# ST MARY'S HOME
# QUALITY ASSURANCE HANDBOOK

## Quality Assurance

St. Mary's Home strives for excellence in all areas of the organization. This is a community effort that involves the hard work of the Board of Directors, Executive Director, staff, and community partners.

## Monitoring Quality

There are many systems and structures that St. Mary's Home has in place to assess and measure ourselves against leading practice in order to provide a high standard of programs, services and operations. They include but are not limited to:

- Systematic Review of Policies and Procedures:
  - ✓ Governance
  - ✓ Human Resources – Employees and Volunteers
  - ✓ Stewardship
  - ✓ Risk and Safety
  - ✓ Learning Environment
  - ✓ Systems and Structures
  - ✓ Community
  - ✓ Organizational Planning and Performance
  - ✓ Programs and Services
- Ministry of Children, Community and Social Services - Risk Assessment and Mitigation Planning
- Canadian Centre for Accreditation Standards - Self-Assessment Process
- Programs and Services Review and Evaluation
- Strategic Planning
- Quality Improvement Planning
- Financial Audits

## This Handbook

This Handbook is meant to support some of the policies, procedures and systems that we have in place to ensure quality in our organization. In addition, several templates and activities that have been done to support quality assurance at St. Mary's Home have been included. This is an excellent resource to the current St. Mary's Home Board of Directors, Executive Director and the staff both current and those who arrive in the future!

While further information can be found in the St. Mary's Home Policies and Procedures Manual, the main focus in this Handbook will be on the following structures:

- Risk Assessment
- Strategic Planning
- Quality Improvement Planning
- Programs and Services Review and Evaluation

## Risk Management

St. Mary's Home is committed to the proactive identification and management of potential risks to participants, staff, volunteers, contracted agents, Board Members, agency property and the financial health and reputation of the organization. This takes place within a culture of continuous quality improvement, where issues are identified and resolved in an effective and systematic manner.

St. Mary's Home uses each module of the Policy and Procedure Manual to identify potential risks to:

- Recommend strategies to mitigate risks.
- Ensure strategies are implemented.
- Monitor the impact of such strategies; and
- Make recommendations for the future.

### Accountability

Although everyone at St. Mary's Home is responsible for managing and reducing risk throughout the organization, the following structures have more specific responsibility for overseeing risk management:

- The Board of Directors.
- The Board of Directors – Executive Committee.
- The Board of Directors – Finance Committee.
- The Board of Directors – Accreditation Committee.
- The St. Mary's Home Leadership Team.
- The St. Mary's Home Joint Health and Safety Committee; and
- The St. Mary's Home Quality Assurance Committee.

### Risk Assessment and Mitigation Work Plan

The following are examples of the types of information that may be included in a Risk Assessment Mitigation Plan:

- The need for education and training;
- Review of Code of Conduct;
- Monthly Occupational Health and Safety Inspections;
- Emergency Response Planning;
- Annual Financial Audits;
- Preventative Maintenance Schedule;
- Supervision of staff and volunteers;
- Participant and/or community complaints;
- Review of serious occurrences;
- Review of new legislation;
- Security of data, property and/or other information; and
- Privacy and confidentiality.

### St. Mary's Home Risk Management Policy and Risk Assessment and Mitigation Work Plan

In addition to its own risk assessment practices, St. Mary's Home uses the results of the Ministry of Children, Community and Social Services bi-yearly Risk Assessment results to inform its work plan. Please see the Risk Management Policy in the St. Mary's Home Policies and Procedures Manual and a copy of the Risk Assessment and Mitigation Work Plan Template on the next page.

# St. Mary's Home Risk Assessment and Mitigation Plan

*(See St. Mary's Home Policy: Risk and Safety – Risk Management and Results - Ministry of Children, Community and Social Services Assessment Report)*

Date: _____

Risk Assessment Team Members:

Risk Map – Legend
1 (low) to 5 (high)

| | LIKELIHOOD THAT THIS COULD CREATE A RISK IN OUR ORGANIZATION | | | | |
|---|---|---|---|---|---|
| **IMPACT THIS WOULD HAVE ON OUR ORGANIZATION** | **1** | **2** | **3** | **4** | **5** |
| **5** | **Moderate** | **Extreme** | **Extreme** | **Extreme** | **Extreme** |
| **4** | **Low** | **Moderate** | **High** | **Extreme** | **Extreme** |
| **3** | **Low** | **Low** | **Moderate** | **High** | **High** |
| **2** | **Low** | **Low** | **Low** | **Low** | **Moderate** |
| **1** | **Low** | | **Moderate** | **Moderate** | **High** |

Assessment and Mitigation

| Module | Item | Assessment Map Colour | Action | Responsibility | Timeline | Status |
|---|---|---|---|---|---|---|
| **Governance** | | | | | | |
| **Stewardship (Financial Operations)** | | | | | | |
| **Human Resources** | | | | | | |
| **Human Resources Volunteers** ***(Field Placement Students, Partners)*** | | | | | | |
| **Risk and Safety** | | | | | | |
| **Community** | | | | | | |
| **Systems and Structures** | | | | | | |
| **Programs and Services** | | | | | | |

## Strategic Planning

Organizational planning is a shared responsibility of the Board of Directors and staff. The Board is responsible for setting the planning framework by approving the vision, mission, guiding principles, and strategic directions for the organization. Staff work within this framework to establish an "operational" plan and improvement work plans. Planning encompasses everything from hopes and dreams for the organization to the day-to-day work that staff do to realize these dreams.

## The Plan

A good strategic plan addresses these questions:

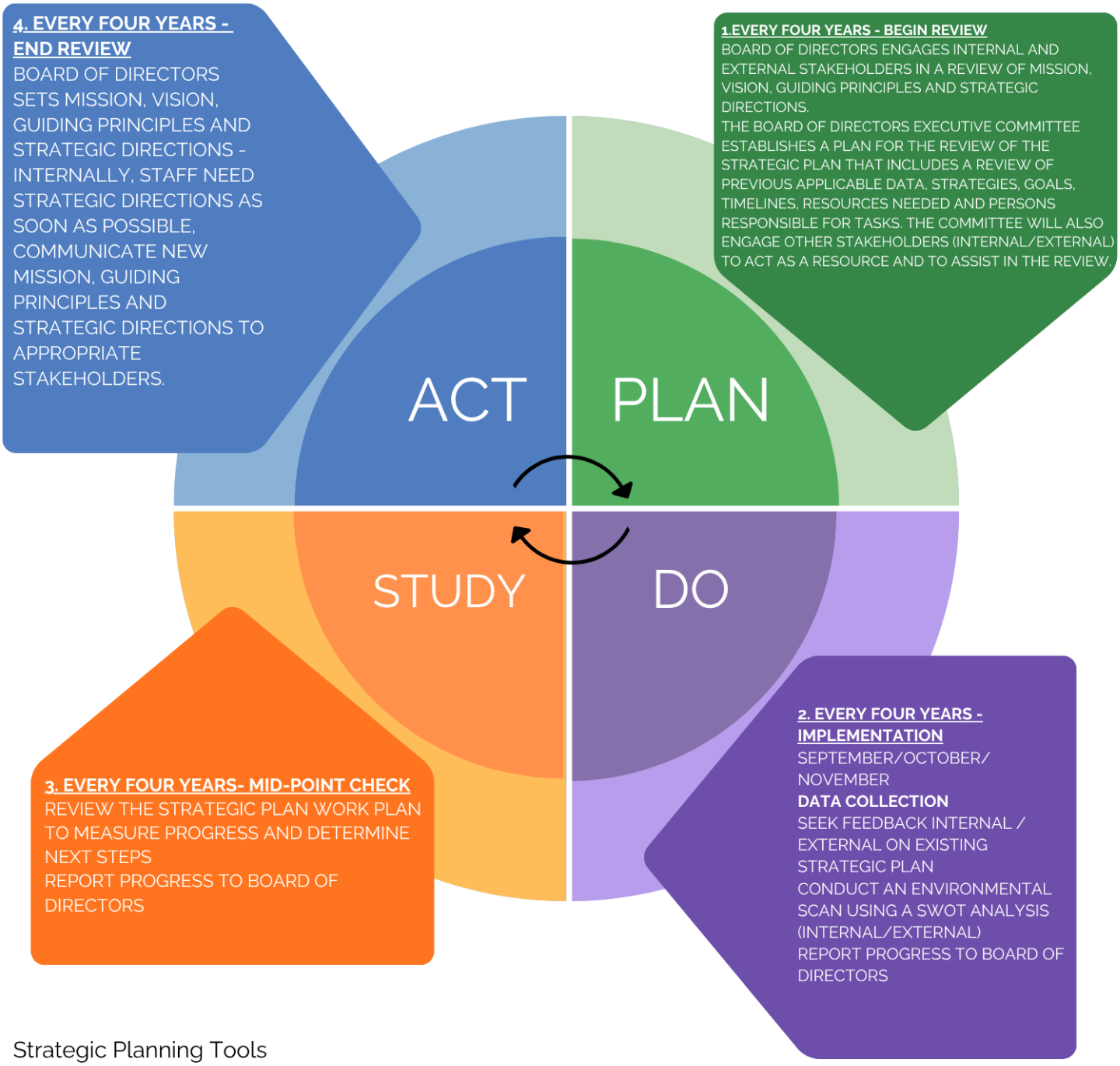
- ✓ Where are we now? (Strengths, Weaknesses)
- ✓ What do we want to achieve in three-to-five years from now? (Visioning)
- ✓ What factors in the external and internal environment might support us? (Environment Scan)
- ✓ What do we need to avoid or overcome? (Threats)
- ✓ What can we capitalize on to advance our cause? (Opportunities)
- ✓ How will we get there? What are our overall goals or strategic directions?
- ✓ How will we know we have arrived? What will be our success measures?

