

### 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 <u>accessibility@ontario.ca</u>.



## 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 <u>Integrated Accessibility Standards Regulation (IASR)</u> 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 <u>IASR</u>, 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. Organizatio	n information					
Organization cate				Number of employees range *		Reporting year
Business or Non-profit 50+ employees						2023
<b>Business deta</b>	ils		•			
Organization lega	al name *				Number of er	mployees in Ontario * <u>Help</u>
McLean Taylor Construction Limited 100						
Business number 103600888	(BN9) * <u>Help</u>			e received an AODA ors and Accessibility	identifier	
Check if operation	ating/business name	e is same as	s legal name			
•	rating/business nan Construction Limit					
Sector that best of 23 - Construction	lescribes your orgai n	nization's pr	incipal business	activity *	<u>Help</u>	
Subsector (if pos 237 - Heavy and	sible) d civil engineering	constructi	on			
Industry group (if 2373 - Highway	possible) , street and bridge	e construct	ion			
Mailing addres	S					
Address where le	tters can be sent to	the person	responsible for a	coordinating the orgai	nization's AOE	A compliance activities.
Country *						
The fields below	will change based c	n your sele	ction.			
Canada	-	JSA		◯ Internatio	nal	
Type of address	<ul> <li>Street addres</li> </ul>	ss C	) Street address	served by route	Other	
Unit number	Street number * 100	Street nam Water	ne *			
Street type	Street direction		City *			rovince *
Street	treet S (South/Sud) St. Marys ON (Ontario)					
Postal code (e.g. N4X 1B1	A1A 1A1) *					
Business add	ess					
(Address at which	letters can be sent	to the compa	any director/offic	er 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 OUSA OInternational							
* <ul> <li>Street address</li> </ul>	ss (	) Street address served by route	⊖Other				
Street number * 100	Street nam Water	ne *					
Street direction S (South/Sud)		City * St. Marys		Province * ON (Ontario)			
Postal code (e.g. A1A 1A1) * N4X 1B1							
	<ul> <li>Street address</li> <li>Street number *</li> <li>100</li> <li>Street direction</li> <li>S (South/Sud)</li> </ul>	<ul> <li>◯ USA</li> <li>*</li></ul>	OUSA       ○ Internation         * ● Street address       ○ Street address served by route         Street number *       Street name *         100       Water         Street direction       City *         S (South/Sud)       St. Marys	OUSA       ○ International         * ● Street address       ○ Street address served by route       ○ Other         Street number * 100       Street name * Water       Other         Street direction S (South/Sud)       City * St. Marys	OUSA       OInternational         * ● Street address       OStreet address served by route       Other         Street number * 100       Street name * Water       Other         Street direction S (South/Sud)       City * St. Marys       Province * ON (Ontario)		



# Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name McLean Taylor Construction Limited

Filing organization business number (BN9) 103600888

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:

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

#### 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) \* 2023-08-30

#### **Certifier information**

Last name * DeNeve			First name * Carol Anne			
Position title * Manager, Human Resources	F	Ext 126	ension S	Check her if TTY	e	
Email * cdeneve@mcleantaylor.com			Alternate p 519-274-3	hone number 3742		Fax number 519-284-3601

#### Primary contact for the organization(s)

Check if the primary contact is same as the certifier				
Last name *	First name *			
Inchley	Vicki			

