



ACCESSIBLE CUSTOMER SERVICE MULTI-YEAR PLAN 2020 – 2025

PROVIDING GOODS AND SERVICES TO PEOPLE WITH DISABILITIES

This publication is available on the hospitals
website (www.sfmhosp.com)
and in alternate formats ex. Large print, upon request.

EXECUTIVE SUMMARY

Preamble

The Ontario government's goal is a fully accessible Ontario. In 2001, the Ontarians with Disabilities Act (ODA) was passed. This was followed in 2005 by the Accessibility for Ontarians with Disabilities Act (AODA) and most recently by the Accessibility Standard for Customer Service, Ontario Regulation 429/07. This Standard came into force on January 1, 2008. This Ontario law is the first accessibility standard created under the authority of *the AODA 2005*, which the Province of Ontario had enacted on June 13, 2005, requiring the provincial government to work with the public and private sectors and the disabled community to develop standards to be achieved in stages of 5 years or less.

The preceding *Ontarians with Disabilities Act*, (ODA 2001) however remains in force until repealed. The purpose of this Act was to "improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province." This Act mandated hospitals and other identified public sector organizations to write, approve, endorse, submit, publish and communicate their accessibility plans.

The AODA uses the Ontario Human Rights Code definition of "disability" which is:

- any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device
- a condition of mental impairment or a developmental disability
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997 ("handicap").

The Statistics Canada Survey on Disability, released in March of 2017, reported there was approximately 1 in 7 (13.7%) or about 3.8 million people who reported a disability. Ontario has a slightly higher average of 15.5%

The average age of onset of disabilities reports is 40-45 years of age. The most common disabilities are related to pain (10%), flexibility (8%) and mobility (7%).

Four in five persons with disabilities (or 80%) reported using a least one aid or assistive device.

Of the Canadians aged 25 to 64 years old, who reported that they were employed, 79% were persons without disabilities while 49% were persons with disabilities.

A “barrier” is anything that prevents a person with a disability from fully participating in all aspects of society because of his or her disability. This includes a physical, architectural, informational, attitudinal, technological barrier, or a policy or a practice. (refer to examples below).

EXAMPLES OF BARRIERS

- Physical** Door knob that cannot be operated by a person with limited upper-body mobility and strength.
- Architectural:** A hallway or door that is too narrow for a wheelchair or scooter.
- Informational:** Typeface too small to be read by a person with low-vision.
- Communicational:** A person who talks loudly when addressing someone who is deaf or hard of hearing.
- Attitudinal:** A receptionist who ignores a patient/visitor in a wheelchair.
- Technological:** A paper tray on a laser printer that requires two strong hands to open.
- Policy/Practice:** A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly.

SFMH STATEMENT OF COMMITMENT

St. Francis Memorial Hospital (SFMH) is committed to working towards compliance with the Access for Ontarians with Disabilities Act (2005). In addition, we are committed to comprehensively identifying, removing and preventing barriers towards a “barrier-free” environment through:

- continually improving access to SFMH facilities, policies, programs, practices and services for patients, family members, staff, health care practitioners, volunteers and members of the community,
- the participation of people with disabilities in the development and review of its annual accessibility plans,
- ensure hospital policies and practices are consistent with the principles of accessibility and incorporate accessibility design, criteria or features into our procurement and acquisition practices.

SFMH is committed to treating all people in a way that allows them to maintain their dignity and independence. We believe in integration and equal opportunity. We are committed to meeting the needs of people with disabilities in a timely manner, and will do so by preventing and removing barriers to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act.

The SFMH Accessibility Plan and the SFMH Administration policies; Accessibility Best Practices and Accessibility Policy outline the policies and actions that will be established to improve opportunities for people with disabilities.

The SFMH accessibility plan is available in alternate format upon request.

St. Francis Memorial Hospital’s Accessibility Plan covers the period from January 1, 2020 to December 31, 2025. SFMH commits to reviewing and updating the accessibility plan at least once every five years.

