



**CORPORATION OF THE TOWNSHIP OF PRINCE
REGULAR MEETING AGENDA – TUESDAY JUNE 11TH 2024 – 6:00 PM
COMMUNITY HALL**

YouTube Stream

<https://www.youtube.com/channel/UCXfSxlYppiNWde85MELeuQ>

Land Acknowledgement

It is important that we acknowledge, with respect, that we are in Robinson-Huron Treaty territory, that the land on which we are gathered is the traditional territory of the Anishinaabe and known as Bawating. Bawating is the home of the Garden River First Nation, Batchewana First Nation, and the Historic Sault Ste. Marie Metis Council. We should and will honor and respect these Indigenous people as the ancestors and traditional stewards of the land upon which we stand today. May our relationships with the land teach us to live and work in good relationship with one another.

AGENDA

1. Call to Order

2. Approve Agenda

BE IT RESOLVED THAT COUNCIL hereby accepts the agenda for Tuesday June 11th, 2024, and any addendums, as presented.

3. Disclosure of Pecuniary Interest

4. Minutes of Previous Meetings:

BE IT RESOLVED THAT COUNCIL hereby accepts the open and closed minutes of the council meeting of Tuesday May 14th, 2024, and any addendums, as presented.

5. Questions and Information Arising out of Minutes not Otherwise on Agenda

6. Petitions and/or delegations

Early ON's request for funding support to build a new play structure for use by the General Public.

BE IT RESOLVED that Council supports the Early ON's request to construct a play structure on Township Property.

BE IT ALSO RESOLVED that Prince Township will support this project with a financial contribution of up to _____. With those funds coming from the Township's "Parks in Lieu" Reserves.

7. Staff Reports

- a) Fire Report – June 2024

BE IT RESOLVED THAT COUNCIL hereby accepts the June 2024 Fire Report as information.

- b) Roads Report – June 2024

BE IT RESOLVED THAT COUNCIL hereby accepts the June 2024 Roads Report as information.

- c) Revenue and Expenditure Reports – May 2024

BE IT RESOLVED THAT COUNCIL hereby accepts the May 2024 Expenditure and Revenue Reports as information.

- d) Clerk’s Report – June 11th, 2024

BE IT RESOLVED THAT the Clerk’s Report for June 11th, 2024, be accepted as presented; and arising from the report:

8. Planning

9. By-Laws

- a) Investment Policy By-law 2024-23

BE IT RESOLVED THAT By-Law 2024-23, being a by-law to adopt a Municipal Investment Policy for the Township of Prince, be given a FIRST, SECOND, and THIRD READING, and FINALLY Passed this 11th, day of June 2024

- b) Appoint a Deputy Treasurer By-Law No. 2024-24

BE IT RESOLVED THAT by-law 2024-24. Being a by-law to appoint a Deputy Treasurer for the Township of Prince, be given a FIRST, SECOND, and THIRD READING and FINALLY Passed this 11th, day of June 2024

10. Notice and Notice of Motions

11. Correspondence

BE IT RESOLVED THAT COUNCIL hereby accepts the FoodCycler Letter as information.

12. Minutes of Boards and Committees

- a) Rec Committee Minutes

BE IT RESOLVED THAT COUNCIL hereby approves the Recreation Committee minutes from May 28th, 2024.

- b) Library Board Minutes

BE IT RESOLVED THAT COUNCIL hereby approves the Library Board minutes from May 2nd, 2024.

13. New Business

- a) Support for The Municipality of East Ferris and The Township of Archipelago's resolution requesting the province reconsider and ultimately decide against the proposed phasing-out of free private drinking water systems.

BE IT RESOLVED THAT COUNCIL hereby supports The Municipality of East Ferris and The Township of Archipelago's resolution requesting the province reconsider and ultimately decide against the proposed phasing-out of free private drinking water systems

- b) Proposed construction of a multi-use/mountain bike trail that runs from Marshall Drive to a proposed newly constructed look-out. This project would involve local partnerships and is still in the planning stages.

BE IT RESOLVED THAT COUNCIL supports the construction of a multi-use/mountain bike trail from Marshall Drive to the Look Out

BE IT ALSO RESOLVED THAT COUNCIL directs the Clerk to seek funding partners in support of this project.

14. Closed Session

- a) BE IT RESOLVED THAT COUNCIL move into the Closed Session at ____ to consider items concerning labour relations or employee negotiations, (*Municipal Act*, section 239 (2).

(b) personal matters about an identifiable individual, including municipal or local board employees

(d) labour relations or employee negotiations

Further be it resolved that should the said Closed Session be adjourned, the Council may reconvene in closed session to discuss the same matters without the need for a further authorizing resolution.

- b) BE IT RESOLVED THAT COUNCIL move out of closed session at _____ entering back into open session.

15. Confirming By-Law- 2024-25

BE IT RESOLVED THAT By-law 2024-25, Being a by-law to confirm the proceedings up to an including June 11th, 2024, be given a FIRST, SECOND, and THIRD READING, and FINALLY Passed this 11th day of June,2024.

16. Adjournment.

BE IT RESOLVED THAT COUNCIL hereby adjourns at _____ p.m., to meet again Tuesday July 9th, 2024, or at the call of the Mayor.

BE IT RESOLVED THAT COUNCIL hereby accepts the May 2024 Roads Report as information. *(Carried)*

c) Revenue and Expenditure Reports - April 2024

Resolution 2024-97

Moved by: Councillor M. Mageran Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby accepts the April 2024 Expenditure and Revenue Reports as information. *(Carried)*

d) Clerk's Report – April 2024

Resolution 2024-98

Moved by: Councillor J. Weir Seconded by: Councillor E. Caputo

BE IT RESOLVED THAT COUNCIL accepts the Clerk's Report as information.
FURTHER, BE IT RESOLVED THAT COUNCIL accepts the Councillor Training on planning for the evening of July 23rd. *(Carried)*

8. Planning

a) M3-2024 – Decision on Minor Variance for 4795 Second Line W, increasing the lot area from 15% to 17.196% (Hamlet Zone) for the proposed addition.

Resolution 2024-99

Moved by: Councillor M Christenson Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby approves the decision on minor variance M3-2024 for 4795 Second Line West, increasing the covered lot area from 15% to 17.196% to accommodate an addition to the residence. *(Carried)*

9. By-Laws

a) DSSAB Annual Agreement for Early On – Bylaw 2024-18

Resolution 2024-100

Moved by: Councillor M. Mageran Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby accepts the DSSAB Annual Agreement for Early On Bylaw 2024-18 as presented. *(Carried)*

b) DSSAB Annual Agreement for Childcare Services – Bylaw 2024-19

Resolution 2024-101

Moved by: Councillor E. Caputo Seconded by: Councillor M. Mageran

BE IT RESOLVED THAT COUNCIL hereby accepts the DSSAB Annual Agreement for Childcare Services Bylaw 2024-19 as presented. *(Carried)*

c) Canada Summer Jobs – Bylaw 2024-20

Resolution 2024-102

Moved by: Councillor J. Weir Seconded by: Councillor M. Christenson

BE IT RESOLVED THAT COUNCIL hereby accepts the Canada Summer Jobs by-law 2024-20 as presented. *(Carried)*

d) Marriage Solemnization Policy – Bylaw 2024-21

Resolution 2024-103

Moved by: Councillor E. Caputo Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby approves the Marriage Solemnization Policy by-law 2024-21 and, any amendments, as presented. *(Carried)*

10. Notice and Notice of Motions

a) Community Center Paving Contract winner:

Resolution 2024-104

Moved by: Councillor M. Mageran

Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby declares Avery Construction as the winner of the RFP for the Community Center Paving project 7500194 at a cost of \$98,087.56, subject to grant approval. *(Carried)*

b) Early On Playground Proposal:

Resolution 2024-105

Moved by: Councillor J. Weir

Seconded by: Councillor M. Christenson

BE IT RESOLVED THAT COUNCIL hereby approves providing funding from the Parks in Lieu account to cover the cost overruns for the the Early On playground up to _____.*(Deferred)*

c) Benefits Proposal - 2024 Update

Resolution 2024-106

Moved by: Councillor M. Christenson

Seconded by: Councillor M. Mageran

BE IT RESOLVED THAT COUNCIL hereby approves the updated benefits package proposal, including the addition of Early ON staff to the policy; with costs associated with Early ON staff to be paid by the Early ON program. *(Carried)*

d) Gagnon Bridge Quote by Tulloch Engineering

Resolution 2024-107

Moved by: Councillor E. Caputo

Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby approves the quote of \$64,000.00+HST by Tulloch Engineering for the Gagnon Road bridge engineering and required repair assessment. *(Carried)*

e) Council Meeting Times

Resolution 2024-108

Moved by: Councillor M. Mageran

Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby approves the council meetings at 6:00 pm for all future meetings. *(Carried)*

f) NOHFC Grant Project 7500194 – Community Center Project

Resolution 2024-109

Moved by: Councillor J. Weir

Seconded by: Councillor M. Christenson

BE IT RESOLVED THAT COUNCIL hereby approves the application to submit funding to the NOHFC for the Prince Township Community Center Project valued at \$115,000 and;

FURTHER, this council hereby commits to contributing 10% of total eligible project costs as well as any cost overruns. *(Carried)*

g) Acting Deputy Mayor

Resolution 2024-110

Moved by: Councillor M. Mageran

Seconded by: Councillor J. Weir

BE IT RESOLVED THAT COUNCIL hereby approves implementing a rotating Deputy Mayor as outlined in the presented schedule. *(Carried)*

11. Correspondence
 2024 FONOM Conference Report by Mayor Palumbo
Resolution 2024-111
Moved by: Councillor E. Caputo **Seconded by: Councillor J. Weir**
BE IT RESOLVED THAT COUNCIL hereby approves the 2024 FONOM Conference report as information. *(Carried)*
12. Minutes of Boards and Committees
 a) Rec Committee Minutes
Resolution 2024-112
Moved by: Councillor J. Weir **Seconded by: Councillor M. Christenson**
BE IT RESOLVED THAT COUNCIL hereby approves the Recreation Committee minutes from April 23rd, 2024, with the amendment that the Tractor Parade is on the 3rd of August. *(Carried)*
- b) Library Board Minutes
Resolution 2024-113
Moved by: Councillor M Christenson **Seconded by: Councillor E. Caputo**
BE IT RESOLVED THAT COUNCIL hereby approves the Library Board minutes from March 7th and April 11th, 2024. *(Carried)*
13. New Business
 a) Support for Stratford’s Resolution for Increased Funding for Libraries and Museums in Ontario
Resolution 2024-114
Moved by: Councillor E. Caputo **Seconded by: Councillor J. Weir**
BE IT RESOLVED THAT COUNCIL hereby supports Stratford’s resolution for Increased Funding for Libraries and Museums in Ontario. *(Carried)*
- b) Support for FONOM’s Resolution for Nurse Recruitment in Ontario
Resolution 2024-115
Moved by: Councillor M. Mageran **Seconded by: Councillor M. Christenson**
BE IT RESOLVED THAT COUNCIL hereby supports FONOM’s resolution for Nurse Recruitment in Ontario. *(Carried)*
- c) Support for Prince Edward’s Resolution Seeking Support for the Provincial and Federal Governments to Help End the National Housing Affordability Crisis
Resolution 2024-116
Moved by: Councillor J. Weir **Seconded by: Councillor M. Christenson**
BE IT RESOLVED THAT COUNCIL hereby supports Prince Edward County’s resolution seeking support for the Provincial and Federal Governments to help end the national housing affordability crisis. *(Carried)*
14. Closed Session
Resolution 2024-117
Moved by: Councillor E. Caputo **Seconded by: Councillor J. Weir**
 a) Entering closed session

BE IT RESOLVED THAT COUNCIL move into the Closed Session at 7:09 pm to consider items concerning labour relations or employee negotiations, (*Municipal Act*, section 239 (2).

- (b) personal matters about an identifiable individual, including municipal or local board employees
- (d) labour relations or employee negotiations

FURTHER, BE IT RESOLVED that should the said Closed Session be adjourned, the Council may reconvene in closed session to discuss the same matters without the need for a further authorizing resolution. (*Carried*)

b) Exiting Closed

Resolution 2024-118

Moved by: Councillor M. Mageran

Seconded by: Councillor M. Christenson

BE IT RESOLVED THAT COUNCIL move out of closed session at 7:48 pm entering back into open session. (*Carried*)

15. Confirming By-Law- 2024-22

Resolution 2024-119

Moved by: Councillor J. Weir

Seconded by: Councillor M. Christenson

BE IT RESOLVED THAT COUNCIL hereby approves the confirmatory bylaw 2024-22 be approved. (*Carried*)

16. Adjournment.

Resolution 2024- 120

Moved by: Councillor M Christenson

Seconded by: Councillor E. Caputo

BE IT RESOLVED THAT COUNCIL hereby adjourns at 7:50 p.m. until Tuesday June 11th, 2024, or at the call of the chair. (*Carried*)

Mayor, Enzo Palumbo

CAO, Clerk – Treasurer, Jillian Hayes

PROPOSAL FOR A NEW PLAYGROUND



PREPARED FOR:

PRINCE TOWNSHIP



PREPARED BY:

Blue Imp

Zach Zubrecki, Sales Consultant

1-800-661-1462 ext. 223

zach@blueimp.com

www.blueimp.com

May 1, 2023





May 1, 2023

Prince Township
3042 Second Line W.
Prince Township, ON
P6A 6K4

Re: Proposal for a New Playground

To whom it may concern,

I am pleased to submit the following proposal to Prince Township for a brand-new inclusive play space. This play space has something for everyone from climbing, sliding, perching and inclusive play opportunities. Natural look items are also included using GFRC (Glass-Fibre Reinforced Concrete) products, ensuring a quality product is used, carrying a warranty, but still providing the look and feel to actual tree stumps.

Blue Imp is a proud, family owned and operated Canadian manufacturing company. Blue Imp has gained a credible reputation for high quality products backed by our superior warranty. We meet or surpass all criteria regarding all CSA safety standards. With that being said, we are ISO 9001:2015 certified as well as IPEMA certified.

If you need any clarification of the proposal, please feel free to contact me at any time to go over them. From layout to colour schemes to component choices, there are many possibilities and options for your playground design. I welcome any changes you would like to make to accommodate your needs.

Yours sincerely,

Zach Zubrecki
Blue Imp Recreational Products Ltd.





Prince Township
layout # A10409-C1 | J08335



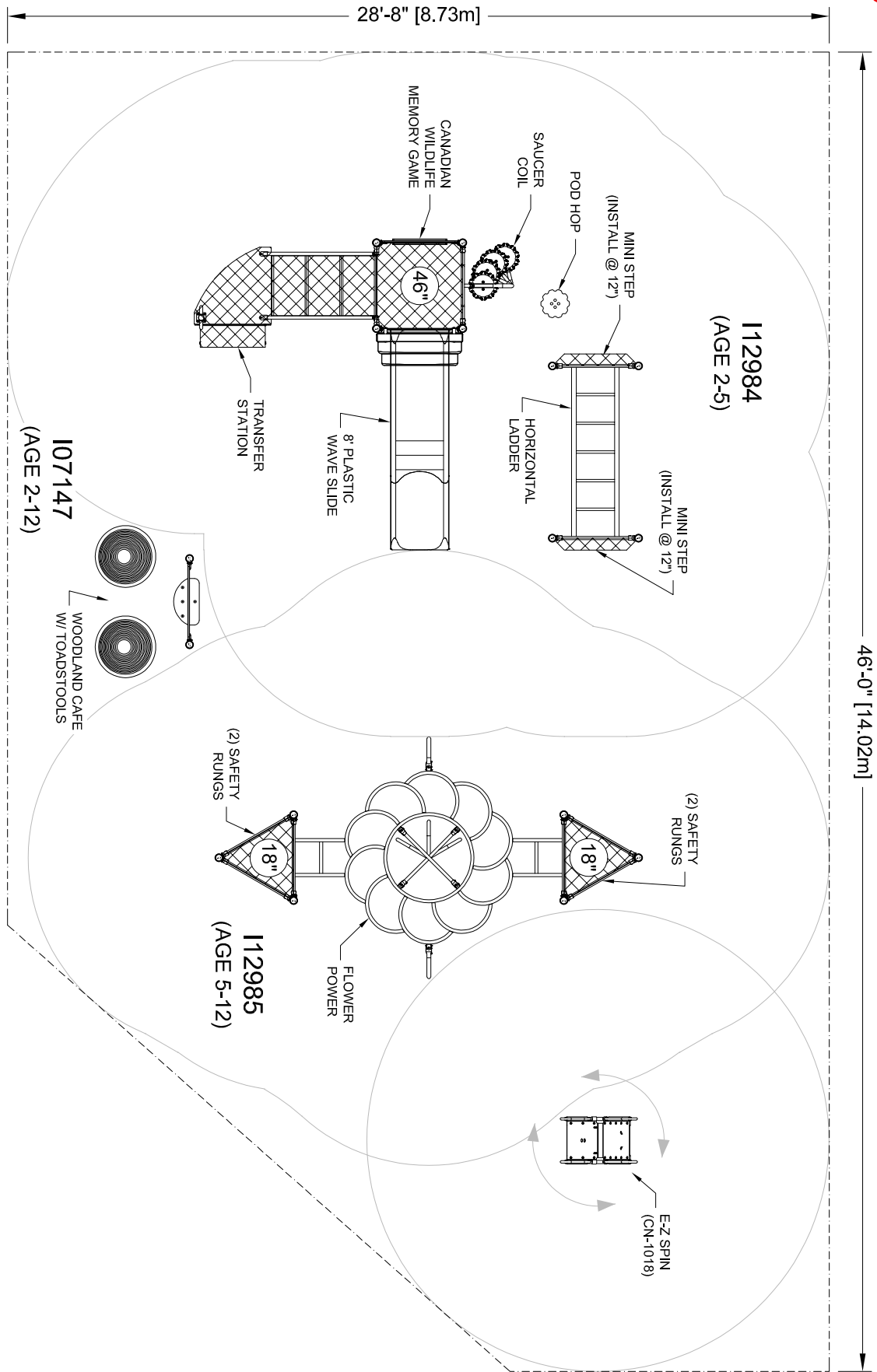
Note: Colours shown may not accurately reflect actual colours.



Prince Township
layout # A10409-C1 | J08335



Note: Colours shown may not accurately reflect actual colours.



BLUE IMP RECOMMENDS THAT SLIDES BE INSTALLED WITH SLIDE BEDS FACING BETWEEN NORTH AND EAST

- CONFORMS TO THE CANICSA-Z614-20 STANDARD - CHILDREN'S PLAYGROUND EQUIPMENT AND SURFACING*
- PERIMETER SHOWN REPRESENTS EXTENT OF REQUIRED SAFETY SURFACING. WIDTH OF BORDER MATERIAL MUST BE ADDED BEFORE EXCAVATION.

PRINCE TOWNSHIP
PRINCE TOWNSHIP, ON
BLUE IMP 10

LAYOUT #: A10409
JOB #: J08335
RECOMMENDED AGES: AS NOTED
PROTECTIVE SURFACING REQUIRED:
AREA: 1181 (sq.ft) PERIMETER: 140 (ft)
DRAWN BY: AS DATE: 25-APR-23

724 - 14TH STREET S.W., MEDICINE HAT, AB, T1A 4V7
TOLL FREE: 1-800-661-1462 FAX: (403) 529-0851
E-MAIL: sales@blueimp.com WEBSITE: www.blueimp.com

Prince Township		
Layout A10409		
Quantity	Description	
Modular Structure- I12984		
1	Saucer Coil	
1	Pod Hop	
1	Horizontal Ladder	
1	Canadian Wildlife Memory Game	
1	8' Plastic Wave Slide	
1	Transfer Station (2022) 46"	
1	Platform	
2	Mini Step	
8	Post – IMP Pre-Drilled	
		13,611.00

Modular Structure- I12985		
1	Flower Power Overhead (5-12yrs)	
2	Platform- Tri	
6	Post - IMP Pre-Drilled	
		6,663.00

Modular Structure- I07147		
2	The Toadstool Bench	
1	Storefront- Woodland Café	
2	Post – IMP Pre-Drilled	
		2,885.00
Additional Equipment		
1	CN-1018 E-Z Spin	3,490.00
Subtotal Equipment		26,649.00
Freight Estimate- FOB Prince Township		1,350.00
Supply & Deliver 60 cy. of EWF Surfacing		5,571.00
Installation <i>(Includes: Commercial installation of play equipment, install supplied EWF surfacing)</i>		19,525.00
Project Total		\$53,095.00
<i>H.S.T.</i>		<i>6,902.35</i>
<i>*Pricing valid for 30 days</i>		
<i>*Customer responsible for excavation, site preparation and supplying & installing wood border</i>		

BLUE IMP SPECIFICATIONS: ImpPLAY FORMAT



For sleek playground structures designed for smaller spaces and budgets, our ImpPlay format is the perfect solution. Features our *exclusive IMPut system*, the only authentic direct-bolt connection system in the industry. Components bolt directly into factory-drilled posts for efficient, hassle-free installation and an ultra-secure connection. Ideal for community builds or supervised installations.



Features our exclusive easy-install, direct-bolt IMPut connection system.

ImpPLAY FEATURES

- sturdy, round support posts
89mm O.D. x 3mm (3.5" O.D. x 11ga)
- direct-bolt, clampless, tamper-resistant IMPut connection system with pre-drilled mounting holes for easy installation
- cast aluminum fittings and post caps
- stainless steel, tamper-resistant steel hardware
- high-performance, UV-resistant polyester powder coating

GENERAL SPECIFICATIONS

All Blue Imp products meet or exceed the current CAN/CSA Z614, ASTM F1487 and CPSC standards.

- Support Posts: in-line galvanized Allied Flo-Coat steel with triple layer protection for maximum strength and corrosion resistance; lifetime warranty.
- Steel Components & Rails: in-line galvanized Allied Flo-Coat steel tubing with triple layer protection for maximum strength and corrosion resistance.
- Stainless Steel Slides: bedway constructed of 1.65mm (16ga) stainless steel. Durable, vandal-resistant, static-free (cochlear-implant friendly) and 100% recyclable. 20-year warranty.
- Hardware: corrosion-resistant, tamper-resistant steel for durability and safety.
- Rails & Connection Pipes: 33mm (1 5/16") O.D. steel tubing for strength and easy gripping.
- Finish: high performance, solvent-free super durable polyester powder coating for maximum UV and humidity resistance as well as colour and gloss retention in weather extremes. Life expectancy is three times longer than comparable coatings.
- Platforms, Ramps, Stairs & Stepping Saucers: one-piece perforated steel plate with heavy-duty vinyl coating for durability and resilience; perforations minimize moisture and ice retention.
- Plastic Panels: 19mm (3/4") thick, high-density UV-stabilized food-grade extruded polyethylene sheet.
- Plastic Slides: molded from medium-density, UV-inhibited food-grade polyethylene resin. Double-walled with an average wall thickness of 8mm (5/16").
- Rope/Net Components: 16mm (5/8") dia., constructed of 6 high-strength strands of steel wire and synthetic fibers, thermo-fix bonded over a 3-strand fiber core to form a durable yet flexible rope.
- Rootz Slats: composite wood material with Solid Core technology for maximum durability and damage resistance.



Div. of S.F. Scott Mfg. Co. Ltd. – est. 1917
1.800.661.1462 • www.blueimp.com





BLUE IMP'S EXCLUSIVE IMPut CONNECTION SYSTEM

super-sleek • easy-install
tamper-resistant • ultra-secure

Blue Imp's exclusive IMPut system is the only authentic direct-bolt connection system in the industry and is available in both ImpPLAY and MegaPLAY formats. Components bolt directly into factory-drilled posts, creating the most direct connection possible between the support post and the fastener. The result is a connection system that is super-sleek, ultra-secure and supremely easy to install.

FEATURES:

- industry-exclusive, authentic direct-bolt system
- self-tapping screw connects directly to factory-drilled posts, creating the most direct connection possible between fastener and post
- eliminates the need for a third part (i.e. threaded insert or rivnut fastener)
- rubber gaskets prevent moisture penetration
- screws and hardware are tamper-resistant

BENEFITS:

- easiest, most practical and most efficient to install
- absence of third part such as threaded insert or rivnut simplifies installation
- eliminates time-consuming problems such as starting a thread, cross-threading, rivnut spinning or falling out
- significant cost savings thanks to faster, hassle-free installation process
- ideal system for community builds or supervised installs
- a super-sleek, easy-install, tamper-resistant, ultra-secure connection system



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BLUE IMP “PLAY STRONG” WARRANTY

Having manufactured playground equipment for four generations, our mission remains to design and craft high-quality products that will stand the test of time.

LIFETIME WARRANTY

On all stainless steel hardware and steel support posts against structural failure due to corrosion or deterioration.

20-YEAR WARRANTY

On all stainless steel components against structural failure due to defective materials or workmanship.

15-YEAR WARRANTY

On all steel and aluminum components against structural failure due to defective materials or workmanship.

10-YEAR WARRANTY

On plastic slides and on vinyl-coated components against structural failure due to defective material or workmanship.

5-YEAR WARRANTY

On composite recycled plastic/wood against defective materials other than normal wear and tear; on bearings against defective materials and workmanship; on GFR (glass fibre reinforced concrete) products against structural failure due to defective materials or workmanship (does not include hairline cracks, chips or colour variations); On cable/net components, cable joints and cable terminations against breakage (does not include fraying or cosmetic defects).

2-YEAR WARRANTY

On all acrylic, polycarbonate and rubber products; on Gaga Ball brackets and wood Gaga Ball planks against structural failure due to defective materials or workmanship.



Warranty is valid provided that the equipment is installed in accordance with manufacturer's specifications and all applicable standards and is used as intended. Warranty does not cover vandalism, misuse or normal wear and tear. Warranty claims are assessed based on the current warranty.

WHY CHOOSE BLUE IMP

As Canada's longest-standing playground manufacturer—family-owned and operated since 1917—we design and fabricate a vast array of playground, park furniture and related products at our headquarters in Medicine Hat, Alberta. Our products are infused with family pride and backed by a comprehensive, hassle-free warranty for peace of mind.

MADE IN CANADA, MADE AWESOME

We proudly manufacture our playground and park products right here in Canada and having done so for four generations, we understand a thing or two about delivering the kind of quality Canadians expect and the kind of durability our climate demands. What Canada makes, makes Canada!

DESIGNING FOR YOUR NEEDS

Blue Imp specializes in bringing your ideas to life and adding a personal touch to each project. Our experienced design team strives to create engaging playgrounds that meet the needs of your particular target group, community or school. Our structures are thoughtfully designed to provide inclusive play experiences for varied ages and abilities and to develop physical literacy skills as well as provide sensory, imaginative and social experiences.

PLAY LONG, PLAY STRONG

At Blue Imp, we insist on using superior materials to craft highly durable products that stand up to enthusiastic play and extreme weather. We promote steel components for their longevity and vandal-resistance and we back our products with the best warranty in the industry.

SERIOUS ABOUT QUALITY & SAFETY

Blue Imp is proactive in promoting safety. Our products meet or exceed the safety guidelines set out by CAN/CSA Z614 as well as ASTM F1487. We are a member in good standing of IPEMA (the International Playground Equipment Manufacturer's Association) and are an IPEMA-certified facility. Our ISO9001:2015 certification ensures that our plant meets rigorous manufacturing standards.

ALWAYS HERE TO HELP

Understanding that each project presents unique challenges, we are here to help. From fundraising ideas and creative design solutions right through to installation support, Blue Imp provides expert advice and hands-on guidance every step of the way.