Position title * Administrator	Business phone number * 519-284-2580	Extension	Check he if TTY	re		
Email * vinchley@mcleantaylor.com		Alterna	te phone number	Extension	Fax numbe 519-284-3	
D. Accessibility complian	nce report questions					
Instructions						
Please answer each of the follow	wing compliance questions. I	Use the Com	ments box if you	wish to comm	ent on any re	esponse.
If you need help with a specific of view the relevant AODA regulat						n the left to
General						
1. Has your organization created accessibility by meeting all ap					• Yes	⊖ No
Read O. Reg. 191/11, s. 3 (1): E	Establishment of accessibility	policies	Learn more ab	<u>out your requ</u>	irements for	question 1
Comments for question 1						
2. Has your organization estab (If Yes, please answer addit	•	ulti-year acco	essibility plan? *		Yes	⊖ No
Read O. Reg. 191/11, s. 4 (1): A	Accessibility plans		Learn more abo	<u>out your requ</u>	irements for	question 2
2.a. Does your organization (If Yes, please answer					• Yes	⊖ No
Read O. Reg. 191/11, s. 4 (*	1): Accessibility plans		Learn more abo	<u>out your requ</u>	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizat	ion's accessibility plan poste	d on your or	ganization's websi	ite? *	• Yes	⊖ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		Learn more abou	<u>it your require</u>	<u>ements for qu</u>	uestion 2.a.i
Comments for question 2.a.i						
2.a.ii Does your organ when requested′	ization provide the accessibi ? *	lity plan in ar	accessible forma	at	• Yes	🔿 No
<u>Read O. Reg. 191/11,</u>	s. 4 (1): Accessibility plans		Learn more abou	<u>it your require</u>	<u>ements for qu</u>	uestion 2.a.ii
Comments for question 2.a.ii						

	2.b Does your organization update the accessibility plan at least once	every 5 years? *	• Yes	⊖ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requiren	<u>nents for q</u>	uestion 2.b
3.	Does your organization provide appropriate training on: *			
<u>Re</u>	ead O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ments for a	question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *		• Yes	◯ No
	<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your require	ments for a	<u>question 3.a</u>
	Comments for question 3.a			
	3.b The Human Rights Code as it pertains to people with disabilities? <u>Read O. Reg. 191/11, s. 7 (1): Training</u> Comments for question 3.b	* Learn more about your requiren	● Yes nents for q	O No
In	formation and communications			
4.	Does your organization have a process for receiving and responding to that is accessible to people with disabilities? * <b>Note:</b> This requirement is applicable regardless of whether customers a on your premises. (If Yes, please answer an additional question)	C	es 🔿	No
Re	ead O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your require	ments for a	question 4
	4.a. Does your organization notify the public about the availability of an and communications supports with respect to the feedback procese. Note: This requirement is applicable regardless of whether custor on your premises. *	ss?	Yes	() No
	<u>Read O. Reg. 191/11, s. 11(2): Feedback</u>	Learn more about your require	ments for a	question 4.a
	Comments for question 4.a			

<ol> <li>Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * (If Yes, please answer an additional question)</li> </ol>						) No		
Re	Read O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about your requirements for question 5							
<ul> <li>5.a. Do all your organization's internet websites conform to World Wide Web Consortium</li> <li>Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre-recorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *</li> </ul>						⊖ No		
	Read O	. Reg. 1	91/11, s. 14: Accessible websites and web content	Learn more about your re	equirements fo	r question 5.a		
	Comments for question 5.a We do not control/create our website. Our website developer is unable to convert the content to WCAG 2.0 levels. www.mcleantaylor.com https://www.instagram.com/mcleantaylorconstruction/?hl=en https://twitter.com/i/flow/login?redirect_after_login=%2Fmcleantaylorcon https://www.facebook.com/McLeanTaylorConstruction/							
Сι	ustome	r Servi	ce					
6.			nization provide training about providing goods, service sabilities to the following? *	es or facilities to	Yes	⊖ No		
	Staf	f and vol	lunteers					
	<ul> <li>Peop</li> </ul>	ple invol	ved in developing accessibility policies					
	<ul> <li>Peop</li> </ul>	ple provi	iding goods, services or facilities on behalf of the organ	nization				
	(If Yes,	please a	answer an additional question)					
Re	ad O. Re	eg. 191/	<u>11, s. 80.49: Training for staff, etc.</u>	Learn more about your re	equirements fo	<u>r question 6</u>		
	6.a. Do	oes the f	training include all of the following: *		• Yes	⊖ No		
	•	A revie	ew of the purposes of the AODA?					
	•	A revie	ew of the purposes of the Customer Service Standards	?				
	٠	How to	o interact and communicate with persons with various t	ypes of disability?				
	<ul> <li>How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?</li> </ul>							
	•	provid	o use equipment or devices available on the provider's ed by the provider that may help with the provision of g es to a person with a disability?					
	•		to do if a person with a particular type of disability is ha sing the provider's goods, services or facilities?	ving difficulty				
	Read O	. Reg. 1	91/11, s. 80.49: Training for staff, etc.	Learn more about your re	equirements fo	r question 6.a		

