

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:1-800-268-7095Phone: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.



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 <u>Integrated Accessibility Standards Regulation (IASR)</u> 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 <u>IASR</u>, 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. Organizatio | n information | | | | | |
|---|-----------------------------------|---------------|-----------------------------|---|----------------|---------------------------------------|
| Organization category * | | | Number of employees range * | | Reporting year | |
| Designated Public Sector | | | 50+ employees | | 2021 | |
| Business deta | - | | | | | |
| Organization lega | | | | | | of employees in Ontario * <u>Help</u> |
| Municipality of L | | _ | | | 400 | |
| Business number 870728490 | - (BN9) * <u>Help</u> | | | e received an AODA ors and Accessibility | | |
| Check if operation | ating/business name | e is same as | legal name | | | |
| Organization ope | rating/business nan | ne | | | | |
| Municipality of L | | | | | | |
| Sector that best of 91 | lescribes your orga | nization's pr | incipal business | activity * | <u>Help</u> | |
| Subsector (if pos 913 | sible) | | | Industry group (if po 9139 | ossible) | |
| Mailing addres | S | | | | | |
| Address where le | tters can be sent to | the person | responsible for c | coordinating the orga | nization's A | ODA compliance activities. |
| Country * | | | | | | |
| The fields below | will change based o | n your seled | ction. | | | |
| Canada | \bigcirc L | ISA | | ◯ Internatio | onal | |
| Type of address | Street addres | ss C |) Street address | served by route | Other | |
| Unit number | Street number * | Street nam | | | | |
| | 419 | Notre Dan | | | | |
| Street type | Street direction | | City * | | | Province * |
| Street | E (East/Est) | | Belle River | | | ON (Ontario) |
| Postal code (e.g. A1A 1A1) * NOR 1A0 | | | | | | |
| Business addr | ess | | | | | |
| (Address at which | letters can be sent | to the compa | any director/office | er accountable for the | organizatio | on's compliance with the AODA.) |
| ✓ Check if busin | ess address is sam | e as mailing | g address | | | |
| Country * | | | | | | |
| The fields below | will change based o | n your seled | ction. | | | |
| Canada | \bigcirc L | ISA | | ◯ Internatio | onal | |
| Type of address | Street addres | ss C |) Street address | served by route | Other | |

| Unit number | Street number * | Street name * | Street type | | Street direction | |
|-------------|-----------------|---------------|--------------|--------|------------------|--------------------------|
| | 419 | Notre Dame | | Street | | E (East/Est) |
| City * | | | Province * | | Posta | al code (e.g. A1A 1A1) * |
| Belle River | | | ON (Ontario) | | N0R | 1A0 |

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 Designated Public Sector

Number of employees range 50+

Filing organization legal name Municipality of Lakeshore

Filing organization business number (BN9) 870728490

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility

Additional accessibility requirements apply if you are:

- <u>a library board</u>
- a producer of education material (e.g. textbooks)
- an education institution (e.g. school board, college, university or school)
- <u>a municipality</u>

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards 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) * 2021-12-06

Certifier information

| Last name * Harding | | | First name Morris | ; * ; | | |
|---|--------------------------------------|-----------|-------------------------|----------------------|-----------|--|
| Position title * General Manager | Business phone number * 519-728-2818 | Ext 25 | tension 8 | Check her if TTY | e | |
| Email * mharding@lakeshore.ca 009-0236E (2021/01)[V5.0] | | | Alternate p 519-796- | ohone number 5376 | Extension | Fax number 519-728-0456 Page 5 of 11 |

Primary contact for the organization(s)

| Check if the primary contact is same as the certifier | | | | | | | |
|---|--|------------|---------------------------|----------------------|---|----------------------------|--|
| Last name * Harding | | | First name * Morris | | | | |
| Position title * General Manager | | Ext 258 | ension 3 | Check here if TTY | e | | |
| Email * mharding@lakeshore.ca | | | Alternate pl 519-796-5 | | | Fax number 519-728-0456 | |

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.

| Municipal Accessibility Advisory Committees | | | |
|--|-------------------------------|--------------------|-------------|
| 1. Is your organization a municipality with a population of 10,000 or more (If Yes, you will be required to 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 require | <u>ments for q</u> | uestion 1 |
| 1.a. Has your organization established an accessibility advisory comr outlined in section 29 of the AODA? * (If Yes, you will be required to answer additional questions.) | nittee as | 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 require | <u>ments for q</u> | uestion 1.a |
| Comments for question 1.a | | | |
| 2. Are the majority of the members of the committee persons with disabiliti | es? * | • Yes | ⊖ No |
| Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29 (3): Municipal Accessibility Advisory Committees | Learn more about your require | <u>ments for q</u> | uestion 2 |
| Comments for question 2 | | | |
| 3. Has the committee provided advice to council about site plans and dra (as described in S.41 of the <i>Planning Act</i>) as well as advice on the requirements and implementation of accessibility standards? * | wings | Yes | ⊖ No |
| Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29 (4): Municipal Accessibility Advisory Committees | Learn more about your require | <u>ments for q</u> | uestion 3 |
| Comments for question 3 | | | |
| Foundational requirements | | | |
| 4. Does your organization have written accessibility policies that include a commitment? * | a statement of | Yes | ⊖ No |
| Read O.Reg. 191/11 s. 3: Establishment of accessibility policies | Learn more about your require | <u>ments for q</u> | uestion 4 |
| Comments for question 4 | | | |

