

Ministry for Seniors and Accessibility

2019 Accessibility Compliance Report

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*. Fields marked with an asterisk (*) are mandatory.

A. Organizati	on information							
Organization category *				Number of employees range *		Reporting year		
Designated Public Sector				50+ employees		2019		
Business deta	ils							
Organization legal name *					Number of employees in Ontario * Help			
	on of the Townshi	p of Brock		afrasmen.	50	the Updatestand your account		
Business number 119448363	(BN9) * <u>Help</u>							
Check if opera	ating/business name i	s same as lega	al name					
Organization ope	rating/business name				Language pi	reference for communications *		
The Corporation	on of the Townshi	p of Brock			English			
Sector that best of 91	describes your organiz	zation's princip	al business activit	y *	Help			
Subsector (if pos	sible)			Industry group (if poss	Industry group (if possible)			
913				9139				
Mailing addres	s					enotearnen		
Address where le	tters can be sent to th	e person respo	onsible for coordin	ating the organization's	AODA compli	ance activities.		
Country *) Canada) USA	○ Inte	ernational	sang inthings of the chair (son troy)		
Type of address *	Street addre	ess	Street address s	served by route Oth	er			
Unit number	Street number * 1	Street name 'Cameron	* honosti inco te s e	erejotr s impressõot v	Pilike sups. de	New earst more shoops and past a		
Street type Street	Street direction City * E (East/Est) Cannington		City * Cannington	groping glod stopps to in		rovince * N (Ontario)		
Postal code *					(Ontario)			
L0E 1E0								
Business addr	ess					ar a mattu arreuha arro i apai cotaca		
(Address at which	n letters can be sent to	the company	director/officer ac	countable for the organ	ization's comp	liance with the AODA.)		
Check if busing	ess address is same	as mailing add	dress					
Country *) Canada) USA	◯ Inte	rnational	v		
Type of address *	Street addre	ss	Street address s	served by route Oth	er			
Unit number	Street number * 1	Street name 3	*	Sive	du enidiges co			
Street type	Street direction		City *		Р	rovince *		
Street	E (East/Est)		Cannington		C	N (Ontario)		
Postal code * L0E 1E0	200	an garaga		r old middle magit	in the contraction			



Ministry for Seniors and Accessibility

2019 Accessibility compliance report

Organization category Designated Public Sector	Number of employees range 50+
Filing organization legal name The Corporation of the Township of Bro	ock
Filing organization business number (BN9) 119448363	
Fields marked with an asterisk (*) are mandatory.	
B. Understand your accessibility requirements	
Before you begin your report, you can learn about your accessibility requirement	ents at ontario.ca/accessibility
Additional accessibility requirements apply if you are:	
C. Accessibility compliance report questions	
Instructions	
Please answer each of the following compliance questions. Use the Comments box if	
If you need help with a specific question, click the help links which will open in a new be relevant AODA regulations and the link on the right to view relevant accessibility information.	
Foundation requirements	
1. Does your organization have written accessibility policies and a statement of commi	itment? *
Read O. Reg. 191/11 s. 3: Establishment of accessibility policies	Learn more about your requirements for question 1
Comments for question 1	
2. Has your organization established, implemented and maintained a multi-year acces	sibility plan and
posted it on your organization's website? *	Sibility plant and Yes No
Read O. Reg. 191/11 s. 4: Accessibility plans	Learn more about your requirements for question 2
Comments for question 2	
3. Has your organization completed a review of its progress implementing the strategy accessibility plan and documented the results in an annual status report posted on website? *	outlined in its the organization's • Yes • No
Read O. Reg. 191/11 s. 4(1), 4(3): Accessibility plans	Learn more about your requirements for question 3
Comments for question 3	
4. Did your organization consult with people with disabilities when establishing, review multi-year accessibility plan? *	ring and updating its Yes No
Read O. Reg. 191/11 s. 4(2): Accessibility plans	Learn more about your requirements for question 4
Comments for guestion 4	

