

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY

Governance

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

- 1. The Board has a governance model in place to guide their decision making. Clear, formal lines/systems for decision-making that involve broad participation and appropriate dissemination/ implementation of decisions. The Board decision-making process is transparent and based on relevant data and/or information to help the organization effectively meet its responsibility for the children, youth, families and communities they serve. The Board's governance model has been revised annually to address changes in agency's circumstances and to ensure adherence to bylaws and other applicable legislation.
- 2. The Board has a governance model under development that will guide their decision making. Clear, largely formal lines/systems for decision-making are used, but decisions are not always appropriately implemented or followed; transparency of decision-making and dissemination of decisions is generally good but inconsistencies are present. The Board decision-making process is based on relevant data and/or information to help the organization effectively meet its responsibility for the children, youth, families and communities they serve. The Board's governance model has been revised at least once in the past three years to address changes in the agency's circumstances and ensure adherence to bylaws and other relevant legislation.
- 3. The Board does not have a governance model in place to guide their decision making. The appropriate decision makers are known; decision making process is fairly well-established and process is generally followed, but often breaks down and becomes informal. The Board decision-making process is less transparent and rarely based on relevant data and information. Decisions are not always appropriately implemented or followed. The Board has not revised the governance model within the past five years to address changes in the agency's circumstances and ensure adherence to bylaws and other relevant legislation.
- 4. The Board has a governance model in place to guide their decision making. Decisions are made largely on an ad hoc basis by one person and/or whomever is accessible; highly informal. The decision-making process is not transparent and rarely based on relevant data and information. Decisions are not always appropriately implemented or followed. The Board's governance model has not been reviewed for more than five years, to address changes in the agency's circumstances and ensure adherence to bylaws and other relevant legislation.

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

- 1. Board membership has a broad variety of fields of practice and expertise, and is drawn from the full spectrum of stakeholders, consistent with the Board's succession plan. A profile of each board member is available in written form and featured on the agency's website. The list of board members is made available to the public and is updated annually.
- 2. Board membership has good diversity in fields of practice and expertise; the membership represents most constituencies (non-profit, clients/consumers, academia, legal, corporate, etc.) and is consistent with the Board's succession plan. A profile of each board member is available in written form in the agency's records. The list of board members is made available to the public and is updated on an ad-hoc basis.
- 3. Board has some diversity in fields of practice; membership represents a few different stakeholders and limited plans for succession. A profile of each board member is not available. The list of board members is available, but is not necessarily up-to-date.
- 4. Board composition has limited diversity in fields of practice and expertise; is drawn from a narrow spectrum of stakeholders (i.e., insufficient representation of non-profit, clients/consumers academia, legal, corporate, etc.) and has no plans for succession. A profile and list of board member is not available.

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

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

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

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

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

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

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

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

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

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

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

- ✓ 1. There is always a clear differentiation between the governance roles/functions that the Board undertakes and the senior management roles/functions that the executive director undertakes and senior management is consistently held accountable for their roles/functions. Their roles and responsibilities clearly reflect lines of authority and delegation of powers among the Board and the management. It is standard practice for the ED to anticipate the board's information requirements and consistently provides sufficient and appropriate level of information to board members to enable effective decision-making.
- () 2. Board by-laws, policies and practices identify lines of authority and delegation of powers among the Board and the management; the Board shows some consistency in adopting appropriate governance versus management roles and some consistency in holding senior management accountable. The ED provides information to board members to support their decision-making.
- () 3. Board by-laws, policies and practices identify lines of authority and delegation of powers among the Board and the management, but the Board is inconsistent in adopting appropriate governance versus management roles and is inconsistent in holding senior management accountable. The ED rarely provides information to board members to support their decision-making.
- () 4. There is little differentiation between the governance roles/functions that the Board undertakes and the senior management roles/functions that the executive director undertakes. The ED provides information to board members to support their decision-making only when the Board is seeking information.

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

- () 1. The Board has completed and documented the results of an annual performance appraisal of the Executive Director, with a review of previously-set goals.
- ✓ 2. The Board has completed and documented the results of a performance assessment of the Executive Director in the last two years, with minimal follow-up on previously-set goals.
- () 3. The Board has completed/ documented the results of a performance assessment of the Executive Director, but it was two or more years ago.
- () 4. The Board has not completed and documented the results of a performance assessment of the Executive Director.

