



City of Markham

Follow Up Report

Final Report – October 31, 2024

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October 31, 2024

Mayor and Members of Council,

I am pleased to present this Follow Up Report ("report") of the Auditor General for the City of Markham. This report includes follow up procedures conducted for the following three audits:

- 1. Asset Management Audit (2019)
- 2. Information and Records Management Audit (2020)
- 3. Accessibility Audit (2021)

Follow up procedures were conducted between July to October 2024.

The report was discussed with the City of Markham's management and executive leadership team, who have reviewed the report. This report is provided to you for information and management's continued completion and implementation of recommendations made in the above listed audit reports.

Sincerely,

Geoff Rodrigues, CPA, CA, CIA, CRMA, ORMP

Auditor General, City of Markham







City of Markham Auditor General - Follow Up Report Dashboard Completed as of October 31, 2024

A strong indicator of an effective internal control environment is the timeliness with which Management addresses reported control deficiencies. MNP has conducted audit followup procedures to ensure Auditor General findings and recommendations have been effectively remediated through the implementation of related Management action plans on a timely basis.

MNP followed up on the following audits between the period of July to October 31, 2024:

No.	Audit	High Risk Observations (#)	Medium Risk Observations (#)	Low Risk Observations (#)	Total Observations (#)
2	Asset Management Audit (2019)	0	2	1	3
3	Information and Records Management Audit (2020)	0	4	1	5
4	Accessibility Audit (2021)	1	4	3	8

The following provides a summary of the activity completed by the City:

- 1. Asset Management Audit (2019): Two (2) of the three (3) observations have been remediated. The last medium rated observation has been re-targeted to Q4 2025 for completion.
- Information and Records Management Audit (2020): Two (2) of the observations from this audit are currently in progress of completion, with remediation of three (3) observations not yet started due to their dependency on the implementation of various IT systems. These three (3) not yet started observations have been re-targeted to 2026 for completion.
- 3. Accessibility Audit (2021): Six (6) of the observations have been remediated. One (1) medium rated observation is currently in progress of completion, with one (1) low rated observation not yet started due to the delay in the hiring of a dedicated Accessibility Specialist.

Please refer to <u>Appendix A</u> for details.





Summary of Recommendations (as of October 31, 2024)

Audit	Previously Completed	Completed as of October 31, 2024	Retargeted	New Due Date in Q4 2024 (i.e., Dec 31, 2024)	New Due Date in 2025 and 2026	Total Remaining Open Items	Legend Completed as of October 31, 2024: Remediation activities that have been completed by management as of October
Asset Management Audit (2019)	n/a	2	1	0	1	1	31, 2024 which were reviewed by MNP and assessed as adequate to close the audit finding.
Information and Records	n/a	0	5	0	5	5	Retargeted: Management action plans that have been retargeted for completion.
Management Audit (2020)							New Due Date in Q4 2024: Management action plans due to be implemented by December 31, 2024.
Accessibility Audit (2021)	n/a	6	2	0	2	2	New Due Date in 2025 and 2026: Management action plans that are planned for completion in 2025 and 2026.
Total	n/a	8	8	0	8	8	Total Remaining Open Items: Management action plans that remain open that are due in the last two months of 2024 and in 2025 and 2026 (which include retargeted ones from this period).

Below is a table representing the length of time the **open/re-targeted management action items** (as of October 31, 2024) have been outstanding and the risk rating attached to the audit finding associated with the management action item.

		Age				
Risk Rating	0-3	4-6	7-9	10-12	12+	Total
High					0	0
Medium					6	6
Low					2	2

RECOMMENDATION

The Auditor General recommends that:

- The Follow Up Report be received; and,
- That staff be authorized to do all things necessary to give effect to this resolution.



