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.



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 Haliburton Highlands Health Services Corporation 365 Check this box if you have received an AODA identifier Business number (BN9) * Help from the Ministry for Seniors and Accessibility 899105035 ∇ Check if operating/business name is same as legal name Organization operating/business name Haliburton Highlands Health Services Corporation Sector that best describes your organization's principal business activity * **Help** 62 - Health care and social assistance Subsector (if possible) 622 - Hospitals Industry group (if possible) 6221 - General medical and surgical hospitals 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 * Box115 7199 Gelert Province * Street type Street direction City * ON (Ontario) Road Haliburton Postal code (e.g. A1A 1A1) * K0M 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 *	Country *					
The fields below	will change based c	n your sele	ction.			
● Canada USA		○ Interna	tional			
Type of address * • Street address) Street address served by route	Other		
Unit number Box115	Street number * 7199	Street nam Gelert	ne *			
Street type Road	Street direction		City * Haliburton		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * K0M 1S0						

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.



2023 Accessibility compliance report

Organization category Desig	nated Public Sector				
Number of employees range					
Filing organization legal name		ealth Services Corporation			
Filing organization business r		•			
- Iming organization submitted i					
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 acces	ssibility requirements at <u>ontario.ca/accessibility</u>			
Additional accessibility requirem • <u>a library board</u>	ents apply if you are:				
• a producer of edu	cation material (e.g. textbook	<u>ks)</u>			
• an education institution	tution (e.g. school board, coll	lege, university or school)			
• <u>a municipality</u>					
If you are a municipality submitt	ing this report, and submitting	g on behalf of local boards, please indicate which boards below.			
C. Accessibility compliar	nce report certification				
•		Act, 2005 requires that accessibility reports include a statement and is accurate, signed by a person with authority to bind the			
Note: It is an offence under the	Act to provide false or mislea	ading information in an accessibility report filed under the AODA.			
The certifier may designate a protherwise the certifier will be the		y for Seniors and Accessibility to contact the organization(s);			
Certifier: Someone who can leg	gally bind the organization(s).				
Primary Contact: The person w	ho will be the main contact f	for accessibility issues.			
Acknowledgement					
✓ I certify that all the information	n is accurate and I have the	authority to bind the organization *			
Certification date (yyyy-mm-dd) * 2023-12-11					
Certifier information					
Last name * Nelson		First name * Veronica			
Position title * Chief Executive Officer	Business phone number * 705-457-1392	Extension Check here			

Email * venelson@hhhs.ca		Alternate phone number	Extension	Fax numbe	r
Primary contact for the org	ganization(s)		1	1	
✓ Check if the primary contactLast name *Nelson	is same as the certifier	First name * Veronica			
Position title * Chief Executive Officer	•	Extension	re		
Email * venelson@hhhs.ca		Alternate phone number	Extension	Fax numbe	r
D. Accessibility complian	ce report questions				
Instructions Please answer each of the follow If you need help with a specific of view the relevant AODA regulation	juestion, click the help links wh	nich will open in a new brows	er window. U	Jse the link o	•
 General 1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? * Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies Learn more about your requirements for question 1 Comments for question 1 					
Has your organization estable (If Yes, please answer additing)	•	ti-year accessibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A	, ,	Learn more abo	out your requi	irements for	question 2
2.a. Does your organization (If Yes, please answer				Yes	○No
Read O. Reg. 191/11, s. 4 (1) Comments for question 2.a): Accessibility plans	<u>Learn more abo</u>	out your requi	irements for (question 2.a
, -	on's accessibility plan posted			Yes	○ No
Read O. Reg. 191/11, Comments for question 2.a.i	s. 4 (1): Accessibility plans	<u>Learn more abou</u>	t your require	ements for qu	uestion 2.a.i

	2.a.ii Does your organization provide the accessibility plan in a when requested? *	an accessible format	Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for qu	uestion 2.a.ii
	Comments for question 2.a.ii			
Com	Does your organization update the accessibility plan at least o d O. Reg. 191/11, s. 4 (1): Accessibility plans nments for stion 2.b	nce every 5 years? * Learn more about your requin	Yes rements for q	○ No uestion 2.b
3. Does	s your organization provide appropriate training on: *			
Read O	. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for	question 3
3.a.	The AODA Integrated Accessibility Standards Regulation? *		Yes	○ No
Rea	d O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for	question 3.a
	nments for stion 3.a			
3.b	The Human Rights Code as it pertains to people with disabilities	es? *	Yes	○ No
Rea	d O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	rements for q	uestion 3.b
	nments for stion 3.b			
Inform	ation and communications			
that Not e on y	s your organization have a process for receiving and responding is accessible to people with disabilities? * 2: This requirement is applicable regardless of whether custome our premises es, please answer an additional question)		Yes (No
Read O	. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requ	irements for	question 4
4.a.	Does your organization notify the public about the availability of and communications supports with respect to the feedback pro Note: This requirement is applicable regardless of whether current your premises. *	ocess? *	Yes	○ No
Rea	d O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requ	irements for	question 4.a

