

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

Fields marked with an asterisk (*) are mandatory.

A. Organization information

Organization category * Business or Non-profit	Number of employees range * 50+ employees	Reporting year 2020
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Business details

Organization legal name * Four Counties Health Services Corporation	Number of employees in Ontario * Help 104
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Business number (BN9) * Help 118929538	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
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Check if operating/business name is same as legal name

Organization operating/business name Four Counties Health Services Corporation	Language preference for communications * English
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Sector that best describes your organization's principal business activity * 62 - Health care and social assistance	Help
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Subsector (if possible) 622 - Hospitals	Industry group (if possible) 6221 - General medical and surgical hospitals
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Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * Canada USA International

Type of address * Street address Street address served by route Other

Unit number	Street number * 1824	Street name * Concession
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Street type Drive	Street direction	City * Newbury	Province * ON (Ontario)
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Postal code *
N0L 1Z0

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 * Canada USA International

Type of address * Street address Street address served by route Other

Unit number	Street number * 1824	Street name * Concession
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Street type Drive	Street direction	City * Newbury	Province * ON (Ontario)
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Postal code *
N0L 1Z0

Organization category [Business or Non-profit](#) | Number of employees range [50+](#)

Filing organization legal name [Four Counties Health Services Corporation](#)

Filing organization business number (BN9) [118929538](#)

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](#)

C. 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. Does your organization have written accessibility policies and a statement of commitment? * Yes No

[Read Ontario Regulation \(O. Reg.\) 191/11 s. 3: Establishment of accessibility policies](#)

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

Comments for question 1

2. Has your organization established, implemented and maintained a multi-year accessibility plan and posted it on your organization's website? * Yes No

[Read O. Reg. 191/11 s. 4: Accessibility plans](#)

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

Comments for question 2

3. Does your organization provide appropriate training on the AODA Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to people with disabilities? * Yes No

[Read O. Reg. 191/11 s.7\(2\): Training](#)

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

Comments for question 3

4. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the General section of the Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11 Part 1: General](#)

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

Comments for question 4

Customer Service

5. Is your organization complying with all applicable requirements under 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

Information and Communications

6. Does your organization ensure that its feedback processes are accessible to people with disabilities by providing or arranging for accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? * Yes No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 6](#)

Comments for question 6

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7. Does your organization have a process to provide accessible formats and communication supports to people with disabilities in a timely manner and at no extra cost? * Yes No

[Read O. Reg. 191/11 s. 12\(1\): Accessible formats and communication supports](#)

[Learn more about your requirements for question 7](#)

Comments for question 7

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8. Does your organization make its emergency procedures, plans or safety information available to the public? * Yes No
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8](#)

- 8.a. Does your organization provide its publicly available emergency procedures, plans or safety information in accessible formats to people with disabilities upon request? * Yes No

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8.a](#)

Comments for question 8.a

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9. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Information and Communications Standards? * Yes No

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

[Learn more about your requirements for question 9](#)

Comments for question 9

Employment

10. Does your organization prepare individualized workplace emergency response information for employees with disabilities? * Yes No

[Read O. Reg. 191/11 s. 27\(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 10](#)

Comments for question 10

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? * Yes No

[Read O. Reg. 191/11 s. 28\(1\): Documented individual accommodation plans](#)

[Learn more about your requirements for question 11](#)

Comments for question 11

12. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Employment Standards? * Yes No

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

[Learn more about your requirements for question 12](#)

Comments for question 12

Design of Public Spaces

13. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing exterior paths of travel that it intends to maintain? * Yes No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13](#)

13.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13.a](#)

Comments for question 13.a

14. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor public use eating areas? * Yes No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14](#)

14.a. Where applicable, do your newly constructed or redeveloped outdoor public use eating areas meet the general requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14.a](#)

Comments for question 14.a

15. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor play spaces? * Yes No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15](#)

15.a. Where applicable, do your newly constructed or redeveloped outdoor play spaces meet the accessibility in design and consultation requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15.a](#)

Comments for question 15.a

16. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing off-street parking? * Yes No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 16](#)

16.a. Where applicable, does your newly constructed or redeveloped off-street parking meet the requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 16.a](#)

Comments for question 16.a

17. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new service counters, (which includes replacing existing service counters)? * Yes No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 17](#)

17.a. Where applicable, do your newly constructed service counters meet the requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 17.a](#)

Comments for question 17.a

18. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new fixed queuing guides? * Yes No
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 18](#)

18.a. Where applicable, do your newly constructed fixed queuing guides meet the requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 18.a](#)

Comments for question 18.a

19. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing waiting areas? * Yes No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 19](#)

19.a. Where applicable, do your newly constructed waiting areas meet the requirements outlined in the Design of Public Spaces Standards? * Yes No

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 19.a](#)

Comments for question 19.a

20. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under 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 20](#)

Comments for question 20

Organization category Business or Non-profit	Number of employees range 50+
Filing organization legal name Four Counties Health Services Corporation	
Filing organization business number (BN9) 118929538	

Fields marked with an asterisk (*) are mandatory.

D. 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.

E. 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 I have the authority to bind all organizations specified in Section A of this form, *
- I certify that all the required information has been included in this report, and, *
- I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * **2021-06-08**

Certifier information

Last name * Smith		First name * Alasdair		
Position title * Vice President	Business phone number * 519-245-5295	Extension 5504	<input type="checkbox"/> Check here if TTY	
Email * Alasdair.Smith@mha.tvh.ca		Alternate phone number	Extension	Fax number

Primary contact for the organization(s)

- Check if the primary contact is same as the certifier

Last name * Smith		First name * Alasdair		
Position title * Vice President	Business phone number * 519-245-5295	Extension 5504	<input type="checkbox"/> Check here if TTY	
Email * Alasdair.Smith@mha.tvh.ca		Alternate phone number	Extension	Fax number