

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 Adobe Reader 10 or higher. 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 (OPS/OLA, Business or Non-profit)
 - if you are a business or a non-profit, your Organization category is 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 Adobe Reader 10 or higher

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 past, current and future requirements.

4. 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.

5. Certify and submit your report

- Complete the Certifier Information section
- The certifier must:
 - make sure all information on the form is complete and accurate
 - check all three boxes 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.
- 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

Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email accessibility@ontario.ca.

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 * Business or Non-profit	Number of employees range * 20-49 employees	Reporting year 2020
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Business details

Organization legal name * Bernadette McCann House for Women Inc.	Number of employees in Ontario * 26	Help
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 Business number (BN9) * [Help](#) Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
 118803774

 Check if operating/business name is same as legal name

Organization operating/business name Bernadette McCann House	Language preference for communications * English
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 Sector that best describes your organization's principal business activity * [Help](#)

Empty

Subsector (if possible)	Industry group (if possible)
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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

PO Box 244	Route type GD (General Delivery)	Route number	Delivery installation type PO (Post Office)
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Delivery installation identifier	City * Pembroke	Province * ON (Ontario)	Postal code * K8A 6X3
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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 * 25	Street name * Maple
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Street type Avenue	Street direction N (North/Nord)	City * Pembroke	Province * ON (Ontario)
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 Postal code *
K8A 8J1

Organization category Business or 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.

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.

Customer Service

1. Does your organization permit people with disabilities who are accompanied by a guide dog or service animal to keep the animal with them while on your premises or using your services, unless otherwise excluded by law? * Yes No

[Read Ontario Regulation \(O. Reg.\) 191/11 s. 80.47\(2\): 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 organization ensure that these persons are permitted to enter the premises together and that the person with a disability is not 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

3. Does your organization ensure that the required persons receive training on the accessibility standards for customer service? * Yes No

[Read O. Reg. 191/11 s. 80.49\(1\): Training for staff, etc.](#)

[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 on the accessibility of its customer service and does it make information about the feedback process readily available to the public? * Yes No

[Read O. Reg. 191/11 s. 80.50\(1-4\) Feedback process required](#)

[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 with all other applicable requirements in effect under the Customer Service Standards? * Yes No

[Read O. Reg. 191/11 Part IV.2 Customer Service Standards](#)

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

Comments for question 5

Organization category Number of employees range
 Filing organization legal name
 Filing organization business number (BN9)

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) *

Certifier information

Last name *		First name *	
Sweeney		Leigh	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Chief Executive Officer	613-732-7776	103	
Email *	Alternate phone number	Extension	Fax number
sweeneyl@wsssbmh.org			

Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *		First name *	
Sweeney		Leigh	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Chief Executive Officer	613-732-7776	103	
Email *	Alternate phone number	Extension	Fax number
sweeneyl@wsssbmh.org			