## The Process

Every four years St. Mary's Home undertakes a new Strategic Planning process. Currently the St. Mary's Home Board of Directors conducts a review of the Mission, Vision, Guiding Principles and determines the new Strategic Directions for the organization. The Board strives to engage the entire community in the process while increasing the overall capacity of the organization to serve its participants and the wider community. Our guiding principles are meant to frame how staff and the Board will work with each other, with community partners and participants. They apply to the everyday work the organization will do and how we will go about implementing strategic directions. Ultimately, our strategic directions will help us to carry out our mission more effectively and achieve our longer-term vision.

Our strategic directions are broad goals that need to be translated by the Executive Director and staff into specific and measurable goals through the improvement planning process and the programs and services review and evaluation process. These two processes are what we deem to be our "operational" plan and the way we demonstrate how we will achieve the strategic directions for the organization. See next page for the St. Mary's Home Strategic Planning Cycle.

# St. Mary's Home Strategic Planning Cycle




Strategic Planning Tools

The following are tools that are included in the strategic planning process:

- SWOT Analysis
- Environment Scan
- Quality Improvement Work Plan Template

**Sample Only**

The following template is used at St. Mary's Home to conduct an environmental scan with the Board of Directors and staff. Often, this information is collected in a retreat-like collaborative setting with consensus being the goal. When funds permit, an outside consultant is retained to lead this planning and produce a final report.

**St. Mary's Home Strategic Plan Review Internal Environment Scan**

- This is a data collection to inform the strategic planning process
- The intent is to review the Mission, Vision and Guiding Principles of the Organization
- A summary of results will be shared with the Board of Directors

### Data Sources

In addition to the environmental scan and SWOT, the following are sources of data that help to make the process evidence-informed: (clear copies are included at the end of this handbook)

- ✓ Community/Staff/Volunteer/Participant Surveys/Feedback
- ✓ Focus Groups
- ✓ Community Statistical/Demographic Reports
- ✓ External Research
- ✓ Satisfaction Surveys

(SEE **PAGES 25 TO 38** - Strategic Planning Surveys and Programs/Services Effectiveness Surveys**)**

## Operational Planning

Once the Strategic Plan and Directions are set in collaboration with key stakeholders, the Executive Director, staff, Board members and community members are responsible for determining and describing the various goals, activities or initiatives that will be implemented in order to achieve our strategic directions in what we call the Multi-Year Operational Plan. This is seen in the **St. Mary's Home Strategic Plan – Sample** on the next page. How we will achieve strategic directions is called "operational planning". At St. Mary's Home we believe in continuous improvement and our operational plan also includes a set of Quality Improvement Work Plans and processes involving the Review and Evaluation of Programs and Services. This is demonstrated by the documents **"Realizing Our Vision"** (Operational Plan) and the **"Programs and Services Review and Evaluation Schedule"** both contained in this Handbook.

Operational planning takes place on an annual basis. The process is delegated to key individuals in the organization who will lead the planning process and who will collaborate and think through what it will take to achieve specific goals. It is important to note that services, in addition to those directly related to the participant, may include indirect services such as the implementation of new technology or the fine tuning of the organization's communications and fundraising strategy.

## Operational Planning and the Improvement Planning Process

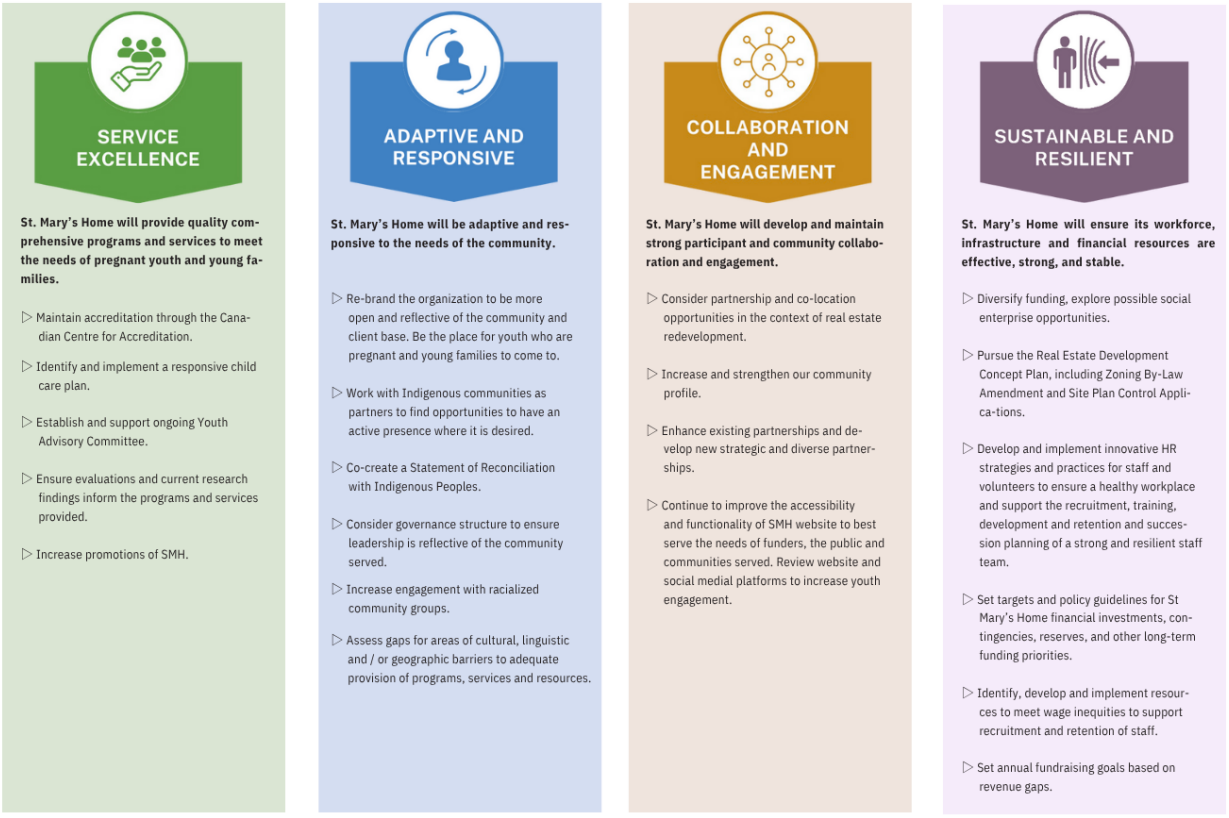
### The Quality Assurance Committee

Operational planning and the improvement planning process are one in the same at St. Mary's Home. The Quality Assurance Committee is responsible for and coordinates all efforts to achieve strategic directions for the organization by overseeing the improvement planning process and the programs and services review and evaluation. The Committee uses data to inform the planning process, establishes teams of individuals who will establish specific and measurable goals to achieve the directions over the four years that the strategic directions are in place. For details, see the Quality Assurance Committee and Teams description on the following pages.

The Quality Assurance Committee documents all evidence of progress in the operational/improvement planning process on the **Quality Assurance Committee Action Plan** and the Executive Director communicates this information to the Board of Directors twice a year.

