

**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 *<br>Business / non-profit | Number of employees range *<br>50+ employees | Reporting year<br>2017 |
|--|--|------------------------|

**Business details**

|   |   |      |
|---|---|------|
| Organization legal name *<br>North Hamilton Community Health Centre | Number of employees in Ontario *<br>113 | Help |
|---|---|------|

|                                      |      |
|--------------------------------------|------|
| Business number (BN9) *<br>103929162 | Help |
|--------------------------------------|------|

 Check if operating/business name is same as legal name

|  |   |
|--|---|
| Organization operating/business name<br>North Hamilton Community Health Centre | Language preference for communications *<br>English |
|--|---|

|  |      |
|--|------|
| Sector that best describes your organization's principal business activity *<br>62 - Health care and social assistance | Help |
|--|------|

|                         |                              |
|-------------------------|------------------------------|
| 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 * | <input checked="" type="radio"/> Canada | <input type="radio"/> USA | <input type="radio"/> International |
|-----------|---|---------------------------|-------------------------------------|

|                   |   |  |                             |
|-------------------|---|--|-----------------------------|
| Type of address * | <input checked="" type="radio"/> Street address | <input type="radio"/> Street address served by route | <input type="radio"/> Other |
|-------------------|---|--|-----------------------------|

|             |                        |                          |
|-------------|------------------------|--------------------------|
| Unit number | Street number *<br>438 | Street name *<br>Hughson |
|-------------|------------------------|--------------------------|

|                       |                                    |                    |                            |
|-----------------------|------------------------------------|--------------------|----------------------------|
| Street type<br>Street | Street direction<br>N (North/Nord) | City *<br>Hamilton | Province *<br>ON (Ontario) |
|-----------------------|------------------------------------|--------------------|----------------------------|

|                          |
|--------------------------|
| Postal code *<br>L8L 4N5 |
|--------------------------|

**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 * | <input checked="" type="radio"/> Canada | <input type="radio"/> USA | <input type="radio"/> International |
|-----------|---|---------------------------|-------------------------------------|

|                   |   |  |                             |
|-------------------|---|--|-----------------------------|
| Type of address * | <input checked="" type="radio"/> Street address | <input type="radio"/> Street address served by route | <input type="radio"/> Other |
|-------------------|---|--|-----------------------------|

|             |                        |                          |
|-------------|------------------------|--------------------------|
| Unit number | Street number *<br>438 | Street name *<br>Hughson |
|-------------|------------------------|--------------------------|

|                       |                                    |                    |                            |
|-----------------------|------------------------------------|--------------------|----------------------------|
| Street type<br>Street | Street direction<br>N (North/Nord) | City *<br>Hamilton | Province *<br>ON (Ontario) |
|-----------------------|------------------------------------|--------------------|----------------------------|

|                          |
|--------------------------|
| Postal code *<br>L8L 4N5 |
|--------------------------|

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.

|   |  |                           |     |
|---|--|---------------------------|-----|
| Organization category                     | Business / non-profit                  | Number of employees range | 50+ |
| Filing organization legal name            | North Hamilton Community Health Centre |                           |     |
| Filing organization business number (BN9) | 103929162                              |                           |     |

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](http://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- a [municipality](#)
- an [education institution](#) (e.g. [school board](#), [college](#), [university](#) or [school](#))
- a [producer of education material](#) (e.g. [textbooks](#))
- a [library board](#)

## 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.

### Make your employment practices accessible

1. Does your organization notify its employees and the public about the availability of accommodations during the recruitment process? \*
- Yes  No

Read [O. Reg. 191/11 s 22 - 24: Recruitment](#)

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

Comments for question 1

2. Does your organization provide employees with updated information about its policies to support employees with disabilities? \*
- Yes  No

Read [O. Reg. 191/11 s 25: Informing employees of supports](#)

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

Comments for question 2

3. When requested, does your organization provide employees with disabilities information in an accessible format or with communication supports? \*
- Yes  No

Read [O. Reg. 191/11 s 26: Accessible formats and communication supports for employees](#) [Learn more about your requirements for question 3](#)

Comments for question 3

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

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

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

Comments for question 4

---

### Make new or redeveloped public spaces accessible

5. Since January 1, 2017, has your organization constructed new or redeveloped existing recreational trails that you intend to maintain? \*  Yes  No

(if Yes, you will be required to answer additional questions)

[Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions](#)

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

5.1 Does your organization ensure that its new or redeveloped recreational trails meet the technical requirements as outlined in s.80(8) of the IASR? \*  Yes  No

[Read O. Reg. 191/11 s.80\(8\): Consultation, recreational trails](#)

