

City of Spokane Valley

ADA Self Evaluation and Transition Plan

City of Spokane Valley ADA Self Evaluation and Transition Plan *Working Outline*

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I. Introduction

a. Summary Statement

The City of Spokane has completed a self-evaluation for compliance with federal requirements as contained in the Americans with Disabilities Act (ADA). The City is found to be compliant with the major goals of the Act and has identified action items regarding policy development and training, as described in this report.

b. Background

Access to civic life by people with disabilities is a fundamental goal of the ADA. The ADA was enacted on July 26, 1990 and provides comprehensive civil rights protections to persons with disabilities in the areas of employment, state and local government services, access to public accommodations, transportation, and communications.

The ADA is divided into five parts. Title II: Public Services prohibits state and local governments from discriminating against persons with disabilities or from excluding participation in or denying benefits of programs, services, or activities to persons with disabilities. It is under this Title that this City of Spokane Valley ADA Self Evaluation and Transition Plan has been prepared.

c. Purpose

The purpose of this City of Spokane Valley ADA Self-Evaluation and Transition Plan is to document the results of the city's review to determine if there are any barriers to persons with disabilities posed by existing policies, procedures or facilities. It further details reasonable modifications to comply with the requirements of Title II where needed. This ADA Self-Evaluation also provides documentation of areas where the City of Spokane Valley has gone beyond the minimum requirements in order to provide a greater level of access for individuals with disabilities that use the city's programs, services and activities.

d. City of Spokane Valley Information

i. Statistics and Demographics

The City of Spokane Valley incorporated on March 31 of 2003. As the tenth largest city in the state, Spokane Valley covers 38.1 square miles and has a population of 96,720 (2019 estimated).

ii. ADA Coordinator

A public entity is required to designate a person to be responsible for coordinating the implementation of ADA requirements, including the transition plan, and for investigating complaints of alleged

noncompliance. The ADA Coordinator for the City of Spokane Valley is John Whitehead, Human Resource Manager.

iii. ADA Accommodation and Grievance

A public entity that employs 50 or more persons is required by the ADA to adopt and publish grievance procedures. The procedures must establish a method for prompt and equitable resolution of complaints alleging any action prohibited by Title II. The city's grievance procedure, adopted as Policy No. 200.055 and contained in Appendix A to this study, generally provides for complaints to be made in writing or other method, review of the alleged action, preparation of an investigative report including recommendations and a notice of decision. The complainant may file further to the US Department of Justice. Policy No. 200.060, ADA Noticing Requirements, is also contained in Appendix A.

e. Prior ADA Self Evaluation

All existing city governments were required to complete a self-evaluation of their facilities, programs, policies, and practices by January 26, 1993. As a newly incorporated city in 2003, this is the first such report prepared for the City of Spokane Valley.

f. Definitions

A list of terms and phrases used in this report can be found in Appendix B. It is not meant to be exhaustive. Additional clarification of terms can be found online at the Northwest ADA Center (<http://dbtacnorthwest.org>) and at the ADA Home Page (<http://www.ada.gov>).

II. Department Surveys and General Findings

a. Surveys

City departments completed a comprehensive questionnaire to identify barriers to accessing city programs or procedures. To gain public input, the city hosted a community meeting August 3, 2010 to present the project process and to gather comments on the structure and content of the questionnaire. The questionnaire with a tabulated summary of responses can be found in Appendix C to this report. The community participation program information is contained as Appendix D.

b. General Findings: City-wide Programs, Procedures and Policies

A summary of the specific programs and tasks that each department analyzed through the survey, whether or not the program was found compliant with the ADA and what type of modification is required in a Transition Plan, is contained in Table 1, Appendix E to this report.

Through the self-surveys, the city is found to be compliant with the major goals of the ADA. This is likely due to the fact that over time, the basic components of recognizing and accommodating the needs of those with disabilities have become standardized, common practice. Improvements in the areas of staff training and city policy, as discussed in the following section, are recommended.

c. Action Items

As stated above and detailed in Appendix E, the City is generally compliant with the ADA, mostly through customer service protocols practiced by employees. Departments will benefit from staff training and education. The overall process that an individual with disabilities goes through to express their needs and receive accommodation can be improved upon. It is the intent of the City to address these city-wide programmatic accessibility barriers by modifying the ADA policy to specifically outline the process and ensure staff training. Additionally, if a policy, program or procedure creates an accessibility barrier unique to a department or program, the City's ADA Coordinator will work with the department head or program manager to address the matter in a timely, reasonable and accommodating manner.

Recommended Actions:

- Modify the city's policies to develop a single, comprehensive guide regarding ADA compliance, to address noticing requirements, accommodations and grievance procedures consistent with Title II.
- Implement regular staff training on ADA awareness and accommodations.
- Continue to make appropriate modifications to regular practices to accommodate the needs of individuals with disabilities when providing customer service.
- Develop a system for consistent public notification in city communications regarding alternate formats to address ADA accommodations.

III. Facilities Findings and Recommendations

a. Surveys

City departments completed a comprehensive questionnaire aimed at identifying physical barriers to accessing city facilities. The questionnaire with a tabulated summary of all responses can be found in Appendix F to this report.

b. General Findings: Facilities

Through the self surveys, city facilities are found to be compliant with the ADA with the exception of the much older dance hall located on Sullivan Drive.

c. Action Items

The ADA requires that when facilities are either newly constructed or are re-modeled, improvements be made to current code specifications. In addition, on a case-by-case basis, improvements may be made to facilities whether scheduled for maintenance and repair or not.

Recommended Actions:

- Develop city policy that requires new and/or modified facilities to include improvements consistent with current design standards for accessibility.
- Continue to consider requests for changes to facilities to accommodate accessibility needs and make modifications as appropriate.
- Continue to train employees on the ADA and the City's role in compliance with its requirements.

IV. Sidewalk and Curb Ramp Findings and Recommendations

a. Existing Improvements

During 2010 and 2011, city staff conducted a survey of sidewalk ramps. For the most part, corners on arterial streets are fitted with appropriate ramps. A summary of the curb ramp surveys can be found in Appendix G to this report.

b. Action Items

The ADA requires that when public improvements are either newly constructed or are re-constructed during street maintenance or upgrades, accessible curb ramps be installed to current accessibility standards. In addition, on a case-by-case basis, improvements may be made to existing curbs whether scheduled for maintenance and repair or not.

Recommended Actions:

- As new streets are designed and/or as intersections are modified, incorporate curb ramps consistent with current design standards to meet the needs of individuals with disabilities.
- Continue to make appropriate modifications to curb infrastructure to accommodate the needs of individuals with disabilities.

Appendix A:

City of Spokane Valley ADA Grievance Procedure and Notice Requirements



**Administrative Policy & Procedure No. 200.055
Americans with Disabilities Act (ADA) Grievance
Procedure**

1. Policy

Pursuant to title II of the Americans with Disabilities Act (ADA) and corresponding federal regulations, the City, in its services, programs, and activities, adopts grievance procedures for discrimination against qualified individuals with disabilities on the basis of disability.

2. References

- a) Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12101 et seq.
- b) 28 C.F.R. § 35.107

3. Description and Implementation


- a) **Overview.** These procedures cover complaints filed under the Americans with Disabilities Act of 1990, relating to any program, facility or activity managed by the City of Spokane Valley. The procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination or unaccommodated barriers to access. Effort will be made to resolve complaints informally at the city level. The option of informal mediation meeting(s) between the affected parties and a designated mediator may be utilized for resolution. Intimidation or retaliation of any kind is prohibited by law.
- b) **Complaint Requirements.**
 - i) **Who May File.** Any individual, group of individuals or entity that believes they have been discriminated against on the basis of disability or faced unaccommodated barriers to access as defined by the ADA may file a complaint.
 - ii) **Format and Content.** The complaint must be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Upon request, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities.
 - iii) **When and where to File.** The complaint should be submitted as soon as possible but no later than 60 calendar days after the alleged violation. It must be submitted to:

John Whitehead, Citywide ADA Coordinator
11707 E. Sprague Ave.
Suite 103
Spokane Valley, WA 99206

- c) **Procedure after Complaint Is Received.**
- i) **Ensuring Complaint Jurisdiction and Sufficiency.** After receiving the written complaint, the Citywide ADA Coordinator, in consultation with other city offices, will determine its jurisdiction, acceptability, need for additional information and the investigative merit of the complaint. If the complaint is incomplete, the ADA Coordinator will promptly notify the complainant what must be done for a complete complaint.
 - ii) **Providing Respondent Complaint Information.** Once a complete complaint is received, the ADA Coordinator will provide the City department responsible and the respondent (subject of complaint) the complaint information within 5 calendar days.
 - iii) **Respondent's Opportunity to Respond.** The city will provide the respondent with the opportunity to respond in writing to the allegations. The respondent will have 10 calendar days after receiving the notice of the complaint to furnish the city with a written response to the allegations.
 - iv) **Investigative Report.** Within 60 days of receipt of the original, completed complaint, the ADA Coordinator will prepare a written investigative report for the appropriate department director, the Deputy City Manager, and the City Manager. The report shall include a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition. The recommendation shall be reviewed by the City Attorney's office, which may discuss the report and recommendations with the ADA Coordinator and other appropriate departmental staff. The report will be modified as needed and finalized for its release to the parties.
 - v) **Notification of Decision.** Once the investigative report becomes final, briefings will be scheduled with each party within 15 days. Both the complainant and the respondent shall receive a copy of the report during the briefings and will be notified of their respective appeal rights.
- d) **Filing a Complaint with the US Department of Justice.** The complainant may file a complaint with the US Department of Justice. "A complaint must be filed not later than 180 days from the date of the alleged discrimination, unless the time for filing is extended by the designated agency for good cause shown." 28 C.F.R. § 35.170(b). This is not an appeal, but a separate legal action available independent of the City's grievance procedures.
- e) **Log of Complaints.** The ADA Coordinator will maintain a log of complaints. This log will keep complaints for at least six years and will

contain the following information for each complaint filed:

- i) The name and address of the person filing the complaint
- ii) The date of the complaint
- iii) The basis of the complaint
- iv) The disposition of the complaint
- v) The status of the complaint



City Manager/Deputy City Manager

Policy No. 200.055 ADA Grievance Procedure
Effective:

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NOTICE OF GRIEVANCE PROCEDURES UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Spokane Valley provides grievance procedures for qualified individuals who believe that in the City's services, programs, or activities, they have been discriminated against on the basis of disability.

Overview. These procedures cover complaints filed under the Americans with Disabilities Act of 1990, relating to any program, facility or activity managed by the City of Spokane Valley. The procedures do not deny the right of the complainant to file formal complaints with other state or federal agencies or to seek private counsel for complaints alleging discrimination or unaccommodated barriers to access. Effort will be made to resolve complaints informally at the city level. The option of informal mediation meeting(s) between the affected parties and a designated mediator may be utilized for resolution. Intimidation or retaliation of any kind is prohibited by law.

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of disability or faced unaccommodated barriers to access as defined by the ADA may file a complaint. The complaint must be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Upon request, alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities. The complaint should be submitted as soon as possible but no later than 60 calendar days after the alleged violation. It must be submitted to:

John Whitehead, Citywide ADA Coordinator
11707 E. Sprague Ave.
Suite 103
Spokane Valley, WA 99206

After Complaint Is Received. After receiving the written complaint, the Citywide ADA Coordinator, in consultation with other city offices, will determine its jurisdiction, acceptability, need for additional information and the investigative merit of the complaint. If the complaint is incomplete, the ADA Coordinator will promptly notify the complainant what must be done for a complete complaint. Once a complete complaint is received, the ADA Coordinator will provide the respondent the complaint information within 5 calendar days.

Respondent's Opportunity to Respond. The city will provide the respondent with the opportunity to respond in writing to the allegations. The respondent will have 10 calendar days after receiving the notice of the complaint to furnish the city with a written response to the allegations.

Investigative Report. Within 60 days of receipt of the original, completed complaint, the ADA Coordinator will prepare a written investigative report for the appropriate department director, the Deputy City Manager, and the City Manager. The report shall include a narrative description of the incident, identification of persons interviewed, findings and recommendations for disposition. The recommendation shall be reviewed by the City Attorney's office, which may discuss the report and recommendations with the ADA Coordinator and other appropriate departmental staff. The report will be modified as needed and finalized for its release to the parties.

Notification of Decision. Once the investigative report becomes final, briefings will be scheduled with each party within 15 days. Both the complainant and the respondent shall receive a copy of the report during the briefings and will be notified of their respective appeal rights.

Filing a Complaint with the US Department of Justice. The complainant may file a complaint with the US Department of Justice. "A complaint must be filed not later than 180 days from the date of the alleged discrimination, unless the time for filing is extended by the designated agency for good cause shown." 28 C.F.R. § 35.170(b). This is not an appeal, but a separate legal action available independent of the City's grievance procedures.

Log of Complaints. The ADA Coordinator will maintain a log of complaints. This log will keep complaints for at least six years and will contain the following information for each complaint filed: 1) the name and address of the person filing the complaint; 2) the date of the complaint; 3) the basis of the complaint; 4) the disposition of the complaint; 5) the status of the complaint.



**Administrative Policy & Procedure No. 200.060
Americans with Disabilities Act (ADA) Notice
Requirements**

1. Policy


Pursuant to title II of the Americans with Disabilities Act (ADA) and corresponding federal regulations, the City will give notice of ADA provisions and complaint procedures to all who interact or would potentially interact with the City.

2. References

- a) Americans with Disabilities Act (ADA) of 1990, 42 U.S.C. § 12101 et. seq.
- b) 28 C.F.R. § 35.107

3. Description and Implementation

- a) **Information required in notice.** A summary of ADA provisions and complaint procedures should be given. For ADA provisions, the City will use the US Department of Justice's model notice entitled "Notice Under the Americans with Disabilities Act." For complaint procedures, the City will use the information given in the City's ADA Grievance Procedures.
- b) **Where information is to be posted.** Both the summary of ADA provisions and complaint procedures will be posted on the City website, at the police precinct, at the City Permit Center, at the front desk at City Hall, and the CenterPlace reception area. This information will also be made accessible in other forms as deemed necessary to reach those who interact with or would potentially interact with the City.


City Manager/Deputy City Manager

Policy No. 200.060 ADA Notice Requirements
Effective:

Page 1 of 1

NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Spokane Valley will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City of Spokane Valley does not discriminate on the basis of disability in its hiring or employment practices and complies with regulations promulgated by the U.S. Equal Employment Opportunity Commission under title I of the ADA.

Effective Communication: The City of Spokane Valley will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in The City of Spokane Valley's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The City of Spokane Valley will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy its programs, services, and activities. For example, individuals with service animals are welcomed in The City of Spokane Valley offices, even where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Spokane Valley, should contact the office of Ken Thompson as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require the City of Spokane Valley to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of the City of Spokane Valley is not accessible to persons with disabilities should be directed to:

John Whitehead
11707 E. Sprague Ave.
Suite 103
Spokane Valley, WA 99206

The City of Spokane Valley will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchairs.

Appendix B:

Definitions

ADA: Americans with Disabilities Act as contained at 42 U.S.C 12101 et seq.

ADAAG: Americans with Disabilities Act Access Guidelines, codified at Appendix A to 28 Code of Federal Regulations Part 36 and at Appendix A to 49 of Federal Regulations Part 37. "ADAAG Standards" means and refers to physical conditions that meet the new construction and/or alterations standards set forth in the ADAAG.

Auxiliary Aids and Services: Qualified interpreters or other effective methods of making orally delivered materials available to individuals with hearing impairments; qualified readers, taped texts or other effective methods of making visually delivered materials available to individuals with visual impairments; and acquisition or modification of equipment or devices; and other similar services and actions.

Compliant Curb Ramp: A curb ramp constructed to comply with state and/or federal law (whichever provides the higher access standard) in place at the time of construction. In the case of a location where it is Structurally Impracticable or Technically Infeasible to build a fully compliant curb ramp, or where construction of a fully compliant curb ramp would constitute a Fundamental Alteration of a service, program or activity of the City, or an Undue Burden on the City, a curb ramp that complies with access standards, or was constructed to the standards existing at the time of construction, or to the maximum extent feasible, will constitute a Compliant Curb Ramp as long as the requirements set forth in this Transition Plan for justifying the reasons for the City to avoid full compliance are met.

Curb Ramp: A ramp cutting through a curb providing access from one elevation or surface to another elevation or surface.

Detectable Warnings: A surface feature built in or applied to walking surfaces or other elements to warn of hazards on a pedestrian access path.

Disability: With respect to an individual: 1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; 2) a record of such an impairment; or 3) being regarded as having such an impairment.

Discrimination on the Basis of Disability: To limit, segregate or classify a citizen in a way that may adversely affect opportunities or status because of the person's disability; to participate in a contract that could subject a qualified citizen with a disability to discrimination; to use any standards, criteria or methods of administration that have the effect of discriminating on the basis of disability; to deny equal benefits because of a disability; to fail to make reasonable accommodations to known physical or mental limitations of an otherwise qualified individual unless it can be shown that the accommodation would impose an Undue Burden on the City's operations.

Fundamental Alteration: A change in a policy, program or procedure to accommodate a person with a disability such that the intent and purpose of the policy, program or procedure is modified or is no longer viable.

Mental Impairment: Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Pedestrian Right-of-Way: Portion of land area owned by the city and provided by dedication for use by the public through walking, wheelchair or other non-automobile device.

Physical Impairment: A physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic or lymphatic, skin or endocrine.

Reasonable Modification: An adjustment to rules policies or procedures to accommodate an individual whose disability makes it impossible to comply otherwise when such adjustment does not fundamentally alter the nature of the program, service or activity. Examples include:

- Granting a zoning variance to allow a ramp to be built inside a set-back area.
- Permitting a personal attendant to help a person with a disability to use a public restroom designated for the opposite gender.
- Permitting a service animal in a place where animals are typically not allowed.

Record of Impairment: With respect to protection under the ADA, a person with a history of a disability whether or not they are currently substantially limited in a major life activity. Meant to protect people with a history of cancer, heart disease or other debilitating illness, whose illness is either cured, controlled or in remission, as well as those with a history of mental illness.

Regarded as Having a Disability: With respect to protection under the ADA, an individual is protected under this part of the definition of disability if he or she can show that they were discriminated against because of an actual or perceived impairment, regardless of whether the impairment actually limits or is perceived to limit a major life activity.

Substantial Limitations of Major Life Activities: An impairment is a disability under the ADA only if it limits one or more major life activities. An individual must be unable to perform, or significantly limited in the ability to perform, an activity compared to an average person in the general population. The regulations provide three factors to consider when determining whether a person's impairment substantially limits a major life activity:

1. The nature and severity;
2. How long it will last or is expected to last; and
3. Its permanent or long-term impact or expected impact.

Technically Infeasible: With respect to an alteration of an existing element, that it has little likelihood of being accomplished because existing physical or site constraints prohibit modification or addition of elements, spaces, or features to bring the element into full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.

Transition Plan: A jurisdiction's document to identify physical or structural modifications required to provide access to programs or services; details what actions the City has taken or will take to alter its facilities. Generally, the transition plan lists existing barriers in to City programs and in public rights-of-way under the City's jurisdiction, and it further schedules which barriers are to be removed to provide access for individuals with disabilities.

Undue Burden: An action requiring significant difficulty or expense when considering the nature and cost of the accommodation in relation to the size, resources, and structure of the specific operation.

Appendix C:

Survey of City Programs, Procedures and Policies, with Tabulated Summary

City of Spokane Valley

ADA Self-Evaluation Survey

Please list your department, division & program:

| | |
|---|--|
| Department: | |
| Division/Bureau: | |
| Program (as named on survey notice): | |

To obtain a copy of this survey free of charge contact:

City of Spokane Valley ADA Coordinator
11707 E Sprague Avenue, Suite 106, Spokane Valley, WA, 99206
P: (509) 688-0021 TTY: (XXX) XXX-XXXX F: (509) 921-1008 E: jwhitehead@spokanevalley.org

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4/01.

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Survey Instructions

The Self-Evaluation Survey is designed so that you have to answer only those questions that are relevant to your program. It is divided into six sections according to different types of services and activities, as follows:

- I. Program Background
- II. General Public Contact
- III. Intensive "Client" Contact
- IV. Contracting
- V. Purchasing
- VI. Staff Training & Technical Assistance

Start at Section I and continue from there. At the beginning of each section is an explanation of the types of programs that are covered by that section. Please, read each section description carefully to determine whether the questions in that section apply to your program. If your program does not fit the section description, you may skip to the next section.

There is a space for comments at the end of every section, as well as at the end of the survey.

Please keep in mind that the Survey is not a test. The survey is a tool that is being used to gather baseline data about the accessibility of city benefits and services. We hope to identify best practices as well as areas where improvement is needed. The City will use the data gathered to determine where resources and training are needed to improve access across all programs.

