

### How to complete 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 local computer and be sure to open it with 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:

- Nine-digit **Business number (BN9)**, that identifies your organization with the Canada Revenue Agency (found on federal and provincial tax returns). In the rare case that an organization doesn't have a Business number (BN9), an AODA identifier (assigned by the Accessibility Directorate of Ontario) would be used in its place.
- Your Organization category
  - if you are a Business or a Non-profit, your Organization category is Business/Non-profit
  - if you are a municipality, or a hospital, college, university, school board, public transportation provider (under <u>Schedule 1 of the regulation 191/11</u>), or an agency, board or commission (<u>under Column 1 of Table 1 of Ontario Regulation 146/10</u>), your Organization category is Designated Public Sector
  - **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
- A person with authority to bind your organization (e.g. a director or senior officer) must certify your organization's accessibility compliance report as complete and accurate.

You are able to file on behalf of up to 20 organizations using one form. To do so you will need each organization's business number (BN9) or AODA identifier, number of employees and address. All organizations filing under the same form must have the same **Organization category** (e.g. Business/Non-profit), **Number of employees range** (e.g. 20-49, 50+), **certifier**, and all answers to the accessibility compliance questions must be the same. If not, you will need to complete a separate form for each organization.

If you require the accessibility compliance report in an alternate format, please contact accessibility@ontario.ca

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:

- Download and open the form
- Save the form on your computer and open it with Adobe Reader.
- · Enter your organization's information then select Next.
- If you need information about your organization's requirements, click on the appropriate link in section B: **Understand your accessibility requirements**. This will bring you to our website where you can see your past, current and future requirements.
- The questions you will see on the form are based on the accessibility requirements that apply to your **Organization** category (e.g. Business/non-profit) and **Number of employees range** (e.g. 20-49, 50+).
- Click **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, click Save form at the bottom of the page before clicking Next.
- Review the accessibility compliance report summary.

## Certify and submit your report

- Complete the information in the Certifier Information section
- The certifier must:
  - Review all information entered on the form for completeness and accuracy.
  - Check the three boxes to indicate their authority as a certifier in your organization.
- Enter information for a primary contact in your organization. This person may be the certifier or a different person.
- You may save the form at any time by clicking the Save form button.
- When you are ready to submit your report, click the Save and submit button. You will be prompted to save the form on your local computer first and then it will be submitted.
- Wait for a confirmation prompt that either confirms submission or indicates any problems.
- Once you have successfully submitted your certified report, an email will be sent to the Certifier and the Primary Contact with a confirmation number and an accessible PDF copy of your organization's accessibility compliance report.

If you have any questions please contact the AODA Contact Centre (ServiceOntario) at:

Phone: 416-849-8276 TTY: 416-325-3408



### **Accessibility Directorate of Ontario**

# 2017 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. Organization	on information					
Organization category *			Number of employees range *		Reporting year	
Business / non-profit				50+ employees		2017
Business detai	ls					
Organization legal	name *					mployees in Ontario * Help
	ard Management	Inc.		143		
Business number	(BN9) * Help					
898594171						
Charlett and	Ai //	1	.l			
_	ting/business name i	s same as iega	ıı name		l anguage pre	eference for communications *
Organization operating/business name Wilson, Blanchard Management Inc.			Language preference for communications *  English			
	escribes your organiz		al business activit	V *	Help	
	ent of companies		,	,	<u></u>	
Subsector (if poss	•			Industry group (if possi	ble)	
` ' '			5511 - Management of companies and enterprises			
Mailing address						
		e person respo		nating the organization's	•	ance activities.
Country *	Canada	C	) USA	O Inte	rnational	
Type of address *	Street addre	ss	) Street address s	served by route Oth	er	
	Street number *	Street name *				
	701	Main Street				
Street type	Street direction		City * Hamilton			ovince *
			папшиоп		U	N (Ontario)
Postal code * L8S 1A2						
Business addres	<u> </u>					
<u>`</u>				countable for the organi	zation's compl	iance with the AODA.)
	ess address is same	as mailing add	ress			
Country *	Canada	C	) USA	○ Inte	rnational	
Type of address *	Street addre	ss	) Street address s	served by route Oth	er	
	Street number *	Street name *				
	701	Main Street				
Street type	Street direction		City *			ovince *
			Hamilton		O	N (Ontario)
Postal code *						
L8S 1A2						

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.

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## **Accessibility Directorate of Ontario**

