

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 Adobe Reader 10 or higher. 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 (OPS/OLA, Business or Non-profit)
 - if you are a business or a non-profit, your Organization category is 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 Adobe Reader 10 or higher

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 past, current and future requirements.

4. 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.

5. Certify and submit your report

- Complete the Certifier Information section
- · The certifier must:
 - make sure all information on the form is complete and accurate
 - check all three boxes 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.
- 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:

Phone: 416-849-8276 TTY: 416-325-3408

Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email accessibility@ontario.ca.

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2020 Accessibility Compliance Report

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. Organizati	on information							
Organization category *				Number of employees	range *	Reporting year		
Business or Non-profit				50+ employees		2020		
Business detai	ils							
Organization legal name *					Number of	f employees in Ontario * <u>Help</u>		
Kandalore Car	mp Co Limited				100			
Business number 102763471	(BN9) * Help							
Check if opera	ating/business name i	s same as lega	al name					
Organization ope	rating/business name				Language	preference for communications *		
Camp Kandalo	ore				English			
Sector that best of	lescribes your organiz	ation's principa	al business activity	y *	<u>Help</u>			
71 - Arts, ente	rtainment and rec	reation						
Subsector (if poss	•			Industry group (if pos				
713 - Amusem	ent, gambling and	d recreation	industries	7139 - Other amu	sement ar	nd recreation industries		
Mailing addres	S							
Address where let	tters can be sent to th	e person respo	onsible for coordin	ating the organization's	s AODA com	pliance activities.		
Country *) Canada) USA	◯ Int	ernational			
Type of address *	Street addre	ss C) Street address s	served by route Ot	her			
Unit number	Street number *	Street name 3	k					
201	544	Eglinton						
Street type	Street direction		City *			Province *		
Avenue	E (East/Est)		Toronto			ON (Ontario)		
Postal code * M4P 1N9								
Business addr	ess							
(Address at which	letters can be sent to	the company	director/officer ac	countable for the organ	nization's cor	mpliance with the AODA.)		
✓ Check if busin	ess address is same	as mai l ing add	Iress					
Country * O Canada O USA International								
Type of address '	Street addre	ss) Street address s	served by route Ot	her			
Unit number	Street number *	Street name 7	*					
201	544	Eglinton						
Street type	Street direction		City *			Province *		
Avenue	E (East/Est)		Toronto			ON (Ontario)		
Postal code * M4P 1N9					.			

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.

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2020 Accessibility compliance report

Organization category Business or Non-profit		Number of employees r	ange <mark>50+</mark>
Filing organization legal name Kandalore Camp Co Limited			
Filing organization business number (BN9) 102763471			
Fields marked with an asterisk (*) are mandatory.			
B. Understand your accessibility requirements			
Before you begin your report, you can learn about your accessibility requireme	ents at <u>onta</u>	rio.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)		
• <u>a municipality</u>			
C. Accessibility compliance report questions			
Instructions			
Please answer each of the following compliance questions. Use the Comments box if y	ou wish to co	omment on any response.	
If you need help with a specific question, click the help links which will open in a new br relevant AODA regulations and the link on the right to view relevant accessibility inform			riew the
General			
1. Does your organization have written accessibility policies and a statement of commit	tment? *	Yes	○ No
Read Ontario Regulation (O. Reg.) 191/11 s. 3: Establishment of accessibility policies	Learn more	e about your requirements for	question 1
Comments for question 1			
 Has your organization established, implemented and maintained a multi-year access posted it on your organization's website? * 	sibility plan ar	nd	○ No
Read O. Reg. 191/11 s. 4: Accessibility plans	Learn more	e about your requirements for	question 2
Comments for question 2			
3. Does your organization provide appropriate training on the AODA Integrated Access Regulation and the Human Rights Code as it pertains to people with disabilities? *	ibility Standa	rds	○ No
Read O. Reg. 191/11 s.7(2): Training	Learn more	e about your requirements for	question 3
Comments for question 3			

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4. Other than the requirements cited in the above questions, is your organization compapplicable requirements in effect under the General section of the Integrated Acces Regulation? *		Yes	○ No
Read O. Reg. 191/11 Part 1: General	Learn more about your requ	irements 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 requ	•	$\mathbf{\circ}$
Comments for question 5			
Information and Communications			
6. Does your organization ensure that its feedback processes are accessible to people providing or arranging for accessible formats or communication supports, upon require public of this accessible feedback policy? *		Yes	○ No
Read O. Reg. 191/11 s. 11: Feedback	Learn more about your requ	irements for	question 6
Comments for question 6			
7. Does your organization have a process to provide accessible formats and communi people with disabilities in a timely manner and at no extra cost? *	cation supports to	Yes	○ No
Read O. Reg. 191/11 s. 12(1): Accessible formats and communication supports	Learn more about your requ	irements for	question 7
Comments for question 7			
8. Does your organization make its emergency procedures, plans or safety information public? *	n available to the	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	Learn more about your requ	iromonto for	augation 9
information	<u>Leant more about your requ</u>	irements tor	<u>question o</u>
8.a. Does your organization provide its publicly available emergency procedures, p information in accessible formats to people with disabilities upon request? *	lans or safety	Yes	○ No
Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information	Learn more about your requ	irements for	question 8.a
Comments for question 8.a			
9. Other than the requirements cited in the above questions, is your organization compaphicable requirements in effect under the Information and Communications Stand	• •	Yes	○ No
Read O. Reg. 191/11 Part II: Information and Communication Standards	Learn more about your requ	irements for	question 9
Comments for question 9			
Employment			
10. Does your organization prepare individualized workplace emergency response info employees with disabilities? *	ormation for	Yes	○ No
Read O. Reg. 191/11 s. 27(1): Workplace emergency response information	Learn more about your requ	irements for	question 10
Comments for question 10			

