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.

Fleids marked \	with an asterisk (*) are mandatory.			
A. Organizatio	n information				
•	ganization category * Number of employees range * 1-49 employees		Reporting year 2023		
Business deta	nils				
Organization lega	al name *			Number o	of employees in Ontario * Help
The Corporation	n of the Township	of Otonabee-South Mo	onaghan	45	
Business number	r (BN9) * <u>Help</u> [nave received an AODA eniors and Accessibility		
✓ Check if opera	ating/business nam	e is same as legal name		×	
	erating/business nar n of the Township	me of Otonabee-South Mo	onaghan		
Sector that best of Empty	describes your orga	nization's principal busine	ess activity *	Help	1
Subsector (if pos Empty	sible)		1		
Industry group (if	possible)			=	
Mailing address	SS				
		the person responsible for	or coordinating the orga	ınization's A	ODA compliance activities.
Country *					·
	will change based o	on your selection.			
Canada		JSA	○ Internation	onal	
Type of address			ess served by route	Other	
Unit number	Street number * 20	Street name * Third Street			
Street type	Street direction	City *	· · · · · · · · · · · · · · · · · · ·		Province *
Street		Keene			ON (Ontario)
Postal code (e.g. K0L 2G0	A1A 1A1) *				
Business addı	ress				
(Address at which	letters can be sent	to the company director/of	ficer accountable for the	organizatio	n's compliance with the AODA.)
✓ Check if busin	ness address is san	ne as mailing address			

Country *						
The fields belo	w will change based	on your se	election.			
Canada	\circ	USA	◯ Interna	tional		
Type of addres	ss * 🌘 Street addre	ess	○ Street address served by route	Other		
Unit number	Street number * 20	Street na Third St				
Street type Street	Street direction	10	City * Keene		Province * ON (Ontario)	
Postal code (e. K0L 2G0	.g. A1A 1A1) *				in =	



2023 Accessibility compliance report

Organization category Design	nated Public Sector			
Number of employees range	1-49	-		= =
Filing organization legal nam	e The Corporation of the	Township of O	tonabee-South Monaghan	
Filing organization business i	number (BN9)	7		
Fields marked with an asteris	k (*) are mandatory.		58.6	
B. Understand your acce	ssibility requirements	•	for the second second	-5 N AT I N
Before you begin your report, yo	u can learn about your acce	essibility requiren	nents at ontario.ca/accessibility	
Additional accessibility requirem • a library board	ents apply if you are:			
• a producer of edu	cation material (e.g. textboo	oks)		
an education insti	tution (e.g. school board, co	ollege, university	or school)	
• a municipality				
If you are a municipality submitt	 ing this report, and submittir	ng on behalf of lo	cal boards, please indicate which bo	ards below.
C. Accessibility complian	nce report certification	n		
			res that accessibility reports include a , signed by a person with authority to	
Note: It is an offence under the	Act to provide false or misle	ading information	n in an accessibility report filed unde	r the AODA.
The certifier may designate a protherwise the certifier will be the		ry for Seniors and	Accessibility to contact the organiza	ation(s);
Certifier: Someone who can leg	ally bind the organization(s)).		
Primary Contact: The person w	ho will be the main contact	for accessibility i	ssues.	
Acknowledgement				
✓ I certify that all the information	n is accurate and I have the	authority to bind	I the organization *	
Certification date (yyyy-mm-dd)	* 2023-12-15			
Certifier information				
Last name * Scott		First name Heather	*	
Position title * Administrator	Business phone number * 705-295-6852	Extension 223	Check here if TTY	

Email * cao@osmtownship.ca	Alternate phone number	Extension	Fax numbe	er		
Primary contact for the org	ganization(s)					
Check if the primary contact Last name * Scott	is same as the certifier	First name * Heather	-			
Position title * Administrator						
Email * cao@osmtownship.ca					r	
D. Accessibility compliar	nce report questions					
Instructions Please answer each of the follow If you need help with a specific of view the relevant AODA regulation	question, click the help links wh	nich will open in a new brows	er window. U	lse the link o	•	
Has your organization create accessibility by meeting all a	General 1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? * Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies Learn more about your requirements for question 1 Comments for					
Has your organization estab	lished and implemented a mult	i-year accessibility plan?*		Yes	○ No	
(If Yes, please answer additi	· · · · · · · · · · · · · · · · · · ·				Ü	
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans	<u>Learn more abo</u>	ut your requi	rements for	question 2	
2.a. Does your organization (If Yes, please answer				Yes	○ No	
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more abo	ut your requi	rements for	question 2.a	
Comments for question 2.a						
2.a.i Is your organizati	on's accessibility plan posted o	on your organization's websit	e? *		No	
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Learn more about	t your require	ements for qu	uestion 2.a.i	
Comments for We ju question 2.a.i uploa	st underwent a full reconstruded	uction of our website and r	not all docur	ments have	been	

