# 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 with an asterisk (\*) are mandatory. A. Organization information Organization category \* Number of employees range \* Reporting year 50+ employees Designated Public Sector 2023 **Business details** Organization legal name \* Number of employees in Ontario \* Help Legal Aid Ontario 1063 Business number (BN9) \* Check this box if you have received an AODA identifier Help XXXXXXXXXXX from the Ministry for Seniors and Accessibility Check if operating/business name is same as legal name Organization operating/business name **Legal Aid Ontario** Sector that best describes your organization's principal business activity \* Help 91 - Public administration Subsector (if possible) 912 - Provincial and territorial public administration Industry group (if possible) 9129 - Other provincial and territorial 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 O Street address served by route Type of address \* Street address Other Unit number Street number \* Street name \* **Dundas** 730 20 Street direction Street type City \* Province \* W (West) Street **Toronto** ON (Ontario) Postal code (e.g. A1A 1A1) \* M5G 2H1 **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 o	n your sele	ction.		
Canada	$\bigcirc$ $\iota$	JSA	○ Interna	itional	
Type of address	*	ss C	) Street address served by route	Other	
Unit number 730	Street number * 20	Street nam Dundas	e *		
Street type Street	Street direction W (West)		City * Toronto		Province * ON (Ontario)
Postal code (e.g. M5G 2H1	A1A 1A1) *				



# 2023 Accessibility compliance report

Organization category Desig	nated Public Sector		
Number of employees range	50+		
Filing organization legal name	e Legal Aid Ontario		
Filing organization business r	number (BN9) xxxxxxxx	XXXX	
Fields marked with an asteris	k (*) are mandatory.		
B. Understand your acce	ssibility requirements		
Before you begin your report, yo	u can learn about your acces	ssibility requirem	ents at <u>ontario.ca/accessibility</u>
Additional accessibility requirem  • <u>a library board</u>	ents apply if you are:		
• a producer of edu	cation material (e.g. textbook	<u>(s)</u>	
• an education insti	tution (e.g. school board, coll	ege, university o	r school)
• <u>a municipality</u>			
If you are a municipality submitt	ing this report, and submitting	g on behalf of loc	cal boards, please indicate which boards below.
C. Accessibility complian	nce report certification		
-		•	es that accessibility reports include a statement signed by a person with authority to bind the
Note: It is an offence under the	Act to provide false or mislea	nding information	in an accessibility report filed under the AODA.
The certifier may designate a protherwise the certifier will be the		for Seniors and	Accessibility to contact the organization(s);
Certifier: Someone who can leg	gally bind the organization(s).		
Primary Contact: The person w	vho will be the main contact f	or accessibility is	ssues.
Acknowledgement			
✓ I certify that all the information	on is accurate and I have the	authority to bind	the organization *
Certification date (yyyy-mm-dd)	* 2023-02-24		
Certifier information			
Last name * Field		First name *	
Position title * Chief Executive Officer	Business phone number *	Extension	Check here

Email *		Alternate phone number	Extension	Fax number	er
XXXXX@lao.on.ca					
Primary contact for the org	ganization(s)				
☐ Check if the primary contact	is same as the certifier	۵			
Last name * Stanley		First name * Koryn			
Position title * Other	Position title other *	Business phone number *	Extension		neck here
Email *	Manager, EDI	Alternate phone number	Extension	Fax number	r TY
XXXXX@lao.on.ca		7 itternate priene namber	Exterior	l ax nambe	,
D. Accessibility complian	ice report questions				
Instructions					
Please answer each of the follow	ving compliance questions. Use	e the Comments box if you w	ish to comm	ent on any r	esponse.
If you need help with a specific oview the relevant AODA regulation					on the left to
General					
Has your organization create accessibility by meeting all a	ed and implemented written pol pplicable accessibility requirem			<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility po	olicies Learn more abo	ut your requ	irements for	question 1
question 1  2. Has your organization establ	lished and implemented a multi	i-year accessibility plan? *		Yes	○ No
(If Yes, please answer additi	•			_	
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans	Learn more abo	ut your requ	irements for	question 2
<ol><li>2.a. Does your organization (If Yes, please answer</li></ol>				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					
2.a.i Is your organizati	on's accessibility plan posted of	on your organization's websit	:e? *	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	<u>Learn more about</u>	t your require	ements for q	uestion 2.a.i
Comments for question 2.a.i					