If you have any questions about the survey, please call 688-0021.

Frequently Asked Questions

Shouldn't my Department's ADA Coordinator complete the survey?

No. The survey should be completed by the manager to whom the survey notice was mailed. However, your ADA Coordinator may be a helpful resource.

My Department has already evaluated the accessibility of our facilities. How does the Self-Evaluation Survey relate to that evaluation?

The Self-Evaluation Survey is focused on programmatic and communication access. It does not address architectural issues. Even if your Department has already developed, or is in the process of developing a Transition Plan, *you must complete the Self-Evaluation Survey.*

Is the survey asking about my Department's policies?

No. The Survey is an evaluation of *City programs*, not Departments. While there may be some overlap with your department, the survey asks questions about the policies, procedures and practices of your *individual program*. In answering the questions, you should limit your responses to the service or cluster of services you oversee.

How are you defining "program"? What about "program manager"?

For the purposes of the Self-Evaluation:

A "program" is a service or cluster of services with a single purpose. Because Departments vary significantly in structure and type of service provided, programs within these Departments also vary. In some cases, smaller clusters of services were grouped together as one because they act as one program when developing and implementing policies, procedures and practices.

A "program manager" is the person who is responsible for the program. For the purpose of the Self-Evaluation, a program manager is the responsible individual who is close enough to the day-to-day workings of the program to have a sense of the actual practices, and who has some authority over the program's policies and procedures.

How are you defining disability?

This survey uses the term disability as it is defined in the Americans with Disability Act: *"a physical or mental impairment that substantially limits a major life activity; a record of such an impairment; or being regarded as having such an impairment."* "Physical or mental impairment" includes, but is not limited to: visual, speech and hearing impairments, cerebral palsy, diabetes, mental retardation, emotional illness, HIV disease and drug addiction. Examples of "major life activities" include: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

I don't see a lot of "don't know" answer options. If I don't know the answer to a question, should I research the question or just answer "no"?

If you don't immediately know the answer to a question, we prefer that you ask around to find an answer. If you can't get an answer after asking around, you should answer "no."

Section I. Program Background

Who must complete this section? All programs must complete this section.

1. Total programs reporting: **22**
2. Name of person completing this survey:
See attached list
3. Primary Location of Program:
Street Address: **See attached list**
City: Spokane Valley
State: WA
Zip: 99206

4. How many employees work in this program?

| Number of responses | Response Option |
|---------------------|-----------------|
| 17 | 0 – 10 |
| 0 | 11 – 20 |
| 3 | 21 – 50 |
| 2 | over 50 |

5. What is the approximate total budget for this program?

| Number of responses | Response Option |
|---------------------|---------------------------|
| 14 | under \$500,000 |
| 1 | \$500,000 - \$1,000,000 |
| 5 | \$1,000,001 - \$5,000,000 |
| 2 | over \$5,000,000 |

6. Does your program issue licenses or certifications (e.g., foster home, marriage, dog licenses, etc.)?

| # of Responses | | # of Responses | |
|----------------|-----|----------------|----|
| 4 | Yes | 18 | No |

7. In three sentences or less, please describe the contact your program has with the public (e.g., people come into our office for x, y, and z; no one ever comes to our office but we buy information kiosks that are used by the public; we do fieldwork and interact with members of the public in the field; we give grants to organizations that provide x, y and z services to the public; we have clients who must apply for our program and meet certain criteria for continuing to receive service from us; etc.)."

Section II. General Public Contact

Who must complete this section? Complete this section if your program has any direct contact with the public. This includes programs that lead tours, recruit and hire members of the public, provide information, issue citations or licenses, host meetings, collect fees, provide job training, administer benefits, etc. This does not include programs that provide public service through contracted agencies (see Section IV, below). If your program provides service through contracted agencies or does not have direct contact with the public (e.g., purchasing programs), you may skip this section.

A. Population Information

1. Approximately how many members of the public receive service from your program each year?

| Number of responses | Response Options |
|---------------------|------------------|
| 6 | Under 1000 |
| 5 | 1,000 – 5,000 |
| 0 | 5,001 – 10,000 |
| 10 | Over 10,000 |

2. Approximately what percentage of these individuals has disabilities? *[Note: We understand that your program may not collect this data and do not expect you to do so. However, your best estimate of this percentage will give us a clearer picture of your program. In your estimate, please be sure to consider those people with hidden disabilities (e.g., psychiatric illness) as well as those with visible disabilities (e.g., visual impairment).]*

| Number of responses | Response Options |
|---------------------|------------------|
| 0 | NONE |
| 10 | Under 10% |
| 1 | 10% – 25% |
| 0 | 26% - 50% |
| 0 | over 50% |
| 10 | Have no idea |

B. General Policies, Procedures & Practices

1. How do you inform members of the public about your program? (Check all that apply.)

| Number of responses | Response Options |
|----------------------------|--|
| 13 | Verbal outreach |
| 10 | Brochure |
| 7 | Flyer/notice in community |
| 9 | Advertisement in newspaper, bulletin, etc. |
| 18 | Website |
| 12 (See attached comments) | Other, please name: |

2. Does your program ever provide transportation for its applicants or participants?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 2 | Yes[GO TO 2.1] | | 19 | No[GO TO 3] |

2.1 If yes, what type?

| Number of responses | Response Options |
|---------------------------|---------------------|
| 0 | Mini-van |
| 0 | Ramp-taxi |
| 0 | Bus pass or tokens |
| 2 (See attached comments) | Other, please name: |

2.2 Do you provide wheelchair accessible transportation for people who need it?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 2 | Yes | | 0 | No |

3. Does your program or service have safety standards (e.g., applicants must be able to care for themselves, participants may not have a history of violent or criminal behavior)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 5 | Yes[GO TO 3.1] | | 16 | No[GO TO 4] |

3.1 If yes, please briefly describe the standards:

[See attached comments](#)

3.2 How do you determine whether an individual meets these standards?

| Number of Responses | Response Options |
|---------------------------|-----------------------------------|
| 4 | Self-identification by individual |
| 3 | Staff observation |
| 0 | Staff interview |
| 0 | Testing |
| 0 | Records check |
| 2 (See attached comments) | Other, please name: |

4. Does your program have any components or services that are exclusively for people with disabilities (e.g., a housing program designated for persons with disabilities, an alternate employment program, a different application process, special meeting times, etc.)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-----------------|
| 0 | Yes[GO TO 4.1] | | 21 | No[GO TO SEC C] |

4.1 If yes, please list these components or services: **N/A**

4.2 May people with disabilities also participate in the general program if they so choose? **N/A**

| Number of responses | Response Options |
|---------------------|----------------------------------|
| | Yes, always |
| | Yes, under special circumstances |
| | No |

4.2a If you answered "Yes, under special circumstances" or "No" please explain: **N/A**

C. Communications

1. Does your program use an automated phone menu system to access staff and/or information on services (i.e., push 1 for... push 2 for...)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 5 | Yes[GO TO 1.1] | | 16 | No[GO TO 2] |

1.1 If yes, does the system offer a simple (1 step) way for a caller to bypass the menu and speak directly with a program representative?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 4 | Yes | | 1 | No |

2. Does your program have a TTY/TDD (text telephone for communicating with people with hearing and/or speech impairments)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 0 | Yes[GO TO 2.1] | | 21 | No[GO TO 3] |

2.1 If yes, do you have a dedicated phone line for the TTY/TTD? **N/A**

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| | Yes | | | No |

2.2 What is the TTY/TDD number?
N/A

2.3 Where is the TTY/TDD number listed? (Check all that apply.) N/A

| Number of responses | Response Options |
|---------------------|--|
| | Brochure or other distributed written material |
| | Public phone directory |
| | Recorded message |
| | Website |
| | Other, please name: |

2.4 Does the TTY/TTD have an answering machine that receives calls when a live person is not available (i.e., is your TTY/TTD functional 24 hours a day)? N/A

| # of Responses | Yes | # of Responses | No |
|----------------|-----|----------------|----|
| | | | |

2.5 Are members of your staff trained in how to use the TTY/TDD? N/A

| # of Responses | Yes[GO TO 2.5a] | # of Responses | No[GO TO 3] |
|----------------|-----------------|----------------|-------------|
| | | | |

2.5a If yes, please briefly describe the training they receive: N/A

2.5b How frequently is this training provided? N/A

| Number of responses | Response Options |
|---------------------|---------------------|
| | At orientation |
| | On request |
| | Semi-annually |
| | Annually |
| | Other, please name: |

3. Does your program provide phones for the public to use to make outgoing calls when needed (e.g., to call for transportation or to track down a required document)?

| # of Responses | Yes[GO TO 3.1] | # of Responses | No[GO TO 4] |
|----------------|----------------|----------------|-------------|
| 10 | | 11 | |

3.1 If yes, is there a TTY/TTD available for making these calls?

| # of Responses | Yes | # of Responses | No |
|----------------|-----|----------------|----|
| 0 | | 10 | |

4. Is your program staff trained in how to use the Washington State Relay Service?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 21 | No |

5. Are people with disabilities portrayed in any of the materials used by your program (e.g. written descriptions, pictures, videos etc.)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 1 | Yes[GO TO 5.1] | | 20 | No[GO TO 6] |

5.1 If yes, please describe briefly:

[See attached comments](#)

6. Does your program notify the public about whether your program office(s) is/are architecturally accessible (e.g., whether or not it is accessible to people in wheelchairs, whether or not there are obstructions that would hinder people who are blind)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 4 | Yes[GO TO 6.1] | | 17 | No[GO TO 7] |

6.1 If yes, please indicate the methods you use to communicate this information: (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 1 | Verbal outreach |
| | Posted notice outside facility |
| | Brochure |
| | Flyer/notice in community |
| | Advertisement in newspaper, bulletin, etc. |
| 2 | Website |
| | Other, please name: |

7. Do you ever provide information to the public through videos, movies or television broadcasts?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 2 | Yes[GO TO 7.1] | | 19 | No[GO TO 8] |

7.1 If yes, do these videos, movies, or broadcasts have captioning for individuals with visual impairments (i.e., is the verbal portion of the broadcast transcribed and displayed at the bottom of the screen)?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 2 | No |

7.2 Do these videos, movies or broadcasts have an audio narration option for individuals who have visual impairments?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 2 | No |

8. Does your program include exhibits and/or interpretive displays (e.g., art exhibits, historical displays, information kiosks, etc.)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 12 | Yes[GO TO 8.1] | | 9 | No[GO TO 9] |

8.1 If yes, is information in the exhibit/display provided in a variety of formats?

| Number of responses | Response Options |
|---------------------------|---------------------|
| 10 | Written |
| 0 | Audio |
| 9 | Graphic/Pictorial |
| 3 (See attached comments) | Other, please name: |

9. Does your program use any of the following alternative formats and/or auxiliary aids to make program materials and services accessible to people with disabilities (e.g., to make written materials accessible to people with visual impairments, to make interviews accessible to people who are deaf)? (Check all that apply.)

Alternative Formats

| Number of responses | Response Options |
|---------------------------|---------------------|
| 1 | Audiotape |
| 5 | Enlarged print |
| 0 | Braille |
| 9 | Computer disk |
| 17 | Website |
| 14 | E-mail |
| 5 (See attached comments) | Other, please name: |

Auxiliary Aids

| Number of responses | Response Options |
|---------------------|-----------------------------|
| 3 | Sign language interpreters |
| 4 | Assistive listening devices |
| 0 | Real-time captioning |
| 3 | Readers |

| | |
|----------|--|
| 8 | Call-in/speakerphone capability |
| 1 | Assistants (who perform tasks such as translating for a person with speech impairment) |
| 0 | Other, please name: |

9.1 Please briefly describe the procedure someone must follow to request materials in alternative formats and/or auxiliary aids:

See attached comments

9.1a Is this procedure documented in written form?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 5 | Yes | | 16 | No |

9.2 Do you notify the public that they may request alternative formats and/or aids if needed?

| # of Responses | | # of Responses | |
|----------------|-----------------|----------------|---------------|
| 8 | Yes[GO TO 9.2a] | 13 | No[GO TO 9.3] |

9.2a How are members of the public notified that they may request alternative formats and/or auxiliary aids if needed? (Check all that apply.)

| Number of responses | Response Options |
|----------------------------------|--|
| 5 | Verbal explanation at service window |
| 0 | Posted notice program office |
| 5 | Brochure or other distributed written material |
| 0 | Recorded message |
| 7 | Website |
| 2 (See attached comments) | Other, please name: |

9.3 What is the average length of time that someone must wait for approval of a request?

| Number of responses | Response Options |
|---------------------|---------------------|
| 1 | Less than 1 hour |
| 10 | 1 hour – 24 hours |
| 4 | 25 hours – 72 hours |
| 0 | 73 hours to 1 week |
| 0 | over 1 week |

9.4 Please list the firm(s) and/or organization(s) you use to access auxiliary aids (e.g., the firm you use to access ASL interpreters, etc.):

See attached comments

10. Does your program hold public meetings, hearings or other events?

| # of Responses | | # of Responses | |
|----------------|-----------------|----------------|--------------|
| 10 | Yes[GO TO 10.1] | 11 | No[GO TO 11] |

10.1 If yes, does your program hold public meetings, hearings or other events regularly at specific locations (i.e., at locations other than your program locations listed in Section I)?

| # of Responses | | # of Responses | |
|----------------|------------------|----------------|----------------|
| 4 | Yes[GO TO 10.1a] | 6 | No[GO TO 10.2] |

10.1a If yes, please list these specific locations:

See attached comments

10.2 Does your program notify the public about whether or not the locations of public meetings, hearings or other events are architecturally accessible?

| # of Responses | | # of Responses | |
|----------------|------------------|----------------|----------------|
| 0 | Yes[GO TO 10.2a] | 10 | No[GO TO 10.3] |

10.2a If yes, please indicate the methods you use to communicate this information: (Check all that apply.) **N/A**

| Number of responses | Response Options |
|---------------------|--------------------------------|
| | Verbal outreach |
| | Written meeting notice |
| | Posted notice outside facility |
| | Flyer/notice in community |
| | Website |
| | Other, please name: |

10.3 Do you use any of the following alternative formats and/or auxiliary aids to make public meetings, hearings or other events accessible to people with disabilities?

Alternative Formats

| Number of responses | Response Options |
|---------------------------|---------------------|
| 1 | Audiotape |
| 1 | Enlarged print |
| 0 | Braille |
| 5 | Computer disk |
| 6 | Website |
| 7 | E-mail |
| 3 (See attached comments) | Other, please name: |

Auxiliary Aids

| Number of responses | Response Options |
|---------------------------|--|
| 4 | Sign language interpreters |
| 4 | Assistive listening devices |
| 0 | Real-time captioning |
| 1 | Readers |
| 2 | Call-in/speakerphone capability |
| 0 | Assistants (who perform tasks such as translating for a person with speech impairment) |
| 1 (See attached comments) | Other, please name: |

10.3a If you answered yes to any of the above, is the procedure for requesting and receiving alternative formats and/or auxiliary aids for public meetings, hearings or other events **different** from the procedure for requesting these formats and aids for program services?

| # of Responses | | # of Responses | |
|----------------|-------------------|----------------|--------------|
| 0 | Yes[GO TO 10.3a1] | 8 | No[GO TO 11] |

10.3a1 If yes, please explain these differences. (Be sure to note any differences in the ways the public is notified, request procedure, length of request approval period, firms used, etc.): **N/A**

11. How does your program pay for costs incurred from accommodating people with disabilities (e.g., paying for interpreters, alternative formats, individual staff assistance, etc.)?

| Number of responses | Response Options |
|---------------------|--|
| 0 | Fees from participants with disabilities |
| 0 | Fees from all participants |
| 0 | Specific budget line item |
| 16 | Flyer/notice in community |
| 5 | Included in general budget |
| 0 | Other, please name: |

D. Modification of Policies, Procedures & Practices

1. Does your program allow an individual to request a modification of program policies, procedures or practices to accommodate his/her disability (e.g., a waiver of an orientation requirement for someone who cannot attend at the required time due to a disability, a home visit for someone who is homebound and cannot come into the program office, assistance completing a required form for someone with a cognitive impairment, etc.)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 10 | Yes[GO TO 1.1] | | 11 | No[GO TO 2] |

1.1 If yes, please briefly describe the procedure for requesting and providing modifications:

See attached comments

1.1a Is this procedure documented in written form?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 11 | No |

1.2 Do you notify the public that they may request such modifications when needed?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------|
| 5 | Yes[GO TO 1.2a] | | 6 | No[GO TO 1.3] |

1.2a If yes, what does the notice include?

| Number of responses | Response Options |
|---------------------|--|
| 1 | Notice of right to non-discrimination |
| 1 | Notice of right to reasonable modification of policies, procedures and practices |
| 2 | Information on how to request a modification |
| 1 | Phone number to call to request a modification |
| 0 | TTY number to call to request a modification |
| 0 | A form to complete to request a modification |
| 0 | An address at which to make the request in person |
| 0 | Contact information of an advocate or ombudsperson |
| 4 | See attached comments Other, please name: |

1.2b How are members of the public notified they may request modifications if needed? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 3 | Verbal explanation at service window |
| 1 | Posted notice program office |
| 1 | Brochure or other distributed written material |
| 0 | Recorded message |
| 2 | Website |
| 1 | See attached comments Other, please name: |

1.3 What is the average length of time that someone must wait for approval of a request?

| Number of responses | Response Options |
|---------------------|---------------------|
| 1 | Less than 1 hour |
| 9 | 1 hour – 24 hours |
| 1 | 25 hours – 72 hours |
| 0 | 73 hours to 1 week |
| 0 | over 1 week |

1.4 How are staff (including receptionists, service window attendants, client service staff, etc.) informed about how to handle requests for modification? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|----------------------------|
| 10 | Word-of-Mouth/Experience |
| 0 | Employee Handbook |
| 2 | Other documented procedure |
| 3 | Training |
| 0 | Other, please name: |

1.5 Approximately how frequently does your program receive requests for modification of policies, procedures or practices?

| Number of responses | Response Options |
|---------------------|-------------------------|
| 4 | Never |
| 6 | 1 – 10 x per year |
| 0 | 11 – 25 x per year |
| 0 | 25 – 50 x per year |
| 1 | More than 50 x per year |

1.6 In the last year, has your program modified a policy, procedure and/or practice for a person with a: (Check all that apply.)

| Number of responses | Response Options |
|---------------------|---|
| 0 | psychiatric disability? |
| 0 | learning or Cognitive disability? |
| 0 | speech impairment? |
| 0 | hearing impairment? |
| 0 | visual impairment? |
| 0 | mobility impairment? |
| 0 | immune disorder (such as HIV, Multiple Chemical Sensitivities, etc.)? |

1.6a Please give an example of a modification that was made for each “yes” checked: [N/A](#)

1.7 Does your program provide alternatives to an individual whose request for modification is denied (e.g., instead of a home visit to fill out an application, you offer a phone interview and mail the application to be signed by the homebound individual)?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|-------------|
| 2 | Yes[GO TO 1.7a] | | 9 | No[GO TO 2] |

1.7a If yes, please give an example of a situation in which an alternative to a requested modification was provided:

[See attached comments](#)

2. Does your program require applicants or participants to wait in line at any time (e.g., at information window, to apply for service, etc.)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 7 | Yes[GO TO 2.1] | | 14 | No[GO TO 3] |

2.1 If yes, are there alternatives available for individuals whose physical or mental disabilities make it unduly difficult to stand or wait for an extended period of time (e.g., a means of holding someone’s place in line, staff available to assist people with disabilities, etc.)?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|-------------|
| 3 | Yes[GO TO 2.1a] | | 4 | No[GO TO 3] |

2.1a If yes, please briefly describe the alternatives:

[See attached comments](#)

2.1b Can any staff offer these alternatives or must a request be approved by a designated staff member?

| Number of responses | Response Options |
|---------------------|---|
| 3 | Any staff may offer upon request |
| 0 | Request must be approved by designated staff member |
| 0 | Other, please name: |

3. Does your program, and/or the facility in which the program is located, have a policy that restricts animals?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|---------------------|
| 1 | Yes[GO TO 3.1] | | 20 | No[GO TO Section E] |

3.1 If yes, may this policy be modified to allow for service or companion animals used by people with disabilities (e.g., the guide dog of a person who is blind, or the cat of a person with post-traumatic stress syndrome)?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------------|
| 1 | Yes[GO TO 3.1a] | | 0 | No[GO TO Section E] |

3.1a May any staff modify this policy or must a request be approved by a designated staff member?

| Number of responses | Response Options |
|---------------------|---|
| 1 | Any staff may offer upon request |
| 0 | Request must be approved by designated staff member |
| 0 | Other, please name: |

E. Grievance Policies & Procedures

1. Does your program have a grievance procedure (i.e., a procedure for resolving complaints by the public alleging noncompliance with the ADA in any of your program's services, activities and/or benefits)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|---------------------|
| 10 | Yes[GO TO 1.1] | | 11 | No[GO TO Section F] |

