Health Information Protection Act* (PHIPA) also outline individuals' right to privacy with respect to their personal information; they also address organization's need to collect, use and disclose personal information for appropriate purposes.

Policy:

Contact Brant will have a current and updated Human Resource Record for all each staff member.

Procedure:

- 1.0 Human Resource Records:
 - 1.1 Will be stored in a locked fire-proof cabinet in a secure location the CEO's office to ensure confidentiality and to prevent loss or destruction, and/or electronically in the Chief Executive Officer's confidential drive.
 - 1.2 The Executive Assistant will store the CEO's Personnel Record as well as employee payroll-related information in a locked fire-proof cabinet in their office and/or electronically in their confidential drive. Both drives are securely backed up.
- 2.0 Only the Chief Executive Officer has access to the Human Resource Records. The Executive Assistant only has access to the section of the Human Resource file related to payroll as well as the Chief Executive Officer's Human Resource Record on behalf of the Board of Directors.
- 3.0 All staff members have the right to access their Human Resource Record, and to append comments or corrections where they feel such are required.
 - 3.1 Upon reasonable notice to the Chief Executive Officer, and under supervision by the Chief Executive Officer or designate, any employee may examine the contents of their own Human Resource Record. Employees are not permitted to remove anything from the file.
 - 3.2 If an employee feels that there is inaccurate information in their Human Resource Record, they may formally write to the Chief Executive Officer with a request to have the information changed. The Chief Executive Officer must respond to this issue within two weeks from the receipt of the notice.

- 4.0 No information from the Human Resources Record will be released to any third party without the consent of the employee, except as required by government statute or legal authority.
- 5.0 Human Resource Records will be kept safe and secure for a minimum of 7 years following the termination of employment to ensure meeting any limitation periods for any employee action. Following that time, the files, other than payroll registers which include employment and termination dates of employees, ~~may~~ will be destroyed by means of a safe and secure method (Refer to AD-09 Retention of Records Policy).
- 6.0 Contact Brant will only collect the personal information of employees that is necessary for the purpose identified, including requirements of law, payroll, and employee contracts. Each employee's Human Resource Record will include the following:
- 6.1 Hiring, promotion, pay adjustments, and termination documents including: employment contract; signed Job Description; resume and references received; verification of education; letter of employment including start date, wage rate, pay periods; all changes in employment status and related contracts.
 - 6.2 Payroll: Employee's name, address and birthdate; hours of work; documentation on statement of wages; tax forms; benefits and benefit deductions. This portion of the employee's Human Resource Record is maintained by the Executive Assistant.
 - 6.3 Conditions of employment including:
 - Signed Confidentiality Statement and Promise of Commitment
 - Criminal Reference check document
 - Signed Annual Attestation Declaration
 - Policy review with associated confirmation of understanding and commitment to Contact Brant policies and procedures.
 - 6.4 Performance and Discipline: Signed Job Description; Performance documentation including signed Performance Appraisals; commendations; and disciplinary action.
 - 6.5 Annual Record of Attendance including eligible/taken/~~balance owed~~: vacation days, statutory holidays, sick days and ~~compensatory~~ Banked time.
 - 6.6 Any medical issues or Worker's Compensation documents including physician's notes related to sick time or modified work will be included.
 - 6.7 Professional development: Record of professional development and training completed during employment.
 - 6.8 Any legal documentation.
 - 6.9 Registration/Association membership.
- 7.0 All significant meetings with the employee, including supervision, are documented; however these notes do not form part of the employee's Human Resource

Record. Supervision notes are maintained confidentially and securely by the Chief Executive Officer and Manager of Service Coordination.

SECTION: Administrative Human Resources

POLICY: AD 15 HR 24

DATE: September 2022
February 2016; September 2015; June 2013

PAGE: 1 of 3

RECORDING STANDARDS

PREAMBLE

Contact Brant is funded to provide single point access and service coordination services. ~~which include providing information, intake and referral, and service coordination.~~ The intake record must capture each client's personal and confidential story to support the child/youth/family not having to repeat their story to another service provider. Because our records are shared with families and community stakeholders, it is a priority that records are thorough, accurate and professional.

POLICY

Employees will ensure that all records are thorough, accurate and professional, as well as created and maintained following best practices, demonstrating values of privacy, consistency, respect, and transparency, as well as meeting all legislative requirements.

