

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 cate	egory *		Nu	mber of employees	s range *	Reporting year
Designated Put	olic Sector		50·	+ employees		2023
Business deta	ils		•			·
Organization lega	al name *				Number of	employees in Ontario * <u>Help</u>
The Corporation	n of the City of To	ronto			35000	
Business number 123736142	r (BN9) * <u>Help</u> [is box if you have r Ministry for Seniors		identifier	
Check if operation	ating/business name	e is same as	s legal name			
•	rating/business nan					
Sector that best of 91 - Public adm	describes your orga inistration	nization's pr	rincipal business ac	tivity *	<u>Help</u>	
Subsector (if pos	sible)					
913 - Local, mu	nicipal and region	al public a	dministration			
Industry group (if 9139 - Other loo	possible) cal, municipal and	regional p	ublic administratio	on		
Mailing addres	SS					
Address where le	tters can be sent to	the person	responsible for coo	rdinating the orgar	nization's AC	DDA compliance activities.
Country *						
The fields below	will change based c	on your sele	ction.			
🖲 Canada	0 L	JSA		○ Internatio	nal	
Type of address	* () Street addres	ss C) Street address se	rved by route	Other	
Unit number	Street number * 100	Street nam <mark>Queen</mark>	ne *			
Street type	Street direction		City *			Province *
Street	W (West)		Toronto			ON (Ontario)
Postal code (e.g. M5H 2N2	A1A 1A1) *					
Business add	ress					
(Address at which	letters can be sent	to the compa	any director/officer a	ccountable 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 OUSA OInternational							
Type of address	 Street addre 	ss C) Street address served by route	⊖ Other			
Unit number	Street number * 100	Street nam Queen	ne *				
Street type Street	Street direction W (West)		City * Toronto		Province * ON (Ontario)		
Postal code (e.g. M5H 2N2	A1A 1A1) *						



Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name The Corporation of the City of Toronto

Filing organization business number (BN9) 123736142

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

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

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 *

Certifier information

		First name * Paul			
Position title * Other	Position title other * City Manager	Business phone number * 416-392-3551	Extension	Check here if TTY	

Email *			Alternate	phone number	Extension	Fax numbe	r
Paul.R.Johnson@toronto.ca							
Primary contact for the org	ganization(s)						
Check if the primary contact	is same as the certifier	1					
Last name * Burke-Benn			First name Debbie	ə ^			
Position title *Business phone number *ExDirector416-392-3906			Extension Check here if TTY				
Email * Debbie.Burke-Benn@toronto	.ca		Alternate	phone number	Extension	Fax numbe	r
D. Accessibility compliance report questions							
Instructions							
Please answer each of the follow	ving compliance questions. I	Use t	he Comme	ents box if you v	vish to comm	ent on any re	esponse.
If you need help with a specific on view the relevant AODA regulation							n the left to
General							
1. Has your organization create accessibility by meeting all a						Yes	⊖ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility	polic	<u>cies</u>	Learn more abo	out your requi	irements for	question 1
Comments for question 1							
2. Has your organization establ (If Yes, please answer additi		ulti-y	ear access	sibility plan? *		Yes	⊖ No
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans			Learn more abo	out your requi	irements for	question 2
2.a. Does your organizatior (If Yes, please answer						Yes	⊖ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans			Learn more abo	out your requi	irements for	question 2.a
Comments for question 2.a							
2.a.i Is your organizati	on's accessibility plan poste	d on	your orgar	nization's websi	te? *	• Yes	◯ No
Read O. Reg. 191/11, Comments for question 2.a.i	<u>s. 4 (1): Accessibility plans</u>		L	earn more abou	<u>t your require</u>	ements for qu	uestion 2.a.i

