The Corporation of the Township of Brock

Protection Services Committee Agenda

Municipal Administration Building

Session Five   **Monday, March 25, 2019**

1.   **Call to Order** - Chair Lynn Campbell

2.   **Declaration of Pecuniary Interest**

3.   **Confirmation of Minutes** – None

       (1)   3rd meeting – February 11, 2019

       (2)   4th meeting – February 11, 2019

4.   **Hearing of Deputations** – None

5.   **Communications Referred or Submitted to Committee**

       Referred from Protection Services Committee February 11, 2019

       101   Rick Harrison – Report: 2019-PS-03, Fire Department Summary Report

       Referred from Council March 4, 2019

       195   Durham Regional Police Services Board – Appointment of Ms. Karen
              Fisher as Citizen Representative

       210   Durham Regional Police Services Board – Appointment of Dr. Garry
              Cubitt by the Provincial Government

       217   Colleen Pocock – Road and community safety concern, Cedar Beach,
              Parklawn, Main Street strip

       218   ConnexOntario – Access to Addiction, Mental Health and Problem
              Gambling Services

       227   Irene Hrebik – Concerns with Transportation Services

       241   Nick Colucci – Interoffice Memorandum – Speed Limit Signage on 18A

       245   Township of Uxbridge – Resolution No.2019-03 – Accessible Adaptable
              Housing

       289   Ministry for Seniors and Accessibility – Notice of Ministry of Training
              Webinar for Municipal Accessible Advisory Committees

       292   Sylvia Jones, Minister of Community Safety and Correctional Services –
              Community Safety and Well-Being Planning Process Resources

       293   Ontario Wildlife Damage Compensation Program (OMAFRA) –
              Investigator Training Sessions

       Referred from Council March 18, 2019

       313   AMO – Policy Update – Government Announces New Health Care Plan

       349   Alan Cowie – Construction of a Garage/Barn on this land at 00000
              Twmarc Ave.

       353   Janice Hope – Cedar Beach Road Safety Concerns

       381   Durham Region Health Department, Health Protection – Attached Notice
              of Required Action (May 1 – September 30, 2019) per Ontario Regulation
              199/03, as amended – Control of West Nile Virus

This document is available in alternate formats upon request.
Please contact the Clerk's Department at 705-432-2355

390   Lake Simcoe Region Conservation Authority – Spring Safety Message:
       Be Careful Around Waterways

Referred Directly

421   Durham Region Health Department, Health Protection – West Nile Virus
       Vector Control Activities (May to September 2019)

429   Joel Harden, MPP for Ottawa Centre, Official Opposition Critic for
       Accessibility & People with Disabilities; Seniors' Affairs' Pensions –
       Accessibility Town Hall, April 10, 2019

6.   Reports of Sub-Committees – None

7.   General Items and Enquiries

(1)   Others

(2)   Public Questions and Clarifications

8.   Adjournment

The Corporation of the Township of Brock

Protection Services Committee Draft Minutes

Municipal Administration Building

Session Three   **Monday, February 11, 2019**

The Third Meeting of the Protection Services Committee of the Township of Brock, in the Regional Municipality of Durham, was held on Monday, February 11, 2019, in the Municipal Administration Building Council Chamber.

Members present: Mayor: Debbie Bath-Hadden
                    Regional Councillor: W.E. Ted Smith
                    Councillors: Michael Jubb
                                              Claire Doble
                                              Walter Schummer
                                              Cria Pettingill
                                              Lynn Campbell

Staff Members present: CAO and Municipal Clerk Thomas G. Gettinby
                          (recording the minutes)
                          Deputy Clerk Becky Jamieson
                          Clerk's Assistant Deena Hunt
                          By-Law Enforcement/Canine Control Supervisor Sarah
                          Beauregard-Jones
                          Treasurer Laura Barta

1.   **Call to Order**

      Chair Lynn Campbell called the meeting to order at 12:00 p.m.

2.   **Declaration of Pecuniary Interest**

      None

3.   **Confirmation of Minutes**

      None

4.   **Hearing of Deputations**

      (1)   12:00 p.m. – Sarah Beauregard-Jones, By-Law Enforcement/Animal
             Control Supervisor – By-Law and Animal Control Department Overview

      The By-Law Enforcement/Animal Control Supervisor provided the following
      presentation and responded to questions from the Committee:

      By-Law and Animal Control Department Staffing

      • 4 staff members in By-Law Enforcement and Animal Control
        − 1 full time Supervisor
        − 1 full time Officer
        − 2 part time Officers
      • 10 Crossing Guards

      By-Law and Animal Control staff are cross trained to provide for continuous
      department service coverage. Department staff, primarily animal control, are
      expected to be available 365 days per year including holidays and weekends.
      When staff are on shift, they are required to enforce all by-law violations, address
      animal control issues, perform crossing guard backup, and enforce parking.

      Hours (Animal Control 24/7)
      6 am to 6 pm – winter (Monday-Friday)
      7 am to 7 pm – summer (Monday-Friday)
      8:30 am to 4:30 pm (weekends – primarily for animal control)

      Department Responsibilities:
        − animal control and by-law enforcement – all staff and supervisor

This document is available in alternate formats upon request.
Please contact the Clerk's Department at 705-432-2355

- animal shelter management and maintenance – all staff and supervisor
- parking enforcement – full and part time officers
- MTO system management/data entry/supervisors review- supervisor only
- dog tagging management/data entry – supervisor (assisted by treasury)
- breeding and boarding kennel licensing – supervisor and ft officer
- prohibited animal licensing – supervisor and ft officer
- wrecking yard licensing – supervisor
- taxi and limousine licensing – supervisor
- fence viewing administration – supervisor/clerks
- livestock valuation administration –supervisor/treasury
- property standards investigations – supervisor and ft officer (asst. by pt)
- crossing guard back up – all staff and supervisor
- staff scheduling, training and management – supervisor
- office administration and management – supervisor
- courier services – all staff
- fundraising – all staff on a voluntary basis
- social media and public liaison – all staff
- public tours and education programs – all staff
- other duties as assigned – all staff

Animal Care Attendant – Daily Duties:

- observe, monitor, and record animal appearance and behaviour for general physical condition, obvious signs of illness, disease and discontent
- thoroughly clean and disinfect all areas of the shelter as often as necessary
- clean and maintain all equipment and tools used in job assignments, and receive shelter supplies and donations
- correspond with veterinarians
- receive animals to be admitted for shelter care and ensure proper identification is recorded ensuring that cages and animals are properly numbered and identified
- release animals to their owners as required by customer service or the shelter manager; arrange adoption appointments as well as veterinary visits and public tours
- provide assistance to the veterinarian with the administration of medications
- receive phone calls to shelter line and update social media
- maintain shelter grounds daily, picking up any trash and stool material

Note: The Animal Shelter is subject to unscheduled OMAFRA inspections and non-compliance of the legislation can result in immediate closure of the shelter.

Physical Effort: requires lifting and carrying materials weighing up to 40 pounds and must handle dogs weighing up to 150 pounds (capturing/restraining). Walking/standing for long periods, and working in a bent position.

Working Conditions: generally performed inside with some outside work. Exposure to unpleasant odours and noises, bites, scratches and animal waste. Possible exposure to contagious diseases.

Knowledge of: efficient cleaning/disinfecting methods and the use/care of cleaning materials and equipment. Proper methods of animal restraint. Perform moderately heavy physical labour. Administering medications and ability to recognize abnormal conditions. Understand and implement oral and written directions.

Chair/Councillor Campbell enquired as to the number of animals and was advised that there are 6 dog kennels (including runs) and space for approximately 30 cats.

Mayor Bath-Hadden enquired as to the adoption process and was advised that the animal must be held for 48 hours and Brock practices holding for 5 days after which the animal can be adopted out.

Animal Control Officer

- patrols assigned area in an animal control vehicle to search for stray, sick, injured, or dead animals and provide services as needed
- responds to calls from the public, law enforcement agencies, or other Animal Control Officers concerning animals at large and violations of animal

> regulatory by-laws (leash laws, licensing, quarantining dangerous dogs/cats, and animal noises)
- pick up and transport animals to the shelter for impounding, disposal, or rabies investigation, or to the veterinarian as appropriate
- prepares reports, completes records/forms such as daily activity sheets, receipts for fees received, citations, quarantine and investigative reports
- collects license, redemption, and adoption fees and fees for other services rendered to the public
- provides public with information (licensing, vaccinations, adoption, euthanasia, etc.), gives tours of the shelter, and participates in public school presentations
- conduct special investigations in response to public complaints of violations of animal control by-law; appear in court to testify and present evidence
- inspect and license commercial/hobby kennels, catteries, rescues, exotic animal facilities
- perform animal care duties, monitor sick and dangerous animals, segregate animals when necessary
- assist with front office duties (receive animals brought to the shelter) and release impounded animals to the public
- wildlife and domestic animal rescue and control
- transportation of animals to veterinarian, OSPCA Spay/Neuter Clinic, Wildlife Centers, and foster parents
- co-ordinate services with partner animal shelters and rescue's
- assist with the barn/feral cat program

The By-Law Enforcement/Animal Control Supervisor advised that department challenges include the public's demand for the control of feral cats and wildlife, the lack of adequate staffing when the shelter is full, increasing levels of animals received at the shelter, the sale of dog tags (other municipalities utilize Docupet), the time to patrol the parks for animal waste as well as locating dogs at large, the increasing veterinarian costs, the lack of enforcement by the DRPS and OSPCA, the increase in violent and/or abusive behavior toward staff who work alone in almost all cases (Compassion Fatigue Syndrome), stress experienced due to derogatory social media comments, the inability to obtain written complaints from the public, and the lack of internet at the animal shelter.

Mayor Bath-Hadden enquired as to dogs at large and was advised that animal control transports them to the shelter, the owner is contacted, the dog is released after the fine is paid and fines continue to increase with each subsequent catch in a calendar year.

Regional Councillor Smith enquired whether the fees are reset in the new calendar year and was advised in the affirmative.

Councillor Schummer enquired as to purchasing dog tags and was advised that they are available at A5 Pet Depot in Beaverton, the Animal Shelter and Administration Building in Cannington, and Pilgrim's Home Hardware in Sunderland.

Mayor Bath-Hadden enquired whether internet could be provided to the animal shelter and was advised that staff will follow up.

Resolution Number 1-3

MOVED by Debbie Bath-Hadden that the Committee break for a recess at 1:20 p.m.

MOTION CARRIED

Chair/Councillor Campbell reconvened the meeting at 2:26 p.m. with the same members of Committee and staff in attendance.

The Process for Property Standards Violations

When a complaint is received in writing, a By-Law Enforcement Officer will investigate the property to determine the violation (photos, notes), make contact with the property owner, and issue an Order (voluntary) to comply within the timeframe specified by the officer. Failure to comply with Voluntary Order results in an Order to Remedy Violation of Standards of Maintenance and Occupancy advising the owner of the violation and requiring that it be remedied within a specified time period. If an owner fails to comply with a property standards order,

the Township may initiate action to complete the necessary work and the costs associated with this work will be applied to the tax roll of the subject property. In addition, legal action may be initiated against any person who fails to comply with a property standards order. The maximum fine for non-compliance with a property standards order is $25,000 for an individual, and $50,000 for a corporation. Property owners have the right of appeal to the Property Standards Committee within 14 days if they are not satisfied with the terms of the order. The Committee can uphold the order, rescind the order, or modify the length of time for compliance.

The Township of Brock Property Standards By-Law sets standards for maintenance and occupancy applying to all local properties who are required to repair and maintain their property according to these standards, including the owners of rental residential properties – unless there is an agreement between the property owner and a lessee or occupant that assigns maintenance and repair responsibility to the lessee or occupant.

The By-Law Enforcement/Animal Control Department and the Building Department are responsible for investigating and enforcing Property Standards complaints. Generally, by-law enforcement deals with external issues and the Building Department with structural issues which overlap from time to time. Additionally, the Fire Department may be required to assist under the Fire Code. Public Works staff assist with property clean ups when required.

Reminder: Property Standards violations must be reported to the Township of Brock in writing as per legislation.

Councillor Doble enquired as to how the timeframes for compliance are determined and was advised that each case is evaluated on its own merits.

Councillor Schummer enquired as to property acquisitions which have outstanding property standards issues to which the CAO and Municipal Clerk advised that the potential buyer is responsible for their own due diligence.

General By-law Enforcement

By-law staff are responsible for the enforcement of various Township of Brock By-Laws including zoning, noise, firearms, ATV and snowmobile, traffic control (parking), fence, etc.

Enforcement Policy

By-Laws enacted by the Township of Brock reflect community values and are in place to maintain a safe and livable community. The By-law Enforcement Officers accomplish this by treating similar cases in similar ways. The Township of Brock promotes an enforcement philosophy that seeks voluntary by-law compliance, which is often achieved through education, information and non-penalty enforcement including providing a reasonable time-frame to comply. When enforcement based on education and warnings is not appropriate, a more direct approach would include immediate ticketing (eg. for dogs at large and parking infractions).

This policy does not preclude the Township's Enforcement Officers from proactively initiating enforcement of its' by-laws in the absence of a complaint where circumstances warrant such action at the discretion of the officer. (excluding Property Standards).

Enforcement Response Priority

Priority #1: Health or Safety – the alleged by-law violation may adversely impact the environment or public safety. These violations will be investigated and enforced as soon as possible given the availability of staff and other resources. Prior warnings or education may not be appropriate or practical.

Priority #2: Significant negative impact to adjacent properties – the alleged by-law violation is significantly impacting adjacent properties in a negative manner but does not pose an immediate risk to the environment or public safety.

Priority #3: General nuisance – the alleged by-law violation may be a matter that is a general neighbourhood concern. These violations tend to be cosmetic in nature and do not affect the environment or public safety. This type of complaint is only initiated in response to written complaints.

Third Party Complaints – will be evaluated on a case-by-case basis. Investigations will generally proceed where there is a potential safety, health or liability issue, or a clear linkage to an identifiable complaint.

Anonymous Complaints – **will not** be investigated unless potential safety health, or liability issues are identified.

Frivolous or Vexatious Complaints – The Township may receive multiple complaints from the same person on the same issue which may be considered minor in nature (frivolous and vexatious). Staff will investigate all by-law related complaints to ascertain their validity. If it is determined that all steps have been taken to resolve the complaint or issue and the complaints continue unabated, with no by-law contravention, or it meets the definition noted in the by-law, staff may take the following actions:

- refer the parties to a third-party agency better suited to resolve the issue (police or lawyers);
- prepare a report to the By-Law Enforcement Supervisor recommending conclusion of the investigation; or,
- advise the complainants of the outcome, including that staff will no longer investigate the complaint should that be the case.

The By-Law Supervisor together with the CAO and Municipal Clerk will declare a complaint or complainant as frivolous or vexatious and will instruct staff how best to respond to these complaints. Occasionally, direction may be sought from Council.

Procedures for the Investigation of Cases

1. Receive the complaint and observe the violation.
2. Review the details, determine the jurisdiction and establish a priority.
3. Contact the complainant if possible/practical or relevant.
4. Investigate the complaint.
5. Determine the most effective way of obtaining compliance, if applicable to the situation.
6. Determine a course of action (warning, charges etc).
7. Act on the determined course of action.
8. Gain compliance where possible.
9. Re-contact complainant advising the results (if permitted due to confidentiality).
10. Conclude the complaint with written case report to Supervisor.

The Court Process

Under the Provincial Offences Act, By-Law Enforcement Officers and Police can proceed with a charge using the following options:

Part 1 – Ticket (By-Laws with short form wording)

Offender receives a part 1 ticket for the infraction where they are found committing an offence under the By-Law. The offender has the option to pay the fine at the Provincial Court or elect to go to trial (used in cases such as noise violation or dog at large).

Part 2 – Parking Infraction (Traffic By-Law Only)

Offender receives a parking infraction notice under the traffic control by-law and has the option to pay the early fine within 7 days or pay the set fine within 15 days. Should the offender choose to dispute a traffic ticket, they must attend the Municipal Office with the ticket marked 'trial option' and the municipality will send the ticket to the POA Court in Whitby for a trial date. In addition, the municipality will obtain a prosecutor and provide evidence of the offence, including witness testimony. If the offender ignores the ticket, it is sent to court and entered as guilty. The offender must pay the fine and court costs when renewing their license sticker. The municipality receives a portion of these costs (Brock does benefit from the shared pool). The Township offers those issued with a parking infraction notice to complete a Supervisor's Review which must be filled out within 15 days. Once received the By-Law Supervisor and another Township Staff member conduct a review of the ticket and determine if the ticket will be voided, reduced or left to stand as an infraction.

Part 3 – Summons

Offender is served in person with a summons to attend court on a specific date and time for an alleged offence under a by-law. These types of charges (often called long form) are reserved for offences that require a long investigation and large amounts of evidence such as zoning, property standards, and long term noise violations. Staff are required to follow the rules of evidence, confidentiality and complete a crown brief for any court proceedings.

Mayor Bath-Hadden advised that she is interested in crafting a motion in defence of staff time used during court proceedings as the justice of the peace typically supports the offender's position.

Licensing

The By-Law / Animal Control Department is also responsible for the inspections associated with licensing by-laws within the Township of Brock. Licensing Inspections are primarily performed by the By-Law/Animal Control Supervisor. Annual inspections and subsequent licensing are subject to drop in inspections throughout the calendar year for taxi and limousine, breeding and boarding kennels, doggie day care, prohibited animals, wrecking yards, and campgrounds.

Courier services

The department spends approximately 6-8 hours weekly conducting courier services for the library, Regional mail, and other items using the animal control van. Staff have also used personal vehicles for courier services.

Fundraising

In order to help support and fund the cost of veterinary care for animals at the shelter, staff volunteer their time to hold events for the Sick and Injured Animal Fund as well as attend community events of the same nature.

Challenges for By-law and Parking Control

The current traffic control by-law and signage in the municipality requires an update (in process). Staff conduct parking patrols daily – the size of the municipality and demands in other areas of the department make it difficult to enforce certain parts of the traffic by-law such as the 3 hour parking. The failure of the public to submit written complaints and evidence when required for potential charges and the failure of DRPS to enforce by-laws including parking. The increased levels of violence and abuse directed at the enforcement officers on a daily basis (in person and on social media). A slow court process which is expensive.

The By-Law Enforcement/Animal Control Supervisor provided a comparison of staffing levels for animal control, by-law, and parking at the Township of Uxbridge, Township of Scugog, Town of Whitby, City of Oshawa, and Town of Georgina.

Increase of Staffing Levels

The By-Law Enforcement/Animal Control Supervisor agreed that the option to have 3 full time officers and 2 part time staff was suitable for providing an increase in enforcement and meeting department demands. She noted that there would be a lack of a by-law enforcement vehicle and additional costs would be incurred for a uniform, phone, protective equipment etc. She noted that the increase in staffing is to address the demands of animal control, not by-law enforcement.

Resolution Number 2-3

MOVED by Debbie Bath-Hadden that the Committee break for a recess at 3:15 p.m.

MOTION CARRIED

Chair/Councillor Campbell reconvened the meeting at 3:34 p.m. with the same members of Committee and staff in attendance.

Mayor Bath-Hadden advised that the By-Law Enforcement/Animal Control Supervisor and CAO and Municipal Clerk would attend the next monthly DRPS meeting.

Mayor Bath-Hadden enquired as to the onus of property standards issues with respect to tenants and was advised the property owner.

Regional Councillor Smith enquired as to complaints due to Air BnB's to which the CAO and Municipal Clerk advised that there have been some. He advised that when the owner resides on the property the operation is considered a bed and breakfast which is permissible under the zoning by-law and, should the property owner not reside on the property, they are considered to be operating a tourist home which is only permitted within commercial zoning and complaints are handled as a non-conformity to the zoning by-law.

Councillor Doble enquired as to reducing cleaning costs at the shelter to which the CAO and Municipal Clerk advised that it is imperative that the rigid cleaning standards are maintained (OMAFRA under the Pounds Act) and animal control staff have been trained to handle the animals.

Councillor Pettingill enquired as to changing the by-law with respect to the length of grass etc. to which the CAO and Municipal Clerk advised that it would be at Council's direction. She noted that developing an education program to support this department would be useful.

Councillor Schummer enquired how other municipalities cover crossing guard absences to which the By-Law Enforcement Supervisor advised that crossing guards in other municipalities report to the Works Department and are covered by Works staff.

Councillor Jubb formally apologized for a previous comment he made with respect to inefficiencies within this department.

Mayor Bath-Hadden suggested that staff contact the LSRCA to request a rainscaping presentation (with funding options) for the benefit of the public.

Resolution Number 3-3

MOVED by W.E. Ted Smith that the system of escalating fines regarding the capture of dogs at large be revised to delete the practice of allowing the fines to reset to a lower level at the start of a new calendar year and further, that the fees by-law be adjusted to reflect an increase in these fines.

MOTION CARRIED

Resolution Number 4-3

MOVED by W.E. Ted Smith that staff investigate and report on the cost and feasibility of implementing the Docupet system of dog tag sales.

MOTION CARRIED

The Deputy Clerk advised that the report would be provided in the fall of 2019.

Resolution Number 5-3

MOVED by Debbie Bath-Hadden that Protection Services Committee request that staff discuss Brock continuing or not with the courier service for our Library. Also, that all Regional mail now proceed with a phone call to the recipient to pick up their mail.

The CAO and Municipal Clerk expressed concern for Land Division Committee correspondence which is received at the Administration Building to which the Deputy Clerk suggested that staff could request the Region to provide this electronically.

Resolution Number 5-3

MOVED by Debbie Bath-Hadden that Protection Services Committee request that staff discuss Brock continuing or not with the courier service for our Library. Also, that all Regional mail now proceed with a phone call to the recipient to pick up their mail.

MOTION CARRIED

Resolution Number 6-3

MOVED by Debbie Bath-Hadden that Protection Services support adopting one additional full-time By-Law staff to be utilized by increasing one of our part-time staff to this position. Also, to support the addition of one additional part-time staff.

Councillor Schummer requested clarification for the benefit of the public to which Mayor Bath-Hadden advised that this addresses a staffing deficiency in this department which will provide improved support for service levels and will be reviewed in 2020.

Councillor Doble enquired whether complaints are tracked and was advised in the affirmative.

Resolution Number 6-3

MOVED by Debbie Bath-Hadden that Protection Services support adopting one additional full-time By-Law staff to be utilized by increasing one of our part-time staff to this position. Also, to support the addition of one additional part-time staff.

<div align="right">MOTION CARRIED</div>

5.   Communications Referred or Submitted to Committee

None

6.   Reports of Sub-Committees

None

7.   General Items and Enquiries

(1)   Others

There were no other items or enquiries.

(2)   Public Questions and Clarifications

There were no public questions for clarification.

8.   Adjournment

Resolution Number 7-3

MOVED by Debbie Bath-Hadden that we do now adjourn at 4:18 p.m.

<div align="right">MOTION CARRIED</div>

_____
CHAIR

_____
SECRETARY

The Corporation of the Township of Brock

Protection Services Committee Draft Minutes

Municipal Administration Building

Session Four   **Monday, February 11, 2019**

The Fourth Meeting of the Protection Services Committee of the Township of Brock, in the Regional Municipality of Durham, was held on Monday, February 11, 2019, in the Municipal Administration Building Council Chamber.

Members present: Mayor: Debbie Bath-Hadden
                     Regional Councillor: W.E. Ted Smith
                     Councillors: Michael Jubb
                                              Claire Doble
                                              Walter Schummer
                                              Cria Pettingill
                                              Lynn Campbell

Staff Members present: Deputy Clerk Becky Jamieson
                           (recording the minutes)
                           Clerk's Assistant Deena Hunt
                           Treasurer Laura Barta
                           Director of Public Works Nick Colucci

1.   **Call to Order**

       Chair Lynn Campbell called the meeting to order at 5:48 p.m.

2.   **Declaration of Pecuniary Interest**

       None

3.   **Confirmation of Minutes** – 2nd meeting – January 21, 2019

       Resolution Number 1-4

       MOVED by W.E. Ted Smith that the minutes of the 2nd meeting of the Protection Services Committee as held on January 21, 2019, be adopted as typed and circulated.

                                                          MOTION CARRIED

4.   **Hearing of Deputations**

       None

5.   **Communications Referred or Submitted to Committee**

       Referred from Council February 4, 2019

       101   Rick Harrison – Report: 2019-PS-03, Fire Department Summary Report

       Councillor Pettingill requested clarification on this report to which the Deputy Clerk advised that it could be included on the March 25 agenda. Mayor Bath-Hadden suggested that Committee members email their specific enquiries to the Deputy Clerk so that she can apprise the Fire Chief.

       134   Autism Ontario – Adult Newsletter, January 2019

       Resolution Number 2-4

       MOVED by Michael Jubb that communication numbers 101 and 134 be received for information.

                                                          MOTION CARRIED

This document is available in alternate formats upon request.
Please contact the Clerk's Department at 705-432-2355

6.   Reports of Sub-Committees

None

7.   General Items and Enquiries

(1)   Others

There were no other enquiries.

(2)   Public Questions and Clarifications

There were no public questions for clarification.

8.   Adjournment

<u>Resolution Number 3-4</u>

MOVED by <u>Debbie Bath-Hadden</u> that we do now adjourn at 5:54 p.m.

<u>MOTION CARRIED</u>

_____

CHAIR

_____

SECRETARY

Committee Referrals

This group of communications has been referred from:

Date of Meeting: **Monday, February 11, 2019**

and should be retained for use at the committee meeting indicated below:

Name of Committee: **Protection Services Committee**
Date of Committee Meeting: **Monday, March 25, 2019**

Brock
breathe it in.

The Corporation of the Township of Brock

Fire Department	Date:	17/01/2019
Fire Chief to the Protection Services Committee	Refer to:	Council
Report: 2019-PS-03	Meeting Date:	04/02/2019
Date: Monday, February 11, 2019	Action:	Refer to
Subject	Notes:	**PS - 11/02/2019**
Fire Department Summary Report	Copies to:	

Recommendation

That Protection Services Committee receives this report for information.

Attachments

No. 1: Totals by Type (2018)
No. 2: Incident & Vehicle Times (2018)
No. 3: Totals by Type (2014 – 2018)
No. 4: Incident & Vehicle Times (2014 – 2018)

Report

The attachments summarize the fire department responses for the period of January to December 2018 & January 2014 to December 2018 inclusive.
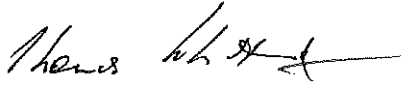
The summary report also indicates the amount of dollar loss for any incident involving a fire.
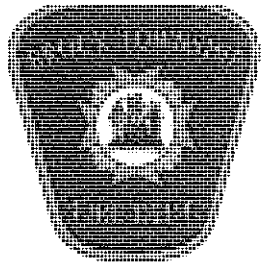
Respectfully submitted,

Rick Harrison, CEMC
Fire Chief

This report is available in alternate formats upon request.
Please contact the Clerk's Department at 705-432-2355.

Reviewed by,

Thomas G. Gettinby, MA, MCIP, RPP, CMO
CAO & Municipal Clerk

Totals by Type
From Jan 1 18 to Dec 31 18

	Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Station 8-1								
January								
01	Fire	2	0.65	4 h 12m	0.88%	9.50	13:19	52,000
53	CO incident, CO present (exc false alarms)	2	0.65	1 h 17m	1.17%	5.00	08:34	
62	Vehicle Collision	1	0.33	1 h 51m	0.48%	5.00	09:50	
702	CPR administered	1	0.33	1 h 27m	0.55%	4.00	07:17	
88	Accident or illness related - cuts, fractures, person fainted, etc.	1	0.33	1 h 38m	0.61%	4.00	02:23	
97	Incident not found	1	0.33	0 h 44m	0.46%	5.00		
	Subtotal for January	**8**	**2.61**	**11% 9**	**4.15%**	**5.88**	**09:02**	**52,000**
February								
31	Alarm System Equipment - Malfunction	1	0.33	0 h 30m	0.34%	7.00	06:30	
38	CO false alarm - equipment malfunction (no CO present)	3	0.98	2 h 15m	1.21%	5.33	04:13	
53	CO incident, CO present (exc false alarms)	4	1.31	1 h 35m	1.82%	4.25	05:12	
62	Vehicle Collision	2	0.65	1 h 22m	1.26%	8.00	11:27	
97	Incident not found	1	0.33	0 h 22m	0.14%	6.00		
	Subtotal for February	**11**	**3.59**	**6% 4**	**4.77%**	**5.64**	**06:17**	
March								
01	Fire	1	0.33	1 h 48m	0.14%	9.00	14:31	3,000
03	NO LOSS OUTDOOR fire (see exclusions)	1	0.33	2 h 44m	0.33%	17.00	12:46	
29	Other pre fire conditions (no fire)	1	0.33	0 h 59m	0.65%	3.00	11:21	
62	Vehicle Collision	1	0.33	0 h 38m	0.05%	8.00	13:57	
702	CPR administered	1	0.33	0 h 39m	0.58%	9.00	03:14	
	Subtotal for March	**5**	**1.63**	**6% 48**	**1.74%**	**9.20**	**11:10**	**3,000**
April								
21	Overheat (no fire, e.g. engines, mechanical devices)	1	0.33	1 h 48m	0.14%	10.00	17:06	
50	Power Lines Down, Arcing	4	1.31	6 h 29m	0.82%	3.25	23:38	
	Subtotal for April	**5**	**1.63**	**8% 17**	**0.96%**	**4.60**	**22:20**	

Totals by Type Continued
From Jan 1 18 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
May							
03 NO LOSS OUTDOOR fire (see exclusions)	1	0.33	1 h 13m	0.06%	5.00	17:58	
23 Open air burning/unauthorized controlled burning (no uncontrolled fire)	5	1.63	3 h 27m	1.56%	7.20	11:42	
29 Other pre fire conditions (no fire)	1	0.33	0 h 31m	0.40%	5.00	11:36	
62 Vehicle Collision	2	0.65	2 h 21m	0.48%	11.00	11:31	
910 Assisting Other FD: Mutual Aid	1	0.33	0 h 39m	0.61%	6.00		
96 Call cancelled on route	1	0.33	0 h 20m	0.00%			
Subtotal for May	**11**	**3.59**	**8% 31**	**3.12%**	**6.73**	**12:40**	
June							
01 Fire	1	0.33	1 h 28m	0.64%	17.00	14:07	1,000
36 Authorized controlled burning - complaint	1	0.33	0 h 22m	0.57%	5.00	08:29	
898 Medical/resuscitator call no action required	2	0.65	0 h 51m	0.69%	4.50	07:04	
99 Other Response	1	0.33	0 h 36m	0.00%	5.00	11:31	
Subtotal for June	**5**	**1.63**	**3% 17**	**1.90%**	**7.20**	**09:39**	**1,000**
July							
23 Open air burning/unauthorized controlled burning (no uncontrolled fire)	3	0.98	1 h 54m	1.20%	6.67	12:33	
35 Human - Accidental (alarm accidentally activated by person)	1	0.33	0 h 20m	0.00%	3.00	06:21	
38 CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 22m	0.57%	5.00	02:30	
58 Public Hazard call false alarm	1	0.33	0 h 51m	0.17%	5.00	08:22	
62 Vehicle Collision	3	0.98	3 h 43m	1.02%	10.67	14:15	
Subtotal for July	**9**	**2.94**	**7% 10**	**2.96%**	**7.22**	**10:38**	
August							
36 Authorized controlled burning - complaint	1	0.33	0 h 35m	0.34%	6.00	14:25	
50 Power Lines Down, Arcing	1	0.33	1 h 56m	0.46%	5.00	09:41	

	Response Type	# of Incidents	% of total	Incident Honrs	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
62	Vehicle Collision	3	0.98	1 h 49m	0.74%	7.67	14:08	
96	Call cancelled on route	1	0.33	0 h 3m	0.00%			
	Subtotal for August	**6**	**1.96**	**4% 23**	**1.54%**	**5.67**	**13:18**	
	September							
29	Other pre fire conditions (no fire)	2	0.65	1 h 50m	0.29%	10.50	14:55	
84	Medical Aid Not Required on Arrival	1	0.33	0 h 28m	0.59%	4.00	11:20	
92	Assistance to Police (exc 921 and 922)	1	0.33	2 h 44m	0.64%	4.00	23:08	
	Subtotal for September	**4**	**1.31**	**5% 2**	**1.52%**	**7.25**	**10:04**	
	October							
01	Fire	1	0.33	1 h 15m	0.51%	7.00	10:53	65,000
31	Alarm System Equipment - Malfunction	1	0.33	0 h 49m	0.06%	5.00	14:47	
53	CO incident, CO present (exc false alarms)	1	0.33	0 h 47m	0.63%	5.00	08:10	
62	Vehicle Collision	2	0.65	1 h 26m	0.74%	10.50	09:37	
96	Call cancelled on route	1	0.33	0 h 11m	0.00%			
99	Other Response	1	0.33	0 h 21m	0.31%	7.00	13:28	
	Subtotal for October	**7**	**2.29**	**4% 49**	**2.25%**	**6.43**	**11:05**	**65,000**
	November							
34	Human - Perceived Emergency	1	0.33	0 h 58m	0.63%	5.00	16:18	
50	Power Lines Down, Arcing	1	0.33	0 h 36m	0.55%	3.00	09:49	
62	Vehicle Collision	4	1.31	4 h 22m	1.17%	7.50	10:01	
702	CPR administered	1	0.33	0 h 41m	0.28%	5.00	12:59	
	Subtotal for November	**7**	**2.29**	**6% 37**	**2.62%**	**6.14**	**11:18**	
	Deeember							
01	Fire	1	0.33	0 h 52m	0.05%	7.00	09:18	
42	Gas Leak - Propane	1	0.33	0 h 45m	0.00%	4.00	15:48	
62	Vehicle Collision	2	0.65	1 h 15m	0.56%	9.50	12:03	
85	Vital signs absent, DOA	1	0.33	0 h 29m	0.28%	5.00	15:15	
	Subtotal for December	**5**	**1.63**	**3% 21**	**0.89%**	**7.00**	**12:53**	
	Subtotal for Station 8-1	**83**	**27.12**	**75% 28**	**28.41%**	**6.49**	**13:52**	**121,000**

Station 8-2
    January

Totals by Type Continued
From Jan 1 18 to Dec 31 18

	Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
24	Other Cooking/toasting/smoke/steam (no fire)	1	0.33	0 h 49m	0.24%	9.00	09:15	
34	Human - Perceived Emergency	1	0.33	0 h 17m	0.67%	7.00	06:53	
62	Vehicle Collision	3	0.98	2 h 6m	0.55%	8.67	10:25	
85	Vital signs absent, DOA	1	0.33	0 h 30m	0.34%	5.00	03:42	
910	Assisting Other FD: Mutual Aid	2	0.65	8 h 38m	0.86%	5.00	17:55	
94	Other Public Service	1	0.33	1 h 32m	0.55%	9.00	02:01	
96	Call cancelled on route	1	0.33	0 h 22m	0.64%	10.00		
	Subtotal for January	**10**	**3.27**	**14% 14**	**3.85%**	**7.60**	**09:53**	
	February							
37	CO false alarm - perceived emergency (no CO present)	1	0.33	0 h 29m	0.57%	10.00	02:52	
38	CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 18m	0.34%	5.00	06:13	
702	CPR administered	1	0.33	1 h 2m	0.11%	5.00	10:21	
	Subtotal for February	**3**	**0.98**	**1% 49**	**1.02%**	**6.67**	**06:29**	
	March							
03	NO LOSS OUTDOOR fire (see exclusions)	1	0.33	1 h 44m	0.64%	19.00	11:14	
50	Power Lines Down, Arcing	1	0.33	2 h 4m	0.23%	5.00	03:48	
	Subtotal for March	**2**	**0.65**	**3% 48**	**0.87%**	**12.00**	**07:31**	
	April							
50	Power Lines Down, Arcing	1	0.33	0 h 30m	0.00%	4.00	12:00	
86	Alcohol or drug related	1	0.33	0 h 53m	0.36%	4.00	03:00	
92	Assistance to Police (exc 921 and 922)	1	0.33	0 h 49m	0.24%	9.00	06:17	
	Subtotal for April	**3**	**0.98**	**2% 12**	**0.60%**	**5.67**	**07:06**	
	May							
22	Pot on Stove (no fire)	1	0.33	0 h 36m	0.55%	8.00	05:41	
32	Alarm System Equipment - Accidental activation (exc. code 35)	1	0.33	0 h 9m	0.51%	5.00	04:11	
50	Power Lines Down, Arcing	2	0.65	1 h 21m	0.96%	4.00	15:01	
59	Other Public Hazard	1	0.33	0 h 37m	0.38%	9.00	06:19	
85	Vital signs absent, DOA	1	0.33	0 h 14m	0.11%	5.00	06:51	
96	Call cancelled on route	1	0.33	0 h 20m	0.00%	3.00		

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Subtotal for May	7	2.29	3% 17	2.50%	5.43	08:51	
June							
01 Fire	1	0.33	1h 8m	0.46%	20.00	11:38	1,000
03 NO LOSS OUTDOOR fire (see exclusions)	1	0.33	0h 26m	0.11%	5.00	05:06	
38 CO false alarm - equipment malfunction (no CO present)	1	0.33	0h 30m	0.34%	5.00	07:43	
702 CPR administered	1	0.33	0h 46m	0.05%	4.00	06:27	
71 Asphyxia, Respiratory Condition	1	0.33	0h 41m	0.50%	4.00	10:10	
Subtotal for June	5	1.63	3% 31	1.46%	7.60	08:13	1,000
July							
03 NO LOSS OUTDOOR fire (see exclusions)	1	0.33	0h 44m	0.23%	10.00	09:17	
32 Alarm System Equipment - Accidental activation (exc. code 35)	1	0.33	0h 18m	0.07%	7.00	10:08	
701 Oxygen administered	1	0.33	0h 28m	0.23%	5.00	06:29	
Subtotal for July	3	0.98	1% 30	0.52%	7.33	08:38	
August							
23 Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	2h 22m	0.53%	13.00	09:25	
31 Alarm System Equipment - Malfunction	1	0.33	0h 29m	0.26%	7.00	05:37	
62 Vehicle Collision	2	0.65	1h 10m	0.40%	6.50	08:36	
96 Call cancelled on route	1	0.33	0h 0m	0.00%			
Subtotal for August	5	1.63	4% 1	1.19%	6.60	08:04	
September							
23 Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	0h 33m	0.14%	4.00	06:19	
31 Alarm System Equipment - Malfunction	1	0.33	0h 26m	0.11%	5.00	07:36	
32 Alarm System Equipment - Accidental activation (exc. code 35)	1	0.33	0h 17m	0.58%	3.00	05:16	

Brock Township Fire Department

Totals by Type Continued
From Jan 1 18 to Dec 31 18

| Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Subtotal for September	**3**	**0.98**	**1% 16**	**0.83%**	**4.00**	**06:24**	
October							
23 Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	0h 21m	0.51%	5.00	08:12	
62 Vehicle Collision	2	0.65	1h 11m	0.33%	8.00	10:15	
85 Vital signs absent, DOA	1	0.33	0h 56m	0.46%	5.00	11:08	
94 Other Public Service	1	0.33	0h 27m	0.17%	5.00	04:58	
Subtotal for October	**5**	**1.63**	**2% 55**	**1.47%**	**6.20**	**08:58**	
November							
23 Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	0h 30m	0.34%	5.00	10:53	
34 Human - Perceived Emergency	1	0.33	0h 26m	0.11%	5.00	09:22	
41 Gas Leak - Natural Gas	1	0.33	0h 23m	0.52%	2.00	04:58	
62 Vehicle Collision	1	0.33	0h 43m	0.50%	8.00	07:05	
Subtotal for November	**4**	**1.31**	**2% 2**	**1.48%**	**5.00**	**08:05**	
December							
01 Fire	2	0.65	6h 38m	1.01%	20.00	12:58	900,000
34 Human - Perceived Emergency	1	0.33	0h 22m	0.32%	4.00	07:39	
61 Vehicle Extrication	1	0.33	0h 52m	0.64%	8.00	05:10	
62 Vehicle Collision	2	0.65	1h 26m	0.91%	8.50	09:13	
66 Persons Trapped in Elevator	1	0.33	0h 24m	0.00%	5.00	04:35	
93 Assistance to Other Agencies (exc 921 and 922)	1	0.33	0h 32m	0.14%	6.00	02:20	
Subtotal for December	**8**	**2.61**	**10% 14**	**3.02%**	**10.00**	**08:01**	**900,000**
Subtotal for Station 8-2	**58**	**18.95**	**50% 49**	**18.82%**	**7.09**	**08:19**	**901,000**
Station 8-3							
January							
01 Fire	3	0.98	2h 52m	1.42%	11.67	07:55	112,000
03 NO LOSS OUTDOOR fire (see exclusions)	1	0.33	0h 54m	0.00%	10.00	16:20	
21 Overheat (no fire, e.g. engines, mechanical devices)	1	0.33	0h 16m	0.05%	4.00	08:13	
32 Alarm System Equipment -	1	0.33	0h 11m	0.63%	5.00	06:00	

From Jan 1 18 to Dec 31 18

	Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
	Accidental activation (exc. code 35)							
61	Vehicle Extrication	2	0.65	3 h 1m	0.54%	15.00	08:32	
62	Vehicle Collision	8	2.61	5 h 38m	2.08%	8.50	08:56	
702	CPR administered	2	0.65	1 h 26m	0.23%	4.50	13:01	
84	Medical Aid Not Required on Arrival	3	0.98	4 h 3m	0.61%	4.67	10:04	
910	Assisting Other FD: Mutual Aid	1	0.33	1 h 0m	0.00%	6.00	09:35	
92	Assistance to Police (exc 921 and 922)	1	0.33	6 h 44m	0.52%	11.00	12:37	
96	Call cancelled on route	1	0.33	0 h 10m	0.57%	5.00		
	Subtotal for January	**24**	**7.84**	**26%15**	**6.63%**	**8.21**	**09:37**	**112,000**
	February							
31	Alarm System Equipment - Malfunction	1	0.33	0 h 29m	0.64%	4.00	11:08	
32	Alarm System Equipment - Accidental activation (exc. code 35)	1	0.33	0 h 23m	0.36%	4.00	09:49	
34	Human - Perceived Emergency	1	0.33	0 h 29m	0.28%	5.00	09:59	
38	CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 33m	0.14%	4.00	08:32	
62	Vehicle Collision	4	1.31	2 h 25m	1.42%	6.75	09:11	
68	Water Ice Rescue	1	0.33	0 h 47m	0.09%	4.00	07:50	
702	CPR administered	1	0.33	0 h 42m	0.55%	4.00	08:43	
85	Vital signs absent, DOA	1	0.33	0 h 17m	0.28%	5.00	10:27	
94	Other Public Service	2	0.65	1 h 0m	1.19%	6.50	08:55	
96	Call cancelled on route	1	0.33	0 h 7m	0.24%	5.00		
97	Incident not found	1	0.33	0 h 20m	0.45%	5.00		
	Subtotal for February	**15**	**4.90**	**7%32**	**5.66%**	**5.33**	**09:18**	
	March							
03	NO LOSS OUTDOOR fire (see exclusions)	5	1.63	6 h 3m	1.59%	11.80	10:25	
23	Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	0 h 20m	0.45%	5.00	07:00	
57	Public Hazard no action required	1	0.33	0 h 26m	0.11%	5.00	08:56	
68	Water Ice Rescue	2	0.65	3 h 49m	0.99%	3.00	06:29	

