

Submitted 2023-07-11  
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)

### 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](mailto: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 * Business or Non-profit	Number of employees range * 50+ employees	Reporting year 2023
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**Business details**

Organization legal name * Waterdown Long Term Care Centre Inc.	Number of employees in Ontario * <a href="#">Help</a> 84
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Business number (BN9) \* [Help](#)  
868187824

Check if operating/business name is same as legal name

Organization operating/business name  
Alexander Place

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                       Street address served by route                       Other

Unit number	Street number * 329	Street name * Parkside Drive
Street type	Street direction	City * Waterdown
		Province * ON (Ontario)

Postal code (e.g. A1A 1A1) \*  
L0R 2H0

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number * 658	Street name * King Street		
Street type	Street direction	City * Midland	Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * L4R 0H7				

**Business details**

Organization legal name * 488491 Ontario Inc.	Number of employees in Ontario * <a href="#">Help</a> 137
Business number (BN9) * <a href="#">Help</a> 106285034	

Check if operating/business name is same as legal name

Organization operating/business name  
Avalon Care Centre

Sector that best describes your organization's principal business activity \* [Help](#)  
62 - 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  Street address served by route  Other

Unit number	Street number * 355	Street name * Broadway		
Street type	Street direction	City * Orangeville	Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * L9W 3Y3				

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number * 658	Street name * King Street		
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Street type	Street direction	City *	Province *
		Midland	ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

### Business details

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
Valley East Long Term Care Centre Inc.	117

Business number (BN9) \* [Help](#)

867992018

Check if operating/business name is same as legal name

Organization operating/business name

Elizabeth Centre

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number	Street number *	Street name *	
	2100	Main Street	
Street type	Street direction	City *	Province *
		Val Caron	ON (Ontario)

Postal code (e.g. A1A 1A1) \*

P3N 1S7

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *	
	658	King Street	
Street type	Street direction	City *	Province *
		Midland	ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

### Business details

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
Orillia Long Term Care Centre Inc.	105

Business number (BN9) \* [Help](#)

868181827

Check if operating/business name is same as legal name

Organization operating/business name

Leacock Care Centre

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number

Street number \*

25

Street name \*

Museum Drive

Street type

Street direction

City \*

Orillia

Province \*

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L3V 7T9

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada

USA

International

Type of address \*  Street address  Street address served by route  Other

Unit number

Street number \*

658

Street name \*

King Street

Street type

Street direction

City \*

Midland

Province \*

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

### Business details

Organization legal name \*

Meadow Park Chatham Inc.

Number of employees in Ontario \* [Help](#)

124

Business number (BN9) \* [Help](#)

121311849

Check if operating/business name is same as legal name

Organization operating/business name

Meadow Park Chatham Inc.

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number	Street number *	Street name *		
	110	Sandys Street		
Street type	Street direction		City *	Province *
			Chatham	ON (Ontario)
Postal code (e.g. A1A 1A1) *				
N7L 4X3				

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *		
	658	King Street		
Street type	Street direction		City *	Province *
			Midland	ON (Ontario)
Postal code (e.g. A1A 1A1) *				
L4R 0H7				

**Business details**

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
Meadow Park London Inc.	175

Business number (BN9) \* [Help](#)  
121311856

Check if operating/business name is same as legal name

Organization operating/business name  
Meadow Park London Inc.

Sector that best describes your organization's principal business activity \* [Help](#)  
62 - 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  Street address served by route  Other

Unit number	Street number * 1210	Street name * Southdale Road	
Street type	Street direction	City * London	Province * ON (Ontario)

Postal code (e.g. A1A 1A1) \*

N6E 1B4

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number * 658	Street name * King Street	
Street type	Street direction	City * Midland	Province * ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

### Business details

Organization legal name * 584482 Ontario Inc.	Number of employees in Ontario * <a href="#">Help</a> 50
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Business number (BN9) \* [Help](#)

107661084

Check if operating/business name is same as legal name

Organization operating/business name

Manitoulin Lodge

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number	Street number * 3	Street name * Main Street	
Street type	Street direction	City * Gore Bay	Province * ON (Ontario)



Postal code (e.g. A1A 1A1) \*

POP 1H0

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada

USA

International

Type of address \*

Street address

Street address served by route

Other

Unit number

Street number \*

Street name \*

658

King Street

Street type

Street direction

City \*

Province \*

Midland

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

### Business details

Organization legal name \*

Huntsville Long Term Care Centre Inc.

