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 v	vith an asterisk (*)	are mand	atory.					
A. Organizatio	n information							
Organization cate	• •			Number of employees	s range *	Reporting year		
Designated Pub	olic Sector			50+ employees		2023		
Business deta	ils							
Organization lega	al name *				Number of	employees in Ontario *	<u>Help</u>	
Corporation of t	he County of Wel	lington			1000			
Business number	(BN9) * Help	_	•	ve received an AODA	identifier			
106975485	1-	from the	Ministry for Ser	iors and Accessibility				
Check if opera	ating/business name	e is same as	s legal name					
-	rating/business nar	ne						
County of Wellin								
Sector that best of Empty	lescribes your orga	nization's pr	incipal busines	s activity *	Help			
Subsector (if pos	sible)							
Empty								
Industry group (if Empty	possible)							
Mailing addres	SS							
Address where le	tters can be sent to	the person	responsible for	coordinating the organ	nization's A	ODA compliance activities.		
Country *								
The fields below	will change based o	on your sele	ction.					
Canada	Οı	JSA		○ Internation	nal			
Type of address	Street addre	ss C) Street address	s served by route	Other			
Unit number	Street number * 74	Street nam						
Street type	Street direction		City *			Province *		
Street			Guelph			ON (Ontario)		
Postal code (e.g. N1H 3T9	A1A 1A1) *							
Business addr	ess							
(Address at which	letters can be sent	to the compa	any director/offic	er accountable for the	organizatior	n's compliance with the AOI	DA.)	
✓ Check if busin	ess address is sam	ne as mailing	g address					

Country *					
The fields below	will change based o	n your sele	ction.		
Canada	Οl	ISA	○ Intern	ational	
Type of address * Street address			Street address served by route	Other	
Unit number	Street number * 74	Street nam			
Street type Street	Street direction		City * Guelph		Province * ON (Ontario)
Postal code (e.g. N1H 3T9	A1A 1A1) *				



2023 Accessibility compliance report

Organization category Desig	nated Public Sector		
Number of employees range	50+		
Filing organization legal name	e Corporation of the County of	of Wellington	
Filing organization business r	number (BN9) 106975485		
Fields marked with an asteris	k (*) are mandatory.		
B. Understand your acces	ssibility requirements		
Before you begin your report, yo Additional accessibility requirem • a library board	ents apply if you are:	ility requirements at <u>ontario.c</u>	ca/accessibility
a <u>producer of edu</u>	cation material (e.g. textbooks)		
 an education institution 	tution (e.g. school board, college	e, 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).	or Ontarians with Disabilities Act	•	
Note: It is an offence under the	Act to provide false or misleadin	g information in an accessibil	ity report filed under the AODA.
The certifier may designate a protherwise the certifier will be the		Seniors and Accessibility to	contact the organization(s);
Certifier: Someone who can leg	gally bind the organization(s).		
Primary Contact: The person w	who will be the main contact for a	ccessibility issues.	
Acknowledgement			
✓ I certify that all the information	on is accurate and I have the aut	hority to bind the organization	1 *
Certification date (yyyy-mm-dd)	* 2023-10-17		
Certifier information			
Last name * Adams		First name * Jennifer	
Position title *	Position title other *	Business phone number *	Extension Check here

Email * jennifera@wellington.ca		Alternate phone number	Extension	Fax number	er
Primary contact for the org	janization(s)			147	
Check if the primary contact Last name * Cardow	is same as the certifier	First name * Nicole			
Position title * Other	Position title other * Deputy Clerk	Business phone number * 519-837-2600	Extension 2524	□ 0.	neck here
Email * nicoleca@wellington.ca			Extension	Fax number	
D. Accessibility complian	ce report questions				
Instructions Please answer each of the follow If you need help with a specific oview the relevant AODA regulation	uestion, click the help links	which will open in a new browse	er window. U	Jse the link o	
General					
Has your organization create accessibility by meeting all a	•	•		Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E			<u>ut your requ</u>	irements for	question 1
question 12. Has your organization estable (If Yes, please answer addition of the content of t	•	nulti-year accessibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A		Learn more abo	ut your requ	irements 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 requ	irements for	question 2.a
Comments for question 2.a	on's accessibility plan poste	ed on your organization's websit	e? <i>*</i>	Yes	() No
, ,	s. 4 (1): Accessibility plans	, ,			O
Comments for question 2.a.i			, <u> </u>		