Totals by Type Continued
From Jan 1 18 to Dec 31 18

Response Type		# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
699	Rescue false alarm	1	0.33	0 h 23m	0.63%	5.00	07:38	
96	Call cancelled on route	1	0.33	0 h 10m	0.00%			
97	Incident not found	1	0.33	0 h 12m	0.55%	9.00		
	Subtotal for March	**12**	**3.92**	**11% 23**	**4.32%**	**7.42**	**08:52**	
	April							
11	Overpressure Rupture (no fire, e.g. steam boilers, hot water)	1	0.33	0 h 28m	0.18%	7.00	07:30	
29	Other pre fire conditions (no fire)	1	0.33	0 h 58m	0.41%	12.00	15:44	
31	Alarm System Equipment - Malfunction	2	0.65	0 h 47m	0.63%	5.00	08:11	
38	CO false alarm - equipment malfunction (no CO present)	2	0.65	1 h 0m	0.68%	5.00	09:12	
57	Public Hazard no action required	2	0.65	1 h 5m	0.29%	5.00	08:04	
62	Vehicle Collision	2	0.65	1 h 39m	0.66%	8.00	09:32	
702	CPR administered	1	0.33	0 h 33m	0.14%	4.00	08:36	
96	Call cancelled on route	3	0.98	0 h 33m	0.80%	3.33		
	Subtotal for April	**14**	**4.58**	**7% 3**	**3.78%**	**5.64**	**09:15**	
	May							
03	NO LOSS OUTDOOR fire (see exclusions)	1	0.33	0 h 41m	0.07%	6.00	08:20	
31	Alarm System Equipment - Malfunction	1	0.33	0 h 32m	0.41%	3.00	11:32	
38	CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 55m	0.34%	6.00	08:14	
50	Power Lines Down, Arcing	7	2.29	6 h 1m	1.42%	5.43	07:26	
62	Vehicle Collision	1	0.33	0 h 25m	0.23%	8.00	11:31	
94	Other Public Service	1	0.33	1 h 20m	0.23%	10.00	10:17	
96	Call cancelled on route	1	0.33	0 h 0m	0.00%			
	Subtotal for May	**13**	**4.25**	**9% 54**	**2.69%**	**5.46**	**08:30**	
	June							
01	Fire	1	0.33	0 h 32m	0.50%	7.00	06:47	
23	Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	0 h 35m	0.63%	5.00	09:08	
38	CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 42m	0.07%	3.00	21:13	

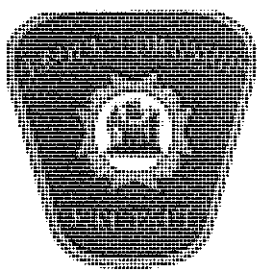## Totals by Type Continued
From Jan 1 18 to Dec 31 18

	Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
62	Vehicle Collision	2	0.65	1 h 56m	0.48%	7.00	06:35	
703	Defibrillator used	1	0.33	0 h 42m	0.34%	5.00	08:43	
	Subtotal for June	**6**	**1.96**	**4% 27**	**2.02%**	**5.67**	**09:50**	
	July							
23	Open air burning/unauthorized controlled burning (no uncontrolled fire)	5	1.63	1 h 52m	2.05%	5.60	10:33	
38	CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 33m	0.14%	4.00	11:19	
41	Gas Leak - Natural Gas	1	0.33	2 h 6m	0.41%	6.00	08:26	
50	Power Lines Down, Arcing	1	0.33	0 h 21m	0.03%	3.00	09:29	
61	Vehicle Extrication	2	0.65	3 h 50m	0.56%	15.50	16:29	
62	Vehicle Collision	5	1.63	2 h 52m	1.30%	7.00	10:37	
898	Medical/resuscitator call no action required	2	0.65	0 h 33m	0.67%	3.50	08:53	
910	Assisting Other FD: Mutual Aid	2	0.65	10 h 18m	0.73%	7.50	11:56	
97	Incident not found	1	0.33	0 h 38m	0.55%	6.00		
	Subtotal for July	**20**	**6.54**	**23% 3**	**6.43%**	**6.75**	**13:44**	
	August							
01	Fire	1	0.33	0 h 22m	0.57%	5.00	06:43	5,000
23	Open air burning/unauthorized controlled burning (no uncontrolled fire)	3	0.98	1 h 23m	1.36%	4.33	07:23	
35	Human - Accidental (alarm accidentally activated by person)	1	0.33	0 h 20m	0.45%	2.00	06:38	
37	CO false alarm - perceived emergency (no CO present)	1	0.33	0 h 27m	0.48%	6.00	11:00	
41	Gas Leak - Natural Gas	1	0.33	2 h 24m	0.55%	7.00	07:35	
62	Vehicle Collision	3	0.98	1 h 30m	1.23%	5.00	09:10	
66	Persons Trapped in Elevator	1	0.33	0 h 26m	0.41%	6.00	07:49	
702	CPR administered	1	0.33	0 h 44m	0.14%	3.00	08:43	
92	Assistance to Police (exc 921 and 922)	1	0.33	0 h 39m	0.41%	4.00	05:01	
	Subtotal for August	**13**	**4.25**	**8% 15**	**5.60%**	**4.69**	**07:56**	**5,000**
	September							
01	Fire	1	0.33	1 h 4m	0.27%	6.00	13:21	10,000

Totals by Type Continued
From Jan 1 18 to Dec 31 18

	Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
38	CO false alarm - equipment malfunction (no CO present)	1	0.33	0 h 30m	0.00%	6.00	08:13	
50	Power Lines Down, Arcing	2	0.65	1 h 16m	0.27%	4.00	12:08	
62	Vehicle Collision	4	1.31	2 h 26m	1.67%	9.25	12:22	
701	Oxygen administered	1	0.33	0 h 33m	0.21%	6.00	05:38	
88	Accident or illness related - cuts, fractures, person fainted, etc.	1	0.33	0 h 30m	0.34%	3.00	09:49	
96	Call cancelled on route	1	0.33	0 h 5m	0.00%			
97	Incident not found	1	0.33	0 h 42m	0.34%	5.00	14:55	
	Subtotal for September	**12**	**3.92**	**7% 6**	**3.11%**	**5.92**	**11:26**	**10,000**
	October							
21	Overheat (no fire, e.g. engines, mechanical devices)	1	0.33	0 h 58m	0.46%	10.00	06:26	
23	Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.33	0 h 19m	0.40%	5.00	12:02	
50	Power Lines Down, Arcing	2	0.65	4 h 11m	0.92%	5.00	11:29	
58	Public Hazard call false alarm	1	0.33	0 h 40m	0.28%	5.00	17:02	
62	Vehicle Collision	2	0.65	1 h 5m	0.85%	7.50	08:33	
92	Assistance to Police (exc 921 and 922)	1	0.33	10 h 9m	0.52%	5.00	10:29	
	Subtotal for October	**8**	**2.61**	**17% 22**	**3.44%**	**6.25**	**01:45**	
	November							
01	Fire	2	0.65	4 h 12m	1.25%	29.00	14:25	10,000
29	Other pre fire conditions (no fire)	1	0.33	1 h 2m	0.21%	9.00	08:02	
37	CO false alarm - perceived emergency (no CO present)	1	0.33	0 h 42m	0.34%	5.00	13:43	
50	Power Lines Down, Arcing	1	0.33	0 h 56m	0.41%	6.00	10:51	
62	Vehicle Collision	6	1.96	5 h 33m	1.87%	6.67	11:52	
702	CPR administered	1	0.33	0 h 31m	0.05%	4.00	09:41	
86	Alcohol or drug related	1	0.33	0 h 35m	0.51%	3.00	09:51	
96	Call cancelled on route	3	0.98	0 h 29m	0.65%	1.00		
97	Incident not found	1	0.33	0 h 19m	0.15%	7.00		
	Subtotal for November	**17**	**5.56**	**14% 19**	**5.43%**	**7.94**	**11:42**	**10,000**
	December							
31	Alarm System Equipment - Malfunction	1	0.33	0 h 38m	0.61%	3.00	09:25	

	Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
34	Human - Perceived Emergency	1	0.33	0 h 30m	0.34%	3.00	16:10	
41	Gas Leak - Natural Gas	1	0.33	1 h 24m	0.14%	3.00	09:16	
53	CO incident, CO present (exc false alarms)	1	0.33	1 h 4m	0.23%	5.00	06:09	
59	Other Public Hazard	1	0.33	0 h 33m	0.51%	5.00	10:53	
62	Vehicle Collision	2	0.65	1 h 10m	0.89%	6.00	09:53	
96	Call cancelled on route	4	1.31	0 h 35m	0.93%	1.50		
	Subtotal for December	**11**	**3.59**	**5% 54**	**3.65%**	**3.36**	**10:14**	
	Subtotal for Station 8-3	**165**	**53.92**	**142% 33**	**52.76%**	**6.30**	**11:02**	**137,000**
Total Number of Responses		**306**		**268% 50**	**100%**	**6.50**	**11:14**	**1,159,000**

$$ Saved:
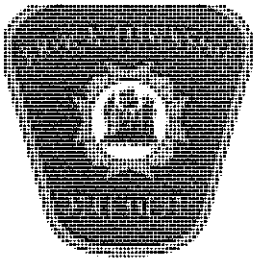
Incident & Vehicle Times
From Jan 1 18 to Dec 31 18

Printed 306 Incidents
Average Dispatch Total time was 00:02:18
Average Chute Total time was 00:05:34
Average En-Route was 00:04:36
Average Response time was 11.24 minutes
Average Total Time time was 53.57 minutes

Unit	# Responses	# On Scene	Avg. Dispatch Total	Avg. Chute Total	Avg. Response Time	Avg. Total Time
CAR 8-1	47	44	2.06 min.	6.72 min.	13.68 min.	87.11 min.
CAR 8-2	55	49	2.00 min.	6.65 min.	13.55 min.	74.84 min.
MARINE 8-3	3	3	1.00 min.	28.67 min.	51.67 min.	215.33 min.
PUMP 8-1	75	72	2.65 min.	5.96 min.	13.65 min.	53.60 min.
PUMP 8-2	66	64	1.97 min.	4.21 min.	8.63 min.	54.30 min.
PUMP 8-3	140	130	1.70 min.	5.80 min.	10.42 min.	47.56 min.
PUMPER RESCUE 83	17	16	1.65 min.	4.82 min.	9.38 min.	33.00 min.
RESCUE 8-1	33	32	2.45 min.	6.06 min.	12.44 min.	70.88 min.
RESCUE 8-2	43	42	2.12 min.	4.58 min.	10.02 min.	65.14 min.
RESCUE 8-3	47	45	1.81 min.	4.94 min.	10.07 min.	67.98 min.
TANK 8-1	19	17	2.26 min.	6.53 min.	13.47 min.	81.05 min.
TANK 8-2	14	14	1.71 min.	5.57 min.	14.00 min.	114.21 min.
TANK 8-3	18	15	2.28 min.	4.72 min.	12.40 min.	78.72 min.

Brock Township Fire Department
1 Cameron Street East, P.O Box 10 Cannington ON
Cannington ON L0E 1E0

PH : 705-432-2355 FAX : 705-432-2189

Totals by Type
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Station 8-1							
January							
Fire	8	0.52	23 h 34 m	233 h 42 m	9.38	11:20	1,577,000
Alarm System Equipment - Malfunction	2	0.13	1 h 21 m	6 h 45 m	5.00	09:08	
Gas Leak - Natural Gas	1	0.06	1 h 27 m	7 h 15 m	5.00	06:24	
Ruptured Water, Steam Pipe	1	0.06	0 h 12 m	1 h 0 m	5.00	06:41	
CO incident, CO present (exc false alarms)	2	0.13	1 h 17 m	5 h 43 m	5.00	08:34	
Vehicle Collision	11	0.71	9 h 31 m	71 h 14 m	8.45	11:01	
CPR administered	1	0.06	1 h 27 m	5 h 48 m	4.00	07:17	
Medical Aid Not Required on Arrival	1	0.06	0 h 28 m	1 h 24 m	3.00	08:03	
Vital signs absent, DOA	1	0.06	0 h 37 m	3 h 5 m	5.00	07:09	
Accident or illness related - cuts, fractures, person fainted, etc.	2	0.13	2 h 7 m	6 h 50 m	4.00	02:34	
Other Public Service	2	0.13	0 h 43 m	3 h 11 m	4.50	10:19	
Call cancelled on route	3	0.19	0 h 34 m	5 h 26 m	6.33		
Incident not found	1	0.06	0 h 44 m	3 h 40 m	5.00		
Other Response	1	0.06	0 h 26 m	1 h 18 m	3.00	07:53	
Subtotal for January	**37**	**2.39**	**44 h 28 m**	**356 h 21 m**	**6.86**	**09:32**	**1,577,000**
February							
Fire	2	0.13	3 h 32 m	40 h 20 m	11.50	10:21	55,000
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	1 h 22 m	6 h 50 m	5.00	12:12	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0 h 19 m	3 h 29 m	11.00	09:12	
Alarm System Equipment - Malfunction	3	0.19	1 h 59 m	11 h 58 m	6.33	08:09	
CO false alarm - perceived emergency (no CO present)	1	0.06	0 h 44 m	3 h 40 m	5.00	09:37	
CO false alarm - equipment malfunction (no CO present)	3	0.19	2 h 15 m	9 h 46 m	5.33	04:13	
CO incident, CO present (exc false alarms)	4	0.26	1 h 35 m	6 h 40 m	4.25	05:12	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Vehicle Collision	11	0.71	12h 44m	112h 1m	7.91	12:11	
Medical/resuscitator call no action required	2	0.13	1h 12m	7h 4m	6.00	15:35	
Assisting Other FD: Mutual Aid	1	0.06	0h 46m	2h 18m	3.00	10:34	
Assisting Other FD: Other	2	0.13	8h 31m	80h 37m	8.50	08:45	
Call cancelled on route	2	0.13	0h 50m	7h 44m	9.50		
Incident not found	4	0.26	2h 15m	17h 11m	8.00	11:04	
Subtotal for February	**37**	**2.39**	**38h 4m**	**309h 38m**	**7.19**	**09:51**	**55,000**
March							
Fire	5	0.32	7h 29m	89h 9m	11.60	12:03	22,800
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	2h 44m	46h 28m	17.00	12:46	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0h 34m	3h 24m	6.00	12:29	
Other pre fire conditions (no fire)	3	0.19	2h 59m	21h 52m	6.67	10:30	
Alarm System Equipment - Accidental activation (exc. code 35)	2	0.13	0h 43m	3h 35m	5.00	09:22	
Power Lines Down, Arcing	1	0.06	0h 45m	3h 45m	5.00	05:20	
Vehicle Collision	6	0.39	3h 55m	31h 13m	7.50	13:06	
CPR administered	3	0.19	3h 28m	21h 37m	6.67	08:31	
Other Medical/Resuscitator Call	2	0.13	1h 44m	7h 44m	5.00	11:51	
Assisting Other FD: Other	1	0.06	0h 28m	3h 16m	7.00	11:04	
Call cancelled on route	2	0.13	0h 17m	1h 25m	2.50		
Subtotal for March	**27**	**1.74**	**25h 6m**	**233h 28m**	**7.52**	**11:12**	**22,800**
April							
Fire	4	0.26	8h 6m	56h 6m	7.25	03:50	20,000
NO LOSS OUTDOOR fire (see exclusions)	3	0.19	3h 28m	11h 41m	4.00	11:00	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	1h 48m	16h 12m	10.00	17:06	
Other pre fire conditions (no fire)	1	0.06	0h 44m	8h 4m	11.00	10:00	
Alarm System Equipment - Malfunction	1	0.06	0h 20m	1h 40m	5.00	11:04	
Power Lines Down, Arcing	4	0.26	6h 29m	23h 12m	3.25	23:38	
Other Public Hazard	1	0.06	1h 57m	17h 33m	9.00	15:22	
Vehicle Extrication	1	0.06	0h 44m	5h 8m	7.00	10:25	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Persounel	Average Response Time	$ Loss
Vehicle Collision	8	0.52	6 h 45m	48 h 41m	7.13	10:27	
Other Medical/Resuscitator Call	3	0.19	1 h 28m	7 h 20m	5.00	06:54	
Assisting Other FD: Mutual Aid	5	0.32	7 h 29m	29 h 43m	4.00	18:25	
Assistance to Other Agencies (exc 921 and 922)	1	0.06	0 h 38m	3 h 10m	5.00	11:37	
Other Public Service	1	0.06	0 h 20m	1 h 40m	5.00	09:00	
Call cancelled on route	2	0.13	0 h 21m	2 h 27m	3.50		
Other Response	1	0.06	0 h 23m	1 h 9m	3.00	08:32	
Subtotal for April	**37**	**2.39**	**41 h 0m**	**233 h 46m**	**5.62**	**12:21**	**20,000**
May							
Fire	4	0.26	6 h 41m	48 h 15m	8.25	09:24	80,100
NO LOSS OUTDOOR fire (see exclusions)	2	0.13	1 h 33m	6 h 45m	3.50	12:36	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	5	0.32	3 h 27m	43 h 17m	7.20	11:42	
Other pre fire conditions (no fire)	1	0.06	0 h 31m	2 h 35m	5.00	11:36	
Alarm System Equipment - Malfunction	1	0.06	0 h 33m	2 h 45m	5.00	08:13	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0 h 25m	0 h 50m	2.00	09:37	
Authorized controlled burning - complaint	1	0.06	0 h 33m	4 h 24m	8.00	07:55	
Gas Leak - Propane	1	0.06	0 h 18m	1 h 12m	4.00	06:05	
Low angle rescue (non fire)	1	0.06	0 h 26m	1 h 44m	4.00	09:48	
Vehicle Collision	8	0.52	8 h 29m	71 h 57m	8.50	09:43	
CPR administered	1	0.06	0 h 37m	3 h 5m	5.00	06:08	
Vital signs absent, DOA	2	0.13	1 h 1m	4 h 35m	5.00	06:50	
Assisting Other FD: Mutual Aid	1	0.06	0 h 39m	3 h 54m	6.00		
Call cancelled on route	3	0.19	0 h 51m	4 h 31m	5.67	04:14	
Incident not found	1	0.06	0 h 33m	7 h 9m	13.00	13:17	
Subtotal for May	**33**	**2.13**	**26 h 37m**	**206 h 58m**	**6.76**	**09:26**	**80,100**
June							
Fire	7	0.45	17 h 15m	284 h 5m	15.14	12:09	555,000
NO LOSS OUTDOOR fire	1	0.06	1 h 30m	7 h 30m	5.00	22:12	

Brock Township Fire Department

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
(see exclusions) Open air burning/unauthorized controlled burning (no uncontrolled fire)	2	0.13	0h 51m	4h 27m	5.50	09:43	
Alarm System Equipment - Malfunction	1	0.06	0h 20m	1h 40m	5.00	08:03	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 40m	4h 40m	7.00	12:24	
Authorized controlled burning - complaint	2	0.13	0h 35m	2h 55m	5.00	08:48	
Vehicle Extrication	1	0.06	1h 34m	10h 58m	7.00	17:05	
Vehicle Collision	11	0.71	12h 31m	92h 48m	8.09	10:53	
Vital signs absent, DOA	2	0.13	0h 55m	4h 18m	4.50	03:49	
Other Medical/Resuscitator Call	1	0.06	0h 25m	2h 5m	5.00	10:25	
Medical/resuscitator call no action required	2	0.13	0h 51m	4h 1m	4.50	07:04	
Assisting Other FD: Mutual Aid	1	0.06	3h 48m	7h 36m	2.00	18:50	
Assisting Other FD: Other	4	0.26	13h 37m	69h 13m	6.50	04:08	
Assistance to Other Agencies (exc 921 and 922)	1	0.06	0h 50m	3h 20m	4.00	07:18	
Call cancelled on route	1	0.06	0h 21m	1h 3m	3.00		
Incident not found	2	0.13	0h 59m	6h 7m	6.00	11:57	
Other Response	1	0.06	0h 36m	3h 0m	5.00	11:31	
Subtotal for June	**41**	**2.65**	**57h 38m**	**509h 46m**	**7.68**	**12:41**	**555,000**
July							
Fire	2	0.13	1h 55m	18h 55m	8.50	07:22	20,500
NO LOSS OUTDOOR fire (see exclusions)	2	0.13	3h 5m	23h 0m	6.50	12:02	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	3	0.19	1h 54m	14h 45m	6.67	12:33	
Alarm System Equipment - Malfunction	1	0.06	1h 16m	6h 20m	5.00	01:47	
Human - Perceived Emergency	1	0.06	0h 23m	1h 55m	5.00	04:19	
Human - Accidental (alarm	1	0.06	0h 20m	1h 0m	3.00	06:21	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
accidentally activated by person)							
CO false alarm - equipment malfunction (no CO present)	2	0.13	0 h 47m	3 h 55m	5.00	03:24	
Gas Leak - Natural Gas	1	0.06	1 h 29m	8 h 54m	6.00	11:47	
Spill - Gasoline or Fuel	1	0.06	1 h 55m	15 h 28m	8.00	08:19	
Spill - Miscellaneous	1	0.06	0 h 26m	2 h 10m	5.00	09:32	
Power Lines Down, Arcing	2	0.13	4 h 47m	23 h 55m	5.00	12:38	
Public Hazard call false alarm	1	0.06	0 h 51m	4 h 15m	5.00	08:22	
Vehicle Collision	13	0.84	10 h 37m	95 h 1m	7.85	11:02	
CPR administered	2	0.13	1 h 34m	7 h 21m	4.50	10:51	
Defibrillator used	1	0.06	0 h 35m	3 h 30m	6.00	01:59	
Other Public Service	1	0.06	0 h 23m	1 h 9m	3.00	06:43	
Call cancelled on route	8	0.52	1 h 52m	7 h 42m	2.25		
Subtotal for July	**43**	**2.77**	**34 h 9m**	**239 h 15m**	**5.70**	**10:50**	**20,500**
August							
Fire	3	0.19	5 h 7m	30 h 42m	6.00	09:54	105,500
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	5 h 11m	51 h 50m	10.00	14:55	
Pot on Stove (no fire)	1	0.06	0 h 42m	5 h 36m	8.00	05:13	
Alarm System Equipment - Malfunction	1	0.06	0 h 46m	3 h 4m	4.00	14:10	
Human - Perceived Emergency	1	0.06	0 h 32m	4 h 48m	9.00	05:59	
Authorized controlled burning - complaint	3	0.19	1 h 7m	6 h 46m	6.00	08:42	
Ruptured Water, Steam Pipe	1	0.06	0 h 50m	5 h 50m	7.00	07:51	
Power Lines Down, Arcing	3	0.19	4 h 32m	22 h 40m	5.00	15:03	
Vehicle Extrication	1	0.06	2 h 8m	25 h 36m	12.00	09:44	
Vehicle Collision	19	1.23	17 h 36m	120 h 25m	6.74	09:39	
Accident or illness related - cuts, fractures, person fainted, etc.	2	0.13	1 h 30m	7 h 30m	5.00	10:03	
Other Medical/Resuscitator Call	2	0.13	1 h 1m	4 h 29m	4.50	09:31	
Assisting Other FD: Other	2	0.13	3 h 1m	26 h 56m	8.50	10:15	
Other Public Service	1	0.06	2 h 1m	18 h 9m	9.00	09:27	
Call cancelled on route	3	0.19	0 h 35m	3 h 44m	4.67		
Incident not found	2	0.13	0 h 52m	4 h 46m	5.50		
Assistance not required by other agency	1	0.06	0 h 28m	2 h 20m	5.00	10:19	

Brock Township Fire Department

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Subtotal for August	**47**	**3.03**	**47h 59m**	**345h 11m**	**6.47**	**10:36**	**105,500**
September							
Fire	5	0.32	11h 50m	114h 41m	9.40	10:13	209,000
Other pre fire conditions (no fire)	2	0.13	1h 50m	19h 25m	10.50	14:55	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 20m	1h 40m	5.00	07:24	
Gas Leak - Natural Gas	1	0.06	0h 50m	7h 30m	9.00	06:33	
Vehicle Collision	9	0.58	7h 31m	58h 7m	8.00	09:03	
Oxygen administered	1	0.06	0h 23m	1h 55m	5.00	05:15	
CPR administered	2	0.13	1h 43m	7h 55m	4.50	12:16	
Asphyxia, Respiratory Condition	2	0.13	1h 7m	5h 42m	5.50	08:27	
Medical Aid Not Required on Arrival	2	0.13	0h 47m	2h 30m	3.00	09:00	
Assisting Other FD: Mutual Aid	1	0.06	1h 7m	3h 21m	3.00	11:52	
Assisting Other FD: Other	2	0.13	3h 27m	19h 51m	5.50	21:13	
Assistance to Police (exc 921 and 922)	1	0.06	2h 44m	10h 56m	4.00	23:08	
Call cancelled on route	3	0.19	1h 5m	4h 45m	1.67		
Subtotal for September	**32**	**2.06**	**34h 44m**	**258h 18m**	**6.50**	**16:46**	**209,000**
October							
Fire	2	0.13	1h 55m	12h 45m	6.50	07:55	65,000
Pot on Stove (no fire)	1	0.06	1h 27m	15h 57m	11.00	13:40	
Alarm System Equipment - Malfunction	3	0.19	2h 56m	19h 41m	6.67	11:09	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0h 27m	2h 15m	5.00	11:09	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 45m	3h 45m	5.00	06:47	
Authorized controlled burning - complaint	1	0.06	0h 24m	2h 0m	5.00	14:17	
Other False Fire Call	1	0.06	0h 43m	1h 26m	2.00	00:41	
CO incident, CO present (exc false alarms)	1	0.06	0h 47m	3h 55m	5.00	08:10	
Other Public Hazard	1	0.06	0h 58m	4h 50m	5.00	13:57	
Vehicle Extrication	3	0.19	6h 43m	60h 21m	10.67	09:38	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Vehicle Collision	7	0.45	8 h 4m	73 h 28m	9.29	09:49	
Commercial/Industrial Accident	1	0.06	1 h 25m	11 h 20m	8.00	12:27	
CPR administered	1	0.06	0 h 50m	5 h 0m	6.00	11:26	
Vital signs absent, DOA	1	0.06	0 h 30m	2 h 30m	5.00	01:43	
Accident or illness related - cuts, fractures, person fainted, etc.	1	0.06	0 h 30m	2 h 30m	5.00	07:58	
Assisting Other FD: Mutual Aid	1	0.06	3 h 17m	9 h 51m	3.00	17:38	
Other Public Service	1	0.06	0 h 22m	1 h 28m	4.00	08:17	
Call cancelled on route	5	0.32	0 h 18m	0 h 0m			
Incident not found	2	0.13	1 h 18m	11 h 5m	8.00	17:20	
Other Response	1	0.06	0 h 21m	2 h 27m	7.00	13:28	
Subtotal for October	**36**	**2.32**	**34 h 0m**	**246 h 34m**	**6.17**	**11:03**	**65,000**
November							
Fire	4	0.26	10 h 56m	155 h 59m	12.00	10:34	403,100
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	1 h 3m	6 h 18m	6.00	07:26	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0 h 50m	6 h 40m	8.00	16:19	
Other pre fire conditions (no fire)	2	0.13	3 h 1m	33 h 49m	12.00	17:06	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0 h 23m	3 h 50m	10.00	06:27	
Human - Perceived Emergency	2	0.13	1 h 22m	8 h 55m	7.50	11:05	
Power Lines Down, Arcing	1	0.06	0 h 36m	1 h 48m	3.00	09:49	
CO incident, CO present (exc false alarms)	1	0.06	1 h 8m	11 h 20m	10.00	11:05	
Other Public Hazard	1	0.06	0 h 58m	3 h 52m	4.00	11:02	
Vehicle Collision	11	0.71	11 h 49m	93 h 15m	7.64	10:37	
Oxygen administered	1	0.06	0 h 38m	3 h 48m	6.00	12:03	
CPR administered	1	0.06	0 h 41m	3 h 25m	5.00	12:59	
Defibrillator used	1	0.06	0 h 26m	2 h 10m	5.00	03:46	
Medical Aid Not Required on Arrival	1	0.06	0 h 44m	2 h 56m	4.00	06:16	
Other Medical/Resuscitator Call	1	0.06	0 h 45m	1 h 30m	2.00	07:57	
Assisting Other FD: Mutual	1	0.06	2 h 34m	7 h 42m	3.00	21:19	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Aid							
Assisting Other FD: Other	2	0.13	7h 36m	55h 36m	9.00	20:11	
Other Public Service	1	0.06	0h 59m	3h 56m	4.00	18:23	
Call cancelled on route	1	0.06	0h 3m	0h 0m			
Subtotal for November	**35**	**2.26**	**46h 32m**	**406h 49m**	**7.40**	**11:47**	**403,100**
December							
Fire	3	0.19	6h 10m	65h 38m	10.00	09:28	45,000
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0h 32m	2h 8m	4.00	08:10	
Other Cooking/toasting/smoke/steam (no fire)	1	0.06	0h 57m	8h 33m	9.00	14:16	
Human - Accidental (alarm accidentally activated by person)	2	0.13	1h 13m	4h 30m	3.50	08:48	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0h 43m	3h 35m	5.00	13:50	
Other False Fire Call	1	0.06	0h 49m	7h 21m	10.00	13:00	
Gas Leak - Natural Gas	1	0.06	1h 11m	5h 55m	5.00	05:15	
Gas Leak - Propane	1	0.06	0h 45m	3h 0m	4.00	15:48	
Other Public Hazard	1	0.06	0h 26m	2h 10m	5.00	07:08	
Vehicle Extrication	1	0.06	1h 1m	10h 10m	10.00	07:02	
Vehicle Collision	9	0.58	5h 58m	110h 6m	8.67	11:24	
Seizure	1	0.06	0h 35m	2h 20m	4.00	10:56	
Vital signs absent, DOA	2	0.13	1h 2m	4h 37m	4.50	10:41	
Medical/resuscitator call no action required	1	0.06	0h 44m	3h 40m	5.00	11:38	
Call cancelled on route	2	0.13	0h 2m	0h 0m			
Subtotal for December	**28**	**1.81**	**22h 8m**	**233h 43m**	**6.61**	**10:39**	**45,000**
Subtotal for Station 8-1	**433**	**27.94**	**452h 25m**	**3,579h 47m**	**6.68**	**11:24**	**3,158,000**
Station 8-2							
January							
Fire	2	0.13	5h 23m	7h 9m	11.50	13:19	151,700
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0h 22m	0h 22m	1.00	06:00	
Other	1	0.06	0h 49m	7h 21m	9.00	09:15	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Cooking/toasting/smoke/steam (no fire) Alarm System Equipment - Malfunction	1	0.06	0h 18m	1h 12m	4.00	06:11	
Human - Perceived Emergency	2	0.13	0h 44m	4h 14m	6.00	06:06	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 34m	3h 58m	7.00	13:22	
Authorized controlled burning - complaint	1	0.06	0h 25m	0h 25m	1.00	11:42	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0h 37m	3h 5m	5.00	02:00	
Vehicle Extrication	1	0.06	20h 54m	146h 18m	7.00	02:55	
Vehicle Collision	9	0.58	9h 7m	71h 41m	8.00	11:13	
CPR administered	1	0.06	0h 50m	9h 10m	11.00	06:00	
Medical Aid Not Required on Arrival	2	0.13	0h 21m	1h 45m	5.00	04:11	
Vital signs absent, DOA	3	0.19	1h 50m	10h 30m	5.67	03:29	
Assisting Other FD: Mutual Aid	3	0.19	14h 0m	70h 5m	5.00	18:30	
Assisting Other FD: Other	3	0.19	16h 0m	95h 59m	6.00	15:39	
Other Public Service	1	0.06	1h 32m	13h 48m	9.00	02:01	
Call cancelled on route	3	0.19	0h 44m	4h 46m	5.00		
Assistance not required by other agency	1	0.06	0h 9m	0h 27m	3.00	04:29	
Subtotal for January	**37**	**2.39**	**74h 39m**	**452h 15m**	**6.46**	**09:34**	**151,700**
February							
Fire	2	0.13	7h 48m	100h 0m	12.00	09:12	525,000
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0h 50m	10h 50m	13.00	13:37	
Human - Perceived Emergency	2	0.13	0h 44m	3h 19m	4.50	04:50	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 4m	0h 4m	1.00	00:54	
CO false alarm - perceived emergency (no CO present)	2	0.13	1h 32m	10h 5m	7.50	11:35	
CO false alarm - equipment	3	0.19	0h 52m	4h 20m	5.00	05:26	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
malfunction (no CO present)							
Gas Leak - Natural Gas	1	0.06	0 h 17m	1 h 25m	5.00	04:25	
Power Lines Down, Arcing	1	0.06	0 h 29m	2 h 52m	4.00	09:00	
Vehicle Extrication	1	0.06	1 h 12m	6 h 0m	6.00	11:39	
Vehicle Collision	3	0.19	2 h 5m	18 h 18m	8.67	08:42	
CPR administered	1	0.06	1 h 2m	5 h 10m	5.00	10:21	
Defibrillator used	2	0.13	1 h 24m	10 h 4m	7.00	06:09	
Accident or illness related - cuts, fractures, person fainted, etc.	1	0.06	0 h 36m	2 h 24m	4.00	03:29	
Assisting Other FD: Other	2	0.13	4 h 8m	30 h 31m	6.50	13:28	
Call cancelled on route	5	0.32	2 h 1m	13 h 13m	5.40	15:50	
Subtotal for February	**28**	**1.81**	**25 h 4m**	**218 h 35m**	**6.46**	**08:25**	**525,000**
March							
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	1 h 44m	32 h 56m	19.00	11:14	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	1 h 40m	20 h 0m	12.00	08:08	
Alarm System Equipment - Malfunction	2	0.13	1 h 22m	6 h 50m	5.00	05:11	
Authorized controlled burning - complaint	1	0.06	0 h 26m	2 h 10m	5.00	13:04	
CO false alarm - perceived emergency (no CO present)	1	0.06	0 h 31m	2 h 35m	5.00	07:06	
Power Lines Down, Arcing	3	0.19	3 h 16m	16 h 20m	5.00	09:14	
Vehicle Collision	3	0.19	2 h 24m	18 h 44m	8.00	12:05	
Oxygen administered	1	0.06	0 h 23m	1 h 32m	4.00	06:00	
Vital signs absent, DOA	2	0.13	1 h 31m	7 h 35m	5.00	03:40	
Assisting Other FD: Mutual Aid	1	0.06	3 h 12m	16 h 5m	5.00	19:11	
Call cancelled on route	2	0.13	0 h 10m	0 h 0m			
Subtotal for March	**18**	**1.16**	**16 h 39m**	**124 h 47m**	**6.06**	**09:09**	
April							
Fire	4	0.26	4 h 42m	39 h 9m	9.00	11:10	1,100
NO LOSS OUTDOOR fire (see exclusions)	4	0.26	5 h 29m	50 h 26m	8.25	10:56	
Open air burning/unauthorized controlled burning (no	2	0.13	1 h 20m	10 h 56m	7.50	14:29	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
uncontrolled fire)							
Lightning (no fire)	1	0.06	0 h 21 m	2 h 6 m	6.00	04:56	
Human - Perceived Emergency	1	0.06	0 h 34 m	2 h 50 m	5.00	17:35	
Power Lines Down, Arcing	1	0.06	0 h 30 m	2 h 0 m	4.00	12:00	
Vehicle Extrication	1	0.06	1 h 15 m	10 h 0 m	8.00	16:50	
Vehicle Collision	3	0.19	2 h 49 m	28 h 10 m	10.00	09:01	
Alcohol or drug related	1	0.06	0 h 53 m	3 h 32 m	4.00	03:00	
Assisting Other FD: Other	1	0.06	0 h 24 m	0 h 48 m	2.00	09:01	
Assistance to Police (exc 921 and 922)	1	0.06	0 h 49 m	7 h 21 m	9.00	06:17	
Other Public Service	1	0.06	0 h 57 m	6 h 39 m	7.00	03:51	
Call cancelled on route	3	0.19	0 h 43 m	4 h 1 m	3.33		
Subtotal for April	**24**	**1.55**	**20 h 46 m**	**167 h 58 m**	**7.04**	**10:23**	**1,100**
May							
Fire	3	0.19	5 h 22 m	43 h 19 m	6.33	04:11	38,000
NO LOSS OUTDOOR fire (see exclusions)	4	0.26	5 h 30 m	45 h 31 m	8.25	09:34	
Pot on Stove (no fire)	2	0.13	0 h 56 m	6 h 48 m	7.00	05:11	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0 h 30 m	2 h 30 m	5.00	11:16	
Other Cooking/toasting/smoke/steam (no fire)	1	0.06	0 h 14 m	0 h 56 m	4.00	06:12	
Other pre fire conditions (no fire)	1	0.06	3 h 11 m	35 h 12 m	11.00	04:14	30,000
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0 h 9 m	0 h 45 m	5.00	04:11	
Human - Perceived Emergency	1	0.06	0 h 22 m	3 h 40 m	10.00	04:29	
CO false alarm - perceived emergency (no CO present)	1	0.06	240 h 20 m	1 h 40 m	5.00	06:34	
Power Lines Down, Arcing	2	0.13	1 h 21 m	5 h 24 m	4.00	15:01	
Other Public Hazard	2	0.13	0 h 49 m	6 h 21 m	6.50	06:44	
Vehicle Collision	1	0.06	0 h 36 m	4 h 48 m	8.00	08:22	
Oxygen administered	1	0.06	0 h 26 m	2 h 10 m	5.00	02:55	
Vital signs absent, DOA	1	0.06	0 h 14 m	1 h 10 m	5.00	06:51	
Accident or illness related -	1	0.06	0 h 44 m	5 h 8 m	7.00	04:17	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
cuts, fractures, person fainted, etc.							
Assisting Other FD: Mutual Aid	1	0.06	3 h 44m	22 h 24m	6.00	21:01	
Assisting Other FD: Other	2	0.13	1 h 44m	5 h 16m	3.50	10:55	
Call cancelled on route	7	0.45	2 h 17m	11 h 26m	4.14		
Subtotal for May	**33**	**2.13**	**268 h 29m**	**204 h 28m**	**5.88**	**07:57**	**68,000**
June							
Fire	3	0.19	5 h 2m	53 h 9m	12.00	13:47	16,000
NO LOSS OUTDOOR fire (see exclusions)	2	0.13	1 h 0m	5 h 0m	5.00	05:40	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	2	0.13	0 h 36m	3 h 5m	5.00	05:02	
Human - Perceived Emergency	1	0.06	0 h 25m	2 h 5m	5.00	06:17	
CO false alarm - equipment malfunction (no CO present)	2	0.13	1 h 21m	6 h 45m	5.00	10:40	
Gas Leak - Natural Gas	1	0.06	0 h 16m	1 h 20m	5.00	04:52	
Vehicle Collision	6	0.39	5 h 19m	46 h 38m	9.17	08:39	
CPR administered	1	0.06	0 h 46m	3 h 4m	4.00	06:27	
Asphyxia, Respiratory Condition	1	0.06	0 h 41m	2 h 44m	4.00	10:10	
Accident or illness related - cuts, fractures, person fainted, etc.	1	0.06	0 h 33m	3 h 51m	7.00	03:56	
Call cancelled on route	2	0.13	0 h 5m	0 h 35m	3.50		
Subtotal for June	**22**	**1.42**	**16 h 4m**	**128 h 16m**	**6.95**	**08:23**	**16,000**
July							
Fire	3	0.19	4 h 13m	20 h 27m	5.67	11:28	25,200
NO LOSS OUTDOOR fire (see exclusions)	4	0.26	4 h 27m	31 h 36m	6.50	10:45	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0 h 58m	8 h 42m	9.00	08:33	
Other pre fire conditions (no fire)	1	0.06	0 h 16m	1 h 20m	5.00	08:28	
Alarm System Equipment - Malfunction	1	0.06	0 h 41m	3 h 25m	5.00	02:30	
Alarm System Equipment - Accidental activation (exc.	2	0.13	0 h 27m	3 h 9m	7.00	06:50	

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
code 35)							
CO false alarm - equipment malfunction (no CO present)	1	0.06	0h 53m	2h 39m	3.00	10:29	
Power Lines Down, Arcing	2	0.13	0h 55m	4h 6m	4.50	06:02	
Vehicle Extrication	1	0.06	1h 32m	15h 20m	10.00	10:00	
Vehicle Collision	9	0.58	8h 28m	64h 16m	8.78	10:37	
Oxygen administered	1	0.06	0h 28m	2h 20m	5.00	06:29	
Alcohol or drug related	1	0.06	0h 37m	3h 5m	5.00	06:59	
Medical/resuscitator call no action required	1	0.06	0h 12m	0h 48m	4.00	00:35	
Assisting Other FD: Mutual Aid	1	0.06	2h 48m	71h 24m	3.00	23:32	
Assisting Other FD: Other	1	0.06	0h 35m	2h 55m	5.00		
Assistance to Other Agencies (exc 921 and 922)	1	0.06	0h 24m	2h 0m	6.00	05:27	
Call cancelled on route	3	0.19	1h 7m	4h 50m	3.33		
Subtotal for July	**34**	**2.19**	**29h 1m**	**242h 22m**	**6.32**	**09:24**	**25,200**
August							
Fire	4	0.26	5h 48m	67h 26m	11.00	07:04	62,000
NO LOSS OUTDOOR fire (see exclusions)	5	0.32	6h 6m	40h 17m	6.00	11:31	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	2	0.13	2h 43m	32h 31m	9.00	06:57	
Alarm System Equipment - Malfunction	3	0.19	1h 49m	9h 32m	5.33	06:48	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0h 53m	5h 18m	6.00	12:37	
Human - Perceived Emergency	1	0.06	0h 19m	1h 35m	5.00	07:08	
Authorized controlled burning - complaint	3	0.19	1h 8m	5h 6m	4.67	03:33	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0h 26m	2h 10m	5.00	04:10	
Gas Leak - Natural Gas	2	0.13	2h 44m	16h 35m	5.50	08:33	
Spill - Miscellaneous	1	0.06	0h 56m	10h 16m	11.00	12:12	
Power Lines Down, Arcing	4	0.26	2h 58m	15h 29m	5.25	17:12	
Vehicle Extrication	1	0.06	1h 44m	17h 20m	10.00	11:12	
Vehicle Collision	11	0.71	12h 40m	94h 55m	6.73	09:45	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Oxygen administered	1	0.06	0 h 32m	3 h 12m	6.00	05:05	
Asphyxia, Respiratory Condition	1	0.06	0 h 40m	3 h 20m	5.00	03:36	
Vital signs absent, DOA	1	0.06	0 h 49m	4 h 54m	6.00	05:50	
Alcohol or drug related	1	0.06	0 h 39m	3 h 54m	6.00	05:54	
Assisting Other FD: Automatic Aid	2	0.13	9 h 23m	86 h 6m	9.00	13:25	
Other Public Service	1	0.06	0 h 14m	0 h 56m	4.00	04:22	
Call cancelled on route	2	0.13	0 h 4m	0 h 0m			
Subtotal for August	**48**	**3.10**	**52 h 35m**	**420 h 52m**	**6.46**	**09:11**	**62,000**
September							
Fire	1	0.06	1 h 19m	15 h 48m	12.00	13:46	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0 h 33m	2 h 12m	4.00	06:19	
Alarm System Equipment - Malfunction	1	0.06	0 h 26m	2 h 10m	5.00	07:36	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0 h 17m	0 h 51m	3.00	05:16	
Power Lines Down, Arcing	1	0.06	0 h 23m	1 h 55m	5.00	07:15	
Vehicle Extrication	1	0.06	2 h 11m	17 h 28m	8.00	08:18	
Vehicle Collision	1	0.06	1 h 34m	14 h 6m	9.00	10:27	
Oxygen administered	2	0.13	1 h 0m	4 h 0m	4.00	05:36	
Medical Aid Not Required on Arrival	2	0.13	0 h 49m	3 h 42m	4.50	05:30	
Assistance to Other Agencies (exc 921 and 922)	1	0.06	0 h 28m	2 h 48m	6.00	05:38	
Other Public Service	1	0.06	0 h 46m	3 h 4m	4.00	05:02	
Subtotal for September	**13**	**0.84**	**9 h 46m**	**68 h 4m**	**5.62**	**07:04**	
October							
Fire	1	0.06	1 h 16m	11 h 24m	9.00	12:12	200
Open air burning/unauthorized controlled burning (no uncontrolled fire)	2	0.13	3 h 41m	11 h 45m	4.00	08:05	
Lightning (no fire)	1	0.06	1 h 46m	17 h 40m	10.00	10:16	
Alarm System Equipment - Malfunction	3	0.19	1 h 43m	13 h 55m	7.33	06:15	
Alarm System Equipment -	1	0.06	0 h 28m	2 h 48m	6.00	09:44	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Accidental activation (exc. code 35) Human - Perceived Emergency	2	0.13	1 h 5 m	6 h 23 m	5.50	11:25	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0 h 23 m	1 h 32 m	4.00	03:00	
CO incident, CO present (exc false alarms)	1	0.06	1 h 45 m	14 h 0 m	8.00	03:51	
Vehicle Extrication	1	0.06	14 h 44 m	203 h 46 m	14.00	08:07	
Vehicle Collision	4	0.26	3 h 4 m	24 h 33 m	8.00	10:00	
Oxygen administered	1	0.06	0 h 25 m	1 h 40 m	6.00	05:10	
Vital signs absent, DOA	2	0.13	1 h 25 m	7 h 5 m	5.00	08:14	
Other Medical/Resuscitator Call	1	0.06	0 h 21 m	2 h 27 m	7.00	01:24	
Assisting Other FD: Mutual Aid	1	0.06	3 h 19 m	6 h 38 m	2.00	14:02	
Assisting Other FD: Other	2	0.13	0 h 57 m	6 h 5 m	6.00	15:56	
Other Public Service	1	0.06	0 h 27 m	2 h 15 m	5.00	04:58	
Call cancelled on route	3	0.19	1 h 16 m	11 h 24 m	4.00		
Subtotal for October	**28**	**1.81**	**38 h 5 m**	**345 h 20 m**	**6.36**	**08:27**	**200**
November							
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0 h 30 m	2 h 30 m	5.00	10:53	
Other Cooking/toasting/smoke/steam (no fire)	1	0.06	1 h 13 m	9 h 44 m	8.00	07:15	
Human - Perceived Emergency	1	0.06	0 h 26 m	2 h 10 m	5.00	09:22	
CO false alarm - perceived emergency (no CO present)	1	0.06	0 h 21 m	1 h 45 m	5.00	04:49	
Gas Leak - Natural Gas	1	0.06	0 h 23 m	0 h 46 m	2.00	04:58	
Power Lines Down, Arcing	1	0.06	2 h 4 m	8 h 16 m	4.00	03:15	
Vehicle Collision	5	0.32	4 h 39 m	35 h 13 m	7.40	07:06	
Oxygen administered	1	0.06	0 h 32 m	2 h 40 m	5.00	02:57	
CPR administered	1	0.06	0 h 27 m	2 h 42 m	6.00	05:58	
Defibrillator used	1	0.06	0 h 31 m	2 h 35 m	6.00	06:10	
Medical Aid Not Required on Arrival	2	0.13	0 h 41 m	3 h 25 m	5.00	09:54	
Other Medical/Resuscitator	1	0.06	0 h 30 m	1 h 30 m	3.00	05:02	

