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Slide 1 – Kevin - Welcome

Good afternoon, everyone! My name is Kevin Lockwood and I am currently the manager of the compliance unit. I want to welcome you to today's webinar - which is the first of two sessions on Developmental Services Compliance for adults and hosted by the DS Compliance Team at the Ministry of Children, Community and Social Services.

Before we begin, I just wanted to make a few comments. You may find that our team operates differently from other compliance and licensing sectors – in a good way. First and foremost, we know how hard you are working right now just to keep the lights on, to do more with less while at the same time you're trying to keep people safe and have individuals in your care to be a part of their community and be as self-directed as much as possible. That takes a lot of energy and time. We get it. And we understand the pressures you are under. In fact, most of my inspectors come from the field and that's how our team knows so much about the work you do and understand your pressures. But I have to say that compliance is just as important as everything else that you do. It doesn't go away. It's there to protect people. And it is not our intent to make your lives difficult.

I think you will find that we prefer to take a helpful approach and not a punitive approach to compliance – because ultimately, we both have the same goals in mind. Our compliance framework is simple, open and transparent. There are no secrets or a "gotcha" approach that we take - we just want the people in your care, to be safe – just like you do. We have many compliance supports to help you understand the regulations – in plain language and not government speak – I mean even sometimes I feel like I need to be a lawyer to understand some things. We don't want you wasting your time reading legislation or 'just trying to figure out what is expected'. We prefer that you action these things instead, so we created supports to help you get on with it. Holly, today's facilitator, will be talking more about this today.

Some of you may not know this, but the Ministry and the DS sector already collaborate on compliance. We have developed a QAM Reference Group – which is a subgroup of the Provincial Network – that is made up of 8-10 EDs from across the province, my team and our policy branch. It's been in existence for about 10 years already. We come together quarterly to discuss compliance

related topics in an effort to understand each other better, to identify trends and issues, and we determine the best approaches to communicate things and we co-design solutions, tools and approaches. And it works very well. Why? Because we are all collaborating and we all have the same goal of keeping people safe.

I am sharing this with you now, because when the QAM Reference Group gets together again in December, we plan on discussing how we can develop a partnership to further support your agency and yourself as the QAM manager or lead, in compliance. For example, we know that many agencies already have great templates, processes and procedures that can be shared to maybe strengthen your agency or give you a different perspective on things. Or maybe we need sessions like this, or a community of practice, or something to bring compliance people together? You, as the Compliance or QAM lead shouldn't have to do all this alone. Why reinvent the wheel? If I were in your shoes, I would want to be able to connect with others like me, doing compliance. Plus, our team can provide you with the stats, trends and patterns that we are seeing so you can be mindful of common concerns and hopefully mitigate them before they become an issue in your agency. We can have an open dialogue with each other. There is so much more we can do together with the intent to provide you with the supports you need to do your job well. But more on this in 2025 as we will be discussing this with the QAM Reference Group members! Let's get on with the show.

One last thing – these sessions really are for you – and there is no judgement. Please take the opportunity to ask any questions while you have us here and for the Q&A session coming up in early December. If you are camera shy, then you will also have other means to connect with us that Holly will explain a little later to you. I have taken up enough time, but I just wanted to introduce myself and hope this will be an informative session for everybody. Now I will turn it over to Holly....

Slide 2 – Purpose and Objectives

Thank you Kevin. My name is Holly Sabara and I'm the Team Lead for the Quality Assurance and Compliance Team. The purpose of today is to provide you with the basics about compliance and inspections. This is a completely transparent process and we want to support the sector in becoming and remaining in compliance.

There will be time at the end of the sessions to ask any questions that you may have about the process or anything you need clarification about.

The second session is scheduled for next month. This session will be completely open for agencies to ask any specific questions about inspection and compliance. We will provide you with the opportunity to submit your questions ahead of time as we are sure some of you will have similar questions. During today's session, given that there will be so many people on the call, we have muted the chat function, however we have enabled the Q&A function for you to ask questions. We will attempt to respond to your questions in a timely manner.

By the end today's session, our goal is for you to increase your knowledge about

- adult developmental services (DS) legislative and regulatory requirements
- quality assurance measures (QAM)
- the ministry's compliance framework
- what happens before, during and after a compliance inspection
- how to come into compliance after an inspection
- what resources and supports are available to assist you in meeting compliance all year round.

