

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 IASR ([O. Reg. 191/11: Integrated Accessibility Standards](#)) you are to comply with the IASR as a business/non-profit organization with the IASR as a business/non-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 ([O. Reg. 191/11: Integrated Accessibility Standards](#)), 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 * Ontario Public Service / Ontario Legislative Assembly	Number of employees range * 50+ employees	Reporting year 2024
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Business details

Organization legal name * Office of the Legislative Assembly	Number of employees in Ontario * Help 425
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Business number (BN9) * Help <input checked="" type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility	AODA identifier * AD100010
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Check if operating/business name is same as legal name

Organization operating/business name Office of the Legislative Assembly
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Sector that best describes your organization's principal business activity * Help 91 - Public administration

Subsector (if possible) 912 - Provincial and territorial public administration

Industry group (if possible) 9129 - Other provincial and territorial public administration

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 104	Street number * 111	Street name * Wellesley
Street type Street	Street direction W (West)	City * Toronto
		Province * ON (Ontario)

Postal code (e.g. A1A 1A1) *

[M7A 1Z2](#)

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.

Canada

USA

International

Type of address *

Street address

Street address served by route

Other

Unit number

104

Street number *

111

Street name *

Wellesley

Street type

Street

Street direction

W (West)

City *

Toronto

Province *

ON (Ontario)

Postal code (e.g. A1A 1A1) *

M7A 1Z2

Organization category [Ontario Public Service / Ontario Legislative Assembly](#)

Number of employees range [50+](#)

Filing organization legal name [Office of the Legislative Assembly](#)

Filing organization AODA identifier [AD100010](#)

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

For enquiries related to the AODA obligations of the Ontario Public Service (OPS) or offices appointed under the Ontario Legislative Assembly (OLA), please contact AODA Contact Centre (ServiceOntario) at:

Phone: 416-849-8276 or

Toll-free: 1-866-515-2025

TTY: 416-325-3408 or

Toll-free: 1-800-268-7095

Email : aoda.assistance@ontario.ca

You have indicated that you are OPS/OLA, if you are submitting this report on behalf of any agencies, authorities, and/or boards of commissions, please list which ones 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) * [2024-12-09](#)

Certifier information

Last name *

[Day](#)

First name *

[Trevor](#)

Position title *

[Chief Executive Officer](#)

Business phone number *

[416-325-7341](#)

Extension

Check here if TTY

Email * tday@ola.org	Alternate phone number	Extension	Fax number
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Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name * Day	First name * Trevor
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Position title * Chief Executive Officer	Business phone number * 416-325-7341	Extension	<input type="checkbox"/> Check here if TTY
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Email * tday@ola.org	Alternate phone number	Extension	Fax number
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D. Accessibility compliance report questions

Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

General

1. Is your organization in compliance with all applicable requirements of the General Section? * Yes No

[Read O. Reg. 191/11, Part I: General](#)

[Learn more about your requirements for question 1](#)

Comments for
question 1

Information and communications

2. Is your organization in compliance with all applicable requirements of the Information and Communications Standards? * Yes No

[Read O. Reg. 191/11, Part II: Information and Communications Standards](#)

[Learn more about your requirements for question 2](#)

Comments for
question 2

Employment

3. Is your organization in compliance with all applicable requirements of the Employment Standards? * Yes No

[Read O. Reg. 191/11, Part III: Employment Standards](#)

[Learn more about your requirements for question 3](#)

Comments for
question 3

Design of public spaces

4. Is your organization in compliance with all applicable requirements of the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 4](#)

[The DOPS Reference Guide provides an overview of the scope, applicability and specific requirements of DOPS](#)

Comments for question 4

Customer Service

5. Is your organization in compliance with all applicable requirements of the Customer Service Standards? * Yes No

[Read O. Reg. 191/11 Part IV.2: Customer Service Standards](#)

[Learn more about your requirements for question 5](#)

Comments for question 5

Organization category [Ontario Public Service / Ontario Legislative Assembly](#)

Number of employees range [50+](#)

Filing organization legal name [Office of the Legislative Assembly](#)

Filing organization AODA identifier [AD100010](#)

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.**