## St. Mary's Home Strategic Plan – Sample

**Strategic Directions**: Set by Board of Directors in collaboration with key stakeholders, and based on results compiled from the inclusive planning process
**Multi-Year Operational Plan/Goals**: Executive Director and the Quality Assurance Team



## St. Mary's Home Quality Assurance Process – Quality Assurance Committee

| Members |
|---|
| **Operational Strategic Directions**: Executive Director, Director of Service Excellence and Strategic Partnerships, and a Board representative<br>**Programs and Services Strategic Directions**: Multi-Disciplinary Team consisting of: Director of Service Excellence and Strategic Partnerships, Program Manager, Manager of Support Services, and other representative staff.<br>**Responsibilities:**<br>• To provide direction and monitor the Quality Improvement Planning process including operational goals as set by the strategic directions;<br>• To provide direction and monitor the Programs and Services Review and Evaluation process;<br>• Meet four times a year, or as needed, to document all actions regarding improvement planning and program and services review on the Quality Assurance Committee Action Plan;<br>• To provide resources where possible to support the improvement planning process; and<br>• To communicate the results of improvement planning and programs and services reviews to the Board of Directors and appropriate stakeholders. |

| Plan - August/September |
|---|
| • Review all Quality Improvement Work Plans paying special attention to recommended next steps;<br>• Review quantitative and qualitative data collected;<br>• Review any current research results relevant to St. Mary's Home Programs and Services including any findings from external meetings (networks) such as Community of Practice and Infant Mental Health Network;<br>• Review the Program and Services Review and Evaluation Schedule and Revise;<br>• Determine which program and/or service needs to go to an Improvement Planning Work Plan for a "deeper dive";<br>• Determine which program and/or service can be reviewed on a short-term basis by staff and/or a department; and<br>• Establish improvement planning and/or program review and evaluation work teams. |

| Do - September to April | |
|---|---|
| **Quality Improvement Planning – Work Plans** | **Programs and Services Review and Evaluation** |
| • Monitor progress of Quality Improvement Teams;<br>• Provide support to Quality Improvement Teams when necessary; and<br>• Document all information on the Quality Assurance Action Plan. | • Monitor progress of review teams (staff/department);<br>• Provide support to review teams when necessary; and<br>• In collaboration with staff, make any required modifications to the Program and Services Review and Evaluation schedule. |

| Study - February/March | |
|---|---|
| **Quality Improvement Planning** | **Programs and Services Review and Evaluation** |
| • Receive progress reports from Quality Assurance Improvement Planning Teams;<br>• Review data that has been collected to date; and<br>• Support and/or provide direction when necessary. | • Receive progress reports from review teams (staff);<br>• Support and/or provide direction when necessary; and<br>• Review data collected on program effectiveness to date and direct any required changes. |

| Act - May/June | |
|---|---|
| **Quality Improvement Planning** | **Programs and Services Review and Evaluation** |
| • Receive results and recommendations from Quality Assurance Improvement Planning Teams as specified on their work plan templates;<br>• Collaborate with teams to make modifications to work plans as required;<br>• Collaborate with teams to determine next steps (continue study or change focus); and<br>• Summarize Achievements and communicate them to all stakeholders. | • Receive results and recommendations from Program Review and Evaluation staff/department as specified on the Program Review and Evaluation template;<br>• Collaborate with teams to make modifications to work plans as required; and<br>• Summarize achievements and communicate them to all stakeholders. |
| **Data Collection/Sources:**<br>• Conduct an internal cross organization survey: STOP, START, CONTINUE;<br>• Review Quality Assurance Action Plan and address any outstanding actions – determine next steps;<br>• Conduct Year End Participant Survey;<br>• Conduct a community survey where applicable; and<br>• Check sources of data for any feedback: employee performance appraisal, website, AODA feedback cards, volunteer feedback, etc. | |

## Quality Assurance Committee – Action Plan Template

| **Name of Team:** | | | | | **QA Committee Discussion** | | | **STATUS** |
|---|---|---|---|---|---|---|---|---|
| **Success** | **Evidence** | **Areas for Growth** | **Evidence of Growth** | **Recommendations** | **Action** | **Timeline** | **Person(s)** | |
| | | | | | | | | |
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| | | | | | | | | |

**Recommendations: Quality Assurance Team Refers Further Action To:**

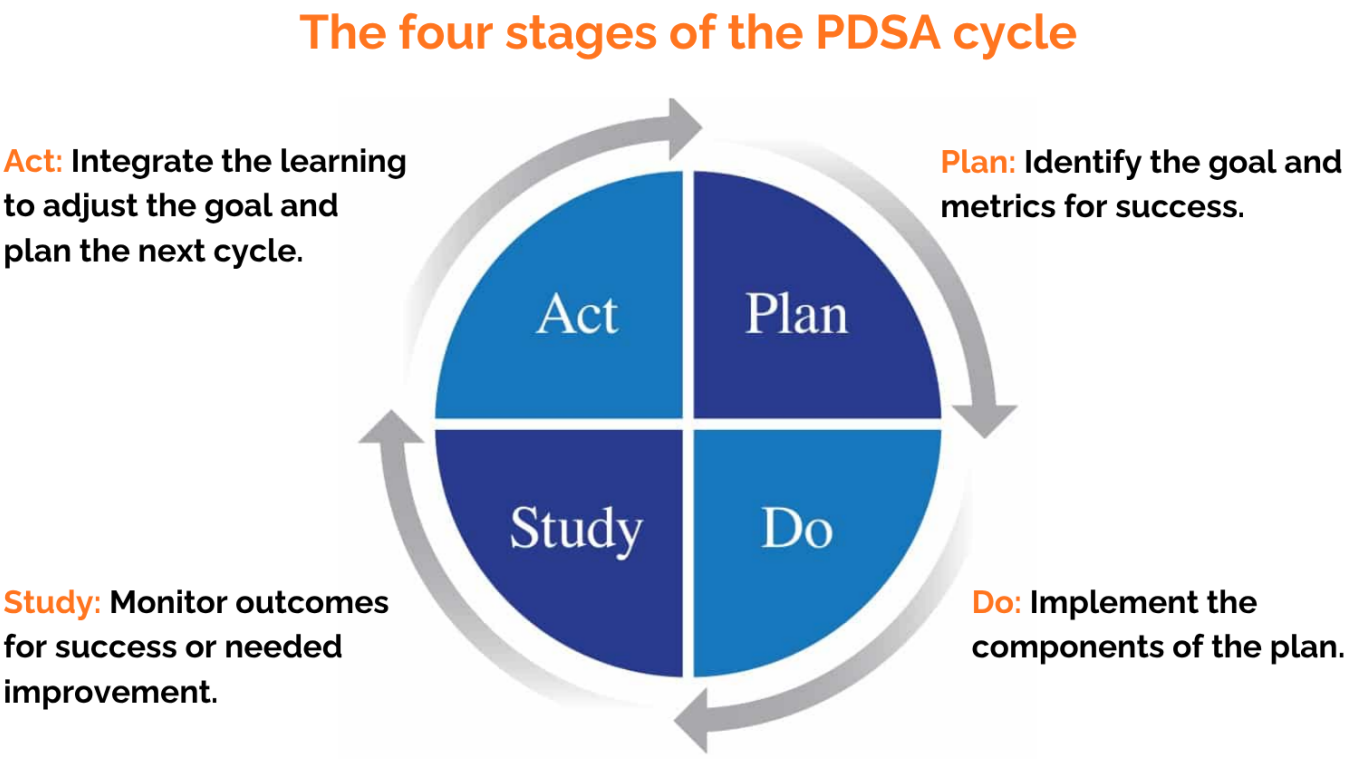
- Quality Improvement Planning Teams; and
- Appropriate Program and Services Staff.

