

2023 Accessibility compliance report

Organization category Designated Public Sector

Number of employees range 50+

Filing organization legal name

THE CORPORATION OF THE MUNICIPALITY OF WEST NIPISSING/LA

CORPORATION DE LA MUNICIPALITE DE NIPISSING OUEST

Filing organization business number (BN9) 107753279

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.

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) * 2023-12-13

Certifier information

Last name *	First name *
Craddock	Alisa

Position title * Director	Business phone number * 705-753-2250	Ext	tension <mark>01</mark>	Check her	re		
Email *			Alternate	phone number	Extension	Fax number	r
acraddock@westnipissing.ca							
Primary contact for the org	ganization(s)						
Check if the primary contact	is same as the certifier						
Last name * Craddock			First nam Alisa	ie *			
Position title * Director	Business phone number * 705-753-2250	69	tension 01	Check her	re		
Email * acraddock@westnipissing.ca			Alternate	phone number	Extension	Fax number	r
D. Accessibility compliar	nce report questions		l		l		
nstructions							
Please answer each of the follow	ving compliance questions. I	Use t	the Comm	ents box if you w	ish to comm	ent on any re	sponse.
f you need help with a specific o	•		•				the left to
General							
Has your organization create accessibility by meeting all a						Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility	/ poli	<u>cies</u>	Learn more abo	out your requi	irements for o	question 1
Comments for question 1							
2. Has your organization estab (If Yes, please answer additi	•	ulti-y	ear acces	sibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A	accessibility plans			Learn more abo	out your requi	irements for o	question 2
2.a. Does your organization (If Yes, please answer						Yes	○ No
Read O. Reg. 191/11, s. 4 (• • • • • • • • • • • • • • • • • • • •			Learn more abo	out your requi	irements for o	question 2.a
Comments for question 2.a	· · · · · ·						
2.a.i Is your organizat	ion's accessibility plan poste	d on	your orga	nization's websit	te? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		<u> </u>	<u>∟earn more abou</u>	t your require	ements for qu	estion 2.a.i
Comments for question 2.a.i							

2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? *		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			
2.b Does your organization update the accessibility plan at least of Read O. Reg. 191/11, s. 4 (1): Accessibility plans Comments for question 2.b	once every 5 years? * <u>Learn more about your req</u>	Yes uirements for que	○ No uestion 2.b
3. Does your organization provide appropriate training on: *			
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your red	quirements for o	<u>question 3</u>
3.a. The AODA Integrated Accessibility Standards Regulation? *		Yes	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your red	quirements for o	guestion 3.a
Comments for question 3.a			
3.b The Human Rights Code as it pertains to people with disabilit	ies? *	Yes	○ No
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your req	uirements for qu	uestion 3.b
Comments for question 3.b			
Information and communications			
 Does your organization have a process for receiving and responding that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customer on 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 availability and communications supports with respect to the feedback p Note: This requirement is applicable regardless of whether cu on your premises. *	rocess? *	Yes	○ No
Read O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your red	quirements for o	uestion 4.a

(question 4.a			
ii n	Does your organization have one (or more) website(s) which it conndirectly ('controls' means that your organization is able to add, remodify content and functionality of the website)? * If Yes, please answer an additional question)		Yes	No
Rea	d O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5
5	i.a. Do all your organization's internet websites conform to World Web Content Accessibility Guidelines 2.0 Level AA (except f pre-recorded audio descriptions)? In the comments box, pleanames and addresses of your publicly available web content social media pages, and apps. *	or live captions and ase list the complete	Yes	○ No
<u> </u>	Read O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5.a
	etomer Service			
	Ooes your organization provide training about providing goods, seresons with disabilities to the following? *	vices or facilities to	• Yes	○No
•	Staff and volunteers			
•	People involved in developing accessibility policies People providing goods, services or facilities on behalf of the or If Yes, please answer an additional question)	rganization		
Rea	d O. Reg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for	question 6
6	 Does the training include all of the following: * A review of the purposes of the AODA? A review of the purposes of the Customer Service Standa 		Yes	○ No
	 How to interact and communicate with persons with various 	ous types of disability?		

