

## Instructions

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

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

### A. Organization information

Organization category *	Number of employees range *	Reporting year
Business or Non-profit	20-49 employees	2020

#### Business details

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
Idlewyld Inn & Spa Corporation	30

Business number (BN9) \* [Help](#)  Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility  
838930774

Check if operating/business name is same as legal name

Organization operating/business name	Language preference for communications *
Idlewyld Inn & Spa	English

Sector that best describes your organization's principal business activity \* [Help](#)  
72 - Accommodation and food services

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 \*  Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *
	36	Grand

Street type	Street direction	City *	Province *
Avenue		London	ON (Ontario)

Postal code \*  
N6C 1K8

#### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country \*  Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *
	36	Grand

Street type	Street direction	City *	Province *
Avenue		London	ON (Ontario)

Postal code \*  
N6C 1K8

Organization category Business or Non-profit | Number of employees range 20-49  
 Filing organization legal name Idlewyld Inn & Spa Corporation  
 Filing organization business number (BN9) 838930774

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](http://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 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 permit people with disabilities who are accompanied by a guide dog or service animal to keep the animal with them while on your premises or using your services, unless otherwise excluded by law? \*
- Yes     No

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

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

Comments for question 1

2. 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 prevented from having access to the support person while on your premises? \*
- Yes     No

[Read O. Reg. 191/11 s. 80.47\(4\): Use of service animals and support persons](#)

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

Comments for question 2

3. Does your organization ensure that the required persons receive training on the accessibility standards for customer service? \*
- Yes     No

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

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

Comments for question 3

4. 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  No

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

[Learn more about your requirements for question 4](#)

Comments for  
question 4

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5. 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  No

[Read O. Reg. 191/11 Part IV.2 Customer Service Standards](#)

[Learn more about your requirements for question 5](#)

Comments for  
question 5

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Filing organization legal name Idlewyld Inn & Spa Corporation	
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**D. 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.

**E. 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 I have the authority to bind all organizations specified in Section A of this form, \*
- I certify that all the required information has been included in this report, and, \*
- I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* 2021-06-28

**Certifier information**

Last name * Buehner		First name * Suzanne	
Position title * Controller	Business phone number * 519-432-5554	Extension 150	<input type="checkbox"/> Check here if TTY
Email * accounting@idlewyldinn.com		Alternate phone number	Extension Fax number

**Primary contact for the organization(s)**

- Check if the primary contact is same as the certifier

Last name * Buehner		First name * Suzanne	
Position title * Controller	Business phone number * 519-432-5554	Extension 150	<input type="checkbox"/> Check here if TTY
Email * accounting@idlewyldinn.com		Alternate phone number	Extension Fax number