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

- ✓ 1. The Board members interact with the ED very often formally and informally. The working relationships among board members and the ED can be described as being based on trust, mutual understanding, respect and constructive problem-solving. The Executive Director proactively works to communicate and build relationships with the Board members. The Executive Director helps determine which issues the board will address and provide timely the information that shapes board discussions and guides the board towards a true governance role. The Board has a policy to address conflict of interest that requires all members to disclose potential conflicts and a process in place to address conflict as it arises. Board members work well together and perform their responsibilities in a way that demonstrates consideration and understanding of the role and perspective of the other.
- () 2. The Board members interact occasionally with the ED, formally and informally. The interaction between the Board and the ED can be a complex and, at times, tense relationship, yet professional and constructive. Sometimes Board members may feel it is a struggle to secure the information they require from the ED. Likewise, the ED sometimes perceives that the Board micromanages, but Board members practice is justifiable due to their monitoring and oversight role. The Board has a policy to address conflict of interest that requires all members to disclose potential conflict, but there is not a clear process to address conflict as it arises. Overall, Board members are working together to achieve a common organisational purpose. Some disagreements can exist at an individual level, but have not been raised in a larger group.
- () 3. The Board members interact rarely with ED, and only formally. The relationship with the ED is under-developed, and often challenged by disagreements and unresolved issues. Board members struggle to secure the information they require from ED. The Board does not have a policy and process to address conflict of interest. Board members are divided in interest groups and the quality of their relationship varies, but they make efforts to work together towards common goals.

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

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

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

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

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

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

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY

Service Delivery

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

- 1. The agency has policies and procedures in place to effectively manage client health and safety concerns, and has designated staff responsible for this function; follow-up of health and safety concerns is consistent and effective.
- 2. The agency has policies and procedures in place to effectively manage client health and safety concerns, and has designated staff responsible for this function, but there is inconsistent follow-up.
- 3. The agency has policies and procedures in place to manage client health and safety concerns, but does not have designated staff responsible for this function; follow-up of health and safety concerns has been in response to specific requests or part of issues management.
- 4. The agency does not have policies and procedures in place to manage client health and safety concerns. Follow-up of health and safety concerns is only part of the issues management requested by ministry.

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

- 1. The agency has service delivery standards, monitors them regularly and takes action to adjust their services.
- 2. The agency has service delivery standards, monitors them regularly, but has inconsistent follow-through action to adjust their services.
- 3. The agency has service delivery standards, but they are not monitored regularly.
- 4. The agency has not established service delivery standards, and does not perform any monitoring activities.

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

- 1. The agency is responsive to current focus on continuous improvement of client outcomes and mechanisms are in place to track and assess their clients' progress and achievements. This agency regularly assess their own work through internal reviews, audits, evaluations of their programs and services to provide Board and ministry with timely, accurate and reliable information.
- 2. The agency is responsive to current focus on continuous improvement of client outcomes and mechanisms are in place to track and assess their clients' progress and achievements. This agency occasionally assess their own work through internal reviews, audits, evaluations of their programs and services to provide Board and ministry with timely, accurate and reliable information.
- 3. The agency is aware of the current focus on continuous improvement of client outcomes, and they provide their clients with opportunities to give their feedback on the programs and services. Family members/caregivers are also asked to give their feedback. The programs and services are not formally evaluated to see if they are helping clients. Information about clients' progress and achievements are not easily available.
- 4. The agency is not aware of the current focus on continuous improvement of client outcomes. This agency has not provided their clients, including family members/care givers with opportunities to give their feedback on the programs and services. The programs and services are not formally evaluated to see if they are helping clients. Information about clients' progress and achievements are not easily available.

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

- 1. The agency has been accredited or has had a third-party review, has an action plan in place to deal with substandard areas, and has created improvements in these areas; or no substandard areas have been identified. A rating of 1 also applies when the agency has not been accredited or has had a third party review because this is not promoted in their sector of work.
- 2. The agency has been accredited or has had a third-party review and has a feasible action plan in place to deal with substandard areas identified through accreditation or the review. Action plans have not yet been implemented.
- 3. The agency has been accredited or has had a third-party review but does not have a feasible action plan in place to deal with substandard areas identified through accreditation or the review.
- 4. The agency has not received accreditation due to issues largely controllable by the agency. Or, where a third party review was completed, the agency has not responded to any of the issues identified.

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

- 1. Results are reported on-time and cover Ministry-specified topics in sufficient detail.
- 2. Results are reported on-time but do not cover Ministry-specified topics in sufficient detail.
- 3. Results are reported late and do not cover Ministry-specified topics in sufficient detail.
- 4. The agency is often late in reporting results or does not report results at all.

