

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 * Business or Non-profit	Number of employees range * 50+ employees	Reporting year 2023
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Business details

Organization legal name * Palgardens Inc.	Number of employees in Ontario * Help 50
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Business number (BN9) * Help <input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility 801521006

Check if operating/business name is same as legal name

Organization operating/business name Palisade Gardens Retirement

Sector that best describes your organization's principal business activity * Help 81 - Other services (except public administration)

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 * 240	Street name * Chapel St.
Street type	Street direction	City * Cobourg
		Province * ON (Ontario)

Postal code (e.g. A1A 1A1) * K9A 0E3

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	Street number * 240	Street name * Chapel St.	
Street type	Street direction	City * Cobourg	Province * ON (Ontario)
Postal code (e.g. A1A 1A1) * K9A 0E3			

Organization category **Business or Non-profit**

Number of employees range **50+**

Filing organization legal name **Palgardens Inc.**

Filing organization business number (BN9) **801521006**

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 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) * **2023-10-06**

Certifier information

Last name *		First name *	
Ger		Josef	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
President	416-486-5420		
Email *	Alternate phone number	Extension	Fax number
jger@retirementlifecommunities.com			

Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *	First name *
Ger	Josef

Position title * President	Business phone number * 416-486-5420	Extension	<input type="checkbox"/> Check here if TTY
Email * jger@retirementlifecommunities.com	Alternate phone number	Extension	Fax number

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. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? * Yes No

[Read O. Reg. 191/11, s. 3 \(1\): Establishment of accessibility policies](#)

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

Comments for
question 1

2. Has your organization established and implemented a multi-year accessibility plan? * Yes No
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

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

- 2.a. Does your organization have a website? * Yes No
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

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

Comments for
question 2.a

- 2.a.i Is your organization's accessibility plan posted on your organization's website? * Yes No

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

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

Comments for
question 2.a.i

- 2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? * Yes No

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

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

Comments for
question 2.a.ii

2.b Does your organization update the accessibility plan at least once every 5 years? * Yes No

[Read O. Reg. 191/11, s. 4 \(1\): Accessibility plans](#)

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

Comments for
question 2.b

3. Does your organization provide appropriate training on: *

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

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

3.a. The AODA Integrated Accessibility Standards Regulation? * Yes No

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

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

Comments for
question 3.a

3.b The Human Rights Code as it pertains to people with disabilities? * Yes No

[Read O. Reg. 191/11, s. 7 \(1\): Training](#)

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

Comments for
question 3.b

Information and communications

4. Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? * Yes No

Note: This requirement is applicable regardless of whether customers are permitted on your premises.
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 11 \(1\): Feedback](#)

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

4.a. Does your organization notify the public about the availability of accessible formats and communications supports with respect to the feedback process? Yes No

Note: This requirement is applicable regardless of whether customers are permitted on your premises. *

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

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

Comments for
question 4.a

5. Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * Yes No
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 14: Accessible websites and web content](#)

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

- 5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and pre-recorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. * 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 www.palisadegardens.ca
question 5.a

Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? * Yes No
- Staff and volunteers
 - People involved in developing accessibility policies
 - People providing goods, services or facilities on behalf of the organization
- (If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.49: Training for staff, etc.](#)

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

- 6.a. Does the training include all of the following: * Yes 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 types of disability?
 - How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?
 - 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

7. If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * Yes No
(If Yes, please answer an additional question)

[Read 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? * Yes No
- The reason for the disruption?
 - Its anticipated duration?
 - A description of available alternative facilities or services (if any)?

[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

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8. Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * Yes No
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

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

- 8.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: * Yes No
- Consult with the person with a disability?
 - Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?
 - Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?

[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

Employment

9. Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? * Yes No
(If Yes, please answer additional questions)

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

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

- 9.a. Does your organization review the individualized workplace emergency response information for all of the following? * Yes No
- 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?

[Read O. Reg. 191/11, s. 27 \(4\): Workplace emergency response information](#)

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

Comments for question 9.a

- 9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? * Yes No
(If Yes, please answer additional questions)

[Read O. Reg. 191/11, s. 27 \(2\): Workplace emergency response information](#)

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

Comments for question 9.b

- 9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? * Yes No

[Read O. Reg. 191/11, s. 27 \(2\): Workplace emergency response information](#)

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

Comments for question 9.b.i

- 9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for accommodation due to the employee's disability? * Yes No

[Read O. Reg. 191/11, s. 27 \(3\): Workplace emergency response information](#)

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

Comments for question 9.b.ii

Design of public spaces

10. Since January 1, 2017, has your organization constructed new or redeveloped any of the following items? * Yes No

- Outdoor public use eating areas
- Outdoor play space
- Off-street parking
- Service counter
- Fixed queuing guides
- Waiting areas

(If Yes, please answer additional questions)

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

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

10.a. Where applicable, do the newly constructed or redeveloped items meet the general requirements as outlined in 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 10.a](#)

Comments for
question 10.a

10.b. Does your organization's multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order? * Yes No

[Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements](#)

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

Comments for
question 10.b

Organization category [Business or Non-profit](#)

Number of employees range [50+](#)

Filing organization legal name [Palgardens Inc.](#)

Filing organization business number (BN9) [801521006](#)

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.**

Checklist

This checklist will help you respond to this audit request on the [Accessibility for Ontarians with Disabilities Act, 2005](#). Please email the required documents to aoda.compliance@ontario.ca, stating the P2 reference number in the email subject line. Please clearly indicate the pages and sections in your documents where the requirements below can be reviewed.

