Submitted 2023-07-11 on Submission #ACR-89380

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)

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:

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.

Instructions

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.						
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Business or No				50+ employees		2023			
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Business number 868187824	r (BN9) * <u>Help</u>								
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62 - Health care	and social assist	tance				

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Unit number	Street number *	Street nam	e *		
	635	Prince Ch	arles Drive		
Street type	Street direction		City *		Province *
			Welland		ON (Ontario)
Postal code (e.g. L3C 0C7	A1A 1A1) *				
Business addr	ess				
(Address at which	letters can be sent	to the compa	any director/officer accountable for the	organization	n's compliance with the AODA.)
	ess address is sam				,
Country *				·	
•	vill change based o	n vour seled	otion.		
<ul><li>Canada</li></ul>	OL	-	◯ Internatio	onal	
Type of address *	Street addres	ss (	Street address served by route	Other	
Unit number	Street number *	Street nam			
	658	King Stree	et		
Street type	Street direction		City * Midland		Province * ON (Ontario)
Postal code (e.g.	A1A 1A1) *				
್ಷsiness detai	ils				
Organization lega	I name *	<del></del>		Number of	employees in Ontario * Help
					al market and the

Business numbe 892228891	r (BN9) * <u>Help</u>					
	ating/business nam	e is same a	as legal name	t		<del></del>
	erating/business nar			·····		
Southampton C	•					
			orincipal business activity *	Help		
	e and social assis	tance				
Subsector (if pos	sible) Ind residential car	a facilities				
Industry group (if		e laciiii65				
6231 - Nursing	•					
Mailing addres	3 <b>\$</b>					
Address where le	etters can be sent to	the persor	responsible for coordinating the org	anization's A	ODA compliance activiti	es.
Country *						
The fields below	will change based o	on your sele	ection.			
Canada	01	JSA		ional		
Type of address	*   Street addre	ss (	Street address served by route	Other		
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	140	Grey Str			<u> </u>	
Street type	Street direction		City *		Province *	
Doctol code (e.e.	A4A 4A4*		Southampton	<u> </u>	ON (Ontario)	<del></del>
Postal code (e.g. N0H 2L0	ATA TAT)					
Business add						1
(Address at which	n letters can be sent	to the comp	pany director/officer accountable for th	e organizatio	n's compliance with the A	NODÁ.,
Check if busing	ness address is sam	ne as mailir	ng address			
Country *						
The fields below	will change based o	on your sele	ection.			
Canada	$\bigcirc$	JSA ,	O Internat	ional		
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Unit number	Street number * 658	Street nad King Stre				
Street type	Street direction	1,4118 041	City *		Province *	<del></del>
			Midland		ON (Ontario)	
Postal code (e.g. L4R 0H7	A1A 1A1) *				<del></del>	
Business deta	ıils					
Organization lega	al name *			Number o	f employees in Ontario *	Help
Jarlette Ltd.				139		
Business numbe 102586294	r (BN9) * <u>Help</u>					
Check if opera	ating/business nam	e is same a	as legal name			
Organization operation Villa Care Cent	erating/business nar re	ne				
Sector that best	describes your orga	nization's p	orincipal business activity *	<u>Help</u>		<del>,,,</del>
00 1110	e and social assis	tance				

		······································			······································	
Subsector (if pos 623 - Nursing a	sible) nd residential car	e facilities				
Industry group (if 6231 - Nursing	•					
iling addres	SS					
Address where le	tters can be sent to	the person	responsible for coordinatir	ng the organ	ization's A	ODA compliance activities.
Country *						
The fields below	will change based o	n your sele	ction.			
Canada	Οl	JSA		) Internation	nal	
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Street type	Street direction		City * Midland			Province * ON (Ontario)
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Business addı	ress					
(Address at which	letters can be sent	to the comp	any director/officer account	able for the c	organizatior	's compliance with the AODA.)
✓ Check if busin	ess address is sam	e as mailing	g address			
Country *		······································				
The fields below	will change ba <mark>se</mark> d c	n your sele	ction.			
Canada	<b>Ο</b> ι	JSA		) Internatior	nal	
ייד of address יידי	Street addre	ss (	) Street address served by	route	Other	
t number	Street number * 658	Street nam King Stree	· ·			
Street type	Street direction		City * Midland			Province * ON (Ontario)
Postal code (e.g. L4R 0H7	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.



Organization category Busin	ess or Non-profit				
Number of employees range	50+				
Filing organization legal name	e Waterdown Long Term	Car	e Centre Inc.		
Filing organization business r	number (BN9) 868187824	4		<u></u>	
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acce					
Before you begin your report, yo		ssibi	ility requirements at <u>ontario</u>	ca/accessib	<u>illity</u>
Additional accessibility requirem  • a library board	ents apply if you are:				
<ul> <li>a producer of edu</li> </ul>	cation material (e.g. textbool	ks)			
<ul> <li>an education insti</li> </ul>	tution (e.g. school board, col	lege	, university or school)		
• a municipality					
C. Accessibility complian	nce report certification	)			
Section 15 of the Accessibility for certifying that all the required intorganization(s).					