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

- 1. Risk management is done proactively to identify risks at every level in the organization, and is strongly integrated with its management practices; risk-related information is consistently reported to the Board.
- 2. Risk management is done to identify risks and to develop mitigation plans.
- 3. Risk management is in some instances done as part of the agency's business or operational planning, but not on a consistent basis.
- 4. The focus on risk is primarily on responding to crises, and tends to be reactive rather than proactive.

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

- 1. The agency has effectively built, leveraged, and maintained strong, high-impact, relationships with variety of relevant parties, both within and outside its sector.
- 2. The agency has effectively built and leveraged some key relationships with a few types of relevant parties.
- 3. The agency is in the early stages of building relationships and collaborating with other non-profit or public sector entities
- 4. The agency has made limited use of partnerships and alliances with non-profit/public sector entities.

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY

Stakeholder Satisfaction

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

- 1. The agency has a client complaints process, which is followed, communicated and well-known to clients (e.g. in a brochure or on its website) and is effective in resolving clients' reasonable complaints.
- 2. The agency has a client complaints process, which is followed and communicated to clients (e.g. in a brochure or on its website), but is not effective in resolving clients' reasonable complaints.
- 3. The agency has a client complaints process, but it is not followed, communicated or well-known to clients.
- 4. The agency does not have a client complaints process in place.

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

- 1. The agency has received only positive media coverage in the past two years, or the agency has had no instances of media coverage in the past two years.
- 2. The agency has received both positive and negative media coverage in the past two years and has effectively managed the negative coverage.
- 3. The agency has received negative media coverage in the past two years and has addressed some aspects of it, but not effectively enough to terminate the negative coverage.
- 4. The agency has received only negative media coverage in the past two years and has not actively managed it and negative coverage continues.

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

- 1. The agency is widely-known within the broader community, is perceived as actively engaged and highly responsive to the community. Or, the agency is a Youth Justice or VAW agency and does not seek a community presence.
- 2. The agency is reasonably well-known within community, and is perceived as open and responsive to community needs.
- 3. The agency has some visibility in the community, and is generally regarded as neutral (neither positive nor negative) in terms of responsiveness to community needs.
- 4. The agency's community presence is not positively regarded due to poor issues management that is largely controllable by the agency

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY

Financial Risk

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

- 1. The agency has a cash-flow (cash management) budget, has internal controls regarding access to cash, and has a contingency plan in place that is regularly monitored and reported to the Board.
- 2. The agency has a written plan to deal with cash-flow requirements, including short and long-term cash flow requirements; debt service payments; and line of credit information.
- 3. The agency has a written plan to deal with some cash-flow requirements and to manage their fiscal budget, but has not acted upon it.
- 4. The agency does not have a written plan to deal with cash-flow requirements and/or has an accumulated debt that impinges on their cash flow.

Q20) Is the agency effective in managing its debt?

- 1. The agency has good policies and procedures in place for debt management, it has effective cash management practices to ensure the debt obligations are fulfilled.
- 2. The agency has adequate policies and procedures in place for debt management, to ensure the debt obligations are fulfilled.
- 3. The agency has policies and procedures in place for debt management but they are not always followed to ensure the debt obligations are fulfilled.
- 4. The agency does not have policies and procedures in place for debt management to ensure the debt obligations are fulfilled.

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

- 1. The agency has and adheres to financial policies and procedures (less than 3 years old), including procurement, meals/hospitality, and travel and accountable procurement procedures.
- 2. The agency has and adheres to current financial policies and procedures that are older than 3 years, including procurement, meals/hospitality, and travel.
- 3. The agency has policies and procedures covering some of the financial areas and they are dated (more than 3 years). These policies are not consistently followed.
- 4. The agency does not have financial policies and procedures covering procurement, meals/hospitality, and travel.

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

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

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

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

- () 1. The agency consistently provides complete and accurate budgets, forecasts, service and financial YTD and year-end reporting in a timely manner as per ministry requirements
2. The agency consistently provides complete and accurate budgets, forecasts, service and financial YTD and year-end reporting as per ministry requirements, but submission is not always on time.
- () 3. The agency budgets, forecasts, service and financial YTD and year-end reporting are incomplete and contain some errors and the submission is not always on time.
- () 4. The agency provides budgets, forecasts, service and financial YTD and year-end reporting with significant errors and/or the submission is consistently late.

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

- () 1. No concerns were raised.
2. Concerns were raised and satisfactory action has been taken.
- () 3. Concerns were raised and unsatisfactory responsive action has been taken.
- () 4. Financial concerns were raised by external or Ministry reviews/audits, and no responsive action has been taken.