Brock Township Fire Department

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Call							
Assisting Other FD: Other	1	0.06	7 h 5 m	49 h 35 m	7.00	18:42	
Other Public Service	1	0.06	0 h 27 m	2 h 15 m	5.00	03:34	
Call cancelled on route	2	0.13	0 h 19 m	1 h 12 m	2.00		
Incident not found	1	0.06	0 h 39 m	3 h 15 m	5.00		
Assistance not required by other agency	1	0.06	0 h 44 m	4 h 24 m	6.00	16:57	
Subtotal for November	**23**	**1.48**	**21 h 31 m**	**133 h 57 m**	**5.35**	**07:45**	
December							
Fire	5	0.32	14 h 21 m	273 h 39 m	14.60	13:44	920,000
Pot on Stove (no fire)	1	0.06	0 h 31 m	2 h 35 m	5.00	07:50	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0 h 14 m	1 h 24 m	6.00	04:52	
Human - Perceived Emergency	1	0.06	0 h 22 m	1 h 28 m	4.00	07:39	
CO false alarm - equipment malfunction (no CO present)	3	0.19	1 h 42 m	8 h 5 m	4.67	10:32	
Power Lines Down, Arcing	1	0.06	0 h 41 m	6 h 9 m	9.00	03:40	
CO incident, CO present (exc false alarms)	1	0.06	0 h 59 m	4 h 55 m	5.00	07:47	
Vehicle Extrication	1	0.06	0 h 52 m	6 h 56 m	8.00	05:10	
Vehicle Collision	6	0.39	5 h 42 m	53 h 10 m	9.17	09:35	
Persons Trapped in Elevator	1	0.06	0 h 24 m	2 h 0 m	5.00	04:35	
CPR administered	2	0.13	1 h 12 m	5 h 30 m	4.50	05:08	
Medical Aid Not Required on Arrival	1	0.06	0 h 30 m	3 h 0 m	6.00	09:40	
Assisting Other FD: Mutual Aid	1	0.06	4 h 16 m	12 h 48 m	3.00	15:34	
Assisting Other FD: Other	1	0.06	2 h 53 m	25 h 57 m	9.00	18:29	
Assistance to Other Agencies (exc 921 and 922)	2	0.13	0 h 51 m	4 h 47 m	6.00	03:38	
Incident not found	1	0.06	0 h 27 m	2 h 42 m	6.00		
Subtotal for December	**29**	**1.87**	**35 h 57 m**	**415 h 5 m**	**7.90**	**09:18**	**920,000**
Subtotal for Station 8-2	**337**	**21.74**	**608 h 36 m**	**2,921 h 59 m**	**6.45**	**08:52**	**1,769,200**

Station 8-3
January

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Fire	9	0.58	14 h 51 m	125 h 36 m	8.22	10:58	234,500
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	0 h 54 m	9 h 0 m	10.00	16:20	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Overheat (no fire, e.g. engines, mechanical devices)	2	0.13	0 h 32 m	2 h 40 m	5.00	07:02	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0 h 18 m	1 h 12 m	4.00	04:40	
Alarm System Equipment - Malfunction	1	0.06	0 h 49 m	6 h 32 m	8.00	09:14	
Alarm System Equipment - Accidental activation (exc. code 35)	2	0.13	0 h 24 m	1 h 47 m	4.50	06:16	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0 h 14 m	1 h 10 m	5.00	08:46	
CO false alarm - equipment malfunction (no CO present)	2	0.13	0 h 56 m	4 h 40 m	5.00	09:30	
Gas Leak - Natural Gas	1	0.06	0 h 27 m	3 h 9 m	7.00	09:00	
Power Lines Down, Arcing	2	0.13	1 h 47 m	8 h 55 m	5.00	10:06	
Vehicle Extrication	4	0.26	5 h 10 m	62 h 41 m	10.75	14:51	
Vehicle Collision	19	1.23	14 h 34 m	118 h 13 m	7.84	10:18	
CPR administered	5	0.32	3 h 36 m	20 h 9 m	5.40	08:34	
Medical Aid Not Required on Arrival	3	0.19	4 h 3 m	19 h 53 m	4.67	10:04	
Vital signs absent, DOA	2	0.13	0 h 49 m	3 h 37 m	4.50	08:49	
Medical/resuscitator call no action required	1	0.06	0 h 14 m	1 h 10 m	5.00	07:56	
Assisting Other FD: Mutual Aid	1	0.06	1 h 0 m	6 h 0 m	6.00	09:35	
Assisting Other FD: Other	2	0.13	16 h 57 m	104 h 55 m	6.50	00:39	
Assistance to Police (exc 921 and 922)	2	0.13	17 h 31 m	143 h 48 m	10.00	08:22	
Assistance to Other Agencies (exc 921 and 922)	2	0.13	1 h 6 m	1 h 42 m	3.00	03:32	
Other Public Service	1	0.06	0 h 16 m	0 h 48 m	3.00	06:52	
Call cancelled on route	4	0.26	1 h 11 m	6 h 2 m	4.25		
Assistance not required by other agency	2	0.13	0 h 46 m	3 h 54 m	5.00	09:48	
Subtotal for January	**70**	**4.52**	**88 h 25 m**	**657 h 33 m**	**6.70**	**10:14**	**234,500**
February							
Fire	3	0.19	2 h 24 m	23 h 6 m	10.00	07:42	10,500
Other	2	0.13	0 h 32 m	4 h 16 m	7.00	05:56	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Cooking/toasting/smoke/steam (no fire)							
Alarm System Equipment - Malfunction	2	0.13	1 h 0m	6 h 4m	6.00	08:29	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0 h 23m	1 h 32m	4.00	09:49	
Human - Perceived Emergency	2	0.13	0 h 54m	5 h 20m	6.00	07:47	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0 h 16m	1 h 20m	5.00	07:24	
CO false alarm - perceived emergency (no CO present)	2	0.13	1 h 32m	1 h 3m	1.50	06:38	
CO false alarm - equipment malfunction (no CO present)	3	0.19	1 h 54m	10 h 18m	5.33	06:02	
Gas Leak - Natural Gas	1	0.06	0 h 19m	1 h 16m	4.00	07:31	
Ruptured Water, Steam Pipe	1	0.06	3 h 17m	9 h 51m	3.00	03:34	
Power Lines Down, Arcing	2	0.13	2 h 37m	15 h 47m	6.50	11:50	
Vehicle Extrication	1	0.06	1 h 25m	7 h 5m	5.00	11:20	
Vehicle Collision	15	0.97	14 h 32m	116 h 26m	7.73	09:41	
Persons Trapped in Elevator	1	0.06	0 h 12m	0 h 48m	4.00	04:41	
Water Ice Rescue	1	0.06	0 h 47m	3 h 8m	4.00	07:50	
CPR administered	1	0.06	0 h 42m	2 h 48m	4.00	08:43	
Vital signs absent, DOA	3	0.19	1 h 13m	5 h 44m	5.00	07:45	
Alcohol or drug related	1	0.06	0 h 31m	2 h 35m	5.00	04:33	
Medical/resuscitator call no action required	1	0.06	0 h 15m	1 h 0m	4.00	06:05	
Assisting Other FD: Other	1	0.06	13 h 59m	195 h 46m	14.00	14:03	
Other Public Service	2	0.13	1 h 0m	6 h 45m	6.50	08:55	
Call cancelled on route	5	0.32	1 h 18m	9 h 38m	7.00		
Incident not found	4	0.26	1 h 45m	13 h 33m	7.25	11:08	
Subtotal for February	**56**	**3.61**	**52 h 47m**	**445 h 9m**	**6.50**	**08:29**	**10,500**
March							
Fire	6	0.39	9 h 32m	97 h 20m	9.67	07:01	180,000
NO LOSS OUTDOOR fire (see exclusions)	5	0.32	6 h 3m	98 h 18m	11.80	10:25	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0 h 26m	1 h 44m	4.00	09:13	
Open air burning/unauthorized	4	0.26	1 h 51m	6 h 44m	4.00	09:03	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

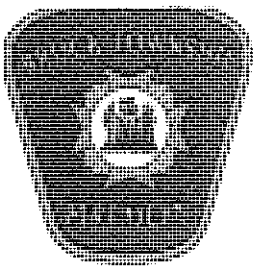| Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personuel	Average Response Time	$ Loss
controlled burning (no uncontrolled fire) . Other	1	0.06	0 h 16m	3 h 12m	12.00	06:00	
Cooking/toasting/smoke/steam (no fire)	2	0.13	0 h 42m	2 h 12m	3.50	06:52	
Alarm System Equipment - Malfunction	1	0.06	0 h 16m	1 h 4m	4.00	08:40	
Alarm System Equipment - Accidental activation (exc. code 35)	2	0.13	0 h 28m	2 h 36m	5.00	02:27	
Human - Perceived Emergency	2	0.13	0 h 26m	2 h 10m	5.00	04:33	
Human - Accidental (alarm accidentally activated by person)	2	0.13	0 h 53m	4 h 25m	5.00	07:26	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0 h 25m	3 h 20m	8.00	02:57	
Other False Fire Call	4	0.26	3 h 59m	38 h 57m	8.50	13:17	
Power Lines Down, Arcing	1	0.06	1 h 18m	6 h 30m	5.00	07:10	
CO incident, CO present (exc false alarms)	2	0.13	0 h 53m	4 h 52m	5.50	11:50	
Public Hazard no action required	1	0.06	0 h 59m	6 h 53m	7.00	11:01	
Vehicle Extrication	8	0.52	7 h 45m	79 h 29m	8.13	09:38	
Vehicle Collision	2	0.13	3 h 49m	11 h 27m	3.00	06:29	
Water Ice Rescue	1	0.06	0 h 23m	1 h 55m	5.00	07:38	
Rescue false alarm	3	0.19	1 h 54m	9 h 22m	5.00	06:53	
CPR administered	1	0.06	0 h 9m	0 h 45m	5.00	05:42	
Medical Aid Not Required on Arrival	1	0.06	0 h 17m	1 h 8m	4.00	05:37	
Vital signs absent, DOA	2	0.13	0 h 32m	2 h 19m	4.50	07:30	
Medical/resuscitator call no action required	1	0.06	1 h 1m	1 h 1m	1.00		
Assisting Other FD: Mutual Aid	1	0.06	0 h 48m	4 h 48m	6.00	23:41	
Assistance to Police (exc 921 and 922)	7	0.45	0 h 49m	4 h 50m	2.43		
Call cancelled on route	2	0.13	0 h 39m	5 h 51m	9.00	22:44	
Incident not found							
Subtotal for March	**64**	**4.13**	**46 h 33m**	**403 h 12m**	**6.34**	**08:50**	**180,000**

April

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Fire	4	0.26	17h 51m	334h 1m	16.25	20:48	1,145,000
NO LOSS OUTDOOR fire (see exclusions)	2	0.13	2h 9m	18h 19m	8.50	08:07	
Overpressure Rupture (no fire, e.g. steam boilers, hot water)	1	0.06	0h 28m	3h 16m	7.00	07:30	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0h 40m	4h 0m	6.00	01:02	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	2	0.13	0h 45m	3h 45m	5.00	05:05	
Other pre fire conditions (no fire)	1	0.06	0h 58m	11h 36m	12.00	15:44	
Alarm System Equipment - Malfunction	2	0.13	0h 47m	3h 55m	5.00	08:11	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0h 19m	1h 35m	5.00	04:39	
Human - Malicious intent, prank	1	0.06	0h 15m	1h 15m	5.00	01:50	
Human - Perceived Emergency	3	0.19	1h 20m	14h 18m	10.00	05:39	
Authorized controlled burning - complaint	1	0.06	0h 16m	1h 20m	5.00	08:08	
CO false alarm - equipment malfunction (no CO present)	2	0.13	1h 0m	5h 0m	5.00	09:12	
Gas Leak - Natural Gas	1	0.06	0h 16m	1h 20m	5.00	05:42	
Public Hazard no action required	2	0.13	1h 5m	5h 25m	5.00	08:04	
Vehicle Extrication	1	0.06	1h 20m	8h 0m	6.00	12:59	
Vehicle Collision	7	0.45	4h 53m	39h 32m	8.00	08:34	
CPR administered	2	0.13	1h 1m	5h 0m	5.00	05:33	
Seizure	1	0.06	0h 14m	0h 56m	4.00	02:46	
Alcohol or drug related	1	0.06	0h 29m	2h 25m	6.00	11:45	
Other Medical/Resuscitator Call	1	0.06	0h 19m	1h 35m	5.00	05:04	
Medical/resuscitator call no action required	1	0.06	0h 30m	2h 30m	5.00	15:21	
Assisting Other FD: Other	1	0.06	1h 55m	15h 20m	8.00	21:23	
Other Public Service	1	0.06	0h 23m	2h 18m	6.00	09:32	
Call cancelled on route	6	0.39	1h 18m	6h 4m	3.33		

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Subtotal for April	46	2.97	40 h 31 m	492 h 45 m	7.02	09:18	1,145,000
May							
Fire	3	0.19	2 h 53 m	18 h 42 m	7.33	13:51	4,000
NO LOSS OUTDOOR fire (see exclusions)	6	0.39	3 h 42 m	25 h 32 m	5.83	08:53	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0 h 33 m	4 h 24 m	8.00	04:27	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	4	0.26	1 h 57 m	9 h 13 m	4.50	12:27	
Other Cooking/toasting/smoke/steam (no fire)	2	0.13	0 h 34 m	4 h 4 m	6.50	03:43	
Alarm System Equipment - Malfunction	3	0.19	1 h 13 m	5 h 1 m	4.33	09:32	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0 h 16 m	2 h 40 m	10.00	07:51	
Human - Perceived Emergency	1	0.06	0 h 36 m	6 h 0 m	10.00	09:15	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0 h 12 m	1 h 0 m	5.00	05:27	
Authorized controlled burning - complaint	2	0.13	0 h 27 m	1 h 58 m	4.50	03:40	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0 h 55 m	5 h 30 m	6.00	08:14	
Power Lines Down, Arcing	7	0.45	6 h 1 m	35 h 4 m	5.43	07:26	
CO incident, CO present (exc false alarms)	2	0.13	2 h 49 m	14 h 5 m	5.00	06:47	
Vehicle Extrication	2	0.13	1 h 23 m	10 h 28 m	7.50	08:08	
Vehicle Collision	8	0.52	5 h 28 m	56 h 57 m	9.38	08:11	
Persons Trapped in Elevator	2	0.13	0 h 30 m	3 h 42 m	7.00	04:32	
Water Rescue	1	0.06	2 h 7 m	16 h 56 m	8.00	02:18	
CPR administered	2	0.13	0 h 59 m	11 h 35 m	7.50	04:19	
Vital signs absent, DOA	1	0.06	0 h 34 m	2 h 50 m	5.00	13:15	
Alcohol or drug related	1	0.06	0 h 35 m	2 h 55 m	5.00	12:05	
Medical/resuscitator call no action required	1	0.06	0 h 27 m	1 h 21 m	3.00	09:03	
Other Public Service	1	0.06	1 h 20 m	13 h 20 m	10.00	10:17	
Call cancelled on route	5	0.32	1 h 4 m	2 h 40 m	3.00		

Brock Township Fire Department

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Incident not found	1	0.06	0h 29m	2h 25m	5.00	06:11	
Subtotal for May	**59**	**3.81**	**37h 4m**	**258h 22m**	**6.22**	**09:04**	**4,000**
June							
Fire	5	0.32	3h 44m	33h 30m	9.20	07:21	55,500
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	0h 32m	3h 12m	6.00	12:21	
Overheat (no fire, e.g. engines, mechanical devices)	3	0.19	2h 7m	20h 34m	8.00	07:57	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	4	0.26	2h 11m	8h 52m	4.25	09:24	
Alarm System Equipment - Malfunction	2	0.13	0h 31m	6h 2m	9.50	02:44	
Human - Perceived Emergency	2	0.13	1h 23m	10h 7m	6.50	06:35	
Authorized controlled burning - complaint	1	0.06	0h 22m	1h 28m	4.00	07:42	
CO false alarm - perceived emergency (no CO present)	1	0.06	0h 26m	3h 2m	7.00	06:22	
CO false alarm - equipment malfunction (no CO present)	3	0.19	2h 1m	6h 20m	3.33	14:50	
Other False Fire Call	1	0.06	0h 13m	0h 39m	3.00	04:57	
Gas Leak - Natural Gas	2	0.13	0h 58m	7h 35m	7.50	12:44	
Power Lines Down, Arcing	3	0.19	1h 26m	6h 21m	4.67	08:13	
Public Hazard no action required	3	0.19	0h 52m	4h 20m	5.00	07:17	
Vehicle Collision	19	1.23	12h 26m	99h 6m	7.63	08:15	
CPR administered	2	0.13	1h 12m	7h 53m	6.50	03:07	
Defibrillator used	1	0.06	0h 42m	3h 30m	5.00	08:43	
Asphyxia, Respiratory Condition	1	0.06	0h 16m	1h 36m	6.00	02:22	
Seizure	1	0.06	0h 29m	1h 56m	4.00	02:09	
Vital signs absent, DOA	1	0.06	0h 8m	0h 40m	5.00	04:33	
Other Medical/Resuscitator Call	2	0.13	1h 37m	21h 39m	10.50	22:27	
Medical/resuscitator call no action required	3	0.19	0h 27m	1h 43m	4.00	03:56	
Medical/resuscitator call false alarm	1	0.06	0h 14m	1h 10m	5.00	03:00	
Assisting Other FD: Mutual	1	0.06	0h 13m	0h 26m	2.00		

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Aid							
Assistance to Other Agencies (exc 921 and 922)	1	0.06	1h 9m	5h 45m	5.00	02:52	
Call cancelled on route	4	0.26	0h 59m	7h 34m	7.50		
Subtotal for June	**68**	**4.39**	**36h 38m**	**265h 0m**	**6.56**	**08:04**	**55,500**
July							
Fire	6	0.39	24h 4m	331h 36m	12.67	06:22	857,000
NO LOSS OUTDOOR fire (see exclusions)	2	0.13	1h 42m	13h 13m	7.50	10:38	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0h 58m	4h 50m	5.00	08:33	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	10	0.65	4h 3m	27h 23m	5.80	09:43	
Alarm System Equipment - Malfunction	2	0.13	0h 55m	4h 35m	5.00	07:48	
Human - Perceived Emergency	1	0.06	0h 8m	0h 32m	4.00	08:18	
Human - Accidental (alarm accidentally activated by person)	2	0.13	0h 37m	3h 49m	7.00	03:18	
Authorized controlled burning - complaint	2	0.13	1h 23m	6h 55m	5.00	05:43	
CO false alarm - perceived emergency (no CO present)	1	0.06	0h 44m	5h 8m	7.00	10:32	
CO false alarm - equipment malfunction (no CO present)	5	0.32	2h 41m	11h 49m	4.40	08:12	
Gas Leak - Natural Gas	3	0.19	5h 51m	34h 27m	5.67	08:25	
Spill - Miscellaneous	1	0.06	0h 9m	1h 21m	10.00	02:55	
Power Lines Down, Arcing	6	0.39	4h 28m	24h 13m	5.17	09:30	
CO incident, CO present (exc false alarms)	1	0.06	1h 54m	9h 35m	5.00	08:07	
Public Hazard call false alarm	1	0.06	0h 21m	1h 3m	3.00	06:11	
Vehicle Extrication	4	0.26	7h 6m	91h 28m	12.75	11:46	
Vehicle Collision	20	1.29	16h 20m	114h 56m	7.45	08:25	
Water Rescue	3	0.19	2h 43m	18h 4m	7.00	10:21	
Rescue false alarm	1	0.06	0h 30m	2h 30m	5.00	03:45	
CPR administered	2	0.13	1h 39m	9h 17m	5.50	08:32	
Chest pains or suspected heart attack	1	0.06	0h 34m	2h 50m	5.00	11:52	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Medical Aid Not Required on Arrival	1	0.06	0h 18m	1h 30m	5.00	04:15	
Vital signs absent, DOA	2	0.13	0h 50m	4h 48m	6.00	09:32	
Other Medical/Resuscitator Call	1	0.06	0h 35m	2h 55m	5.00	13:31	
Medical/resuscitator call no action required	2	0.13	0h 33m	1h 59m	3.50	08:53	
Assisting Other FD: Mutual Aid	3	0.19	13h 37m	95h 19m	6.33	03:53	
Assisting Other FD: Other	4	0.26	19h 19m	162h 31m	8.50	11:25	
Assistance to Police (exc 921 and 922)	1	0.06	2h 6m	10h 30m	5.00	05:45	
Illegal grow operation (no fire)	1	0.06	0h 12m	1h 12m	6.00	00:34	
Other Public Service	4	0.26	3h 1m	21h 18m	6.75	10:21	
Call cancelled on route	7	0.45	0h 47m	6h 7m	3.29		
Incident not found	2	0.13	0h 57m	5h 23m	5.50		
Subtotal for July	**103**	**6.65**	**121h 5m**	**1,033h 6m**	**6.63**	**09:14**	**857,000**
August							
Fire	8	0.52	7h 57m	54h 37m	6.88	06:57	165,000
NO LOSS OUTDOOR fire (see exclusions)	3	0.19	3h 0m	41h 25m	16.33	09:13	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0h 37m	4h 19m	7.00	19:09	
Pot on Stove (no fire)	1	0.06	0h 11m	1h 28m	8.00	04:56	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	12	0.77	5h 46m	27h 44m	4.75	08:35	
Alarm System Equipment - Malfunction	4	0.26	1h 45m	10h 35m	6.25	07:15	
Alarm System Equipment - Accidental activation (exc. code 35)	1	0.06	0h 35m	2h 55m	5.00	21:12	
Human - Perceived Emergency	1	0.06	0h 21m	1h 24m	4.00	03:46	
Human - Accidental (alarm accidentally activated by person)	2	0.13	0h 41m	2h 25m	3.50	08:26	
Authorized controlled burning - complaint	2	0.13	0h 56m	4h 4m	4.00	12:03	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
CO false alarm - perceived emergency (no CO present)	4	0.26	1h 48m	8h 56m	5.00	09:44	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0h 23m	1h 55m	5.00	05:34	
Gas Leak - Natural Gas	2	0.13	3h 30m	23h 24m	6.50	06:19	
Gas Leak - Refrigeration	2	0.13	9h 42m	85h 47m	8.00	04:40	
Power Lines Down, Arcing	4	0.26	1h 36m	7h 41m	4.75	10:24	
Vehicle Extrication	1	0.06	24h 57m	6h 46m	7.00	12:31	
Vehicle Collision	18	1.16	13h 26m	104h 9m	7.22	09:03	
Persons Trapped in Elevator	1	0.06	0h 26m	2h 36m	6.00	07:49	
Water Rescue	1	0.06	0h 14m	2h 6m	9.00	07:04	
CPR administered	1	0.06	0h 44m	2h 12m	3.00	08:43	
Defibrillator used	1	0.06	0h 30m	1h 0m	3.00		
Medical Aid Not Required on Arrival	1	0.06	0h 32m	2h 40m	5.00	01:42	
Vital signs absent, DOA	1	0.06	0h 29m	1h 56m	4.00	05:31	
Accident or illness related - cuts, fractures, person fainted, etc.	1	0.06	0h 47m	8h 37m	11.00	06:09	
Medical/resuscitator call no action required	2	0.13	0h 20m	1h 29m	4.50	03:28	
Assisting Other FD: Automatic Aid	1	0.06	4h 39m	32h 33m	7.00	04:19	
Assisting Other FD: Other	3	0.19	2h 31m	10h 41m	4.33	12:40	
Assistance to Police (exc 921 and 922)	1	0.06	0h 39m	2h 36m	4.00	05:01	
Other Public Service	1	0.06	0h 40m	4h 0m	6.00	04:25	
Call cancelled on route	5	0.32	0h 44m	3h 36m	2.40		
Incident not found	3	0.19	3h 19m	12h 12m	5.67	08:55	
Other Response	1	0.06	0h 21m	3h 51m	11.00		
Subtotal for August	**91**	**5.87**	**94h 6m**	**481h 39m**	**6.10**	**08:45**	**165,000**
September							
Fire	2	0.13	1h 15m	7h 19m	5.50	07:39	10,000
Open air burning/unauthorized controlled burning (no uncontrolled fire)	4	0.26	1h 56m	9h 26m	4.75	07:52	
Other Cooking/toasting/smoke/steam (no fire)	1	0.06	0h 15m	0h 45m	3.00	10:38	
Alarm System Equipment -	2	0.13	1h 15m	8h 55m	7.00	10:01	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Malfunction							
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 12m	0h 48m	4.00	07:19	
CO false alarm - perceived emergency (no CO present)	1	0.06	0h 32m	2h 40m	5.00	10:18	
CO false alarm - equipment malfunction (no CO present)	1	0.06	0h 30m	3h 0m	6.00	08:13	
Other False Fire Call	1	0.06	0h 14m	0h 28m	2.00	06:59	
Gas Leak - Natural Gas	2	0.13	2h 21m	8h 3m	5.50	04:26	
Power Lines Down, Arcing	3	0.19	1h 38m	6h 52m	4.00	09:06	
Public Hazard no action required	1	0.06	0h 31m	2h 35m	5.00	09:04	
Vehicle Extrication	1	0.06	0h 39m	6h 30m	10.00	08:38	
Vehicle Collision	26	1.68	16h 32m	115h 52m	6.81	09:41	
Water Rescue	3	0.19	2h 34m	18h 36m	6.67	14:39	
Oxygen administered	2	0.13	1h 2m	3h 18m	4.50	05:38	
CPR administered	1	0.06	0h 48m	3h 12m	4.00	10:36	
Accident or illness related - cuts, fractures, person fainted, etc.	3	0.19	0h 57m	4h 18m	4.67	06:42	
Medical/resuscitator call no action required	1	0.06	0h 37m	1h 14m	2.00	16:27	
Assistance to Police (exc 921 and 922)	2	0.13	49h 43m	9h 0m	6.00	12:12	
Other Public Service	1	0.06	0h 39m	3h 54m	6.00	08:54	
Call cancelled on route	1	0.06	0h 5m	0h 0m			
Incident not found	1	0.06	0h 42m	3h 30m	5.00	14:55	
Subtotal for September	**61**	**3.94**	**84h 57m**	**220h 15m**	**5.75**	**09:30**	**10,000**
October							
Fire	1	0.06	1h 9m	10h 21m	9.00	10:25	100,000
Overheat (no fire, e.g. engines, mechanical devices)	2	0.13	1h 19m	11h 46m	8.00	05:13	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	3	0.19	1h 30m	7h 30m	5.00	11:38	
Human - Malicious intent, prank	2	0.13	0h 14m	1h 3m	4.50	03:04	
Human - Accidental (alarm accidentally activated by	5	0.32	1h 0m	6h 29m	6.40	04:11	

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
person)							
Authorized controlled burning - complaint	1	0.06	0 h 26m	2 h 10m	5.00	11:57	
CO false alarm - equipment malfunction (no CO present)	3	0.19	2 h 8m	10 h 40m	5.00	09:03	
Gas Leak - Natural Gas	4	0.26	3 h 46m	20 h 21m	4.50	04:43	
Power Lines Down, Arcing	2	0.13	4 h 11m	23 h 21m	5.00	11:29	
Public Hazard call false alarm	1	0.06	0 h 40m	3 h 25m	5.00	17:02	
Vehicle Extrication	2	0.13	6 h 59m	61 h 9m	7.50	06:56	
Vehicle Collision	16	1.03	11 h 1m	90 h 16m	8.25	07:56	
Vital signs absent, DOA	2	0.13	0 h 21m	1 h 37m	4.50	07:22	
Accident or illness related - cuts, fractures, person fainted, etc.	1	0.06	0 h 22m	1 h 50m	5.00	01:32	
Medical/resuscitator call no action required	2	0.13	0 h 38m	2 h 52m	3.50	09:34	
Assisting Other FD: Mutual Aid	1	0.06	2 h 56m	5 h 52m	2.00	13:30	
Assistance to Police (exc 921 and 922)	1	0.06	10 h 9m	50 h 45m	5.00	10:29	
Call cancelled on route	3	0.19	0 h 27m	3 h 0m	3.00		
Subtotal for October	**52**	**3.35**	**49 h 16m**	**314 h 27m**	**6.12**	**10:13**	**100,000**

November

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
Fire	2	0.13	4 h 12m	121 h 48m	29.00	14:25	10,000
NO LOSS OUTDOOR fire (see exclusions)	1	0.06	0 h 58m	5 h 48m	6.00	14:44	
Overheat (no fire, e.g. engines, mechanical devices)	1	0.06	0 h 53m	8 h 50m	10.00	11:41	
Open air burning/unauthorized controlled burning (no uncontrolled fire)	1	0.06	0 h 12m	1 h 0m	5.00	05:12	
Other Cooking/toasting/smoke/steam (no fire)	2	0.13	1 h 8m	8 h 41m	5.50	10:40	
Other pre fire conditions (no fire)	2	0.13	2 h 23m	21 h 27m	9.00	06:36	
Alarm System Equipment - Malfunction	1	0.06	0 h 50m	7 h 30m	9.00	06:48	
Human - Perceived Emergency	1	0.06	0 h 20m	2 h 20m	7.00	09:51	

Totals by Type Continued
From Jan 1 14 to Dec 31 18

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
CO false alarm - perceived emergency (no CO present)	2	0.13	1h 15m	5h 42m	4.50	11:30	
CO false alarm - equipment malfunction (no CO present)	2	0.13	0h 56m	6h 20m	7.50	05:28	
Gas Leak - Natural Gas	1	0.06	0h 17m	1h 42m	6.00	09:27	
Power Lines Down, Arcing	4	0.26	2h 29m	13h 44m	5.00	09:20	
CO incident, CO present (exc false alarms)	1	0.06	2h 2m	10h 10m	5.00	09:01	
Vehicle Extrication	1	0.06	0h 48m	4h 0m	5.00	05:12	
Vehicle Collision	21	1.35	17h 0m	122h 57m	7.38	09:25	
CPR administered	1	0.06	0h 31m	2h 4m	4.00	09:41	
Medical Aid Not Required on Arrival	1	0.06	0h 3m	0h 15m	5.00	00:50	
Alcohol or drug related	1	0.06	0h 35m	1h 45m	3.00	09:51	
Other Medical/Resuscitator Call	1	0.06	0h 24m	2h 0m	5.00	10:07	
Medical/resuscitator call no action required	1	0.06	0h 15m	1h 15m	5.00	08:16	
Assisting Other FD: Other	1	0.06	4h 11m	25h 6m	6.00	13:49	
Assistance to Police (exc 921 and 922)	1	0.06	1h 20m	8h 0m	6.00	10:51	
Assistance to Other Agencies (exc 921 and 922)	1	0.06	0h 31m	2h 35m	5.00	09:37	
Call cancelled on route	8	0.52	1h 43m	7h 13m	3.00		
Incident not found	2	0.13	0h 54m	5h 8m	6.00		
Subtotal for November	**61**	**3.94**	**46h 10m**	**397h 20m**	**6.79**	**09:22**	**10,000**
December							
Fire	5	0.32	7h 40m	80h 50m	10.20	13:32	60,000
Open air burning/unauthorized controlled burning (no uncontrolled fire)	2	0.13	1h 0m	4h 0m	4.00	11:49	
Alarm System Equipment - Malfunction	1	0.06	0h 38m	1h 54m	3.00	09:25	
Human - Perceived Emergency	1	0.06	0h 30m	1h 30m	3.00	16:10	
Human - Accidental (alarm accidentally activated by person)	1	0.06	0h 23m	2h 18m	6.00	10:17	
Authorized controlled burning - complaint	1	0.06	0h 15m	1h 15m	5.00	07:31	

Response Type	# of Incidents	% of total	Incident Hours	Staff Hours	Average # of Responding Personnel	Average Response Time	$ Loss
CO false alarm - perceived emergency (no CO present)	1	0.06	0h 44m	0h 44m	1.00	16:15	
CO false alarm - equipment malfunction (no CO present)	2	0.13	0h 42m	3h 30m	5.00	08:57	
Gas Leak - Natural Gas	1	0.06	1h 24m	4h 12m	3.00	09:16	
Power Lines Down, Arcing	1	0.06	0h 9m	0h 45m	5.00	04:26	
CO incident, CO present (exc false alarms)	1	0.06	1h 4m	5h 20m	5.00	06:09	
Other Public Hazard	1	0.06	0h 33m	2h 45m	5.00	10:53	
Vehicle Extrication	3	0.19	2h 2m	14h 35m	7.00	09:48	
Vehicle Collision	14	0.90	10h 33m	86h 12m	7.79	10:20	
CPR administered	1	0.06	0h 42m	2h 48m	4.00	04:00	
Chest pains or suspected heart attack	1	0.06	0h 19m	1h 35m	5.00	00:18	
Assisting Other FD: Mutual Aid	2	0.13	4h 13m	8h 26m	2.00	16:23	
Assisting Other FD: Other	2	0.13	4h 6m	15h 12m	5.00	20:25	
Call cancelled on route	7	0.45	0h 50m	2h 52m	1.71	04:04	
Other Response	1	0.06	0h 19m	1h 35m	5.00	07:22	
Subtotal for December	**49**	**3.16**	**38h 6m**	**242h 18m**	**5.61**	**10:46**	**60,000**
Subtotal for Station 8-3	**780**	**50.32**	**735h 38m**	**5,211h 6m**	**6.37**	**09:16**	**2,831,500**
Total Number of Responses	**1,550**		**1,...h 39m**	**11,...h 52m**	**6.47**	**09:47**	**7,758,700**

Brock Township Fire Department
1 Cameron Street East, P.O Box 10 Cannington ON
Cannington ON L0E 1E0
PH : 705-432-2355   FAX : 705-432-2189

