

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 the latest version of Adobe Reader. 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 (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

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 the latest version of Adobe Reader

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 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:

Phone: 416-849-8276 TTY: 416-325-3408

Alternate formats

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

✓ Check if business address is same as mailing address

2023 Accessibility Compliance Report

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 Ontario Public Service / Ontario Legislative Assembly 50+ employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Office of the Legislative Assembly Business number (BN9) * Help 1 Check this box if you have received an AODA identifier AODA identifier * from the Ministry for Seniors and Accessibility AD100010 ✓ Check if operating/business name is same as legal name Organization operating/business name Office of the Legislative Assembly Sector that best describes your organization's principal business activity * Help **Empty** Subsector (if possible) **Empty** Industry group (if possible) **Empty** 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 O USA International Other Type of address * Street address Street address served by route Unit number Street number * Street name * 104 111 Wellesley Street direction Province * Street type City * ON (Ontario) W (West) Street Toronto 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.)

Country * The fields below	w will change based	on your sel	ection.		
Canada	0	USA	◯ Interna	tional	
Type of addres	s * Street addre	ess (Street address served by route	Other	
Unit number	Street number * 111	Street nat			
Street type Street	Street direction W (West)	elia Rev	City * Toronto		Province * ON (Ontario)
Postal code (e. M7A 1Z2	g. A1A 1A1) *				



2023 Accessibility compliance report

Organization category Ontario Public Service / Ontario	Legislative Assembly
Number of employees range 50+	
Filing organization legal name Office of the Legislative	Assembly
Fields marked with an asterisk (*) are mandatory. Filing organization AODA identifier AD100010	enatherig linger constitut on you'desticate.
B. Understand your accessibility requirements	
For enquiries related to the AODA obligations of the Ontario F Legislative Assembly (OLA), please contact AODA Contact C	
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	
You have indicated that you are OPS/OLA, if you are submitt of commissions, please list which ones below.	ing this report on behalf of any agencies, authorities, and/or boards
C. Accessibility compliance report certification	Act 2005 requires that accessibility reports include a statement
Section 15 of the Accessibility for Ontarians with Disabilities A	Act, 2005 requires that accessibility reports include a statement
certifying that all the required information has been provided organization(s).	and is accurate, signed by a person with authority to bind the
Note: It is an offence under the Act to provide false or mislea	ding information in an accessibility report filed under the AODA.
The certifier may designate a primary contact for the Ministry otherwise the certifier will be the main contact.	for Seniors and Accessibility to contact the organization(s);
Certifier: Someone who can legally bind the organization(s).	
Primary Contact: The person who will be the main contact for	or 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) * 2023-11-29	
Certifier information	
Last name * Day	First name * Trevor
Position title * Business phone number * Chief Executive Officer 416-325-7341	Extension Check here if TTY

Email * tday@ola.org		Alternate pl	none number	Extension	Fax numbe	r
Primary contact for the org	ganization(s)				WE TO	
Check if the primary contact Last name * Day	is same as the certifier	First name Trevor	*			
Position title *	Business phone number *	Extension	Check he	re		
Chief Executive Officer Email *	416-325-7341	Alternate ni	if TTY	Extension	Fax numbe	ar .
tday@ola.org		/titernate pi	ione number	Extension	T ax numbe	•
D. Accessibility complian	nce report questions					
Instructions			distribution of			
Please answer each of the follow	wing compliance questions. U	Jse the Commer	nts box if you	wish to comm	nent on any r	esponse.
If you need help with a specific oview the relevant AODA regulation		· · · · · · · · · · · · · · · · · · ·				n the left to
General						
Has your organization create accessibility by meeting all a	ed and implemented written papplicable accessibility require				Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	Establishment of accessibility	policies L	earn more ab	out your requ	irements for	question 1
Comments for question 1						
2. Has your organization estab	lished and implemented a mu	ulti-year accessil	oility plan? *		Yes	○ No
(If Yes, please answer addit						
Read O. Reg. 191/11, s. 4 (1): A	Accessibility plans	L	earn more ab	out your requ	irements for	question 2
2.a. Does your organizatio (If Yes, please answer					Yes	○No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	<u>L</u>	earn more ab	out your requ	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizat	ion's accessibility plan poste	d on your organi	zation's webs	ite? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Le	arn more abou	ut your requir	ements for q	uestion 2.a.i
Comments for question 2.a.i						