BLUE IMP CARES ABOUT GREEN

Caring for our environment and reducing our carbon footprint are important matters for us. In fact, when it comes to thinking green, Blue Imp led the way early on. In the 1930s, long before the word recycling was coined, Blue Imp founder Simon F. Scott reclaimed the steel tubing from decommissioned steam locomotives to manufacture swings and teeter totters. That mindset continues to the present as we endeavour to increase efficiency and source eco-friendly materials.

LEANER AND GREENER

Blue Imp continues to move forward with lean manufacturing initiatives to increase efficiency and reduce waste. From improving energy efficiency to using recyclable plastic wrap for shipping to ensuring that every piece of waste metal is collected for recycling, we are minimizing our impact on the environment.

ECO-FRIENDLY STEEL

Recognizing that steel is an eco-friendly material, we choose to use steel in our playground designs whenever possible and appropriate. Steel's long lifespan, high recycle content and easy recyclability make it more sustainable than other materials. In fact, steel is the most recycled material on the planet: two thirds of all new steel is generated from recycled content. Furthermore, once the time comes to replace your equipment, steel can be easily recycled (in most communities.



PVC-FREE PLASTICS & SOLVENT-FREE COATINGS

Along with steel, Blue Imp chooses materials that reduce environmental impact and risk to children. Our plastic components are a food-grade polyethylene resin free of PVC, lead and other heavy metals and can be fully recycled where facilities exist. Our polyester powder coatings are free of solvents and heavy metals.

MADE IN CANADA = GREENER

Because Blue Imp playground equipment is manufactured right here in Canada, our products do not have to travel the globe before they arrive in your community. The same goes for service and parts in the future. And that's a win for both you, the customer, for the environment!

BLUE IMP QUALITY COMMITMENT

At Blue Imp, we insist on using superior materials because we believe kids are worth it. Playgrounds may look similar at first glance, but when you take a closer look, you will find big differences in design, materials and warranty. Those differences matter to the longevity of your investment and the safety of your children.

LONG-LASTING QUALITY

Blue Imp builds products to make the fun last. We insist on using superior processes and materials in order to create products that will outlast rough play and weather extremes. It's all about putting fun first without compromising safety or quality.

MADE IN CANADA

As Canada's longest-standing playground manufacturer, we design products with the quality Canadians expect and the durability our climate demands. Made and tested in Canada, for Canada.

LEADING SAFETY

As a leader in playground safety, Blue Imp is proactive in ensuring that our structures meet or exceed industry standards set out by the Canadian Standard Association and ASTM International. Understanding that safety is about more than simply meeting a standard, we design with safety of children top of mind.

STEEL ADVANTAGES

When it comes to durability and vandal-resistance, steel outperforms other materials. That's why we choose to design with steel whenever suitable and possible. Not only does steel stand up to rough play and extreme weather, but as the world's most recycled material, steel is greener, too. Choosing steel reduces the use of plastic and at the end of its life cycle, steel can easily be recycled once again.

BACKED BY WARRANTY & PRIDE

As the longest-standing playground equipment manufacturer in Canada, we continue to stand behind our products with confidence, family pride and the best warranty in the industry.





COTTON CANDY

Colour the Fun!

At Blue Imp, we love having fun with colour! Choose one of our vibrant colour palettes or dream up a colour scheme of your very own.



KALEIDOSCOPE



MEADOW MIST



MANGO TANGO



STARBURST



NEON FIZZ



FIESTA



COSMIC



SANDSTONE



CEDAR LANE



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Polyester Powder Colours

Count on long-lasting vibrance with our super durable polyester powder coatings, formulated for maximum UV stability, fade resistance and gloss retention.



Panel Colours

Panels are constructed of UV-stabilized polyethylene sheet for long-lasting vibrant colour.

**Indicates that the opposite colour scheme is also available.*



Vinyl Colours

Our heavy-duty vinyl coating comes in four colours and is applied to platforms, steps and park furniture.



Colours shown may not accurately reflect actual colours.

May 31, 2024

Prince Township – Prince Township, ON

Thank you for taking the time to contact Blue Imp. Below is a quote for the supply, delivery & turnkey installation of playground equipment.

Re: Playground Equipment Option 1

I12984 Drilled IMP c/w Plastic Slides: \$14,873.00

I07147 Drilled IMP Play Hut: \$3,002.00

3- CN-1011-12 12" Log Stepper- \$947.00 ea.: \$2,841.00

3- CN-1011-24 24" Log Stepper- \$1,094.00 ea.: \$3,282.00

Freight Estimate- FOB, Prince Township, ON: \$1,560.00

Supply & Deliver 45 cy. of EWF Surfacing: \$9,375.00

Turnkey Installation of Equipment: \$38,577.00

(*Includes: Excavation, Install Equipment, Supply & Install Wood Border, Install Supplied EWF Surfacing)

Total: \$73,510.00

**Pricing valid for 30 days*

***H.S.T. Extra*

Sincerely,



Zach Zubrecki

Blue Imp Recreational Products Ltd.





Paint Colours: Sage Green, Spring Green, Fence Green,
Tan
Plastic Slide Colour: Spring Green

Colours shown may not accurately reflect actual colours.

Prince Township - Option 1
layout # A10409-1-C1 | J08335



Note: Site features shown (i.e. surfacing, border, landscaping, etc.) may not reflect actual scope of work and are purely conceptual.



Paint Colours: Sage Green, Spring Green, Fence Green,
Tan
Plastic Slide Colour: Spring Green

Colours shown may not accurately reflect actual colours.

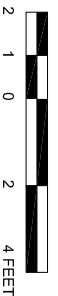
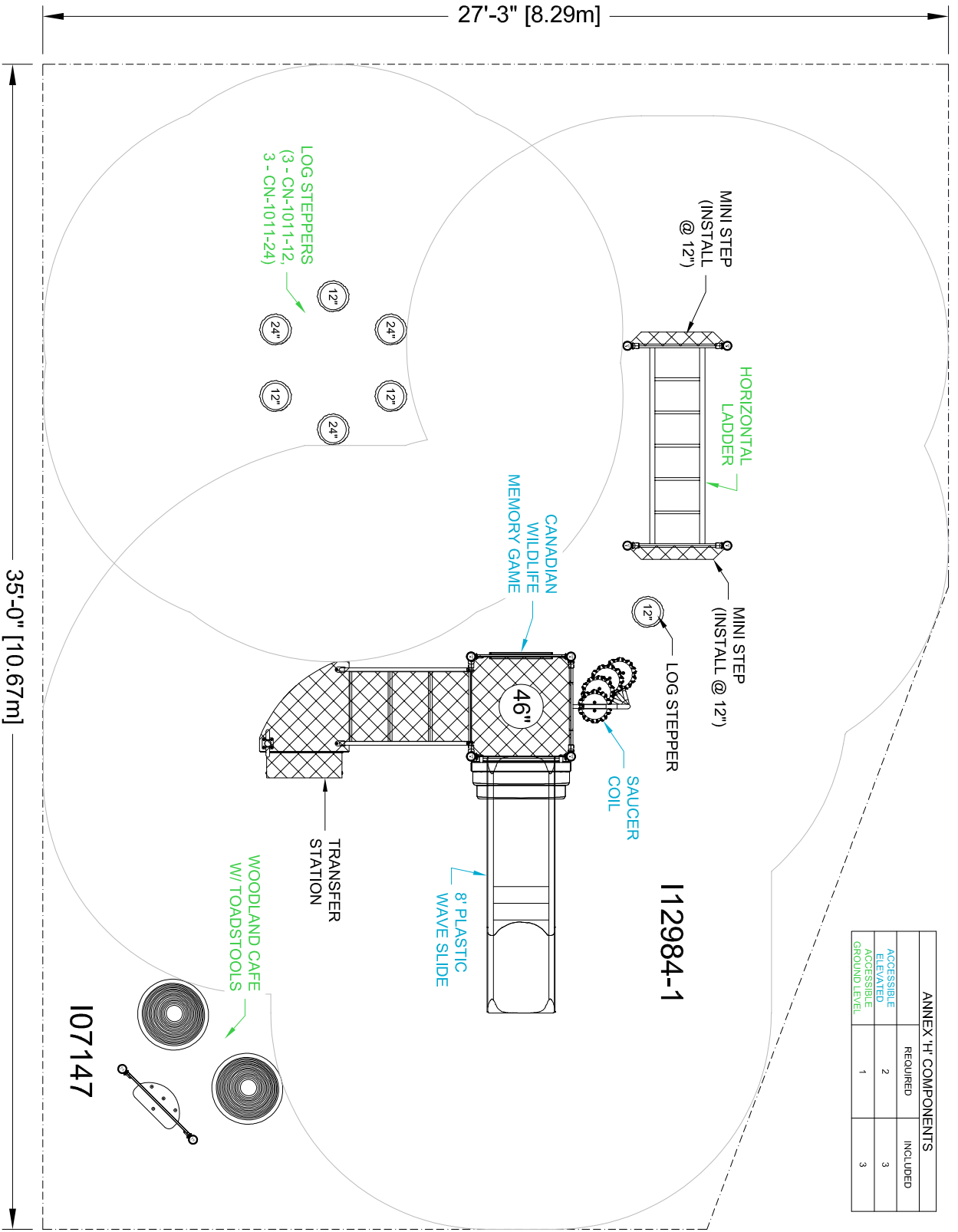
Prince Township - Option 1
layout # A10409-1-C1 | J08335



Note: Site features shown (i.e. surfacing, border, landscaping, etc.) may not reflect actual scope of work and are purely conceptual.



ANNEX 'H' COMPONENTS		
	REQUIRED	INCLUDED
ACCESSIBLE RAMP	2	3
ACCESSIBLE GROUND LEVEL	1	3



BLUE IMP RECOMMENDS THAT SLIDES BE INSTALLED WITH SLIDE BEDS FACING BETWEEN NORTH AND EAST

- CONFORMS TO THE CAN/CSA-Z614-20 STANDARD "CHILDREN'S PLAYGROUND EQUIPMENT AND SURFACING"
- PERIMETER SHOWN REPRESENTS EXTENT OF REQUIRED SAFETY SURFACING. WIDTH OF BORDER MATERIAL MUST BE ADDED BEFORE EXCAVATION.
- CONFORMS TO ANNEK 'H' OF THE CAN/CSA-Z614-20 STANDARD "CHILDREN'S PLAYGROUND EQUIPMENT AND SURFACING" (SUBJECT TO THE PRESENCE OF ACCESSIBLE SURFACING)

PRINCE TOWNSHIP OPTION 1

PRINCE TOWNSHIP, ON

BLUE IMP 10

LAYOUT #: A10409-1

JOB #: J08335

RECOMMENDED AGES: 18M-12Y

PROTECTIVE SURFACING REQUIRED:

AREA: 883 (sq.ft) PERIMETER: 119 (ft)

DRAWN BY: AS DATE: 25-APR-23

1 REMOVED UNIT TRUSS & E-STRUT, ADD LOADS. CHANGE DESIGN TO 100 LB/FT².

AS 21-MAY-24

724 - 14TH STREET S.W., MEDICINE HAT AB, T1A 4V7

TOLL FREE: 1-800-861-1462 FAX: (403) 529-0851

E-MAIL: sales@blueimp.com WEBSITE: www.blueimp.com

May 31, 2024

Prince Township – Prince Township, ON

Thank you for taking the time to contact Blue Imp. Below is a quote for the supply, delivery & turnkey installation of playground equipment.

Re: Playground Equipment Option 2

M14496 Drilled IMP Circuit: \$17,545.00
I14495 Drilled IMP c/w Plastic Slides: \$10,938.00
I13343 Drilled IMP Play Hut: \$8,049.00
4- Cre8Play Fallen Tree Balance Beams- \$3,503.00 ea.: \$14,012.00

Freight Estimate- FOB, Prince Township, ON: \$4,535.00

Supply & Deliver 79 cy. of EWF Surfacing: \$10,674.00

Turnkey Installation of Equipment: \$51,178.00

(*Includes: Excavation, Install Equipment, Supply & Install Wood Border, Install Supplied EWF Surfacing)

Total: \$116,931.00

**Pricing valid for 30 days*

***H.S.T. Extra*

Sincerely,



Zach Zubrecki
Blue Imp Recreational Products Ltd.





Paint Colours: Chocolate Brown, Tan, Fence Green, Spring Green, Playground Yellow

Plastic Slide Colours: Green

Colours shown may not accurately reflect actual colours.

Prince Township - Option 2
layout # A11592-C1 | J08335





Paint Colours: Chocolate Brown, Tan, Fence Green, Spring Green, Playground Yellow

Plastic Slide Colours: Green

Colours shown may not accurately reflect actual colours.

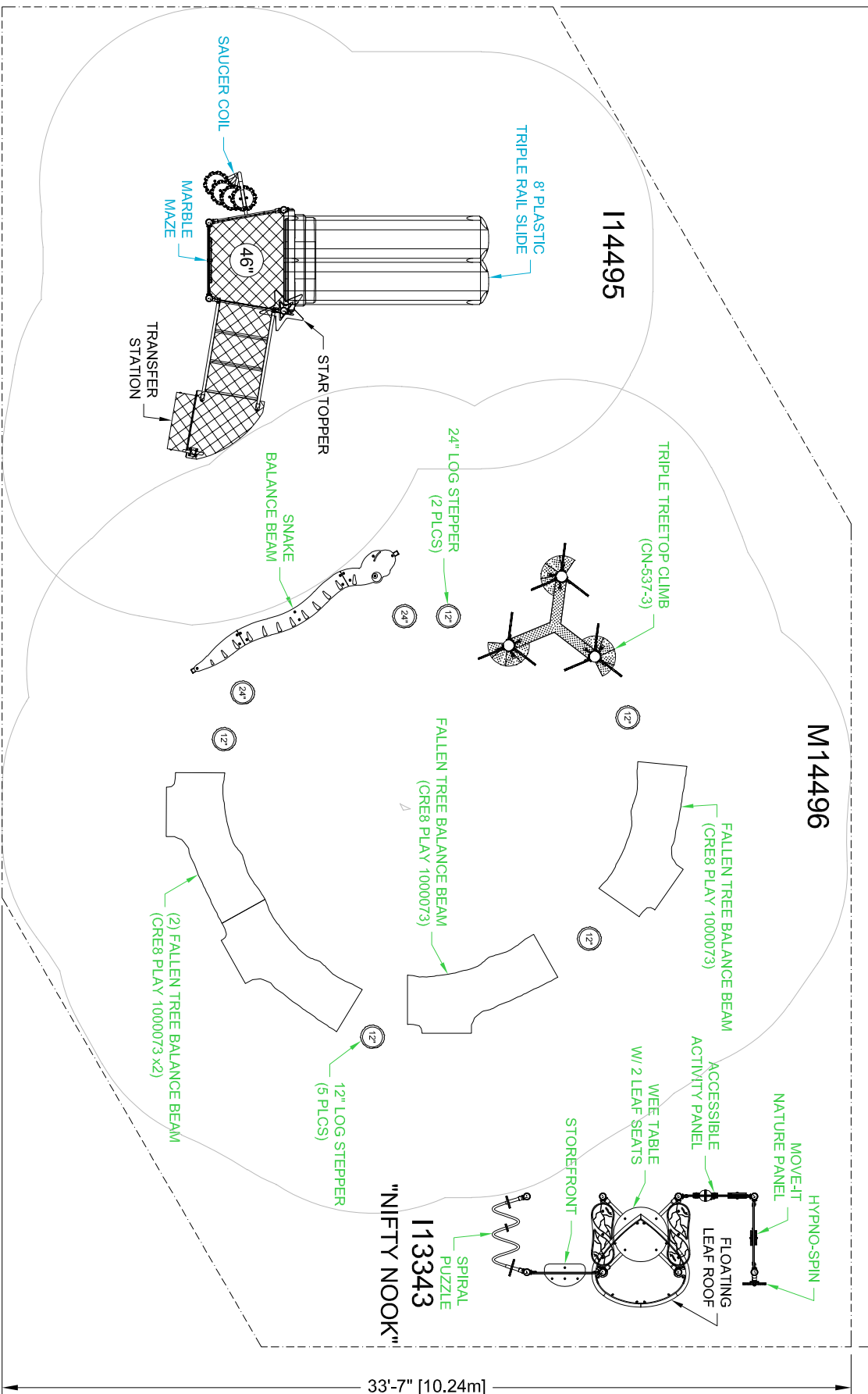
Prince Township - Option 2
layout # A11592-C1 | J08335



Note: Site features shown (i.e. surfacing, border, landscaping, etc.) may not reflect actual scope of work and are purely conceptual.



53'-0" [16.15m]



2 1 0 2 4 FEET

BLUE IMP SLIDES MUST BE INSTALLED WITH SLIDE BEDS FACING BETWEEN NORTH AND EAST

- CONFORMS TO THE CAN/CSA-Z614-20 STANDARD - CHILDREN'S PLAYGROUND EQUIPMENT AND SURFACING*
- PERIMETER SHOWN REPRESENTS EXTENT OF REQUIRED SAFETY SURFACING. WIDTH OF BORDER MATERIAL MUST BE ADDED BEFORE EXCAVATION.
- CONFORMS TO ANNEX 'H' OF THE CAN/CSA-Z614-20 STANDARD - CHILDREN'S PLAYGROUND EQUIPMENT AND SURFACING* (SUBJECT TO THE PRESENCE OF ACCESSIBLE SURFACING)

PRINCE TOWNSHIP
OPTION 2

PRINCE TOWNSHIP, ON
BLUE IMP 10

LAYOUT #: A11592
JOB #: J08335

RECOMMENDED AGES: 18M-12Y

PROTECTIVE SURFACING REQUIRED:
AREA: 1570 (sq.ft) PERIMETER: 158 (ft)

DRAWN BY: TD DATE: 21-MAY-24

724 - 14TH STREET S.W., MEDICINE HAT AB, T1A 4V7
TOLL FREE: 1-800-661-1462 FAX: (403) 529-0851
E-MAIL: sales@blueimp.com WEBSITE: www.blueimp.com

ANNEX 'H' COMPONENTS		
REQUIRED	INCLUDED	
ACCESSIBLE	2	3
ELEVATED	1	13
ACCESSIBLE GROUND LEVEL		

103 Napa Valley Dr
 Sudbury, Ontario. P3E 0G8
 Tel: (705) 522-5555
melissa@crsrecreation.ca

QUOTE NO. 24-990605
 DATE May 26th, 2024
 CUSTOMER ID ELYON
 PROJECT: Proposed Playground

TO Early ON Child and Family Cnt
 3042 Second Line West
 Prince Twp, ON P6A 6K4

SALESPERSON		JOB SITE	PAYMENT TERMS		DATE
KS		Prince Twp	Net 30 days		6/26/24
PART ID	DESCRIPTION		UNIT PRICE	QTY	LINE TOTAL
PB22-73261	Playbuilder Structure		\$26,024.00	1	\$26,024.00
304	Gallagher the Grasshopper		\$1,890.00	1	\$1,890.00
200202202	Maxplay 2 Bay Swing Set- 2 belt and 2 tot		\$4,054.00	1	\$4,054.00
DSCT	Canoe/Sourcewell Discount		-\$4,795.00	1	-\$4,795.00
FRT	FOB, Prince Township, ON		\$2,400.00	1	\$2,400.00
INSTALL	Installation of Equipment		\$9,500.00	1	\$9,500.00
ST PREP	Excavation and removal of material		\$6,500.00	1	\$6,500.00
SURF	Supply Engineered Wood Fibre		\$45.00	75	\$3,375.00
PLACE	Placement of filter cloth and EWF		\$2,800.00	1	\$2,800.00
Please note that shipping is estimated and actual charges will be finalized on order placement.			SUBTOTAL		\$51,748.00
			SALES TAX		additional
			TOTAL (CAD)		\$51,748.00

Thank you for your business!

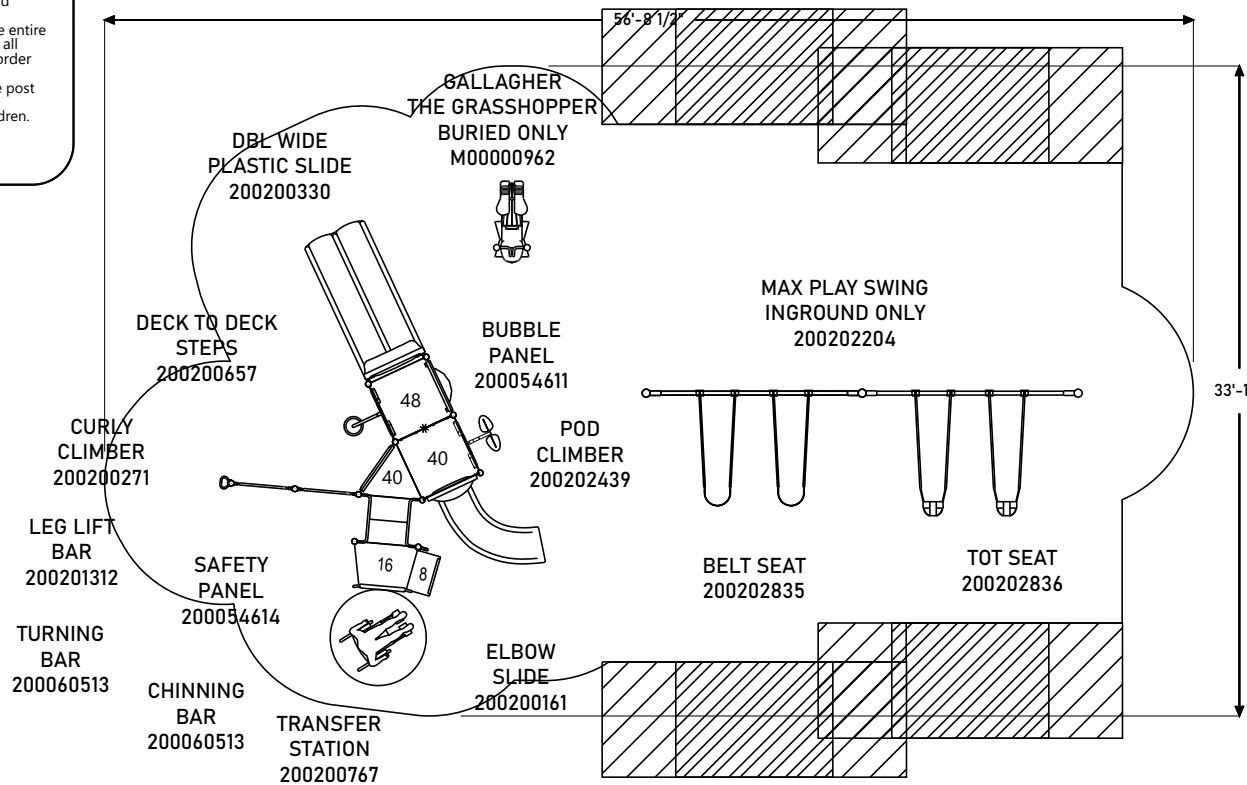
Quotation prepared by: Melissa Sheridan
 This is a quotation on the goods named, subject to the conditions noted below:
 All orders are verified and approved at our Sudbury location.
 State and local taxes are for the account of the buyer.
 Written CRCS Recreation quotations are valid for 30 days.
 There will be no holdbacks.
 All warranties are in place upon receipt of payment of goods.

General Notes:

Age Group

8m-5yrs 5-12 yrs 18m-12yrs 13+ yrs

1. No-encroachment zone- that additional area adjacent to the protective surfacing zone intended to allow pedestrian traffic near the play equipment in use while minimizing the risk of injury to pedestrians. CSA-Z614
2. Although a particular playground design may not meet the proposed Access Board Regulation in regard to the appropriate number of ground level events, the actual playground may be in compliance when considering existing play components
3. All deck heights are measured from top of ground cover.
4. Fall absorbing ground cover is required under and around all play equipment.
5. The minimum recommended fall zone around the entire playstructure is shown. This zone is to be free of all tripping or collision hazards (i.e. roots, rocks, border material, etc.).
6. All post lengths are identified by text showing the post lengths, i.e. 96 represents a 96 inch post.
7. Not all equipment may be appropriate for all children. Supervision is required.



Project: Prince Township
 Sault Ste Marie, ON
LTCPS rep:
 Melissa Sheridan
 CRCS RECREATION
 (800) 633-4398

Ground Space: 45'-0" x 27'-0"
Protective Area: 57'-0" x 34'-0"

Drawn by: Melissa Sheridan
Date: 2024-06-07
DWG Name: I0003_45034412517

LTCPS - Farmington
 878 East Highway 60
 Monett, Missouri 65708
 Voice: 1-800-325-8828
 Fax: 417-354-2273

Playground Layout Compliance:

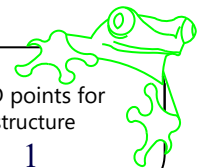
CSA-Z614 - Playground Equipment for Public Use.

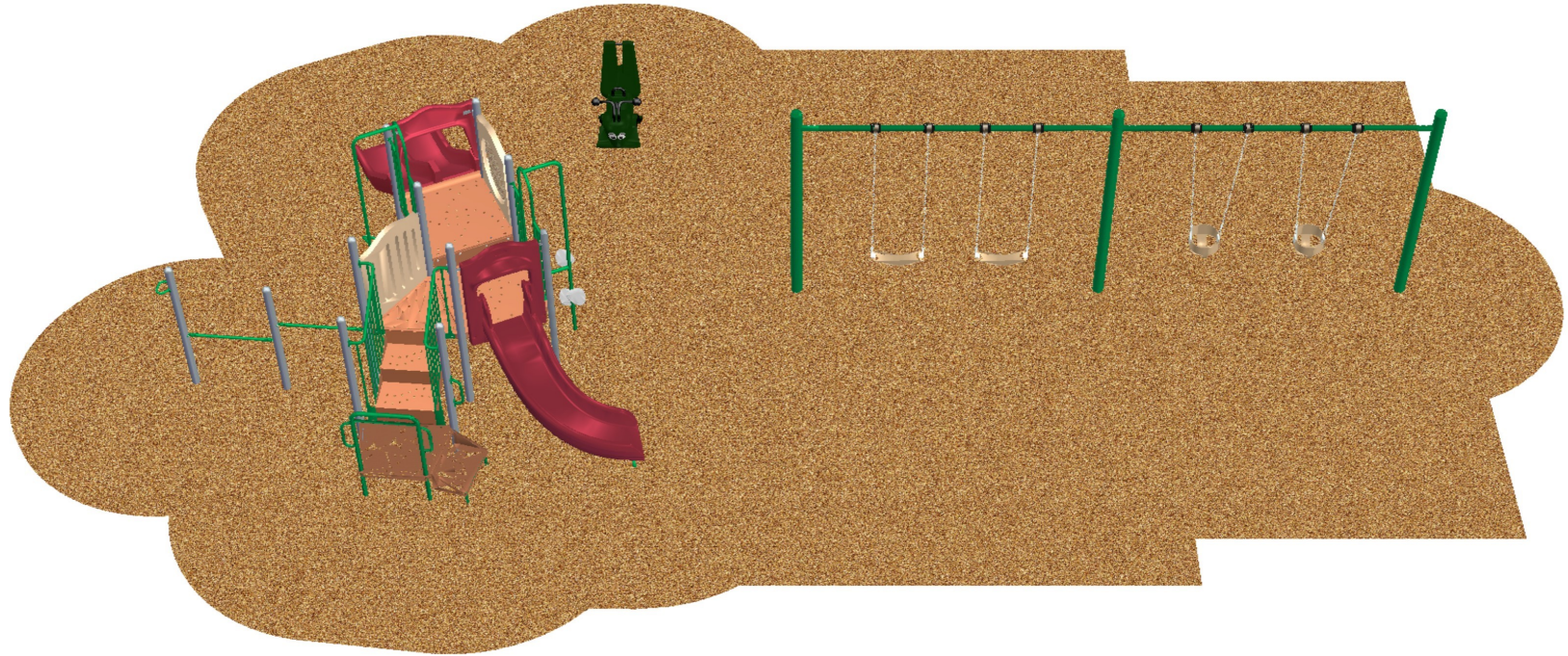


The play components identified in this plan are IPEMA certified. The use and layout of these components conform to the requirements of CSA-Z614.