		2.a.ii Does your organization provide the accessibility plan when requested? *		• Yes	⊖ No
	Read O. Reg. 191	/11, s. 4 (1): Accessibility plans	Learn more about your rec	quirements for qu	estion 2.a.ii
	Comments for question 2.a.ii				
		zation update the accessibility plan at		• Yes	○ No
	Comments for question 2.b	<u>:. 4 (1): Accessibility plans</u>	<u>Learn more about your re</u>		
3.	Does your organization	provide appropriate training on: *			
Re	ead O. Reg. 191/11, s. 7 ((1): Training	Learn more about your re	equirements for c	question 3
	3.a. The AODA Integra	ated Accessibility Standards Regulati	ion? *	Yes	⊖ No
	<u>Read O. Reg. 191/11, s</u>	<u>. 7 (1): Training</u>	Learn more about your re	equirements for c	uestion 3.a
	Comments for question 3.a				
	3.b The Human Rights	s Code as it pertains to people with c	disabilities? *	• Yes	⊖ No
	<u>Read O. Reg. 191/11, s</u>	<u>. 7 (1): Training</u>	Learn more about your re	<u>quirements for q</u>	uestion 3.b
	Comments for question 3.b				
In	formation and comm	unications			
4.	that is accessible to peo	is applicable regardless of whether o		● Yes ○	No
Re	ead O. Reg. 191/11, s. 11		Learn more about your re	equirements for c	question 4
	and communicatio	zation notify the public about the avai ons supports with respect to the feedl ement is applicable regardless of whe *	back process? *	Yes	() No
	<u>Read O. Reg. 191/11, s</u>	<u>. 11 (2): Feedback</u>	Learn more about your re	equirements for c	question 4.a

	_				
5.	indirectly ('cont modify content	anization have one (or more) website(s) which it contro trols' means that your organization is able to add, remo and functionality of the website)? * answer an additional question)		Yes	○ No
Re	ead O. Reg. 191/	/11, s. 14: Accessible websites and web content	<u>Learn more about you</u>	r requirements	for question 5
	Web Con pre-recor names ar	ur organization's internet websites conform to World W Intent Accessibility Guidelines 2.0 Level AA (except for orded audio descriptions)? In the comments box, please and addresses of your publicly available web content, in redia pages, and apps. *	live captions and e list the complete	Yes	s 🔿 No
	Read O. Reg. 1	r requirements	for question 5.a		
	Comments for question 5.a	City of Toronto website: https://www.toronto.ca/	,		
		City of Toronto Social Media Pages: - Twitter: Our primary Twitter accounts are @cit - Facebook: Our primary account is City of Toro - Instagram: Our primary account is @cityofto - YouTube: Our primary account is theCityofTor - TikTok: Our primary account is @cityoftoronto - LinkedIn: Our primary account is the City of Toron - Flickr: Our primary account is the City of Toron A full list of social media accounts will not fit in the accounts can be found at: https://www.toronto.co City of Toronto Mobile Apps: - 311 Toronto: https://www.toronto.ca/home/311 - TOwaste: https://www.toronto.ca/services-pay	onto – Municipal Govern ronto YouTube channel pronto nto Photostream his comment box. A ful ca/home/social-media/	nment I Il list of social i :e/311-mobile-	apps/
С	ustomer Servi	ice			
	 persons with di Staff and vo People invo People prov (If Yes, please 	olved in developing accessibility policies viding goods, services or facilities on behalf of the orga answer an additional question)	anization	• Yes	-
<u>R</u> e	ead O. Reg. 191/	/11, s. 80.49: Training for staff, etc.	Learn more about you	r requirements	tor 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 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

	pes your organization provide information in an accessible format? * f Yes, please answer additional questions)		• Yes (⊃ No
Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	requirements for	or question 7
7.	a. Is the provision of information in accessible format done so in a takes into account the individual's disability? *	imely manner that	 Yes 	⊖ No
<u>R</u>	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements for	or question 7.a
-	omments for uestion 7.a			
7.	b. Is the provision of information in accessible format at a cost no n the regular cost charged to other persons? *	nore than	• Yes	⊖ No
<u>R</u>	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements for	or question 7.b