Number of employees in Ontario \* [Help](#)

60

Business number (BN9) \* [Help](#)

866424351

Check if operating/business name is same as legal name

Organization operating/business name

Muskoka Landing

Code that best describes your organization's principal business activity \* [Help](#)

62 - 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

Street address served by route

Other

Unit number

Street number \*

Street name \*

65

Rogers Cove

Street type

Street direction

City \*

Province \*

Huntsville

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

P1H 2L9

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number * 658	Street name * King Street
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Street type	Street direction	City * Midland	Province * ON (Ontario)
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Postal code (e.g. A1A 1A1) \*  
L4R 0H7

### Business details

Organization legal name * Barrie Long Term Care Centre Inc.	Number of employees in Ontario * <a href="#">Help</a> 139
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Business number (BN9) \* [Help](#)  
866418353

Check if operating/business name is same as legal name

Organization operating/business name  
Roberta Place

Sector that best describes your organization's principal business activity \* [Help](#)  
62 - 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  Street address served by route  Other

Unit number	Street number * 503	Street name * Essa Road
-------------	------------------------	----------------------------

Street type	Street direction	City * Barrie	Province * ON (Ontario)
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Postal code (e.g. A1A 1A1) \*  
L4N 9E4

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number * 658	Street name * King Street
-------------	------------------------	------------------------------

Street type	Street direction	City *	Province *
		Midland	ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

**Business details**

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
859530 Ontario Inc.	187

Business number (BN9) \* [Help](#)

138957998

Check if operating/business name is same as legal name

Organization operating/business name

Royal Rose Place

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number	Street number *	Street name *	
	635	Prince Charles Drive	
Street type	Street direction	City *	Province *
		Welland	ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L3C 0C7

**Business address**

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *	
	658	King Street	
Street type	Street direction	City *	Province *
		Midland	ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

**Business details**

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
Southampton Care Centre Inc.	110

Business number (BN9) \* [Help](#)

892228891

Check if operating/business name is same as legal name

Organization operating/business name

Southampton Care Centre Inc.

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number

Street number \*

140

Street name \*

Grey Street

Street type

Street direction

City \*

Southampton

Province \*

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

N0H 2L0

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada

USA

International

Type of address \*  Street address  Street address served by route  Other

Unit number

Street number \*

658

Street name \*

King Street

Street type

Street direction

City \*

Midland

Province \*

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

L4R 0H7

### Business details

Organization legal name \*

Jarlette Ltd.

Number of employees in Ontario \* [Help](#)

139

Business number (BN9) \* [Help](#)

102586294

Check if operating/business name is same as legal name

Organization operating/business name

Villa Care Centre

Sector that best describes your organization's principal business activity \* [Help](#)

62 - 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  Street address served by route  Other

Unit number	Street number *	Street name *		
	658	King Street		
Street type	Street direction		City *	Province *
			Midland	ON (Ontario)
Postal code (e.g. A1A 1A1) *				
L4R 0H7				

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *		
	658	King Street		
Street type	Street direction		City *	Province *
			Midland	ON (Ontario)
Postal code (e.g. A1A 1A1) *				
L4R 0H7				

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 Waterdown Long Term Care Centre Inc.

Filing organization business number (BN9) 868187824

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](https://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

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

I certify that all the information is accurate and I have the authority to bind the organization \*

Certification date (yyyy-mm-dd) \* 2023-07-10

### Certifier information

Last name *		First name *	
Dunlop-Mcdonald		Courtney	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Director	705-549-4889	535	
Email *	Alternate phone number	Extension	Fax number
cdunlopmcdonald@jarlette.com			

### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
Dunlop-Mcdonald	Courtney

Position title * Director	Business phone number * 705-549-4889	Extension 535	<input type="checkbox"/> Check here if TTY
Email * cdunlop@jarlette.com		Alternate phone number	Extension
			Fax number

## 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

1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? \*  Yes  No

[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? \*  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](#)

- 2.a. Does your organization have a website? \*  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? \*  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? \*  Yes  No

[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

2.b Does your organization update the accessibility plan at least once every 5 years? \*  Yes  No

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

[Learn more about your requirements for question 2.b](#)

Comments for  
question 2.b

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3. Does your organization provide appropriate training on: \*

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

[Learn more about your requirements for question 3](#)

3.a. The AODA Integrated Accessibility Standards Regulation? \*  Yes  No

[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? \*  Yes  No

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

[Learn more about your requirements for question 3.b](#)

Comments for  
question 3.b

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## Information and communications

4. Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? \*  Yes  No

**Note:** This requirement is applicable regardless of whether customers are permitted on your premises.

(If Yes, please answer an additional question)

[Read 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 accessible formats and communications supports with respect to the feedback process?  Yes  No

**Note:** This requirement is applicable regardless of whether customers are permitted on your premises. \*

[Read O. Reg. 191/11, s. 11\(2\): Feedback](#)

[Learn more about your requirements for question 4.a](#)

Comments for  
question 4.a

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5. Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? \*  Yes  No  
(If Yes, please answer an additional question)

[Read 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. \*  Yes  No

[Read O. Reg. 191/11, s. 14: Accessible websites and web content](#)

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

Comments for [www.jarlette.com](http://www.jarlette.com)  
question 5.a  
Facebook: Jarlette Health Services  
Instagram: Jarlette Health Services  
Linked In: Jarlette Health Services

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## Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? \*  Yes  No
- 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)

[Read 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: \*  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

7. 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? \*  Yes  No  
(If Yes, please answer an additional question)

[Read 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  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 accompanied by a support person when on your premises? \*  Yes  No  
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements for 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: \*  Yes  No

- Consult with the person with a disability?
- 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](#)

[Learn more about your requirements for question 8.a](#)

Comments for  
question 8.a

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## Employment

9. Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? \*  Yes  No  
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 27 \(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 9](#)

- 9.a. Does your organization review the individualized workplace emergency response 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 plans are reviewed?
  - When your organization reviews its general emergency policies?

[Read O. Reg. 191/11, s. 27 \(4\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.a](#)

Comments for question 9.a

- 9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? \*  Yes  No  
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 27 \(2\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.b](#)

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? \*  Yes  No

[Read O. Reg. 191/11, s. 27 \(2\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.b.i](#)

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? \*  Yes  No

[Read O. Reg. 191/11, s. 27 \(3\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.b.ii](#)

Comments for question 9.b.ii

## Design of public spaces

10. Since January 1, 2017, has your organization constructed new or redeveloped any of the following items? \*  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 items meet the general requirements as outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[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 procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order? \*  Yes  No

[Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements](#)

[Learn more about your requirements for question 10.b](#)

Comments for  
question 10.b

Organization category Business or Non-profit

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Number of employees range 50+

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Filing organization legal name Waterdown Long Term Care Centre Inc.

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Filing organization business number (BN9) 868187824

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Fields marked with an asterisk (\*) are mandatory.

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**E. Accessibility compliance report summary**

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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

## Completing your accessibility compliance report

Submission # ACR#89385

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](mailto: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 * <a href="#">Help</a>
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  Street address served by route  Other

Unit number	Street number *	Street name *
	100	Bruce Street
Street type	Street direction	City *
		Haileybury
		Province *
		ON (Ontario)

Postal code (e.g. A1A 1A1) \*  
POJ 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 below will change based on your selection.

Canada

USA

International

Type of address \*

Street address

Street address served by route

Other

Unit number	Street number *	Street name *		
	658	King Street		
Street type	Street direction		City *	Province *
			Midland	ON (Ontario)
Postal code (e.g. A1A 1A1) *				
L4R 0H7				

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](http://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

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

#### Acknowledgement

I certify that 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 *	
Dunlop-Mcdonald		Courtney	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Director	705-549-4889		
Email *	Alternate phone number	Extension	Fax number
cdunlop@jarlette.com			

#### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
Dunlop-Mcdonald	Courtney

Position title * Director	Business phone number * 705-549-4889	Extension	<input type="checkbox"/> Check here if TTY
Email * cdunlop@jarlette.com	Alternate phone number	Extension	Fax number

## D. 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

1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? \*  Yes  No

[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? \*  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](#)

- 2.a. Does your organization have a website? \*  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? \*  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? \*  Yes  No

[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

2.b Does your organization update the accessibility plan at least once every 5 years? \*  Yes  No

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

[Learn more about your requirements for question 2.b](#)

Comments for  
question 2.b

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3. Does your organization provide appropriate training on: \*

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

[Learn more about your requirements for question 3](#)

3.a. The AODA Integrated Accessibility Standards Regulation? \*  Yes  No

[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? \*  Yes  No

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

[Learn more about your requirements for question 3.b](#)

Comments for  
question 3.b

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## Information and communications

4. Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? \*  Yes  No

**Note:** This requirement is applicable regardless of whether customers are permitted on your premises.

(If Yes, please answer an additional question)