Note: It is an offence under the	Act to provide false or mislea	ading	g information in an accessi	bility report fi	led under the AODA.
The certifier may designate a protherwise the certifier will be the	•	y for	Seniors and Accessibility t	o contact the	organization(s);
Certifier: Someone who can leg	gally bind the organization(s)				
Primary Contact: The person w	who will be the main contact t	for a	ccessibility issues.		
Acknowledgement				M-11-11-11-11-11-11-11-11-11-11-11-11-11	
✓ I certify that all the information	on is accurate and I have the	auth	nority to bind the organizati	on *	
Certification date (yyyy-mm-dd)	* 2023-07-10				
Certifier information					
Last name * Dunlop-Mcdonald			First name * Courtney		
Position title * Director	Business phone number * 705-549-4889	53:	ension ☐ Check her f if TTY	е	
Email * cdunlopmcdonald@jarlette.co	om		Alternate phone number	Extension	Fax number
Primary contact for the org	ganization(s)				
	is same as the certifier		First name * Courtney		

Alternate phone number   Extension   Extension   Extension   Extension   Extension   Extension   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.  General   Has your organization created and implemented written policies on how to achieve accessibility properties accessibility properties   Washington   Washington	Position title * Director	Business phone number * 705-549-4889	Extens 535	sion	Check he	re		
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 relevant AODA regulations and the link on the right to view relevant accessibility information resources.  General  1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR?*  Read Q. Reg. 191/11, s. 3 (1): Establishment of accessibility policies  Comments for question 1  2. Has your organization established and implemented a multi-year accessibility plan? *  (If Yes, please answer additional questions)  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2  2.a. Does your organization have a website? *  (If Yes, please answer additional questions)  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.  Comments for question 2.a.  2.a. Is your organization's accessibility plan posted on your organization's website? *  (If Yes, please answer additional questions)  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.i  Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.i  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.i  Comments for Question 2.a.i		e.com	Al	lternate p	phone number	Extension	Fax numbe	r
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.    General	Accessibility compl	iance report questions						
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 ACDA regulations and the link on the right to view relevant accessibility information resources.  General  1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR?  Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies  Learn more about your requirements for question 1  Comments for question 1  2. Has your organization established and implemented a multi-year accessibility plan?  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.  Comments for question 2.a.  2.a. Does your organization have a website?  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.  Comments for question 2.a.  2.a. I is your organization's accessibility plans  Learn more about your requirements for question 2.a.i  Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested?  Read O. Reg. 191/11.s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for Question 2.a.ii  Comments for Question 2.a.ii  Comments for Question 2.a.ii	Instructions			•••••••••••				
General  1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR?  Read O. Reg. 191/11, s. s. 2 (1). Establishment of accessibility policies  Comments for question 1  2. Has your organization established and implemented a multi-year accessibility plan?  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2  2.a. Does your organization have a website?  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.  Comments for question 2.a.  Comments for question 2.a.  2.a.I Is your organization's accessibility plan posted on your organization's website?  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.  Comments for question 2.a.  2.a.I Is your organization's accessibility plan posted on your organization's website?  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.i  Comments for question 2.a.i  Comments for Question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested?  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2 a.ii  Comments for	Please answer each of the fo	llowing compliance questions.	Use the	Comme	nts box if you v	wish to comm	ent on any re	esponse.