1.1 If yes, please briefly describe this procedure:

[See attached comments](#)

1.1a Is this procedure documented in written form?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 10 | Yes | | 0 | No |

1.2 Do you notify the public of the grievance procedure?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 10 | Yes | | 0 | No |

1.2a If yes, what does the notice include? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 9 | Information about how to file a grievance |
| 5 | Phone number to call to register the grievance |
| 1 | TTY number to call to register the grievance |
| 1 | A form to complete to register the grievance |
| 9 | An address where to register the grievance in person |
| 4 | Contact information to an ombudsperson or advocate |
| 1 | Other, please name: |

1.2b How are program applicants or participants notified of the grievance procedure? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 1 | Verbal explanation at service window |
| 5 | Posted notice program office |
| 1 | Brochure or other distributed written material |
| 0 | Recorded message |
| 9 | Website |
| 0 | Other, please name: |

1.3 Does your program modify the grievance procedure for individuals whose disabilities prevent them from meeting the requirements of the procedure (e.g., providing an alternative to completing a complaint form)?

| # of Responses | | # of Responses | |
|----------------|-----------------|----------------|---------------|
| 9 | Yes[GO TO 1.3a] | 1 | No[GO TO 1.4] |

1.3a If yes, is the procedure for requesting a modification included in the public grievance notice?

| # of Responses | | # of Responses | |
|----------------|-----|----------------|----|
| 6 | Yes | 3 | No |

1.4 Approximately how frequently is the grievance procedure used?

| Number of responses | Response Options |
|---------------------|----------------------------|
| 6 | Never |
| 2 | Once every couple of years |
| 0 | 1 – 10 x per year |
| 0 | 11 – 25 x per year |
| 1 | 25 – 50 x per year |

1.5 Do staff members who make decisions on grievances receive training in the requirements of federal and state disability rights laws?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------------|
| 5 | Yes[GO TO 1.5a] | | 5 | No[GO TO Section F] |

1.5a If yes, please briefly describe the training provided:

See attached comments

1.5b How frequently is this training provided?

| Number of responses | Response Options |
|---------------------|---------------------|
| 1 | At orientation |
| 0 | Semi-annually |
| 4 | Annually |
| 0 | Bi-annually |
| 0 | Other, please name: |

F. Emergency Policies, Procedures & Practices

1. Does the building or site that houses your program have emergency evacuation procedures?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-------------|
| 16 | Yes[GO TO 1.1] | | 5 | No[GO TO 2] |

1.1 If yes, please briefly describe these procedures:

See attached comments

1.2 Are these procedures documented in written form?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 16 | Yes | | 0 | No |

1.3 Do these evacuation procedures include specific provisions for evacuating people with disabilities?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------|
| 0 | Yes[GO TO 1.3a] | | 16 | No[GO TO 1.4] |

1.3a If yes, please describe these provisions: **N/A**

1.4 How are members of the public notified of the emergency evacuation procedures?
 (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 1 | Verbal explanation |
| 1 | Posted notice program office |
| 1 | Brochure or other distributed written material |
| 0 | Recorded message |
| 7 | Not notified |
| 6 | See attached comments Other, please name: |

2. Is the building where your program is located equipped with visual emergency alarms (e.g., flashing lights) in addition to audio alarms?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 7 | Yes | | 14 | No |

Comments for Section II:

| | |
|--|--|
| CD/All Divisions/Meetings and Hearings | For the visually impaired, since meeting documents are available on the website, they can be enlarged to whatever scale an individual may need in order to read comfortably. |
|--|--|

Section III. Intensive (“Client”) Contact

Who must complete this section? Complete this section if your program has intensive and/or ongoing contact with the public. This includes all programs that have applications and requirements for continued service such as mental health, job training or public benefits programs, etc. This section should be completed in addition to (not instead of) Section II. If your program does not have intensive, ongoing contact with the public, you may skip this section.

A. Application Policies, Procedures & Practices

1. Does your program have eligibility requirements (e.g., evidence of particular skills, record of good tenancy, completion of a training program, etc.)?

| # of Responses | | | # of Responses |
|----------------|----------------|--|----------------|
| 2 | Yes[GO TO 1.1] | | 12 |
| | | | No[GO TO 2] |

- 1.1 If yes, may these eligibility requirements be modified to accommodate individuals whose disabilities prevent them from meeting them?

| # of Responses | | | # of Responses |
|----------------|-----------------|--|----------------|
| 1 | Yes[GO TO 1.1a] | | 1 |
| | | | No[GO TO 2] |

- 1.1a If yes, are members of the public notified before they are enrolled in the program that they may request modifications (i.e., are individuals who aren't already participants in your program notified of your program's modification procedures)?

| # of Responses | | | # of Responses |
|----------------|------------------|--|----------------|
| 1 | Yes[GO TO 1.1a1] | | 0 |
| | | | No[GO TO 2] |

- 1.1a1 If yes, please briefly describe how these individuals are notified:

See attached comments

2. Where is the application for your program available? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 11 | Program office(s) |
| 1 | Community-based organization(s) |
| 9 | Website |
| 3 | See attached comments Other, please name: |

3. How may a member of the public apply to your program? (Check all that apply)

| Number of responses | Response Options |
|---------------------|--|
| 11 | In person at program office |
| 1 | In person at community-based organization |
| 4 | By authorized representative |
| 7 | By mail |
| 7 | By phone |
| 1 | By TTY/TTD |
| 7 | Through website |
| 2 | Through home visit upon request |
| 5 | See attached comments Other, please name: |

4. Is a member of your staff available to help those individuals who may require assistance in completing an application?

| # of Responses | | # of Responses | |
|----------------|-----|----------------|----|
| 12 | Yes | 2 | No |

5. Does your program require documentation (e.g. birth certificate, driver's license, medical records, etc.) in order for an individual to participate or receive services?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|-------------|
| 5 | Yes[GO TO 5.1] | 9 | No[GO TO 6] |

5.1 If yes, does your staff provide any of the following services to assist an individual in obtaining required documentation? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|---|
| 4 | Make phone calls to request/retrieve documentation |
| 5 | Make photocopies of original documentation |
| 2 | Obtain documentation directly (with signed release) |
| 2 | See attached comments Other, please name: |

5.1a If you answered yes to any of the above, please describe the circumstances under which these services would be provided:

See attached comments

6. Does your program prohibit service to individuals based on their illegal use of drugs?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|---------------------|
| 1 | Yes[GO TO 6.1] | 13 | No[GO TO Section B] |

6.1 How do you determine whether an individual is currently using drugs illegally?

| Number of responses | Response Options |
|---------------------|--|
| 1 | Self-identification by individual |
| 1 | Staff observation |
| 1 | Staff interview |
| 0 | Testing |
| 1 | Records check |
| 0 | See attached comments Other, please name: |

B. General Service Policies, Procedures & Practices

1. Does your program have staffed drop-in hours for potential applicants or program participants who may not have an appointment?

| # of Responses | Yes | # of Responses | No |
|----------------|-----|----------------|----|
| 11 | Yes | 3 | No |

2. Does your program have a waiting room?

| # of Responses | Yes[GO TO 2.1] | # of Responses | No[GO TO 3] |
|----------------|----------------|----------------|-------------|
| 8 | Yes[GO TO 2.1] | 6 | No[GO TO 3] |

2.1 If yes, how are people who are waiting notified when it is their turn? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 7 | Verbal announcement by receptionist/other staff |
| 0 | Loudspeaker announcement |
| 0 | Notice board or other visual display |
| 8 | Individual contact by receptionist/other staff |
| 0 | See attached comments Other, please name: |

3. If a participant in your program has a disability that requires a regular (as opposed to one time) modification of a policy, procedure or practice, is this information recorded in his/her file or must he/she make a new request at each visit?

| Number of responses | Response Options |
|---------------------|--|
| 2 | Recorded in file |
| 6 | New request at each visit |
| 6 | See attached comments Other, please name: |

4. Does your program have requirements that a person must meet in order to remain in the program/continue to receive service (e.g. submit forms, attend meetings, complete assignments)?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|---------------------|
| 7 | Yes[GO TO 4.1] | | 7 | No[GO TO Section C] |

- 4.1 If yes, may these requirements be modified to accommodate individuals whose disabilities prevent them from meeting these requirements?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------------|
| 4 | Yes[GO TO 4.1a] | | 3 | No[GO TO Section C] |

- 4.1a If yes, please give one or two examples of recent modifications your program has made:

[See attached comments](#)

C. Service Termination Policies, Procedures & Practices

1. Does your program have service termination criteria?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|----------------------|
| 6 | Yes[GO TO 1.1] | | 8 | No[GO TO Section IV] |

- 1.1 If yes, please list criteria:

[See attached comments](#)

- 1.2 Does the termination process include an effort to determine whether the cause for termination is related to the participant's disability (e.g., client's failure to call or appear for appointment was result of psychiatric crisis)?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------|
| 3 | Yes[GO TO 1.2a] | | 3 | No[GO TO 1.3] |

Yes [GO TO 1.2A] No [GO TO 1.3]

- 1.2a If yes, please describe this effort:

[See attached comments](#)

1.3 Are participants notified that their participation in the program/service is going to be terminated before actual termination?

| # of Responses | | | # of Responses |
|----------------|-----------------|--|----------------|
| 5 | Yes[GO TO 1.3a] | | 1 |
| | | | No[GO TO 1.4] |

1.3a If yes, how are participants notified? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|---|
| 1 | In-person at office |
| 0 | Home visit by staff |
| 1 | Mailed letter |
| 1 | Phone call |
| 4 | See attached comments Other, please name: |

1.4 Does your program have a process through which someone can appeal a service termination?

| # of Responses | | | # of Responses |
|----------------|-----------------|--|----------------------|
| 1 | Yes[GO TO 1.4a] | | 5 |
| | | | No[GO TO Section IV] |

1.4a If yes, is the appeal process explained in the termination notice?

| # of Responses | | | # of Responses |
|----------------|------------------|--|----------------------|
| 0 | Yes[GO TO 1.4a1] | | 1 |
| | | | No[GO TO Section IV] |

1.4a1 If yes, what does the notice include? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|--|
| 0 | Phone number to call to register the appeal |
| 0 | TTY number to call to register the appeal |
| 0 | A form to complete to register the appeal |
| 0 | An address at which to register the appeal in person |
| 0 | Contact information to an ombudsperson or advocate |

Comments for Section III:

No comments for Section III.

Section IV. Facilities

(FACILITIES CHECKLISTS WERE COMPILED SEPARATELY
AND ARE CONTAINED AS APPENDIX F TO THIS REPORT)

Section V. Contracting

Who must complete this section? Complete this section if your program awards and/or monitors contracts to agencies or organizations that provide services to the public. This includes programs that contract work to community-based organizations through an RFP process. If your program does not award and/or monitor contracts, you may skip this section.

1. Does your Request for Proposal/Qualification process include any of the following criteria for evaluating proposals?

1.1 Potential contractor's history of providing service to people with disabilities?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

1.2 Training of potential contractor's staff in serving people with disabilities?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

1.3 Potential contractor's ability to modify services to accommodate people with disabilities (e.g., ability to provide additional time or assistance to participants with learning disabilities, established relationships with agencies that provide specialized services to people with disabilities, etc.)?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

1.4 Potential contractor's ability to provide written materials in alternative formats (e.g., braille, audiotape, large print, floppy disk, email, website, etc.)?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

1.5 Potential contractor's experience using auxiliary aids or services (e.g., sign language interpreters, captioning, readers, etc.)?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

1.6 Potential contractor's ability to provide transportation to people with disabilities (if appropriate)?

| Number of responses | Response Options |
|---------------------|------------------|
| 0 | Yes |
| 5 | No |
| 4 | N/A |

1.7 Whether or not a potential contractor has a written grievance procedure (i.e., a procedure for resolving complaints by the public alleging noncompliance with the ADA in any of the contractor's services, activities and/or benefits)?

| # of Responses | | # of Responses | |
|----------------|-----|----------------|----|
| 0 | Yes | 9 | No |

2. Are your Program Officers/Contract Monitors trained in recognizing programmatic and communication access problems?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|-------------|
| 0 | Yes[GO TO 2.1] | 9 | No[GO TO 3] |

2.1 If yes, please briefly described training provided: **N/A**

2.2 How frequently is training provided? **N/A**

| Number of responses | Response Options |
|---------------------|---------------------|
| | At orientation |
| | Semi-annually |
| | Annually |
| | Bi-annually |
| | Other, please name: |

3. In their regular contract monitoring process, do your Program Officers/ Contract Monitors monitor for any of the following criteria?

3.1 Whether contractor notifies the public about how to request modifications or accommodations?

| # of Responses | | # of Responses | |
|----------------|-----|----------------|----|
| 0 | Yes | 9 | No |

3.1 Whether the contractor has a waiting list?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|---------------|
| 0 | Yes[GO TO 3.1a] | | 8 | No[GO TO 3.2] |

3.1a If yes, whether an individual can get on the waiting list through means other than standing in line (e.g., with a phone call, mail in form, etc.)? **N/A**

3.2 Training of contractor's staff in serving people with disabilities?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

3.3 Contractor's record of accommodating people with disabilities?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

3.4 Contractor's record of providing written materials in alternative formats (e.g., braille, audio tape, large print, floppy disk, email, website, etc.)?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

3.5 Contractor's record of using auxiliary aids and services (e.g., sign language interpreters, captioning, readers, etc.)?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

3.6 Contractor's record of providing transportation to people with disabilities (when appropriate)?

| Number of responses | Response Options |
|---------------------|------------------|
| 0 | Yes |
| 0 | No |
| 4 | N/A |

3.7 Whether contractor has a written grievance procedure?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

3.8 Whether the contractor has designated staff who are trained in resolving grievances?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 9 | No |

4. How frequently are programs monitored?

| Number of responses | Response Options |
|---------------------|---------------------|
| 9 | Never |
| 0 | Semi-annually |
| 0 | Annually |
| 0 | Bi-annually |
| 0 | Other, please name: |

Comments for Section V:

| | |
|--|--|
| CD/All Divisions/Meetings and Hearings | The city contracts for services of the Hearing Examiner. |
|--|--|

Section VI. Purchasing

Who must complete this section? Complete this section if you oversee purchasing for your program or other programs. Purchasing includes purchasing of computer systems, equipment, etc. If you do not oversee purchasing for your own or other programs, you may skip this section.

1. Do you purchase computer equipment or applications for use by the public?

| # of Responses | | | # of Responses |
|----------------|----------------|--|----------------|
| 0 | Yes[GO TO 1.1] | | 12 |
| | | | No[GO TO 2] |

1.1 If yes, do you make an effort to research state of the art products that may provide greater accessibility for people with disabilities? **N/A**

| # of Responses | | | # of Responses |
|----------------|-----------------|--|----------------|
| | Yes[GO TO 1.1a] | | |
| | | | No[GO TO 2] |

1.1a If yes, please describe this effort: **N/A**

1.1b How frequently is the additional cost of accessible equipment or products a bar to purchasing them? **N/A**

| Number of responses | Response Options |
|---------------------|------------------|
| | Never |
| | Occasionally |
| | Often |

2. Do you purchase large systems or equipment (e.g. new crosswalk signals, voting machines, medical examining tables, kiosk information systems, computer workstations, etc.) for use by the public?

| # of Responses | | | # of Responses |
|----------------|----------------|--|-----------------------|
| 3 | Yes[GO TO 2.1] | | 9 |
| | | | No[GO TO Section VII] |

2.1 If yes, do you make an effort to research state of the art products that may provide greater accessibility for people with disabilities?

| # of Responses | | | # of Responses |
|----------------|-----------------|--|----------------|
| 3 | Yes[GO TO 2.1a] | | 9 |
| | | | No[GO TO 3] |

2.1a If yes, please describe this effort:

See attached comments

2.1b How frequently is the additional cost of accessible equipment or products a bar to purchasing them?

| Number of responses | Response Options |
|---------------------|------------------|
| 3 | Never |
| 0 | Occasionally |
| 0 | Often |

3. Do you ever put equipment or large system purchases out to bid?

| # of Responses | | | # of Responses | |
|----------------|----------------|--|----------------|-----------------------|
| 4 | Yes[GO TO 3.1] | | 8 | No[GO TO Section VII] |

3.1 If yes, does your RFP/Q have a standard component about accessibility features (i.e., do you request vendors to show how their equipment may be used by people with disabilities, such as those with mobility impairments, or who are blind)?

| # of Responses | | | # of Responses | |
|----------------|-----------------|--|----------------|-----------------------|
| 0 | Yes[GO TO 3.1a] | | 4 | No[GO TO Section VII] |

3.1a If yes, please describe this standard component: **N/A**

3.1b How frequently is the additional cost of accessible equipment or products a bar to purchasing them? **N/A**

| Number of responses | Response Options |
|---------------------|------------------|
| | Never |
| | Occasionally |
| | Often |

Comments for Section VI:

| | |
|--|--|
| CD/All Divisions/Permitting | Purchasing for Community Development Department involves only general office supplies for staff. |
| CD/All Divisions/Written Communications | Purchasing for Community Development Department involves only general office supplies for staff. |
| CD/All Div/Inspections & Code Compliance | Purchasing for Community Development Department involves only general office supplies for staff. |
| CD/All Divisions/Meetings and Hearings | Purchasing for Community Development Department involves only general office supplies for staff. |

Section VII. Staff Training & Technical Assistance

Who must complete this section? All programs must complete this section. Note: In these questions, the term "staff" refers to all full-time employees (including management/supervisory, client/customer service, clerical, etc.) who work for your program.

1. Do members of your staff receive information on any of the following? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|---------------------------------------|
| 12 | Americans with Disabilities Act (ADA) |
| 4 | Fair Housing Amendments Act |
| 4 | Section 504 of the Rehabilitation Act |
| 8 | State Disability Laws |

1.1 If yes, does this information provide a general overview of the regulations, specific information on how the regulations relate to the services provided by the program, or both?

| Number of responses | Response Options |
|---------------------|------------------|
| 8 | General |
| 1 | Specific |
| 3 | Both |

1.2 How frequently is training provided?

| Number of responses | Response Options |
|-------------------------|---------------------|
| 5 | At orientation |
| 3 | Semi-annually |
| 0 | Annually |
| 0 | Bi-annually |
| 5 See attached comments | Other, please name: |

1.3 Do all members of your staff receive the above training or only staff at specific levels/classifications?

| Number of responses | Response Options |
|-------------------------|---------------------------------------|
| 9 | All staff |
| 0 | Management/supervisory staff |
| 0 | Client contact/customer service staff |
| 0 | Clerical/administrative support staff |
| 3 See attached comments | Other, please name: |

2. Do members of your staff receive training in working with people who have: (Check all that apply.)

| Number of responses | Response Options |
|---------------------|---|
| 1 | psychiatric disability? |
| 1 | learning or Cognitive disability? |
| 0 | speech impairment? |
| 2 | hearing impairment? |
| 1 | visual impairment? |
| 1 | mobility impairment? |
| 1 | immune disorder (such as HIV, Multiple Chemical Sensitivities, etc.)? |

- 2.1 If yes, please briefly describe the training provided:

See attached comments

- 2.2 How frequently is training provided?

| Number of responses | Response Options |
|--------------------------------|---------------------|
| 1 | At orientation |
| 0 | Semi-annually |
| 0 | Annually |
| 1 | Bi-annually |
| 5 See attached comments | Other, please name: |

- 2.3 Do all members of your staff receive the above training or only staff at specific levels/classifications?

| Number of responses | Response Options |
|--------------------------------|---------------------------------------|
| 2 | All staff |
| 0 | Management/supervisory staff |
| 0 | Client contact/customer service staff |
| 0 | Clerical/administrative support staff |
| 3 See attached comments | Other, please name: |

3. Do members of your staff receive training in how to use auxiliary aids and services, (e.g., sign language interpreters, live computer captioning, audio narration devices, etc.)?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|-------------|
| 2 | Yes[GO TO 3.1] | 20 | No[GO TO 4] |

- 3.1 If yes, please briefly describe training provided:

See attached comments

3.2 How frequently is training provided?

| Number of responses | Response Options |
|-------------------------|---------------------|
| 1 | At orientation |
| 0 | Semi-annually |
| 0 | Annually |
| 0 | Bi-annually |
| 1 See attached comments | Other, please name: |

3.3 Do all members of your staff receive the above training or only staff at specific levels/classifications

| Number of responses | Response Options |
|-------------------------|---------------------------------------|
| 1 | All staff |
| 0 | Management/supervisory staff |
| 0 | Client contact/customer service staff |
| 0 | Clerical/administrative support staff |
| 2 See attached comments | Other, please name: |

4. Does your program have an ADA Coordinator(s) (either dedicated to your program or shared with other programs in your department)?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|-------------|
| 16 | Yes[GO TO 4.1] | 6 | No[GO TO 5] |

