

## ACADEMIC COUNCIL REPORT

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**SESSION:**

Public

**ACTION REQUESTED:**

Decision   
 Discussion/Direction   
 Information

**TO:** Academic Council

**DATE:** November 24, 2020

**PRESENTED BY:** Cheryl Foy, University Secretary & General Counsel (USGC)

**SUBJECT:** Compliance Policy

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**ACADEMIC COUNCIL MANDATE:**

- In accordance with Article 1.1(f) of By-law No. 2, Academic Council has the delegated authority to establish and implement academic policy instruments, which is also reflected in the university’s Policy Framework.
- The Policy Framework provides for an Approval Authority to establish policy instruments on an interim basis when there is an urgent need for approval under the circumstances of the request.
- The USGC is presenting the draft Compliance Policy to Academic Council (AC) for consultation.

**BACKGROUND/CONTEXT & RATIONALE:**

- The Compliance Policy is being established to support an institutional compliance risk management framework that will seek to demonstrate good governance, compliance with laws, regulations, policies and procedures.
- The Compliance Policy applies to all university employees, students, and those holding appointments and/or honorific appointments.
- The accountability framework identifies the role of each university member and outlines the responsibilities of each role to ensure that the University has processes to identify and address compliance risk.
- Compliance risk management tools have been developed to support, manage and monitor the university’s obligations (see the attached Supporting Reference Materials).

**CONSULTATION:**

- Developed in consultation between Compliance, Policy and General Counsel.
- Policy Advisory Committee – September 30 for consultation.
- Senior Leadership Team – November 9 for consultation.
- Academic Leadership Team – November 10 for consultation.
- Online Consultation: November 17-27.
- Academic Council – November 24 for consultation.

**COMPLIANCE WITH POLICY/LEGISLATION:**

- The Compliance Policy will introduce a compliance risk management framework to ensure that the University can identify and demonstrate compliance to its obligations.

**NEXT STEPS:**

- Additional consultation and deliberation will take place over the next several months, as per below:
- Audit and Finance Committee – November 25 for consultation.
- Audit and Finance Committee: February 17 2021 for deliberation.
- Board of Governors: February 25, 2020 for approval.

**SUPPORTING REFERENCE MATERIALS:**

- Compliance Policy
- Compliance Management System – Responsibility Framework
- Compliance Register
- Compliance Manual



Classification Number	<i>To be assigned by Policy Office</i>
Framework Category	Legal, Compliance and Governance
Approving Authority	Board of Governors
Policy Owner	University Secretary and General Counsel
Approval Date	DRAFT FOR DISCUSSION
Review Date	
Supersedes	

## COMPLIANCE POLICY

### PURPOSE

1. The purpose of this Policy is to demonstrate the University’s commitment to Compliance and to establish a Compliance governance framework. The Compliance governance framework will facilitate Compliance through the creation of clear roles and responsibilities, as well as processes for addressing the statutory and regulatory Obligations of the University, University Employees, and University Members.

### DEFINITIONS

2. For the purposes of this Policy the following definitions apply:

“**Compliance**” means to ensure that the University is aware of and demonstrating adherence to its Obligations.

“**Compliance Checklist**” means a document that is completed on an annual basis to evaluate whether Obligations have been completed.

“**Compliance Manual**” means a comprehensive document compiling the Compliance Obligations of the University including Policies and Procedures (with reference to specific legislation, rules, and regulations) that address Compliance risks to which the University is exposed.

“**Compliance Monitoring Plan**” means a plan and timetable to monitor the institutional Compliance Checklist Process, Compliance risk assessments and CRMP’s.

“**Compliance Register**” means a comprehensive listing of key statutory and regulatory requirements of the University, along with an assigned Department Compliance Officer.

“**Compliance Risk Management Plan**” (“**CRMP**”) means a document that should comprise of the following:

- The legal requirements that have to be complied with;
- The control measure that will ensure Compliance. This may include the development and implementation of a policy, procedure, or other control;
- The responsible person for implementing the control measure;
- The target date for implementing the control measure;
- The monitoring plan to ensure implementation of the control measure; and
- The frequency of monitoring.

“**Department Compliance Officer**” means a member of SLT with delegated responsibility for addressing specific Compliance Obligations and certifying an annual Compliance Checklist in

their areas of responsibility. The Provost and Vice-President, Academic along with the Department Compliance Officers responsible for Finance, Human Resources, Research & Innovation, External Relations, Legal, and Governance may delegate part or all of his/her Compliance management duties to a University Employee, but s/he remains responsible for Compliance management of their respective area.

**“Obligation”** means a requirement mandated under federal, provincial or municipal laws, regulations, University policy, procedure, directive or by-law.

**“Risk Assessment”** means a formalized, systematic ranking and prioritizing of identified risks, using a likelihood/consequence framework.

**“Risk Review”** means an annual risk identification and Risk Assessment process, conducted in accordance with the University’s Risk Management Policy and facilitated by the Risk Management Committee.

**“Senior Leadership Team” (“SLT”)** is comprised of the President, Provost and Vice-President, Academic, the heads of Finance, Human Resources, Research & Innovation, External Relations, Legal, and Governance. All of the members of SLT (with the exception of the President) are also known as Department Compliance Officers.

**“Supervisor”** means a person who has charge or authority over the employment activities of a University Employee;

**“University Dean”** means a senior level academic administrator who leads an academic unit and is employed by the University.