Incident & Vehicle Times
From Jan 1 14 to Dec 31 18

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Printed 1550 Incidents
Average Dispatch Total time was 00:03:09
Average Chute Total time was 00:04:55
Average En-Route was 00:05:20
Average Response time was 9.78 minutes
Average Total Time time was 71.04 minutes
```

Unit	# Responses	# On Scene	Avg. Dispatch Total	Avg. Chute Total	Avg. Response Time	Avg. Total Time
	1	0	2.00 min.	875.00 min.	0.00 min.	566.00 min.
CAR 8-1	235	217	1.70 min.	5.35 min.	4.13 min.	87.91 min.
CAR 8-2	222	204	1.97 min.	4.06 min.	3.00 min.	86.60 min.
MARINE 8-3	18	16	1.44 min.	7.83 min.	21.31 min.	85.22 min.
PUMP 8-1	384	362	2.66 min.	1.87 min.	0.04 min.	65.16 min.
PUMP 8-2	304	294	1.89 min.	3.86 min.	4.02 min.	64.73 min.
PUMP 8-3	679	632	0.48 min.	1.27 min.	2.03 min.	53.36 min.
PUMPER RESCUE 83	111	104	1.95 min.	5.42 min.	9.02 min.	81.27 min.
RESCUE 8-1	189	179	2.12 min.	5.07 min.	5.12 min.	75.99 min.
RESCUE 8-2	194	177	2.10 min.	3.97 min.	2.58 min.	88.84 min.
RESCUE 8-3	276	255	1.86 min.	3.84 min.	3.35 min.	56.00 min.
TANK 8-1	102	95	3.87 min.	4.61 min.	11.81 min.	110.68 min.
TANK 8-2	94	90	2.19 min.	1.74 min.	10.70 min.	123.56 min.
TANK 8-3	99	86	2.05 min.	4.59 min.	12.88 min.	106.44 min.

Committee Referrals

This group of communications has been referred from:

Date of Meeting: **Monday, March 04, 2019**

and should be retained for use at the committee meeting indicated below:

Name of Committee: **Protection Services Committee**
Date of Committee Meeting: **Monday, March 25, 2019**

Maralee Drake

195/19

From:	media <media@drps.ca>
Sent:	Tuesday, February 05, 2019 8:35 AM
Subject:	DRPS#3 Tuesday, February 5, 2019 - Sent on behalf of Durham Regional Police Services Board
Attachments:	KarenFisher-6129_E.JPG

Date:	06/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

DURHAM REGIONAL POLICE SERVICES BOARD

K. Ashe, Chair * B. Drew, Vice Chair
K. Fisher, Member * J. Henry, Member * R. Rockbrune, Member

February 4, 2019

The Durham Regional Police Services Board is pleased to announce that Ms. Karen Fisher has been appointed to the Board by Durham Regional Council as its citizen representative for a four-year term.

"It is an honour to have been selected by Regional Council to serve Durham Region as a member of the Police Services Board," said Ms. Fisher. "I am grateful and enthusiastic at the opportunity to help ensure that our local policing continues to meet the standard of excellence."

"Ms. Fisher's background and expertise will add to the strength of the Board's decision-making," stated Board Chair Kevin Ashe. "She is an accomplished businesswoman and community volunteer and we are eager to welcome her contributions."

The Board would also like to thank outgoing member Mr. Stindar Lal for his service to the Board over the last four years. Mr. Lal's profound knowledge of policing, intergovernmental relations, and diversity and inclusion were of valuable assistance to the Board.

The Durham Regional Police Services Board is the civilian governing body of the Police Service. Its responsibilities include establishing objectives for policing in consultation with the Chief of the Police, setting policies for the effective management of the Police Service, and hiring and monitoring the performance of the Chief of Police. The Board consists of seven members, three appointed by the Province of Ontario and four chosen by Regional Council.

1

210/19

Maralee Drake

From:	media <media@drps.ca>
Sent:	Thursday, February 07, 2019 11:27 AM
Subject:	DRPS#3 - Thursday, February 7, 2019 - Sent on Behalf of Durham Regional Police Services Board
Attachments:	Cubitt.jpg

Date:	08/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

DURHAM REGIONAL POLICE SERVICES BOARD

K. Ashe, Chair * B. Drew, Vice Chair
G. Cubitt, Member * K. Fisher, Member * J. Henry, Member * R. Rockbrune, Member

February 7, 2019

The Durham Regional Police Services Board is pleased to announce that Dr. Garry Cubitt has been appointed to the Board by the Provincial Government for a three-year term.

"I am delighted to be able to continue to serve the citizens of Durham Region in this new capacity," said Dr. Cubitt. "I am eager to contribute to the Board's deliberations and decisions on policing matters to help maintain the high levels of community safety that we enjoy."

"Dr. Cubitt is an outstanding addition to the Board, given his profound understanding of the Region and the exceptional skill set he brings to the table," stated Board Chair Kevin Ashe. "He is recognized as a community leader in Durham and his participation will greatly assist the Board in pursuing its objectives for policing and community safety."

The Durham Regional Police Services Board is the civilian governing body of the Police Service. Its responsibilities include establishing objectives for policing in consultation with the Chief of the Police, setting policies for the effective management of the Police Service, and hiring and monitoring the performance of the Chief of Police. The Board consists of seven members, three appointed by the Province of Ontario and four chosen by Regional Council.

Biographical Notes – Dr. Garry Cubitt

Having worked in municipal government throughout his career, Dr. Garry Cubitt retired as Chief Administrative Officer for the Regional Municipality of Durham in the Fall of 2018. He has extensive experience in organizational development, issues management, budget development, and finance and investment for complex public sector organizations. Dr. Cubitt has also previously held instructor positions at the University of Toronto, York University and Durham College. He was on the founding Board of the University of Ontario Institute of Technology (UOIT) and was the Chair of the Board when it welcomed its first students more than 10 years ago.

1

Dr. Cubitt has served on many other community organizations including Durham College, Ontario Municipal Social Services Association, and the United Way Campaign Region of Durham. He holds a B. Sc. (Hons) in Psychology from Trent University, an MSW from University of Toronto and an Honorary LL.D. from UOIT. He has been widely recognized by a number of organizations and was awarded the William G. Davis Award for his contributions to Ontario community colleges and a Queen Elizabeth II Diamond Jubilee Medal in 2012.
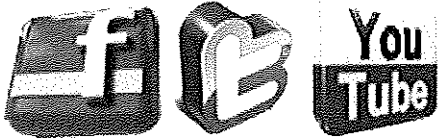
Media
Durham Regional Police Service
Media Relations
605 Rossland Rd.E, Box 911
Whitby, ON
L1N 0B8

Maralee Drake

From:	colleen pocock <colleenpocock@rogers.com>
Sent:	Friday, February 08, 2019 8:18 AM
To:	Brock General; Council
Subject:	Road and community safety concern, Cedar Beach,Parklawn,Main Street strip

Greetings and Happy New Year,

   We have a problem on Cedar Beach Road that potentially will result in the death of a fellow neighbour. It would appear that not just in the summer time folks have to watch for speeding cars and off road motorcycle while walking or biking, but we have a drag strip for ATV and snow mobiles now that the winter snow has fallen.

   The community between Concession line 5 , along Cedar Beach, Parklawn right to Main Street is a death trap for the many , many people who are out on the roads for enjoyment of the fresh country air. "Breath it In" as our slogan would say. The elderly folks with motorized wheelchairs, families with toddlers in wagon, children on bicycles heading to the ball park, all can attest to the dangerous speed which vehicular traffic travels through this community.

   I'm requesting serious consideration that this area must be assigned as a safe zone for the community to live , walk and play. I'm not suggesting sidewalks, perhaps dedicated pedestrians lines on the road, fine zone signs or speed radar system alerting drivers how fast they are driving? I'm not sure what the solution would be, but I appreciate the councillors and Madam Mayor giving this issue some serious safety recommendations. Thank you for your attention

With regards,

Mrs Colleen Pocock
56 Cedar Beach Road.

Sent from my iPad

Date:	08/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

ConnexOntario
Access to Addiction, Mental Health and Problem Gambling Services
Accès aux services de santé mentale et de traitement des dépendances et du jeu problématique

218/19

January 31, 2019

MAYOR DEBBIE BATH-HADDEN
BROCK TWP
1 CAMERON ST E
CANNINGTON ON L0E 1E0

Dear Ms. Bath-Hadden,

ConnexOntario is an organization that is funded by the Ontario Ministry of Health and Long-Term Care. Our purpose is to serve as an access point to addictions, mental health, and problem gambling services/supports for the people of Ontario. The services provided by ConnexOntario are free and confidential and our staff are available to live-answer calls and respond to emails and webchats 24/7/365. We handle 12,000 to 15,000 contacts per month from people seeking services.

Our service began in 1991 in London, Ontario as the Drug and Alcohol Registry of Treatment (DART). Our role at that time was to compile and maintain a directory of all of the government-funded programs in the province that were available to people experiencing issues with substance use. Once this inventory was created it became a powerful decision support and issues management tool for the Out-of-Province branch of the Ontario Health Insurance Program (OHIP). Two years after the DART program was created, an evaluation was done that showed it had saved nearly $40 million in out-of-province payments for Ontario residents.

The ConnexOntario database currently tracks detailed information on thousands of programs and services that are available to help people experiencing issues with substance use, problem gambling, and/or mental health. We also track hundreds of on-campus programs that are available to post-secondary school students across the province. Additionally, ConnexOntario has partnership agreements in place with most of the railway companies in Ontario as part of an initiative to prevent tragedies from occurring on the rail lines.

Enclosed with this letter are wallet cards detailing contact information for ConnexOntario – including our toll-free number and website address. We encourage you to provide this information to any of your constituents who may need to access addiction, mental health, or problem gambling services for themselves or for a loved one. An order form is enclosed should you wish to obtain, free-of-charge, an additional supply of these wallet cards or other resource materials.

Please contact me at 519-439-0174 or bdavey@connexontario.ca if you would like to learn more about our organization and services.

Yours sincerely,

Brad Davey
Executive Director

Date:	08/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	cards to Council

ConnexOntario   Business line: 519.439.0174   www.connexontario.ca
200-685 Richmond Street   Information and Referral: 866.531.2600   administration@connexontario.ca
London ON N6A 5M1

ConnexOntario | Health Services Information
Information sur les services de santé

685 Richmond Street/rue Richmond – Suite 200 – London ON N6A 5M1
Telephone/Téléphone: (519) 439-0174 Fax/Télécopieur: (519) 439-0455
www.connexontario.ca

Resource Materials Order Form

This information must be legible. Please print or type and complete all sections.

Contact Name: _____

Agency/Business Name: _____

Suite/Unit: _____ Street Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Access to Addiction, Mental Health and Problem Gambling Services

1.866.531.2600

www.ConnexOntario.ca

ConnexOntario Resources: 3 Helplines under one number

Wallet-sized Card (3"x2") Bilingual	1	10	25	50	100	1000	
Poster (8.5"x11") English	1	10				Other:	
Poster (8.5"x11") French	1	10				Other:	

ORDER ONLINE @ www.connexontario.ca
OR RETURN VIA Mail or Fax (519) 439-0455
Most resources are reversible English/French
All resource materials are FREE and shipped free-of-charge

ConnexOntario operates/opère:

Drug and Alcohol Helpline
Ligne d'aide sur la drogue et l'alcool

www.DrugAndAlcoholHelpline.ca

Ontario Problem Gambling Helpline
Ligne ontarienne d'aide sur le jeu
problématique
www.ProblemGamblingHelpline.ca

Mental Health Helpline
Ligne d'aide sur la santé mentale

www.MentalHealthHelpline.ca

1-866-531-2600

ConnexOntario acknowledges the financial support of the Government of Ontario
ConnexOntario remercie le gouvernement de l'Ontario pour son soutien financier

227/19

Irene Hrebik
Box 54, 298 Church Street
Beaverton, Ontario
L0K 1A0

February 6, 2019

Date:	12/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	Lynne & Debbie

Mrs. Bath-Hagden, Mayor
& Councillor Lynne Campbell ✓
Transportation Portfolio Partners
The Corporation of the Township of Brock
P.O. Box 10, 1 Cameron Street East
Cannington, ON
L0E 1B0

Dear Lynne:

Thank you for taking the time to speak to me prior to your husband's Beaverton Townhall performance on Saturday, February 2nd.

I promised that I would write and in turn, you promised that you would respond. I would appreciate action as well as a response. You said that you were familiar with Port Perry and not Orillia. Let me outline the difficulties and if you have time, I would gladly pay your trip fare to Orillia, Cannington, Port Perry but not Newmarket with me so you can see first-hand.

I have been a taxpayer and homeowner in Beaverton since 2002. The Mayor visited my home during the election and we spoke at my door about the diminished transportation problem. I thought that conversation would start the ball rolling but I read in the newspaper that she was going to bring herself up to speed. Since our conversation in the Townhall, it has become apparent that nothing has been done since you had no knowledge of problems.

1. Problem 1. The cancelling of the Brock Community Care bus. This bus ran once a month. It was a school bus. The cost went from $10 to $20 and then when it reached $25.00, it was cancelled. The bus picked up at Beaverton (Post Office, Gillespie Gardens and Wayside), Cannington, Port Bolster and Brechin. It made three stops at three different malls in Orillia including a grocery store (No Frills). People bought flats of water and many other grocery items. This was more than transit, it was a service. The bus driver helped the seniors (55+) loading with many items underneath the bus. Riders could wait indoors until the bus pulled up. No fighting the elements. The bus was a social time as well. It was a whole day and we returned to Beaverton at around 4 pm. Mrs. Bath-Hadgen, during

her election walkabout, suggested that this bus could have been subsidized by Durham Transit.

2. <u>Problem 2. You substituted the Orillia Durham Transit Bus.</u> You call one day prior (Wednesday). It arrives in Beaverton at noon in front of Ben's Pharmacy. You must have the proper change and the bus holds a maximum of 8 people. The journey takes until 1:15 pm and you arrive in front of the Opera House and library(only washroom). There is no information or bus terminal. You go stand on the corner and wait for a local bus. However, not all the buses come to that corner—you may have walk across the road to get one of the local buses. These two buses do not talk to each other so if that bus is delayed on their return trip and you miss the return Durham bus, a $100 taxi ride home is the only alternative.

3. <u>Probem 3A. Municipal Lines cuts-off access to Newmarket.</u> When I first moved up, the GO Transit line started in Beaverton and it took you to Newmarket and Whitby. It is now only available to go to Whitby. Let me correct your misunderstanding about touring Port Perry, the GO Transit does not tour Port Perry. You can enjoy a long walk uphill to the Hospital in Port Perry. The stops include a grocery store and the Dollar store because they are across the road from each other.

4. <u>Problem 3B. Muncipal Lines cuts-off access to Newmarket.</u> The Durham Transit bus does not connect to YRT. It includes a very long walk with no shelters. It goes to Uxbridge only.

5. <u>Problem 4. No Taxi Service in Beaverton</u>

6. <u>Problem 5. No access to Food Store</u>
You took away the No Frills access and now the local grocery store is closing. From the news report, it seems to state that people from old age homes would be affected. I am not from an old age home and I know many others that are in the same position. I do not have a driver's license and when I moved up here. I picked this town because it had everything and there was transportation to major centers that had hospitals.

I have written many letters including Metrolinx, Federal Level (Mr. O'Toole), GO Transit, the previous Mayor and nothing has improved. I can share these letters with you. There has been no improvement and the remedies put in place have made it worse.

I have volunteered to serve on committees but the meetings occur in Whitby.

Please do not get into your car to drive to your second job in Port Perry but take the bus from Beaverton and then you will be able to see first-hand the difficulties.

Let me pay your way to Orillia and you can see that it is impossible to make hospital appointments and it turns into a clock-watching trip because of the short time frame. One of the local buses do go around the Lakehead campus. I am sure if it started in the morning, many students would take advantage of the

Durham Transit. Seniors would be able to shop and make hospital appointments and take advantage of the transit system. However, bringing back the community bus would enable all seniors to visit three centers without all the effort of rushing on and off two buses.

Municipal Lines should not affect access to the large Newmarket hospital that is famous for its heart health and access to Keswick and other boarding towns. The baby boomers will need these services and we need transportation to grow with this demand. Did you know that there was a train from Beaverton that went to Toronto on a daily basis—the train track is still there and the need is still required. Please look into this as well.

Thank you for speaking with me and I hope this letter outlines the problems with the transit.

Irene Hrebik

Brock
breathe it in.

Township of Brock Interoffice Memorandum

To: Protection Services Committee

From: Nick Colucci, P. Eng., BASc, MBA, FEC

             Director of Public Works

Subject: Speed Limit Signage on 18A

Date: Monday, March 11, 2019

At the Protection Service Committee on December 17, 2018 a resolution was adopted requesting input from the Works Department on a signage request on Sideroad 18A between Concession 14 (Brock) and Regional Road 12.

Staff reviewed the area and determined that the current signage meets the requirements of the Ontario Traffic Manual and therefore no additional signage is warranted at this time.

End of Memorandum

Respectfully submitted,

Nick Colucci, P. Eng., BASc, MBA, FEC
Director of Public Works

Date:	22/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

If this document is required in an alternate format upon request.
Please contact the Clerk's Department at 705-432-2355.

The Corporation of the

Township
of
Uxbridge

In The Regional Municipality of Durham

Town Hall
51 Toronto Street South
P.O. Box 190
Uxbridge, ON L9P 1T1
Telephone   (905) 852-9181
Facsimile   (905) 852-9674
Web   www.town.uxbridge.on.ca

SENT VIA EMAIL

February 11, 2019

Township of Brock
Clerk's Department
1 Cameron Street East
Cannington, ON L0E 1E0
brock@townshipofbrock.ca

Date:	15/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

**RE: RESOLUTION NO. 2019-03 – ACCESSIBLE ADAPTABLE HOUSING
TOWNSHIP FILE: A-16 RGG**

Please be advised that during the regular meeting of Council of February 4th, 2019 the following motion was carried;

> THAT the following City of Oshawa resolution, regarding Addressing Affordable Accessible Housing Needs in Ontario, be endorsed by the Township of Uxbridge:
>
> WHEREAS on May 14, 2018, Oshawa City Council held its annual special meeting to allow the public the opportunity to provide their views and/or concerns regarding accessibility issues;
>
> AND WHEREAS a number of public comments received at this meeting related to the need to consider providing more accessible housing units including those that are affordable;
>
> AND WHEREAS there is a need to consider such matters as providing accessible model home designs/concepts in new home sales office and to advance a discussion on providing more flexible and universal housing designs that can allow seniors and others that's have accessibility challenges over time to be able to age in place without the need to move;
>
> AND WHEREAS it is important to ask the Province to consult with the building and development industry and municipalities to see if there are ways to advance the affordable accessible housing discussion to address the needs of Ontario residents including a review of the Ontario Building Code as appropriate;

THEREFORE BE IT RESOLVED:
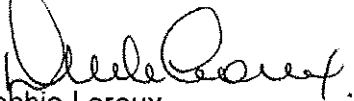
THAT the Province of Ontario be requested to consult with the building and development industry and municipalities to determine practical and appropriate ways to address the affordable accessible housing needs in Ontario which may include a review of the Ontario Building Code;

AND THAT the Township work with AMO and CMHC to encourage other Ontario municipalities to express their support for a provincial accessible and adaptable housing program;

AND THAT a copy of this resolution be provided to the Premier of Ontario, all M.P.P.s in the Region of Durham, the Region of Durham, all local municipalities in the Region of Durham, the Association of Municipalities of Ontario, the Building Industry and Land Development Association, the Ontario Association of Architects, Canada Mortgage and Housing Corporation, the Ontario Non-Profit Housing Association and the Accessibility Directorate of Ontario.

I trust you will find the above to be satisfactory.

Yours truly,

Debbie Leroux
Director of Legislative Services/Clerk
/jlb

289/19

Maralee Drake

From:	Thom Gettinby
Sent:	Monday, February 25, 2019 3:09 PM
To:	Maralee Drake
Subject:	Fw: Notice of Ministry Training Webinar for Municipal Accessibility Advisory Committees

Date:	26/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS - 25/03/19
Copies to:	BAAC

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Spencer, Alfred (MSAA) <Alfred.Spencer@ontario.ca>
Sent: Monday, February 25, 2019 15:07
Cc: Pesheva, Tea (MSAA); McLachlan, Kathy (MSAA)
Subject: Notice of Ministry Training Webinar for Municipal Accessibility Advisory Committees

Attn: Municipal Clerk:

Please distribute this information to your AAC committee members.

RE: Notice of Ministry Training Webinar for Municipal Accessibility Advisory Committees

Chairs and members of a municipality's Accessibility Advisory Committee (AAC) play an important role in advancing their municipality's accessibility agenda.

We are pleased to offer AAC members a series of webinars intended to help build practical knowledge and skills to contribute to the success of your AAC.

The first webinar is scheduled for **March 8, 2019** and covers the following topics:
- Overview of AAC roles and responsibilities
- Review of AODA standards
- Guest speaker

The webinar will last 1.5 hours and will follow the content outlined in the guide, "Making Accessibility Happen – Your guide to serving on the Municipal Accessibility Advisory Committee." You can download the guide from the Publications Ontario website or access the html version:
How to serve on a municipal accessibility advisory committee: Guide.

Due to limitations in the number of people that can call in, we are asking for your cooperation to gather interested parties in one meeting room and log in using a **single Adobe Connect login**. Please register yourself or your group using the Eventbrite link:
(https://www.eventbrite.ca/e/accessibility-advisory-committee-101-orientation-webinar-tickets-57027301193).

In addition to March 8th, we are also offering the same session on March 20th and March 27th.

Registered participants will receive an Adobe Connect Meeting Link in advance of the meeting. Transcripts for all webinars will be available in both French and English and can be requested after the webinar.

1

We will keep you apprised of future webinars as they are planned.

If you have any questions, have accommodation needs or require materials in an alternate format, please feel free to reach out to us directly by contacting Tea Pesheva at tea.pesheva@ontario.ca or at 416-314-5638.

Thank you and we look forward to your participation.

Alfred Spencer
Director
Accessibility Outreach, Education and Referral Branch
Accessibility Policy, Employment Strategy & Outreach Division
Ministry for Seniors and Accessibility
777 Bay St., 6th Floor, Suite: 601A
(416) 314-7289

Maralee Drake

From:	Thom Gettinby
Sent:	Monday, February 25, 2019 1:48 PM
To:	Maralee Drake
Subject:	Fw: Letter from the Honourable Sylvia Jones, Minister of Community Safety and Correctional Services/Lettre de l'honorable Sylvia Jones, Ministre de la Sécurité communautaire et des Services correctionnels
Attachments:	Annexe A - Planification de la sécurité - Foire aux questions - Français....pdf; Annexe B - Un engagement commun pour l'Ontario (livret 3, version 2)_FR.PDF; Appendix A - CSWB Planning - Frequently Asked Questions - English.pdf; Appendix B - A Shared Commitment in Ontario (Booklet 3, Version 2)_ENG.PDF

Date:	26/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS-25/03/2019
Copies to:	Rick, Sarah

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: MCSCS Feedback <MCSCS.Feedback@ontario.ca>
Sent: Monday, February 25, 2019 13:02
To: MCSCS Feedback
Subject: Letter from the Honourable Sylvia Jones, Minister of Community Safety and Correctional Services/Lettre de l'honorable Sylvia Jones, Ministre de la Sécurité communautaire et des Services correctionnels

Ministry of Community Safety
and Correctional Services

Office of the Minister

25 Grosvenor Street
18ᵗʰ Floor
Toronto ON M7A 1Y6

Tel: 416 325-0408
MCSCS.Feedback@Ontario.ca

Ministère de la Sécurité communautaire
et des Services correctionnels

Bureau du ministre

25, rue Grosvenor
18ᵉ étage
Toronto ON M7A 1Y6

Tél. : 416 325-0408
MCSCS.Feedback@Ontario.ca

MC-2019-252
By e-mail

Dear Chief Administrative Officer:

I am pleased to share with you the attached resources that have been developed to support municipalities as they begin undertaking the community safety and well-being planning process. I encourage you to share these resources with your members and their partners, as they begin to develop and implement their local community safety and well-being plans.

As you know, on January 1, 2019, new legislative amendments to the *Police Services Act, 1990* came into force which mandate every municipality to prepare and adopt a community safety and well-being plan. As part of these legislative changes, municipalities are required to work in partnership with police services and other various sectors, including health/mental health, education, community/social services and children/youth services as they undertake the planning process. Municipalities have two years from the in-force date to prepare and adopt their first community safety and well-being plan (i.e. by January 1, 2021). Municipalities also have the flexibility to develop joint plans with neighbouring municipalities and/or First Nations communities, which may be of value to create the most effective community safety and well-being plan that meets the unique needs of the area.

These amendments support Ontario's modernized approach to community safety and well-being which involves taking an integrated approach to service delivery by working collaboratively across sectors to proactively address crime and complex social issues on a sustainable basis. Through this approach, municipalities will have a leadership role in identifying local priority risks in the community and implementing evidence-based programs and strategies to address these risks before they escalate to a situation of crisis.

It is important to note that the provisions related to mandating community safety and well-being planning will continue in the Comprehensive Ontario Police Services Act, 2019, which was introduced on February 19, 2019. If passed, this bill would repeal and replace the Police Services Act, 2018 and the Ontario Special Investigations Unit Act, 2018. The bill would also repeal the Policing Oversight Act, 2018 and the Ontario Policing Discipline Tribunal Act, 2018. A new provision is also included under the bill which, once in force, will require the participation of the local police service in the development of the plan.

My ministry is committed to supporting municipalities, and their partners, in meeting these new legislative requirements. As a first step, the ministry is offering community safety and well-being planning webinars over the next few months to assist municipalities as they begin the process. The webinars will provide an overview of the new community safety and well-being planning requirements, as well as guidance on how to develop and implement effective plans. The webinars will be offered on the following dates/times, and there will be both English and French-only sessions available:

March 7, 2019 1:00 p.m. to 3:00 p.m.	**April 25, 2019** 10:00 a.m. to 12:00 p.m.	**May 9, 2019** 1:00 p.m. to 3:00 p.m.
March 19, 2019 (French only) 1:00 p.m. to 3:00 p.m.	**April 11, 2019** 1:00 p.m. to 3:00 p.m.	**May 15, 2019 (French only)** 1:00 p.m. to 3:00 p.m.
March 21, 2019 10:00 a.m. to 12:00 p.m.		**May 23, 2019** 10:00 a.m. to 12:00 p.m.

Please note, the content of the webinars will be the same for each session. To register for a webinar, please send your request to SafetyPlanning@ontario.ca with the date/time that you would like to register for.

In addition, the ministry has also developed a Frequently Asked Questions document to provide more information and clarification related to community safety and well-being planning (see Appendix A).

Municipalities are encouraged to continue to use the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet to support in the planning process (see Appendix B). This booklet has recently been updated to include reference to the new legislative requirements, an additional critical success factor that highlights the importance of cultural responsiveness in the planning process, and a new resource to assist municipalities with engaging local Indigenous partners. The updated version is also available on the ministry's website.

We greatly appreciate your continued support as we move forward on this modernized approach to community safety and well-being together. If communities have any questions, please feel free to direct them to my ministry staff, Tiana Biordi, Community Safety Analyst, at Tiana.Biordi@ontario.ca or Jwan Aziz, Community Safety Analyst, at Jwan.Aziz@ontario.ca.

Sincerely,

Sylvia Jones
Minister

Enclosures (2)

If you have any accommodation needs or require communication supports or alternate formats, please let us know.

MC-2019-252
Par email

Cher Directeur Administratif:

Je suis heureuse de vous transmettre les ressources ci-jointes, qui visent à soutenir les municipalités qui entament le processus de planification de la sécurité et du bien-être communautaires. Je vous invite à les faire parvenir à vos membres et à leurs partenaires lorsqu'ils commenceront à élaborer et à mettre en œuvre leur plan de sécurité et de bien-être communautaires.

Comme vous le savez, les modifications apportées à la *Loi sur les services policiers* (1990) sont entrées en vigueur le 1er janvier 2019, et toutes les municipalités doivent donc maintenant préparer et adopter un plan de sécurité et de bien-être communautaires. Elles sont aussi tenues de collaborer avec des services de police et divers secteurs (santé mentale et physique, éducation, services communautaires et sociaux, services aux enfants et aux jeunes) dans le cadre de la planification. Elles disposent de deux ans, à partir de la date d'entrée en vigueur des modifications, pour préparer et adopter leur premier plan (soit jusqu'au 1er janvier 2021). Par ailleurs, elles peuvent s'associer à des municipalités et à des collectivités des Premières Nations avoisinantes pour produire un plan conjoint, ce qui pourra éventuellement les aider à élaborer un plan qui est le plus efficace possible et répond aux besoins uniques de leur région.

Ces modifications appuient la nouvelle philosophie de l'Ontario quant à la sécurité et au bien-être communautaires, qui passe par l'adoption d'une approche intégrée de prestation de services fondée sur une collaboration entre divers secteurs visant à gérer de façon proactive et durable la criminalité et les problèmes sociaux complexes. Dans le cadre de cette approche, les municipalités dirigeront la détermination des risques prioritaires à l'échelle locale et la mise en œuvre des programmes et stratégies fondés sur des données probantes pour s'attaquer à ces risques avant qu'ils dégénèrent et causent une crise.

Il importe de préciser que les dispositions encadrant la planification de la sécurité et du bien-être communautaires continueront d'exister dans la *Loi de 2019 sur la refonte complète des services de police de l'Ontario,* déposée le 19 février 2019. Si elle est adoptée, cette loi remplacera la *Loi de 2018 sur les services de police* et la *Loi de 2018 sur l'Unité des enquêtes spéciales de l'Ontario,* et abrogera la *Loi de 2018 sur la surveillance des services policiers* et la *Loi de 2018 sur le Tribunal disciplinaire de l'Ontario en matière de services policiers.* De plus, le projet de loi contient une nouvelle disposition qui, une fois en vigueur, exigera que les services de police locaux participent à l'élaboration des plans.

Mon ministère est résolu à aider les municipalités, ainsi que leurs partenaires, à se conformer aux nouvelles exigences législatives. Pour commencer, le ministère propose des webinaires sur la planification de la sécurité et du bien-être des collectivités au cours des prochains mois afin d'aider les municipalités au début du processus. Les webinaires donneront un aperçu des nouvelles exigences en matière de planification de la sécurité et du bien-être de la communauté, ainsi que des conseils sur la manière d'élaborer et de mettre en œuvre des plans efficaces. Les webinaires seront offerts aux dates et heures suivantes, et des sessions en anglais et en français uniquement seront disponibles:

7 mars 2019 (Anglais) 13h00 to 15h00	**11 avril 2019 (Anglais)** 13h00 to 15h00	**9 mai 2019 (Anglais)** 13h00 to 15h00
19 mars 2019 (Français) 13h00 to 15h00	**25 avril 2019 (Anglais)** 10h00 to 12h00	**15 mai 2019 (Français)** 13h00 to 15h00
21 mars 2019 (Anglais) 10h00 to 12h00		**23 mai 2019 (Anglais)** 10h00 to 12h00

Veuillez noter que le contenu des webinaires sera le même pour chaque session. Pour vous inscrire à un webinaire, veuillez envoyer votre demande à SafetyPlanning@ontario.ca avec la date et l'heure auxquelles vous souhaitez vous inscrire.

Le ministère a aussi rédigé un document de questions et de réponses fournissant davantage de renseignements et de précisions au sujet de la planification (voir l'annexe A).

Les municipalités sont encouragées à continuer d'utiliser le livret intitulé *Cadre de la planification de la sécurité et du bien-être dans les collectivités: un engagement commun pour l'Ontario* dans le cadre de la planification (voir l'annexe B). Il a récemment été mis à jour, et comprend maintenant les nouvelles exigences législatives, un nouveau facteur clé du succès qui souligne l'importance de la sensibilité culturelle dans la planification, et une nouvelle ressource servant à aider les municipalités à mobiliser les partenaires autochtones locaux. La nouvelle version du livret se trouve aussi sur le site Web du ministère.

Je vous remercie pour votre appui continu tandis que nous adoptons ensemble cette approche modernisée de la sécurité et du bien-être. Les collectivités peuvent faire parvenir leurs questions aux analystes en matière de sécurité communautaire Tiana Biordi (Tiana.Biordi@ontario.ca) et Jwan Aziz (Jwan.Aziz@ontario.ca).

Veuillez recevoir, Madame, Monsieur, mes salutations distinguées.

La ministre, Silvia Jones

Pièces jointes (2)

4

**Frequently Asked Questions: New Legislative Requirements related to
Mandating Community Safety and Well-Being Planning**

1) What is community safety and well-being (CSWB) planning?

CSWB planning involves taking an integrated approach to service delivery by working across a wide range of sectors, agencies and organizations (including, but not limited to, local government, police services, health/mental health, education, social services, and community and custodial services for children and youth) to proactively develop and implement evidence-based strategies and programs to address local priorities (i.e., risk factors, vulnerable groups, protective factors) related to crime and complex social issues on a sustainable basis.

The goal of CSWB planning is to achieve the ideal state of a sustainable community where everyone is safe, has a sense of belonging, access to services and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.

2) Why is CSWB planning important for every community?

CSWB planning supports a collaborative approach to addressing local priorities through the implementation of programs/strategies in four planning areas, including social development, prevention, risk intervention and incident response. By engaging in the CSWB planning process, communities will be able to save lives and prevent crime, victimization and suicide.

Further, by taking a holistic approach to CSWB planning it helps to ensure those in need of help receive the right response, at the right time, and by the right service provider. It will also help to improve interactions between police and vulnerable Ontarians by enhancing frontline responses to those in crisis.

To learn more about the benefits of CSWB planning, please see Question #3.

3) What are the benefits of CSWB planning?

CSWB planning has a wide-range of positive impacts for local agencies/organizations and frontline service providers, as well as the broader community, including the general public. A few key benefits are highlighted below:
- Enhanced communication and collaboration among sectors, agencies and organizations;
- Transformation of service delivery, including realignment of resources and responsibilities to better respond to priorities and needs;
- Increased understanding of and focus on local risks and vulnerable groups;
- Ensuring the appropriate services are provided to those individuals with complex needs;
- Increased awareness, coordination of and access to services for community members and vulnerable groups;
- Healthier, more productive individuals that positively contribute to the community; and
- Reducing the financial burden of crime on society through cost-effective approaches with significant return on investments.

4) When will the new legislative requirements related to CSWB planning come into force and how long will municipalities have to develop a plan?

The new legislative requirements related to CSWB planning came into force on January 1, 2019, as an amendment to the *Police Services Act, 1990* (PSA), and municipalities have two years from this date to develop and adopt a plan (i.e., by January 1, 2021). The CSWB planning provisions are outlined in Part XI of the PSA.

This timeframe was based on learnings and feedback from the eight pilot communities that tested components of the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet (see Question #33 for more information on the pilot communities).

In the circumstance of a joint plan, all municipalities involved must follow the same timeline to prepare and adopt their first CSWB plan (see Question #10 for more information on joint plans).

5) What are the main requirements for the CSWB planning process?

A CSWB plan must include the following core information:
- Local priority risk factors that have been identified based on community consultations and multiple sources of data, such as Statistics Canada and local sector-specific data;
- Evidence-based programs and strategies to address those priority risk factors; and
- Measurable outcomes with associated performance measures to ensure that the strategies are effective and outcomes are being achieved.

As part of the planning process, municipalities are required to establish an advisory committee inclusive of, but not limited to, representation from the local police service board, as well as the Local Health Integration Networks or health/mental health services, educational services, community/social services, community services to children/youth and custodial services to children/youth.

Further, municipalities are required to conduct consultations with the advisory committee, members of public, including youth, members of racialized groups and of First Nations, Métis and Inuit communities, as well as community organizations that represent these groups.

To learn more about CSWB planning, please refer to the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet. The booklet contains practical guidance on how to develop a plan, including a sample CSWB plan.

6) Who is responsible for developing a CSWB plan?

As per the PSA, the responsibility to prepare and adopt a CSWB plan applies to:
- Single-tier municipalities;
- Lower-tier municipalities in the County of Oxford and in counties; and
- Regional municipalities, other than the County of Oxford.

First Nations communities are also being encouraged to undertake the CSWB planning process but are not required to do so by the legislation.

7) Are the lower-tier municipalities within a region also required to develop a local CSWB plan?

In the case of regional municipalities, the obligation to prepare and adopt a CSWB plan applies to the regional municipality, not the lower-tier municipalities within the region. Further, the lower-tier municipalities are not required to formally adopt the regional plan (i.e., by resolution from their municipal council).

However, there is nothing that would prohibit any of the lower-tier municipalities within a region from developing and adopting their own CSWB plan, if they choose, but it would be outside the legislative requirements outlined in the PSA.

8) Why is the Government of Ontario mandating CSWB planning to the municipality?

CSWB planning is being mandated to municipalities to ensure a proactive and integrated approach to address local crime and complex social issues on a sustainable basis. Municipalities will have a leadership role in identifying their local priority risks in the community and addressing these risks through evidence-based programs and strategies, focusing on social development, prevention and risk intervention.

It is important to remember that while the municipality is designated the lead of CSWB planning, developing and implementing a CSWB plan requires engagement from all sectors.

9) If a band council decides to prepare a CSWB plan, do they have to follow all the steps outlined in legislation (e.g., establish an advisory body, conduct engagement sessions, publish, etc.)?

First Nations communities may choose to follow the process outlined in legislation regarding CSWB planning but are not required to do so.

10) Can municipalities create joint plans?

Yes, municipalities can create a joint plan with other municipalities and/or First Nation band councils. The same planning process must be followed when municipalities are developing a joint plan.

11) What is the benefit of creating a joint plan (i.e., more than one municipal council and/or band council) versus one plan per municipality?

It may be of value to collaborate with other municipalities and/or First Nations communities to create the most effective CSWB plan that meets the needs of the area. For example, if many frontline service providers deliver services across neighbouring municipalities or if limited resources are available within a municipality to complete the planning process, then municipalities may want to consider partnering to create a joint plan that will address the unique needs of their area. Additionally, it may be beneficial for smaller municipalities to work together with other municipal councils to more effectively monitor, evaluate and report on the impact of the plan.

12) When creating a joint plan, do all municipalities involved need to formally adopt the plan (i.e., resolution by council)?

Yes, as prescribed in legislation, every municipal council shall prepare, and by resolution, adopt a CSWB plan. The same process must be followed for a joint CSWB plan (i.e., every municipality involved must pass a resolution to adopt the joint plan).

13) What are the responsibilities of an advisory committee?

The main role of the advisory committee is to bring various sectors' perspectives together to provide strategic advice and direction to the municipality on the development and implementation of their CSWB plan.

Multi-sectoral collaboration is a key factor to successful CSWB planning, as it ensures an integrated approach to identifying and addressing local priorities. An ideal committee member should have enough knowledge about their respective sector to identify where potential gaps or duplication in services exist and where linkages could occur with other sectors. The committee member(s) should have knowledge and understanding of the other agencies and organizations within their sector, and be able to leverage their expertise if required.

14) Who is required to participate on the advisory committee?

As prescribed in legislation, an advisory committee, at a minimum, must include the following members:
- A person who represents
    - the local health integration network, or
    - an entity that provides physical or mental health services
- A person who represents an entity that provides educational services;
- A person who represents an entity that provides community or social services in the municipality, if there is such an entity;
- A person who represents an entity that provides community or social services to children or youth in the municipality, if there is such an entity;
- A person who represents an entity that provides custodial services to children or youth in the municipality, if there is such an entity;
- An employee of the municipality or a member of municipal council
- A representative of a police service board or, if there is no police service board, a detachment commander of the Ontario Provincial Police (or delegate)

As this is the minimum requirement, municipalities have the discretion to include additional representatives from key agencies/organizations on the advisory committee if needed. Consideration must also be given to the diversity of the population in the municipality to ensure the advisory committee is reflective of the community.

As a first step to establishing the advisory committee, a municipality may want to explore leveraging existing committees or groups with similar multi-sectoral representation and mandates to develop the advisory committee or assist in the selection process.

15) Why isn't a representative of the police service required to participate on the advisory committee?

The requirement for a representative of the police service board to be part of the advisory committee is to ensure accountability and decision-making authority in regards to CSWB planning. However, under the legislation a police service board/detachment commander would have the local discretion to delegate a representative of the police service to take part in the advisory committee on their behalf.

In addition, the legislation outlines the minimum requirement for the membership of the advisory committee and therefore it is at the local discretion of the municipality to include additional members, such as police service representatives, should they decide.

16) What is meant by a representative of an entity that provides custodial services to children or youth?

In order to satisfy the requirement for membership on the advisory committee, the representative must be from an organization that directly provides custodial services to children/youth as defined under the *Youth Criminal Justice Act* (YCJA). The definition of youth custody facility in the YCJA is as follows:

- *A facility designated under subsection 85(2) for the placement of young persons and, if so designated, includes a facility for the secure restraint of young persons, a community residential centre, a group home, a child care institution and a forest or wilderness camp. (lieu de garde)*

The member must represent the entity that operates the youth custodial facility, not just provide support services to youth who might be in custody.

It is also important to note that, under the legislation, if a municipality determines that there is no such entity within their jurisdiction, the requirement does not apply.

17) How does a member of the advisory committee get selected?

The municipal council is responsible for establishing the process to identify membership for the advisory committee and has discretion to determine what type of process they would like to follow to do so.

18) In creating a joint plan, do you need to establish more than one advisory committee?

No, regardless of whether the CSWB plan is being developed by one or more municipal councils/band councils, there should only be one corresponding advisory committee.

At a minimum, the advisory committee must include representation as prescribed in legislation (refer to Question #14 for more detail). In terms of creating a joint CSWB plan, it is up to the participating municipal councils and/or First Nation band councils to determine whether they want additional members on the advisory committee, including more than one representative from the prescribed sectors.

19) Who does a municipality have to consult with in the development of a CSWB plan? What sources of data do municipalities need to utilize to develop a CSWB plan?

In preparing a CSWB plan, municipal council(s) must, at a minimum, consult with the advisory committee and members of the public, including youth, members of racialized groups, First Nations, Inuit and Métis communities and community organizations that represent these groups.

To learn more about community engagement, refer to the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet which includes a tool on engaging the community. The booklet also includes resources which help to guide municipalities in their engagement with seniors, youth and Indigenous partners, as these groups are often identified as vulnerable.

In addition to community engagement sessions, data from Statistics Canada and local sector-specific data (e.g., police data, hospital data, education data, etc.) should also be utilized to assist in identifying local priorities. Municipalities and planning partners are encouraged to leverage resources that already exist in the community, including data from their multi-sectoral partners or existing local plans, strategies or initiatives that could inform their CSWB plan (e.g., Neighbourhood Studies, Community Vital Signs Reports, Public Safety Canada's Crime Prevention Inventory, etc.).

Further, the Ministry of Community Safety and Correctional Services also offers the Risk-driven Tracking Database free of charge to communities that have implemented multi-sectoral risk intervention models, such as Situation Tables. The Risk-driven Tracking Database provides a standardized means to collect data about local priorities and evolving trends, which can be used to help inform the CSWB planning process. To learn more about the Risk-driven Tracking Database, please contact SafetyPlanning@Ontario.ca.

20) What is the best way to get members of your community involved in the CSWB planning process?

There are a variety of ways community members can become involved in the planning process, including:
- Attending meetings to learn about CSWB planning and service delivery;
- Volunteering to support local initiatives that improve safety and well-being;
- Talking to family, friends and neighbours about how to make the community a better place;
- Sharing information with CSWB planners about risks that you have experienced, or are aware of in the community;
- Thinking about existing services and organizations that you know about in the community, and whether they are successfully providing for your/the community's needs;
- Identifying how your needs are being met by existing services, and letting CSWB planners know where there are gaps or opportunities for improvement;
- Sharing your awareness of available services, supports and resources with family, friends and neighbours to make sure people know where they can turn if they need help; and
- Thinking about the results you want to see in your community in the longer-term and sharing them with CSWB planners so they understand community priorities and expectations.

21) What happens if some sectors or agencies/organizations don't want to get involved?

Given that the advisory committee is comprised of multi-sectoral partners, as a first step, you may want to leverage their connections to different community agencies/organizations and service providers.

It is also important that local government and other senior public officials champion the cause and create awareness of the importance of undertaking the planning process to identify and address local priority risks.

Lastly, if after multiple unsuccessful attempts, it may be of value to reach out to ministry staff for suggestions or assistance at: SafetyPlanning@ontario.ca.

22) Are there requirements for municipalities to publish their CSWB plan?

The PSA includes regulatory requirements for municipalities related to the publication of their CSWB plans. These requirements include:

- Publishing a community safety and well-being plan on the Internet within 30 days after adopting it.
- Making a printed copy of the CSWB plan available for review by anyone who requests it.
- Publishing the plan in any other manner or form the municipality desires.

23) How often do municipalities need to review and update their CSWB plan?

A municipal council should review and, if necessary, update their plan to ensure that the plan continues to be reflective of the needs of the community. This will allow municipalities to assess the long-term outcomes and impacts of their strategies as well as effectiveness of the overall plan as a whole. Municipalities are encouraged to align their review of the plan with relevant local planning cycles and any other local plans (e.g., municipal strategic plans, police services' Strategic Plan, etc.). Requirements related to the reviewing and updating of CSWB plans may be outlined in regulation in the future.

24) How will municipalities know if their CSWB plan is effective?

As part of the CSWB planning process, municipalities must identify measurable outcomes that can be tracked throughout the duration of the plan. Short, intermediate and longer-tem performance measures need to be identified and collected in order to evaluate how effective the plan has been in addressing the priority risks, and creating positive changes in the community.

In the planning stage, it is important to identify the intended outcomes of activities in order to measure progress towards addressing those pre-determined priority risks. This can be done through the development of a logic model and performance measurement framework. Some outcomes will be evident immediately after activities are implemented and some will take more time to achieve. The *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet provides a resource on performance measurement, including how to develop a logic model.

Municipalities are required to regularly monitor and update their plan, as needed, in order to ensure it continues to be reflective of local needs and it is meeting the intended outcomes.

25) How will the ministry monitor the progress of a local CSWB plan?

New legislation identifies that a municipality is required to provide the Minister of Community Safety and Correctional Services with any prescribed information related to (upon request):

- The municipality's CSWB plan, including preparation, adoption or implementation of the plan;
- Any outcomes from the municipality's CSWB plan; and
- Any other prescribed matter related to the CSWB plan.

Additional requirements related to monitoring CSWB plans may be outlined in regulation in the future.

26) How does a municipality get started?

