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. Organization	n information						
Organization cate	0 ,			Number of employee	es range *	Reporting year	
Designated Pub	olic Sector			1-49 employees		2023	
Business deta							
Organization lega	Organization legal name * Number of employees in Ontario * He						
Human Rights L	₋egal Support Cei	ntre			47		
Business number 857858294	r (BN9) * Help		•	ve received an AODA niors and Accessibility			
✓ Check if opera	ating/business nam	e is same as	s legal name				
	rating/business nar _egal Support Cei						
Sector that best of 91 - Public adm	describes your orga inistration	nization's pr	incipal busines	s activity *	<u>Help</u>		
Subsector (if pos 912 - Provincial	sible) and territorial pul	blic adminis	stration				
Industry group (if 9129 - Other pro	possible) ovincial and territo	orial public	administratior	1			
Mailing addres	SS						
Address where le	tters can be sent to	the person	responsible for	coordinating the orga	anization's A0	ODA compliance activities.	
Country *							
The fields below	will change based o	on your sele	ction.				
Canada	\bigcirc (JSA		◯ Internati	onal		
Type of address	*	ess) Street addres	s served by route	Other		
Unit number	Street number * 180	Street nam Dundas S	ne * street West, 8t	h Floor			
Street type	Street direction		City *			Province *	
			Toronto			ON (Ontario)	
Postal code (e.g. M7A 0A1	A1A 1A1) *						
Business addr	ess						
(Address at which	letters can be sent	to the compa	any director/offic	cer accountable for the	e organization	's compliance with the AODA.)	
✓ Check if busin	ess address is sam	ne as mailing	a address				

Country *					
The fields below	will change based c	n your seled	ction.		
Canada	\bigcirc ι	ISA	○ Intern		
Type of address *			Street address served by route	Other	
Unit number	Street number * 180	Street nam Dundas S	e * treet West, 8th Floor		
Street type	Street direction		City * Toronto		Province * ON (Ontario)
Postal code (e.g. M7A 0A1	Postal code (e.g. A1A 1A1) * ////////////////////////////////////				

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.



2023 Accessibility compliance report

Organization category Designation	nated Public Sector					
Number of employees range						
Filing organization legal name		nnort Contro				
		* *				
Filing organization business r	number (BIN9) 857858294	+				
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 acce	ssibility requirements at ontario.ca/accessibility				
Additional accessibility requirem • <u>a library board</u>	ents apply if you are:					
• a producer of edu	cation material (e.g. textbook	(s)				
an education insti	tution (e.g. school board, col	lege, university or school)				
• <u>a municipality</u>						
If you are a municipality submitt	ing this report, and submittin	g on behalf of local boards, please indicate which boards below.				
C. Accessibility complian	nce report certification					
		Act, 2005 requires that accessibility reports include a statement and is accurate, signed by a person with authority to bind the				
Note: It is an offence under the	Act to provide false or mislea	ading 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 v	Primary Contact: The person who will be the main contact for accessibility issues.					
Acknowledgement						
✓ I certify that all the information	☑ I certify that all the information is accurate and I have the authority to bind the organization *					
Certification date (yyyy-mm-dd)	* 2023-11-23					
Certifier information						
Last name * Hall		First name * Sharmaine				
Position title *	Business phone number *	Extension Check here				
Director	416-597-4941	if TTV				

Email * shall@hrlsc.on.ca		Alternate phone number	Extension	Fax numbe	r		
Primary contact for the org	janization(s)			1			
Check if the primary contact Last name * Mavroutsikos	is same as the certifier	First name * Bessie					
Position title * Chief Executive Officer	Business phone number * 416-597-4971	xtension	Grissia risis				
Email * bmavroutsikos@hrlsc.on.ca		Alternate phone number	Extension	Fax numbe	r		
D. Accessibility complian	ce report questions						
Instructions							
Please answer each of the follow	ving compliance questions. Use	e the Comments box if you v	vish to comm	ent on any re	esponse.		
If you need help with a specific of view the relevant AODA regulation					n the left to		
General							
Has your organization create accessibility by meeting all a	ed and implemented written poli pplicable accessibility requirem			Yes	○ No		
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility po	<u>Learn more abo</u>	out your requi	rements for	question 1		
question 12. Has your organization establ (If Yes, please answer addition)	•	-year accessibility plan? *		Yes	○ No		
Read O. Reg. 191/11, s. 4 (1): A	, ,	Learn more abo	out your requi	rements 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	out your requi	rements for	question 2.a		
Comments for question 2.a							
2.a.i Is your organizati	on's accessibility plan posted c	on your organization's websi	te? *	Yes	○ No		
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Learn more abou	t your require	ements for qu	uestion 2.a.i		
Comments for question 2.a.i							

	2.a.ii Does your organization provide the accessibility plan in a when requested? *	an accessible format	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ments for qu	estion 2.a.ii
	Comments for question 2.a.ii			
Co	Does your organization update the accessibility plan at least or ead O. Reg. 191/11, s. 4 (1): Accessibility plans omments for lestion 2.b	nce every 5 years? * <u>Learn more about your require</u>	Yes ements for que	○ No uestion 2.b
3. Do	pes your organization provide appropriate training on: *			
Read	O. Reg. 191/11, s. 7 (1): Training	Learn more about your requi	rements 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 requi	rements for o	question 3.a
	omments for uestion 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	ements for qu	uestion 3.b
	omments for uestion 3.b			
Infor	mation and communications			
tha No on	pes your organization have a process for receiving and responding at is accessible to people with disabilities? * ote: This requirement is applicable regardless of whether custome your premises Yes, please answer an additional question)		Yes 🔘	No
Read	O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requi	rements for o	uestion 4
4.8	a. 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 cus on your premises. *	ocess? *	Yes	○ No
Re	ead O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requi	rements for o	uestion 4.a