4.1 If yes, please provide the following:

Name: **John Whitehead**

Title: **Human Resources Manager**

Phone: **509-720-5111**

Fax:

E-mail: **jwhitehead@spokanevalley.org**

4.1a For which of the following is this ADA Coordinator responsible? (Check all that apply.)

| Number of responses | Response Options |
|---------------------|-----------------------------|
| 15 | Architectural access issues |
| 16 | Employment access issues |
| 16 | Communication access issues |
| 16 | Programmatic access issues |
| | Other, please name: |

4.2 If you have more than one ADA Coordinator, please provide the following additional information for the second ADA Coordinator:

Name: **N/A**

4.2a If yes, for which of the following is this ADA Coordinator responsible?
(Check all that apply.) **N/A**

| Number of responses | Response Options |
|---------------------|-----------------------------|
| | Architectural access issues |
| | Employment access issues |
| | Communication access issues |
| | Programmatic access issues |
| | Other, please name: |

5. Would your staff benefit from training and/or technical assistance in providing programmatic and communication access?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|-------------|
| 15 | Yes[GO TO 5.1] | 7 | No[GO TO 6] |

5.1 If yes, what kind of training or technical assistance would be helpful? (Check all that are needed/of interest.)

| Number of responses | Response Options |
|---------------------|---|
| 9 | Assistance developing policies and procedures |
| 13 | Training in how to work w/ people with disabilities |
| 9 | Training in legal requirements |
| 12 | Training in providing accommodations |
| 10 | Resources for alternative formats & auxiliary aids |
| 0 | Other, please name: |

6. Does your program use the services of contract employees (e.g., security guards, janitors, etc.)?

| # of Responses | | # of Responses | |
|----------------|----------------|----------------|----|
| 12 | Yes[GO TO 6.1] | 10 | No |

6.1 If yes, does your program have a procedure that contract employees are to follow in assisting people with disabilities (e.g., contacting a member of your staff, providing certain accommodations, etc.)?

| # of Responses | | # of Responses | |
|----------------|-----------------|----------------|----------------|
| 1 | Yes[GO TO 6.1A] | 11 | No [GO TO 6.2] |

6.1a If yes, please describe this procedure:

See attached comments

6.2 Does the contract require that employees receive training in interacting with people with disabilities?

| # of Responses | | | # of Responses | |
|----------------|-----|--|----------------|----|
| 0 | Yes | | 12 | No |

Comments for Section VII:

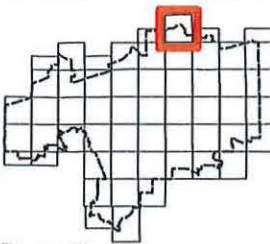
| | |
|--|--|
| CD/All Divisions/Written Communications | Contract employees include county GIS specialist and various consultants |
| CD/All Divisions/Meetings and Hearings | The city contracts for services of the Hearing Examiner. |
| Public Works/Capital Improvement Program | The budget presentations are all done at council meetings or in council chambers, and these items should be covered in the survey for public meetings. |
| Public Works/Stormwater | The budget presentations are all done at council meetings or in council chambers, and these items should be covered in the survey for public meetings. |
| Public Works/Maintenance | The budget presentations are all done at council meetings or in council chambers, and these items should be covered in the survey for public meetings. |
| Public Works/Traffic | The budget presentations are all done at council meetings or in council chambers, and these items should be covered in the survey for public meetings. |

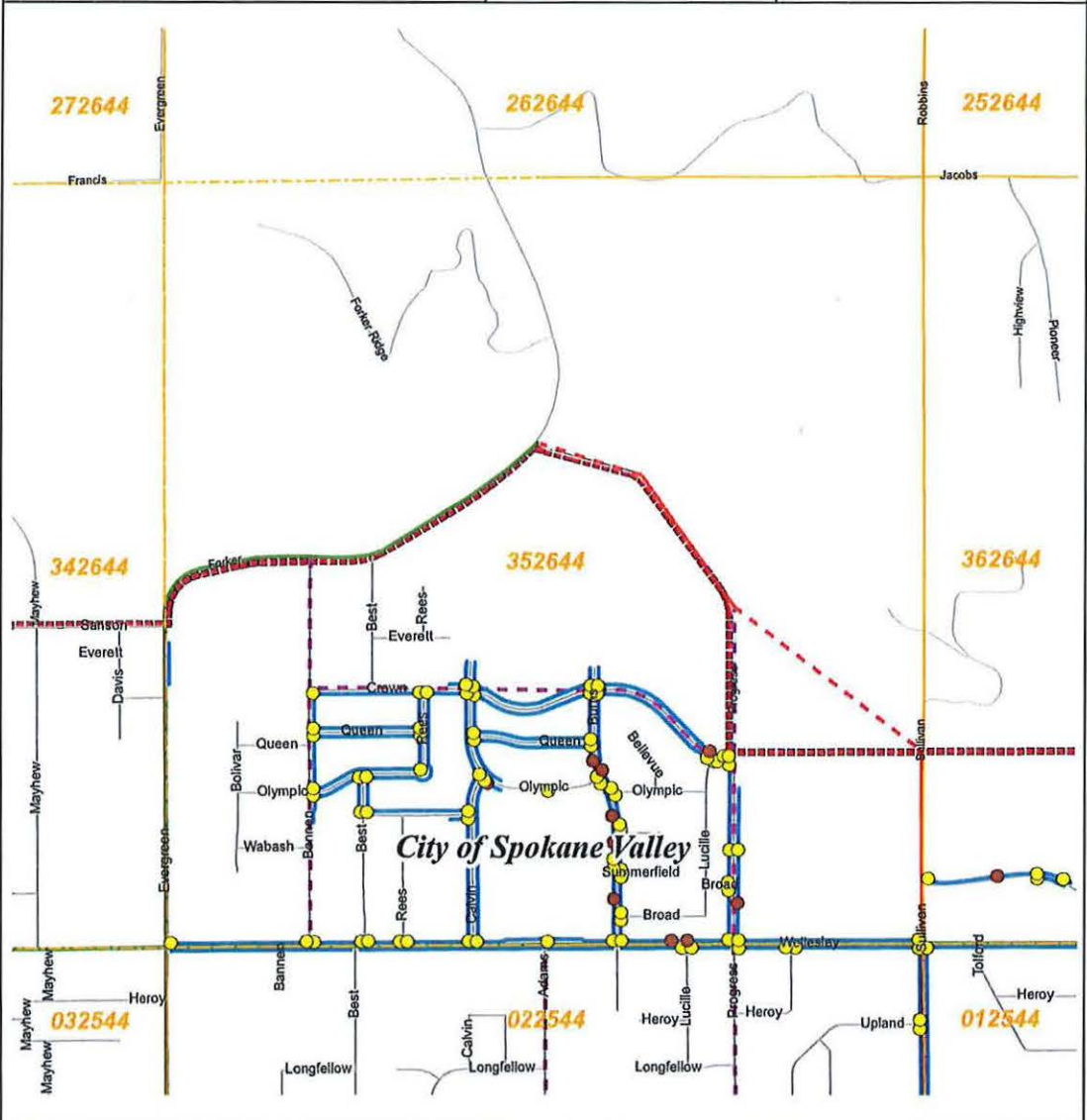
End of Survey


Thank you for completing the ADA Self-Evaluation Survey. We would like to hear from you! Before you submit your survey, please write any comments here:

Please send your survey to:

ADA Coordinator
City of Spokane Valley
11707 E Sprague Avenue, Suite 106
Spokane Valley, WA 99206

| | | |
|--|---|--|
| Legend | | S-T-R: 352644 |
| <ul style="list-style-type: none"> --- Proposed Principal Arterial --- Proposed Minor Arterial --- Proposed Collector — Principal Arterial — Minor Arterial — Collector — State or Federal — Sidewalks | <ul style="list-style-type: none"> ● Aids to Mobility ● Obstacles ● Surface Height Change City of Spokane Valley Sections Parks Lakes/Rivers |  |
| | | Page: 54 |



| | | | |
|---|---|---|---------------------|
|  | <small>Notice: The information shown on this map is compiled from various sources and is subject to constant revision. The City makes no claims or guarantees about the accuracy or currency of this map and expressly disclaims liability for errors and omissions in its contents. To confirm accuracy contact the City of Spokane Valley, Public Works Department, (509) 921-1000.</small> | ADA Survey | 1 inch = 1,000 feet |
| | | City of Spokane Valley Community Development | |

Appendix D:

Community Participation Program Documents

City Asks for Community Participation in ADA Self-Evaluation

SPOKANE VALLEY, WA --- Providing City services and programs that are accessible to those with disabilities is the goal of the City of Spokane Valley's self-evaluation survey and transition plan. This project will bring the City into compliance with the requirements of Title II of the Federal Americans with Disabilities Act (ADA).

As part of the process, community members are invited to participate in a public meeting on Tuesday, August 3 from 8:00am to 9:30am in Council Chambers at City Hall to learn more about the evaluation and its purpose, including the process, schedule and how the results will be used.

Community members will be asked to share their experiences, input and suggestions about the current level of access, for those with disabilities, to City programs and services. Barriers to access may include physical barriers, such as lack of parking and safe routes of travel to City facilities for mobility impaired persons, or the tools used to communicate with citizens, or may relate to the way the City conducts its business.

For more information on this project, please call Mary May at 509-720-5320 or mmay@spokanevalley.org or Mary Kate McGee at 509-720-5305 or mkmcgee@spokanevalley.org.

Council Chambers are located in Suite 101 of City Hall, 11707 E. Sprague Avenue.

NOTICE: Individuals planning to attend the meeting who require special assistance to accommodate physical, hearing or other impairments, please contact the Community Development Administrative Assistant at (509) 720-5301 as soon as possible so that arrangements may be made.

E-Mailed to:

'drtbrown@msn.com'; 'gregb@spokanejournal.com'; 'suelani@madmitch.com'; 'judy.cole@avistacorp.com'; 'jennyc@madmitch.com'; 'ventrisn@aol.com'; 'sjurich@ymcaspokane.org'; 'jemchugh@hotmail.com'; 'olivers@wsu.edu'; 'timothy@cunningham.com'; 'anne@spvv.com'; 'bsmall@cvsd.com'; 'glenewinkelj@evsd.org'; 'polly.crowley@wvvd.com'; 'joanpo@spokaneschools.org'; 'dickb@guildschool.org'; 'smildren@shrinenet.org'; 'mtemte@shrinenet.org'; 'kathiev@rmhspokane.org'; 'linda@cordwa.info'; 'ejk@cordwa.info'; 'diane1@corwa.info'; 'slapointe@wa.easterseals.com'; 'kbias@smhca.org'; 'char@ewcdhh.org'; 'amy@ewcdhh.org'; 'amandag@giin.org'; 'cherylm@lilacblind.org'; 'jwalker@skills-kin.org'; 'patte@chs-wa.org'; 'hsladich@visitspokane.com'; 'ltalbott@marchofdimes.com'; 'campfire@campfireinc.org'; 'rdavenport@bgcspokanecounty.org'; 'jworhtington@MDAUSA.org'; 'americanfineart@aol.com'; 'designsbybutterfly@yahoo.com'; 'mmortz@gmail.com';

'jdoherty@spokanecity.org'; 'sew2244@live.com'; 'tony@cordwa.info'; 'barbgale@comcast.net';
'sina@icehouse.net'; 'Chambers.Bob@gmail.com'; 'lawlorb@spokaneredcross.org';
'cbarnes@spokanecounty.org'; 'ckhamilton@spokanepolice.org'; 'imaginationman@msn.com';
'Jordan@snapwa.org'; 'dscott@spokanehousing.org'; 'dsomerville@spokanesherrill.org';
'ejkcordwa@live.com'; 'hernanej@fammedspokane.org'; 'LGAbrams@centurytel.net';
'glomesser@dsb.wa.gov'; 'haspokane@gmail.com'; 'hiramhillscadhh@yahoo.com';
'LJameson@spokanecounty.org'; 'jdobbs@smhca.org'; 'julie@ewcdhh.org'; 'KerryW@community-
minded.org'; 'laurie_manito@hotmail.com'; 'frontdesk@cordwa.info'; 'mdivalentino@comcast.net';
'lvandyke@smhca.org'; 'lois@cordwa.info'; 'louistanp@aol.com'; 'luanns@gmail.com';
'BurkeLA@dshs.wa.gov'; 'mvulcano@spokanepolice.org'; 'mebma14@hotmail.com';
'hilboMG@dshs.wa.gov'; 'mhowellwa@comcast.net'; 'mshannon@spokanecounty.org';
'pama@spokanevalleymealsonwheels.com'; 'martip1@comcast.net'; 'ems@spokanecounty.org';
'TReed@spokanecaounty.org'; 'rminarik@spokanecity.org'; 'rustyk@specialmobility.org';
'SVeitenheimer@slstart.com'; 'Sharongrant101@hotmail.com'; 'shonti.ganguli@gmail.com';
'scornwell@smhca.org'; 'tmattern@spokanecounty.org'; 'VerGoodhouse@dsb.wa.gov';
'MWhheatleyBilleter@spokanecounty.org'; 'ybuckley@spokanehousing.org'; 'kmikkelson@inlandpower.com';
'bcabildo@ahana.org'; 'longatthelake@msn.com'; 'cemcmullen@omnicast.net'; 'debralong@icehouse.net';
'kclark@petvet.org'; 'tdingus@cvsd.org'; 'bsmall@cvsd.org'; 'mpederson@cawh.org';
'againer@cityofcheney.org'; 'mayor@ci.deerpark.wa.us'; 'dsmith@libertylakewa.gov'; 'city@medical-
lake.org'; 'mverner@spokanecity.org'; 'glivingston@ccs.spokane.edu'; 'TrishK@dcla.net';
'rdavenport@bgcspokanecounty.org'; 'campfire@campfireinc.org'; 'patte@chs-wa.org';
'cclanton@ymcaspokane.org'; 'dian1@cordwa.info'; 'ejk@cordwa.info'; 'SineJ@evsd.org';
'LunstrothK@evsd.org'; 'HarrisM@evsd.org'; 'JensenM@evsd.org'; 'TrainorR@evsd.org'; 'Thom@ecoplan.us';
'drrudy@sbglobal.net'; 'eldonna@spokanevalleychamber.org'; 'rhadley@greaterspokane.org';
'nnelson@humanix.com'; 'mpeters@intrade.org'; 'timothy@cunningham.com'; 'mbaker@mewco.com';
'bill.brannan@northwesternrailways.com'; 'mharves@sowa.org'; 'mmcoy@sowa.org'; 'jives@sowa.org';
'bmager@spokanecounty.org'; 'mrichard@spokanecounty.org'; 'tmielke@spokanecounty.org';
'oknezovich@spokanesherriff.org'; 'bwalkup@scfd8.org'; 'emiller@sclld.org'; 'jwhite@shba.com';
'jwhite@shba.com'; 'cclausen@spokanepfd.org'; 'ngreene@spokanepfd.org'; 'lsoehren@spokanepfd.org';
'ktwohig@spokanepfd.org'; 'mcowell@spokanepfd.org'; 'lcaudill@thedavenportshba.com';
'hsladich@visitspokane.com'; 'jperry@cet.com'; 'thompsonm@spokanevalleyfire.com'; 'ceo@svpart.org';
'townoffairfield@rezmail.com'; 'latah@palousenet.com'; 'cityofmillwood@comcast.net';
'spangletown@icehouse.net'; 'waverlytown@palousenet.com'; 'kevin@verawaterandpower.com';
'LENZIJC@wsdot.wa.gov'; 'bwentworth@spokanecity.org'; 'shjorty5@yahoo.com';
'kimtheriverrat@comcast.com'; 'pmcleod@cet.com'; 'mdauction@yahoo.com'; 'polly.crowley@wvwd.com';
'waaarp@aarp.org'; 'wa06mail@davfrat.org'; 'sunshine@windwireless.net'; 'contact.srtc@srtc.org';
'sschneider@ymcaspokane.org'; 'ceo@svpart.org'; 'interpreterservices@gmail.com'; 'info@ewcdhh.org';
'gfalk@arc-spokane.org'; 'lnipp@arc-spokane.org'; 'info@community-minded.org';
'info@spokanealliance.org'; 'timh@unitedwayspokane.org'; 'amanda.currin@va.gov';
'damharper@dsb.wa.gov'; 'gdunlap@prestigecare.com'; 'rtalbot@extendacare.com';
'info@spokanevalleychamber.org'



11707 E Sprague Ave Suite 106 ♦ Spokane Valley WA 99206

509.921.1000 ♦ Fax: 509.921.1008 ♦ cityhall@spokanevalley.org

For information, contact: Carolbelle Branch, PIO
City of Spokane Valley
11707 E. Sprague Ave., Suite 106
Spokane, Valley, WA 99206
509-720-5411
Fax 509-921-1008
Email: cbranch@spokanevalley.org

MEDIA RELEASE
For immediate release
July 19, 2010

City Asks for Community Participation in ADA Self-Evaluation

SPOKANE VALLEY, WA --- Providing City services and programs that are accessible to those with disabilities is the goal of the City of Spokane Valley's self-evaluation survey and transition plan. This project will bring the City into compliance with the requirements of Title II of the Federal Americans with Disabilities Act (ADA).

As part of the process, community members are invited to participate in a public meeting on Tuesday, August 3 from 8:00am to 9:30am in Council Chambers at City Hall to learn more about the evaluation and its purpose, including the process, schedule and how the results will be used.

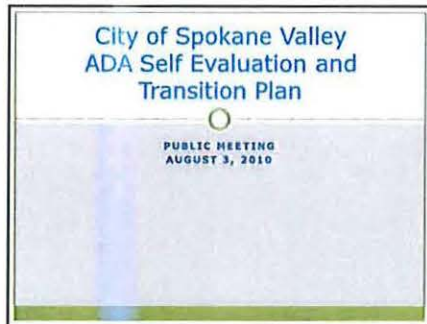
Community members will be asked to share their experiences, input and suggestions about the current level of access for those with disabilities to City programs and services. Barriers to access may include physical barriers, such as lack of parking and safe routes of travel to City facilities for mobility impaired persons, or the tools used to communicate with citizens, or may relate to the way the City conducts its business.

For more information on this project, please call Mary May at 509-720-5320 or mmay@spokanevalley.org or Mary Kate McGee at 509-720-5305 or mkmcgee@spokanevalley.org.

Council Chambers are located in Suite 101 of City Hall, 11707 E. Sprague Avenue.

NOTICE: Individuals planning to attend the meeting who require special assistance to accommodate physical, hearing or other impairments, please contact the Community Development Administrative Assistant at (509) 720-5301 as soon as possible so that arrangements may be made.

###



City of Spokane Valley ADA Self Evaluation and Transition Plan

Why the Project is being Conducted

The ADA self evaluation survey is federally mandated. As stated in the Code of Federal Regulations (CFR), section 35.105 (a):

"A public entity shall, within one year of the effective date of this part, evaluate its current services, policies and practices, and the effects thereof, that do not or may not meet the requirements of this part, and, to the extent modification of any such services, policies and practices is required, the public entity shall proceed to make the necessary modifications."

City of Spokane Valley ADA Self Evaluation and Transition Plan

Why The Project is being Conducted

- Intended to uncover barriers to access to City programs for people with disabilities.
- First step in a plan to mitigate such barriers to City programs and facilities.

City of Spokane Valley ADA Self Evaluation and Transition Plan

What the Project Includes:

- Self evaluations of programs, policies and facilities for compliance with the American Disabilities Act (ADA).
- Development of a plan to make changes for conformance.

City of Spokane Valley ADA Self Evaluation and Transition Plan

What the Project Does NOT Include:

- The project does not address private facilities or programs.
- The project does not mean every thing will be "fixed" or that the City will comply with all the detailed requirements at the end of the self evaluation.

City of Spokane Valley ADA Self Evaluation and Transition Plan

Project History

- Prior to incorporation, the County of Spokane completed a self-evaluation of their programs, policies and facilities.
- This self-evaluation is being prepared specifically for the City of Spokane Valley.

City of Spokane Valley ADA Self Evaluation and Transition Plan

Process: Department Surveys

- Comprehensive questionnaire developed for all City departments.
- Thoroughly consider and assess the accessibility of individual programs, policies, facilities and procedures.
- Evaluates programs, communication, architectural features, and employment throughout all City departments.

City of Spokane Valley ADA Self Evaluation and Transition Plan

Process: Sidewalk Ramp Surveys

- Sidewalk ramp facilities are also being inventoried for compliance.
- Being conducted by City inspectors on a time availability basis.

City of Spokane Valley ADA Self Evaluation and Transition Plan

Process: Draft Report

- Departments will complete individual surveys and a comprehensive City report will be compiled.
- Will include an opportunity for public comment.

City of Spokane Valley ADA Self Evaluation and Transition Plan

Process: Draft Transition Plan

- Following completion of the surveys and report categorizing barriers, a transition plan will be drafted.
- Will identify actions the City will take to mitigate access barriers.

