

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 the latest version of Adobe Reader. 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 (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, 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 the latest version of Adobe Reader

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 requirements.

4. Certify your report

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

5. 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.

6. Submit your report

- 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:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

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

Alternate formats

If you need the accessibility compliance report in an alternate format, please email <u>accessibility@ontario.ca</u>.



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 <u>Integrated Accessibility Standards Regulation (IASR)</u> 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 <u>IASR</u>, 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. Organizatio | n information | | | | | |
|------------------------------------|---|------------------------|----------------------|--|----------------|------------------------------------|
| Organization cate | egory * | | N | umber of employee | es range * | Reporting year |
| Business or No | n-profit | | 50 | 0+ employees | | 2023 |
| Business deta | ils | | | | | |
| Organization lega | al name * | | | | Number of | employees in Ontario * <u>Help</u> |
| The Grand The | atre | | | | 75 | |
| Business numbe 119214278 | r (BN9) * <u>Help</u> [| | | received an AODA rs and Accessibility | | |
| Check if operation | ating/business name | e is same as | s legal name | | | |
| Organization ope | erating/business nar atre | ne | | | | |
| 71 - Arts, entert | describes your orga ainment and recre | | rincipal business a | ctivity * | <u>Help</u> | |
| Subsector (if pos | , | | _ | | | |
| | g arts, spectator s | sports and | related industries | S | | |
| Industry group (if 7111 - Performi | [:] possible) ing arts companie | S | | | | |
| Mailing addres | SS | | | | | |
| Address where le | tters can be sent to | the person | responsible for co | ordinating the orga | anization's AC | DDA compliance activities. |
| Country * | | | | | | |
| The fields below | will change based o | on vour sele | ction. | | | |
| 🖲 Canada | - | JSA | | 🔿 Internati | onal | |
| Type of address | * () Street addre | ss C |) Street address s | erved by route | Other | |
| Unit number | Street number * 471 | Street nam Richmond | | | | |
| Street type | Street direction | • | City * | | | Province * |
| Street | | | London | | | ON (Ontario) |
| Postal code (e.g. N6A 3E4 | A1A 1A1) * | | | | | |
| Business add | ress | | | | | |
| (Address at which | n letters can be sent | to the compa | any director/officer | accountable for the | e 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 | \bigcirc u | JSA | ⊖ Interna | tional | | | | | |
| Type of address | * Street addre | ss C |) Street address served by route | Other | | | | | |
| Unit number | Street number * 471 | Street nam | | | | | | | |
| Street type Street | Street direction | | City * London | | Province * ON (Ontario) | | | | |
| Postal code (e.g. A1A 1A1) * N6A 3E4 | | | | | | | | | |



Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name The Grand Theatre

Filing organization business number (BN9) 119214278

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:

- <u>a library board</u>
- 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 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) * 2023-12-21

Certifier information

| Last name * <mark>Klassen</mark> | | First name <mark>Evan</mark> | * | | |
|---|----------------|---------------------------------|---------------------|-----------|------------|
| Position title * Chief Executive Officer | Ext 253 | ension 3 | Check her if TTY | e | |
| Email * eklassen@grandtheatre.com | | Alternate p 204-296-8 | hone number 956 | Extension | Fax number |

Primary contact for the organization(s)

| Check if the primary contact is same as the certifier | |
|---|--------------|
| Last name * | First name * |
| Klassen | Evan |

| Position title * Chief Executive Officer | Business phone number * 519-672-9030 | Extension 253 | Check he if TTY | re | | |
|--|--------------------------------------|------------------|----------------------------|----------------------|----------------|----------------------|
| Email * eklassen@grandtheatre.com | 1 | | te phone number 96-8956 | Extension | Fax numbe | r |
| D. Accessibility compliar | nce report questions | | | | | |
| Instructions | | | | | | |
| Please answer each of the follow | wing compliance questions. | Use the Com | ments box if you | wish to comn | nent on any re | esponse. |
| If you need help with a specific of view the relevant AODA regulation | | | | | | n the left to |
| General | | | | | | |
| 1. Has your organization created accessibility by meeting all ap | | | | | Yes | ⊖ No |
| Read O. Reg. 191/11, s. 3 (1): E | Establishment of accessibility | / policies | Learn more ab | <u>out your requ</u> | irements for | question 1 |
| Comments for Policy dated 2 question 1 | 019 | | | | | |
| Has your organization estab (If Yes, please answer addit | • | ulti-year acco | essibility plan? * | | • Yes | ⊖ No |
| Read O. Reg. 191/11, s. 4 (1): A | • • | | Learn more ab | <u>out your requ</u> | irements for | question 2 |
| 2.a. Does your organization (If Yes, please answer | | | | |) Yes | ⊖ No |
| <u>Read O. Reg. 191/11, s. 4 (</u> | 1): Accessibility plans | | Learn more ab | <u>out your requ</u> | irements for | question 2.a |
| Comments for https://www question 2.a | w.grandtheatre.com/acces | ssibility | | | | |
| | ion's accessibility plan poste | ed on your org | - | | • Yes | ⊖ No |
| <u>Read O. Reg. 191/11,</u> | s. 4 (1): Accessibility plans | | Learn more abou | ut your requir | ements for qu | <u>uestion 2.a.i</u> |
| question 2.a.i | ccessibility plan was last re | | 2019 and is foun | d at | | |
| https:// | /www.grandtheatre.com/a | ccessibility | | | | |
| 2.a.ii Does your organ when requested? | ization provide the accessibi ? * | ility plan in ar | accessible forma | at | • Yes | ⊖ No |
| Read O. Reg. 191/11, | s. 4 (1): Accessibility plans | | Learn more abou | ut your requir | ements for qu | uestion 2.a.ii |
| Comments for It is av question 2.a.ii | ailable both as PDF and V | Word. | | | | |

