# 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:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

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** 50+ employees 2023 **Business details** Organization legal name \* Number of employees in Ontario \* Help CORPORATION OF THE TOWNSHIP OF UXBRIDGE 100 Business number (BN9) \* Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 122059843 Organization operating/business name CORPORATION OF THE TOWNSHIP OF UXBRIDGE Sector that best describes your organization's principal business activity \* **Help** 91 - Public administration Subsector (if possible) 913 - Local, municipal and regional public administration Industry group (if possible) 9139 - Other local, municipal and regional public administration 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 Unit number Street number \* Street name \* 51 TORONTO Street direction Province \* Street type City \* S (South/Sud) ON (Ontario) Street **UXBRIDGE** Postal code (e.g. A1A 1A1) \* L9P 1T1 **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		○ Interna				
Type of address *   Street address			) Street address served by route	Other		
Unit number	Street number * 51	Street nam	• =			
Street type Street	Street direction S (South/Sud)		City * UXBRIDGE		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * L9P 1T1						

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.



# 2023 Accessibility compliance report

Organization category Designation	nated Public Sector			
Number of employees range				
		THE TOWNSHIP OF UXBRIDGE		
Filing organization business r				
- Iming organization business i	TZZ0000	<del>1</del> 0		
Fields marked with an asteris	k (*) are mandatory.			
B. Understand your acce	ssibility requirements	s		
Before you begin your report, yo	u can learn about your acce	essibility requirements at ontario.ca/accessibility		
Additional accessibility requirem	ents apply if you are:			
• <u>a library board</u>				
<ul> <li><u>a producer of edu</u></li> </ul>	cation material (e.g. textboo	<u>oks)</u>		
<ul> <li>an education insti</li> </ul>	tution (e.g. school board, co	ollege, university or school)		
• <u>a municipality</u>				
If you are a municipality submitt	ing this report, and submitting	ing on behalf of local boards, please indicate which boards below.		
,	g			
C. Accessibility complian	nce report certification	n		
		s Act, 2005 requires that accessibility reports include a statement and is accurate, signed by a person with authority to bind the		
Note: It is an offence under the	Act to provide false or misle	eading information in an accessibility report filed under the AODA.		
The certifier may designate a protherwise the certifier will be the	-	try for Seniors and Accessibility to contact the organization(s);		
Certifier: Someone who can leg	gally bind the organization(s	3).		
Primary Contact: The person v	ho will be the main contact	t for accessibility issues.		
Acknowledgement				
✓ I certify that all the information	n is accurate and I have the	e authority to bind the organization *		
Certification date (yyyy-mm-dd)	* 2023-08-10			
Certifier information	,			
Last name * LEROUX		First name * DEBBIE		
Position title *	Business phone number *			
Director	005-852-0181	228 if TTV		

Email * DELROUX@UXBRIDGE.CA		Alternate phone number	Extension	Fax numbe	r
Primary contact for the org	anization(s)				
Check if the primary contact is	s same as the certifier				
Last name * ELLIOTT		First name * EMILY			
	Position title other * DEPUTY CLERK	Business phone number * 905-852-9181	Extension 209		eck here TY
Email * EELLIOTT@UXBRIDGE.CA		Alternate phone number	Extension	Fax numbe	r
D. Accessibility complian	ce report questions			1	
Instructions					
Please answer each of the follow	ving compliance questions. Us	e the Comments box if you w	ish to comm	ent on any r	esponse.
If you need help with a specific q view the relevant AODA regulation		•			n the left to
General					
Has your organization created accessibility by meeting all approximately	d and implemented written po oplicable accessibility requirer			Yes	○ No
Read O. Reg. 191/11, s. 3 (1): Es	stablishment of accessibility p	olicies Learn more abo	ut your requi	rements for	question 1
question 1					
<ol><li>Has your organization establi (If Yes, please answer addition</li></ol>	•	i-year accessibility plan? *		<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 4 (1): Ad	ccessibility plans	Learn more abo	ut your requi	rements for	question 2
2.a. Does your organization (If Yes, please answer a				Yes	○ No
Read O. Reg. 191/11, s. 4 (1	): Accessibility plans	<u>Learn more abo</u>	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 websit	e? *	Yes	○ No
Read O. Reg. 191/11, s	s. 4 (1): Accessibility plans	Learn more about	t your require	ements for qu	uestion 2.a.i
Comments for question 2.a.i					

