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 The McMicheal Canadian Collection 100 Business number (BN9) * Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 108088196 Organization operating/business name The McMicheal Canadian Collection Sector that best describes your organization's principal business activity * **Help** 71 - Arts, entertainment and recreation 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 () USA International Type of address * Street address Street address served by route Other Unit number Street number * Street name * 10365 Islington Province * Street type Street direction City * ON (Ontario) Avenue **Kleinburg** Postal code (e.g. A1A 1A1) * **L0J 1C0 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	The fields below will change based on your selection.					
● Canada USA		○ Internat	ional			
Type of address * Street address		Street address served by route	Other			
Unit number	Street number * 10365	Street nam Islington	e *			
Street type Avenue	Street direction		City * Kleinburg		Province * ON (Ontario)	
Postal code (e.g. L0J 1C0	Postal code (e.g. A1A 1A1) * _0J 1C0					

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						
	The McMicheal Canadian Collection					
Filing organization business r	iumber (BN9) 108088196					
Fields marked with an asteris	k (*) are mandatory.					
B. Understand your acces	ssibility requirements					
Before you begin your report, yo	u can learn about your accessibility requirements at ontario.ca/accessibility					
Additional accessibility requirement a library board	ents apply if you are:					
a producer of educer	cation material (e.g. textbooks)					
an education instit	tution (e.g. school board, college, university or school)					
• a municipality						
C. Accessibility compliar	ce report certification					
Section 15 of the Accessibility for	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the					
Section 15 of the <i>Accessibility fo</i> certifying that all the required inforganization(s).	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement					
Section 15 of the <i>Accessibility fo</i> certifying that all the required inforganization(s). Note: It is an offence under the	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the Act to provide false or misleading information in an accessibility report filed under the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s);					
Section 15 of the <i>Accessibility fo</i> certifying that all the required inforganization(s). Note: It is an offence under the another certifier may designate a principle.	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the Act to provide false or misleading information in an accessibility report filed under the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s); main contact.					
Section 15 of the <i>Accessibility fo</i> certifying that all the required inforganization(s). Note: It is an offence under the Accessibility for certifier may designate a proof otherwise the certifier will be the Certifier: Someone who can leg	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the Act to provide false or misleading information in an accessibility report filed under the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s); main contact.					
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Section 15 of the Accessibility for certifying that all the required inforganization(s). Note: It is an offence under the Acceptance of the certifier may designate a proof otherwise the certifier will be the Certifier: Someone who can legal primary Contact: The person was Acknowledgement	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the Act to provide false or misleading information in an accessibility report filed under the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s); main contact. Figure 1. The Act to provide a statement or on the AODA and the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s); main contact. Figure 2. The Act to provide a statement or on the AODA.					
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Section 15 of the Accessibility for certifying that all the required inforganization(s). Note: It is an offence under the Acceptance that the certifier may designate a protherwise the certifier will be the Certifier: Someone who can legal Primary Contact: The person was Acknowledgement I certify that all the information	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the Act to provide false or misleading information in an accessibility report filed under the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s); main contact. In ally bind the organization(s). In who will be the main contact for accessibility issues.					
Section 15 of the Accessibility for certifying that all the required inforganization(s). Note: It is an offence under the Acceptance that the certifier may designate a protherwise the certifier will be the Certifier: Someone who can legal Primary Contact: The person was Acknowledgement I certify that all the information Certification date (yyyy-mm-dd)	or Ontarians with Disabilities Act, 2005 requires that accessibility reports include a statement formation has been provided and is accurate, signed by a person with authority to bind the Act to provide false or misleading information in an accessibility report filed under the AODA. Imary contact for the Ministry for Seniors and Accessibility to contact the organization(s); main contact. In ally bind the organization(s). In who will be the main contact for accessibility issues.					

Email * smilroy@mcmichael.com		Alternate ph	none number	Extension	Fax number	er
Primary contact for the org	ganization(s)					
☐ Check if the primary contact	is same as the certifier					
Last name * Tesi		First name ³ Susan	*			
Position title * Administrator		Extension 2245	Check he	re		
Email * stesi@mcmichael.com		Alternate ph	none number	Extension	Fax numbe	er
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 w	hich will open ir	n a new brows	ser window. L	Jse the link o	•
General						
Has your organization create accessibility by meeting all a	ed and implemented written popplicable accessibility require				Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility p	oolicies <u>Le</u>	earn more abo	out your requ	irements for	question 1
question 12. Has your organization estable	•	lti-year accessik	oility plan? *		Yes	○ No
(If Yes, please answer additi Read O. Reg. 191/11, s. 4 (1): A	, ,	Le	earn more abo	out vour reau	irements for	guestion 2
2.a. Does your organization (If Yes, please answer	ı have a website? *	_			Yes	○ No
Read O. Reg. 191/11, s. 4 (1	, ,	<u>Le</u>	earn more abo	out your requ	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizati	on's accessibility plan posted	on your organiz	zation's websi	te? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	<u>Lea</u>	arn more abou	ıt your require	ements for q	uestion 2.a.i
Comments for question 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	ıestion 2.a.ii
	Comments for question 2.a.ii			
Read Com	Does your organization update the accessibility plan at least on 1 O. Reg. 191/11, s. 4 (1): Accessibility plans ments for tion 2.b	nce every 5 years? * <u>Learn more about your requir</u>	Yes rements for q	○ 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 requi	irements for o	question 3
3.a.	The AODA Integrated Accessibility Standards Regulation? *		Yes	○ No
Read	l O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	irements for o	question 3.a
	ments for tion 3.a			
3.b	The Human Rights Code as it pertains to people with disabilities	es? *	Yes	○ No
Read	I O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for q	uestion 3.b
	ments for tion 3.b			
Informa	ation and communications			
that is Note on yo	s your organization have a process for receiving and responding a accessible to people with disabilities? * 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 o	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 cut on your premises. *	ocess? *	Yes	○ No
Read	l O. Reg. 191/11, s. 11 (2): Feedback	Learn more about your requi	irements for o	question 4.a