1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR?*  Read Q. Reg. 191/11, s. 3 (1): Establishment of accessibility policies  Learn more about your requirements for question 1  2. Has your organization established and implemented a multi-year accessibility plan? *  (If Yes, please answer additional questions)  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2  2.a. Does your organization have a website? *  (If Yes, please answer additional questions)  Read Q. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a  Comments for question 2.a  2.a.i Is your organization's accessibility plans  Learn more about your requirements for question 2.a.i  Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format								n the left to
accessibility by meeting all applicable accessibility requirements in the IASR? *  Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies  Learn more about your requirements for question 1  2. Has your organization established and implemented a multi-year accessibility plan? *  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2  2.a. Does your organization have a website? *  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Comments for question 2.a  2.a.i Is your organization's accessibility plan posted on your organization's website? *  (If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a  Comments for question 2.a.i  Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for  Comments for	General			•				
Comments for question 1  2. Has your organization established and implemented a multi-year accessibility plan? *		•					Yes	○ No
2. Has your organization established and implemented a multi-year accessibility plan? *	Read O. Reg. 191/11, s. 3 (1	): Establishment of accessibility	/ policie	<u>s</u> 1	_earn more abo	out your requ	irements for	question 1
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2.a. Does your organization have a website? *			ulti-yea	r access	ibility plan? *		Yes	○ No
(If Yes, please answer additional questions)  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a  Comments for question 2.a  2.a.i Is your organization's accessibility plan posted on your organization's website? *  (a) Yes \( \) No Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.i  Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for	Read O. Reg. 191/11, s. 4 (1	): Accessibility plans		ļ	earn more abo	out your requ	irements for	question 2
Comments for question 2.a.i Is your organization's accessibility plan posted on your organization's website? *	· · · · · · · · · · · · · · · · · · ·						Yes	○ No
2.a.i Is your organization's accessibility plan posted on your organization's website? *	Read O. Reg. 191/11, s. 4	4 (1): Accessibility plans		Ī	_earn more abo	out your requ	irements for	question 2.a
Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.i  Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for								
Comments for question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for	2.a.i ls your organiz	zation's accessibility plan poste	d on yo	our organ	ization's websi	te? *	Yes	○ No
question 2.a.i  2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for	Read O. Reg. 191/1	1, s. 4 (1): Accessibility plans		Le	arn more abou	ıt your requir	ements for qu	uestion 2.a.i
when requested? *  Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.a.ii  Comments for								
Comments for			lity plan	n in an ac	cessible forma	ıt	Yes	○ No
	Read O. Reg. 191/1	1, s. 4 (1): Accessibility plans		Le	arn more abou	ıt your requir	ements for qu	uestion 2.a.ii

	2.b Does your organization update the accessibility plan at least on	ce every 5 years? *	
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirements for question :	2.b
	Comments for question 2.b		
3.	Does your organization provide appropriate training on: *		
Rea	ad O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question	3
	3.a. The AODA Integrated Accessibility Standards Regulation? *		)
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question	3.a
	Comments for question 3.a		
	3.b The Human Rights Code as it pertains to people with disabilities	s?*	
	Read O, Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question :	<u>3.b</u>
	Comments for question 3.b		
	quositori oto		/ \
Inf	ormation and communications		<u>.</u>
	Does your organization have a process for receiving and responding that is accessible to people with disabilities? *  Note: This requirement is applicable regardless of whether customers on your premises.  (If Yes, please answer an additional question)		
Rea	ad O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requirements for question	4
	4.a. Does your organization notify the public about the availability of and communications supports with respect to the feedback proc Note: This requirement is applicable regardless of whether cust on your premises. *	cess?	
	Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requirements for question	4.a
	Comments for question 4.a		
		**	

indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * (If Yes, please answer an additional question)  1d O. Reg. 191/11, s. 14: Accessible websites and web content  Learn more about your requirements for question 5  5.a. Do all your organization's internet websites conform to World Wide Web Consortium  Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre- recorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *  Read O. Reg. 191/11, s. 14: Accessible websites and web content  Learn more about your requirements for question 5.  Comments for www.jarlette.com Facebook: Jarlette Health Services Instagram: Jarlette Health Services Linked In: Jarlette Health Services						
5.a. Do all your organization's internet websites conform to World Wide Web Consortium  Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre- recorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *  Read O. Reg. 191/11, s. 14: Accessible websites and web content  Learn more about your requirements for question 5.  Comments for www.jarlette.com question 5.a Facebook: Jarlette Health Services Instagram: Jarlette Health Services Linked In: Jarlette Health Services  People involved in developing accessibility policies People providing goods, services or facilities on behalf of the organization (If Yes, please answer an additional question)  1d. Reg. 191/11, s. 80.49: Training for staff, etc. Learn more about your requirements for question 6.  6.a. Does the training include all of the following: A review of the purposes of the AODA? A review of the purposes of the AODA? 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 provider's promises or facilities?  Read O. Reg. 191/11, s. 80.49: Training for staff, etc. Learn more about your requirements for question 6.	5,	indirectly ('cont modify content	trols' means that your organization is able to add, removand functionality of the website)? *		Yes (	) No
Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre- recorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps.*  Read O. Reg. 191/11. s. 14: Accessible websites and web content  Learn more about your requirements for question 5.  Comments for www.jarlette.com question 5.a Facebook: Jarlette Health Services Instagram: Jarlette Health Services Linked In: Jarlette Health Services  Linked In: Jarlette Health Services  Customer Service  3. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *  3. Staff and volunteers  4. People involved in developing accessibility policies  5. People providing goods, services or facilities on behalf of the organization (If Yes, please answer an additional question)  5. d. O. Reg. 191/11, s. 90.49: Training for staff, etc.  6.a. Does the training include all of the following: *  6.a. Does the training include all of the following: *  6.a. A review of the purposes of the AODA?  6.a. A review of the purposes of the Customer Service Standards?  6.a. How to interact and communicate with persons with various types of disability?  7. How to interact with persons with disabilities who use an assistance of a guide dog or other service animal or the assistance of a guide dog or other service animal or the assistance of a support person?  8. 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?  8. 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.  Comments for		ıd O. Reg. 191	/11, s. 14; Accessible websites and web content	Learn more about your r	equirements fo	or question 5
