Ontario

Accessibility Directorate of Ontario

2017 Accessibility compliance report

How to complete 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 local computer and be sure to open it with 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:

- Nine-digit **Business number (BN9)**, that identifies your organization with the Canada Revenue Agency (found on federal and provincial tax returns). In the rare case that an organization doesn't have a Business number (BN9), an AODA identifier (assigned by the Accessibility Directorate of Ontario) would be used in its place.
- Your **Organization category**
  - if you are a Business or a Non-profit, your Organization category is Business/Non-profit
  - if you are a municipality, or a hospital, college, university, school board, public transportation provider (under Schedule 1 of the regulation 191/11), or an agency, board or commission (under Column 1 of Table 1 of Ontario Regulation 146/10), your Organization category is 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
- A person with authority to bind your organization (e.g. a director or senior officer) must certify your organization's accessibility compliance report as complete and accurate.

You are able to file on behalf of up to 20 organizations using one form. To do so you will need each organization's business number (BN9) or AODA identifier, number of employees and address. All organizations filing under the same form must have the same **Organization category** (e.g. Business/Non-profit), **Number of employees range** (e.g. 20-49, 50+), **certifier**, and all answers to the accessibility compliance questions must be the same. If not, you will need to complete a separate form for each organization.

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

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:

- Download and open the form
- Save the form on your computer and open it with Adobe Reader.
- Enter your organization's information then select **Next.**
- If you need information about your organization's requirements, click on the appropriate 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.
- The questions you will see on the form are based on the accessibility requirements that apply to your **Organization category** (e.g. Business/non-profit) and **Number of employees range** (e.g. 20-49, 50+).
- Click **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, click **Save form** at the bottom of the page before clicking **Next**.
- Review the accessibility compliance report summary.

Certify and submit your report

- Complete the information in the **Certifier Information** section
- The certifier must:
  - Review all information entered on the form for completeness and accuracy.
  - Check the three boxes to indicate their authority as a certifier in your organization.
- Enter information for a primary contact in your organization. This person may be the certifier or a different person.
- You may save the form at any time by clicking the **Save form** button.
- When you are ready to submit your report, click the **Save and submit** button. You will be prompted to save the form on your local computer first and then it will be submitted.
- Wait for a confirmation prompt that either confirms submission or indicates any problems.
- Once you have successfully submitted your certified report, an email will be sent to the Certifier and the Primary Contact with a confirmation number and an accessible PDF copy of your organization's accessibility compliance report.

If you 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

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Instructions

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

Fields marked with an asterisk (*) are mandatory.

A. Organization information

Organization category *	Number of employees range *	Reporting year
Business / non-profit	50+ employees	2017

Business details

Organization legal name *	Number of employees in Ontario * Help
HopeGreyBruce Mental Health and Addictions Services	77

Business number (BN9) * Help

108083510

☑ Check if operating/business name is same as legal name

Organization operating/business name	Language preference for communications *
HopeGreyBruce Mental Health and Addictions Services	English

Sector that best describes your organization's principal business activity * Help

62 - Health care and social assistance

Subsector (if possible)	Industry group (if possible)

Mailing address

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

Country * ◉ Canada ○ USA ○ International

Type of address * ◉ Street address ○ Street address served by route ○ Other

Unit number	Street number *	Street name *
206	1101	2nd Avenue East

Street type	Street direction	City *	Province *
Avenue	E (East/Est)	Owen Sound	ON (Ontario)

Postal code *

N4K 2J1

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 * ◉ Canada ○ USA ○ International

Type of address * ◉ Street address ○ Street address served by route ○ Other

Unit number	Street number *	Street name *
206	1101	2nd Avenue East

Street type	Street direction	City *	Province *
Avenue	E (East/Est)	Owen Sound	ON (Ontario)

Postal code *

N4K 2J1

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.