	Comments for question 4.a				
5.	indirectly ('cont modify content	nization have one (or more) website(s) which it controls' means that your organization is able to add, remand functionality of the website)? * answer an additional question)		Yes	No
Re	ead O. Reg. 191/	11, s. 14: Accessible websites and web content	Learn more about you	r requirements for o	question 5
	Web Con pre-record names ar	ur organization's internet websites conform to World Vitent Accessibility Guidelines 2.0 Level AA (except for ded audio descriptions)? In the comments box, pleas addresses of your publicly available web content, india pages, and apps. *	live captions and e list the complete	Yes	○ No
	Read O. Reg. 1	191/11, s. 14: Accessible websites and web content	Learn more about you	r requirements for	question 5.a
	Comments for question 5.a	https://hrlsc.on.ca/ https://hrlsc.on.ca/reports-and-statistics/ https://hrlsc.on.ca/accessibility-and-accommod https://www.facebook.com/HRLSCOntario https://twitter.com/HRLSC_ON?ref_src=twsrc% 5Eauthor https://youtube.com/@hrlsccajdp1567?si=ptT7 https://www.linkedin.com/company/7573477/acc	55Egoogle%7Ctwcamp9 jJEe7zSKz_Sz	%5Eserp%7Ctwg	r%
Cı	ustomer Servi	ce			
6.	 Staff and vo People invo People prov	anization provide training about providing goods, serv sabilities to the following? * olunteers olved in developing accessibility policies oriding goods, services or facilities on behalf of the org answer an additional question)		Yes	○No
Re	ead O. Reg. 191/	111, s. 80.49: Training for staff, etc.	Learn more about you	r requirements for	question 6
	6.a. Does the	training include all of the following: *		Yes	○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 types of disability?
- How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?
- How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?
- What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?

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

5.

7.	Does your organization provide information in an accessible format? * (If Yes, please answer additional questions)	Yes () No
Re	ead O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about you	our requirements for	or question 7
	7.a. Is the provision of information in accessible format done so in a timely manner that takes into account the individual's disability? *	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about you	our requirements fo	or question 7.a
	Comments for question 7.a		
	7.b. Is the provision of information in accessible format at a cost no more than the regular cost charged to other persons? *	Yes	○ No
	Read O. Reg. 191/11, s. 80.51 (1): Format of documents Learn more about you	our requirements for	or question 7.b
	Comments for question 7.b		
	Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * (If Yes, please answer an additional question)	○ Yes	No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and Learn more about your persons	our requirements fo	or question 8
	 8.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: * Consult with the person with a disability? 	○ Yes	○No
	 Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises? Determine that there is no other way to protect the health or safety of the person 		
	with a disability or others on premises?		
	191/11, s. 80.47 (5): Use of service animals and support persons Learn more about you	our requirements for	or question 8.a
	Comments for question 8.a		
_			
	mployment Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? * (If Yes, please answer additional questions)	○ Yes	No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn more about your formation	our requirements fo	or question 9

9.a.	inform	your organization review the individualized workplace em nation for all of the following? *		○ No	
		hen the employee moves to a different location in the org			
		hen the employee's overall accommodation needs or plan			
	• W	hen your organization reviews its general emergency poli	cies?		
<u>infor</u> Com	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response Learn more about your reinformation Comments for question 9.a			quirements for o	question 9.a
9.b.	workp	y of the employees for whom your organization has provi place emergency response information require assistance s, please answer additional questions)		○ Yes	○No
	d O. Re	eg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	quirements for o	question 9.b
	ments stion 9.1				
	9.b.i	Has your organization, with the employee's consent, pro emergency response information to the person designal assistance to the employee? *	•	○ Yes	○ No
		O. Reg. 191/11, s. 27 (2): Workplace emergency nse information	Learn more about your requ	uirements for qu	uestion 9.b.i
		ments for ion 9.b.i			
	9.b.ii	Was the individualized workplace emergency response soon as practicable after your organization became awa accommodation due to the employee's disability? *		○Yes	○ No
		O. Reg. 191/11, s. 27 (3): Workplace emergency	Learn more about your requ	uirements for qu	ıestion 9.b.ii
	respoi	nse information			
		ments for ion 9.b.ii			

Design of public spaces			
 10. Since January 1, 2017, has your organization constructed new or refollowing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas (If Yes, please answer additional questions) 	edeveloped any of the	○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements for	or question 10
Where applicable, do the newly constructed or redeveloped its requirements as outlined in the Design of Public Spaces Standard.		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards Comments for question 10.a	Learn more about your	requirements f	or question 10.a
10.b. Does your organization's multi-year accessibility plan include preventative and emergency maintenance of the accessible elapaces, and for dealing with temporary disruptions when accent in working order? *	lements in public	○Yes	○No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible element	<u>Learn more about your</u>	requirements for	or 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)	ə? *	○ Yes	No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your	requirements for	or question 11
11.a. Has your organization established an accessibility advisory co Section 29 of the AODA? * (If yes, please answer additional questions)	mmittee as described in	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your	requirements for	or question 11.a
Comments for question 11.a			

11.a.i Is the majority of members in the committee persons w	ith disabilities? *	○Yes	○No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your requirer	ments for qu	<u>estion 11.a.i</u>
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about sit described in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility stand	advice on the	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your requirer	ments for qu	<u>estion 11.a.i</u>
Comments for question 11.a.ii			



2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 1-49

Filing organization legal name Human Rights Legal Support Centre

Filing organization business number (BN9) 857858294

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.**