Customer Service  5. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *  Staff and volunteers  People involved in developing accessibility policies  People providing goods, services or facilities on behalf of the organization (if Yes, please answer an additional question)  d.O. Reg. 191/11, s. 80.49: Training for staff, etc.  A review of the purposes of the AODA?  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.		Web Con recorded and addre	tent Accessibility Guidelines 2.0 Level AA (except for li- audio descriptions)? In the comments box, please list t ess of your publicly available web content, including we	ve captions and pre- he complete names	Yes	○ No
question 5.a Facebook: Jarlette Health Services Instagram: Jarlette Health Services Linked In: Jarlette Health Services  Customer Service  3. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *  Staff and volunteers  People involved in developing accessibility policies  People providing goods, services or facilities on behalf of the organization (If Yes, please answer an additional question)  d. Reg. 191/11, s. 80.49: Training for staff, etc.  Learn more about your requirements for question 6  6.a. Does the training include all of the following: *  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 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.		Read O. Reg. 1	191/11, s. 14: Accessible websites and web content	Learn more about your r	equirements fo	or question 5.a
S. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *  Staff and volunteers  People involved in developing accessibility policies  People providing goods, services or facilities on behalf of the organization (If Yes, please answer an additional question)  d.O. Reg. 191/11, s. 80.49: Training for staff, etc.  Learn more about your requirements for question 6  6.a. Does the training include all of the following: *  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.			Facebook: Jarlette Health Services Instagram: Jarlette Health Services			
<ul> <li>Staff and volunteers</li> <li>People involved in developing accessibility policies</li> <li>People providing goods, services or facilities on behalf of the organization</li> <li>(If Yes, please answer an additional question)</li> <li>d O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> <li>Learn more about your requirements for question 6</li> <li>6.a. Does the training include all of the following: * <ul> <li>A review of the purposes of the AODA?</li> <li>A review of the purposes of the Customer Service Standards?</li> <li>How to interact and communicate with persons with various types of disability?</li> <li>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?</li> <li>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?</li> <li>What to do if a person with a disability?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> </ul> </li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.  <ul> <li>Learn more about your requirements for question 6.</li> </ul> </li> </ul>	Cı	ustomer Servi	ce		<del> </del>	
<ul> <li>6.a. Does the training include all of the following: * <ul> <li>A review of the purposes of the AODA?</li> <li>A review of the purposes of the Customer Service Standards?</li> <li>How to interact and communicate with persons with various types of disability?</li> <li>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?</li> <li>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?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> </ul> </li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.  Learn more about your requirements for question 6.</li> </ul>	δ.	<ul><li>People invo</li><li>People prov</li><li>(If Yes, please)</li></ul>	sabilities to the following? * blunteers lived in developing accessibility policies riding goods, services or facilities on behalf of the organ	nization	J	Ü
<ul> <li>A review of the purposes of the AODA?</li> <li>A review of the purposes of the Customer Service Standards?</li> <li>How to interact and communicate with persons with various types of disability?</li> <li>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?</li> <li>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?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> <li>Learn more about your requirements for question 6.</li> </ul>		rd O. Reg. 191/	11, s. 80.49: Training for staff, etc.	Learn more about your r	equirements fo	or question 6
<ul> <li>A review of the purposes of the Customer Service Standards?</li> <li>How to interact and communicate with persons with various types of disability?</li> <li>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?</li> <li>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?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> <li>Learn more about your requirements for question 6.</li> </ul>		6.a. Does the	training include all of the following: *		Yes	○ No
<ul> <li>How to interact and communicate with persons with various types of disability?</li> <li>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?</li> <li>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?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> <li>Learn more about your requirements for question 6.</li> </ul>		<ul> <li>A revi</li> </ul>	ew of the purposes of the AODA?			
<ul> <li>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?</li> <li>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?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> <li>Learn more about your requirements for question 6.</li> </ul>		<ul> <li>A revi</li> </ul>	ew of the purposes of the Customer Service Standards	?		
<ul> <li>the assistance of a guide dog or other service animal or the assistance of a support person?</li> <li>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?</li> <li>What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?</li> <li>Read O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> <li>Learn more about your requirements for question 6.</li> </ul>			•	• •		
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.  Comments for		the as	sistance of a guide dog or other service animal or the a			
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.  Comments for		provid	led by the provider that may help with the provision of g	•		
Comments for				ving difficulty		
		Read O. Reg. 1	91/11, s. 80.49: Training for staff, etc.	Learn more about your r	equirements fo	or question 6.a
	~~~	. <u></u>			- <u> </u>	······································

7.	If there is a temporary disruption of goods, services or facilities used by persor disabilities, does your organization give a notice of the disruption to the public? (If Yes, please answer an additional question)		○ No
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions Learn	more about your requirements	for question 7
	7.a. Does the notice of the disruption include all of the following? *	Yes	s O No
	The reason for the disruption?		
	Its anticipated duration?		
	 A description of available alternative facilities or services (if any)? 		
