ADA Self-Evaluation and Transition Plan Update

Midpeninsula Regional Open Space District

MIDPENINSULA REGIONAL OPEN SPACE

Appendix A

**Final Draft
May 2019**

Cover image credits (clockwise from left): John Green, Jack Gescheidt, Deane Little, and Deane Little

Appendix A: Program Accessibility Questionnaire

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Introduction: Americans with Disabilities Act Programs, Services, and Activities Questionnaire

BACKGROUND:
Midpeninsula Regional Open Space District (Midpen) is preparing an Americans with Disabilities Act (ADA) Self-Evaluation and Transition Plan Update. As part of this process, you are requested to complete a self-assessment questionnaire that addresses the availability of programs, services, and activities for the public. Examples of programs, services, and activities that serve the public include: obtaining a permit, participating in an agency interpretive program, or attending a public meeting such as a Board meeting.

While some of the questions relate to Midpen employee actions and training, the Self-Evaluation does not address employee-related work issues, which are covered under Title I of the ADA. All questions should be answered as they pertain to services, programs, and activities provided to the public. MIG will review and analyze the information collected from this questionnaire to evaluate the current level of program accessibility at Midpen. Responses will inform the development of a strategic approach for barrier removal to programs, services, and activities.

Topics addressed in the Program Accessibility Questionnaire include:
• Description of Program Activities
• Customer Service
• Notice Requirements
• Printed Information
• Television and Audiovisual Public Information
• Website
• Telephones and Communication Devices
• Training and Staffing
• Program Eligibility Requirements and Admission
• Public Meetings
• Transportation Services
• Tours and Trips
• Use of Consultants and Volunteers
• Emergency Evacuation Procedures
• Facilities
• Special Events and Private Events on District Properties

The questionnaire will take about 20-25 minutes to complete. Please respond to the questionnaire by Tuesday, November 7, 2017. Responses will be sent directly to MIG. If you have any questions or need further assistance, please contact Ashley Tomerlin at (510) 845-7549 or ashleyt@migcom.com.

The online questionnaire can be found at https://www.surveymonkey.com/r/MidpenADA

General description of the programs

"Programs" refers to programs, activities, and services offered to the public.

Each division or program that provides direct public service should complete a questionnaire. For example, the Project Planning and Delivery departments would complete one survey for its Planning Department, one for its Real Property Department and another for its Engineering and Construction Department. Similarly, the Visitor Services and Land & Facilities departments would complete surveys for each division within the department.

If you have questions about how many questionnaires to complete, please email Ashley Tomerlin at ashleyt@migcom.com.

* 1. Name of Department/Division:

[   ]

* 2. Name and title of person completing this questionnaire:

[   ]

3. Email:

[   ]

* 4. Program name(s) and brief description of what your program does:

[   ]

* 5. Date program questionnaire filled out:

Date:

[MM/DD/YYYY]

CUSTOMER SERVICE

* 6. Does your department make changes to standard operating procedures to include a person with disabilities? For example, allowing someone to bring a personal attendant with them to an interpretive program or moving an event to an accessible location?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe the policy to make changes in standard operating procedures:

[text box]

* 7. Is there a formal procedure for making changes to standard operating procedures?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe the procedure.

[text box]

* 8. Do you track accessibility requests?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please list how many requests have you received and what.the requests were for.

[text box]

* 9. Does your program charge an additional fee to people with disabilities for modifying programs or providing additional services?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe.

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* 10. Does your department consult or work with any outside organizations or groups that assist people with disabilities such as a Center for Independent Living or Senior Citizen's advocacy group?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please list the organizations.

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11. Does your department have any policies which exclude service animals, such as service dogs for the blind or signal dogs for the hearing impaired?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe your policy on service animals.

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NOTICE REQUIREMENTS

* 12. Do you have a non-discrimination statement that includes persons with disabilities?

○ Yes

○ No

○ Don't know

○ Not applicable

Comments:

[   ]

* 13. Is a non-discrimination statement that includes information about how to reach the ADA coordinator posted in all departments in a location that maximizes public exposure?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe where the non-discrimination statement is posted.