Slide 3 - Legislative Framework

Transfer payment recipients (both service agencies and Developmental Services Ontario offices) receive provincial funding under the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act (or SIPDDA).

As most of us know, the purpose of SIPDDA is:

- To **protect** the health and safety of individuals receiving ministry funded services and support and
- To **promote** social inclusion, individual choice, independence and rights of adults with a developmental disability

Regulation 299/10 Quality Assurance Measures otherwise known as 'QAM', outlines specific requirements that service agencies must meet when providing services and supports to Ontarians with a disability,18 years of age or older.

And finally, further ministry direction and mandatory requirements are also outlined in a number of policy directives, made under SIPDDA.

These include guidance regarding:

1. the complaints/feedback process
2. Supporting people with challenging behaviour, and requirements for

3. Posting a letter of compliance or letter of non-compliance

There are also policy directives and operational guidelines for service agencies regarding the Host Family or LifeShare Program.

Slide 4

Remember, where your agency subcontracts with a third-party provider (better known as OPRs- Outside Paid Resources) to provide services and supports to individuals with a developmental disability, it is the responsibility of your agency to:

- have a contract in place that sets out the QAM requirements for the OPR, and
- have a process to monitor the OPR to ensure compliance with the contract requirements for following QAM.

Slide 5. Why?

So, why have we suggested service agencies from across the province log onto a ministry information session, to refresh your knowledge about SIPDDA and QAM? Well, unfortunately our inspection stats are beginning to tell us that compliance trends are moving in the wrong direction. We should all want to get ahead of this and do what we can to keep people safe. Let me explain a little bit:

During the 2023/24 inspections, the Ministry's Compliance unit inspected 216 agencies providing services and supports to adults with a developmental disability.

We inspected 8 programs in total, including:

- Supportive Group Living and
- Intensive Support Residences,
- Host Family,
- Supported Independent Living,
- Community Participation,
- Respite,
- Employment supports, and
- Adult Protective Services
- DSO

During those inspections, this is what we found:

- In 2023/24, 33.2% of agencies were found to be compliant at the time of inspection (and therefore had 0 non-compliances)
- The average number of non-compliances identified per agency was 3.21. This number includes the agencies that had zero non-compliances.
- And approximately 20% of all agencies were cited as having recurring non-compliances for the same indicator in back-to-back inspections.

Now, comparing these numbers to what we are seeing so far in the 2024/25 fiscal year of inspections:

- Only 22.6% of agencies were noted as having 0 non-compliances at the time of inspection. This is more than a 10% drop from last year.
- And the average number of non-compliances identified per agency has gone up to 3.76.
- As well, we are still seeing 23% of all agencies still being cited with recurring non-compliances.

In general, our Program Advisors are seeing higher numbers of non-compliances from previous years.

Slide 6 - Top Non-Compliances

So, now let's explore where we are finding compliance issues. I'm going to put a poll up on the screen and I'd like people to select what they think is the correct answer.

First question – What was the top cited non-compliance in 2023/24?

The correct answer is d – Individual Records, Individual Support Plan, Safeguards.

In fact, in 50% of all agencies with non-compliances were cited for ISP Safeguards

Slide 7

Before I begin describing the compliance framework, there is something important I want to raise. The requirement for all safeguards and safety instructions needs to be explicitly outlined in the ISP for each individual supported. This documentation could literally mean the difference between life or death.

It is critical for agencies to document, in detail, any and all safeguards for individuals with conditions such as:

- Life-threatening allergies;

- Medical conditions that require monitoring from staff, such as seizures and diabetes;
- Pica or Prader-Willi syndrome;
- Difficulty swallowing or eating food;
- Elopement or tendencies for challenging behaviour while in public;
- Or the use of medical devices and supports on a daily basis,

This documentation is critical to ensure support staff have full knowledge of and are trained on issues that may result in harm to the individual without proper training or oversight.

Did you know that since March 2024 there have been at least 4 choking deaths in ministry-funded residences? These are the things that we watch out for and we will discuss further with you during the second information session. But today's session is to understand the basics of compliance first.

Hopefully today's information session will provide you with a refresher of the requirements for service agencies who support adults with a developmental disability, the inspection and compliance process, and strategies you can employ to help your agency maintain compliance all year long.

Slide 8 - DS compliance framework

The Developmental Services Compliance Framework is bound by the principles of being a modern regulator in the province of Ontario. This means that Program Advisors, or inspectors, take a compliance-focused, consistent approach to inspection, focusing on greatest risk.