Comments for question 7.b

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● Yes ○ No

8.	Does your organization ever require a person with a disability to be according support person when on your premises? * (If Yes, please answer an additional question)	ompanied by a	 Yes 	⊖ No
	ad O. Reg. 191/11, s. 80.47 (5): Use of service animals and oport persons	Learn more about your req	uirements for	question 8
	 8.a. Does your organization do all of the following before requiring a periodisability to be accompanied by a support person on your premise Consult with the person with a disability? 		Yes	⊖No
	 Determine a support person is necessary to protect the health person with a disability or others on premises? 	or safety of the		
	 Determine that there is no other way to protect the health or sa with a disability or others on premises? 	afety of the person		
	191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your req	uirements for	<u>question 8.a</u>
Er	nployment			
9.	Does your organization employ any persons with disabilities for whom y individualized workplace emergency response information? * (If Yes, please answer additional questions)	ou have provided	Yes	⊖ No
	ad O. Reg. 191/11, s. 27 (1): Workplace emergency response ormation	Learn more about your req	uirements for	question 9
	9.a. Does your organization review the individualized workplace emerg information for all of the following? *	ency response	 Yes 	⊖ No
	 When the employee moves to a different location in the organi 	zation?		
	When the employee's overall accommodation needs or plans a	are reviewed?		
	 When your organization reviews its general emergency policie 	s?		
	information	Learn more about your req	uirements for	question 9.a
	Comments for			

question 9.a

	Do any of the employees for whom your organization has prov workplace emergency response information require assistance (If Yes, please answer additional questions)		Yes	⊖No
	O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your red	quirements for	question 9.b
inform				
	nents for ion 9.b			
	9.b.i Has your organization, with the employee's consent, pl emergency response information to the person designation assistance to the employee? *		• Yes	⊖ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your requ	uirements for qu	<u>uestion 9.b.i</u>
	Comments for question 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
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for question 9.b.ii	<u>Learn more about your requ</u>	<u>uirements for qu</u>	uestion 9.b.ii
Docian	of public spaces			
10. Since	e January 1, 2017, has your organization constructed new or re ing items? *	edeveloped any of the	• Yes) No
	Outdoor public use eating areas			
•	Outdoor play space			
•	Off-street parking			
•	Service counter			
•	Fixed queuing guides			
•	Waiting areas			
(If Ye	s, please answer additional questions)			
Read O. I	Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your red	quirements for	question 10

10.a. Where applicable, do the newly constructed or redeveloped iter requirements as outlined in the Design of Public Spaces Standa	e applicable, do the newly constructed or redeveloped items meet the general rements as outlined in the Design of Public Spaces Standards? *		⊖ No	
Read O. Reg. 191/11 Part IV.1: Design of public spaces	Learn more about your req	uirements for	question 10.a	
<u>standards</u>				
Comments for question 10.a				
10.b. Does your organization's multi-year accessibility plan include provide preventative and emergency maintenance of the accessible elespaces, and for dealing with temporary disruptions when acces not in working order? *	ments in public	Yes	⊖ No	
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your req	uirements for	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 guestions)	? *	• 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 req	uirements for	<u>question 11</u>	
11.a. Has your organization established an accessibility advisory con Section 29 of the AODA? * (If yes, please answer additional questions)	nmittee 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 req	uirements for	<u>question 11.a</u>	
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	Learn more about your requi	rements for c	<u>uestion 11.a.i</u>	

Committees Comments for question 11.a.i

11.a.ii Has the committee provided advice to council about site plans and drawings (as described in Section 41 of the *Planning Act*) as well as advice on the requirements and implementation of accessibility standards? *

 Read Accessibility for Ontarians with Disabilities Act, 2005,
 Learn more

 S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory
 Committees

Learn more about your requirements for question 11.a.ii

Comments for guestion 11.a.ii recommendations to Council. However site plan/drawings under s.41 of the Planning Act do not apply to the City of Toronto. Instead, the City complies with Section 114, (5) and (11) of the City of Toronto Act. This clarification has been documented previously with MSAA.



Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name The Corporation of the City of Toronto

Filing organization business number (BN9) 123736142

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.