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

- () 1. There have not been any recoveries identified through the TPAR process in the past two years.
2. There have been recoveries identified through the TPAR process in the past two years but were insignificant (less than 2%), or there have been some identified through the TPAR process in the past two years that have exceeded 2% of the annual budget, due to causes not under the control of the agency.
- () 3. There have been recoveries identified through the TPAR process in the past two years that have exceeded 2% of the annual budget, due to issues largely controllable by the agency. Plans are in place to address those issues.
- () 4. There have been recoveries identified through the TPAR process in the past two years that have exceeded 2% of the annual budget, due to issues largely controllable by the agency. There is no plan in place to address the issues.

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

- 1. The agency's funding from another funder is secure, or the agency only receives funding from MCSS/MCYS.
- 2. The agency's funding from another funder has been reduced and will only minimally affect its MCSS/MCYS service delivery.
- 3. The agency's funding from another funder has been reduced and will likely affect its MCSS/MCYS service delivery.
- 4. The agency's funding from another funder has been completely cut or substantially reduced, impacting its MCSS/MCYS service delivery.

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY

Legal

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

- 1. The agency actively assesses its compliance; has specialist support that is accountable for this function, updates its requirements and monitors them on a regular basis.
- 2. The agency has a process in place, it utilizes the specialist support that is required to ensure compliance with applicable legislation, regulations and policy requirements, and it does take action to ensure compliance, but only does this on an ad hoc basis.
- 3. The agency has a process in place, but it does not have the specialist support (e.g., finance, HR, IT*) that is required to ensure compliance with applicable legislation, regulations and policy requirements.
- 4. The agency does not have a process in place to ensure compliance with applicable legislation, regulations and policy requirements.

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

- 1. There has been no litigation, legal proceedings or settlements.
- 2. There has been litigation, but has not resulted in fines, penalties, personal liabilities for management/employees and/or stoppage of work, etc., in the past three years.
- 3. There has been a single legal proceeding with fines, penalties, personal liabilities for management/ employees, stoppage of work, etc., in the past three years.
- 4. There has been more than one legal proceeding resulting in fines, penalties, personal liabilities for management/ employees, stoppage of work, etc., in the past three years.

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

- 1. There are no pending legal actions.
- 2. There are pending legal actions; the agency has explored the financial consequences and the insurance aspects of managing these lawsuits, and they have addressed the underlying cause. The Ministry was informed of pending legal actions in a timely manner.
- 3. There are pending legal actions and the agency has explored the financial consequences and the insurance aspects of managing these lawsuits, but has not addressed the underlying causes of the lawsuits to avoid re-occurrences.
- 4. There are pending legal actions, and the agency has not explored the financial consequences or the insurance aspects of managing these lawsuits.

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

- 1. There were no significant areas of non-compliance or licensing issues.
- 2. There were areas of non-compliance or licensing issues and the agency response addressed these issues.
- 3. There were areas of non-compliance or licensing issues and the agency's response was ineffective, maintaining their non-compliant status.
- 4. There were significant areas of non-compliance or licensing issues and the agency did not take responsive action.

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

- 1. The Ministry or agency has received no communication within the past 12 months signaling concerns or alleged improprieties. The agency has put in place mechanisms and protocols to identify risk of fraud or misconduct and take corrective actions when it occurs.
- 2. The Ministry or agency has received communication within the past 12 months signaling concerns or alleged improprieties. The agency has put in place mechanisms and protocols to identify risk of fraud or misconduct and take corrective actions when it occurs.
- 3. The Ministry or agency has received communication within the past 12 months signaling concerns or alleged improprieties. The agency has not yet developed and put in place mechanisms and protocols to identify risk of fraud or misconduct and take corrective actions when it occurs.
- 4. The Ministry or agency has received several communications regarding potential improprieties that could have a negative impact on service delivery and service continuity. The agency has not yet developed and put in place mechanisms and protocols to identify risk of fraud or misconduct and a protocol to take corrective actions when it occurs.

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY

IT

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

- 1. The IT and/or paper-based system is adequately backed-up with stored electronic records and files and has a Disaster Recovery & Business Continuity Plan which is current and which has been tested.
- 2. The IT and/or paper-based system is adequately backed-up with stored electronic records and files and has a Disaster Recovery & Business Continuity Plan, but it is not current and has not been tested.
- 3. The IT and/or paper-based system is adequately backed-up with stored electronic records and files but the agency does not have a Disaster Recovery & Business Continuity Plan, which could quickly facilitate the agency's return to service.
- 4. The agency does not have an IT and/or paper-based back-up system and therefore a system outage or damage would adversely affect the agency's ability to deliver services.

