

How to complete 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 local computer and be sure to open it with 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:

- Nine-digit Business number (BN9), that identifies your organization with the Canada Revenue Agency (found on federal and provincial tax returns). In the rare case that an organization doesn't have a Business number (BN9), an AODA identifier (assigned by the Accessibility Directorate of Ontario) would be used in its place.
- Your Organization category
 - if you are a Business or a Non-profit, your Organization category is Business/Non-profit
 - if you are a municipality, or a hospital, college, university, school board, public transportation provider (under <u>Schedule</u> <u>1 of the regulation 191/11</u>), or an agency, board or commission (<u>under Column 1 of Table 1 of Ontario Regulation</u> <u>146/10</u>), your Organization category is Designated Public Sector
 - **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
- A person with authority to bind your organization (e.g. a director or senior officer) must certify your organization's accessibility compliance report as complete and accurate.

You are able to file on behalf of up to 20 organizations using one form. To do so you will need each organization's business number (BN9) or AODA identifier, number of employees and address. All organizations filing under the same form must have the same **Organization category** (e.g. Business/Non-profit), **Number of employees range** (e.g. 20-49, 50+), **certifier**, and all answers to the accessibility compliance questions must be the same. If not, you will need to complete a separate form for each organization.

If you require the accessibility compliance report in an alternate format, please contact accessibility@ontario.ca

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:

- · Download and open the form
- Save the form on your computer and open it with Adobe Reader.
- · Enter your organization's information then select Next.
- If you need information about your organization's requirements, click on the appropriate link in section B: Understand your accessibility requirements. This will bring you to our website where you can see your past, current and future requirements.
- The questions you will see on the form are based on the accessibility requirements that apply to your Organization category (e.g. Business/non-profit) and Number of employees range (e.g. 20-49, 50+).
- Click **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, click **Save form** at the bottom of the page before clicking **Next**.
- · Review the accessibility compliance report summary.

Certify and submit your report

- Complete the information in the Certifier Information section
- The certifier must:
 - Review all information entered on the form for completeness and accuracy.
 - Check the three boxes to indicate their authority as a certifier in your organization.
- Enter information for a primary contact in your organization. This person may be the certifier or a different person.
- You may save the form at any time by clicking the **Save form** button.
- When you are ready to submit your report, click the **Save and submit** button. You will be prompted to save the form on your local computer first and then it will be submitted.
- Wait for a confirmation prompt that either confirms submission or indicates any problems.
- Once you have successfully submitted your certified report, an email will be sent to the Certifier and the Primary Contact with a confirmation number and an accessible PDF copy of your organization's accessibility compliance report.

If you 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



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	n						
Organization category *			Number of employees range *		nge *	Reporting year	
Business / non-profit			20-49 employees				2017
Business details							
Organization legal name *						employees in On	tario * <u>Help</u>
Bernadette McCann House fo	or Women Inc.				28		
Business number (BN9) * <u>Help</u> 118803774							
Check if operating/business nar	ne is same as legal	name					
Organization operating/business na	ime		Language preference for communications			nmunications *	
Bernadette McCann House					English		
Sector that best describes your orga		-	/*		<u>Help</u>		
81 - Other services (except p	ublic administra	tion)					
Subsector (if possible)			Industry group (if possible)				
Mailing address Address where letters can be sent t	to the person respo	nsible for coordin	ating the organiz	zation's A	ODA comp	liance activities.	
Country *							
Type of address * O Street ad	Idress 🔿	Street address s	erved by route	Othe	r		
PO Box	Route type		Route number Delivery installation type				
244	GD (General D	elivery)		PO	(Post Offic	ce)	
Delivery installation identifier	City * Pembroke			Provinc ON (C	e * Intario)		Postal code * K8A 6X3
Business address (Address at which letters can be se Check if business address is sa			countable for the			bliance with the A	AODA.)
Country * Canada USA							
Type of address * Street ad	Idress 🔿	Street address s	erved by route	Othe	r		
Unit number Street number * 25	Street name * Maple						
Street type Street direction		City *				rovince *	
`	nue N (North/Nord) Pembroke ON (Ontario)						
Postal code * K8A 8J1							

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 / non-profit	Number	of employees	range 20-49
Filing organization legal name Bernadette McCann House for Womer	n Inc.		
Filing organization business number (BN9) 118803774			
Fields marked with an asterisk (*) are mandatory.			
B. Understand your accessibility requirements			
Before you begin your report, you can learn about your accessibility requirem	ents at ontario.ca/acce	essibility	
Additional accessibility requirements apply if you are: <u>a municipality</u>		·	
• an education institution (e.g. school board, college, university c	or school)		
• a producer of education material (e.g. textbooks)			
• <u>a library board</u>			
C. Accessibility compliance report questions			
Instructions Please answer each of the following compliance questions. Use the Comments box if If you need help with a specific question, click the help links which will open in a new to relevant AODA regulations and the link on the right to view relevant accessibility inform Provide accessible customer service	prowser window. Use the		view the
 Does your organization permit people with disabilities who are accompanied by a g animal to keep the animal with them, unless otherwise excluded by law? * 	uide dog or service	• Yes	◯ No
Read O. Reg. 191/11 s.80.47: Use of service animals and support persons	Learn more about	your requirements	for question 1
Comments for question 1			
2. If a person with a disability is accompanied by a support person, does your organize persons are permitted to enter the premises together and that the person with a dis prevented from having access to the support person while on your premises? *		• Yes	◯ No
Read O. Reg. 191/11 s.80.47(4): Use of service animals and support persons	Learn more about	your requirements	for question 2
Comments for question 2			
 Does your organization ensure that the required persons receive training on the acc for customer service? * 	cessibility standards	• Yes	◯ No
Read O. Reg. 191/11 s.80.49: Training for staff	Learn more about	your requirements	for question 3
Comments for question 3			

4. Has your organization established a process for receiving and responding to feedback or accessibility of its customer service and does it make information about the feedback pro available to the public? *	• Yes	◯ No	
Read O. Reg. 191/11 s.80.50: Feedback process for providers of goods or services	Learn more about your	requirements	for question 4
Comments for question 4			
5. Other than the requirements cited in the above questions, is your organization complying requirements in effect under the Customer Service Standard? *	g with all other	• Yes	⊖ No
Read O. Reg. 191/11: Part IV.2: Customer Service Standard	Learn more about your	requirements	for question 5
Comments for question 5			



Organization category Business / non-profit Number of employees range 20-49

Filing organization legal name Bernadette McCann House for Women Inc.

Filing organization business number (BN9) 118803774

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 Accessibility Directorate 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) * 2017-11-14

Certifier information

Last name * Sweeney			First name * Leigh			
Position title * Chief Executive Officer	Business phone number * 613 732-7776	Exten 103	sion Check here if TTY			
Email * sweeneyl@wsssbmh.org			Alternate phone number	Extension	Fax number	

Primary contact for the organization(s)

 \checkmark Check if the primary contact is same as the certifier

Last name * Sweeney			First name * Leigh			
Position title * Chief Executive Officer	Business phone number * 613 732-7776	Exten 103	sion Check here if TTY			
Email * sweeneyl@wsssbmh.org			Alternate phone number	Extension	Fax number	