## The Improvement Planning Process

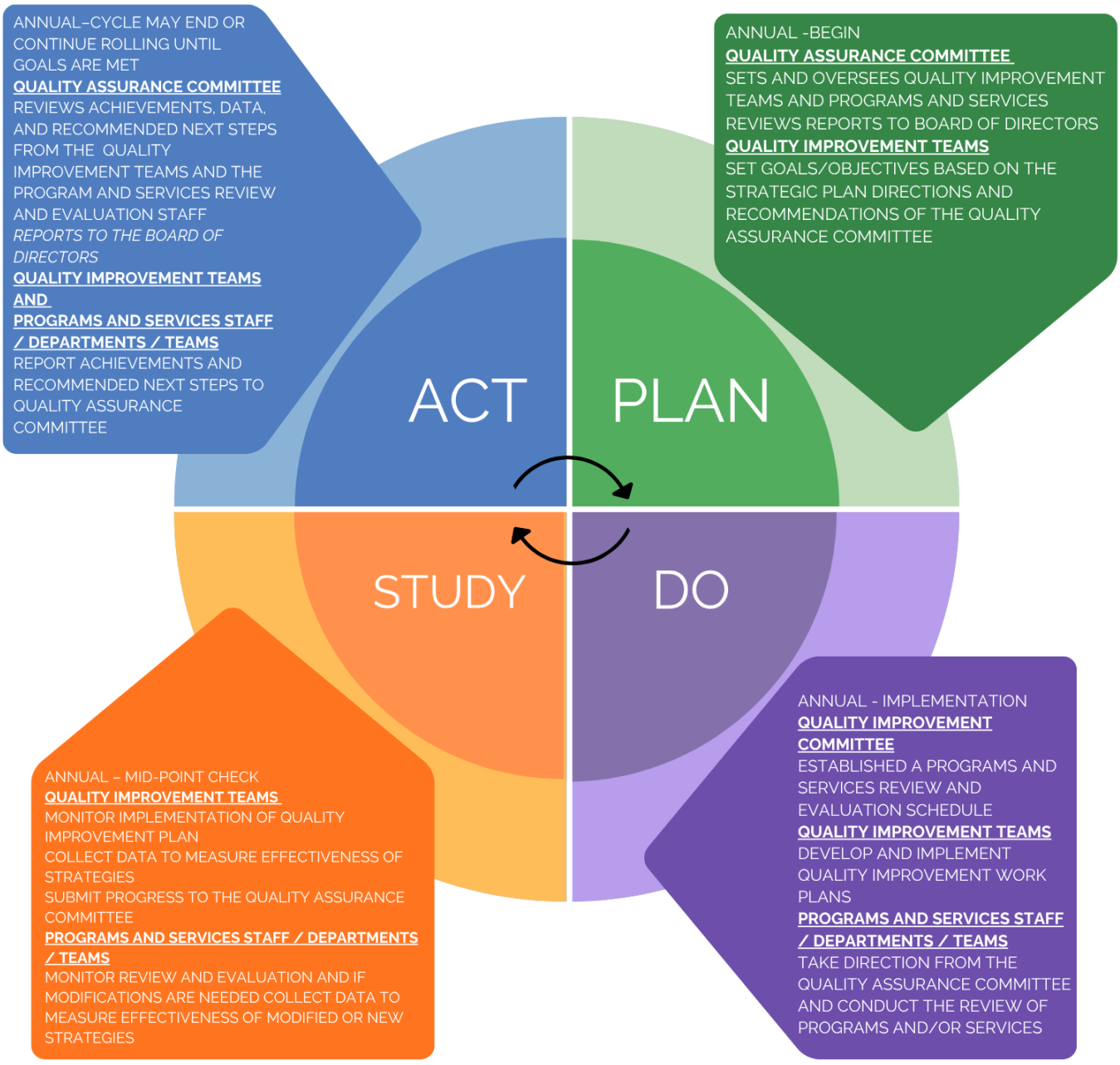
St. Mary's Home "*operationalizes*" the strategic directions by encouraging a culture of improvement. The organizational strategic directions may be specific to programs and services but may also require improvement in areas such as fundraising, communication, and finances. No matter what the strategic direction is, the following process is followed.

The improvement planning process at St. Mary's Home is based on Deming's "Plan, Do, Study, and Act" cycle **(see Figure 1)**. The cycle is meant to provoke an inquiry approach to goal setting and problem-solving. The cycle is organic and responsive. As goals are met, the cycle may end but if more time is required, the cycle continues – please note; timelines may be adjusted based on operational and service needs.

**Figure 1: Deming's PDSA Cycle**



# St. Mary's Home Strategic and Operational Planning Cycle Quality Improvement Planning and Programs and Services Review and Evaluation




Strategic Plan Review - Every 4 years
Operations Plan/ Improvement Planning - Annually

### Improvement Planning Teams and the Work Plan

Appropriate staff, Board members, and community resources are assigned to teams by the Quality Assurance Committee. They have the responsibility to achieve strategic directions by setting specific measurable goals and implementing strategies to achieve those goals. Teams who have the task of accomplishing long-term goals use the **Quality Assurance Improvement Work Plan** to guide their work. It includes identifying goals, strategies, evidence of success, timelines, resources required, and persons responsible. If teams are doing a short-term review and evaluation of a program and/or service, they are guided by the **Programs and Services Review and Evaluation Work Plan**. On the next few pages see the following:

- **St. Mary's Home Quality Assurance Process - Quality Improvement Team**
- **St. Mary's Home Quality Assurance Process - Programs and Services Review Staff/Department/Team**
- **St. Mary's Home Quality Assurance - Improvement Work Plan**
- **St. Mary's Home Programs and Services Evaluation Work Plan**
- **St. Mary's Home Board of Directors Work Plan Schedule**

### The Board of Directors Work Plan

St. Mary's Home Board of Directors has a Work Plan Calendar that shows the routine and other activities for the coming year. The Work Plan Calendar may include but not be limited to:

- ✓ Board Orientation Retreat;
- ✓ Compliance Monitoring;
- ✓ Financial Review and Reports;
- ✓ Strategic Planning;
- ✓ Risk Assessment Reports;
- ✓ Quality Assurance Reports; and
- ✓ Board Annual Reflection and Evaluation.

The Board, when directly involved in achieving a specific strategic direction, may add this to the Board Work Calendar. As an example, the Board of Directors Fundraising Committee may be developing a two-year fundraising strategy. They would use the **Quality Improvement Work Plan** to guide the process.

The **Quality Improvement Work Plan** ensures that there is a systematic study of the progress of the project. The Committee may need to bring information to the Board on a continuous basis and would, therefore, add it to the Board Work Plan Schedule.

## Sources of Data

St. Mary's Home believes that the best decisions are made when they are informed by both qualitative and quantitative data. Throughout the improvement planning process, data is collected to measure the impact of strategies that are implemented. Since it is important to ensure that the fidelity of programs and services is maintained, it is important that the process is monitored and that reflection is an integral part of the journey. Potential Sources of Data include but are not limited to:

- ✓ Risk Assessment and Mitigation Planning;
- ✓ External Research;
- ✓ Community/Staff/Participant/Volunteer Surveys;
- ✓ Participant Program Effectiveness and Satisfaction Surveys;
- ✓ Focus Groups;
- ✓ Financial Audits;
- ✓ Ministry of Children, Community and Social Services Risk Assessment Results;
- ✓ Internal Participant/Employee/Volunteer File Audits; and
- ✓ Canadian Centre for Accreditation Standards - Self-Assessment Result.

## St. Mary's Home Quality Assurance Process – Quality Improvement Team

**Members**: As designated by the Quality Assurance Committee

**Responsibilities:**

- To work to achieve a strategic direction by setting and achieving goals;
- Complete the Quality Improvement Work Plan Template to document the process;
- Adhere to the Quality Improvement cycle of Plan, Do, Study, Act;
- Engage appropriate stakeholders in the planning process;
- Collect and use data to inform decision-making; and
- Report progress and recommended next steps to the Quality Assurance Committee.

### Plan - August/September

Once the Quality Assurance Committee determines required work plans, the Quality Improvement Team will:

- Establish a team leader;
- The team leader will liaise with the Quality Assurance Committee;
- Review qualitative and quantitative data specific to strategic direction/goals set;
- Engage all required staff/resources in the planning process;
- Determine strategies and resources required to achieve goals;
- Set targets or evidence of success along with timelines and persons responsible; and
- Connect with the Quality Assurance Committee for any needed support.

### Do - September to April

Once the Quality Assurance Committee determines required work plans, the Quality Improvement Team will:

- Implement strategies to achieving goals;
- Monitor impact of strategies;
- Review Quality Improvement Work Plan and make revisions where necessary;
- Engage appropriate staff/team members (task assignments and follow-up);
- Keep all activities related to strategies (data tools and results, notes, special activities etc.) with the Quality Improvement Work Plan; and
- Submit the Quality Improvement Work Plan to the Quality Assurance Committee.

### Study - February/March

- Reflect on progress;
- Collect data on the impact of strategies toward goal achievement: what's work? not working?
- Make required adjustments to plan and record reflections and next steps on Quality improvement Work Plan template; and
- Submit the updated Quality Improvement Work Plan template to the Quality Assurance Committee.

### Act - May/June

- Reflect on progress/achievements.
- Collect any final data as a result of the study process; and
- Make required adjustments to plan and record reflections, next steps and recommendations on Quality improvement Planning Work Plan template and submit template to the Quality Assurance Committee.