Appendix A: Open Management Action Plans



#	Auditor General Recommendations	Management Action Plans	Risk Rating	Due Date	Remediation Status	Status Update	Retargeted Due Date				
Asse	Asset Management Audit - 2019										
	Asset Management Strategy The following items not completed as planned within the 2016 Asset Management Plan should be reassessed, as follows: • Outcome-based levels of service; • Performance management framework; and, • Risk management framework. Completion timelines should be established and compared against the requirements and deadlines set out in in Ontario Regulation 588/17 to ensure the City's regulatory obligations are met in a timely manner. As dictated by Ontario Regulation 588/17, the Corporate Asset Management Steering Committee should develop a formal annual review process to discuss and document the progress of the Asset Management Plan and Strategy. The results of the annual review should be reported to the Corporate Asset Management Steering Committee and to Council.	 A) Asset Management Plan Update The City is currently in compliance with Ontario Regulation 588/17. The new regulation came into effect after Council's approval of the City's 2016 Asset Management Plan and included new timelines for completion of Phase II tasks (Development of the Asset Management Strategy). Accordingly, the 2016 Asset Management Plan will be updated by the Asset Management Steering Committee (AMSC, as per Council approved Asset Management Policy dated May 14, 2019) to align with the O. Reg. 588/17 requirements and timelines (July 1, 2021 for core assets and July 1, 2023 for all assets). A staff position request for a Manager, Corporate Asset Management has been included as part of the 2020 Budget. This position will lead the work resulting from the audit, ensure 588/17 compliance, and coordinate with the Enterprise Asset Management system implementation. If the request is not approved, some existing staff working to maintain current assets will need to be reallocated to address legislative requirements and the implementation of the audit recommendations. This could present a risk to ensuring all assets continue to be maintained in a good state of repair. B) Formal Annual Review Council approved the Asset Management Policy dated May 14, 2019 and established the Asset Management Steering Committee (AMSC), which will ensure organization-wide accountability for achieving and reviewing corporate asset management goals and objectives, including annual reporting to Council. The AMSC will provide a formal annual progress report to Council on the Asset Management Plan, Strategy and O.Reg. 588/17 compliance. 	Medium	 A) Work will begin by Q1 2020 and will be completed and approved by Council to meet the regulated timelines: Q2: 2021 - Core Assets (water, wastewater, storm water management , bridges and culverts and roads). Q2: 2023 - All Assets (the above, plus facilities and parks). B) Annually in Q2, beginning in 2020. 		 A) The City's Asset Management Plan (AMP) was completed and ratified by Council on October 23, 2024. Completion of the AMP was significantly delayed due to conflicting priorities, including the implementation of a new Enterprise Asset Management (EAM) system. These delays were communicated with the Ministry of Infrastructure, who accepted completion of the AMP to October 2024. B) The current review process includes monthly updates to the Asset Management Steering Committee (AMSC), along with more frequent adhoc updates, when needed. In addition to this, Council receives updates on progress in alignment with requirements set out in Ontario Regulation 588/17. Starting in 2026, an annual progress report will be provided to Council on compliance to the AMP. 	n/a				
2		Asset Management business process activities are carried out by Staff across the organization on a daily, monthly and annual basis. These activities meet legislated requirements	Medium	The Asset Management Manual will be	In Progress	The City is currently working on two initiatives to support business process documentation activities for asset management:	Q4 2025				





