CEO Report: June 2026

To: Board of Health
Date: June 25, 2026
From: Heather G Daly

Ministry Update

There are no new Ministry updates at this time regarding the Ontario Public Health Standards. We continue to monitor for further direction and will provide updates to the Board as new information becomes available.

For the 2026/27 respiratory illness season, health units may be required to manage COVID-19 and RSV immunization clinic activities within mandatory program budgets. At this time, we are not anticipating the same level of one-time funding that has been received in prior years; however, this remains subject to change pending further Ministry direction.

RCDHU is also awaiting Ministry feedback and approvals related to the 2026 Annual Service Plan submission. We anticipate receiving additional information within the next two to three weeks.

Annual Reporting

Two major 2025 reporting requirements were submitted to the Ministry by the May 29 deadline: the Annual Report and Attestation (ARA) and the Annual Reconciliation Report (ARR). While the report titles sound similar, each serves a different purpose in closing the 2025 reporting cycle.

2025 Annual Report and Attestation (ARA)

The ARA summarizes program and financial results and includes the Board of Health attestation requirements. The audited financial results were compared with the Q4 Standards Activity Report presented to the Board in February and were found to be materially consistent.

The only change identified was a $49,997 increase in Mandatory Program expenditures, resulting from information received after the January 30 Q4 reporting deadline. This reduced the overall year-end underspend from $207,640, or 2.1%, at Q4 to $157,643, or 1.6%, in the final Annual Report. The variance is comprised of $87,778 related to mandatory programs and $69,865 Senior's Dental program re-allocated to one time funding at the Ministry's request.

Summary of Financial Changes

Area	Q4 Report	Final Annual Report	Change / Finding
Mandatory Total – Actual Expenditures	$9,455,874	$9,505,871	+$49,997
Board of Health Total – Variance Under / (Over)	$207,640 under / 2.1%	$157,643 under / 1.6%	Underspend reduced by $49,997

The Summary of Expenditures by Funding Source is included as Appendix A, and the Board of Health Attestation is included as Appendix B. RCDHU is in compliance with all required Board of Health attestations.

2025 Annual Reconciliation Report (ARR)

The ARR is the audited Certificate of Settlement, Appendix C used to reconcile Ministry-approved funding, funding received, eligible expenditures, offset revenues, and any amounts due to or from the Province.

The 2025 ARR was audited by Scott Rosien Black & Locke Chartered Professional Accountants. The auditors issued a clean opinion, concluding that the ARR presents fairly, in all material respects, the results of Board of Health operations for the 2025 settlement year and complies with the Public Health Funding and Accountability Agreement and Ministry year-end settlement instructions.

For 2025, total Ministry-approved funding across base and one-time programs was $7,758,400, with $7,659,114 received from the Ministry. Eligible expenditures at the provincial share totalled $7,484,653. The final settlement results in $174,461 due back to the Province, primarily related to underspending in one-time COVID-19 Vaccine Program funding, partially offset by MOH/AMOH compensation funding receivable.

Base funding was fully utilized. Total base expenditures exceeded approved allocations before Ministry eligibility limits and offset revenues were applied. Offset revenues totalled $45,935, including $41,095 in Mandatory Program offset revenues and $4,840 related to the Ontario Seniors Dental Care Program.

alPHa Workplace Health and Wellness Month

Throughout May 2026, RCDHU participated in alPHa Workplace Health and Wellness Month, a province-wide initiative that promotes employee well-being through activities focused on physical, mental, and social wellness.

Staff were invited to take part in a variety of learning and engagement opportunities that encouraged connection, well-being, and healthy workplace practices. This initiative supports RCDHU's Strategic Plan commitment to fostering a healthy and effective workplace by promoting employee well-being, engagement, and a positive organizational culture.

Staff participation and informal feedback reflected strong interest and appreciation for the activities offered. A formal staff evaluation will be completed to gather feedback on this year's initiative and inform future workplace wellness planning and continuous improvement efforts.