TERMS OF REFERENCE

Purpose: To assist St. Francis Memorial Hospital to fulfill its obligations under the Ontarians with Disabilities Act, management, in conjunction with staff, volunteers, members of the public (Patient and Family Advisory Committee) will develop, review, implement, publish and evaluate an annual accessibility plan for the identification, prevention and removal of barriers to persons with disabilities.

Goal: To prevent or eliminate barriers which may exist in our facilities, policies, programs, practices and services for the following persons with disabilities: patients, family, volunteers, employees, health care practitioners, members of the community.

GOALS AND OBJECTIVES

The purpose of this multi-year plan is to describe measures SFMH has taken and will take to identify, remove and prevent barriers to accessing our facilities and services by patients, staff, physicians, volunteers, visitors and the general public during the

IMPLEMENTATION APPROACH

SFMH has utilized the following steps in preparing their Accessibility Plan:

1. Established an accessibility task group representative of stakeholders for development and reviewed by the Patient and Family Advisory Committee.
2. Committed to accessibility planning.
3. Reviewed and reported on initiatives and successes in identifying, removing and preventing barriers to persons with disabilities.
4. Identified (list/categorize) barriers to be addressed.
5. Set priorities and develop strategies to address barrier removal and prevention.
6. Specified how and when progress is to be monitored.
7. Communicated the plan to the public.
8. Reviewed and monitored the plan.

CUSTOMER SERVICE STANDARD

The following requirements of the customer service standard that apply to all providers are as follows:

(1) Every provider of goods or services shall establish policies, practices and procedures governing the provision of its goods or services to persons with disabilities.

(2) The provider shall use reasonable efforts to ensure that its policies, practices and procedures are consistent with the following principles:

- The goods or services must be provided in a manner that respects the dignity and independence of persons with disabilities.
- The provision of goods or services to persons with disabilities and others must be integrated unless an alternate measure is necessary, whether temporarily or on a permanent basis, to enable a person with a disability to obtain, use or benefit from the goods or services.
- Persons with disabilities must be given an opportunity equal to that given to others to obtain, use and benefit from the goods or services.

(3) Without limiting subsections (1) and (2), the policies must deal with the use of assistive devices by persons with disabilities to obtain, use or benefit from the provider's goods or services or the availability, if any, of other measures which enable them to do so.

(4) When communicating with a person with a disability, a provider shall do so in a manner that takes into account the person's disability.

(5) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures and, upon request, shall give a copy of a document to any person.

TRAINING

Legislation States:

(1) Every provider of goods or services shall ensure that the following persons receive training about the provision of its goods or services to persons with disabilities:

- *1. Every person who deals with members of the public or other third parties on behalf of the provider, whether the person does so as an employee, agent, volunteer or otherwise.*
- *2. Every person who participates in developing the provider's policies, practices and procedures governing the provision of goods or services to members of the public or other third parties.*

(2)The training must include a review of the purposes of the Act and the requirements of this Regulation and instruction about the following matters:

- 1. How to interact and communicate with persons with various types of disability.*
- 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.*
- 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 or services to a person with a disability.*
- 4. What to do if a person with a particular type of disability is having difficulty accessing the provider's goods or services.*

(3)The training must be provided to each person as soon as practicable after he or she is assigned the applicable duties.

(4) Training must also be provided on an ongoing basis in connection with changes to the policies, practices and procedures governing the provision of goods or services to persons with disabilities.

(5)Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document describing its training policy, and the document must include a summary of the contents of the training and details of when the training is to be provided.

(6)Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall keep records of the training provided under this section, including the dates on which the training is provided and the number of individuals to whom it is provided.

SFMH is committed to training staff and volunteers in Ontario's accessibility laws and aspects of the Human Rights Code that relate to persons with disabilities. We provide training to employees, students, volunteers and others who deal with the public or other third parties on our behalf. Training is also provided to people involved in the development of policies, plans, practices and procedures related to the provision of our goods and services.