	2.a.ii Does your organization prov when requested? *	an accessible format	Yes	○ No	
	Read O. Reg. 191/11, s. 4 (1): Ac	cessibility plans	Learn more about your re-	quirements for qu	estion 2.a.ii
	Comments for question 2.a.ii				
	2.b Does your organization update the	e accessibility plan at least or	nce every 5 years? *	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessib	pility plans	Learn more about your re	quirements for qu	uestion 2.b
	Comments for Currently in review name question 2.b	ow			
3.	Does your organization provide appropr	riate training on: *			0 -
R	ead O. Reg. 191/11, s. 7 (1): Training		Learn more about your re	equirements for q	uestion 3
	3.a. The AODA Integrated Accessibility	y Standards Regulation? *		Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training		Learn more about your re	equirements for q	uestion 3.a
	Comments for question 3.a				
	3.b The Human Rights Code as it pert	ains to people with disabilitie	s?*	Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training		Learn more about your re	quirements for qu	estion 3.b
	Comments for question 3.b				
	<u> </u>	1 - s da desta d	<u>, </u>		
In	formation and communications				
4.	Does your organization have a process that is accessible to people with disabilit Note : This requirement is applicable regon your premises (If Yes, please answer an additional que	ies? * gardless of whether customer		Yes	No
Re	ead O. Reg. 191/11, s. 11 (1): Feedback	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Learn more about your re	equirements for q	uestion 4
	4.a. Does your organization notify the pand communications supports with Note: This requirement is application your premises. *	respect to the feedback pro-	cess? *	Yes	○ No
	Read O. Reg. 191/11, s. 11 (2): Feedba	<u>ck</u>	Learn more about your re	equirements for q	uestion 4.a

	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)	Yes) No
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about you	ur 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. *	Yes	○ No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about you	ur requirements for	question 5.a
	Comments for question 5.a		
С	ustomer Service		
6.	persons with disabilities to the following? *	Yes	○No
	Staff and volunteers Part to the data to the dat		
	People involved in developing accessibility policies		
	People providing goods, services or facilities on behalf of the organization		
р.	(If Yes, please answer an additional question)	un no muino manda Esta	with the C
K	ead O. Reg. 191/11, s. 80.49: Training for staff, etc. Learn more about you	ur requirements for	question 6

6.a. Does the training include all of the following: *

- Yes
- \bigcirc No

- 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 person?
- 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

7.	, ,	on provide information in an acces er additional questions)	ssible format?*			Yes (○ No
Re	ead O. Reg. 191/11, s.	80.51 (1): Format of documents		Learn more ab	out your re	equirements f	or question 7
		of information in accessible formaunt the individual's disability? *	at done so in a t	imely manner tha	at	Yes	○No
	Read O. Reg. 191/11	, s. 80.51 (1): Format of documen	<u>nts</u>	Learn more ab	out <mark>y</mark> our re	equirements for	or question 7.a
		Township has never been requested we would	uested to prov	ide information	in access	sible formats	however
	the regular cost	of information in accessible forma charged to other persons? *				Yes	○ No
	Read O. Reg. 191/11	, s. 80.51 (1): Format of documen	<u>nts</u>	Learn more abo	out your re	equirements for	or question 7.b
	Comments for Refe question 7.b	erence 7a - if requested the cos	sts would be n	o different.			
8.	support person when	on ever require a person with a dis on your premises? * er an additional question)	sability to be acc	companied by a		○ Yes	No
	ead O. Reg. 191/11, s. pport persons	80.47 (5): Use of service animals	and	Learn more abo	out your re	quirements fo	or question 8
	disability to be a	nization do all of the following before accompanied by a support person at the person with a disability?				○ Yes	○No
		support person is necessary to p a disability or others on premises		n or safety of the			
		hat there is no other way to proted ility or others on premises?	ct the health or s				
	191/11, s. 80.47 (5): L	Jse of service animals and suppo	rt persons	Learn more abo	out your re	quirements fo	or question 8.a
	Comments for question 8.a						
Er	mployment					25	
9.	individualized workpla	on employ any persons with disablace emergency response informat r additional questions)		you have provide	ed	○Yes	No
	ead O. Reg. 191/11, s. : ormation	27 (1): Workplace emergency res	ponse	Learn more abo	out your re	quirements fo	or question 9

9.a.		your organization review the individualized workplace emation for all of the following? *	nergency response	○ Yes	○ No
	• W	hen the employee moves to a different location in the org	anization?		
	• 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 i	equirements for c	uestion 9.a
	nments stion 9.				
9.b.	workp	ny of the employees for whom your organization has provolace emergency response information require assistances, please answer additional questions)		○ Yes	○No
		eg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your r	equirements for c	uestion 9.b
	mation				
	ments				
ques	stion 9.	D			
	9.b.i	Has your organization, with the employee's consent, preemergency response information to the person designates assistance to the employee? *		○ Yes	○ No
		O. Reg. 191/11, s. 27 (2): Workplace emergency nse information	Learn more about your re	quirements for qu	estion 9.b.i
		ments for 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
	Read	O. Reg. 191/11, s. 27 (3): Workplace emergency	Learn more about your re	quirements for qu	estion 9.b.ii
	respo	nse information			
		ments for ion 9.b.ii			

Design of public spaces			
10. 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 re	equirements for	or question 10
10.a. Where applicable, do the newly constructed or redeveloped items 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 re	equirements for	or question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include pro preventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessing not in working order? *	ents in public	○ Yes	No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your re	equirements for	or guestion 10 h
Comments for Update of plan in review and will include question 10.b	<u>Learn more about your re</u>	yqui ememo re	r quodion ro.s
AODA			4.
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	quirements fo	or question 11
11.a. Has your organization established an accessibility advisory comn Section 29 of the AODA? * (If yes, please answer additional questions)	nittee 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 re	equirements fo	r question 11.a
Comments for question 11.a			

11.a.i Is the majority of members in the committee persons wit	h 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 requirer	ments for que	estion 11.a.i
Comments for question 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 a requirements and implementation of accessibility standards.	dvice 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 requirer	ments for que	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 The Corporation of the Township of Otonabee-South Monaghan

Filing organization business number (BN9)

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses indicate that the organization is not in full compliance with Ontario's accessibility laws. You indicated non-compliance to the following questions:

2.a.i Is your organization's accessibility plan posted on your organization's website?

10.b 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?

Your organization needs to come into compliance with all AODA requirements. Your organization will be contacted by ministry compliance staff regarding its non-compliant status to assist you with the actions required for your organization to comply.