LEED points for this structure

1





103 Napa Valley Dr
 Sudbury, Ontario. P3E 0G8
 Tel: (705) 522-5555
melissa@crsrecreation.ca

QUOTE NO. 24-9906052
 DATE May 26th, 2024
 CUSTOMER ID ELYON
 PROJECT: Proposed Playground

TO Early ON Child and Family Cnt
 3042 Second Line West
 Prince Twp, ON P6A 6K4

SALESPERSON		JOB SITE	PAYMENT TERMS		DATE
MS		Prince Twp	Net 30 days		6/26/24
PART ID	DESCRIPTION		UNIT PRICE	QTY	LINE TOTAL
PB22-73261	Playbuilder Structure		\$26,024.00	1	\$26,024.00
304	Gallagher the Grasshopper		\$1,890.00	1	\$1,890.00
200202202	Maxplay 2 Bay Swing Set- 2 belt and 2 tot		\$4,054.00	1	\$4,054.00
2-202851	NuEdge Stacked Timber Balance Beam		\$3,321.00	1	\$3,321.00
LT0902	Tot Builders Friendly Fence		\$3,936.00	1	\$3,936.00
2-202770	NuEdge Pine Stumps		\$990.00	4	\$3,960.00
D SCT	Canoe/Sourcwell Discount		-\$6,400.00	1	-\$6,400.00
FRT	FOB, Prince Township, ON		\$2,800.00	1	\$2,800.00
INSTALL	Installation of Equipment		\$11,000.00	1	\$11,000.00
ST PREP	Excavation and removal of material		\$7,300.00	1	\$7,300.00
SURF	Supply Engineered Wood Fibre		\$45.00	110	\$4,950.00
PLACE	Placement of filter cloth and EWF		\$3,500.00	1	\$3,500.00
LTCN430G	Park Bench, Recycled Plastic		\$1,824.00	2	\$3,648.00
Please note that shipping is estimated and actual charges will be finalized on order placement.			SUBTOTAL		\$69,983.00
			SALES TAX		additional
			TOTAL (CAD)		\$69,983.00

Quotation prepared by: Melissa Sheridan
 This is a quotation on the goods named, subject to the conditions noted below:
 All orders are verified and approved at our Sudbury location.
 State and local taxes are for the account of the buyer.
 Written CRCS Recreation quotations are valid for 30 days.
 There will be no holdbacks.
 All warranties are in place upon receipt of payment of goods.

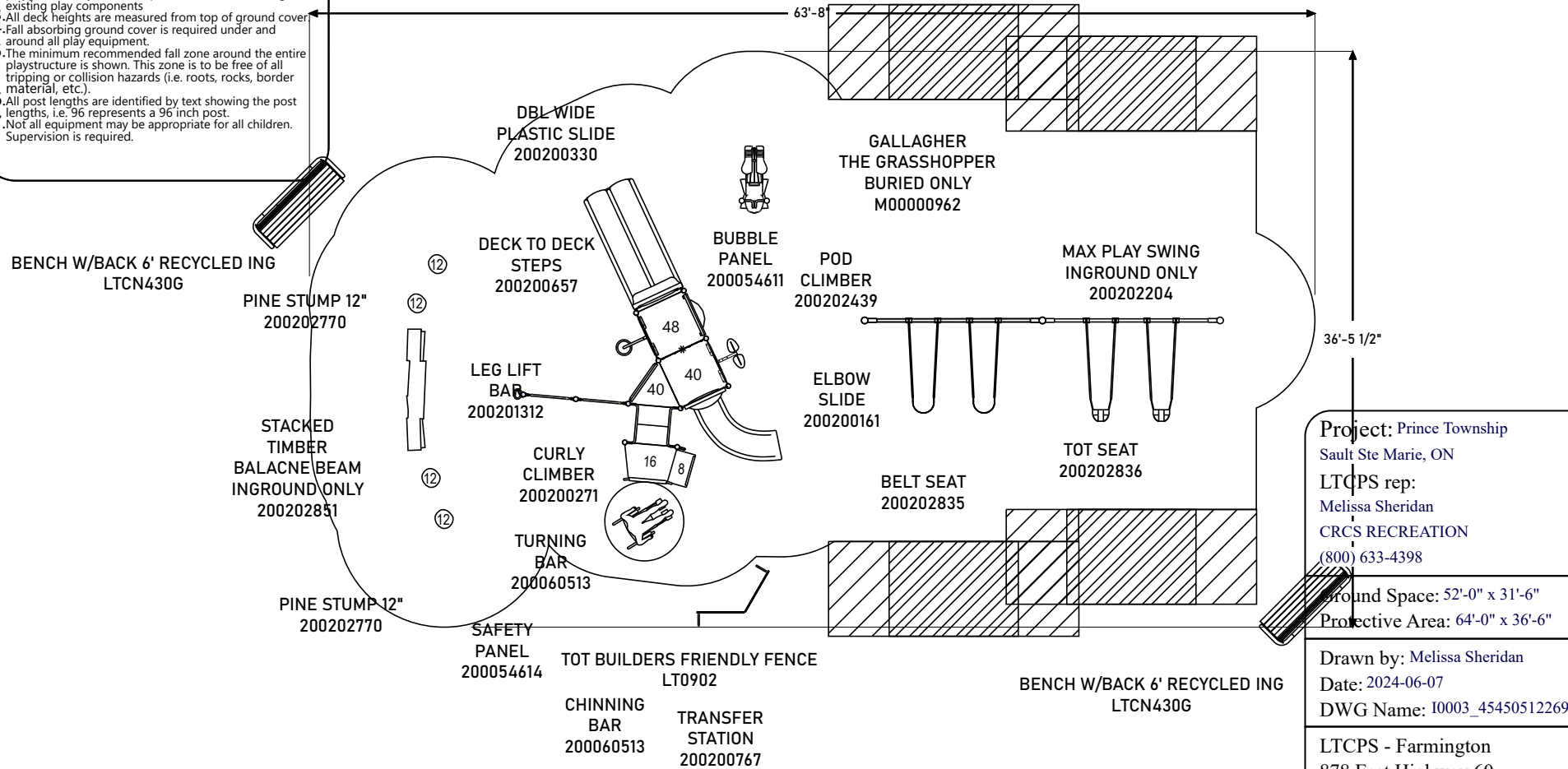
Thank you for your business!

General Notes:

Age Group

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Project: Prince Township
 Sault Ste Marie, ON
LTCPS rep:
 Melissa Sheridan
 CRC'S RECREATION
 (800) 633-4398

Ground Space: 52'-0" x 31'-6"
Protective Area: 64'-0" x 36'-6"

Drawn by: Melissa Sheridan
Date: 2024-06-07
DWG Name: I0003_45450512269

LTCPS - Farmington
 878 East Highway 60
 Monett, Missouri 65708
 Voice: 1-800-325-8828
 Fax: 417-354-2273

Playground Layout Compliance:

CSA-Z614 - Playground Equipment for Public Use.



The play components identified in this plan are IPEMA certified. The use and layout of these components conform to the requirements of CSA-Z614.

LEED points for this structure
1





COUNCIL REPORT

Date: June 3, 2024	Date Presented: June 1, 2024
Prepared By: Steve Hemsworth	Rank: Fire Chief

Operations

Responses for May	2024 Total
Medical – 3	10
Fires – 1	4
MVA – 1	2
Other- 0	2

Personnel

No change

Training

May training consisted of portable pump and pumper operations.

Equipment

The build of our remote response vehicle continued with radio and decals installed. Both pumpers had their annual pump testing and passed.

Fire Prevention

Fire safety and prevention messaging is continuing to be distributed on the departments Facebook and Instagram social media accounts.

The fire chief met with Phoenix Emergency Management regarding the completion of the townships Community Risk Assessment. The plan should be completed to be presented at the next council meeting.

The fire chief also met with DCML Environmental regarding the completion of the townships Wildfire Fire Protection Plan which should be ready by the end of the summer.



Prince Township Roads Report for June 2024

Equipment

Backhoe Rental:

- Arrival and utilization of the backhoe rental.
- Speed advantage: Completing projects in-house significantly accelerates project timelines.

Road Maintenance

Upper Gros Cap Road:

- Completion of opening maintenance.

Overall Road Conditions:

- The roads in Prince Township are in very good condition.
- Known potholes have been filled and are always on the lookout for troubled areas.

Prince Lake Road:

Scheduled for maintenance,

- Ditching: Addition of material to cap troubled areas along the 4 km stretch to the townsite.

Townsite Roads:

- 3 km of road around the townsite will be receiving ditching and materials in troubled and key locations.

Public Spaces Maintenance

Walls/ Deans Road playground:

- Solutions are being explored to deal with unwanted motorized vehicles.

Gros Cap Playground:

- Planning upgrades:
- Leveling the sides of the newly resurfaced basketball courts.

Baseball Field:

- Leveling and seeding sections.

Marina:

- Floating docks are hooked up and receive daily inspections.

- Gathering materials to reinforce sunken spots around the fixed docks.
- Decision made to delay installation of the EZ dock and kayak launch until water levels rise to prevent damage.

Summary

The roads in Prince Township are looking very good, and we have plans in place to address the issues facing the troubled areas around the township. The Public Works team would like to thank the council for their continued support as we work on these issues.

May Revenue Report		
Item	Description	Total
Advertising	Pavilion/Rink Ad	\$500.00
Building	Civic Number	\$30.00
Cemetery	Opening&Closing	\$2,850.00
Dog Tags	Dog Tags	\$20.00
Fire Permits	Fire Permits	\$620.00
Marina	Dockage and Launch fees	\$1,823.60
Parent&Child	Rent	\$4,004.14
Rentals	Hall and Pavilion Rentals	\$512.00
Service Charges	US Funds, FOI request	\$95.00
Tax Certificates	Tax Certificate	\$50.00
	<u>Subtotal</u>	<u>\$10,504.74</u>
Property Taxes	Property Taxes	\$251,035.44
	Total	\$261,540.18

May Expenditure Report				
Cheque #	Date	Vendor	Description	Total
14428-14446		Staff payroll and Council Honorariums	Staff payroll and Council Honorariums	\$21,305.27
11074	5/8/2024	City of Sault Ste Marie	Policing	\$19,134.05
11075	5/8/2024	Public Utilities Corporation	Streetlights, LED Gateway	\$669.74
11076	5/8/2024	Spectrum Group	Prince Lake Tower Rental	\$367.25
11077	5/8/2024	WirelessCom Ca Inc.	Internet, phone and email accounts	\$484.71
11078	5/8/2024	Airways General Store	Gas for vehicle - Ram 3500	\$238.36
11079	5/8/2024	Receiver General	Payroll Liabilities	\$6,120.22
11080	5/8/2024	Sling-Choker Mfg (Sault) Ltd.	Chain for marina anchor	\$445.22
11081	5/8/2024	GFL Environmental Inc.	Garbage fees	\$4,503.82
11082	5/8/2024	Reliable Maintenance Products	Cleaning Supplies	\$172.21
11083	5/8/2024	Stinson Owl-Lite	Civic blades and number decals	\$383.07
11084	5/8/2024	Steve Hemsworth	Re-imbusement for absorbant for fuel spills	\$57.52
11085	5/8/2024	KEVIN HOBBS	Dodge battery for vehicle	\$275.71
11086	5/8/2024	Superior TreeWorks 2670197 Ontario	Tree removal - Walls Rd	\$565.00
11087	5/8/2024	Samm Turmaine	Hall Damage deposit refund	\$100.00
11088	5/8/2024	Cooper Williams	Fire Dept Training lunch and mileage	\$220.32
11089	5/14/2024	Bell Canada	Phone and internet	\$150.47
11090	5/14/2024	Public Utilities Corporation	Hydro for community center, fire hall, pavilion, etc.	\$830.57
11091	5/14/2024	Wishart Law Firm	Solicitor Services	\$1,073.50
11092	5/14/2024	WORKPLACE SAFETY AND INSURANCE BOARD	WSIB Contributions	\$143.59
11093	5/14/2024	Petty Cash- Jillian Hayes	Office supplies: trash can, glue,etc.	\$174.45
11094	5/14/2024	Reliance Home Comfort	Hot water tank rental	\$211.72
11095	5/14/2024	Minister of Finance - Ontario	Employer Health Tax 2023	\$44.22
11096	5/14/2024	Ironside Consulting Services Inc.	Amended HR Policies, meeting with CAO and Mayor	\$3,783.75
11097	5/14/2024	Tulloch Engineering Inc.	Building Assessment for Asset Management plan	\$6,983.40
11098	5/14/2024	Algoma Kinniwabi Travel Association	Annual Membership fees	\$367.25
11099	5/14/2024	A. J. Stone Company Ltd.	Fire Dept - Multi-gas detector	\$1,093.15
11100	5/14/2024	Collabria Visa	Adobe, Sage 50, phone for BLEO, flowers	\$5,494.11
11101	5/14/2024	DE LAGE LANDEN FINANCIAL SERVICES CANADA INC.	Postage, copier lease	\$532.70
11102	5/21/2024	Airways General Store	Gas for Vehicles - Dodge 1500	\$126.32
11103	5/21/2024	Reliable Maintenance Products	Cleaning Supplies	\$463.77
11104	5/21/2024	Enzo Palumbo	Mileage and meals for FONOM Conference	\$498.89
11105	5/21/2024	A. J. Stone Company Ltd.	Fire Dept Bunker Gear	\$3,629.56
11106	5/21/2024	Sam Carolei	Mileage for FONOM Conference	\$379.20
11107	5/21/2024	Jillian Hayes	AMCTO membership, Parliamentary Procedure course	\$1,185.78
11108	5/29/2024	Receiver General	May Payroll Liabilities	\$7,018.12
11109	5/29/2024	Nicole Kerr	Re-imbusement for duplicate tax payment	\$1,200.00
			Total	\$90,426.99

Tuesday, June 11th, 2024

Clerk's Report

Playground Inspections

Inspections of the three Municipal Playgrounds have been completed. The full report has been provided to our Roads Department. The Roads Supervisor will work with the CAO to determine the most cost effective way to complete required repairs.

2023 Audit

Municipal Auditors (BDO) have begun 2023 audit procedures with the help of Municipal Staff. The overall goal of every audit is to identify areas of concern and to improve accuracy and efficiency in all financial transactions undertaken by the Municipality.

Noise Control By-Law

Municipalities have the authority to create and enforce bylaws that control noise disturbances. Prince Township's current Noise Control By-Law #91-11 is from 1991 (attached)

- a. Is this something Council is interested in updating/changing?

Senior Services Directory

The Township is undertaking a review of services available to seniors locally. The goal is to compile a directory that lists all services available to Prince Township Residents. This directory will include contact information and costs. This is a first step to supporting seniors locally. The hope is to identify where services are needed and how the Township can support the expansion of available services.

A BY-LAW TO CONTROL NOISE

By-Law 91-11

A by-law of the Corporation
of the Township of Prince

WHEREAS it is expedient to exercise the power conferred upon the Council by The Environmental Protection Act, 1971, as amended, and other statutory authority; and

WHEREAS a recognized body of scientific and technological knowledge exists by which sound and vibration may be substantially reduced; and

WHEREAS the people have a right and should be ensured an environment free from unusual, unnecessary, or excessive sound or vibration which may degrade the quality and tranquillity of their life or cause nuisance; and

WHEREAS it is the policy of the Council to reduce and control such sound or vibration;

NOW THEREFORE the Council of the Corporation of the Township of Prince enacts as follows:

1. Interpretation

(1) Technical Terms

In this by-law all the words which are of a technical nature and are related to sound or vibration shall have the meanings specified for them in Publication NPC-101 - Technical Definitions.

(2) Definition

In this by-law,

(a) Certificate

"Certificate" means a Certificate of Competency in Environmental Acoustics Technology of a specified class issued by the Minister of the Environment;

(b) Construction

"construction" includes erection, alteration, repair, dismantling, structural maintenance, painting, moving, land clearing, earth moving, grading, excavating, the laying of pipe and conduit whether above or below ground level, street and highway building, concreting, equipment installation and alteration and the structural installation of construction components and materials in any form or for any purpose, and includes any work in connection therewith;

(c) Construction Equipment

"construction equipment" means any equipment or device designed and intended for use in construction, or material handling, including but not limited to air compressors, pile drivers, pneumatic or hydraulic tools, bulldozers, tractors, excavators, trenchers, cranes, derricks, loaders, scrapers, pavers, generators, off-highway haulers or trucks, ditchers, compactors and rollers, pumps, concrete mixers, graders, or other material handling equipment;

(d) Conveyance

"conveyance" includes a vehicle and any other device employed to transport a

person or persons or goods from place to place but does not include any such device or vehicle if operated only within the premises of a person;

(e) Council

"Council" means the Council of the Corporation of the Township of Prince;

(f) Highway

"highway" includes a common and public highway, street, avenue, parkway, driveway, square, place, bridge, viaduct or trestle designed and intended for, or used by, the general public for the passage of vehicles;

(g) Minister

"Minister" means Minister of the Environment;

(h) Ministry

"Ministry" means Ministry of the Environment;

(i) Motor Vehicle

"motor vehicle" includes an automobile, motorcycle and any other vehicle propelled or driven otherwise than by muscular power; but does not include the car of electric or steam railways, or other motor vehicles running only upon rails, or a motorized snow vehicle, traction engine, farm tractor, self-propelled implement of husbandry or road-building machine within the meaning of The Highway Traffic Act;

(j) Motorized Conveyance

"motorized conveyance" means a conveyance propelled or driven otherwise than by muscular, gravitational or wind power;

(k) Municipality

"municipality" means the land within the geographic limit of the Corporation of the Township of Prince;

(l) Noise

"noise" means unwanted sound;

(m) Noise Control Officer

"Noise Control Officer" means a person designated by Council as responsible for the administration of this by-law;

(n) Point of Reception

"point of reception" means any point on the premises of a person where sound or vibration originating from other than those premises is received;

(o) Publication

"Publication" means a specified publication of the Noise Pollution Control Section of the Pollution Control Branch of the Ministry of the Environment, which is named in Schedule I is attached hereto and is hereby made part of this by-law;

(p) Stationary Source

"stationary source" means a source of sound which does not normally move from place to place and includes the premises

of a person as one stationary source, unless the dominant source of sound on those premises is construction or a conveyance.

(3) Zones

In this by-law,

(a) Residential Area

"Residential Area" means those areas of the municipality specified and defined in Zoning By-law 77-7 of the Corporation of the Township of Prince as follows:

Rural Residential, Summer Cottage, Hamlet, Shield, Commercial, Rural Agricultural.

(b) Quiet Zone

"Quiet Zone" means those areas of the municipality specified as follows:

delete
A place where quiet is of particular importance, such as, but not limited to, the immediate vicinity of hospitals, convalescent homes or retirement homes

2. General Prohibitions

No person shall emit or cause or permit the emission of sound resulting from an act listed herein, and which sound is clearly audible at a point of reception:

1. Racing of any motorized conveyance other than in a racing event regulated by law.

2. The operation of a motor vehicle in such a way that the tires squeal.

3. The operation of any combustion engine or pneumatic device without an effective exhaust or intake muffling device in good working order and in constant operation.

4. The operation of a vehicle or a vehicle with a trailer resulting in banging, clanking, squealing or other like sounds due to improperly secured load or equipment, or inadequate maintenance.

5. The operation of an engine or motor in, or on, any motor vehicle or item of attached auxiliary equipment for a continuous period exceeding five minutes, while such vehicle is stationary in a Residential Area or a Quiet Zone unless:

(i) the original equipment manufacturer specifically recommends a longer idling period for normal and efficient operation of the motor vehicle in which case such recommended period shall not be exceeded; or

(ii) operation of such engine or motor is essential to a basic function of the vehicle or equipment, including but not limited to, operation of ready-mixed concrete trucks, lift platforms and refuse compactors; or

(iii) weather conditions justify the use of heating or refrigerating systems powered by the motor or engine for the safety and welfare of the operator, passengers or animals, or the

preservation of perishable cargo, and the vehicle is stationary for purposes of delivery or loading; or,

(iv) prevailing low temperatures make longer idling periods necessary immediately after starting the motor or engine, or

(v) the idling is for the purpose of cleaning and flushing the radiator and associated circulation system for seasonal change of antifreeze, cleaning of the fuel system, carburetor or the like, when such work is performed other than for profit.

6. The operation of a motor vehicle horn or other warning device except where required or authorized by law in accordance with good safety practices.

7. The operation of any item of construction equipment in a Quiet Zone or Residential Area without effective muffling devices in good working order and in constant operation.

3. Prohibitions by Time and Place

No person shall emit or cause or permit the emission of sound resulting from any act listed in Table 1. if clearly audible at a point of reception located in an area of the municipality within a prohibited time shown for such an area.

4. General Limitations on Sound Levels

Due to Stationary Sources

(1) No person shall emit or cause or permit the emission of sound from a stationary source such

that the level of sound from that source at a point of reception located in a Quiet Zone or Residential Area, exceeds the applicable sound level limit prescribed in Publication NPC-105 - Stationary Sources.

(2) Subsection (1) does not apply to any equipment, apparatus or device used in agriculture for food crop seeding, chemical spraying or harvesting.

5. Limitation on Sound and Vibration Levels at a Point of Reception for Specific Sources

(1) Residential Air Conditioners

No person shall emit or cause or permit the emission of sound from the operation of a residential air conditioning device of a type referred to in Publication NPC-116 - Residential Air Conditioners, resulting in a sound level at a point of reception located in a Quiet Zone or a Residential Area in excess of the applicable sound level limit set out in Publication NPC-116 - Residential Air Conditioners.

(2) Blasting Operations

No person shall emit or cause or permit the emission of sound (concussion) or vibration from a blasting operation of a type mentioned in Publication NPC-119 - Blasting, such that the peak pressure level or peak particle velocity at a point of reception located in Quiet Zone or Residential Area, exceeds the applicable limit set out in Publication NPS-119 - Blasting.

6. Preemption

Where a source of sound is subject to both Sections 4 and 5, the less restrictive provisions shall prevail.

7. Sound Emission Standards

(1) Construction Equipment - Residential Areas

No person shall emit or cause or permit the emission of any sound from any item of construction equipment of a type referred to in Publication NPC-115 - Construction Equipment, at a work site, any part of which is located in or within 600 meters of a Residential Area or a Quiet Zone, unless:

(a) the item of equipment was manufactured prior to January 1st, 1979;

or

(b) the item of equipment bears a label affixed by the manufacturer or distributor which states, the year of manufacture and that the item of equipment when new complies with the Residential Area sound emission standard set out in Publication NPC-115 - Construction Equipment, as applicable to that type of equipment and date of manufacture; or

(c) the owner, operator, manufacturer or distributor provides proof that the item of equipment when new complied with the Residential Area sound emission standard set out in Publication NPC-115 - Construction Equipment, as applicable to that type of equipment and date of manufacture.

(2) Construction Equipment - Quiet Zones

No person shall emit or cause or permit the emission of any sound from any item of construction equipment of a type referred to in Publication NPC-115 - Construction Equipment, at a work site, any part of which is located in a Quiet Zone, unless:

(a) the item of equipment bears a label affixed by the manufacturer or distributor which states the year of manufacture and that the item of equipment when new complies with the Quiet Zone sound emission standard set out in Publication NPC-115 - Construction Equipment as applicable to that type of equipment and date of manufacture; or

(b) the owner, operator, manufacturer or distributor provides proof that the item of equipment when new complied with the Quiet Zone sound emission standard set out in Publication NPC-115 - Construction Equipment, as applicable to that type of equipment and date of manufacture.

3. Domestic Outdoor Power Tools

No person shall emit or cause or permit the emission of any sound in a Residential Area or Quiet Zone from any domestic outdoor power tool of a type referred to in Publication NPC-117 - Domestic Outdoor Power Tools, which device is powered by an electric motor or an internal combustion engine unless:

(a) the device was manufactured prior to January 1st, 1979; or

(b) the device bears a label affixed by the manufacturer or distributor which states, the year of manufacture and that the device when new complies with the sound emission standard set out in

Publication NPC-117 - Domestic Outdoor Power Tools, as applicable to that type of device and date of manufacture; or

(c) the owner, operator, manufacturer or distributor provides proof that the device when new complied with the sound emission standard set out in Publication NPC-117 - Domestic Outdoor Power Tools, as applicable to that type of device and date of manufacture.

(4) Air Conditioners

No person shall emit or cause or permit the emission of any sound from any air conditioning device of a type referred to in Publication NPC-116 - Residential Air Conditioners unless:

(a) the device was manufactured prior to January 1st, 1979; or

(b) the device bears a label affixed by the manufacturer or distributor which states, the year of manufacture and that the device when new complies with the sound emission standard set out in Publication NPC-116 - Residential Air Conditioners, as applicable to that type of device and date of manufacture; or

(c) the owner, operator, manufacturer or distributor provides proof that the device when new complied with the sound emission standard set out in Publication NPC-116 - Residential Air Conditioners, as applicable to that type of air conditioner and date of manufacture.

(5) Motorized Conveyances

No person shall emit or cause or permit the emission of any sound from any motorized conveyance of a type referred to in Publication NPC-118 - Motorized Conveyances unless the motorized conveyance complies with the sound emission standard set out in Publication NPC-118 - Motorized Conveyances, as applicable to that type of motorized conveyance and date of manufacture.

8. Exemption

Public Safety

Notwithstanding any other provision of this by-law, it shall be lawful to emit or cause or permit the emission of sound or vibration in connection with emergency measures undertaken:

- (a) for the immediate health, safety or welfare of the inhabitants or any of them;
- (b) for the preservation or restoration of property;

unless such sound or vibration is clearly of a longer duration or nature more disturbing than is reasonably necessary for the accomplishment of such emergency purpose.

9. Grant of Exemption by Council

(1) Application to Council

Notwithstanding anything contained in this by-law, any person may make application to Council to be granted an exemption from any of the provisions of this by-law with respect to any source of sound or vibration for which he might be prosecuted and Council, by resolution, may refuse to grant any exemption or may grant the exemption applied for or any exemption of lesser effect and any exemption granted shall specify the time period,

not in excess of six months, during which it is effective and may contain such terms and conditions as Council sees fit.

(2) Details of Application for Exemption

The application mentioned in subsection (1) shall be made in writing, in duplicate, and shall contain:

- (a) the name and address of the applicant;
- (b) a description of the source of sound or vibration in respect of which exemption is sought;
- (c) a statement of the particular provisions or provisions of the by-law from which exemption is sought;
- (d) the period of time, of a duration not in excess of six months, for which the exemption is sought;
- (e) the reasons why the exemption should be granted;
- (f) a statement of the steps, if any, planned or presently being taken to bring about compliance with the by-law; and
- (g) proof of publication within the preceding ten days, in a newspaper of general circulation within the Municipality, of a notice of intention to apply for an exemption to this by-law, containing the information required by clauses (a) through (e) hereof, and further stating the date upon which it is intended that application will be made to Council.

(3) Noise Control Officer

Council shall cause one copy of the application for exemption to be delivered to the Noise Control Officer and he shall prepare a report to Council forthwith, stating his opinion of the merits of the application and his recommendations as to terms and conditions which, in his opinion, should

be imposed upon the applicant if the exemption is granted and Council will not consider the application for exemption until it has received the report of the Noise Control Officer.

