

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 Adobe Reader 10 or higher. 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 (OPS/OLA, Designated Public Sector, Business/Non-profit)
 - 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 Schedule 1 of Ontario Regulation 191/11), or an agency, board or commission (under Column 1 of Table 1 of Ontario Regulation 146/10), 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 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 Adobe Reader 10 or higher

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 past, current and future requirements.

4. Answer the questions

- The guestions 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.

5. Certify and submit your report

- Complete the Certifier Information section
- The certifier must:
 - make sure all information on the form is complete and accurate
 - check all three boxes 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.
- 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:

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

Email: accessibility@ontario.ca

Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email accessibility@ontario.ca.

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Ministry for Seniors and Accessibility

2019 Accessibility Compliance Report

Instructions

Province '

ON (Ontario)

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 information Organization category * Number of employees range Reporting year **Designated Public Sector** 50+ employees 2019 **Business details** Organization legal name * Number of employees in Ontario * <u>Help</u> 650 Corporation of the Town of Newmarket Business number (BN9) * Check this box if you have received an AODA identifier from the Help Ministry for Seniors and Accessibility 106984719 Check if operating/business name is same as legal name Organization operating/business name Language preference for communications * The Town of Newmarket **English** 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 9139 - Other local, municipal and regional public administr Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. O USA Canada International Country * Type of address * Street address Street address served by route Other PO Box Route type Route number Delivery installation type 328 STN (Station) Delivery installation identifier City * Province ' Postal code Main Newmarket L3Y 4X7 ON (Ontario) **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 * Canada International Street address Street address served by routeOther Type of address * PO Box Route type Route number 328 Delivery installation type Delivery installation identifier City * STN (Station) Main Newmarket

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.

Postal code L3Y 4X7

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2019 Accessibility compliance report

Organization	category Designated Public Sector	Number of emplo	oyees ra	nge 50+
Filing organization legal name Corporation of the Town of Newmarket				
Filing organiz	cation business number (BN9) 106984719			
Fields marked	with an asterisk (*) are mandatory.			
B. Understa	nd your accessibility requirements			
Before you be	gin your report, you can learn about your accessibility requirements at onta	rio.ca/accessibility		
	essibility 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			
C. Accessib	ility compliance report questions			
If you need help	each of the following compliance questions. Use the Comments box if you wish to comment with a specific question, click the help links which will open in a new browser window regulations and the link on the right to view relevant accessibility information resources.	w. Use the link on the		ew the
Foundation re				
1. Does your org	ganization have written accessibility policies and a statement of commitment? *) Yes	○ No
Read O. Reg. 19	91/11 s. 3: Establishment of accessibility policies Learn more	e about your requirem		uestion 1
Comments for question 1	The Town of Newmarket's IASR Policy was established and approvincludes the statement of commitment. The IASR Policy is available (intranet and internet) or in accessible format upon request.	· ·		d
	anization established, implemented and maintained a multi-year accessibility plan arour organization's website? *	nd) Yes	○ No
Read O. Reg. 19	91/11 s. 4: Accessibility plans Learn more	e about your requirem	nents for q	uestion 2
Comments for question 2	A Multi-Year Accessibility Plan was first developed and implemented version of the Plan is posted on the Town's website and available in request.			PDF
accessibility pwebsite? *	anization completed a review of its progress implementing the strategy outlined in its plan and documented the results in an annual status report posted on the organizati) Yes	○ No
		e about your requirem		
Comments for question 3	The Multi-Year Accessibility Plan is reviewed yearly in preparation for annual progress report is prepared for Council to identify progress of accomplishments and achievements and is posted online.		•	