	2.a.ii Does your organization provide the accessibility plan in when requested? *	an accessible format Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirements for o	uestion 2.a.ii
	Comments for question 2.a.ii		
	2.b Does your organization update the accessibility plan at least	once every 5 years? *	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirements for	question 2.b
	Comments for question 2.b		
3.	Does your organization provide appropriate training on: *		
3	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for	question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *	Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for	r question 3.a
	Comments for question 3.a		
	3.b The Human Rights Code as it pertains to people with disability	ies? *	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for	question 3.b
	Comments for question 3.b		

Information and communications

4.	Does your organization have a process for receiving and rest that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether con your premises. (If Yes, please answer an additional question)	
Re	ad O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requirements for question 4
	4.a. Does your organization notify the public about the avail and communications supports with respect to the feedb Note: This requirement is applicable regardless of whe on your premises. *	pack process?
	Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requirements for question 4.a
	Comments for question 4.a	

5.	indirectly ('conti modify content	inization have one (or more) website(s) which it control rols' means that your organization is able to add, remo and functionality of the website)? * answer an additional question)	
Re	ad O. Reg. 191/	11, s. 14: Accessible websites and web content	Learn more about your requirements for question 5
	Web Cont the compl	ur organization's internet websites conform to World Witent Accessibility Guidelines 2.0 Level AA? In the complete names and addresses of your publicly available we social media pages, and apps *	ments box, please list
	Read O. Reg. 1	91/11, s. 14: Accessible websites and web content	Learn more about your requirements for question 5.a
	Comments for question 5.a	The Legislative Assembly of Ontario website: htt	ps://www.ola.org
		ONPARL Instagram: https://www.instagram.com	/onparleducation/
		ONPARL X: https://twitter.com/ONPARLeducation	on
		Ontario Legislature YouTube channel: https://wv	w.youtube.com/user/OntarioLegislature
		Ontario Parliament Education at the Legislative Attps://www.facebook.com/LegislativeAssembly	
		Legislative Assembly of Ontario Flickr: https://ww	ww.flickr.com/photos/130854426@N08/
		Legislative Assembly of Ontario LinkedIn: https://ca.linkedin.com/company/legislative-asse	mbly-of-ontario
		ON Parliament podcast: https://www.ola.org/en/ON-parliament-podcast	
		Legislative Assembly of Ontario giftshop: https://giftshop.ola.org/	
		Parlance app: Apple: https://apps.apple.com/ca/app/parlance/id Android: https://play.google.com/store/apps/deta	

Custome	er Service	althe hemistalistic in constitueine a		Norway.
person • Sta • Pec • Pec (If Yes	rour organization provide training about providing goods, so with disabilities to the following? * If and volunteers apple involved in developing accessibility policies apple providing goods, services or facilities on behalf of the please answer an additional question)	organization	Yes	○ No
Read O. R	Reg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your red	quirements for	question 6
Read (A review of the purposes of the Customer Service Stand How to interact and communicate with persons with value How to interact with persons with disabilities who use at the assistance of a guide dog or other service animal of person? How to use equipment or devices available on the proving provided by the provider that may help with the provision facilities to a person with a disability? What to do if a person with a particular type of disability accessing the provider's goods, services or facilities? D. Reg. 191/11, s. 80.49: Training for staff, etc.	rious types of disability? In assistive device or require In the assistance of a support Ider's premises or otherwise In of goods, services or	Yes quirements for	O No
	vour organization provide information in an accessible form , please answer additional questions)	nat? *	Yes	No
Read O. F	Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your red	quirements for	question 7
	s the provision of information in accessible format done so akes into account the individual's disability? *		Yes	○ No
	O. Reg. 191/11, s. 80.51 (1): Format of documents nents for on 7.a	Learn more about your red	quirements for	question 7.a
	s the provision of information in accessible format at a coscost charged to other persons? *	st no more than the regular	Yes	○No
	O. Reg. 191/11, s. 80.51 (1): Format of documents nents for on 7.b	Learn more about your re	quirements for	question 7.b

