



# CIVIL RIGHTS COMPLIANCE CHECKLIST

Program/Provider/Facility	County	Region/District
Address		
City, State, Zip Code	Date	Telephone

**PART I.** 1. Briefly describe the geographic area served by the program/provider/facility and the type of service(s) provided:

2. POPULATION OF AREA SERVED. List source of data:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	
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3. STAFF CURRENTLY EMPLOYED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
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4. CLIENTS CURRENTLY ENROLLED OR REGISTERED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
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5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	
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**PART II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATIONS REQUIRING MORE SPACE.**

6. Is an Assurance of Compliance on file with the Department of Children and Families? If NA or NO, explain. NA YES NO

7. Compare staff composition to the population. Are staff representative of the population? If NA or NO, explain. NA YES NO

8. Compare the client composition to the population. Are race/gender composition representative of the population? If NA or NO, explain. NA YES NO

9. Are employees, applicants and recipients informed of their protection against discrimination? NA YES NO  
    
If YES, how?  Verbal  Written  Poster If NA or NO, explain.

10. Do recruitment and notification materials advise applicants, employees and recipients of your non-discrimination policy? YES NO  
   
If NO, explain.

11. Is there an established grievance/complaint procedure to resolve complaints of discrimination regarding service delivery or employment decisions? If NO, explain. YES NO

**PART II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATIONS REQUIRING MORE SPACE.**

12. Provide the number and current status of any discrimination complaints regarding services or employment filed against the program/provider/facility within the last year. NA NUMBER
13. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, gender, age, religion or disability? If NA or NO, explain. NA YES NO
14. Are benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, gender, color, age, national origin, religion or disability? If NA or NO, explain. NA YES NO
15. Are room assignments made without regard to race, color, national origin or disability for in-patient services? If NA or NO, explain. NA YES NO
16. Are Limited-English Proficient (LEP) applicants and recipients provided equal access to benefits including free interpreter services? If NA or NO, explain. NA YES NO
17. Are the programs/facilities/services accessible to mobility, hearing, and sight impaired individuals? If NA or NO, explain. NA YES NO
18. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, explain. YES NO
19. Has a self-evaluation been conducted to identify any barriers to serving individuals with disabilities? If NO, explain. YES NO
20. State the name of the designated Section 504 Coordinator for compliance activities: \_\_\_\_\_
21. Has Civil Rights training been conducted for local staff? If NA or NO, explain. NA YES NO

22. SIGNATURE:

\_\_\_\_\_  
 Signature and Title of Person Completing This Form \_\_\_\_\_  
 Date

<b>DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY</b>	
Date of Receipt <span style="float: right;">Signature of Program Manager or Designee</span>	Notice of Corrective Action Required: <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", attach list of corrective actions.
Date Reviewed by Compliance Officer:	Response Due:
Type of Review: <input type="checkbox"/> On-Site <input type="checkbox"/> Desk Review Comments:	Response Received:
Date of Last Compliance Review:	

## INSTRUCTIONS

### PART I.

1. Describe the geographic service area, such as region, district, city or other locality. If the program/provider/facility serves a specific target population, such as adolescents, describe the target population. Describe the type of services provided, such as in-patient health care, substance abuse residential treatment, outpatient counseling, etc.
2. Enter the total number and percentage of the population served by race and gender. The population area includes persons in city, county or other regional areas. Population statistics can be obtained from local chambers of commerce, libraries or any publication from the 2000 Census containing Florida population statistics. Include the source of your population statistics. ("Other" races include Asians/Pacific Islanders and American Indians/Alaskan Natives.)
3. Enter the total number of full-time staff and their percent by race, gender and disability. Include the effective date of your summary.
4. Enter the total number of clients who are enrolled, registered or currently served by the program, the provider or facility, and list their percent by race, gender and disability. Include the effective date that enrollment was counted. This information may be obtained from District Management Systems Directors, through manual tabulation of client records on-site, or other verifiable means.
5. Enter the total number of advisory board members and their percent by race, gender and disability. If there is no advisory or governing board, leave this section blank.