City of Spokane Valley ADA Self Evaluation and Transition Plan

Timing

- Self Evaluation Surveys : September 2010
(sidewalk ramp surveys may be reported separately)
- Draft Report: November 2010
- Draft Transition Plan: February 2011
- Public/Stakeholder Meeting: March 2011
- Council Review and Consideration: May - June 2011
- Review and Updates: Annually

City of Spokane Valley ADA Self Evaluation and Transition Plan

Department Surveys: Categories

| | |
|---------------------------------|--|
| I. Program Background | V. Contracting |
| II. General Public Contact | VI. Purchasing |
| III. Intensive "Client" Contact | VII. Staff Training & Technical Assistance |
| IV. Facilities | |

City of Spokane Valley ADA Self Evaluation and Transition Plan

Department Surveys: Sample Sub-Headings

II. General Public Contact:

- A. Population Information
- B. General Policies, Procedures & Practices
- C. Communications
- D. Modification of Policies, Procedures & Practices
- E. Grievance Policies & Procedures
- F. Emergency Policies, Procedures & Practices

City of Spokane Valley ADA Self Evaluation and Transition Plan

Sample Question:

1. Does your program have eligibility requirements (e.g., evidence of particular skills, record of good tenancy, completion of a training program, etc.)?
Yes (GO TO 1.1) No (GO TO 2)

1.1 If yes, may these eligibility requirements be modified to accommodate individuals whose disabilities prevent them from meeting them?
Yes (GO TO 1.1a) No (GO TO 2)

1.1a If yes, are members of the public notified before they are enrolled in the program that they may request modifications (i.e., are individuals who aren't already participants in your program notified of your program's modification procedures)?
Yes (GO TO 1.1a1) No (GO TO 2)

1.1a1 If yes, please briefly describe how these individuals are notified:

City of Spokane Valley ADA Self Evaluation and Transition Plan

COMMENTS / COMMUNITY INPUT

- Experiences (facilities, programs, etc.)
- Survey Questions
- Verbal or Written

City of Spokane Valley ADA Self Evaluation and Transition Plan

THANK YOU!

Contacts:

- John Whitehead, City ADA Coordinator @ 509-720-5111; jwhitehead@spokanevalley.org
- Mary May at 509-720-5322; mmay@spokanevalley.org
- Mary Kate McGee at 509-720-5305; mkmcgee@spokanevalley.org

Resources:
<http://www.dbtacnorthwest.org>

City of Spokane Valley

ADA Self Evaluation and Transition Plan

Community Input Form: August 3, 2010

The City of Spokane Valley is conducting a self evaluation survey in compliance with the American with Disabilities Act (ADA). The purpose is to identify barriers to access as they relate to City programs, policies, services and practices. The evaluation will be followed up with a transition plan to identify measures that will be used to make facilities accessible over time.

Please take a moment to let us know your experience. Alternative forms of providing input are available by calling Mary May at 509-720-5322 or e-mailing comments/questions to mmay@spokanvalley.org.

THANK YOU for taking the time to participate. Your input is important.

1. My comments are in regards to a **facility** (i.e., sidewalk, parking lot, building, etc.) or
a **program** (i.e., communications, phones, forms, participation).

2. Have there been instances where your ability to attend or participate in a City program or event was not accommodated?

3. Are there programs, procedures or forms that are difficult to participate in or to complete?

4. What modifications do you feel are necessary to accommodate participation by all individuals in City programming?

5. Any other comments?

| <p align="center">City of Spokane Valley ADA Self-Evaluation and Transition Plan Public Comment</p> | | |
|--|-------------------|--|
| Date | Name | Comment |
| 8-2-10 | Dee Caputo | <p>Cannot attend but wish you the best and do want to share one thought that comes up a lot for a friend of mine who has a prosthetic leg:</p> <p>He says it is important to be sure to provide a smooth, non-slip, continuous surface to make it from Point A to Point B, preferably with a railing to grasp, if and when his typical mobility fails (which it has and can do on occasion). An example of one failure to achieve functional ADA status can be found in some of the (Moses Lake) parks we frequent, where the needed infrastructure described above does not extend fully to actual picnic table sites; it makes the net result of the attempt worthless. Walking over grass is simply not an option.</p> <p>Thanks for the e- message, and good luck! Dee</p> |
| 8-3-10 | Margaret Merz | <p>Regarding curb cuts: In order to be in compliance with the law, curb cuts are required "When streets, roads, or highways are newly built or altered"</p> <p>It is my opinion that any restriping on Sprague, Appleway,etc, must include ADA compliance in the funding. It is not optional. Any external funding must provide for ADA compliance or else it must come from city funds.</p> <p>I know that the city will follow the law, so I will contact the U.S. Dept. of Justice to verify whether restriping would trigger ADA requirements. The city has been very good in the past.</p> <p>http://www.ada.gov/taman2.html#II-5.3000 "II-6.0000 NEW CONSTRUCTION AND ALTERATIONS Regulatory references: 28 CFR 35.151. II-6.1000 General. All facilities designed, constructed, or altered by, on behalf of, or for the use of a public entity must be readily accessible and usable by individuals with disabilities, if the construction or alteration is begun after January 26, 1992."</p> <p>"II-6.6000 Curb ramps. When streets, roads, or highways are newly built or altered, they must have ramps or sloped areas wherever there are curbs or other barriers to entry from a sidewalk or path. Likewise, when new sidewalks or paths are built or are altered, they must contain curb ramps or sloped areas wherever they intersect with streets, roads, or highways. "</p> |
| 8/3/10 | At public meeting | (still retrieving ... general consensus was that we do a pretty good job of things but that we shouldn't aim for just the minimum requirements; we need to consider the sight impaired when developing the new web site) |

Appendix E:

Table 1 – Department ADA Compliance and Recommended Action

Table 1: City of Spokane Valley ADA Program Analysis and Transition Plan Summary

| Department | Program | Program Description | ADA Compliant | Action |
|-------------------------|-----------------------|--|---------------------|--|
| Operations and Admin. | Business Licenses | The programs, policies and procedures analyzed under this heading include receiving, processing and issuing business licenses. In addition, employees responsible for business licenses also assist the general public at the front counter at City Hall and over the phone. It is estimated that 1,000 to 5,000 contacts are made each year. | Generally compliant | Staff training and education |
| | Contracts | The city enters into contracts with vendors for a variety of services including but not limited to landscape maintenance, and design engineering. The city is responsible for ensuring that each vendor complies with the ADA. This is accomplished through the vendor's signature on the city contract. | Generally compliant | Policy modifications to ensure nondiscrimination |
| | Public Information | The programs, policies and procedures analyzed under this heading include information released by the city's Public Information Officer such as traffic alerts and road obstructions, media releases, website updates, and community and employee newsletters. | Generally compliant | Policy modifications to ensure nondiscrimination |
| Admin.: Human Resources | Benefits Coordination | The programs, policies and procedures analyzed under this heading include employee benefits, specifically when associated with an active recruitment or when benefit changes are approved by the City Council. | Generally compliant | Policy modifications to ensure nondiscrimination |
| | Job Descriptions | When preparing job descriptions, the city is responsible for identifying the tasks, roles and responsibilities that a person might be expected to perform in a particular position. As documents used to recruit employees, the jobs descriptions prepared by Human Resources are one of the ways in which the city interacts with the public. | Generally compliant | Policy modifications to ensure nondiscrimination |
| | Employment Policies | While mostly used internally, employee policies are public documents and as such may be reviewed by the public. The policies themselves must be ADA compliant. | Generally compliant | Policy modifications to ensure nondiscrimination |
| | City-wide Training | Training enables city employees to increase skills. Instruction includes both technical, job-specific education as well as more generic training to increase staff's ability to provide quality service with each public contact. | Generally compliant | Staff training and education |

Table 1: City of Spokane Valley ADA Program Analysis and Transition Plan Summary

| Department | Program | Program Description | ADA Compliant | Action |
|-------------------|---|--|---------------------|--|
| Admin.: Finance | General Finance Operations | Main responsibilities in general finance operations include the issuance of checks and the processing of accounts receivable. Generally, public contact occurs through a vendor or individual coming to city hall to pick up a check. | Generally compliant | Policy modifications to ensure nondiscrimination |
| | Payroll | Payroll processing does not include contact with the public. However, as a major task administered by the Finance Department, the policies and procedures involved with payroll were assessed through the questionnaire. | Compliant | - |
| | Budgeting | Each individual department is responsible for preparing and implementing an annual budget. The budget is subject to a number of public hearings that normally occur at regular council meetings in the city's council chambers. | Generally compliant | Policy modifications to ensure nondiscrimination |
| Comm. Development | Public Contact and Written Communications | People come to City Hall to speak with Community Development, including the Planning, Development Engineering and Building Divisions, for information regarding development and/or use of their property. The Permit Center serves as a first stop information desk. Daily interaction with members of the public is conducted at the office and in the field. Written communications is an integral part of the work conducted by the Department and includes documents such as permit applications, response letters, reports to Planning Commission and Council regarding development requests, and approval documents. | Generally compliant | Staff training and education Policy modifications to ensure nondiscrimination |
| | Inspections and Code Compliance | City code and engineering inspectors visit commercial and residential development sites to inspect improvements for compliance with land use, building, grading and drainage requirements. The right-of-way inspector looks at work in the public right-of-way and code compliance inspectors visit existing, developed sites to assess code compliance issues and to help gain compliance as needed. Daily interaction with the public is conducted mostly in the field but at times in the city offices. | Generally compliant | Staff training and education |
| | Meetings and Hearings | Internal staff meetings and meetings with applicants can be held daily. Planning | Generally compliant | Staff training and education |

Table 1: City of Spokane Valley ADA Program Analysis and Transition Plan Summary

| Department | Program | Program Description | ADA Compliant | Action |
|----------------------|-----------------------------|--|---------------------|--|
| | | Commission and City Council meetings are held bi-weekly in the early evening. Hearing Examiner meetings are scheduled on Thursday mornings on an as-needed basis. Pre-application meetings are typically held weekly during normal working hours. With the exception of internal staff meetings, all of the above would include members of the general public. | | Policy modifications to ensure nondiscrimination |
| Public Works | Capital Improvement Program | The Capital Improvement Program addresses city infrastructure such as streets (including sidewalks and curb ramps), signals and drainage facilities. Staff works with consultants, contractors, other agencies and the general public during the funding, design, construction and maintenance phases of improvements. | Generally compliant | Policy modifications to ensure nondiscrimination |
| | Stormwater | Stormwater staff address stormwater runoff needs and/or flooding concerns. Most public interaction occurs over the phone and in the field. | Generally compliant | Staff training and education |
| | Maintenance | The maintenance department has contact with the public during daily field work. Also, citizen action requests can be completed by residents, processed by staff and addressed through communication from the office or in the field. | Generally compliant | Staff training and education |
| | Traffic | Traffic engineers review development applications for traffic impacts and mitigations. In addition, the general public may contact staff with questions and requests in person, over the phone or through e-mail. | Generally compliant | Staff training and education |
| Parks and Recreation | KinderCamp and Little Tykes | KinderCamp is a summer program for preschool aged children. Little Tykes is an indoor play program for children of crawling age through 3 years. | Generally compliant | Staff training and education |
| | Senior Center | The senior center has over 1,000 members fifty years of age and older. Seniors come to the center to participate in activities and programs or take classes. Seniors and their families also request resources and referral information about services for seniors in and around the community. | Generally compliant | Staff training and education |
| | Free Park Programs | The summer "free" park program provides onsite arts and crafts, games and activities for park goers Monday through Thursday during the summer. | Generally compliant | Staff training and education |

Table 1: City of Spokane Valley ADA Program Analysis and Transition Plan Summary

| Department | Program | Program Description | ADA Compliant | Action |
|-----------------|---------|---|---------------------|--|
| Law Enforcement | - | The Spokane Valley Police Department provides law enforcement/public safety services to all citizens of Spokane Valley. Department employees provide proactive services in the field and respond to calls received through 911 and Crime Check. The general public is also assisted at a front desk and over the phone. | Generally compliant | Staff training and education Policy modifications to ensure nondiscrimination |

Appendix F:

Facility Survey and Tabulated Summary

**City of Spokane Valley
ADA Self Evaluation and Transition Plan
Facilities Summary**

(1=meets standard; 0=does not meet standard in all instances)

| Facility | Building Access | Building Corridors | Restrooms | Personnel Office | Comments |
|-----------------------|-----------------|--------------------|-----------|------------------|---|
| Center Place | 1 | 1 | 1 | 1 | - |
| Public Works Facility | 0 | 1 | 0 | 1 | Areas of Concern: <ul style="list-style-type: none"> • Handicapped parking • Door thresholds > ½" high • Bathroom doors lacking lever handles • Soap dispensers and towels > 48" from floor |
| Dance Hall | 1 | 1 | 0 | 0 | Areas of Concern: <ul style="list-style-type: none"> • Bathroom doors lacking lever handles • Bathroom entrance doors and stall doors < 32" wide • No grab bars in stalls • Sinks < 30" high (cannot accommodate wheelchair to roll under) • Sink handles not easily reached • Soap dispensers and towels > 48" from floor • Path of travel between furniture not wide enough for wheelchair travel |
| Sherriff Office | 1 | 0 | 0 | 1 | Areas of Concern: <ul style="list-style-type: none"> • Floor surface not slip resistant • Bathroom doors lacking lever handles |
| City Hall | 1 | 1 | 1 | 1 | - |
| Permit Center | 0 | 0 | 0 | 1 | Areas of Concern: <ul style="list-style-type: none"> • No drop off zone at building entrance • Path of travel between furniture not consistently wide enough for wheelchair travel • Obstacles protrude > 4" • Restrooms not located near building entrance or personnel office |

Center Place - Entered on Line # 3 - P&R/Rec/Sev'n Ctr.

Section IV Facilities

Who must complete this section? Complete this section if your Department has facilities visited and/or used by the public. This includes City-owned facilities and rented facilities wherein City business is conducted. (Public streets, sidewalks and trails are addressed in separate surveys.)

If your Department is not directly responsible public facilities, you may skip this section.

A. "Quick Look" Barriers Checklist

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | 1 YES | 0 NO | N/A N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least a 32" wide clearance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator markings in Braille? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does elevator provide audible signals? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Adapted from Original, Copyright City and County of San Francisco, Mayor's Office on Disability

✓ (Public Works - Entered on line # 18 - PW/Stormwater)

Section IV. Facilities

Who must complete this section? Complete this section if your Department has facilities visited and/or used by the public. This includes City-owned facilities and rented facilities wherein City business is conducted. (Public streets, sidewalks and trails are addressed in separate surveys.)

If your Department is not directly responsible public facilities, you may skip this section.

A. "Quick Look" Barriers Checklist

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | YES | NO | N/A |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | 1 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least a 32" wide clearance? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 6 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are elevator markings in Braille? | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does elevator provide audible signals? | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | 2 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | 9 <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

note: "N/A" as indicated

Comments for Section IV:

✓ DANCE Hall 1901 N SULLIVAN - Entered in Log # 2...
 Parking Rec - Littlefyke

Section IV. Facilities

Who must complete this section? Complete this section if your Department has facilities visited and/or used by the public. This includes City-owned facilities and rented facilities wherein City business is conducted. (Public streets, sidewalks and trails are addressed in separate surveys.)

If your Department is not directly responsible public facilities, you may skip this section.

A. "Quick Look" Barriers Checklist

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | YES | NO | N/A |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least a 32" wide clearance? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | 9 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are elevator markings in Braille? | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does elevator provide audible signals? | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | 2 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | 3 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | 4 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | 5 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | 6 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | 7 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | 8 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | 9 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | 4 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

note: "N/A" answered as "N/A"

Comments for Section IV:

✓ (SHERIFF OFFICE - Entered on Line #16 - Sheriff Office / Law Office / noc)

Section IV. Facilities

Who must complete this section? Complete this section if your Department has facilities visited and/or used by the public. This includes City-owned facilities and rented facilities wherein City business is conducted. (Public streets, sidewalks and trails are addressed in separate surveys.)

If your Department is not directly responsible public facilities, you may skip this section.

A. "Quick Look" Barriers Checklist

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | YES | NO | N/A |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least a 32" wide clearance? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | 2 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are elevator markings in Braille? | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does elevator provide audible signals? | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | 2 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | 9 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note: 17/4" accessibility notes as "yes"

Comments for Section IV:

✓

CITY HALL - Entered on line #1: 21 : Ops & Admin / Front Desk
Business License

Section IV. Facilities

Who must complete this section? Complete this section if your Department has facilities visited and/or used by the public. This includes City-owned facilities and rented facilities wherein City business is conducted. (Public streets, sidewalks and trails are addressed in separate surveys.)

If your Department is not directly responsible public facilities, you may skip this section.

A. "Quick Look" Barriers Checklist

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | 1 YES | 0 NO | N/A N/A |
|---|---------------------------------------|--------------------------|-------------------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least a 32" wide clearance? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | 9 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator markings in Braille? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does elevator provide audible signals? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | 8 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | 9 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Note:
"N/A"
answered
noted as
"N/A" as

Comments for Section IV:

Appendix G:

Curb Ramp Survey Maps

✓ (Permit #) Center Entered on Line # 9. CO/all Divisions/Permit line

Section IV. Facilities

Who must complete this section? Complete this section if your Department has facilities visited and/or used by the public. This includes City-owned facilities and rented facilities wherein City business is conducted. (Public streets, sidewalks and trails are addressed in separate surveys.)

If your Department is not directly responsible public facilities, you may skip this section.

A. "Quick Look" Barriers Checklist

This checklist is designed to give a quick appraisal of potential problem areas for accessibility. For detailed review standards, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

| | 1 YES | 0 NO | n/a N/A |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| Building Access | | | |
| • Are 96" wide parking spaces designated with a 60" access aisle? | 1 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are parking spaces near main building entrance? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is there a "drop off" zone at the building entrance? | 3 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the gradient from parking to building entrance 1:12 or less? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the entrance doorway have at least a 32" wide clearance? | 5 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the door handle easy to grasp? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the doors easy to open (building entrance maximum 8.5 lbs. pressure, all internal doors 5 lbs. max.)? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are other than revolving doors available? | 9 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building Corridors | | | |
| • Is path of travel free of obstruction and at least 36" wide? | 1 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is floor surface firm and slip resistant? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do obstacles (phones, fountains) protrude no more than 4"? | 3 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Are elevator controls no higher than 48"? | 4 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are elevator markings in Braille? | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does elevator provide audible signals? | 6 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Elevator interior provides minimum 51" turning area for wheelchairs? | 7 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Restrooms | | | |
| • Are restrooms near building entrance or personnel office? | 1 <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Do doors have lever handles? | 2 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do restroom entrance doors have at least 32" wide clearance? | 3 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is restroom large enough for wheelchair turnaround (51" minimum)? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are stall doors at least 32" wide? | 5 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Are grab bars provided in toilet stalls? | 6 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sinks at least 30" high with room for a wheelchair to roll under? | 7 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are sink handles easily reached and used? | 8 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are soap dispensers and towels no more than 48" from the floor? | 9 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personnel Office | | | |
| • Do doors provide at least 32" wide clearance? | 1 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the door easy to open? (max. 5 lbs. pressure) | 2 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the door threshold no more than 1/2" high? | 3 <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the path of travel between furniture wide enough for wheelchairs? | 4 <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

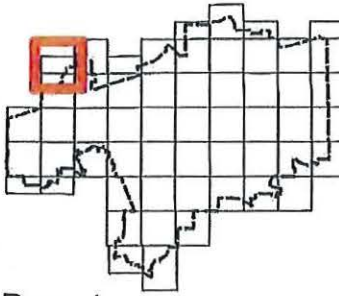
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"n/a"
outside
"n/a"*

Comments for Section IV:

