

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 <u>accessibility@ontario.ca</u>.



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 *			Nu	Number of employees range *		Reporting year
Business or No	n-profit		50-	+ employees		2023
Business deta	ils		L			·
Organization lega	al name *				Number of	employees in Ontario * Help
Community Livi	ng London				482	
Business numbe 108087222	r (BN9) * <u>Help</u>				L	
Check if operative	ating/business name	e is same as	s legal name			
Organization ope Community Livi	erating/business nan ng London	ne				
	describes your organ e and social assist	•	rincipal business ac	tivity *	<u>Help</u>	
Subsector (if pos 623 - Nursing a	sible) nd residential care	e facilities				
Industry group (if 6232 - Residen	• •	rsons with	an intellectual or	developmental o	lisability, a	mental health or substance u
Mailing addres	S S					
Address where le	tters can be sent to	the person	responsible for coo	rdinating the orga	nization's A0	DDA compliance activities.
Country *		·		0 0		
The fields below	will change based o	on your selee	ction.			
Canada	\bigcirc L	JSA		◯ Internatio	onal	
Type of address	 Street addres 	ss C) Street address se	rved by route	Other	
Unit number	Street number * 190	Street nam Adelaide	ne *			
Street type	Street direction		City *			Province *
Street	S (South/Sud)		London			ON (Ontario)
Postal code (e.g. N5Z 3L1	A1A 1A1) *					
Business add	ress					
(Address studied	lattora con ha cont	to the comp	any director/officer a	accurately for the	orgonization	Δ

(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 c	n your sele	ction.			
Canada	\bigcirc L	JSA	◯ Interna	tional		
Type of address	* Street address 	ss C) Street address served by route	Other		
Unit number	Street number *	Street nam	ie *			
	190	Adelaide				
Street type	Street direction		City *		Province *	
Street	S (South/Sud)		London		ON (Ontario)	
Postal code (e.g. A1A 1A1) *						
N5Z 3L1	N5Z 3L1					

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 Business or Non-profit

Number of employees range 50+

Filing organization legal name Community Living London

Filing organization business number (BN9) 108087222

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)
- a municipality

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) * 2023-05-15

Certifier information

Last name * Palmer			First name Michelle	*		
Position title * Chief Executive Officer	Business phone number * 519-670-6504	Ext	ension	Check her if TTY	e	
Email * michelle.palmer@cll.on.ca			Alternate pl 519-686-3			Fax number 519-686-5490

Primary contact for the organization(s)

Check if the primary contact is same as the certifier					
Last name *	First name *				
Easter	Lynne				

Position ti Other	tle *	Position title other * Executive HR Officer	Business phone number * 226-678-1649	Extension		eck here TY
Email * lynne.eas	ster@cll.on.ca		Alternate phone number	Extension	Fax numbe 519-686-5	
D. Acce	ssibility compliar	nce report questions		•		
Instructi	ons					
Please an	swer each of the follow	ving compliance questions. Use	the Comments box if you w	vish to comm	ent on any re	esponse.
		question, click the help links whic ons and the link on the right to v				n the left to
General						
		and implemented written policion policion policion and implemented written policion plicable accessibility requirement			Yes	⊖ No
Read O. F	Reg. 191/11, s. 3 (1): E	stablishment of accessibility pol	icies Learn more abo	out your requi	irements for	question 1
Comment question 1						
•	our organization estab s, please answer additi	lished and implemented a multi- onal questions)	year accessibility plan? *		• Yes	⊖ No
Read O. F	<u>Reg. 191/11, s. 4 (1): A</u>	ccessibility plans	Learn more abo	out your requi	irements for	question 2
	Does your organizatior (If Yes, please answer				• Yes	⊖ No
Read (<u>O. Reg. 191/11, s. 4 (′</u>	l): Accessibility plans	Learn more abo	out your requi	irements for	question 2.a
	nents for on 2.a					
2	2.a.i Is your organizat	ion's accessibility plan posted or	n your organization's websit	te? *	• Yes	◯ No
Ē	<u>Read O. Reg. 191/11,</u>	<u>s. 4 (1): Accessibility plans</u>	Learn more abou	t your require	ements for qu	uestion 2.a.i
	Comments for It's an question 2.a.i on our	internal document with some website.	times private information	, however, μ	oolicies are	accessible
2	2.a.ii Does your organ when requested?	ization provide the accessibility p	blan in an accessible forma	t	• Yes	⊖ No
Ē	Read O. Reg. 191/11,	<u>s. 4 (1): Accessibility plans</u>	Learn more abou	t your require	ements for qu	uestion 2.a.ii
	Comments for question 2.a.ii					