### PART II.

6. Each recipient of federal financial assistance must have on file an assurance that the program will be conducted in compliance with all non-discriminatory provisions as required in 45 CFR 80. This is usually a standard part of the contract language for DCF recipients and their sub-grantees. [45 CFR 80.4(a)]
7. Compare the race and gender composition of the staff. Is it reflective of the general population? For example, if 10% of the population is Hispanic, is there a comparable percentage of Hispanic staff?
8. Compare the race and gender population of clients to the general population. If there is significant variation between the race and gender of the clients and their presence in the population, the program/provider/facility has the responsibility to determine the reason(s) for such variation and take action necessary to correct any discrimination. Some legitimate disparities may exist when programs are sanctioned to serve target populations such as elderly or disabled persons. [45 CFR 80.3(b) and (c)]
9. Programs/providers/facilities must make information regarding the non-discriminatory provisions of Title VI and other applicable civil rights laws available to their participants, beneficiaries or any other interested parties. This should include information on their right to file a complaint of discrimination with the Florida Department of Children and Families, or the U.S. Department of HHS. The information may be supplied verbally or in writing to every individual, or may be supplied through the use of equal opportunity policy posters displayed in a public area of the facility. [45 CFR 80.6(d) and 45 CFR 80.7(c)]
10. Continuing steps must be taken to notify employees and the public of the program's/provider's/facility's policy of non-discrimination on the basis of disability. This includes recruitment material, notices for hearings, newspaper ads, and other appropriate written communication. [45 CFR 84.8(a)]
11. Programs/providers/facilities that employ 15 or more persons must adopt grievance procedures that incorporate appropriate due process standards and provide for the prompt and equitable resolution of complaints alleging any actions prohibited by Section 504 of the Rehabilitation Act. [45 CFR 84.7(b)]
12. Programs/providers/facilities will provide the number and the current status of all discrimination complaints regarding services or employment filed against the program/provider/facility within the last year. [45 CFR 80.6(d) and 45 CFR 80.7]
13. Person in protected groups shall not be excluded from the provisions of services. Evidence of such may be indicated in staff

and client representation and through on-site record analysis of persons who applied but were denied services of employment. [45 CFR 80.3(a) and 45 CFR 80.3(b)(2)]

14. Participants or clients must be provided services such as medical, nursing, dental care, laboratory services, physical and recreational therapies, counseling and social services without regard to race, gender, color, national origin, religion, age or disability. Courtesy titles, appointment scheduling and accuracy of record keeping must be applied uniformly and without regard to race, gender, color, national origin, religion, age or disability. Entrances, waiting rooms, reception areas, restrooms, and other facilities must also be equally available to all clients. [45 CFR 80.3(b)]
15. For in-patient services, residents must be assigned to rooms, wards, etc., without regard to race, color, national origin or disability. Also, residents must not be asked whether they are willing to share accommodations with persons of a different race, color, national origin, or disability. [45 CFR 80.3(a)]
16. The program/provider/facility and all services must be accessible to participants and applicants, including those persons who are Limited-English Proficient. In geographic areas where a significant population on non-English speaking people live, program accessibility will include free language services in accordance with Executive Order 13166. It is necessary to have a policy or plan to address the needs of the Limited-English Proficient client or applicant. [45 CFR 80.3(a) and Executive Order 13166]
17. The program/provider/facility must be physically accessible to disabled individuals. Physical accessibility includes, but is not limited to, designated parking areas, curb cuts or level approaches, ramps and adequate widths to entrances. The lobby, public telephone, restroom facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for door width, and Braille or raised numbers. Switches and controls for light heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for mobility impaired individuals.  
  
Accessibility must meet or be equivalent to the standards set by the American National Standards Institute (ANSI). If the program or facility is not accessible to disabled persons, there must be an equally effective program available in the area where services can be obtained. Alternative service providers must be listed if the program is not accessible. [45 CFR 84.22]
18. Programs/providers/facilities that employ 15 or more persons must provide appropriate auxiliary aids at no cost to persons with impaired sensory, manual or speaking skills where necessary. Auxiliary aids may include, but are not limited to, interpreters for hearing impaired individuals, taped or Braille material, or any alternative resources that can be used to provide equally effective services. [45 CFR 84.52(d)]
19. Section 504 of the Rehabilitation Act of 1973 requires that a recipient of federal financial assistance conduct a self-evaluation to identify any accessibility barriers. Self-evaluation is a four step process:
  - With the assistance of a disabled individual/organization, evaluate current practices and policies to identify any practices and policies that do not comply with Section 504.
  - Modify policies and practices that do not meet Section 504 requirements.
  - Take remedial steps to eliminate any discrimination that has been identified.
  - Maintain self-evaluation of file. (This checklist may be used to satisfy this requirement if these four steps have been followed.) [45 CFR 84.6]
20. Programs/providers/facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with Section 504. [45 CFR 84.7(a)]
21. Programs/providers/facilities who provide direct services to clients will train employees on all appropriate Civil Rights Laws.
22. The program/provider/facility person completing this form must sign, provide job title, and date the form.