

### **Accessibility Directorate of Ontario**

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

## 2017 Accessibility compliance report

### Instructions

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

A. Organization information

Organization category \*

Designated Public Sector

50+ employees 2017

Organization category *			Number of employees range *		Reporting year	
Designated Pu	ıblic Sector	50+ employees			2017	
Business detai	İs			·		
Organization lega	I name *				Number of e	mployees in Ontario * Help
The Corporation of the Town of South Bruce			e Peninsula		135	
Business number	(BN9) * <u>Help</u>					
				****		
	ating/business name is	s same as lega	al name		1.	
	rating/business name	Cardle Dave	Daningula	Language preference for communications *		
•	on of the Town of					
	lescribes your organiz	ation's principa	al business activit	ty *	Help	
91 - Public adı				T		
Subsector (if poss	•	3 11.		Industry group (if po	ssible)	
	unicipal and regio	nai public a	dministration			
Mailing address	ttore can be cont to th	a narcan rach	ancible for coordi	nating the organization	o'a AODA compl	ianno activitico
		•			•	iance activities.
Country *	) Canada		) USA	O II	nternational	
Type of address	Street addre	ss C	Street address	served by route O	Other	
Unit number	Street number *	Street name *	*			
Box310	315	George				
Street type	Street direction		City *		P	rovince *
Street			Wiarton		C	N (Ontario)
Postal code *					<del></del>	
N0H 2T0						
Business addres	ss	**************************************				
				ccountable for the orga	aniz <mark>ation</mark> 's comp	liance with the AODA.)
✓ Check if busing	ness address is same	as mailing add	dress		·	
Country *	<b>Can</b> ada		) USA	○ lı	nternational	
Type of address	* Street addre	ss C	Street address	served by route O	Other	
Unit number	Street number *	Street name	*			
Box310	315	George				
Street type	Street direction		City *		P	rovince *
Street			Wiarton		C	ON (Ontario)
Postal code *			<del>d</del>			
NOH 2TO						

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



# Accessibility Directorate of Ontario

## 2017 Accessibility compliance report

Organization category Designated Public Sector	Number of employees range 50+		
Filing organization legal name The Corporation of the Town of South Bruce Pe	ninsu		
Filing organization business number (BN9) 868033135			
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 on	tario.ca/accessibility		
Additional accessibility requirements apply if you are:			
• <u>a municipality</u>			
• an education institution (e.g. school board, college, university or school)			
<ul> <li>a producer of education material (e.g. textbooks)</li> </ul>			
a library board			
C. Accessibility compliance report questions	removement and a child for the contract the abbit definition of the contract contract of the distribution of the contract contract of the distribution of the contract contrac		
Instructions Please answer each of the following compliance questions. Use the Comments box if you wish to	o comment on any response.		
If you need help with a specific question, click the help links which will open in a new browser wire relevant AODA regulations and the link on the right to view relevant accessibility information resomate your employment practices accessible		he	
1. Does your organization notify its employees and the public about the availability of accommod during the recruitment process? *	ations    Yes	) No	
Read O. Reg. 191/11 s.22 - 24: Recruitment	ore about your requirements for ques	tion 1	
Comments for question 1			
2. Does your organization provide employees with updated information about its policies to supp employees with disabilities? *	ort    Yes	) No	
Read O. Reg. 191/11 s.25: Informing employees of supports  Lear	n more about your requirements for q	uestion 2	
Comments for question 2			
<ol> <li>When requested, does your organization provide employees with disabilities information in an format or with communication supports? *</li> </ol>	accessible	) No	
Read O. Reg. 191/11 s.26: Accessible formats and communication supports for employees Lear	n more about your requirements for q	uestion 3	
Comments for question 3			

<ol> <li>Does your organization prepare individualized workplace emergency response information for employees with disabilities? *</li> </ol>	Yes	○ No
Read O. Reg. 191/11 s.27: Workplace emergency response information  Learn more about	your requirements	for question 4
Comments for question 4		
Make new or redeveloped public spaces accessible  5. Since January 1, 2016, has your organization constructed new or redeveloped existing recreational trails that you intend to maintain? *  (if Yes, you will be required to answer additional questions)	○ Yes	No
	your requirements	for question 5
5.a. Did your organization consult with the public and persons with disabilities prior to constructing new or redeveloping existing recreational trails as outlined in the s.80(8) of the Integrated Accessibility Standards Regulation (IASR)? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(8): Consultation, recreational trails  Learn more about y	our requirements fo	or question 5.a
Comments for question 5.a		
5.b. Does your organization ensure that its new or redeveloped recreational trails meet the technical requirements as outlined s.80(9) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(9): Technical requirements for trails  Learn more about y	our requirements fo	or question 5.b
Comments for question 5.b		
6. Since January 1, 2016, has your organization constructed new or redeveloped existing beach access routes that you intend to maintain? *  (if Yes, you will be required to answer additional questions)  Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions  Learn more about	○ Yes	No
	t your requirements	_
6.a. Does your organization ensure that its new or redeveloped beach access routes meet the technical requirements as outlined in IASR s.80(10)? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(10): Technical requirements for beach access routes  Learn more about y	our requirements fo	or question 6.a
Comments for question 6.a		
7. Do your new or redeveloped recreational trail and/or beach access routes include boardwalks? *  (if Yes, you will be required to answer additional questions)	○ Yes	○ No
7.a. Where new or redeveloped recreational trails and/or beach access routes have a boardwalk, does the boardwalk meet the technical requirements as outlined in s.80(12) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(12): Boardwalks Learn more about y	our requirements fo	or question 7.a
Comments for question 7.a		