(4) Report

The Noise Control Officer shall forward a copy of his report to the applicant at the address shown on the application by prepaid registered mail and shall, not sooner than two weeks after the mailing of the report to the applicant, submit the report to Council and shall, on request, make his report available for public inspection.

(5) Decision

In deciding whether to grant the exemption, Council shall consider the application, the report of the Noise Control Officer and any written submission then received by Council and made by the applicant after receipt of the report of the Noise Control Officer and the Council may consider such other matters as it sees fit.

(6) Breach

Breach by the applicant of any of the terms or conditions of the exemption shall render the exemption null and void.

10. Exemption of Traditional, Festive
or Religious Activities

Notwithstanding any other provision of this by-law, this by-law does not apply to a person who emits or causes or permits the emission of sound or vibration in connection with any of the listed traditional, festive, (religious) and other activities;

~~Community sponsored~~

~~(a) demonstrations,~~

- (b) parades,
 - (c) ceremonies, and
 - (d) ~~public performances~~
- ~~Private wedding parades.~~

~~(d)~~

11. Severability

If a court of competent jurisdiction should declare any section or part of a section of this by-law to be invalid, such section or part of a section shall not be construed as having persuaded or influenced Council to pass the remainder of the by-law and it is hereby declared that the remainder of the by-law shall be valid and shall remain in force.

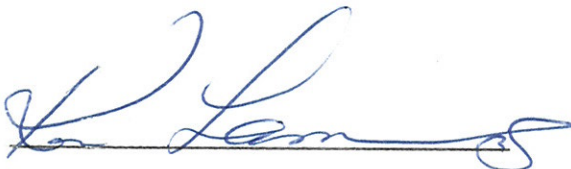
12. Penalty

Every person who contravenes any of the provisions of this by-law is guilty of an offence and shall, upon conviction thereof, forfeit and pay a penalty of not more than \$1,000.00 for a first offence and ~~not less than \$100.00 and not more than \$1,000.00 for a second or subsequent offence,~~ ^{subsequent offences} exclusive of costs, ^{every such fine is recoverable under the Provincial Offences Act.}

13. By-law #77-4 Repealed

By-law #77-4 passed on July 12, 1977 is hereby repealed.

READ A FIRST, SECOND AND THIRD TIME, AND FINALLY PASSED,
this 11th day of June, A.D., 1991.



Reeve



Administrator

I hereby certify the foregoing to be a complete and true copy of By-law Number 91-11

Clerk

SCHEDULE I

Index of Publications

Publication NPC-101	Technical Definitions
Publication NPC-102	Instrumentation
Publication NPC-103	Procedures
Publication NPC-104	Sound Level Adjustments
Publication NPC-105	Stationary Sources
Publication NPC-106	Sound Levels of Road Traffic
Publication NPC-115	Construction Equipment
Publication NPC-116	Residential Air Conditioners
Publication NPC-117	Domestic Outdoor Power Tools
Publication NPC-118	Motorized Conveyances
Publication NPC-119	Blasting
Publication NPC-131	Guidelines for Noise Control in Land Use Planning
Publication NPC-132	Guidelines for Noise Control in Rural Areas
Publication NPC-133	Guidelines on Information Required for the Assessment of Planned Stationary Sources of Sound
Publication NPC-134	Guidelines on Information Required for the Assessment of Planned New Land Uses with Respect to Sound and Vibration Impacts
Publication NPC-135	Certificate

*File 440 6773
Access 11/17/73 R102*

TABLE 1.

PROHIBITIONS BY TIME AND PLACE

	Prohibited Period of Time	
	Quiet Zone	Residential Area
1. The detonation of fireworks or explosive devices not used in construction.	At all times.	At all times.
2. The discharge of firearms.	At all times.	At all times.
3. The operation of a combustion engine which (i) is, or (ii) is used in, or (iii) is intended for use in, a toy or a model or replica of any device, which model or replica has no function other than amusement and which is not a conveyance.	At all times.	At all times.
4. The operation of any electronic device or group of connected electronic devices incorporating one or more loudspeakers, or other electro-mechanical transducers, and intended for the production, reproduction or amplification of sound.	At all times.	C
OK 5. The operation of any auditory signalling device, including but not limited to the ringing of bells or gongs and the blowing of horns or sirens or whistles, or the production, reproduction or amplification of any similar sounds by electronic means except where required or authorized by law or in accordance with good safety practices. <i>by the municipality</i>	At all times.	D & E
6. The operation of any powered rail car including but not limited to refrigeration cars, locomotives or self-propelled passenger cars, while stationary on property not owned or controlled by a railway governed by the Canada Railway Act.	At all times.	B
7. The operation of any motorized conveyance other than on a highway or other place intended for its operation.	At all times.	B
8. The venting, release or pressure relief of air, steam, or other gaseous material, product or compound from any autoclave, boiler, pressure vessel, pipe, valve, machine, device or system.	At all times.	A
9. Persistent barking, calling or whining or other similar persistent noise making by any domestic pet or any other animal kept or used for any purpose other than agriculture.	At all times	A
10. The operation of a commercial car wash with air drying equipment.	At all times.	D & E
11. Yelling, shouting, hooting, whistling or singing.	At all times.	A
12. The operation of a power assisted hang glider or parafoil.	At all times.	D & E

13. The operation of any item of snow making equipment.	At all times.	E
14. All selling or advertising by shouting or outcry or amplified sound.	At all times.	D & E
15. Loading, unloading, delivering, packing, unpacking, or otherwise handling any containers, products, materials, or refuse, whatsoever, unless necessary for the maintenance of essential services or the moving of private household effects.	D & E	D & E
16. The operation of any equipment in connection with construction.	D & E	D & E
17. The operation or use of any tool for domestic purposes other than snow removal.	C	B
18. The operation of solid waste bulk lift or refuse compacting equipment.	C	B
19. The operation of a commercial car wash of a type other than mention in item 10.	C	A

Prohibited Periods of Time:

- A - 23 00 one day to 07 00 next day (09 00 Sundays)
- B - 19 00 one day to 07 00 next day (09 00 Sundays)
- C - 17 00 one day to 07 00 next day (09 00 Sundays)
- D - All day Sundays and Statutory Holidays.
- E - 19 00 one day to 07 00 next day.



**CORPORATION OF THE TOWNSHIP OF PRINCE
BY-LAW NO. 2024-23**

“Being a By-Law to Adopt a Municipal Investment Policy for the Corporation of the Township of Prince”

WHEREAS Section 5(1) of The *Municipal Act S.O. 2001, C.25* as amended, grants that the powers of a municipality shall be exercised by its Council; and

WHEREAS Section 5(3) of The *Municipal Act S.O. 2001, C.25* as amended, provides that a municipal power, including a municipality’s capacity, rights, powers and privileges under section 9, shall be exercised by by-law unless the municipality is specifically authorized to do otherwise; and

WHEREAS Section 5(4) subsections (1) to (3) of The *Municipal Act S.O. 2001, C.25* as amended, apply to all municipal powers, whether conferred by this Act or otherwise; and

WHEREAS Section 7(1) of Ontario Regulation 438/97, states that before a municipality invests in a security prescribed under this Regulation, the council of the municipality shall, if it has not already done so, adopt a statement of the Municipality’s investment policies and goals;

WHEREAS Council of the Township of Prince deems it appropriate to adopt a Municipal Investment Policy;

NOW THEREFORE Council for the Township of Prince hereby enacts the following:

1. That the Council of the Township of Prince does hereby adopt the Municipal Investment Policy attached hereto as Schedule “A”
2. That Schedule “A” is declared to form part of this by-law.
3. This By-law shall come into force and take effect upon being passed by Council.

READ a first, second and third time and finally passed this 11th day of June 2024.

Mayor

Clerk

**Schedule A to By-Law No. 2024-23
Corporation of the Township of Prince
Municipal Investment Policy**

1. PURPOSE

This policy establishes guidelines for municipal investments, as defined by and in compliance with the requirements of s. 418 to s. 420 of the Municipal Act, 2001 and of O.Reg.438/97. The goals of this policy are to ensure compliance with legislation and to establish a reporting practice to council, where, at least annually, a full disclosure of information relating to municipality held investments is provided.

2. POLICY

It is the policy of the Township of Prince to ensure

- 2.1** All investments are in compliance with O.Reg.438/97 and with s.418 to s.420 of the Municipal Act.
- 2.2** Preservation of capital
- 2.3** Maintenance of liquidity
- 2.4** Competitive return on investments

3. SCOPE

This investment policy applies to any investment of the financial assets of the Municipality, including Current, Capital, Reserve and Trust Funds.

4. AUTHORIZED INVESTMENTS

The eligible securities are prescribed under Ontario Regulation 438/97 attached to this policy. In addition, the Municipality further restricts investments to Conservative and Low Risk options. The Treasurer will attempt where possible to diversify the investments to mitigate risk and so that certificates are covered under the Bank of Canada Deposit Insurance Act.

5. CURRENCY

The Municipality shall not invest in a security that is expressed or payable in any currency other than Canadian dollars. O. Reg. 438/97, s.6 (1).

6. REPORTING

The Treasurer or designate has a specific responsibility to prepare and provide, at least annually, an annual investment report to council. O. Reg. 438/97, s.8 (1). This report shall contain the following information:

- 6.1** a statement about the performance of the portfolio of investments of the municipality during the period covered by the report.
- 6.2** a description of the estimated proportion of the total investments of a municipality that are invested in its own long-term and short-term securities to the total investment of the municipality and a description of the change, if any, in that estimated proportion since the previous year's report.
- 6.3** a statement by the treasurer as to whether or not, in his or her opinion, all investments were made in accordance with the investments policies and goals adopted by the municipality; and
- 6.4** a record of the date of each transaction in or disposal of its own securities, including a statement of the purchase and sale price of each security.

7. AUTHORITY

Authority to invest public funds is derived from section 418 to section 420 of the Municipal Act, 2001. In accordance with section 418(5) of the Municipal Act, management responsibility for the investment program of the municipality is hereby delegated to the Treasurer.

This policy is approved by resolution of the Township of Prince, this 11th day of June 2024

Mayor

Clerk

CORPORATION OF THE TOWNSHIP OF PRINCE

BY-LAW NO. 2024-24

Being a By-law to Appoint a Deputy Treasurer

Legal Authority

Scope of Powers

Section 8(1) of the *Municipal Act, 2001, S.O. 2001, c.25, ("Municipal Act")* as amended, provides that the powers of a municipality shall be interpreted broadly so as to confer broad authority on municipalities to enable them to govern their affairs as they consider appropriate, and to enhance their ability to respond to municipal issues.

Powers of a Natural Person

Section 9 of the *Municipal Act* provides that a municipality has the capacity, rights, powers and privileges of a natural person for the purpose of exercising its authority under this or any other act.

Powers Exercised by Council

Section 5 (1) of the *Municipal Act* provides that the powers of a municipality shall be exercised by its council.

Powers Exercised by By-Law

Section 5 (3) of the *Municipal Act* provides that a municipal power, including a municipality's capacity, rights, powers and privileges under section 9, shall be exercised by bylaw unless the municipality is specifically authorized to do otherwise.

Appoint s Treasurer

Section 286 (1) of the *Municipal Act* provides that the municipality shall appoint a treasurer who is responsible for handling all of the financial affairs of the municipality on behalf of and in the manner directed by the council of the municipality.

Decision

Council of the Corporation of the Township of Prince decides it in the best interest of the Corporation to appoint a Deputy Treasurer.

Direction

NOW THEREFORE the Council of the Corporation of the Township of Prince directs as follows:

1. That Michelle Quinton is hereby appointed as the Deputy Treasurer for the Corporation of the Township of Prince

2. This by-law takes effect on the day of its final passing.

Read and adopted by Resolution 2024-128 on this 11th day of June 2024.

Mayor, Enzo Palumbo

CAO, Clerk - Treasurer, Jillian Hayes

FoodCycler

This letter is addressed to the Mayor and Councillors of Prince Township,

My name is Jacob Hanlon, and I am the Municipal Solutions Manager at Food Cycle Science. Our company provides municipalities with innovative solutions for residential and commercial food waste diversion to reduce the amount of organic waste going into landfills.

I would like to submit this letter as an alternative to a delegation request so that Council may hear about our food waste diversion programs and funding opportunities. I have been informed that a virtual delegation is not possible, and I am located over in Ottawa.

For more context, FoodCycler has received federal funding from the **Impact Canada / Agriculture and Agri-Food Canada Food Waste Reduction Challenge** to expand our municipal programs. We are a trusted solutions provider to over 130 municipalities across Canada, and we are seeking additional implementation partners to be part of this program which comes with direct investment into your community to offset the cost of the program. (See Impact Canada's Food Waste Reduction Challenge here: <https://impact.canada.ca/en/challenges/food-waste-reduction-challenge>)

FoodCycler's technology transforms food waste into a natural soil amendment in hours. About the size of a bread maker, the FoodCycler runs anywhere with a plug, usually in a kitchen, garage, or basement. Food waste weight and volume is reduced by ~90%, leaving users with a pathogen-free and sterile biomass that has many beneficial uses (E.g., natural fertilizer for one's garden).

For municipalities, no green bin collection or processing infrastructure is required, landfill lifespan is extended, and GHGs are reduced by 95% vs. sending food waste to landfill. Your residents can take part in an innovative solution to increasing diversion and fighting climate change, right at home.

If there is interest in exploring our residential food waste diversion program, we would like to request to work with staff to bring back a report and recommendation in a future Council meeting.

We appreciate your time and consideration.

Thank you,

Jacob Hanlon

Food Cycle Science | Municipal Solutions Manager

371A Richmond Road, Ottawa, ON K2A 0E7

jacobh@foodcycler.com | +1 (613) 316-4094

Prince Twp - Recreational Committee

Meeting Minutes

Attendees

Council Representative: Margaret Christenson (regrets)

Rec Members: Samantha Pigeau, Kristi Laforrest, Adam Lyons, Mary Jin-Moore, Jane Weir

Other Attendees:

Regrets: Serena Madonna, Tiana Trutenko

Purpose of the Meeting

1. Call to order
2. Approve minutes of meeting for April 2024
3. Business arising from previous meeting
 - Basketball Court completed
 - Garage sale - new date
 - Tractor parade august 4th - BBQ
 - Keys for rec committee
4. New Business
 - Update socials to look for volunteers
 - Plan exercise classes for the summer
 - Movie nights
5. Other business
6. Schedule next meeting
7. Adjournment

Summary of Discussion

Call To Order

- Meeting called to order 7:35 pm by Kristi

Approval of Meeting Minutes from November, 2023

- Motion to approve minutes by Kristi, M2C by Adam- Carried

Business arising from minutes

- o Basketball court complete

Pavement done and backboards have been painted. Jane will follow up with council to send a note to Avery Construction saying they were approved to do this work (this was previously discussed a lot in writing). Tiana will make a post to promote use of the new basketball court and give credit to

- o Prince for Sale

June 22nd is the new date. Use a google form to create an online sign-up and then we will be able to collect addresses for the community map of garage sale. Print some of the maps too so that people have a hard copy if wanted (limited copies available and will be at the airways). Have this promoted on facebook, in the newsletter and on the electronic sign at the front of the township building.

- o BBQ for the tractor parade

Give Mike the suggestion of the recreation committee ordering pizzas instead of doing a BBQ. We would donate the pizzas and water so there is no exchange of money involved. We have a very limited amount of volunteers so the BBQ would be hard to run, especially on a long weekend. Kristi will provide Mike with this update.

- o Keys


Still at the office. Mary will go check out the popcorn maker and will get the keys too.

- o Social media post for new volunteers

Requesting volunteers in the newsletter, and on our socials and at the movie nights. Kristi will message Sam at the office about getting it on the newsletter. Create a google form to share on our social media to encourage people to sign up to volunteer on the committee.

New Business

- a. Exercise classes in the summer



SUP Yoga - Sam in contact with them and will be working on setting dates, Jane interest in attending and is available Tuesday -Thursday

PICKLEBALL - Sam is in contact with them and will keep the committee updated. The thought here is to have a try pickleball event to get our west-end courts used more. Jane will see if the library can use this as a check in and check out system for us.

Denise Bell - Reach out about fitness classes being offered in the summer.

Goat Yoga - Sam will reach out to Sarah to see if she is interested and set up dates.

*Exercise instructors will have to send their invoices to Lorraine via email and will CC Adam so that the recreation committee is still in the loop.

b. Movie Night

June 20th - with popcorn. Watch Sonic the Hedgehog (2020) on Netflix. Popcorn, pop, water made available by purchase. Adam ordered a firestick to use for this.

Make a poll for the next Movie Night, and a Volunteer sign up table. Adam will go and get water, pop popcorn kernels, popcorn oil, popcorn seasoning. Mary will check our inventory and update Adam on what is needed.

Next Meeting

Date: June 18th @7:00pm

Meeting Adjourned: 8:15pm

Name	Action
Sam	<ul style="list-style-type: none"> - Book SUP yoga classes with Restore with Raquel - Reach out to Sarah about Goat Yoga - Reach out to Denise Bell about exercise classes - Keep up communication with PickleBall association to get a beginners event happening out in Gros Cap - Help out with Movie Night on June 20th
Kristi	<ul style="list-style-type: none"> - Help set up the Movie Night on June 20th - Email the office about changing the date for the Yard Sale - Contact Mike about donating pizzas for the Tractor Parade - Get the office to put the yard sale date on the electronic sign - Ask the office to include a blurb in the June newsletter to ask for more volunteers for the recreation committee
Adam	<ul style="list-style-type: none"> - Purchase popcorn stuff and drinks for movie night - Set up firestick once it arrives.
Jane	<ul style="list-style-type: none"> - Reach out to the library to see if they can set up a check out system for the community to use our pickleball equipment on a weekly basis - Follow up with council or the office to make sure every construction gets the note to approve the work done for the basketball courts
Mary	<ul style="list-style-type: none"> - Get keys from the main office - Help out with the movie night on June 20th - Check to see if popcorn machine is in working condition

Tiana	<ul style="list-style-type: none">- Make a quick social media post to advertise the improvements and give credit to those that contributed- Advertise new date for the Yard Sale- Figure out a way to collect addresses for creating the map (we used google forms last year)
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Minutes of the Prince Township Public Library Board of Trustees

Thursday, May 2, 2024

Present: Chair Mike Matthews, CEO Rita Wagner, Treasurer Sandy Fulcher, Secretary Brittany Agliani, Councillor Jane Weir, Hal McGonigal, and Jodi LaFleur

Regrets: Bev Couch & Helen McKay

Call to Order: at 5:38 pm

Minutes of the Last Meeting: Hal McGonigal moved and Brittany seconded that the minutes of the regular meeting held April 11, 2024 be approved.

Carried.

Business Arising from Last Meeting: None.

REPORTS:

CEO: Some highlights include:

- **OLS Large Print Pool:** First payment due in June, books will come in July.
- **Canada Summer Jobs Application:** Approved for 9 weeks at 30 hours per week.
- **Friday Volunteer Needed:** We will be looking for a volunteer for Friday come the fall time.
- **Annual Survey:** Completed and submitted by Brittany Agliani and Rita Wagner. Rita presented the survey to the Board and it was circulated via email to them.

Treasurer:

- Sandy Fulcher reported that the bank balance was \$15,443.28 as of April 30, 2024.

Sandy Fulcher moved and Brittany Agliani seconded that the Treasurer's Report be accepted as presented.

Secretary: Brittany had completed the Art Comp poster and circulated to the Board via email. She will confirm with Suzanne from AK Graphics if we need to specify the size 4"x6" for submissions.

Friends of the Library Report:

- Brittany confirmed the Canada Summer Jobs application was approved.

NEW BUSINESS:

- **Calendar 2025 Prices:** Discussion of calendar price of \$15 and ad \$75. No final decision made.
- **Library Book Sale:** Potential for book sales at New North Greenhouses when they have certain events such as the season opening. Jodi will look into this for us.

- **Motion:** Hal McGonigal moved and Sandy Fulcher seconded that the Board would like to request the Prince Township Council to support a similar motion that was put forth by the Archipelago & ~~Carlinton~~ to petition on behalf of Prince Township for more funding.

Carlinton

Carried.

ADJOURNMENT: The meeting adjourned at 7:03 pm

NEXT MEETING: Regular meeting June 6, 2024 at 5:30 pm.

REGULAR COUNCIL MEETING

HELD
May 14th, 2024

2024-105

**Moved by Councillor Trahan
Seconded by Councillor Kelly**

THAT Council for the Municipality of East Ferris supports the resolution from the Township of the Archipelago regarding requesting the Province reconsider and ultimately decide against the proposed phasing-out of free private drinking water testing services;

AND FURTHER THAT that this resolution be sent to all Ontario municipalities, Minister of Environment Conservation and Parks, Minister of Health, North Bay Parry Sound District Health Unit, MPP Nipissing.

Carried Mayor Rochefort

CERTIFIED to be a true copy of
Resolution No. 2024-105 passed by the
Council of the Municipality of East Ferris
on the 14th day of May, 2024.



Kari Hanselman, Dipl. M.A.
Clerk

T: 705-752-2740

E: municipality@eastferris.ca

25 Taillefer Road, Corbeil, ON. P0H 1K0



The Corporation of The Township of The Archipelago
Council Meeting

Agenda Number: 15.8.
Resolution Number 24-082
Title: Public Health Ontario proposes phasing out free water testing for private wells
Date: Friday, April 19, 2024

Moved by: Councillor Manners
Seconded by: Councillor MacLeod

WHEREAS the Ontario Auditor General's annual report on public health from December 2023 indicates that Public Health Ontario is proposing the phasing-out of free provincial water testing services for private drinking water; and

WHEREAS free private drinking water testing services has played a pivotal role in safeguarding public health, particularly in rural communities, including the entire Township of The Archipelago, that rely predominantly on private drinking water; and

WHEREAS the removal of free private drinking water testing could lead to a reduction in testing, potentially increasing the risk of waterborne diseases in these vulnerable populations; and

WHEREAS the tragic events in Walkerton, Ontario underscored the critical importance of safe drinking water.

NOW THEREFORE BE IT RESOLVED that The Township of The Archipelago hereby requests that the Province reconsider and ultimately decide against the proposed phasing-out of free private drinking water testing services.

FURTHER BE IT RESOLVED that this resolution be sent to all Ontario municipalities, Minister of Environment Conservation and Parks, Minister of Health, North Bay Parry Sound District Health Unit, Graydon Smith, MPP Parry Sound-Muskoka.

Carried



Office of the Auditor General of Ontario

Value-for-Money Audit:
Public Health
Ontario



December 2023

Public Health Ontario

1.0 Summary

Public Health Ontario is an independent, board-governed agency with a broad mandate to provide scientific and technical advice and support to those working across health-related sectors to protect and improve the health of Ontarians. This includes carrying out and supporting activities such as population health assessment, public health research, surveillance, epidemiology, and planning and evaluation. Established in 2007 following the SARS outbreak in 2003, Public Health Ontario is one of the three pillars of Ontario's public health system, consisting of 34 local public health units and the Ministry of Health (Ministry), which exercises its authority in the area of public health primarily through the Office of the Chief Medical Officer of Health.

Public Health Ontario supports areas such as preventing and controlling infections and the spread of communicable diseases, improving environmental health and preventing chronic diseases, and operates Ontario's public health laboratory. Public Health Ontario provided public health and testing expertise during the COVID-19 pandemic, for example, in the area of vaccine safety, through its surveillance of adverse events following immunization.

The Ministry is the primary funder of Public Health Ontario. The agency spends the majority of its annual funding, which was about \$222 million in 2022/23, on operating the province's 11 public health laboratory sites. Ontarians relied on the agency's public health laboratory to perform 6.8 million tests in 2022/23 for diseases that include HIV, syphilis, tuberculosis, influenza, COVID-19 and West Nile virus. The laboratory

also carries out all required testing relating to outbreaks and investigations in Ontario, and has the capability of diagnosing pathogens requiring a high level of biosecurity and safety measures.

In early 2019, the Province announced its intention to modernize Ontario's public health system. A 2019 discussion paper to support the provincial plan outlined the key challenges facing public health. The paper noted the importance of working toward clearer and better aligned roles and responsibilities between the Province, Public Health Ontario and local public health units. In particular, it stated Public Health Ontario's potential to strengthen public health functions if these are co-ordinated or provided at the provincial level. The government revised its approach to modernizing the public health system in August 2023 to include a review of standards that govern the work of public health units, the roles and responsibilities that all three pillars of the public health system play, as well as their relationships and alignment across and beyond the broader health-care system.

Our audit found that Public Health Ontario has been unable to meet a number of its legislated responsibilities under the *Ontario Agency for Health Protection and Promotion Act, 2007*. This is partially due to a lack of direction from the Ministry to perform at its full potential. This includes a continued lack of clarity on roles and responsibilities in an evolving health-care system that saw the introduction of a new health agency, Ontario Health, that became operational in 2019. Though Public Health Ontario is responsible for providing scientific and technical advice and support to clients in the government, it was not consulted on some critical decisions concerning public health, such as the health impacts of increased access to gambling

and alcohol in recent years, and it did not address these topics independently.

We also found that lack of information sharing between the Ministry, public health units and Public Health Ontario has limited the agency's ability to centralize and co-ordinate work effectively in the area of research and evidence synthesis (a research methodology involving collecting the best available evidence on a given topic and summarizing it to inform best practice). This has resulted in duplication of efforts between provincial and local public health entities. From our work, we noted examples where multiple public health units have independently developed local resources in areas including key public health issues such as mental health and alcohol, when it would have been more cost-effective for Public Health Ontario to develop resources centrally.

Further, we found that Public Health Ontario's laboratory sites, where about 70% of its financial resources are allocated, were not operating efficiently. We found that three sites were able to perform tests on only 9% to 20% of the samples and specimens they receive, transferring the remainder of samples to other laboratory sites. Each of these three sites had base operating costs ranging from \$5 million to \$10 million over the last five years. The agency explained that transferring out laboratory tests to other sites was necessary for reasons that included lack of expertise or lack of sufficient volume to maintain competency of laboratory personnel in a specific test, lack of equipment to conduct certain tests, and efficiencies to achieve economy of scale. The agency developed a plan collaboratively with the Ministry in 2017 to modernize its laboratory operations by consolidating resources into fewer laboratory sites and discontinuing or restricting eligibility for certain tests; however, the government still had not approved the plan at the time of our audit. The Ministry stated this was due to reasons that include the COVID-19 pandemic and more recent recommendations relating to provincial laboratory optimization from an external consulting firm. We also found that the agency was not taking the lead in performing or co-ordinating testing for the surveillance of some diseases of public health significance.

These include a laboratory test to detect latent tuberculosis—a disease of public health significance that can disproportionately affect Indigenous people and newcomers to Ontario—as well as wastewater testing for the detection of COVID-19, which is currently led by another Ministry.

Other observations of this audit include:

- **Public Health Ontario is challenged by a lack of sustainable funding from the Ministry of Health.** We found that since 2019/20, Public Health Ontario has seen limited increases in base funding, and has had some of its base funding replaced by one-time annual funding. While the Ministry has increased base funding since 2020/21, it has still not restored it to pre-pandemic levels. This lack of consistent funding threatens Public Health Ontario's ability to fully deliver on its mandate, and hinders the agency's ability to continue to provide services. For example, the agency has begun to explore options to scale back or dismantle the operations of a committee designed to enhance provincial capacity to respond to public health emergencies.
- **Public Health Ontario did not adequately monitor compliance with procurement policies.** We found that Public Health Ontario has not always followed the Ontario Public Service Procurement Directive, as well as the agency's own corporate procurement policy. From 2018/19 to 2022/23, Public Health Ontario staff at various laboratory sites were using their purchasing cards to make recurring purchases of laboratory and health-care supplies from the same vendor, instead of engaging in competitive procurement as required by internal policies. The agency provided explanations for why it used purchasing cards for recurring transactions with two of the top vendors. For the remaining 28 vendors, we found that annual transaction values over this same period ranged from \$25,133 to \$222,283. We further found that Public Health Ontario does not have a formal process to track vendor performance

and non-compliance, even though the Directive requires vendor performance to be managed and documented.