**“University Member”** means any individual who is:

- Employed by the University (**“University Employee”**);
- Registered as a student, in accordance with the academic regulations of the University;
- Holding an appointment with the University, including paid, unpaid and/or honorific appointments; and/or
- Otherwise subject to University policies by virtue of the requirements of a specific policy (e.g. Booking and Use of University Space) and/or the terms of an agreement or contract.

## **SCOPE AND AUTHORITY**

3. This Policy applies to all University Members and extends to all activities of the University.
4. The University Secretary and General Counsel, or successor thereof, is the Policy Owner and is responsible for overseeing the implementation, administration and interpretation of this Policy.

## **POLICY**

Ontario Tech University is committed to Compliance, integrity, ethical behaviour and good governance. The University is required to comply with numerous Obligations relating to its key activities and stakeholders, and to effectively integrate these Obligations into day-to-day operations. Compliance is fundamental to the University achieving its strategic, operational and business objectives. This policy establishes a framework to identify, manage, and define accountabilities and reporting on Obligations.

## 5. Responsibilities and Accountabilities

### 5.1. University Secretary and General Counsel (“USGC”) is responsible to:

- Direct and oversee Compliance risk management through the development, implementation and monitoring of the University’s Compliance management framework.

### 5.2. SLT is responsible to:

- Meet regularly and whenever required by the University Secretary and General Counsel, to discuss and give directions regarding Compliance risk management and strategies; and
- Decide whether any Compliance matters will be reported to the Board of Governors.

### 5.3. Department Compliance Officer is responsible to:

- Be aware of Obligations applicable to their area of responsibility;
- Ensure Compliance with applicable Obligations;
- Implement and monitor a Compliance risk management program that satisfies the specific Compliance Obligations for which they are accountable, including policy, procedures and training program(s);
- Annually certify the Compliance Checklist; and
- Ensure appropriate delegation of part or all of their Compliance risk management duties to University Employees, while taking measures to ensure appropriate oversight by the Department Compliance Officer.

### 5.4. USGC Delegate is responsible to:

- Identify Compliance management requirements to the affected departments and following-up on the development and implementation of required policies, procedures and other controls;
- Report Compliance management deficiencies to SLT to ensure corrective actions are implemented;
- Compile and maintain the Compliance Manual;
- Compile and maintain the Compliance Register;
- Monitor legislative and regulatory changes and work with the Department Compliance Officer to advise the affected departments of proposed changes to ensure adequate planning for upcoming changes;
- Perform independent Compliance monitoring (control effectiveness reviews);

- Evaluate Compliance breaches with a view to identify trends and/or areas of process improvement, recommendations and remedial actions, and;
- Support the Policy & Compliance Advisor in the review of Compliance policies and procedures.

**5.5. Policy & Compliance Advisor** is responsible to:

- Coordinate legal reviews;
- Assist with the development of institutional policies;
- Consult with policy owners regarding Compliance risks and gaps;
- Conduct research and policy scans;
- Provide other recommendations; and
- To maintain the Policy Framework and Policy Library by ensuring all links to associated documents, such as procedures are functional.  
*All policies, procedures, guidelines and standards are posted on the Policy Library website administered by the Office of the University Secretary and General Counsel.*

**5.6. Human Resources** is responsible to:

- Establish a system to enable the ability to track the completion of Compliance training for those courses offered by Human Resources for University Employees; and
- In collaboration with applicable Supervisors, the Department Compliance Officer responsible for Human Resources (or delegate) will follow up with any University Employees who have not completed Compliance training within the 6-month time frame required by the Ethical Conduct Policy.

**5.7. University Deans** are responsible to:

- Ensure Compliance with laws, regulatory requirements, University Policies, Procedures, Directives, By-Laws, accreditation and professional body requirements that are applicable to their area of responsibility are complied with in accordance with this policy and other related manuals and procedures;
- Implement and monitor a Compliance risk management program that satisfies the specific Compliance Obligations for their academic unit, including policy, procedures and training program(s); and
- Certify the annual Compliance Checklist confirming Compliance with laws, regulatory requirements, University policies, procedures, directives, by-laws, accreditation and professional body requirements. The University Dean may delegate part or all of their Compliance risk management duties to University Employees, but remains responsible for Compliance management for their academic unit.

**5.8. Supervisors** are responsible to:

- Ensure that University Employees under their authority are aware of their Compliance Obligations relevant to their jobs; and

- Ensure that University Employees under their authority complete the requisite Compliance training within the six-month time frame required by the Ethical Conduct Policy.

**5.9. University Employees** are responsible to :

- Comply with applicable laws, regulatory requirements and Compliance related policies and standard operating procedures at all times; and
- Report a Compliance breach or deficiency in Compliance management in accordance with section 11 of this policy and other related procedures without delay.

## **COMPLIANCE RISK MANAGEMENT**

### **6. Compliance Manual**

**6.1.** The Compliance Manual is a document compiling the Compliance Obligations of the university and includes:

- a) Specific legislation, rules and regulations;
- b) Primary and secondary Obligations;
- c) Penalties;
- d) Limitation periods;
- e) Director/Officer liability; and
- f) Policies and procedures that address the Compliance risk.

**6.2.** The USGC Delegate has the responsibility for developing, implementing and monitoring the legislative landscape of the University;

**6.3.** The Compliance Manual is supported by the Compliance Register and the Compliance Checklist.

### **7. Compliance Register**

**7.1.** The Compliance Register includes:

- a) A list of applicable legislation and regulations; and
- b) An assigned Department Compliance Officer/University Deans with primary responsibility for each set of Obligations.