Respectfully submitted,

Heather G Daly
Chief Executive Officer

Tracking Sheet/Plan for Deliverables: June 2026						
Category	**Reporting Item**	**Cadence**	**Key Dates**	**Completion Criteria**	**Evidence/Notes**	**Status**
Corporate Planning	Corporate Operational Plan with Risk Mitigation	Annual	February/March	Presented to Board and recorded in minutes	Staff presentation of Plan	complete
Risk Reporting	Risk Reports - activity updates (Q4)	Quarterly	February/March	Presented to Board and recorded in minutes	Q4 2025 presented;	complete
Risk Reporting	Risk Reports - activity updates (Q1)	Quarterly	June	Presented to Board and recorded in minutes	Presented June	
Risk Reporting	Risk Reports - activity updates (Q2)	Quarterly	Sept	Presented to Board and recorded in minutes		
Risk Reporting	Risk Reports - activity updates (Q3)	Quarterly	November	Presented to Board and recorded in minutes		
Audit	Audit planning + Board response letter	Annual	Spring Feb/March	Response letter approved and sent	Letter approved and sent	complete
Audit	Audited Financial Statements (2025)	Annual	Due May	Board approval + signatures	Board minutes May 2026	complete
Audit ARR	Audited Certificate of Settlement (ARA)	Annual	Due May	Settlement report audited;included in ARA report	Completed report June	
Audit	Healthy Babies Healthy Children (2025/26)	Annual	Due July	Completed by Auditor/Reported to Board	Reported in September	
Ministry Reporting	Q4 Ministry report	Quarterly	Due January	Submission confirmed;Reported to Board	Q4 Financial 2025 presented	complete
Ministry Reporting	Q1/Q2 Ministry report	Quarterly	Due July;	Submission confirmed;Reported to Board	Q2 Report presented in Sept	
Ministry Reporting	Q3 Ministry report	Quarterly	Due October;	Submission confirmed;Reported to Board	Q3 Report presented in Nov	
Ministry Reporting	Annual Report and Attestation (ARA)	Annual	May/June	Submission confirmed;Reported to Board	Presented June	
Ministry Reporting	Annual Reconciliation Report (ARR)	Annual	May/June	Submission confirmed;Reported to Board	Presented June	
Ministry Settlement	Year-end payment settlements (prior years	Annual	Variable	Settlement processed; Letter from Ministry	Ministry Letter received	2024 complete
Planning/Budget	Levy estimates	Annual	December	Presented to Board and recorded in minutes		
Planning/Budget	Annual Service Plan + Budget submission	Annual	Spring	Finance/Audit Committee; Board approved + submitted	Resources Committee report	2026 complete
Planning/Budget	ASP Approval./Accountability Agreement	Annual	variable	Agreement w Schedules from Ministry	Ministry documents received	
Annual Reporting	Annual Report: RCDHU	Annual	September	Board presentation + publication	CEO report/Website	
Tax Compliance	Tax Compliance Verification	Annual	April/May	TCV certificate obtained	CEO report/certificate	2026 complete
Strategic Plan	Five Year Strategic Plan	Every 5 years	Current Plan: 2021-2026	Presented to Board and recorded in minutes	Board Minutes 2021	2021 complete

Ministry of Health

2025 Annual Report and Attestation

(as of December 31, 2025)