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	anization consult with people with disabilities when establishing cessibility plan? *	ng, reviewing and updating its	Yes	○ No
•	91/11 s. 4(2): Accessibility plans	Learn more about your red	quirements for	question 4
Comments for question 4	The Newmarket Accessibility Advisory Committee consulted throughout the process of establishing Multi-Year Accessibility Plan.	the state of the s		narket's
Regulation a	ganization provide the appropriate training on the Integrated nd the Human Rights Code as it pertains to persons with dis	abilities? *	Yes	○ No
	91/11 s. 7: Training	Learn more about your red	-	-
Comments for question 5	The Town of Newmarket has developed, recently Training Module which includes the IASR standa Human Rights Code to ensure compliance with a	ards, Town of Newmarket IASR		-
how its good organization	anization established and documented a process to receive s or services are provided to persons with disabilities, including will take when a complaint is received? *	ing actions that your	Yes	○ No
	91/11 s. 80.50: Feedback process required	Learn more about your red	•	•
question 6	The Town of Newmarket has a process for recei manner in which the Town provides goods or se information about the process readily available to	rvices to persons with disabilities		
providing or a	ganization ensure that its feedback processes are accessible arranging accessible formats or communication supports, up this accessible feedback policy? *		Yes	○ No
Read O. Reg. 1	91/11 s. 11: Feedback	Learn more about your red	quirements for	question 7
Comments for question 7	A statement is included on all communications to receive accessible formats or communication su for Customer Service Policy contains this feedba	pports upon request. The Acces		
Information a	and communications			
persons with the same info	ganization have a process to provide accessible formats and disabilities in a timely manner and at no more than the cost primation, and do you notify the public of this accessible information.	for other persons who ask for mation policy? *	Yes	○ No
_	91/11 s. 12: Accessible formats and communications suppor		-	question 8
Comments for question 8	The Town of Newmarket ensures that a stateme accessible formats and communications support to provide accessible communication materials a	s to ensure needs are met.The		attempts
Employment				
its recruitmer	•	llability of accommodations in	Yes	○ No
_	91/11 s. 22-24: Recruitment	Learn more about your red	-	-
Comments for question 9	Accessibility information is included in all job adv proceed to the interview stage will be advised of recruitment process.			
disabilities of	organization notify successful applicants of its policies for according offers of employment? *		Yes	○ No
	91/11 s. 24: Notice to successful applicants	Learn more about your red	-	-
Comments for question 10	The standard offer letter templates include a state. Newmarket policies for accommodating employee	· · · · · · · · · · · · · · · · · · ·	ipplicant of	Town of

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11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? *			Yes	○ No
	11 s. 28: Documented individual accommodation plans	Learn more about your re	equirements for	question 11
e 4.4	he Town of Newmarket uses an "Individual Accommodad ddresses the 8 features in the requirement.	ation Plan" (IAP) docur	ment which	
Transportation				
(If Yes, you will	anization provide transportation services? * be required to answer an additional question.)		○ Yes	No
	11 Part IV: Transportation standards	Learn more about your re	<u>equirements for</u>	question 12
	r organization conduct employee and volunteer accessibility training lity equipment and features of your transportation vehicles? *	g on the safe use of	○ Yes	○ No
Read O. Reg.	191/11 s. 36: Accessibility training	Learn more about your re	equirements for	question 12.a
Comments for question 12.a				
Design of publi	c spaces			
new or redevel	anization last reported on its accessibility compliance, has your orga oped existing off-street parking facilities that it intends to maintain? I be required to answer an additional question.)		Yes	○ No
	11 Part IV.1: Design of public spaces standards	Learn more about your re	<u>equirements for</u>	question 13
to mainta	nstructing new or redeveloping off-street parking facilities that your or in, does it ensure that the off-street parking facilities meet the acces and in sections 80.32 – 80.37 of the IASR? *		Yes	○ No
Read O. Reg. 8	30.32-37: Accessible parking	Learn more about your r	<u>equirements for</u>	question 13.a
Comments for question 13.a	The Town of Newmarket requires all Engineering Con- regulations during the design phase of any Engineerin		n these IASR	
new or redevel	anization last reported on accessibility compliance, has your organiz oped existing outdoor public spaces that it intends to maintain? * I be required to answer additional questions.)	cation constructed	Yes	○ No
	11 Part IV.1: Design of public spaces standards	Learn more about your re	equirements for	question 14
consult w you repre	nstructing new or redeveloping existing outdoor play spaces, did you ith the public and persons with disabilities on the needs of children assent a municipality did your organization consult with the municipal e was established as outlined in s. 80.19 of the Integrated Accessibon? *	and caregivers, and if advisory committee	Yes	○ No
•	191/11 s. 80.19: Outdoor play spaces	Learn more about your re	equirements for	question 14.a
Comments for question 14.a	The Town of Newmarket has developed new and exist developments. Park designs are submitted to the Accomments during the design stage.	• .	•	rivate
emergen temporar	r organization's multi-year accessibility plan include procedures for cy maintenance of the accessible elements in public spaces, and for y disruptions when accessible elements required under the Integrates Regulations Part IV are not in working order? *	dealing with	Yes	○ No
Read O. Reg. 1	191/11 s. 80.44: Maintenance of accessible elements	Learn more about your re	equirements for	question 14.b
Comments for question 14.b	The Multi-Year Accessibility Plan includes procedures maintenance of the accessible elements in public spacedisruptions when accessible elements required under	ces, and for dealing wi	ith temporary	,