To support this model, our Program Advisors aim to first and foremost enhance compliance through Compliance Promotion.

  - This is the communication, education and promotion of the regulatory requirements to the sector. This is where our Program Advisors put their greatest efforts into promoting sector compliance at all times, not just during an inspection.
- Compliance promotion and supports include:
  - Information, resources and support for service agencies to clearly understand their legislative requirements and provide the evidence required to meet regulatory expectations.
  - As a suggestion, service agencies are also encouraged to support one another in compliance promotion, sharing templates, forms and

resources that may help for you to be compliant. Many agencies already have things in place – you may just need to make a phone call to someone in another agency to understand their processes and documentation.

- Compliance Assurance is the use of in-person inspections, paper reviews and monitoring to confirm compliance.
    - SIPDDA gives the ministry the authority to inspect agencies receiving ministry funding to ensure compliance with regulatory requirements and policy directives
        - Service agencies may be inspected more frequently based on risk, as demonstrated through their previous inspection outcomes. The ministry considers the following factors to determine the frequency of compliance inspections:
        - Number of non-compliance(s) in previous inspection or risk ratings of non-compliances
        - Length of time that the organization takes to come into compliance
        - Previous enforcement activity
        - Recurring non-compliances, year over year

- We are hoping that the information sessions will help you avoid being seen more often by our team.
- And finally, SIPDDA sets out the mechanisms used to **enforce** these requirements when agencies are found to be in non-compliance and exceed prescribed timelines issued by the ministry to come into compliance.
- The ministry uses a **progressive enforcement** approach, whereby compliance is achieved through gradually more consequential measures.
- This may include:
    - The ED and Board Chair having higher level discussions with Ministry representatives such as the Program Supervisor, the Compliance Unit and Director,
    - The issuing of compliance orders when compliance is within your control,
    - and in extreme situations, where agencies do not meet the terms of a compliance order, agencies will not receive any additional funding above and beyond your base funding levels or the ministry may terminate their funding arrangements made under SIPDDA. Further punitive actions against your agency could also occur, but we have never needed to go this far, thankfully.

Slide 9

Compliance inspections are the mechanism used by the ministry to verify that DS funded service agencies are following all legislation, regulations and policy directives that apply.

Here is a high-level overview of the compliance inspection process, but don't worry, we will cover all the steps in a bit more detail.

Step 1

The process always starts with an email notification sent to the agency's Executive Director, by the Program Advisor, at least two weeks prior to the inspection.

- The notification email contains 3 attachments
  - The notification letter which outlines the entrance meeting details
  - The 2 other attachments include resources to prepare for inspection, including:
    - a tip sheet which will provide the agencies with links to website (www.onboardkhub.ca)
    - and a blank compliance inspection report, which lists all the indicators for all programs
- Remember, the Program Advisor is often coordinating with other Program Advisors to schedule inspections, often weeks in advance, so unless there are significant extenuating circumstances, the Compliance Team will generally not postpone an inspection due to vacations, meetings, etc.

- During this 2 week period leading up to the inspection, this is a good time to compile a comprehensive list your agency's SGLR/ISR sites and programs. This includes providing the Program Advisor with current addresses for all sites, the number of individuals residing at each site and the number of individuals with BSPs and/or intrusive interventions. This list should also include the number of people supported in community participation, host family (life share), supported independent living, employment supports, respite and adult protective services programs. This should be provided IN ADVANCE OF the entrance meeting. It is also helpful to start the process of access for program advisors to any agency databases that are utilized.

- Remember, it is the agency's responsibility to keep the TPON database up to date with this information at all times. As the QAM lead, you should always have the most recent site information along with the programs and services at each

site. This may require you to connect with someone in your agency that is responsible for entering this information into TPON.

