# 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 <a href="Integrated Accessibility Standards Regulation (IASR)">Integrated Accessibility Standards Regulation (IASR)</a> 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 <a href="IASR">IASR</a>, 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 **Business or Non-profit** 50+ employees 2023 **Business details** Organization legal name \* Number of employees in Ontario \* Help **ESC Corporate Services** 110 Business number (BN9) \* Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 833976863 Check if operating/business name is same as legal name Organization operating/business name **ESC Corporate Services** Sector that best describes your organization's principal business activity \* Help **Empty** Subsector (if possible) Industry group (if possible) 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 O USA ) International Other Type of address \* Street address Street address served by route Unit number Street number \* Street name \* 595 302 Bay Province \* Street direction City \* Street type ON (Ontario) Street **Toronto** Postal code (e.g. A1A 1A1) \* M5G 2C2 **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.						
<ul><li>Canada</li></ul>	$\bigcirc$ $\iota$	JSA	○ Intern	ational		
Type of address	<ul> <li>Street addres</li> </ul>	ss C	Street address served by route	Other		
Unit number 302	Street number * 595	Street nam Bay	e *			
Street type Street	Street direction		City * Toronto		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * M5G 2C2						



# 2023 Accessibility compliance report

Organization category Business or Non-profit						
Number of employees range	50+					
Filing organization legal name	e ESC Corporate Services	S				
Filing organization business r	number (BN9) 833976863	3				
Fields marked with an asteris	k (*) are mandatory.					
B. Understand your acces	ssibility requirements					
Before you begin your report, yo Additional accessibility requirem <u>a library board</u>	•	ssibilit	y requirement	s at <u>ontario</u>	<u>.ca/accessibi</u>	<u>lity</u>
<ul> <li>a producer of ed</li> </ul>	ucation material (e.g. textboo	oks)				
an education ins	titution (e.g. school board, co	ollege.	, university or	school)		
• a municipality						
C. Accessibility compliar	nce report certification	)				
Section 15 of the <i>Accessibility</i> for certifying that all the required inforganization(s).			•		• •	
Note: It is an offence under the	Act to provide false or mislea	ading i	information in	an accessil	oility report file	ed under the AODA.
The certifier may designate a pri otherwise the certifier will be the		y for S	eniors and Ac	cessibility to	contact the	organization(s);
Certifier: Someone who can leg	ally bind the organization(s).					
Primary Contact: The person w	ho will be the main contact for	for acc	cessibility issu	es.		
Acknowledgement						
✓ I certify that all the informatio	n is accurate and I have the	autho	rity to bind the	e organizatio	on *	
Certification date (yyyy-mm-dd)	* 2024-10-04					
Certifier information						
Last name * Fallowfield			First name * Jeffrey			
Position title * President	Business phone number * 416-595-7177	Exter	nsion	Check here	9	
Email * jeffrey.fallowfield@isc.ca		A	Alternate phor	ne number	Extension	Fax number
Primary contact for the organization(s)						
Check if the primary contact is same as the certifier  Last name *  Miller  Kristin						

Position title * Manager, Human Resources	Business phone number * 306-541-7888	Extension	Check her	е		
Email * kristin.miller@isc.ca		Alternate p	phone number	Extension	Fax number	r
D. Accessibility complian	ice report questions	L		I	L	
Instructions						
Please answer each of the follow	ving compliance questions. U	Jse the Comme	nts box if you w	ish to comm	ent on any re	esponse.
If you need help with a specific of view the relevant AODA regulation						n the left to
General						
Has your organization created accessibility by meeting all ap					<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility	policies	_earn more abo	out your requi	irements for	question 1
Comments for question 1						
Has your organization estable (If Yes, please answer additing)	•	ulti-year access	bility plan? *		<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans	<u> </u>	_earn more abo	out your requi	irements for	question 2
2.a. Does your organization (If Yes, please answer					<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 4 (1	): Accessibility plans	<u> </u>	<u>_earn more abo</u>	out your requi	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizati	on's accessibility plan posted	d on your organ	ization's websit	:e? *	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Le	arn more abou	t your require	ements for qu	uestion 2.a.i
Comments for question 2.a.i						
2.a.ii Does your organi when requested?	zation provide the accessibili	ity plan in an ac	cessible format		<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	<u>Le</u>	earn more abou	t your require	ements for qu	uestion 2.a.ii
Comments for question 2.a.ii						

	2.b Does your organization update the accessibility plan at least once	e every 5 years? *	<ul><li>Yes</li></ul>	◯ No
	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your require	ements for q	uestion 2.b
	Comments for question 2.b			
	4400000.			
3.	Does your organization provide appropriate training on: *			
Re	ad O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for o	question 3
	3.a. The AODA Integrated Accessibility Standards Regulation? *		<ul><li>Yes</li></ul>	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for o	question 3.a
	Comments for question 3.a			
	3.b The Human Rights Code as it pertains to people with disabilities?	*	<ul><li>Yes</li></ul>	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your require	ements for q	uestion 3.b
	Comments for question 3.b			
	4400000			
In	formation and communications			
4.	Does your organization have a process for receiving and responding to that is accessible to people with disabilities? *	feedback	Yes 🔘	No
	<b>Note:</b> This requirement is applicable regardless of whether customers on your premises.	are permitted		
	(If Yes, please answer an additional question)			
Re	ead O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requir	ements for o	question 4
	4.a. Does your organization notify the public about the availability of a and communications supports with respect to the feedback proce <b>Note:</b> This requirement is applicable regardless of whether custo on your premises. *	ess?	<ul><li>Yes</li></ul>	○ No
	Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requir	ements for o	question 4.a
	Comments for			
	question 4.a			

