Mission: To protect, promote & improve the health of all people in Florida through integrated

of all people in Florida through integrated state, county & community efforts.



Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

## CIVIL RIGHTS COMPLIANCE CHECKLIST

For the Fiscal Year July 1, 2021 to June 30, 2022

Facility / Program:	County:	
Address:	Completed By:	
City, State, Zip Code:	Date:	Telephone:
Briefly describe the geographic area served by the program/	facility and the type of	services provided:

	Minimum Requirements		nplia	nce		Local -
			No	N/A	COMMENTS If, No or N/A, Explain briefly	County procedures or policy reference
15 ס requ	uirement: DOH Policy – Designation or r more persons must designate at least uirements of Title VI of the Civil Rights A Rehabilitation Act of 1972 (Section 504), 5.	one p Act of 1	ersor I964 (	n to co Title V	ordinate efforts to comply with /I); HHS Assurances; as well as	the Section 504 of
1.	Has your organization assigned the local responsibility for insuring compliance with the HHS Assurances for <b>Title VI of the Civil Rights Act of</b> <b>1964 (Title VI)</b> , as amended, under the contract between the Florida Department of Health and the U.S. Department of Health and Human Services to someone in your organization?					
1a.	Who is designated as the local Title VI Coordinator?					
1b.	What is this person's position title?			n		
2.	Have <b>all contracted service providers</b> with 15 or more employees designated a Title VI Coordinator?					
2a.	a Section 504 coordinator:					

		Compliance				Local -	
Mini	Minimum Requirements		NO	N/A	COMMENTS – If, No or N/A, Explain briefly	County procedures or policy references	
2b.	a contact person for ADA and Limited English Proficiency (LEP) requests						
3.	Has your organization appointed an employee with compliance monitoring responsibilities for Section 504, ADA, and the Age Discrimination Act of 1975? If different from the Title VI coordinator (#1 above), provide the name, position title and contact information.						
faci com incl	Requirement: DOH Policy – Equal Access and Participation (Participation). Programs and facilities will maintain and record statistics which will document equal access and participation in compliance with Title VI, including participant demographics and program qualification requirements, including numbers applying for services, enrollment, and number not enrolled.						
Req	uirement – Equal Access and Participat	ion: F	Repo	rting	Community Outreach and	Advocacy	
4.	Does your organization document the dissemination of information to the community (including clients, potential clients, and advocacy groups) about HHS's Title VI programs and your organization's commitment to compliance with civil rights and non- discrimination?						
4a.	Does your organization regularly meet or communicate with community organizations and advocacy groups?						
4b.	What community organizations and advocacy groups do you communicate regularly with, and how? (List on a separate sheet)						

Req	Requirement – Equal Access and Participation: Reporting Compliance						
5.	Does your organization record and maintain statistics which will document equal access and participation in compliance with Title VI?						
5a.	Do your records identify participants and applicants in each program at each center or location, and if so, do you record race, color, national origin, age, gender, and disability status?						

		Со	mplia	nce		Local -
Mini	mum Requirements	YES	NO	N/A	COMMENTS – If, No or N/A, Explain briefly	County procedures or policy references
5b.	Are the participation rates reported to the EO Section – and how often?					
5c.	Do you report the number and enrollment rates of applicants and the number of participants who complete each program?					
5d.	Do you offer and collect participant satisfaction surveys for each program?					
5e.	Who has physical custody of the records on applicants and participants, and surveys?					

## Requirement - Equal Access and Participation: Limited English Proficiency and Auxiliary Aids Plan

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6.	Does your organization annually review the Department's LEP and Auxiliary Aids Plan (LEP/AA) and incorporate any changes in the local LEP/AA Plan provisions?			
6a.	Who is designated as the LEP/AA Plan contact and coordinator? (Provide the name, title, and phone number)			
6b.	Does the above individual annually review and update the local resources and referrals for your organization?			

## Requirement - Equal Access and Participation: Communications

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6c.	Does your organization provide an updated list of <b>local resources and</b> <b>referrals</b> to staff and/or <b>training</b> , to provide information on how to access the list of resources? If so, does it include the following:			
6c1.	Description of auxiliary aids available for use in each phase of the service delivery process			
6c2.	Does the organization have a requirement for <b>training</b> for direct services field staff, institutional staff			

		Co	mplia	ince		Local -
Minim	Minimum Requirements		NO	N/A	COMMENTS – If, No or N/A, Explain briefly	County procedures or policy references
	and other staff who deal with the public? If so, does it include the following:					
6c2a.	Procedures to be used by direct service staff in requesting appropriate auxiliary aids.					
6c2b.	Florida Relay Service (FRS) phone number (711) publicized for communications.					
6c2c.	Full range of communication options, at no cost to the client.					
6c2d.	A list of formal arrangements with interpreters who can accurately and fluently express and receive in sign language? The names, addresses, phone numbers and hours of availability of interpreters must be readily available to direct services employees.					
6c2e.	Accessibility to supplemental hearing devices as needed.					
6c2f.	Use of written communication in lieu of verbal communications.					
6c2g.	Use of Flash cards to communicate.					
6c2h.	At least one telecommunications device, or an arrangement to share a TDD line with other facilities.					
6c3.	Information that use of family members may be used only if they are specifically requested by a deaf or hard-of-hearing person, and the use does not constitute a conflict of interest.					