2.a.ii Does your organization provide the accessibility plan when requested? *	in an accessible format	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your red	quirements for qu	ıestion 2.a.ii
Comments for question 2.a.ii			
2.b Does your organization update the accessibility plan at least	• •	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Comments for question 2.b	Learn more about your re	quirements for q	uestion 2.b
3. Does your organization provide appropriate training on: *			
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your r	equirements for o	question 3
3.a. The AODA Integrated Accessibility Standards Regulation?	*	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your r	equirements for o	question 3.a
Comments for question 3.a			
3.b The Human Rights Code as it pertains to people with disab	vilities? *	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	quirements for q	uestion 3.b
Comments for question 3.b			
Information and communications			
4. Does your organization have a process for receiving and respon- that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether custo on your premises (If Yes, please answer an additional question)	•	Yes	No
Read O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your r	equirements for o	question 4
4.a. Does your organization notify the public about the availabil and communications supports with respect to the feedback Note: This requirement is applicable regardless of whether on your premises. *	process? *	Yes	○ No
Read O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your r	equirements for o	question 4.a

Comments t	for
question 4.a	ı

5.	indirectly ('cont modify content	anization have one (or more) website(s) which rols' means that your organization is able to and functionality of the website)? * answer an additional question)			Yes	) No
Re	ead O. Reg. 191/	111, s. 14: Accessible websites and web con	<u>itent</u>	Learn more about you	ır requirements for	question 5
	Web Con pre-record names an	ur organization's internet websites conform to tent Accessibility Guidelines 2.0 Level AA (edded audio descriptions)? In the comments be not addresses of your publicly available web edia pages, and apps. *	except for liv	ve captions and ist the complete	Yes	○ No
	Read O. Reg. 1	191/11, s. 14: Accessible websites and web	content	Learn more about you	ır requirements for	question 5.a
	Comments for question 5.a	LAO's Internet website has conformed find errors, we work to fix the errors in External sites  • LAO external website: https://www.le  • LASA 2020 rules site: https://www.lass  Social media platforms include:  • Twitter  • English: https://twitter.com/legalaidor  • French: https://twitter.com/Aidejuridic  • Facebook: https://www.facebook.com  • YouTube: https://www.youtube.com/c  • Linked: https://www.legalaid.on.ca/wg  • Instagram: https://www.instagram.com/c  Twitter:  • Aboriginal Justice Strategy on Twitter.  • David Field on Twitter: https://twitter.com/c	a reasona galaid.on.c sa2020rule ntario queON n/LegalAid user/Legal p-content/t m/legalaid r: https://tw	ble time frame ca/ es.ca/ Ontario AidOntario hemes/lao/images/icc on.ca/		if we
Cı	ustomer Servi	ice				
6.	<ul><li> Staff and vo</li><li> People invo</li><li> People prov</li></ul>	anization provide training about providing go sabilities to the following? * blunteers lived in developing accessibility policies riding goods, services or facilities on behalf answer an additional question)			Yes	○No
Re	` .	111, s. 80.49: Training for staff, etc.		Learn more about you	ır requirements for	question 6

	6.a. DC	bes the training include all of the following:		<ul><li>Yes</li></ul>	○ No
	•	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 t	ypes of disability?		
	•	How to interact with persons with disabilities who use an assistance of a guide dog or other service animal or the aperson?	•		
	•	How to use equipment or devices available on the provider's provided by the provider that may help with the provision of g facilities to a person with a disability?			
	•	What to do if a person with a particular type of disability is ha accessing the provider's goods, services or facilities?	ving difficulty		
	Read O.	. Reg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your req	uirements for	question 6.a
	Comme question				
7.		our organization provide information in an accessible format? *		Yes 🔘	No
<b>D</b> -	•	please answer additional questions)			
<u>Re</u>	ad O. Re	eg. 191/11, s. 80.51 (1): Format of documents	Learn more about your req	ulrements for	question 7
		the provision of information in accessible format done so in a t kes into account the individual's disability? *	imely manner that	<ul><li>Yes</li></ul>	○ No
	Read O.	. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your req	uirements for	question 7.a
	Comme question				
		the provision of information in accessible format at a cost no me regular cost charged to other persons? *	nore than	<ul><li>Yes</li></ul>	○ No
	Read O.	. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your req	uirements for	question 7.b
	Comme question				

