Kerstin Vroom

From:

Accessibility Report (MSAA) < Accessibility report@ontario.ca>

Sent: To: December 9, 2021 10:59 AM Kerstin Vroom: Kerstin Vroom

Subject:

Accessibility compliance report received

Attachments:

2021 Accessibility Compliance Report - ACR-82933.pdf

This is an automatically generated email, please do not reply

Confirmation

Thank you for submitting your accessibility compliance report on 12/9/2021.

For your records, attached is a copy for the following organization(s):

Corporation of the Municipality of Magnetawan, Business Number: 875093189

Your confirmation number is ACR-82933.

Under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), organizations must make their accessibility compliance reports available to the public.

Compliance Status

Your report indicates that your organization is in compliance with Ontario's accessibility laws.

The contents of the report will be reviewed against the requirements of the AODA. All organizations with obligations under the AODA may be selected for an audit.

Understand your obligations

Visit ontario.ca/accessibility regularly for updates and to subscribe to our newsletter.

How did you hear about Ontario's accessibility laws?

Help us understand the most effective ways to get information to you by answering a short survey.

Questions?

Contact the AODA Contact Centre (ServiceOntario) between the hours of 8:30 a.m. and 5:00 p.m.

EST:

Phone: 416-849-8276 or 1-866-515-2025 (Toll-free) TTY: 416-325-3408 / Toll-free 1-800-268-7095

Email: accessibility@ontario.ca

If you require the attached report(s) in an alternate format, please contact us.

Thank you for helping to make Ontario accessible.

Ministry for Seniors and Accessibility



Street address

Type of address *

2021 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** 1-49 employees 2021 **Business details** Organization legal name * Number of employees in Ontario * Corporation of the Municipality of Magnetawan Business number (BN9) * Check this box if you have received an AODA identifier Help 875093189 from the Ministry for Seniors and Accessibility Check if operating/business name is same as legal name Organization operating/business name Corporation of the Municipality of Magnetawan Sector that best describes your organization's principal business activity * Help 91 - Public administration Subsector (if possible) Industry group (if possible) 913 - 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. () USA International Canada Street address Street address served by route Other Type of address * Unit number Street number * Street name 4304 Highway 520 Province * Street direction Street type ON (Ontario) Magnetawan Postal code (e.g. A1A 1A1) * P0A 1P0 **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 O USA International

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Street address served by route

Other

PO Box 70	Route type		Route number	
Delivery installation type	•	Delivery installation identifier	City * MAGNETAWAN	
Province * ON (Ontario)		Postal code (e.g. A1A 1A1) * P0A 1P0		

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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2021 Accessibility compliance report

Organization category Desig	nated Public Sector	Number of employees range 1-49				
Filing organization legal name Corporation of the Municipality of Magnetawan						
Filing organization business r	number (BN9) 875093189					
Fields marked with an asteris	k (*) are mandatory.					
B. Understand your acce	ssibility requirements			-		
Before you begin your report, yo	u can learn about your accessib	ility requirements at ontario	ca/accessibi	lity		
Additional accessibility requirem • <u>a library board</u>	ents apply if you are:					
 a producer of edu 	cation material (e.g. textbooks)					
 an education institution 	tution (e.g. school board, college	university or school)				
• a municipality						
If you are a municipality submitt	ing this report, and submitting or	behalf of local boards, plea	ase indicate	which boards below.		
C. Accessibility complian	nce report certification					
	or Ontarians with Disabilities Act, formation has been provided and					
Note: It is an offence under the	Act to provide false or misleadin	g information in an accessit	oility report fil	ed under the AODA.		
The certifier may designate a protherwise the certifier will be the	imary contact for the Ministry for main contact.	Seniors and Accessibility to	o contact the	organization(s);		
Certifier: Someone who can leg	gally bind the organization(s).					
Primary Contact: The person v	who will be the main contact for a	ccessibility issues.				
Acknowledgement				±.		
✓ I certify that all the information	on is accurate and I have the aut	hority to bind the organization	on *			
Certification date (yyyy-mm-dd)	* 2021-12-09					
Certifier information						
Last name * VROOM		First name * KERSTIN	ä			
Position title * Other	Position title other * CAO/CLERK	Business phone number * 705-387-3947	Extension	Check here if TTY		
Email * clerk@magnetawan.com		Alternate phone number	Extension	Fax number		