	2.a.ii Does your organization provide the accessibility plan in a when requested? *	n accessible format	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ments for qu	uestion 2.a.ii
	Comments for question 2.a.ii			
2.1	Does your organization update the accessibility plan at least or	nce every 5 years? *	Yes	○ No
Re	ead O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for q	uestion 2.b
	omments for lestion 2.b			
. Do	nes your organization provide appropriate training on: *			
Read	O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for o	question 3
3.8	a. The AODA Integrated Accessibility Standards Regulation? *		Yes	○ No
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for o	question 3.a
	omments for sestion 3.a			
3.1	The Human Rights Code as it pertains to people with disabilitie	es? *	Yes	○ No
Re	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ments for q	uestion 3.b
	omments for lestion 3.b			
nfor	mation and communications			
tha	pes your organization have a process for receiving and responding at is accessible to people with disabilities? *	•	Yes 🔘	No
on	 te: This requirement is applicable regardless of whether custome your premises Yes, please answer an additional question) 	is are permitted		
-	O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requir	ements for o	question 4
4.8	 Does your organization notify the public about the availability of and communications supports with respect to the feedback pro Note: This requirement is applicable regardless of whether custon your premises. * 	cess? *	Yes	○No
Re	ead O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requir	ements for a	question 4.a

Comments for
question 4.a

5.	indirectly ('con modify conten	ganization have one (or more) website(s) what rols' means that your organization is able to and functionality of the website)? * e answer an additional question)		-	Yes) No
Re	ead O. Reg. 191	1/11, s. 14: Accessible websites and web co	ontent	Learn more about your	requirements for	question 5
	Web Cor pre-reco names a	our organization's internet websites conform ntent Accessibility Guidelines 2.0 Level AA orded audio descriptions)? In the comments and addresses of your publicly available well ledia pages, and apps. *	(except for box, please	live captions and elist the complete	Yes	○No
	Read O. Reg.	191/11, s. 14: Accessible websites and we	o content	Learn more about your	requirements for	question 5.a
	Comments for question 5.a	https://www.wellington.ca/en/index.as https://www.facebook.com/wellington https://twitter.com/wellingtncounty https://www.instagram.com/wellington	county/			
Cı	ustomer Serv	vice				
6.	 Staff and v People inv People pro	ganization provide training about providing g disabilities to the following? * volunteers volved in developing accessibility policies oviding goods, services or facilities on behal e answer an additional question)			Yes	○No
Re	ead O. Reg. 191	1/11, s. 80.49: Training for staff, etc.		Learn more about your	requirements for	question 6
	• A rev	e training include all of the following: * view of the purposes of the AODA? view of the purposes of the Customer Service	ce Standarr	ds?	Yes	○No
		to interact and communicate with persons				
	• How	to interact with persons with disabilities what assistance of a guide dog or other service a	o use an as	sistive device or require		
	provi	to use equipment or devices available on the ided by the provider that may help with the ties to a person with a disability?				
		at to do if a person with a particular type of dessing the provider's goods, services or facil	•	naving difficulty		
	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	r				

	oes your organization provide information in an accessible format? If Yes, please answer additional questions)		res	NO
Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7
7.	a. Is the provision of information in accessible format done so in a takes into account the individual's disability? *	a timely manner that	Yes	○ No
R	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7.a
_	Comments for uestion 7.a			
7.	 b. Is the provision of information in accessible format at a cost no the regular cost charged to other persons? * 	more than	Yes	○ No
<u>R</u>	ead O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for	question 7.b
	comments for uestion 7.b			
SI	oes your organization ever require a person with a disability to be a upport person when on your premises? * f Yes, please answer an additional question)	accompanied by a	○ Yes	No
	O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your	r requirements for	question 8
	ort persons			_
8.	 a. Does your organization do all of the following before requiring a disability to be accompanied by a support person on your prem Consult with the person with a disability? 	•		○No
	 Determine a support person is necessary to protect the heat person with a disability or others on premises? 	alth or safety of the		
	 Determine that there is no other way to protect the health of with a disability or others on premises? 	or safety of the person		
19	91/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirements for	question 8.a
	Comments for uestion 8.a			
				