# 2017 Accessibility compliance report

Organization category Business / non-profit	Number of employees range 50+
Filing organization legal name Wilson, Blanchard Management Inc.	
Filing organization business number (BN9) 898594171	
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 onta	rio ca/accessibility
Additional accessibility requirements apply if you are:	no.ca/accessibility
a municipality	
• an education institution (e.g. school board, college, university or school)	
<ul> <li>a producer of education material (e.g. textbooks)</li> </ul>	
• a library board	
C. Accessibility compliance report questions	
Instructions Please answer each of the following compliance questions. Use the Comments box if you wish to compliance describes the comments of the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. Use the Comments box if you wish to complete the following compliance questions. It is the following compliance questions and the link on the right to view relevant accessibility information resources the following compliance questions are complete the following compliance questions.	ow. Use the link on the left to view the
<ol> <li>Does your organization notify its employees and the public about the availability of accommodati during the recruitment process? *</li> </ol>	ons
Read O. Reg. 191/11 s.22 - 24: Recruitment Learn r	nore about your requirements for question 1
Comments for question 1	
<ol> <li>Does your organization provide employees with updated information about its policies to support employees with disabilities? *</li> </ol>	Yes     No
Read O. Reg. 191/11 s.25: Informing employees of supports  Learn r	nore about your requirements for question 2
Comments for question 2	
<ol> <li>When requested, does your organization provide employees with disabilities information in an action format or with communication supports? *</li> </ol>	ccessible    Yes    No
Read O. Reg. 191/11 s.26: Accessible formats and communication supports for employees Learn r	nore about your requirements for question 3
Comments for question 3	

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4. Does your organization prepare individualized workplace emergency response information for employees with disabilities? *	Yes	○ No
Read O. Reg. 191/11 s.27: Workplace emergency response information Learn more about	t your requirements	for question 4
Comments for question 4		
Make new or redeveloped public spaces accessible 5. Since January 1, 2017, has your organization constructed new or redeveloped existing recreational trails that you intend to maintain? *	◯ Yes	<ul><li>No</li></ul>
(if Yes, you will be required to answer additional questions)	t your requirements	for guestion 5
5.a. Did your organization consult with the public and persons with disabilities prior to constructing new or redeveloping existing recreational trails as outlined in the s.80(8) of the Integrated Accessibility Standards Regulation (IASR)? *	Yes	○ No
Read O. Reg. 191/11 s.80(8): Consultation, recreational trails  Learn more about y	our requirements fo	or question 5.a
Comments for question 5.a		
5.b. Does your organization ensure that its new or redeveloped recreational trails meet the technical requirements as outlined s.80(9) of the IASR? *	Yes	○ No
Read O. Reg. 191/11 s.80(9): Technical requirements for trails  Learn more about y	our requirements fo	or question 5.b
Comments for question 5.b		
<ol> <li>Since January 1, 2017, has your organization constructed new or redeveloped existing beach access routes that you intend to maintain? *         (if Yes, you will be required to answer additional questions)     </li> </ol>	○ Yes	No
	t your requirements	for question 6
6.a. Does your organization ensure that its new or redeveloped beach access routes meet the technical requirements as outlined in IASR s.80(10)? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(10): Technical requirements for beach access routes  Learn more about y	our requirements fo	or question 6.a
Comments for question 6.a		
7. Do your new or redeveloped recreational trail and/or beach access routes include boardwalks? * (if Yes, you will be required to answer additional questions)	○ Yes	○ No
7.a. Where new or redeveloped recreational trails and/or beach access routes have a boardwalk, does the boardwalk meet the technical requirements as outlined in s.80(12) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(12): Boardwalks  Learn more about y	our requirements fo	or question 7.a
Comments for guestion 7.a		

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<ol> <li>Do your new or redeveloped recreational trails and/or beach access routes include ramps? *     (if Yes, you will be required to answer additional questions)</li> </ol>		○ No
Read O. Reg. 191/11 s.80(13): Ramps  Learn more about you	ur requirements	for question 8
8.a. Where new or redeveloped recreational trails and/or beach access routes have a ramp, does the ramp meet the technical requirements as outlined in s.80(13) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(13): Ramps  Learn more about your	requirements for	or question 8.a
Comments for question 8.a		
9. Since January 1, 2017, has your organization constructed new or redeveloped existing outdoor public use eating areas that you intend to maintain? *  (if Yes, you will be required to answer additional questions)	○ Yes	<ul><li>No</li></ul>
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements  Learn more about you	ur requirements	for question 9
9.a. Does your organization ensure that where they construct or redevelop outdoor public use eating areas that they meet the requirements as outlined in s.80(17) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements Learn more about your	r requirements for	or question 9.a
Comments for question 9.a		
10. Since January 1, 2017, has your organization constructed new or redeveloped existing outdoor play spaces that you intend to maintain? * (if Yes, you will be required to answer additional questions)	○ Yes	<ul><li>No</li></ul>
10.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers as outlined in s.80(19) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(19): Outdoor play spaces, consultation requirements  Learn more about your	requirements for	question 10.a
Comments for question 10.a		
10.b. Did your organization incorporate accessibility features when constructing a new or redeveloping an existing play space as outlined in s.80(20a) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(20a): Outdoor play spaces, accessibility in design  Learn more about your in the second s	requirements for	question 10.b
Comments for question 10.b		
10.c. Does your organization's new or redeveloped play spaces have a firm ground surface as outlined in s.80(20b) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(20b): Outdoor play spaces, accessibility in design  Learn more about your	requirements for	question 10.c
Comments for question 10.c		
11. Since January 1, 2017, has your organization constructed new or redeveloped existing exterior paths of travel that you intend to maintain? *  (if Yes, you will be required to answer additional questions)	○ Yes	No
11.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements as outlined in s.80(21) – 80(31) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s. 80(21) - 80(31): Exterior Paths of Travel  Learn more about your	requirements for	question 11.a
Comments for question 11.a		