Primary contact for the org	ganization(s)		DC GAS C-	- 49	754.0	
✓ Check if the primary contact	is same as the certifier					
Last name VROOM		First nam				
Position title * Other	Position title other * CAO/CLERK		usiness phone number * Extension			
Email *		Alternate	phone number	Extension	Fax numbe	er
clerk@magnetawan.com						
D. Accessibility compliar	ice report questions					
Instructions Please answer each of the follow	wing compliance questions. Use	the Comm	ente boy if you v	vish to comm	ent on any r	esnonse
	question, click the help links whic		-		-	•
	ons and the link on the right to vi					in the left to
Municipal Accessibility Ad	visory Committees					
	ipality with a population of 10,00	0 or more?	?*		○ Yes	No
	to answer additional questions.) with Disabilities Act, 2005, S.O. cessibility Advisory Committees		Learn more abo	ut your requi		·
outlined in section 29 of		•	nittee as		○ Yes	○ No
(If Yes, you will be required to answer additional questions.) Read Accessibility for Ontarians with Disabilities Act. 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees			question 1.a			
Comments for question 1.a						
2. Are the majority of the member	ers of the committee persons with	h disabiliti	es?*			○ No
	with Disabilities Act, 2005, S.O.		Learn more abo	out your requi	_	~
	Accessibility Advisory Committee	es				
Comments for question 2						
(as described in S.41 of the	advice to council about site plan Planning Act) as well as advice of tation of accessibility standards?	on the	wings		○ Yes	○ No
Read Accessibility for Ontarians	with Disabilities Act, 2005, S.O. Accessibility Advisory Committee		Learn more abo	out your requi	rements for	question 3
Comments for question 3						
Foundational requirements	<u> </u>				<u> </u>	
Does your organization have commitment? *	e written accessibility policies tha	it include a	statement of		Yes	○ No
Read O.Reg. 191/11 s. 3: Estab	lishment of accessibility policies		Learn more abo	out your requi	rements for	question 4
Comments for question 4						

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Does your organization have a document or documents of your accessibility policies publicly available and, on request, provide them in an accessible format?*		Yes	○ No
Read O. Reg. 191/11 s. 3 (3): Establishment of accessibility policies	/11 s. 3 (3): Establishment of accessibility policies Learn more about your requirements for		question 5
Comments for question 5			
6. Has your organization established, implemented, maintained and po accessibility plan on your organization's website?	sted a multi-year	Yes	○ No
Read O. Reg. 191/11 s. 4: Accessibility plans	Learn more about your re	quirements for	question 6
Comments for question 6			
7. Has your organization completed a review of its progress implement in its accessibility plan and documented the results in an annual stat organization's website? *		Yes	○ No
Read O. Reg. 191/11 s. 4 (1), 4(3). Accessibility plans	Learn more about your re	quirements for	question 7
Comments for question 7			
8. Did your organization consult with people with disabilities when estal updating its multi-year accessibility plan? *	blishing, reviewing and	Yes	○ No
Read O. Reg. 191/11 s. 4 (2): Accessibility plans	Learn more about your re	quirements for	question_8
Comments for question 8			
9. Does your organization provide the appropriate training on the Integral Standards Regulation and the Human Rights Code as it pertains to published disabilities?		Yes	○ No
Read O. Reg. 191/11 s. 7: Training	Learn more about your re	quirements for	question 9
Comments for question 9			
10. Were all persons that require training trained as soon as practicable the Integrated Accessibility Standards Regulation, the following pers all persons who are an employee of, or a volunteer with, the organization provide goods, services or facilities on behalf of the organization.*	ons require training: (a) ation; (b) all persons		○ No
Read O. Reg. 191/11 s. 7 (3): Training	Learn more about your re	quirements for	question 10
Comments for question 10			
11. Does your organization provide training in respect of any changes to policies on an ongoing basis? *	your accessibility	Yes	○ No
Read O. Reg. 191/11 s. 7 (4): Training	Learn more about your re	quirements for	question 11
Comments for question 11			

