

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

Fields marked with an asterisk (*) are mandatory.

A. Organization information

Organization category *	Number of employees range *	Reporting year
Designated Public Sector	50+ employees	2019

Business details

Organization legal name *	Number of employees in Ontario * Help
Township of Algonquin Highlands	53

Business number (BN9) * [Help](#) Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility

Check if operating/business name is same as legal name

Organization operating/business name	Language preference for communications *
Township of Algonquin Highlands	English

Sector that best describes your organization's principal business activity * [Help](#)

91

Subsector (if possible)	Industry group (if possible)
913	

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * Canada USA International

Type of address * Street address Street address served by route Other

Unit number	Street number *	Street name *
	1123	North Shore

Street type	Street direction	City *	Province *
Road		Algonquin Highlands	ON (Ontario)

Postal code *

K0M 1J1

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 * Canada USA International

Type of address * Street address Street address served by route Other

Unit number	Street number *	Street name *
	1123	North Shore

Street type	Street direction	City *	Province *
Road		Algonquin Highlands	ON (Ontario)

Postal code *

K0M 1J1

Organization category [Designated Public Sector](#)Number of employees range [50+](#)Filing organization legal name [Township of Algonquin Highlands](#)Filing organization business number (BN9) [131701286](#)

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:

- [a library board](#)
- [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 questions

Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

Foundation requirements

1. Does your organization have written accessibility policies and a statement of commitment? *

 Yes No[Read O. Reg. 191/11 s. 3: Establishment of accessibility policies](#)[Learn more about your requirements for question 1](#)Comments for
question 1

2. Has your organization established, implemented and maintained a multi-year accessibility plan and posted it on your organization's website? *

 Yes No[Read O. Reg. 191/11 s. 4: Accessibility plans](#)[Learn more about your requirements for question 2](#)Comments for
question 2

3. Has your organization completed a review of its progress implementing the strategy outlined in its accessibility plan and documented the results in an annual status report posted on the organization's website? *

 Yes No[Read O. Reg. 191/11 s. 4\(1\), 4\(3\): Accessibility plans](#)[Learn more about your requirements for question 3](#)Comments for
question 3

4. Did your organization consult with people with disabilities when establishing, reviewing and updating its multi-year accessibility plan? *

 Yes No[Read O. Reg. 191/11 s. 4\(2\): Accessibility plans](#)[Learn more about your requirements for question 4](#)Comments for
question 4

5. Does your organization provide the appropriate training on the Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to persons with disabilities? * Yes No

[Read O. Reg. 191/11 s. 7: Training](#)

[Learn more about your requirements for question 5](#)

Comments for question 5

6. Has your organization established and documented a process to receive and respond to feedback on how its goods or services are provided to persons with disabilities, including actions that your organization will take when a complaint is received? * Yes No

[Read O. Reg. 191/11 s. 80.50: Feedback process required](#)

[Learn more about your requirements for question 6](#)

Comments for question 6

7. Does your organization ensure that its feedback processes are accessible to persons with disabilities by providing or arranging accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? * Yes No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 7](#)

Comments for question 7

Information and communications

8. Does your organization have a process to provide accessible formats and communication supports for persons with disabilities in a timely manner and at no more than the cost for other persons who ask for the same information, and do you notify the public of this accessible information policy? * Yes No

[Read O. Reg. 191/11 s. 12: Accessible formats and communications supports](#)

[Learn more about your requirements for question 8](#)

Comments for question 8

Employment

9. Does your organization notify its employees and the public about the availability of accommodations in its recruitment process? * Yes No

[Read O. Reg. 191/11 s. 22-24: Recruitment](#)

[Learn more about your requirements for question 9](#)

Comments for question 9

10. Does your organization notify successful applicants of its policies for accommodating employees with disabilities during offers of employment? * Yes No

[Read O. Reg. 191/11 s. 24: Notice to successful applicants](#)

[Learn more about your requirements for question 10](#)

Comments for question 10

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? * Yes No

[Read O. Reg. 191/11 s. 28: Documented individual accommodation plans](#)

[Learn more about your requirements for question 11](#)

Comments for question 11

Transportation

12. Does your organization provide transportation services? * Yes No
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV: Transportation standards](#)