To be completed by

Board of Health for the Renfrew County & District Health Unit

2025 Annual Report and Attestation

Summary of Expenditures by Funding Source

Funding Source	Budgeted Expenditures (at 100%)	Actual Expenditures (Up to December 31, 2025) (at 100%)	Variance Under / (Over)		Prov. Share	Actual Expenditures (at provincial share)	Approved Allocation	Variance Under / (Over)	
			$	(%)				$	%
A	B	C	D = B - C	E = D / B	F	G = C * F	H	I = H - G	J = I / H
Base Funding (January 1, 2025 to December 31, 2025)									
Mandatory Programs (Cost-Shared)	8,767,549	8,679,771	87,778	1.0%	73.15%	6,509,828	6,413,100	(96,728)	-1.5%
Ontario Seniors Dental Care Program (100%)	842,765	772,900	69,865	8.3%	100.00%	772,900	772,900	-	0.0%
Unorganized Territories / Indigenous Public Health Programs (100%)	53,200	53,200	-	0.0%	100.00%	53,200	53,200	-	0.0%
Base Funding Total	**9,663,514**	**9,505,871**	**157,643**	**1.6%**		**7,335,928**	**7,239,200**	**(96,728)**	**-1.3%**
2025-26 One-Time Funding (January 2025 to March 31, 2026)									
January 1, 2025 to December 31, 2025									
Ontario Seniors Dental Care Program: Extraordinary Costs (100%)	69,900	-	69,900	100.0%		-	69,900	69,900	100.0%
April 1, 2025 to March 31, 2026 (Actuals up to December 31, 2025)									
Mandatory Programs: Capital – Purpose-Built Immunization Product Refrigerator (100%)	19,200	13,722	5,478	28.5%		13,722	19,200	5,478	28.5%
Mandatory Programs: Public Health Inspector Practicum Program (100%)	10,000	10,000	-	0.0%		10,000	10,000	-	0.0%
COVID-19 Vaccine Program (100%)	262,800	-	262,800	100.0%		-	262,800	262,800	100.0%
Respiratory Syncytial Virus (RSV) Prevention Program (100%)	115,600	-	115,600	100.0%		-	115,600	115,600	100.0%
Subtotal (April 1, 2025 to March 31, 2026)	**407,600**	**23,722**	**383,878**	**94.2%**	**-**	**23,722**	**407,600**	**383,878**	**94.2%**
2025-26 One-Time Funding Total (January 1, 2025 to March 31, 2026)	**477,500**	**23,722**	**453,778**	**95.0%**	**-**	**23,722**	**477,500**	**453,778**	**95.0%**
Board of Health for the Renfrew County & District Health Unit Total	**10,141,014**	**9,529,593**	**611,421**	**6.0%**		**7,359,650**	**7,716,700**	**357,050**	**4.6%**

