

## Section 504 Self-Evaluation Checklist (Attachment D1)

This checklist includes items that can be found in the Section 504 regulation 45 C.F.R. Part 84 in Subparts A, B, C, and F. Remember that you **must** involve disabled persons or organizations representing such persons in the self-evaluation process.

List the disabled person(s) or organization(s) representing such persons who assisted in the self-evaluation process.

<u><b>Name</b></u>	<u><b>Position or Organization</b></u>	<u><b>Disability</b></u>
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**Note:** Simply marking "Yes" or "No" to the following questions is not sufficient to complete a self-evaluation. A brief description of the areas examined, problems identified (if any), modifications made or remedial steps taken (or planned) to correct problems identified, must be included. (See last page)

Reviewed and approved: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Section 504 Coordinator

Section 504 Self-Evaluation Checklist Questions	Answer			Date of Corrective Action
	Yes	No	NA	
1. Have you submitted an <i>Assurance of Compliance Form (HHS-690)</i> , to the Department of Health and Human Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you taken steps to ensure that qualified disabled persons are not denied the opportunity to participate as members of your planning or advisory boards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. If your facility employs 15 or more persons, have you designated someone to coordinate your efforts to comply with Section 504?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. If your facility employs 15 or more persons, have you established a Section 504 Grievance Procedure for complaints of discrimination against disabled persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. If your facility employs 15 or more persons, have you taken initial and continuing steps to notify participants, applicants and employees that you do not discriminate on the basis of disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. If your facility employs 15 or more persons, have you notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

unions or professional organizations with whom you have collective bargaining or professional agreements of your nondiscrimination policy?				
7. If your facility employs 15 or more persons, have you taken steps to include those persons with impaired vision or hearing in fulfilling the requirements for giving notice concerning your policy of nondiscrimination?				
8. Do your published written materials include a notice of nondiscrimination?				
9. Have you reviewed contracts which you may have with employment and referral agencies, with labor unions, with organizations providing or administering fringe benefits to employees, and with organizations providing training and apprenticeship programs to make sure that you are not, through such contracts, subjecting disabled persons to discrimination?				
10. Have you included a nondiscrimination clause in your contracts and subcontract(s)?				
11. Have you taken steps to ensure that, when you recruit for employees, your hiring procedures do not exclude any class of disabled persons because of the nature of the media used?				
12. Have you reviewed policies related to hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right to return from layoff and rehiring to ensure that they are not discriminatory?				
13. Have you reviewed fringe benefits such as medical, hospital, accident or life insurance, and retirement offerings to ensure that they are not discriminatory?				
14. Are your facility's inservice educational opportunities and social and/or recreational activities made available to all employees?				
15. Do you have a policy concerning reasonable accommodation? <b>(If yes, see item 15a below)</b>				
15a. If yes to item 15, do you have adequate procedures to insure documentation of decisions regarding refusal to hire or promote because of undue hardship?				
16. Are your facility's employment intake procedures accomplished in locations which are accessible?				
17. Have you reviewed the physical and mental requirements of				

the primary duties of each of your jobs to ensure that no criteria are included that would discriminate against disabled persons unless such criteria are specifically necessary?				
18. Is your employment application form and hiring process devoid of questions regarding disability? <b>(If no, see items 18 a and 18 b.)</b>				
18a. If no to item 18, and if your agency is taking remedial or voluntary action to correct or overcome the effects of limited participation by persons with disabilities, does the wording on the form or of the questions asked comply with Section 84.14 (b)? (i.e., (1) applicants are informed why they are being asked questions regarding disability, that (2) the requested information is voluntary, that (3) the failure to respond will not result in adverse treatment and that (4) the information is confidential and will be maintained separately from other personnel records).				
18b. If no to item 18, and if your agency is also a Section 504 contractor, does the wording on the form comply with Section 84.14(b)?				
19. If your agency conditions an offer of employment upon the satisfactory completion of a medical examination, do your procedures conform to the requirements of Sections 84.14(c) and 84.14(d)?				
20. Are all of your programs or activities readily accessible to disabled persons?				
21. In choosing methods to make your programs accessible, have you given priority to those methods that allow disabled persons to participate in your programs or activities in the most integrated setting appropriate?				
22. If you are planning structural changes, will you ensure that a transition plan is developed to identify methods you will use to ensure program accessibility?				
23. Are you aware of the requirement for barrier free design in new construction and major alteration?				
24. Have you complied with the requirement set out in Item 23?				
25. Does a review of your facility's policies and procedures show that they comply with the Section 504 Regulations?				
26. Do you have procedures to ensure that qualified disabled persons are not denied benefits or services solely on the basis of disability?				

27. Do you have procedures to ensure that different or separate services or benefits to disabled persons are not provided unless necessary to provide qualified disabled persons with benefits and services that are as effective as those provided to others?				
28. Are your notice provisions sufficient to ensure that people with impaired sensory or speaking skills receive information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons?				
29. If your facility is a hospital, do you have established procedures for communicating with hearing-impaired persons for the purpose of providing emergency care? (See <a href="#">Attachment B2</a> )				
30. If your facility employs 15 or more persons, are you prepared to provide appropriate auxiliary aids to disabled persons to afford them an equal benefit from the services offered?				
31. If your facility is a hospital or an out-patient facility, do you have procedures to ensure that a drug or alcohol abuser, who is suffering from a medical condition, is not denied admission or treatment solely because of his or her drug abuse or alcoholism?				

**Areas Examined, Problems Identified and Steps Taken (or Planned) to Correct the Problems**

1. Areas examined (including physical structures, policies, procedures etc.)
2. Problems identified
3. Modifications made and/or remedial steps taken to correct the problems identified, **or**
4. Proposed solutions to correct problems identified and projected dates for completion.