(if Yes, you will be required to answer additional questions)		○ No
Read O. Reg. 191/11 s.80(13): Ramps  Learn more about you	ur requirements	for question 8
8.a. Where new or redeveloped recreational trails and/or beach access routes have a ramp, does the ramp meet the technical requirements as outlined in s.80(13) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(13): Ramps  Learn more about your	requirements fo	or question 8.a
Comments for question 8.a		
9. Since January 1, 2016, has your organization constructed new or redeveloped existing outdoor public use eating areas that you intend to maintain? *  (if Yes, you will be required to answer additional questions)	○ Yes	⊚ No
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements  Learn more about you	ur requirements	for question 9
9.a. Does your organization ensure that where they construct or redevelop outdoor public use eating areas that they meet the requirements as outlined in s.80(17) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements Learn more about your	requirements for	or question 9.a
Comments for question 9.a		
10. Since January 1, 2016, has your organization constructed new or redeveloped existing outdoor play spaces that you intend to maintain? * (if Yes, you will be required to answer additional questions)	○ Yes	No
10.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers, and if you represent a municipality did your organization consult with the accessibility advisory committee where one was established as outlined in s.80(19) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(19): Outdoor play spaces, consultation requirements  Learn more about your requirements	equirements for	question 10.a
Comments for question 10.a		
10.b. Did your organization incorporate accessibility features when constructing a new or redeveloping an existing play space as outlined in s.80(20a) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(20a): Outdoor play spaces, accessibility in design  Learn more about your results for the control of	equirements for	r question 10.b
Comments for question 10.b		
10.c. Does your organization's new or redeveloped play spaces have a firm ground surface as outlined in s.80(20b) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(20b): Outdoor play spaces, accessibility in design  Learn more about your	requirements fo	r question 10.c
Comments for question 10.c		
11. Since January 1, 2016, has your organization constructed new or redeveloped existing exterior paths of travel that you intend to maintain? *  (if Yes, you will be required to answer additional questions)	○ Yes	No
11.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements as outlined in s.80(21) – 80(31) of the IASR? *		○ No
Read O. Reg. 191/11 s. 80(21) - 80(31): Exterior Paths of Travel  Learn more about your	equirements fo	r question 11.a
Comments for question 11.a		

12. Since January 1, 2016, has your organization constructed new or redeveloped existing off-street parking facilities that you intend to maintain? *  (if Yes, you will be required to answer additional questions)	○ Yes	No
12.a. When constructing new or redeveloping off-street parking facilities that you intend to maintain, do you ensure that the off-street parking facilities meet the accessibility requirements as outlined in s.80(32) – 80(37) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(32) - 80(37): Accessible Parking  Learn more about your re	equirements for	question 12.a
Comments for question 12.a		
13. Since January 1, 2016, has your organization constructed a new or replaced an existing service counter? *  (if Yes, you will be required to answer additional questions)	○ Yes	
13.a. Does your organization ensure that new or redeveloped service counters meet the technical requirements as outlined in s.80(41) of the IASR? *	Yes	○ No
Read O. Reg. 191/11 s. 80(41): Service counters  Learn more about your re	equir <b>e</b> ments for	question 13.a
Comments for question 13.a		
14. Since January 1, 2016, has your organization constructed new fixed queuing guides? * (if Yes, you will be required to answer additional questions)	○ Yes	No
14.a. Does your organization ensure that new fixed queuing guides for obtaining services meet the technical requirements as outlined in s.80(42) of the IASR? *	○Yes	○ No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides  Learn more about your re	equir <b>e</b> me <b>nts</b> for	r question 14.a
Comments for question 14.a		
15. Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions)	◯ Yes	No
15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *	○ Yes	○No
Read O. Reg. 191/11 s.80(43): Waiting areas  Learn more about your r	equirements fo	r question 15.a
Comments for question 15.a		
16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *  (if Yes, you will be required to answer additional questions)	Yes	○ No
Read O. Reg. 191/11 Part IV. 1: Design of public spaces standards  Learn more about you	r requirements	for question 16
16.a. Does your organization's multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order as outlined in s.80(44) of the IASR? *	Yes	○ No
Read O. Reg. 191/11 s.80(44): Maintenance of accessible elements  Learn more about your r	equirements fo	r question 16.a
Comments for question 16.a		