Board of Health for the Renfrew County & District Health Unit

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item (A)	Yes, No, N/A *If Yes, go to the next question in column A (no further details required) If No or N/A, go to column C* (B)	Validation/Explanation *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* (C)	Action Plan/Mitigation *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* (D)
1.0 Delivery of Programs and Services			
1.1 Did the board of health undertake population health assessments that included the identification of priority populations, social determinants of health and health inequities, and measure and report on them in accordance with the *Population Health Assessment and Surveillance Protocol, 2018* (or as current)?	Yes		
1.2 Did the board of health publicly disclose all required information including results of all inspections or any other required information in accordance with the Ontario Public Health Standards?	Yes		
1.3 Did the board of health prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from, emergencies with public health impacts, in accordance with ministry policy and guidelines?	Yes		
1.4 Did the board of health collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities, and report and disseminate the data and information in accordance with the Ontario Public Health Standards and the Population Health Assessment and Surveillance Protocol, 2018 (or as current)?	Yes		
1.5 Does the board of health have a strategic plan that establishes strategic priorities over 3 to 5 years? Did the plan include input from staff, clients, and community partners, and is a process in place to review the plan at least every other year?	Yes		
1.6 Did the board of health develop and implement a program of public health interventions in accordance with the Chronic Disease Prevention and Well-Being Program Standard, using a comprehensive health promotion approach as outlined in the *Chronic Disease Prevention Guideline, 2018* (or as current), that addressed chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the public health unit population?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
1.7 Did the board of health enforce the *Skin Cancer Prevention Act (Tanning Beds), 2013* in accordance with the *Tanning Beds Protocol, 2019* (or as current)?	Yes		
1.8 Did the board of health conduct routine inspections of all high and moderate risk fixed food premises as per the *Food Safety Protocol, 2019* (or as current)?	Yes		
1.9 Did the board of health develop and implement a program of public health interventions that promoted healthy built and natural environments in accordance with the Healthy Environments Program Standard?	Yes		
1.10 Did the board of health develop and implement a program of public health interventions in accordance with the Healthy Growth and Development Program Standard, using a comprehensive health promotion approach as outlined in the *Healthy Growth and Development Guideline, 2018* (or as current), that supported healthy growth and development in the public health unit population?	Yes		
1.11 Did the board of health complete inventory counts as specified in the *Vaccine Storage and Handling Protocol, 2018* (or as current)?	Yes		
1.12 Did the board of health conduct routine inspections of small drinking water systems and recreational water facilities as per the *Recreational Water Protocol, 2019* (or as current) and *Safe Drinking Water and Fluoride Monitoring Protocol, 2019* (or as current)?	Yes		
1.13 Did the board of health develop and implement a program of public health interventions in accordance with the School Health Program Standard, using a comprehensive health promotion approach as outlined in the *School Health Guideline, 2018* (or as current) to improve the health of school-aged children and youth?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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1.14 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the *Substance Use Prevention and Harm Reduction Guideline, 2018* (or as current) and the *Tobacco, Vapour and Smoke Guideline, 2018* (or as current), that addresses risk and protective factors to reduce the burden of substance use in the public health unit population?	Yes		
1.15 Did the board of health develop and implement a program of public health interventions using a comprehensive health promotion approach, as outlined in the *Injury Prevention Guideline, 2018* (or as current), that addressed risk and protective factors to reduce the burden of preventable injuries in the public health unit population?	Yes		
1.16 Did the board of health deliver programs and services in accordance with the Ontario Public Health Standards?	Yes		
1.17 Did the board of health comply with programs provided for in the *Health Protection and Promotion Act* ?	Yes		
2.0 Fiduciary Requirements			
2.1 Did the board of health comply with the terms and conditions of the Public Health Funding and Accountability Agreement?	Yes		
2.2 Did the board of health place the grant provided by the ministry in an interest bearing account at a Canadian financial institution and report interest earned to the ministry?	Yes		
2.3 Did the board of health report all revenues it collected for programs or services in accordance with the direction provided in writing by the ministry?	Yes		
2.4 Did the board of health report any part of the grant that was not used or accounted for in a manner requested by the ministry?	Yes		
2.5 Did the board of health repay ministry funding as requested by the ministry?	Yes		
2.6 Did the board of health ensure that expenditure forecasts were as accurate as possible?	Yes		

2025 Annual Report and Attestation

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2.7 Did the board of health keep a record of financial affairs, invoices, receipts and other documents, and prepare annual statements of their financial affairs?	Yes		
2.8 Did the board of health comply with the financial requirements of the *Health Protection and Promotion Act* (e.g., remuneration, informing municipalities of financial obligations, passing by-laws, etc.), and all other applicable legislation and regulations?	Yes		
2.9 Did the board of health use the grant only for the purposes of the *Health Protection and Promotion Act* and provide or ensure the provision of programs and services in accordance with the *Health Protection and Promotion Act* , Ontario Public Health Standards, and the Public Health Funding and Accountability Agreement?	Yes		
2.10 Did the board of health spend the grant only on admissible expenditures?	Yes		
2.11 Did the board of health comply with the *Municipal Act, 2001,* and ensure that the administration adopted policies with respect to its procurement of goods and services?	Yes		
2.12 Did the board of health conduct an open and competitive process to procure goods and services?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

