

# **Ontario**

#### Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (\*).

To start, save the form on your computer. Be sure to open the form with Adobe Reader 10 or higher. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

#### You need the following to file your accessibility compliance report:

- organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your organization. You can find it on your federal or provincial tax return. If your organization does not have a business number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- · organization category (OPS/OLA, Designated Public Sector, Business/Non-profit)
  - if you are a business or a non-profit, your Organization category is Business/Non-profit
  - if you are a municipality, or a hospital, college, university, school board, public transportation provider (under Schedule 1 of Ontario Regulation 191/11), or an agency, board or commission (under Column 1 of Table 1 of Ontario Regulation 146/10), your Organization category is Designated Public Sector

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- · number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

#### File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- legal name
- business number (BN9) or AODA identifier
- · number of employees in Ontario
- · address

Each organization must have the same:

- · organization category
- number of employees range (e.g. 20-49, 50+)
- certifier
- answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

#### Begin your report

Follow these steps to complete your form:

#### 1. Download and save the form

- · Download and save the form on your computer
- Open the form with Adobe Reader 10 or higher

#### 2. Enter your organization's information

Enter your organization's information then select Next

#### 3. Understand your requirements

• If you need information about the requirements, select the website link in **section B**: **Understand your accessibility requirements**. This will bring you to our website where you can see your past, current and future requirements.

#### 4. Answer the questions

- The questions on the form are based on the requirements that apply to your:
  - organization category
  - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- · Each report question has links to:
  - the regulation section that is related to that question
  - helpful resources to help you understand and comply with the requirements
- · Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- · Review the accessibility compliance report summary.

#### 5. Certify and submit your report

- Complete the Certifier Information section
- · The certifier must:
  - make sure all information on the form is complete and accurate
  - check all three boxes to show they have authority to certify your organization
  - enter the certification date or select it from the drop down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.
- You may save the form at any time by selecting the Save form button. When you are ready to submit your report, select the Save and Submit button. You will be prompted to save the form on your computer first and then it will be submitted.
- · Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
  - a confirmation number
  - an accessible PDF copy of your report

**If you have not received a confirmation number** upon successfully submitting the form or have any questions please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025

TTY Toll free: 1-800-268-7095

Phone: 416-849-8276

TTY: 416-325-3408

Email: accessibility@ontario.ca

#### Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email accessibility@ontario.ca.



#### Ministry for Seniors and Accessibility

### 2019 Accessibility Compliance Report

#### Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act. Fields marked with an asterisk (\*) are mandatory. A. Organization information Number of employees range ' Organization category \* Reporting year **Designated Public Sector** 50+ employees 2019 **Business details** Number of employees in Ontario \* Organization legal name \* Help City of Kawartha Lakes Check this box if you have received an AODA identifier from the Business number (BN9) \* Help Ministry for Seniors and Accessibility 864455563 Check if operating/business name is same as legal name Language preference for communications \* Organization operating/business name **English** City of Kawartha Lakes Sector that best describes your organization's principal business activity \* Help 91 Industry group (if possible) Subsector (if possible) 9139 913 Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Canada () USA International Country \* Street address Street address served by route Other Type of address \* Unit number Street number \* Street name 26 Francis Province ' Street direction City \* Street type Lindsay ON (Ontario) Street Postal code \* **K9V 5R8** 

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Rus	ıne	SS	ลด	ar	ess

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

International

ON (Ontario)

✓ Check if business address is same as mailing address

Canada

Type of addres	s *	ess Street address served	○ Street address served by route ○ Other			
Unit number	Street number * 26	Street name * Francis	uta e te di la lata i reduces i no permini i rigili. Il di la			
Street type	Street direction	City *	Province *			

Lindsay

() USA

Postal code \* K9V 5R8

Street

Country \*

## 2019 Accessibility compliance report

Organization category Designated Public Sector	Numbe	er of employees ra	ange 50+
Filing organization legal name City of Kawartha Lakes		ation information	MinagaQ A
Filing organization business number (BN9) 864455563		Public Sector	heranared
Fields marked with an asterisk (*) are mandatory.	The same of the same	alini	Bustness do
B. Understand your accessibility requirements		enter Continu	and the second
Before you begin your report, you can learn about your accessibility require	ments at ontario.ca/ac	cessibility	municipal page
Additional accessibility requirements apply if you are:  • a library board	remays as error ster	180 s same un rists s	
• a producer of education material (e.g. textbooks)			
<ul> <li>an education institution (e.g. school board, college, university</li> </ul>	or school)		
• a municipality			
C. Accessibility compliance report questions			9.1.9
Instructions			this princes
Please answer each of the following compliance questions. Use the Comments box	if you wish to comment of	on any response.	EXCHAPACIONA
If you need help with a specific question, click the help links which will open in a new relevant AODA regulations and the link on the right to view relevant accessibility info	browser window. Use the		iew the
Foundation requirements			
1. Does your organization have written accessibility policies and a statement of com	mitment? *	( Yes	∩ No
Read O. Reg. 191/11 s. 3: Establishment of accessibility policies		our requirements for	
Comments for question 1	10 ( ) d		Technologia Far a laborati RPA News
Has your organization established, implemented and maintained a multi-year accordance posted it on your organization's website? *	essibility plan and	Yes	○ No
Read O. Reg. 191/11 s. 4: Accessibility plans	Learn more about you	our requirements for	question 2
Comments for question 2			
3. Has your organization completed a review of its progress implementing the strate accessibility plan and documented the results in an annual status report posted o website? *		Yes	○ No
Read O. Reg. 191/11 s. 4(1), 4(3): Accessibility plans	Learn more about yo	our requirements for	question 3
Comments for question 3			
<ol> <li>Did your organization consult with people with disabilities when establishing, review multi-year accessibility plan? *</li> </ol>	ewing and updating its	Yes	○ No
Read O. Reg. 191/11 s. 4(2): Accessibility plans	Learn more about yo	our requirements for	question 4
Comments for question 4			