**7.2.** Department Compliance Officer(s)/University Deans have the responsibility for developing, implementing and monitoring a policy, program and training to satisfy each subset of Obligations assigned in the Compliance Register.

**7.3.** The Compliance Register is supported by the Compliance Manual and the Compliance Checklist.

### **8. Compliance Checklist**

**8.1.** Department Compliance Officer/University Deans will work with the USGC Delegate to identify applicable laws and regulations that pose Compliance and reputational

risk to the University. The Compliance Checklist will outline detailed Obligations of each functional area, along with information related to risk mitigation efforts that have been implemented, including: policies, procedures and processes that address the Compliance risks associated with the identified Obligations.

- 8.2.** Department Compliance Officer/University Deans will certify the results of the annual Compliance Checklist.
- 8.3.** The USGC Delegate will periodically review the Certified Compliance Checklist(s), to assess the sufficiency of the controls developed to address the Compliance risks of the University.

Additional Compliance management deficiencies may also be identified by:

- Specific Compliance risk self assessments;
- Monitoring and/or analysis of incidents of Compliance process breakdown; and;
- External audit findings.

- 8.4.** The Department Compliance Officers with responsibility for Finance, and Human Resources are each responsible for Compliance management for their specific areas of oversight, with the assistance of external consultants and advisors. They will ensure that all compliance breaches and deficiencies are promptly reported to SLT to ensure that appropriate actions are undertaken to address the related compliance matter.
- 8.5.** Certified Compliance Checklists will be submitted to the USGC Delegate each year on a specified time table (“Compliance Monitoring Plan”). Results of the annual Compliance Checklists, will be reported to the Audit and Finance Committee of the Board as part of its Compliance oversight role.
- 8.6.** USGC Delegate will monitor legislative and regulatory changes over time and will update Compliance Checklists to comply with identified Obligations. Department Compliance Officers and University Deans will also have the responsibility of monitoring applicable Compliance Obligations within their area of responsibility and communication of any relevant changes to the USGC Delegate.

## **9. Risk Assessment**

- 9.1.** The USGC Delegate will evaluate the impact of non-Compliance in consultation with General Counsel, and then will identify the level of risk associated with the non-compliant Obligations. All identified risks will be included in department risk registers, as part of the annual Risk Review.

## **10. Compliance Risk Management Plan (“CRMP”)**

- 10.1.** For each Compliance risk that has been identified as “High”; a Compliance risk management plan (“CRMP”) for each risk must be developed. Where the legal requirement generally affects a specific department or academic unit, the Department Compliance Officer or University Dean of the affected area has the primary responsibility for developing the relevant CRMP. If the requirement affects



more than one department or academic unit, then the General Counsel will decide which Department Compliance Officer or University Dean will be responsible for developing the CRMP in line with established procedures.

- 10.2.** For risks that are determined to be low and/or medium risk, the USGC Delegate will work with Department Compliance Officer to monitor and address the gap or deficiency in Compliance Obligations.

**11. Non-Compliance Reporting**

- 11.1.** If any University Member identifies or has evidence of a violation of the Compliance Policy the University Member must make a Report to the General Counsel in accordance with the Safe Disclosure Policy and Procedure.

- 11.2. No Reprisal:** The University will not discharge, discipline, demote, suspend, threaten or in any manner discriminate against any University Member based on any good faith and lawful actions of such University Member to responsibly and carefully report Compliance issues using the channels provided by the University. Those who make disclosure are protected from reprisal.

**12. Training & Education**

- 12.1.** The Compliance Office will support the development and implementation of institutional Compliance training and education programs required in order to reinforce the importance of Compliance management. The type of training and education will be developed and conducted as appropriate.

**MONITORING AND REVIEW**

- 13.** This Policy will be reviewed as necessary and at least every three years. The Audit and Finance Committee, or successor thereof, is responsible to monitor and review this Policy.