[   ]

* 14. Do you know the procedure for filing a disability discrimination complaint?

○ Yes

○ No

○ Don't know

If yes, please describe the procedure for filing a discrimination complaint.

[   ]

PRINTED INFORMATION

* 15. Does your department produce printed materials that are made available to the public?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

Comments:

PRINTED INFORMATION CONTINUED

* 16. Who manages your printed materials?

○ My department manages printed material

○ Printed materials are managed centrally

○ Both departmental and central management

○ Don't know

Comments:

[   ]

* 17. How do you make documents and publications available to individuals with visual disabilities? (check all that apply):

☐ Do not provide any alternative formats upon request

☐ Don't know

☐ Audiotape

☐ Braille

☐ Electronic Copy

☐ Large print

Other: please list

[   ]

* 18. Do you make the content of documents and publications available in simple, easy-to-understand language for individuals with learning disabilities?

○ Yes

○ No

○ Don't know

Comments:

[   ]

* 19. Does your department include images of people with disabilities in printed materials that include images of people?

○ Yes, we include photos of people with disabilities

○ No, we include photos of people, but do not show any images of people with disabilities.

○ Do not include any photos of people in publications

○ Don't know

Comments:

TELEVISION AND AUDIOVISUAL INFORMATION

* 20. Does your department prepare audiovisual or televised presentations or website demonstrations/webinars for the public or make audiovisual presentations to the public? This would also include PowerPoint and other similar audiovisual presentations.

○ Yes

○ No

○ Don't know

○ Not applicable

Comment:

TELEVISION AND AUDIOVISUAL INFORMATION CONTINUED

* 21. How do you make audiovisual or televised or on-line presentations prepared or presented by your department to the public accessible to individuals with disabilities? This would also include PowerPoint and other similar audiovisual presentations. Please check all that apply.

☐ Captioning

☐ Transcription

☐ Do not provide alternative formats upon request

Please list other alternative formats:

[ ]

* 22. What type of audiovisual presentations (film, videotape, television, PowerPoint or other similar audiovisual presentations.) does your department provide?

[ ]

WEBSITE

* 23. Does your department have a website?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please list the website:

WEBSITE CONTINUED

* 24. Is information regarding your department's facilities, programs and services created and managed by the department or by others?

◯ By others?

◯ By the department?

◯ A combination?

Please describe.

[   ]

* 25. What information is provided on this site?

[   ]

* 26. Does your department's website include information about accessible programs and activities and/or the accessibility of facilities (parking, bathrooms, trails, etc.) where programs or services are offered? This may include a page on the website or additional information on individual facility web pages.

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please describe briefly what information is provided about accessibility:

[   ]

* 27. Does your department ensure that its website is usable by individuals with disabilities, including those who use speaking browsers?

◯ Yes

◯ No

◯ Don't know

If yes, please describe the process for testing website accessibility:

[   ]

* 28. Are the documents provided on your website for downloading accessible to persons with visual disabilities?

○ Yes

○ No

○ Don't know

If yes, please describe briefly how downloadable files are tested for accessibility:

TELEPHONES AND COMMUNICATION DEVICES

* 29. Do you communicate by telephone with members of the public with hearing or speech disabilities?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

Comments:

[   ]

30. Does your facility provide a teletypewriter (TTY) enabled call box for use by people with hearing disabilities?

◯ Yes

◯ No

◯ Not Sure

Please list the preserve(s)

[   ]

TELEPHONES AND COMMUNICATION DEVICES CONTINUED

31. Do any staff members use a Text Telephone (TTY) to communicate with people with hearing or speech disabilities?

○ Yes

○ No

○ Don't know

If yes, list the location, telephone number, and organization in which the TTY number is listed:

[   ]

* 32. Do any staff members use the California Relay Service (711)?

○ Yes

○ No

○ Don't know

Comments:

[   ]

* 33. Do you publish your TTY number or California Relay Service numbers in materials where a phone number is listed?