Provide accessible transportation services			
17. Does your organization provide conventional transportation services? * (if Yes, you will be required to answer additional questions)		○ Yes	No
Read O. Reg. 191/11 Part IV - Transportation Standards: Definitions	Learn more about your r	equir <b>ements f</b>	or question 17
17.a. Does your organization have electronic pre-boarding announcements of the ro destination or next major stop on its transportation vehicles, and do these anno the requirements set out in section 51. O. Reg. 191/11? *		○ Yes	○ No
Read O. Reg. 191/11 s.51(2): Pre-boarding announcements	Learn more about your rec	uirements for	question 17.a
Comments for question 17.a			
17.b. Does your organization ensure that all destination points or available route stop through electronic means and legibly and visually displayed through electronic		○ Yes	○ No
Read O. Reg. 191/11 s.52(2) - 52(3): On-board announcements	Learn more about your red	quirements for	question 17.b
Comments for question 17.b			
18. Does your organization provide specialized transportation services? * (if Yes, you will be required to answer additional questions)		○ Yes	No
Read O. Reg. 191/11 Part IV - Transportation Standards: Definitions	Learn more about your r	equirements f	or question 18
18.a. Does your organization follow the eligibility requirements as outlined in section Accessibility Standards Regulation? *	63 of the Integrated	○ Yes	○ No
Read O. Reg. 191/11 s.63: Categories of eligibility	Learn more about your red	quirements for	question 18.a
Comments for question 18.a			
19. In the jurisdiction where you provide specialized transportation services, does anoth provide conventional transportation services? *  (if Yes, you will be required to answer additional questions)	er organization	○ Yes	○ No
19.a. Does your organization ensure that it does not charge more than the highest factorized conventional transportation services within the same jurisdiction? *	are charged for	○ Yes	○ No
Read O. Reg. 191/11 s.66: Fare parity	Learn more about your red	quirements for	question 19.a
Comments for question 19.a			
19.b. Does your organization ensure that it has, at minimum, the same hours and do one of the conventional transportation service providers within the same jurisdi	-	○ Yes	○ No
Read O. Reg. 191/11 s.70: Hours of service	Learn more about your red	quirements for	question 19.b
Comments for question 19.b			
20. Other than the requirements cited in the above questions, is your organization comprequirements in effect under the Integrated Accessibility Standards Regulation? *	olying with all other	Yes	○ No
Read O. Reg. 191/11: Integrated Accessibility Standards	Learn more about your i	requirements f	for question 20
Comments for question 20			

009-0057E (2017/03)[V2.0]



### Accessibility Directorate of Ontario

# 2017 Accessibility compliance report

Organization category Desig		Number of employees range 50+			
Filing organization legal name The Corporation of the Town of South Bruce Peninsu					
Filing organization business r	number (BN9) 8680331	135			
Fields rearles of with an actorials (*	\ are mendator.	************	Addition to the second		
Fields marked with an asterisk (*		DECEMBER STATE OF STA	THE COUNTY OF THE PARTY OF THE WARRANCE WARRANCE WARRANCE OF THE WARRANCE W		ne menenen semicanthe evit for each upp o oppin mystylligen Ordenhalden den almitte vid Orden orden ACA in nondy each upp op 100 in
D. Accessibility compliance	e report summary				
Your responses to the questions	on your accessibility repor	t indica	ate that your organization	is in compliand	ce with AODA standards.
Your organization may be audited	to verify compliance.				
E. Accessibility compliance	report certification		BACKER kelender der BACKER AND STORMER men men men min men men men der der propriet in der	CC 4 THE REPORT OF ENGINEERING AND CONTROL OF A CHAPTER WALL	BLACITICA (CLACITICA STORME) E de començación de professor de proposación de la continua de la continua de secula de la continua del la continua de  la continua de la cont
Section 15 of the <i>Accessibility for Oi</i> the required information has been po					
Note: It is an offence under the Act	to provide false or misleading	j inform	nation in an accessibility rep	ort filed under th	e AODA.
The certifier may designate a primar main contact.	ry contact for the Accessibility	y Direct	orate to contact the organiza	ation(s); otherwi	se the certifier will be the
Certifier: Someone who can legally	bind the organization(s).				
Primary Contact: The person who	will be the main contact for a	ccessib	ility issues.		
Acknowledgement					
✓ I certify that I have the authority	to bind all organizations spec	cified in	Section A of this form, *		
✓ I certify that all the required info	rmation has been included in	this re	oort, and, *		
✓ I certify that the information in the	nis repo <b>rt is accurate</b> . *				
Certification date (yyyy-mm-dd) *	2017-12-18				
Certifier information					
Last name * Cathrae			First name * Angela		
Position title * Other	Business phone number * 519 534-1400	Exten 122	sion Check here if T	TY	
Email * sbpen@bmts.com			Alternate phone number	Extension	Fax number 519 534-4862
Primary contact for the organizat	ion(s)				
✓ Check if the primary contact is s	same as the certifier				
Last name * Cathrae			First name * Angela		
Position title * Other	Business phone number * 519 534-1400	Exter 122	sion Check here if T	TY	
Email * sbpen@bmts.com			Alternate phone number	Extension	Fax number 519 534-4862