### 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 <a href="Integrated Accessibility Standards Regulation (IASR)">Integrated Accessibility Standards Regulation (IASR)</a> 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 <a href="IASR">IASR</a>, 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 Municipality of Hasting Highlands Business number (BN9) \* Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 131156564 Check if operating/business name is same as legal name Organization operating/business name The Municipality of Hastings Highlands 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 ○ USA International Street address Street address served by route Type of address \* Other PO Box Route number Route type Delivery installation type 130 Delivery installation identifier City \* Province \* Maynooth ON (Ontario) Postal code (e.g. A1A 1A1) \* K0L 2S0 **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			○Intern	ational			
Type of address *   Street address   Street address served by route   Other							
Unit number	Street number * 33011	Street nam Hwy 62 N					
Street type	Street direction		City * Maynooth		Province * ON (Ontario)		
Postal code (e.g. K0L 2S0	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

Desire	antad Dublic Contan		
Organization category Design  Number of employees range			
		in ality of Haatin	a Llighlanda
Filing organization legal name			g Highlands
Filing organization business r	iumber (BN9) 131156564	ł	
Fields marked with an asterisl	د (*) are mandatory.		
B. Understand your acces	ssibility requirements		
Before you begin your report, you Additional accessibility requirement  a library board	•	sibility requireme	nts at ontario.ca/accessibility
a producer of educer	cation material (e.g. textbooks	<u>s)</u>	
an education instit	ution (e.g. school board, colle	ege, university or	school)
• <u>a municipality</u>			
C. Accessibility complian	ce report certification		
			s that accessibility reports include a statement signed by a person with authority to bind the
Note: It is an offence under the A	Act to provide false or mislead	ding information i	n an accessibility report filed under the AODA.
The certifier may designate a pri otherwise the certifier will be the		for Seniors and A	Accessibility to contact the organization(s);
Certifier: Someone who can lega	ally bind the organization(s).		
Primary Contact: The person w		or accessibility iss	ues.
Acknowledgement			
✓ I certify that all the information	n is accurate and I have the a	authority to bind t	he organization *
Certification date (yyyy-mm-dd) *	2023-12-01		
Certifier information			
Last name * Huschilt		First name * Suzanne	
Position title * Administrator	Business phone number * 613-338-2811	Extension 277	Check here if TTY

Email * shuschilt@hastingshighlands.	ca	Alternate phone number	Extension	Fax numbe	r
Primary contact for the org	anization(s)		•		
Check if the primary contact is Last name *	s same as the certifier	First name *			
Position title * Administrator		Extension Check he 277 if TTY	re		
Email * shuschilt@hastingshighlands.	ca	Alternate phone number	Extension	Fax numbe	r
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	uestion, click the help links w	hich will open in a new brows	er window. Us	se the link on	•
General					
<ol> <li>Has your organization create accessibility by meeting all a</li> </ol>				Yes	○ No
Read O. Reg. 191/11, s. 3 (1): Es	stablishment of accessibility p	<u>Learn more abo</u>	out your requi	rements for c	uestion 1
question 1  2. Has your organization establi	•	ti-year accessibility plan?*		<ul><li>Yes</li></ul>	○ No
(If Yes, please answer addition Read O. Reg. 191/11, s. 4 (1): Additional Read O. Reg. 191/11, s. 4 (1): Additiona	. ,	Learn more abo	out vour requi	rements for o	uestion 2
2.a. Does your organization (If Yes, please answer a	have a website? *	25411111010 422	at your roqui	Yes	○ No
Read O. Reg. 191/11, s. 4 (1	, ,	<u>Learn more abo</u>	out your requi	rements for c	uestion 2.a
Comments for www.hastin question 2.a	gshighlands.ca				
2.a.i Is your organization	on's accessibility plan posted	on your organization's website	e? *	Yes	○ No
Read O. Reg. 191/11, s Comments for question 2.a.i	s. 4 (1): Accessibility plans	<u>Learn more abou</u>	t your require	ements for qu	estion 2.a.i