5. Does your organization provide the appropriate training on the Integrated Accessibil Regulation and the Human Rights Code as it pertains to persons with disabilities? *	lity Standards	Yes	○ No
Read O. Reg. 191/11 s. 7: Training	Learn more about your	requirements for	question 5
Comments for question 5			
6. Has your organization established and documented a process to receive and respondence to the process of t		Yes	○ No
Read O. Reg. 191/11 s. 80.50: Feedback process required	Learn more about your	requirements for	question 6
Comments for question 6			
7. Does your organization ensure that its feedback processes are accessible to persor providing or arranging accessible formats or communication supports, upon request the public of this accessible feedback policy? *		Yes	○ No
Read O. Reg. 191/11 s. 11: Feedback	Learn more about your	requirements for	question 7
Comments for question 7			
Information and communications			
8. Does your organization have a process to provide accessible formats and communi- persons with disabilities in a timely manner and at no more than the cost for other p the same information, and do you notify the public of this accessible information pol	ersons who ask for	Yes	○ No
Read O. Reg. 191/11 s. 12: Accessible formats and communications supports	Learn more about your	requirements for	question 8
Comments for question 8			
Employment			
 Does your organization notify its employees and the public about the availability of a its recruitment process? * 	accommodations in	Yes	○ No
Read O. Reg. 191/11 s. 22-24: Recruitment	Learn more about your	requirements for	question 9
Comments for question 9			
10. Does your organization notify successful applicants of its policies for accommodati disabilities during offers of employment? *	ng employees with	Yes	○ No
Read O. Reg. 191/11 s. 24: Notice to successful applicants	Learn more about your	requirements for	question 10
Comments for question 10			
11. Does your organization develop and have in place a written process for the develo documented individual accommodation plans for employees with disabilities? *	pment of	Yes	○ No
Read O. Reg. 191/11 s. 28: Documented individual accommodation plans	Learn more about your	requirements for	question 11
Comments for question 11			

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Transportation			
12. Does your organization provide transportation services? *			No
(If Yes, you will be required to answer an additional question.) Read O. Reg. 191/11 Part IV: Transportation standards	Learn more about your r	equirements for	guestion 12
12.a. Does your organization conduct employee and volunteer accessibility train			
accessibility equipment and features of your transportation vehicles? *	mig on the sale ase of	O Yes	O No
Read O. Reg. 191/11 s. 36: Accessibility training	Learn more about your r	equirements for	question 12.a
Comments for			
question 12.a			
Design of public spaces			
13. Since your organization last reported on its accessibility compliance, has your or new or redeveloped existing off-street parking facilities that it intends to maintain (If Yes, you will be required to answer an additional question.)		○ Yes	No
Read O. Reg. 101/11 Part IV.1: Design of public spaces standards	Learn more about your	equirements for	question 13
13.a. When constructing new or redeveloping off-street parking facilities that yo to maintain, does it ensure that the off-street parking facilities meet the ac as outlined in sections 80.32 – 80.37 of the IASR? *		O Yes	○ No
Read O. Reg. 80.32-37: Accessible parking	Learn more about your	requirements for	question 13.a
Comments for			
question 13.a			
14. Since your organization last reported on accessibility compliance, has your organization last reported on accessibility compliance, has your organized or redeveloped existing outdoor public spaces that it intends to maintain? (If Yes, you will be required to answer additional questions.)	*	○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements for	question 14
14.a. When constructing new or redeveloping existing outdoor play spaces, did consult with the public and persons with disabilities on the needs of childr you represent a municipality did your organization consult with the municipality where one was established as outlined in s. 80.19 of the Integrated Access Regulation? *	en and caregivers, and if pal advisory committee	○ Yes	O No
Read O. Reg. 191/11 s. 80.19: Outdoor play spaces	Learn more about your	requirements for	question 14.a
Comments for question 14.a			
14.b. Does your organization's multi-year accessibility plan include procedures emergency maintenance of the accessible elements in public spaces, and temporary disruptions when accessible elements required under the Integ Standards Regulations Part IV are not in working order? *	d for dealing with	○ Yes	O No
Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements	Learn more about your	requirements for	r question 14.b
Comments for question 14.b			
Customer service			
15. In your policies, practices and procedures, does your organization permit person keep their service animals with them on the parts of your premises that are open third parties, except where the animal is excluded by law? If excluded by law, on have alternate ways for people with service animals to access and use your go facilities?	en to the public or other does your organization	Yes	○ No
Read O. Reg. 191/11 s. 80.47(1-3): Use of service animals and support persons	Learn more about your	requirements fo	r question 15
Comments for question 15			