○ Yes

○ No

○ Don't know

Comments:

[   ]

* 34. Do you train your staff in operating a TTY or other means of communicating over the telephone with a person with a hearing or speech disability?

○ Yes

○ No

○ Don't know

Comments:

TRAINING AND STAFFING

* 35. Do any staff members have contact with the public?

○ Yes

○ No

○ Don't know

○ Not applicable

Comments:

[   ]

* 36. How do you inform staff members who have contact with the public of your department's obligations and policies that enable persons with disabilities to participate in programs or activities?

[   ]

* 37. Do your staff receive training on interacting with people with disabilities?

○ Yes, staff training provided

○ Don't know

○ No, staff do not receive training

If yes, please describe your staff training process:

[   ]

PROGRAM PARTICIPATION

38. Do you have any programs that are available for public participation? Examples: docent-led hikes, community events, junior rangers, and volunteer firefighters.

◯ Yes

◯ No

◯ Don't know

◯ Not Applicable

PROGRAM ELIGIBILITY REQUIREMENTS AND ADMISSION

* 39. If a program has eligibility requirements for participation by the public, do the eligibility requirements contain any of the following?

For example, your program offers volunteer and docent opportunities available to the public that would require an individual to meet specific physical fitness standards such as lifting 40 lbs or walking up and down stairs.

☐ There are no eligibility requirements

☐ Don't know

☐ Physical fitness standards

☐ Mental fitness

☐ Performance requirements

☐ Safety Standards

If yes, how do you you ensure that these policies do not discriminate against people with disabilities?

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* 40. Are there any limitations or ratios for the number of people with disabilities who may participate in or be admitted to any department program? For example exams, testing for level of ability, age requirements, etc.

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe the limitations and programs:

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* 41. Does your program use any criteria (for example good health, residency, letters of recommendation) or written and/or oral tests (including level of skill or achievement, or other factor being tested) in the admissions process?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please list the participation requirements.

[   ]

* 42. Are there any forms required for admission to the program (for example, tests and/or the submission of other admissions criteria such as certificates?).

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please send sample forms to ashleyt@migcom.com.

[   ]

* 43. Do the forms contain a notice that the District does not discriminate against people with disabilities?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

Comments:

[   ]

* 44. Is an interview required prior to an applicant's entrance into the program?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

Comments:

[   ]

PUBLIC MEETINGS

* 45. Does your department hold public meetings such as neighborhood outreach meetings?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

Comments:

PUBLIC MEETINGS CONTINUED

* 46. Do you require that public meetings, hearings, and conferences be held in accessible locations?

◯ Yes

◯ No

◯ Don't know

Comments:

[   ]

* 47. Are American Sign Language interpreters, readers, or adaptive equipment provided when requested for meetings, interviews, and conferences?

◯ Yes

◯ No

◯ Don't know

If yes, how much advanced notice is required to provide accomodations?

[   ]

* 48. Do you ensure that all individuals with hearing disabilities who do not read sign language can participate effectively in meetings, conferences, and hearings via assistive listening devices or other means?

◯ Yes

◯ No

◯ Don't know

Comments:

[   ]

TRANSPORTATION SERVICES

* 49. Do you provide transportation to Board members, volunteers and docents, program participants, visitors, and others who participate in your programs?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

Please describe.

[   ]

* 50. Do you have procedures to make transportation accessible to persons who have visual, hearing, mobility, cognitive, or other disabilities?

◯ Yes

◯ No

◯ Don't Know

◯ Not Applicable

If yes, please describe the procedures.

[   ]

TOURS AND TRIPS

* 51. Does your department provide facility tours or organize trips for members of the public?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please list the tours and trips.

[   ]

* 52. Do you have procedures to make tours and trips accessible to persons who have visual, hearing, mobility, cognitive, emotional, or other disabilities?

◯ Yes

◯ No

◯ Don't Know

◯ Not Applicable

If yes, please describe the procedures.

[   ]

CONSULTANTS

* 53. Do you use consultants or contractors to conduct programs on behalf of your department?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please list what consultants.