| Does your organization have a document or documents of your acces available and, on request, provide them in an accessible format? * | ssibility policies publicly | Yes | ⊖ No |
|--|---|----------------|-------------|
| Read O. Reg. 191/11 s. 3 (3): Establishment of accessibility policies | Learn more about your re | quirements for | question 5 |
| Comments for question 5 | | | |
| Has your organization established, implemented, maintained and pos accessibility plan on your organization's website? * | sted a multi-year | • Yes | ⊖ No |
| Read O. Reg. 191/11 s. 4: Accessibility plans | <u>Learn more about your re</u> | quirements for | question 6 |
| Comments for question 6 | | | |
| 7. Has your organization completed a review of its progress implemention in its accessibility plan and documented the results in an annual statu organization's website? * | | ⊖Yes | () No |
| Read O. Reg. 191/11 s. 4 (1), 4(3): Accessibility plans | <u>Learn more about your re</u> | quirements for | question 7 |
| Comments for question 7 | | | |
| Did your organization consult with people with disabilities when established updating its multi-year accessibility plan? * | olishing, reviewing and | • Yes | ⊖ No |
| Read O. Reg. 191/11 s. 4 (2): Accessibility plans | <u>Learn more about your re</u> | quirements for | question 8 |
| Comments for question 8 | | | |
| Does your organization provide the appropriate training on the Integra Standards Regulation and the Human Rights Code as it pertains to p disabilities? * | | • Yes | () No |
| <u>Read O. Reg. 191/11 s. 7: Training</u> | Learn more about your re | quirements for | question 9 |
| Comments for question 9 | | | |
| 10. Were all persons that require training trained as soon as practicable? the Integrated Accessibility Standards Regulation, the following person all persons who are an employee of, or a volunteer with, the organization who participate in developing the organization's policies; and (c) all o provide goods, services or facilities on behalf of the organization. * | ons require training: (a) ation; (b) all persons | Yes | ⊖ No |
| <u>Read O. Reg. 191/11 s. 7 (3): Training</u> | <u>Learn more about your re</u> | quirements for | question 10 |
| Comments for question 10 | | | |
| 11. Does your organization provide training in respect of any changes to policies on an ongoing basis? * | your accessibility | • Yes | ⊖ No |
| Read O. Reg. 191/11 s. 7 (4): Training | <u>Learn more about your re</u> | quirements for | question 11 |
| Comments for question 11 | | | |

| 12. Does your organization keep a record of the training provided, include the training is provided and the number of individuals to whom it is p | - | Yes | ⊖ No |
|---|--|-----------------|--------------------|
| Read O. Reg. 191/11 s. 7 (5): Training | Learn more about your re | equirements for | question 12 |
| Comments for question 12 | | | |
| 13. Does your organization ensure that its public feedback processes ar persons with disabilities by providing or arranging accessible formats supports, upon request, and do you notify the public of this accessib Note: "public" can include customers, clients, third parties, or busines | or communication le feedback policy? | Yes | ⊖ No |
| <u>Read O. Reg. 191/11 s. 11: Feedback</u> | Learn more about your re | equirements for | question 13 |
| Comments for question 13 | | | |
| Information and communications | | | |
| 14. As of January 1, 2021, do all your organization's internet websites co Web Consortium Web Content Accessibility Guidelines 2.0 Level AA and pre-recorded audio descriptions)? Please indicate in the comme complete names and addresses of your publicly available web content social media pages, and apps * | (except for live captions nt box provided the | Yes | ⊖ No |
| Read O. Reg. 191/11 s. 14 (4): Accessible websites and web content | Learn more about your re | equirements for | question 14 |
| PubliclyLakeshore.ca, Lakeshore recreation pageavailable webU Tubecontent andFacebook pagecomments forTwitter page | | | |
| Employment | | | |
| 15. Does your organization notify successful applicants of its policies for employees with disabilities during offers of employment? * | accommodating | Yes | ⊖ No |
| Read O. Reg. 191/11 s. 24: Notice to successful applicants | Learn more about your re | equirements for | question 15 |
| Comments for question 15 | | | |
| 16. Does your organization develop and have in place a written process documented individual accommodation plans for employees with dis | | • Yes | ⊖ No |
| Read O. Reg. 191/11 s. 28: Documented individual accommodation plans | Learn more about your re | equirements for | <u>question 16</u> |
| Comments for question 16 | | | |
| Transportation | | | |
| Does your organization provide transportation services? * (If Yes, you will be required to answer an additional question.) | | ⊖Yes | No |
| Read O. Reg. 191/11 Part IV: Transportation standards | Learn more about your re | equirements for | question 17 |
| 17.a. Does your organization conduct employee and volunteer acces safe use of accessibility equipment and features of your transp | | ⊖Yes | ⊖ No |
| Read O. Reg. 191/11 s. 36: Accessibility training | Learn more about your re | equirements for | question 17.a |
| Comments for question 17.a | | | |

