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 accessibility@ontario.ca.



✓ Check if business address is same as mailing address.

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory. A. Organization information Organization category * Number of employees range Reporting year 50+ employees **Business or Non-profit** 2023 **Business details** Organization legal name * Number of employees in Ontario * Help 176 Niagara Resorts (Muskoka) Inc. Business number (BN9) * Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility 137552790 Check if operating/business name is same as legal name Organization operating/business name JW Marriott the Rosseau Muskoka Resort & Spa Sector that best describes your organization's principal business activity * Help **Empty** Subsector (if possible) Industry group (if possible) Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. Country * The fields below will change based on your selection. Canada O USA) International Type of address * Street address Street address served by route Other Unit number Street number * Street name * 1050 **Paignton House** Street direction Province * Street type City * ON (Ontario) Road Minett Postal code (e.g. A1A 1A1) * P0B 1G0 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

| Country * | | | | | | | |
|---|----------------------|--------------------------------|---------------|--|-------------------------|--|--|
| The fields below will change based on your selection. | | | | | | | |
| CanadaUSA | | ◯ International | | | | | |
| Type of address * • Street address | | Street address served by route | Other | | | | |
| Unit number | Street number * 1050 | Street nam Paignton | | | | | |
| Street type Road | Street direction | | City * Minett | | Province * ON (Ontario) | | |
| Postal code (e.g. A1A 1A1) * P0B 1G0 | | | | | | | |



2023 Accessibility compliance report

| Organization category Business or Non-profit | | | | |
|--|---|--|--|--|
| Number of employees range 50+ | | | | |
| Filing organization legal name Niagara Resorts (Muskoka) Inc. | | | | |
| Filing organization business number (BN9) 137552790 | | | | |
| Fields marked with an asterisk (*) are mandatory. | | | | |
| B. Understand your accessibility requirements | | | | |
| Before you begin your report, you can learn about your accessibility requirements apply if you are: • a library board | uirements at ontario.ca/accessibility | | | |
| a producer of education material (e.g. textbooks) | | | | |
| an education institution (e.g. school board, college, university) | rsity or school) | | | |
| • <u>a municipality</u> | | | | |
| C. Accessibility compliance report certification | | | | |
| Section 15 of the <i>Accessibility for Ontarians with Disabilities Act, 2005</i> certifying that all the required information has been provided and is accorganization(s). | | | | |
| Note: It is an offence under the Act to provide false or misleading inform | nation in an accessibility report filed under the AODA. | | | |
| The certifier may designate a primary contact for the Ministry for Senior otherwise the certifier will be the main contact. | rs and Accessibility to contact the organization(s); | | | |
| Certifier: Someone who can legally bind the organization(s). | | | | |
| Primary Contact: The person who will be the main contact for accessil | pility issues. | | | |
| Acknowledgement | | | | |
| ✓ I certify that all the information is accurate and I have the authority to | bind the organization * | | | |
| Certification date (yyyy-mm-dd) * 2023-10-12 | | | | |
| Certifier information | | | | |
| Muir Susa | | | | |
| Position title * Business phone number * Extension Manager, Human Resources 705-765-7018 | Check here if TTY | | | |
| | nate phone number Extension Fax number | | | |
| Primary contact for the organization(s) | | | | |
| ✓ Check if the primary contact is same as the certifier Last name * Muir First name * Susan | | | | |

