

Town of Colma – Program Survey Form

Americans with Disabilities Act (ADA) Program and Facility Access Checklist

The Town of Colma is in the process of updating the Town’s ADA Self Evaluation and Transition Plan. The following is a program and facility access survey, which is required for each Department.

Please take a moment to complete the Program Survey Form and return it to Brian Dossey by January 4, 2010. Thank you for your time and consideration.

Access Element	Don't Know	No or Disagree	No Opinion	Yes or Agree	Suggested Improvements/Comment
A. General Requirements.					
1. Has the Town designated an employee to coordinate efforts to comply with and carry out responsibilities under ADA?					
2. Do you know who the Town’s designated ADA Coordinator is?					If yes, please provide name.
3. Have you posted and noticed the name and address of the ADA Coordinator?					
4. Do you know the Town’s complaint procedures and process for requesting auxiliary aids (TDD’s, Documents in large print format or Braille, etc)?					
5. Has the Town taken steps to ensure that all employees and consumers been instructed and notified regarding their rights under ADA?					
6. Has the Town provided information to the public, in an accessible format, explaining its policy to provide accessible policies, programs, services or activities and practices?					
7. Has the Town ensured that written and/or audio-visual materials portray persons with disabilities in an appropriate manner?					

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8. Would your department benefit from training on the requirements of the ADA and/or relating to people with all types of disabilities?					
B. Policy Requirements.					
9. Do your department's policies ensure that persons with mobility and/or sensory disabilities are provided auxiliary aids or accommodations to fully participate in programs, services and activities?					
10. Do your department's publications, service announcements and advertisements make known that they are available in alternative formats (e.g. large print, audio, Braille, captioned)?					
C. Communication Requirements.					
11. Has your department reviewed its policies to ensure that its communications with persons with disabilities are as effective as its communications with others?					
12. Does your department conduct business or provide services or information by telephone to the public?					
13. If YES to Question 12, is a telecommunication device for deaf (TDD) or other equally effective system available to facilitate communications with hearing and/or speech impaired persons?					
For Police Department (Departments which provide 911 emergency services):					
14. Does your department ensure direct access to persons who use telecommunication devices for the deaf (TDD's) and computer modems?					

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15. If YES to Question 15, are all 911 emergency response services equipped with a TDD or other equally effective technology to make the service accessible to persons who are deaf, hearing and/or speech impaired?													
D. Auxiliary Aids & Services.													
16. Does your department provide provisions or assist the public by informing of auxiliary aids or services that are available through the ADA Coordinator (i.e. hearing devices, Braille, large print, qualified readers or interpreters and captioned video programs)?													
17. Are assistive listening devices available for individuals with hearing impairments at your site?					If yes, state location, number fixed or portable and if their operable:								
18. Have you reviewed your website for accessibility for vision-impaired persons?					If yes, when?								
E. Facility Checklist.													
<p>What Town Facility do you work at?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Town Hall</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Colma Community Center</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Town Hall Annex</td> <td style="border: none;"><input type="checkbox"/> Corp Yard</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sterling Park</td> <td style="border: none;"><input type="checkbox"/> Senior Housing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Police Station</td> <td style="border: none;"><input type="checkbox"/> Museum</td> </tr> </table>						<input type="checkbox"/> Town Hall	<input type="checkbox"/> Colma Community Center	<input type="checkbox"/> Town Hall Annex	<input type="checkbox"/> Corp Yard	<input type="checkbox"/> Sterling Park	<input type="checkbox"/> Senior Housing	<input type="checkbox"/> Police Station	<input type="checkbox"/> Museum
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19. Do you already have an Accessibility Survey or report for your site?					If yes, please attaché to the survey.								
20. Are grievance procedures or complaint procedures noticed and posted at your site?					If yes, where:								
21. Do you have emergency evacuation plans posted at your site?					If yes, where:								
22. Are individuals with disabilities included in or have an opportunity to participate in all programs, activities and services provided by your site?													

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23. Are individuals with disabilities served or located in segregated areas of your facility?					
24. Do you require persons with disabilities to receive or participate in services at an alternate location?					If yes, describe:
25. Do you provide transportation for your programs, services, or activities?					If yes, describe transportation and its accessibility:
26. Do you follow a specific procedure or policy for use of the facility by organizations or members of the public?					If yes, describe:
27. Do you offer programs at your site that are not offered at other sites in the Town?					If yes, describe:
28. Have you made accommodations for individuals with disabilities (employees, members of the public, etc)?					If yes, describe:
29. Do you have a statement of accommodations in your literature or on public notices?					
30. Do you have any programs offered or located at a different site?					If yes, describe facilities:
31. Do you have any employees with disabilities at your site (if known):					
32. Are you aware of any community members or recipients of services with disabilities who utilize your site?					
33. Have you provided training or information to your staff regarding the requirements of the Americans with Disabilities Act?					If yes, describe:
34. Would you like additional training regarding the Americans with Disabilities Act?					If yes, describe:
35. Have you received any awards or special recognitions regarding programs or services for individuals with disabilities?					If yes, describe:
36. Do you have any construction or remodeling projects currently underway or planned within the next three years?					If yes, describe:
37. Do you have any volunteers?					

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38. If you have volunteers, have they received training on providing services or activities for individuals with disabilities?					
39. Do you have access to current City policies, procedures, or practices?					
40. Are there any issues or information with regard to persons with disabilities or accessibility that would be helpful to your facility?					

Optional

Department: _____

Name, Title of Person Completing Survey:

Phone Number: _____

E-mail: _____