	2.a.ii Does your organization provide the accessibility plan in a when requested? *	an accessible format	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ments for qu	estion 2.a.ii
	Comments for question 2.a.ii			
Co	Does your organization update the accessibility plan at least or ead O. Reg. 191/11, s. 4 (1): Accessibility plans omments for testion 2.b	nce every 5 years? * <u>Learn more about your require</u>	Yes  Yes  Yes  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 requi	rements for o	question 3
3.8	a. The AODA Integrated Accessibility Standards Regulation? *		<ul><li>Yes</li></ul>	○No
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requi	rements for o	question 3.a
	omments for sestion 3.a			
3.1	The Human Rights Code as it pertains to people with disabilitie	es? *	<ul><li>Yes</li></ul>	○ No
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ements for q	uestion 3.b
	omments for lestion 3.b			
Infor	mation and communications			
tha <b>No</b> on	nes your organization have a process for receiving and responding at is accessible to people with disabilities? *  ote: This requirement is applicable regardless of whether custome your premises  Yes, please answer an additional question)		Yes O	No
Read	O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requi	rements for o	question 4
4.8	<ul> <li>Does your organization notify the public about the availability of and communications supports with respect to the feedback pro Note: This requirement is applicable regardless of whether custon your premises. *</li> </ul>	ocess? *	Yes	○ No
Re	ead O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requi	rements for o	question 4.a

	question 4.a			
5.	Does your organization have one (or more) website(s) which it countries indirectly ('controls' means that your organization is able to add, modify content and functionality of the website)? * (If Yes, please answer an additional question)	-	Yes	No
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about you	r requirements for	question 5
	5.a. Do all your organization's internet websites conform to Wor Web Content Accessibility Guidelines 2.0 Level AA (except pre-recorded audio descriptions)? In the comments box, planames and addresses of your publicly available web contents social media pages, and apps. *	t for live captions and ease list the complete	Yes	○ No
	Read O. Reg. 191/11, s. 14: Accessible websites and web conte  Comments for question 5.a	nt Learn more about you	<u>r requirements for</u>	question 5.a
Cı	ustomer Service			
			Yes	○ No
6.	Does your organization provide training about providing goods, spersons with disabilities to the following? *  • Staff and volunteers  • People involved in developing accessibility policies  • People providing goods, services or facilities on behalf of the			

• How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?

· What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

Learn more about your requirements for question 6.a

Comments for question 6.a

Comments for

•	(If Yes, please answer additional questions)	181? "	Yes	No
Re	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about you	r requirements for	question 7
	7.a. Is the provision of information in accessible format done so takes into account the individual's disability? *	in a timely manner that	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about you	r requirements for	question 7.a
	Comments for question 7.a			
	7.b. Is the provision of information in accessible format at a cos the regular cost charged to other persons? *	t no more than	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about you	r requirements for	question 7.b
	question 7.b			
3.	Does your organization ever require a person with a disability to support person when on your premises? * (If Yes, please answer an additional question)	be accompanied by a	○ Yes	<ul><li>No</li></ul>
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and pport persons	Learn more about you	r requirements for	question 8
<u>ou</u> p	8.a. Does your organization do all of the following before required disability to be accompanied by a support person on your person on your person with a disability?	0 1	○ Yes	○No
	Determine a support person is necessary to protect the  person with a disability or others on promises?	health or safety of the		
	<ul><li>person with a disability or others on premises?</li><li>Determine that there is no other way to protect the heal with a disability or others on premises?</li></ul>	Ith or safety of the person		
	191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about you	r requirements for	question 8.a
	Comments for question 8.a			
En	mployment			
).	Does your organization employ any persons with disabilities for vindividualized workplace emergency response information? * (If Yes, please answer additional questions)	whom you have provided	○ Yes	<ul><li>No</li></ul>
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about you	r requirements for	question 9