8. Does your organization provide the appropriate training on the interest Regulation and the Human Rights Code as it pertains to persons to		S ○ No
Read O. Reg. 191/11 s. 7: Training	Learn more about your requirements	for question 5
Comments for	A Cod (2) for stage a given	
question 5		
6. Has your organization established and documented a process to r how its goods or services are provided to persons with disabilities organization will take when a complaint is received? *	receive and respond to feedback on , including actions that your	S O No
Read O. Reg. 191/11 s. 80.50: Feedback process required	Learn more about your requirements	for question 6
Comments for question 6		
CHANG BE THE PROPERTY LIVE AS A TELE	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second
7. Does your organization ensure that its feedback processes are ac providing or arranging accessible formats or communication support the public of this accessible feedback policy? *	cessible to persons with disabilities by orts, upon request, and do you notify	⊙ No
Read O. Reg. 191/11 s. 11: Feedback	Learn more about your requirements	for question 7
Comments for		
question 7		
Information and communications		
<ol> <li>Does your organization have a process to provide accessible form persons with disabilities in a timely manner and at no more than the the same information, and do you notify the public of this accessible. Read O. Reg. 191/11 s. 12: Accessible formats and communications. Comments for question 8</li> </ol>	ne cost for other persons who ask for ble information policy? *	SERVICE AND A
GREAT STATE OF THE		
Employment	edulacijastos i intragranicijas i protecto intra	A PENDE
9. Does your organization notify its employees and the public about to its recruitment process? *	the availability of accommodations in Yes	o No
Read O. Reg. 191/11 s. 22-24: Recruitment	Learn more about your requirements	for question 9
Comments for question 9		
10. Does your organization notify successful applicants of its policies disabilities during offers of employment? *	s for accommodating employees with	s O No
Read O. Reg. 191/11 s. 24: Notice to successful applicants	Learn more about your requirements	for question 10
Comments for question 10		
		- 3115/A
11. Does your organization develop and have in place a written proc documented individual accommodation plans for employees with	n disabilities? *	S O No
Read O. Reg. 191/11 s. 28: Documented individual accommodation	plans Learn more about your requirements	for question 11
Comments for question 11		
and the second s		

Transportation			
12. Does your organization provide transportation services? *		Yes	○ No
(If Yes, you will be required to answer an additional question.)  Read O. Reg. 191/11 Part IV: Transportation standards	Loarn more about your		augation 10
12.a. Does your organization conduct employee and volunteer accessibility tra	Learn more about your		question 12
accessibility equipment and features of your transportation vehicles? *	aning on the sale use of	Yes	○ No
Read O. Reg. 191/11 s. 36: Accessibility training	Learn more about your	requirements for	question 12.a
Comments for question 12.a			
Design of public spaces	and the second second second		anamin's
13. Since your organization last reported on its accessibility compliance, has your new or redeveloped existing off-street parking facilities that it intends to maint (If Yes, you will be required to answer an additional question.)		Yes	<ul><li>No</li></ul>
Read O. Reg. 101/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements for	question 13
13.a. When constructing new or redeveloping off-street parking facilities that y to maintain, does it ensure that the off-street parking facilities meet the a as outlined in sections 80.32 – 80.37 of the IASR? *	our organization intends accessibility requirements	○ Yes	○ No
Read O. Reg. 80.32-37: Accessible parking	Learn more about your	requirements for	question 13.a
Comments for question 13.a			
<ul> <li>(If Yes, you will be required to answer additional questions.)</li> <li>Read O. Reg. 191/11 Part IV.1: Design of public spaces standards</li> <li>14.a. When constructing new or redeveloping existing outdoor play spaces, di consult with the public and persons with disabilities on the needs of child your represent a municipality did your organization consult with the municipality did your organization consult with the municipality.</li> </ul>	fren and caregivers, and if	requirements for	O No
where one was established as outlined in s. 80.19 of the Integrated Acce			
Regulation? *			
Read O. Reg. 191/11 s. 80.19: Outdoor play spaces	Learn more about your	requirements for	question 14.a
Comments for question 14.a			
14.b. Does your organization's multi-year accessibility plan include procedures emergency maintenance of the accessible elements in public spaces, ar temporary disruptions when accessible elements required under the Inte Standards Regulations Part IV are not in working order? *	nd for dealing with	Yes	○ No
Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements	Learn more about your	requirements for	question 14.b
Comments for question 14.b			
CN			
Customer service	normal salamanan same ne	andright a black	I
15. In your policies, practices and procedures, does your organization permit pers keep their service animals with them on the parts of your premises that are op third parties, except where the animal is excluded by law? If excluded by law, have alternate ways for people with service animals to access and use your g facilities?	oen to the public or other does your organization	Yes	○ No
Read O. Reg. 191/11 s. 80.47(1-3): Use of service animals and support persons	Learn more about your	requirements for	question 15
Comments for question 15			