Step 2

- Next step is the entrance meeting where the Program Advisor, or PA for short, will initiate the compliance inspection process. Here the PA will:
    - review and share the scope of the inspection
    - clarify contacts and protocols within the agency,
    - Share with the agency the identified SGLR/ISR and community participation sites and other funded programs that will be inspected this year;
    - Outline post-inspection non-compliance follow-up activities, and timelines for corrective action
    - recap the last inspection results
    - tentatively schedule the exit meeting
    - This is also the place where you can have any questions your agency may have, addressed by the PA

Step 3

- The compliance inspection itself is the next step
- This is where the Program Advisors assess compliance against QAM and the policy directives made under SIPDDA .
        - Inspection is most often a physical visit to each supported group living residences (or SGLR) site selected for inspection,
        - intensive support residences (or ISR),
        - & community participation (or CP)
    - And a review of records & documents
        - This includes an assessment of whether the agency is following their own policies and procedures, Individual Support Plans and other individual records such as Behaviour support plans, swallowing assessments and PRN protocols
        - and finally a paper review is done of board records, as well as, staff and volunteer records.
        - Paper file reviews are conducted for the following programs:
            - host family (or LifeShare)
            - supported independent living (or SIL)

- ❖ caregiver respite (site inspection is required only if the respite location supports individuals who require the use of secure isolation or mechanical restraints while at the respite program)
- ❖ adult protective services (APS)
- ❖ and employment supports (ES)

Slide 10

During an inspection, Program Advisors are assessing compliance against each risk-ranked indicator that corresponds to a part of the regulation or policy directive.

- Each indicator is assigned a **risk rating,** based on potential impact and likelihood to the health & safety of the individuals supported

During an inspection, Program Advisors spend a huge amount of time with agencies providing guidance and advising on how best to demonstrate compliance with QAM. Our Program Advisors are extremely thorough (looking in closets, and crawl spaces, turning on appliances and sorting through medications on hand) to assure the health and safety of the individuals being supported by your agency. Our Program Advisors are not “hunting” for non-compliances, in fact the reason they are often asking so many questions during an inspection is in order to find evidence that your agency is compliant with QAM requirements.

- These risk ratings directly correlate with the amount of time granted to the agency to correct the identified non-compliance.
- Immediate rated indicators must be corrected within 24 hours
- High, moderate and low rated indicators must be corrected within 10 business days from the exit meeting
- It is always encouraged that agencies come into compliance a soon as possible, so a letter of compliance may be issued for posting.

Slide 11

During an inspection you will be kept abreast of the non-compliances or potential non-compliances that PAs have observed to date. PAs will communicate with you throughout the process, providing you with valuable information that will help support you to come into compliance. We recommend that you address any non-compliances as soon as you can.

PAs will cite a non-compliance where there is insufficient evidence to demonstrate compliance with the QAM requirement.

Sometimes, immediate risk-ranked non-compliances are observed (there are only 5 of these). When this happens, the PA will send an email notification to you, your Program Supervisor and your Executive Director, letting them know what has been observed and what needs to be done within the next 24 hours to rectify the situation. Often PAs will ask for photographic evidence or other documentation (completed work orders/invoices) of the completed physical work required at the site to correct the non-compliance. It is important to note that a PA cannot close out an inspection if there are outstanding Immediate non-compliances.

Slide 12 - Step 4

Once all immediate non-compliances are compliant, PAs will schedule an exit meeting, which may be in person and/or virtually using Microsoft Teams or zoom

- Generally speaking, the results of the inspection should not come as a surprise to you or your agency at this point. Many conversations will have been had and you will likely have already started correcting the identified non-compliances during the inspection.
- In the exit meeting, PA will
    - share with you the inspection results, including the positive actions you are taking as an agency to support the individuals in your care.
    - PAs will highlight any best practices observed during the inspection,
    - review areas of noncompliance
    - explain each non-compliance,
        - expected timelines for corrective action
        - and post inspection requirements
        - As well, PAs will make recommendations to the agency which may help avoid any potential future non-compliances
- **after the exit meeting** the PA will send a copy of the Compliance Inspection Summary Report to the agency, via email.
- The agency will need to sign the Compliance inspection summary report, to confirm their agreement with the results and return to the PA within 3 business days
- if there is a disagreement with the inspection findings, agencies can always contact the DS Compliance@ontario.ca email account where the ministry can objectively review the circumstances of the issue.