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	 An Asset Management process manual encompassing all Departmental processes and procedures should be developed. The manual should encompass all Asset Management activities including maintenance, rehabilitation, replacement, conditional assessments/audits and service levels. Within the manual, for each asset category, the following components should exist: Custodian for each asset type; Procedures on how to perform associated Asset Management activities; Applicable tools and templates; Appropriate referencing to other City policies and standard operating procedures, as applicable; and, Direct linkage of Asset Management activities outlined in the Asset Management Plan. The manual should be regularly reviewed and updated as needed, and training provided to staff. Once the EAM solution has been implemented, the manual should be aligned with any new EAM solution workflow/business processes. 	 and are aligned to industry standards and guidelines. Documentation describing this work exists but are not standardized enterprise wide. Currently, pre-work/internal consultation on the Enterprise Asset Management (EAM) project is ongoing and data/process mapping/opportunities are being identified. EAM scope of work includes the following tasks related to an Asset Management Process Manual: Documentation of current business processes; Current and recommended data governance protocol by asset type; and, Recommended future business processes. The software will create a standard data collection framework that will consolidate the asset management work of all departments into one document with reporting and analytical functions that create a corporate wide view. The manual will also include training materials for each asset type. 		updated within six months of the last phase of EAM implementation by all departments.		 Corporate Asset Management (CAM) and Strategy: The City is performing a maturity assessment to assess the City's current capabilities. The City will have recommendations from this assessment that cover a full spectrum of activities (e.g., data governance, renewals, etc.). This work will identify and document high level processes completed by the Asset Management Team. Staff anticipate that this initiative will likely be completed late 2025. Enterprise Asset Management (EAM): The City is working on the implementation of its new EAM system (Lucity). Current work involves onboarding departments onto the system to support departments manage their workload. This work is ongoing and involves providing guidance and training to staff. The following departments have / are being onboarded in timed phases: Phase 1 – 2023: Complete. Departments onboarded are Environmental Services and Finance. Phase 2 – 2023/2024: Complete. Departments onboarded are Operations (which includes Fleet, Roads, Forestry, Utilities and Parks). Phase 3 – 2024: Current implementation. Departments currently being onboarded are Sustainability & Asset Management and Engineering. This implementation will be completed by the end of Q1 2025. Several processes and procedural workflows are embedded within the EAM system (e.g., maintenance or replacement processes) Business process documentation will be developed and aligned with the findings from these critical initiatives as they are put into practice and are operationalized. 	
3	Performance Monitoring and Reporting Reporting metrics for key Asset Management activities and deliverables should be reported to the Corporate Asset Steering Committee and to Council at an enterprise-wide level. As well, the roles and responsibilities for reporting and monitoring on Asset Management should be clearly documented within the Asset Management Policy. In addition, once the EAM solution has been implemented, opportunities should be explored to leverage its enhanced data management capabilities	Currently, Asset Management performance monitoring and reporting is taking place at a departmental level and corporate data is reported to Council annually as part of Life Cycle updates and Capital Budget process. The Asset Management Steering Committee (AMSC) is responsible for enterprise level performance monitoring and reporting as per section 7.C.g of the Asset Management Policy (dated May 14, 2019). The City's first enterprise level Asset Management Performance Monitoring and Reporting to Council will be after completion of Asset Management Plan (AMP) updates.	Low	Q2 2021	Complete	The current reporting process includes monthly updates to the Asset Management Steering Committee (AMSC), along with ad-hoc updates that may happen more often. The updates and reporting focus on progress towards goals, and other asset management activities. In addition to this, Council receives updates on progress in alignment with requirements set out in Ontario Regulation 588/17. Starting in 2026, an annual progress report will be provided to Council on compliance to the AMP. The requirement to complete reporting is included in the Asset Management (AM) Policy.	n/a





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	through creation of performance dashboards and other analytical tools.	The 2021 AMP update will include the performance reporting matrix. Departmental and enterprise level performance dashboards will be developed following EAM implementation.				After the implementation of the EAM system, the City has employed the use of Power BI to prepare several dashboards and reporting on asset management.		
Info	mation and Records Management Audit - 2020							
1	and security), documenting the directions taken so far, and identifying resources and technologies available to implement information and records management objectives.	The City is in the process of implementing several significant IT systems, including; replacement of the program registration system, replacement of the CRM system, new E-Ticketing and scheduling systems, and a new Enterprise Asset Management system. These projects will each require significant staff resources to implement and each will have some form of information management components contained within. As such, management believes it prudent to wait until these systems have been implemented prior to embarking on the creation of an Information and Records Management Program to govern all of Markham's information assets. As such, the City will build the information management model by taking a "bottom up" approach as each system comes on-line.	Medium	Q4 2022	Not Yet Started	The City is still in the process of implementing various IT systems identified in 2020. This includes a new CRM system for the Contact Centre, replacement of the Program Registration system (which has been completed) and expansion of the e-Ticketing system to support AMPS. The new EAM system (Lucity) is being rolled out to departments in phases, with phases 1 & 2 completed and phase 3 to be completed by end of Q1 2025. Once the various IT systems are implemented, management intends to conduct a current state assessment with the goal of building an information and records management strategy and program to govern all assets, including oversight and monitoring practices (Observation #2), and a file and document management framework (Observation #3).	Q2 2026	
	In order to be effective, the City's information and records management strategy should be aligned with other City strategies, objectives, risk management programs, and information technology initiatives.	Following implementation of the new systems and related information management components, the City will enhance its current information and records management practices by developing a program that will include:						
	To develop and implement an information and records management program, the City should consider including the following:	An information management strategyA data governance model						
	 Governance Structure – Outlining leadership, organizational structures, and formal monitoring and reporting requirements. 	 Policies and procedures Targeted priorities and dates to address the gaps identified in this audit report 						
	 Risk Management - Understanding and prioritizing key risks of mismanaging different sets of records and evaluating their impacts. Policies and Procedures – Outlining the roles and responsibilities of City staff, steps for records classification, and secure & compliant processes for retention and destruction of records. 	 Identification of budget and resources required This will provide a more sustainable approach to enhance the City's information and records management posture based on the level of risk tolerance deemed appropriate by the City. The Information and Records Management Program will be developed for senior management decision-making once the significant projects noted above have been implemented. 						