Training is provided to all new staff upon orientation and will include:

- Accessibility for Ontarians with Disabilities Act (AODA)\
- Accessibility Standards for Customer Service (or Ontario Regulation 429/07)
- Integrated Accessibility Standards (or Ontario Regulation 191/11)
- Human Rights Code and its relation with AODA
- SFMH's Accessibility Policies relating to the customer standard.
- How to interact and communicate with people with various types of disabilities

- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or a support person
- How to use the wheelchairs, lifts, etc., that may help with providing goods or services to people with disabilities]

ASSISTIVE DEVICES

As per SFMH policies, we will ensure that our staff is trained and familiar with various assistive devices we have on site, or that we provide, that may be used by customers with disabilities while accessing our goods or services.

PROCUREMENT

In compliance with the Government of Ontario legislative Assembly (Accessibility for Ontarians with Disabilities Act, 2005) for small designated public sector organization, January 1, 2014, SFMH incorporates accessibility criteria and features when procuring or acquiring goods, services or facilities, including self-serve kiosks. If it is not possible and practical to do so, we will provide an explanation upon request.

SELF-SERVICE KIOSKS

SFMH incorporates accessibility features/consider accessibility for people with disabilities when designing, procuring or acquiring self-service kiosks.

INFORMATION AND COMMUNICATION

Legislation states:

(1) If a provider of goods or services is required by this Regulation to give a copy of a document to a person with a disability, the provider shall give the person the document, or the information contained in the document, in a format that takes into account the person's disability.

(2) The provider of goods or services and the person with a disability may agree upon the format to be used for the document or information.

This Regulation establishes accessibility standards for customer service and it applies to every designated public sector organization and to every other person or organization that provides goods or services to members of the public or other third parties and that has at least one employee in Ontario.

(2) In this Regulation, "designated public sector organization" means the Legislative Assembly and the offices of persons appointed on the address of the Assembly, every

ministry of the Government of Ontario, every municipality and every person or organization listed in Schedule 1 or described in Schedule 2 to this Regulation;

“Provider of goods or services” means a person or organization to whom this Regulation applies.

SFMH is committed to meeting the communication needs of people with disabilities. We will consult with people with disabilities to determine their information and communication needs. When asked, we will provide information about our organization and its services, including public safety information, in accessible formats or with communication supports. We will also meet internationally recognized Web content Accessibility Guidelines (WCAG) 2.0 Level AA website requirements in accordance with Ontario’s accessibility laws.

ACCESSIBLE EMERGENCY INFORMATION

SFMH is committed to providing our clients with publicly available emergency information in an accessible way, upon request.

A process has been implemented to ensure staff with self-identified (confidential) evacuation requirements to meet individual specific needs. Staff member works with management and/or Occupational Health to jointly develop an appropriate plan.

EMPLOYMENT

SFMH is committed to fair and accessible employment practices. The following policies and procedures are in place to support employees with disabilities: Return to Work Program; Hiring and Selection, Accommodation Policy; Attendance Management Program.

When changes to these policies are made, they are reviewed at the relevant committee meetings where consultation occurs (i.e., OH&S, HR, OPSEU, and ONA).

SFMH notifies employees, potential hires and the public that accommodations can be made during recruitment and hiring.

SFMH will notify staff that supports are available for those with disabilities. We will put in place a process to develop individual accommodation plans for employees.

Our performance management, career development and redeployment processes will take into account the accessibility needs of all employees.

Our job postings indicate that SFMH is an equal opportunity employer committed to workplace wellness.

SFMH takes the following steps to notify the public and staff that, when requested, we will accommodate people with disabilities during the recruitment process and after employees have been hired

Use of Service Animals and Support Persons

Regulation states:

(1) This section applies if goods or services are provided to members of the public or other third parties at premises owned or operated by the provider of the goods or services and if the public or third parties have access to the premises.

(2) If a person with a disability is accompanied by a guide dog or other service animal, the provider of goods or services shall ensure that the person is permitted to enter the premises with the animal and to keep the animal with him or her unless the animal is otherwise excluded by law from the premises.