9.a.	Does your organization review the individualized workplace emergency response information for all of the following? *			○ Yes	○ No
	• W	hen the employee moves to a different location in the org	ganization?		
	• W	hen the employee's overall accommodation needs or pla	ns are reviewed?		
	• W	hen your organization reviews its general emergency pol	icies?		
	d O. Re	eg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your re	quirements for	question 9.a
	ments				
	stion 9.				
9.b.	workp	ny of the employees for whom your organization has provious of the employees for whom your organization has provious emergency response information require assistance s, please answer additional questions)		Yes	○No
	d O. Re	eg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	quirements for	question 9.b
	ments	for			
	stion 9.				
	9.b.i	Has your organization, with the employee's consent, pre emergency response information to the person designal assistance to the employee? *	•	○ Yes	○ No
		O. Reg. 191/11, s. 27 (2): Workplace emergency nse information	Learn more about your requ	uirements for qu	uestion 9.b.i
	Comr	ments for			
	quest	ion 9.b.i			
	9.b.ii	Was the individualized workplace emergency response soon as practicable after your organization became awa accommodation due to the employee's disability? *		Yes	○ No
		O. Reg. 191/11, s. 27 (3): Workplace emergency nse information	Learn more about your requ	uirements for qu	iestion 9.b.ii
		ments for ion 9.b.ii			

Desigr	n of public spaces			
follo	ce January 1, 2017, has your organization constructed new or redewing items? *  Outdoor public use eating areas  Outdoor play space  Off-street parking  Service counter  Fixed queuing guides  Waiting areas  es, please answer additional questions)	veloped any of the	Yes	○ No
•	. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	<u>quirements f</u>	or question 10
10.a	. Where applicable, do the newly constructed or redeveloped items requirements as outlined in the Design of Public Spaces Standard		Yes	○ No
<u>stan</u> Con	d O. Reg. 191/11 Part IV.1: Design of public spaces dards nments for stion 10.a	Learn more about your re	quirements f	or question 10.a
10.b	Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessible not in working order? *	ents in public	Yes	○ No
Con	d O. Reg. 191/11, s. 80.44: Maintenance of accessible elements nments for stion 10.b	Learn more about your re	quirements f	or question 10.k
AODA				
	our organization a municipality with population of 10,000 or more? *es, please answer additional questions)		Yes	○ No
	ccessibility for Ontarians with Disabilities Act, 2005, S.O.  11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your re	<u>quirements f</u>	or question 11
Rea	Has your organization established an accessibility advisory common Section 29 of the AODA? *  (If yes, please answer additional questions)  d Accessibility for Ontarians with Disabilities Act, 2005, S.O.	nittee as described in  Learn more about your re	Yes     equirements f	
Con	5, c. 11, s. 29: Municipal Accessibility Advisory Committees nments for stion 11.a			

S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees		•	
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about si described in Section 41 of the <i>Planning Act</i> ) as well as requirements and implementation of accessibility stand	advice on the	<ul><li>Yes</li></ul>	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your require	ements for qu	estion 11.a.ii
Comments for question 11.a.ii			

11.a.i Is the majority of members in the committee persons with disabilities? \*

Read Accessibility for Ontarians with Disabilities Act, 2005,

 $\bigcirc$  No

Yes

Learn more about your requirements for question 11.a.i

# 2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name CORPORATION OF THE TOWNSHIP OF UXBRIDGE

Filing organization business number (BN9) 122059843

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.**