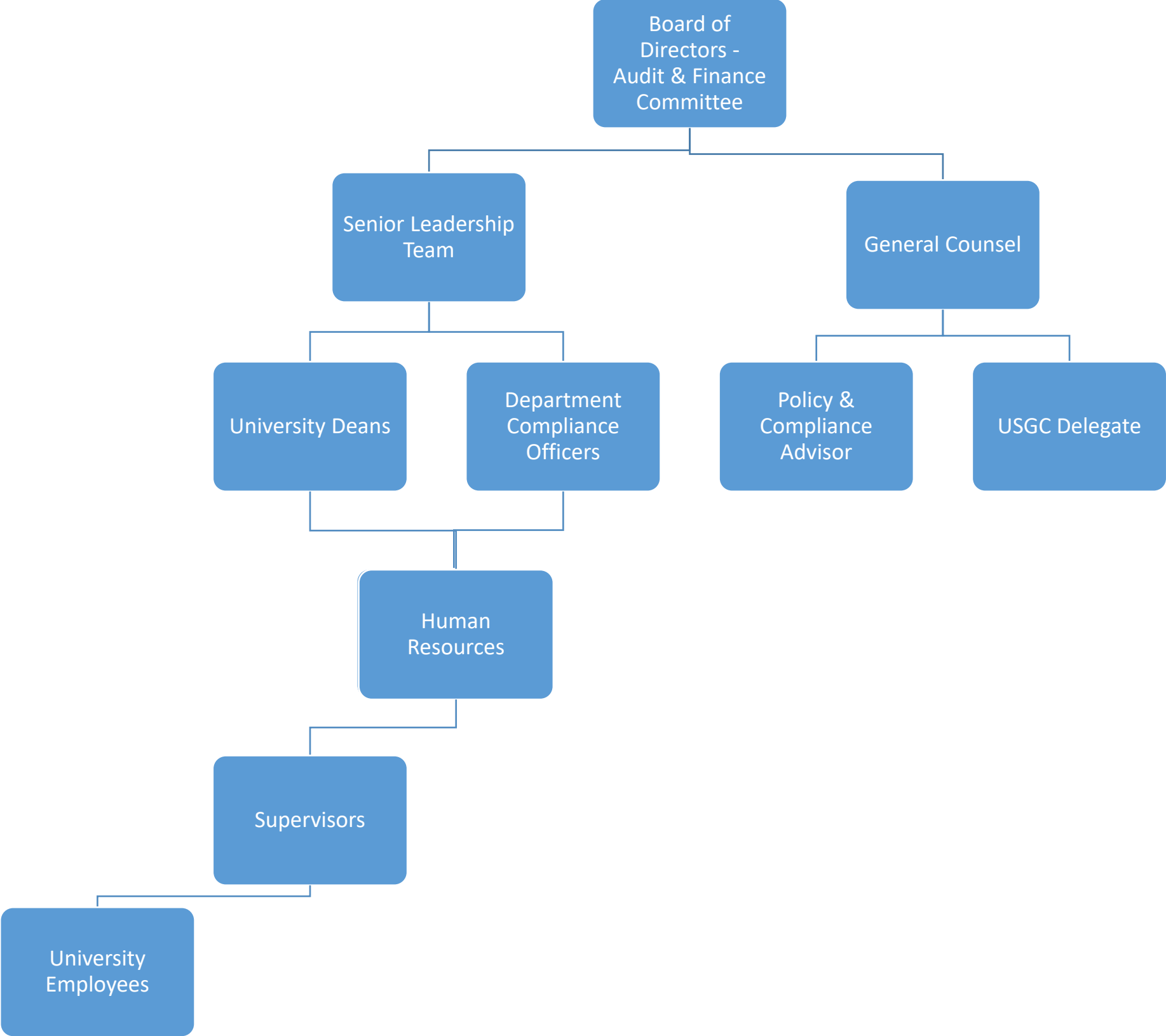
**RELEVANT LEGISLATION**

*All legislation applicable to university activities.*

**RELATED POLICIES, PROCEDURES & DOCUMENTS**

*All university policies applicable to Compliance Obligations.*

**Compliance Management System (November 2020)**



## COMPLIANCE REGISTER

(Updated: 11/16/2020)

THIS IS A WORK IN PROGRESS UNTIL NOTED OTHERWISE

PROVINCIAL LEGISLATION			
STATUTE	SUMMARY OF APPLICABLE LEGISLATIVE REQUIREMENTS	RESPONSIBLE DEPARTMENT COMPLIANCE OFFICER(S)	AUDIT, REPORTING OR INSPECTION
<p><a href="#"><u>Accessibility for Ontarians with Disabilities Act</u></a></p> <p><b>Citation:</b> <i>Accessibility for Ontarians with Disabilities Act, 2005, SO 2005, c 11.</i></p>	<p>Comply with the <i>Integrated Accessibility Standards Regulation</i> that seeks to promote the independence and dignity for Ontarians living with a disability. There are 6 accessibility standards, including Customer Service, Employment, Information &amp; Communications, Design of Public Spaces, Transportation and General. Staggered implementation of legislation from 2010-2025.</p>	<p>Cheryl Foy (USGC)</p> <p><b>Stakeholders:(</b></p> <ul style="list-style-type: none"> <li>• Provost's Office</li> <li>• Communications &amp; Marketing</li> <li>• Human Resources</li> <li>• Information Technology</li> <li>• Library</li> <li>• Campus Safety</li> <li>• Office of Campus Infrastructure &amp; Sustainability</li> <li>• Student Accessibility Services</li> <li>• Teaching &amp; Learning Centre</li> </ul>	<p>Submit bi-annual accessibility compliance report to Accessibility Directorate of Ontario;</p> <p>Complete multi-year accessibility plan on a 5 year cycle with an annual review.</p> <p>Ad hoc compliance desk audits performed with notice.</p>

