

Kansas Medical Assistance Program



EEO-ADA Self Evaluation Checklist

The purpose of this checklist is to:

- 1) Help assure compliance with non-discriminatory service delivery methods such that no person will be excluded because of race, color, national origin, age or disability from participation in or denied the benefits of or otherwise be subjected to discrimination in any state of Kansas program or activity receiving federal financial assistance.
- 2) Help identify accessibility problems and solutions in existing facilities in order to meet your obligations under the American with Disability Act (ADA). This checklist does not cover all of the ADA Accessibility Guidelines (ADAAG) requirements; therefore, it is not for facilities undergoing new construction or alterations. In addition, it does not attempt to illustrate all possible barriers or propose all possible barrier removal solutions. ADAAG should be consulted for guidance in situations not covered herein. (To obtain a copy of the ADAAG or other information from the U.S. Department of Justice, call: (202) 514-0301 Voice, (202) 514-0381 TDD, (202) 514-0383 TDD. For technical questions, contact the Architectural and Transportation Barriers Compliance Board at (800) USA-ABLE.) The website is <http://www.ada.gov/>.
- 3) **PLEASE NOTE** – If your building was built in 1977 or before and has had no significant renovation since 1977, Section II need not be filled out.

Employee Census

Census date: _____

Number of employees: _____

I. EEO Compliance Checklist - All Providers Fill Out

A. Admissions Policy

*Does the facility have a formal open admission policy?

☐ Yes ☐ No

If not, are clients admitted to the facility on the basis of need only?

☐ Yes ☐ No

B. Service of Staff, Doctors and Other Professionals/Sub-contracts

Do you hold any contract for services provided by outside individuals or companies that contributes to the services provided to clients?

☐ Yes ☐ No

*If so, do contracts contain statements requiring sub-contractors to comply with non-discrimination requirements?

☐ Yes ☐ No

C. Personnel Policies

*Does a written Non-Discrimination policy/statement exist? ☐ Yes ☐ No

*Is there a standard employment application form? ☐ Yes ☐ No

D. Other Compliance Reviews

Have you been subject to compliance reviews conducted by other state or federal agencies within the last 5 years regarding non discrimination assurances? ☐ Yes ☐ No

Have you within the last 5 years been the subject of complaints or lawsuits or discriminatory conduct filed with federal, state or local civil rights agencies by any employee or client? ☐ Yes ☐ No

E. Services Provided

Please attach a sheet giving a DETAILED description of the services your facilities provided.

Please give a DETAILED description of how program access is provided.

Is notice given of who to contact and how if/when there are accessibility concerns? ☐ Yes ☐ No

How: _____

II. ADA Checklist for Existing Facilities (Pre-1977 need not fill out)

A. Accessible Entrance

Is the accessible route at least 36-inches wide? ☐ Yes ☐ No

Does your facility have ramps? ☐ Yes ☐ No

If yes, are the slopes of ramps no greater than 1:12? ☐ Yes ☐ No

Do all ramps longer than 6-feet have railings on both sides? ☐ Yes ☐ No

Are railings sturdy, and between 34-inches and 38-inches high? ☐ Yes ☐ No

Are there an adequate number of accessible parking spaces available? ☐ Yes ☐ No

(8-foot wide for vehicle with a striped access aisle [5-foot aisle for car, 8-foot aisle for van] and 1 space marked per every 25 spaces available)

Does the entrance door have at least 32-inches clear opening? ☐ Yes ☐ No
(a double door, at least one 32-inch leaf)

Is the door handle no higher than 48-inches and operable with a closed fist? ☐ Yes ☐ No

Do all alarms have both flashing lights and audible signals? ☐ Yes ☐ No

Do doors into public spaces have at least a 32-inch clear opening? ☐ Yes ☐ No

Do signs designating permanent rooms and spaces, such as rest room signs, exit signs, and room numbers, comply with the appropriate requirements for accessible signage? ☐ Yes ☐ No

Are there ramps or elevators to all levels? ☐ Yes ☐ No

B. Usability of Rest Rooms

If rest rooms are available to the public, is at least one rest room fully accessible? ☐ Yes ☐ No
(either one for each sex, or unisex)

Are there signs at inaccessible rest rooms that give directions to accessible ones?

☐ Yes ☐ No

Is there tactile signage identifying rest rooms?

☐ Yes ☐ No

Does the entry configuration provide adequate maneuvering space for a person using a wheelchair?

☐ Yes ☐ No

Is the stall door operable with a closed fist, inside and out?

☐ Yes ☐ No

Is there a wheelchair-accessible stall?

☐ Yes ☐ No

In the accessible stall, are there grab bars behind and on the sidewall nearest to the toilet?

☐ Yes ☐ No

Is the toilet seat 17-inches to 19-inches high?

☐ Yes ☐ No

Is the lavatory accessible?

☐ Yes ☐ No

Is the drainage hump under the sink properly covered?

☐ Yes ☐ No

Can the faucet be operated with one closed fist?

☐ Yes ☐ No

C. Additional Access

Is there at least one fountain that is accessible?

☐ Yes ☐ No

D. Auxiliary Aids

Does the disabled public use the program/service/benefits you provide?

☐ Yes ☐ No

Are any auxiliary aids available in the provision of services for individuals with sensory, speaking or hearing impairments such as telecommunication devices, video tapes, tape-recorded materials, sign language interpreters, brailled materials, readers, etc.?

☐ Yes ☐ No

Is the public aware that auxiliary aids are available?

☐ Yes ☐ No

How: _____

Is notice given of this availability?

☐ Yes ☐ No

How: _____

Name of the Organization: _____

Name and title of person completing this questionnaire: _____

Date: _____

Please return this Checklist to:

Division of Health Policy and Finance

9th Floor, 900 SW Jackson

Topeka, Kansas 66612

(785) 296-3981