To get the CSWB planning process started, it is suggested that communities begin by following the steps outlined below:

a) **Demonstrate Commitment at the Highest Level**
   - ○ Demonstrate commitment from local government, senior public officials, and, leadership within multi-sectoral agencies/organizations to help champion the process (i.e., through council resolution, assigning a CSWB planning coordinator, realigning resources, etc.).
   - ○ Establish a multi-sector advisory committee with, but not limited to, representation from the sectors prescribed by the legislation.
   - ○ Leverage existing partnerships, bodies and strategies within the community.

b) **Establish Buy-In from Multi-sector Partners**
   - ○ Develop targeted communication materials (e.g., email distribution, flyers, memos, etc.) to inform agencies/organizations and the broader public about the legislative requirement to develop a CSWB plan and the planning process, and to keep community partners engaged.
   - ○ Engage with partnering agencies/organizations to ensure that all partners understand their role in making the community a safe and healthy place to live.
   - ○ Distribute the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet to all those involved and interested in the planning process.

Once the advisory committee has been established and there is local buy-in, municipalities should begin engaging in community consultations and collecting multi-sectoral data to identify local priority risks. For more information on the CSWB planning process, please refer to the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet.

27) What happens if a municipality does not develop a CSWB plan?

Where a municipality intentionally and repeatedly fails to comply with its CSWB obligations under the legislation, the Minister of Community Safety and Correctional Services may appoint a CSWB planner at the expense of the municipality. The appointed planner has the right to exercise any powers of the municipal council that are required to prepare a CSWB plan that the municipality must adopt.

This measure will help ensure that local priorities are identified so that municipalities can begin addressing risks and create long-term positive changes in the community.

28) What if municipalities don't have the resources to undertake this exercise?

Where capacity and resources are limited, municipalities have the discretion and flexibility to create joint plans with other municipalities and First Nation band councils. By leveraging the assets and strengths across neighbouring municipalities/First Nations communities, municipalities can ensure the most effective CSWB plan is developed to meet the needs of the area.

CSWB planning is not about reinventing the wheel – but rather recognizing the work already being made within individual agencies and organizations and build from their progress. Specifically, CSWB planning is about utilizing existing resources in a more innovative, effective and efficient way. Municipalities are encouraged to use collaboration to do more with existing resources, experience and expertise. The *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet provides a resource on asset mapping to help communities identify existing strengths and resources that could be leverage during the planning process.

In addition, the ministry offers a number of different grant programs that are mostly available to police services to support crime prevention and CSWB initiatives. Please visit the ministry's website for additional information on available grant programs:
http://www.mcscs.jus.gov.on.ca/english/Policing/ProgramDevelopment/PSDGrantsandInitiatives.html

Funding programs are also offered by the federal government's Public Safety department. For more information on their programs and eligibility, please visit https://www.publicsafety.gc.ca/cnt/cntrng-crm/crm-prvntn/fndng-prgrms/index-en.aspx.

29) How will the ministry support municipalities and First Nation band councils with CSWB planning?

As part of the work to develop a modernized approach to CSWB, the ministry has developed a series of booklets to share information and better support municipalities, First Nations communities and their partners with their local CSWB efforts.

Specifically, the ***Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario*** booklet consists of the CSWB Planning Framework as well as a toolkit of practical guidance documents to support communities and their partners in developing and implementing local plans. The booklet also includes resources that can guide municipalities on their engagement with vulnerable groups such as seniors, youth and Indigenous partners. This booklet can be accessed online at:
https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSSOPlanningFramework.html.

The other two booklets developed as part of the series includes:
- ***Crime Prevention in Ontario: A Framework for Action*** – this booklet sets the stage for effective crime prevention and CSWB efforts through evidence and research –
  http://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/ec157730.pdf.
- ***Community Safety and Well-Being in Ontario: A Snapshot of Local Voices*** - this booklet shares learnings about CSWB challenges and promising practices from several communities across Ontario –
  http://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/ec167634.pdf.

Another resource that communities can utilize is the *Guidance on Information Sharing in Multi-sectoral Risk Intervention Models* document (available on the ministry website - http://www.mcscs.jus.gov.on.ca/english/Publications/PSDGuidanceInformationSharingMultisectoralRisk InterventionModels.html). This document was developed by the ministry and supports the CSWB Planning Framework by outlining best practices for professionals sharing information in multi-sectoral risk intervention models (e.g., Situation Tables).

Further, the ministry also offers the Risk-driven Tracking Database which provides a standardized means of gathering de-identified information on situations of elevated risk for communities implementing multi-sectoral risk intervention models, such as Situation Tables. It is one tool that can help communities collect data about local priorities and evolving trends to assist with the CSWB planning process.

Lastly, ministry staff are also available to provide direct support to communities in navigating the new legislation related to CSWB planning through interactive presentations and webinars. For more information on arranging CSWB planning presentations and webinars, please contact SafetyPlanning@ontario.ca.

For information on funding supports, please see Question #31.

30) What is the ministry doing to support Indigenous communities with CSWB planning?

Although First Nations communities are not required by legislation to develop CSWB plans, the ministry continues to encourage these communities to engage in this type of planning.

Recognizing the unique perspectives and needs of Indigenous communities, the ministry has worked with its Indigenous and community partners to develop an additional resource to assist municipalities in engaging with local Indigenous partners as part of their municipally-led CSWB planning process (refer to Appendix D of the *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet).

The ministry is also continuing to work with First Nations community partners to identify opportunities to better support First Nations communities in developing and implementing their own CSWB plans.

31) Will any provincial funding be made available to support local CSWB planning?

The ministry currently offers different grant programs that are mostly available to police services, in collaboration with community partners, which could be leveraged for implementing programs and strategies identified in a local CSWB plan.

The Government of Ontario is currently in the process of reviewing expenditures to inform service delivery planning as part of the multi-year planning process. In support of this work, the ministry is reviewing its grant programs to focus on outcomes-based initiatives that better address local CSWB needs, and provide municipalities, community and policing partners with the necessary tools and resources to ensure the safety of Ontario communities.

The ministry will continue to update municipal, community and policing partners regarding any changes to our grant programs.

32) What is Ontario's modernized approach to CSWB?

Over the past several years, the ministry has been working with its inter-ministerial, community and policing partners to develop a modernized approach to CSWB that addresses crime and complex social issues on a more sustainable basis. This process involved the following phases:

- Phase 1 – raising awareness, creating dialogue and promoting the benefits of CSWB to Ontario communities through the development of the *Crime Prevention in Ontario: A Framework for Action* booklet, which was released broadly in 2012. The booklet is available on the ministry's website: http://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/ec157730.pdf
- Phase 2 – the strategic engagement of various stakeholders across the province, including the public. This phase concluded in November 2014, with the release of the *Community Safety and Well-Being in Ontario: A Snapshot of Local Voices* booklet. This booklet highlights feedback from the engagement sessions regarding locally-identified CSWB challenges and promising practices. The Snapshot of Local Voices is also available on the ministry's website: http://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/ec167634.pdf
- Phase 3 – the development of the third booklet entitled *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario,* which was released in November 2017. The booklet consists of the Community Safety and Well-Being Planning Framework (Framework) and toolkit of practical guidance documents to assist communities in developing and implementing local CSWB plans. The Framework encourages communities to work collaboratively across sectors to identify local priority risks to safety and well-being and implement evidence-based strategies to address these risks, with a focus on social development, prevention and risk intervention. The Framework also encourages communities to move towards preventative planning and making investments into social development, prevention and risk intervention in order to reduce the need for and investment in and sole reliance on emergency/incident response. This booklet is available on the ministry's website: https://www.mcscs.jus.gov.on.ca/english/Publications/MCSCSSSOPlanningFramework.html.

33) Was the CSWB planning process tested in advance of provincial release?

The *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet was developed using evidence-based research, as well as practical feedback from the eight pilot communities that tested components of the Framework and toolkit prior to public release. Further, learnings from on-going community engagement sessions with various urban, rural, remote and Indigenous communities have also been incorporated. The booklet was also reviewed by the ministry's Inter-ministerial CSWB Working Group, which consists of 10 Ontario ministries and Public Safety Canada, to further incorporate multi-sectoral input and perspectives. As a result, this process helped to ensure that the booklet is a useful tool that can support communities as they move through the CSWB planning process.

34) What is a risk factor?

Risk factors are negative characteristics and/or conditions present in individuals, families, communities, or society that may increase social disorder, crime or fear of crime, or the likelihood of harm or victimization to persons or property in a community.

A few examples of risk factors include:
- Risk Factor: Missing School – truancy
  - Definition: has unexcused absences from school without parental knowledge
- Risk Factor: Poverty – person living in less than adequate financial situation
  - Definition: current financial situation makes meeting the day-to-day housing, clothing or nutritional needs, significantly difficult
- Risk Factor: Sexual Violence – person victim of sexual violence
  - Definition: has been the victim of sexual harassment, humiliation, exploitation, touching or forced sexual acts

Municipalities and First Nations communities have local discretion to address the risks that are most prevalent in their communities as part of their CSWB plans, which should be identified through consultation with the community and by utilizing/leveraging multiple sources of data.

The *Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario* booklet includes a list of risk factors and their associated definitions to assist communities in identifying and prioritizing their local priority risks.

COMMUNITY SAFETY AND WELL-BEING PLANNING FRAMEWORK

A Shared Commitment in Ontario

Booklet 3, Version 2

Ontario

Table of Contents

Message from the Minister of Community Safety and Correctional Services on Behalf of Cabinet

The safety and well-being of Ontarians is, and will always be, a top priority for our government.

That is why we have committed to providing our front-line police officers with the tools and resources they need to combat violence and increase public safety.

But fighting crime head-on is only one part of the equation. We also need to address the root causes of crime and complex social issues by focusing on social development, prevention and risk intervention.

Community safety and well-being cannot rest solely on the shoulders of the police. It is a shared responsibility by all members of the community and requires an integrated approach to bring municipalities, First Nations and community partners together to address a collective goal. Breaking down existing silos and encouraging multi-sectoral partnerships are essential in developing strategies, programs and services to help minimize risk factors and improve the overall well-being of our communities.

This booklet, which includes a framework and toolkit, is designed to support municipalities, First Nations and their partners – including the police – in this undertaking. We need to combat the cycle of crime from happening at all. We need to develop effective crime prevention methods that will improve the quality of life for all.

Our government is committed to fighting crime, victimization and violence on every front because each and every person deserves to live in a safe, secure community. On behalf of Cabinet, we are committed to supporting our local and provincial partners - to keep Ontario safe today, tomorrow and for future generations.

Honourable Sylvia Jones
Minister of Community Safety and Correctional Services

Message from the Deputy Minister of Community Safety on Behalf of the Deputy Ministers' Social Policy Committee

As ministry leaders, we are dedicated to promoting a coordinated, integrated sphere for the development and management of the human services system. We recognize the many benefits of community safety and well-being planning within Ontario communities, including the coordination of services. This booklet provides an excellent platform for communities to undertake collaborative planning, resulting in the development of local community safety and well-being plans.

We have been working hard at the provincial level to mirror the type of collaboration that is required for this type of planning at the municipal level, and we strongly encourage community agencies and organizations that partner with our respective ministries to become involved in the development and implementation of their local plans. Our hope is that this booklet will inspire Ontario communities to form and enhance multi-sectoral partnerships and align policies and programs in all sectors through the community safety and well-being planning process. By working together, we can more efficiently and effectively serve the people of Ontario.

I would like to thank those dedicated to ensuring the safety and well-being of Ontario communities for their involvement in local initiatives and continued support in the development of this booklet.

Mario Di Tommaso, Deputy Minister of Community Safety, on behalf of:

Deputy Minister of Correctional Services/Responsible for Anti-Racism
Deputy Minister of Training, Colleges and Universities
Deputy Attorney General
Deputy Minister Cabinet Office Communications and Intergovernmental Affairs
Deputy Minister Cabinet Office Policy and Delivery
Deputy Minister of Children, Community and Social Services/Responsible for Women's Issues
Deputy Minister of Education
Deputy Minister of Treasury Board Secretariat

Deputy Minister of Consumer Services/Responsible for ServiceOntario and Open Government
Deputy Minister of Finance
Deputy Minister of Francophone Affairs/Seniors and Accessibility
Deputy Minister of Health and Long-Term Care
Deputy Minister of Municipal Affairs and Housing
Deputy Minister of Indigenous Affairs
Deputy Minister of Labour
Deputy Minister of Tourism, Culture and Sport
Deputy Minister of Transportation/Infrastructure
Deputy Minister of Government Services

Section 1 – Introduction

Setting the Stage

The ministry has been working with multi-sectoral government partners and local community and policing stakeholders to develop the Provincial Approach to Community Safety and Well-Being.

As ministry staff travelled across our diverse province throughout 2013 to 2016, we listened closely to local voices that spoke about the need to change the way we look at service delivery in all sectors. The common goal for Ontarians is to get the services they need, when they need them, in an effective and efficient way. Police are often called upon to respond to complex situations that are non-criminal in nature as they operate on a 24/7 basis. We also know that many of these situations, such as an individual experiencing a mental health crisis, would be more appropriately managed through a collaborative service delivery model that leverages the strengths of partners in the community. After engaging Ontario communities on our way forward, we have affirmed that all sectors have a role in developing and implementing local community safety and well-being plans. By working collaboratively at the local level to address priority risks and needs of the community through strategic and holistic planning, we will be better prepared to meet current and future expectations of Ontarians.

This type of planning requires less dependance on reactionary, incident-driven responses and re-focusing efforts and investments towards the long-term benefits of social development, prevention, and in the short-term, mitigating acutely elevated risk. It necessitates local government leadership, meaningful multi-sectoral collaboration, and must include responses that are centred on the community, focused on outcomes and evidence-based (i.e., derived from or informed by the most current and valid empirical research or practice). It is important to note that although there is a need to rely less on reactionary, incident-driven responses, there continues to be a strong role for the police, including police services boards, in all parts of the planning process.

The ultimate goal of this type of community safety and well-being planning is to achieve sustainable communities where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression. The success of society is linked to the well-being of each and every individual.

Purpose

Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario is the third booklet in the series that outlines the Provincial Approach to Community Safety and Well-Being. It is a follow-up to community feedback highlighted in the *Community Safety and Well-Being in Ontario: A Snapshot of Local Voices,* released in 2014, and is grounded in research outlined in the first booklet, *Crime Prevention in Ontario: A Framework for Action,* released in 2012.

Communities across the province are at varying levels of readiness to develop and implement a community safety and well-being plan. As such, this booklet is intended to act as a resource to assist municipalities, First Nations and their partners at different stages of the planning process, with a focus on getting started. More specifically, it highlights the benefits of developing a plan, the community safety and well-being planning framework that supports a plan, critical success factors, and connects the framework to practice with a toolkit of practical guidance documents to assist in the development and implementation of a plan. It also incorporates advice from Ontario communities that have started the process of developing a plan that reflects their unique local needs, capacity and governance structures. Planning partners in Bancroft, Brantford, Chatham-Kent, Kenora, Rama, Sault Ste. Marie, Sudbury and Waterloo tested aspects of the community safety and well-being planning framework and the toolkit to ensure that they are as practical and helpful as possible.

Legislative Mandate

This booklet supports the legislative requirements related to mandating community safety and well-being planning under the *Police Services Act* (effective January 1, 2019). As part of legislation, municipalities are required to develop and adopt community safety and well-being plans working in partnership with a multi-sectoral advisory committee comprised of representation from the police service board and other local service providers in health/mental health, education, community/social services and children/youth services. Additional requirements are also outlined in legislation pertaining to conducting consultations, contents of the plan, and monitoring, evaluating, reporting and publishing the plan. This approach allows municipalities to take a leadership role in defining and addressing priority risks in the community through proactive, integrated strategies that ensure vulnerable populations receive the help they need from the providers best suited to support them.

Municipalities have the flexibility to engage in community safety and well-being planning individually, or in partnership with neighbouring municipalities and/or First Nation communities to develop a joint plan. When determining whether to develop an individual or joint plan, municipalities may wish to consider various factors, such as existing resources and boundaries for local service delivery. It is important to note that First Nation communities are also encouraged to undertake this type of planning, however, they are not required to do so by legislation.

Benefits

Through the ministry's engagement with communities that are developing a plan, local partners identified the benefits they are seeing, or expect to see, as a result of their work. The following benefits are wide-ranging, and impact individuals, the broader community, and participating partner agencies and organizations:

- enhanced communication and collaboration among sectors, agencies and organizations;
- stronger families and improved opportunities for healthy child development;
- healthier, more productive individuals that positively contribute to the community;
- increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods;
- transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs;
- increased engagement of community groups, residents and the private sector in local initiatives and networks;

- enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community;
- increased awareness, coordination of and access to services for community members and vulnerable groups;
- more effective, seamless service delivery for individuals with complex needs;
- new opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities and successes; and
- reduced investment in and reliance on incident response.

"I believe that community safety and well-being planning situates itself perfectly with many other strategic initiatives that the City is currently pursuing. It has allowed us to consider programs and activities that will produce synergistic impacts across various areas of strategic priority in our community such as poverty reduction, educational attainment and building stronger families. Planning for simultaneous wins is efficient public policy." - Susan Evenden, City of Brantford

Section 2 – The Community Safety and Well-Being Planning Framework

The community safety and well-being planning framework outlined in this section will help to guide municipalities, First Nations communities and their partners as they develop their local plans. It is crucial for all members involved in the planning process to understand the following four areas to ensure local plans are as efficient and effective as possible in making communities safer and healthier:

1. Social Development;
2. Prevention;
3. Risk Intervention; and
4. Incident Response.
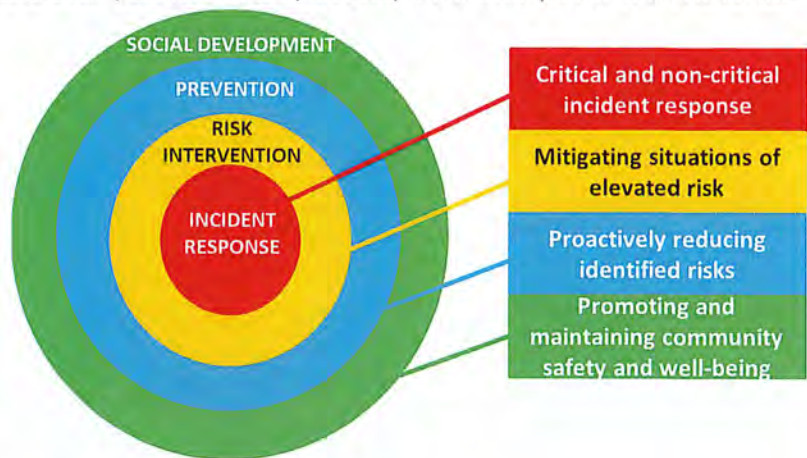
Social Development
Promoting and maintaining community safety and well-being

Social development requires long-term, multi-disciplinary efforts and investments to improve the social determinants of health (i.e., the conditions in which people are born, grow, work, live, and age such as education, early childhood development, food security, quality housing, etc.) and thereby reduce the probability of harm and victimization. Specifically, social development is where a wide range of sectors, agencies and organizations bring different perspectives and expertise to the table to address complex social issues, like poverty, from every angle. The key to successful social development initiatives is working together in ways that challenge conventional assumptions about institutional boundaries and organizational culture, with the goal of ensuring that individuals, families and communities are safe, healthy, educated, and have housing, employment and social networks that they can rely on. Social development relies on planning and establishing multi-sectoral partnerships. To work effectively in this area, all sectors need to share their long-term planning and performance data so they have a common understanding of local and systemic issues. Strategies need to be bolstered or put into place that target the root causes of these issues. Social development in action will be realized when all community members are aware of services available to them and can access those resources with ease. Knowing who to contact (community agency versus first-responder) and when to contact them (emerging risk versus crisis incident) allows communities to operate in an environment where the response matches the need. Communities that invest heavily in social development by establishing protective factors through improvements in things like health, employment and graduation rates, will experience the social benefits of addressing the root causes of crime and social disorder.

The municipality in Sault Ste. Marie has partnered with a local business owner, college and school board to develop the Superior Skills program. Superior Skills provides eight-week intensive skills training to individuals in receipt of social assistance. Skills training is provided based on identified market gaps in the community; such as sewing, light recycling, spin farming, etc. At the end of the training program, the local business owner incorporates a new company for program graduates to begin employment. The goal is to employ 60% of program graduates at the newly formed businesses.

Prevention
Proactively reducing identified risks

Planning in the area of prevention involves proactively implementing evidence-based situational measures, policies or programs to reduce locally-identified priority risks to community safety and well-being before they result in crime, victimization and/or harm. In this area, community members who are not specialists in "safety and well-being" may have to be enlisted depending on the priority risk, such as business owners, if the risk is retail theft, and property managers, if the risk is occurring in their building. Service providers, community agencies and organizations will need to share data and information about things like community assets, crime and disorder trends, vulnerable people and places, to identify priority risks within the community in order to plan and respond most effectively. Successful planning in this area may indicate whether people are participating more in risk-based programs, are feeling safe and less fearful, and that greater engagement makes people more confident in their own abilities to prevent harm. While planning in this area is important, municipalities, First Nations and their partners should be focusing their efforts on developing and/or enhancing strategies in the social development area to ensure that risks are mitigated before they become a priority that needs to be addressed through prevention.

Based on an identified priority risk within their community, Kenora has implemented Stop Now And Plan, which teaches children and their parents emotional regulation, self-control and problem-solving skills. Partners involved in this initiative include a local mental health agency, two school boards and the police. Additional information on this program, and others that could be used as strategies in the prevention area of the plan (e.g., Caring Dads and Triple P – Positive Parenting Program), can be found in the *Snapshot of Local Voices* booklet.

Risk Intervention
Mitigating situations of elevated risk

Planning in the risk intervention area involves multiple sectors working together to address situations where there is an elevated risk of harm - stopping something bad from happening, right before it is about to happen. Risk intervention is intended to be immediate and prevent an incident, whether it is a crime, victimization or harm, from occurring, while reducing the need for, and systemic reliance on, incident response. Collaboration and information sharing between agencies on things such as types of risk has been shown to create partnerships and allow for collective analysis of risk-based data, which can inform strategies in the prevention and social development areas. To determine the success of strategies in this area, performance metrics collected may demonstrate increased access to and confidence in social supports, decreased victimization rates and the number of emergency room visits. Municipalities, First Nations and their partners should be focusing their efforts on developing and/or enhancing strategies in the prevention area to ensure that individuals do not reach the point of requiring an immediate risk intervention.

Chatham-Kent has developed a Collaborative, Risk-Identified Situation Intervention Strategy, involving an agreement between local service providers to support a coordinated system of risk identification, assessment and customized interventions. Service providers bring situations of acutely elevated risk to a dedicated coordinator who facilitates a discussion between two or three agencies that are in a position to develop an intervention. The *Snapshot of Local Voices* booklet includes information on other risk intervention strategies like Situation Tables and threat management/awareness services in schools.

Incident Response
Critical and non-critical incident response

This area represents what is traditionally thought of when referring to crime and safety. It includes immediate and reactionary responses that may involve a sense of urgency like police, fire, emergency medical services, a child welfare organization taking a child out of their home, a person being apprehended under the *Mental Health Act*, or a school principal expelling a student. Many communities invest a significant amount of resources into incident response, and although it is important and necessary, it is reactive, and in some instances, enforcement-dominated. Planning should also be done in this area to better collaborate and share relevant information, such as types of occurrences and victimization, to ensure the most appropriate service provider is responding. Initiatives in this area alone cannot be relied upon to increase community safety and well-being.

Mental Health Crisis Intervention Teams provide an integrated, community-based response to individuals experiencing mental health and/or addictions issues. They aim to reduce the amount of time police officers spend dealing with calls that would be better handled by a trained mental health specialist, and divert individuals experiencing a mental health crisis from emergency rooms and the criminal justice system. Additional information on a local adaptation of these teams, the Community Outreach and Support Team, can be found in the *Snapshot of Local Voices* booklet.

Refocusing on Collaboration, Information Sharing and Performance Measurement

In order for local plans to be successful in making communities safer and healthier, municipalities, First Nations and their partners need to refocus existing efforts and resources in a more strategic and impactful way to enhance collaboration, information sharing and performance measurement. This can be done by identifying the sectors, agencies and organizations that need to be involved, the information and data required, and outcomes to measure the impacts of the plan. Different forms of collaboration, information sharing and performance measurement will be required in each of the planning areas (i.e., social development, prevention, risk intervention and incident response). Those involved in the plan should be thinking continuously about how their respective organizational strategic planning and budgeting activities could further support strategies in the plan.

Conclusion

Planning should occur in all four areas, however, the majority of investments, time and resources should be spent on developing and/or enhancing social development, prevention and risk intervention strategies to reduce the number of individuals, families and communities that reach the point of requiring an incident response. Developing strategies that are preventative as opposed to reactive will ensure efficiency,

effectiveness and sustainability of safety and well-being service delivery across Ontario. It is also important to explore more efficient and effective ways of delivering services, including front-line incident response, to ensure those in crisis are receiving the proper supports from the most appropriate service provider. Keeping in mind the focus on the community safety and well-being planning framework, the next section will highlight critical success factors for planning.

Section 3 – Critical Success Factors

The community safety and well-being planning framework is intended to get municipalities, First Nations and their partners thinking in new ways about local issues and potential solutions by exploring options to address risks through social development, prevention and risk intervention. While this may spark interest in beginning a local collaborative planning process, there are several factors that will be critical to the successful development and implementation of a plan.

The following critical success factors should be taken into consideration when developing a plan:

- Strength-Based;
- Risk-Focused;
- Awareness and Understanding;
- Highest Level Commitment;
- Effective Partnerships;
- Evidence and Evaluation; and
- Cultural Responsiveness.

Strength-Based

Community safety and well-being planning is not about reinventing the wheel – it's about recognizing the great work already happening within individual agencies and organizations, and using collaboration to do more with local experience and expertise. Ontario communities are full of hard-working, knowledgeable and committed individuals who want to make their communities safe and healthy places, and it is important to leverage these individuals when developing a plan. Helpful information and guidance may also be found by talking to other communities in order to build on their successes and lessons learned.

"Community safety and well-being touches every resident and is important to all aspects of our community - from education to health to economic development. It is an area of community planning in which many community members are greatly interested and excited to be involved." - Lianne Sauter, Town of Bancroft

Risk-Focused

Community safety and well-being planning is based on an idea that has been a focus of the health sector for many years – it is far more effective, efficient and beneficial to an individual's quality of life to prevent something bad from happening rather than trying to find a "cure" after the fact. For that reason, local plans should focus on risks, not incidents, and should target the circumstances, people and places that are most

vulnerable to risk. As a long-term prevention strategy, it is more effective to focus on *why* something is happening (i.e., a student has undiagnosed Attention Deficit Disorder and challenges in the home) than on *what* is happening (e.g., a student is caught skipping school). Risks should be identified using the experiences, information and data of community members and partners to highlight the issues that are most significant and prevalent in the community. For example, many communities are engaging a wide range of local agencies and organizations to discuss which risks they come across most often, and are compiling available data to do additional analysis of trends and patterns of risk to focus on in their plan.

Awareness and Understanding

Community safety and well-being planning requires that each community member understands their role in making the community a safe and healthy place to live. It is important to engage individuals, groups, agencies, organizations and elected officials to work collaboratively and promote awareness and understanding of the purpose and benefits of a strategic, long-term plan to address community risks. For example, it may be more helpful to speak about outcomes related to improved quality of life in the community – like stronger families and neighbourhoods – rather than reduced crime. This is not just about preventing crime. This is about addressing the risks that lead individuals to crime, and taking a hard look at the social issues and inequalities that create risk in the first place. Potential partners will likely need to understand what they are getting into – and why – before they fully commit time and resources.

"I think it is important to change the conversation early on in the process. A social development approach to community safety and well-being is a marathon rather than a sprint." - Susan Evenden, City of Brantford

Highest Level Commitment

As the municipality has the authority, resources, breadth of services and contact with the public to address risk factors and to facilitate community partnerships, Ontario communities confirmed that municipalities are best placed to lead the community safety and well-being planning process. In First Nations communities, obtaining buy-in from the Chief and Band Council will provide a strong voice in supporting community safety and well-being planning. This type of planning is a community-wide initiative that requires dedication and input from a wide range of sectors, agencies, organizations and groups. To ensure that all the right players are at the table, it is critical to get commitment from local political leadership, heads of agencies and organizations, as well as other key decision-makers who can champion the cause and ensure that their staff and resources are available to support the planning process.

Effective Partnerships

No single individual, agency or organization can fully own the planning exercise – a plan will only be as effective as the partnerships and multi-sector collaboration that exist among those developing and implementing the plan. Due to the complex nature of many of the issues that impact the safety and well-being of individuals, families and communities, including poverty, mental health issues, addictions, and domestic violence, a wide range of agencies, organizations and services need to be involved to create comprehensive, sustainable solutions. This may begin through **communication** between service providers, where information is exchanged to support meaningful relationships while maintaining separate objectives and programs. **Cooperation** between agencies and organizations is mutually beneficial because it means that they provide assistance to each other on respective activities. **Coordination** takes partnerships a step further

through joint planning and organization of activities and achievement of mutual objectives. **Collaboration** is when individuals, agencies or organizations are willing to compromise and work together in the interest of mutual gains or outcomes. Working in this way will be critical to the development of an effective, multi-sector plan. Many municipalities, First Nations and their partners that are developing local plans have found that having a dedicated coordinator is very helpful in supporting and facilitating collaboration among all the different partners involved in the development of the plan. As partners work together and find new and more effective ways of tackling common challenges, they may begin to operate in **convergence**, which involves the restructuring of services, programs, budgets, objectives and/or staff.

In Sault Ste. Marie, a local multi-agency service delivery model focuses on providing vital services and programs under one roof, and acts as a support to a specific neighbourhood through the Neighbourhood Resource Centre – a collaborative effort of 32 local agencies and groups.

Evidence and Evaluation

Before a plan can be developed, it will be important to gather information and evidence to paint a clear picture of what is happening in the community to support the identification of local priority risks. Some communities have already started to gather and analyze data from various sources, including Statistics Canada, police and crime data, as well as data on employment levels, educational attainment rates, social services and health care information. If gaps in service or programming are found in locally-identified areas of risk, research should be done to determine the most appropriate evidence-based response to be put into place. On the other hand, communities that already have evidenced-based strategies in place that directly respond to a local priority risk identified in their plan should review each strategy to ensure outcome measures are established and that they are showing a positive impact. Depending on these results, enhancing or expanding these strategies should be considered. Once a completed plan is implemented, data and information will be equally critical in order to evaluate how effective it has been in addressing the priority risks and creating positive changes in the community. The same data and information sources that indicated from the beginning that housing and homelessness, for example, was a priority risk in the community, should be revisited and reviewed to determine whether that risk has been reduced. Sharing evidence that the plan is creating better outcomes for community members will help to build trust and support for the implementing partner agencies and organizations, the planning process, and the plan itself.

Cultural Responsiveness

Cultural responsiveness is the ability to effectively interact with, and respond to, the needs of diverse groups of people in the community. Being culturally responsive is a process that begins with having an awareness and knowledge of different cultures and practices, as well as one's own cultural worldview. It involves being open to, and respectful of, cultural differences and developing skills and knowledge to build effective cross-cultural relationships. It also includes developing strategies and programs that consider social and historical contexts, systemic and interpersonal power imbalances, acknowledge the needs and worldviews of different groups, and respond to the specific inequities they face.

Cultural Awareness	Cultural Sensitivity	**Cultural Competency**	Cultural Safety
Acknowledging Differences	Respecting Differences	Developing Skills and Knowledge	Self-reflection, Empathy and Advocacy

As part of the planning process, community safety and well-being plans should take into consideration, at a minimum, the following elements of diversity, as well as how these elements intersect and shape the experiences of individuals/groups (e.g., increasing risks to harm, victimization and crime):

- Ethnicity (e.g., racialized communities, Indigenous communities);
- Gender identity and sexual orientation (e.g., lesbian, gay, bisexual, transgender, transsexual, 2 spirited, intersex, queer and questioning);
- Religion;
- Socioeconomic status;
- Education;
- Age (e.g., seniors, youth);
- Living with a disability;
- Citizenship status (e.g., newcomers, immigrants, refugees); and/or
- Regional location (e.g., living in northern, rural, remote areas).

Communities should tailor programs and strategies to the unique needs and strengths of different groups, as well as to address the distinct risk factors they face. Planners should strive towards inclusion in their communities by proactively removing barriers to participation and engaging diverse groups in meaningful ways.

See Appendix B for Engaging Youth, Appendix C for Engaging Seniors, and Appendix D for Engaging Indigenous Partners.

Conclusion

Municipalities, First Nations and their partners should be considering the critical success factors throughout the process of developing, implementing, reviewing, evaluating and updating the plan. The next section will connect the community safety and well-being planning framework and critical success factors to practical advice and guidance when undergoing this planning process.

Section 4 – Connecting the Framework to Practice

This section is meant to connect the community safety and well-being planning framework and critical success factors of community safety and well-being planning with the operational practice of developing, implementing, reviewing, evaluating and updating the plan. There is no right or wrong first or last step. Communities have suggested that it can take anywhere between one to two years to develop a plan, and those with the municipality or Band Council in a lead role made the most headway. To provide additional operational support and resources, Section 6 includes a toolkit of guidance documents that builds on the following concepts and identifies specific tools in each area for consideration:

- Obtaining Collaborative Commitment;
- Creating Buy-In;
- Focusing on Risk;
- Assessing and Leveraging Community Strengths;
- Evidence and Evaluation; and
- Putting the Plan into Action.

Obtaining Collaborative Commitment

Demonstrated commitment from local governance, whether it is the municipality or Band Council, can have a significant impact on multi-sector buy-in, and is most effective if completed at the beginning of the planning process. This type of commitment can be demonstrated in various ways – through a council resolution, attending meetings, creating a coordinator position, realigning resources and/or creating awareness among staff. Collaboration exists in communities across Ontario, whether it is through strong bilateral partnerships or among multiple partners. The community safety and well-being planning process requires drawing on existing partnerships as well as creating new ones. This may involve leveraging an existing body, or creating a new structure to develop, refine or reaffirm outcomes, strategies and measures in social development, prevention, risk intervention and incident response. Commitment from multiple sectors will usually occur once they have an understanding of what community safety and well-being planning is meant to achieve and its benefits. Commitment may be solidified through agreeing upon goals, objectives, performance measurement and roles and responsibilities.

See Tool 1 for guidance on participants, roles and responsibilities, Tool 2 for guidance on start-up, and Tool 3 for guidance on asset mapping.

Creating Buy-In

In order to ensure that each community member, agency and organization understands what community safety and well-being planning is, and to begin to obtain buy-in and create partnerships, municipalities, First Nations and their partners may choose to start by developing targeted communication materials. They may also wish to meet with and/or bring together service providers or community members and take the time to explain the community safety and well-being planning framework and important concepts and/or get their feedback on local risks. Designing a visual identity and creating marketing and/or promotional material may also help to obtain multi-sectoral buy-in and allow community members to identify with the plan.

See Tool 4 for guidance on engagement.

Focusing on Risk

Engaging community members and service providers to document risks is the first step. The range of risks identified will be dependent on the sources of information, so it is important to engage through various methods, such as one-on-one interviews with multi-sectoral service providers, focus sessions with vulnerable groups, and/or surveys with public drop boxes. Risk identification and prioritization is the next task that should be done by looking at various sources of data and combining it with feedback from the community.

See Tool 4 for guidance on engagement and Tool 5 for analyzing community risks.

Assessing and Leveraging Community Strengths

Achieving a community that is safe and well is a journey; before partners involved in the development of a plan can map out where they want to go, and how they will get there, they need to have a clear understanding of their starting point. It is important that community members do not see community safety and well-being planning as just another planning exercise or creation of a body. It is about identifying local priority risks and examining current strategies through a holistic lens to determine if the right sectors, agencies and organizations are involved or if there are overlaps or gaps in service or programming. Some communities may find there is a lack of coordination of existing strategies. To address this they should look at existing bodies and strategies and see how they can support the development and implementation of the plan. Other communities may discover that there are gaps in service delivery, and should do their best to fill these gaps through, for example, the realignment of existing resources. As every community is different in terms of need and resources, it is recognized that some communities, such as some First Nations communities, may experience difficulties identifying existing strategies due to a lack of resources. It may be of value for some communities to collaborate with neighbouring municipalities and/or First Nations communities to create joint community safety and well-being plans. For example, where capacity and resources are limited, or many services are delivered across jurisdictions, communities can leverage the assets and strengths of neighbouring communities to create a joint plan that will address the needs of the area.

See Tool 3 for guidance on asset mapping.

Evidence and Evaluation

Once risks are prioritized, if gaps in service or programming are found in any or all areas of the plan, research should be done to determine the most appropriate evidence-based response to be put into place to address that risk, while considering local capacity and resources. Some may find after risk prioritization that they already have evidence-based strategies in place that directly respond to identified risks that will be addressed in their plan. At the planning stage, it is important to identify the intended outcomes of those activities in order to measure performance and progress towards addressing identified risks through the development of a logic model and performance measurement framework. Some outcomes will be evident immediately after activities are implemented and some will take more time to achieve. Whether planning for promoting and maintaining community safety and well-being through social development, working to reduce identified risks, or mitigating elevated risk situations or incident responses, it is equally important for planning partners to set and measure their efforts against predetermined outcomes.

See Tool 6 for guidance on performance measurement.

Putting the Plan into Action

It is important to ensure that strategies put into place in each area of the plan for each priority are achievable based on local capacity and resources. To achieve success, the right individuals, agencies and organizations need to be involved, outcomes benchmarked, and responsibilities for measurement identified. Developing an implementation plan will help municipalities, First Nations and their partners stay organized by outlining who is doing what and when, in each planning area, who is reporting to whom, and the timing of progress and final reports. The date of the next safety and well-being planning cycle should align with the other relevant planning cycles (e.g., municipal cycle) and budgeting activities to ensure alignment of partner resources and strategies. Once the plan is documented and agreed upon by multi-sector partners, it is then time to put it into action with regular monitoring, evaluation and updates to achieve community safety and well-being.

See Appendix G for a sample plan.

Conclusion

Municipalities, First Nations and their partners should consider these steps when planning for community safety and well-being. The most important considerations to remember when planning is that the framework is understood, the critical success factors exist in whole or in part, and that the plan responds to local needs in a systemic and holistic way.

Section 5 – Ontario's Way Forward

Overall, this booklet responds to the most common challenge articulated by communities across the province – the need to change the way we look at service delivery in all sectors moving forward so that Ontarians can get the services they need, when they need them. To ensure that community safety and well-being planning achieves its intended outcomes, champions will need to continue to lead the way forward to address the root causes of crime and social disorder and increase community safety and well-being now and into the future.

This booklet strongly encourages municipalities, First Nations and their partners to undertake an ongoing holistic, proactive, collaborative planning process to address local needs in new and innovative ways. Developing local plans with multi-sectoral, risk-based strategies in social development, prevention and risk intervention will ensure that risk factors associated with crime and victimization are addressed from every angle. In the longer term, information and data gathered through the planning process will provide an opportunity for multi-sector partners at the local and provincial levels to evaluate and improve the underlying structures and systems through which services are delivered.

The ministry will continue to support Ontarians as they undertake community safety and well-being planning, implementation and evaluation, in collaboration with community, policing and inter-ministerial partners. To further support this shift at the provincial level, the ministry will be looking at smarter and better ways to do things in order to deliver services in a proactive, targeted manner. This will be done through the use of evidence and experience to improve outcomes, and continuing well-established partnerships that include police, education, health and social services, among others, to make Ontario communities safer and healthier.

Section 6 – Toolkit for Community Safety and Well-Being Planning

The ministry has prepared a toolkit to assist municipalities, First Nations and their partners in developing, implementing, reviewing, evaluating and updating a local plan. These tools have been tested by Ontario communities and include valuable feedback from local practitioners across the province. Overall learnings from these communities have been incorporated into the toolkit, including the processes undertaken to develop local plans.

The following toolkit includes:

- Tool 1 – Participants, Roles and Responsibilities
- Tool 2 – Start-Up
- Tool 3 – Asset Mapping
- Tool 4 – Engagement
- Tool 5 – Analyzing Community Risks
- Tool 6 – Performance Measurement
- Appendix A – Information Sharing
- Appendix B – Engaging Youth
- Appendix C – Engaging Seniors