- **Public Health Ontario mostly measures outputs but little in the way of client satisfaction or service quality.** The agency establishes performance indicators as well as targets in its annual business plans; however, these indicators mostly focus on quantifying the output of the agency's operational activities rather than client satisfaction and actual performance of its core activities, making it difficult for the agency to demonstrate that it has been effective in meeting the needs of its clients. We also found that the agency's performance indicators do not cover all of its key functions, for example, the performance of its research ethics committee, which provides ethics reviews to 26 of Ontario's 34 public health units, to measure the turnaround time of its reviews.
- **Public Health Ontario's information technology (IT) processes need improvement.** We examined Public Health Ontario's IT controls and processes related to user account management, cybersecurity and software management. Due to the nature of these findings and so as to minimize the risk of exposure for Public Health Ontario, we provided relevant details of our findings and recommendations directly to Public Health Ontario. Public Health Ontario agreed with the recommendations and committed to implementing them.

This report contains 10 recommendations, with 24 action items, to address our audit findings and to position Public Health Ontario for success to continue to contribute to the overall health of Ontarians as a public health agency, independent from the government.

Overall Conclusion

Our audit concluded that Public Health Ontario has delivered on some areas of its mandate as set out in the *Ontario Agency for Health Protection and Promotion Act, 2007* (Act), but does not yet sufficiently collaborate

with the Ministry of Health and local public health units to clearly define and ascertain the agency's role in areas such as undertaking public health research, disseminating knowledge, and delivering public health laboratory services to more effectively protect and promote the health of the people in Ontario and reduce health inequities.

We also concluded that Public Health Ontario mostly measures outputs but little in the way of client satisfaction or service quality, and that the agency's suite of performance indicators does not cover all of its key functions.

OVERALL PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario thanks the Auditor General for this comprehensive value-for-money audit report.

Public Health Ontario is committed to fulfilling our mission to enhance the protection and promotion of the health of the people in Ontario and to contribute efforts toward reducing health inequities. By providing scientific and technical advice and leadership to support our clients across the public health and health systems, we enable evidence-informed public health action and decision-making.

In consideration of our role in the province, we recognize the importance of continuing to strive to improve our operations and enhance the quality of our services and products. As such, we appreciate the independent review of our organization by the Auditor General and the recommendations brought forward, all of which we have accepted and have plans to address.

When interpreting the findings of the report, it is important to note that the time frame covered by the audit includes more than three years during which Public Health Ontario was actively engaged in the COVID-19 pandemic response. Public Health Ontario, like other public health organizations, was greatly affected by the extraordinary demands of the pandemic. Due to the need to dedicate considerable resources to the pandemic, some areas of

our work did not progress as planned during this period, such as efforts to reduce purchasing card usage in the laboratory and expand our outcome-based performance measures.

As we are now in the process of returning to a “new normal” for the public health system in Ontario, Public Health Ontario is leveraging the lessons learned during the pandemic to inform the development of our next strategic plan covering the years 2024–29. The insights shared through this audit are helpful inputs that will support us in our commitment to continuous quality improvement and further enhance our leadership role within the public health system.

2.0 Background

2.1 Overview of Public Health Ontario

The Ontario Agency for Health Protection and Promotion (also known as Public Health Ontario) was established in 2007 as an independent, board-governed agency, primarily funded by the Ministry of Health (Ministry) in response to Ontario’s challenges faced during SARS, a global respiratory outbreak that affected Ontario and other parts of Canada in 2003. Public health is the organized effort of society to promote and protect the health of populations and reduce health inequities through the use of supportive programs, services and policies. Thus, Public Health Ontario’s role is chiefly in disease surveillance, disease prevention and outbreak preparedness, as opposed to clinical treatment.

In accordance with the *Ontario Agency for Health Protection and Promotion Act, 2007*, the legislation that created Public Health Ontario, the agency’s mandate is to:

- enhance the protection and promotion of the health of Ontarians;
- contribute to efforts to reduce health inequities by providing scientific and technical advice and support to those working across health-related

sectors to protect and improve the health of Ontarians; and

- carry out and support activities such as population health assessment, public health research, surveillance, epidemiology, planning and evaluation.

The agency’s primary clients are the Office of the Chief Medical Officer of Health as well as various divisions within the Ministry, Ontario’s 34 public health units, health system providers and health system partners. The Chief Medical Officer of Health of Ontario is responsible for determining provincial public health needs, developing public health initiatives and strategies, and monitoring public health programs delivered by Ontario’s local public health units. Ontario’s 34 public health units are primarily funded by the Ministry but also receive funding from local municipalities; each is led by its own Medical Officer of Health and governed by a Board of Health—and therefore they operate independently from each other. The public health units provide programs and services to all members of their respective communities as per the Ontario Public Health Standards—the minimum requirements that public health units must adhere to in delivering programs and services—and as determined by their own Boards of Health. They are not accountable to Public Health Ontario.

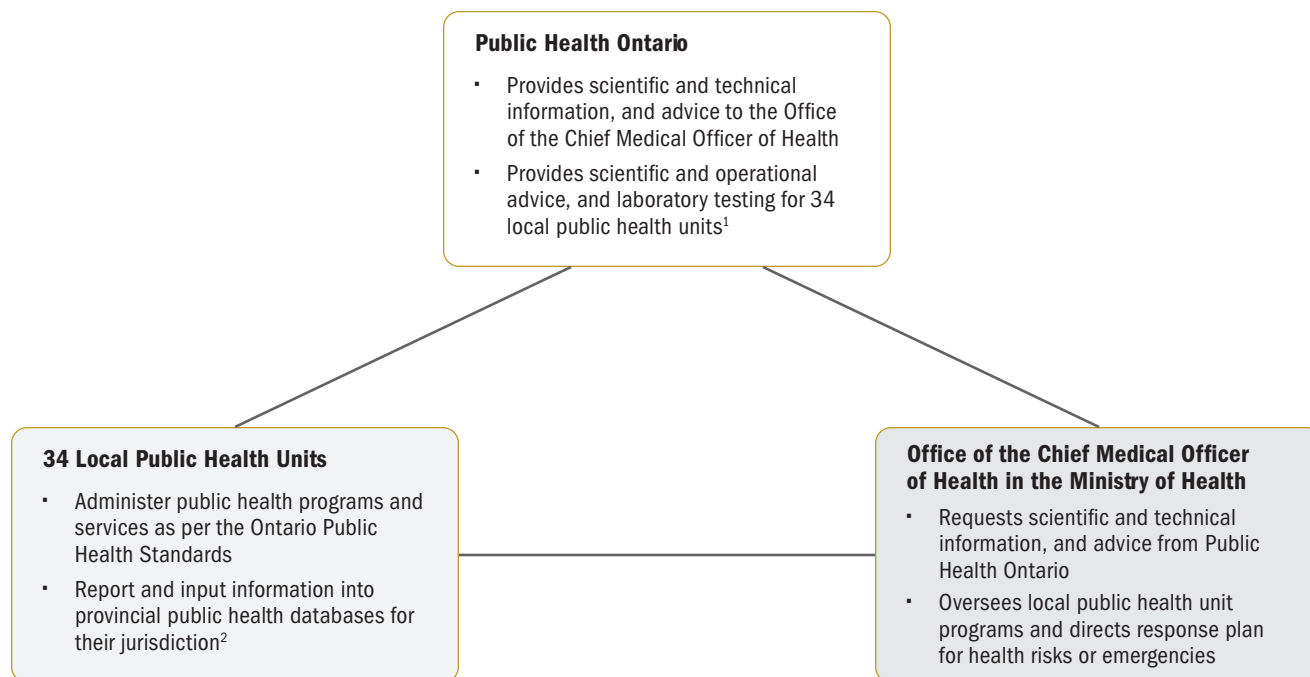
Figure 1 illustrates the relationship between Public Health Ontario and the various organizations involved in Ontario’s public health system, which, according to the Chief Medical Officer of Health, consists of about 9,000 people. Public Health Ontario has a complement of just under 870 full-time-equivalent staff as of June 2023.

2.1.1 Public Health Modernization

As part of the 2019 Ontario Budget, the Province announced in April 2019 (pre-COVID-19 pandemic) that public health would be undergoing a modernization process. This decision had the most impact on public health units, aiming to reduce their number from 35 (since reduced to 34 through amalgamation)

Figure 1: Public Health Model in Ontario

Prepared by the Office of the Auditor General of Ontario



1. In addition to public health units, Public Health Ontario's laboratory provides testing services to other health-care providers, for example, clinicians and community laboratories.

2. Local public health units are not accountable to Public Health Ontario.

to 10 by April 1, 2020; however, this modernization process was paused when the COVID-19 pandemic was declared in March 2020.

As part of the modernization process, the Ministry of Health launched a public consultation in November 2019, appointing a special advisor to lead the process of gathering feedback, and releasing a discussion paper in November 2019 outlining the key challenges facing public health. In this paper, Public Health Ontario is acknowledged as a key partner in the public health system, with the following themes being discussed:

- working toward improved clarity and alignment of roles and responsibilities between the Province, Public Health Ontario and local public health units;
- reducing duplication of efforts, co-ordinating and providing certain public health functions, programs or services at the provincial level, possibly by Public Health Ontario; and

- clarifying the role of Public Health Ontario in better informing and co-ordinating provincial priorities to increase consistency.

The government revised its approach to modernizing the public health system in August 2023 to include a review of the Ontario Public Health Standards, the roles and responsibilities that all three pillars of the system—the Ministry, Public Health Ontario and the local public health units—play, as well as their relationships and alignment across and beyond the broader health-care system.

2.2 Key Program Areas

Public Health Ontario's operations consist of five principal public health program areas: Laboratory Science and Operations; Health Protection; Environmental and Occupational Health; Health Promotion, Chronic Disease and Injury Prevention; and Knowledge Exchange and Informatics.

2.2.1 Laboratory Science and Operations

About 70% of the agency's resources are allocated to the operation of its laboratory. Public Health Ontario has 11 fully accredited laboratory sites across Ontario, located in Toronto, Hamilton, Kingston, London, Orillia, Ottawa, Peterborough, Sault Ste. Marie, Sudbury, Thunder Bay and Timmins. The agency's laboratory conducts a wide range of functions described by the Canadian Public Health Laboratory Network, including laboratory tests such as diagnostic tests and confirmatory tests, as well as complex tests that other providers, such as hospital and community laboratories, refer to it. This testing informs public health surveillance, detects threats and outbreaks, and enables preventive and therapeutic interventions for public health action and patient management in Ontario.

Public Health Ontario's laboratory serves public health units, hospital and community laboratories, long-term-care homes and other congregate settings, clinicians in private practice, and private citizens in the context of private well water testing. It performs the majority of its laboratory tests Monday to Friday for the detection and diagnosis of infectious diseases (such as tuberculosis) or antimicrobial resistance (that is, when a bacterium or fungus develops the ability to defeat the drug designed to kill it), and for specialized testing for molecular profiling of pathogens by examining the entire genetic makeup of a specimen (for example, identifying which variant of COVID-19 someone has), including genomics. Public Health Ontario's laboratory also offers after-hours support, and it has been performing COVID-19 testing daily since the summer of 2020. It was still performing this daily testing at the time of our audit.

Public Health Ontario's laboratory performed about 6.8 million tests in 2022/23; these tests include 100% of diagnostic HIV testing and over 95% of syphilis testing in the province. According to the agency, it operates one of the largest tuberculosis laboratories and one of the largest diagnostic mycology laboratories in North America. As well, the agency indicates that it is known as the provincial resource and expert for laboratory testing and outbreak support for emerging

pathogens, as well as for the 10 most common infectious agents causing the greatest burden of disease in Ontario. These agents include *C. difficile*, *E. coli*, hepatitis B, hepatitis C, HIV, human papillomavirus, influenza, rhinovirus, *Staphylococcus aureus* and *Streptococcus pneumoniae*. The laboratory also carries out all testing relating to pathogens found in food, water or the environment to assist in their investigations, and is able to diagnose pathogens requiring a high level of biosecurity and safety measures, such as tuberculosis and anthrax.

Public Health Ontario's laboratory undergoes accreditation by Accreditation Canada and the Canadian Association for Laboratory Accreditation Inc. to ensure that processes in accordance with the International Organization for Standards and requirements under environmental laws such as the *Safe Drinking Water Act, 2002* are in place. As of June 2023, all 11 public health laboratory sites have met these standards and requirements, including those designed to help mitigate future occurrences similar to the Walkerton *E. coli* outbreak in 2000.

Figure 2 shows that test volumes at public health laboratory sites increased from about 6.3 million in 2018/19 to 7.7 million in 2021/22, primarily due to conducting COVID-19-related laboratory tests, and then decreased to 6.8 million in 2022/23. The cost of each laboratory test generally increased between 2018/19 and 2022/23 by 36%, from about \$16.33 to \$22.15.

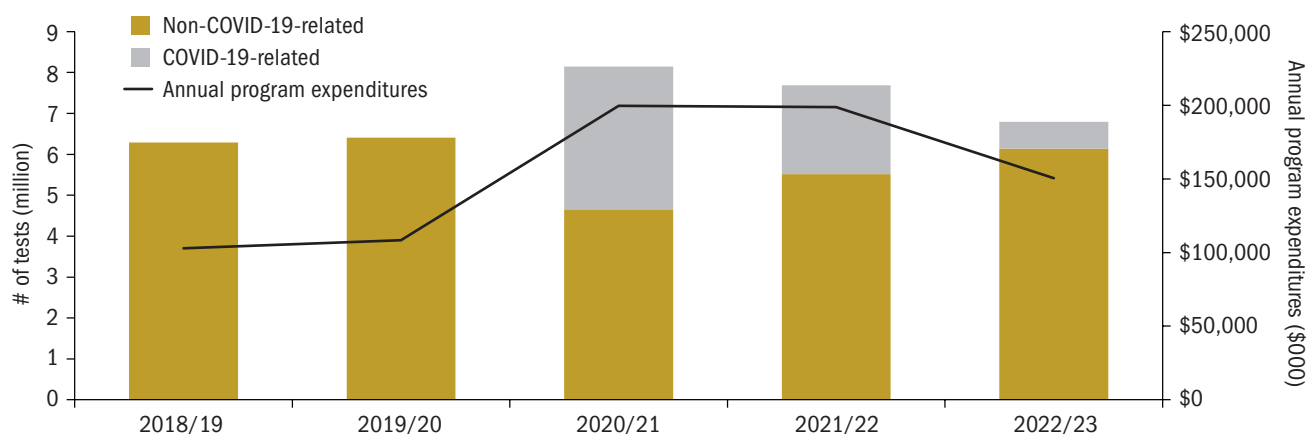
2.2.2 Health Protection

Public Health Ontario's Health Protection program provides data analysis, surveillance, evidence generation and synthesis, and consultation services to its clients. These activities are intended to better prevent communicable diseases, reduce transmission of infectious agents, and support system capacity building and professional development in public health and infection control best practices in Ontario. Expertise in this program spans:

- all diseases of public health significance (such as hepatitis A and B) as defined under the

Figure 2: Expenditures on Laboratory Services and Number of Tests Performed by Public Health Ontario, 2018/19–2022/23

Source of data: Public Health Ontario



Health Protection and Promotion Act (see **Appendix 1** for a full list of diseases of public health significance);

- surveillance and epidemiology of communicable diseases;
- infection prevention and control (IPAC) best practices and lapse investigations (that is, deviations from IPAC standard of care);
- programs and research to support epidemiology, immunization and antimicrobial stewardship (that is, promoting appropriate use of antibiotics to limit the development of antibiotic resistance); and
- emergency preparedness.

Public Health Ontario has an interactive online tool to track infectious disease trends, which provides 10 years of analyzed data on diseases of public health significance in Ontario. This helps the agency's clients and partners with surveillance, as well as informing program planning and policy. For example, as shown in **Figure 3**, the cases and rate of syphilis in Ontario from 2012 to 2021 have been steadily increasing according to Public Health Ontario's surveillance efforts; this information could be helpful to clinicians, policy-makers, and the public to raise awareness. In 2021/22—the latest year for which information is available—over 2.1 million total visits were made to Public Health Ontario's online centralized data and

analytic tools, down from about 2.9 million in 2020/21, the first year that the agency measured this metric.

2.2.3 Environmental and Occupational Health

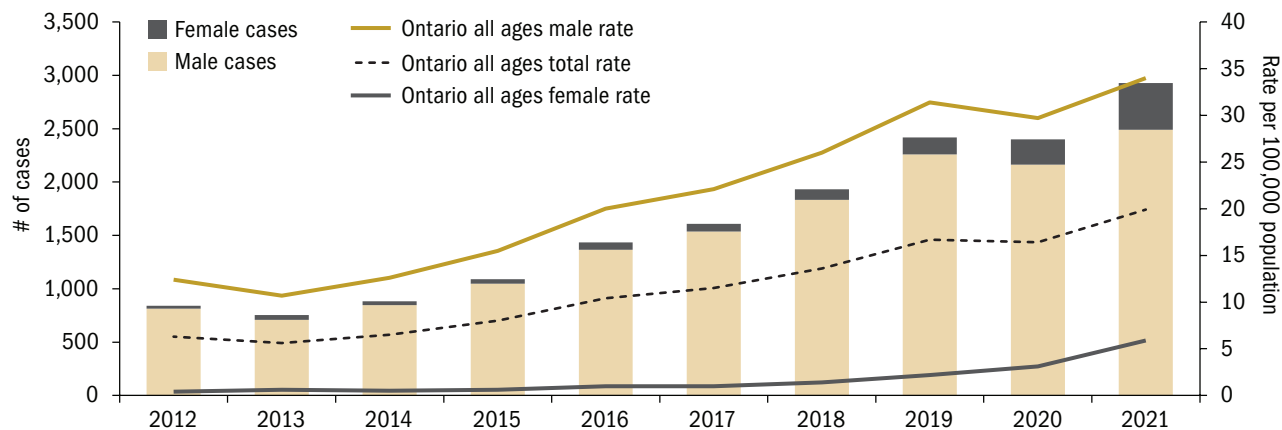
Public Health Ontario's Environmental and Occupational Health program area provides field support and helps the agency's clients and partners better understand and address evolving public health issues relating to exposures in the environment, such as indoor air quality, outdoor air pollution, water quality and food safety. This program works with and supports public health units and policy-makers to better respond to environmental threats and issues. This is done through situation-specific consultation and advice, interpretation of data, research, evidence-based reviews, case studies, access to environmental monitoring equipment, and training workshops.

2.2.4 Health Promotion, Chronic Disease and Injury Prevention

According to the World Health Organization, health promotion entails building healthy public policy; creating supportive environments; strengthening community action; developing personal skills; and reorienting health-care services toward prevention of illness and promotion of health. Public Health

Figure 3: Infectious Syphilis Cases and Rates for All Ages and by Sex in Ontario, 2012–2021

Source of data: Public Health Ontario



Ontario’s Health Promotion, Chronic Disease and Injury Prevention program focuses on non-communicable diseases (such as heart disease, cancer, diabetes) and injuries, oral health conditions, and the modifiable risk factors that contribute to them. The program covers comprehensive tobacco control; healthy eating and physical activity; oral health; reproductive, child and youth health; healthy schools; mental health promotion; substance use (for example, opioids, alcohol, cannabis, tobacco); injury prevention; health equity; and health promotion. One of the program’s activities is tracking data on substance abuse, such as opioid-related morbidity and mortality, as shown in **Figure 4**.

2.2.5 Knowledge Exchange and Informatics

Public Health Ontario’s Knowledge Exchange program supports the development and dissemination of the agency’s products and services, including its external website. The program delivers professional development, including special events and learning exchanges, and the annual Ontario Public Health Convention; supports medical resident and student placements at Public Health Ontario and in public health units; provides training and education programs; and delivers library services, knowledge mobilization and

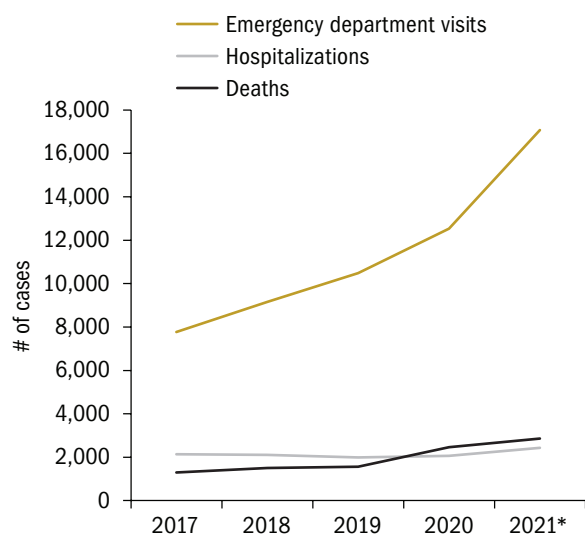
evaluation supports to its own staff, as well as to the overall public health sector. In 2021/22—the latest year for which information is available—this program area facilitated 70 professional development sessions to external clients and stakeholders.

This program also includes the Locally Driven Collaborative Projects (LDCP) program, which brings together public health units, along with academic and community partners, to collaboratively design and implement applied research and program evaluation projects on important public health issues of shared interest, and build new partnerships among participants. Examples of LDCP in prior years include a project to help public health units plan programs around substance abuse and harm reduction, and another project to identify lessons learned from the collection of sociodemographic data during the COVID-19 pandemic, as this data informs targeted improvement to address health inequities.

Informatics applies information and data science to public health practice, research and learning, enabling and bridging the use of technology and data to present critical information needed for effective public health decision-making. This team provides specialized and centralized supports for the governance, acquisition, synthesis, analysis, interpretation and presentation of data and information.

Figure 4: Emergency Department Visits, Hospitalizations and Deaths Related to Opioid Use in Ontario, 2017–2021

Source of data: Public Health Ontario



* According to Public Health Ontario, death data for 2021 should be considered as preliminary and is subject to change. Possible contributing factors to rising rates of opioid-related harm during the COVID-19 pandemic include increased stress, social isolation and mental illness, resulting in changes in drug use, and reduced accessibility of addiction, mental health and harm reduction services.

2.3 Organizational Structure and Accountability

2.3.1 Organizational Structure

Figure 5 shows Public Health Ontario’s program areas and senior management. Public Health Ontario’s office and main laboratory site is located in Toronto, with laboratory sites in 10 other cities across Ontario. As of August 2023, Public Health Ontario had 1,176 employees (just under 870 full-time equivalents), with 67% (792) of its employees working in laboratory sites across the province.

2.3.2 Governance and Accountability

The Agencies and Appointments Directive issued by the Management Board of Cabinet, an accountability framework for all board-governed provincial agencies, outlines the requirements of the reporting relationships between parties (see **Appendix 2** for more information). Public Health Ontario must adhere to this

accountability framework. The Chief Medical Officer of Health, a senior employee of the Ministry, also has the power to issue directives to the agency, as shown in **Figure 6**.

A memorandum of understanding (MOU) between the agency and the Ministry outlines accountability relationships, roles and responsibilities, and expectations for the operational, administrative, financial, staffing, auditing and reporting relationships. Public Health Ontario’s day-to-day operations are administered by the President and CEO, who reports to the agency Board of Directors. Public Health Ontario’s Board of Directors consists of a maximum of 13 voting members; each is appointed for a three-year term by the Lieutenant Governor in Council. According to the *Ontario Agency for Health Protection and Promotion Act, 2007*, appointment of people to Public Health Ontario’s Board should consider persons with skills and expertise in areas covered by Public Health Ontario or in corporate governance, and include a person with expertise in public accounting or with related financial experience, and a lay person with demonstrated interest or experience in health issues. **Figure 7** shows that the agency’s Board of Directors consisted of 12 people, with one vacancy, as of June 2023.

2.3.3 Joint Liaison Committee

The Joint Liaison Committee was created by the Ministry in 2008, shortly after the agency was established, to address issues of mutual interest between the Ministry and Public Health Ontario, resolve issues, provide direction, and delegate and co-ordinate work. The Committee is co-chaired by either the Assistant Deputy Minister or the Chief Medical Officer of Health from the Ministry, as well as the Chief Executive Officer of Public Health Ontario. The Committee held its last meeting prior to 2017/18, and since then the Office of the Chief Medical Officer of Health and the Chief Executive Officer of Public Health Ontario have mutually agreed to liaise informally as needed.