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12. Since January 1, 2017, has your organization constructed new or redeveloped existing off-street parking facilities that you intend to maintain? * (if Yes, you will be required to answer additional questions)	○ Yes	<ul><li>No</li></ul>
12.a. When constructing new or redeveloping off-street parking facilities that you intend to maintain, do you ensure that the off-street parking facilities meet the accessibility requirements as outlined in s.80(32) – 80(37) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(32) - 80(37): Accessible Parking  Learn more about your	requirements for	question 12.a
Comments for question 12.a		
13. Since January 1, 2017, has your organization constructed a new or replaced an existing service counter? *  (if Yes, you will be required to answer additional questions)	○ Yes	<ul><li>No</li></ul>
13.a. Does your organization ensure that new or redeveloped service counters meet the technical requirements as outlined in s.80(41) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s. 80(41): Service counters  Learn more about your	requirements for	question 13.a
Comments for question 13.a		
14. Since January 1, 2017, has your organization constructed new fixed queuing guides? * (if Yes, you will be required to answer additional questions)	○ Yes	<ul><li>No</li></ul>
14.a. Does your organization ensure that new fixed queuing guides for obtaining services meet the technical requirements as outlined in s.80(42) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Learn more about your	requirements for	question 14.a
	requirements for	question 14.a
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for	requirements for	• question 14.a  • No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *		
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *  (if Yes, you will be required to answer additional questions)  15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the		No    No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *  (if Yes, you will be required to answer additional questions)  15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *		No    No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *  (if Yes, you will be required to answer additional questions)  15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *  Read O. Reg. 191/11 s.80(43): Waiting areas  Comments for question 15.a  16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *		No    No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15. Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *  (if Yes, you will be required to answer additional questions)  15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *  Read O. Reg. 191/11 s.80(43): Waiting areas  Comments for question 15.a  16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *  (if Yes, you will be required to answer additional questions)	Yes Yes requirements for	No No No No No No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15. Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *  (if Yes, you will be required to answer additional questions)  15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *  Read O. Reg. 191/11 s.80(43): Waiting areas  Comments for question 15.a  16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *  (if Yes, you will be required to answer additional questions)	Yes Yes requirements for	No No No No No No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Comments for question 14.a  15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? *  (if Yes, you will be required to answer additional questions)  15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *  Read O. Reg. 191/11 s.80(43): Waiting areas  Comments for question 15.a  16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *  (if Yes, you will be required to answer additional questions)  Read O. Reg. 191/11 Part IV. 1: Design of public spaces standards  Learn more about you 16.a. 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 as outlined in s.80(44) of	Yes Yes Yes Yes  Yes  Yes  Yes  Yes	No

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17. Other than the requirements cited in the above questions, is your organization complying with all other requirements in effect under the Integrated Accessibility Standards Regulation? \*

Yes

○ No

Read O. Reg. 191/11: Integrated Accessibility Standards

Learn more about your requirements for question 17

Comments for question 17

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# **Accessibility Directorate of Ontario**

# 2017 Accessibility compliance report

Organization category Bus	Number of employees range 50+					
Filing organization legal nar	me Wilson, Blanchard M	anage	ment Inc.			
Filing organization business	number (BN9) 898594	171				
Fields marked with an asterisk	(*) are mandatory.					
D. Accessibility compliand	ce report summary					
Your responses to the question	s on your accessibility repo	rt indica	ate that your organization	is in complian	ce with AODA standards.	
Your organization may be audit	ed to verify compliance.					
E. Accessibility compliand	ce report certification					
Section 15 of the <i>Accessibility for</i> the required information has been						
Note: It is an offence under the Ad	ct to provide false or misleading	g inform	nation in an accessibility rep	ort filed under t	he AODA.	
The certifier may designate a primmain contact.	ary contact for the Accessibilit	y Direct	torate to contact the organiz	ation(s); otherw	rise the certifier will be the	
Certifier: Someone who can legal	ly bind the organization(s).					
Primary Contact: The person who	o will be the main contact for a	ccessib	ility issues.			
Acknowledgement						
✓ I certify that I have the authorit	ty to bind all organizations spe	cified in	Section A of this form, *			
✓ I certify that all the required inf	ormation has been included in	this rep	port, and, *			
✓ I certify that the information in	this report is accurate. *					
Certification date (yyyy-mm-dd) *	2017-03-23					
Certifier information						
Last name * Davis			First name * Paula			
Position title * Chief Financial Officer	Business phone number * 905 540-8800	Exten 233	nsion Check here if TTY			
Email * paula.davis@wilsonblancha	ırd.com		Alternate phone number	Extension	Fax number 905 540-4450	
Primary contact for the organiza	ation(s)			•		
✓ Check if the primary contact is	same as the certifier					
Last name * Davis			First name * Paula			
Position title * Chief Financial Officer	Business phone number * 905 540-8800	Exten 233	ension Check here if TTY			
Email * paula.davis@wilsonblancha	ırd.com	'	Alternate phone number	Extension	Fax number 905 540-4450	
			I .			

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