- Appendix D – Engaging Indigenous Partners
- Appendix E – Definitions
- Appendix F – Risk and Protective Factors
- Appendix G – Community Safety and Well-Being Plan Sample

In addition, as part of the Provincial Approach to Community Safety and Well-Being, the ministry has developed other resources that are available to municipalities, First Nations and their partners to support local community safety and well-being planning. These include:
- Crime Prevention in Ontario: A Framework for Action
- Community Safety and Well-Being in Ontario: A Snapshot of Local Voices

Tool 1 – Participants, Roles and Responsibilities

The Champion and Coordinator(s)

Each community will approach community safety and well-being planning from a different perspective and starting point that is specific to their unique needs, resources and circumstances. Some communities may have champions and others may need to engage them to educate the public and serve as a face for the plan. In municipalities, the community safety and well-being planning process should be led by a clearly identifiable coordinator(s) that is from the municipality. In First Nations communities, the coordinator(s) may be from the Band Council or a relevant agency/organization.

Role of Champion(s)

Champions are public figures who express their commitment to community safety and well-being planning and rally support from the public and community agencies/organizations. It should be an individual or group who has the ability to motivate and mobilize others to participate, often because of their level of authority, responsibility or influence in the community. The more champions the better. In many communities this will be the mayor and council, or Chief and Band Council in a First Nations community.
A champion may also be a:
- Community Health Director;
- Local elected councillor at the neighbourhood level;
- Chief Medical Officer of Health;
- Municipal housing authority at the residential/building level; or
- School board at the school level.

Role of the Coordinator(s)

The coordinator(s) should be from an area that has knowledge of or authority over community safety and well-being, such as social services. As the coordinator(s) is responsible for the coordination/management of the plan, this should be someone who has working relationships with community members and agencies/organizations and is passionate about the community safety and well-being planning process.

Key Tasks of the Coordinator(s)

- The key tasks include recruiting the appropriate agencies/organizations and individuals to become members of an advisory committee. This should include multi-sectoral representation and people with knowledge and experience in responding to the needs of community members.

"The City of Brantford is best positioned in terms of resources, breadth of services and contact with the public to both address risk factors and to facilitate community partnerships. Specifically, the City can access a wide range of social services, housing, child care, parks and recreation and planning staff to come together to create frameworks that support community safety." - Aaron Wallace, City of Brantford

Responsibilities of the Coordinator(s)

- Planning and coordinating advisory committee meetings.
- Participating on the advisory committee.
- Planning community engagement sessions.
- Ensuring the advisory committee decisions are acted upon.
- Preparing documents for the advisory committee (e.g., terms of reference, logic model(s), the plan).
- Receiving and responding to requests for information about the plan.
- Ensuring the plan is made publicly available.

See Appendix F for risk and protective factors, Tool 6 for guidance on performance measurement and Appendix G for a sample plan.

Advisory Committee

The advisory committee should be reflective of the community and include multi-sectoral representation. For example, a small community with fewer services may have seven members, and a larger community with a wide range of services may have 15 members. It may involve the creation of a new body or the utilization of an existing body. To ensure the commitment of the members of the advisory committee, a document should be developed and signed that outlines agreed upon principles, shared goals, roles and resources (e.g., terms of reference).

Members of the Advisory Committee

- Member agencies/organizations and community members recruited to the advisory committee should be reflective of the diverse make-up of the community and should have:
  - Knowledge/information about the risks and vulnerable populations in the community;
  - Lived experience with risk factors or part of a vulnerable group in the community;
  - Understanding of protective factors needed to address those risks;
  - Experience developing effective partnerships in the community;
  - Experience with ensuring equity, inclusion and accessibility in their initiatives; and
  - A proven track record advocating for the interests of vulnerable populations.
- Individual members will ideally have the authority to make decisions on behalf of their respective agencies/organizations regarding resources and priorities, or will be empowered to do so for the purposes of developing the plan.
- Advisory committees should, at a minimum, consist of the following representation:
  - An employee of the municipality or First Nations community;
  - A person who represents the education sector;
  - A person who represents the health/mental health sector;
  - A person who represents the community/social services sector;
  - A person who represents the children/youth services sector;
  - A person who represents an entity that provides custodial services to children/youth;
  - A person who represents the police service board or a Detachment Commander.

See Tool 2 for guidance on start-up and Tool 3 for guidance on asset mapping.

Responsibilities of the Advisory Committee

- Leading community engagement sessions to inform the development of the plan.
- Determining the priorities of the plan, including references to risk factors, vulnerable populations and protective factors.
- Ensuring outcomes are established and responsibilities for measurement are in place and approving performance measures by which the plan will be evaluated, as well as the schedule and processes used to implement them.
- Ensuring each section/activity under the plan, for each priority risk, is achievable.
- Ensuring the right agencies/organizations and participants are designated for each activity.
- Owning, evaluating and monitoring the plan.
- Aligning implementation and evaluation of the plan with the municipal planning cycle and other relevant sector specific planning and budgeting activities to ensure alignment of partner resources and strategies.
- Setting a future date for reviewing achievements and developing the next version of the plan.
- Thinking about ways in which the underlying structures and systems currently in place can be improved to better enable service delivery.

See Tool 4 for guidance on engagement and Tool 5 for analyzing community risks.

Key Tasks of the Advisory Committee

- Developing and undertaking a broad community engagement strategy to build on the members' awareness of local risks, vulnerable groups and protective factors.
- Developing and maintaining a dynamic data set, and ensuring its ongoing accuracy as new sources of information become available.
- Determining the priority risk(s) that the plan will focus on based on available data, evidence, community engagement feedback and capacity.
  - After priority risks have been identified, all actions going forward should be designed to reduce these risks, or at least protect the vulnerable groups from the risks.
- Based on community capacity, developing an implementation plan or selecting, recruiting and instructing a small number of key individuals to do so to address the selected priority risk(s) identified in the plan.

Implementation Teams

For each priority risk determined by the advisory committee, if possible and appropriate, an implementation team should be created or leveraged to implement strategies (e.g., programs or services) to reduce the risk. The need for implementation team(s) will depend on the size and capacity of the community and the risks identified. For example, a small community that has identified two priority risks that can be effectively addressed by the advisory committee may not require implementation teams. On the other hand, a large community with six priority risks may benefit from implementation teams to ensure each risk is addressed. They may also establish fewer teams that focus on more than one priority risk. If planning partners determine it is appropriate for them to have a new implementation team to ensure the commitment, a document should be developed and signed that outlines agreed upon principles, shared goals and roles.

"It's important to ensure that committee members want to be there and have a strong understanding of safety and well-being planning." - Dana Boldt, Rama Police Service

Members of Implementation Teams

Members of the implementation team(s) should be selected based on their knowledge of the risk factors and vulnerable groups associated with the priority, and have access to relevant information and data. They may also have lived experience with risk factors or be part of a vulnerable group in the community. Members of implementation teams should have:

- o In-depth knowledge and experience in addressing the priority risks and which protective factors and strategies are needed to address those risks.
- o A proven track record advocating for the interests of vulnerable populations related to the risk.
- o The ability to identify the intended outcomes or benefits that strategies will have in relation to the priority risk(s) and suggest data that could be used to measure achievement of these outcomes.
- o Experience developing effective stakeholder relations/ partnerships in the community.
- o Experience ensuring equity, inclusion and accessibility in their initiatives.

See Tool 6 for guidance on performance measurement and Appendix G for a sample plan.

Responsibilities and Tasks of Implementation Teams

- Identify strategies, establish outcomes and performance measures for all four planning areas related to the priority risk, including promoting and maintaining community safety and well-being, reducing identified risks, mitigating elevated risk situations and immediate response to urgent incidents.
- Engage community members from the vulnerable populations relevant to the priority risk to inform the development of the strategies in each area.
- Establish an implementation plan for the strategies in each area which clearly identifies roles, responsibilities, timelines, reporting relationships and requirements.
- Monitor the actions identified in the implementation plan, whether it is the creation, expansion and/or coordination of programs, training, services, campaigns, etc.
- Report back to the advisory committee.

Tool 2 – Start-Up

Once partners involved in community safety and well-being planning have established an advisory committee or implementation team(s), they should document important information pertaining to each group, including background/context, goals/purpose, objectives and performance measures, membership, and roles and responsibilities. Making sure that everyone knows what they are trying to achieve will help the group(s) stay on track and identify successes of the plan.

For many planning partners, this will be done using a terms of reference. The following was created to guide the development of this type of document. Some planning partners may decide to develop a terms of reference for their advisory committee and each implementation team, while others may decide to develop one that includes information on each group; this will depend on a variety of factors such as the community's size, their number of risk factors and implementation team(s).

Background and Context

When developing a terms of reference, planning partners may wish to begin by providing the necessary background information, including how they have reached the point of developing an advisory committee or implementation team, and briefly describing the context within which they will operate. This should be brief, but include enough detail so that any new member will have the necessary information to understand the project's context.

Goals and Purpose

Planning partners may then wish to identify:
- the need for their advisory committee or implementation team (i.e., why the group was created and how its work will address an identified need); and
- the goal(s) of their group/project. A goal is a big-picture statement, about what planning partners want to achieve through their work – it is the change they want to make within the timeframe of their project.

Objectives and Performance Measures

If the planning partners' goal is **what** they plan to achieve through their work, then their objectives are **how** they will get there – the specific activities/tasks that must be performed to achieve each goal. It is important to ensure that goals and objectives are **S**pecific, **M**easurable, **A**chievable, **R**esults-focused and **T**ime-bound (SMART) so that partners will know exactly what information to look at to tell if they have achieved them. Information and data that help planning partners monitor and evaluate the achievement of goals and objectives are called performance measures or performance indicators. See Section 5 of the toolkit for more information and guidance on performance measures.

For each goal identified, planning partners may list specific objectives/deliverables that will signify achievement of the goal when finished. For each objective/deliverable, they may list the measures that will be used to evaluate the success of the results achieved. To help planning partners stay organized, they may wish to create a chart such as the one below, which includes example goals/objectives and performance measures.

These may look different for the advisory committee and implementation team(s). For example, the goals/objectives of the advisory committee may relate to the development of the plan, where the goals/objectives of an implementation team may be related to reducing a specific risk identified in the plan through the expansion of an existing program. Planning partners should develop their own goals/objectives and performance measures depending on need, resources and capacity.

Goal/Objectives	Performance Measures
Goal: To engage a diverse range of stakeholders in the development and implementation of the plan Objective: Develop a community engagement/communications strategy	Number of engagement sessions held Number of different sectors engaged Number of community members and organizations that see their role in community safety and well-being planning Knowledge of what community safety and well-being planning means and association with the plan brand
Goal: To reduce youth homelessness Objective: To help youth without a home address find stable housing	Number of youth accessing emergency shelters Number of youth without a home address Number of youth living/sleeping on the streets Number of youth living in community housing
Goal: Increased educational attainment rates Objective: To prevent youth from leaving school and encourage higher education	Number of youth dropping out of high-school Number of youth graduating high-school Number of youth enrolling in post-secondary education Number of youth graduating from post-secondary education Number of education sessions held for post-secondary institutions Number of youth meeting with academic advisors

Membership

Planning partners' terms of reference should also identify the champion and coordinator(s) of their plan and members of the advisory committee or implementation team(s) by listing the names and agencies/organizations of each member in a chart (see example below). This will help to identify if there are any sectors or agencies/organizations missing and ensure each member is clear about what their involvement entails.

Notes:
- The champion is a public figure who expresses their commitment to developing and implementing a plan and rallies support from the public and community agencies/organizations. The coordinator(s), from the municipality or Band Council, should be responsible for the coordination/management of the plan and should be someone who has working relationships with community members and agencies/organizations and is passionate about the community safety and well-being planning process.
- Member agencies and organizations recruited to the advisory committee should have knowledge of and supporting data about the risks and vulnerable populations in the area to be covered under the plan, as well as have established stakeholder relations. Members must have the authority to make decisions on behalf of their respective agencies/organizations regarding resources and priorities, or will be empowered to do so for the purposes of developing the plan.
- Members of the implementation team(s) should be selected based on their knowledge about the risk factors and vulnerable groups associated with the priority, have access to more information about them,

have established stakeholder relations with the vulnerable groups to effectively carry out the project, experience with developing and implementing local strategies, and have the specialized knowledge and technical capacities to specify objectives, set benchmarks and measure outcomes.

- It is important to include community leaders/organizations that advocate for the interests of the vulnerable populations on both the advisory committee and implementation teams. It is also important to ensure representation from diverse communities and equity, inclusion and accessibility in the planning and implementation of initiatives.

Name	Organization	Role
Mayor John B.	City of X	Champion – advocates for the plan through public speaking engagements, etc.
Jane D.	City of X	Coordinator – coordinates meetings, assists in planning community engagement sessions, records meeting minutes, etc.
Shannon T.	Public Health Centre	Member – attends meetings, identifies potential opportunities for collaboration with organizations activities, etc.

Roles and Responsibilities

It will also be important for planning partners to define the specific functions of their advisory committee or implementation team(s) to ensure that its members understand what they are trying to achieve and ultimately what they are responsible for.

See pages 22 for examples of advisory committee responsibilities and page 23 for examples of implementation team responsibilities.

Logistics and Process

Planning partners should also document logistics for their advisory committee or implementation team(s) so that its members know how much of their time they are required to commit to the group and are able to plan in advance so they can attend meetings as required. This may include:
- membership (e.g., identifying and recruiting key stakeholders);
- frequency of meetings;
- quorum (how many members must be present to make and approve decisions);
- meeting location;
- agenda and materials;
- meeting minutes; and
- expectations of members.

Support and Sign-Off

Finally, after all members of the advisory committee or implementation team(s) agree to the information outlined above, in order to solidify their acceptance and commitment, each member should sign the terms of reference.

Tool 3 – Asset Mapping

Achieving community safety and well-being is a journey; before partners involved in the development of a plan can map out where they want to go, and how they will get there, they need to have a clear understanding of their starting point. Early in the planning process, they may wish to engage in asset mapping to help to:

- identify where there is already work underway in the community to address a specific issue and to avoid duplication;
- identify existing strengths and resources;
- determine where there may be gaps in services or required resources; and
- capture opportunities.

Mapping community assets involves reviewing existing bodies (i.e., groups/committees/ boards), analyzing social networks, and/or creating an inventory of strategies. This will help to ensure that planning is done as efficiently and effectively as possible.

Existing Body Inventory

When the community safety and well-being planning coordinator(s) from the municipality or Band Council is identifying members of their bodies to assist in the development and implementation of their plan, creating an inventory of existing bodies will help to determine if it is appropriate for them to take on these roles. Often there is repetition of the individuals who sit on committees, groups, boards, etc., and utilizing a body that already exists may reduce duplicative efforts and ultimately result in time savings.

Mapping existing bodies is also beneficial in order to make connections between a community's plan and work already being done, revealing potential opportunities for further collaboration. The chart below outlines an example of how bodies may be mapped:

Existing Body	Purpose/Mandate	Members	Connection to Plan	Opportunities for Collaboration
Youth Homelessness Steering Committee	To address youth homelessness by increasing employment opportunities for youth and reducing waitlists for affordable housing	Municipality School Board Mental Health Agency Child Welfare Organization Employment Agency	Unemployment is a priority risk factor within the community that the plan will focus on addressing	A representative from the municipality sits on this committee as well as the advisory committee and will update on progress made
Mental Health Task Force	To ensure community members that are experiencing mental health issues are receiving the proper supports	Band Council Hospital Drop-in Health Clinic Mental Health Agency Child Welfare Organization Homeless Shelter	Mental health is a priority risk factor within the community that the plan will focus on addressing	This group will be used as an implementation team to develop and enhance strategies to address mental health in social development and prevention

Social Network Mapping

Social network mapping is used to capture and analyze relationships between agencies/organizations within the community to determine how frequently multi-sectoral partners are working together and sharing information, and to assess the level of integration of their work. This information may be collected through surveys and/or interviews with community agencies/organizations by asking questions such as: What agencies/organizations do you speak to most frequently to conduct your work? Do you share information? If yes, what types of information do you share? Do you deliver programs or services jointly? Do you depend on them for anything?

Relationships may be assessed on a continuum such as this:

Relationship	Description	Example
No relationship	No relationship of any kind	All sectors, agencies/organizations are working independently in silos
Communication	Exchanging information to maintain meaningful relationships, but individual programs, services or causes are separate	A school and hospital working together and sharing information only when it is required
Cooperation	Providing assistance to one another with respective activities	The police visiting a school as part of their annual career day
Coordination	Joint planning and organization of schedules, activities, goals and objectives	Community HUBs across Ontario – Various agencies housed under one structure to enhance service accessibility, with minimal interaction or information shared between services
Collaboration	Agencies/organizations, individuals or groups are willing to compromise and work together in the interest of mutual gains or outcomes	Situation Tables across Ontario – Representatives from multiple agencies/organizations meeting once or twice a week to discuss individuals facing acutely elevated risk of harm to reduce risk
Convergence	Relationships evolve from collaboration to actual restructuring of services, programs, memberships, budgets, missions, objectives and/or staff	Neighborhood Resource Center in Sault Ste. Marie – Agencies/organizations pool together resources for renting the space and each dedicate an individual from their agency to physically work in one office together to support wraparound needs

Collecting this information will allow planning partners to identify relationship gaps and opportunities. For example, through this exercise there may be one agency/organization that has consistently low levels of collaboration or convergence with others. In this case, the community safety and well-being planning coordinator(s) from the municipality or Band Council may wish to reach out to their local partners, including those represented on their advisory committee, to develop strategies for enhancing relationships with this agency/organization. If appropriate, this may involve inviting them to become involved in the advisory committee or implementation team(s).

Strategy Inventory

When deciding on strategies to address priority risks within a plan, it is important to have knowledge of strategies (e.g., programs, training, etc.) that are already being offered within the community. In some instances, a community may have several programs designed to reduce an identified risk, but there is a lack of coordination between services, resulting in a duplication of efforts. The community safety and well-being planning coordinator from the municipality or Band Council may then bring each agency/organization together to develop an approach to more efficiently deliver that strategy. Other planning partners may find that there are significant service gaps in relation to a specific area of risk, and that implementing a new strategy in order to close the gap may have a significant impact on the lives of the people experiencing that risk.

To assist with planning, it may be helpful to identify the risks addressed by each strategy, the area of the framework that the program falls under (i.e., social development, prevention, risk intervention and incident response), funding, and anticipated end dates. This will provide a sense of what strategies have limited resources and lifespans, as well as insight into which strategies may require support for sustainability.

When undertaking this exercise, planning partners may develop a template similar to this:

Strategy Name/Lead	Description	Key Risk Factors Addressed	Area of the Framework	Funding/ Source	End-Date
Stop Now and Plan (SNAP) Children's Mental Health Agency	SNAP is a gender sensitive, cognitive behavioural family-focused program that provides a framework for effectively teaching children and their parents how to regulate emotions, exhibit self-control and use problem-solving skills.	Youth impulsivity, aggression, poor self-control and problem solving	Prevention	$100,000/ year Federal Grant	12/2018

Threat Management /Awareness Services Protocol School Board	Threat Management/Awareness Services aim to reduce violence, manage threats of violence and promote individual, school and community safety through early intervention, support and the sharing of information. It promotes the immediate sharing of information about a child or youth who pose a risk of violence to themselves or others.	Negative influences in the youth's life, sense of alienation and cultural norms supporting violence	Risk Intervention	$100,000/ year Provincial Grant	12/2018
Age-Friendly Community Plan Municipal Council	Age Friendly Community Plan aims to create a more inclusive, safe, healthy and accessible community for residents of all ages.	Sense of alienation, person does not have access to housing	Social Development	$50,000/ year Provincial Grant	03/2017

Tool 4 – Engagement

In the development of local plans, municipalities or Band Councils should conduct community engagement sessions to ensure a collaborative approach and inform the community safety and well-being planning process. Partners may want to create promotional and educational materials in order to gain public support for and encourage participation in the plan. They may want to collect information from the community to contribute to the plan (i.e., identifying and/or validating risks).

This section is intended to guide planning partners as they develop communication materials and organize community engagement; each section may be used for either purpose.

Introduction and Background

Planning partners may begin by providing the necessary background and briefly describing the context of community safety and well-being planning.

Purpose, Goals and Objectives

Planning partners may then wish to identify why communication materials are being developed and/or why the community is being engaged by asking themselves questions such as: What are the overall goals of the plan? What are the specific objectives of the communication materials and/or community engagement sessions?

Stakeholders

A plan is a community-wide initiative, so different audiences should be considered when encouraging involvement in its development/implementation. For a plan to be successful in enhancing community safety and well-being, a variety of diverse groups and sectors must be involved in the planning process.

This may include:
- community members with lived experiences and neighbourhood groups, including but not limited to individuals from vulnerable groups, community youth and seniors (see Appendix B for Engaging Youth and Appendix C for Engaging Seniors), faith groups, non-for-profit community based organizations and tenant associations;
- local First Nations, Métis and/or Inuit groups, on or off reserve, and urban Indigenous organizations (see Appendix D for Engaging Indigenous Partners);
- police, fire, emergency medical and other emergency services, such as sexual assault centres and shelters for abused women/children, to collect data on the occurrences they have responded to most frequently, as well as relevant locations and vulnerable groups;
- acute care agencies and organizations, including but not limited to child welfare and programs for at-risk youth, mental health, women's support, primary health care, addictions treatment, to collect information on the people they serve;
- health agencies and organizations, including but not limited to Public Health Units, Community Care Access Centres, Community Health Centres, Indigenous Health Access Centres, and Long-Term Care Homes;

- social development organizations, such as schools and school boards, social services, youth drop-in centres, parental support services, community support service agencies and Elderly Persons Centres, to collect information on the people they serve;
- cultural organizations serving new Canadians and/or ethnic minorities, including Francophone organizations; and
- private sector, including but not limited to bankers, realtors, insurers, service organizations, employers, local business improvement areas, local business leaders and owners, to collect information about the local economy.

"Develop an engagement strategy that is manageable and achievable given the resources available – you won't be able to engage every single possible partner, so focus on a good variety of community organizations, agencies and individuals and look for patterns." - Lianne Sauter, Town of Bancroft

Planning partners should consider keeping a record of the groups that they have reached through community engagement, as well as their identified concerns, to support the analysis of community risks for inclusion in their plan.

See Tool 5 for guidance on analyzing community risks.

Approach

In order to gain support and promote involvement, planning partners should think about how they can best communicate why they are developing a plan and what they want it to achieve. Some planning partners may do this through the development of specific communication tools for their plan. For example, one community that tested the framework and toolkit created a name and logo for the work undertaken as part of their plan – Safe Brantford – and put this on their community surveys, etc. This allows community members to recognize work being done under the plan and may encourage them to become involved.

Additionally, when planning for community engagement, partners involved in the plan should think about the different people, groups or agencies/organizations they plan to engage with, and the best way to engage them. They should ask themselves questions such as: what information do I want to get across or get from the community and what method of communication or community engagement would help me do this most effectively? For example, planning partners could have open town hall meetings, targeted focus groups by sector, one-on-one interviews with key people or agencies/organizations, or provide an email address to reach people who may be uncomfortable or unable to communicate in other ways. They may also distribute surveys and provide drop-boxes throughout the community. It is important to consider not only what planning partners want to get from engaging with community members, stakeholders and potential partners, but also what they might be hoping to learn or get from this process. As much as possible, partners to the plan should use these considerations to tailor their communication/community engagement approach based on the people/groups they are engaging.

See Appendix B for guidance on engaging youth and Appendix C for guidance on engaging seniors.

Materials and Messaging

Based on the type of engagement undertaken, planning partners may need to develop supporting materials to share information about their work and to guide their discussions. Materials should strive to focus the discussions to achieve the intended objectives of the engagement sessions, and may include some key messages about the community's work that they want people to hear and remember. Regardless of the audience, partners to the plan should develop basic, consistent information to share with everyone to ensure they understand what is being done, why they are a part of it, and what comes next. It will be important to ensure that materials and messages are developed in a way that manages the expectations of community members – be clear about what can be achieved and what is unachievable within the timeframe and resources.

With that, planning partners should ensure that all materials and messaging are accessible to a wide range of audiences, so that everyone is able to receive or provide information in a fair manner. For additional information, please refer to the *Accessibility for Ontarians with Disabilities Act*, 2005.

Logistics

When engaging the community, it will be important to have logistics sorted out so that the individuals/groups targeted are able to attend/participate. To do this, planning partners may want to consider the following:
- scheduling (e.g., How many community engagement sessions are being held? How far apart should they be scheduled? What time of day should they be scheduled?);
- finances (e.g., Is there a cost associated with the meeting space? Will there be snacks and refreshments?);
- travel accommodations (e.g., How will individuals get to the community engagement sessions? Is it being held in an accessible location? Will hotel arrangements be required?);
- administration (e.g., consider circulating an attendance list to get names and agency/organization and contact details, assign someone to take notes on what is being said at each session); and
- accessibility issues/barriers to accessibility (e.g., information or communication barriers, technology barriers and physical barriers).

Risks and Implications

While community engagement should be a key factor of local plans, some planning partners may encounter difficulties, such as resistance from certain individuals or groups. To overcome these challenges, they should anticipate as many risks as possible, identify their implications and develop mitigation strategies to minimize the impact of each risk. This exercise should also be done when developing communication materials, including identifying potential risks to certain messaging. This may be done by using a chart such as the one below.

Risk	Implication	Mitigation Strategy
Organizations from various sectors do not see their role in community safety and well-being planning	Risks are not being properly addressed using a collaborative, multi-sector approach	Reach out to multi-sector organizations and develop clear communication materials so they are able to clearly see their role
Individuals experiencing risk will not attend or feel comfortable speaking about their experiences	Information collected will not reflect those with lived experience	Engage vulnerable groups through organizations that they may be involved with (e.g., senior's groups, homeless shelters, etc.)
Outspoken individuals who do not believe in planning for community safety and well-being in attendance	Opinions of everyone else in attendance may be negatively impacted	Assign a strong, neutral individual who holds clout and feels comfortable taking control to lead the engagement session

Community Engagement Questions

Whether planning partners are engaging individual agencies/organizations one-on-one or through town hall meetings, they should come prepared to ask questions that will allow them to effectively communicate what they want to get across or information they want to receive. Questions asked may vary depending on the audience. For example, a neighbourhood-wide town hall session might include only a few open-ended questions that initiate a broad discussion about a range of safety and well-being concerns. A more focused community engagement session with a specific organization or sector might include questions that dive deeper into a specific risk, challenges in addressing that risk, and potential strategies to be actioned through the plan to mitigate those risks.

Timelines

To ensure all required tasks are completed on time or prior to engagement, planning partners may wish to develop a work plan that clearly identifies all of the tasks that need to be completed in advance.

This may be done using a chart such as this:

Activity/Task	Lead(s)	Timelines
Prepare a presentation with discussion questions	Kate T. (municipality) and Shannon F. (public health)	Two weeks in advance of engagement session
Reach out to community organizations that work with vulnerable groups for assistance in getting them to the sessions	Fionne P. (municipality) and Emily G. (education)	Twelve weeks in advance of engagement session

Tool 5 – Analyzing Community Risks

One of the ways partners involved in planning may choose to identify or validate local risks is through town hall meetings, where agencies/organizations and community members are provided with an opportunity to talk about their experiences with risk. Others may decide to have one-on-one meetings with community agencies/organizations or focus groups to discuss risks that are most common among those they serve.

This section is intended to assist planning partners in capturing the results of their community engagement, including who was engaged, what risks were identified, and how those risks can be analyzed and prioritized. This process will be crucial as they move towards developing risk-based approaches to safety and well-being.

Summary of Community Engagement Sessions

Planning partners may begin by writing a summary of their community engagement sessions, including the time period in which they were conducted, types of outreach or communication used, successes, challenges and findings, and any other key pieces of information or lessons learned. They may then record the people, agencies/organizations and sectors that were engaged and participated in their community engagement sessions in a chart similar to the one below, in order to show the diverse perspectives that have fed into their plan, and to help assess whether there are any other groups or sectors that still need to be engaged.

Sector/Vulnerable Group	Organization/Affiliation
Health	Hospital Public Health Unit Community Care Access Centre
Education	School Board High School Principal Alternative Education Provider
Housing	Community Housing Office Landlords
Emergency responders	Police service/Ontario Provincial Police Fire Department Ambulance
Social services	Employment Centre Family/Parenting Support Services Community Recreation Centre Women's Shelters Local Indigenous Agencies
Mental health and addictions	Treatment/Rehabilitation Centre Mental Health Advocacy Addiction Support Group
Indigenous peoples	Band/Tribal Councils Local Indigenous community organizations (e.g., local Métis Councils) Local Indigenous service providers (e.g., Indigenous Friendship Centres)

At-risk youth	Youth from the Drop-in Centre
Seniors	Elder Abuse Response Team Community Support Service Agencies

Identified Risks

Planning partners will then want to capture the risks identified through their community engagement, and indicate who has identified those risks. If a risk has been identified by many different sectors and agencies/organizations, it will demonstrate how widely the community is impacted by that risk, and will also indicate the range of partners that need to be engaged to address the risk. Examples of this kind of information are included in the table below.

Risk	Identifying Sectors/Organizations/Groups
Missing school – chronic absenteeism	principal, school board, police, parents in the community
Physical violence – physical violence in the home	women's shelter, police services, hospital, school, child welfare agency
Housing – person does not have access to appropriate housing	emergency shelter, police, mental health service provider, citizens

Priority Risk Analysis

Once planning partners have compiled the risks identified through their community engagement, it is likely that some will stand out because they were referenced often and by many people, agencies/organizations. These risks should be considered for inclusion in the priority risks that will be addressed in the plan. The number of risks planning partners choose to focus on in their plan will vary between communities and will depend on the number of risks identified and their capacity to address each risk. For example, planning partners from larger communities where multiple risks have been identified may choose to have five priority risks in their plan. On the other hand, planning partners from smaller communities with multiple risks identified may choose to address three priority risks. Partners should not include more risks than they have the resources and capacity to address.

"There are some priorities that seem to affect many sectors on different levels through preliminary discussion. Data reports and community engagement sessions will assist in the overall identification of prioritized risks for initial focus within the plan." - Melissa Ceglie, City of Sault Ste. Marie

Additionally, planning partners should refer to local research to support and/or add to priority risks identified during their community engagement. This is important as in order for plans to effectively increase a community's safety and well-being, they should focus on risks that **experience and evidence** show are prevalent. When analyzing the identified risks to determine which ones will be priorities, and how they would be addressed in the plan, planning partners may wish to walk through and answer the following questions for each risk:

- **What is the risk?**
  - For example, is the risk identified the real problem, or is it a symptom of something bigger? As with the above example of the risk of poor school attendance, planning partners might think about what is causing students to miss school, and consider whether that is a bigger issue worth addressing.
  - Which community members, agencies/organizations identified this risk, and how did they describe it (i.e., did different groups perceive the risk in a different way)?

- **What evidence is there about the risk – what is happening now?**
  - How is this risk impacting the community right now? What has been heard through community engagement?
  - Is there specific information or data about each risk available?
  - How serious is the risk right now? What will happen if the risk is not addressed?

- **What approach does the community use to address what is happening now?**
  - Incident response or enforcement after an occurrence;
  - Rapid intervention to stop something from happening;
  - Implement activities to reduce/change the circumstances that lead to the risk; or
  - Ensure that people have the supports they need to deal with the risk if it arises.

- **How could all of the approaches above be used to create a comprehensive strategy to address each priority risk that:**
  - Ensures all community members have the information or resources they need to avoid this risk;
  - Targets vulnerable people/groups that are more likely to experience this risk and provide them with support to prevent or reduce the likelihood or impact of this risk;
  - Ensures all relevant service providers work together to address shared high-risk clients in a quick and coordinated way; and
  - Provides rapid responses to incidents using the most appropriate resources/agencies?

- **Where will the most work need to be done to create a comprehensive strategy to address the risk? Who will be needed to help address any existing service gaps?**

Risk-driven Tracking Database

Many communities have already started implementing strategies in the four planning areas of the Framework to address their local risks. In support of the planning process, the ministry initiated the Risk-driven Tracking Database to provide a standardized means of gathering de-identified information on situations of elevated risk of harm in the community.

The Risk-driven Tracking Database is one tool that can be used by communities to collect information about local priorities (i.e., risks, vulnerable groups and protective factors) and evolving trends to help inform the community safety and well-being planning process. It is recommended that this data be used in conjunction with other local data sources from various sectors.

For additional information on the Risk-driven Tracking Database, please contact SafetyPlanning@Ontario.ca.

Tool 6 – Performance Measurement

In the development stage of a plan, it is necessary to identify and understand the key risks and problems in the community and then to explore what can be done to address them.

In order to choose the best strategies and activities for the specific risk or problem at hand, partners involved in planning should seek out evidence of what works by conducting research or engaging others with experience and expertise in that area. Leverage the strengths of existing programs, services or agencies/organizations in the community and beyond to implement activities that are proven to achieve results and improve the lives of those they serve.

At the planning stage, it is also important to identify the intended outcomes of those activities in order to measure performance and progress made towards addressing identified problems. **Outcomes** are the positive impacts or changes activities are expected to make in a community. Some outcomes will be evident immediately after activities are implemented and some will take more time to achieve. Whether planning for incident response, mitigating elevated risk situations, working to reduce identified risks, or promoting and maintaining community safety and well-being through social development, it is equally important for planning partners to set and measure their efforts against predetermined outcomes.

When performance measurement focuses on outcomes, rather than completion of planned activities, it presents opportunities for ongoing learning and adaptation to proven good practice. Performance measurement can be incorporated into the planning process through a logical step-by-step approach that enables planning partners to consider all the components needed to achieve their long-term outcome, as outlined below.

> Inputs: financial, human, material and information resources dedicated to the initiative/program (e.g., grant funding, dedicated coordinator, partners, analysts, evaluators, laptop, etc.).

> Activities: actions taken or work performed through which inputs are used to create outputs (e.g., creation of an advisory committee and/or implementation team(s), development, ehancement or review of strategies in social development, prevention, risk intervention or incident response, etc.).

> Outputs: direct products or services resulting from the implementation of activities (e.g., multi-sector collaboration, clients connected to service, development of a plan, completion of a program, etc.).

> Immediate Outcomes: change that is directly attributable to activities and outputs in a short time frame. Immediate outcomes usually reflect increased awareness, skills or access for the target group (e.g., increased awareness among partners and the community about the plan and its benefits, increased protective factors as a result of a program being implemented like increased self-esteem, problem solving skills, etc.).

> ➤ Intermediate Outcomes: Change that is logically expected to occur once one or more immediate outcomes have been achieved. These outcomes will take more time to achieve and usually reflect changes in behaviour or practice of the target group (e.g., increased capacity of service providers, improved service delivery, reduction of priority risks, etc.).

> ➤ Long-term Outcome: The highest-level change that can reasonably be attributed to the initiative/program as a consequence of achievement of one or more intermediate outcomes. Usually represents the primary reason the intiative/program was created, and reflects a positive, sustainable change in the state for the target group (e.g., improved community safety and well-being among individuals, families and communities, reduced costs associated with and reliance on incident responses, etc.).

When choosing which outcomes to measure, it is important for planning partners to be realistic about what measurable impact their activities can be expected to have in the given timeframe. For example, their project goal might be to reduce the number of domestic violence incidents in the community. This would require sustainable changes in behaviour and it may take years before long-term trends show a measurable reduction. It may be easier to measure immediate to intermediate level outcomes such as increased speed of intervention in situations of high-risk for domestic violence, or increased use of support networks by victims or vulnerable groups.

A logic model should be completed during the planning phase of the plan in order to map out the above components for each identified risk or problem that will be addressed. Please see below for a logic model sample.

Following the identification of outcomes, corresponding indicators should be developed. An **indicator** is an observable, measurable piece of information about a particular outcome, which shows to what extent the outcome has been achieved. The following criteria should be considered when selecting indicators:
* relevance to the outcome that the indicator is intended to measure;
* understandability of what is being measured and reported within an organization and for partners;
* span of influence or control of activities on the indicator;
* feasibility of collecting reasonably valid data on the indicator;
* cost of collecting the indicator data;
* uniqueness of the indicator in relation to other indicators;
* objectivity of the data that will be collected on the indicator; and
* comprehensiveness of the set of indicators (per outcome) in the identification of all possible effects.

Outcomes, indicators and other information about the collection of indicator data should be mapped out early on in order to ensure that performance measurement is done consistently throughout the implementation of activities, and beyond, if necessary. This information forms the **performance measurement framework (PMF)** of the plan (or for each risk-based component of the plan). Please see below for a sample PMF template where this information may be captured.

A PMF should be completed to correspond with a logic model, as follows:

1. Specify the geographical **location**; a bounded geographical area or designated neighbourhood.
2. From the Logic Model, list the identified **outcomes** at the immediate, intermediate and long-term level, as well as the **outputs**. It is important to measure both outputs and outcomes – output indicators show that planning partners are doing the activities they set out to do, and outcome indicators show that their activities and outputs are having the desired impact or benefit on the community or target group.
3. Develop key performance **indicators**;
   a. Quantitative indicators – these are numeric or statistical measures that are often expressed in terms of unit of analysis (the number of, the frequency of, the percentage of, the ratio of, the variance with, etc.).
   b. Qualitative indicators – qualitative indicators are judgment or perception measures. For example, this could include the level of satisfaction from program participants and other feedback.
4. Record the **baseline data**; information captured initially in order to establish the starting level of information against which to measure the achievement of the outputs or outcomes.
5. Forecast the achievable **targets;** the "goal" used as a point of reference against which planning partners will measure and compare their actual results against.
6. Research available and current **data sources**; third party organizations that collect and provide data for distribution. Sources of information may include project staff, other agencies/organizations, participants and their families, members of the public and the media.
7. List the **data collection methods**; where, how and when planning partners will collect the information to document their indicators (i.e., survey, focus group).
8. Indicate data collection **frequency**; how often the performance information will be collected.
9. Identify who has **responsibility**; the person or persons who are responsible for providing and/or gathering the performance information and data.

Sample Logic Model:

PRIORITY/RISKS: poor school performance, low literacy, low graduation rates

VULNERABLE/TARGET GROUP: youth and new immigrants

LONG-TERM OUTCOME   **Increased Community Safety and Well-Being**

INTERMEDIATE OUTCOME   **Increased Educational Attainment**

IMMEDIATE OUTCOMES

- Community is better informed of issues faced related to community safety and well-being (education specifically)
- Impacts of not graduating from high-school communicated to students, community members and service providers
- Increased access to education for students in receipt of social assistance
- Expansion of lunch-time and after-school reading programs in schools

OUTPUTS

- Forty-seven youth and youth service providers engaged in the plan
- Awareness of evidence-based strategies to increase graduation
- Partnerships created between local university, college, social services
- Twenty-five students from low income neighbourhoods provided access to free summer tutoring

ACTIVITIES

- Distribution of engagement survey
- Community engagement sessions
- One-on-one meetings with local university, college and social services
- Broker partnerships between social services, neighbourhood hubs, library and school boards

INPUTS

- Over 1,000 hours of the community safety and well-being planning coordinator's time
- Two thousand copies of an engagement survey
- Refreshment and transportation costs for engagement sessions
- Five hundred hours of the manager of strategic planning and community development's time
- Five hours of time dedicated by representatives of the local college, university, social service center, school board and library

Sample Performance Measurement Framework:

Expected Outcomes	Indicators	Baseline Data	Targets	Data Sources	Data Collection Methods	Frequency	Responsibility
Long-Term Outcomes Use outcome from Logic Model - e.g., Increased community safety and well-being	# of people employed	employment rate from the year the plan starts	5% increase	municipality	collect from municipality	every 2 years (the plan is for 4 years)	municipality