Regulatory Requirement	Examples of documents that may be provided	Resources and References	Name of Document to Address requirement and Page Reference of relevant content
<p>1. Accessibility Compliance Reports</p> <p>Refer to S. 14(2) of AODA</p>	<p>A document providing evidence that your organization meets the following requirements:</p> <p>Accessibility Compliance Reports (ACR) are publicly available.</p> <p>Provide pictures if the report is posted on the organization's premises.</p> <p>Provide link to a public website if the report is posted online.</p>	<p>Please contact us if you require a copy of the last report submitted by your organization</p> <p style="text-align: center;">?</p>	
<p>2. Accessibility Policies</p> <p>Refer to S. 3(1,3b) of IASR</p>	<p>Copy of your organization's accessibility policies including all the applicable requirements under the Integrated Accessibility Standards Regulation (IASR).</p> <p>Indicate how you make the policies publicly available including website link or photograph where policies are publicly available</p>	<p><u>Accessibility Policy</u></p> <p><u>Sample template</u></p> <p style="text-align: center;">✓</p>	

Regulatory Requirement	Examples of documents that may be provided	Resources and References	Name of Document to Address requirement and Page Reference of relevant content
<p>3. Multi-Year Accessibility Plan Refer to S. 4(1) of IASR</p>	<p>Copy of your organization's multi-year accessibility plan outlining your strategy to prevent and remove barriers and meet the requirements under the IASR. Website link to where the multi-year plan is posted.</p>	<p><u>Multi-year Plan Sample template</u> ✓</p>	

Regulatory Requirement	Examples of documents that may be provided	Resources and References	Name of Document to Address requirement and Page Reference of relevant content
<p>4. Training</p> <p>Refer to S. 7(1-5) & S. 80.49(5,6) of IASR</p>	<p>A document or summary that describes how your organization meets the following requirements</p> <p>Training on the IASR and Ontario Human Rights Code involving:</p> <ul style="list-style-type: none"> • Staff and volunteers, • those that develop the organization's policies and; • those that provide goods, services or facilities on the organization's behalf (e.g. third-parties, contractors, etc) <p>Training is appropriate to duties of the individuals and provided as soon as practicable and on-going whenever there are policy changes.</p> <p>Records of training including dates and number of individuals to whom the training was provided.</p>	<p><u>Information on how to train your staff</u></p> <p><u>Free accessibility training modules</u></p> <p><u>Training on Ontario Human Rights Code</u></p> <p><u>Accessibility Training Requirements Checklist</u></p>	
<p>5. Accessible Feedback</p> <p>Refer to S. 11(1-2) of IASR</p>	<p>Copy of your organization's feedback process as required under the IASR including website link or photo publicly notifying that arrangements and alternate formats can be made for accessible feedback</p>	<p><u>How to make information accessible</u> ✓</p>	

Regulatory Requirement	Examples of documents that may be provided	Resources and References	Name of Document to Address requirement and Page Reference of relevant content
<p>7. Accessible Off-street parking, minimum number and type of accessible parking spaces</p> <p>Refer to S. 80.34 and S. 80.36(1,2) of the IASR</p>	<p>Has your organization constructed new off-street parking on or after January 1, 2017? If yes, provide the following to support compliance:</p> <ul style="list-style-type: none"> • How many new off-street parking facilities (or lots) has been constructed or re-developed? • For each new off-street parking facility, how many parking spaces has been constructed or re-developed? • For each new off-street parking facility, how many Type A and Type B parking spaces? • For each type, note and attach photos with measurements of width and lay-out, and pictures of signage if applicable <p>If no, these requirements are not applicable. Please explain in your email response:</p> <ul style="list-style-type: none"> • Does your organization have off-street parking? • What year was it constructed or re-developed? 	<p>How to make public spaces accessible: How to make public spaces accessible ontario.ca</p> <p>Guide to the Integrated Accessibility Standards Regulation (Pages 347-360 of 378)</p> <p>Illustrated Technical Guide to the Design of Public Spaces:</p> <p>2.6.1 Types, Width and Requirements of Accessible Off-Street Parking Spaces (gaates.org)</p> <p>2.6.2 Required Number and Location of Accessible Parking Spaces (gaates.org)</p>	<p>N/A.</p>

Regulatory Requirement	Examples of documents that may be provided	Resources and References	Name of Document to Address requirement and Page Reference of relevant content
<p>6. Accessible Employment Policies Refer to S. 27(1-4), S. 28(1-3) & S. 29(2) of IASR</p>	<p>Copy of the organization's employment policies under the IASR including the following:</p> <ul style="list-style-type: none"> • Workplace emergency response information • Process for documented individual accommodation plans • Process for return to work 	<p><u>Accessible Workplaces</u></p> <p><u>Provide emergency information to staff</u> ✓</p> <p><u>Providing Accessible emergency info to staff checklist</u> ✓</p> <p><u>Process for Accommodation Plans</u></p> <p><u>Process for Return to Work</u></p> <p><u>Employer's Toolkit (see Appendix A for Tools and Templates on page 132-167 of 196)</u></p>	