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

Comments for question 5.a

5.2 Does your organization ensure that its new or redeveloped recreational trails meet the technical requirements as outlined in s.80(9) of the IASR? \*  Yes  No

[Read O. Reg. 191/11 s.80\(9\): Technical requirements for trails](#)

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

Comments for question 5.b

---

6. Since January 1, 2017, has your organization constructed new or redeveloped existing beach access routes that you intend to maintain? \*  Yes  No

(if Yes, you will be required to answer additional questions)

[Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions](#)

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

6.1 Does your organization ensure that its new or redeveloped beach access routes meet the technical requirements as outlined in IASR s.80(10)? \*  Yes  No

[Read O. Reg. 191/11 s.80\(10\): Technical requirements for beach access routes](#)

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

Comments for question 6.a

---

7. Do your new or redeveloped recreational trail and/or beach access routes include boardwalks? \*  Yes  No

(if Yes, you will be required to answer additional questions)

7.a Where new or redeveloped recreational trails and/or beach access routes have a boardwalk, does the boardwalk meet the technical requirements as outlined in s.80(12) of the IASR? \*  Yes  No

[Read O. Reg. 191/11 s.80\(12\): Boardwalks](#)

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

Comments for question 7.a

8. Do your new or redeveloped recreational trails and/or beach access routes include ramps? \*  
(if Yes, you will be required to answer additional questions)

Yes



Read O. Reg. 191/11 s.80(13): Ramps

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

8.a. Where new or redeveloped recreational trails and/or beach access routes have ramps, does the ramp meet the technical requirements as outlined in s.80(13) of the IASR? \*

Yes

No

Read O. Reg. 191/11 s.80(13): Ramps

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

Comments for  
question 8.a

9. Since January 1, 2017, has your organization constructed new or redeveloped existing outdoor public use eating areas that you intend to maintain? \*

Yes

No

(if Yes, you will be required to answer additional questions)

Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements

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

9.a. Does your organization ensure that where they construct or redevelop outdoor public use eating areas that they meet the requirements as outlined in s.80(17) of the IASR? \*

Yes

No

Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements

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

Comments for  
question 9.a

10. Since January 1, 2017, has your organization constructed new or redeveloped existing outdoor play spaces that you intend to maintain? \*

Yes

No

(if Yes, you will be required to answer additional questions)

10.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers as outlined in s.80(19) of the IASR? \*

Yes

No

Read O. Reg. 191/11 s.80(19): Outdoor play spaces, consultation requirements

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

Comments for  
question 10.a

10.b. Did your organization incorporate accessibility features when constructing a new or redeveloping an existing play space as outlined in s.80(20a) of the IASR? \*

Yes

No

Read O. Reg. 191/11 s.80(20a): Outdoor play spaces, accessibility in design

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

Comments for  
question 10.b

10.c. Does your organization's new or redeveloped play spaces have a firm ground surface as outlined in s.80(20b) of the IASR? \*

Yes

No

Read O. Reg. 191/11 s.80(20b): Outdoor play spaces, accessibility in design

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

Comments for  
question 10.c

11. Since January 1, 2017, has your organization constructed new or redeveloped existing exterior paths of travel that you intend to maintain? \*

Yes

No

(if Yes, you will be required to answer additional questions)

11.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements as outlined in s.80(21) – 80(31) of the IASR? \*

Yes

No

Read O. Reg. 191/11 s.80(21) - 80(31): Exterior Paths of Travel

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

Comments for  
question 11.a

12. Since January 1, 2017, has your organization constructed new or redeveloped existing off-street parking facilities that you intend to maintain? \*  Yes  No  
(if Yes, you will be required to answer additional questions)

12 a. Which, if any, of the new or redeveloped off-street parking facilities that you intend to maintain do you assure that the off-street parking facilities meet the accessibility requirements as outlined in s.80(32) - 80(37) of the IASR? \*  Yes  No

Read [O. Reg. 191/11 s. 80\(32\) - 80\(37\): Accessible Parking](#)

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

[Comments for question 12 a](#)

13. Since January 1, 2017, has your organization constructed a new or replaced an existing service counter? \*  Yes  No  
(if Yes, you will be required to answer additional questions)

13 a. Does your organization assure that new or replaced service counters meet the technical requirements as outlined in s. 80(41) of the IASR? \*  Yes  No

Read [O. Reg. 191/11 s. 80\(41\): Service counters](#)

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

[Comments for question 13 a](#)

14. Since January 1, 2017, has your organization constructed new fixed queuing guides? \*  Yes  No  
(if Yes, you will be required to answer additional questions)