		2.a.ii Does your organization provide the accessibility plan in an when requested? *	accessible format	<ul><li>Yes</li></ul>	○ No
		Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requiren	nents for que	estion 2.a.ii
		Comments for question 2.a.ii			
	2.b	Does your organization update the accessibility plan at least once	e every 5 years?*	<ul><li>Yes</li></ul>	○ No
	Read	d O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirer	nents for qu	estion 2.b
		nments for stion 2.b			
3.	Does	s your organization provide appropriate training on: *			
Re	ad O.	Reg. 191/11, s. 7 (1): Training	Learn more about your require	ments for qu	uestion 3
	3.a.	The AODA Integrated Accessibility Standards Regulation? *		<ul><li>Yes</li></ul>	◯ No
	Read	d O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ments for qu	uestion 3.a
		nments for stion 3.a			
	3.b	The Human Rights Code as it pertains to people with disabilities?		<ul><li>Yes</li></ul>	○ No
	Read	d O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirer	nents for qu	estion 3.b
		nments for stion 3.b			
In	forma	ation and communications			
4.	that i	s your organization have a process for receiving and responding to is accessible to people with disabilities? *  2: This requirement is applicable regardless of whether customers our premises		∕es ( ) N	No
Re	•	es, please answer an additional question) . Reg. 191/11, s. 11 (1): Feedback	Learn more about your require	ements for a	uestion 4
	4.a.	Does your organization notify the public about the availability of a and communications supports with respect to the feedback proc <b>Note:</b> This requirement is applicable regardless of whether custo on your premises. *	accessible formats ess? * mers are permitted	Yes	○ No
	Read	d O Reg. 101/11 s. 11 (2): Feedback	Learn more about your require	mente for a	Lection / a

Comments for
question 4.a

Comments for question 6.a

5.	indirectly modify o	ly ('controcent a					Yes	∩ No
Re	ad O. Re	<u>eg. 191/1</u>	1, s. 14: Accessib	le websites and web	<u>content</u>	Learn more about your	<u>r requirements fo</u>	or question 5
	We pre na	eb Contore-record	ent Accessibility G ed audio descript	ternet websites conf Guidelines 2.0 Level ions)? In the comme ur publicly available ps. *	AA (except for livents box, please	e captions and list the complete	Yes	○ No
	Read O.	. Reg. 19	91/11, s. 14: Acces	ssible websites and	web content	Learn more about your	r requirements fo	or question 5.a
	Comme question		www.hastingshi https://www.face	ghlands.ca ebook.com/hastings	shighlands			
Cı	ustomer	r Servic	e					
6.	<ul><li> Staff</li><li> Peop</li><li> Peop</li></ul>	s with dis f and volu ple involu ple provi	abilities to the foll unteers ved in developing	accessibility policies ses or facilities on be			Yes	○ No
Re	ad O. Re	eg. 191/1	1, s. 80.49: Traini	ng for staff, etc.		Learn more about you	<u>r requirements fo</u>	or question 6
	6.a. Do		raining include all	_			<ul><li>Yes</li></ul>	○ No
	•		w of the purposes					
	•			of the Customer Se				
	•	How to	interact with pers		who use an ass	rpes of disability? istive device or require assistance of a support		
	•	provide		that may help with t		oremises or otherwise loods, services or		
	•		•	ith a particular type o goods, services or f	•	ing difficulty		
	Read O	Red 10	01/11 e 80 /0·Tr	aining for staff, etc.		Learn more about your	r requirements fo	or question 6