8.	Does your organization ever require a person with a disability to be a support person when on your premises? * (If Yes, please answer an additional question)	accompanied by a	○ Yes	<ul><li>No</li></ul>
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and apport persons	Learn more about you	requirements for	question 8
	<ul> <li>8.a. Does your organization do all of the following before requiring a disability to be accompanied by a support person on your prem</li> <li>Consult with the person with a disability?</li> <li>Determine a support person is necessary to protect the heaperson with a disability or others on premises?</li> </ul>	nises: *	○ Yes	○No
	<ul> <li>Determine that there is no other way to protect the health of with a disability or others on premises?</li> </ul>	or safety of the person		
	191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about you	requirements for	question 8.a
	Comments for question 8.a			
Er	mployment			
9.	Does your organization employ any persons with disabilities for who individualized workplace emergency response information? * (If Yes, please answer additional questions)	m you have provided	Yes	○No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about you	requirements for	question 9
	<ul> <li>9.a. Does your organization review the individualized workplace en information for all of the following? *</li> <li>• When the employee moves to a different location in the org</li> <li>• When the employee's overall accommodation needs or pla</li> <li>• When your organization reviews its general emergency pol</li> </ul>	ganization? ins are reviewed?	Yes	○No
	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information	Learn more about you	requirements for	question 9.a

9.b.	Do any of the employees for whom your organization has provided workplace emergency response information require assists (If Yes, please answer additional questions)		<ul><li>Yes</li></ul>	○No
	d O. Reg. 191/11, s. 27 (2): Workplace emergency responsermation	<u>Learn more about your r</u>	equirements for	question 9.b
	nments for stion 9.b			
	9.b.i Has your organization, with the employee's consen	it, provided the workplace	<ul><li>Yes</li></ul>	○ No
	emergency response information to the person des assistance to the employee? *	ignated to provide		
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your re	quirements for q	uestion 9.b.i
	Comments for question 9.b.i			
	9.b.ii Was the individualized workplace emergency responsion as practicable after your organization became accommodation due to the employee's disability? *  Read O. Reg. 191/11, s. 27 (3): Workplace emergency	e aware of the need for	Yes  quirements for q	○ No uestion 9.b.ii
	response information Comments for question 9.b.ii			
Desig	າ of public spaces			
	ce January 1, 2017, has your organization constructed new wing items? *	or redeveloped any of the	○ Yes	) No
•	Outdoor public use eating areas			
•	Outdoor play space			
•	Off-street parking			
•	Service counter			
•	Fixed queuing guides			
•	Waiting areas			
(If Y	es, please answer additional questions)			
Read O	. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your r	equirements for	question 10

10.a. Where applicable, do the newly constructed or redeveloped iten requirements as outlined in the Design of Public Spaces Standa		○Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your rec	uirements for	question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include prepreventative and emergency maintenance of the accessible elements of the accessible elements of the accessible elements of the access and for dealing with temporary disruptions when access 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 rec	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 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	uirements for	question 11
11.a. Has your organization established an accessibility advisory com Section 29 of the AODA? * (If yes, please answer additional questions)	mittee as described in	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees  Comments for question 11.a	Learn more about your rec	uirements for	question 11.a
11.a.i Is the majority of members in the committee persons with Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	n disabilities? * Learn more about your requ		○ No uestion 11.a.i
Comments for question 11.a.i			

Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory	Learn more about your requ	uirements for qu	uestion 11.a.i
Committees Comments for			
question 11.a.ii			



# 2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Legal Aid Ontario

Filing organization business number (BN9) XXXXXXX

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.**