To ensure that information related to service contacts is recorded accurately, all case notes must be recorded within 24 hours after a contact.

PROCEDURE

1. Employees must ensure that all Contact Brant records are thorough, accurate and professional. Following are the minimum guidelines for Recording Standards:
 - Identify individuals involved in the contact initially by their name and role with subsequent reference using either name or role
 - Information must provide details of the nature of the contact and will reflect the service provided
 - Records will be easily understandable, avoiding vague, unclear or obscure language and symbols; information should be recorded in paragraph form
 - Verbatim quotes should be used when there is a situation that is best described by using the words of the individual; quotation marks must be used to denote actual client words/statements as deemed relevant to the contact
 - Ensure accuracy of spelling and grammar in all records by using spell-check
 - Ensure that each record is specific to the service participant; if other family members are also in service, then their record should be kept individually and recorded as such
 - Limit the use of the actual names of third parties where possible by referring to roles and relationships (mother, FACS case worker, friend, neighbour, etc.)

- Clearly state who is reporting what
 - Focus on facts; records will be free of prejudice and discriminatory remarks
 - Employees will not make a statement in the record that they know or ought reasonably to know is false, misleading, inaccurate or otherwise improper
 - If stating a professional opinion, clearly identify it as such and ensure it is based on information provided by the contact; use “I” or “this writer”
 - All diagnostic statements must reference the source and should be in quotes
2. Ensure all records are entered under the name of the staff creating the record.

Intake Records:

3. The intake record should capture sufficient detail of the client’s story so that the service provider receiving the referral will have enough information to begin service, and the client will not have to repeat their story.
4. The employee creating an intake record must ensure full review and editing of the record before marking it ‘Completed’ in the EMHware Summary tab.
- The ~~Assistant Resource Coordinator~~ is responsible for reviewing ~~Administrative Assistant~~ or alternate reviews records prior to sending referrals. If there are any Recording Standard errors, the ~~Assistant Resource Coordinator~~ will return the file will be returned to the staff who created the record to complete the editing corrections.
 - If changes in the content of any record are needed after a record is marked ‘Completed’, employees will consult with ~~their Supervisor~~ ~~Chief Executive Officer~~. Any changes approved must ensure that the original content of the recorded information is preserved in Case Notes.
5. If an updated intake record is needed, employees will first close the current intake in EMHware; the closed intake will be re-opened and employees will select “+ Intake” to create a new updated record.

Case Notes:

6. All contacts, including but not limited to phone, electronic, texting, and in-person must be case noted. Contacts include, but are not limited to:
- Requests for information
 - Contacts with clients
 - Contacts with community stakeholders regarding clients.
7. All case notes must be recorded within 24 hours of contact.
- Rough notes should be recorded directly into EMHware Case Notes wherever possible and then completed within 5 working days of contact to ensure they are written in plain language and are easy to understand.
 - At a minimum, case notes must be recorded in written rough notes, usually at the time of contact and at a minimum within 24 hours of the contact. Written rough notes should be entered electronically in EMHware within 5 working days of contact. Written rough notes must be recorded in a spiral bound notebook and maintained securely; once fully entered in EMHware, these do not need to be maintained and must be shredded when disposed.

8. Email correspondence from clients and third parties become part of a client record. Email notes are to be placed in the Case Notes tab in EMHware.

Attachments:

9. Any letters/written correspondence from clients and third parties, or by Contact Brant become part of a client record. Letters/written correspondence are to be recorded in the Case Notes tab in EMHware and filed in the client file. These should also be scanned and attached in EMHware in the Attachment tab.

Employee Expectations:

10. Employees will identify any problems, challenges or barriers related to Recording and report these to **their Supervisor Chief Executive Officer**.
 - Employees will identify any outstanding recording work that needs completion so that a plan can be developed to ensure records are up to date on an on-going basis.
 - Employees are responsible to mentor fellow employees regarding Recording Standards if they have reviewed a record while covering for an employee, or to provide advice for the appropriate input of a record.
11. The Chief Executive Officer **and Manager of Service Coordination** will ensure Recording Standards are met.
 - The Chief Executive Officer **and Manager of Service Coordination** will support staff in prioritizing tasks to ensure recordings are completed in a timely manner.
 - The Chief Executive Officer **and Manager of Service Coordination** will ensure orientation for all new employees and an annual employee review of Recording Standards.
 - The Chief Executive Officer **or designate and Manager of Service Coordination** will complete random file audits at least twice annually as part of the agency's quality assurance measures, to ensure participant records reflect information that is current and relevant, documentation is complete and up to date, and that all required program information is included as per current record keeping practices relative to agency policy and legislative requirements.
 - The Chief Executive Officer **and Manager of Service Coordination** will address all issues related to errors or omissions with Recording Standards; Recording Standards will form part of the employee performance review.