Intermediate Outcomes Use outcomes from Logic Model - e.g., Increased educational attainment	# of students graduated from high-school	graduation rate from the year the plan starts	5% increase	school board(s)	collect from school boards	at the end of every school year	school board
Immediate Outcomes Use outcomes from Logic Model - e.g., Community is better informed of issues faced related to community safety and well-being (education specifically)	# of community members that have attended engage-ment sessions	no comparison - would start from "0"	200 people	municipal community safety and well-being planning coordinator	collect attendance sheets at the end of every session	at the end of the first year of planning	municipal community safety and well-being planning coordinator
Outputs Use outputs from Logic Model - e.g., 25 students from low income neighbourho-ods provided access to free tutoring	# of students that have completed the tutoring program	no comparison - would start from "0"	100% comple-tion	social service tutors	collect attendance sheets	each year at the end of summer	social services manager running the program

Appendix A – Information Sharing

There are many different types of activities that may be used to address priority risks in each of the four planning areas. Collaborative, multi-sectoral risk intervention models, such as Situation Tables, are one example of initiatives that are widely used across the province in risk intervention. They involve multi-sector service providers assisting individuals, families, groups and places facing acutely elevated risk of harm by connecting them to resources in the community within 24 to 48 hours. As information sharing has been identified by many communities as a barrier to the success of these models, this section was developed to provide guidance. In addition to the information sharing guidance below, the Risk-driven Tracking Database is another tool available to support communities implementing their multi-sectoral risk intervention models (see Tool 5 – Analyzing Community Risks).

While the following speaks specifically to multi-sectoral risk intervention models, the importance of sharing information in each of the four planning areas cannot be understated. In order for planning to be effective, multi-sector agencies and organizations must work together, including sharing information in social development on long-term planning and performance data between sectors, in prevention on aggregate data and trends to inform priority risks, in risk intervention on risks facing individuals, families, groups and places and in incident response on a situation at hand.

Guidance on Information Sharing in Multi-Sectoral Risk Intervention Models

Please note that not all aspects of the information sharing principles and Four Filter Approach outlined below are prescribed in legislation and many may not be mandatory for your specific agency or organization. Together, they form a framework intended to guide professionals (e.g., police officers, educators from the school boards, mental health service providers, etc.) that are engaged in multi-sectoral risk intervention models (e.g., Situation Tables) that involve sharing information.

The sharing of personal information and personal health information ("personal information") requires compliance with the Freedom of Information and Protection of Privacy Act (FIPPA), Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA), and/or other pieces of legislation by which professionals are bound (e.g., the Youth Criminal Justice Act). With that, before engaging in a multi-sectoral risk intervention model, all professionals should familiarize themselves with the applicable legislation, non-disclosure and information sharing agreements and professional codes of conduct or policies that apply to their respective agency or organization.

Considerations should also be made for undergoing a Privacy Impact Assessment (PIA) and entering into a confidentiality agreement. Conducting a PIA and entering into information sharing agreements is recommended to ensure that adequate standards for the protection of personal information are followed.

For information on PIAs, refer to the "Planning for Success: Privacy Impact Assessment Guide" and "Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act" which are available on the Information and Privacy Commissioner of Ontario website.

Once the decision has been made to participate in a multi-sectoral risk intervention model, such as a Situation Table, agencies/organizations should also ensure transparency by making information about their participation publicly available, including the contact information of an individual who can provide further information or receive a complaint about the agency/organization's involvement.

*Note: Information contained below should not be construed as legal advice.

Information Sharing Principles for Multi-Sectoral Risk Intervention Models

Information sharing is critical to the success of collaborative, multi-sectoral risk intervention models and partnerships that aim to mitigate risk and enhance the safety and well-being of Ontario communities. Professionals from a wide range of sectors, agencies and organizations are involved in the delivery of services that address risks faced by vulnerable individuals and groups. These professionals are well-placed to notice when an individual(s) is at an acutely elevated risk (see definition outlined on page 46) of harm, and collaboration among these professionals is vital to harm reduction.

Recognizing that a holistic, client-centered approach to service delivery is likely to have the most effective and sustainable impact on improving and saving lives, professionals involved in this approach, who are from different sectors and governed by different privacy legislation and policy, should consider the following common set of principles. It is important to note that definitive rules for the collection, use and disclosure of information are identified in legislation, and the following principles highlight the need for professional judgment and situational responses to apply relevant legislation and policy for the greatest benefit of individual(s) at risk.

Consent

Whenever possible, the ideal way to share personal information about an individual is by first obtaining that individual's consent. While this consent may be conveyed by the individual verbally or in writing, professionals should document the consent, including with respect to the date of the consent, what information will be shared, with which organizations, for what purpose(s), and whether the consent comes with any restrictions or exceptions.

When a professional is engaged with an individual(s) that they believe is at an acutely elevated risk of harm, and would benefit from the services of other agencies/ organizations, they may have the opportunity to ask that individual(s) for consent to share their personal information. However, in some serious, time-sensitive situations, there may not be an opportunity to obtain consent. In these instances, professionals should refer to pieces of legislation, including privacy legislation, which may allow for the sharing of personal information absent consent.

With or without consent, professionals may only collect, use or disclose information in a manner that is consistent with legislation (i.e., FIPPA, MFIPPA, PHIPA and/or other applicable legislation to which the agency/organization is bound), and they must always respect applicable legal and policy provisions.

Professional Codes of Conduct

It is the responsibility of all professionals to consider and adhere to their relevant professional codes of conduct and standards of practice. As in all aspects of professional work, any decision to share information must be executed under appropriate professional discipline. This presumes the highest standards of care, ethics, and professional practice (e.g., adherence to the policies and procedures upheld by the profession) will be applied if and when personal information is shared. Decisions about disclosing personal information must also consider the professional, ethical and moral integrity of the individuals and agencies/organizations that will receive the information. The decision to share information must only be made if the professional is first satisfied that the recipient of the information will also protect and act upon that information in accordance with established professional and community standards and legal requirements. As this relates to collaborative community safety and well-being practices, this principle reinforces the need to establish solid planning frameworks and carefully structured processes.

Do No Harm

First and foremost, this principle requires that professionals operate to the best of their ability in ways that will more positively than negatively impact those who may be at an acutely elevated risk of harm. Decisions to share information in support of an intervention must always be made by weighing out the benefits that can be achieved for the well-being of the individual(s) in question against any reasonably foreseeable negative impact associated with the disclosure of personal information. This principle highlights what professionals contemplate about the disclosure of information about an individual(s) in order to mitigate an evident, imminent risk of harm or victimization. This principle ensures that the interests of the individual(s) will remain a priority consideration at all times for all involved.

Duty of Care

Public officials across the spectrum of human services assume within their roles a high degree of professional responsibility – a duty of care – to protect individuals, families and communities from harm. For example, the first principle behind legislated child protection provisions across Canada is the duty to report, collaborate, and share information as necessary to ensure the protection of children. Professionals who assume a duty of care are encouraged to be mindful of this responsibility when considering whether or not to share information.

Due Diligence and Evolving Responsible Practice

The Office of the Information and Privacy Commissioner of Ontario (IPC) is available and willing to provide general privacy guidance to assist institutions and health information custodians in understanding their obligations under FIPPA, MFIPPA and PHIPA. These professionals are encouraged to first seek any clarifications they may require from within their respective organizations, as well as to document, evaluate and share their information sharing-related decisions in a de-identified manner, with a view to building a stronger and broader base of privacy compliant practices, as well as evidence of the impact and effectiveness of information sharing. The IPC may be contacted by email at info@ipc.on.ca, or by telephone (Toronto Area: 416-326-3333, Long Distance: 1-800-387-0073 (within Ontario), TDD/TTY: 416-325-7539). Note that FIPPA,

MFIPPA and PHIPA provide civil immunity for any decision to disclose or not to disclose made reasonably in the circumstances and in good faith.

Acutely Elevated Risk

For the purposes of the following Four Filter Approach, "acutely elevated risk" refers to any situation negatively affecting the health or safety of an individual, family, or specific group of people, where professionals are permitted in legislation to share personal information in order to eliminate or reduce imminent harm to an individual or others.

For example, under section 42(1)(h) of FIPPA, section 32(h) of MFIPPA and section 40(1) of PHIPA, the following permissions are available.

Section 42(1)(h) of FIPPA and section 32(h) of MFIPPA read:
An institution shall not disclose personal information in its custody or under its control except,

in compelling circumstances affecting the health or safety of an individual if upon disclosure notification is mailed to the last known address of the individual to whom the information relates.

*Note: written notification may be made through methods other than mail to the last known address. The individual should be provided with a card or document listing the names and contact information of the agencies/organizations to whom their personal information was disclosed at filters three and four, at or shortly after the time they are provided information on the proposed intervention.

Section 40(1) of PHIPA reads:
A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

"Significant risk of serious bodily harm" includes a significant risk of both serious physical as well as serious psychological harm. Like other provisions of PHIPA, section 40(1) is subject to the mandatory data minimization requirements set out in section 30 of PHIPA.

Four Filter Approach to Information Sharing

In many multi-sectoral risk intervention models, such as Situation Tables, the discussions may include sharing limited personal information about an individual(s) such that their identity is revealed. For that reason, the Ministry encourages professionals to obtain express consent of the individual(s) before the collection, use and disclosure of personal information. If express consent is obtained to disclose personal information to specific agencies/organizations involved in a multi-sectoral risk intervention model for the purpose of harm reduction, the disclosing professional may only rely on consent to disclose personal information and collaborate with the specific agencies/organizations and only for that purpose.

If it is not possible to obtain express consent and it is still believed that disclosure is required, professionals in collaborative, multi-sectoral risk intervention models are encouraged to comply with the Four Filter Approach outlined below.

Under the Four Filter Approach, the disclosing agency/organization must have the authority to disclose and each recipient agency/organization must have the authority to collect the information. The question of whether an agency/organization "needs-to-know" depends on the circumstances of each individual case.

Filter One: Initial Agency/Organization Screening

The first filter is the screening process by the professional that is considering engaging partners in a multi-sectoral intervention. Professionals must only bring forward situations where they believe that the subject individual(s) is at an acutely elevated risk of harm as defined above. The professional must be unable to eliminate or reduce the risk without bringing the situation forward to the group. This means that each situation must involve risk factors beyond the agency/organization's own scope or usual practice, and thus represents a situation that could only be effectively addressed in a multi-sectoral manner. Professionals must therefore examine each situation carefully and determine whether the risks posed require the involvement of multi-sectoral partners. Criteria that should be taken into account at this stage include:

- The intensity of the presenting risk factors, as in: Is the presenting risk of such concern that the individual's privacy intrusion may be justified by bringing the situation forward for multi-sectoral discussion?
- Is there a significant and imminent risk of serious bodily harm if nothing is done?
- Would that harm constitute substantial interference with the health or well-being of a person and not mere inconvenience to the individual or a service provider?
- Did the agency/organization do all it could to mitigate the risks before bringing forward the situation?
- Do the risks presented in this situation apply to the mandates of multiple agencies/organizations?
- Do multiple agencies/organizations have the mandate to intervene or assist in this situation?
- Is it reasonable to believe that disclosure to multi-sectoral partners will help eliminate or reduce the anticipated harm?

Before bringing a case forward, professionals should identify in advance the relevant agencies or organizations that are reasonably likely to have a role to play in the development and implementation of the harm reduction strategy.

Filter Two: De-identified Discussion with Partner Agencies/Organizations

At this stage, it must be reasonable for the professional to believe that disclosing information to other agencies/organizations will eliminate or reduce the risk posed to, or by, the individual(s). The professional then presents the situation to the group in a de-identified format, disclosing only descriptive information that is reasonably necessary. Caution should be exercised even when disclosing de-identified information about the risks facing an individual(s), to ensure that later identification of the individual(s) will not inadvertently result in disclosure beyond that which is necessary at filter three. This disclosure should focus on the information necessary to determine whether the situation as presented appears to meet, by consensus of the table, both the threshold of acutely elevated risk, outlined above, and the need for or benefit from a multi-agency intervention, before any identifying personal information is disclosed.

The wide range of sectors included in the discussion is the ideal setting for making a decision as to whether acutely elevated risk factors across a range of professionals are indeed present. If the circumstances do not meet this threshold, no personal information may be disclosed and no further discussion of the situation should occur. However, if at this point the presenting agency/organization decides that, based on the input and consensus of the table, disclosing limited personal information (e.g., the individual's name and address) to the group is necessary to help eliminate or reduce an acutely elevated risk of harm to an individual(s), the parties may agree to limited disclosure of such information to those agencies/organizations at filter three.

Filter Three: Limited Identifiable Information Shared

If the group concludes that the threshold of acutely elevated risk is met, they should determine which agencies/organizations are reasonably necessary to plan and implement the intervention. Additionally, the presenting agency should inform the table of whether the individual has consented to the disclosure of his or her personal information to any specific agencies/organizations. All those agencies/organizations that have not been identified as reasonably necessary to planning and implementing the intervention must then leave the discussion until dialogue about the situation is complete. The only agencies/organizations that should remain are those to whom the individual has expressly consented to the disclosure of his or her personal information, as well as those that the presenting agency reasonably believes require the information in order to eliminate or reduce the acutely elevated risk(s) of harm at issue.

Identifying information may then be shared with the agencies/organizations that have been identified as reasonably necessary to plan and implement the intervention at filter four.

Any notes captured by any professionals that will not be involved in filter four must be deleted. Consistency with respect to this "need-to-know" approach should be supported in advance by way of an information sharing agreement that binds all the involved agencies/organizations.

*Note: It is important that the agencies/organizations involved in multi-sectoral risk intervention models be reviewed on a regular basis. Agencies/organizations that are rarely involved in interventions should be removed from the table and contacted only when it is determined that their services are required.

Filter Four: Full Discussion Among Intervening Agencies/Organizations Only

At this final filter, only agencies/organizations that have been identified as having a direct role to play in an intervention will meet separately to discuss limited personal information required in order to inform planning for the intervention. Disclosure of personal information in such discussions shall remain limited to the personal information that is deemed necessary to assess the situation and to determine appropriate actions. Sharing of information at this level should only happen to enhance care.

After that group is assembled, if it becomes clear that a further agency/organization should be involved, then professionals could involve that party bearing in mind the necessary authorities for the collection, use and disclosure of the relevant personal information.

If at any point in the above sequence it becomes evident that resources are already being provided as required in the circumstances, and the professionals involved are confident that elevated risk is already being mitigated, there shall be no further discussion by the professionals other than among those already engaged in mitigating the risk.

The Intervention

Following the completion of filter four, an intervention should take place to address the needs of the individual, family, or specific group of people and to eliminate or mitigate their risk of harm. In many multi-sectoral risk intervention models, the intervention may involve a "door knock" where the individual is informed about or directly connected to a service(s) in their community. In all cases, if consent was not already provided prior to the case being brought forward (e.g., to a Situation Table), obtaining consent to permit any further sharing of personal information in support of providing services must be a priority of the combined agencies/organizations responding to the situation. If upon mounting the intervention, the individual(s) being offered the services declines, no further action (including further information sharing) will be taken.

It is important to note that institutions such as school boards, municipalities, hospitals, and police services are required to provide written notice to individuals following the disclosure of their personal information under section 42(1)(h) of FIPPA and section 32(h) of MFIPPA (see note on page 46). Even where this practice is not required, we recommend that all individuals be provided with written notice of the disclosure of their personal information. This should generally be done when the intervention is being conducted. In the context of multi-sectoral risk intervention models, such written notices should indicate the names and contact information of all agencies to whom the personal information was disclosed at filters three and four, whether verbally or in writing.

Report Back

This "report back" phase involves professionals receiving express consent from the individual(s) to provide an update regarding their intervention to the group, including to those who did not participate in the intervention. This may involve reporting back, in a de-identified manner, on pertinent information about the risk factors, protective factors and agency/organization roles that transpired through the intervention. In the absence of express consent of the individual(s), the report back must be limited to the date of closure and an indication that the file can be closed or whether the intervening agencies need to discuss further action. If the file is being closed, limited information may be shared regarding the reason for closure (e.g., connected to service).

Appendix B – Engaging Youth

Many communities that tested the framework and toolkit identified youth as a priority group for their plan, facing risk factors such as coming from a single parent family, leaving care, unsupervised children, etc. There is also significant research literature that supports the active participation and inclusion of youth in decision-making as a way of addressing exclusion and marginalization. This section was developed for adults in communities that are undertaking the community safety and well-being planning process to help them understand a youth perspective and how to meaningfully engage youth.

Benefits of Youth Engagement

The following are some of the benefits to engaging youth in the community safety and well-being planning process:
- opportunity for new understanding of the lived reality of youth;
- opportunity to inform broader community safety and well-being plans, and other initiatives that may be developed to address identified risk areas;
- opportunity to breakdown stereotypes/assumptions about young people. In particular, assumptions related to risk areas that may involve youth;
- long-term opportunity for creation of on-the-ground community policies and programs that are increasingly responsive to the needs of youth;
- shared learning of current issues as youth often raise questions that have not been thought of by adults;
- new ideas, energy and knowledge;
- creates healthy and positive community connections between youth and adults, leading to social cohesion; and
- opportunity to ask what youth are traditionally excluded from and offers an opportunity to get them to the table.

Additionally, the following are benefits that youth engagement can have on the youth themselves:
- build pride/self-esteem for being contributors to a larger purpose (i.e., local plans with a youth perspective);
- opportunities to build skills, for example:
  - **communication** – opportunities for youth to assist in the creation of material (i.e., advertisement, pamphlets, etc.);
  - **analytical** – opportunities to analyze and interpret information that is gathered to inform the plan from a different perspective;
- connection to positive adult(s); and
- inclusion and a voice into what is happening in the community.

Practical Tips

The following are some practical tips for engaging youth during the community safety and well-being planning process.

Explaining the Project

- Create youth-friendly materials about community safety and well-being planning – posters, postcards and social media, such as Facebook, Twitter, etc.
- Work with youth to define how they will participate by allowing the youth to help co-create the purpose of their engagement and their role in planning.
- When young people are able to design and manage projects, they feel some sense of ownership in the project. Involvement fosters motivation, which fosters competence, which in turn fosters motivation for future projects.
- Explain upfront what their role will be. Try and negotiate roles honestly while ensuring any promises made are kept.
- Try for a meaningful role, not just token involvement, such as one-off consultation with no follow-up.

Collaboration

- Adults should collaborate with youth and not take over.
- Provide youth with support and training (e.g., work with existing community agencies to host consultation sessions, ask youth allies and leaders from communities to facilitate consultation, recruit youth from communities to act as facilitators and offer support and training, etc.).
- Partner with grassroots organizations, schools and other youth organizations. By reaching out to a variety of organizations, it is possible to gather a wider range of youth perspectives.
- Provide youth with opportunities to learn and develop skills from the participation experience. For example, an opportunity to conduct a focus group provides youth with the opportunity to gain skills in facilitation and interviewing.

Assets

- Look at youth in terms of what they have to offer to the community and their capacities – not just needs and deficits.
- Understand that working with youth who are at different ages and stages will help adults to recognize how different youth have strengths and capacities.
- Ask youth to help map what they see as community assets and community strengths.

Equity and Diversity

- Identify diverse groups of youth that are not normally included (e.g., LGBTQ (Lesbian, gay, bi-sexual, two-spirited, transgendered, questioning, queer), racialized youth, Indigenous youth, Francophone youth, youth with disabilities, immigrant youth, etc.).
- Proactively reach out to youth and seek the help of adults that the youth know and already trust.
- When working with diverse communities, find people that can relate to youth and their customs, cultures, traditions, language and practices.
- Understand and be able to explain why you are engaging with particular groups of youth and what you will do with the information that you gather.

Forming an Advisory Group

One way of gathering youth perspectives is to form a youth advisory group.
- Look for a diversity of participants from wide variety of diverse backgrounds. For example, put a call out to local youth-serving organizations, schools, etc.
- Spend time letting the youth get to know each other and building a safe space to create a dialogue.
- Depending on the level of participation, have youth and/or their parents/guardians sign a consent form to participate in the project.
- Keep parents/guardians of the youth involved and up-to-date on progress.
- Find different ways for youth to share their perspectives as not all youth are 'talkers'. Engage youth through arts, music and taking photos.
- An advisory group provides a good opportunity for youth to socialize with peers in a positive environment and to work as a team.

Recognition and Compensation

- Youth advisory group members can be volunteers, but try to compensate through small honorariums and by offering food and covering transportation costs where possible. This will support youth that might not traditionally be able to get involved.
- Recognition does not have to be monetary. For example, meaningful recognition of the youth's participation can include letters for community service hours or a letter that can be included in a work portfolio that describes in detail their role in the initiative.

Appendix C – Engaging Seniors

There are many reasons to engage seniors (those aged 65 and over) in the development of local plans. For example, encouraging youth and providing them with opportunities to form relationships with seniors may help to reduce intergenerational gaps. Demographic aging is also impacting many Ontario communities as older persons increasingly make up greater portions of the population. The importance of safety and security for older Ontarians has been recognized under Ontario's Action Plan for Seniors and a growing number of initiatives present opportunities to connect community safety and well-being planning to seniors and their service providers. This section was developed to assist partners involved in the community safety and well-being planning process to identify opportunities to engage seniors and create linkages with other activities that are already underway.

Benefits of Seniors' Engagement

Engaging seniors in the community safety and well-being planning process is a natural extension of the roles that they already play in their communities, as employees, volunteers, or members of various agencies/organizations. It may involve direct engagement with seniors themselves, senior's agencies/organizations or service providers, and provide an:
- opportunity for new understanding of the lived reality of seniors;
- opportunity to breakdown stereotypes/assumptions about older people and the contributions they can make to their communities;
- long-term opportunity for creation of on-the-ground community policies and programs that are increasingly responsive to the needs of seniors and the shared benefits these may have for people of all ages;
- source for new ideas, energy, knowledge and experience; and
- opportunity to create healthy and positive community connections between people of all ages, leading to social cohesion.

Additionally, the following are benefits that engagement can have on the seniors themselves:
- provide opportunities to apply skills and share knowledge with other generations;
- maintain or enhance social connections; and
- build a sense of inclusion and voice into what is happening in the community as a contributor to a larger community purpose.

Building Connections

The following are some opportunities and considerations for engaging seniors during the community safety and well-being planning process.

Seniors Organizations

Seniors are members of many local agencies/organizations and a number of large senior's agencies/organizations have local chapters across the province. Partnering with a variety of these groups will allow for a wide range of seniors' perspectives and access to the diverse strengths and capacities of seniors from different ages and lived experience. For more information on seniors agencies/organizations that may be active in your community, please refer to the Ontario Seniors' Secretariat website.

When reaching out to seniors, planning partners are encouraged to consider the following approaches to ensure diversity and equity:
- identify diverse groups of seniors (e.g., LGBTQ, Indigenous seniors and elders, older adults with disabilities, immigrant or newcomer seniors);
- identify individuals/groups that can relate to seniors and their customs, cultures, traditions, language and practices; and
- when forming advisory groups with seniors' representation, consider compensation options such as small honorariums or offering food and covering transportation costs where possible (this will support seniors that might not traditionally be able to get involved).

Service Providers

When forming an advisory group or other engagement approaches that include service provider perspectives, consider reaching out to agencies/organizations that are familiar with the needs of older adults, including:
- Community Care Access Centres;
- Long Term Care Homes, Retirement Homes, or seniors housing providers;
- police services, including those with Seniors Liaison Officers and Crimes against Seniors Units;
- Elderly Person Centres;
- community support service agencies (funded by Local Health Integration Networks to provide adult day programs, meal delivery, personal care, homemaking, transportation, congregate dining, etc.);
- Municipal Recreation and Health and Social Service Departments; and
- Social Planning Councils and Councils on Aging.

Local Linkages

Existing local engagement and planning mechanisms may be leveraged to help connect seniors and service providers throughout the community safety and well-being planning process. By making these linkages, synergies and efficiencies may be achieved. Some of these mechanisms may include:
- Seniors/Older Adult Advisory Committees
  - Established by local governments to seek citizen and stakeholder input into the planning and delivery of municipal services that impact older adults.

- Local Elder Abuse Prevention Networks
  - There are over 50 local networks across the province that help address the needs of vulnerable seniors and the complex nature of elder abuse. They link health, social services and justice agencies/organizations to improve local responses to elder abuse and help deliver public education, training, and facilitate cross-sectoral knowledge exchange between front-line staff, often including advice on managing elder abuse cases. Contact information for local elder abuse prevention networks can be found on the Elder Abuse Ontario website.
- Age-Friendly Community (AFC) Planning Committees
  - Based on the World Health Organization's eight dimension framework, the AFC concept highlights the importance of safe and secure environments, social participation and inclusion, all of which are aligned with senior's participation in the community safety and well-being planning process.
  - Many communities are developing AFC plans to help create social and physical environments that allow people of all ages, including seniors, to participate fully in their communities. Local AFC planning committees are being established to lead the completion of needs assessments and multi-sectoral planning. To support planning, the Ontario Seniors' Secretariat has created an AFC Planning Guide and an AFC Planning Grant Program. More information about AFCs and local activity underway can be found on the Ministry of Seniors Affairs website.
- Accessibility Advisory Committees
  - Under the *Ontarians with Disabilities Act, 2001*, municipalities with more than 10,000 residents have to establish local accessibility advisory committees. Most of the members of these committees are people with disabilities, including seniors.
  - Over 150 Ontario municipalities have set up local accessibility advisory committees. The committees work with their local councils to identify and break down barriers for people with disabilities.
  - Engaging accessibility advisory committees in community safety and well-being planning would contribute to the development of inclusive policies and programs that serve all members of a community. For more information about Accessibility Laws, please visit the Government of Ontario accessibility laws web page.

Appendix D – Engaging Indigenous Partners

Engaging and collaborating with Indigenous partners, including those who are First Nations, Inuit and Métis, is an important part of local community safety and well-being efforts. Ontario has the largest Indigenous population in Canada, with 85 per cent of Indigenous peoples in Ontario living in urban and rural areas.[1] Indigenous peoples are also the youngest, most diverse and rapidly growing population[2] in Canada and continue to present unparalleled opportunities through their values, innovative practices and approaches that can enhance the lives of all Canadians.

Cultural responsiveness is crucial to the community safety and well-being planning process and should be captured in the development of strategies and programs that are identified in local plans. By including community specific culture and identity as part of planning, it will enable the development of sustainable and strategic programming at the local level. Communities should acknowledge that effective planning involves understanding and responding to the unique factors and inequalities that different groups face. For example, Indigenous peoples may face specific risk factors due to the impact of historical events, such as colonialism and assimilation policies. In addition, social emergencies that overwhelm services in Indigenous communities can also impact services delivered by surrounding municipalities.

Building relationships with Indigenous partners early in the planning process can help ensure that local plans incorporate the strengths, perspectives, contributions and needs of Indigenous peoples, organizations and communities. By respecting each other's priorities and perspectives, municipalities can build trust with Indigenous partners. This can also help to develop relationships, respond to potentially challenging issues and work collaboratively to achieve social and economic well-being for all community members.

This section has been developed as a guide for municipalities that are undertaking the community safety and well-being planning process in understanding how to meaningfully engage and collaborate with Indigenous partners.

Outcomes of Indigenous Engagement

The following are some of the positive outcomes that can be realized by working with Indigenous partners as part of the community safety and well-being planning process:
- Creating and supporting communities where Indigenous peoples feel safe, have a sense of belonging, and are seen as equal contributors to the decisions that affect community safety and well-being;
- Establishing partnerships and positive relationships founded in mutual respect;
- Gaining an understanding of, and better responding to, the lived realities of Indigenous peoples and the intergenerational trauma that they face;
- Acknowledging and addressing systemic biases within existing systems and breaking down stereotypes impacting Indigenous peoples;
- Co-developing culturally relevant solutions to meet the unique and diverse needs of Indigenous peoples;

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[1] Statistics Canada, 2016 Census
[2] Statistics Canada, 2016 Census

- Creating new or supporting existing grassroots community strategies that are well-grounded in cultural recognition, led by Indigenous peoples and communities, and have shared, long-term benefits for all community members.

Key Principles for Engagement

When engaging with Indigenous partners, there is not a one-size fits all approach, as each partner offers a unique perspective and may have specific governance structures, engagement processes or protocols that should be respected.

The following are some key principles to consider when engaging and collaborating with Indigenous partners during the community safety and well-being planning process:

- **Take time to build trust and understanding:** When engaging with Indigenous partners, it may take several meetings to build a strong connection, due to factors such as historical events, cultural protocols and availability of resources. Successful engagement occurs in the context of effective working relationships, which are developed over time and built on respect and trust. Be willing to develop lasting relationships.
- **Know the history:** Before you enter the conversation, you should have some understanding of the relationships between Indigenous and non-Indigenous communities. Learn from local Indigenous community members, political/organizations' leadership, provincial Indigenous organizations, Elders, youth and others, to understand the historical and present day circumstances. The Report and Calls to Action from the Truth and Reconciliation Commission of Canada can also be a useful resource to guide discussions.
- **Understand the impact of lived experiences:** Recognize that many Indigenous peoples, communities and organizations are dealing with the intergenerational and on-going impact of colonization. Indigenous partners may be at different stages in reconnecting and reclaiming their cultural traditions and teachings and therefore engagement and collaboration may have different outcomes for everyone involved. Consideration of additional diversities that exist within and between Indigenous peoples and communities will also strengthen the outcomes of this work.
- **Be prepared for the conversation:** Step into your conversations with a good sense of what you can bring to a partnership and establish clear expectations. Invest in your staff to be ready for the conversation, for example a starting point could include participating in Indigenous cultural competency training. Further, knowledge of protocol creates a stable foundation of mutual respect, and sets the tone for the engagement. It is common practice when meeting with Indigenous partners to acknowledge the territory and follow any cultural protocol to start new relationships in a positive way.
- **Identify shared priorities and objectives:** Engagement is an opportunity to collaborate with Indigenous partners. When determining objectives for engagement, a best practice is to work with Indigenous partners to develop an engagement process that works for everyone. Be open to creating a joint agenda of issues and priorities and work together to develop initiatives and strategies.
- **Engage early and often:** Indigenous partners are often engaged at the end of a project's development when there is little opportunity to provide meaningful input. Engage Indigenous partners early on in a project's development and work together to determine the best approach for engagement. Ask Indigenous partners how they would like to be involved and develop clear roles and responsibilities that will support and strengthen mutual accountability. For example, invite Indigenous community representatives or organizations to participate on the advisory committee as part of the community safety and well-being planning process.

- **Have reasonable timelines and create safe spaces for engagement:** Effective planning requires you to build in adequate timelines for partners to respond to requests for engagement. Recognize that different Indigenous partners may have unique circumstances which impact their ability to participate in engagement sessions. Engagement should be culturally safe and accessible for all who want to participate.

As a starting point for engagement, reach out and ask if and how Indigenous partners may wish to be involved. Municipalities may look to engage members and/or leadership of urban Indigenous communities within the municipality, neighbouring First Nation communities (e.g., Band/Tribal Councils), First Nation police services, local Indigenous community organizations (e.g., local Métis Councils), provincial Indigenous organizations (e.g., Tungasuvvingat Inuit) and local Indigenous service providers (e.g., Indigenous Friendship Centres).

For additional guidance, municipalities should refer to Ontario's Urban Indigenous Action Plan, which has been co-developed by the Government of Ontario, the Ontario Federation of Indigenous Friendship Centres, the Métis Nation of Ontario and the Ontario Native Women's Association. It is a resource and guide that supports the development of responsive, inclusive policies, programs and evaluations with, and that meet the needs of, urban Indigenous communities.

Appendix E – Definitions

Acutely elevated risk: a situation negatively affecting the health or safety of an individual, family, or specific group of people where there is a high probability of imminent and significant harm to self or others (e.g., offending or being victimized, lapsing on a treatment plan, overt mental health crisis situation, etc.). In these situations, agencies and organizations may be permitted in legislation to share personal information in order to prevent imminent harm. This often involves circumstances that indicate an extremely high probability of the occurrence of victimization from crime or social disorder, where left unattended, such situations will require targeted enforcement or other emergency, incident response.

Collaboration: individuals, agencies or organizations, working together for a common purpose; acknowledging shared responsibility for reaching consensus in the interest of mutual outcomes; contributing complementary capabilities; willing to learn from each other; and benefiting from diverse perspectives, methods and approaches to common problems.

Community engagement: the process of inviting, encouraging and supporting individuals, human services agencies, community-based organizations and government offices and services to collaborate in achieving community safety and well-being.

Community safety and well-being: the ideal state of a sustainable community where everyone is safe, has a sense of belonging, opportunities to participate, and where individuals and families are able to meet their needs for education, health care, food, housing, income, and social and cultural expression.

Crime prevention: the anticipation, recognition and appraisal of a crime risk and the actions taken – including the integrated community leadership required – to remove or reduce it.

Evidence-based: policies, programs and/or initiatives that are derived from or informed by the most current and valid empirical research or practice that is supported by data and measurement.

Partners: agencies, organizations, individuals from all sectors, and government which agree to a common association toward mutual goals of betterment through shared responsibilities, complementary capabilities, transparent relationships, and joint decision-making.

Protective factors: positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families and communities, thereby increasing personal and/or community safety and well-being.

Risk factors: negative characteristics or conditions in individuals, families, communities or society that may increase social disorder, crime or fear of crime, or the likelihood of harms or victimization to persons or property.

Social determinants of health: the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These are protective factors of health and well-being including access to income, education, employment and job security, safe and healthy working conditions, early childhood development, food security, quality housing, social inclusion, cohesive social safety network, health services, and equal access to all of the qualities, conditions and benefits of life without regard to any socio-demographic differences. The social determinants of health are the same factors which affect individual, family and community safety and well-being.

Appendix F – Risk and Protective Factors

The following definitions were adopted, created and/or refined by the ministry in consultation with its community and provincial partners. They are complementary to the risk and protective factors identified in the *Crime Prevention in Ontario: A Framework for Action* booklet, and are also consistent with the Risk-driven Tracking Database. They are intended to guide partners involved in the community safety and well-being planning process as they identify local risks to safety and well-being and develop programs and strategies to address those risks. These risk and protective factors are commonly used by communities across the province that have implemented multi-sectoral risk intervention models.

Risk Factors

Antisocial/Problematic Behaviour (Non-criminal)

Risk Factor	Definition
Antisocial/Negative Behaviour - antisocial/negative behaviour within the home	resides where there is a lack of consideration for others, resulting in damage to other individuals or the community (i.e., obnoxious/disruptive behaviour)
Antisocial/Negative Behaviour - person exhibiting antisocial/negative behaviour	is engaged in behaviour that lacks consideration of others, which leads to damages to other individuals or the community (i.e., obnoxious/disruptive behaviour)
Basic Needs - person neglecting others' basic needs	has failed to meet the physical, nutritional or medical needs of others under their care
Basic Needs - person unable to meet own basic needs	cannot independently meet their own physical, nutritional or other needs
Elder Abuse - person perpetrator of elder abuse	has knowingly or unknowingly caused intentional or unintentional harm upon older individuals because of their physical, mental or situational vulnerabilities associated with the aging process
Gambling - chronic gambling by person	regular and/or excessive gambling; no harm caused
Gambling - chronic gambling causes harm to others	regular and/or excessive gambling that causes harm to others
Gambling - chronic gambling causing harm to self	regular and/or excessive gambling; resulting in self-harm
Housing - person transient but has access to appropriate housing	has access to appropriate housing but is continuously moving around to different housing arrangements (i.e., couch surfing)
Missing - person has history of being reported to police as missing	has a history of being reported to police as missing and in the past has been entered in the Canadian Police Information Centre (CPIC) as a missing person

Risk Factor	Definition
Missing - person reported to police as missing	has been reported to the police and entered in CPIC as a missing person
Missing - runaway with parents' knowledge of whereabouts	has run away from home with guardian's knowledge but guardian is indifferent
Missing - runaway without parents knowledge of whereabouts	has run away and guardian has no knowledge of whereabouts
Physical Violence - person perpetrator of physical violence	has instigated or caused physical violence to another person (i.e., hitting, pushing)
Sexual Violence - person perpetrator of sexual violence	has been the perpetrator of sexual harassment, humiliation, exploitation, touching or forced sexual acts
Threat to Public Health and Safety - person's behaviour is a threat to public health and safety	is currently engaged in behaviour that represents danger to the health and safety of the community (i.e., unsafe property, intentionally spreading disease, putting others at risk)

Criminal Involvement

Risk Factor	Definition
Criminal Involvement - animal cruelty	has been suspected, charged, arrested or convicted of animal cruelty
Criminal Involvement - arson	has been suspected, charged, arrested or convicted of arson
Criminal Involvement - assault	has been suspected, charged, arrested or convicted of assault
Criminal Involvement - break and enter	has been suspected, charged, arrested or convicted of break and enter
Criminal Involvement - damage to property	has been suspected, charged, arrested or convicted of damage to property
Criminal Involvement - drug trafficking	has been suspected, charged, arrested or convicted of drug trafficking
Criminal Involvement - homicide	has been suspected, charged, arrested or convicted of the unlawful death of a person
Criminal Involvement - other	has been suspected, charged, arrested or convicted of other crimes
Criminal Involvement - possession of weapons	has been suspected, charged, arrested or convicted of possession of weapons
Criminal Involvement - robbery	has been suspected, charged, arrested or convicted of robbery (which is theft with violence or threat of violence)
Criminal Involvement - sexual assault	has been suspected, charged, arrested or convicted of sexual assault
Criminal Involvement - theft	has been suspected, charged, arrested or convicted of theft
Criminal Involvement - threat	has been suspected, charged, arrested or convicted of uttering threats

Education/Employment

Risk Factor	Definition
Missing School - chronic absenteeism	has unexcused absences from school without parental knowledge, that exceed the commonly acceptable norm for school absenteeism
Missing School - truancy	has unexcused absences from school without parental knowledge
Unemployment - person chronically unemployed	persistently without paid work
Unemployment - person temporarily unemployed	without paid work for the time being

Emotional Violence

Risk Factor	Definition
Emotional Violence - emotional violence in the home	resides with a person who exhibits controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.
Emotional Violence - person affected by emotional violence	has been affected by others falling victim to controlling behaviour, name-calling, yelling, belittling, bullying, intentional ignoring, etc.
Emotional Violence - person perpetrator of emotional violence	has emotionally harmed others by controlling their behaviour, name-calling, yelling, belittling, bullying, intentionally ignoring them, etc.
Emotional Violence - person victim of emotional violence	has been emotionally harmed by others who have controlled their behaviour, name-called, yelled, belittled, bullied, intentionally ignored them, etc.

Family Circumstances

Risk Factor	Definition
Parenting - parent-child conflict	ongoing disagreement and argument between guardian and child that affects the functionality of their relationship and communication between the two parties
Parenting - person not providing proper parenting	is not providing a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Parenting - person not receiving proper parenting	is not receiving a stable, nurturing home environment that includes positive role models and concern for the total development of the child
Physical Violence - physical violence in the home	lives with threatened or real physical violence in the home (i.e., between others)
Sexual Violence - sexual violence in the home	resides in a home where sexual harassment, humiliation, exploitation, touching, or forced sexual acts occur

Risk Factor	Definition
Supervision - person not properly supervised	has not been provided with adequate supervision
Supervision - person not providing proper supervision	has failed to provide adequate supervision to a dependant person (i.e., child, elder, disabled)
Unemployment - caregivers chronically unemployed	caregivers are persistently without paid work
Unemployment - caregivers temporarily unemployed	caregivers are without paid work for the time being

Gang Issues

Risk Factor	Definition
Gangs - gang association	social circle involves known or supported gang members but is not a gang member
Gangs - gang member	is known to be a member of a gang
Gangs - threatened by gang	has received a statement of intention to be injured or have pain inflicted by gang members

Housing

Risk Factor	Definition
Housing - person doesn't have access to appropriate housing	is living in inappropriate housing conditions or none at all (i.e., condemned building, street)

Mental Health and Cognitive Functioning

Risk Factor	Definition
Cognitive Functioning - diagnosed cognitive impairment/limitation	has a professionally diagnosed cognitive impairment/limitation
Cognitive Functioning - suspected cognitive impairment/limitation	suspected of having a cognitive impairment/limitation (no diagnosis)