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	 Training & Awareness - Providing the methods and cadence for role-specific records management training. Roadmap – Implementing the program in a prioritized sequence, considering the dependencies and impacts of other municipal IT and data projects/initiatives. Continuous Improvement – Strategies for ongoing enhancement of processes and capabilities (e.g. goals and performance targets). The City can leverage its existing Policy and records retention schedule (which contains some of the above elements) to develop a program that contains all key elements. For example, the existing Policy defines a clear governance structure (refer to Observation #2 below), which should be included in the City's program. 	In the interim, the City will take steps to enhance its current information and records management practices through policy development and staff training. Note: This timing may be delayed by the ongoing COVID-19 Pandemic.						
2	Information and Records Management Oversight and Monitoring The importance of the Policy should be reinforced by communicating it to all departments and staff. A RIM Program Manager should be formally assigned to the Legislative Services Department, and regular monitoring activities should take place to assess compliance with the Policy and related procedural manuals. A Records Coordinator should be formally assigned within each department, with training provided to help them understand their roles and responsibilities. Information and records management compliance reporting should be scheduled agenda items (i.e., at least annually) in ELT meetings to ensure information and records management compliance is reviewed and discussed at least once a year. Furthermore, the Records Coordinators should work with Management to schedule and document all planned information and records management activities at the beginning of each fiscal year. Activities should include:	 A.1) Communications will be sent to Directors and Performance Managers outlining City records management requirements. Records Coordinators will be designated in each Department to oversee the records management function and ensure compliance with the Records Classification and Retention By-law. A.2) Training of Records Coordinators will be completed. B) Additional work relative to this recommendation will be determined once the Information Management Program (refer to Observation #1) has been developed. 	Medium	A.1) Q1 2021 A.2) Q2 2021 B) Q4 2022 (dependent on Observation #1)	Not Yet Started	 A.1 & A.2) Each department assigned individual Records Coordinators to lead records management activities for their department with training provided. There has been some change to these identified individuals due to turnover, however new individuals are identified and are trained on a one-on-one basis to provide the awareness and training for their role. COMPLETE B) In conjunction with Observation #1, oversight and monitoring practices will be developed once the various IT systems are fully implemented. NOT YET STARTED 	Q4 2026	