_	ployment		_	
in	oes your organization employ any persons with disabilities for who dividualized workplace emergency response information? * f Yes, please answer additional questions)	m you have provided	○ Yes	No
	O. Reg. 191/11, s. 27 (1): Workplace emergency response	Learn more about your	requirements for	question 9
<u>nforr</u>	<u>mation</u>			

9.a.	Does your organization review the individualized workplace emeinformation for all of the following? * • When the employee moves to a different location in the organization.		○ Yes	○No
	When the employee moves to a different location in the orga When the employee's overall accommodation needs or plans			
	When your organization reviews its general emergency police.			
D			i.a.a.a.a.ta fau	ti 0 -
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	Learn more about your req	<u>uirements for (</u>	<u>quesiion 9.a</u>
Con	nments for stion 9.a			
9.b.	Do any of the employees for whom your organization has provid workplace emergency response information require assistance? (If Yes, please answer additional questions)		◯ Yes	○No
<u>infor</u> Con	d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation nments for stion 9.b	Learn more about your req	uirements for o	question 9.b
	9.b.i Has your organization, with the employee's consent, prove emergency response information to the person designate assistance to the employee? *		○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i	Learn more about your requ	rements for qu	uestion 9.b.i
	9.b.ii Was the individualized workplace emergency response in soon as practicable after your organization became awar accommodation due to the employee's disability? *		○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency	Learn more about your requ	<u>irements for qι</u>	uestion 9.b.i
	response information			
	Comments for question 9.b.ii			

Design of public spaces				
 Since January 1, 2017, has following items? * 	s your organization constructed new or re	edeveloped any of the	Yes	○ No
 Outdoor public use ea 	ating areas			
Outdoor play space				
Off-street parking				
 Service counter 				
 Fixed queuing guides 				
 Waiting areas 				
(If Yes, please answer addi	tional questions)			
Read O. Reg. 191/11 Part IV.1	: Design of public spaces standards	Learn more about your	requirements fo	or question 10
• •	the newly constructed or redeveloped ite	•	Yes	○No
Read O. Reg. 191/11 Part I standards	V.1: Design of public spaces	Learn more about your	requirements fo	or question 10.a
Comments for question 10.a				
preventative and eme	on's multi-year accessibility plan include pergency maintenance of the accessible elug with temporary disruptions when acce	ements in public	Yes	○ No
Read O. Reg. 191/11, s. 80	0.44: Maintenance of accessible element	s Learn more about your	requirements fo	or question 10.b
Comments for question 10.b				
AODA				
		0.4	0.11	•
 Is your organization a muni (If Yes, please answer addi) 	cipality with population of 10,000 or more tional questions)	9? *	Yes	○ No
	s with Disabilities Act, 2005, S.O. ccessibility Advisory Committees	Learn more about your	requirements for	or question 11
Section 29 of the AOI	n established an accessibility advisory co DA? * r additional questions)	mmittee as described in	Yes	○No
•	rians with Disabilities Act, 2005, S.O.	Learn more about your	requirements fo	or question 11.a
•	al Accessibility Advisory Committees			
Comments for question 11.a				

11.a.ii Has the committee provided advice to council about site plans and drawings (as described in Section 41 of the <i>Planning Act</i>) as well as advice on the requirements and implementation of accessibility standards? *	Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	rements for qu	estion 11.a.ii
Comments for question 11.a.ii approve site plans and drawings as described in Section 41 of the Plance Accessibility Advisory Committee is an advisory committee to Council the requirements and implementation of accessibility standards.	inning Act. T	'he

11.a.i Is the majority of members in the committee persons with disabilities? *

Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory

Committees

Comments for question 11.a.i

Yes

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

 \bigcirc No

2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Corporation of the County of Wellington

Filing organization business number (BN9) 106975485

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.**