In April 2020, the Office of the Chief Medical Officer of Health created the COVID-19 Public Health Measures Table, consisting of public health unit

Figure 5: Program Areas and Senior Management of Public Health Ontario, August 2023

Source of data: Public Health Ontario

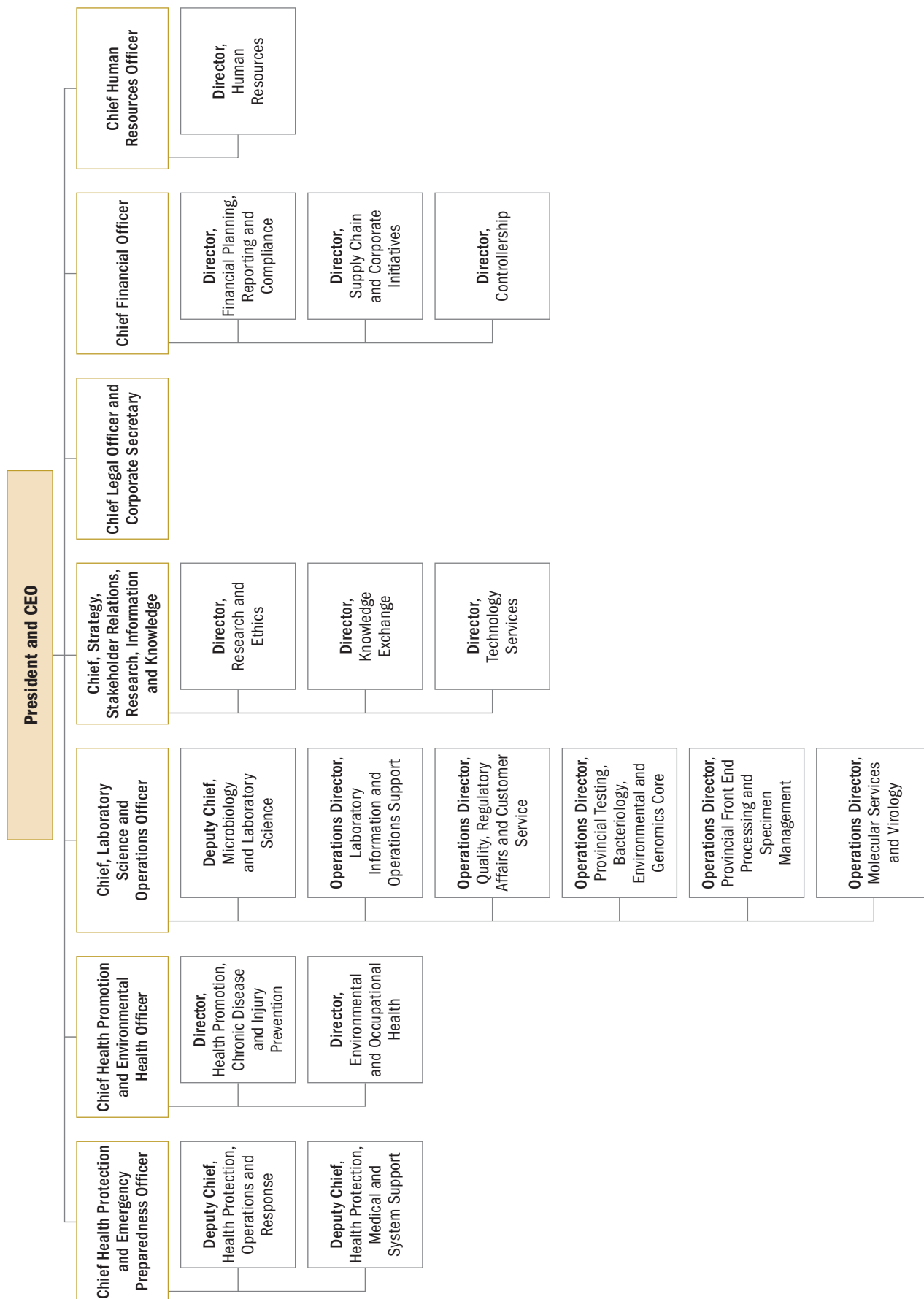
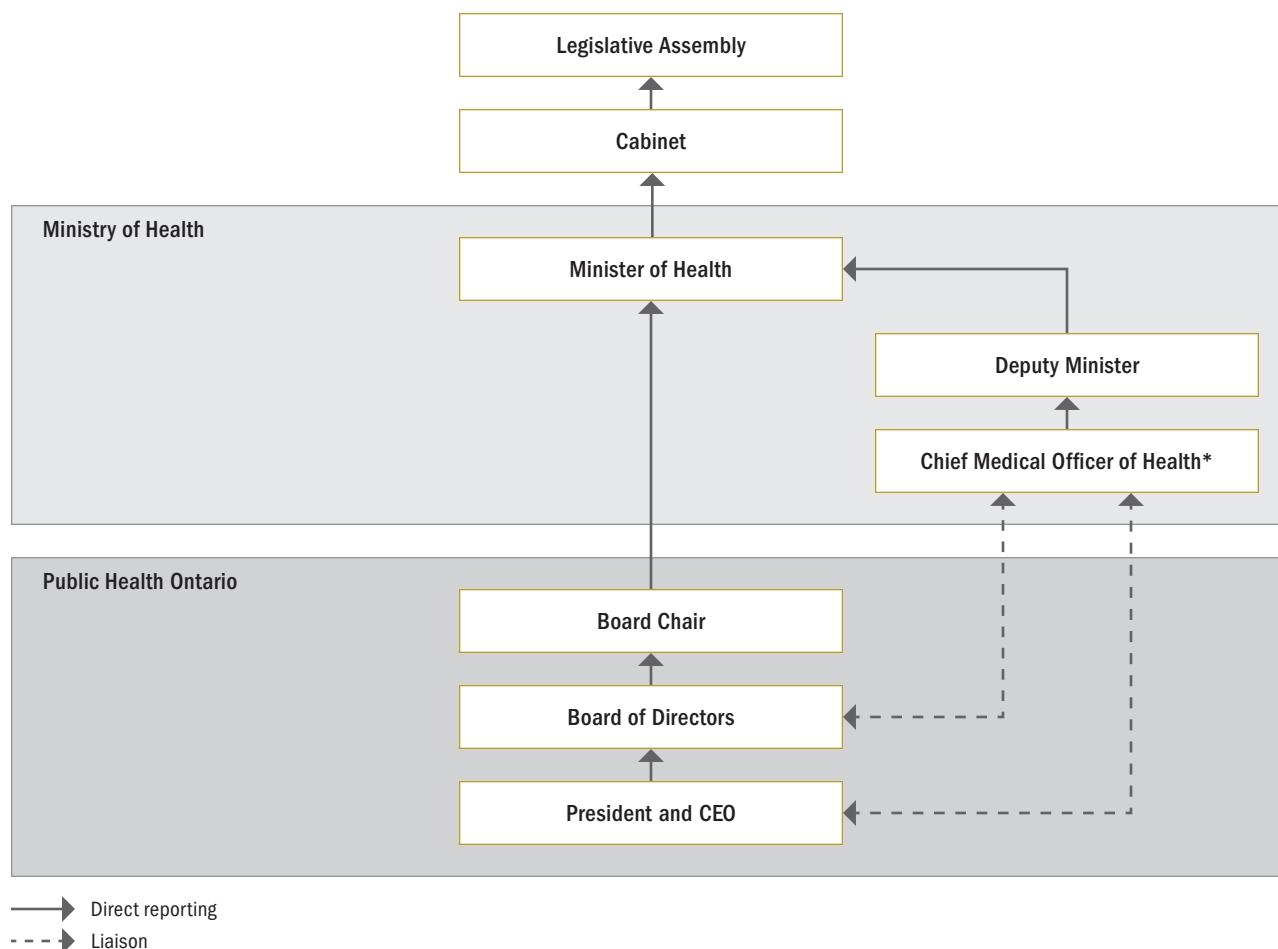


Figure 6: Accountability Framework for Public Health Ontario

Prepared by the Office of the Auditor General of Ontario



* The Chief Medical Officer of Health plays a liaison role between Public Health Ontario and the Ministry of Health, sitting as a non-voting member of the Board of Directors at Public Health Ontario, as well as a voting member on the Strategic Planning Standing Committee of the Board of Directors at Public Health Ontario to convey Ministry strategies and provincial priorities to Public Health Ontario. The Chief Medical Officer of Health also has the power to issue directives to Public Health Ontario.

representatives and Public Health Ontario, with the purpose of providing advice to the Chief Medical Officer of Health on public health measures that may be implemented to prevent or slow the transmission of COVID-19.

2.4 Financial Information

As shown in **Figure 8**, Public Health Ontario's expenditures were about \$222 million in 2022/23, an approximately 37% increase over the last five fiscal years. The increase was mainly attributable to

a temporary increase in testing volumes during the COVID-19 pandemic. In the last five years, 71% of the agency's actual expenditures related to its laboratory program, 18% related to science and public health programs, and the remaining 11% were for general administrative and amortization expenses.

Figure 9 shows funding provided to Public Health Ontario for the last five years. The Ministry is the primary funder of Public Health Ontario, providing about 94% of the agency's revenue. The agency also receives grants, mainly from the Canadian Institutes of Health Research, which averaged about \$1.8 million

Figure 7: Public Health Ontario Board of Directors as of June 30, 2023

Source of data: Public Health Ontario

Name	Board Position	Current/Most Recent Role
Helen Angus	Chair	Chief Executive Officer of AMS Healthcare, former Deputy Minister of Health
Dr. Isra Levy	Vice-Chair Chair, Governance and Human Resources Standing Committee ¹	Vice-President of Medical Affairs and Innovation, Canadian Blood Services
Ian McKillop	Member Chair, Strategic Planning Standing Committee ²	Associate Professor at University of Waterloo, School of Public Health Sciences
S. Ford Ralph	Member Chair, Audit Finance and Risk Standing Committee ³	Former Vice-President of Petro-Canada
Roxanne Anderson	Member	Senior Vice-President of Business Optimization and the Chief Financial Officer of the Victorian Order of Nurses
Harpreet Bassi	Member	Executive Vice-President, Strategy and Communications, Niagara Health
Cat (Mark) Criger	Member	Indigenous Elder, Traditional Teacher and Knowledge Keeper
William MacKinnon	Member	Former Chief Executive Officer of KPMG
Theresa McKinnon	Member	Former Partner at PwC Canada, Assurance
Rob Notman	Member	Trustee and former Board Chair of the Royal Ottawa Mental Health Centre
Dr. Andy Smith	Member	President and Chief Executive Officer of Sunnybrook Health Sciences Centre, Professor of Surgery at the University of Toronto
David Wexler	Member	Former Chief Human Resources Officer for the Vector Institute for Artificial Intelligence, FreshBooks, Syncapse, Alias Systems and the Canada Pension Plan Investment Board

1. The Governance and Human Resources Standing Committee supports the Board's commitment to and responsibility for the sound and effective governance of Public Health Ontario. This includes nominations for recommendation by the Board for appointment to the Board; appointment of Board members to committees; help with orientation and education of new directors to assist them in fulfilling their duties effectively; and support for the Board in its oversight of human resources policies and strategies.
2. The Strategic Planning Standing Committee provides reviews and advice on Public Health Ontario's strategic planning, performance measurement, quality assurance and stakeholder engagement processes, and monitors and advises it on progress against goals. The Chief Medical Officer of Health is part of this standing committee.
3. The Audit Finance and Risk Standing Committee ensures that Public Health Ontario conducts itself according to the principles of ethical financial and management behaviour and that it is efficient and effective in its use of public funds by overseeing Public Health Ontario's accounting, financial reporting, audit practices and enterprise risk management.

annually in the last five years. Ministry-provided base funding for Public Health Ontario has generally flatlined over the last 10 years, and decreased in 2019/20 just prior to the onset of the COVID-19 pandemic. While the Ministry has increased base funding subsequent to 2020/21, it still has not restored it to pre-pandemic levels.

2.5 Other Jurisdictions

In Canada, British Columbia's BC Centre for Disease Control and Quebec's Institut national de santé publique are close comparators to Public Health Ontario. The federal government's Public Health Agency of

Figure 8: Public Health Ontario Expenditures, 2018/19–2022/23 (\$000)

Source of data: Public Health Ontario

	2018/19	2019/20	2020/21	2021/22	2022/23	% of Total Expenditures (2018/19–2022/23)
Public health labs	102,889	108,399	199,562	198,741	150,495	71
Science and public health programs	38,802	37,757	36,597	38,537	39,843	18
General and administrative	14,007	13,148	17,024	19,098	19,102	8
Amortization of capital assets	6,547	5,464	7,428	11,655	12,539*	3
Total	162,245	164,768	260,611	268,031	221,979	100

* Increased 92% over five years due to increase in capital acquisitions starting in 2020/21 due to COVID-19.

Figure 9: Public Health Ontario Funding, 2018/19–2022/23 (\$000)

Source of data: Public Health Ontario

	2018/19	2019/20	2020/21	2021/22	2022/23	% of Total Funding (2018/19–2022/23)
Base operations¹	152,703	156,151	250,480	252,612	205,324	94
Base funding	152,703	153,114	148,563	151,282	150,683	60 ²
COVID-19 one-time funding ³	n/a	3,037	101,917	101,331	54,641	34 ²
Amortization of deferred capital asset contributions	6,547	5,464	7,428	11,655	12,539	4
Other grants	1,781	2,207	1,377	1,867	2,003	1
Miscellaneous recoveries	1,214	946	1,326	1,897	2,113	1
Total	162,245	164,768	260,611	268,031⁴	221,979	100

1. Increased revenue from 2019/20 to 2021/22 corresponds to increased operating expenditures due to Public Health Ontario's increased services to respond to COVID-19.
2. Covers fiscal years 2020/21 to 2022/23 only, as this represents the most significant time period for COVID-19 expenses, and represents three-year base funding and COVID-19 one-time funding as a percentage of base operations expenditures.
3. Public Health Ontario recognized COVID-19 revenue in its accounting records as related expenses were incurred.
4. Numbers do not add up due to rounding.

Canada, while similar to Public Health Ontario, is not governed by a board but rather overseen by the federal Minister of Health. **Appendix 3** shows a comparison of mandates and reporting relationships among these agencies.

3.0 Audit Objective and Scope

Our audit objective was to assess whether Public Health Ontario has effective systems and procedures in place to:

- deliver its mandate as set out in the *Ontario Agency for Health Protection and Promotion Act, 2007*, which includes providing scientific and technical advice and support to identified clients, including the Ministry of Health and other relevant ministries and agencies, public health units, and health-care providers; delivering public health laboratory services; undertaking public health research; and advancing and disseminating knowledge, best practices and research, with the goal of protecting and promoting the health of the people in Ontario and reducing health inequities; and

- measure and publicly report on the quality and effectiveness of these activities.

In planning for our work, we identified the audit criteria (see **Appendix 4**) we would use to address our audit objective. These criteria were established based on a review of applicable legislation, policies and procedures, internal and external studies, previous reports from our Office, and best practices. Senior management at Public Health Ontario reviewed and agreed with the suitability of our objectives and associated criteria.

We conducted our audit between January 2023 and August 2023. We obtained written representation from Public Health Ontario management that, effective November 10, 2023, it had provided us with all the information it was aware of that could significantly affect the findings or the conclusion of this report.

At Public Health Ontario, we:

- reviewed applicable legislation and regulations as well as documents consisting mainly of financial information, contracts and agreements, policy and procedure manuals, annual business plans, annual reports, strategic plans and meeting minutes;
- interviewed senior management and program staff responsible for all program areas, selected former agency management staff, as well as the Board Chair;
- obtained and analyzed financial and operational data from Public Health Ontario systems; and
- observed laboratory operations and met with staff at four of the 11 public health laboratory sites, located in London, Orillia, Sudbury and Toronto.

At the Ministry of Health, we conducted the majority of our work at the Office of the Chief Medical Officer of Health, where we interviewed staff and senior management, and reviewed documents consisting mainly of briefing notes, agreements, funding letters and external review reports of Public Health Ontario conducted since 2016.

We interviewed medical officers of health or their delegates from eight of the province's 34 public health units, consisting of Eastern Ontario; Grey Bruce;

Kingston, Frontenac and Lennox & Addington; Niagara; Peel; Sudbury; Timiskaming; and Toronto, to better understand local interactions with and perspectives on Public Health Ontario. We selected these public health units based on their size, geographic location and issues identified through our research. We reached out to 18 public health units to obtain more information on their courier routes for laboratory samples and specimens that would be delivered to Public Health Ontario, of which 16 responded. We selected these public health units based on factors including their geographic location and whether they used the agency's or their own couriers. We also reviewed public-facing websites for all 34 public health units to identify locally developed knowledge products.

To assess the cybersecurity risks to Public Health Ontario, we met with and obtained data from the Cyber Security Division of the Ministry of Public and Business Service Delivery, which provides certain services to the agency.

To gain familiarity with emerging public health issues, we attended The Ontario Public Health Convention in March 2023. This conference was organized by Public Health Ontario for public health professionals.

In addition, we researched similar organizations in British Columbia and Quebec to identify best practices for public health agencies.

We conducted our work and reported on the results of our examination in accordance with the applicable Canadian Standards on Assurance Engagements—Direct Engagements issued by the Auditing and Assurance Standards Board of the Chartered Professional Accountants of Canada. This included obtaining a reasonable level of assurance.

The Office of the Auditor General of Ontario applies Canadian Standards on Quality Management and, as a result, maintains a comprehensive system of quality management that includes documented policies and procedures with respect to compliance with rules of professional conduct, professional standards and applicable legal and regulatory requirements.

We have complied with the independence and other ethical requirements of the Code of Professional Conduct of the Chartered Professional Accountants of

Ontario, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

4.0 Detailed Audit Observations

4.1 Ministry of Health Has Not Leveraged Public Health Ontario Effectively to Achieve Its Full Intended Capacity and Potential to Improve the Health of Ontarians

4.1.1 Public Health Ontario Has Been Left Out of the Province's Decision-Making with Major Public Health Implications

Despite the mandate of Public Health Ontario to provide scientific and technical advice and support to clients working in government, public health, health care and related sectors, the agency was not consulted when the government made some of its decisions affecting public health, such as those relating to increased access to alcohol and gambling. As well, upon observing recent government decisions on increased access to alcohol and gambling, Public Health Ontario has not conducted independent research in these areas.

Increased Access to Alcohol and Gambling

The government's decision to increase access to alcohol in various settings, such as grocery stores and convenience stores, was first announced in 2015 and saw expansion in 2019 and 2023. In addition, the new legal Internet gaming market in Ontario has grown by an average of more than 50% in total wagers and gaming revenue each quarter since its launch in April 2022. According to iGaming Ontario, a total of 1.65 million player accounts were active over the course of the 2022/23 fiscal year; these players on average spent about \$70 per month.

Public Health Ontario representatives confirmed with us that government decision-makers have not consulted them on the health impacts of either of these decisions, which have implications on addictions and

mental health on a population level. We asked the Ministry of Health (Ministry) why it did not consult Public Health Ontario, and Ministry representatives explained that the Ministry of Finance made both of these decisions. It did not seek an assessment of the impacts on public health from the Office of the Chief Medical Officer of Health, which also did not conduct a health impact assessment on increased access to alcohol and gambling. The Ministry informed us that, instead, the Ministry of Finance, working with other partner ministries, engaged and consulted stakeholders, for example, the Centre for Addiction and Mental Health, to understand the potential impacts.

In these cases, the government did not fully leverage Public Health Ontario to provide expert advice on the potential population health impacts of policy decisions made. One of the legislated responsibilities of Public Health Ontario according to the *Ontario Agency for Health Protection and Promotion Act, 2007* (Act) that created it, is “to inform and contribute to policy development processes across sectors of the health care system and within the Government of Ontario through advice and impact analysis of public health issues.” Our 2017 audit on Public Health: Chronic Disease Prevention highlighted the Health in All Policies approach, defined by the World Health Organization as an approach that considers how government decisions affect population health so that more accountability is placed on policy-makers. Our 2017 report recommended that the Ministry develop a process to integrate this approach into policy settings where appropriate, but this had not yet been fully implemented as of the time of this audit.

While these provincial policy changes affecting public health were occurring, Public Health Ontario did not prioritize publishing the state of the evidence in these areas. To illustrate, in relation to alcohol, a public health unit in October 2018 requested Public Health Ontario to answer a research question on the impact of increasing alcohol availability. However, instead of publishing an independently researched knowledge product that could establish Public Health Ontario's position on the state of the evidence, the agency compiled a list of existing journal articles and sent the

completed list directly to the public health unit in May 2019.

Similarly, we found that Public Health Ontario has not published any research on the health impact of problem gambling. In 2012, the agency published a knowledge product on the burden of mental illness and addictions in Ontario, but that product did not discuss problem gambling. We researched whether public health units had to independently develop knowledge products on problem gambling and found that six public health units—North Bay and Parry Sound, Ottawa, Peterborough, Sudbury, Toronto, and Windsor—had developed such research independently. Toronto Public Health explained in its report that studies have suggested an increase in problem or pathological gambling rates after gambling expansion, such as in Niagara where the rate increased from 2.2% to 4.4% one year after a casino opening. It also went on to note a consistent social impact from problem gambling, such as suicide and personal bankruptcy rates, with direct or indirect impacts on individuals and families.

We found that, unlike Public Health Ontario, other provinces have centrally developed knowledge products on problem gambling. For example, Quebec has made available centrally developed resources and knowledge products on the population health impact of problem gambling. Specifically, the Institut national de santé publique du Québec has on its website an interactive map that allows the public to quantify and visualize exposure and vulnerability to gambling in Quebec, and to support development of preventive initiatives and interventions to address these issues. Similarly, we found that British Columbia's Centre for Disease Control had included problem gambling on its website on substance use, indicating that a report was forthcoming.

Decisions Made During the COVID-19 Pandemic

Public Health Ontario was also not consistently consulted by the Province to provide scientific and technical advice in certain key decisions related to the COVID-19 pandemic.

According to the Act, one of the roles of Public Health Ontario is to provide scientific and technical advice, and operational support, to any person or entity in an emergency or outbreak situation that has health implications, as directed by the Chief Medical Officer of Health.

Our 2020 audit on COVID-19 preparedness and management, *Outbreak Planning and Decision-Making*, noted that Public Health Ontario played a diminished role in the COVID-19 pandemic, despite the agency being created in response to the SARS outbreak in 2003. Even when Public Health Ontario provided advice, such as on the recommended indicators and threshold triggers for lockdown, the Ministry of Health either did not fully follow this advice, or implemented the agency's advice much later than suggested.

Similarly, our 2022 audit on the COVID-19 Vaccination Program noted that Public Health Ontario was not represented on the COVID-19 Vaccine Distribution Task Force, where it felt that it could have contributed more scientific or technical expertise and support on vaccine distribution decisions.

4.1.2 Public Health Ontario's Role Has Continued to Diminish in the Public Health System, with Increased Reliance on One-Time Annual Funding

Public Health Ontario Could Not Fully Deliver Its Mandate, Citing Capacity and Funding Constraints

As noted in **Section 2.4**, in 2019/20, the Ministry reduced Public Health Ontario's base funding, replacing it with one-time annual funding. This was done because the Ministry at that time had assumed that its laboratory modernization plan would be implemented and that Public Health Ontario would be consolidated as part of Ontario Health. One-time funding makes it challenging for Public Health Ontario to plan for activities, as such funding is susceptible to being withdrawn. While the Ministry has increased base funding since 2020/21, it has still not restored it to pre-pandemic levels.

We found that, while the Ministry reduced Public Health Ontario's base funding assuming implementation of the laboratory modernization plan, the Ministry has not yet implemented this plan. We discuss this plan in greater detail in **Section 4.2.1**.

The Ministry also eventually did not consolidate Public Health Ontario into Ontario Health, as it had assumed it would. The government announced in 2019 that it would consolidate multiple health-care agencies and organizations, including Cancer Care Ontario, Trillium Gift of Life Network and all 14 Local Health Integrated Networks, within a single agency, known as Ontario Health. Ontario Health is responsible for planning and funding the health-care system, primarily in clinical settings, and ensuring health service providers have the tools and information to deliver quality care.

Despite both of these assumptions resulting in reduced base funding for Public Health Ontario, the Ministry has still not restored the agency's base funding to pre-pandemic levels, even though neither assumption was realized.

Our 2020 audit on COVID-19 preparedness and management, Outbreak Planning and Decision-Making, noted that, due to resource constraints, Ontario Health performed some tasks that were outlined in the Ontario Health Plan for an Influenza Pandemic as the responsibility of Public Health Ontario. These included co-ordinating laboratory testing for COVID-19 and analyzing provincial surveillance data.

Public Health Ontario explained to us that its budget has been flatlined for over 10 years, and has repeatedly raised this concern in its annual business plan, which it has submitted to the Ministry. While the Ministry provided Public Health Ontario with one-time COVID-19 funding between 2019/20 and 2022/23, this was strictly for use in the laboratory for COVID-19 testing, and little was added to fund the rest of the agency's mandate to support its growth, such as in environmental health, health promotion, and chronic disease and injury prevention.

As explained in **Section 2.3.2**, the relationship between Public Health Ontario and the Ministry is governed by provincial legislation and directives, but also

by a memorandum of understanding (MOU) that has not been updated since 2015. The Ministry and Public Health Ontario have continued to affirm the existing MOU since 2015 when new Board chairs and ministers have taken office. They informed us at the time of our audit that they were working on refreshing the MOU, with expected completion by the end of 2023.

Lack of Consistent Funding Puts the Continuation of Advisory Committee for Public Health Emergencies at Risk

In July 2020, the Province created the COVID-19 Science Advisory Table to provide emerging evidence and advice to the Ministry of Health to inform Ontario's response to the COVID-19 pandemic. Part of the impetus for this Table was that Public Health Ontario could not fully support the Province in providing synthesized evidence relating to the COVID-19 pandemic due to capacity constraints. The Table was external to Public Health Ontario, though one of the then vice-presidents of the agency was a co-chair. In July 2022, following direction from the Ministry of Health, Public Health Ontario became the permanent home of this Table. In September 2022, Public Health Ontario, building on the work of the Table, announced the establishment of the Ontario Public Health Emergencies Science Advisory Committee, an external advisory committee whose mandate is to enhance provincial capacity to respond to public health emergencies with the best available evidence.

The Ministry provided one-time funding of \$1.2 million in 2022/23 to the agency to establish and oversee this committee, but did not continue this funding in 2023/24. Public Health Ontario informed us that, as a result of the Ministry no longer providing funding, it was exploring options to scale back or dismantle the operations of this committee.

RECOMMENDATION 1

To enhance the clarity, relevance and value of Public Health Ontario's role in Ontario's public health system, we recommend that Public Health Ontario work with the Ministry of Health (Ministry) to:

- develop and implement a process to include Public Health Ontario’s review of evidence when developing provincial policy decisions that impact public health; and
- clarify the agency’s roles and responsibilities in the memorandum of understanding between the agency and the Ministry, especially with respect to Public Health Ontario’s role in relation to Ontario Health’s role.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and will work with the Ministry of Health to enhance and clarify our role within the public health system. While there are existing mechanisms in place for the Ministry to request support and advice from Public Health Ontario as needed, we recognize that there may be opportunity for improvement by formalizing a process specific to supporting provincial policy decisions. We also recognize the importance of clarifying the agency’s roles and responsibilities in the memorandum of understanding between Public Health Ontario and the Ministry, which, as noted in the report, is currently in the process of being refreshed.

RECOMMENDATION 2

To ensure that Public Health Ontario has sustainable resources required to deliver on the agency’s mandate effectively, we recommend that Public Health Ontario work with the Ministry of Health to develop a business case that addresses reallocation of one-time annual funding to base funding.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation to work with the Ministry of Health to reallocate its one-time annual funding to base funding for the agency.

4.1.3 Lack of Information Sharing on Priority Areas of Public Health Units Limits Public Health Ontario’s Ability to Centralize and Co-ordinate Work

Public Health Ontario obtains input from the Ministry and public health units, often through regular meetings, to inform its work. However, it does not have established information-sharing processes on what Ontario’s 34 public health units plan to do in terms of their program priorities and what research they would require that is best done centrally. Public health units report planned activities to the Ministry on an annual basis, but the Ministry does not share this information with Public Health Ontario. As a result, we found instances of fragmented responses to key public health issues and duplication of effort.

According to the *Ontario Agency for Health Protection and Promotion Act, 2007*, the agency is tasked with the responsibility to “undertake, promote and coordinate public health research in cooperation with academic and research experts as well as the community.” About half of the requests made to Public Health Ontario between 2018/19 and 2022/23 to conduct consultations, answer scientific questions and deliver presentations came from public health units, and the number of these requests ranged from 413 to 1,023 requests per year. Despite this, Public Health Ontario does not receive important summarized information on public health units’ planned program activities for the upcoming year so as to proactively prepare and direct its own efforts.

In contrast, every year, the Ministry of Health requires all 34 public health units to submit an annual service plan that outlines how each public health unit plans on satisfying the Ontario Public Health Standards, which we explain in **Section 2.1**. This includes planned activities, such as seasonal flu clinics, and the vaccine clinics in schools that public health units deliver as part of their programs. However, as the Ministry does not share the priorities in these annual service plans with Public Health Ontario, the agency

cannot synthesize information from these annual service plans to effectively identify areas where it can provide the most value across all public health units, such as co-ordinating research efforts and developing knowledge products, including evidence briefs and literature reviews. One of the purposes of these is to give users synthesized and easy-to-understand evidence to help them design programs and support advancing public health policy, knowledge and best practices in Ontario.

We found that public health units had duplicated efforts in producing resources on public health topics. For example, as noted in **Section 4.1.1**, six public health units individually developed resource materials on problem gambling, with Public Health Ontario not having published any such materials centrally. Similarly, between 2016 and 2020, eight public health units individually developed local resources on mental health and made these resources public. While five of these public health units referenced Public Health Ontario materials for either data or publications, the remaining three did not reference the agency at all. Public Health Ontario last conducted a full literature review on the burden of mental health problems and addictions in 2012, over 10 years ago.

With respect to the agency-developed resource on mental health from 2012, we further found that Public Health Ontario's research did not cover some important areas that public health units needed and therefore had to produce on their own. This led to public health units duplicating efforts amongst themselves, a missed opportunity to have Public Health Ontario prepare one central report covering all these common topics. Specifically, public health units individually compiled data on the use of mental health services, suicide rates, emergency department visits, and community belongingness in the context of their own regions, while comparing these to the provincial scale. Public Health Ontario's knowledge products on mental health did not discuss any of these topics for public health units to reference and adapt to their communities.