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	 Assist in preparation of periodic department level records compliance audits (i.e. at least annually); Periodic file clean-up and reviews of both physical records within the business areas and electronic records in the network shared drive; Planned record transfers to offsite storage; Review of file naming conventions for electronic records; Review of access to physical storage spaces and work with the IT department to ensure restricted access to the network shared drive; and, Training and awareness sessions. 			0.1.0000			Q4 2026
3	and Retention By-Law 2017-151	Staff will undertake additional steps to ensure compliance with the City's current Records Classification and Retention By- Law. Staff will implement the tools and related processes identified in the Information and Records Management Program to further monitor compliance in both physical and electronic records.	Medium	Q4 2022 (dependent on Observation #1)	Not Yet Started	In conjunction with Observation #1, a file and document management framework will be developed once the various IT systems are implemented. Staff are investigating the potential of implementing an auto application of the Records and Information Management policy that will require assigning a retention or classification to files that are saved to SharePoint. Staff are also investigating the possibility if artificial intelligence (AI) can be used to assign data to different classification areas.	
4	Information and Records Management Training Once the City has developed the information and records management program which includes a training aspect (as described in Observation #1 above), information and records management training should be provided to all employees, including periodic refresher training (e.g. annually) and when updates are made to policies and procedures. Records Coordinators should also receive additional and more comprehensive training as they should be both the information and records management	Once Records Coordinators are identified by Department Directors, training sessions will be scheduled. Legislative Services staff will create a basic training package and make it available to all City staff. Additional training will be determined as part of the Information and Records Management Program.	Medium	Q2 2021	In Progress	An eLearning module titled "Overview of Records Management" was developed. The module is mandatory for all staff who have access to a computer and is completed as part of new hire onboarding. An eLearning module on the Retention Bylaw and Classification Structure was also developed. This training module is being launched in November 2024. Additional training related to Privacy will also be developed that will be mandatory for all staff. Other generalized training has been completed for specific individuals, with more specific individual training provided to Records Coordinators.	Q4 2026





#	Auditor General Recommendations	Management Action Plans	Risk Rating	Due Date	Remediation Status	Status Update	Retargeted Due Date
	champions of their respective departments and the point of contact for department staff regarding compliance with policies and procedures.					In conjunction with Observation #1, additional training requirements will be identified and developed once Information and Records Management Program is complete.	
5	Freedom of Information (FOI) Request Process Understanding that FOI Request volumes have increased year over year, the following considerations have been provided to improve efficiencies within the FOI request process. Legislative Timelines For continuous improvement, exploration of tools outside of Nordat, such as Microsoft Outlook calendar notifications or other system software, should be considered, to assist City staff in tracking and notifying when key legislative deadlines are approaching. FOI Request Tracking & Review Process For routine type FOI requests, the Legislative Services Department should ensure that a review is performed, and approval is obtained, of all records gathered before they are released to the requestor. The review should assess the completeness of the records and ensure that records are indexed in an organized manner. This would allow for continuous improvement of the effectiveness and efficiency of the FOI request handling process.	The Nordat system does not have the ability to send out emails or provide notifications about requests and memos that are due by a specific date. However, Legislative Services staff have set up reminder notifications within Outlook as part of the FOI procedure for inputting requests. Staff will also review the City's routine disclosure practices and revise the City's Routine Disclosure Policy accordingly.		Q3 2021	In Progress	The City upgraded its FOI software (Vayle) that allows for notifications and also produces a report that can be presented to the Information and Privacy Commissioner of Ontario (IPC) at the end of the year, as required. This new system also integrates with Outlook. The Routine Disclosure Policy is currently in draft stage, with planned completion in 2025.	Q4 2025
Acce	essibility Audit – 2021						
1	Outdoor Play Spaces A review of the outdoor play spaces where the ground surface is not compliant with Section 80.20(b) of the IASR should be completed with an assessment to determine the extent of non-compliance and plan for required remediation.	 A) The City has identified 80 playgrounds that were either newly constructed or refurbished since 2016, where the ground surface is not compliant with the IASR standard. A corporate standard for relevant design specifications is being developed in compliance with the standards. The standard will be included in the updated Accessibility Design Guidelines document. B) The City Life Cycle Reserve Study is being updated to include engineered wood fiber safety surfacing materials. 	High	A) Q1 2022 B) Q4 2022	Complete	 A) City staff have been working to update and retrofit the 80 identified playgrounds with ground surface materials that follow the requirements set out in the IASR. Section 6.18.6 of Markham's Accessibility Design Guidelines (MADG) identify the approved surface materials (which include accessible turf, rubber mats and tiles, etc.). When the existing playgrounds are scheduled to be updated, they will be fitted with rubber, or fibre mulch. City staff plan to complete updates to the 80 parks over a four (4) year period. In 2024, staff updated 17 parks. In 2025, an additional 25 parks will be updated. City staff anticipate that all parks will be updated by the end of 2026. B) The City Life Cycle Reserve Study was updated to include engineered wood fiber safety surfacing materials. 	n/a