(3) If a service animal is excluded by law from the premises, the provider of goods or services shall ensure that other measures are available to enable the person with a disability to obtain, use or benefit from the provider's goods or services.

(4) If a person with a disability is accompanied by a support person, the provider of goods or services shall ensure that both persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on the premises.

(5) The provider of goods or services may require a person with a disability to be accompanied by a support person when on the premises, but only if a support person is necessary to protect the health or safety of the person with a disability or the health or safety of others on the premises.

(6) If an amount is payable by a person for admission to the premises or in connection with a person's presence at the premises, the provider of goods or services shall ensure that notice is given in advance about the amount, if any, payable in respect of the support person.

(7) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare one or more documents describing its policies, practices and procedures with respect to the matters governed by this section and, upon request, shall give a copy of a document to any person.

(8) In this section,

“guide dog” means a guide dog as defined in section 1 of the Blind Persons’ Rights Act;

“service animal” means an animal described in subsection (9);

“support person” means, in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services.

(9) For the purposes of this section, an animal is a service animal for a person with a disability,

(a) if it is readily apparent that the animal is used by the person for reasons relating to his or her disability; or

(b) if the person provides a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

As per SFMH Accessibility policies, we welcome people with disabilities and their service animals. Service animals are allowed on the parts of our premises that are open to the public as per the pet visitation policy.

As per SFMH Accessibility policies, a person with a disability who is accompanied by a support person will be allowed to have that person accompany them on our premises and fees will not be charged for support persons (noted on SFMH website).

NOTICE OF TEMPORARY DISRUPTION

Legislation states:

(1) If, in order to obtain, use or benefit from a provider’s goods or services, persons with disabilities usually use particular facilities or services of the provider and if there is a temporary disruption in those facilities or services in whole or in part, the provider shall give notice of the disruption to the public.

(2) Notice of the disruption must include information about the reason for the disruption, its anticipated duration and a description of alternative facilities or services, if any, that are available.

(3) Notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider of goods or services, by posting it on the provider’s website, if any, or by such other method as is reasonable in the circumstances.

(4) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall prepare a document that sets out the steps to be taken in connection with a temporary disruption and, upon request, shall give a copy of the document to any person.

In the event of a planned or unexpected disruption to services or facilities for customers with disabilities, SFMH will notify customers promptly. This clearly posted notice will include information about the reason for the disruption, its anticipated length of time, and a description of alternative facilities or services, if available.

The notice will be placed at the main entrance doors of the hospital and Health Centre.

FEEDBACK PROCESS

Legislation States:

(1) Every provider of goods or services shall establish a process for receiving and responding to feedback about the manner in which it provides goods or services to persons with disabilities and shall make information about the process readily available to the public.

(2) The feedback process must permit persons to provide their feedback in person, by telephone, in writing, or by delivering an electronic text by email or on diskette or otherwise.

(3) The feedback process must specify the actions that the provider of goods or services is required to take if a complaint is received.

(4) Every designated public sector organization and every other provider of goods or services

Customers who wish to provide feedback on the way SFMH provides goods and services to people with disabilities can:

- Submit a complaint in writing to the COO, P.O. Box 129, 7 St. Francis Memorial Drive, Barry's Bay, ON K0J 1B0
- If unable to submit a complaint in writing, customers may call the Executive Assistant at 613-756-3044 # 234 to register a verbal complaint
- Leave a written complaint in the "we're listening" suggestion boxes or utilizes the online "contact us" section of the website.
- Complete departmental surveys ex. D.I., Lab, In-Patient etc.

All feedback, including complaints, will be addressed through the Complaint / Commendation policy and customers can expect to receive an acknowledgment of receipt within 72 hours.

NOTICE OF AVAILABILITY OF DOCUMENTS

Legislation States:

(1) Every designated public sector organization and every other provider of goods or services that has at least 20 employees in Ontario shall notify persons to whom it

provides goods or services that the documents required by this Regulation are available upon request.