Slide 13 - Step 5

- Usually within a few hours of the exit meeting, the PA will also send the:
    - letter of Compliance, if there were no non-compliances observed during the inspection
    - OR, if there were observed non-compliances during the inspection the Program advisor will send the agency the compliance summary report and the Compliance Action Template (CAT),
- The compliance inspection summary report and the CAT
    - summarize all the sites and programs inspected and
    - identify non-compliances, risk ratings, actions required for compliance and the date to be completed by
- The agency will be designated non-compliant until the ministry receives sufficient evidence of corrective actions for all non-compliances noted
- If your agency is unable to correct the non-compliances identified within the prescribed timeframe, the ministry may consider granting an extension to the agency only if the issue is out of your control. For example, a fire chief isn't able to approve your fire safety plan by the deadline.
- Failure to correct all non-compliances within given timelines may result in the ministry employing progressive enforcement measures.
- I should also mention here that as a best practice, if a non-compliance was identified in one home, as the QAM lead you may also want to check to ensure there isn't the same issue in all your other homes or files or wherever else the indicator is applicable. A check across the organization is recommended. If not, you run the risk of having the PA identify a recurring non-compliance, which automatically invokes a 3 month follow up validation. We will be talking about this in just a minute actually, but

I'm just going to take a moment to walk you through how to fill out the Corrective Action Template (or CAT). For each non-compliance observed the CAT lists:

- The regulatory reference or policy directive for which there was a non-compliance cited is outlined in column D
- Column E provides the risk rating of the indicator and whether it was a recurring non-compliance.
- Column F states the observed non-compliance. The CAT identifies the non-compliances for the agency and also includes the corresponding site where the non-compliance was observed. When filling out the CAT, it is important that the corrective actions taken are filled out at both the agency level and site level.

- Column G provides the compliance requirement, including the timelines for corrective action.
- The agency would then fill out Column H for all Immediate and high risk-rated non-compliances, identifying the action plan or steps the agency plans to take to address the non-compliance, including who is involved, what will be done, and the estimated completion date. This column needs to be completed within 24 hours and sent back to the PA for review.
- The agency would then have 10 business days to come into compliance. Column I should be filled out indicating the date that proof of compliance was demonstrated to the Program Advisor. As we are an evidence-based inspection program, PAs will want to see updated documentation, demonstration of staff training or missing documents in order to verify compliance. We recommend that you do not wait until day 10 to provide evidence of compliance actions as this may impact your compliance status if additional information or follow up is required. This can most efficiently be completed by sharing updated documents via a Teams video call or a shared folder with the PA. Remember, please do not email documents containing personal information.
- And finally, if an extension has been granted by the Program Advisor, the agency would complete column J, indicating the date that proof of compliance was demonstrated to the Program Advisor. Remember all requests for extensions must be sent to your Program Advisor in writing.
- Column K is only to be filled out where an attestation from the agency is required for recurring non-compliances, more about that shortly.

Slide 14 - Step 6

- The final step of the inspection process is when the PA issues your agency a Letter of Compliance after the ministry confirms all non-compliances have been corrected.
- A letter of non-compliance is only posted if any non-compliances remain beyond 10 business days after the exit meeting.
- The Agency is required to:
    - post the most recent ministry issued letter of Compliance **within three business days** at or near the main entrance of the head office
    - and provide information on your current compliance status and the results of the ministry compliance inspection, if requested by any person.

Slide 15 - Recurring Non-Compliances

I just want to take a short sidebar for a minute here and talk about Recurring Non-Compliances. This is likely something that you've heard your PAs talk about before, during and after your inspection. Where indicators are identified as non-compliant during back-to-back inspections – this is a recurring non-compliance. Ideally, these should not be happening when we have just inspected your agency and corrective actions were taken to come into compliance for that indicator. Program Advisors will review the previous year's inspection report and site comments to ensure that the recurring indicator was cited for the same issue. For example, a non-compliance would be considered recurring if there were medication errors found regarding the administration of a PRN medication for anxiety around appointments during two back-to-back inspections, even if these errors occurred at different sites.

I want to walk you through this slide so everyone is fluent in the required timelines for demonstrating compliance to the ministry with respect to recurring non-compliances.

- Immediate risk-based non compliances are cited when there is an immediate threat to the health & safety of a person supported. There are only 5 of these listed in our inspection checklist (bathing supervision, clean and safe residence and recreational area, blocked exits, and water temperature exceeding 49C). When an Immediate non-compliance is cited by your PA, they will follow up with written notification of this non-compliance via email, outlining timelines to come into compliance. Immediate non-compliances are to be corrected to the satisfaction of the ministry within 24 hours and prior to an exit meeting. PAs will often request photos or other types of documentation to demonstrate compliance.
- When high risk-rated non-compliances are cited, the agency is required to outline a plan or steps they will take to address the high non-compliance within 24 hours of receiving your letter of non-compliance, CAT and summary report. High non-compliances are to be corrected within 10 business days of the exit meeting. Again, the more quickly you come into compliance, the better. Our Program Advisors may be conducting other inspections and will need to review this information when time allows for it in their schedule.
- When Low to moderate risk-based non-compliances are cited during an inspection, the agency has 10 business days to correct the non-compliance, with a possible extension, if required.