| 2.b Does | your organization update the accessibility plan at least or | <pre>nce every 5 years? *</pre> | 💽 Yes | ⊖ No |
|---|---|---------------------------------|-------------------|--------------|
| <u>Read O. R</u> | eg. 191/11, s. 4 (1): Accessibility plans | Learn more about your re | equirements for q | uestion 2.b |
| Comments question 2 | s for Update is underway; the Grand has engaged an b access audit, community consultations and revie undertaken March through July 2024. | - | | 1 |
| 3. Does your | organization provide appropriate training on: * | | | |
| Read O. Reg. | <u>191/11, s. 7 (1): Training</u> | <u>Learn more about your r</u> | equirements for | question 3 |
| 3.a. The | AODA Integrated Accessibility Standards Regulation? * | | ⊖Yes | 💽 No |
| <u>Read O. R</u> | eg. 191/11, s. 7 (1): Training | Learn more about your r | equirements for | question 3.a |
| Comments question 3 | s for As part of the 2024 update we will create job-spe .a training for our staff teams. | ecific, site-specific and ind | dustry-applicabl | e |
| 3.b The I | Human Rights Code as it pertains to people with disabilitie | s? * | ⊖Yes | 💿 No |
| <u>Read O. R</u> | eg. 191/11, s. 7 (1): Training | Learn more about your re | equirements for q | uestion 3.b |
| question 3 | | ned on specifically at this | time. This will b | De |
| Does your that is accent Note: This on your press | and communications organization have a process for receiving and responding essible to people with disabilities? * requirement is applicable regardless of whether customer emises. ase answer an additional question) | | • Yes | No |
| Read O. Reg. | <u>191/11, s. 11 (1): Feedback</u> | Learn more about your r | equirements for | question 4 |
| and o Note | your organization notify the public about the availability o communications supports with respect to the feedback pro : This requirement is applicable regardless of whether cus our premises. * | cess? | Yes | ⊖ No |
| <u>Read O. R</u> | eg. 191/11, s. 11(2): Feedback | Learn more about your r | equirements for | question 4.a |
| Comments question 4 | | , in person or by mail to c | our box office/cu | ustomer |

| 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)? * |
| | (If Yes, please answer an additional question) |

Read O. Reg. 191/11, s. 14: Accessible websites and web content

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 prerecorded 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. *

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Learn more about your requirements for question 5.a

Learn more about your requirements for question 5

Comments for www.grandtheatre.com

question 5.a unknown if the site is currently compliant after a recent rebuild - this analysis is part of the 2024 refresh to our accessibility policies and plan.

Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *

- 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.

- 6.a. Does the training include all of the following: *
 - 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

Learn more about your requirements for question 6

∩Yes

O No

Comments for Training is provided to front-of-house staff but inconsistent for other staff members. question 6.a

⊙ Yes ○ No

∩ Yes

() No

| 7. | If there is a temporary disruption of goods, services or facilities used a disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question) | | • Yes | No |
|----|---|--------------------------------|-----------------|-------------------|
| Re | ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions | Learn more about your r | equirements for | <u>question 7</u> |
| | 7.a. Does the notice of the disruption include all of the following? * The reason for the disruption? Its anticipated duration? A description of available alternative facilities or services (if a | iny)? | Yes | ⊖ No |
| | Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions | Learn more about your r | equirements for | question 7.a |
| | Comments for The Grand has not had a disruption of programs question 7.a | since the pandemic. | | |
| 8. | Does your organization ever require a person with a disability to be ac support person when on your premises? * (If Yes, please answer an additional question) | companied by a | ⊖Yes | No |
| | ad O. Reg. 191/11, s. 80.47 (5): Use of service animals and pport persons | Learn more about your r | equirements for | <u>question 8</u> |
| | 8.a. Does your organization do all of the following before requiring a to be accompanied by a support person on your premises: * Consult with the person with a disability? Determine a support person is necessary to protect the heal person with a disability or others on premises? Determine that there is no other way to protect the health or with a disability or others on premises? | th or safety of the | ⊖ Yes | ⊖ No |
| | Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons Comments for question 8.a | <u>Learn more about your r</u> | equirements for | question 8.a |
| Er | nployment | | | |
| 9. | Does your organization employ any persons with disabilities for whom individualized workplace emergency response information? * (If Yes, please answer additional questions) | you have provided | ⊖Yes | No |

| Read O. I | Reg. | 191/11, | s. | 27 | (1) | : Workplace | emergency | response |
|------------|-----------|---------|----|----|-----|-------------|-----------|----------|
| informatio | <u>on</u> | | | | | | | |