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Learn	more about your requirements	for question 7.a
	Comments for question 7.a		
8.	Does your organization ever require a person with a disability to be accompani support person when on your premises? *	ied by a Ye	s 📵 No
	(If Yes, please answer an additional question)		
	ead O. Reg. 191/11, s. 80,47 (5): Use of service animals and Learn pport persons	more about your requirements	for question 8
	 8.a. Does your organization do all of the following before requiring a person w to be accompanied by a support person on your premises: * Consult with the person with a disability? 	vith a disability 🔘 Ye	es 🔘 No
	 Determine a support person is necessary to protect the health or safe person with a disability or others on premises? 	ety of the	C
	 Determine that there is no other way to protect the health or safety of with a disability or others on premises? 	the person	***
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	more about your requirements	for question 8.a
	Comments for question 8.a		
Eı	mployment		
9.	Does your organization employ any persons with disabilities for whom you hav individualized workplace emergency response information? * (If Yes, please answer additional questions)	re provided	s ()No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn formation	more about your requirements	for question 9
····			

When the employee's overall accommodation needs or plans are reviewed? When your organization reviews its general emergency policies? Read O. Reg., 191/11, s., 27. (4): Workplace emergency response information or question 9.a 9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? (If Yes, please answer additional questions) Read O. Reg., 191/11, s., 27. (2): Workplace emergency response information comments for question 9.b 9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information information or question 9.b 9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? Read O. Reg., 191/11, s., 27. (2): Workplace emergency response information comments for question 9.b.i 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? Read O. Reg., 191/11, s., 27. (3): Workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? Read O. Reg., 191/11, s., 27. (3): Workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? Read O. Reg., 191/11, s., 27. (3): Workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation of due to the employee's disability? Read O. Reg., 191/11, s., 27. (3): Workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation to the provided and the provided as soon as practicable after your organization p	9.a.	Does your organization review the individualized workplace emergency response information for all of the following? *	Yes	○ No
When your organization reviews its general emergency policies? Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information 9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? * (If Yes, please answer additional questions) Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b 9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? * Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b. 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency Learn more about your requirements for question 9.t. earn more about your		When the employee moves to a different location in the organization?		
Read O. Reg. 191/11, s. 27. (4): Workplace emergency response information 9.b. Do any of the employees for whom your organization has provided individualized		, · ·		
Information Comments for question 9.a 9.b. Do any of the employees for whom your organization has provided individualized				
9.b. Do any of the employees for whom your organization has provided individualized	infor	<u>rmation</u>	out your requirements for	question 9.a
workplace emergency response information require assistance? * (If Yes, please answer additional questions) Read O. Reg. 191/11, s. 27 (2): Workplace emergency response Information Comments for question 9.b 9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? * Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency Learn more about your requirements for question 9.b.i Presponse information Comments for Question 9.b.i Learn more about your requirements for question 9.b.i				
Information Comments for question 9.b. 9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? * Read O. Reg. 191/11, s. 27 (2): Workplace emergency Learn more about your requirements for question 9.t. response information Comments for question 9.b.i 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency Learn more about your requirements for question 9.t. response information Comments for	9.b.	workplace emergency response information require assistance? *	Yes	○ No
9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? * Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information provided as the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for			out your requirements for	question 9.b
emergency response information to the person designated to provide assistance to the employee? * Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information provided as learn more about your requirements for question 9.tresponse information Comments for				
Comments for question 9.b.i 9.b.ii Was the individualized workplace emergency response information provided as Soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for		emergency response information to the person designated to provide	ce Yes	○ No
9.b.ii Was the individualized workplace emergency response information provided as Soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency Learn more about your requirements for question 9.b response information Comments for			ıt your requirements for qu	uestion 9.b.i
soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for				
response information Comments for		soon as practicable after your organization became aware of the need for	d as	○No
			ıt your requirements for qu	uestion 9.b.i

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) 	developed any of the	Yes	○No
Read O. Reg. 191/11 Part IV.1; Design of public spaces standards	Learn more about you	ur requirements f	or question 10
 10.a. Where applicable, do the newly constructed or redeveloped ite requirements as outlined in the Design of Public Spaces Stand Read O. Reg. 191/11 Part IV.1: Design of public spaces standards Comments for question 10.a 	ms meet the general ards? * Learn more about you	Yes Yes ur requirements for the second contract of the second con	○ No or question 10.a
10.b. Does your organization's multi-year accessibility plan include p preventative and emergency maintenance of the accessible elespaces, and for dealing with temporary disruptions when access not in working order? *	ements in public	Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about you	ur requirements f	or question (
Comments for question 10.b			



Organization category Business or Non-profit	
Number of employees range 50+	
Filing organization legal name Waterdown Long Term Care Centre Inc.	
Filing organization business number (BN9) 868187824	

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.

•			
	•		

Submitted 2023-07-11 Optionce report Submission # ACR#89385

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)

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.