[ ]

* 54. Do you ensure that consultants or contractors are aware of their obligations to facilitate participation of individuals with disabilities in programs or activities operated on behalf of your department?

◯ Yes

◯ No

◯ Don't know

◯ Not applicable

If yes, please describe the procedures.

[ ]

EMERGENCY EVACUATION PROCEDURES

* 55. Do you notify individuals with visual, hearing, mobility, cognitive, emotional, or other disabilities of emergencies and evacuation procedures?
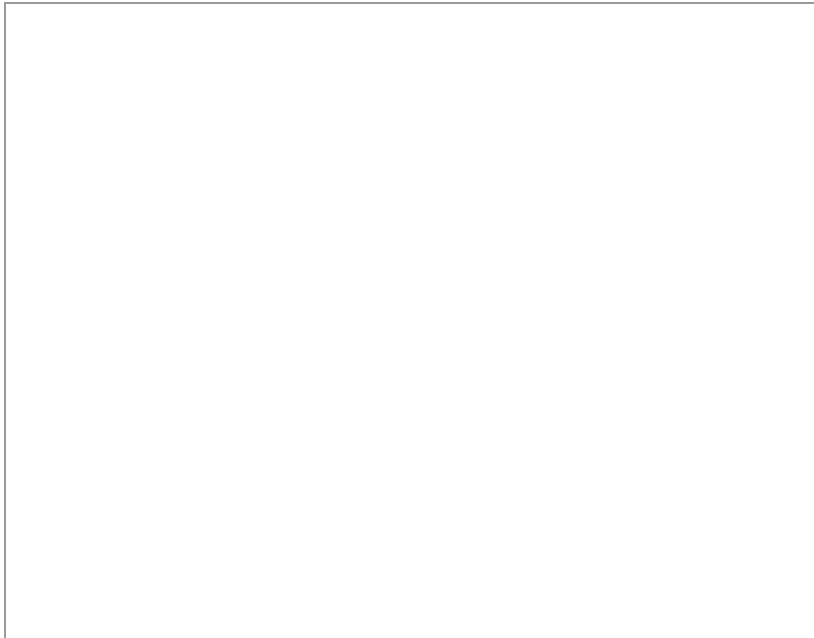
◯ Yes

◯ No

◯ Don't Know

◯ Not Applicable

If yes, describe the equipment and/or procedures do you use to notify individuals with visual disabilities of emergencies and evacuation procedures:

FACILITIES

* 56. What areas of the administrative offices do members of the public access? This includes information gathering.

Please list all administrative offices, or portions of those offices, where your department's public programs and activities take place including information gathering. For each facility, designate the activity for which it is used. (Note: Facilities leased or otherwise used from another person/organization should also be included).

* 57. What areas of your facility do members of the public access? This includes information gathering.

Please list all field facilities, or portions of facilities, where your department's public programs and activities take place. For each facility, designate the activity for which it is used. (Note: Facilities leased or otherwise used from another person/organization should also be included).

* 58. Have you had requests for improving accessibility to Midpen's programs or facilities?

○ Yes

○ No

○ Don't know

○ Not applicable

If yes, please describe how many requests and what the requests were for.

SPECIAL EVENTS AND PRIVATE EVENTS ON PUBLIC PROPERTIES

* 59. Does your department organize special events or do you help facilitate private events on District property?

( ) Yes

( ) No

( ) Don't know

( ) Not applicable

If yes, please describe briefly the type of event and what types of outside organizations are involved.

[ ]

* 60. Do you ensure that both private entities and your staff are aware of their obligations to facilitate participation of individuals with disabilities in these special events or private events held on public property?

( ) Yes

( ) No

( ) Don't Know

( ) Not applicable

If yes, please describe your department's procedures.

[ ]

LAST QUESTION

61. Thank you for completing this questionnaire. This is the last question.

Do you have any accessibility questions for us? Please use this box below for any other questions or comments.

When you are done with the questionnaire, please click on the "done" button. Once you click on the "done" button, you will not be able to edit or change your answers to this survey.