	2.b Does your organization update the accessibility plan at least on	ce every 5 years? *	Yes	⊖ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	<u>Learn more about your requ</u>	irements for q	uestion 2.b
	Comments for Reviewed ongoing and updated , and additional i question 2.b persons supported every 3 years.	nformation shared with em	ployees and	
3.	Does your organization provide appropriate training on: *			
<u>Re</u>	<u>ad O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your req	uirements for o	question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *		• Yes	⊖ No
	<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your req	uirements for o	question 3.a
	Comments for question 3.a			
	3.b The Human Rights Code as it pertains to people with disabilities		• Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training Comments for question 3.b	<u>Learn more about your requ</u>	<u>irements for q</u>	<u>uesuon 3.b</u>
In	formation and communications			
4.	Does your organization have a process for receiving and responding that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customers on your premises. (If Yes, please answer an additional question)	_	Yes 🔿	No
Re	ad O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your req	uirements for o	question 4
	 4.a. Does your organization notify the public about the availability of and communications supports with respect to the feedback proc Note: This requirement is applicable regardless of whether cust on your premises. * 	cess?	Yes	⊖ No
	<u>Read O. Reg. 191/11, s. 11(2): Feedback</u>	Learn more about your requ	uirements 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)

Read O. Reg. 191/11, s. 14: Accessible websites and web content

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 prerecorded audio descriptions)? In the comments box, please list the complete names and address 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 We are in the process of updating our website, including compliance with accessibility guestion 5.a standards.

Customer Service

6.	Does your organization provide training about providing goods, services or facilities to	Yes	🔿 No
	persons with disabilities to the following? *	-	-
	Staff and volunteers		

- 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)

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

- 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 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.

Comments for question 6.a

() No

Learn more about	our requirements	for question 5

• Yes

Learn more about your requirements for question 6.a

Learn more about your requirements for question 6

Yes

 \bigcirc No

 If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * (If Yes, please answer an additional question) 	Yes	⊖ No
Read O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions Learn more about your re	equirements f	or question 7
 7.a. Does the notice of the disruption include all of the following? * The reason for the disruption? Its anticipated duration? 	Yes	⊖ No
A description of available alternative facilities or services (if any)? <u>Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions</u> <u>Learn more about your re</u>	equirements f	or question 7.a
Comments for question 7.a		
 Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * (If Yes, please answer an additional question) 	Yes	⊖ No
Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and Learn more about your resupport persons support persons	equirements f	or question 8
 8.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: * Consult with the person with a disability? 	Yes	s 🔿 No
 Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises? Determine that there is no other way to protect the health or safety of the person with a disability or others on premises? 		
Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons Learn more about your resons Comments for question 8.a Image: Service animals and support persons	equirements f	or question 8.a
Employment		
 Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? * (If Yes, please answer additional questions) 	Yes	⊖No
Read O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn more about your re information	equirements f	or question 9

	.a. Does your organization review the individualized workplace emergency response information for all of the following? *			⊖ No		
	When the employee moves to a different location in the organization?					
	When the employee's overall accommodation needs or plans are reviewed?					
	When your organization reviews its general emergency policies?					
<u>Read</u> inform	O. Reg. 191/11, s. 27 (4): Workplace emergency response ation	Learn more about your requir	<u>ements for q</u>	uestion 9.a		
Comr	nents for					
quest	on 9.a					
	Do any of the employees for whom your organization has provie vorkplace emergency response information require assistance If Yes, please answer additional questions)		⊖ Yes	No		
Read	<u> O. Reg. 191/11, s. 27 (2): Workplace emergency response</u>	<u>Learn more about your requir</u>	ements for q	uestion 9.b		
inform	ation					
	nents for					
quest	on 9.b					
	9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? *		() Yes	() No		
	<u>Read O. Reg. 191/11, s. 27 (2): Workplace emergency</u> esponse information	Learn more about your requirer	<u>ments for que</u>	<u>estion 9.b.i</u>		
	Comments for					
	question 9.b.i					
	9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? *		⊖ Yes	⊖ No		
		Learn more about your requirer	nonte for cui	action 0 h ii		
	<u>Read O. Reg. 191/11, s. 27 (3): Workplace emergency</u> esponse information	Learn more about your requirer	nems for que	<u>550011 9.D.II</u>		

Comments for question 9.b.ii

Design of public spaces

 10. Since January 1, 2017, has your organization following items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas 	on constructed new or rede	veloped any of the	⊖ Yes (● No
(If Yes, please answer additional questions))			
Read O. Reg. 191/11 Part IV.1: Design of publi		Learn more about your re	equirements fo	r question 10
10.a. Where applicable, do the newly const requirements as outlined in the Desig <u>Read O. Reg. 191/11 Part IV.1: Design of p</u>	n of Public Spaces Standar		⊖ Yes	⊖ No <u>r question 10.a</u>
Comments for question 10.a				
10.b. Does your organization's multi-year and preventative and emergency maintena spaces, and for dealing with temporar not in working order? *	ance of the accessible elem	nents in public	⊖ Yes	🔿 No
Read O. Reg. 191/11, s. 80.44: Maintenand Comments for question 10.b	ce of accessible elements	<u>Learn more about your re</u>	equirements fo	r question 10.b



Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Community Living London

Filing organization business number (BN9) 108087222

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.