

## 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)

**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. Certify your report

- Complete the Certifier Information section
- The certifier must:
  - make sure all information on the form is complete and accurate
  - check the box 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.

### 5. 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.

### 6. Submit your report

- 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

## Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email [accessibility@ontario.ca](mailto:accessibility@ontario.ca).

### Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

If you are a public sector organization with **20 or more employees** that is not designated under the [Integrated Accessibility Standards Regulation \(IASR\)](#) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the [IASR](#), you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (\*) are mandatory.

### A. Organization information

Organization category *	Number of employees range *	Reporting year
<a href="#">Ontario Public Service / Ontario Legislative Assembly</a>	<a href="#">50+ employees</a>	2021

### Business details

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
<a href="#">Office of the Legislative Assembly of Ontario</a>	425

Business number (BN9) * <a href="#">Help</a> <input checked="" type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility	AODA identifier *
	<a href="#">AD100010</a>

Check if operating/business name is same as legal name

Organization operating/business name  
[Office of the Legislative Assembly of Ontario](#)

Sector that best describes your organization's principal business activity \* [Help](#)  
[91 - Public administration](#)

Subsector (if possible)	Industry group (if possible)
<a href="#">912 - Provincial and territorial public administration</a>	<a href="#">9129 - Other provincial and territorial public administration</a>

### Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *
<a href="#">104</a>	<a href="#">111</a>	<a href="#">Wellesley</a>
Street type	Street direction	City *
<a href="#">Street</a>	<a href="#">W (West)</a>	<a href="#">Toronto</a>
		Province *
		<a href="#">ON (Ontario)</a>

Postal code (e.g. A1A 1A1) \*  
[M7A 1Z2](#)

### Business address

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

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number 104	Street number * 111	Street name * Wellesley	Street type Street	Street direction W (West)
City * Toronto		Province * ON (Ontario)		Postal code (e.g. A1A 1A1) * M7A 1Z2

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

**Note:** All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category [Ontario Public Service / Ontario Legislative Assembly](#) | Number of employees range [50+](#)

Filing organization legal name [Office of the Legislative Assembly of Ontario](#)

Filing organization AODA identifier [AD100010](#)

Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

For enquiries related to the AODA obligations of the Ontario Public Service (**OPS**) or offices appointed under the Ontario Legislative Assembly (**OLA**), please contact AODA Contact Centre (ServiceOntario) at:

**Phone:** 416-849-8276 or

**Toll-free:** 1-866-515-2025

**TTY:** 416-325-3408 or

**Toll-free:** 1-800-268-7095

**Email :** [aoda.assistance@ontario.ca](mailto:aoda.assistance@ontario.ca)

You have indicated that you are OPS/OLA, if you are submitting this report on behalf of any agencies, authorities, and/or boards of commissions, please list which ones below.

## C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

I certify that all the information is accurate and I have the authority to bind the organization \*

Certification date (yyyy-mm-dd) \* [2021-12-20](#)

### Certifier information

Last name *		First name *	
<a href="#">Decker</a>		<a href="#">Todd</a>	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
<a href="#">Chief Executive Officer</a>	<a href="#">416-325-7341</a>		
Email *	Alternate phone number	Extension	Fax number
<a href="mailto:tdecker@ola.org">tdecker@ola.org</a>			

## Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name \*

Decker

First name \*

Todd

Position title \*

Chief Executive Officer

Business phone number \*

416-325-7341

Extension

Check here  
if TTY

Email \*

tdecker@ola.org

Alternate phone number

Extension

Fax number

## D. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### Foundational requirements

1. Does your organization have policies, practices and procedures on providing goods, services or facilities to persons with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 3: Establishment of accessibility policies](#)

[Learn more about your requirements for question 1](#)

Comments for  
question 1

2. Does your organization have a document or documents of your accessibility policies publicly available and, on request, provide them in an accessible format? \*  Yes  No

[Read O. Reg. 191/11 s. 3 \(3\): Establishment of accessibility policies](#)

[Learn more about your requirements for question 2](#)

Comments for  
question 2

3. Has your organization established, implemented, maintained and posted a multi-year accessibility plan? \*  Yes  No

[Read O. Reg. 191/11 s. 4: Accessibility plans](#)

[Learn more about your requirements for question 3](#)

Comments for  
question 3

4. Has your organization completed a review of its progress implementing the strategy outlined in its accessibility plan and documented the results in an annual status report posted on the organization's website? \*  Yes  No

[Read O. Reg. 191/11 s. 4 \(3\): Accessibility plans](#)

[Learn more about your requirements for question 4](#)

Comments for  
question 4

5. Does your organization provide the appropriate training on the Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to persons with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 7: Training](#)

[Learn more about your requirements for question 5](#)

