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.

✓ Check if business address is same as mailing address

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory. A. Organization information Organization category * Number of employees range * Reporting year **Designated Public Sector** 50+ employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Corp of City of Peterborough 1050 Business number (BN9) * Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility 119091973 Check if operating/business name is same as legal name Organization operating/business name City of Peterborough Sector that best describes your organization's principal business activity * Help 91 - Public administration Subsector (if possible) 913 - Local, municipal and regional public administration Industry group (if possible) 9139 - Other local, municipal and regional public administration 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 500 George Street direction Street type City * Province * N (North/Nord) ON (Ontario) Street Peterborough Postal code (e.g. A1A 1A1) * K9H 3R9 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Country *						
The fields below	will change based o	n your selec	ction.			
Canada	\bigcirc	JSA	∩Interna	tional		
Type of address	* • Street addres	ss C	Street address served by route	Other		
Unit number	Street number * 500	Street nam George	e *			
Street type Street	Street direction N (North/Nord)		City * Peterborough		Province * ON (Ontario)	
Postal code (e.g. K9H 3R9	A1A 1A1) *					



2023 Accessibility compliance report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Corp of City of Peterborough

Filing organization business number (BN9) 119091973

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility Additional accessibility requirements apply if you are:

- · a library board
- a producer of education material (e.g. textbooks)
- an education institution (e.g. school board, college, university or school)
- a municipality

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

For clarity, this report applies to all City of Peterborough departments and divisions, Standing Committees of Council (Budget, General, Planning and Audit Committees) and all Advisory Committees of Council.

This report does not apply to the Peterborough Public Library Board, the Art Gallery of Peterborough Board, Peterborough Police Service, Peterborough Housing Corporation, Peterborough Public Health, Fairhaven, Business Improvement Area Boards, City of Peterborough Holdings Inc., Peterborough Utilities Commission including the Riverview Park and Zoo, Peterborough and the Kawarthas Economic Development, Chamber of Commerce, Liaison Committee with Fleming College, Liaison Committee with Trent University, Peterborough Agricultural Society, and Shining Waters Railway Board.

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) * 2023-12-04

Certifier information

Last name *	First name *
Raina	Jasbir

Position title * Other	Position title other * Chief Administrative Officer	Business phone number * 705-742-7777	Extension 1894	□ •	
Email * jraina@peterborough.ca		Alternate phone number	Extension	Fax numbe	r
Primary contact for the org	anization(s)				
Check if the primary contact i	s same as the certifier				
Last name * Buffone		First name * Mark			
Position title * Other	Position title other * Acc.Compliance Specialist	Business phone number * 705-742-7777	Extension 1630		
Email * mbuffone@peterborough.ca		Alternate phone number	Extension	Fax numbe	r
D. Accessibility complian	ce report questions	,		•	
Instructions					
Please answer each of the follow	ving compliance questions. Use	the Comments box if you wi	sh to comme	ent on any re	esponse.
					n the left to
General					
, ,	•			• Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	Chief Administrative Officer Alternate phone number Alternate phone number Alternate phone number According a same as the certifier Position title other * Acc. Compliance Specialist Alternate phone number Extension Check here if TTY Acc. Compliance Specialist Alternate phone number Extension Check here if TTY Acc. Compliance Specialist Alternate phone number Extension Fax number First name * Mark Acc. Compliance Specialist Alternate phone number Extension Fax number For the following compliance questions. Use the Comments box if you wish to comment on any response, a specific question, click the help links which will open in a new browser window. Use the link on the left to DA regulations and the link on the right to view relevant accessibility information resources. Atton created and implemented written policies on how to achieve eeting all applicable accessibility requirements in the IASR? * (a) Yes No event additional questions Alternate phone number Extension Check here if TTY Alternate p				
question 1 2. Has your organization establi	ished and implemented a multi-v	vear accessibility plan? *		Yes	○ No
(If Yes, please answer addition		,		0.00	()
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans	<u>Learn more about</u>	<u>ut your requi</u>	rements for o	question 2
				Yes	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more abou	ut your requi	rements for	question 2.a
Comments for question 2.a					
2.a.i Is your organization	on's accessibility plan posted or	n your organization's website	∍? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	<u>Learn more about</u>	your require	ements for qu	uestion 2.a.i
Comments for Acces question 2.a.i	ssibility plan is available at wv	ww.peterborough.ca/acces	ssibility.		