- 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?
- 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

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 7
	7.a.	Is the provision of information in accessible format done so in a tirtakes into account the individual's disability? *	mely manner that	Yes	○ No
	Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements for	question 7.a
		ments for tion 7.a			
	7.b.	Is the provision of information in accessible format at a cost no methe regular cost charged to other persons? *	ore than	Yes	○ No
	Read	O. Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	equirements for	question 7.b
		ments for tion 7.b			
3.	supp	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	Yes	○ No
		Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your r	equirements for	question 8
<u>su</u>		Does your organization do all of the following before requiring a p disability to be accompanied by a support person on your premise. Consult with the person with a disability?		Yes	○No
		 Determine a support person is necessary to protect the health person with a disability or others on premises? 	or safety of the		
		Determine that there is no other way to protect the health or s with a disability or others on premises?	afety of the person		
	<u>191/</u>	1, s. 80.47 (5): Use of service animals and support persons	Learn more about your r	equirements for	question 8.a
		ments for tion 8.a			
En	nploy	ment			
).	indivi	your organization employ any persons with disabilities for whom y dualized workplace emergency response information? * es, please answer additional questions)	you have provided	○ Yes	No
	ad O. ormati	Reg. 191/11, s. 27 (1): Workplace emergency response on	Learn more about your r	equirements for	question 9

9.a.	Does your organization review the individualized workplace en information for all of the following? *	nergency response	○ Yes	○ No
	 When the employee moves to a different location in the org 	nanization?		
	When the employee's overall accommodation needs or plant.			
	When your organization reviews its general emergency po			
Pos	d O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your re	quirements for	nucetion 0 a
	mation	<u>Learn more about your re</u>	quirements for t	question 3.a
	nments for			
	stion 9.a			
9.b.	Do any of the employees for whom your organization has prov	ided individualized		∩No
	workplace emergency response information require assistance		<u></u>) .
	(If Yes, please answer additional questions)			
Rea	d O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	quirements for o	question 9.b
infor	<u>mation</u>			
	ments for			
que	stion 9.b			
	9.b.i Has your organization, with the employee's consent, pr			○ No
	emergency response information to the person designates assistance to the employee? *	ated to provide		
		The second second second		
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your requ	urements for qu	iestion 9.b.i
	Comments for			
	question 9.b.i			
	4			
	O.b. " West the Self-State of State of	Cofeen Comment Colored	○ \(\sqrt{\text{\ti}\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\ \ti}\\\ \tittt{\text{\text{\text{\tin}\text{\text{\text{\ti}\til\tittt{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\text{\text{\texi}\til\tittt{\text{\ti}\tilit{\text{\ti}\tilit{\text{\text{\text{\text{\tii}\tint{\tilit{\texi}\tilit{\tii}\tiint{\tii}\tiint{\tii}\tiint{\tiin}\tiint{\tii}\tiit	
	9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became aw		○ Yes	○ No
	accommodation due to the employee's disability? *	rate of the field for		
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency	Learn more about your requ	irements for a	action 0 h ii
	response information	<u>Leam more about your requ</u>	<u>inements for qu</u>	<u>IESUOII 3.D.I</u>
	Comments for			
	question 9.b.ii			

Design	of public spaces			
10. Since follow (If Ye	e January 1, 2017, has your organization constructed new or redeving items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas es, please answer additional questions) Reg. 191/11 Part IV.1: Design of public spaces standards Where applicable, do the newly constructed or redeveloped items	Learn more about your re	Yesquirements fYes	ONO or question 10 No
	requirements as outlined in the Design of Public Spaces Standard		() 133	O.1.0
Com ques	Does your organization's multi-year accessibility plan include processory preventative and emergency maintenance of the accessible elements and in working order? * 10. Reg. 191/11, s. 80.44: Maintenance of accessible elements ments for elements for elements for elements.	ents in public	Yes	○ No
AODA				
	ur organization a municipality with population of 10,000 or more? * es, please answer additional questions)		Yes	○ No
	cessibility for Ontarians with Disabilities Act, 2005, S.O. 11, s. 29: Municipal Accessibility Advisory Committees	Learn more about your re-	<u>quirements f</u>	or question 11
Read 2005 Com	Has your organization established an accessibility advisory comm Section 29 of the AODA? * (If yes, please answer additional questions) Accessibility for Ontarians with Disabilities Act, 2005, S.O. i. c. 11, s. 29: Municipal Accessibility Advisory Committees ments for stion 11.a	ittee as described in Learn more about your re	Yes quirements f	Ü
ques	ition 11.a			

11.a.i Is the majority of members in the committee persons with disabilities? *	Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	ut your requirements for qu	uestion 11.a.i
Comments for question 11.a.i		
11.a.ii Has the committee provided advice to council about site plans and drawin described in Section 41 of the <i>Planning Act</i>) as well as advice on the requirements and implementation of accessibility standards? *	ngs (as • Yes	○ No
S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees	ut your requirements for q	uestion 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

THE CORPORATION OF THE MUNICIPALITY OF WEST NIPISSING/LA CORPORATION DE LA MUNICIPALITE DE NIPISSING OUEST

Filing organization business number (BN9) 107753279

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.**