Learn more about your requirements for question 9

| 9.a. | Does your organization review the individualized workplace eminformation for all of the following? * | ergency response | ⊖Yes | ⊖ No |
|------|--|-------------------------------|--------------|--------------------|
| | • When the employee moves to a different location in the org | anization? | | |
| | • When the employee's overall accommodation needs or pla | ns are reviewed? | | |
| | • When your organization reviews its general emergency pol | icies? | | |
| | I O. Reg. 191/11, s. 27 (4): Workplace emergency response nation | Learn more about your requir | ements for c | <u>uestion 9.a</u> |
| | ments for | | | |
| | tion 9.a | | | |
| | | | | |
| | | | | |
| | | | | |
| Qh | Do any of the employees for whom your organization has provi | ded individualized | | |
| 5.0. | workplace emergency response information require assistance (If Yes, please answer additional questions) | | () Yes | () No |
| Read | O. Reg. 191/11, s. 27 (2): Workplace emergency response | Learn more about your requir | ements for c | westion 9 h |
| | nation | | | |
| Com | ments for | | | |
| ques | tion 9.b | | | |
| | | | | |
| | | | | |
| | | | | |
| | 9.b.i Has your organization, with the employee's consent, pre emergency response information to the person designation assistance to the employee? * | | ⊖ Yes | ⊖ No |
| | Read O. Reg. 191/11, s. 27 (2): Workplace emergency | Learn more about your require | monte for qu | oction 0 h i |
| | response information | | ments ior qu | <u>esuon 3.D.1</u> |
| | Comments for | | | |
| | question 9.b.i | | | |
| | | | | |
| | | | | |
| | | | | |
| | 9.b.ii Was the individualized workplace emergency response ir | formation provided as | ⊖Yes | ∩ No |
| | soon as practicable after your organization became awa accommodation due to the employee's disability? * | | | |
| | Read O. Reg. 191/11, s. 27 (3): Workplace emergency | Learn more about your require | ments for au | estion 9 h ii |
| | response information | | <u>qu</u> | <u></u> |

Comments for question 9.b.ii

Design of public spaces

| | l, 2017, has your organization constructed new or rede | eveloped any of the | • Yes | ⊖No | | | | | |
|--------------------------------|---|--------------------------|-----------------------|------------------|--|--|--|--|--|
| • | ublic use eating areas | | | | | | | | |
| • | Outdoor play space | | | | | | | | |
| Off-street | | | | | | | | | |
| Service co | | | | | | | | | |
| • | uing guides | | | | | | | | |
| Waiting ar | | | | | | | | | |
| (If Yes, please a | answer additional questions) | | | | | | | | |
| Read O. Reg. 191/ | 11 Part IV.1: Design of public spaces standards | Learn more about your re | <u>equirements fo</u> | or question 10 | | | | | |
| | plicable, do the newly constructed or redeveloped item nts as outlined in the Design of Public Spaces Standar | | ⊖Yes |) No | | | | | |
| Read O. Reg. 1 | 91/11 Part IV.1: Design of public spaces standards | Learn more about your re | equirements for | or question 10.a | | | | | |
| Comments for question 10.a | Renovation of the 4th floor bar did not provide a 2024 accessibility audit and plan for modifying th | | be addresse | ed in our | | | | | |
| | That said, two of our other bars do have accessi other service counters with accessible/roll-up acc | | janization do | bes have | | | | | |
| preventati spaces, a | organization's multi-year accessibility plan include prove and emergency maintenance of the accessible elenned for dealing with temporary disruptions when access king order? * | nents in public |) Yes | ⊖ No | | | | | |
| Read O. Reg. 1 | 91/11, s. 80.44: Maintenance of accessible elements | Learn more about your re | equirements fo | or question 10.b | | | | | |
| Comments for | | | | | | | | | |

question 10.b



Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name The Grand Theatre

Filing organization business number (BN9) 119214278

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses indicate that the organization is not in full compliance with Ontario's accessibility laws. You indicated non-compliance to the following questions:

3. Does your organization provide appropriate training on:

3.a The AODA Integrated Accessibility Standards Regulation?

3.b The Human Rights Code as it pertains to people with disabilities?

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 addresses of your publicly available web content, including websites, social media pages, and apps.

6.a Does the training include all of the following:

- 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?

10.a. Where applicable, do the newly constructed or redeveloped items meet the general requirements as outlined in the Design of Public Spaces Standards?

Your organization needs to come into compliance with all AODA requirements. Your organization will be contacted by ministry compliance staff regarding its non-compliant status to assist you with the actions required for your organization to comply.