POLICY AND PROCEDURE MANUAL

SECTION: Administrative

POLICY: AD 01

Policy Date: March 2021

January 2020; August 2018; February 2016;
September 2015; November 2014

Page: 1 of 1

STATISTICS

Preamble:

Contact Brant's mandate includes the accurate collection of statistical information for Ministry and funder reporting as well as service system planning. Accurate recording of data and timely production of reports is integral to the success of this mandate.

Policy:

All staff will complete appropriate and accurate documentation for each public encounter.

Staff will notify all clients that information gathered from them will be used in an aggregate and non-identifying way for Ministry/funder reporting and to inform community planning for the purposes of improving services.

Procedure:

- 1.0 All employees must complete appropriate and accurate documentation for all interactions with the public in EMHware including:
 - Requests for information and consultations
 - Intakes, including group registrations and interRAI
 - All client and client-related contacts are case noted in EMHware - Contacts.
- 2.0 The Administrative Assistant will complete a monthly Intake Statistics Summary for the Chief Executive Officer.
- 3.0 The Administrative Assistant will complete a quarterly Statistics Report for the Chief Executive Officer for the report to the Board of Directors, as well as required data for the Executive Assistant as needed for submission to the Ministry.
- 4.0 Contact Brant will respond to information requests from the Ministry, funders, partner service providers and from the community; requests for information should be brought to the attention of the Chief Executive Officer or designate for prioritization, determination of the availability of the data, and development of an extraction plan.
- 5.0 The Chief Executive Officer will summarize data for a System Report annually for the community and Regional Office when requested.



POLICY AND PROCEDURE MANUAL

SECTION: Administrative

POLICY: AD 11

DATE: September 2022
January 2020; April 2013

PAGE: 1 of 3

VISUAL IDENTITY

PREAMBLE

A valuable asset of an organization is its corporate visual identity, including logo and branding.

In 2012, Contact Brant hired Citrus Owl Designs to refresh our logo. The logo's colours, fonts and imagery were purposely developed to compliment the traditional design and message who we are. The refreshed logo focuses on direction - one direction (Start Here) to help guide the client. Symbolism of a compass and arrow have been incorporated into the design to represent assistance with direction. The overall design symbolizes Contact Brant as the path to children's services. The design messages that Contact Brant helps navigate the many services available to children, youth and families; we are their compass.

The Contact Brant logo consists of an arrow connecting the logo to the message, "Start Here. Your Path to Children's Services". It incorporates a compass to represent one finding direction. The original text and colours, purple and gold, are used for the organization's name. The colour green adds freshness and symbolizes rebirth and growth.

POLICY

The Contact Brant logo should be used consistently on all communication outside the agency. No variation in the design or colour of the logo is permitted.

PROCEDURE

1. The Contact Brant logo is the property of Contact Brant and should be used as a visual element in representing the agency on printed materials, emails, displays, brochures, business cards, etc. Use of the logo is restricted to internal use by Contact Brant staff.
2. Contact Brant's main corporate colours are purple and gold. The Contact Brant logo will not be used in any colour other than gold, purple and green.



Following are the colours for printing:

a. Gold:

PMS 872 C
r193 g152 b91

c8 m29 y66 k19
hex# c1985b

b. Purple:

PMS 520 C
r100 g47 b108

c67 m95 y4 k16
hex# 642f6c

c. Green:

PMS 368 C
r120 g190 b67

c54 m0 y100 k0
hex# 78be43

d. The logo can be used in grayscale (40% gray) if being printed in black and white.



3. The logo will not be stretched, rotated, flipped or distorted. The logo should be protected with equal space around the logo to maintain its visual integrity.

Clean space
around logo:



4. The compass may be used as a subtle graphic and/or placed away from the main logo. The same colour palette as the logo should be used, or in grayscale.