General requirements			
16. Other than the requirements cited in the above questions, is your organization applicable requirements for the information and communications standards Integrated Accessibility Standards Regulation? *	Yes	○ No	
Read O. Reg. 191/11 Part II: Information and communications standards	Learn more about you	r requirements for	question 16
Comments for question 16	gnetød Public Sector	ead vegyese	evonastasta g
17. Other than the requirements cited in the above questions, is your organization applicable requirements for the employment standards in effect under the Int Standards Regulation? *	complying with all egrated Accessibility	Yes	○ No
Read O. Reg. 191/11 Part III: Employment standards	Learn more about your	requirements for	question 17
Comments for question 17			
18. Other than the requirements cited in the above questions, is your organization applicable requirements for the transportation standards in effect under the I Standards Regulation? *	complying with all ntegrated Accessibility	Yes	○ No
Read O. Reg. 191/11 Part IV: Transportation standards	Learn more about your	requirements for	question 18
Comments for question 18			
19. Other than the requirements cited in the above questions, is your organization applicable requirements for the design of public spaces standards in effect to Accessibility Standards Regulation? *	complying with all under the Integrated	Yes	○ No
Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards	Learn more about your	requirements for	question 19
Comments for question 19		ep a electronación	sanos refilm
20. Other than the requirements cited in the above questions, is your organization of applicable requirements for the customer service standards under the Integral Standards Regulation? *		Yes	○ No
Read O. Reg. 191/11 Part IV.2: Customer service standards	Learn more about your	requirements for	question 20
Comments for question 20			
21. Other than the requirements sited in the above of the internal in the second of the internal inter		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
21. Other than the requirements cited in the above questions, is your organization of general requirements in effect under the Integrated Accessibility Standards Reg. Read O. Reg. 191/11 Part I: General requirements		Yes Yes	○ No

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Comments for question 21

2019 Accessibility Compliance Report

Organization category	Designated Public Sector		Number of employees range 50+		
Filing organization legal	name The Corporation of th	e Tow	nship of Brock		
Filing organization busin	ness number (BN9) 1194483	363			
Fill I I I I I I I I I I I I I I I I I I					
Fields marked with an aste					
D. Accessibility comp	liance report summary				
Your responses to the ques	stions on your accessibility repor	t indica	ate that your organizatio	n is in compliand	e with AODA standards.
Your organization may be a	audited to verify compliance.				
E. Accessibility comp	liance report certification				
Section 15 of the <i>Accessibilit</i> the required information has	y for Ontarians with Disabilities Act, been provided and is accurate, sigr	, <i>2005</i> rened by a	equires that accessibility raperson with authority to b	eports include a s pind the organizati	tatement certifying that all on(s).
Note: It is an offence under t	he Act to provide false or misleadin	g inform	nation in an accessibility re	eport filed under th	ne AODA.
The certifier may designate a will be the main contact.	a primary contact for the Ministry for	Seniors	s and Accessibility to cont	act the organization	on(s); otherwise the certifier
Certifier: Someone who can	legally bind the organization(s).				
Primary Contact: The person	on who will be the main contact for a	ccessib	oility issues.		
Acknowledgement					
✓ I certify that I have the au	thority to bind all organizations spe	cified in	Section A of this form, *		
✓ I certify that all the require	ed information has been included in	this rep	oort, and, *		
✓ I certify that the information	on in this report is accurate. *				
Certification date (yyyy-mm-c	dd) * 2019-12-16				
Certifier information					
Last name * Lamb			First name * Robert		
Position title * Administrator	Business phone number * 705 432-2355	Extens 239	sion Check here if	TTY	
Email * rlamb@townshipofbroc	k.ca		Alternate phone number	Extension	Fax number
Primary contact for the	organization(s)				
Check if the primary cont	act is same as the certifier				
Last name * Jamieson			First name * Becky		
Position title * Other	Business phone number * 705 432-2355	Extens 240	sion Check here it	TTY	
Email * bjamieson@townshipofbrock.ca			Alternate phone number	Extension	Fax number

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