2.a.ii Does your organization provide the accessibility p when requested? *	olan in an accessible format	Yes	○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requ	uirements for qu	estion 2.a.ii
Comments for question 2.a.ii The Accessibility Plan is PDF/UA a use assistive technology.	and WCAG compliant. It is fully acc	cessible for pe	ople who
2.b Does your organization update the accessibility plan at Read O. Reg. 191/11, s. 4 (1): Accessibility plans	least once every 5 years? * <u>Learn more about your req</u>	Yes uirements for quality	○ No
Comments for An update to the City's Accessibility Plan question 2.b	n is currently in progress.		
3. Does your organization provide appropriate training on: *			
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	quirements for o	question 3
3.a. The AODA Integrated Accessibility Standards Regulation	on? *	Yes	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	quirements for a	question 3.a
Comments for question 3.a Accessibility training courses are available question 4.	ole at www.peterborough.ca/aodat	raining.	
3.b The Human Rights Code as it pertains to people with di	sabilities? *	Yes	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your req	uirements for q	uestion 3.b
Comments for question 3.b Accessibility training courses are available question 4.b	ole at www.peterborough.ca/aodat	raining.	
Information and communications			
4. Does your organization have a process for receiving and respect that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether con your premises (If Yes, please answer an additional question)	-	• Yes ()	No
Read O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your re-	quirements for o	question 4
4.a. Does your organization notify the public about the avail and communications supports with respect to the feedle Note: This requirement is applicable regardless of whe on your premises. *	pack process? *	Yes	○ No
Read O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your re	quirements for o	question 4.a

Comments for
question 4.a

5.	, ,	nization have one (or more) website(s) which it controls' means that your organization is able to add, re	•	Yes	No	
	modify content	and functionality of the website)? * answer an additional question)	nove una _/ or			
Re	ead O. Reg. 191/	11, s. 14: Accessible websites and web content	Learn more about yo	ur requirements for	question 5	
	Web Con pre-record names ar	or organization's internet websites conform to World tent Accessibility Guidelines 2.0 Level AA (except for ded audio descriptions)? In the comments box, pleated addresses of your publicly available web content, dia pages, and apps. *	or live captions and se list the complete	Yes	∩ No	
	Read O. Reg. 1	91/11, s. 14: Accessible websites and web content	Learn more about yo	ur requirements for	question 5.a	
	Comments for question 5.a	Peterborough has done everything practicable compliance, including applying a robust system approximately 2,000 inaccessible PDFs, ongo training on PDF remediation, and purchase of PDFs.	m for website audits and ing remediation of new	d governance, rem PDFs, ongoing st	oving aff	
		Peterborough continues to work with GHD Dig correct WCAG errors on website templates no	•	•) to	
		PDF remediation work and the search for prachistorical documents essential for government				
		Due to limited space in this form field, the City aoda.compliance@ontario.ca.	will send a list of reque	sted web links to		
Cı	ustomer Servi	ce				
6.		nization provide training about providing goods, serves sabilities to the following? *	vices or facilities to	Yes	∩No	
		lved in developing accessibility policies				
	People providing goods, services or facilities on behalf of the organization					
		answer an additional question)	-			
Da	ead O. Reg. 191/				question 6	