5. The compass is used in the **Community Information Services** logo and includes the www.info-bhn.ca website. This provides consistency with Contact Brant's identity, yet does not put Contact Brant's name on it which is important as this is a tri-county service. The compass image complements information services which assists in finding direction.



6. Contact Brant uses the Coordinated Service Planning logo developed by the provincial Coordinated Service Planning Lead Agencies Network. Either of the two orientations are used. The Contact Brant arrow is used for consistency in the Service Coordination Brant logo, yet is a unique logo that can be used by the Coordinated Service Planning Providers who are partners in the service delivery.



7. A similar style to the **Service Coordination Contact Brant** logo is used by the FASD Service Coordination program. The logo connects the service to both Coordinated Service Planning and to the agency.



8. The **Urgent Response Service** for the Hamilton Niagara area is using a temporary graphic until a provincial or regional logo is developed. In this interim period, the following graphic will be used.



Policy Update Report to the Board of Directors

September 27, 2022

At the May 24, 2022 meeting, the Board directed that revisions be made to policies to reflect current employee roles:

- Reference two management positions as appropriate (identified as the CEO and the Manager of Service Coordination, or 'their supervisor')
- Address employees revised roles, including removing reference to the Assistant Resource Coordinator
- Add the new Urgent Response Service staffing as appropriate.

The following policies have been revised according to the table below:

Policy	Add Manager	Role Changes	URS Role & Service	Other Naming Changes
AD-03 Risk Management	X	X		
AD-04 Cellular Telephones	X			
AD-05 Serious Occurrence	X			
AD-07 Computers and IT	X	X		Deleted name of Password Manager, 'MYKI'
AD-08 Feedback and Complaints	X	X		
AD-09 Retention of Records	X			
AD-10 Business Continuity	X	X		Removed 'Brant' service referrals as we now refer to HNR services for URS
FI-01 Financial Management		X		
FI-06 Staff Mileage and Expenses	X			
FI-07 Petty Cash		X		
FI-08 Payroll Processing	X			
AC-01 Intake		X	X	Changed name of Brant Family and Children's Services to 'appropriate child protection service'
AC-02 Transition Planning	X	X	X	
AC-04 Service Coordination		X	X	Added URS in Preamble
AC-06 Service Provision Update		X		
AC-07 Case Conferences			X	
AC-08 Case Resolution	X	X		Changed MCYS to 'Ministry', and Children's Planning Table to the child and youth planning table.
AC-09 RPAC		X		
AC- 10 Prioritization		X		
IS-01 Information Services Standards		X		Community Navigator title replaced Information Services Coordinator (ISC)
IS-02 Inclusion/Exclusion		X		Community Navigator replaced ISC

Decision: Receive the report on revisions to policies regarding employee roles.



Board of Directors
Nominating Committee
September 27, 2022

MEMBERSHIP CONDITIONS

Our By-Laws state the members of the Board must be a resident of Brant/Brantford or have been employed or carried on business in Brant/Brantford for a continuous period of at least one year immediately prior. Brian Konst recently raised the question about eligibility to remain on the Board. The same question would also relate to Susan Fitzgerald.

Susan and Brian both met these conditions when they joined the Board. Susan and Brian both reside outside of the Brant/Brantford community and neither are employed currently in this community, although have been within the last year.

This section of the By-Law is clear for new members. In the past, we had a Board member that lived in Cambridge and after retiring from work in this community, continued on the Board for 8 years with Board approval. As we revise our By-Laws, the Board may want to consider clarifying this section to state 'new' members of the Board?

Direction: Statement for existing members in revised by-Laws.

Recommendation: Approve the continued membership of Susan Fitzgerald and Brian Konst.

Decision

BY-LAW 8:

- 8.1 Subject to the articles, there shall be one class of members in the Corporation. Membership in the Corporation shall be available only to individuals interested in furthering the Corporation's purposes and who have applied for and been accepted into membership in the Corporation by resolution of the Board.
- 8.2 To be eligible for membership, individuals should:
- be a resident of Brant/Brantford, or have been employed or carried on business in Brant/Brantford for a continuous period of at least one year immediately prior thereto;
 - be eighteen (18) years of age or older; and
 - be willing to sign a declaration of commitment to the mission and objects of the organization.