| Position title * Manager, Human Resources | Business phone number * 705-765-7018 | Extension | Check her | e | | |
|--|--------------------------------------|--------------------|-----------------------|----------------|-----------------------|----------------|
| Email * susan.muir@marriott.com | | Alternate | phone number | Extension | Fax number | er |
| D. Accessibility compliar | nce report questions | I | | | | |
| Instructions | | | | | | |
| Please answer each of the follow | ving compliance questions. l | Jse the Comme | ents box if you w | ish to comm | ent on any re | esponse. |
| If you need help with a specific of view the relevant AODA regulation | | | | | | n the left to |
| General | | | | | | |
| Has your organization created accessibility by meeting all approximately | | | | | Yes | ○ No |
| Read O. Reg. 191/11, s. 3 (1): E | stablishment of accessibility | policies | Learn more abo | out your requ | irements for | question 1 |
| Comments for question 1 | | | | | | |
| Has your organization estab (If Yes, please answer addit | | ulti-year access | ibility plan? * | | Yes | ○ No |
| Read O. Reg. 191/11, s. 4 (1): A | ccessibility plans | | Learn more abo | out your requ | irements for | question 2 |
| 2.a. Does your organization (If Yes, please answer | | | | | Yes | ○ No |
| Read O. Reg. 191/11, s. 4 (1 | l): Accessibility plans | | Learn more abo | out your requ | irements for | question 2.a |
| Comments for question 2.a | | | | | | |
| 2.a.i Is your organizat | ion's accessibility plan poste | d on your orgar | ization's websit | e? * | Yes | ○ No |
| Read O. Reg. 191/11, | s. 4 (1): Accessibility plans | <u>L</u> | <u>earn more abou</u> | t your require | ements for q | uestion 2.a.i |
| Comments for question 2.a.i | | | | | | |
| 2.a.ii Does your organ when requested? | ization provide the accessibi | lity plan in an ad | ccessible format | t | Yes | ○ No |
| Read O. Reg. 191/11, | s. 4 (1): Accessibility plans | <u>L</u> | earn more abou | t your require | ements for q | uestion 2.a.ii |
| Comments for question 2.a.ii | | | | | | |

| | 2.b Does your organization update the accessibility plan at least once | e every 5 years? * | Yes | ○ No |
|-----|---|-------------------------------|-----------------------|--------------|
| | Read O. Reg. 191/11, s. 4 (1): Accessibility plans | Learn more about your require | ments for q | uestion 2.b |
| | Comments for question 2.b | | | |
| | | | | |
| 3. | Does your organization provide appropriate training on: * | | | |
| Re | ad O. Reg. 191/11, s. 7 (1): Training | Learn more about your require | ements for o | question 3 |
| | 3.a. The AODA Integrated Accessibility Standards Regulation? * | | • Yes | ○ No |
| | Read O. Reg. 191/11, s. 7 (1): Training | Learn more about your require | ements for o | question 3.a |
| | Comments for question 3.a | | | |
| | 3.b The Human Rights Code as it pertains to people with disabilities? | * | Yes | ○ No |
| | Read O. Reg. 191/11, s. 7 (1): Training | Learn more about your require | ments for q | uestion 3.b |
| | Comments for question 3.b | | | |
| | | | | |
| | | | | |
| Int | formation and communications | | | |
| 4. | Does your organization have a process for receiving and responding to that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customers | | ⁄es 🔾 | No |
| | on your premises. (If Yes, please answer an additional question) | · | | |
| Re | ad O. Reg. 191/11, s. 11 (1): Feedback | Learn more about your require | ements for o | question 4 |
| | 4.a. Does your organization notify the public about the availability of a and communications supports with respect to the feedback proce Note: This requirement is applicable regardless of whether custo on your premises. * | ess? | Yes | ○ No |
| | Read O. Reg. 191/11, s. 11(2): Feedback | Learn more about your require | ements for o | question 4.a |
| | Comments for question 4.a | | | |
| | | | | |
| | | | | |

| о. | indirectly ('controls' means that your organization is able to add, remove modify content and functionality of the website)? * (If Yes, please answer an additional question) | • | • Yes | No |
|----|---|-------------------------------------|-----------------------|--------------------|
| Re | ead O. Reg. 191/11, s. 14: Accessible websites and web content | Learn more about your re | quirements for | question 5 |
| | 5.a. Do all your organization's internet websites conform to World Wide Web Content Accessibility Guidelines 2.0 Level AA (except for live recorded audio descriptions)? In the comments box, please list the and address of your publicly available web content, including webs pages, and apps. * Read O. Reg. 191/11, s. 14: Accessible websites and web content | captions and pre- complete names | Yes guirements for | No No Question 5.a |
| | Comments for jwmarriott.com question 5.a | | | |
| Cı | ustomer Service | | | |
| 3. | Does your organization provide training about providing goods, services of 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) | | Yes | ○ No |
| Re | · | Learn more about your re | quirements for | question 6 |
| | 6.a. Does the training include all of the following: * | | Yes | ○ No |
| | A review of the purposes of the AODA? | | | |
| | A review of the purposes of the Customer Service Standards? | | | |
| | How to interact and communicate with persons with various type | es of disability? | | |
| | How to interact with persons with disabilities who use an assist the assistance of a guide dog or other service animal or the ass person? | • | | |
| | How to use equipment or devices available on the provider's pre- provided by the provider that may help with the provision of good facilities to a person with a disability? | | | |
| | What to do if a person with a particular type of disability is havin accessing the provider's goods, services or facilities? | ng difficulty | | |
| | Read O. Reg. 191/11, s. 80.49: Training for staff, etc. | Learn more about your re | quirements for | question 6.a |
| | Comments for question 6.a | | | |
| | | | | |
| | | | | |