[Learn more about your requirements for question 12](#)

- 12.a. Does your organization conduct employee and volunteer accessibility training on the safe use of accessibility equipment and features of your transportation vehicles? * Yes No

[Read O. Reg. 191/11 s. 36: Accessibility training](#)

[Learn more about your requirements for question 12.a](#)

Comments for question 12.a

Design of public spaces

13. Since your organization last reported on its accessibility compliance, has your organization constructed new or redeveloped existing off-street parking facilities that it intends to maintain? * Yes No
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 101/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 13](#)

- 13.a. When constructing new or redeveloping off-street parking facilities that your organization intends to maintain, does it ensure that the off-street parking facilities meet the accessibility requirements as outlined in sections 80.32 – 80.37 of the IASR? * Yes No

[Read O. Reg. 80.32-37: Accessible parking](#)

[Learn more about your requirements for question 13.a](#)

Comments for question 13.a

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14. Since your organization last reported on accessibility compliance, has your organization constructed new or redeveloped existing outdoor public spaces that it intends to maintain? * Yes No
(If Yes, you will be required to answer additional questions.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 14](#)

- 14.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers, and if you represent a municipality did your organization consult with the municipal advisory committee where one was established as outlined in s. 80.19 of the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 s. 80.19: Outdoor play spaces](#)

[Learn more about your requirements for question 14.a](#)

Comments for question 14.a

- 14.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 required under the Integrated Accessibility Standards Regulations Part IV are not in working order? * Yes No

[Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements](#)

[Learn more about your requirements for question 14.b](#)

Comments for question 14.b

Customer service

15. In your policies, practices and procedures, does your organization permit persons with disabilities to keep their service animals with them on the parts of your premises that are open to the public or other third parties, except where the animal is excluded by law? If excluded by law, does your organization have alternate ways for people with service animals to access and use your goods, services or facilities? Yes No

[Read O. Reg. 191/11 s. 80.47\(1-3\): Use of service animals and support persons](#)

[Learn more about your requirements for question 15](#)

Comments for question 15

General requirements

16. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **information and communications standards** in effect under the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 Part II: Information and communications standards](#)

[Learn more about your requirements for question 16](#)

Comments for question 16

17. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **employment standards** in effect under the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 Part III: Employment standards](#)

[Learn more about your requirements for question 17](#)

Comments for question 17

18. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **transportation standards** in effect under the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 Part IV: Transportation standards](#)

[Learn more about your requirements for question 18](#)

Comments for question 18 [Selected yes as this is a mandatory field but please note that The Township of Algonquin Highlands does not provide Transportation services.](#)

19. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **design of public spaces standards** in effect under the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards](#)

[Learn more about your requirements for question 19](#)

Comments for question 19

20. Other than the requirements cited in the above questions, is your organization complying with all applicable requirements for the **customer service standards** under the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 Part IV.2: Customer service standards](#)

[Learn more about your requirements for question 20](#)

Comments for question 20

21. Other than the requirements cited in the above questions, is your organization complying with all general requirements in effect under the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 Part I: General requirements](#)

[Learn more about your requirements for question 21](#)

Comments for question 21

Organization category Designated Public Sector	Number of employees range 50+
Filing organization legal name Township of Algonquin Highlands	
Filing organization business number (BN9) 131701286	

Fields marked with an asterisk (*) are mandatory.

D. 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.

E. 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 I have the authority to bind all organizations specified in Section A of this form, *
- I certify that all the required information has been included in this report, and, *
- I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * **2019-12-18**

Certifier information

Last name * Newhook		First name * Dawn	
Position title * Other	Business phone number * 705 489-2379	Extension 333	<input type="checkbox"/> Check here if TTY
Email * dnewhook@algonquinhighlands.ca		Alternate phone number	Extension 705 489-3491

Primary contact for the organization(s)

- Check if the primary contact is same as the certifier

Last name * Newhook		First name * Dawn	
Position title * Other	Business phone number * 705 489-2379	Extension 333	<input type="checkbox"/> Check here if TTY
Email * dnewhook@algonquinhighlands.ca		Alternate phone number	Extension 705 489-3491