[Read 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 accessible formats and communications supports with respect to the feedback process?  Yes  No

**Note:** This requirement is applicable regardless of whether customers are permitted on your premises. \*

[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 organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? \*  Yes  No  
(If Yes, please answer an additional question)

[Read 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. \*  Yes  No

[Read O. Reg. 191/11, s. 14: Accessible websites and web content](#) [Learn more about your requirements for question 5.a](#)

Comments for [www.jarlette.com](http://www.jarlette.com)  
question 5.a Facebook: Jarlette Health Services  
Instagram: Jarlette Health Services  
Linked In: Jarlette Health Services

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## Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? \*  Yes  No
- 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)

[Read 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: \*  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

7. 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? \*  Yes  No  
(If Yes, please answer an additional question)

[Read 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  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 accompanied by a support person when on your premises? \*  Yes  No  
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements for 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: \*  Yes  No

- Consult with the person with a disability?
- 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](#)

[Learn more about your requirements for question 8.a](#)

Comments for  
question 8.a

---

## Employment

9. Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? \*  Yes  No  
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 27 \(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 9](#)

- 9.a. Does your organization review the individualized workplace emergency response 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 plans are reviewed?
  - When your organization reviews its general emergency policies?

[Read O. Reg. 191/11, s. 27 \(4\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.a](#)

Comments for question 9.a

- 9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? \*  Yes  No  
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 27 \(2\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.b](#)

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? \*  Yes  No

[Read O. Reg. 191/11, s. 27 \(2\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.b.i](#)

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? \*  Yes  No

[Read O. Reg. 191/11, s. 27 \(3\): Workplace emergency response information](#)

[Learn more about your requirements for question 9.b.ii](#)

Comments for question 9.b.ii



## Design of public spaces

10. Since January 1, 2017, has your organization constructed new or redeveloped any of the following items? \*  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 items meet the general requirements as outlined in the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[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 procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order? \*  Yes  No

[Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements](#)

[Learn more about your requirements for question 10.b](#)

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

## Completing your accessibility compliance report

Submission # ACR # 89382

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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:

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Each organization must have the same:

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- 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:

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- 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](mailto: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 * Business or Non-profit	Number of employees range * 20-49 employees	Reporting year 2023
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#### Business details

Organization legal name * Stayner Care Centre Inc.38	Number of employees in Ontario * <a href="#">Help</a> 38
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Business number (BN9) \* [Help](#)  
817228331

Check if operating/business name is same as legal name

Organization operating/business name  
Stayner Care Centre Inc.38

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  Street address served by route  Other

Unit number	Street number * 7308	Street name * Highway 26
Street type	Street direction	City * Stayner
		Province * ON (Ontario)

Postal code (e.g. A1A 1A1) \*  
L0M 1S0

#### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

Canada

USA

International

Type of address \*

Street address

Street address served by route

Other

Unit number	Street number *	Street name *	
	658	King Street	
Street type	Street direction	City *	Province *
		Midland	ON (Ontario)
Postal code (e.g. A1A 1A1) *			
L4R 0H7			

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 Stayner Care Centre Inc.38

Filing organization business number (BN9) 817228331

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](http://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

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

I certify that 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 *	
Dunlop-Mcdonald		Courtney	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Director	705-549-4889		
Email *	Alternate phone number	Extension	Fax number
cdunlopmcdonald@jarlette.com			

### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
Dunlop-Mcdonald	Courtney

Position title * Director	Business phone number * 705-549-4889	Extension	<input type="checkbox"/> Check here if TTY
Email * cdunlop@jarlette.com		Alternate phone number	Extension
			Fax number

## D. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### Customer Service

1. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? \*  Yes  No

- 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)

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

[Learn more about your requirements for question 1](#)

1.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 1.a](#)

Comments for  
question 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? \*  Yes  No  
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.48 \(1\): Notice of temporary disruptions](#)

[Learn more about your requirements for question 2](#)

- 2.a. Does the notice of the disruption include all of the following? \*  Yes  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 2.a](#)

Comments 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  
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements 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: \*  Yes  No
- Consult with the person with a disability?
  - 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](#)

[Learn more about your requirements for question 3.a](#)

Comments for question 3.a

Organization category Business or Non-profit

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Number of employees range 20-49

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Filing organization legal name Stayner Care Centre Inc.38

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Filing organization business number (BN9) 817228331

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Fields marked with an asterisk (\*) are mandatory.

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**E. Accessibility compliance report summary**

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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.**