14 a. Does your organization assure that new fixed queuing guides for obtaining services meet the technical requirements as outlined in s.80(42) of the IASR? \*  Yes  No

Read [O. Reg. 191/11 s. 80\(42\): Fixed queuing guides](#)

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

[Comments for question 14 a](#)

15. Since January 1, 2017, has your organization constructed new or redeveloped existing waiting areas? \*  Yes  No  
(if Yes, you will be required to answer additional questions)

15 a. Does your organization assure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? \*  Yes  No

Read [O. Reg. 191/11 s. 80\(43\): Waiting areas](#)

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

[Comments for question 15 a](#)

16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? \*  Yes  No  
(if Yes, you will be required to answer additional questions)

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

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

16.a. 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 as outlined in s.80(44) of the IASR? \*  Yes  No

Read [O. Reg. 191/11 s.80\(44\): Maintenance of accessible elements](#)

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

[Comments for question 16.a](#)

17. Other than the requirements cited in the above questions, is your organization complying with all other requirements in effect under the Integrated Accessibility Standards Regulation? \*

Yes

No

[Read O. Reg. 191/11. Integrated Accessibility Standards](#)

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

Comments for  
question 17

---

|   |  |                           |     |
|---|--|---------------------------|-----|
| Organization category                     | Business / non-profit                  | Number of employees range | 50+ |
| Filing organization legal name            | North Hamilton Community Health Centre |                           |     |
| Filing organization business number (BN9) | 103929162                              |                           |     |

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 Accessibility Directorate 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

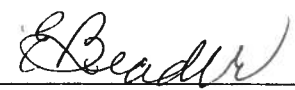
I certify that I have the authority to bind all organizations specified in Section A of this form, \*

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) \* 2017-12-14

#### Certifier information

|                         |                         |           |  |  |  |  |
|-------------------------|-------------------------|-----------|--|--|--|--|
| Last name *             | Beadler                 |           | First name *                               | Elizabeth  |  |  |
| Position title *        | Business phone number * | Extension | <input type="checkbox"/> Check here if TTY |  |  |  |
| Chief Executive Officer | 905 523-6611            | 3000      |  |  |  |  |
| Email *                 | Alternate phone number  | Extension | Fax number                                 |  |  |  |
| beadler@nhchc.ca        |                         |           |  |  |  |  |

#### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

|                          |                         |           |  |          |  |  |
|--------------------------|-------------------------|-----------|--|----------|--|--|
| Last name *              | Grguric                 |           | First name *                               | Marianne |  |  |
| Position title *         | Business phone number * | Extension | <input type="checkbox"/> Check here if TTY |          |  |  |
| Manager, Human Resources | 905 523-6611            | 3033      |  |          |  |  |
| Email *                  | Alternate phone number  | Extension | Fax number                                 |          |  |  |
| grguric@nhchc.ca         |                         |           |  |          |  |  |





**Grguric Marianne**

---

**From:** Accessibility Reporting [accessibilityreport@ontario.ca]  
**Sent:** December-14-17 10:30 AM  
**To:** Bader Elizabeth; Grguric Marianne  
**Subject:** Accessibility compliance report received  
**Attachments:** 2017 Accessibility Compliance Report - ACR-32650.pdf

This is an automatically generated email, please do not reply

### **Confirmation**

Thank you for submitting your accessibility compliance report on 12/14/2017.  
For your records, attached is a copy for the following organization(s):

- North Hamilton Community Health Centre, Business Number: 103929162

Your confirmation number is ACR-32650.

Under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), organizations must make their accessibility compliance reports available to the public.

### **Compliance Status**

Your report indicates that your organization is in compliance with Ontario's accessibility laws.

The contents of the report will be reviewed against the requirements of the AODA. All organizations with obligations under the AODA may be selected for an audit.

### **Understand your obligations**

Visit [ontario.ca/accessibility](http://ontario.ca/accessibility) regularly for updates and to subscribe to our newsletter.

### **How did you hear about Ontario's accessibility laws?**

Help us understand the most effective ways to get information to you by [answering a short survey](#).

### **Questions?**

Contact the AODA Contact Centre (ServiceOntario) between the hours of 8:30 a.m. and 5:00 p.m. EST:

Phone: 416-849-8276 or 1-866-515-2025 (Toll-free)

TTY: 416-325-3408 / Toll-free 1-800-268-7095

Email: [accessibility@ontario.ca](mailto:accessibility@ontario.ca)

If you require the attached report(s) in an alternate format, please contact us.

Thank you for helping to make Ontario accessible.

Accessibility Directorate of Ontario