## St. Mary's Home Quality Assurance Process – Programs and Services Review Staff/Department/Team

**Members**: As designated by the Quality Assurance Committee

**Responsibilities:**

- To conduct a short-term review and evaluation of a particular program and/or service;
- Complete the Programs and Services Review and Evaluation Template to document the process;
- Engage appropriate stakeholders in the review and evaluation process;
- Collect and use data to inform decision-making; and
- Report progress and recommended next steps to the Quality Assurance Committee.

| Plan - August/September |
|---|
| • Take direction from the Quality Assurance Committee once they have determined the Programs and Services Program Review and Evaluation Schedule. |

| Do/Study/Act - September to As Needed |
|---|
| • Establish a team leader if necessary;<br>• The team leader will liaise with the Quality Assurance Committee;<br>• Review qualitative and quantitative data specific to the program/service being reviewed and evaluated;<br>• Engage all required staff/resources in the review and evaluation process;<br>• Determine strategies and resources required to measure the effectiveness of the program and service and determine strategies for renewal and/or improvement;<br>• Connect with the Quality Assurance Committee for any needed support;<br>• Using the Program and Services Review and Evaluation Template to record the Strengths, Evidence of Success, Improvement, Evidence of Improvement Needed and Recommendations of the program and/or service and submit the template to the Quality Assurance Committee; and<br>• Based on recommendations, if innovations and/or strategies need to be implemented, the Quality Assurance Committee will advise on next steps. |

# Quality Assurance - Improvement Work Plan

| |
|---|
| Direction in Strategic Plan: |
| Quality Improvement Team Members: |
| Date: |

| |
|---|
| Overall Goal from Strategic Direction: |

**Plan (August - September)**

| **Objective Goals** | **Data/ Information** *(Where are we now?)* | **Targets/ Outcomes** *(Where would we like to be?)* | **Strategies** *(How will we get there?)* | **Indicators of Success** *(How will we measure our success rates?)* | **What resources will we need to achieve our goals?** | **Roles and Person(s) Responsible** *(Who will initiate, lead, and/or participate)* | **Monitor/ Timeline** *(When will we have to achieve this goal? When will we stop to monitor our progress?)* |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Do (September - May)**

| **Tasks/Activities/Strategies** *(What will we do to achieve our goals/ targets?)* | **Roles and Person(s) Responsible** *(Who will initiate, lead, and/or participate in this program/service review?)* |
|---|---|
| | |

**Study (Mid Assessment - February/March)**

| **Tasks/Activities/Strategies** | **Progress to Date/Effects** *(Data collection: are we getting the desired effects yet? What is our evidence so far?)* |
|---|---|
| | |

**Act (Final Evaluation - June/July)**

| **Indicators of Success** *(Have we reached our goals/targets/outcomes? What is our evidence?)* | **What shall we adopt, adapt, discard?** | **Recommended next steps** |
|---|---|---|
| | | |

***To be submitted to the Quality Assurance Committee: September/October, Feb/March and June.***

***Revised: October 2025***

**ST. MARY'S HOME**
**Quality Assurance – Programs and Services**
**Review and Evaluation Work Plan Template**
***Reference: Program and Services Review and Evaluation Schedule***

| | |
|---|---|
| Name of Program/Service: | |
| Goal: | |
| Date: | |
| Submitted by: | |

| |
|---|
| **SUCCESS:** |
| **EVIDENCE OF SUCCESS:** |
| **IMPROVEMENT NEEDED:** |
| **EVIDENCE THAT IMPROVEMENT IS NEEDED:** |
| **RECOMMENDATIONS:**<br>*(Innovations and new ideas, professional learning requirements, refer to the Quality Assurance Committee to determine if a deeper dive is required through the Quality Improvement Process)* |

*To be submitted to the Quality Assurance Committee: September/October, and when review and evaluation completed.*

*Created: July 2017*

## ST. MARY'S HOME
## Quality Assurance – Programs and Services
## Review and Evaluation Schedule

| NAME OF PROGRAM | YEAR OF REVIEW<br>WP - Quality Improvement Work Plan<br>R - Review | | | | DATE REVIEW COMPLETED | RECOMMENDATIONS |
|---|---|---|---|---|---|---|
| | 2022-23 | 2023-24 | 2024-25 | 2025-26 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **NAME OF SERVICE** | **YEAR OF REVIEW**<br>**WP - Quality Improvement Work Plan**<br>**R- Review** | | | | **DATE REVIEW COMPLETED** | **RECOMMENDATIONS** |
| | **2022-23** | **2023-24** | **2024-25** | **2025-26** | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

As part of our commitment to quality assurance, St. Mary's Home has a systematic approach to the review of programs and services. Various programs and services are reviewed and evaluated either through the Quality Improvement process and Quality Improvement Teams, and/or by staff as determined by the Quality Assurance Committee.

This is a schedule of when and how each program and service will be reviewed and evaluated.

Cross Reference:

- ***St. Mary's Home – Quality Assurance Handbook***
- St. Mary's Home Policy – Programs and Services Review and Evaluation

*Revised: October 2025*

# Board of Directors Work Plan Schedule – Template Sample

| | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER | JANUARY |
|---|---|---|---|---|---|---|
| MONTH | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT<br>DIRECTOR ONBOARDING | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT<br>POLICY APPROVALS |
| 4X | | FINANCIAL REPORT | | Q2 FINANCIAL REPORT | | |
| ANNUAL | PREPARE **ANNUAL REPORT** (INCL. STRATEGIC OPERATIONAL PLAN UPDATE INCLUDING ACHIEVEMENTS AS PER THE STRATEGIC DIRECTIONS – RETURN ON INVESTMENT | **AGM**<br>MEETING OF MEMBERS<br>• ANNUAL REPORT COMMUNICATED TO STAKEHOLDERS<br>• ANNUAL AUDITED FINANCIAL REPORT | ONBOARDING OF NEW MEMBERS | **RISK MANAGEMENT** | | |
| Q A CYCLE (PSDA) | | | **PLAN:**<br>REVIEW ALL AVAILABLE DATA INCLUDING QUALITY IMPROVEMENT PLANS AND PROGRAM/SERVICE EVALUATIONS | **DO:**<br>Q A TEAM REPORT – UPDATE ON DIRECTIONS FOR QUALITY IMPROVEMENT AND PROGRAM/SERVICE EVALUATIONS | | |
| | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY |
| MONTH | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT | AGENDA<br>MINUTES<br>COMMITTEE REPORTS<br>ED REPORT |
| 4X | Q3 FINANCIAL REPORT | | | | | Q4 FINANCIAL REPORT |
| ANNUAL | MCCSS SERVICE PLAN AGREEMENT REVIEW | | | | **BOARD EFFECTIVNESS** | REVIEW RESULTS OF THE BOARD OF DIRECTORS ANNUAL SELF REFLECTION AND DETERMINE NEXT STEPS<br>**MCCSS – PROVINCIAL FINAL REPORT** |
| Q A CYCLE (PSDA) | **STUDY:**<br>Q A TEAM MID-POINT CHECK REPORT: UPDATE ON DIRECTIONS FOR QUALITY IMPROVEMENT AND PROGRAMMING/SERVICE EVALUATIONS | | | | | **ACT:**<br>SUMMARY OF ACHIEVEMENTS STRATEGIC DIRECTIONS, IMPROVEMENT PLANS/PROGRAM AND SERVICE EVALUATIONS<br>RECS FROM Q A TEAM – NEXT STEPS |

**Legend: P=President, ED=Executive Director, T=Treasurer, S=Secretary, Q A- QUALITY ASSURANCE**

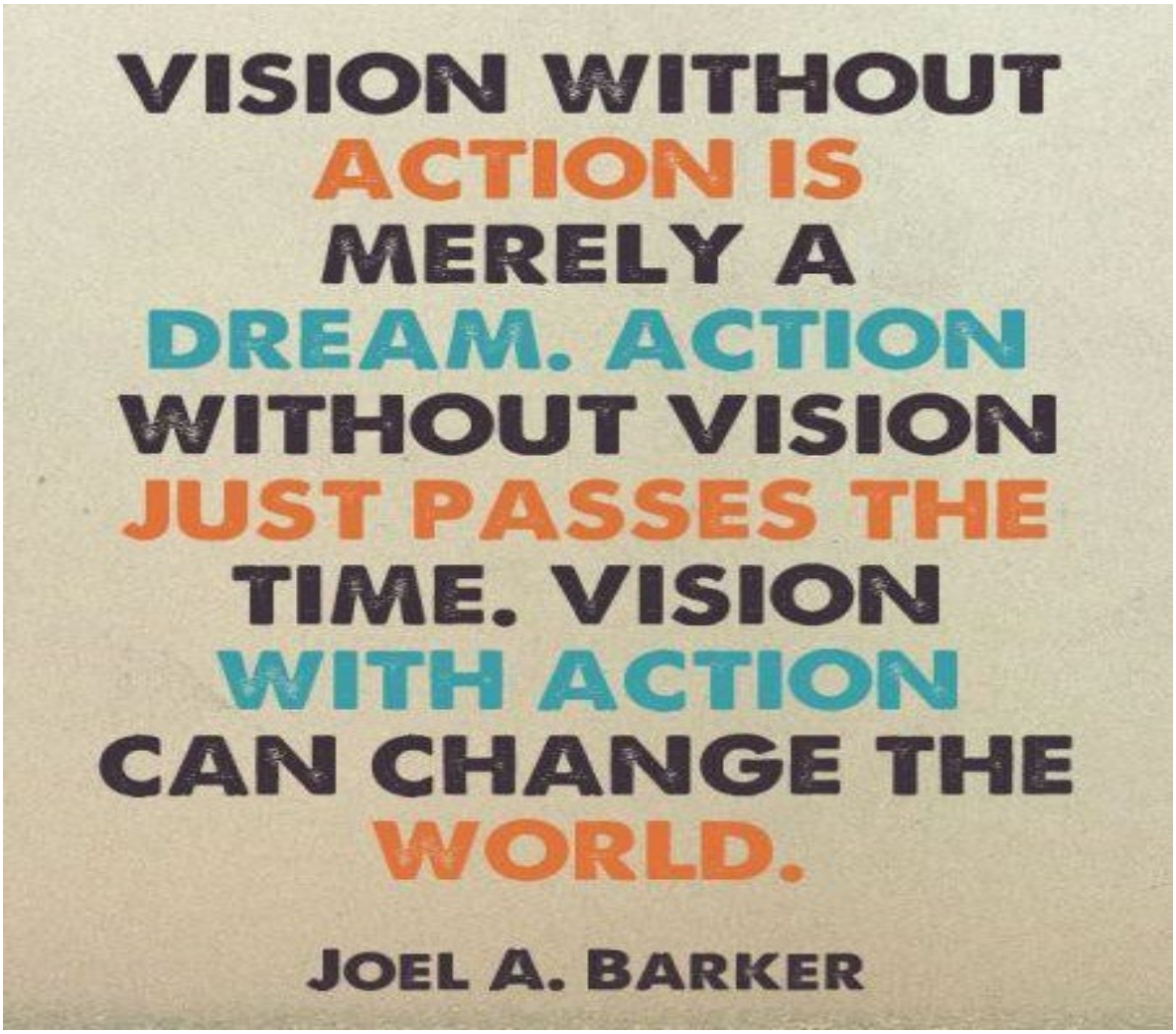
## "Closing the Loop" – Bringing it All Together