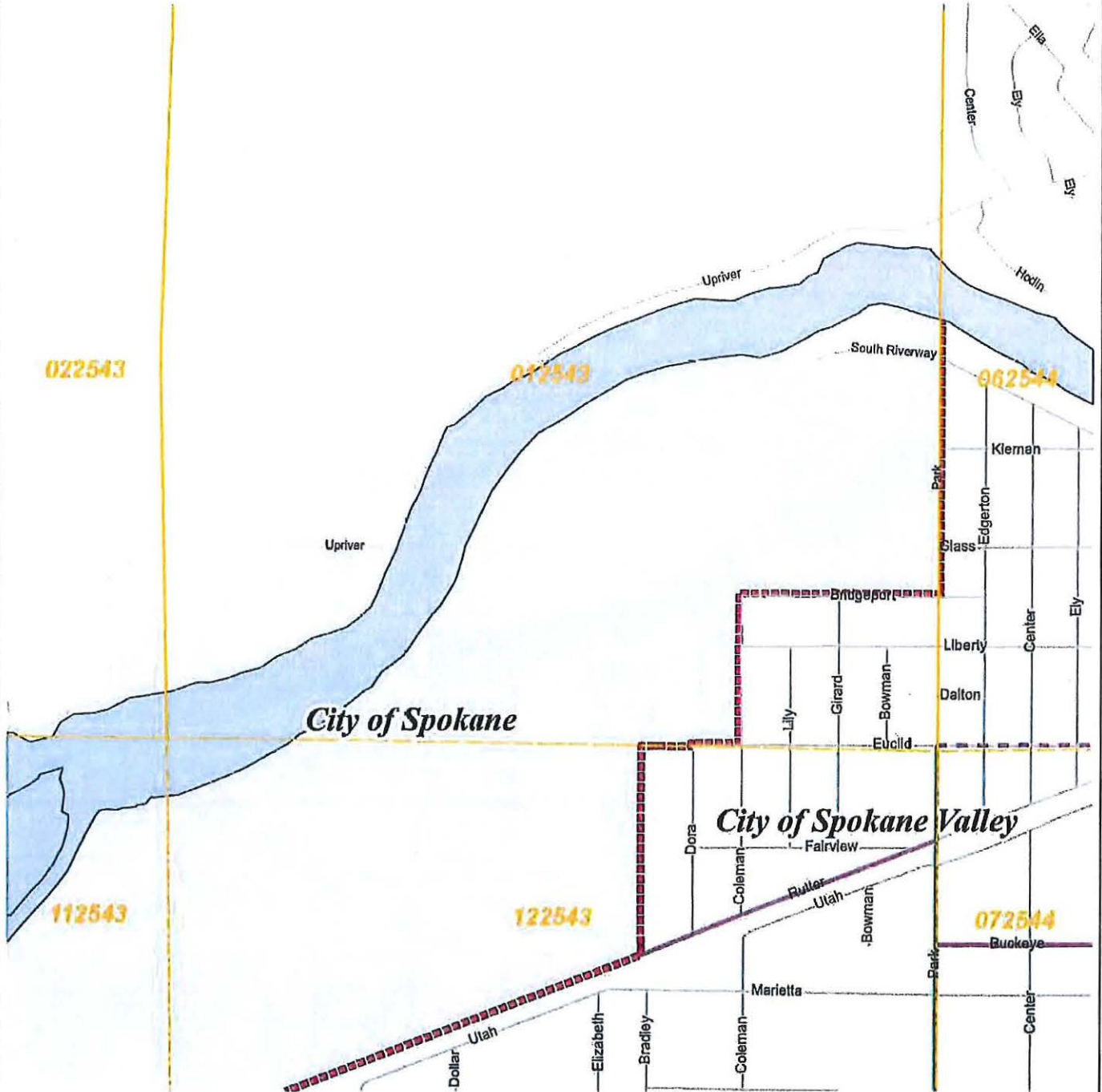
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- City of Spokane Valley
- Sections
- Parks
- Lakes/Rivers

S-T-R: 012543



Page: 1



022543

012543

062544

112543

122543

072544



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ADA Survey

1 inch = 1,000 feet

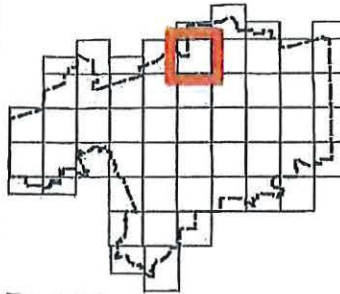
**City of Spokane Valley
Community Development**

Date: 11/2/2011

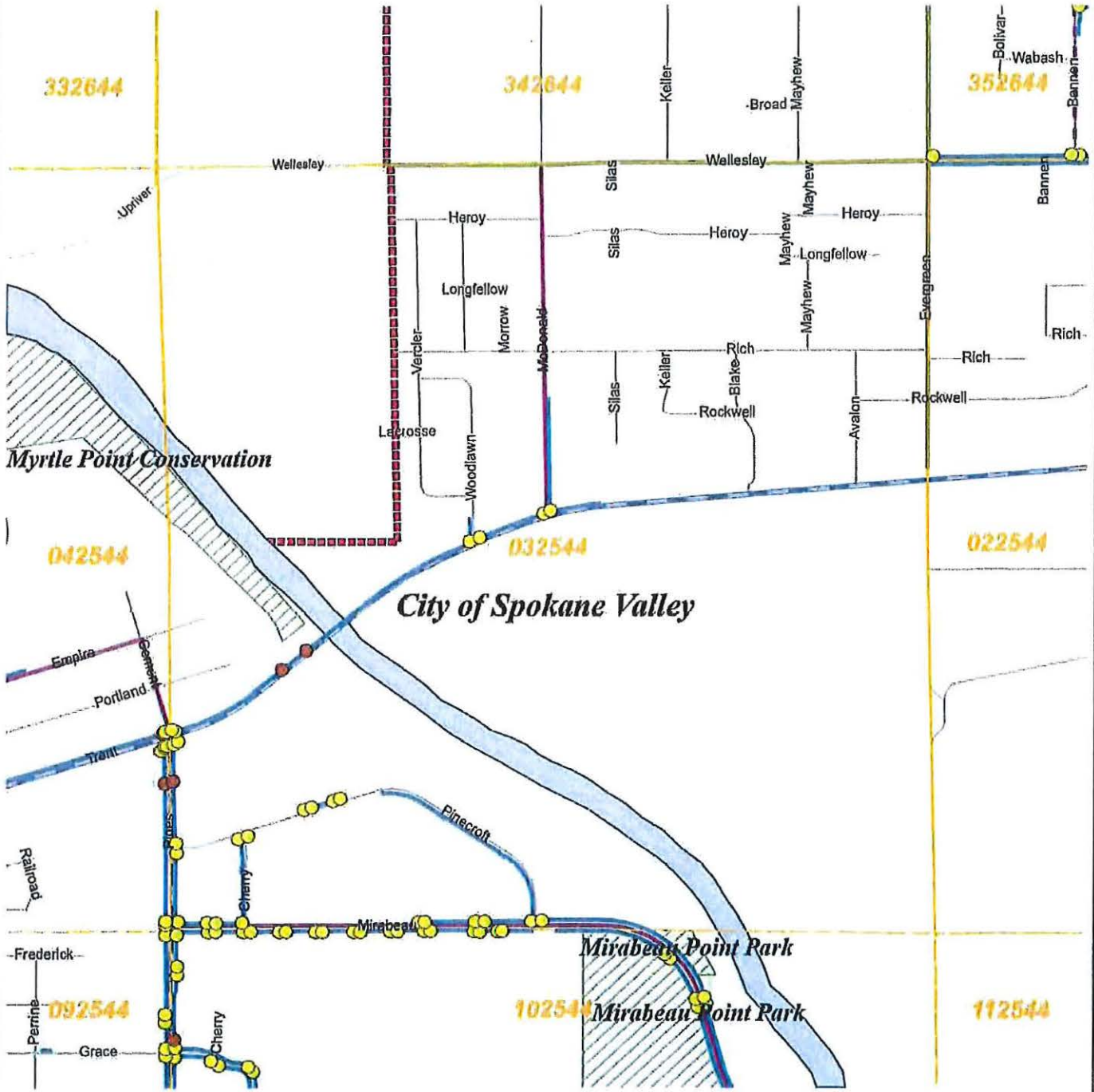
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- City of Spokane Valley
- Sections
- Parks
- Lakes/Rivers

S-T-R: 032544



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ADA Survey

1 inch = 1,000 feet

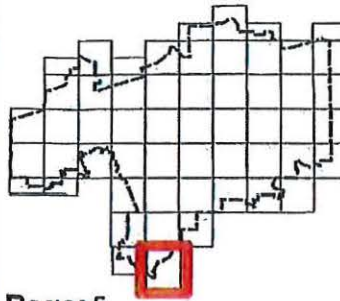
**City of Spokane Valley
Community Development**

Date: 11/2/2011

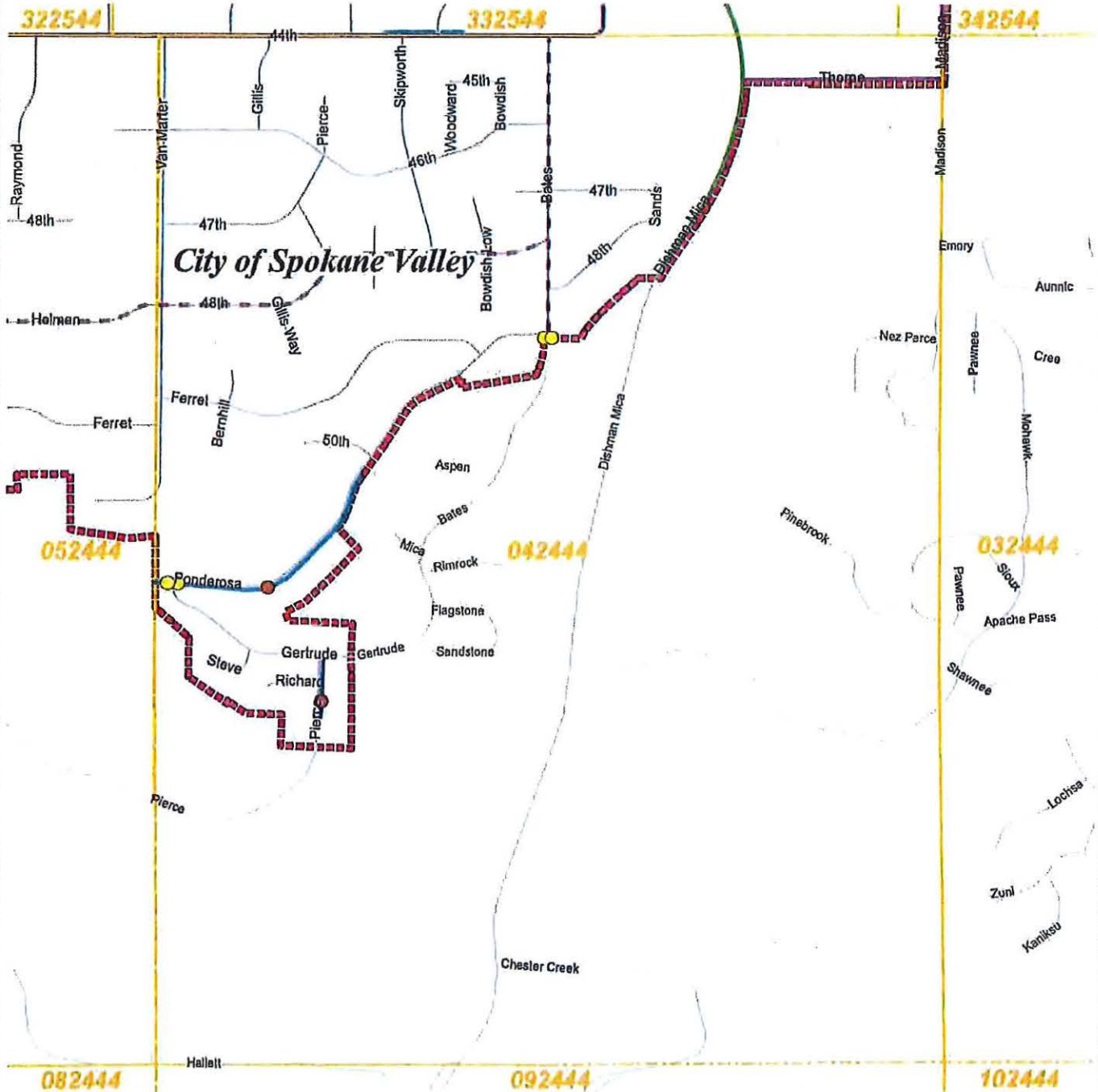
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- City of Spokane Valley
- Sections
- Parks
- Lakes/Rivers

S-T-R: 042444



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ADA Survey

1 inch = 1,000 feet

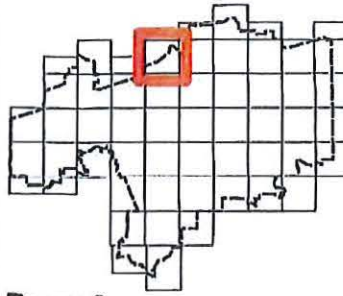
**City of Spokane Valley
Community Development**

Date: 11/2/2011

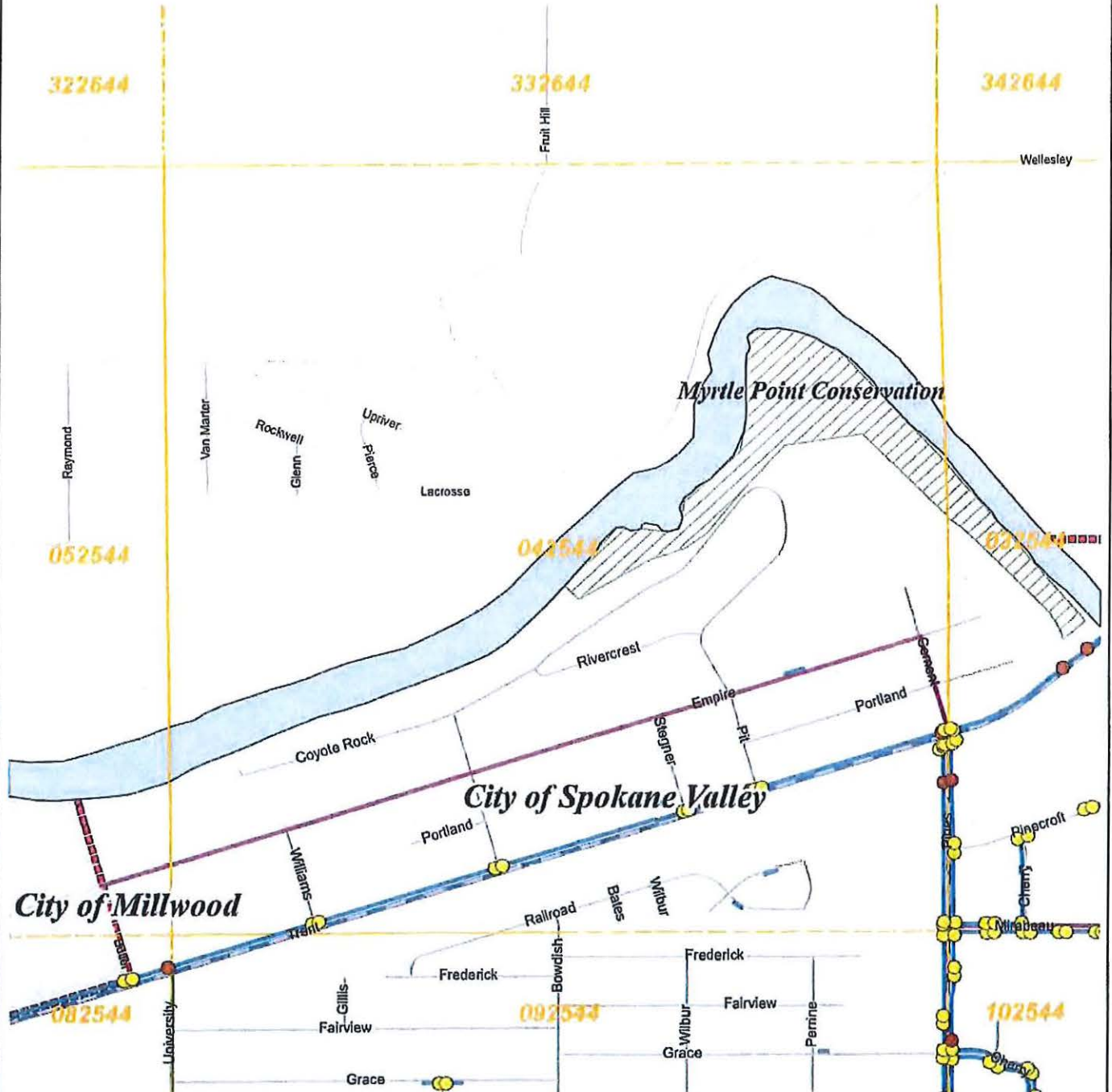
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
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S-T-R: 042544



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ADA Survey

1 inch = 1,000 feet

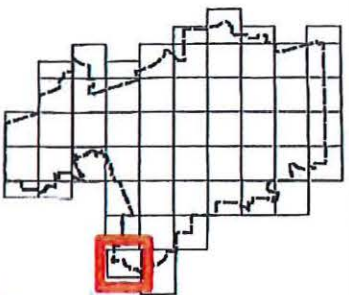
City of Spokane Valley
Community Development

Date: 11/2/2011

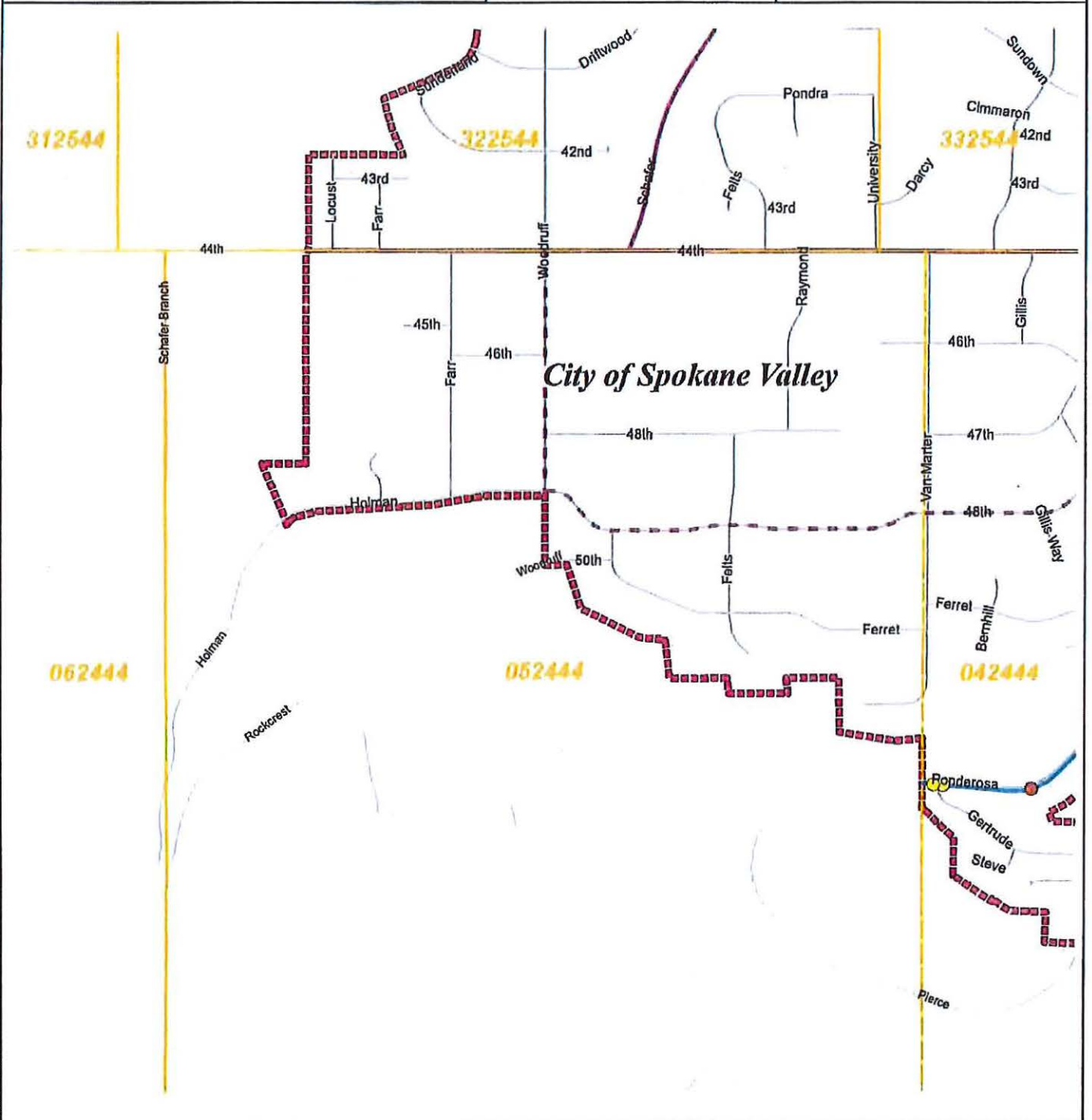
Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
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S-T-R: 052444



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ADA Survey

1 inch = 1,000 feet

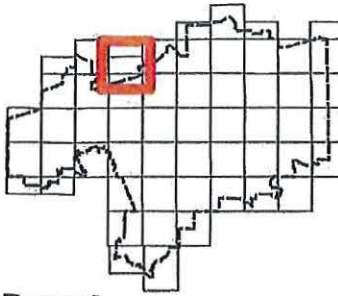
**City of Spokane Valley
Community Development**