Comments for question 6.a

<ol> <li>If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * (If Yes, please answer an additional question)</li> </ol>	● Yes (	) No
Read O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions Learn more about	your requirements for	or question 7
7.a. Does the notice of the disruption include all of the following? $*$	• Yes	⊖ No
The reason for the disruption?		
Its anticipated duration?		
A description of available alternative facilities or services (if any)? <u>Read O. Reg. 191/11, s. 80.48 (2)</u> : Notice of temporary disruptions     Learn more about	your requirements for	or question 7 a
Comments for	your requirements it	<u>n question r.a</u>
question 7.a		
<ol> <li>Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * (If Yes, please answer an additional question)</li> </ol>	⊖ Yes	No
Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support personsLearn more about	your requirements fo	or question 8
<ul> <li>8.a. Does your organization do all of the following before requiring a person with a disabil to be accompanied by a support person on your premises: *</li> <li>Consult with the person with a disability?</li> </ul>	lity () Yes	⊖ No
<ul> <li>Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?</li> </ul>		
<ul> <li>Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?</li> </ul>		
Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons       Learn more about         Comments for question 8.a       0.00000000000000000000000000000000000	your requirements fo	or question 8.a
Employment		
<ol> <li>Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? * (If Yes, please answer additional questions)</li> </ol>	⊖ Yes	No
Read O. Reg. 191/11, s. 27 (1): Workplace emergency response Learn more about information	your requirements fo	or question 9

9.a.	Does your organization review the individualized workplace emer information for all of the following? *	gency response	⊖Yes	⊖ No
	• When the employee moves to a different location in the organ	ization?		
	• When the employee's overall accommodation needs or plans	are reviewed?		
	When your organization reviews its general emergency policie	es?		
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	Learn more about your require	ements for q	uestion 9.a
	iments for stion 9.a			
9.b.	Do any of the employees for whom your organization has provide workplace emergency response information require assistance? * (If Yes, please answer additional questions)		⊖ Yes	⊖ No
	d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation	Learn more about your require	ements for q	uestion 9.b
	iments for stion 9.b			
	9.b.i Has your organization, with the employee's consent, provi emergency response information to the person designated assistance to the employee? *		⊖ Yes	() No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergencyLresponse informationImage: Construction	earn more about your requirer.	nents for que	<u>estion 9.b.i</u>
	Comments for question 9.b.i			
	9.b.ii Was the individualized workplace emergency response info soon as practicable after your organization became aware accommodation due to the employee's disability? *		⊖ Yes	⊖ No
	response information	earn more about your requirer.	nents for que	estion 9.b.ii
	Comments for question 9.b.ii			

# Design of public spaces

10. Since January 1, 2017, has your organization constructed new or rede following items? *	eveloped 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)			
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	equirements fo	or question 10
10.a. Where applicable, do the newly constructed or redeveloped items requirements as outlined in the Design of Public Spaces Standar	-	• Yes	⊖ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	equirements fo	or question 10.a
Comments 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	Learn more about your re	equirements fo	or question 10.b
Comments for question 10.b			



#### Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name McLean Taylor Construction Limited

Filing organization business number (BN9) 103600888

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.