The Quality Assurance Committee translates and consolidates the information it receives in the fall and creates an at-a-glance document. The Document is called: **Realizing the Vision** and it is a one-page summary of the Mission, Vision, Strategic Directions, who is Working on each Strategic Direction and Specific Goals of Focus. This one-page document is presented to the Board of Directors once it is complete.

At the end of the annual planning process, the Quality Assurance Committee consolidates the achievements of each team and summarizes them on the **St. Mary's Home Progress Report Template.** This document is presented by the Executive Director to the Board of Directions in the Spring/Summer. It acts as a great way to demonstrate the achievements of the organization and communicate them out to various stakeholders, including potential funders who are interested in the" return on their investments"! As the PDSA cycle illustration suggests, the work is not over. The cycle of improvement is never ending, and as one journey ends, another begins.

The **St. Mary's Home - Realizing our Vision - Mission and Guiding Principles in Action - Template** and the **St. Mary's Home Progress Report - Template** are on the next two pages.

## *Dream* then *Do* then *Celebrate*!



# St. Mary's Home

**Realizing our Vision – Mission and Guiding Principles in Action - Template**

## Strategic Plan

Review Mission, Vision, Values/Principles and Strategic Directions every 4 years
Engage All Stakeholders in the Review Process

## Operational Plan – 2022-2026

The Strategic Directions in Action; Annual Quality Improvement Work Plans; Programs and Services Review and Evaluation, Goal Setting and Measurable Success

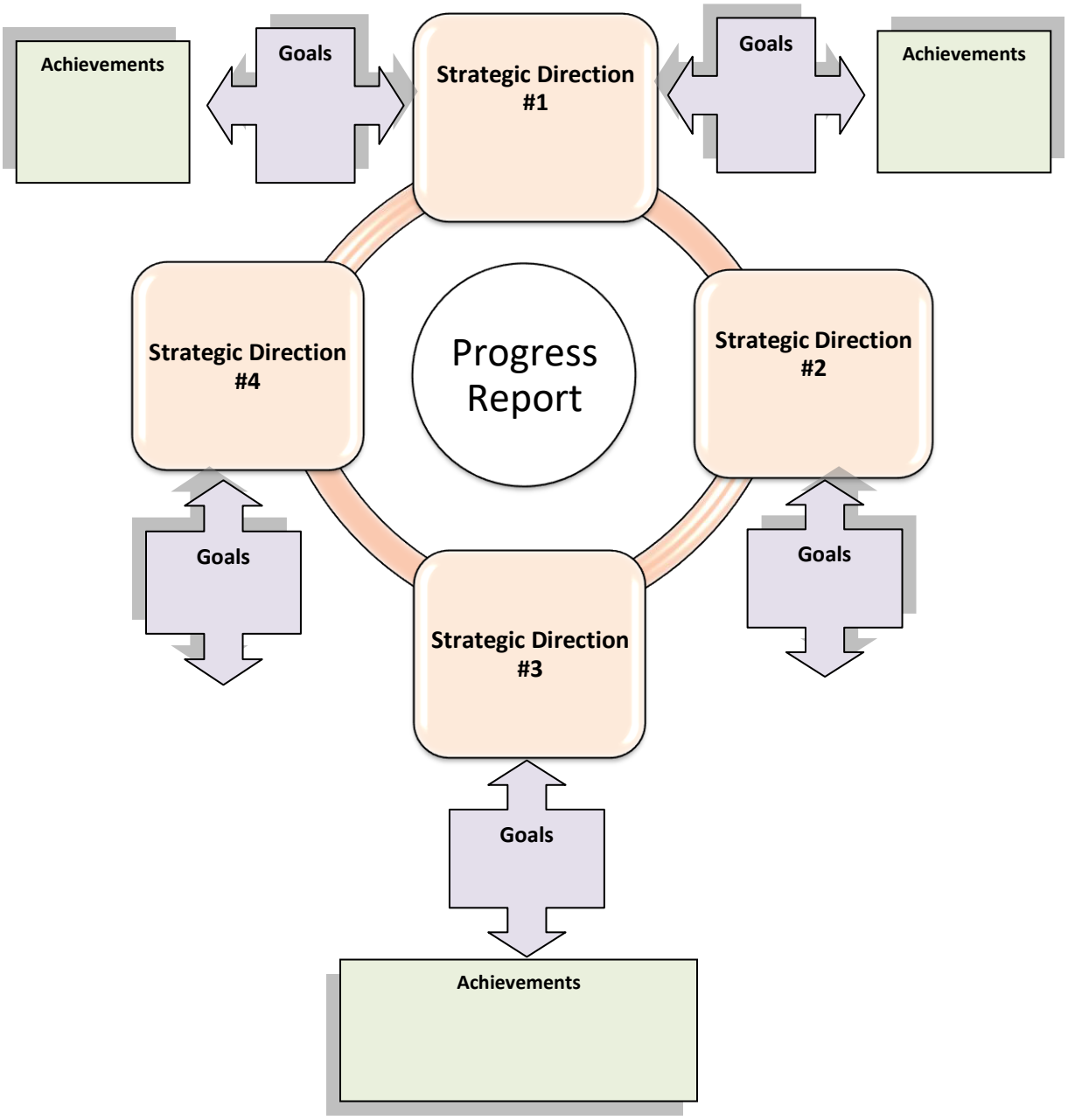
**Quality Improvement**

| Strategic Direction #1 | | Strategic Direction #2 | | Strategic Direction #3 | | Strategic Direction #4 | |
|---|---|---|---|---|---|---|---|
| Goal from Strategic Plan | Goal from Strategic Plan | Goal from Strategic Plan | Goal from Strategic Plan | Goal from Strategic Plan | Goal from Strategic Plan | Goal from Strategic Plan | Goal from Strategic Plan |
| Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: | Goals/ Objectives:<br>QI Team Members: |

Revised November 13, 2025

## St. Mary's Home Progress Report - Template
## Strategic Plan, Operational Goals, and Achievements

This chart appears on the back of our Strategic Plan and acts as an "At-a-Glance" summary of achievements identified in our multi-year operational plan.




**Multi-Year Operational Plan – Year:**_____

# ST. MARY'S HOME

# QUALITY ASSURANCE

STRATEGIC PLANNING SURVEYS
PROGRAMS/SERVICES EFFECTIVENESS SURVEYS

# Strategic Planning Survey – STAFF

**Staff were asked a total of 14 questions:**

1. What is SMH's greatest strength?

2. Among the characteristics listed below, which would you identify as being a strength of SMH? Choose any of these that apply and/or add your own.
   - A. Accessibility of facilities
   - B. Accessibility of programs (group)
   - C. Accessibility of services (one-to-one)
   - D. Executive governance
   - E. Staff competency
   - F. Allied services
   - G. Service delivery
   - H. Outreach services
   - I. Referral process among partner agencies onsite and in the community
   - J. Training opportunities
   - K. Communication (internal external)
   - L. Employee support (benefits. Development)
   - M. Organizational culture
   - N. Leadership
   - O. Relevant program content
   - P. "one-stop" multi-service centre
   - Q. Partnerships with other community agencies
   - R. Participant centered approach in programming
   - S. Participant engagement
   - T. Other (please specify)

3. On a scale of 0-10, how would you rate SMH's internal communication? Why? (1-Horrible 10- Great)

4. Do you feel supported by SMH? (i.e., In terms of employee benefits, opportunities for growth/development, tools and technologies available to employees and volunteers etc.)
   - A. Yes
   - B. Somewhat
   - C. No
   - D. Prefer not to say
   - E. Other (please specify)

5. On a scale of 1-10 how would you rate the programs at SMH? Why? (1-Horrible 10-Great)

6. Which areas of SMH require the most improvement? Please provide a rating for the following attributes of SMH from 0 (requires little to no improvement) to 5 (requires lots of improvement):
   - A. Service delivery (i.e. accessibility of services for participants, resources available to participants, referral process. Etc.)
   - B. Programming (i.e. content, relevancy, frequency, etc.)
   - C. Participant engagement (i.e. of services/programming, promotion, etc.)
   - D. Organizational culture (i.e. staff / volunteer support, training, recognition, etc.)

