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** 1-49 employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Township of Hornepayne 20 Business number (BN9) * Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 123421281 Check if operating/business name is same as legal name Organization operating/business name Township of Hornepayne 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 * 68 Front Street direction Province * Street type City * ON (Ontario) Street Hornepayne Postal code (e.g. A1A 1A1) * P0M 1Z0 **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 sele	ction.			
CanadaUSA			◯ International			
Type of address	* Street addre	ss C	Street address served by route	Other		
Unit number	Street number * 68	Street nam Front	e *			
Street type Street	Street direction		City * Hornepayne		Province * ON (Ontario)	
Postal code (e.g. P0M 1Z0	A1A 1A1) *					

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 Desig	nated Public Sector				
Number of employees range					
Filing organization legal name	Township of Hornepayne				
Filing organization business n	number (BN9) 123421281				
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acces	ssibility requirements				
Before you begin your report, yo	u can learn about your accessibi	lity requirements at ontario.c	ca/accessibility		
Additional accessibility requirement a library board	ents apply if you are:				
a producer of educer	cation material (e.g. textbooks)				
an education instit	cution (e.g. school board, college	, university or school)			
• <u>a municipality</u>					
C. Accessibility compliar	nce report certification				
Section 15 of the <i>Accessibility fo</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 accessibil	lity report filed un	der the AODA.	
The certifier may designate a pri otherwise the certifier will be the	-	Seniors and Accessibility to	contact the orgar	nization(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 information is accurate and I have the authority to bind the organization *					
Certification date (yyyy-mm-dd) * 2023-04-28					
Certifier information	,				
Last name * Hill		First name * Jennifer			
Position title * Other	Position title other * Deputy Clerk	Business phone number * 807-868-2020	Extension 202	Check here if TTY	

Email * deputyclerk@hornepayne.ca		Alternate phone number	Extension	Fax numbe	r
Primary contact for the org	janization(s)				
✓ Check if the primary contact i Last name * Hill	s same as the certifier	First name * Jennifer			
Position title * Other	Position title other * Deputy Clerk	Business phone number * 807-868-2020	202	if T	
Email * deputyclerk@hornepayne.ca		Alternate phone number	Extension	Fax numbe	
D. Accessibility complian	ce report questions				
Instructions Please answer each of the follow If you need help with a specific q view the relevant AODA regulation General	uestion, click the help links whic	ch will open in a new brows	er window. U	se the link o	
Has your organization create	pplicable accessibility requireme	ents in the IASR? *	ut your requi	Yes rements for a	○ No
Has your organization establ (If Yes, please answer addition)		year accessibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans	Learn more abo	ut your requi	rements for o	question 2
2.a. Does your organization (If Yes, please answer				Yes	○ No
Read O. Reg. 191/11, s. 4 (1) Comments for We have a question 2.a): Accessibility plans brand new, fully compliant w	<u>Learn more abo</u> ebsite!	ut your requi	rements for o	<u>uestion 2.a</u>
	on's accessibility plan posted or			Yes	○ No
Comments for Our of	s. 4 (1): Accessibility plans Ider plan is currently posted, a	The state of the s			

	2.a.ii Does your organization provide the accessibility plan in ar when requested? *	n accessible format	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ments for զւ	ıestion 2.a.ii
	Comments for question 2.a.ii			
R	b Does your organization update the accessibility plan at least on ead O. Reg. 191/11, s. 4 (1): Accessibility plans Comments for Council approved the newest plan on April 24th uestion 2.b	Learn more about your require	Yes Yes Yes Yes Yes Yes	○ No uestion 2.b
3. D	oes your organization provide appropriate training on: *			
Read	l O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for o	question 3
3	a. The AODA Integrated Accessibility Standards Regulation? *		Yes	○ No
<u>R</u>	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for	question 3.a
	comments for uestion 3.a			
3	b The Human Rights Code as it pertains to people with disabilities	s? *	Yes	○ No
R	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ements for q	uestion 3.b
	comments for uestion 3.b			
Info	rmation and communications			
th N	oes your organization have a process for receiving and responding lat is accessible to people with disabilities? * ote: This requirement is applicable regardless of whether customers or your premises f Yes, please answer an additional question)		Yes 🔘	No
Read	O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requir	ements for o	question 4
4	 Does your organization notify the public about the availability of and communications supports with respect to the feedback prod Note: This requirement is applicable regardless of whether cust on your premises. * 	cess? *	Yes	○ No
R	ead O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requir	ements for o	question 4.a

	Comments for question 4.a
5.	Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * (If Yes, please 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
	5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre-recorded audio descriptions)? In the comments box, please list the complete names and addresses of your publicly available web content, including websites, social media pages, and apps. *
	Read O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about your requirements for question 5.a
	Comments for question 5.a Website: https://www.townshipofhornepayne.ca Facebook: https://www.facebook.com/groups/377140689297771 YouTube: https://www.youtube.com/channel/UCadf3N_laZb4I0RyLp5G96A
Cı	stomer Service
6.	Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? * • Staff and volunteers • People involved in developing accessibility policies
	 People providing goods, services or facilities on behalf of the organization
	(If Yes, please answer an additional question)
Re	ad O. Reg. 191/11, s. 80.49: Training for staff, etc. Learn more about your requirements for question 6
	6.a. Does the training include all of the following: *
	A review of the purposes of the AODA?

- A review of the purposes of the Customer Service Standards?
- How to interact and communicate with persons with various types of disability?
- How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support
- 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

5.

•	(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	No
	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>su</u> p	8.a. Does your organization do all of the following before required disability to be accompanied by a support person on your process. • Consult with the 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		
	person with a disability or others on premises?Determine that there is no other way to protect the heal with a disability or others on premises?	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			
Εn	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	No
	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? * • When the employee moves to a different location in the organization?			○ Yes	○ No
	• 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
Con	nments	for			
quo	511011 0.	u			
9.b.	workp	ny of the employees for whom your organization has provi place 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
Con	nments stion 9.	for			
	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
		ments for iion 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	uestion 9.b.ii
		ments for tion 9.b.ii			

Design of public spaces			
 10. Since January 1, 2017, has your organization constructed new or redefollowing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas (If Yes, please answer additional questions) 	veloped any of the	Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	equirements f	or question 10
 10.a. Where applicable, do the newly constructed or redeveloped items requirements as outlined in the Design of Public Spaces Standard Read O. Reg. 191/11 Part IV.1: Design of public spaces standards Comments for question 10.a 		Yes equirements f	○ No for question 10.a
 10.b. Does your organization's multi-year accessibility plan include procompreventative and emergency maintenance of the accessible elements spaces, and for dealing with temporary disruptions when accessible not in working order? * Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements Comments for question 10.b 	ents in public ble elements are	Yes equirements f	○ No
AODA			
11. 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 re	<u>equirements f</u>	or question 11
11.a. Has your organization established an accessibility advisory comm Section 29 of the AODA? * (If yes, please answer additional questions)		○ Yes	
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees Comments for question 11.a	Learn more about your re	<u>:quirements T</u>	oi question 11.8

11.a.i Is the majority of members in the committee persons w	vith disabilities? *	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	ments for qu	estion 11.a.i
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about sindescribed in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility standards.	advice on the	○ 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	ments for qu	estion 11.a.i
Comments for question 11.a.ii			



2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 1-49

Filing organization legal name Township of Hornepayne

Filing organization business number (BN9) 123421281

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.**