(2) The notice may be given by posting the information at a conspicuous place on premises owned or operated by the provider, by posting it on the provider's website, if any, or by such other method as is reasonable in the circumstances.

SFMH has notified the public that our policies are available upon request through a note on the website and on the plan which is located in the main lobby.

MODIFICATIONS TO THIS OR OTHER POLICIES

SFMH will modify or remove an existing policy that does not respect and promote the dignity and independence of people with disabilities.

PREVIOUSLY IDENTIFIED INITIATIVES AND SUCCESSES IN IDENTIFYING, REMOVING AND PREVENTING BARRIERS

Type of Barrier	Description of Barrier and Location	Strategy for removal/prevention
Physical	Installation of a heated, accessible sidewalk from accessible parking	2012 - Unimpeded access to front entrance (to avoid parking lot) allowed easier and safer access to front entrance during winter months
Physical	Some doors are heavy and difficult for someone in a wheelchair or physical impairment to open. Installation of additional mechanical door openers	Easier access to departments including washrooms. Each year, door openers installed as funding allows. Heavy traffic areas prioritized 2019 – Public Washrooms, hallway fire doors, stairwell doors (both floors) and fire doors in the link passage. 2019 – auto openers in the Health Centre hallways and waiting rooms. Ongoing
Physical	Gazebo area was difficult to access for patients with mobility challenges	Installed an accessible entrance to Gazebo from link between hospital and health centre.
Informational	Letter size; typeface and technical terms inconsistent for individuals with visual impairment and/or language difficulties	Brochures are being standardized as they are being revised. White stationary and black lettering will apply to hospital brochures. Ongoing
Physical	Fire Alarm system in hospital does not have flashing lights (alarm only)	The Fire Alarm and Security System was upgraded in 2006, however the group has identified the need for flashing lights along with sound to notify staff and patients of fire. Future Upgrade
Physical	Review of accessible parking spaces.	Added more accessible parking spaces at hospital front entrance. 2018 - Additional wheelchair parking added
Physical, Architectural	Patient rooms on the Medical Unit are too small to permit persons using wheelchairs to be independently mobile.	Identify individual patient needs for additional space when assigning room and develop strategies to address this need.

		2016- Renovated patient washroom in room 237 to be wheelchair accessible. Ongoing
Architectural	No wheelchair accessible public bathroom on the second floor.	2017 – created barrier-free washroom on the 2 nd floor
Physical	High gloss floor tiles create glare for persons with low vision.	New floors installed in 2014, 2015, 2016, 2017, 2018 and 2019 are NO WAX, non-slip flooring
Physical	Dim lighting (pot lights) in lobby vestibule outside physiotherapy, business office and E.R. entrance from lobby. Poor lighting at public telephone in this area.	Public telephone moved to a brighter location. Renovations in 2017 included brighter lighting.
Architectural	Patient washroom room 207 and 211 on Continuing Care not wide enough for wheelchair or geriatric chair to access.	Angular design of building and sliding bathroom doors do not allow for renovations. Consider patient needs when allocating room. One washroom door widened 2018
Physical	Handrails on CCU to not provide ease of use for persons with loss of manual dexterity (difficult to grip)	Any new handrails to be installed should be designed to allow ease of grip
Informational, Communication	Intercom announcing of all code procedures are auditory alarms only. Persons with hearing impairment would not be able to hear.	Investigate the possibility of incorporating a visual component into the current alarm system i.e. strobe lights in the primary area or messages on the TV's. Made decision in 2014 to eliminate "white noise" (radio) Invite resource person from Ontario Society for the Deaf to complete audit tour of SFMH.
Signage	Larger Text and colours	Signage to be reviewed Ongoing
Attitudinal	Individuals with a mental health or developmental disability may not receive the same treatment.	Education training of all new staff ongoing at orientation but will look for other resources as well. Ongoing Note: cultural sensitivity training was conducted in spring of 2014 for First Nations and is now ongoing for all new staff.
Physical	Poor outside lighting in area from	In June of 2014 the lighting was