A successful example of this type of centralization has been seen in the topic of alcohol consumption. Seven public health units created knowledge products

on low-risk alcohol consumption guidelines, and six out of the seven referenced the agency for either data or publications. In this instance, the majority of data references were taken from Public Health Ontario's snapshot of self-reported rates of exceeding the low-risk consumption guidelines, where individual public health units pulled the centralized data and informational pieces for use in their local context.

Nevertheless, Public Health Ontario has demonstrated the ability to partner with public health units and other stakeholders to produce knowledge products:

- In 2013, one year after its literature review on mental health, Public Health Ontario released a report in partnership with Toronto Public Health and the Centre for Addiction and Mental Health, which discussed how Ontario public health units were addressing child and youth mental health.
- Since 2012, Public Health Ontario has partnered with four public health units to become hub libraries, which provide library services to 22, or 65%, of the province's 34 public health units. Public health units may use the services of a hub library to promote knowledge exchange, which may be used for a variety of purposes, including to search for peer-reviewed journal articles and research done on a topic that a public health unit would want to build local resources on.

Agency representatives informed us that, as part of their strategic planning consultations in 2023, they heard feedback from some public health units that there is an interest in Public Health Ontario developing more centralized and shared services to avoid overlap and duplication of effort. Such services may include a repository of resources on topics of mutual interest. They added that the agency would be considering its role in this. In the meantime, librarians performing the search through this partnership are encouraged to check to see if any other librarians have done a similar search already. Neither Public Health Ontario nor the partnered libraries receive copies of completed health unit knowledge products, limiting the potential for information sharing and reduction of duplication of efforts.

RECOMMENDATION 3

To improve the cost-effectiveness and efficiency of generating public health research in Ontario, we recommend that Public Health Ontario work with the Ministry of Health and public health units to:

- evaluate the feasibility of a formal process to centralize public health research across all three pillars of the public health system in Ontario; and
- if the current process is kept, create a searchable research repository consisting of all public health journal articles and research products prepared by Public Health Ontario as well as individual public health units and share access to this repository with all public health units.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and recognizes that there are opportunities to gain efficiencies through centralized public health research activities. While Public Health Ontario already routinely produces knowledge products, including scientific reports and research publications, on a variety of public health topics, we will engage with the Ministry of Health and public health units to evaluate the feasibility of further centralization. With respect to the potential creation of a central research repository, Public Health Ontario will also explore this idea with the Ministry and our public health unit clients to determine if this would be a valuable resource to support their work.

4.1.4 Multiple Recommendations of the Agency's 2016 Mandate Review Still Not Implemented

In 2016, the Ministry commissioned a review of Public Health Ontario's mandate, as is required for board-governed agencies every six years under the Agencies and Appointments Directive (Directive), described in

Section 2.3.2. However, we found that the Ministry never shared the final report of this mandate review with Public Health Ontario, despite some of the recommendations being directed to the agency; many of the recommendations are still outstanding seven years later. When we asked the Ministry why it has withheld the final report, it informed us that it is common practice to not share final mandate review reports with provincial agencies. The Ministry noted that the recommendations in the final report directed toward Public Health Ontario were shared through other mechanisms and processes, including through the issuing of mandate letters. However, this did not give Public Health Ontario an opportunity to provide input into the mandate review process or address specific recommendations from this review.

The mandate review noted areas for improvement that spanned different areas including revising Public Health Ontario's mandate and refining the agency's activities and operations. Notably, the review recommended the following, which remain outstanding more than seven years later:

- the Ministry to update the MOU to incorporate the respective roles, responsibilities and accountabilities of Public Health Ontario with Ministry communications with the public;
- the Ministry to decide whether or not to amend the *Ontario Agency for Health Protection and Promotion Act, 2007* or develop a new regulation to clarify how the agency's services will be directed; and
- Public Health Ontario and the Ministry to confirm alignment of the agency's functions for supporting Ministry priorities and programs for health promotion and reducing health inequities.

Furthermore, as per the Directive, Public Health Ontario should have undergone another mandate review in 2022. However, the Ministry indicated to us that this was put on hold due to the COVID-19 pandemic, with no expected date for completion.

Mandate Letters Either Provided Late or Not Provided at All to Public Health Ontario, Contrary to Government Directive Requirement

Every year for the last six years (2018/19–2023/24), the Ministry has not complied with the Agencies and Appointments Directive requirement to provide Public Health Ontario with a mandate letter 180 days before the start of its fiscal year. The mandate letter is issued by the Minister of Health, and lays out the focus, priorities, objectives, opportunities and challenges that the Minister has set for the agency for the coming year. The Ministry transmitted Public Health Ontario's mandate letters as late as six days before the start of the next fiscal year in 2021/22, making it difficult for the agency to set priorities for its annual business and strategic plans, and not providing sufficient time to plan activities prior to the start of the fiscal year. When we asked the Ministry why it had not complied with this requirement, the Ministry acknowledged that the timing to issue mandate letters to Public Health Ontario had not always met the 180-day requirement due to competing public health demands and priorities. The Ministry also indicated that the Chief Medical Officer of Health routinely shares Ministry priorities with Public Health Ontario through Board and committee meetings to help inform the agency's development of its annual business plan.

As well, the Ministry did not provide a mandate letter to Public Health Ontario in 2019/20 or 2020/21. The Ministry's explanation was that it was planning for public health modernization (explained in **Section 2.1.1**), and the public health system could have potentially changed.

RECOMMENDATION 4

To allow Public Health Ontario to more effectively plan its activities, we recommend that the Ministry of Health:

- share any review reports with Public Health Ontario and follow up on the implementation of any outstanding recommendation at least on an annual basis; and

- provide annual mandate letters to the agency on a timely basis in accordance with the Agencies and Appointments Directive.

MINISTRY RESPONSE

The Ministry of Health agrees with this recommendation and will continue to work closely with Public Health Ontario to ensure that agency goals, objectives and strategic directions align with government's priorities and direction. This includes, but is not limited to, providing annual mandate letters to the agency in accordance with the Agencies and Appointments Directive and sharing any relevant review recommendations with Public Health Ontario and following up on the implementation on any outstanding recommendations on a timely basis.

4.2 Public Health Ontario Laboratory Not Operating Efficiently

4.2.1 Streamlining of 11 Public Health Ontario Laboratory Sites Not Yet Implemented

In addition to its main Toronto laboratory, Public Health Ontario has 10 regional laboratory sites across Ontario to provide regional coverage for public health units and hospitals. However, we found that some regional laboratory sites are unable to perform a large proportion of the tests on the samples and specimens they receive. The agency provided the Ministry with the recommendation to consolidate some of these laboratory sites, in 2017 and again in early 2023, based on factors that included test volume and productivity, stating that the consolidation can save \$6 million in its budget. Although a 2020 consultant report had reached similar conclusions, the Ministry had not approved the consolidation of these sites at the completion of our audit.

According to an internal agency document, from September 2021 to September 2022, three public health laboratory sites transferred out more than 90% of the non-COVID-19 tests they received. We expanded this analysis to include all laboratory tests, including

COVID-19, that Public Health Ontario laboratory sites received and performed from 2018/19 to 2022/23. As shown in **Figure 10**, we found that:

- regional laboratory sites were completing wide ranges of between 9% and 80% of the tests they received and transferring the remainder to other laboratory sites;
- three laboratory sites—Peterborough, Sault Ste. Marie and Sudbury—transferred between 80% and 91% of all tests to other sites; and
- Toronto was the largest receiver of these transfers, receiving about 19 million tests from regional laboratory sites, with the London site receiving the next most tests, at over four million tests.

The three laboratory sites that transferred between 80% and 91% of the tests they received each had operating costs ranging from \$5 million to \$10 million over the last five years.

Public Health Ontario explained to us that the reasons for these transfers could include capacity issues, lack of expertise or sufficient volume to maintain competency of laboratory personnel in a specific test, lack of equipment to conduct certain tests, or

efficiencies to achieve economy of scale. For example, only one of the 11 public health laboratory sites has the equipment necessary to test for *H. pylori*, a bacterium that affects the stomach.

In 2017, Public Health Ontario proposed a joint modernization plan to update its public health laboratory, collaboratively with Ministry staff at the request of the Deputy Minister, that would have resulted in:

- gradually closing six of its 11 public health laboratory sites (Hamilton, Kingston, Orillia, Peterborough, Sault Ste. Marie and Timmins), while maintaining coverage across the province through five geographic areas; and
- changing the types of tests offered at the Public Health Ontario laboratory that would remove 20 tests and restrict eligibility for 12 additional tests, as well as the gradual discontinuation of private drinking water testing.

According to the agency, this plan was needed to mitigate rising costs of repairs and upgrades in existing laboratory sites, and would result in a more efficient operating model to address issues such as sites needing to reroute the majority of samples and specimens they receive to other sites.

Figure 10: Number of Tests Received, Completed and Transferred Out by Public Health Ontario Laboratory Sites, 2018/19–2022/23

Source of data: Public Health Ontario

Laboratory Site	# Received ¹	# Completed	# Transferred Out	% Transferred Out
Sudbury	670,052	57,935	612,994	91
Sault Ste. Marie	251,953	87,116	223,915	89
Peterborough	839,389	192,579	668,436	80
Ottawa	3,163,981	1,578,148	2,034,978	64
Timmins	415,938	276,814	203,773	49
Hamilton	2,769,143	1,484,913	1,301,497	47
Thunder Bay	1,027,948	603,753	433,203	42
London	4,211,543	3,224,316	1,199,701	28
Kingston	1,695,958	3,240,155 ²	366,121	22
Orillia	1,044,555	1,599,189 ²	213,330	20
Toronto	19,040,243	22,785,785 ²	233,173	1

1. Refers to the laboratory location that originally logged the sample or specimen in the laboratory information system; includes those tests that hospital and community laboratories and public health units send to this location.
2. Number of laboratory tests completed is greater than number of laboratory tests received mainly due to additional tests that other regional laboratory sites transferred to these laboratory sites.

The most recent iteration of this modernization plan, presented by Public Health Ontario to the Ministry in January 2023, included the same plan to consolidate sites, but instead focused on discontinuing its testing for *H. pylori*, which is not a disease of public health significance, and again recommended the gradual discontinuation of private drinking water testing. This updated plan also showed that current test volumes per full-time-equivalent staff ranged widely between all 11 existing sites, from 775 in Timmins to 13,523 in Hamilton.

A 2020 laboratory facilities report by a private-sector consultant commissioned by the Ministry of Government and Consumer Services (now the Ministry of Public and Business Service Delivery) and Infrastructure Ontario had findings consistent with Public Health Ontario's proposed plan, and made identical recommendations with respect to Public Health Ontario laboratory sites. Our 2020 audit on COVID-19 preparedness and management, Laboratory Testing, Case Management and Contact Tracing, recommended that the Ministry of Health immediately review Public Health Ontario's laboratory modernization plan, and consult with the agency to determine and provide the level of base funding that would allow the agency to fulfill its mandate.

Despite this, at the time of our audit, the Ministry of Health was still in the process of obtaining necessary internal approvals for the plan. We asked the Ministry why the plan was not yet implemented; it informed us that in the 2019 Ontario Budget, the government committed to modernize Ontario's public health laboratory system by developing a regional strategy. However, implementation of this plan was put on hold due to the construction of the new London public health laboratory, as well as increased capacity required from all Public Health Ontario laboratory sites for COVID-19.

RECOMMENDATION 5

To more efficiently deliver public health laboratory services, we recommend that Public Health Ontario, in conjunction with the Ministry of Health, update and implement a plan within 12 months to streamline public health laboratory operations.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and will continue to work in conjunction with the Ministry of Health to update the plan to streamline and modernize the agency's laboratory operations. Upon receipt of Ministry approval to proceed, Public Health Ontario will commence the phased implementation of the plan. We will work closely with our stakeholders throughout the implementation process to communicate changes in service delivery and minimize service disruptions.

4.2.2 Courier Services That Deliver Samples and Specimens Do Not Cover All Regions of the Province

Primary-care clinicians, hospitals and public health units are just some examples of places that send specimens (such as blood, phlegm and stool) to Public Health Ontario laboratory sites across the province for testing. Private citizens also send samples (such as well water) to these sites. Public Health Ontario co-ordinates courier services that pick up and deliver samples and specimens, most of which are sensitive to time and temperature during transit, to and from these locations as well as among its own network of 11 public health laboratory sites. For example, in the five-year period between 2018/19 and 2022/23, 21% of the tests received by public health laboratory sites were transported to other public health laboratory locations for testing.

Over the last five years, Public Health Ontario has relied on a roster of up to 18 courier companies to transport samples and specimens, and has established formal contracts with four of them. Currently, there are two contracted couriers providing the majority of these services to the agency. One company covers the Greater Toronto Area, southwestern Ontario and eastern Ontario; the other company focuses on Northern Ontario. Public Health Ontario engaged the other courier companies on its roster only when needed, such as to supplement any shortfalls of the two contracted courier companies.

Public Health Ontario's spending on courier services has increased by \$1.6 million, or 99%, in the last five years. The majority of this increase is attributable to the change in market pricing for this specialized service, and the remainder is attributable to an 8% increase in overall test volumes over the same period. In 2022/23, Public Health Ontario spent about \$3.8 million on courier services for samples and specimens, up from \$1.9 million in 2018/19, as shown in **Figure 11**.

We could not determine whether Public Health Ontario's courier services fully cover all primary-care clinician offices and hospitals that send samples and specimens to the public health laboratory, because the total number of these collection sites is not readily available. We found, however, that Public Health Ontario does not provide courier services to nine, or 26%, of the 34 public health units. We surveyed these nine public health units, and another random sample of nine geographically dispersed public health units that use Public Health Ontario's contracted courier, of which seven responded. We noted the following:

- Five of the nine public health units that do not use Public Health Ontario's courier were not even aware that this service exists; these public health units therefore had to co-ordinate their

own couriers to send samples and specimens to the public health laboratory.

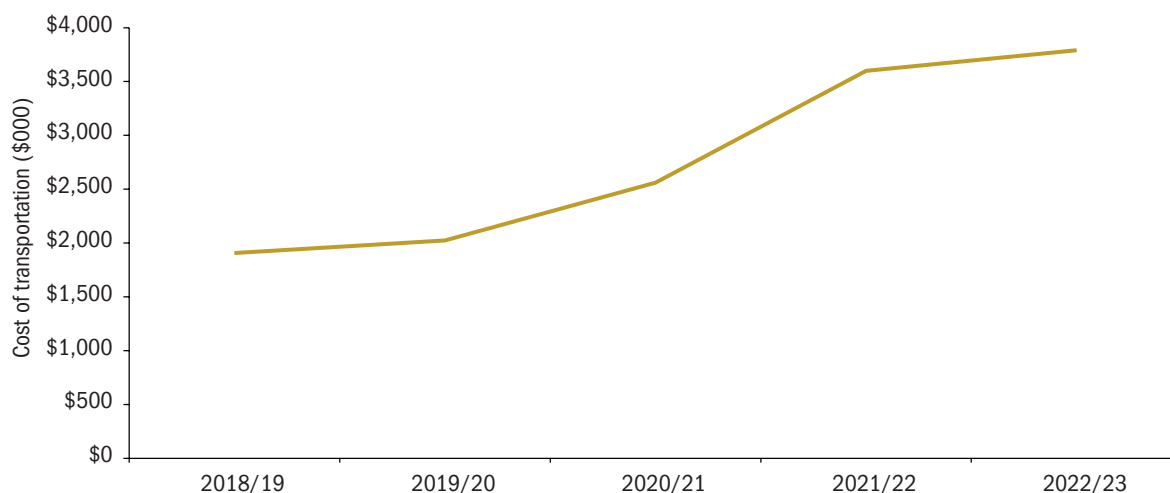
- Of the public health units that use the agency's courier, some cited challenges with the courier services including delayed, missed and/or infrequent pickups; this can sometimes result in samples and specimens being rejected by the public health laboratory as they did not arrive within the time frame required for testing. Public Health Ontario and some public health units also have had to use external couriers to cover the shortfalls of the current courier routes so that samples and specimens can be delivered on time to be suitable for testing.

RECOMMENDATION 6

To achieve better value for money for the province's use of couriers for the public health laboratory, we recommend that Public Health Ontario, in conjunction with the Ministry of Health, consult with all public health units to determine whether centrally procured courier services for laboratory samples and specimens would be beneficial, and make centrally co-ordinated courier services available to all public health units.

Figure 11: Public Health Ontario Courier Expenses for Transportation of Laboratory Samples and Specimens, 2018/19–2022/23

Source of data: Public Health Ontario



PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and recognizes the importance of better value for money with respect to laboratory courier services across the public health sector. We will work with the Ministry of Health, public health units and other partners, including the Ontario Laboratory Medicine Program, to determine the feasibility of making centrally co-ordinated courier services available to all public health units, including a collaborative procurement approach.

4.2.3 Some Laboratory Tests for Diseases of Public Health Significance Not Offered at the Public Health Laboratory

Public Health Ontario provides surveillance of communicable diseases based on data it collects through its laboratory or obtains from other sources. It provides over 270 tests, and is often the only laboratory in Ontario to test for certain diseases, for example, HIV. Providing comprehensive laboratory tests to detect and identify diseases of public health significance in its role as the provincial public health laboratory is therefore critical to effectively protect the health of Ontarians. We compared testing menus from Public Health Ontario to those of other provincial health agencies, and found some examples of tests not done through public health laboratories for diseases of public health significance, such as certain types of testing for latent tuberculosis, and wastewater testing that can identify COVID-19 transmission in geographic areas.

Interferon Gamma Radiation Assay for Latent Tuberculosis

One of Public Health Ontario's legislated responsibilities is "to provide scientific and technical advice and support to the health care system and the Government of Ontario in order to protect and promote the health of Ontarians and reduce health inequities." Despite this, we found that the Public Health Ontario laboratory does not offer a test that is specifically beneficial for the

detection of latent tuberculosis in at-risk populations such as Indigenous communities and foreign-born populations.

Latent tuberculosis is a dormant form of tuberculosis, meaning the person does not feel sick or have symptoms, but has the potential to progress to active tuberculosis later in life due to weakened or compromised immune systems. Approximately 15% of people with latent tuberculosis progress to the active disease, which is preventable, as latent tuberculosis can be treated with antibiotics, through shared decision-making between the health-care providers and patients. Statistics from the Government of Canada showed that in 2020, there were 1,772 cases of active tuberculosis in Canada, with more than 80% of these cases found in foreign-born individuals and Indigenous people.

In Ontario, the only publicly funded test to detect latent tuberculosis is a skin test, which public health units and other health-care clinics conduct. Another testing method—interferon gamma release assay (IGRA)—involves blood testing done by laboratories. The last Ministry guidelines on tuberculosis, from 2018, stated that Ontario was assessing the use of IGRA in select communities. However, at the time of our audit, this test was still not publicly funded across Ontario. IGRA is currently available in Ontario at one children's hospital under specific eligibility, as well as selected private laboratories at a cost of around \$90 per test to the patient. Public Health Ontario's laboratory currently does not perform any laboratory tests to detect latent tuberculosis.

Public Health Ontario published a report in 2019 that looked at testing for tuberculosis infection using IGRA as compared to the conventional skin testing method. The report did not look into the estimated costs of delivering IGRA versus the skin test method, but noted the pros and cons of each method as follows:

- The conventional skin test method requires a second clinic visit 48 to 72 hours after the first, which may result in patients, especially those living in rural and northern communities, not making that follow-up visit.

- IGRA is more specific to obtain the right diagnosis but also costlier due to the need for new equipment, training and processing time.
- IGRA requires specimens to be processed within a specific window of time after collection; Public Health Ontario's laboratory does not have co-located facilities to support timely blood specimen collection and submission for assay testing, though one commercially available test can be processed up to 53 hours after specimen collection.

The agency has not more recently analyzed the full costs and benefits of IGRA versus the skin test to detect latent tuberculosis, and does not have plans to do so in the near future. Such an analysis could include the potential impact of not diagnosing and treating someone with latent tuberculosis. For instance, a recent study, using data obtained at a treatment centre in Ontario as well as two other centres in Canada, found that the median cost to treat patients with tuberculosis infection was \$804 for the most easily treatable varieties and ranged as high as \$119,014 for highly drug-resistant tuberculosis infections.

In contrast, the British Columbia Centre for Disease Control has co-ordinated with hospitals to offer IGRA for the diagnosis of latent tuberculosis. It controlled for some of the limitations of this test, such as time from sample collection to processing, by co-ordinating sample collection times with lab availability, to ensure that samples will be tested before spoiling.

Wastewater Testing

Public Health Ontario does not perform wastewater testing in Ontario, which can identify COVID-19 transmission in geographic areas and supplement other clinical data sources. Currently, wastewater testing is led by the Ministry of the Environment, Conservation and Parks, through its Wastewater Surveillance Initiative. Through this initiative, laboratory tests are conducted through 13 different Ontario universities, as well as the Public Health Agency of Canada's National Microbiology Laboratory.

In contrast, the British Columbia Centre for Disease Control collects samples two to three times a week for testing from wastewater treatment plants in urban

regions across British Columbia, to identify respiratory pathogens such as influenza and COVID-19. At the time of our audit, the Ministry of Health informed us that it was working collaboratively with Public Health Ontario to develop a proposal for a public health model for wastewater surveillance in Ontario.

RECOMMENDATION 7

To help ensure the public health laboratory in Ontario applies current and best practices to conduct surveillance on diseases of public health significance, we recommend that Public Health Ontario, together with the Ministry of Health:

- perform a jurisdictional scan to compare public health laboratory test menus;
- conduct a cost/benefit analysis on the tests not conducted by the public health laboratory in Ontario to determine whether the alternative tests would yield more accurate and timely results; and
- develop a plan to incorporate new tests into the Ontario public health laboratory test menu.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation, and will work with the Ministry of Health to ensure that our test menu supports the evolving public health needs and ensures fiscal responsibility. We will continue our work to finalize the public health laboratory test menu for Ontario, which will be informed by a jurisdictional scan of other public health laboratory test menus in Canada and the findings of test cost/benefit analyses.

4.3 Weaknesses in Corporate Procurement Policy and Lack of Enforcement, Resulting in Poor Procurement Governance

The Ontario Public Service Procurement Directive (Directive), developed by the Management Board of Cabinet in March 2019, sets out the responsibilities of organizations throughout the procurement process. The purpose of the Directive is to ensure that goods

and services are acquired through an open, fair and transparent process, to reduce purchasing costs, and to ensure consistency in the management of procurement. Public Health Ontario's internal corporate procurement policy, originally drafted in July 2010 and last updated in November 2022, is based on this Directive.

During our audit, we reviewed details of procurement projects that were active as of May 31, 2023, and examined a sample of them. We found that Public Health Ontario did not always follow its own corporate procurement policy, which contributed to weaknesses in procurement governance and could have prevented the agency from achieving value for money. From 2018/19 to 2022/23, Public Health Ontario spent, on average, \$207 million per year in goods and services to operate its laboratory and deliver its science and public health programs.

4.3.1 Agency Staff Purchased Goods and Services from Vendors Using Purchasing Cards Rather than Procuring Them Competitively

We found that Public Health Ontario's laboratory staff were using purchasing cards (P Cards) in ways that are contrary to their intended purposes. As a result, we found instances where the agency did not acquire goods or services through an open, fair and transparent process.

According to the agency's procurement policy, P Cards are "primarily used for low value purchases" and may only be used for individual purchases valued under \$5,000 (or \$10,000 for senior staff) that are "not recurring transactions with a single vendor." The policy further clarifies that "a series of reasonably related transactions shall be considered as a single transaction for purposes of determining the required approval and authority levels." At the time of our audit, the agency had issued P Cards to 126 of its staff, 68 of whom were responsible for laboratory operations.

The corporate procurement policy further states that program areas are required to work with the procurement team "to assist in the planning and coordination of all procurement activities." However, the agency has not been enforcing this requirement. In fact, laboratory staff at Public Health Ontario can

procure goods and services on their own without having to go through the procurement team.

We found that staff from various laboratory sites at Public Health Ontario were using their P Cards to make recurring purchases of laboratory and health-care supplies from the same vendor between 2018/19 and 2022/23. Although the individual purchases were under \$5,000, the cumulative value of the recurring transactions exceeded \$25,000—the amount above which purchases must be procured competitively according to procurement policies. As shown in **Figure 12**, we found that from 2018/19 to 2022/23, Public Health Ontario staff made almost 17,000 transactions on their P Cards with 30 different vendors, for a combined purchase value of over \$11 million over five years. Over \$4 million of this amount related to purchases from two vendors. According to Public Health Ontario, the use of P Cards is required for purchases below \$5,000 in the User Guide for the Vendor of Record arrangement with the top vendor. The User Guide was prepared by the then Ministry of Government and Consumer Services (now Ministry of Public and Business Service Delivery), Ontario Shared Services and Supply Chain Ontario. As a result, its staff have to follow this User Guide, resulting in recurring transactions using their P Cards. Regarding the second vendor, agency staff told us that, until recently, it accepted only P Cards as payment. Excluding the top two vendors, annual transaction values ranged from \$25,133 to \$222,283. Agency staff purchased laboratory equipment and supplies on a recurring basis from these vendors using their P Cards, when they should have instead procured these supplies and equipment competitively.

Our review of the individual transactions found that this practice, although limited to the agency's laboratory operations, was widespread across several laboratory sites. For example, in 2022/23, 35 staff across various laboratory sites cumulatively made 1,339 recurring purchases of medical laboratory and health-care supplies from a single vendor totalling over \$554,000. This is equivalent to an average of 39 recurring transactions per staff member for that year alone. According to Public Health Ontario, these recurring P Card transactions were done in accordance

Figure 12: Top 10 Vendors by Total Value of Recurring Transactions Charged to Purchasing Cards (P Cards) and Totals for All 30 Vendors, 2018/19–2022/23

Source of data: Public Health Ontario

Vendor #	# of Years with P Card Charges >\$25,000	Value of Charges (\$)		# of Charges	
		Total	Avg. per Year	Total	Avg. per Year
Top 10 Vendors					
1	5	2,789,087	557,817	6,669	1,334
2	3	1,381,694	460,565	1,349	450
3	5	1,037,100	207,420	1,955	391
4	3	666,848	222,283	882	294
5	5	622,895	124,579	1,350	270
6	5	485,805	97,161	294	59
7	5	475,601	95,120	963	193
8	4	408,235	102,059	523	131
9	4	360,486	90,121	387	97
10	5	352,095	70,419	479	96
All 30 Vendors					
1-30	1-5	11,104,934	3,286,409	16,961	4,111

with the User Guide for the agency's arrangement with this vendor. We noted that the agency's P Card guidelines state that they are used to acquire goods and services that are not required frequently. According to Public Health Ontario, it has to follow this User Guide as opposed to its own procurement policy. This practice was also not limited to a single year. As shown in **Figure 12**, recurring P Card purchases exceeded \$25,000 in all the five years we analyzed.

The agency's finance team explained that for low-dollar and low-risk routine purchases, laboratory operations used P Cards instead of going through competitive procurement in these circumstances either because they needed to acquire the goods urgently, or, in cases where a contract existed between the agency and the vendor, because the contract did not cover the goods they needed. Additionally, they used P Cards for low-dollar and low-risk routine purchases when they needed to source from an alternative vendor if there were unforeseen supply shortages with the existing vendor. The dollar value of these recurring purchases, whether taken per year or cumulatively over the five years, should have required staff to

procure the goods and services competitively, either by soliciting quotes from at least three vendors or requesting bids from vendors. In either process, the procurement would have resulted in formal contracts with the chosen vendors, stipulating deliverables, payments and performance monitoring. However, because these transactions were made through P Cards, the agency's procurement team was not involved in these procurements, even though the team is responsible for monitoring the agency's compliance with both internal and public-sector procurement policies. At the time of our audit, the finance team did not periodically review P Card use across the agency to identify recurring transactions for which central procurement might be used without the need to use P Cards.