Attestation Question/Item **(A)**	**Yes, No, N/A** *If Yes, go to the next question in column A (no further details required)* *If No or N/A, go to column C* **(B)**	**Validation/Explanation** *Provide a high level explanation as to why the attestation item was not fully met, including any impacts, or why this item is not applicable to the board of health* **(C)**	**Action Plan/Mitigation** *Describe what actions the board of health has undertaken or will undertake to fully meet the requirement, including timelines for meeting the requirement* **(D)**
2.13 Did the board of health ensure that the administration implemented appropriate financial management and oversight to ensure the following were in place? a) A plan for the management of physical and financial resources; b) A process for internal financial controls based on generally accepted accounting principles; c) A process to ensure that areas of variance were addressed and corrected; d) A procedure to ensure that the procurement policy was followed across all programs/services areas; e) A process to ensure the regular evaluation of the quality of service provided by contracted services in accordance with contract standards; and, f) A process to inform the board of health regarding resource allocation plans and decisions, both financial and workforce related, that are required to address shifts in need and capacity.	Yes		
2.14 Did the board of health have financial controls in place that met the specified attributes and objectives as per *Schedule D* of the Public Health Funding and Accountability Agreement?	Yes		
2.15 Did the board of health negotiate and have in place service level agreements for corporately provided services?	Yes		
2.16 Did the board of health have and maintain insurance?	Yes		
2.17 Did the board of health maintain an inventory of all tangible capital assets developed or acquired with a value exceeding $5,000 or a value determined locally that is appropriate under the circumstances?	Yes		
2.18.1 If the board of health disposed of an asset which exceeded $100,000 in value, did the board of health do so with the ministry's prior written confirmation?	N/A	We did not dispose of any capital assets in 2025 that exceeded $100,000 in value so our response is N/A	
2.19 Did the board of health ensure that the grant was not carried over from one year to the next, unless pre-authorized in writing from the ministry?	Yes		

2025 Annual Report and Attestation

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2.20 Did the board of health maintain a capital funding plan which included policies and procedures to ensure that funding for capital projects was appropriately managed and reported?	Yes		
2.21 Did the board of health comply with the Community Health Capital Programs policy?	N/A	We did not have any capital projects in 2025 that would qualify under this policy so our response is N/A	
2.22 Did the board of health negotiate and have in place service level agreements (or similar contracts/agreements) with partner organizations for the delivery of mandatory public health programs and services, and other ministry funded programs such as the Ontario Seniors Dental Care Program?	Yes		
3.0 Good Governance and Management Practices			
3.1 Did the board of health operate in a transparent and accountable manner, and provide accurate and complete information to the ministry?	Yes		
3.2 Did the board of health ensure that members were aware of their roles and responsibilities, and emerging issues and trends, by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members?	Yes		
3.3 Did the board of health carry out its obligations without a conflict of interest and disclose to the ministry an actual, potential, or perceived conflict of interest?	Yes		
3.4 Did the board of health comply with the governance requirements of the *Health Protection and Promotion Act* (e.g., number of members, election of chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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3.5 Did the board of health comply with medical officer of health appointment and reporting requirements of the *Health Protection and Promotion Act* , and the ministry's *Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation* ? This includes, but is not limited to, having or ensuring: a) The appointment and approval of a full-time Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit); b) The appointment of a physician as Acting Medical Officer of Health at a minimum of a 0.8 full-time equivalent (28 to 32 hours or 4 days per business week on-site at the public health unit) where there was no Medical Officer of Health or Associate Medical Officer of Health in place; c) The Medical Officer of Health reported directly to the board of health (solid line relationship) on matters of public health significance/importance; d) The Medical Officer of Health was part of the senior management team; e) Staff responsible for the delivery of public health programs and services reported directly to the Medical Officer of Health without any need to report to intermediaries (solid line relationship); and, f) Compliance with eligibility criteria under the Medical Officer of Health and Associate Medical Officer of Health Compensation Initiative.	Yes		
3.6 Did the board of health ensure that the administration established a human resources strategy which considered the competencies, composition and size of the workforce, as well as community composition, and included initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce?	Yes		
3.7 Did the board of health ensure that the administration established and implemented written human resource policies and procedures which were made available to staff, students, and volunteers?	Yes		
3.8 Did the board of health ensure all policies and procedures were regularly reviewed and revised, and included the date of the last review/revision?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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3.9 Did the board of health engage in community and multi-sectoral collaboration with health care and other relevant stakeholders (including Ontario Health, Ontario Health Teams and priority populations) in decreasing health inequities?	Yes		
3.10 Did the board of health engage in relationships with Indigenous communities in a way that was meaningful for them?	Yes		
3.11 Did the board of health provide population health information, including social determinants of health and health inequities, to the public, community partners and health care providers, including Ontario Health Teams, in accordance with the Foundational and Program Standards?	Yes		
3.12 Did the board of health develop and implement policies or by-laws regarding the functioning of the governing body, including: a) Use and establishment of sub-committees; b) Rules of order and frequency of meetings; c) Preparation of meeting agenda, materials, minutes, and other record keeping; d) Selection of officers; e) Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health were able to recommend the recruitment of members to the appointing body; f) Remuneration and allowable expenses for board members; g) Procurement of external advisors to the board such as lawyers and auditors (if applicable); h) Conflict of interest; i) Confidentiality; j) Medical officer of health and executive officers (where applicable) selection process, remuneration, and performance review; and, k) Delegation of the medical officer of health duties during short absences such as during a vacation/coverage plan.	Yes		
3.13 Did the board of health ensure that by-laws, policies and procedures were reviewed and revised as necessary, and are reviewed at least every two years?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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3.14 Did the board of health provide governance direction to the administration and ensure that the board of health remained informed about the activities of the organization regarding the following? a) Delivery of programs and services; b) Organizational effectiveness through evaluation of the organization and strategic planning; c) Stakeholder relations and partnership building; d) Research and evaluation; e) Compliance with all applicable legislation and regulations; f) Workforce issues, including recruitment of medical officer of health and any other senior executives; g) Financial management, including procurement policies and practices; and, h) Risk management.	Yes		
3.15 Did the board of health have a self-evaluation process of its governance practices and outcomes that are completed at least every other year?	Yes		
3.16 Did the board of health ensure that the administration developed and implemented a set of client service standards?	Yes		
3.17 Did the board of health ensure that the medical officer of health, as the designated health information custodian, maintained information systems and implemented policies/ procedures for privacy and security, data collection and records management?	Yes		
4.0 Public Health Practice			
4.1 Did the board of heath ensure that the administration established, maintained, and implemented policies and procedures related to research ethics?	Yes		