12. Does your organization keep a record of the training provided, including the dates on which

| Design of public spaces | | | |
|--|--|----------------|--------------------|
| 18. Since your organization last reported on its accessibility compliance, h constructed new or redeveloped existing off-street parking facilities tha maintain? * (If Yes, you will be required to answer an additional question.) | | ⊖Yes | No |
| Read O. Reg. 191/11 Part IV.1: Design of public spaces standards | Learn more about your red | uirements for | auestion 18 |
| 18.a. When constructing new or redeveloping off-street parking facilitie organization intends to maintain, does it ensure that the off-stree the accessibility requirements as outlined in the Design of Public | es that your t parking facilities meet | ⊖ Yes | ⊖ No |
| Read O. Reg. 80.32-37: Accessible parking | Learn more about your rec | quirements for | question 18.a |
| Comments for question 18.a | | | |
| 19. Since your organization last reported on accessibility compliance, has constructed new or redeveloped existing outdoor play spaces that it in (If Yes, you will be required to answer an additional question.) | | • Yes | ⊖ No |
| Read O. Reg. 191/11 Part IV.1: Design of public spaces standards | Learn more about your rec | quirements for | question 19 |
| 19.a. When constructing new or redeveloping existing outdoor play spatial organization consult with the public and persons with disabilities children and caregivers, and if you represent a municipality did y consult with the municipal advisory committee where one was essent in s. 80.19 of the Integrated Accessibility Standards Regulation? | on the needs of our organization tablished as outlined | • Yes | () No |
| Read O. Reg. 191/11 s. 80.19: Outdoor play spaces | Learn more about your rec | quirements for | question 19.a |
| Comments for question 19.a | | | |
| 20. Does your organization's multi-year accessibility plan include procedur and emergency maintenance of the accessible elements in public space with temporary disruptions when accessible elements required under the Accessibility Standards Regulations Part IV are not in working order? | ces, and for dealing he Integrated | • Yes | ⊖ No |
| Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements | Learn more about your rec | quirements for | question 20 |
| Comments for question 20 | | | |
| Confirmation questions | | | |
| 21. Other than the requirements cited in the above questions, is your orga complying with all other requirements for the Information and Commu Standards under the Integrated Accessibility Standards Regulation? * | unications | Yes | ⊖ No |
| Read O. Reg. 191/11 Part II: Information and communications standards | Learn more about your rec | quirements for | <u>question 21</u> |
| Comments for question 21 | | | |
| 22. Other than the requirements cited in the above questions, is your orga complying with all other requirements for the Employment Standards Integrated Accessibility Standards Regulation? * | | • Yes | ⊖ No |
| Read O. Reg. 191/11 Part III: Employment standards | Learn more about your rec | quirements for | question 22 |
| Comments for question 22 | | | |

| 23. Other than the requirements cited in the above questions, is your organization complying with all other requirements for Transportation Standards under the Integrated Accessibility Standards Regulation? * | | | ⊖ No |
|---|------------------------------|------------|-------------|
| Read O. Reg. 191/11 Part IV: Transportation standards | Learn more about your requir | ements for | question 23 |
| Comments for question 23 | | | |
| 24. Other than the requirements cited in the above questions, is your organ complying with all other requirements for the Customer Service Stand the Integrated Accessibility Standards Regulation? * | | • Yes | ⊖ No |
| Read O. Reg. 191/11 Part IV.2: Customer service standards | Learn more about your requir | ements for | question 24 |
| Comments for question 24 | | | |
| 25. Other than the requirements cited in the above questions, is your organ complying with all other requirements for the Design of Public Spaces under the Integrated Accessibility Standards Regulation? * | | • Yes | ⊖ No |
| Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards | Learn more about your requir | ements for | question 25 |
| Comments for question 25 | | | |



| Organization category Designated Public Sector | Number of employees range 50+ | | | | | |
|--|-------------------------------|--|--|--|--|--|
| Filing organization legal name Municipality of Lakeshore | | | | | | |
| Filing organization business number (BN9) 870728490 | | | | | | |
| Fields marked with an asterisk (*) are mandatory. | | | | | | |
| E. Accessibility compliance report summary | | | | | | |

Your organization may be audited to verify compliance.