

Organization category [Business or Non-profit](#)

Number of employees range [20-49](#)

Filing organization legal name [rare Charitable Research Reserve](#)

Filing organization business number (BN9) [877615914](#)

Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at [ontario.ca/accessibility](https://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

## C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

☒ I certify that all the information is accurate and I have the authority to bind the organization \*

Certification date (yyyy-mm-dd) \* [2023-12-07](#)

### Certifier information

|                                                                                              |                                    |                              |                     |                                            |
|----------------------------------------------------------------------------------------------|------------------------------------|------------------------------|---------------------|--------------------------------------------|
| Last name *                                                                                  |                                    | First name *                 |                     |                                            |
| <a href="#">Sobek-Swant</a>                                                                  |                                    | <a href="#">Stephanie</a>    |                     |                                            |
| Position title *                                                                             | Position title other *             | Business phone number *      | Extension           | <input type="checkbox"/> Check here if TTY |
| <a href="#">Other</a>                                                                        | <a href="#">Executive Director</a> | <a href="#">519-650-9336</a> | <a href="#">113</a> |                                            |
| Email *                                                                                      |                                    | Alternate phone number       | Extension           | Fax number                                 |
| <a href="mailto:stephanie.sobek-swant@raresites.org">stephanie.sobek-swant@raresites.org</a> |                                    | <a href="#">226-600-0261</a> |                     |                                            |

### Primary contact for the organization(s)

☐ Check if the primary contact is same as the certifier

|                          |                       |
|--------------------------|-----------------------|
| Last name *              | First name *          |
| <a href="#">Eckhardt</a> | <a href="#">Laura</a> |

|                                         |                                                   |                                         |                  |                                               |
|-----------------------------------------|---------------------------------------------------|-----------------------------------------|------------------|-----------------------------------------------|
| Position title *<br>Other               | Position title other *<br>Manager Finance & Admin | Business phone number *<br>519-650-9336 | Extension<br>117 | <input type="checkbox"/> Check here<br>if TTY |
| Email *<br>laura.eckhardt@raresites.org |                                                   | Alternate phone number<br>519-651-1520  | Extension        | Fax number                                    |

## D. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

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

1. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? \*
- ☒ Yes ☐ No

- Staff and volunteers
- People involved in developing accessibility policies
- People providing goods, services or facilities on behalf of the organization

(If Yes, please answer an additional question)

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

[Learn more about your requirements for question 1](#)

- 1.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 types of disability?
- How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?
- How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?
- What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?

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

[Learn more about your requirements for question 1.a](#)

Comments for question 1.a [Provided by HRDownloads professional training software](#)

2. If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? \* ☒ Yes ☐ No  
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.48 \(1\): Notice of temporary disruptions](#)

[Learn more about your requirements for question 2](#)

- 2.a. Does the notice of the disruption include all of the following? \* ☒ Yes ☐ No
- The reason for the disruption?
  - Its anticipated duration?
  - A description of available alternative facilities or services (if any)?

[Read O. Reg. 191/11, s. 80.48 \(2\): Notice of temporary disruptions](#)

[Learn more about your requirements for question 2.a](#)

Comments for [Signs and website](#)  
question 2.a

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3. Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? \* ☐ Yes ☒ No  
(If Yes, please answer an additional question)

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements for question 3](#)

- 3.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: \* ☐ Yes ☐ No
- Consult with the person with a disability?
  - Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?
  - Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?

[Read O. Reg. 191/11, s. 80.47 \(5\): Use of service animals and support persons](#)

[Learn more about your requirements for question 3.a](#)

Comments for  
question 3.a

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## E. Accessibility compliance report summary

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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.**