	question 4.a			
5.	Does your organization have one (or more) website(s) which it controls di indirectly ('controls' means that your organization is able to add, remove a modify content and functionality of the website)? * (If Yes, please answer an additional question)		Yes	○ No
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content	earn more about your re	<u>quirements</u>	for question 5
	5.a. Do all your organization's internet websites conform to World Wide Web Content Accessibility Guidelines 2.0 Level AA (except for live of pre-recorded audio descriptions)? In the comments box, please list names and addresses of your publicly available web content, include social media pages, and apps. *	captions and the complete	Yes	S O No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content	<u>earn more about your re</u>	quirements	for question 5.a
	Comments for			
	question 5.a			
Cı	ustomer Service			
6.	Does your organization provide training about providing goods, services of persons with disabilities to the following? * • Staff and volunteers	or facilities to	Yes	s ONo
	People involved in developing accessibility policies			
	People providing goods, services or facilities on behalf of the organization.	ation		
	(If Yes, please answer an additional question)			
Re	ead O. Reg. 191/11, s. 80.49: Training for staff, etc.	<u>earn more about your re</u>	<u>quirements</u>	for question 6
	6.a. Does the training include all of the following: *		Ye	es ONo
	 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 type 	es of disability?		
	 How to interact with persons with disabilities who use an assisting the assistance of a guide dog or other service animal or the assistance. 	•		

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

person?

Comments for

7 .		your organization provide information in an accessible format? * es, please answer additional questions)		Yes	○ No	
Re	<u>ad O.</u>	Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements	for question	<u>on 7</u>
	7.a.	Is the provision of information in accessible format done so in a titakes into account the individual's disability? *	mely manner that	Ye	s ON	0
	Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements	for question	<u>n 7.a</u>
		ments for tion 7.a				
	7.b.	Is the provision of information in accessible format at a cost no method the regular cost charged to other persons? *	ore than	Ye	s ON	0
	Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements	for question	<u>n 7.b</u>
		ments for tion 7.b				
3.	supp	s your organization ever require a person with a disability to be accort person when on your premises? * es, please answer an additional question)	companied by a	Ye	s ON	0
		Reg. 191/11, s. 80.47 (5): Use of service animals and persons	Learn more about your r	<u>equirements</u>	for question	<u>n 8</u>
	8.a.	Does your organization do all of the following before requiring a prodisability to be accompanied by a support person on your premis • Consult with the person with a disability?		(a) Ye	es ON	lo
		 Determine a support person is necessary to protect the health person with a disability or others on premises? 	n or safety of the			
		 Determine that there is no other way to protect the health or swith a disability or others on premises? 	safety of the person			
	<u>191/</u>	11, s. 80.47 (5): Use of service animals and support persons	Learn more about your r	equirements	for question	<u>n 8.a</u>
		ments for tion 8.a				
Er	nploy	yment				
).	indiv	your organization employ any persons with disabilities for whom dualized workplace emergency response information? * es, please answer additional questions)	you have provided	○ Ye	s	0
	ad O. ormati	Reg. 191/11, s. 27 (1): Workplace emergency response on	Learn more about your r	<u>equirements</u>	for question	<u>on 9</u>

9.a.	informWhWh	your organization review the individualized workplace emation for all of the following? * then the employee moves to a different location in the orgonen the employee's overall accommodation needs or planten your organization reviews its general emergency political.	anization? ns are reviewed?	○Yes	○ No
<u>inform</u> Com	O. Remation ments tion 9.a		Learn more about your requ	uirements for o	question 9.a
9.b.	workpl	y of the employees for whom your organization has provi lace emergency response information require assistance s, please answer additional questions)		○ Yes	○No
inforr Com	I O. Re mation ments tion 9.b		Learn more about your requ	uirements for o	question 9.b
	9.b.i	Has your organization, with the employee's consent, pro emergency response information to the person designar assistance to the employee? *		○ Yes	○ No
	respor Comm	O. Reg. 191/11, s. 27 (2): Workplace emergency nse information nents for on 9.b.i	Learn more about your requir	rements for qu	uestion 9.b.i
	9.b.ii	Was the individualized workplace emergency response soon as practicable after your organization became awa accommodation due to the employee's disability? *		Yes	○ No
	respor Comm	O. Reg. 191/11, s. 27 (3): Workplace emergency nse information nents for on 9.b.ii	Learn more about your requir	rements for qu	uestion 9.b.ii

Design of public spaces			
 0. Since January 1, 2017, has your organization constructed new or redefollowing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas (If Yes, please answer additional questions) 	eveloped any of the	Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements	for question 10
Where applicable, do the newly constructed or redeveloped items requirements as outlined in the Design of Public Spaces Standar	s meet the general	Yes	•
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards Comments for question 10.a	Learn more about your	requirements	for question 10.a
10.b. Does your organization's multi-year accessibility plan include pro preventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessi not in working order? *	nents in public	Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements Comments for question 10.b	Learn more about your	<u>requirements</u>	for question 10.l
AODA			
1. Is your organization a municipality with population of 10,000 or more? (If Yes, please answer additional questions)	*	○ Yes	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
11.a. Has your organization established an accessibility advisory comr Section 29 of the AODA? * (If yes, please answer additional questions)		○ Yes	
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees Comments for question 11.a	Learn more about your	requirements	ior question 11.a

11.a.i Is the majority of members in the committee persons w	vith disabilities? *	○Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your require	ments for qu	estion 11.a.i
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about sidescribed in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility standards.	advice on the	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees Comments for	Learn more about your require	ments for qu	estion 11.a.i
question 11.a.ii			

2023 Accessibility Compliance Report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name Haliburton Highlands Health Services Corporation

Filing organization business number (BN9) 899105035

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.**