STATUTE	CITATION	REQUIREMENTS (PRIMARY)	REQUIREMENTS (SECONDARY)	PENALTY	LIMITATION PERIOD	DIRECTOR/OFFICER LIABILITY (Yes/No)	POLICIES/PROCEDURES THAT ADDRESS COMPLIANCE RISK(S)	COMPLIANCE DATE(S)	ACTION ITEMS
Accessibility for Ontarians With Disabilities Act, 2005, SO 2005, c 11		<ul style="list-style-type: none"> <li>Comply with the accessibility standard within the time period set out in the standard.</li> <li>File an accessibility standard report with the director annually or at such other times as the director may specify. Make the accessibility report available to the public.</li> <li>The accessibility report will include a statement certifying the information as accurate and the statement shall be signed by a director, senior officer or other responsible person with authority to bind the org.</li> </ul>	<ul style="list-style-type: none"> <li>If the accessibility report is filed electronically, the requirement is met if the report is signed by way of electronic signature.</li> </ul>	<ul style="list-style-type: none"> <li>The director may by compliance order require the org to:               <ol style="list-style-type: none"> <li>File an accessibility report and provide any other information that complies with the requirements under this Act within the time specified in the order;</li> <li>Pay an administrative penalty as per regs.</li> </ol> </li> <li>Every person (directors/officers) who is guilty of an offence under this Act is liable to a fine of not more than 50k for each day or part of a day on which the offence occurs or continues to occur, if the person is a corporation to a fine of not more than 100k for each day or part of a day.</li> </ul>	n/a	Yes	<b>Policies/Plans</b> Accessibility Policy Accessible Customer Service Multi Year Accessibility Plan 2020-2025  <b>Procedures</b> Accommodation for Employees and Job Applicants with Disabilities Audio Recording of Lectures by Students with Disabilities Use of Memory Aids by Students with Disabilities Procedures for Academic Accommodation for Students with Disabilities Procedure for On-Campus Medical Cannabis Use by Students Procedures for the Use of Service Animals on Campus		<ol style="list-style-type: none"> <li>Annual review of multi-year plan</li> <li>Meet with Accessibility working group</li> <li>Update onboarding to include AODA training within 6 months.</li> </ol>
Integrated Accessibility Standards, O Reg 191/11 <a href="http://canlii.ca/t/8pfx">http://canlii.ca/t/8pfx</a>  This regulation establishes the accessibility standards required under AODA.	Integrated Accessibility Standards, O Reg 191/11, s 3	<b>ESTABLISHMENT OF ACCESSIBILITY POLICIES</b>	<ul style="list-style-type: none"> <li>Statement of organizational commitment to meet accessibility needs of persons with disabilities in a timely manner.</li> <li>Statement of organizational commitment to meet accessibility needs in a timely manner.</li> <li>Make documents under this section publicly available and provide them in an accessible format.</li> </ul>	\$100,000 in the case of a corporation. Integrated Accessibility Standards, O Reg 191/11, s 83 < <a href="http://canlii.ca/t/52rml#sec83">http://canlii.ca/t/52rml#sec83</a> >	The director shall determine the contravention history of the person or organization over the current two reporting cycles period. s 83 < <a href="http://canlii.ca/t/52rml#sec83">http://canlii.ca/t/52rml#sec83</a> >	n/a	<b>Policies</b> Accessibility Policy Accessible Customer Service Policy	January 1, 2013	
	Integrated Accessibility Standard s, O Reg 191/11, s 4	<b>ACCESSIBILITY PLANS</b>	<ul style="list-style-type: none"> <li>Post the accessibility plan on their website, if any, and provide the plan in an accessible format upon request.</li> <li>Review and update the accessibility plan at least once every five years.</li> <li>Establish review and update accessibility plans in consultation with persons with disabilities and if they have established an accessibility advisory committee, they shall consult with the committee.</li> <li>Prepare and post an annual status report on the progress of measures taken to implement the strategy.</li> </ul>				<b>Policies</b> UOIT Multi-Year Plan	January 1, 2013	
	Integrated Accessibility Standards, O Reg 191/11, s 5	<b>PROCURING OR ACQUIRING GOODS, SERVICES OR FACILITIES</b>	<ul style="list-style-type: none"> <li>Consider accessibility when procuring goods, services or facilities</li> </ul>	<ul style="list-style-type: none"> <li>If it is determined that it is not practicable to incorporate accessibility design, criteria and features, provide upon request, an explanation.</li> </ul>			<b>Policies</b> Accessibility Policy Accessible Customer Service Policy	January 1, 2013	
	Integrated Accessibility Standards, O Reg 191/11, s 6	<b>SELF-SERVICE KIOSKS</b>	<ul style="list-style-type: none"> <li>Incorporate accessibility features when designing, procuring or acquiring self-service kiosks.</li> </ul>	<ul style="list-style-type: none"> <li>Have regard to the accessibility for persons with disabilities when designing, procuring or acquiring self-service kiosks.</li> </ul>			<b>Policies</b> Accessibility Policy	January 1, 2013	