8.	Does your organization ever require a person with a disability to be accompanie support person when on your premises? *	ed by a	○ Yes	No
Re	(If Yes, please answer an additional question) ead O. Reg. 191/11, s. 80.47 (5): Use of service animals		COSIN I	
	ad support persons	nore about your require	ements for o	question 8
	 8.a. Does your organization do all of the following before requiring a person widesability to be accompanied by a support person on your premises: * Consult with the person with a disability? 	ith a	○Yes	○ No
	 Determine a support person is necessary to protect the health or safet person with a disability or others on premises? 	ty of the		
	 Determine that there is no other way to protect the health or safety of with a disability or others on premises? 	the person		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	nore about your require	ements for	question 8.a
	Comments for			
	question 8.a			
Εı	mployment			
9.	Does your organization employ any persons with disabilities for whom you have individualized workplace emergency response information? * (If Yes, please answer additional questions)	provided	○Yes	No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn notes formation	nore about your require	ements for	question 9
	9.a. Does your organization review the individualized workplace emergency reinformation for all of the following? *	sponse	○ Yes	○ No
	 When the employee moves to a different location in the organization? 			
	 When the employee's overall accommodation needs or plans are review. 	ewed?		
	 When your organization reviews its general emergency policies? 			
	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response Learn no information	nore about your require	ements for	question 9.a
	Comments for question 9.a			
	9.b. Do any of the employees for whom your organization has provided individ workplace emergency response information require assistance? * (If Yes, please answer additional questions)	ualized	○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response Learn n information	nore about your require	ements for	question 9.b
	Comments for question 9.b			

	9.b.i	Has your organization, with the employee's consent, emergency response information to the person design assistance to the employee? *		○ Yes	○ No
		O. Reg. 191/11, s. 27 (2): Workplace emergency inse information	Learn more about your req	uirements for q	uestion 9.b.i
		ments for tion 9.b.i			
	9.b.ii	Was the individualized workplace emergency responsoon as practicable after your organization became a accommodation due to the employee's disability? *		○ Yes	○ No
		O. Reg. 191/11, s. 27 (3): Workplace emergency nse information	Learn more about your req	uirements for q	uestion 9.b.ii
		ments for tion 9.b.ii			
10. Sin any	ice Janu of the f	ary 1, 2017, has your organization constructed new or following items? *	redeveloped	Yes) No
(If)	Yes, plea	ase answer additional questions)			
•	Outdo	por public use eating areas			
•	Outdo	por play space			
•	Off-st	reet parking			
•	Servi	ce counter			
•	Fixed	queuing guides			
•	Waitir	ng areas			
	D. Reg. 1 s standa	<u>191/11 Part IV.1: Design of public</u> r <u>ds</u>	Learn more about your re	quirements for	question 10
10.		e applicable, do the newly constructed or redeveloped rements as outlined in the Design of Public Spaces Sta		Yes	○ No
	ad O. Re ndards	eg. 191/11 Part IV.1: Design of public spaces	Learn more about your re	quirements for	question 10.a
	mments estion 10				
10.	preve space	your organization's multi-year accessibility plan includentative and emergency maintenance of the accessible es, and for dealing with temporary disruptions when act working order? *	elements in public	Yes	○ No
		eg. 191/11, s. 80.44: Maintenance of elements	Learn more about your re	quirements for	question 10.b



2023 Accessibility Compliance Report

Organization category Ontario Public Service / Ontario Legislative Assembly

Number of employees range 50+

Filing organization legal name Office of the Legislative Assembly

Filing organization AODA identifier AD100010

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

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.**