However, when a non-compliance is recurring, the PA will inform you of the "enhanced or strengthened timelines" required for corrective actions.

- When any of the 5 Immediate risk-based non compliances cited by your PA are recurring, they are to be corrected to the satisfaction of the ministry within 24 hours and prior to an exit meeting. As well, **the agency is required** (not just a recommendation or best practice) to examine all other sites and programs to ensure the recurring non-compliance is not found anywhere else in the agency, and then provide a written attestation of compliance prior to the exit meeting.
- When high risk-based non-compliances are recurring, they are elevated to an Immediate risk ranking and the agency is required to address the immediate non-compliance within 24 hours and prior to the exit meeting. Again, the agency is required to examine all other sites and programs to ensure the recurring non-compliance is not found anywhere else in the agency, and then provide a written attestation of compliance within 10 business days of the exit meeting.
- When Low to moderate risk-based non-compliances are recurring, they are elevated to high risk rating and the agency is required to submit an action plan on how the non-compliance will be addressed within 24 hours after the exit meeting/receiving the CAT and correct the high risk non-compliance within 10 business days. Again, the agency is required to examine all other sites and programs to ensure the recurring non-compliance is not found anywhere else in the agency, and then provide a written attestation of compliance within 10 business days of the exit meeting.

The attestation can be noted in column K of the Corrective Action Template, confirming compliance across all operations and programs for that recurring indicator.

If the organization does not complete corrective measures or submit the written attestation (if applicable) within the prescribed timelines, the ministry will assess the situational circumstances preventing the implementation of corrective measures. Based on ministry's assessment, we

- may provide additional time or
- Depending on the severity of the non-compliance(s), the Program Advisor may immediately contact or involve the Program Supervisor and the agency's Executive Director.
- If non-compliance(s) are not resolved within designated timelines, the ministry's Director may decide to use enforcement measures, and start the compliance order process, to direct the agency to come into compliance within a specified time period.

All attestations for the correction of recurring non-compliances across the agency are validated within 3 months of the inspection. Your Program Advisor will contact you within further information about this validation process.

Thank you very much for this opportunity to share with you some insight into the inspection and compliance process for adult developmental services. Please feel free to add any questions you may have from today's talk into the Q&A function now.

Slide 16 - compliance supports

One last thing I wanted to highlight before we end today, there are a number of resources available to assist agencies in maintaining compliance all year round.

Our website:

- ONBoardKHub.ca
    - is where you can find the indicator list, and links to all legislative requirements and quality standards;
    - this is where you'll also find the QAMclear document, which highlights frequently asked questions and provides clarification on compliance requirements, their intent & helpful operational guidance, including evidence required for compliance
        - QAMClear does not include all indicators, and is only updated when trending issues are identified or when specific "grey areas" are identified
    - The website also contains an inspection tip sheet with helpful suggestions to achieve compliance in advance of an inspection
- And you are always welcome to email the compliance team at dscompliance@ontario.ca email address
    - This email address is great for general queries related to compliance with SIPDDA, QAM & policy directives or any issues that may arise during your compliance inspection
- The ministry recommends someone in your organization is accountable for compliance oversight, whether that be a compliance lead, supervisor or manager
    - We encourage you to consult with other agencies for advice, support and templates
- And finally ministry staff, such as your Program Advisor may be available to provide clarification of requirements, and communicate ministry compliance expectations
    - As well, your regional office Program Supervisor is always your first point of contact regarding your service contract and funding arrangements. Program Supervisors work with our Program Advisors to advise of any concerns that have been raised about your agency and provide suggestions regarding inspection scope

As Kevin mentioned at the top of the meeting, the DS Compliance team and sector representatives will be looking at any tools, resources, and documents that have already been created by the sector, that could help other agencies in meeting compliance.

Slide 17 – Thank you

Please use this QR code on the slide to complete a short survey regarding today's session. This will help us prepare for future sessions and we are interested in knowing any materials you have available to share!

And with that, I'm happy to answer any questions that you may have in regards to the compliance process and the information you just heard about today. And remember, we will address specific compliance questions during the Q&A session that will be held on December 4th. Please write any questions in the chat. If we are not able to respond right away, we will get back to you as soon as we can.

Thank you