Instructions

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 Business or Non-profit 50+ employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Jarlette Ltd. 100 Business number (BN9) * Help 102586294 Check if operating/business name is same as legal name Organization operating/business name Temiskaming Lodge Sector that best describes your organization's principal business activity * Help Health care and social assistance Subsector (if possible) 623 - Nursing and residential care facilities Industry group (if possible) 6231 - Nursing care facilities 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 Type of address * • Street address - Other - Other - Other Street name * Unit number Street number * 100 **Bruce Street** Street direction City * Street type Province * Haileybury ON (Ontario) Postal code (e.g. A1A 1A1) * P0J 1K0 **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 belo	w will change based	on your sel	ection.			
Canada	0	USA	◯ Interna	itional		
Type of addres	s * 🌘 Street addre	ess (Street address served by route	Other		
Unit number	Street number * 658	Street na King Stre		· · · · · · · · · · · · · · · · · · ·		
Street type	Street direction		City * Midland		Province * ON (Ontario)	
Postal code (e. L4R 0H7	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.



Organization category Business or Non-profit				
Number of employees range 50+				
Filing organization legal name Jarlette Ltd.				
Filing organization business number (BN9) 102586294				
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 certification				
tion 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 all the information is accurate and I have the authority to bind the organization *				
Certification date (yyyy-mm-dd) * 2023-07-11				
Certifier information				
Last name * First name * Courtney				
Position title * Business phone number * Extension				
Email * Alternate phone number Extension Fax number cdunlopmcdonald@jarlette.com				
ramary contact for the organization(s)				
☑ Check if the primary contact is same as the certifier				
Last name * Dunlop-Mcdonald First name * Courtney				

Position ti Director	itle * .	Business phone number * 705-549-4889	Extension	Check he	re		
Email * cdunlopn	ncdonald@jarlette.c	om	Alternat	e phone number	Extension	Fax number	er
		nce report questions					
Instructi	ons			<u> </u>			· · · · · · · · · · · · ·
		wing compliance questions. U					
If you nee view the re	d help with a specific o elevant AODA regulat	question, click the help links to ions and the link on the right	which will ope to view releva	en in a new brows ant accessibility ir	er window. Unformation re	Jse the link o sources.	on the left to
General	sia-	All Parts				•	.400
1. Has you accessi	ur organization create bility by meeting all ap	d and implemented written popplicable accessibility require	olicies on how ments in the	v to achieve ASR? *		Yes	○ No
Read O. F	Reg. 191/11, s. 3 (1): E	stablishment of accessibility	policies	Learn more abo	out your requ	<u>irements for</u>	question 1
Comment question							
	our organization estab , please answer addit	lished and implemented a m ional questions)	ulti-year acce			Yes	○ No
Read O. F	Reg. 191/11, s. 4 (1): A	Accessibility plans		Leam more abo	out your requ	irements for	question 2
	Does your organization If Yes, please answer					Yes	O No ,
Read	O, Reg. 191/11, s. 4 (1): Accessibility plans		Learn more abo	out your requ	irements for	question 2.a
	nents for ion 2.a						
2	2.a.i Is your organizat	ion's accessibility plan poste	d on your org	anization's websi	te? *	Yes	○ No
Ī	Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		Leam more abou	t your require	ements for q	uestion 2.a.i
	Comments for question 2.a.i						
2	2.a.ii Does your organ when requested	ization provide the accessibi ? *	lity plan in an	accessible forma	t	Yes	○ No
<u>.</u>	Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		Learn more abou	t your require	ements for q	uestion 2.a.ii
	Comments for question 2.a.ii						

	2.b Does your organization update the accessibility plan at least on	tice every 5 years?
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirements for question 2.b
	Comments for question 2.b	
3.	Does your organization provide appropriate training on: *	
Re	ad O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *	
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question 3.a
	Comments for question 3.a	
	3.b The Human Rights Code as it pertains to people with disabilities	3110
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question 3.b
	Comments for question 3.b	
:		
Inf	formation and communications	
4.	Does your organization have a process for receiving and responding that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customer on your premises. (If Yes, please answer an additional question)	
Re	ad O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requirements for question 4
<u></u>	4.a. Does your organization notify the public about the availability of and communications supports with respect to the feedback proc Note: This requirement is applicable regardless of whether cust on your premises. *	cess?
	Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requirements for question 4,a
	Comments for question 4.a	

5.	Does your orga indirectly ('conf modify content (If Yes, please		· No			
Re	ad O. Reg. 191	/11, s. 14: Accessible websites and web co	ntent	Learn more about you	requirements for	question 5
	Web Con recorded and addr	ur organization's internet websites conform ntent Accessibility Guidelines 2.0 Level AA (audio descriptions)? In the comments box, ress of your publicly available web content, nd apps. *	(except for l <mark>i</mark> , please list t	ve captions and pre- he complete names	Yes	○ No
		191/11, s. 14: Accessible websites and web	content	Learn more about you	requirements for	question 5.a
	Comments for question 5.a	www.jarlette.com Facebook: Jarlette Health Services Instagram: Jarlette Health Services Linked In: Jarlette Health Services				
Сι	stomer Serv	ice			0.000 (Control of Control of Cont	· · ·
6.	 Staff and vo People invo People prov	olved in developing accessibility policies viding goods, services or facilities on behalt			Yes	○ No
		answer an additional question)				mantinus C
Re	ad O. Reg. 191	/11, s. 80.49: Training for staff, etc.		Learn more about your	requirements tor	question 6
	6.a. Does the	training include all of the following: *			Yes	○ No
	A rev	riew of the purposes of the AODA?				
	 A rev 	riew of the purposes of the Customer Servic	e Standards	i?		
	• How	to interact and communicate with persons v	with various	types of disability?		
		to interact with persons with disabilities who ssistance of a guide dog or other service ar on?				
	provid	to use equipment or devices available on the dead by the provider that may help with the places to a person with a disability?				
		t to do if a person with a particular type of di ssing the provider's goods, services or facili		ving difficulty		
	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			•.		

•	disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)		• Yes) No
Ŗ	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your i	equirements for	question 7
	 7.a. Does the notice of the disruption include all of the following? * The reason for the disruption? Its anticipated duration? A description of available alternative facilities or services (if Part Co. Part 104/44 at 199 48 (9); Notice of Instrumental Actions of Instrumental Inst	• •	Yes	○ No
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for question 7.a	Learn more about your i	equirements for	question 7.a
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)	ccompanied by a	○ Yes	No No No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and upport persons	Learn more about your r	equirements for	question 8
	 8.a. Does your organization do all of the following before requiring a to be accompanied by a support person on your premises: * Consult with the person with a disability? Determine a support person is necessary to protect the hea 	•	<u></u> Yes	○ No
	 person with a disability or others on premises? Determine that there is no other way to protect the health or with a disability or others on premises? 	·		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons Comments for question 8.a	Learn more about your i	equirements for	question 8.a
Er	mployment			
Э.	Does your organization employ any persons with disabilities for whon individualized workplace emergency response information? * (If Yes, please answer additional questions)	n you have provided	Yes	○No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about your	requirements for	question 9

9,a.	information for all of the following? *		Yes \(\) No							
	When the employee moves to a different location in the organization?									
	When the employee's overall accommodation needs or p									
	 When your organization reviews its general emergency p 	olicies?		ļ.						
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	Learn more about your re	quirements for	question 9.a						
	nments for stion 9.a									
9.b.	Do any of the employees for whom your organization has proworkplace emergency response information require assistant (If Yes, please answer additional questions)		Yes	○ No						
	d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation	Learn more about your re	quirements for	question 9.b						
	nments for stion 9.b									
	9.b.i Has your organization, with the employee's consent, emergency response information to the person design assistance to the employee? * Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i		Yes uirements for qu	○ No						
	9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became a accommodation due to the employee's disability? *		Yes	○No						
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for question 9.b.ii	Learn more about your req	uirements for qu	uestion 9.b.ii						
	,									

Design of public spaces			
10. Since January 1, 2017, has your organization constructed new or following items? *	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 Yes, please answer additional questions)			
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements	for question 10
10.a. Where applicable, do the newly constructed or redeveloped requirements as outlined in the Design of Public Spaces Sta		Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standard	s Learn more about your	requirements	for question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include preventative and emergency maintenance of the accessible spaces, and for dealing with temporary disruptions when account in working order? *	elements in public	Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible element	nts Learn more about your	requirements	for question 10.t
Comments for question 10.b			
,			



Organization category Business or Non-profit	
Number of employees range 50+	
Filing organization legal name Jarlette Ltd.	
Filing organization business number (BN9) 102586294	
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.**

SUbmitted 2023-07-11 ance report Submission # ACR #89382

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)

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.

Instructions

Ontario 🕅

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. Organizatio	n information						
Organization cate			Number of employees range *		Reporting year		
Business or No	<u> </u>			20-49 employees		2023	
Business deta							
Organization legal name * Number					Number of	employees in Ontario * Help	
Stayner Care C	entre Inc.38				38		
Business number 817228331	r (BN9) * <u>Help</u>						
	ating/business nam	e is same as	s legal name				
- ,	rating/business nar	ne					
Stayner Care C							
Sector that best describes your organization's principal business activity * Help - Health care and social assistance							
Subsector (if pos	•					***************************************	
•	nd residential car	e facilities					
Industry group (if 6231 - Nursing	- T						
Mailing addres	SS						
Address where le	tters can be sent to	the person	responsible for	coordinating the orga	nization's A	ODA compliance activities.	
Country *							
The fields below	will change based o	on your sele	ction.				