009-0236E (2019/04)[V4.0]

General requirements					
16. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the information and communications standards in effect under the Integrated Accessibility Standards Regulation? *			○ No		
Read O. Reg. 191/11 Part II: Information and communications standards	Learn more about your requirements for question 16				
Comments for					
question 16					
17. Other than the requirements cited in the above questions, is your organizati applicable requirements for the <b>employment standards</b> in effect under the Standards Regulation? *	on complying with all Integrated Accessibility	<ul><li>Yes</li></ul>	○ No		
Read O. Reg. 191/11 Part III: Employment standards	Learn more about your	requirements for	question 17		
Comments for					
question 17					
18. Other than the requirements cited in the above questions, is your organization applicable requirements for the transportation standards in effect under the Standards Regulation? *	on complying with all ne Integrated Accessibility	<ul><li>Yes</li></ul>	○ No		
Read O. Reg. 191/11 Part IV: Transportation standards	Learn more about your	requirements for	question 18		
Comments for question 18					
19. Other than the requirements cited in the above questions, is your organization applicable requirements for the <b>design of public spaces standards</b> in effect Accessibility Standards Regulation? *	on complying with all ect under the Integrated	Yes	○ No		
Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards	Learn more about your	requirements for	question 19		
Comments for question 19					
20. Other than the requirements cited in the above questions, is your organizati applicable requirements for the customer service standards under the Int Standards Regulation? *	on complying with all egrated Accessibility	<ul><li>Yes</li></ul>	○ No		
Read O. Reg. 191/11 Part IV.2: Customer service standards	Learn more about your	requirements for	question 20		
Comments for question 20					
	Store textus - No. 3 - court	medding: 1 Magic			
21. Other than the requirements cited in the above questions, is your organization of the lateral requirements in effect under the Integrated Accessibility Standards		<ul><li>Yes</li></ul>	○ No		

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Learn more about your requirements for question 21

Comments for question 21

Read O. Reg. 191/11 Part I: General requirements



## 2019 Accessibility Compliance Report

Organization category Desi	gnated Public Sector				Number of e	mployees range 50+
Filing organization legal nam	ne City of Kawartha Lak	es	Lynu stre	yer a substitution of	only of balls win	arrent manner transition of the
Filing organization business	number (BN9) 864455	563	XI 15 Tay	da nezirican <b>ate in</b> s	to: (i.e employe	and street and street and street and street.
Fields marked with an asterisk	(*) are mandatory.			landonis	a manyologin	Stranger 1817 Franklik El essenten 181
D. Accessibility compliance	e report summary					Transm <sub>i</sub>
Your responses to the questions	on your accessibility repor	rt indica	ate tha	t your organization	is in compliand	e with AODA standards.
Your organization may be audite				ri ebrol nala nollat	logened chillipl	
&/ nodseco sal mondenino suo	os node exorement			- vandensia		THE STATE OF THE S
E. Accessibility complianc	e report certification					a designatives se
Section 15 of the <i>Accessibility for C</i> the required information has been p						
Note: It is an offence under the Act	t to provide false or misleadin	g inforn	nation	n an accessibility rep	ort filed under th	ne AODA.
The certifier may designate a prima will be the main contact.	ary contact for the Ministry for	Senior	s and /	Accessibility to contac	t the organization	on(s); otherwise the certifier
Certifier: Someone who can legall	y bind the organization(s).					
Primary Contact: The person who	will be the main contact for a	ccessik	oility iss	sues.		
Acknowledgement						
✓ I certify that I have the authority	to bind all organizations spe	cified in	Section	on A of this form, *		
✓ I certify that all the required info	rmation has been included in	this rep	port, ar	nd, *		
✓ I certify that the information in the state of the	his report is accurate. *					
Certification date (yyyy-mm-dd) *	2019-11-27					
Certifier information	Sapral gest					
Last name * Ritchie			First r	name * ie		
Position title * Business phone number * Extension Check here if TTY Director 705 324-9411 1295						
Email * critchie@kawarthalakes.ca			Altern	ate phone number	Extension	Fax number
Primary contact for the organ	ization(s)					
Check if the primary contact is s	same as the certifier					
Last name * Condie			First r	name * ara		
Position title * Other	Business phone number * 705 324-9411	Exten		Check here if T	TY	
Email * bcondie@kawarthalakes.ca		-	Altern	ate phone number	Extension	Fax number