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.



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 **Designated Public Sector** 1-49 employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help 45 Township of Algonquin Highlands Business number (BN9) * Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 131701286 Organization operating/business name Township of Algonquin Highlands 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 Type of address * Street address Street address served by route Other Street name 1 Unit number Street number * 1123 **North Shore** Street direction Province * Street type Algonquin Highlands ON (Ontario) Road Postal code (e.g. A1A 1A1) * **K0M 2K0 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 o	n your selec	tion.			
Canada	\bigcirc (JSA	○ Interna	ational		
Type of address	* OStreet addre	ss C	Street address served by route	Other		
Unit number	Street number * 1123	Street nam	· -			
Street type Road	Street direction		City * Algonquin Highlands		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * K0M 2K0						



2023 Accessibility compliance report

	nated Public Sector			
Number of employees range				
Filing organization legal name		nlands		
Filing organization business n	number (BN9) 131701286			
Fields marked with an asteris	k (*) are mandatory.			
B. Understand your acces	ssibility requirements			
Before you begin your report, you	u can learn about your accessib	ility requirements at ontario.ca	a/accessibility	
Additional accessibility requirem • <u>a library board</u>	ents apply if you are:			
a producer of educer	cation material (e.g. textbooks)			
an education instit	tution (e.g. school board, college	e, university or school)		
• a municipality				
If you are a municipality submitti	ing this report, and submitting or	h behalf of local boards, pleas	e indicate which boards below	
C. Accessibility compliar	nce report certification			
Section 15 of the <i>Accessibility for</i> certifying that all the required inforganization(s).				
Note : It is an offence under the	Act to provide false or misleadin	g information in an accessibili	ty report filed under the AODA.	
The certifier may designate a pri otherwise the certifier will be the		Seniors and Accessibility to	contact the organization(s);	
Certifier: Someone who can leg	ally bind the organization(s).			
Primary Contact: The person w	ho will be the main contact for a	ccessibility issues.		
Acknowledgement				
✓ I certify that all the informatio	n is accurate and I have the aut	hority to bind the organization	*	
Certification date (yyyy-mm-dd) * 2023-06-29				
Certifier information	l			
Last name * First name *				
Newhook		Dawn		
Position title * Other	Position title other * Clerk	Business phone number * 705-489-2379	Extension	

Email * dnewhook@algonquinhighlan	ds.ca	Alternate phone number	Extension	Fax number
Primary contact for the org	anization(s)			
✓ Check if the primary contact i				
Last name * Newhook		First name * Dawn		
Position title * Other	Position title other * Clerk	Business phone number * 705-489-2379	Extension 333	Check here if TTY
Email * dnewhook@algonquinhighlan	ds.ca	Alternate phone number	Extension	Fax number
D. Accessibility complian	ce report questions			
Instructions				
Please answer each of the follow	ring compliance questions. Use t	he Comments box if you wi	sh to comme	ent on any response.
If you need help with a specific q view the relevant AODA regulation				
General				
Has your organization create accessibility by meeting all approximately	d and implemented written polici oplicable accessibility requireme			Yes
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility poli	<u>Learn more abo</u>	ut your requi	rements for question 1
Has your organization establi (If Yes, please answer addition)		ear accessibility plan? *		Yes
Read O. Reg. 191/11, s. 4 (1): A	,	Learn more abou	ut your requi	rements for question 2
2.a. Does your organization (If Yes, please answer				Yes
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more abou	ut your requi	rements for question 2.a
Comments for question 2.a				
2.a.i Is your organization	on's accessibility plan posted on	your organization's website	? *	• Yes
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Learn more about	your require	ments for question 2.a.i
Comments for question 2.a.i				

	2.a.ii Does your organization provide the accessibility plan in ar when requested? *	accessible format	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for qu	estion 2.a.ii
	Comments for question 2.a.ii			
Co	Does your organization update the accessibility plan at least one ad O. Reg. 191/11, s. 4 (1): Accessibility plans comments for testion 2.b	ce every 5 years? * Learn more about your requir	Yes rements for quantity Yes	○ No uestion 2.b
3. Do	es your organization provide appropriate training on: *			
Read	O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for o	question 3
3.a	a. The AODA Integrated Accessibility Standards Regulation? *	•	○Yes	\bigcirc No
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for o	question 3.a
	omments for estion 3.a			
3.b	The Human Rights Code as it pertains to people with disabilities	s? *	Yes	○ No
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for q	uestion 3.b
•	omments for Juestion 3.b			
Infori	mation and communications			
tha No on	nes your organization have a process for receiving and responding that is accessible to people with disabilities? * ote: This requirement is applicable regardless of whether customer your premises Yes, please answer an additional question)) Yes \bigcirc	No
•	O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requ	irements for o	question 4
4.a	 Does your organization notify the public about the availability of and communications supports with respect to the feedback proc Note: This requirement is applicable regardless of whether cust on your premises. * 	cess? *	Yes	○ No
Re	ead O. Reg. 191/11 s. 11 (2): Feedback	Learn more about your requ	irements for a	nuestion 4 a