7.	Does the organization have Written	Nonit	orin	g Pro	cedure which includes:	
7a.	Description of how client needs are					
, ai	assessed.					
7b.	Approval responsibility for request for and obtaining the requested auxiliary aid or interpreter					
7c.	Standard time for DOH to provide service(s)					
7d.	FRS phone number (711) publicized					

		Co	mplia	nce	-	Local -		
Minim	Minimum Requirements		NO	N/A	COMMENTS – If, No or N/A, Explain briefly	County procedures or policy references		
7e.	Name of CHD/CMS Director or Administrator is provided and displayed							
7f.	Name and contact information for local EO Coordinator, ADA Coordinator and to request LEP/AA Plan services displayed in each location							
7g.	Name and contact information for the DOH EO Manager is provided and displayed							
7h.	A procedure (including Poster) for notifying clients and applicants of the availability of auxiliary aids and procedures for requesting an auxiliary aid							
7i.	List of Locations where DOH Posters have been posted; and when the last On-site was done to ascertain Posters are visible and current?							
7j.	Training and Meeting Notices contain required contact information to request services							
Progra inform or the verbal	Requirement: DOH Policy - Notice of Title VI Rights and Complaint Procedures – Programs/facilities must make available to their participants, beneficiaries, or any other interested parties information on their right to file a complaint of discrimination with either the Florida Department of Health or the United States Department of Health and Human Services (HHS). The information may be supplied verbally or in writing to every individual, or may be supplied using an equal opportunity policy poster displayed in public areas of the facility.							

8.	Does your organization inform participants, beneficiaries, or other interested parties of their right to file a complaint of discrimination with either the DOH or the U S Department of Health and Human Services (HHS)?		
8a.	How do you inform and instruct your employees and provider personnel of the commitment to compliance with federal regulations regarding nondiscrimination?		
8b.	Do you have an established procedure for reporting internal grievance or complaints for possible		

## Florida Department of Health Equal Opportunity Section Civil Rights Compliance Checklist (Continued)

		Со	mplia	ince		Local - County procedures or policy references
Minim	um Requirements	YES	NO	N/A	COMMENTS – If, No or N/A, Explain briefly	
	discrimination or civil rights violations?					
8c.	Have your local procedures been reviewed and approved by the DOH EO Section?					
8d.	Has your organization provided all participants or applicants for services with contact information for the state Equal Opportunity office (EO Section) in Tallahassee?					
8e.	Have your employees or applicants for employment been provided with contact information for the Department Equal Opportunity office (EO Section) in Tallahassee and informed of their right to file a discrimination complaint?					
8f.	Have your employees or applicants for employment been provided with contact information for the Equal Employment Opportunity Commission (EEOC or the Florida Commission on Human Relations (FCHR) and informed of their right to file a discrimination complaint?					
8g.	Is there a written record made of information regarding a person's request to file a complaint and who provided it?					
8h.	Does your organization ensure the EO Section is informed of any report by a client of possible or alleged violation of discrimination laws in a timely manner?					

Requirement: DOH Policy - Reporting Requirements: Self-Evaluation (Physical Accessibility). Programs and facilities must conduct a self-evaluation to identify any accessibility barriers, using the fourstep process that includes (1) evaluate current practices and policies to identify any that do not comply with Section 504 or the ADA; modify policies and practices that do not meet requirements; take remedial steps to eliminate any discrimination that has been identified; and maintain the self-evaluation on file. Assure the program/facility is physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps, and adequate width 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 accessibility. Switches and controls

Minimum Requirements		Compliance				Local -				
		YES	NO	N/A	COMMENTS – If, No or N/A, Explain briefly	County procedures or policy references				
for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for										
	accessibility for mobility-impaired individuals.									
	Lies your envertication and each				I					
	Has your organization, and each program, conducted and submitted a									
	self-evaluation in the past three to									
9. 9a. 9b. 9c. 9d. 9e.	five years?									
5.	(Forms: Program Self-Evaluation,									
	Communication Access, and an ADA									
	Facility Accessibility Checklist(s))									
	Has a copy of each completed self-			1						
0.0	evaluation been provided to the									
	compliance officer and the DOH EO									
	Section?									
	Has there been any new construction									
	or renovation work done on the									
9b.	facility in which the programs are									
	provided since the last self-									
	evaluation? Was a self-evaluation completed									
90	following completion of the work or									
30.	provided by the contractor									
	Has your organization identified any									
9d.	areas in which compliance should or									
	could be improved?									
	What has the organization done to									
90	address previous compliance issues									
9a. 9b. 9c. 9d. 9e. Require 10.	or to improve compliance in the									
	previous year?									
		-								
Requi	rement: DOH Policy - Reporting Re	equire	emer	nts: T	raining.					
					1					
40	Has the local compliance officer									
10	<b>U</b>									
	EO training in the last 3 years? Have all employees completed									
	DOH's orientation to EO rights:									
_	in New Hire training or in the									
10	a. last 3 years, or when new									
	policies or procedures have									
	been promulgated?									
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			mplia	nce		Local -
Minimum F	Requirements	YES	NO	N/A	COMMENTS – If, No or N/A, Explain briefly	County procedures or policy references
10b.	Have all employees received equal opportunity training within the past three years.					

Requirem	ent: DOH Policy- Reporting Requir	ement	s: Staff I	Recruitment a	nd Selection	
11.	Are recruitment and selection files maintained for not less than two years after the selection is processed?					
12.	Do recruitment announcements include the "Equal Employment Opportunity" nondiscrimination statement (tagline) in all job vacancy announcements?					
13.	Is there any written guidance regarding advertising position vacancies in local newspapers? In minority newspapers?					
14.	Are other methods used to publicize job vacancies? If so, describe.					

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