	question 4.a				
5.	Does your organization have one (or more) website(s) which it controls dir 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 red	quirements	for quest	<u>ion 5</u>
	5.a. Do all your organization's internet websites conform to World Wide V Web Content Accessibility Guidelines 2.0 Level AA (except for live or pre-recorded audio descriptions)? In the comments box, please list the names and addresses of your publicly available web content, including social media pages, and apps. *	aptions and he complete	Yes	s ()	No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content Le	earn more about your red	quirements	for quest	ion 5.a
	Comments for				
	question 5.a				
Cı	ustomer Service				
6.	Does your organization provide training about providing goods, services or persons with disabilities to the following? * • Staff and volunteers	r facilities to	Yes	1	No
	People involved in developing accessibility policies				
	People providing goods, services or facilities on behalf of the organizate	ion			
	(If Yes, please answer an additional question)				
Re	ead O. Reg. 191/11, s. 80.49: Training for staff, etc.	earn more about your rec	quirements	for quest	ion 6
	6.a. Does the training include all of the following: *		Ye	es 🔘	No
	 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 	s of disability?			
	 How to interact with persons with disabilities who use an assistiv the assistance of a guide dog or other service animal or the assis 	•			

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	ad O.	Reg. 191/11, s. 80.51 (1): Format of documents	Learn more about your r	<u>equirements</u>	for question 7
	7.a.	Is the provision of information in accessible format done so in a titakes into account the individual's disability? *	imely manner that	Ye	s ONo
	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 method the regular cost charged to other persons? *	ore than	Ye	s ONo
	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	s your organization ever require a person with a disability to be according to be according to the second state of the second se	companied by a	Ye	s ONo
		Reg. 191/11, s. 80.47 (5): Use of service animals and persons	Learn more about your r	equirements	for question 8
	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?			es ONo
		 Determine a support person is necessary to protect the health person with a disability or others on premises? 	h 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 8.a
		ments for tion 8.a			
En	nploy	ment			
).	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 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 emergency response information for all of the following? * When the employee moves to a different location in the organization? When the employee's overall accommodation needs or plans are reviewed? When your organization reviews its general emergency policies? 			Yes	○ No
<u>inform</u> Com	d O. Remation ments tion 9.a		Learn more about your red	quirements for o	question 9.a
9.b.	workpl	y of the employees for whom your organization has providuce emergency response information require assistance , please answer additional questions)		○ Yes	○No
inforr Com	I O. Re mation ments tion 9.k		Learn more about your red	quirements for o	question 9.b
	9.b.i	Has your organization, with the employee's consent, pro emergency response information to the person designal assistance to the employee? *			○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i		Learn more about your requ	irements for qu	estion 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 requ	irements for qu	estion 9.b.ii

Design of public spaces				
 10. Since January 1, 2017, has your organization constr following 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) 	ructed new or rede	eveloped any of the		No
Read O. Reg. 191/11 Part IV.1: Design of public spaces	<u>standards</u>	Learn more about your	requirements for	or question 10
10.a. Where applicable, do the newly constructed or requirements as outlined in the Design of Public		Ü	○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spacestandards Comments for question 10.a	<u>ces</u>	Learn more about your	requirements f	or question 10.a
10.b. Does your organization's multi-year accessibility preventative and emergency maintenance of the spaces, and for dealing with temporary disruption not in working order? *	e accessible elen	nents in public	○Yes	○No
Read O. Reg. 191/11, s. 80.44: Maintenance of acce	essible elements	Learn more about your	requirements for	or question 10.b
Comments for question 10.b				
AODA				
11. Is your organization a municipality with population of (If Yes, please answer additional questions)	10,000 or more?	*	○Yes	No
Read Accessibility for Ontarians with Disabilities Act, 200 2005, c. 11, s. 29: Municipal Accessibility Advisory Comr		Learn more about your	requirements for	or question 11
11.a. Has your organization established an accessibi Section 29 of the AODA? * (If yes, please answer additional questions)	ility advisory comr	nittee as described in	○ Yes	○ No
Read Accessibility for Ontarians with Disabilities Act, 2005, c. 11, s. 29: Municipal Accessibility Advisory C		Learn more about your	requirements for	or question 11.a
Comments for question 11.a				

11.a.i Is the majority of members in the committee persons w	○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	<u>estion 11.a.i</u>
Comments for question 11.a.i			
11.a.ii Has the committee provided advice to council about sit described in Section 41 of the <i>Planning Act</i>) as well as requirements and implementation of accessibility stand	advice on the	○ 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	<u>estion 11.a.i</u>
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 McMicheal Canadian Collection

Filing organization business number (BN9) 108088196

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.**