	es your organization provide information in an accessible format? " Yes, please answer additional questions)		Yes ( )	No
Read (	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for o	question 7
7.a	<ul> <li>Is the provision of information in accessible format done so in a ti takes into account the individual's disability? *</li> </ul>	mely manner that	Yes	○ No
Re	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for o	question 7.a
	omments for estion 7.a			
7.b	<ul> <li>Is the provision of information in accessible format at a cost no m</li> <li>the regular cost charged to other persons? *</li> </ul>	ore than	Yes	○ No
Re	ad O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7.b
	omments for estion 7.b			
su	es your organization ever require a person with a disability to be acc pport person when on your premises? * Yes, please answer an additional question)	companied by a	○ Yes	No
	O. Reg. 191/11, s. 80.47 (5): Use of service animals and rt persons	Learn more about your	requirements for o	question 8
8.a	<ul> <li>Does your organization do all of the following before requiring a product disability to be accompanied by a support person on your premise.</li> <li>Consult with the person with a disability?</li> </ul>			○ No
	<ul> <li>Determine a support person is necessary to protect the health person with a disability or others on premises?</li> </ul>	n or safety of the		
	<ul> <li>Determine that there is no other way to protect the health or swith a disability or others on premises?</li> </ul>	safety of the person		
<u>19</u>	1/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirements for o	question 8.a
	omments for estion 8.a			
Empl	oyment			
). Do ind	es your organization employ any persons with disabilities for whom lividualized workplace emergency response information? * Yes, please answer additional questions)	you have provided	⊜ Yes	<ul><li>No</li></ul>
Read (	O. Reg. 191/11, s. 27 (1): Workplace emergency response ation	Learn more about your	requirements for o	question 9

9.a.		your organization review the individualized workplace emnation for all of the following? *	ergency 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 poli	cies?		
infor Con	mation nments	for	Learn more about your re	quirements for q	uestion 9.a
que	stion 9.	a			
9.b.	workp	ny of the employees for whom your organization has provi place emergency response information require assistance s, please answer additional questions)			○No
Rea	d O. Re	eg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	quirements for o	uestion 9.b
infor	<u>mation</u>				
	nments stion 9.				
	9.b.i	Has your organization, with the employee's consent, pro emergency response information to the person designal assistance to the employee? *	•		○ No
		O. Reg. 191/11, s. 27 (2): Workplace emergency onse information	Learn more about your requ	uirements for qu	estion 9.b.i
		ments for tion 9.b.i			
	9.b.ii	Was the individualized workplace emergency response soon as practicable after your organization became aw accommodation due to the employee's disability? *		( Yes	○ No
		O. Reg. 191/11, s. 27 (3): Workplace emergency onse information	Learn more about your requ	uirements for qu	estion 9.b.i
		ments for			
	quest	tion 9.b.ii			

Design of public spaces			
<ul> <li>10. Since January 1, 2017, has your organization constructed new or redevent following items? * <ul> <li>Outdoor public use eating areas</li> <li>Outdoor play space</li> <li>Off-street parking</li> <li>Service counter</li> <li>Fixed queuing guides</li> <li>Waiting areas</li> <li>(If Yes, please answer additional questions)</li> </ul> </li> <li>Read O. Reg. 191/11 Part IV.1: Design of public spaces standards</li> </ul>	veloped any of the		No  No  r guestion 10
		•	
10.a. Where applicable, do the newly constructed or redeveloped items requirements as outlined in the Design of Public Spaces Standard		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces	Learn more about your red	quirements fo	r question 10.a
Comments for question 10.a  10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elem	ents in public	( Yes	( No
spaces, and for dealing with temporary disruptions when accessib not in working order? *	le elements are		
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your red	quirements fo	r question 10.b
Comments for question 10.b			
AODA			
11. Is your organization a municipality with population of 10,000 or more? * (If Yes, please answer additional questions)		○Yes	<ul><li>No</li></ul>
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your red	quirements fo	r question 11
11.a. Has your organization established an accessibility advisory comm Section 29 of the AODA? * (If yes, please answer additional questions)	ittee as described in		○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your red	quirements fo	r question 11.a
Comments for question 11.a			

11.a.i Is the majority of members in the committee persons w	ith disabilities? *		○ 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 que	estion 11.a.i
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 stan	s 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 que	estion 11.a.ii
Comments for question 11.a.ii			



# 2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Corporation of the Municipality of Hasting Highlands

Filing organization business number (BN9) 131156564

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.**