Canada	\bigcirc (JSA		◯ Internati	onal		
Type of address '	* Street addre	ss C) Street address	s served by route	Other		
Unit number	Street number * 7308	Street nam Highway 2					
Street type	Street direction		City *			Province *	
			Stayner			ON (Ontario)	
Postal code (e.g. L0M 1S0	A1A 1A1) *						
Business addr	'ess						
(Address at which	letters can be sent	to the compa	any director/offic	er accountable for the	organization	n's compliance with the AODA.)	
Sheck if busin	ess address is sam	ne as mailing	address				

Country *						
The fields below	w will change based	on your sele	ection.			
Canada	0	USA	◯ Interna	tional		
Type of address * Street address		ess (○ Street address served by route ○ Other			
Unit number	Street number * 658	Street nar King Stre				\.
Street type	Street direction		City * Midland		Province * ON (Ontario)	
Postal code (e. L4R 0H7	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.



Organization category Business or Non-profit								
Number of employees range 20-49								
Filing organization legal name	Filing organization legal name Stayner Care Centre Inc.38							
Filing organization business r	number (BN9) 81722833	1						
Fields marked with an asteris	k (*) are mandatory.							
B. Understand your acce				<u>-</u>				
Before you begin your report, yo	-	ssibi	llity requirements at <u>ontario</u>	o.ca/accessib	ility			
Additional accessibility requirem • a library board	ents apply if you are:							
 a producer of edu 	cation material (e.g. textboo	ks)						
 an education insti 	tution (e.g. school board, col	lege	, university or school)					
• a municipality								
C. Accessibility complian	nce report certification)						
tion 15 of the Accessibility for certifying that all the required intorganization(s).								
Note: It is an offence under the	Act to provide false or misle	adino	g information in an accessi	bility report fil	led under the AODA.			
The certifier may designate a protherwise the certifier will be the		y for	Seniors and Accessibility t	to contact the	organization(s);			
Certifier: Someone who can leg	pally bind the organization(s)		•					
Primary Contact: The person w	ho will be the main contact	for a	ccessibility issues.					
Acknowledgement								
✓ I certify that all the information	n is accurate and I have the	auth	nority to bind the organizati	ion *				
Certification date (yyyy-mm-dd)	* 2023-07-11							
Certifier information								
Last name * Dunlop-Mcdonald			First name * Courtney					
Position title * Director	Business phone number * 705-549-4889	Ext	ension Check her if TTY	·e				
Email * cdunlopmcdonald@jarlette.cd	om		Alternate phone number	Extension	Fax number			
mary contact for the org	ganization(s)	•						
✓ Check if the primary contact is same as the certifier Last name * Dunlop-Mcdonald First name * Courtney								

Position Directo		Business 705-549	phone number * -4889	Extension	Check her	re		
Email *	omcdonald@j	arlette com		Alterna	e phone number	Extension	Fax numbe	er
		ompliance repo	ort questions	· · · · · · · · · · · · · · · · · · ·				
Instruc								
		the following comp	diance questions.	Ise the Com	ments hay if you v	vish to comm	ent on any r	esnonse
lf you ne	ed help with a	specific question, o	click the help links	which will op	en in a new brows	er window. U	Jse the link o	
		A regulations and t	ne link on the right	to view relev	ant accessibility in	iformation re	sources.	
Custor	ner Service							
pers • S	ons with disabi Staff and volunt		g? *	goods, servic	es or facilities to		Yes	○ No
	•	in developing acco	- ,					
	• •	g goods, services o		alf of the orga	nization			
•		ver an additional q	•		l		lana anda fan	aanttam A
Read O	. Reg. 191/11, :	s. 80,49: Training f	or staff, etc.		Learn more abo	out your requ	irements for	question 1
1.a.	Does the train	ing include all of th	ne following: *				Yes	○ No
	 A review of 	of the purposes of t	he AODA?					
		of the purposes of t						
		eract and commun						
		eract with persons ance of a guide do						
	How to us provided to	e equipment or de by the provider that o a person with a d	may help with the					
		o if a person with a the provider's goo			aving difficulty			•
Read	d O. Reg. 191/	1, s. 80.49: Trainir	ng for staff, etc.		Learn more abo	out your requ	irements for	question 1.a
	nments for stion 1.a							

2.	If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * (If Yes, please answer an additional question)	Yes	○ No
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions Learn more about y	our requirement	s for question 2
	2.a. Does the notice of the disruption include all of the following? *The reason for the disruption?	Yes	○ No
	 Its anticipated duration? A description of available alternative facilities or services (if any)? 		
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for question 2.a	our requirement	s for question 2.a
3.	Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? *	○ Yes	No No
	(If Yes, please answer an additional question)		
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and Learn more about y pport persons	our requirement	s for question 3
	 3.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? 		○ 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? 		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons Comments for question 3.a	our requirement	s for question 3.a

Number of employees range 20-49

Filing organization legal name Stayner Care Centre Inc.38

Filing organization business number (BN9) 817228331

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.**