2025 Annual Report and Attestation

Attestation by Domain of the Public Health Accountability Framework

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4.2 Did the board of health designate a Chief Nursing Officer and meet specific requirements under Schedule B of the Public Health Funding and Accountability Agreement? This includes but is not limited to: a) The Chief Nursing Officer role was implemented at the management level or participated in senior management meetings; b) The Chief Nursing Officer reported directly to the medical officer of health or Chief Executive Officer; and, c) The Chief Nursing Officer articulated, modelled, and promoted a vision of excellence in public health nursing practice, which facilitated evidence-based services and quality health outcomes in the public health context.	Yes		
4.3 Did the board of health use a systematic process to plan public health programs and services to assess and report on the health of local populations, describing the existence and impact of health inequities and identifying effective local strategies to decrease health inequities?	Yes		
4.4 Did the board of health employ qualified public health professionals in accordance with the *Qualifications for Public Health Professionals Protocol, 2018* (or as current)?	Yes		
4.5 Did the board of health support a culture of excellence in professional practice, ensuring a culture of quality and continuous organizational self-improvement?	Yes		
5.0 Other			
5.1 Did the board of health have a formal risk management framework in place that identified, assessed, and addressed risks?	Yes		
5.2 Did the board of health produce an annual financial and performance report to the general public, as well as its Strategic Plan?	Yes		

2025 ANNUAL RECONCILIATION REPORT

Auditor's Attestation Report	
Name of the Public Health Unit	Renfrew County and District Health Unit
Name of Auditing Firm	Scott Rosien Black & Locke Chartered Professional Accountants

To the Board of Health and the Ministry of Health

We have audited the 2025 Annual Reconciliation Report (Certificate of Settlement), for:

1) 2025 base funding approved for the period of January 1, 2025, to December 31, 2025
2) 2025 One-Time Funding Approved to December 31, 2025
3) 2024-25 One-Time Funding Approved to March 31, 2025

The 2025 Annual Reconciliation Report have been prepared by management based on the Public Health Funding and Accountability Agreement between the Ministry of Health (the "Ministry") and the Board of Health and the "Instructions for Completion of the 2025 Year-End Settlement".

In our opinion, the Annual Reconciliation Report presents fairly in all material aspects, the results of the Board of Health Operations for the 2025 Settlement Year and is in accordance with the Public Health Funding and Accountability Agreement between the Ministry and the Board of Health and the "Instructions for Completion of the 2025 Year-End Settlement".