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Customer service
15. In your policies, practices and p keep their service animals with

Comments for question 21				
-	uirements in effect under the Integrated Accessibility Standards F 91/11 Part I: General requirements	Regulation? * Learn more about your		O
	the requirements cited in the above questions, is your organization		Yes	○ No
Comments for question 20				
	91/11 Part IV.2: Customer service standards	Learn more about your	requirements for	question 20
applicable r	the requirements cited in the above questions, is your organization requirements for the customer service standards under the Interestable regulation? *		Yes	○ No
Comments for question 19				
	01/11 Part IV.1: Design of Public Spaces standards	Learn more about your	requirements for	question 19
applicable r	the requirements cited in the above questions, is your organization requirements for the design of public spaces standards in effect y Standards Regulation? *		Yes	○ No
Comments for question 18				
	91/11 Part IV: Transportation standards	Learn more about your	requirements for	question 18
applicable r	the requirements cited in the above questions, is your organization requirements for the transportation standards in effect under the Regulation? *		Yes	○ No
Comments for question 17			•	•
	91/11 Part III: Employment standards	Learn more about your	requirements for	question 17
applicable r	the requirements cited in the above questions, is your organizatio requirements for the employment standards in effect under the Regulation? *		Yes	○ No
Comments for question 16				
Read O. Reg. 1	91/11 Part II: Information and communications standards	Learn more about your	requirements for	question 16
applicable r	the requirements cited in the above questions, is your organization requirements for the information and communications standar Accessibility Standards Regulation? *		Yes	○ No
General requ	irements			
Comments for question 15	The Town of Newmarket Accessibility Standards for ensure that the person is permitted to keep the anim enable the person to benefit from the Town's service	nal with them or ensure for		
		•	-	•
have alternated facilities?	s, except where the animal is excluded by law? If excluded by law ate ways for people with service animals to access and use your 91/11 s. 80.47(1-3): Use of service animals and support persons	goods, services or	requirements for	guestion 15
keep their s	5. In your policies, practices and procedures, does your organization permit persons with disabilities to keep their service animals with them on the parts of your premises that are open to the public or other			○ No

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2019 Accessibility Compliance Report

Organization category Designated Public Sector			Number of employees range 50+		
Filing organization legal name Corporation of the Town of Newmarket					
Filing organization business i	number (BN9) 106984719				
Fields marked with an asterisk (*) are mandatory.				
D. Accessibility compliance	e report summary				
Your responses to the questions Your organization may be audited		cate that your organization	is in compliand	e with AODA standards.	
E. Accessibility compliance	e report certification				
Section 15 of the <i>Accessibility for C</i> the required information has been p					
Note: It is an offence under the Act	to provide false or misleading infor	mation in an accessibility rep	ort filed under th	ne AODA.	
The certifier may designate a prima will be the main contact.	ry contact for the Ministry for Senic	ors and Accessibility to contac	ct the organization	on(s); otherwise the certifier	
Certifier: Someone who can legally	/ bind the organization(s).				
Primary Contact: The person who	will be the main contact for access	ibility issues.			
Acknowledgement					
✓ I certify that I have the authority	to bind all organizations specified i	n Section A of this form, *			
✓ I certify that all the required info	rmation has been included in this re	eport, and, *			
✓ I certify that the information in the	nis report is accurate. *				
Certification date (yyyy-mm-dd) *	2019-12-19				
Certifier information					
Last name * Saini		First name * Kiran			
Position title * Other	Position title other * Deputy Town Clerk	Business phone number * 905 953-5300	Extension 2203	Check here if TTY	
Email * ksaini@newmarket.ca		Alternate phone number	Extension	Fax number	
Primary contact for the organ	ization(s)				
✓ Check if the primary contact is s	same as the certifier				
Last name * Saini		First name * Kiran			
Position title * Other	Position title other * Deputy Town Clerk	Business phone number * 905 953-5300	Extension 2203	Check here if TTY	
Email * ksaini@newmarket.ca		Alternate phone number	Extension	Fax number	

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