<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 7</p> <p><b>TRAINING</b></p>	<ul style="list-style-type: none"> <li>•Provide training on the requirements of the accessibility standards and on the <i>Human Rights Code</i> as it pertains to person with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>•Training to be provided to all persons who are an employee of, volunteer, participate in developing the orgs policies and all other persons who provide goods, services or facilities on behalf of the organization.</li> <li>•Training should be provided as soon as practicable.</li> <li>•Provide training in respect of any changes to the policies on an ongoing basis.</li> <li>•Keep a record of the training provided under this section, including dates on which the training is provided and the number of individuals to whom it is provided.</li> </ul>				n/a	<p><b>Policies</b> Accessibility Policy</p>	<p>January 1, 2014</p>	<p>Review training records</p>
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 11</p> <p><b>FEEDBACK</b></p>	<ul style="list-style-type: none"> <li>•Organizations that have a process for receiving and responding to feedback shall ensure that the processes are accessible to persons with disabilities by providing or arranging for the provision of accessible formats and communications supports, upon request.</li> </ul>	<ul style="list-style-type: none"> <li>•Notify the public about the availability of accessible formats and communications supports with respect to the feedback process.</li> </ul>				n/a	<p><b>Policies</b> Accessibility Policy</p>	<p>January 1, 2014</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 12</p> <p><b>ACCESSIBLE FORMATS AND COMMUNICATION SUPPORTS</b></p>	<ul style="list-style-type: none"> <li>•Upon request, provide or arrange for accessible formats and communication supports for persons with disabilities in a timely manner at a cost that is no more than the regular cost charged to other persons.</li> </ul>	<ul style="list-style-type: none"> <li>•Consult with the person making the request in determining suitability.</li> </ul>				n/a	<p><b>Policies</b> Accessibility Policy</p>	<p>January 1, 2015</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 13</p> <p><b>EMERGENCY PROCEDURE, PLANS OR PUBLIC SAFETY INFORMATION</b></p>	<ul style="list-style-type: none"> <li>•Prepare emergency procedures, plans or public safety information and make the information available to the public in an accessible format (when requested) or with communication supports as soon as practicable.</li> </ul>					n/a	<p><b>Policies</b> Accessibility Policy</p>	<p>December 31, 2012</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 14</p> <p><b>ACCESSIBLE WEBSITES AND WEB CONTENT</b></p>	<ul style="list-style-type: none"> <li>•Make internet websites and web content conform with WCAG 2.0 Level A (2014) and AA (2021)</li> </ul>	<ul style="list-style-type: none"> <li>•Applies to websites and web content, including web-based applications that an org controls directly or through a contractual relations that allows for modification of the product.</li> <li>•Applies to content published after January 1, 2012.</li> </ul>				n/a	<p><b>Policies</b> Accessibility Policy</p>	<p>January 1, 2014 January 1, 2021</p>	<p>Update attestation to include for 2021</p>
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 15</p> <p><b>EDUCATIONAL AND TRAINING RESOURCES AND MATERIALS, ETC.</b></p>	<ul style="list-style-type: none"> <li>•If notification of need is given: Provide educational or training resources in an accessible format, procuring or obtaining by other means an accessible or conversion ready electronic format of education or training resources or materials, arranging for a comparable resource in an accessible or conversion ready electronic format.</li> <li>•Provide student records and information on program requirements, availability and descriptions in an accessible format to persons with disabilities.</li> </ul>					n/a	<p><b>Procedures</b> Academic Accomodation for Students with Disabilities</p>	<p>January 1, 2013</p>	

<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 16</p> <p><b>TRAINING TO EDUCATORS</b></p>	<ul style="list-style-type: none"> <li>•Provide educators with accessibility awareness training related to accessible program or course delivery and instruction.</li> <li>•Keep a record of the training provided under this section, including dates on which the training was provided and the number of individuals to whom it is provided.</li> </ul>					n/a	<p><b>Policies</b></p> <p>Accessibility Policy</p>	<p>January 1, 2013</p>	<p>Follow up on faculty training-</p>
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 17</p> <p><b>PRODUCERS OF EDUCATIONAL OR TRAINING MATERIAL</b></p>	<ul style="list-style-type: none"> <li>•Producers of educational or training textbooks shall upon request make accessible or conversion ready versions of the textbooks available to the institutions (by Jan 1, 2015).</li> <li>•Producers of print-based resources for educational institutions shall make accessible or conversion ready versions of the printed materials available to the institution (by Jan 1, 2020).</li> </ul>					n/a	<p><b>Procedures</b></p> <p>Academic Accommodation for Students with Disabilities</p>	<p>January 1, 2015</p> <p>January 1, 2020</p>	<p>Update attestation to include for 2021</p>
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 18</p> <p><b>LIBRARIES OF EDUCATIONAL AND TRAINING INSTITUTIONS</b></p>	<ul style="list-style-type: none"> <li>•Procure or acquire by other means an accessible or conversion ready format of print (2015), digital (2020) or multimedia resources or materials for a person with a disability (upon request).</li> </ul>	<ul style="list-style-type: none"> <li>•Special collections, archival materials, rare books and donations are exempt.</li> </ul>				n/a	<p><b>Procedures</b></p> <p>Academic Accommodation for Students with Disabilities</p>	<p>January 1, 2015</p> <p>January 1, 2020</p>	<p>Follow up on faculty training-</p>
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 22</p> <p><b>RECRUITMENT, GENERAL</b></p>	<ul style="list-style-type: none"> <li>•Notify employees and the public about the availability of accommodation during the recruitment process.</li> </ul>					n/a	<p><b>Policies</b></p> <p>Accessibility Policy</p>	<p>January 1, 2014</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 23</p> <p><b>RECRUITMENT, ASSESSMENT OR SELECTION PROCESS</b></p>	<ul style="list-style-type: none"> <li>•Notify job applicants when they are individually selected to participate in an assessment or selection process that accommodations are available upon request.</li> </ul>	<ul style="list-style-type: none"> <li>•Consult with the applicant and provide or arrange for the provision of a suitable accommodation.</li> </ul>				n/a	<p><b>Policies</b></p> <p>Accessibility Policy</p>	<p>January 1, 2014</p>	
<p><i>Integrated Accessibility Standard s</i>, O Reg 191/11, s 24</p> <p><b>NOTICE TO SUCCESSFUL APPLICANTS</b></p>	<ul style="list-style-type: none"> <li>•When making offers of employment, notify the successful applicant of its policies for accommodating employees with disabilities.</li> </ul>					n/a	<p><b>Policies</b></p> <p>Accessibility Policy</p>	<p>January 1, 2014</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 25</p> <p><b>INFORMING EMPLOYEES OF SUPPORTS</b></p>	<ul style="list-style-type: none"> <li>•Inform employees of policies used to support employees with disabilities, including policies on job accommodations</li> </ul>	<ul style="list-style-type: none"> <li>•Provide information to new employees as soon as practicable after they begin their employment.</li> <li>•Update employees on changes to existing policies</li> </ul>				n/a	<p><b>Policies</b></p> <p>Accessibility Policy</p>	<p>January 1, 2014</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 26</p> <p><b>ACCESSIBLE FORMATS AND COMMUNICATION SUPPORTS FOR EMPLOYEES</b></p>	<ul style="list-style-type: none"> <li>•When requested, consult with an employee to provide or arrange for accessible formats and communication supports to help the employee perform their job or any other information that is generally available to other employees in the workplace.</li> </ul>					n/a	<p><b>Policies</b></p> <p>Accessibility Policy</p>	<p>January 1, 2014</p>	