| ۲. | 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 | question 7 |
| | 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 an Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions | ny)? <u>Learn more about your r</u> | Yes requirements for | ○ No question 7.a |
| | Comments for question 7.a | | | |
| 3. | Does your organization ever require a person with a disability to be accomport 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 | question 8 |
| <u>su</u> | 8.a. Does your organization do all of the following before requiring a p to be accompanied by a support person on your premises: * Consult with the person with a disability? | person with a disability | Yes | ○ No |
| | Determine a support person is necessary to protect the healt person with a disability or others on premises? | h or safety of the | | |
| | Determine that there is no other way to protect the health or with a disability or others on premises? | safety of the person | | |
| | Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons Comments for question 8.a | Learn more about your r | 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 |
| | ormation | Learn more about your r | requirements for | question 9 |
| | | | | |

| 9.a. | Does your organization review the individualized workplace e information for all of the following? * | mergency response | Yes | ○ No |
|-------|---|---------------------------------|-------------------------|----------------|
| | When the employee moves to a different location in the or | rganization? | | |
| | When the employee's overall accommodation needs or pl | • | | |
| | When your organization reviews its general emergency personal control of the second | | | |
| Pos | d O. Reg. 191/11, s. 27 (4): Workplace emergency response | Learn more about your re | aguirements for | nuestion 0 a |
| | mation | <u>Learn more about your re</u> | squirements for | question s.a |
| | iments for stion 9.a | | | |
| 9.b. | Do any of the employees for whom your organization has pro workplace emergency response information require assistant (If Yes, please answer additional questions) | | Yes | ○ No |
| | d O. Reg. 191/11, s. 27 (2): Workplace emergency response | Learn more about your re | quirements for | question 9.b |
| infor | <u>mation</u> | | | |
| ques | 9.b.i Has your organization, with the employee's consent, permergency response information to the person design | | Yes | ○ No |
| | assistance to the employee? * | | | |
| | Read O. Reg. 191/11, s. 27 (2): Workplace emergency | Learn more about your req | <u>uirements for qu</u> | uestion 9.b.i |
| | response information | | | |
| | Comments for | | | |
| | question 9.b.i | | | |
| | 9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became a accommodation due to the employee's disability? * | | Yes | ○No |
| | Read O. Reg. 191/11, s. 27 (3): Workplace emergency | Learn more about your req | uirements for a | uestion 9.b.ii |
| | response information | | | |
| | Comments for question 9.b.ii | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Design of public spaces | | | | |
|---|--|----------------------|---------------------------|-----------------|
| 10. Since January 1, 2017, h following items? * | as your organization constructed new or rede | eveloped any of the | • Yes | ○No |
| Outdoor public use | eating areas | | | |
| Outdoor play space | • | | | |
| Off-street parking | | | | |
| Service counter | | | | |
| Fixed queuing guide | es | | | |
| Waiting areas | | | | |
| (If Yes, please answer ad | lditional questions) | | | |
| Read O. Reg. 191/11 Part IV | .1: Design of public spaces standards | Learn more about you | ır requirements fo | r question 10 |
| requirements as ou | do the newly constructed or redeveloped item tlined in the Design of Public Spaces Standa rt IV.1: Design of public spaces standards | | Yes Ir requirements fo | ○ No |
| Comments for question 10.a | | | | |
| preventative and er | ntion's multi-year accessibility plan include promergency maintenance of the accessible elementaling with temporary disruptions when access r? * | ments in public | Yes | ○ No |
| Read O. Reg. 191/11, s. | 80.44: Maintenance of accessible elements | Learn more about you | <u>ır requirements fo</u> | r question 10.k |
| Comments for question 10.b | | | | |



2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Niagara Resorts (Muskoka) Inc.

Filing organization business number (BN9) 137552790

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**