Date: 11/2/2011

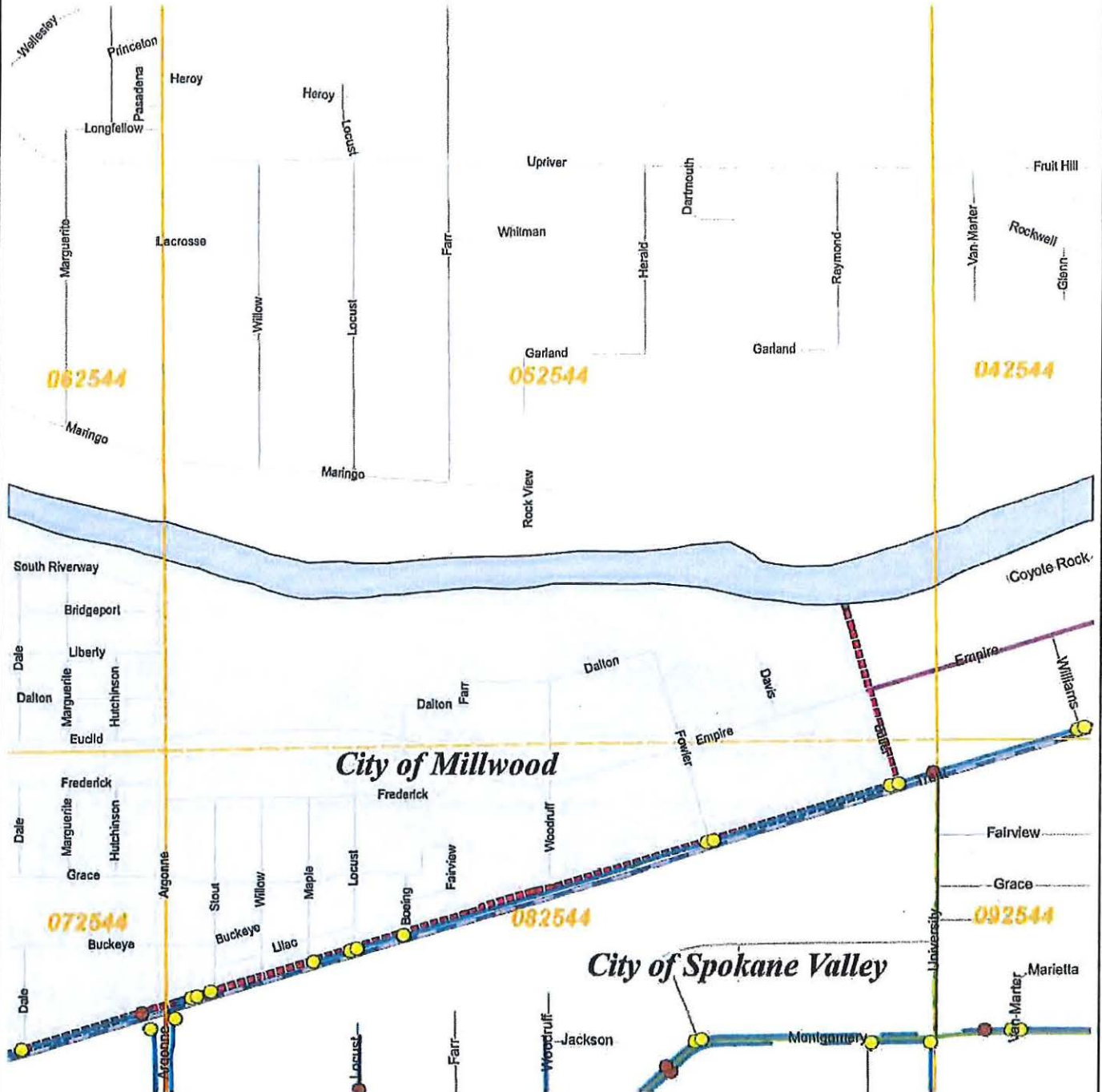
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- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
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ADA Survey

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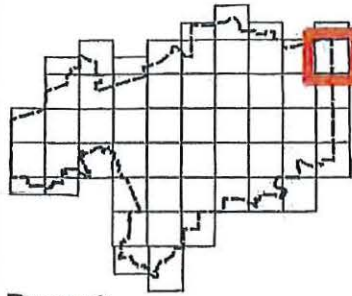
City of Spokane Valley
Community Development

Date: 11/2/2011

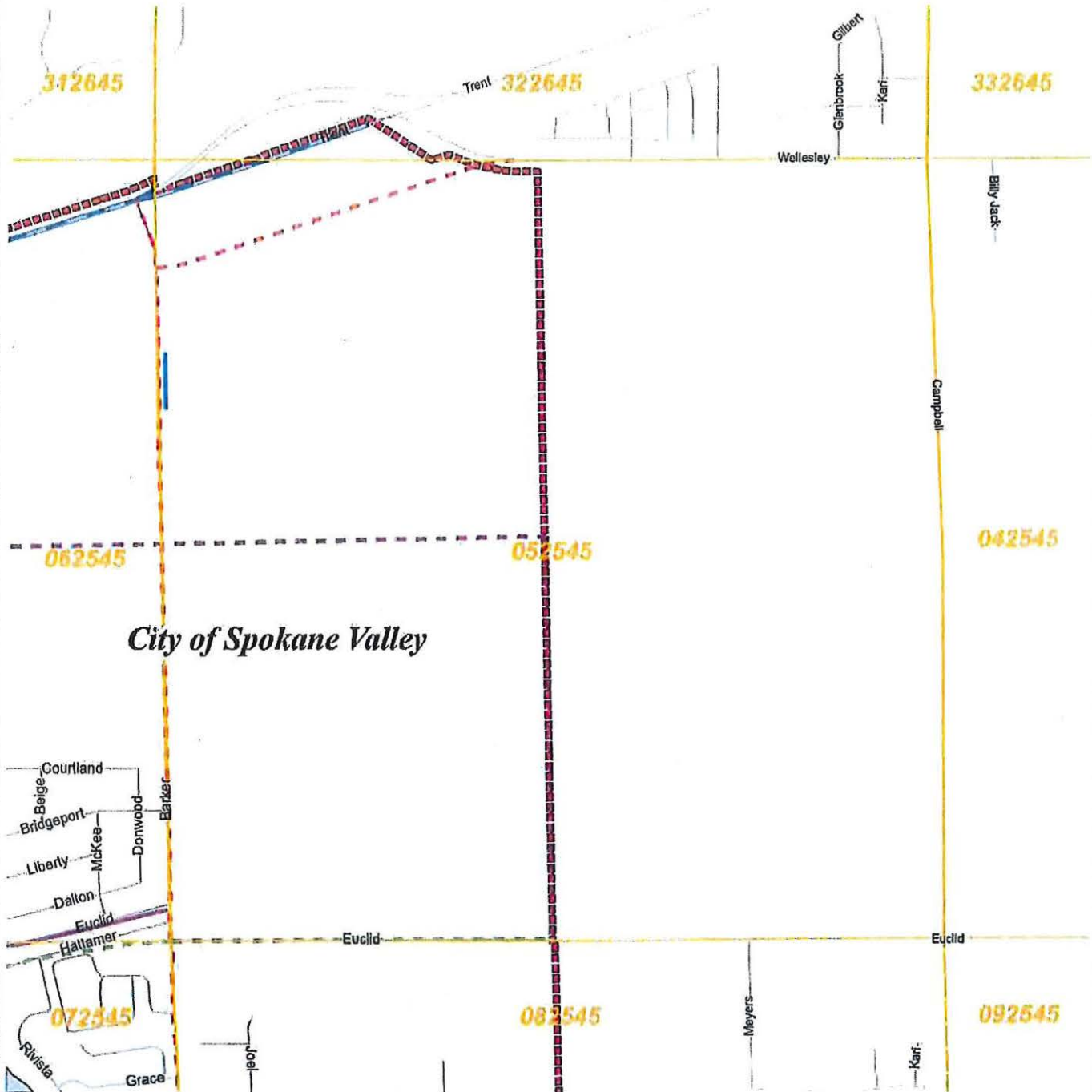
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City of Spokane Valley



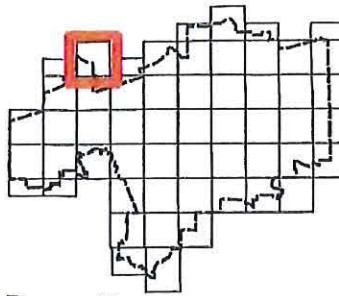
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| City of Spokane Valley Community Development | | Date: 11/2/2011 |

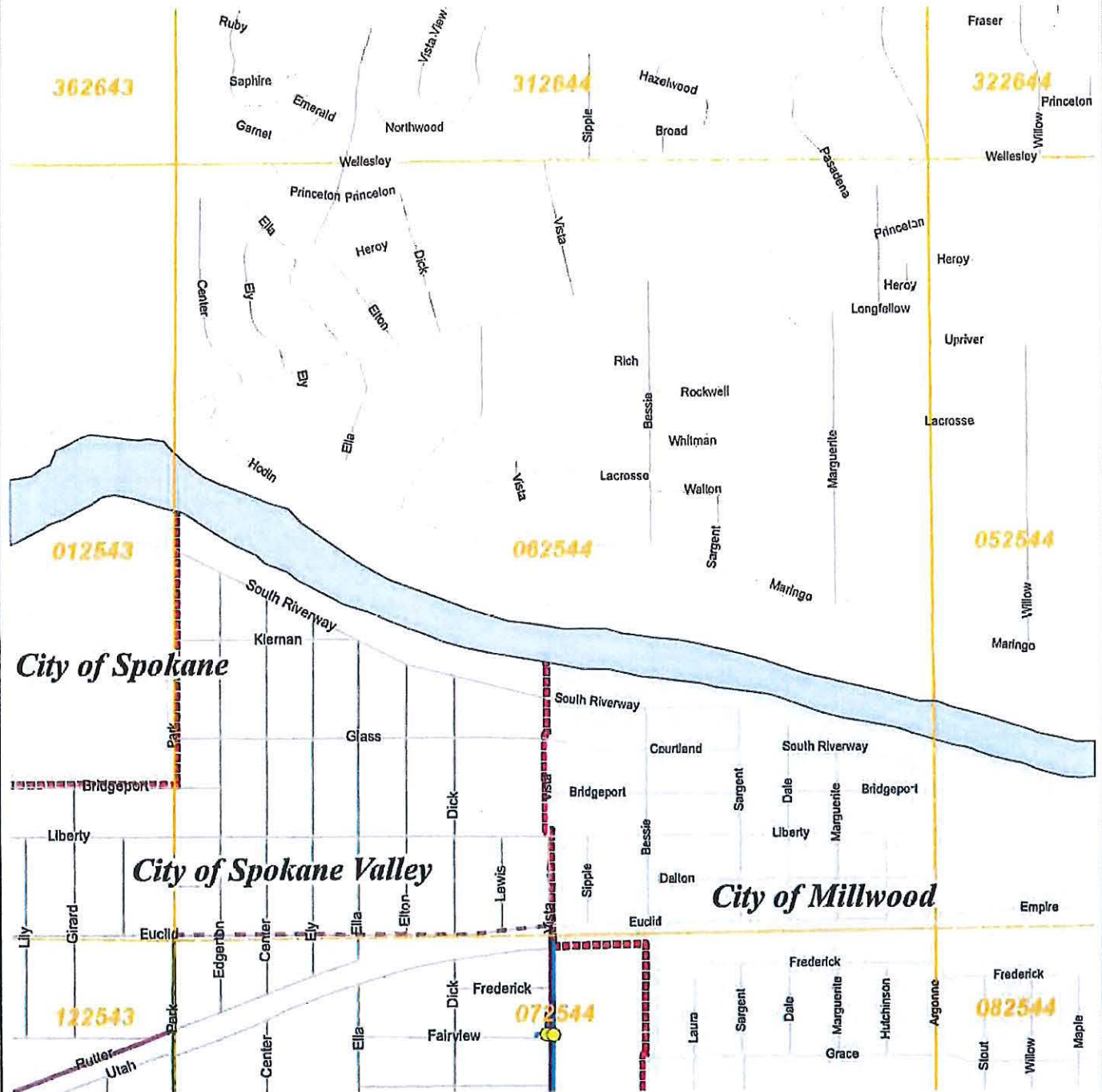
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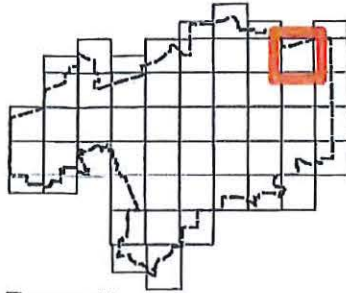
**City of Spokane Valley
Community Development**

Date: 11/2/2011

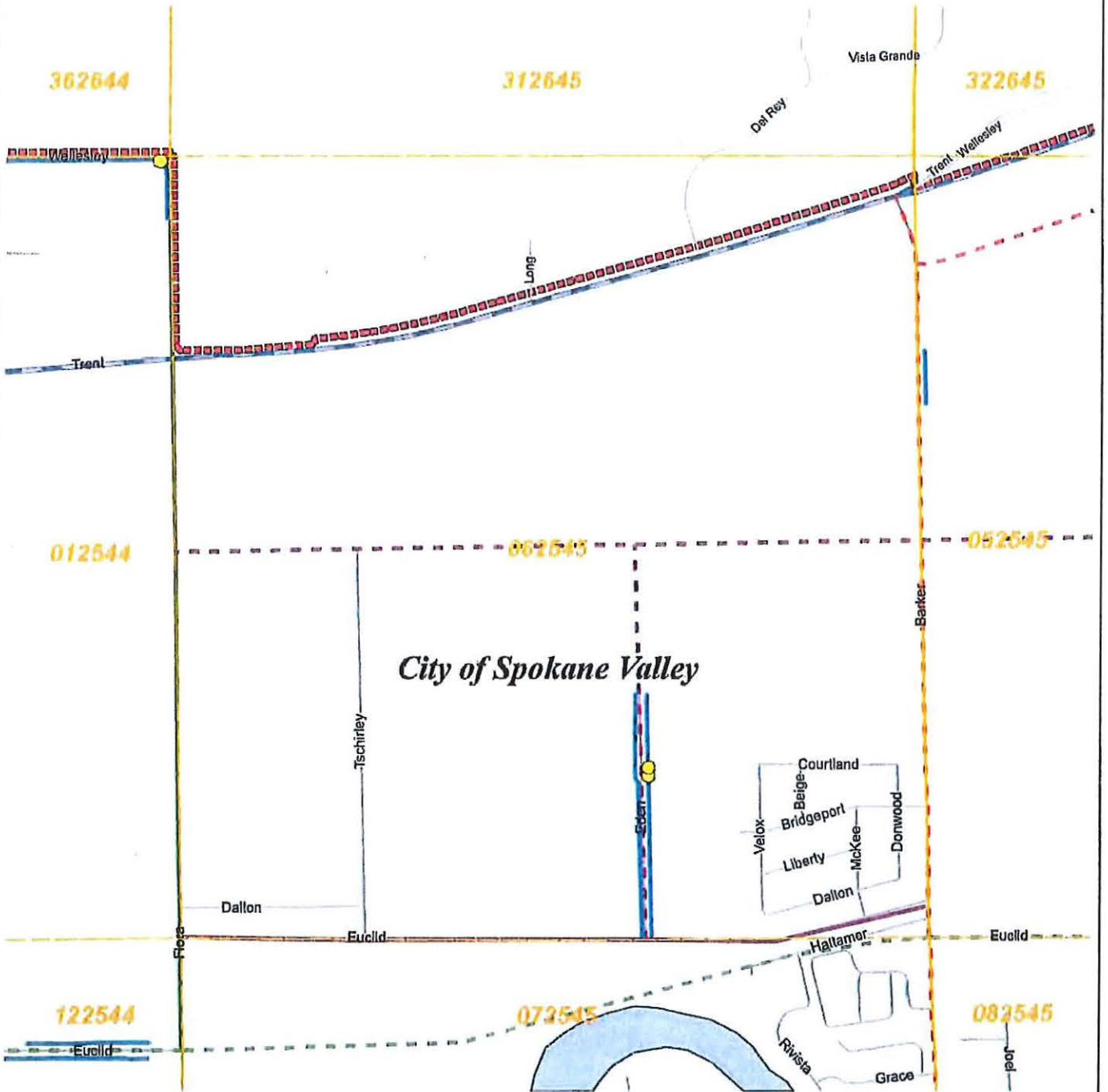
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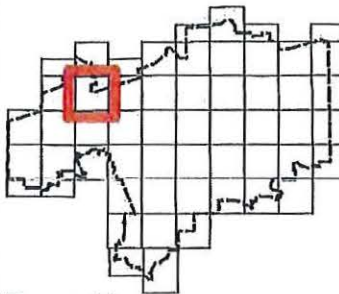
City of Spokane Valley
Community Development

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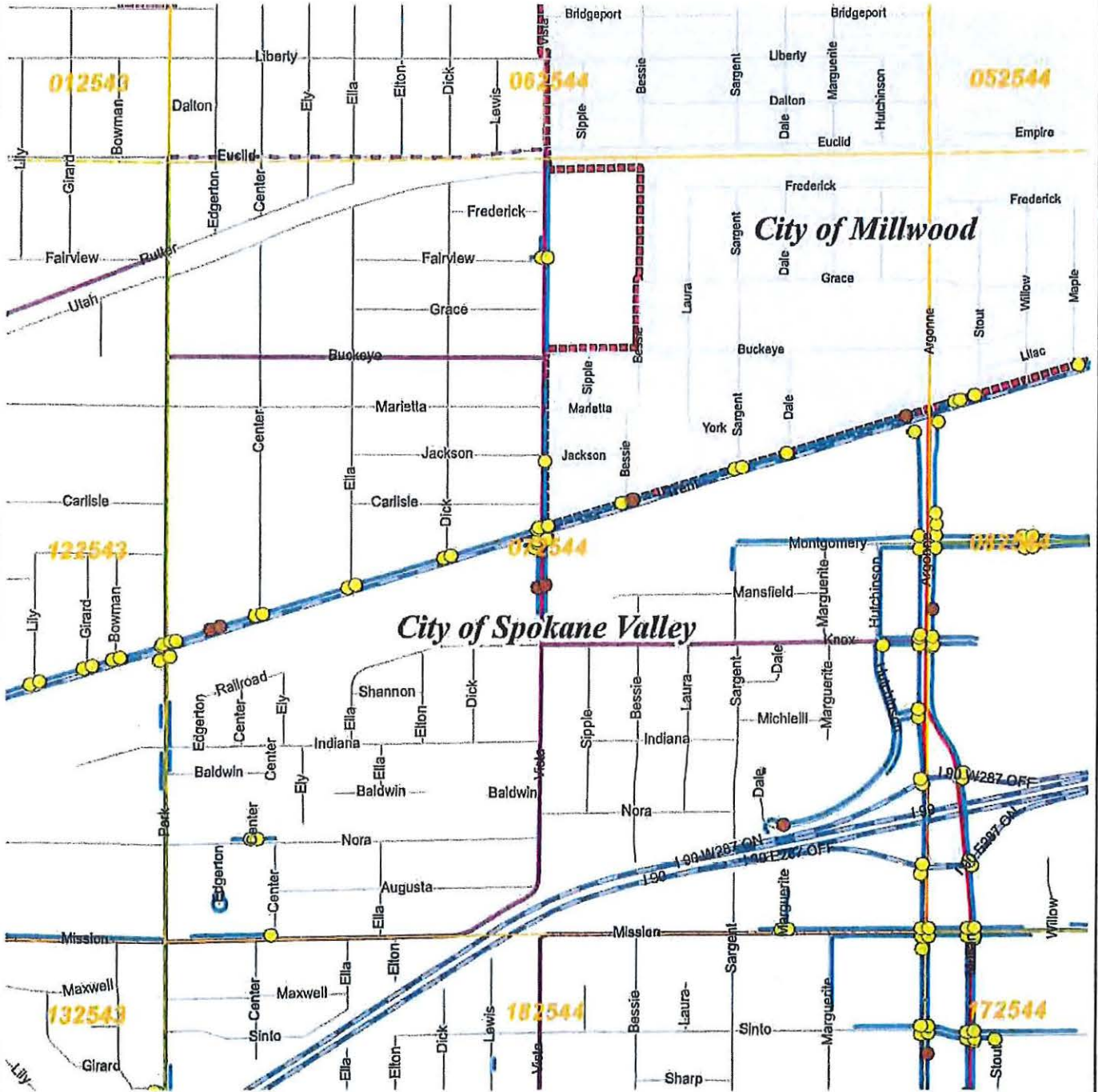
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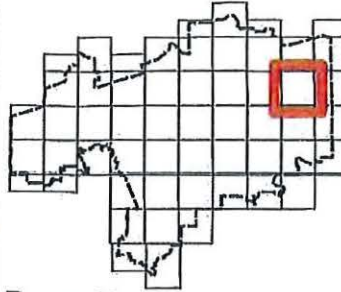
City of Spokane Valley
Community Development