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

- 1. The agency has a Disaster Recovery & Business Continuity Plan for its physical plant that has been updated in the past year.
- 2. The agency has a Disaster Recovery & Business Continuity Plan for its physical plant, but it has not been updated for over a year.
- 3. The agency has minimal back-up plans for its physical plant, which have not been tested and has not been updated for over a year.
- 4. The agency does not have a back-up plan for its physical plant and therefore building damage would adversely affect the agency's ability to deliver services.

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

- 1. The agency has disclosure and confidentiality policies and procedures and there has been no unauthorized incident.
- 2. The agency has disclosure and confidentiality policies and procedures and there has been an unauthorized incident and follow through was appropriate.
- 3. The agency has disclosure and confidentiality policies and procedures and there has been an unauthorized incident and follow through was not appropriate.
- 4. The agency has no disclosure and confidentiality policies and procedures and there has been an unauthorized incident and follow through was not appropriate.

Risk Assessment - CATHOLIC CHILDREN'S AID SOCIETY**HR****Q35) Has the agency been successful in recruiting permanent staff (full-time and/or part-time) with the requisite core competencies, skills, accreditations or knowledge?**

- 1. The agency has not had difficulty in recruiting qualified staff, has a well-planned process for recruitment and is well-connected to potential sources of new talent.
- 2. The agency has had some difficulty in recruiting qualified staff, even though it has a thorough recruitment plan, but cannot attract qualified staff due to geographic isolation, funding, etc.
- 3. The agency has had difficulty in recruiting qualified staff, because its recruitment plan is not thorough enough.
- 4. The agency has had significant difficulty in recruiting qualified staff and has not developed a plan for recruitment.

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

- 1. Organization is able to develop and refine concrete, realistic, and detailed HR plan; has critical mass of internal expertise in HR planning (via trained, dedicated HR manager), or efficiently uses external, sustainable, highly qualified resources; HR planning exercise carried out regularly.
- 2. Ability and tendency to develop and refine concrete, realistic HR plan; some internal expertise in HR planning or access to relevant external assistance; HR planning carried out on near-regular basis.
- 3. The agency has some ability to develop a high-level HR plan, but is lacking expertise (either internal or accessible externally).
- 4. The agency uncovers and/or addresses HR needs only when issues are too large to ignore; there is a lack of HR planning activities and expertise (either internal or accessible externally); there is no experience in HR planning.

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

- 1. The agency has developed a process and policy to capture, document and disseminate knowledge, including an exit interview policy. When a staff leaves, the agency follows this policy and process consistently.
- 2. The agency has developed a process and policy to capture, document, and disseminate knowledge, including an exit interview policy. When a staff leaves, the agency does not consistently follow their policy.
- 3. The agency has some documented processes in place to capture, document and disseminate knowledge when staff leave. The agency does not have a formal exit interview policy, and processes and practices are not consistently followed.
- 4. No formal system to capture, document and disseminate knowledge when staff leave.

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

1. Well-planned processes to recruit, develop, and retain key managers; CEO/executive director takes active interest in managerial development; individually tailored development plans for employees who exhibit exceptional potential. Performance annual reviews include a development plan for each staff.
2. Recruitment, development, and retention of key managers is a priority on CEO/ executive director's agenda; some tailoring in development plans for employees who exhibit exceptional potential. Performance annual reviews include a development plan for management.
3. Recruitment, development, and retention of key managers is not a priority on CEO/ executive director's agenda; there is no tailoring in development plans for employees who exhibit exceptional potential. Performance annual reviews do not incorporate a development plan for any staff.
4. Standard career paths are in place without considering succession planning and managerial development.

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

1. All of the management team has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.
2. The majority of the management team (at least 75%) has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.
3. A few of the management team (less than 50%) has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.
4. A limited number of the management team (less than 25%) has the requisite core competencies and the required knowledge, skills and experience to deliver on contract expectations.

Q40) Is there a formal orientation for new employees ?

1. The agency has a formal orientation process and package for new employees. Orientation is consistently carried out with every new employee, relevant materials are up-to-date, and covers all aspects of the agency's mandate, structure, policies, as well as services and functions.
2. The agency has a formal orientation process and package for new employees. Orientation is consistently carried out with every new employee; however, relevant materials are not up-to-date.
3. The agency has formal orientation for new employees, but it is not consistently applied with every new employee. The orientation materials are not up-to-date.
4. The agency has no formal orientation materials and process. Staff orientation is informal.

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

1. Yes.
2. No.
3. Partially/Some.