Cognitive Functioning - self-reported cognitive impairment/limitation	has reported to others to have a cognitive impairment/limitation
Mental Health - diagnosed mental health problem	has a professionally diagnosed mental health problem
Mental Health - grief	experiencing deep sorrow, sadness or distress caused by loss
Mental Health - mental health problem in the home	residing in a residence where there are mental health problems
Mental Health - not following prescribed treatment	not following treatment prescribed by a mental health professional; resulting in risk to self and/or others

Risk Factor	Definition
Mental Health - self-reported mental health problem	has reported to others to have a mental health problem(s)
Mental Health - suspected mental health problem	suspected of having a mental health problem (no diagnosis)
Mental Health - witnessed traumatic event	has witnessed an event that has caused them emotional or physical trauma
Self-Harm - person has engaged in self-harm	has engaged in the deliberate non-suicidal injuring of their own body
Self-Harm - person threatens self-harm	has stated that they intend to cause non-suicidal injury to their own body
Suicide - affected by suicide	has experienced loss due to suicide
Suicide - person current suicide risk	currently at risk to take their own life
Suicide - person previous suicide risk	has in the past, been at risk of taking their own life

Neighbourhood

Risk Factor	Definition
Poverty - person living in less than adequate financial situation	current financial situation makes meeting the day-to-day housing, clothing or nutritional needs, significantly difficult
Social Environment - frequents negative locations	is regularly present at locations known to potentially entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms
Social Environment - negative neighbourhood	lives in a neighbourhood that has the potential to entice negative behaviour or increase the risks of an individual to be exposed to or directly involved in other social harms

Peers

Risk Factor	Definition
Negative Peers - person associating with negative peers	is associating with people who negatively affect their thoughts, actions or decisions
Negative Peers - person serving as a negative peer to others	is having a negative impact on the thoughts, actions or decision of others

Physical Health

Risk Factor	Defintion
Basic Needs - person unwilling to have basic needs met	person is unwilling to meet or receive support in having their own basic physical, nutritional or other needs met
Physical Health - chronic disease	suffers from a disease that requires continuous treatment over a long period of time

Risk Factor	Defintion
Physical Health - general health issue	has a general health issue which requires attention by a medical health professional
Physical Health - not following prescribed treatment	not following treatment prescribed by a health professional; resulting in risk
Physical Health - nutritional deficit	suffers from insufficient nutrition, causing harm to their health
Physical Health - physical disability	suffers from a physical impairment
Physical Health - pregnant	pregnant
Physical Health - terminal illness	suffers from a disease that cannot be cured and that will soon result in death

Substance Abuse Issues

Risk Factor	Definition
Alcohol - alcohol abuse by person	known to excessively consume alcohol; causing self-harm
Alcohol - alcohol abuse in home	living at a residence where alcohol has been consumed excessively and often
Alcohol - alcohol use by person	known to consume alcohol; no major harm caused
Alcohol - harm caused by alcohol abuse in home	has suffered mental, physical or emotional harm or neglect due to alcohol abuse in the home
Alcohol - history of alcohol abuse in home	excessive consumption of alcohol in the home has been a problem in the past
Drugs - drug abuse by person	known to excessively use illegal/prescription drugs; causing self-harm
Drugs - drug abuse in home	living at a residence where illegal (or misused prescription drugs) have been consumed excessively and often
Drugs - drug use by person	known to use illegal drugs (or misuse prescription drugs); no major harm caused
Drugs - harm caused by drug abuse in home	has suffered mental, physical or emotional harm or neglect due to drug abuse in the home
Drugs - history of drug abuse in home	excessive consumption of drugs in the home has been a problem in the past

Victimization

Risk Factor	Definition
Basic Needs - person being neglected by others	basic physical, nutritional or medical needs are not being met
Crime Victimization - arson	has been reported to police to be the victim of arson
Crime Victimization - assault	has been reported to police to be the victim of assault (i.e., hitting, stabbing, kicking, etc.)

Risk Factor	Definition
Crime Victimization - break and enter	has been reported to police to be the victim of break and enter (someone broke into their premises)
Crime Victimization - damage to property	has been reported to police to be the victim of someone damaging their property
Crime Victimization - other	has been reported to police to be the victim of other crime not mentioned above or below
Crime Victimization - robbery	has been reported to police to be the victim of robbery (someone threatened/used violence against them to get something from them)
Crime Victimization - sexual assault	has been reported to police to be the victim of sexual assault (i.e., touching, rape)
Crime Victimization - theft	has been reported to police to be the victim of theft (someone stole from them)
Crime Victimization - threat	has been reported to police to be the victim of someone uttering threats to them
Elder Abuse - person victim of elder abuse	has knowingly or unknowingly suffered from intentional or unintentional harm because of their physical, mental or situational vulnerabilities associated with the aging process
Gambling - person affected by the gambling of others	is negatively affected by the gambling of others
Gangs - victimized by gang	has been attacked, injured, assaulted or harmed by a gang in the past
Physical Violence - person affected by physical violence	has been affected by others falling victim to physical violence (i.e., witnessing; having knowledge of)
Physical Violence - person victim of physical violence	has experienced physical violence from another person (i.e., hitting, pushing)
Sexual Violence - person affected by sexual violence	has been affected by others falling victim to sexual harassment, humiliation, exploitation, touching or forced sexual acts (i.e., witnessing; having knowledge of)
Sexual Violence - person victim of sexual violence	has been the victim of sexual harassment, humiliation, exploitation, touching or forced sexual acts

Protective Factors

Education

Protective Factor	Definition
Academic achievement	successful at school (i.e., obtains good grades)
Access to/availability of cultural education	availability of programming and/or curriculum that includes cultural diversity, including First Nations, Francophone, etc.
Adequate level of education	has obtained at least their high school diploma

Protective Factor	Definition
Caring school environment	attends a school that demonstrates a strong interest in the safety and well-being of its students
Involvement in extracurricular activities	engaged in sports, school committees, etc., that provide stability and positive school experience
Positive school experiences	enjoys/enjoyed attending school and generally has/had a positive social experience while at school
School activities involving the family	school and family supports are connected through activities

Family Supports

Protective Factor	Definition
Adequate parental supervision	caregivers are actively involved in ensuring safety and well-being
Both parents involved in childcare	two parents that are both strong, positive figures in their life
Family life is integrated into the life of the community	family life is integrated into the life of the community, creating strong social bonds
Open communication among family members	communication among family members allows for open and honest dialogue to discuss problems
Parental level of education	parents have at least received their high school diplomas
Positive relationship with spouse	relationship with spouse is positive and their spouse positively affects their thoughts, actions or decisions
Positive support within the family	positive and supportive caregivers/relatives whom they can rely on
Single parent family with a strong father or mother figure	although they are from a single parent family, they have one strong, positive father or mother figure
Stability of the family unit	consistent family environment
Strong family bond	relationships with parents and/or other family members based on bond which may prevent them from engaging in delinquent behaviour
Strong parenting skills	strong parental monitoring, discipline, clear standards and/or limits set with child/youth

Financial Security and Employment

Protective Factor	Definition
Financial stability	financially stable and able to provide the necessities of life
Ongoing financial supplement	receiving a financial supplement which provides a regular non-taxable benefit (e.g., housing subsidy, Guaranteed Income Supplement, Old Age Security, Ontario Disability Support Program, etc.)

Protective Factor	Definition
Positive work environment	working in an environment that is safe, supportive and free of harassment/discrimination
Stable employment	steady paid employment
Temporary financial support	receiving a financial supplement on a short or fixed-term basis in order to overcome a temporary obstacle (e.g., Ontario Works, etc.)
Work life balance	positive use of time; employment schedule includes adequate down-time and time to pursue personal interests

Housing and Neighbourhood

Protective Factor	Definition
Access to/availability of resources, professional services and social supports	access to/availability of resources, professional services and social supports
Access to stable housing	stable housing is available that they may access at any time
Appropriate, sustainable housing	lives in appropriate, sustainable housing, in which they are reasonably expected to remain
Housing in close proximity to services	lives in close proximity to resources, professional services and social supports
Positive, cohesive community	resides in a community that promotes positive thoughts and/or behaviour and has a reasonable level of social cohesion
Relationships established with neighbours	relationships with neighbours assist in providing a strong network of support

Mental Health

Protective Factor	Definition
Accessing resources/services related to mental health	currently accessing resources and/or services (i.e., involved in counselling, seeing a psychologist, addictions counselling, etc.)
Adaptability	ability and willingness to adjust to different situations while communicating and building relationships
Personal coping strategies	the ability to solve/minimize personal and interpersonal problems related to stress or conflict
Self-efficacy	belief in their own ability to complete tasks and reach goals; self-motivated
Self esteem	positive perceptions of his/her self-worth
Taking prescribed medication	taking prescribed medication for a mental health disorder in accordance with doctor's instructions

Physical Health

Protective Factor	Definition
Accessing consistent resources/services to improve on-going physical health issue	established and ongoing medical support for a chronic health issue through a consistent service provider
Accessing resources/services to improve a temporary physical health issue	accessing resources and/or services to treat a short-term illness or injury
Demonstrates commitment to maintaining good physical health	exercises regularly, eats a balanced diet
Positive physical health	appears to be in good physical health
Primary care physician	has a family doctor

Pro-social/Positive Behaviour

Protective Factor	Definition
Optimism and positive expectations for future	has a positive expectation for their future which could lead to positive decisions/behaviour
Positive interpersonal skills	the ability to interact positively and work effectively with others
Positive pro-social behaviours	engages in activities/behaviours that positively impact others prompted by empathy, moral values, sense of personal responsibility (e.g., sharing, volunteering, etc.)
Sense of responsibility	takes responsibility for their own actions
Strong engagement/affiliation in community, spiritual and/or cultural activities	involved in positive activities with cultural, religious, spiritual and/or social groups that strengthen community ties and social support
Strong problem-solving skills	the ability to address issues and solve day-to-day problems in an effective, calm manner

Social Support Network

Protective Factor	Definition
Close friendships with positive peers	associates with people who positively affect their thoughts, actions or decisions
High level of trust in community support services	believes community support services are willing/able to help/influence them in a positive way
High level of trust in police	believes the police are willing/able to help them in a positive way
Positive role models/relationship with adult	engagement with a positive role model/adult who they receive support from and can look up to

Appendix G – Community Safety and Well-Being Plan Sample

The following is an example of what a plan may look like. It is intended to guide local partners involved in the community safety and well-being planning process as they summarize work undertaken in the development of their plan. While planning partners should include information in their plan related to the headings below (i.e., members of their advisory committee and implementation team(s), overview of community engagement, risks, activities and outcomes, etc.) it is left up to local discretion.

A plan is meant to be a living document, and should be updated as communities move forward in their work. While the plan itself will be important for planning partners to stay organized and inform the community of the way forward, the most valuable outcomes from this process will be improved coordination of services, collaboration, information sharing and partnerships between local government, agencies and organizations and an improved quality of life for community members.

Municipality/First Nation: Municipality of Grassland

Coordinator(s):

Coordinator: Claudia T., Social Services, Municipality of Grassland
Co-Coordinator: Steffie A., Department Head, Grassland Catholic School Board

Grassland Community Safety and Well-Being Planning Committee Members (Advisory Committee):
- Claudia T., Municipality of Grassland (Social Services)
- Silvana B., Municipality of Grassland (Communications)
- Steffie A., Grassland Catholic School Board
- James L., Grassland Public School Board
- Morgan T., Community Elder
- Fionne Y., Children's Mental Health Centre
- Yoko I., Grassland Hospital
- Stephanie L., Social Services
- Shannon C., Ontario Works
- Ram T., Ontario Disability Support Program
- Emily J., Grassland Police Services Board
- Nicole P., Grassland Police Service
- Sheniz K., Grassland Probation and Parole
- Stephen W., Local Indigenous Agency
- Oscar M., University of Grassland, Data Analytics

Community Background:

The Grassland community has a population of 64,900, with approximately 40% made up of those between the ages of 15 and 29. There are 54% males and 46% females in the community. The majority of residents living in Grassland were born in Grassland, with only 20% coming from another community, province or country. As a result, most of the population is English speaking; however, there are some smaller neighbourhoods with a strong presence of French-speaking individuals. Most residents of Grassland are single, with 30% of the population being married or in a common-law relationship; there is also a high presence of single-parent households. Most of the land is residential, with several retail businesses in the downtown core. Households living in Grassland have an average annual income of $65,000.

Community Engagement:

To support the identification of local risks, partners involved in the development of Grassland's community safety and well-being plan hosted two community engagement sessions at the community centre. The first session had 25 participants, and the second session had 53 participants. Each of these sessions were open to the public, and included representation from a variety of agencies/organizations from a wide range of sectors, including but not limited to local elementary and secondary schools, university, hospital, community agencies, private businesses, addictions support centres, mental health centres, long-term care homes, retirement homes and child welfare organizations. Members of the public and vulnerable groups also attended, including youth and seniors themselves. A number of open-ended questions were posed at the engagement sessions to encourage and facilitate discussion, such as: What is the Grassland community doing well to ensure the safety and well-being of its residents? What are challenges/issues in the Grassland community and opportunities for improvement?

To receive more specific information regarding risks, planning partners conducted 14 one-on-one meetings with community agencies/organizations (some attended the town-hall meeting and some did not). These meetings were initiated by the municipal coordinator, as she grew up in the community and already had a strong working relationship with many of these agencies/organizations. Questions were asked such as: What are the barriers to success that you see in your organization? What are the risks most often faced by the individuals and families that you serve? Agencies/organizations that were engaged during this phase include:
- Grassland Catholic School Board
- Employment Centre
- Children's Mental Health Centre
- Grassland Hospital
- Ontario Works
- Grassland Police Service
- Grassland Senior's Association
- Local Homeless Shelter
- Organization that works with offenders
- Addictions Centre
- Women's Shelter
- Local First Nations and Métis Organization
- Francophone Organization
- LGBTQ Service Organization

Priority Risks:
The following risks were selected by the planning committee as priorities to be focused on in their four year plan:

- Low Educational Attainment Rates
  - At the town-hall community engagement sessions, members of the public and the local school boards identified a lack of educational attainment in Grassland. Statistics provided by Ontario Works also indicated that Grassland has an above-average number of individuals being financially supported by their services that have not obtained their high-school diploma. The local school boards have noticed a significant increase in the number of individuals dropping out before they reach grade 12 in the past two years. This was supported by statistics received from Statistics Canada, which show Grassland having a significantly high number of people that have not completed high-school compared to other municipalities of a similar size.
- Mental Health
  - Mental health was identified most frequently (12 out of 14) by the agencies/organizations that were engaged on a one-on-one basis as being a risk faced by many of the individuals and families they serve.
- Domestic Violence
  - Statistics provided by the Grassland Police Service indicate that they respond to more calls related to domestic violence than any other type of incident. Grassland also has the largest women's shelter within the region; it is often over-populated with women having to be referred to services outside of the municipality.

Implementation Teams and Members:
- Increasing Educational Attainment Working Group
  - **Purpose**: to increase educational attainment in Grassland by creating awareness about the impacts of dropping out of school and ensuring youth receive the support they need to graduate.
  - **Membership**: this group includes representation from the planning committee as well as organizations that were engaged during community engagement whose mandate aligns with this group's purpose. Specifically, membership consists of:
    - Julie M., Grassland Catholic School Board
    - Ray A., Grassland Public School Board
    - Shannon C., Ontario Works
    - Ram T., Ontario Disability Support Program
    - Claudia T., Municipality of Grassland (Social Services)
    - Sam S., Employment Centre
    - Stephen W., Local Indigenous Agency
    - Allan R., youth living in the community
- Mental Health Task Force
  - **Purpose**: to ensure Grassland community members who are experiencing mental health issues are properly diagnosed and have access to the most appropriate service provider who can assist in addressing their needs.
  - **Membership**: this group has been in place for the past two years and was identified after completing an asset mapping exercise of existing bodies as a body that could be responsible for coordinating/developing strategies related to mental health. Existing members will continue to be on this implementation team and include:

- Mary M., Municipality of Grassland (Social Services)
- Fionne Y., Children's Mental Health Centre
- James Y., Grassland Hospital
- Susan B., Addictions Centre
- Todd S., Grassland Catholic School Board
- Lynn W., Grassland Public School Board
- Morgan T., Community Elder

- Domestic Violence Prevention Working Group
  - **Purpose**: to ensure victims of domestic violence are receiving the proper supports from the most appropriate service provider and are provided with assistance in leaving their abusive relationships.
  - **Membership**: this group includes representation from the planning committee as well as organizations that were engaged during community engagement whose mandate aligns with this group's purpose. Specifically, membership consists of:
    - Emily J., Grassland Police Service
    - Aiesha Z., Women's Shelter
    - Stephanie L., Social Services
    - Lisah G., Social Services
    - Kail L., Grassland Hospital
    - Frank C., Victim Services
    - Sean D., Local Indigenous Agency

Plans to Address Priority Risk

Priority Risk #1: Low Educational Attainment

Approximately 20% of the population of Grassland has not obtained their high school diploma. As a result, employment opportunities for these individuals are limited and the average household income is much lower than the provincial average. This has resulted in an increase in property crime in the past several years as these individuals strive to provide for themselves and their families.

Vulnerable Group: youth between the ages of 12-17

Risk Factors: missing school – chronic absenteeism, truancy, low literacy, low educational attainment, learning difficulties, behavioural problems

Protective Factors: positive school experiences, optimism and positive expectations for future, self-esteem, positive support within the family

Activities:
- Broker partnerships between social services, neighbourhood hubs, library and school boards (social development) – this will be done collectively by the Increasing Educational Attainment Working Group
- Community engagement sessions involving youth (prevention) – this will be done at the onset by the planning committee
- One-on-one meetings with local university, college and social services (prevention) – this will be done at the onset by the planning committee

- Review outcomes of lunch-time and after-school reading programs in schools to consider enhancement and expansion (prevention)
- Implement the Violent Threat Risk Assessment Protocol (risk intervention) – this will be a joint effort of the Grassland Catholic and Public School Boards

Immediate Outcomes:
- Community is better informed of issues faced related to community safety and well-being (education specifically)
- Impacts of not graduating from high-school communicated to students, community members and service providers
- Increased access to education for students in receipt of social assistance
- Expansion of lunch-time and after-school reading programs in schools
- A coordinated approach to supporting youth who pose a risk of violence to themselves or others
- Better school experiences for troubled youth

Intermediate Outcomes:
- Increase graduations rates

Long-Term Outcomes:
- Increase community safety and well-being through an increase in employment rates and income levels

Priority Risk #2: Mental Health

More than 50% of the Grassland Police Services' social disorder calls are responding to those with a mental health issue. This has created tension within the community as the police are not properly equipped to handle these types of situations. These individuals are becoming involved in the criminal justice system, rather than receiving the support that they require.

Vulnerable Group: individuals between the ages of 15 and 45

Risk Factors: poor mental health, learning difficulties, low self-esteem, impulsivity, mistreatment during childhood, neglect

Protective Factors: self-esteem, adaptability, housing in close proximity to services, access to/availability of resources, professional services and social supports

Activities:
- Broker partnerships between mental health service providers (social development) – this will be done collectively by the Mental Health Task Force
- Community engagement sessions (prevention) – this will be done at the onset by the Planning Committee
- One-on-one meetings with local mental health service providers (prevention) – this will be done at the onset by the planning committee and additional meetings will also be arranged by the Mental Health Task Force
- Broker partnerships with private sector building development companies with the aim of increasing housing opportunities in priority neighbourhoods (prevention) – this will be done by the Mental Health Task Force

Community Safety and Well-Being Planning Framework: A Shared Commitment in Ontario   75

- Implementation of the Youth Outreach Under 18 Response Service to eliminate service gaps for youth on waitlists by providing them with short-term support until other services may be accessed (risk intervention) – this will be led by the Children's Mental Health Centre
- Implementation of an evidence-based collaborative model of police and mental health workers responding to mental health calls together (e.g., COAST) (incident response)

Immediate Outcomes:
- Mental health service providers interacting to reduce a duplication of services
- Individuals experiencing mental health issues receiving support from the most appropriate service provider
- Individuals in the community are aware and more sensitive to those experiencing mental health issues
- Individuals experiencing mental health issues are connected to stable housing that is in close proximity to services
- Development of relationship with private sector building companies

Intermediate Outcomes:
- The level of mental health service availability meets the needs of the population

Long-Term Outcomes:
- Increase community safety and well-being through availability of affordable housing in areas of need due to partnership between the municipality and private sector building company

Priority Risk #3: Domestic Violence

There are a significant number of women (as well as some men) in Grassland in violent relationships. While the severity varies between cases, many of these victims continue to return to their spouses after the police have been involved. As a result, there are a significant number of children being taken away from their families and being put into foster care.

Vulnerable Group: women and children in the community

Risk Factors: physical violence in the home, emotional violence in the home, mistreatment during childhood, parent's own abuse/neglect as a child, unsupportive/abusive spouses, young mothers

Protective Factors: self-esteem, positive relationship with spouse, strong family bond, positive support within the family, stability of the family unit

Activities:
- Engage women's shelters, local hospital and police to create an anti-relationship-violence campaign (social development) – this will be done collectively by the Domestic Violence Prevention Working Group with support from the municipality
- Engagement of victims in community engagement (prevention) – this will be done at the onset by the planning committee and additional meetings will also be arranged by the Domestic Violence Prevention Working Group
- Implementation of a healthy relationships program (prevention) – this will be a joint effort of the local Women's Shelter and Grassland Hospital

- Implementation of a Situation Table to ensure individuals at risk of victimization and/or harm are connected to a service provider before an incident occurs (risk intervention) – this will be led by the municipality with participation from all planning committee members and other agencies/organizations who were engaged one-on-one
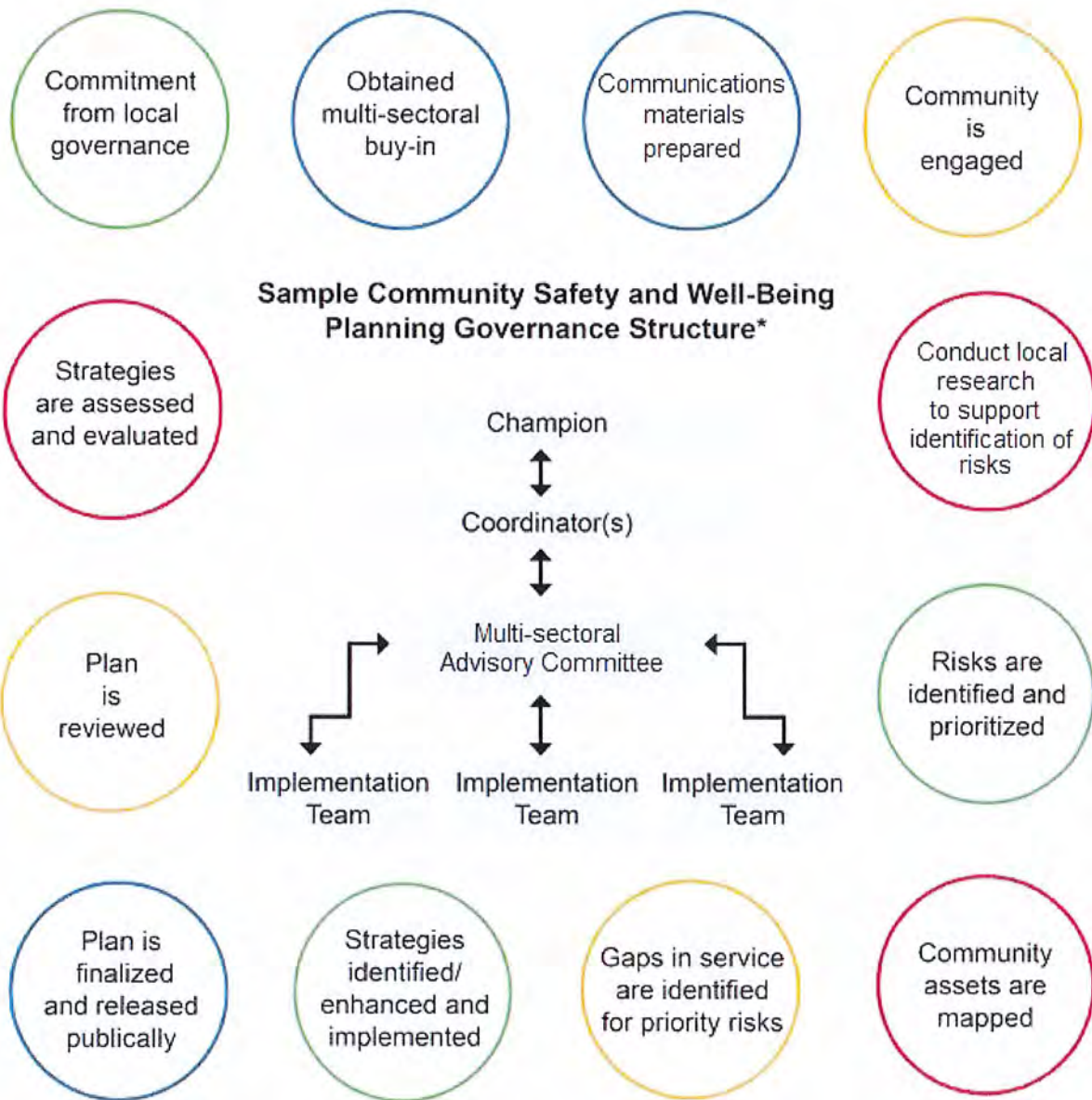
Immediate Outcomes:
- Increase victim's awareness of services in the community
- Awareness of the impact of domestic violence on children
- Enrolment in a healthy relationships program for those who have been arrested for domestic-violence related offences
- Connecting individuals with acutely elevate risk to service

Intermediate Outcomes:
- Victims of domestic violence are provided with the support they require to leave their situation and/or victims and perpetrators are provided with the support they require to improve their situation

Long-Term Outcomes:
- Increase community safety and well-being

Commitment from local governance

Obtained multi-sectoral buy-in

Communications materials prepared

Community is engaged

Sample Community Safety and Well-Being Planning Governance Structure*

Strategies are assessed and evaluated

Conduct local research to support identification of risks

Champion

↕

Coordinator(s)

↕

Multi-sectoral Advisory Committee

Plan is reviewed

Implementation Team   Implementation Team   Implementation Team

Risks are identified and prioritized

Plan is finalized and released publically

Strategies identified/ enhanced and implemented

Gaps in service are identified for priority risks

Community assets are mapped

*Note: governance structures may look different in each community

This diagram includes an example of a governance structure for the community safety and well-being planning process. The roles and responsibilities of the participants represented in this diagram are highlighted in Tool 1: Participants, Roles and Responsibilities. The diagram also highlights different steps to the community safety and well-being planning process that are described throughout this document. As community safety and well-being planning may look different in each community, the different steps can be flexible and adaptable for each community across Ontario.

Thank you for your commitment to community safety and well-being planning. The ministry welcomes your thoughts, comments and input on this booklet. Please send your comments to SafetyPlanning@Ontario.ca.

In addition, the ministry would also like to thank our inter-ministerial, policing and community partners who participated in the development of this booklet, including the pilot communities who tested components of the community safety and well-being planning framework and toolkit. Thank you for your ongoing support and feedback throughout this process.

293/19

Maralee Drake

From:	Thom Gettinby
Sent:	Monday, February 25, 2019 1:47 PM
To:	Sarah Beauregard-Jones; Eva Duff; Laura Barta; Maralee Drake
Subject:	Fw: Ontario Wildlife Damage Compensation Program Investigator Training Sessions

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Ontario Wildlife Damage Compensation Program (OMAFRA) <Wildlife.Damage@ontario.ca>

Sent: Monday, February 25, 2019 13:16

To: Thom Gettinby

Subject: Ontario Wildlife Damage Compensation Program Investigator Training Sessions

Dear: Municipalities

Recently, the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) announced changes to the Ontario Wildlife Damage Compensation Program (OWDCP). The OWDCP provides financial assistance to producers whose livestock or poultry has been killed or injured as a result of wildlife predation or bee colonies, beehives or bee-hive related equipment have been damaged by wildlife. The OWDCP is a cost-shared program under the Canadian Agricultural Partnership, a federal-provincial-territorial initiative.

Updated Program Guidelines and resources are available on the OWDCP website at: www.Ontario.ca/predation.

Investigator Training Sessions:

Investigator training sessions will be available throughout March 2019. Registration for all investigator training sessions can be completed online at: http://www.omafra.gov.on.ca/english/livestock/owdcp-regform.htm

Yours truly,

Jane Widdecombe

Program Administrator

Date:	26/02/2019
Refer to:	Council
Meeting Date:	04/03/2019
Action:	Refer to
Notes:	PS-25/03/2019
Copies to:	

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Committee Referrals

This group of communications has been referred from:

Date of Meeting: **Monday, March 18, 2019**

and should be retained for use at the committee meeting indicated below:

Name of Committee: **Protection Services Committee**
Date of Committee Meeting: **Monday, March 25, 2019**

Maralee Drake

From:	Thom Gettinby
Sent:	Tuesday, February 26, 2019 1:00 PM
To:	Maralee Drake
Subject:	Fw: Government Announces New Health Care Plan

Date:	27/02/2019
Refer to:	Council
Meeting Date:	18/03/2019
Action:	Refer to
Notes:	PS-25/03/2019
Copies to:	

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: AMO Communications <Communicate@amo.on.ca>
Sent: Tuesday, February 26, 2019 11:57
To: Thom Gettinby
Reply To: Communicate@amo.on.ca
Subject: Government Announces New Health Care Plan

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AMO Association of
Municipalities Ontario

POLICY UPDATE

February 26, 2019

Government Announces New Health Care Plan

Today, Christine Elliott, Deputy Premier and Minister of Health and Long-Term Care, announced the Government of Ontario's plan for developing an integrated patient care system. The plan is to focus on the needs of Ontario's patients and families and is intended to improve access to services and the patient experience by:

- seeing local health care providers organize themselves into coordinated teams (i.e. Ontario health teams) to provide services to patients; anticipates there could be 30 to 40 local health teams across the province at maturity
- providing patients, families, and caregivers with a structure that supports them in navigating entering, during and exiting the patient health care system, 24/7
- providing a central point of accountability and oversight for the health care system through Ontario Health, a single agency that focuses on achieving the integration and providing very specialized provincial health care where beyond capacity of local care delivery
- moving forward on access to secure digital tools, including online health records and virtual care options for patients – a 21st-century approach to health care.

The details received about the plan indicated that is about improving patient-centred care through connected health care services. This plan is not about restructuring

public health or making changes to municipal paramedic services management. Clearly, long-term care home capacity is part of the solution to more hospital beds. Today's announcement also re-emphasized the government's commitment to invest in building 30,000 long-term care beds over ten years and to establish a comprehensive and connected system for mental health and addictions treatment.

AMO's President, Jamie McGarvey, and the Chair of AMO's Health Task Force, Graydon Smith, had a productive meeting with Minister Elliott prior to the announcement. With a new community lens being brought to patient health care planning and delivery and with residents increasingly looking to their councils to represent their community health interests to the provincial government, more MOHLTC-AMO interaction makes sense. AMO welcomes the Minister's commitment to us for increased ongoing dialogue about the government's plan for implementation and transition.

AMO will continue to analyze the municipal impacts. Conversations with the government will be grounded in the recommendations of AMO's recently released health policy discussion paper.

For more information, see the Ontario news release and more details about the plan on the Ministry website.

AMO Contact: Monika Turner, Director of Policy, mturner@amo.on.ca, 416.971.9856 ext. 318.

*Disclaimer: The Association of Municipalities of Ontario (AMO) is unable to provide any warranty regarding the accuracy or completeness of third-party submissions. Distribution of these items does not imply an endorsement of the views, information or services mentioned.

Please consider the environment before printing this.

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HIGHER LOGIC

Arlene Smith

From:	Alan Cowie <CowieAlan@outlook.com>
Sent:	Tuesday, February 19, 2019 1:07 PM
To:	Arlene Smith
Subject:	Construction of a Garage/Barn on this land at 00000 TWMARC AVE Brock
Attachments:	IMG_0001.jpg

Good Afternoon Arlene,

I hope you had a lovely long weekend. I was contacting you regarding the Municipal Address: **00000 TWMARC AVE**, PLAN 231 PL LOT56 TO 58 PT LOT 71 TO 73 AND PT ROAD ALLOWANCE BETWEEN LOT 58,71 PT BETWEEN LOT 58 LOT 71. Actual location Commodore road & Highways 23. As suggested I am attaching the letter for the Counsel of Brock. Kindly help us in getting approval for construction of a Garage/Barn on this land.

Thank you for your time & consideration.

Alan Cowie

Date:	05/03/2019
Refer to:	Council
Meeting Date:	18/03/2019
Action:	Refer to
Notes:	PS-25/03/2019
Copies to:	

1

To,
Mayor Debbie Bath-Hadde

1260 Concession 2,
Sunderland, ON L0C 1H0

Dear Mayor Debbie,

I, Alan Cowie, owner of land Address: 00000 TWMARC AVE, Brock, ON L0K 1A0. I am
sending you this letter to address our request to allow construction of a Garage/Barn on
this land. We have contacted the city in the past & they have informed us that the 0.43
acer land is too small for allowing a house. Hence, we are requesting permission to
build just a Garage/Barn with access from Commodore road. We have been paying the
land taxes from last four decades. We ask that this matter be given attention. This
would help us in storing our collection of Vintage motorcycles into the barn & we would
be in better shape to maintain the landscaping of the property.

Thank you for your prompt attention.

Regards

Alan Cowie

PLAN OF SURVEY
OF PARTS OF LOTS 56,57,58,71,72,73 AND
PART OF THE ROAD ALL'CE BET'N. LOTS 58 & 71,
REG. PLAN 231
TOWNSHIP OF BROCK
REGIONAL MUNICIPALITY OF DURHAM
FORMERLY IN THE
TOWNSHIP OF THORAH
COUNTY OF ONTARIO

SCALE 1"=50'

1 9 7 4

LAKE SHORE ROAD
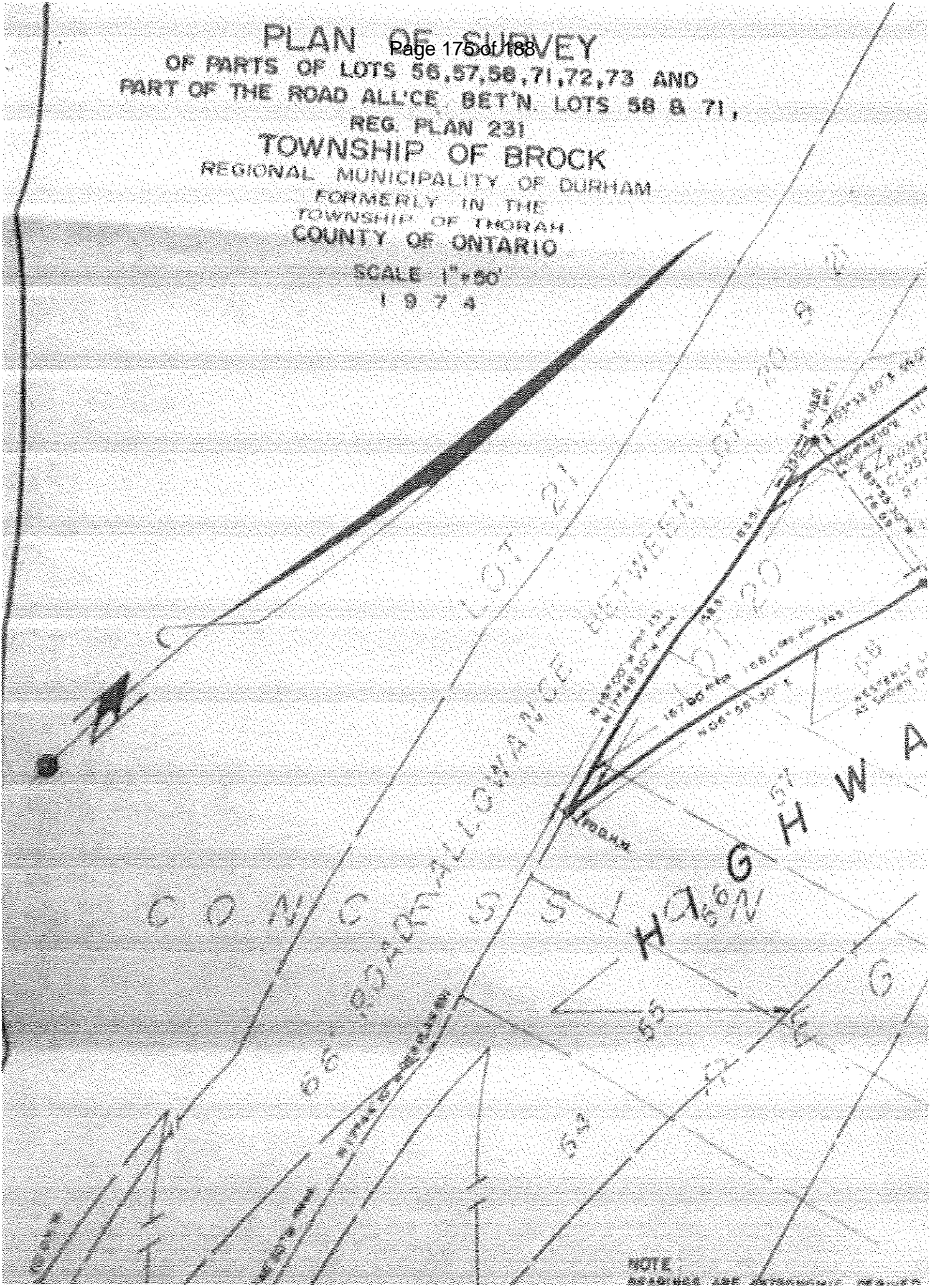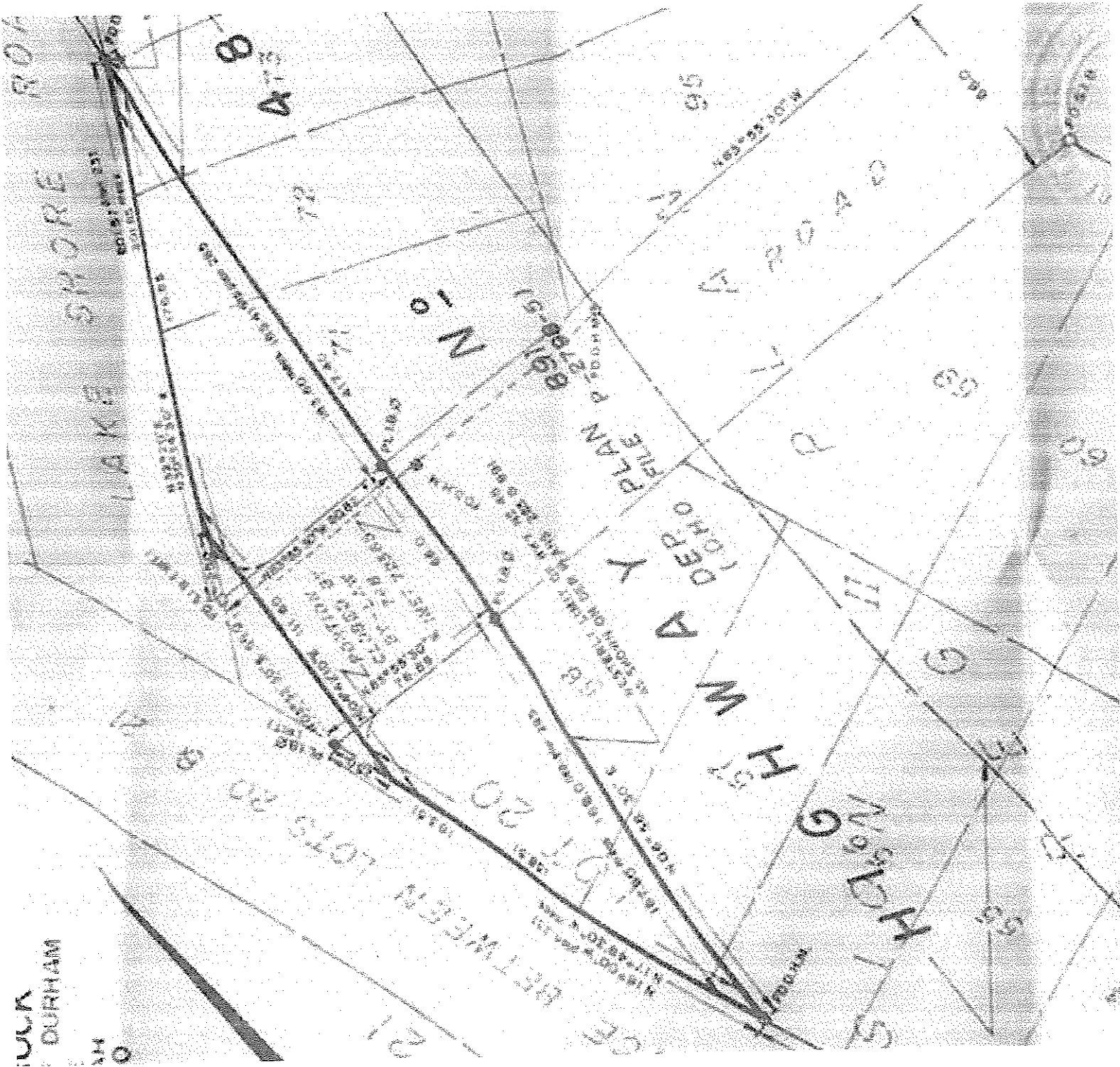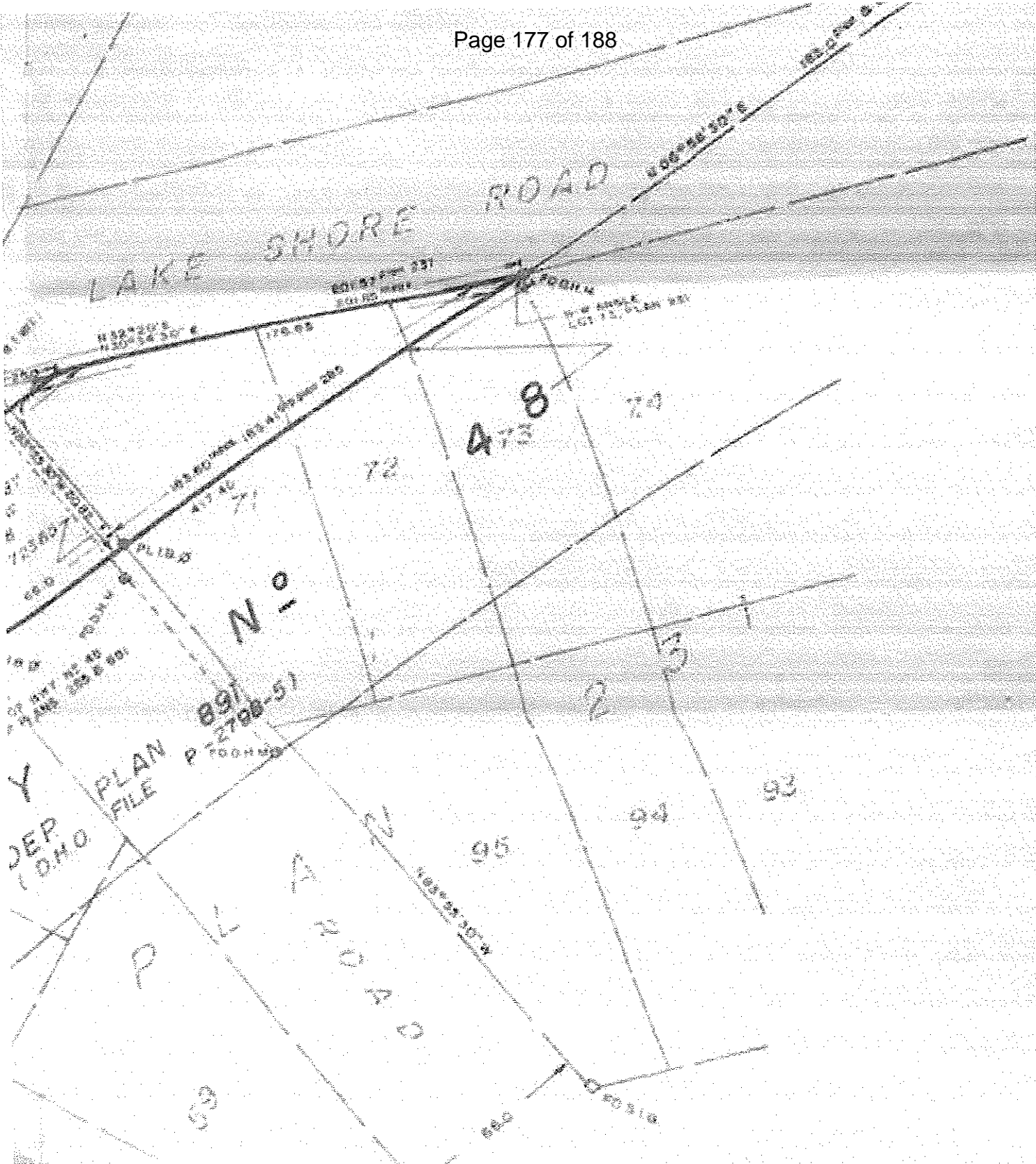
SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT:

(1) THIS SURVEY AND PLAN ARE C
IN ACCORDANCE WITH THE SURVE
THE REGISTRY ACT AND THE R
MADE THEREUNDER

(2) THE SURVEY WAS COMPLETED ON
DAY OF AUGUST 1974

ORILLIA, ONT.
SEPT 11 1974   ONTARIO LAN

Maralee Drake

From:	Michael Jubb
Sent:	Monday, March 04, 2019 5:18 PM
To:	Maralee Drake
Cc:	Becky Jamieson
Subject:	Cedar Beach Rd

Good evening. This is another correspondence. Is it possible to add this to the agenda with the current letter that is on the agenda in the coming weeks from Mrs. Pollock? Cheers. Mike.

[OBJ]

Michael Jubb

Ward 1 Councillor

The Corporation of the Township of Brock

1 Cameron Street East, P.O. Box 10

Cannington, Ontario, L0E 1E0

Tel: 705-432-2355| Toll-Free: 1-866-223-7668 | Fax: 705-432-3487

mjubb@townofbrock.ca | townshipofbrock.ca | choosebrock.ca

Date:	05/03/2019
Refer to:	Council
Meeting Date:	18/03/2019
Action:	Refer to
Notes:	**PS-25/03/2019**
Copies to:	

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From: Janice Hope <janicehope37@gmail.com>
Sent: Wednesday, January 30, 2019 10:02:03 AM
To: Michael Jubb
Subject: snow machines

Hello Mike,

I live in Ward 1 on Cedar Beach Rd.

We have several snow machines racing up and down the road both days and nights. They travel in excess of 60 km/hr. They seem to be quite young people, and they are travelling on people's properties.

1

I noticed the by-law is specific on the speed.

What can be done about this?

Janice Hope

March 01, 2018 ⁷

Mr. T. Gettinby, Chief Administrative Officer
Township of Brock
1 Cameron Street East
Cannington, ON, L0E 1E0

Date:	07/03/2019
Refer to:	Council
Meeting Date:	18/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

Dear Mr. Gettinby:

**The Regional
Municipality
of Durham**

Health Department
Health Protection

101 Consumers Dr.
2nd Floor
Whitby, ON L1N 1C4
Canada

905-723-3818
1-888-777-9613
Fax: 905-666-1887

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RE: Attached *Notice of Required Action* (May 1- September 30, 2019) per Ontario Regulation 199/03, as amended - Control of West Nile Virus

On May 16, 2003 the Ontario Ministry of Health and Long-Term Care sent a memo to all Medical Officers of Health announcing the enactment of Regulation 199/03 - Control of West Nile Virus (The "Regulation") under the *Health Protection and Promotion Act*. This Regulation was filed on May 15, 2003 and was printed in the Ontario Gazette on May 31, 2003.

The Regulation gives a Medical Officer of Health broad powers and duties respecting the control of West Nile virus. In particular, a Medical Officer of Health may give notice (the "Notice") to a municipality respecting a number of required actions such as source reduction, surveillance, larviciding, adulticiding, etc. The municipality must comply with the Notice, which remains in effect from May 1 to September 30, 2019.

Historically, local municipalities had expressed interest in the Regional Corporation enacting a standing/stagnant water by-law that would be enforced locally. According to Corporate Services – Legal Services, this Regulation eliminates the need for such a by-law.

Upon receipt of a Notice from the Medical Officer of Health, under the Regulation, your employees may enter onto private property in accordance with Section 41(1) of the *Health Protection and Promotion Act* (respecting rights of entry and powers of inspection) for the purpose of carrying out activities related to the control and prevention of West Nile virus. This includes investigating complaints regarding standing/stagnant water, and the remediation and/or elimination of standing/stagnant water in accordance with generally accepted practices.

The investigation of complaints regarding standing/stagnant water on private property is identified as a local municipal responsibility in the Durham Region West Nile Virus Response Plan. The Durham Region Health Department (DRHD) continues to meet with representatives from all of the municipalities to implement this comprehensive plan to reduce the risk of West Nile virus to Durham Region residents.

Since 2003, the DRHD has established an effective partnership with the local municipalities to address standing/stagnant water issues on private and municipal property, including the retraining and development of municipal staff in the identification of mosquito breeding sites and remediation strategies.

The DRHD has developed a protocol, including a standard template for notices to owners of private property regarding standing/stagnant water, to be used by the local municipalities. The DRHD has also assumed the responsibility for enforcement issues, related to non-cooperative owners/occupiers of private property, following an investigation and referral by the local municipal by-law enforcement officers. The DRHD looks forward to further development of the partnership during the 2019 West Nile virus season.

I would like to take this opportunity to thank your municipality for your continued support and participation on various planning committees in the development and implementation of the Durham Region West Nile Virus Response Plan. I look forward to your continued support in reducing the risk of West Nile virus to the residents of Durham Region.

Should you have any questions, please contact Ross MacEachern, Manager, Health Protection at 1-888-777-9613 ext. 4640.

Yours truly,

Robert Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health
Durham Region Health Department

NOTICE OF REQUIRED ACTION

PURSUANT TO ONTARIO REGULATION 199/03, AS AMENDED, PURSUANT TO THE *HEALTH PROTECTION AND PROMOTION ACT*, R.S.O. 1990, c. H.7, AS AMENDED

DATE: February 28, 2019

TO: Mr. T. Gettinby, Chief Administrative Officer, Township of Brock

WHEREAS, Ontario Regulation 199/03 as amended, pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, as amended (the "Act") states:

1) a Medical Officer of Health shall make a determination whether action is required by a municipality to decrease the risk of West Nile virus to persons, either inside or outside the health unit served by the Medical Officer of Health, based upon a local risk assessment.

2) where the Medical Officer of Health has determined that action is required, he or she may give notice to the municipality of the required action, having regard to the guidelines published by the Minister of Health under section 7 of the *Health Protection and Promotion Act* and the generally accepted practices in the field of public health with regard to decreasing the risk of West Nile virus to persons,

3) employees of a municipality, subject to a Notice of Required Action, may enter and have access to premises as described in section 41 of the Act, for the purpose of carrying out a direction given under the Act;

4) a failure to comply with a Notice of Required Action constitutes an offence pursuant to subsection 100(4) of the Act.

I, Dr. Robert Kyle, Medical Officer of Health for the Regional Municipality of Durham, hereby provide notice of the following action(s) required to be undertaken by your municipality from May 1 to September 30, 2019:

1) On a complaint basis, conduct inspections of private and municipally-owned property located in your municipality for the purpose of identifying standing/stagnant water that has the potential to be a mosquito-breeding site,

2) Issue notices requiring the owner of such property to:
   a) Remove standing/stagnant water, or

b) Remediate/maintain the property in a manner that will neither permit water to become standing/stagnant for a period not greater than 4 days, nor support mosquito breeding; or

c) When the removal of such standing/stagnant water is not possible, implement vector control measures (larviciding) in accordance with Ontario Ministry of the Environment, Conservation and Parks regulations and guidelines respecting the use of pesticides for mosquito control,

3) Consult with the Durham Region Health Department on matters with respect to non-compliance with these notices and/or vector control measures,

4) Maintain all roadside drainage ditches and other municipal property in a manner that will not permit water to become standing/stagnant for a period greater than 4 days.

THE REASONS FOR THIS NOTICE OF REQUIRED ACTION ARE THAT:

Surveillance data indicates that West Nile virus is or has been present in Durham Region. Mosquito populations can be diminished significantly by reducing their typical aquatic breeding habitats, a preventive strategy known as "source reduction". Artificial containers of standing water and temporary floodwaters are examples of important breeding habitats for mosquitoes. Reducing aquatic breeding habitats is important in reducing the risk of West Nile virus to persons.

TAKE NOTICE THAT FAILURE TO COMPLY with this Notice of Required Action is an offence for which you may be liable, on conviction, to a fine of not more than $25,000.00 for every day or part of each day on which the offence occurs or continues.

Robert Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACPM
Commissioner & Medical Officer of Health

Lake Simcoe Region conservation authority

media release

Corporate Communications | 905.895.1281 | 1.800.465.0437 | @LSRCA

Spring Safety Message: Be Careful Around Waterways
Hazardous conditions on and around bodies of water

390/19

Newmarket - March 6, 2019 – Lake Simcoe Region Conservation Authority (LSRCA) is reminding residents of the dangers that exist near bodies of water, particularly around this time of year, and urges people to keep family and pets away from the edges of all waterways.

Spring is quickly approaching and with warmer temperatures, people look forward to getting outdoors. Warmer temperatures, however, also usually bring rain, melting snow and shifting ice which can contribute to higher, faster flowing water in watercourses.

Although we have experienced a few thaws this winter, the snow cover that is currently observed throughout the Lake Simcoe watershed is typical for the beginning of March. The ground remains frozen and local rivers, streams and lakes are mostly covered in ice. With warmer weather, comes melting snow and potential rain which will contribute to higher water levels and increased velocities in local watercourses. As well, slippery and unstable streambanks and extremely cold water temperatures can also lead to very hazardous and dangerous conditions close to any body of water.

Be safe this spring and remember the following tips:
- Keep family and pets away from the edges of all bodies of water
- Avoid all recreational activities in or around water
- Where you can, move objects such as chairs or benches away from the water's edge to avoid losing them during the spring flood

For more information, contact your local Conservation Authority.

The banks around any body of water are particularly treacherous this time of year. Keep your kids and pets away.

- Lake Simcoe Region Conservation Authority   (905) 895-1281
- Toronto & Region Conservation Authority   (416) 661-6514
- Conservation Halton   (905) 336-1158
- Credit Valley Conservation   (905) 670-1615
- Central Lake Ontario Conservation Authority   (905) 579-0411
- Ganaraska Region Conservation Authority   (905) 885-8173
- Nottawasaga Valley Conservation Authority   (705) 424-1479
- Kawartha Conservation   (705) 328-2271

Date:	07/03/2019
Refer to:	Council
Meeting Date:	18/03/2019
Action:	Refer to
Notes:	PS - 25/03/2019
Copies to:	

It is the mission of LSRCA to work with our community to protect and restore the Lake Simcoe watershed by leading research, policy and action.

-30-

Media Contact: Susan Jagminas, Corporate Communications | E-Mail: s.jagminas@LSRCA.on.ca

Communications Referred Directly

421/19
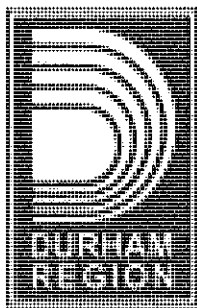
March 05, 2019

Mr. T. Gettinby, Chief Administrative Officer
Township of Brock
1 Cameron Street East
Cannington, ON L0E 1E0

Date:	13/03/2019
Refer to:	Protection Services
Meeting Date:	25/03/2019
Action:	Rec & File
Notes:	
Copies to:	

**The Regional
Municipality
of Durham**

Health Department
Health Protection

101 Consumers Dr.
2nd Floor
Whitby, ON L1N 1C4
Canada

905-723-3818
1-888-777-9613
Fax: 905-666-1887

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Dear Mr. Gettinby:

In order to effectively control and prevent West Nile virus transmission, the Durham Region Vector-borne Disease Response Committee (DRVBDRC) identifies the Health Department as the agency responsible for the implementation of Region-wide vector control activities on behalf of the local municipalities. As such, the Health Department plans to conduct West Nile virus vector control activities from May to September 2019.

An important component of the West Nile Virus Vector Control Plan is the larviciding of catch basins and other stagnant water bodies on Municipal and Regional property. The aim of the program is to prevent specific vector species of mosquitoes, *Culex pipiens* and *Culex restuans,* from developing into adults. This intervention will reduce the number of adult mosquitoes that would otherwise amplify West Nile virus (WNV), and will subsequently reduce the risk that Durham Region's residents might acquire WNV.

The following table lists the products registered under the *Pest Control Products Act* (S.C. 2002, c.28, as amended) that may be used during the upcoming WNV season to control mosquito larvae.

Product	Name	Formulation	Registration No.
methoprene	Altosid	pellet and/or briquette	21809, 27694
Bacillus thuringiensis israelensis (Bti)	Vectobac	granular	18158, 19466
Bacillus sphaericus	Vectolex	water soluble pouch and/or granular	28009, 28008

The Health Department will contract a pest control company to implement the Region's larviciding program between May and September 2019. This company will be directed to treat a predetermined number of catch basins on Municipal and Regional property. As well, the pest control company will larvicide areas of stagnant water in the Region, based upon surveillance data generated during the 2019 surveillance season.

and private property, each Municipality within the jurisdiction of the Region must provide a letter from a representative of the Municipality authorizing the use of a larvicide in that Municipality by the Region.

The Health Department is requesting that an authorization letter, for larvicide application in your Municipality on municipal property, private property, and property under the jurisdiction of other government authorities, be provided in order to ensure that the permit requirements of the MOECP are met and that the Region's larviciding program can take place as scheduled.

In order to allow sufficient time for the permit application and approval process by the MOECP, we are requesting that the authorization letter be provided to our Department no later than April 1, 2019.

Should you have any questions or concerns regarding this request, please contact me directly at 1-888-777-9613 ext. 4640.

Mailing and fax information:

Attention: Ross MacEachern
Manager, Health Protection
The Regional Municipality of Durham - Health Department
2nd Floor, 101 Consumers Drive
Whitby, ON, L1N 1C4

Fax: (905) 666-1887

Thank you in advance for your prompt attention to this matter and your continued support of the Health Department's efforts to control and prevent West Nile virus in Durham Region.

Yours truly,

Ross MacEachern, B.A., C.P.H.I.(C)
Manager, Health Protection

RM/tm

Joel Harden
MPP / Député, Ottawa Centre

Ontario

Queen's Park
Room 328, Main Legislative Building /
Pièce 328, Édifice de l'Assemblée législative
Queen's Park • Toronto, ON M7A 1A8
416-326-7648 416-326-7648
JHarden-QP@ndp.on.ca

Community Office
Bureau du circonscription
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March 11, 2019

Friends,

I've had the pleasure to act as Critic for Accessibility & People with Disabilities; Seniors' Affairs; Pensions in the Ontario Legislature, and in that time I've met with many folks in the disability rights community. I have had a lot to learn, and greatly benefited from conversations with passionate leaders.

Time and again, I've heard that we are not prepared to meet Ontario's obligations under the *Accessibility for Ontarians with Disabilities Act* (AODA), most notably that Ontario be a fully accessible province by the year 2025. This message was powerfully reinforced recently by the Honourable David C. Onley's Report on the Third Review of the AODA.

Ontario needs a plan of action on accessibility, and it's time to open up the Ontario Legislature to hear from those directly impacted by failing to meet AODA targets.

And so, with that in mind, I write to invite you to an Accessibility Town Hall at the Ontario Legislature on April 10, 2019. Following Question Period, a lunch will be hosted in Room 351, followed by three hours of open presentations to listen to your perspectives.

I am pleased that David Lepofksy (Chair, AODA Alliance) and Sarah Jama (Disability Justice Network of Ontario) will be on hand to offer brief remarks prior to these open hearings. All necessary accommodations will be available to ensure you can participate.

Please join us! Ontario needs your ideas, expertise, and passion to ensure this province is accessible to all, where everyone can live their lives to the fullest.

RSVP here: http://www.joelharden.ca/accessibility_town_hall

Date:	13/03/2019
Refer to:	Protection Services
Meeting Date:	25/03/2019
Action:	Rec & File
Notes:	
Copies to:	

My very best,

Joel Harden
MPP for Ottawa Centre
Official Opposition Critic for Accessibility & People with Disabilities; Seniors' Affairs; Pensions