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2	once the extent of non-compliance is known. Once the updated Accessibility Design Guideline has been implemented, training should be provided to all staff that oversee new construction or redevelopment of elements in public spaces to reinforce the need for contractors to review the Guidelines and sign-off to		Medium	A.1) Updated Guidelines: Q1 2022 A.2) Training: Q4 2022 B) January 2022 C) Q2 2022	In Progress	 A.1) The MADG was updated in 2022 and posted online. The City has not yet completed a compliance review of the buildings that were built after 2016 but before the implementation of the MADG in 2022. As part of the City's Multi-Year Accessibility Plan for 2025-2029, the City will be preparing a plan to perform accessibility audits of public spaces and identify areas for improvement. The Director's Forum will be overseeing this activity. Activities related to developing this plan will begin in 2025. IN PROGRESS A.2) Upon the implementation and roll out of the 2022 MADG, all Directors informed their respective teams about the updates and legislated requirements through informal training. The City also currently has a general AODA training module, as well as a Design of Public Spaces, that is a required training for all new staff whose role involves any aspects of building or maintaining public spaces. COMPLETE B) Permit condition language has been added. COMPLETE C) The City has not established a formal advisory committee with staff from relevant departments to provide technical oversight to ensure compliance. However, since 2022, technical oversight thas been provided by the Director's Forum committee which has performed compliance reviews of any new construction or project during the design review phase of work (prior to construction). COMPLETE 	Q4 2025
3	Accessible Parking A review of all off-street parking facilities that were built or redeveloped since 2016 should be completed to determine whether the minimum number of Type A parking spaces have been provided, as well as an assessment and plan to determine the required remediation.	 A) The City will review new and rehabilitated City parking space assets constructed since 2016 and develop and execute plans to remediate identified accessibility parking space compliance issues against IASR requirements. B.1) An amendment to the relevant zoning By-law will be made to ensure compliance with section 80.34 of the IASR (requirements for types of accessible parking spaces). IASR 	Medium	A) 2023 B.1) Q2 2022 B.2) Q1 2022	Complete	 A) Assessment of sites was completed which identified two (2) sites that required changes to meet compliance requirements. These sites include the Aaniin Community Centre and the Morgan Pool Parking. Redevelopment of both of these sites have been completed. B.1) Section 5.6 of the Zoning Bylaw 2024-19 defines the requirements for accessible parking space requirements in alignment with the requirements 	n/a