7. What can be done to improve SMH?

8. What are some of the barriers to the success of SMH? Choose any that apply and/or add your own.

A. Accessibility of facilities
B. Accessibility of programs (group)
C. Accessibility of services (one-to-one)
D. Executive governance
E. Staff competency
F. Allied services
G. Service delivery
H. Outreach services
I. Referral process among partner agencies onsite and in the community
J. Training opportunities
K. Communication (internal external)
L. Employee support (benefits. Development)
M. Organizational culture
N. Leadership
O. Relevant program content
P. “one-stop” multi-service centre
Q. Partnerships with other community agencies
R. Participant centered approach in programming
S. Participant engagement
T. Other (please specify)

9. Which areas should SMH prioritize?

A. Participant demographic changes
B. Community partnerships
C. Funding and fundraising opportunities
D. Expansion of services and resources
E. Availability of training resources
F. Other (please specify)

10. If you were the Executive Director of SMH what one action would you take to make this a better organization?

11. What external factors hinder the ability of SMH to be successful? Choose any/all that apply and/or add your own.

A. Community engagement
B. Community image of SMH
C. Funding/financial capacities
D. Stigmatization of service use
E. Employee wages
F. Employee turnover
G. Mandated age population
H. Other (please specify)

12. How can SMH minimize the impact of these factors?
13. How can SMH best utilize opportunities to improve its outcomes?
14. Please provide any additional comments you would like to share.

Done

# Strategic Planning Survey – PARTICIPANTS

**Participants were asked a total of 5 questions:**

1. Can you please share something about SMH that you enjoy/like?

2. Do you think SMH adds value to the lives of pregnant and parenting youth in our community, if yes, can you explain how?

3. Please choose what you like about SMH from any of these options and please add your own
   - A. Welcoming
   - B. Accessible
   - C. Inclusive
   - D. Diversity
   - E. Comfortable and Safe Environment
   - F. Connected to the community and other supports
   - G. Supportive staff
   - H. Residential/Shelter services
   - I. Life Skills and Educational Programs
   - J. Pre and post-natal programs and support
   - K. Parenting programs and support
   - L. Achievement Centre/Classroom
   - M. Clinics
   - N. Childcare
   - O. Baby and children's programs
   - P. Parenting, Support and Attachment Counselling, Case Management
   - Q. Foodbank and practical services
   - R. Special family events
   - S. Many supports and services in one building
   - T. Referrals
   - U. Social media
   - V. Giving participants/residents a voice
   - W. Referrals and community navigation
   - X. Other (please specify)

4. Is there anything that we can do to make SMH better?

5. What barriers do you face in accessing services from SMH?
   - A. Financial
   - B. Transport
   - C. Family difficulties
   - D. Location
   - E. Schedule
   - F. Culture
   - G. Legal matters
   - H. Age

Done

# Strategic Planning - Focus group Questions

**Board of Directors were asked a total of 7 questions:**

1. How do you think SMH functions within the community?
2. What successes has SMH experienced?
3. What challenges is SMH facing?
4. What changes would you recommend?
5. How do you see the Board of Directors influencing change?
6. What specific result/outcomes do you want to see?
7. How can we measure progress?

**Senior staff were asked a total of 7 questions:**

1. How do you think SMH functions within the community?
2. What successes has SMH experienced?
3. What challenges is SMH facing?
   - Inside the organization
   - External to the organization
4. How is the staffing model performing?
   - What's working?
   - What's not working?
   - What are the gaps?
5. How are the current programs doing?
   - What's working?
   - What's not working?
   - What are the gaps?
6. What changes would you recommend?
7. How can we measure progress?

# Strategic Planning - Key Partner Interviews

**Key Partners were asked a total of 6 questions:**

1. Please briefly describe your organization, your position and your relationship with SMH.
2. How is your organization surviving the current seismic organizational challenges in your sector and how does St Mary's Home factor into that equation?
   a. Strengths
   b. Weaknesses/ Improvement areas
   c. Opportunities
   d. Threats/Gaps
3. What mechanism is used for key partners like yourselves to communicate/collaborate with SMH?
4. Considering your relationship with St Mary's Home, what's working? What's not working? What new services, programs and interventions are needed?
5. What do you think the priorities of SMH should be considering teen pregnancy and related funding has decreased?
6. How can SMH better collaborate with your organization to strengthen your relationships and optimize opportunities to support and build the capacities of young single parents through programs and services?

# Satisfactory Survey

Thank you for participating in this survey! This survey is designed to gather feedback on the programs you've attended. Your responses will help us improve these programs and better support your parenting journey. Please respond based on your experience with each program you participated in. Your feedback is valuable and will be kept confidential.
Merci d'avoir participé à ce sondage ! Ce questionnaire a pour but de recueillir vos impressions sur les programmes auxquels vous avez participé. Vos réponses nous aideront à améliorer ces programmes et à mieux vous accompagner dans votre parcours parental. Veuillez répondre en fonction de votre expérience pour chaque programme suivi. Vos commentaires sont précieux et resteront confidentiels.

* Required

1. Which programs have you attended?
   Quels programmes avez-vous suivis ? *

- [ ] Baby & Me - Bébé et Moi
- [ ] Baby Bumps & Birth - La grossesse et l'accouchement
- [ ] Buns in the Oven - Ça mijote
- [ ] Community Kitchen - Cuisine Communautaire
- [ ] Creative Drop-In - Rendez-vous Créatif
- [ ] Dads' Drop In - Rendez-vous des Papas
- [ ] Lifeskills - Compétences de Vie
- [ ] Little Milk Miracles - Petits Miracles de Lait
- [ ] TLC - Toddler Learning Club - Club d'Apprentissage des Tout-Petits
- [ ] Moms in Motion - Maman en Mouvement
- [ ] Wiggles and Giggles - Remuer et Rire
- [ ] Other

2. How much new knowledge did you gain from this program?
Combien de nouvelles connaissances avez-vous acquises grâce à ce programme ? *

| | Little or Some - Un peu | A lot - Beaucoup | Not sure - Pas sûr | I didn't attend this program - Je n'ai pas assisté |
|---|---|---|---|---|
| Baby & Me - Bébé et Moi | ◯ | ◯ | ◯ | ◯ |
| Baby Bumps & Birth - La grossesse et l'accouchement | ◯ | ◯ | ◯ | ◯ |
| Community Kitchen - Cuisine Communautaire | ◯ | ◯ | ◯ | ◯ |
| Creative drop-in - Rendez-vous Créatif | ◯ | ◯ | ◯ | ◯ |
| Dads' Drop-In - Rendez-vous des Papas | ◯ | ◯ | ◯ | ◯ |
| Lifeskills - Compétences de Vie | ◯ | ◯ | ◯ | ◯ |
| Little Milk Miracles - Petits Miracles de Lait | ◯ | ◯ | ◯ | ◯ |
| Super Dads Super Kids - Super Papas, Super Enfants | ◯ | ◯ | ◯ | ◯ |
| TLC-Toddler Learning Club - Club d'Apprentissage des Tout-Petits | ◯ | ◯ | ◯ | ◯ |
| Buns in the Oven - Ça mijote | ◯ | ◯ | ◯ | ◯ |
| Moms in Motion - Maman en Mouvement | ◯ | ◯ | ◯ | ◯ |

3. Did this program help you feel more confident in your parenting or caregiving role?
Ce programme vous a-t-il aidé à vous sentir plus confiant(e) dans votre rôle de parent ou de personne aidante ? *

| | Yes - Oui | No - Non | Not sure - Pas sûr | I didn't attend this program - Je n'ai pas assisté |
|---|---|---|---|---|
| Baby & Me - Bébé et Moi | ◯ | ◯ | ◯ | ◯ |
| Baby Bumps & Birth - La grossesse et l'accouchement | ◯ | ◯ | ◯ | ◯ |
| Community Kitchen - Cuisine Communautaire | ◯ | ◯ | ◯ | ◯ |
| Creative drop-in - Rendez-vous Créatif | ◯ | ◯ | ◯ | ◯ |
| Dads' Drop-In - Rendez-vous des Papas | ◯ | ◯ | ◯ | ◯ |
| Lifeskills - Compétences de Vie | ◯ | ◯ | ◯ | ◯ |
| Little Milk Miracles - Petits Miracles de Lait | ◯ | ◯ | ◯ | ◯ |
| Nobody is Perfect - Y'a Personne de Parfait | ◯ | ◯ | ◯ | ◯ |
| TLC-Toddler Learning Club - Club d'Apprentissage des Tout-Petits | ◯ | ◯ | ◯ | ◯ |
| Buns in the Oven - Ça mijote | ◯ | ◯ | ◯ | ◯ |
| Moms in Motion - Maman en Mouvement | ◯ | ◯ | ◯ | ◯ |