2017 Accessibility compliance report

Organization category Business / non-profit	Number of employees range 50+
Filing organization legal name HopeGreyBruce Mental Health and Addictions Service	
Filing organization business number (BN9) 108083510	

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:

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

C. 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.

Make your employment practices accessible

1. Does your organization notify its employees and the public about the availability of accommodations during the recruitment process? * (◉ Yes ○ No)

Read O. Reg. 191/11 s.22 - 24: Recruitment — Learn more about your requirements for question 1

Comments for question 1

2. Does your organization provide employees with updated information about its policies to support employees with disabilities? * (◉ Yes ○ No)

Read O. Reg. 191/11 s.25: Informing employees of supports — Learn more about your requirements for question 2

Comments for question 2

3. 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: Accessible formats and communication supports for employees — Learn more about your requirements for question 3

Comments for question 3

4. Does your organization prepare individualized workplace emergency response information for employees with disabilities? * ◉ Yes ◯ No

Read O. Reg. 191/11 s.27: Workplace emergency response information — Learn more about your requirements for question 4

Comments for question 4

Make new or redeveloped public spaces accessible

5. Since January 1, 2017, has your organization constructed new or redeveloped existing recreational trails that you intend to maintain? * ◯ Yes ◉ No
(if Yes, you will be required to answer additional questions)

Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions — Learn more about your requirements for question 5

5.a. Did your organization consult with the public and persons with disabilities prior to constructing new or redeveloping existing recreational trails as outlined in the s.80(8) of the Integrated Accessibility Standards Regulation (IASR)? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(8): Consultation, recreational trails — Learn more about your requirements for question 5.a

Comments for question 5.a

5.b. Does your organization ensure that its new or redeveloped recreational trails meet the technical requirements as outlined s.80(9) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(9): Technical requirements for trails — Learn more about your requirements for question 5.b

Comments for question 5.b

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6. Since January 1, 2017, has your organization constructed new or redeveloped existing beach access routes that you intend to maintain? * ◯ Yes ◉ No
(if Yes, you will be required to answer additional questions)

Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions — Learn more about your requirements for question 6

6.a. Does your organization ensure that its new or redeveloped beach access routes meet the technical requirements as outlined in IASR s.80(10)? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(10): Technical requirements for beach access routes — Learn more about your requirements for question 6.a

Comments for question 6.a

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7. Do your new or redeveloped recreational trail and/or beach access routes include boardwalks? * ◯ Yes ◯ No
(if Yes, you will be required to answer additional questions)

7.a. Where new or redeveloped recreational trails and/or beach access routes have a boardwalk, does the boardwalk meet the technical requirements as outlined in s.80(12) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(12): Boardwalks — Learn more about your requirements for question 7.a

Comments for question 7.a

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8. Do your new or redeveloped recreational trails and/or beach access routes include ramps? * ◯ Yes ◯ No
(if Yes, you will be required to answer additional questions)

Read O. Reg. 191/11 s.80(13): Ramps — Learn more about your requirements for question 8

8.a. Where new or redeveloped recreational trails and/or beach access routes have a ramp, does the ramp meet the technical requirements as outlined in s.80(13) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(13): Ramps — Learn more about your requirements for question 8.a

Comments for question 8.a

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9. Since January 1, 2017, has your organization constructed new or redeveloped existing outdoor public use eating areas that you intend to maintain? * ◯ Yes ◉ No
(if Yes, you will be required to answer additional questions)

Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements — Learn more about your requirements for question 9

9.a. Does your organization ensure that where they construct or redevelop outdoor public use eating areas that they meet the requirements as outlined in s.80(17) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements — Learn more about your requirements for question 9.a

Comments for question 9.a

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10. Since January 1, 2017, has your organization constructed new or redeveloped existing outdoor play spaces that you intend to maintain? * ◯ Yes ◉ No
(if Yes, you will be required to answer additional questions)

10.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers as outlined in s.80(19) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(19): Outdoor play spaces, consultation requirements — Learn more about your requirements for question 10.a

Comments for question 10.a

10.b. Did your organization incorporate accessibility features when constructing a new or redeveloping an existing play space as outlined in s.80(20a) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(20a): Outdoor play spaces, accessibility in design — Learn more about your requirements for question 10.b

Comments for question 10.b

10.c. Does your organization's new or redeveloped play spaces have a firm ground surface as outlined in s.80(20b) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s.80(20b): Outdoor play spaces, accessibility in design — Learn more about your requirements for question 10.c