Comments for
question 4.a

5.	indirectly ('cont modify content	nization have one (or more) website(s) which it cor rols' means that your organization is able to add, re and functionality of the website)? * answer an additional question)		Yes	○ No
Re	ead O. Reg. 191/	111, s. 14: Accessible websites and web content	Learn more about yo	our requirements fo	r question 5
	Web Con pre-record names ar	ur organization's internet websites conform to Wortent Accessibility Guidelines 2.0 Level AA (except fided audio descriptions)? In the comments box, plend addresses of your publicly available web contended and pages, and apps. *	or live captions and ase list the complete	Yes	○ No
	Read O. Reg. 1	191/11, s. 14: Accessible websites and web content	Learn more about yo	our requirements fo	r question 5.a
	Comments for question 5.a	Township of Algonquin Highlands Website Civic Web https://algonquinhighlands.civicwe Facebook https://www.facebook.com/AH.TW notif_id=1632153809016046¬if_t=page_face Twitter https://twitter.com/AHtownship Instagram	P <u>/?</u>		
Cı	ustomer Servi	се			
6.	 Staff and vo People invo People prov	inization provide training about providing goods, se sabilities to the following? * blunteers lived in developing accessibility policies viding goods, services or facilities on behalf of the oranswer an additional question)		Yes	○ No
Re	ead O. Reg. 191/	/11, s. 80.49: Training for staff, etc.	Learn more about yo	ur requirements fo	r question 6
		training include all of the following: *		Yes	○ No
		iew of the purposes of the AODA?	1.0		
		iew of the purposes of the Customer Service Stand			
	How the as persoHow the as perso	to interact and communicate with persons with various interact with persons with disabilities who use an esistance of a guide dog or other service animal or n? To use equipment or devices available on the provided by the provider that may help with the provision	n assistive device or require the assistance of a suppor er's premises or otherwise		
		es to a person with a disability?	g,		
		to do if a person with a particular type of disability is sing the provider's goods, services or facilities?	s having difficulty		
	Read O. Reg. 1	191/11, s. 80.49: Training for staff, etc.	Learn more about yo	ur requirements fo	r question 6.a
	Comments for question 6.a				

7.	Does your organization provide information in an accessible format? * (If Yes, please answer additional questions)	k	Yes	No
Re	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7
	7.a. Is the provision of information in accessible format done so in a takes into account the individual's disability? *	timely manner that	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7.a
	Comments for question 7.a			
	7.b. Is the provision of information in accessible format at a cost not the regular cost charged to other persons? *	more than	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7.b
	Comments for question 7.b			
8.	Does your organization ever require a person with a disability to be ac support person when on your premises? * (If Yes, please answer an additional question)	ccompanied by a	○ Yes	No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and pport persons	Learn more about your	requirements for	question 8
	a. Does your organization do all of the following before requiring a disability to be accompanied by a support person on your premiConsult with the person with a disability?	•		○No
	 Determine a support person is necessary to protect the hea person with a disability or others on premises? 	lth or safety of the		
	 Determine that there is no other way to protect the health or with a disability or others on premises? 	r safety of the person		
	191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirements for	question 8.a
	Comments for question 8.a			
Er	mployment			
9.	Does your organization employ any persons with disabilities for whom individualized workplace emergency response information? * (If Yes, please answer additional questions)	n you have provided	○ Yes	No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response ormation	Learn more about your	requirements for	question 9

9.a.	Does your organization review the individualized workplace eme information for all of the following? *	rgency response		○ No
	When the employee moves to a different location in the organical control of the control of	nization?		
	When the employee's overall accommodation needs or plans			
	When your organization reviews its general emergency polici			
infor	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	Learn more about your re	quirements for o	question 9.a
	nments for stion 9.a			
9.b.	Do any of the employees for whom your organization has provide workplace emergency response information require assistance? (If Yes, please answer additional questions)		○ Yes	○No
	d O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	quirements for	question 9.b
	<u>mation</u>			
	nments for stion 9.b			
quo	31011 0.5			
	9.b.i Has your organization, with the employee's consent, prove emergency response information to the person designate assistance to the employee? *	· · · · · · · · · · · · · · · · · · ·	○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your req	uirements for qu	estion 9.b.i
	Comments for question 9.b.i			
	9.b.ii Was the individualized workplace emergency response ir soon as practicable after your organization became awar accommodation due to the employee's disability? *		○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency	Learn more about your requ	uirements for qu	ıestion 9.b.ii
	response information			
	Comments for question 9.b.ii			

Design of public spaces			
 Since January 1, 2017, has your organization constructed new or redefollowing items? * 	eveloped any of the	Yes	○ No
 Outdoor public use eating areas 			
Outdoor play space			
Off-street parking			
Service counter			
Fixed queuing guides			
Waiting areas			
(If Yes, please answer additional questions)			
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your i	requirements for	or question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standar		Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your i	requirements for	or question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elen spaces, and for dealing with temporary disruptions when access not in working order? *	nents in public	Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your r	equirements f	or question 10.b
Comments for question 10.b			
AODA			
 Is your organization a municipality with population of 10,000 or more? (If Yes, please answer additional questions) 	*	○ Yes	No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your r	equirements for	or question 11
11.a. Has your organization established an accessibility advisory community Section 29 of the AODA? * (If yes, please answer additional questions)	mittee as described in	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your i	requirements for	or question 11.a
Comments for question 11.a			

11.a.i Is the majority of members in the committee persons w Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees Comments for question 11.a.i	ith disabilities? * <u>Learn more about your require</u>	○ Yes ments for qu	○ No estion 11.a.i
11.a.ii Has the committee provided advice to council about site described in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility stand	advice on the	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees Comments for question 11.a.ii	Learn more about your require	ments for qu	estion 11.a.ii



2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 1-49

Filing organization legal name Township of Algonquin Highlands

Filing organization business number (BN9) 131701286

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.**