Our review of individual P Card limits noted that six of the cards have spending limits that range from \$35,000 to \$60,000, and one card has a limit of \$200,000 specifically for urgent COVID-19 pandemic-related purchases. According to Public Health Ontario, these exceptions were granted to meet operational needs resulting from the pandemic.

4.3.2 Vendor Progress and Performance Not Measured or Monitored

We found that Public Health Ontario does not have a formal process to track vendor performance and non-compliance, and does not always evaluate whether vendors have accomplished deliverables before it makes payment. As a result, procurement staff cannot easily verify, as part of their responsibilities to manage contracts, whether the vendor's work has been completed satisfactorily and whether the vendor met agreed upon terms before making payments.

Public Health Ontario's corporate procurement policy does not outline how to periodically monitor vendor performance and how to resolve matters of poor performance or non-compliance, even though the Directive outlines that vendor performance must be managed and documented, and any performance issues must be addressed.

Nonetheless, over half of the contracts we reviewed included requirements for the vendor to submit mandatory quarterly activity reports to Public Health Ontario that reflect all activities pertaining to the provision of goods and services. We requested copies of these reports submitted to Public Health Ontario for all contracts we reviewed, but the agency could not provide these reports for any contracts in our sample.

We also found that over half of the contracts we reviewed required the creation of a Contract Management Committee with representatives from Public Health Ontario and the vendor. The contract terms require the committee to meet regularly and conduct quarterly or semi-annual reviews of the vendors' fulfillment of the deliverables. We requested minutes of committee meetings; the agency informed us that the committees, though mentioned in the contracts, were never struck or acted upon. As a result, these reviews had not been completed at the time of our audit.

The procurement team told us that they regularly met with program staff to review contracts and discuss procurement issues, and that they had not identified performance issues with any of the vendors in our sample. However, they could not provide us with supporting documentation for 35% of our sample. In all

cases where the agency provided us with documentation, the communication between procurement staff and program area staff centred around clarification about contract terms and renewal options, with no discussion of the vendor's performance.

We noted that, as of May 31, 2023, 43 vendors had between two and seven active contracts with Public Health Ontario, with one vendor accounting for \$32 million in contracts. The value of the contracts with just these 43 vendors totalled \$108 million, which comprised 78% of the total value of all active contracts at the time. The multiple contracts with certain vendors highlight the importance of having a system in place to monitor and document vendor performance across different contracts.

The consequences of not monitoring vendor performance were evident in 2022 when Public Health Ontario paid a consulting firm almost \$50,000 to conduct a survey of staff to assess burnout, and recommend policies and practices to address agency staff burnout resulting from the COVID-19 pandemic. At the conclusion of the contract, the vendor recommended that Public Health Ontario develop initiatives to help staff become involved with self-help activities such as exercise and meditation. The vendor also recommended that the agency implement policies that would provide staff with sufficient time off to allow meaningful recovery from work stress. However, the agency already had these initiatives and policies in place at the time; it had provided the consultant with its existing initiatives and policies, but the consultants still made these recommendations. With proper vendor performance monitoring, this lapse would have been identified earlier, thereby preventing the redundant recommendations.

The lack of vendor performance tracking also hinders Public Health Ontario's ability to review its history with vendors to help inform its decision-making process when engaging a vendor for a new project. In our review of a sample of contracts, we noted that in 73% of cases, there was no discussion of the vendors' historical performance with the agency or evidence of reference checks to inquire about other organizations' past experience with the vendors. For example, four

of the contracts we reviewed, with a combined value of over \$32 million, were awarded to one vendor. The contracts had effective dates between March 2020 and April 2022 for terms of three to over six years. None of the documentation for any of the four contracts discussed the vendor's historical performance.

RECOMMENDATION 8

To help ensure that Public Health Ontario is using taxpayer money to procure goods and services in an open and transparent manner and is receiving value for money, we recommend that Public Health Ontario:

- review the use of purchasing cards at least on an annual basis to identify recurring transactions with vendors, and take corrective actions as necessary;
- monitor that payments to vendors are made only when goods and services have been satisfactorily delivered and within the contract ceiling price;
- evaluate vendor progress and performance in accordance with contract terms; and
- develop and implement a process to include evaluation results in the consideration of vendor selection in future projects.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation. Prior to the pandemic, we had initiated a purchasing card (P Card) project to reduce P Card usage in Laboratory Operations. The project, which was paused during the COVID-19 pandemic, was restarted in April 2023 and is now expected to be completed by February 2024. Public Health Ontario also plans to augment our procurement practices to ensure that processes are in place to evaluate vendor progress and performance. We will develop and implement a risk-based vendor performance framework to support these processes.

4.4 Public Health Ontario Has No Succession Plan in Place for Specialized Management Roles

Public Health Ontario does not have a formal succession plan in place to identify when key roles may need to be filled, such as in the case of retirement. This leaves Public Health Ontario at risk of being without senior leadership and/or key specialized roles for long periods before the positions are filled, potentially affecting its ability to appropriately respond to public health risks, especially during times of emergency.

The agency employs a wide variety of specialized roles, such as medical laboratory technologists, public health physicians, epidemiologists, clinical microbiologists, scientists and more. The scientific and technical advice Public Health Ontario provides to its clients is dependent on having a skilled workforce and anticipating any changes in these highly specialized roles, so that the agency can continue to carry out its mandate without any setbacks.

The impact of not having a succession plan was felt during the COVID-19 pandemic, when between April 2020 and September 2021, Public Health Ontario lost its President and CEO, Chief Health Protection Officer, and Chief of Microbiology and Laboratory Science all in the span of 17 months. Except for the President and CEO role, which was filled temporarily by an existing executive, these positions were filled by promoting internal senior leaders at a time when Public Health Ontario was looked to for leadership. The position of President and CEO was filled in July 2022, more than two years after its temporary holder took on the role.

In its 2017/18 annual business plan, Public Health Ontario outlined a strategic direction to continue to improve employee engagement, which included piloting a succession planning process for senior leadership positions. Work on this had begun in 2019 prior to the pandemic, specifically with the laboratory, such as developing guiding documents to support the succession planning process. More recently, in its 2020/23 strategic plan, Public Health Ontario outlined a

goal to build leadership capacity, by developing and implementing a proactive approach to workforce and succession planning that enhances diversity and inclusion and improves continuity and consistency of services. At the time of our audit, Public Health Ontario had not fully realized this goal.

Public Health Ontario also does not track which senior leadership or specialized positions have had a successor identified internally, and has not set a target for when a successor should be identified before an anticipated departure. Further, the agency does not have a formal process to identify which staff, including those in senior leadership or specialized positions, are about to retire and therefore would leave a position vacant or without effective leadership. During our audit, in June 2023 the agency's new Chief of Health Promotion and Environmental Health Officer assumed the full responsibilities of the position only after a transition period that had begun with her predecessor's retirement in January 2023. The predecessor's retirement was known from May 2022, at which point a formal public recruitment began. However, this role required an experienced public health physician executive, and there was a limited pool of qualified candidates. Although the successful candidate accepted the position in March 2023, the responsibilities of the position were still being covered by agency executives for an additional three months, during which the successful candidate was transitioning to her new role.

Other jurisdictions have targeted goals in their strategic plans and annual reports for the proportion of prioritized positions they want to have a successor identified for internally. For example, Quebec's Institut national de santé publique has a stated objective to anticipate the retirement of staff members whose expertise plays a key role in the pursuit of the institute's mission, and to develop succession plans to offset the impact of such departures by focusing on the full potential of its personnel. The Quebec institute targeted 60% of its prioritized positions to have an internal successor identified in 2020/21.

RECOMMENDATION 9

To better prepare Public Health Ontario in continuing to deliver its mandate with the support of skilled staff and management, we recommend that Public Health Ontario:

- conduct an analysis to determine when senior positions and specialized roles are expected to become vacant;
- identify and develop potential talent from within the organization, or identify the need to recruit;
- develop and track key performance indicators that support succession planning; and
- develop and implement a succession plan for senior leadership and specialized roles.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation. We are currently in the process of developing a new human resources strategy, which will include a focus on succession planning for the organization and will incorporate the elements described in the recommendation.

4.5 Continuous Improvement Efforts Needed to Collect Better Data on Performance Indicators

4.5.1 Public Health Ontario's Performance Indicators Mostly Measure Output Volume Instead of Client Satisfaction or Service Quality

Public Health Ontario establishes performance indicators as well as targets in its annual business plans; however, these indicators mostly focus on quantifying the output of the agency's operational activities rather than client satisfaction and actual performance of its core activities, making it difficult for the agency to demonstrate that it has been effective in meeting the needs of its clients.

As early as 2018/19, Public Health Ontario acknowledged in its annual report that the performance of public health organizations is often difficult to assess quantitatively. The agency noted that it continued to explore new approaches to performance measurement to incorporate additional impact, value and outcome considerations. Its 2018 peer review also recommended that the current performance indicators could be reoriented to capture service quality rather than focusing largely on volume of services delivered. However, the agency has made little progress on this. It stated in its 2021/22 annual report that it did not advance this work substantively due to focusing on requirements relating to the COVID-19 pandemic.

At the time of our audit, Public Health Ontario was tracking performance indicators that are mostly volumetric. These include the number of knowledge products published on the agency's website, the number of visits to the agency's online data and analytic tools, and the number of scientific and technical support activities and data requests completed in response to clients and stakeholders.

With respect to measuring client satisfaction, the only performance indicator where satisfaction is directly measured is the percentage of professional development sessions achieving a client/stakeholder rating of at least 3.5 out of 5. The agency noted that it also measures the quality of its core activities and services through indicators of the percentage of laboratory tests completed within the target turnaround time that it has established, and the percentage of multi-jurisdictional outbreaks of diseases of public health significance that it assesses for further investigation within one day of being notified. In our view, these are indirect measures of client satisfaction. Public Health Ontario also noted that it frequently receives client feedback; however, these results are not shared publicly.

The agency informed us that, historically, it has conducted client satisfaction surveys via third-party marketing firms on a two-year cycle, with its last survey completed in 2016. Since then, the agency has

not sought these services due to government-imposed expenditure constraints.

In contrast, the Institut national de santé publique du Québec reported on more client-focused performance indicators such as clients' satisfaction with the usefulness of the institute's scientific productions to support them in their work, and satisfaction with its support for intervention with public health departments in the event of a public health threat (for more examples of these indicators, see **Appendix 5**).

Public Health Ontario informed us that it last fully reviewed its performance indicators during the development of its 2014–19 strategic plan. At that time, the agency reframed the performance scorecard reported in its annual reports to better align with its strategic direction. While it continues to review them on an annual basis, it plans to conduct its next full review of organizational performance measurement when it develops its next strategic plan, covering 2024–29.

4.5.2 Public Health Ontario Does Not Track or Report on Performance of Several Key Functions or Programs

Public Health Ontario's suite of performance indicators do not cover all its key functions, for example, the performance of its research ethics committee, environmental and occupational health program consults, or the agency's Locally Driven Collaborative Projects, explained in **Section 2.2.5**.

Public Health Ontario has contracts with 26 public health units to perform ethics reviews for local research these health units plan and conduct. According to the World Health Organization's Tool for Benchmarking Ethics Oversight of Health-Related Research with Human Participants, among the criteria research ethics committees should select to evaluate is time from a project application's submission to its approval. Public Health Ontario confirmed with us that it had not established clear definitions for the submission date of a project application for the purposes of tracking turnaround time.

We reviewed ethics reviews conducted by Public Health Ontario's research ethics committee for public health units from 2017/18 to 2022/23 using the date of receipt or, in lieu of that, the earliest indicated date, and found that on average it completed the reviews in seven weeks, ranging from one week to 18 weeks. When asked why this was not reported as a performance indicator, the agency informed us that it was still in the process of determining an appropriate performance indicator for ethics reviews, as the time it takes to grant approval may vary due to the quality of the application, including missing information or necessary follow-up with the applicants.

We looked to other public health agencies, and found that the joint ethics review board for Health Canada and the Public Health Agency of Canada reported on its review board turnaround time, citing an average of 42 days (six weeks) in 2021/22 from time of application submission to approval, and this was reported in its ethics review board's annual report. Tracking this metric and publicly reporting on it may allow Public Health Ontario to identify education opportunities for the agency to train public health units on best practices relating to the development of project applications, and a demonstrated record of efficiency will help as the agency works toward bringing the remaining public health units into agreements for its services.

4.5.3 Public Health Ontario Does Not Track or Report Uptake of Its Services by Public Health Issue

Between 2020/21 and 2022/23, Public Health Ontario on average received about 1,630 requests annually from all clients, including public health units, which represent about 50% of those requests. The agency internally tracks the number of requests by the responsible lead program areas that handle them, but not by public health issue. Tracking and reporting on incoming requests by public health issue, such as alcohol, cannabis, dental health, food safety and healthy eating, could help the agency better inform and advise the Ministry on the most topical issues on which public health units require assistance from Public Health Ontario throughout the year, which would in turn provide the Ministry with a more complete picture of public health events that require intervention throughout the year across all three pillars of the public health system.

As shown in **Figure 13**, between 2020/21 and 2022/23, Public Health Ontario's "health protection" was assigned as the lead program area for most of these requests, which includes communicable diseases, emergency preparedness and response. The high volume of requests in this program area likely corresponded with the COVID-19 pandemic and can

Figure 13: Lead Program Areas Where Public Health Ontario Received Requests from All Clients, 2020/21-2022/23

Source of data: Public Health Ontario

Lead Program Area	2020/21	2021/22	2022/23
Health Protection ¹	1,540	1,441	980
Environmental and Occupational Health	216	120	122
Health Promotion, Chronic Disease and Injury Prevention	77	35	57
Laboratory ²	126	115	49
Other ³	11	7	14
Total	1,970	1,718	1,222

1. Includes communicable diseases, emergency preparedness and response, infection prevention and control and antimicrobial stewardship.

2. Reflects the requests made primarily by public health units and the Ministry of Health; separate from support requests to the laboratory customer support centre.

3. Includes knowledge exchange and communications, strategy stakeholder relations, and legal and privacy.

be readily linked to that public health issue. However, program areas such as “environmental and occupational health” and “health promotion, chronic disease and injury prevention” cover a wide range of potential public health issues and yield less specific information to inform the full scope of issues raised by requestors. Public Health Ontario noted that the title and description of the request can be filtered for key words. However, this is not done regularly, and can result in inconsistency.

In addition, the agency reports publicly only on total volume of outputs but does not break down the total into program areas. For example, one of its performance indicators is “responses to client and stakeholder requests,” which includes all program areas.

RECOMMENDATION 10

To increase its value and impact on public health units and other clients, we recommend that Public Health Ontario:

- conduct a jurisdictional scan of key performance indicators used by other public health agencies, focusing on those that measure client satisfaction;
- establish and collect data on key performance indicators that are focused on client satisfaction and outcomes;
- update the request tracking database to categorize requests according to public health issue, and report on this in its annual report; and
- publicly report on key performance indicators, including those that relate to client and stakeholder requests, broken down by program areas.

PUBLIC HEALTH ONTARIO RESPONSE

Public Health Ontario accepts the recommendation. As described in the report, we intend to complete a fundamental review of organization-wide performance measurement as part of the implementation of our new Strategic Plan for 2024–29. We will use that review as an opportunity to introduce additional performance indicators that are focused on client satisfaction and outcomes, informed by a jurisdictional scan of performance indicators used by other public health agencies. We also plan to make updates to our request tracking database at the start of the next fiscal year, which will enable reporting on client request performance indicators broken down by the lead program area and public health issue.

4.6 IT Governance and Operations of Public Health Ontario

We examined Public Health Ontario’s information technology (IT) controls and processes related to user account management, cybersecurity and software management. Due to the nature of these findings and so as to minimize the risk of exposure for Public Health Ontario, we provided relevant details of our findings and recommendations directly to Public Health Ontario. Public Health Ontario agreed with the recommendations and committed to implementing them.

Appendix 1: Diseases of Public Health Significance under the *Health Protection and Promotion Act*

Prepared by the Office of the Auditor General of Ontario

Disease	Communicable ¹	Virulent ²
Acquired immunodeficiency syndrome (AIDS)	✓	
Acute flaccid paralysis		
Amebiasis	✓	
Anaplasmosis		
Anthrax	✓	
Babesiosis		
Blastomycosis	✓	
Botulism	✓	
Brucellosis	✓	
<i>Campylobacter</i> enteritis	✓	
Carbapenemase-producing Enterobacteriaceae infection or colonization	✓	
Chancroid	✓	
Chickenpox (varicella)	✓	
<i>Chlamydia trachomatis</i> infections	✓	
Cholera	✓	✓
<i>Clostridium difficile</i> infection outbreaks in public hospitals	✓	
Creutzfeldt-Jakob disease, all types	✓	
Cryptosporidiosis	✓	
Cyclosporiasis	✓	
Diphtheria	✓	✓
Diseases caused by a novel coronavirus, including severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and coronavirus disease (COVID-19)	✓	
<i>Echinococcus multilocularis</i> infection	✓	
Encephalitis, primary, viral	✓	
Encephalitis, post-infectious, vaccine-related, subacute sclerosing panencephalitis, unspecified		
Food poisoning, all causes	✓	
Gastroenteritis, outbreaks in institutions and public hospitals	✓	
Gonorrhea	✓	✓
Group A streptococcal disease, invasive	✓	
Group B streptococcal disease, neonatal		
<i>Haemophilus influenzae</i> disease, all types, invasive	✓	
Hantavirus pulmonary syndrome	✓	
Hemorrhagic fevers, including Ebola virus disease, Marburg virus disease, Lassa fever, and other viral causes	✓	✓
Hepatitis A, viral	✓	
Hepatitis B, viral	✓	
Hepatitis C, viral	✓	

Disease	Communicable ¹	Virulent ²
Influenza	✓	
Legionellosis	✓	
Leprosy	✓	✓
Listeriosis	✓	
Lyme disease		
Measles	✓	
Meningitis, acute, including bacterial, viral and other	✓	
Meningococcal disease, invasive	✓	
Mumps	✓	
Ophthalmia neonatorum		
Paralytic shellfish poisoning	✓	
Paratyphoid fever	✓	
Pertussis (whooping cough)	✓	
Plague	✓	✓
Pneumococcal disease, invasive	✓	
Poliomyelitis, acute	✓	
Powassan virus		
Psittacosis/ornithosis	✓	
Q fever	✓	
Rabies	✓	
Respiratory infection outbreaks in institutions and public hospitals	✓	
Rubella	✓	
Rubella, congenital syndrome	✓	
Salmonellosis	✓	
Shigellosis	✓	
Smallpox and other orthopoxviruses, including monkeypox	✓	✓
Syphilis	✓	✓
Tetanus	✓	
Trichinosis	✓	
Tuberculosis	✓	✓
Tularemia	✓	
Typhoid fever	✓	
Verotoxin-producing <i>E. coli</i> infection, including hemolytic uremic syndrome (HUS)	✓	
West Nile virus illness		
Yersiniosis	✓	

1. An illness caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; can spread from the environment or from one person to another.
2. A pathogen's or microorganism's ability to cause damage to a host, such as a human.

Appendix 2: Mandatory Requirements for Board-Governed Agencies per Agencies and Appointments Directive

Prepared by the Office of the Auditor General of Ontario

Requirement	Details
Directives	<ul style="list-style-type: none"> • Must comply with all Treasury Board/Management Board of Cabinet (TB/MBC) directives whose application and scope cover board-governed agencies, unless exempted
Mandate reviews	<ul style="list-style-type: none"> • Required once every six years
Mandate letter	<ul style="list-style-type: none"> • Provided to the agency in time to influence business plan, no later than 180 calendar days prior to the start of the agency's next fiscal year
Business plan	<ul style="list-style-type: none"> • Must be submitted to Minister no later than one month before the start of the provincial agency's fiscal year • Must be Minister approved • Must be submitted to Chief Administrative Officer or executive lead three months prior to the beginning of the agency's fiscal year
Annual Report	<ul style="list-style-type: none"> • Must be submitted to Minister: <ul style="list-style-type: none"> • no later than 120 calendar days after the provincial agency's fiscal year-end, or • where the Auditor General is the auditor of record, within 90 calendar days of the provincial agency's receipt of the audited financial statement • Minister must approve within 60 calendar days of the Ministry's receipt of the report • The Ministry must table an agency's annual report in the Legislative Assembly within 30 days of Minister's approval of the report
Compliance attestation	<ul style="list-style-type: none"> • Chairs of board-governed agencies must send a letter to the responsible Minister, at a date set by annual instructions, confirming their agency's compliance with legislation, directives and accounting and financial policies • To support the Chair, Chief Executive Officers of provincial agencies should attest to the Chair that the provincial agency is in compliance with mandatory requirements
Public posting	<ul style="list-style-type: none"> • MOU, business plan and annual report must be made available to the public on a government or provincial agency website within 30 calendar days of Minister's approval of each • Agency mandate letter must be made available to the public on a government or provincial agency website at the same time as the agency's business plan • Expense information for appointees and senior executives must be posted on a government or provincial agency website
Memorandum of understanding (MOU)	<ul style="list-style-type: none"> • Must have a current MOU signed by the Chair and Minister • Upon a change in one of the parties, an MOU must be affirmed by all parties within six months
Risk assessment evaluation	<ul style="list-style-type: none"> • Ministries are required to complete risk assessment evaluations for each provincial agency • Ministries must report high risks to TB/MBC on a quarterly basis
Financial audit	<ul style="list-style-type: none"> • Financial statements must be audited and reported based on meeting audit threshold criteria

Appendix 3: Jurisdictional Scan of Public Health Agencies in Canada

Prepared by the Office of the Auditor General of Ontario

	Canada: Public Health Agency of Canada	British Columbia: BC Centre for Disease Control	Quebec: Institut national de santé publique du Québec
Mandate and function	<ul style="list-style-type: none"> • Contributes to disease and injury prevention and health promotion. • Enhances sharing of surveillance information and knowledge of disease and injury. • Provides federal leadership and accountability in managing public health events. • Strengthens intergovernmental collaboration and facilitates national approaches to public health policy and planning. • Serves as a central point for sharing public health expertise across Canada and with international partners, and for using this knowledge to inform and support Canada's public health priorities. 	Provides surveillance, detection, prevention, treatment, policy development, and health promotion programming to promote and protect the health of British Columbians.	Offers expertise and support to Quebec's Ministre de la Santé and the health sector.
Governing document(s)	<i>Public Health Agency of Canada Act, 2006</i> <i>Department of Health Act, 1996</i> <i>Quarantine Act, 2005</i> <i>Human Pathogens and Toxins Act, 2009</i>	<i>Societies Act, 2015</i> Provincial Health Services Authority (Authority) Constitution and By-Laws	<i>The Act respecting Institut national de santé publique du Québec, 1998</i>
Organization type	Agency	Non-profit/Agency	Agency
Governed by Board	No	Yes—part of the Authority	Yes

	Canada: Public Health Agency of Canada	British Columbia: BC Centre for Disease Control	Quebec: Institut national de santé publique du Québec
Reporting relationship	<p>The President is the deputy head of the agency and reports to the Minister of Health.</p> <p>As part of the agency, the Chief Public Health Officer provides the Minister of Health and the President of the agency with scientific public health advice.</p>	<p>The Vice President, Population and Public Health, is the lead for the agency and reports to the CEO of the Authority.</p> <p>The CEO of the Authority reports to the Authority's Board Chair.</p> <p>The Board Chair of the Authority is the interface between the CEO and the Minister.</p> <p>The Provincial Health Officer reports to the Ministry of Health and is external to the agency but works with it on disease control, health protection and population health.</p>	<p>All Board members, including the Président-directeur général and Chair of the Board, are appointed by the government.</p> <p>The Board reports to the Minister.</p> <p>The province's Directeur national de santé publique reports to the sous-ministre à la Santé et aux Services sociaux and is external to the agency.</p>
Board appointment process	Governor-in-Council appointment	Appointed by the government	Appointed by the government
# of full-time-equivalent employees	4,565	444	666

Appendix 4: Audit Criteria

Prepared by the Office of the Auditor General of Ontario

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- 1.** Effective governance and accountability structures are in place and operating to ensure Public Health Ontario operates cost-effectively.
-
- 2.** Public Health Ontario's role in Ontario's public health system is clearly defined, and understood by its clients, stakeholders and the public.
-
- 3.** Public Health Ontario has access to and collects relevant data and provides timely and objective data analyses and advice to its clients that meet their needs.
-
- 4.** Public Health Ontario has effective processes in place to support public health units in developing programs and capacity to help deliver public health services locally, and seeks to identify opportunities for minimizing duplication of efforts in the public health system and achieving efficiencies in the laboratory system.
-
- 5.** Public Health Ontario has resources available to fulfill its mandate and allocates and uses them efficiently and effectively.
-
- 6.** Performance measures and targets are established, monitored and compared against actual results to ensure that the intended outcomes are achieved, and are publicly reported.
-
- 7.** Processes are in place to identify areas of improvement and to operate more efficiently and effectively, and changes are made on a timely basis.
-

Appendix 5: Institut national de santé publique du Québec Examples of Strategic Objectives Performance Measures, 2021/22

Source of data: Institut national de santé publique du Québec

	Indicators	Target (%)
Participate in relevant legislative and governmental processes	Rate of participation in parliamentary committees and selected public consultations	80
Support public departments in their regional partnerships	Response rate to requests for support from public health departments in health impact assessment	90
Support public health actors in integrating knowledge into their practices	Client satisfaction rate on the usefulness of scientific productions to support clients in their work	95
Continuously capture the needs of regional partners	Satisfaction rate regarding support for intervention with public health departments in the event of a threat to the health of the population	90
Deliver scientific products in a timely manner for decision-makers	Rate of compliance with the deadlines set out in the charter of prioritized projects	80



CORPORATION OF THE TOWNSHIP OF PRINCE

By-Law 2024-25

Being a BY-LAW to confirm proceedings and resolutions of Council for the Township of Prince which were adopted up to and including June 11th, 2024.

WHEREAS Section 5(3) of the Municipal Act, R.S.O 2001 as amended requires a municipal council to exercise its power by bylaw except where otherwise provided;

AND WHEREAS in many cases, action which is taken or authorized to be taken by a Council or a Committee of Council does not lend itself to an individual bylaw;

NOW THEREFORE the Council for the Township of Prince enacts as follows:

1. **THAT** all actions of Council which have been authorized by a motion, resolution, direction, and other action of Council and adopted in open Council and that were recorded in the minutes of Council or the minutes of a Committee of Council and accepted by Council up to and including May 14th, 2024, are hereby ratified, authorized and confirmed.

2. **THAT** where no individual by-law has been or is passed with respect to the taking of any action authorized in the meeting mentioned in Section 1 hereof or with respect to the exercise of any powers by the Council at the above-mentioned meeting, then this by-law shall be deemed for all purposes to be the by-law required for approving and authorizing the taking of any authorized action or required for the exercise of any power by the Council.

3. **THAT** the Mayor and proper officers of the Corporation of the Township of Prince are hereby authorized and directed to do all things necessary to give effect to the recommendations, motions, resolutions, reports, action and other decisions of the Council and the Mayor and Clerk are hereby authorized and directed to execute all necessary documents in the name of the Township of Prince and to affix the seal of the Corporation thereto.

READ and passed in open Council on this 11th day of June 2024.

Enzo Palumbo, Mayor

Jillian Hayes, CAO Clerk - Treasurer

SEAL