Basis for Audit Opinion

The Board of Health derives funding from the Ministry for the provision of public health programs and services.

Satisfactory audit verification as to the use and reporting of funding forms the basis of the audit opinion. Where audit verification is unsatisfactory, limited, or incomplete, a qualified opinion may occur.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution of Use

The Annual Reconciliation Report is prepared to assist the Board of Health to meet the financial reporting requirements of the Ministry. As a result, the Annual Reconciliation Report may not be suitable for other purposes.

Our report is intended solely for the Board of Health and the Ministry and should not be distributed to or used by parties other than the Board of Health or the Ministry.

Responsibilities of Management for the Annual Reconciliation Report

Management is responsible for the preparation of the Annual Reconciliation Report in accordance with the financial reporting provisions in the Transfer Payment Agreements between the Ministry and Board of Health, the "Instructions for Completion of the 2025 Year-End Settlement", and for such internal controls as management determines are necessary to enable the preparation of Annual Reconciliation Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Annual Reconciliation Report

Our responsibility is to express an opinion on the Annual Reconciliation Report based on our audit. We conducted our audit in accordance with Canadian Generally Accepted Auditing Standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance that the Annual Reconciliation Report is free from material misstatement taking into account the Public Health Funding and Accountability Agreement between the Ministry and the Board of Health and the "Instructions for Completion of the 2025 Year-End Settlement".

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Annual Reconciliation Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Annual Reconciliation Report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation of the Annual Reconciliation Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Annual Reconciliation Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Karen Black, CPA, CA
Auditor

May 26, 2026
Date

545 Pembroke St. W.
Pembroke, Ontario K8A 5P2
Auditor's Address

613-735-3981
Auditor's Phone #

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2025 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: Renfrew County and District Health Unit

Section 1: Base Funding (January 1, 2025 to December 31, 2025)
- Mandatory at cost share; Other Base programs at 100%

Section 2: 2025 One-Time Funding (January 1, 2025 to December 31, 2025)
- One-Time Projects/Initiatives Funded at 100%

Section 3: 2024-25 One-Time Funding (April 1, 2024 to March 31, 2025)
- One-Time Projects/Initiatives Funded at 100%

Note: Select the program from drop-down list (column C) and you write any comment in column D "Comments"

New

		Program / Initiative Name	Comments	COA reference number - MOH Use	Branch - MOH Use	Ministry Approved Allocation	Funding Received from the Ministry	Expenditures at Provincial Share*	(Deduct) Offset Revenue/Ministry - Provincial Share	Net Expenditure at Provincial Share	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2025 to December 31, 2025)	Programs Funded	Mandatory Programs (Cost-Shared)		529441	ALB	6,413,100	6,413,109	6,550,923	(41,095)	6,509,828	6,413,100	9
		Ontario Seniors Dental Care Program (100%)		529462	HPPPB	772,900	772,901	777,740	(4,840)	772,900	772,900	1
		Unorganized Territories / Indigenous Public Health Programs (100%)		529444	ALB	53,200	53,204	53,200		53,200	53,200	4
		MOH / AMOH Compensation Initiative (100%)	Paid out balance in 2026	529463	ALB	21,200	21,200	21,200		21,200	21,200	-
Total Section 1 Base Funding (January 1, 2025 to December 31, 2025)						**7,260,400**	**7,260,414**	**7,403,063**	**- 45,935**	**7,357,128**	**7,260,400**	**14**
Section 2: 2025 One-Time Funding (January 1, 2025 to December 31, 2025)	One-Time Projects / Initiatives Funded at 100%	Ontario Seniors Dental Care Program: Extraordinary Costs (100%)		529462	HPPPB	69,900	-	-		-	-	-
		MOH / AMOH Compensation Initiative (100%)	2023-24 retro	529463	ALB	7,200	7,200	7,200		7,200	7,200	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
Section 2: 2025 One-Time Funding (January 1, 2025 to December 31, 2025)						**77,100**	**7,200**	**7,200**	**-**	**7,200**	**7,200**	**-**
Section 3: 2024-25 One-Time Funding (April 1, 2024 to March 31, 2025)	One-Time Projects / Initiatives Funded at 100%	Mandatory Programs: Public Health Inspector Practicum Program (100%)		529441	ALB	10,000	10,000	10,000		10,000	10,000	-
		COVID-19 Vaccine Program (100%)		529065	VPPB	306,900	306,900	103,053		103,053	103,053	203,847
		Respiratory Syncytial Virus (RSV) Adult and Infant Prevention Programs (100%)		529065	VPPB	74,600	74,600	74,600		74,600	74,600	-
		MOH / AMOH Compensation Initiative (100%)	2024-25	529463	ALB	29,400		29,424		29,424	29,400	(29,400)
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
		Sub-Total One-Time Projects Funded at 100%				**420,900**	**391,500**	**217,077**	**-**	**217,077**	**217,053**	174,447
	One-Time Capital Projects / Initiatives Funded at 100%			0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
				0	0					-	-	-
		Sub-Total One-Time Capital Projects / Initiatives Funded at 100%				-	-	-	-	-	-	-
Section 3: 2024-25 One-Time Funding (April 1, 2024 to March 31, 2025)						**420,900**	**391,500**	**217,077**	**-**	**217,077**	**217,053**	**174,447**
Net Total 2025 Settlement (Section 1) + (Section 2) + (Section 3)						**7,758,400**	**7,659,114**	**7,627,340**	**- 45,935**	**7,581,405**	**7,484,653**	**174,461**

