**Agency Name - Inventories - Facilities**

| OFFICE FACILITIES | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Location of Office Site | Facility Type | Type of arrangement | Facility has space for group programs | # of workstations / offices in the space | # of staff working from this site | Computer work stations | Condition of Facility | Adequacy of space | Other resources in community | Equipment required at this site (itemize) Basic Needs |
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| OTHER TYPES OF FACILITIES | | | | | | |
|---|---|---|---|---|---|---|
| Location of Building/Structure | Type of Building / Structure | Type of arrangement | Facility has space for group programs | # of staff working from this site | Condition of Facility | Adequacy of space | Equipment required at this site (itemize) Basic needs |
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# Agency Name - Inventory - Transportation

| Agency Owned Vehicles | | | | | |
|---|---|---|---|---|---|
| *If yes, complete additional data* | | | | | |
| Type of vehicle/mode of transport | Year | Make | Model | Ownership | Location of vehicle |
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# Agency Name - Inventory - IT

**Summary**

| Location | # of Computers in Inventory | # added since | Total |
|---|---|---|---|
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| | | | 0 |
| **Total** | 0 | 0 | 0 |

# Inventory - Agency Programs and Resources

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **FN Comm and Service Sites** | | | | | | | | | | | | |
| # of Agency operated Resource Centers | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| # of Homemakers and respite workers on staff | | | | | | | | | | | | |
| # of Homemakers and respite workers available for contracts | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Child Abuse Committees** | | | | | | | | | | | | |
| Is there a child abuse committee functional at this service site | | | | | | | | | | | | |
| Does the agency provide training for the child abuse committee | | | | | | | | | | | | |
| Does the committee meet membership requirements | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| **Family Enhancement or Prevention Programs** | | | | | | | | | | | | |
| *(for each site, provide a listing of current programs)* | | | | | | | | | | | | |
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| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
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| **Other Agency Programs** | | | | | | | | | | | | |
| *(for each site, provide a listing of current programs)* | | | | | | | | | | | | |
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| **Key Community Partners** | | | | | | | | | | | | |
| *(for each site, provide a listing of key partners)* | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |

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| 29 | | | | | | | | | | | |
| 30 | | | | | | | | | | | |

# Agency Name - Inventory - Alternative Care Resources

| March 31/2010 data only | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Community / Service Site* | | | | | | | | | | | | |
| # of regular foster homes | | | | | | | | | | | | |
| # of bed spaces | | | | | | | | | | | | |
| # of spec/therap foster homes | | | | | | | | | | | | |
| # of bed spaces | | | | | | | | | | | | |
| # of places of safety | | | | | | | | | | | | |
| # of foster homes (any type) Aborig | | | | | | | | | | | | |
| # of places of safety Aborig | | | | | | | | | | | | |
| # of four bed units (agency own) | | | | | | | | | | | | |
| # of group homes (agency own) | | | | | | | | | | | | |
| # of shelters (agency own) | | | | | | | | | | | | |
| # of Other placement resources (list) | | | | | | | | | | | | |
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| # of Agency own bed spaces used by other agency | |
| # of Agency licensed homes with no agency placements - in use by other agency | |

# Agency Name - Inventory - Management and Admin

| | Status | Date of last revision / approval | | |
|---|---|---|---|---|
| | | Day | Month | Year |
| Finance Policy and Procedure Manual | | | | |
| HR Policy Manual | | | | |
| Business Continuity Plan | | | | |
| Program Policy and Procedures Manual(s) | | | | |
| 3-5 Year Strategic Plan | | | | |
| Annual Operational Plan | | | | |
| Organizational Chart | | | | |
| Electronic Files Policy | | | | |
| IT Security Policies | | | | |
| Annual Reports | | | | |
| Service Purchase Agreement | | | | |
| Funding Agreement with INAC | | | | |
| Service Agreements with Community Partners | | | | |
| Other (list) | | | | |
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# Agency Name - Inventory - Governance

**Agency Goverance Status**

| Board of Directors | | | Board Training in 09/10 | Type of Training | # of Board members who attended |
|---|---|---|---|---|---|
| # of Board positions | | | | | |
| # currently filled (as of Aug 31/2010 | | | | | |

| | Status | Date of last revision / approval | | | |
|---|---|---|---|---|---|
| | | Day | Month | Year | |
| By-Laws | | | | | |
| Board Policy Manual | | | | | |
| Executive Limitations Policy | | | | | |
| Board Self Evaluations | | | | | |
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**Local CFS Committees**

| Service Site | Active local CFS Committee | Agency provides regular formal training to CFS Committee | # of members on the Committee | Does the CFS Committee perform the role of the Abuse Committee | How are people put on the local CFS Committee (select one that fits best) | Committee has written terms of reference | Committee has written policy manual | All members have crim checks done | All members have child abuse checks | All members sign confidentiality agreements | There are written conflict of interest guidelines | Evaluations are completed from time to time on committee functioning | Role of the Committee in the community For each service site you can select five options to decribe the role of the committee | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | 1 | 2 | 3 | 4 | 5 |
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