<p><i>Integrated Accessibility Standards , O Reg 191/11, s 27</i></p> <p><b>WORKPLACE EMERGENCY RESPONSE INFORMATION</b></p>	<ul style="list-style-type: none"> <li>•Provide individualized workplace emergency response information to employees who have a disability, if required.</li> <li>•Provide information as soon as practicable after the employer becomes aware of the need.</li> </ul>	<ul style="list-style-type: none"> <li>•If the employee needs assistance, with the employees consent, a copy of the plan can be provided to the person designated by the employer to provide assistance.</li> <li>•Review the individualized plans when the employees move to a different location in the org, when the employees overall accommodations needs or plans are reviewed and when the employer reviews its general emergency response policies.</li> </ul>			n/a	<p>Policies</p> <p>Accessibility Policy</p>	December 31, 2012	
<p><i>Integrated Accessibility Standards , O Reg 191/11, s 28</i></p> <p><b>DOCUMENTED INDIVIDUAL ACCOMMODATION PLANS</b></p>	<ul style="list-style-type: none"> <li>•Develop a written process for the development of documented individual accommodation plans.</li> <li>•Accommodation plans should include the following elements: <ul style="list-style-type: none"> <li>1. The manner in which an employee requesting accommodation can participate in the development of the individual accommodation plan.</li> <li>2. The means by which the employee is assessed on an individual basis. The manner in which the employer can request an evaluation by an outside medical or other expert, at the employer's expense, to assist the employer in determining if accommodation can be achieved an, if so, how accommodation can be achieved.</li> <li>3. The manner in which the employer can request an</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Include information regarding accessible formats and communications supports provided.</li> <li>•Include emergency response information</li> <li>•Include any other accommodation that is to be provided.</li> </ul>			n/a	<p>Policies</p> <p>Accessibility Policy</p>	January 1, 2014	
<p><i>Integrated Accessibility Standards , O Reg 191/11, s 29</i></p> <p><b>RETURN TO WORK PROCESS</b></p>	<ul style="list-style-type: none"> <li>•Develop and have in place a return to work process for employees who have been absent from work due to a disability and require disability related accommodations</li> <li>•The return to work process will outline the steps the employer will take to facilitate the return to work ant the use of the documented individual accommodation plan</li> </ul>				n/a	<p>Policies</p> <p>Accessibility Policy</p>	January 1, 2014	
<p><i>Integrated Accessibility Standards , O Reg 191/11, s 30</i></p> <p><b>PERFORMANCE MANAGEMENT</b></p>	<ul style="list-style-type: none"> <li>•Take into account the accessibility needs of employees with disabilities, including accomodation plans with respect to performance management.</li> </ul>				n/a	<p>Policies</p> <p>Accessibility Policy</p>	January 1, 2014	
<p><i>Integrated Accessibility Standards , O Reg 191/11, s 31</i></p> <p><b>CAREER DEVELOPMENT AND ADVANCEMENT</b></p>	<ul style="list-style-type: none"> <li>•Take into account the accessibility needs of employees with disabilities, including accommodation plans with respect to career development and advancement.</li> </ul>				n/a	<p>Policies</p> <p>Accessibility Policy</p>	January 1, 2014	
<p><i>Integrated Accessibility Standards , O Reg 191/11, s 32</i></p> <p><b>REDEPLOYMENT</b></p>	<ul style="list-style-type: none"> <li>•Take into account the accessibility needs of employees with disabilities including accomodation plans with respect to redeployment</li> </ul>				n/a	<p>Policies</p> <p>Accessibility Policy</p>	January 1, 2014	