Comments for question 10.c

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11. Since January 1, 2017, has your organization constructed new or redeveloped existing exterior paths of travel that you intend to maintain? * ◯ Yes ◉ No
(if Yes, you will be required to answer additional questions)

11.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements as outlined in s.80(21) – 80(31) of the IASR? * ◯ Yes ◯ No

Read O. Reg. 191/11 s. 80(21) - 80(31): Exterior Paths of Travel — Learn more about your requirements for question 11.a

Comments for question 11.a

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12. Since January 1, 2017, has your organization constructed new or redeveloped existing off-street parking facilities that you intend to maintain? *
(if Yes, you will be required to answer additional questions)

○ Yes ◉ No

12.a. When constructing new or redeveloping off-street parking facilities that you intend to maintain, do you ensure that the off-street parking facilities meet the accessibility requirements as outlined in s.80(32) – 80(37) of the IASR? *

○ Yes ○ No

Read O. Reg. 191/11 s.80(32) - 80(37): Accessible Parking

Learn more about your requirements for question 12.a

Comments for question 12.a

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13. Since January 1, 2017, has your organization constructed a new or replaced an existing service counter? *
(if Yes, you will be required to answer additional questions)

○ Yes ◉ No

13.a. Does your organization ensure that new or redeveloped service counters meet the technical requirements as outlined in s.80(41) of the IASR? *

○ Yes ○ No

Read O. Reg. 191/11 s. 80(41): Service counters

Learn more about your requirements for question 13.a

Comments for question 13.a

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14. Since January 1, 2017, has your organization constructed new fixed queuing guides? *
(if Yes, you will be required to answer additional questions)

○ Yes ◉ No

14.a. Does your organization ensure that new fixed queuing guides for obtaining services meet the technical requirements as outlined in s.80(42) of the IASR? *

○ Yes ○ No

Read O. Reg. 191/11 s.80(42): Fixed queuing guides

Learn more about your requirements for question 14.a

Comments for question 14.a

15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *
(if Yes, you will be required to answer additional questions)

○ Yes ◉ No

15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *

○ Yes ○ No

Read O. Reg. 191/11 s.80(43): Waiting areas

Learn more about your requirements for question 15.a

Comments for question 15.a

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16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *
(if Yes, you will be required to answer additional questions)

◉ Yes ○ No

Read O. Reg. 191/11 Part IV. 1: Design of public spaces standards

Learn more about your requirements for question 16

16.a. Does your organization's multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order as outlined in s.80(44) of the IASR? *

◉ Yes ○ No

Read O. Reg. 191/11 s.80(44): Maintenance of accessible elements

Learn more about your requirements for question 16.a

Comments for question 16.a

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17. Other than the requirements cited in the above questions, is your organization complying with all other requirements in effect under the Integrated Accessibility Standards Regulation? * ◉ Yes ◯ No

Read O. Reg. 191/11: Integrated Accessibility Standards

Learn more about your requirements for question 17

Comments for question 17

Organization category Business / non-profit	Number of employees range 50+
Filing organization legal name HopeGreyBruce Mental Health and Addictions Service	
Filing organization business number (BN9) 108083510	

Fields marked with an asterisk (*) are mandatory.

D. 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.

E. 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 Accessibility Directorate 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 I have the authority to bind all organizations specified in Section A of this form, *

☑ I certify that all the required information has been included in this report, and, *

☑ I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * 2017-11-14

Certifier information

Last name *	First name *			
Cowley	Sarah			
Position title *	Business phone number *	Extension	☐ Check here if TTY	
Chief Executive Officer	519 371-4120	230		
Email *	Alternate phone number	Extension	Fax number	
scowley@hopegb.org			519 371-6138	

Primary contact for the organization(s)

☑ Check if the primary contact is same as the certifier

Last name *	First name *			
Cowley	Sarah			
Position title *	Business phone number *	Extension	☐ Check here if TTY	
Chief Executive Officer	519 371-4120	230		
Email *	Alternate phone number	Extension	Fax number	
scowley@hopegb.org				