6.8	a. Does the	training include all of the following:		(•) Yes	() No
	A revi	iew of the purposes of the AODA?			
	 A revi 	iew of the purposes of the Customer Service Sta	andards?		
	How to	to interact and communicate with persons with v	various types of disability?		
	the as persor • How to	to interact with persons with disabilities who use ssistance of a guide dog or other service animal in? to use equipment or devices available on the proded ded by the provider that may help with the provi	I or the assistance of a support ovider's premises or otherwise		
	facilitie	ies to a person with a disability?			
		to do if a person with a particular type of disabil ssing the provider's goods, services or facilities?	, ,		
Re	ead O. Reg. 1	191/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for o	question 6.a
	omments for uestion 6.a	The City requires consultants, contractors process to fulfill the training requirements lists training resources in bid documents.			
		anization provide information in an accessible fo answer additional questions)	rmat? *	Yes	No
•	•	/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for o	question 7
7.a		vision of information in accessible format done account the individual's disability? *	so in a timely manner that	Yes	○ No
Re		191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for o	question 7.a
	omments for uestion 7.a				
7.1		vision of information in accessible format at a coar cost charged to other persons? *	ost no more than	Yes	○ No
Re	ead O. Reg. 1	191/11, s. 80.51 (1): Format of documents	Learn more about your	requirements for o	question 7.b
	omments for uestion 7.b				

8.	Does your organization ever require a person with a disability to be accompanie support person when on your premises? * (If Yes, please answer an additional question)	d by a	Yes	○ No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and upport persons	nore about your require	ements for qu	uestion 8
	 8.a. Does your organization do all of the following before requiring a person wirdisability to be accompanied by a support person on your premises: * Consult with the person with a disability? Determine a support person is necessary to protect the health or safet person with a disability or others on premises? 		Yes	∩No
	 Determine that there is no other way to protect the health or safety of t with a disability or others on premises? 	he person		
	191/11, s. 80.47 (5): Use of service animals and support persons Learn m	nore about your require	ements for qu	uestion 8.a
	Comments for question 8.a			
Er	mployment			
9.	Does your organization employ any persons with disabilities for whom you have individualized workplace emergency response information? * (If Yes, please answer additional questions)	provided	○Yes	No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn n	nore about your require	ements for qu	uestion 9
	9.a. Does your organization review the individualized workplace emergency reinformation for all of the following? *	sponse		∩ No
	 When the employee moves to a different location in the organization? 			
	 When the employee's overall accommodation needs or plans are review 	ewed?		
	 When your organization reviews its general emergency policies? 			
	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information Comments for	nore about your require	<u>əments for q</u> ı	uestion 9.a
	question 9.a			

 Do any of the employees for whom your organization has pro- workplace emergency response information require assistar (If Yes, please answer additional questions) 			∩No
Read O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your	requirements for	question 9.b
<u>information</u>			
Comments for question 9.b			
9.b.i Has your organization, with the employee's consent, emergency response information to the person design assistance to the employee? *		⊜Yes	∩ No
Read O. Reg. 191/11, s. 27 (2): Workplace emergency	Learn more about your re	quirements for q	uestion 9.b.i
response information			
Comments for question 9.b.i			
accommodation due to the employee's disability? * Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for question 9.b.ii	Learn more about your re	quirements for q	uestion 9.b.i
esign of public spaces			
 Since January 1, 2017, has your organization constructed new or following items? * 	redeveloped any of the	Yes) No
Outdoor public use eating areas			
Outdoor play space			
Off-street parking			
Service counter			
Fixed queuing guides			
Waiting areas			
(If Yes, please answer additional questions)			
ead O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements for	auestion 10

ns meet the general ards? *	Yes	○ No
Learn more about your	requirements for	question 10.a
ements in public	Yes	∩No
Learn more about your	requirements for	question 10.
? *	Yes	○No
Learn more about your	requirements for	question 11
nmittee as described in	Yes	○ No
Learn more about your	requirements for	question 11.a
	● Yes equirements for q	◯ No uestion 11.a.
	rocedures for ements in public sible elements are Learn more about your ugh.ca/accessibility. Learn more about your mittee as described in Learn more about your elements are all your	Learn more about your requirements for ements in public sible elements are Learn more about your requirements for ugh.ca/accessibility. Yes Learn more about your requirements for mittee as described in Yes Learn more about your requirements for emittee as described in Yes

11.a.ii Has the committee provided advice to council about site plans and drawings (as described in Section 41 of the Planning Act) as well as advice on the requirements and implementation of accessibility standards? *

(Yes

 \bigcirc No

Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees

Learn more about your requirements for question 11.a.ii

Comments for question 11.a.ii



2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Corp of City of Peterborough

Filing organization business number (BN9) 119091973

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.**