5.	indirectly ('cor modify conten	ganization have one (or more) website(s) which it control ntrols' means that your organization is able to add, remont and functionality of the website)? * e answer an additional question)	•	• Yes	No
Re	ead O. Reg. 19	1/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5
	Web Co recorded and add	our organization's internet websites conform to World Wontent Accessibility Guidelines 2.0 Level AA (except for Id audio descriptions)? In the comments box, please list dress of your publicly available web content, including wand apps. *	ive captions and pre- the complete names	• Yes	○ No
	Read O. Reg.	191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5.a
	Comments for question 5.a	r https://www.eservicecorp.ca/ https://www.linkedin.com/company/esc-corporate	e-services/		
 Cı	ustomer Serv	vice			
6.	<ul><li> Staff and v</li><li> People inv</li><li> People pro</li></ul>	ganization provide training about providing goods, service disabilities to the following? * volunteers volved in developing accessibility policies oviding goods, services or facilities on behalf of the orgate e answer an additional question)		<ul><li>Yes</li></ul>	○ No
Re	•	1/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for	question 6
	6.a. Does the	e training include all of the following: *		<ul><li>Yes</li></ul>	○ No
	• A re	view of the purposes of the AODA?		Û	
		view of the purposes of the Customer Service Standard	s?		
	• How	to interact and communicate with persons with various	types of disability?		
		or to interact with persons with disabilities who use an as assistance of a guide dog or other service animal or the son?	· · · · · · · · · · · · · · · · · · ·		
	prov	to use equipment or devices available on the provider's rided by the provider that may help with the provision of ities to a person with a disability?			
		at to do if a person with a particular type of disability is ha essing the provider's goods, services or facilities?	aving difficulty		
	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	r			

7.	If there is a temporary disruption of goods, services or facilities used by disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)	•	• Yes	No
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your	requirements for	question 7
	7.a. Does the notice of the disruption include all of the following? *		<ul><li>Yes</li></ul>	○ No
	The reason for the disruption?			
	Its anticipated duration?			
	<ul> <li>A description of available alternative facilities or services (if an</li> </ul>	y)?		
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	Learn more about your	requirements for	question 7.a
	Comments for question 7.a			
3.	Does your organization ever require a person with a disability to be accomport person when on your premises? * (If Yes, please answer an additional question)	ompanied by a	○ Yes	<ul><li>No</li></ul>
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your	requirements for	question 8
<u>su</u>	pport persons			
	<ul> <li>8.a. Does your organization do all of the following before requiring a potential to be accompanied by a support person on your premises: *</li> <li>Consult with the person with a disability?</li> </ul>	erson with a disability	○ Yes	○ No
	<ul> <li>Determine a support person is necessary to protect the health person with a disability or others on premises?</li> </ul>	or safety of the		
	<ul> <li>Determine that there is no other way to protect the health or sa with a disability or others on premises?</li> </ul>	afety of the person		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirements for	question 8.a
	Comments for question 8.a			
Er	nployment			
9.	Does your organization employ any persons with disabilities for whom y individualized workplace emergency response information? * (If Yes, please answer additional questions)	ou have provided	<ul><li>Yes</li></ul>	○No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response ormation	Learn more about your	requirements for	question 9

9.a.	Does your organization review the individualized workplace en information for all of the following? *	nergency response	<ul><li>Yes</li></ul>	○ No
	When the employee moves to a different location in the organization.	ganization?		
	When the employee's overall accommodation needs or plant	=		
	When your organization reviews its general emergency po			
Rea	d O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your re	equirements for	guestion 9.a
	mation	<u> </u>	oquironionio ioi	<del>quodion dia</del>
	nments for stion 9.a			
9.b.	Do any of the employees for whom your organization has prov workplace emergency response information require assistance (If Yes, please answer additional questions)		○ Yes	<ul><li>No</li></ul>
	d O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	equirements for	question 9.b
infor	<u>mation</u>			
	nments for			
ques	stion 9.b			
	9.b.i Has your organization, with the employee's consent, premergency response information to the person designates assistance to the employee? *	· · · · · · · · · · · · · · · · · · ·	○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency	Learn more about your req	uirements for qu	uestion 9.b.i
	response information			
	Comments for			
	question 9.b.i			
	9.b.ii Was the individualized workplace emergency response i soon as practicable after your organization became aw accommodation due to the employee's disability? *		○ Yes	○No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency	Learn more about your req	uirements for qu	uestion 9.b.ii
	response information			
	Comments for			
	question 9.b.ii			

Design of public spaces			
<ul> <li>10. Since January 1, 2017, has your organization constructed new or redevent following items? * <ul> <li>Outdoor public use eating areas</li> <li>Outdoor play space</li> <li>Off-street parking</li> <li>Service counter</li> <li>Fixed queuing guides</li> <li>Waiting areas</li> </ul> (If Yes, please answer additional questions)</li> </ul>	reloped any of the	○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	quirements fo	or question 10
<ul> <li>10.a. Where applicable, do the newly constructed or redeveloped items requirements as outlined in the Design of Public Spaces Standard Read O. Reg. 191/11 Part IV.1: Design of public spaces standards</li> <li>Comments for question 10.a</li> </ul>	<u> </u>	○ Yes	○ No or question 10.a
10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessible not in working order? *	ents in public	○ Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your re	quirements for	or question 10.b
Comments for question 10.b			



# 2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name ESC Corporate Services

Filing organization business number (BN9) 833976863

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.**