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12. Does your organization keep a record of the training provided, include the training is provided and the number of individuals to whom it is	Yes	○ No	
Read O. Reg. 191/11 s. 7 (5): Training	Learn more about your requirements for que		question 12
Comments for question 12			
13. Does your organization ensure that its public feedback processes a persons with disabilities by providing or arranging accessible forms supports, upon request, and do you notify the public of this access Note: "public" can include customers, clients, third parties, or busing	ats or communication ible feedback policy?	Yes	○ No
Read O. Reg. 191/11 s. 11: Feedback	Learn more about your re	equirements for	question 13
Comments for question 13			
Information and communications			
14. As of January 1, 2021, do all your organization's internet websites Web Consortium Web Content Accessibility Guidelines 2.0 Level A and pre-recorded audio descriptions)? Please indicate in the comm complete names and addresses of your publicly available web con social media pages, and apps *	A (except for live captions nent box provided the	Yes	○No
Read O. Reg. 191/11 s. 14 (4): Accessible websites and web content	Learn more about your re	equirements for	question 14
Publicly www.magnetawan.com available web content and comments for question 14			
Employment 15. Does your organization notify successful applicants of its policies for the successful applicants	or accommodating	@ Y	O No
employees with disabilities during offers of employment?			○ No
Read O. Reg. 191/11 s. 24: Notice to successful applicants	Learn more about your re	equirements for	question 15
Comments for question 15			
Does your organization develop and have in place a written process documented individual accommodation plans for employees with develop and have in place a written process.		Yes	○ No
Read O. Reg. 191/11 s. 28: Documented individual accommodation plans	Learn more about your n	equirements for	question 16
Comments for question 16			
Transportation			
17. Does your organization provide transportation services? * (If Yes, you will be required to answer an additional question.)		○Yes	No
Read O. Reg. 191/11 Part IV: Transportation standards	Learn more about your r	equirements for	question 17
17.a. Does your organization conduct employee and volunteer accessibility equipment and features of your trans	sportation vehicles? *		○ No
Read O. Reg. 191/11 s. 36; Accessibility training	Learn more about your r	equirements for	question 17.a
Comments for question 17.a			

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Design of public spaces			
18. Since your organization last reported on its accessibility compliance, has constructed new or redeveloped existing off-street parking facilities that maintain?* (If Yes, you will be required to answer an additional question.)		○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your requir	ements for o	uestion 18
18.a. When constructing new or redeveloping off-street parking facilities organization intends to maintain, does it ensure that the off-street the accessibility requirements as outlined in the Design of Public	s that your parking facilities meet	○ Yes	○ No
Read O. Reg. 80.32-37: Accessible parking			
Comments for question 18.a			
19. Since your organization last reported on accessibility compliance, has y constructed new or redeveloped existing outdoor play spaces that it into (If Yes, you will be required to answer an additional question.)		○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your requir	ements for o	uestion 19
19.a. When constructing new or redeveloping existing outdoor play spa organization consult with the public and persons with disabilities of children and caregivers, and if you represent a municipality did you consult with the municipal advisory committee where one was est in s. 80.19 of the Integrated Accessibility Standards Regulation?	on the needs of our organization tablished as outlined	○Yes	○ No
Read O. Reg. 191/11 s. 80.19; Outdoor play spaces	Learn more about your require	ements for o	uestion 19.a
Comments for question 19.a 20. Does your organization's multi-year accessibility plan include procedure and emergency maintenance of the accessible elements in public spac with temporary disruptions when accessible elements required under the	es, and for dealing ne Integrated	Yes	○ No
Accessibility Standards Regulations Part IV are not in working order?*			11 00
Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements Comments for question 20	Learn more about your requir	ements for 0	question 20
Confirmation questions	100		
21. Other than the requirements cited in the above questions, is your organ complying with all other requirements for the Information and Commun Standards under the Integrated Accessibility Standards Regulation?		Yes	○ No
Read O. Reg. 191/11 Part II: Information and communications standards	Learn more about your requir	ements for o	uestion 21
Comments for question 21			
22. Other than the requirements cited in the above questions, is your organ complying with all other requirements for the Employment Standards Integrated Accessibility Standards Regulation?		Yes	○ No
Read O. Reg. 191/11 Part III: Employment standards	Learn more about your requi	rements for	uestion 22
Comments for question 22			

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	nan the requirements cited in the above questions, is your organization ing with all other requirements for Transportation Standards under the ted Accessibility Standards Regulation?		○ No
Read O. Reg. 191/11 Part IV: Transportation standards	Learn more about your requirements for question		question 23
Comments for question 23			
24. Other than the requirements cited in the above questions, is your o complying with all other requirements for the Customer Service State Integrated Accessibility Standards Regulation?*		Yes	○ No
Read O. Reg. 191/11 Part IV.2: Customer service standards	Learn more about your requirements for question		question 24
Comments for question 24			
25. Other than the requirements cited in the above questions, is your o complying with all other requirements for the Design of Public Spa under the Integrated Accessibility Standards Regulation?		Yes	○ No
Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards	s Learn more about your requirements for question		question 25
Comments for question 25			

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Organization category Designated Public Sector

Number of employees range 1-49

Filing organization legal name Corporation of the Municipality of Magnetawan

Filing organization business number (BN9) 875093189

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.

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