<p><b>PART IV.1 DESIGN OF PUBLIC SPACES STANDARDS (ACCESSIBILITY STANDARDS FOR THE BUILT ENVIRONMENT)</b></p> <p><i>Integrated Accessibility Standards, O Reg 191/11, s 80.1-80.44</i></p>	<p>Make new or redeveloped public spaces accessible: recreational trails beach access routes outdoor public use eating areas outdoor play spaces public outdoor paths of travel on and off street parking areas service counters fixed waiting lines waiting areas with fixed seating</p>	<p><b>Review guides for more information:</b> <a href="https://docs.ontario.ca/document/s/4845/guidelines-to-iasr-english.pdf">https://docs.ontario.ca/document/s/4845/guidelines-to-iasr-english.pdf</a> <a href="https://www.prontario.org/public/training/Pathways%20to%20Recreation.pdf">https://www.prontario.org/public/training/Pathways%20to%20Recreation.pdf</a></p>			<p>n/a</p>		<p>January 1, 2016</p>	
<p><i>Integrated Accessibility Standards, O Reg 191/11, s 80.46</i></p> <p><b>ESTABLISHMENT OF POLICIES</b></p>	<ul style="list-style-type: none"> <li>•Develop, implement and maintain policies governing goods, services or facilities</li> <li>•Disability accommodation provisions for goods, services or facilities must be integrated with others unless an alternative is necessary.</li> <li>•Persons with disabilities must be given equal opportunity to obtain, use and benefit from the goods, services or facilities.</li> <li>•When communicating with a person with a disability, take into account the person's disability.</li> <li>•Policies must deal with assistive devices by persons with disabilities and how they obtain, use or benefit from the goods, services or facilities or with the availability of other measures.</li> </ul>	<ul style="list-style-type: none"> <li>•Prepre policies established under his section and upon request provide a copy.</li> <li>•Notify individuals that the documents are available upon request.</li> <li>•Notice is presumed given if notice is published on the website or posted in a conspicuous place on premises owned or operated by the provider.</li> </ul>			<p>n/a</p>	<p><b>Policies</b> Accessible Customer Service Policy</p>	<p>January 1, 2010</p>	
<p><i>Integrated Accessibility Standards, O Reg 191/11, s 80.47</i></p> <p><b>USE OF SERVICE ANIMALS AND SUPPORT PERSONS</b></p>	<ul style="list-style-type: none"> <li>•People with a disability should be able to enter a premises accompanied by a service animal or guide dog and to keep that animal with him, unless permitted otherwise by law. If permitted by law, provide alternative measures for the individual to access the goods, services or facilities.</li> <li>•People with a disability who access a good, service or facility with a support person, should be permitted to enter the premises together and the person is not prevented from access to the support person while there.</li> <li>• Providers may require a person with a disability to be accompanied by a support person when on the premises, but must consult with the person with a disability and considering the available evidence, the provider determines that,</li> </ul>	<ul style="list-style-type: none"> <li>•If there is an amount payable for the support person's admission, the provider shall ensure that notice is given in advance.</li> <li>•If it is required that persons with a disability be accompanied by a support person and there is a fee the fee shall be waived.</li> <li>•Notify the public regarding the availability of docs by posting the information regarding availability in a conspicuous place.</li> </ul>			<p>n/a</p>	<p><b>Policies</b> Accessible Customer Service Policy</p>	<p>January 1, 2010</p>	



<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 80.48</p> <p><b>NOTICE OF TEMPORARY DISRUPTIONS</b></p>	<ul style="list-style-type: none"> <li>•Providers must provide public notice of disruption to its goods, services or facilities that people with disabilities use when there is a temporary disruption of any kind.</li> <li>•Notice of the disruption must include the reason for the disruption, its anticipated duration and the description of alternatives available (if any)</li> <li>•Prepare a document setting out the steps that will be taken in connection to a temporary disruption, and upon request give a copy of the document to any person.</li> </ul>	<ul style="list-style-type: none"> <li>•Notify the public that you have information regarding temporary disruptions.</li> <li>•Notice is effected if the information is posted in a conspicuous place on premises owned or operated by the provider or by posting on the website.</li> </ul>			<p>n/a</p>	<p><b>Policies</b> Accessible Customer Service Policy</p>	<p>January 1, 2010</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 80.49</p> <p><b>TRAINING FOR STAFF, ETC.</b></p>	<ul style="list-style-type: none"> <li>•Providers shall ensure that all employees, volunteers, those who participate in developing the provider's policies and every other person acting on its behalf has been trained on it's accessibility program.</li> <li>•Training must include a review of the purposes of the Act and the requirements of this Part and instruction about the following:             <ol style="list-style-type: none"> <li>1. How to interact and communicate with person with various disability.</li> <li>2. 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.</li> <li>3. 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</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>•Prepare a document describing its training policy, summarizes the content of the training and specifies when the training is to be provided. Provide document if requested. Notify individuals about the document is available upon request.</li> <li>•Notice is effected by posting the information at a conspicuous place on premises owned or operated by the by the provider or by posting on the website.</li> </ul>			<p>n/a</p>	<p><b>Policies</b> Accessible Customer Service Policy</p>	<p>January 1, 2010</p>	
<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 80.50</p> <p><b>FEEDBACK PROCESS REQUIRED</b></p>	<ul style="list-style-type: none"> <li>•Establish a process for receiving and responding to:             <ul style="list-style-type: none"> <li>-feedback about the manner in which goods, services or facilities are provided to people with disabilities; and</li> <li>-feedback about whether the feedback process established is accessible</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•The feedback process must specify the actions that the provider will take if a complaint is received about the manner in which it provides goods, services or facilities to persons with disabilities.</li> <li>•Ensure the feedback process is accessible</li> <li>•Make information about the feedback process readily available to the public</li> <li>•Prepare a document outlining the feedback process and provide a copy upon request to any person.</li> <li>•Notify individuals about the document and its availability upon request.</li> <li>•Notice is effected by posting the information at a conspicuous place on premises owned or operated by the provider or by posting on the website.</li> </ul>			<p>n/a</p>	<p><b>Policies</b> Accessible Customer Service Policy</p>	<p>January 1, 2010</p>	<p>Does not identify how to submit feedback and what we will be doing with that feedback.</p>

	<p><i>Integrated Accessibility Standards</i>, O Reg 191/11, s 80.51</p> <p><b>FORMAT OF DOCUMENTS</b></p>	<p>•If required to provide a copy of a document to a person with a disability, the provider shall, on request, provide or arrange for the provision of the document in an accessible format or with a communication support in a timely manner that takes into account the person's accessibility needs and at a cost that is no more than the regular cost charged to other persons.</p>	<p>•Consult with the person making the request in determining the suitability of an accessible format or communication support.</p>				<p><b>Policies</b> Accessible Customer Service Policy</p>	<p><b>January 1, 2010</b></p>	
						n/a			