	Physiotherapy Department to Ambulance area.	changed from high pressure sodium to metal halide. In addition, patients can now exit from the main entrance.
Physical	Scooters are parked in front of main entrance creating obstructions.	Establish defined barrier-free path of travel outside main entrance. Designated parking area for scooters during re-paving of parking lot.
Physical	Dining Room Tables on Continuing Care Unit are too high for many patients. Overbed tables cannot be adjusted low enough for many patients who are of smaller stature and/or cannot raise their arms or shoulders due to their medical condition.	Replaced staff and patient tables to allow unimpeded access in 2013. Replaced bed side tables in 2013 and 2014
Physical	Installation of handrails down the main corridor of the Health Centre basement.	To remove physical barrier and prevent falls
Physical	Parking Gate - To ensure ease of use for persons with accessibility challenges before purchasing upgraded system	To remove physical barrier and promote independence Ongoing
Physical	Some light switches remain too high for a person in a wheelchair to reach	As redevelopment/renovations occur, switches to be lowered Ongoing
Physical	Water fountains too high, not wheelchair accessible	2016 – Water fountains lowered
Attitudinal	Include Human Rights Code training during orientation and for all new staff	Utilize online resources. Mandatory education to new staff during orientation.
Physical	To make transition from link door to gazebo area easier	Removed lip on link door and timer on door opener set to remain open longer.
Physical	Entrance into Health Centre not accessible friendly (lip too high)	2018 – renovated to include sloped entrance
Physical	To keep hallways clear of equipment or clutter for people using wheelchairs/scooters	Staff education, regular inspections and reminders about the hazards related to hallway clutter. Plan for additional equipment rooms in redevelopment.
Physical	Increased accessibility aides in patient rooms	To allow more independence and reduce falls. Ongoing
Physical	Increased width of door in patient washroom to allow for wheelchair	To allow more independence and reduce falls.

Physical	Improved lighting in patient rooms and hallways	Reduce incidents, falls. 2017 – Improved lighting in all hallways with handrails
Equipment	Pig o stat Diagnostic imaging equipment purchased to improve access by small children	Increased accessibility for small children
Equipment	Upright x-ray equipment purchased to increase ease of access for patients unable to elevate onto table	Increased accessibility for wheelchair bound or elderly patients.
Equipment	New recumbent bikes and steppers purchased for outpatient physiotherapy and cardiac clinics	Non weight bearing equipment increases access to outpatient physiotherapy and cardiac rehab clinics.
Equipment	Elevator call buttons not illuminated for the visually impaired.	2019 – Elevators converted to meet Accessibility standards

New Barriers Identified for 2019 - 2024

<i>Barrier</i>	<i>Objective</i>	<i>Means to remove/prevent</i>	<i>Performance criteria</i>	<i>Resources</i>	<i>Timing</i>
Physical	Redesign sloped entrance in maintenance department	Requires significant redesign of physical space		Financial architectural	2020-2024
Physical	Redevelopment of Emergency Department	Will ensure redevelopment is accessible	Use existing accessibility requirements	Financial	2020-2025
Attitudinal	Enhance staff awareness and understanding of the needs of the disabilities and difficulties experienced by individuals.	Develop an education plan: arrange an employee sensitivity awareness training workshop by the Coalition of Persons with Disabilities and/or MVACL. And Mental Health Services	All staff will be aware of ways to accommodate patients, visitors and staff with developmental or mental health disabilities	Financial Human Resources	Ongoing 2019-2024
Physical	Registration desk and Unit clerk desk are too high for wheelchair users.	Reconfigure stations/desks for eye level contact	Use established procurement policies	Financial/ Maintenance	As redevelopment of the new Emergency

Barrier	Objective	Means to remove/prevent	Performance criteria	Resources	Timing
		between staff and people in wheelchairs as part of redevelopment plans			occurs 2019-2024
Informational	Accessible Website	New provider and software with greater options for accessibility	Accessible for all	Financial Human Resources	2020-21