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	The requirements for Type A parking spaces should also be included in the Zoning Bylaw.	Type A and B parking space requirements will be included in the amendment.				set out I the IASR. The requirements for the minimum number of Type A parking spaces is also documented in the 2022 MADG (section 3.1.2).	
		B.2) In the meantime, Planning and Urban Design will provide written and documented direction to site plan review staff to ensure that parking components of applications are in compliance with IASR accessible parking provisions.				B.2) All applications for non-residential building permits require compliance with the AODA and IASR, including parking provisions. This language was added to permits prior to the updates to the bylaws as a measure to ensure compliance.	
4	Duties of Municipalities and Taxicabs The Taxi Bylaw in development should include that taxicab and PTC drivers must comply with the requirements of the IASR under Section 80, which mandates that drivers are prohibited from charging higher fares or additional fees to persons with disabilities and that vehicle regulation and identification information be provided in an accessible format to persons with disabilities who are passengers. A process for plate holders and private sector companies to report back to the City to confirm they understand and adhere to these requirements should also be included within the Bylaw.	 While the City does not currently license accessible taxicabs, the current by-law contains regulations requiring brokers, owners and operators to comply with IASR Section 80. As part of the current review of the Mobile Licensing By-law, several amendments are being recommended to bring the City into compliance with all IASR regulations related to operators and drivers of taxicabs and private transportation companies (PTCs). Mandatory driver training, by a company approved by the City will be undertaken contingent on a vendor providing this service. Brokers/private transport companies to ensure all drivers complete the training as a condition of their employment. Brokers/private transport companies will be prohibited from charging persons with disabilities fees over and above those for able bodied users. As part of annual licensing, the City will require operators/drivers to have information available to users with disabilities in accessible formats. 	Medium	Q3 2022	Complete	The Mobile Licensing By-law (Bylaw 2022-20, last updated in January 2024), includes the requirements for owner/operators to comply with IASR Section 80. In order to ensure license holders understand their requirements, specialized training has been developed and must be completed by all licensees before a permit or permit renewal is issued. This requirement will take effect in April 2025. Licensees and PTC organizations will be required to declare that drivers have completed the required training. Requirement for the completion of this training is embedded within the current Bylaw.	n/a
		approved, the process will be posted on the website, and communicated publicly.					
5	Accessible Web Content Documents and content contained on the City's website (e.g., PDFs) should be reassessed to ensure that all accessibility requirements are met. A process should be developed for the reassessment of all web content (e.g., PDF's), to ensure they are accessible, or that an accessible alternate (e.g.,	The City worked with a third-party vendor to make the portal accessible per Web Content Accessibility Guidelines (WCAG), focusing on the portal content pages and ensuring that the pages and documents were readable by screen readers and other accessibility tools. As part of this process, over 1,300 PDF documents on the portal were reviewed and enhanced. A work plan is being developed to further address accessibility compliance issues related to PDF documents on the portal	Medium	Workplan: Q4 2022 Implementation: 2024	Complete	An AODA Document Remediation project has been initiated earlier this year (in Q1 2024). Phase 1 activities are to inventory documents, evaluate accessibility compliance, and develop a remediation strategy for department documents. Staff are currently in Phase 1 of the project, targeting completion Q4 2024. Phase 2 will include developing AODA compliant templates for the department.	n/a





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	ongoing testing of the website, however, this process can be modified to ensure the entirely of the website and all web content is reassessed. Reassessment of the entire website is a significant task and MNP recommends that this review is approached in phases.	and will include content author training, ongoing spot checks by the external vendor, awareness communication with the public, and remediation of pdf documents.						
	The City should continue its efforts to ensure that any new webpages or web content posted online is accessible, or that an accessible alternate is provided. The City should also continue the training program to ensure staff are able to create and remediate accessible documents.							
		The City will formally document the current processes and procedures related to preparing notices of temporary disruption and disseminate to relevant departments and facilities.	Low	Q3 2022	Complete	A process for preparing notices of temporary disruption was developed and documented in 2023. Roles and responsibilities are also included in the procedures.	n/a	
7	Accessibility Policies A review and update of both the IASR Policy and the Customer Service Policy should be completed. When performing the review and update, the City should consider consulting with the AAC for feedback and input. The City should also set a cycle or cadence for the next review period, and work to keep the policies updated, relevant and effective going forward (e.g., perform a review at least every five years).	The City will review and update the IASR and Accessible Customer Service policies to ensure alignment with IASR requirements and confirm review cycle moving forward.	Low	Updated IASR policy and review cycle: Q4 2022 Accessible customer service policy and review cycle: Q1 2023	Not Yet Started	The IASR Policy and the Accessible Customer Service Policy have not been updated. The City is in the process of hiring an Accessibility Specialist whose first responsibility will include the update of the policies. City staff indicate that they intend to hire for this role as soon as possible.	Q4 2025	
8	Annual Reporting A process to prepare annual reporting on the progress made towards goals identified in the Accessibility Plan should be developed and implemented. Once annual reports have been prepared, they should be posted on the public website, and should be provided in accessible format upon request.	The City will develop a process to prepare annual reporting on progress made towards goals identified in the 2020 to 2023 Accessibility Plan.	Low	Q3 2022	Complete	The City has completed annual reporting on its progress made towards the goals in the 2020 to 2023 Accessibility Plan. Reporting was conducted for the 2023 calendar year and posted to the City's public facing website.	n/a	