Subject: Accessibility compliance report

Date: January 4, 2021 1:21:32 PM

This is an automatically generated email, please do not reply

Confirmation

Thank you for submitting your accessibility compliance report on 1/4/2021.

For your records, attached is a copy for the following organization(s):

Cook's School Day Care Inc., Business Number: 106972342

Your confirmation number is ACR-55162.

Under the Accessibility for Ontarians with Disabilities Act, 2005 (AODA), organizations must make their accessibility compliance reports available to the public.

Compliance Status

Your report indicates that your organization is in compliance with Ontario's accessibility laws.

The contents of the report will be reviewed against the requirements of the AODA. All organizations with obligations under the AODA may be selected for an audit.

Understand your obligations

Visit ontario.ca/accessibility regularly for updates and to subscribe to our newsletter.

How did you hear about Ontario's accessibility laws?

Help us understand the most effective ways to get information to you by <u>answering a short survey</u>.

Questions?

Contact the AODA Contact Centre (ServiceOntario) between the hours of 8:30 a.m.

and 5:00 p.m. EST:

Phone: 416-849-8276 or 1-866-515-2025 (Toll-free)

TTY: 416-325-3408 / Toll-free 1-800-268-7095

Email: accessibility@ontario.ca

If you require the attached report(s) in an alternate format, please contact us.

Thank you for helping to make Ontario accessible.

Ministry for Seniors and Accessibility



2020 Accessibility Compliance Report

Instructions

	ou provide is subje rith an asterisk (*) a	ct to the <i>Freedom (</i> re mandatory.	of Informat	ion and Protec	tion of Pri	vacy Ac	t.		
	n information								
Organization category * Business or Non-profit				Number of employees range * 1-19 employees			Reporting year 2020		
Business detai	ls		'		9.0		•		
Organization legal				employees in Ontar	io* <u>Help</u>				
Cook's School			19						
Business number 106972342	(BN9) * <u>Help</u> [Check this box if y Ministry for Seniors			identifier fr	om the			
_	ting/business name i	s same as legal nam	ne						
Organization oper		Language preference for communications *							
Cook's School	•	-ti			English				
	escribes your organiz	ation's principal busi	iness activity		Ŀ	<u>Help</u>			
Empty Subsector (if poss	ihle)			Industry aroun	(if no seible)	١			
Subsector (II possible)				Industry group (if possible)					
Mailing address Address where let	s ters can be sent to th	e person responsible	e for coordin	ating the organiz	zation's AO	DA comp	oliance activities.		
Country * Country * Canada USA						International			
Type of address*	Street addre	ss Ostree	et address s	erved by route	Other				
I	Street number* 172	Street name* Queen							
Street type Street	Street direction	City *					Province * ON (Ontario)		
Postal code* K9A 5P6						·			
Business addre	ess								
(Address at which	letters can be sent to	the company direct	or/officer ac	countable for the	e organizati	ion's com	npliance with the AO	DA.)	
🗸 Check if busin	ess address is same	as mailing address							
Country *	◯ International								
Type of address*	Street addre	ss ⊝Stree	et address s	erved by route	Other				
I	Street number* 172	Street name* Queen							
Street type	Street direction	City *					Province *		
Street		Cob	ourg				ON (Ontario)		
Postal code* K9A 5P6									

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answer all of them.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

Customer Service Does your organization permit people with disabilities who are accompanied by a guide dog or service 🔫 Yes \bigcirc No

animal to keep the animal with them while on your premises or using your services, unless otherwise excluded by law? * Leam more about your requirements for question 1

Read Ontario Regulation (O. Reg.) 191/11 s. 80.47(2): Use of service animals and support persons

Comments for

question 1

If a person with a disability is accompanied by a support person, does your organization ensure that these persons are permitted to enter the premises together and that the person with a disability is not

 \bigcirc No

prevented from having access to the support person while on your premises? * Read O. Reg. 191/11 s. 80.47(4): Use of service animals and support persons

Leam more about your requirements for question 2

Does your organization ensure that the required persons receive training on the accessibility standards for customer service? *

Yes

🖲 Yes

 \bigcirc No

Read O. Reg. 191/11 s. 80.49(1): Training for staff, etc.

Leam more about your requirements for question 3

Comments for auestion 3

Comments for auestion 2

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Has your organization established a process for receiving and responding to feedback on the	
accessibility of its customer service and does it make information about the feedback process readily	
available to the public?*	

Yes

ON⊙

Read O. Reg. 191/11 s. 80.50(1-4) Feedback process required

Leam more about your requirements for question 4

Comments for question 4

 Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Customer Service Standards? * Yes

ON₀

Read O. Reg. 191/11 Part IV. 2 Customer Service Standards

Learn more about your requirements for question 5

Comments for question 5



Ministry for Seniors and Accessibility

2020 Accessibility Compliance Report

Organization category Busir	ness or Non-profit			Number of a	employees range 1-19		
Filing organization legal nam	e Cook's School Day C	are Inc).				
Filing organization business	number(BN9) 106972	342					
Fields marked with an asterisk (*) are mandatory.						
D. Accessibility complianc	e report summary						
Your responses to the questions	on your accessibility repo	rt indica	te that your organization	is in complian	ce with AODA standards.		
Your organization may be audited	I to verify compliance.						
E. A ccessibility compliance	e report certification						
Section 15 of the <i>Accessibility for C</i> the required information has been p							
Note: It is an offence under the Act	to provide false or misleadir	ng inform	nation in an accessibility rep	ort filed under	the AODA.		
The certifier may designate a prima will be the main contact.	ry contact for the Ministry for	r Seniors	and Accessibility to contac	ct the organizat	ion(s); otherwise the certifier		
Certifier: Someone who can legally	bind the organization(s).						
Primary Contact: The person who	will be the main contact for a	accessib	ility issues.				
Acknowledgement							
✓ I certify that I have the authority	to bind all organizations spe	cified in	Section A of this form, *				
✓ I certify that all the required info	rmation has been included in	n this rep	ort, and, *				
✓ I certify that the information in the second control of th	nis report is accurate. *						
Certification date (yyyy-mm-dd) *	2021-01-04						
Certifier information							
Last name *			First name *				
Stubbings			Lynn				
Position title * Other	Business phone number* 905-372-2143	Extens	sion	TY			
Email* stubbings@cooksdaycare.ca			Alternate phone number	Extension	Fax number 905-372-2441		
					300-372-2441		
Primary contact for the organ	• • •						
✓ Check if the primary contact is s Last name *	same as the certifier	1	· *				
Last name " Stubbings	- 1	First name * Lynn					
Position title *	Business phone number *	Extens					
Other	905-372-2143		Check here ii i	11			
Email* stubbings@cooksdaycare.ca			Alternate phone number	Extension	Fax number 905-372-2441		
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