Comments for  
question 5

6. Were all persons that require training, as described in IASR s. 7(1), trained as soon as practicable? \*  Yes  No

[Read O. Reg. 191/11 s. 7 \(3\): Training](#)

[Learn more about your requirements for question 6](#)

Comments for question 6

7. Did your organization provide training in respect of any changes to your accessibility policies on an ongoing basis? \*  Yes  No

[Read O. Reg. 191/11 s. 7 \(4\): Training](#)

[Learn more about your requirements for question 7](#)

Comments for question 7

8. Does your organization keep a record of the training provided under IASR section 7, including the dates on which the training is provided and the number of individuals to whom it is provided? \*  Yes  No

[Read O. Reg. 191/11 s. 7 \(5\): Training](#)

[Learn more about your requirements for question 8](#)

Comments for question 8

9. Has your organization established and documented a process to receive and respond to feedback on how its goods or services are provided to persons with disabilities, including actions that your organization will take when a complaint is received? \*  Yes  No

[Read O. Reg. 191/11 s. 80.50: Feedback process required](#)

[Learn more about your requirements for question 9](#)

Comments for question 9

## Information and communications

10. Does your organization have a process to provide accessible formats and communication supports to people with disabilities in a timely manner and at no extra cost? \*  Yes  No

[Read O. Reg. 191/11, s. 12 \(1\): Accessible formats and communication supports](#)

[Learn more about your requirements for question 10](#)

Comments for question 10

11. Does your organization provide its publicly available emergency procedures, plans or safety information in accessible formats to people with disabilities upon request? \*  Yes  No

[Read O. Reg. 191/11, s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 11](#)

Comments for question 11

## Employment

12. When requested, does your organization provide employees with disabilities information in an accessible format or with communication supports? \*  Yes  No

[Read O. Reg. 191/11, s. 26 \(1\): Accessible formats and communication supports for employees](#)

[Learn more about your requirements for question 12](#)

Comments for question 12

13. Does your organization prepare individualized workplace emergency response information for employees with disabilities? \*  Yes  No

[Read O. Reg. 191/11, s. 27 \(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 13](#)

Comments for question 13

14. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? \*  Yes  No

[Read O. Reg. 191/11, s. 28 \(1\): Documented individual accommodation plans](#)

[Learn more about your requirements for question 14](#)

Comments for question 14

## Design of public spaces

15. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing exterior paths of travel that it intends to maintain? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 15](#)

15.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 15.a](#)

Comments for question 15.a

16. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor public use eating areas? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 16](#)

16.a. Where applicable, do your newly constructed or redeveloped outdoor public use eating areas meet the general requirements outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas](#)

[Learn more about your requirements for question 16.a](#)

Comments for question 16.a

17. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor play spaces? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 17](#)

17.a. Where applicable, do your newly constructed or redeveloped outdoor play spaces meet the accessibility in design and consultation requirements outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 17.a](#)

Comments for question 17.a



18. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing off-street parking? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 18](#)

18.a. Where applicable, does your newly constructed or redeveloped off-street parking meet the requirements outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 18.a](#)

Comments for question 18.a

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19. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new service counters, (which includes replacing existing service counters)? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 19](#)

19.a. Where applicable, do your newly constructed service counters meet the requirements outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 19.a](#)

Comments for question 19.a

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20. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new fixed queuing guides? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 20](#)

20.a. Where applicable, do your newly constructed fixed queuing guides meet the requirements outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 20.a](#)

Comments for question 20.a

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21. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing waiting areas? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 21](#)

21.a. Where applicable, do your newly constructed waiting areas meet the requirements outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 21.a](#)

Comments for question 21.a

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## Confirmation questions

22. Other than the requirements cited in the above questions, is your organization complying with all other requirements for **customer service** in effect under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part IV.2: Customer service standards](#)

[Learn more about your requirements for question 22](#)

Comments for question 22

23. Other than the requirements cited in the above questions, is your organization complying with the requirements of the **employment** standards? \*

Yes  No

[Read O. Reg. 191/11 Part III: Employment standards](#)

[Learn more about your requirements for question 23](#)

Comments for  
question 23

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24. Other than the requirements cited in the above questions, is your organization complying with the requirements of the **Design of Public Spaces** standards? \*

Yes  No

[Read O. Reg. 191/11 Part IV.1: Design of Public Spaces standards](#)

[Learn more about your requirements for question 24](#)

Comments for  
question 24

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Organization category [Ontario Public Service / Ontario Legislative Assembly](#) | Number of employees range [50+](#)

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Filing organization legal name [Office of the Legislative Assembly of Ontario](#)

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Filing organization AODA identifier [AD100010](#)

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Fields marked with an asterisk (\*) are mandatory.

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### **E. Accessibility compliance report summary**

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Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.