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11. Does your organization develop and have in place a written process for the develop individual accommodation plans for employees with disabilities? *	oment of documented	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 com applicable requirements in effect under the Employment Standards? *	plying with all other	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, it constructed new or redeveloped existing exterior paths of travel that it intends to make (if Yes, you will be required to answer an additional question.)		○Yes	No
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 technical and general requirements outlined in the Design of Public Spaces S			○ 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, he constructed new or redeveloped existing outdoor public use eating areas? * (if Yes, you will be required to answer an additional question.)	nas your organization	○ 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
14.a. Where applicable, do your newly constructed or redeveloped outdoor public u the general requirements outlined in the Design of Public Spaces Standards?			○ 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, h constructed new or redeveloped existing outdoor play spaces? * (if Yes, you will be required to answer an additional question.)	nas your organization	◯ Yes	No
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 sparaccessibility in design and consultation requirements outlined in the Design of Standards? *			○ No
Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces	Learn more about your i	requirements for	question 15.a

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16. Since your organization submitted its most recent accessibility compliance report, it constructed new or redeveloped existing off-street parking? * (if Yes, you will be required to answer an additional question.)	nas your organization		No
Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking	Learn more about your r	equirements for	question 16
16.a. Where applicable, does your newly constructed or redeveloped off-street parl 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 r	equirements for	question 16.a
Comments for question 16.a			
17. Since your organization submitted its most recent accessibility compliance report, it constructed new service counters, (which includes replacing existing service count (if Yes, you will be required to answer an additional question.)		○ Yes	No
Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services	Learn more about your r	equirements for	question 17
17.a. Where applicable, do your newly constructed service counters meet the requite the Design of Public Spaces Standards? *	rements outlined in		○ No
Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services	Learn more about your r	equirements for	question 17.a
Comments for question 17.a			
18. Since your organization submitted its most recent accessibility compliance report, it constructed new fixed queuing guides? * (If Yes, you will be required to answer an additional question.)	nas your organization	○ Yes	No
Read O. Reg. 191/11 s. 80.42: Fixed queuing guides	Learn more about your r	equirements for	question 18
18.a. Where applicable, do your newly constructed fixed queuing guides meet the r in the Design of Public Spaces Standards? *	requirements outlined		○ No
Read O, Reg. 191/11 s, 80,42: Fixed queuing guides Comments for question 18.a	Learn more about your r	equirements for	question 18,a
19. Since your organization submitted its most recent accessibility compliance report, I	nas your organization		No
constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer an additional question.)		<u> </u>	© 110
Read O. Reg. 191/11 s. 80.43: Waiting areas	Learn more about your r	equirements for	question 19
19.a. Where applicable, do your newly constructed waiting areas meet the requiren Design of Public Spaces Standards? *	nents outlined in the		○ No
Read O, Reg. 191/11 s. 80,43: Waiting areas	Learn more about your r	equirements for	question 19.a
Comments for question 19.a			
20. Other than the requirements cited in the above questions, is your organization comapplicable requirements in effect under the Design of Public Spaces Standards? *	plying with all other	Yes	○ No
Read O. Reg. 191/11 Part IV.1 Design of Public Spaces Standards	Learn more about your r	equirements for	question 20
Comments for question 20			

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Ministry for Seniors and Accessibility

2020 Accessibility Compliance Report

Organization category Busin	Number of employees range 50+					
Filing organization legal name Kandalore Camp Co Limited						
Filing organization business i	number (BN9) 1027634	71				
Fields marked with an asterisk (*) are mandatorv.					
D. Accessibility compliance						
Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.						
Your organization may be audited	d to verify compliance.					
E. Accessibility compliance	e report certification					
Section 15 of the <i>Accessibility for C</i> the required information has been p						
Note: It is an offence under the Act	to provide false or misleading	g inforn	nation in an a	ccessibility repo	ort filed under th	ne AODA.
The certifier may designate a prima will be the main contact.	rry contact for the Ministry for	Senior	s and Access	ibility to contact	the organizatio	on(s); otherwise the certifier
Certifier: Someone who can legally	bind the organization(s).					
Primary Contact: The person who	will be the main contact for a	ccessib	ility issues.			
Acknowledgement						
✓ I certify that I have the authority	to bind all organizations spec	ified in	Section A of	this form, *		
✓ I certify that all the required info	rmation has been included in	this rep	ort, and, *			
✓ I certify that the information in the	nis report is accurate. *					
Certification date (yyyy-mm-dd) *	2021-06-17					
Certifier information						
Last name * Greenshields			First name * Janice			
Position title * Director	e * Business phone number * Extension Check here if TTY 416-322-9735					
Email * janice@kandalore.com			Alternate ph	one number	Extension	Fax number
Primary contact for the organization(s)						
Check if the primary contact is same as the certifier						
			First name * Lesley			
Position title * Other	Position title other * Assistant Director		Business ph 416-322-9	one number * 9735	Extension	Check here if TTY
Email * lesley@kandalore.com	Alternate ph	one number	Extension	Fax number		

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