4. Were you satisfied with the quality of content in this program?
Etiez-vous Satisfait (e) concernant la qualité du contenu de ce programme ? *

| | Yes - Oui | No - Non | Somewhat dissatisfied - Plutôt insatisfait(e) | I didn't attend this program - Je n'ai pas assisté |
|---|---|---|---|---|
| Baby & Me - Bébé et Moi | ◯ | ◯ | ◯ | ◯ |
| Baby Bumps & Birth - La grossesse et l'accouchement | ◯ | ◯ | ◯ | ◯ |
| Community Kitchen - Cuisine Communautaire | ◯ | ◯ | ◯ | ◯ |
| Connect and Thrive - Connecter et Prospérer | ◯ | ◯ | ◯ | ◯ |
| Creative drop-in - Rendez-vous Créatif | ◯ | ◯ | ◯ | ◯ |
| Dads' Drop-In - Rendez-vous des Papas | ◯ | ◯ | ◯ | ◯ |
| Lifeskills - Compétences de Vie | ◯ | ◯ | ◯ | ◯ |
| Little Milk Miracles - Petits Miracles de Lait | ◯ | ◯ | ◯ | ◯ |
| Make the Connection - Créer les liens | ◯ | ◯ | ◯ | ◯ |
| TLC-Toddler Learning Club - Club d'Apprentissage des Tout-Petits | ◯ | ◯ | ◯ | ◯ |
| The Lounge - Le Salon | ◯ | ◯ | ◯ | ◯ |
| Buns in the Oven - Ça mijote | ◯ | ◯ | ◯ | ◯ |
| Moms in Motion - Maman en Mouvement | ◯ | ◯ | ◯ | ◯ |

5. What improvements would you suggest for this program?
   Quelles améliorations suggéreriez-vous pour ce programme ?

6. Comments - Commentaires

# UpStart Parent Survey – Early Childhood

Today's date: _____

Name of Program: _____

# of sessions / classes attended: _____

Thank you for taking the time to fill out this survey. Your answers are important to us. They will help us make our program better.

## 1. Parenting Knowledge and Skills:

On a scale of 1 to 7, where 1 is strongly disagree and 7 is strongly agree, please rate the following statements about parenting knowledge and skills. Circle the number that best describes your experience. Rate each statement twice – first thinking about how you are **TODAY**, and then how you were **BEFORE** you started the program. If the topic wasn't covered, fill in the circle under "not covered".

| | | Today | | | | | | | | Before this program | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Strongly Disagree | | | | | | Strongly Agree | Strongly Disagree | | | | | | Strongly Agree |
| **a.** | **I am aware of how children change as they learn and grow.** | Not covered ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **b.** | **I do things with and for my child to help them learn.** | Not covered ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **c.** | **I make time to play or talk with my child.** | Not covered ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **d.** | **I know how to help my baby explore and learn.** | Not covered ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **e.** | **I know why it is important to read to my child every day.** | Not covered ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| **f.** | **I know how my relationship with my child impacts their development.** | Not covered ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

## 2. Your Experience as a Parent:

On a scale of 1 to 7, where 1 is strongly disagree and 7 is strongly agree, please rate the following statements about your experiences as a parent. Circle the number that best describes your experience. Rate each statement twice – first thinking about how you are **TODAY**, and then how you were **BEFORE** you started the program.

| | | | **Today** | | | | | | | | **Before this Program** | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Strongly Disagree | | | | | | Strongly Agree | | Strongly Disagree | | | | | | Strongly Agree |
| a. | I have confidence in my parenting skills. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| b. | I feel positive in my role as a parent. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| c. | I know who to contact in the community when I need help. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| d. | I know where I can get answers to my parenting questions. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| e. | I have someone to talk to when I need support. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| f. | I am able to manage stress. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| g. | I know ways to meet my family's needs with the money and resources that I have. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| h. | My emotional health is good (that is, I do not feel anxious, depressed or irritated). | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| i. | I know how to speak up for what my family and children need. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| j. | I feel supported by my partner in my parenting (if you parent alone, please check "does not apply"). | Does not apply ○ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| k. | In our family, we take the time to listen to each other. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

## Your Experience in This Program:

For the next statements, please think back on your time in this program. Fill in the circle that best describes your experience.

| | Strongly Disagree | Disagree | Neither Disagree or Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| a. I was welcomed and respected in this program. | ○ | ○ | ○ | ○ | ○ |
| b. I was listened to in this program and my concerns were understood. | ○ | ○ | ○ | ○ | ○ |
| c. I was asked what I thought about the program. | ○ | ○ | ○ | ○ | ○ |
| d. My thoughts about the program were taken seriously. | ○ | ○ | ○ | ○ | ○ |
| e. I was encouraged to think about how the information applied to my family. | ○ | ○ | ○ | ○ | ○ |
| f. I received information in this program that was useful to my family. | ○ | ○ | ○ | ○ | ○ |
| g. I would recommend this program to a friend or relative. | ○ | ○ | ○ | ○ | ○ |

Please share:

| | | |
|---|---|---|
| **3** things I learned from this program: | **2** things I have done differently because of this program: | **1** thing I still have a question about: |

What changes would you suggest, to make this program better?

_____

_____

_____

_____

**If you have any other comments or questions, please write them on the back of this page.**

**About You and Your Family:**
Please tell us a bit about you and your family. It helps us know how to plan our program for the parents to meet everyone's needs.

1. Is this the first parenting program you have taken? ○ Yes ○ No
   If No, what other programs have you taken? _____

2. Why did you sign up for this parenting program?
   I wanted more information about child development. ○ Yes ○ No
   I wanted to meet other parents. ○ Yes ○ No
   I wanted to be a better parent. ○ Yes ○ No
   I am having a problem with my child. ○ Yes ○ No
   I was told I had to take a parenting class. ○ Yes ○ No
   Other (please explain):
   _____

3. How old are you?
   ○ under 18 years ○ 18 -29 years ○ 30 to 39 years ○ 40 to 49 years ○ 50 years or over

4. Your gender? ○ Female ○ Male

5. What is your marital status?
   ○ single ○ common law ○ divorced/separated ○ married ○ widowed

6. Number of adults in your household?_____Number of children living with you? _____
   Please tell us the age and gender of each of your children (if more than 7, write on back):

| Currently pregnant ○ | Child 1 Age____ M F | Child 2 Age____ M F | Child 3 Age____ M F | Child 4 Age____ M F | Child 5 Age____ M F | Child 6 Age____ M F | Child 7 Age____ M F |
|---|---|---|---|---|---|---|---|

7. What is your relationship with the children in your care?
   ○ Birth parent ○ Step-parent ○ Adoptive parent ○ Foster parent ○ Grandparent ○ Other relative
   ○ Other: _____

8. What is your highest level of education?
   ○ less than High School ○ High School Diploma ○ Certificate or Diploma after High School
   ○ College or University Degree

9. What is your total household income?
   ○ less than $20,000/year ○ $20,000 to $40,000/year ○ $40,000 to $80,000/year ○ More than $80,000/year

10. Were you born in Canada? ○ Yes ○ No

11. Are you an Aboriginal person, that is, First Nations, Metis or Inuit? ○ Yes ○ No

12. What is the language you speak most often at home?
    ○ English ○ French ○ Other (please specify): _____

13. If you were not born in Canada, where were you born? _____
    a. How long have you lived in Canada?
       ○ less than 1 year ○ 1 – 5 years ○ 6 – 10 years ○ more than 10 years

14. With which ethnic group do you identify?
    - ○ Aboriginal (Inuit, Métis, North American Indian)
    - ○ Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
    - ○ Black (e.g., African, Haitian, Jamaican, Somali)
    - ○ Chinese
    - ○ Filipino
    - ○ Japanese
    - ○ Korean
    - ○ Latin American
    - ○ South Asian (e.g., East Indian, Pakistani, Sri Lankan)
    - ○ South East Asian (e.g., Cambodian, Laotian, Vietnamese)
    - ○ White (Caucasian)
    - ○ Other: _____

15. How would you rate this survey? ○ Easy ○ Average ○ Hard

**Thank you very much for completing this survey.**

**We would also like to thank BC Parenting Vision Working Group and Wisconsin Children's Trust Fund for their collaborative support in the development of this survey.**