Summary 2025 Settlement (Sections 1-3)	
TOTAL Recoveries	203,861

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2025 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: Renfrew County and District Health Unit

Section 1: Base Funding (January 1, 2025 to December 31, 2025)
- Mandatory at cost share; Other Base programs at 100%

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- One-Time Projects/Initiatives Funded at 100%

Note: Select the program from drop-down list (column C) and you write any comment in column D "Comments"

New

	Program / Initiative Name	Comments	COA reference number - MOH Use	Branch - MOH Use	Ministry Approved Allocation	Funding Received from the Ministry	Expenditures at Provincial Share*	(Deduct) Offset Revenue/Ministry - Provincial Share	Net Expenditure at Provincial Share	Eligible Expenditure	Due to / (from) Province
TOTAL Reflows											(29,400)
2025 Net Settlement for the Ministry											174,461

* For Mandatory program refer to cost share provided by program area.

Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with the Public Health Funding and Accountability Agreement and Reports filed with the appropriate Municipal Council.

These financials are reconcilable to program financials reported on the Annual Report and Attestation.

New

Date

Signature
Medical Officer of Health / Chief Executive Officer

Date

Signature
Chair of the Board of Health / Authorized Officer

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2025 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: Renfrew County and District Health Unit

SCHEDULE 1: Schedule of Offset Revenues at Provincial Share

Mandatory Programs at Provincial Share	Line #	Reference	Actual $	Ministry Use Only
Interest Income	L 1		39,623	
Healthy Smiles Ontario at Provincial share-(part of Mandatory Programs)	L 2			
Revenues Generated from Other Government Dental Program:	L 3			
Ontario Works (OW)	L 4			
Ontario Disability Support Program (ODSP)	L 5			
Other government dental programs (please specify):	L 6			
Other (Specify):	L 7			
SPRITE program	L 8		512	
ISPA	L 9		960	
	L 10			
2025 Total Offset Revenues	**L 11**	**To Summary Page Cell J16 - Offset (Revenue)**	**41,095**	

Ontario Seniors Dental Care Program - 100% provincial Share	Line #	Reference	Actual $	Ministry Use Only
Client Co-Payments	L 12		4,840	
Revenues Generated from Other Government Dental Program:	L 13			
Ontario Works (OW)	L 14			
Ontario Disability Support Program (ODSP)	L 15			
Other government dental programs (please specify):	L 16			
	L 17			
	L 18			
	L 19			
2025 Total Offset Revenues	**L 20**	**To Summary Page Cell J17 - Offset (Revenue)**	**4,840**	