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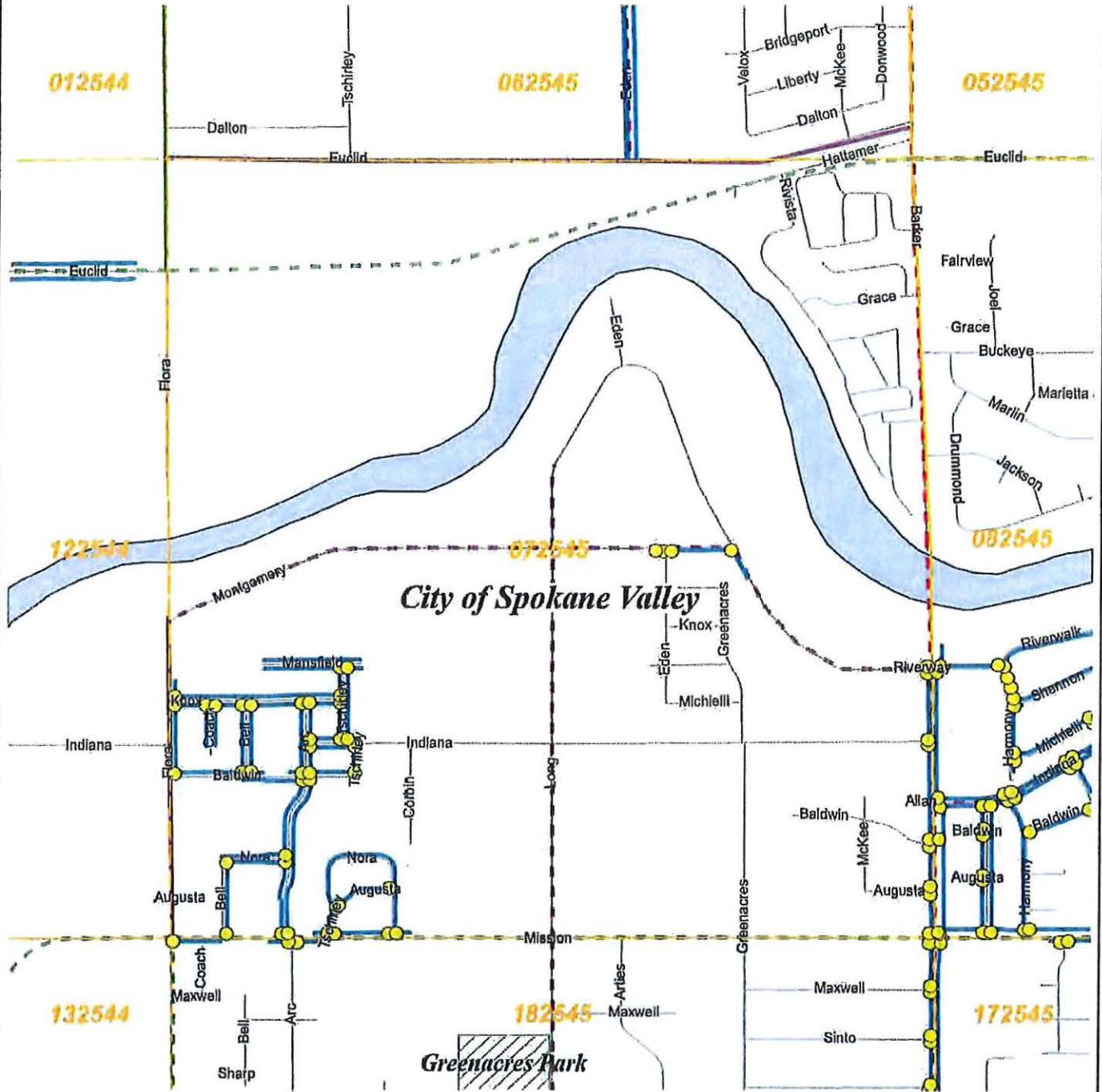
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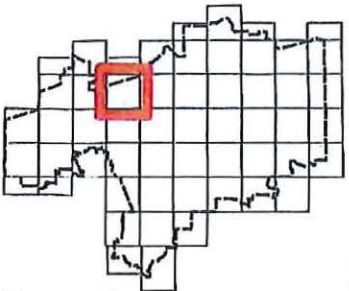
**City of Spokane Valley
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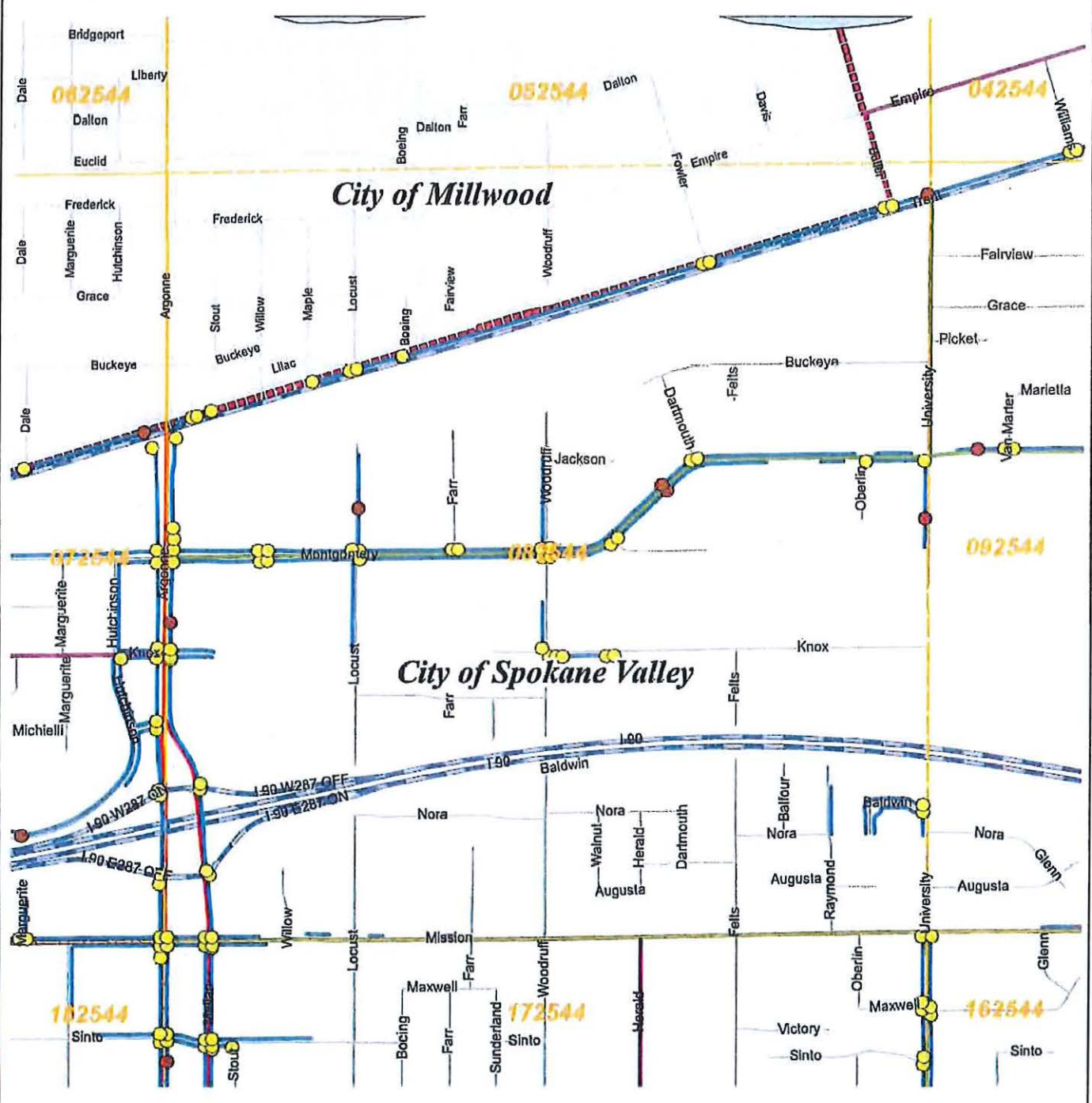
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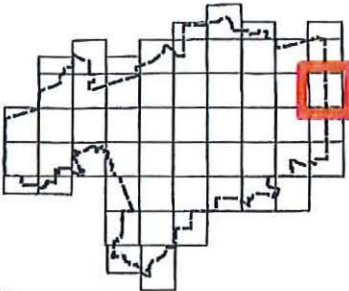
City of Spokane Valley
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Date: 11/2/2011

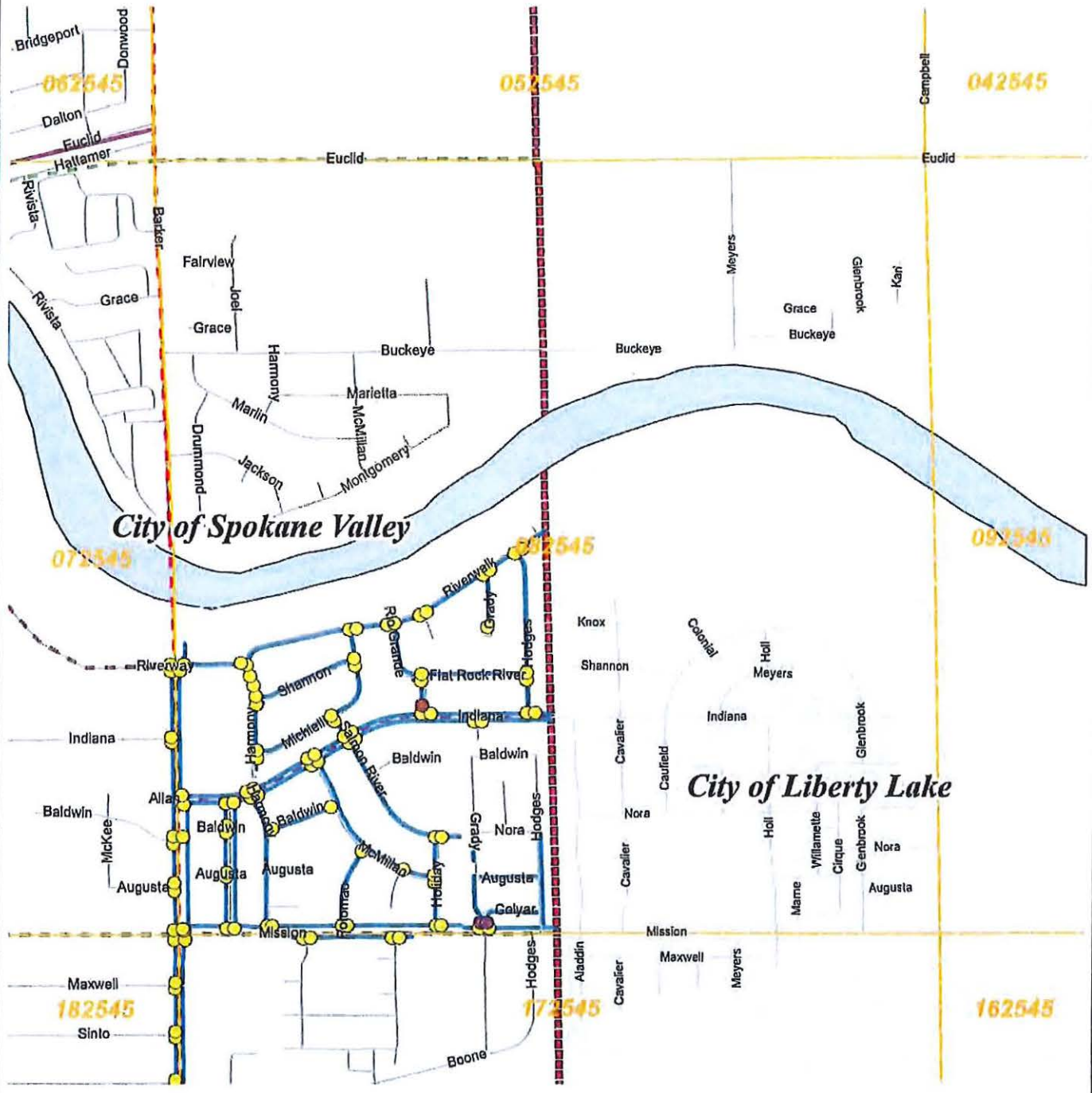
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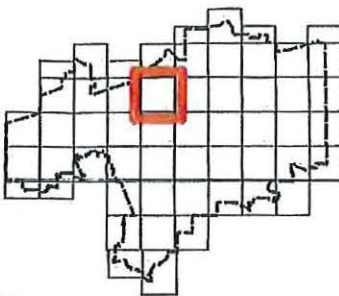
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| City of Spokane Valley Community Development | Date: 11/2/2011 |

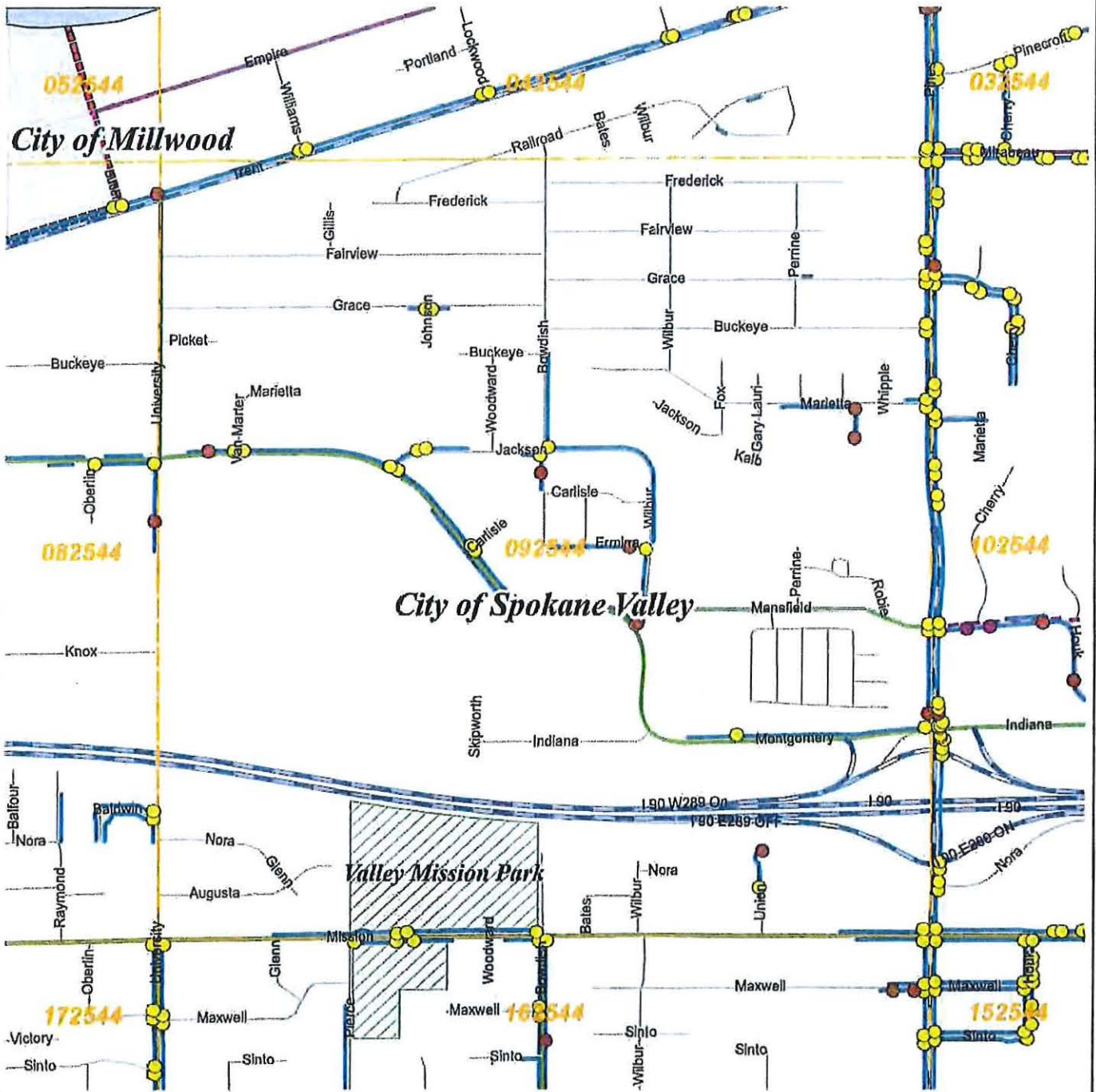
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**City of Spokane Valley
Community Development**

Date: 11/2/2011

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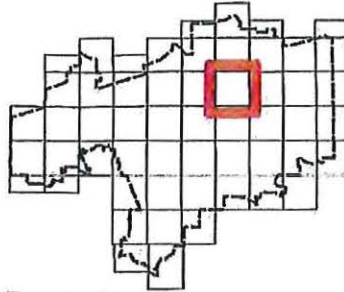
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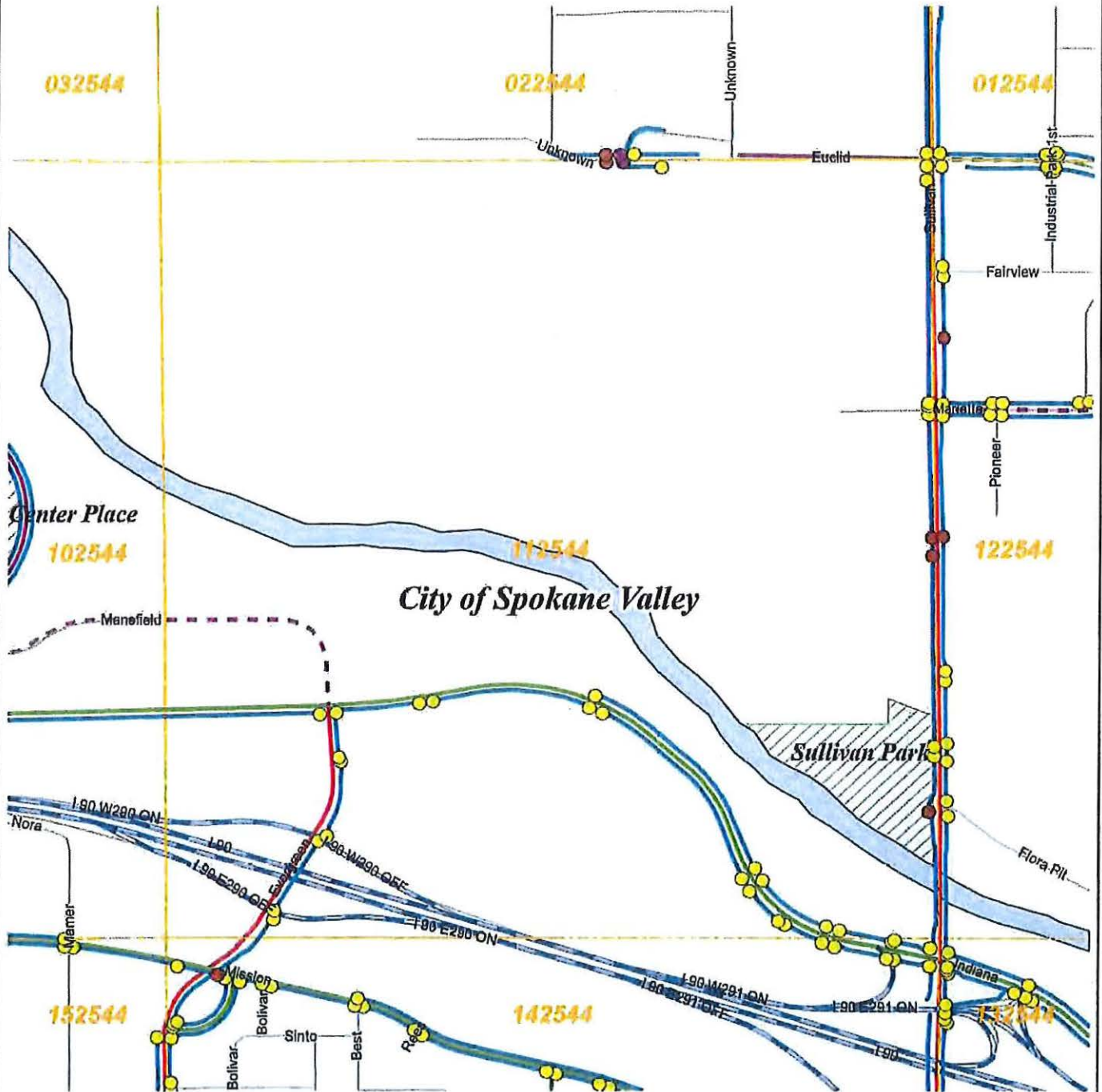
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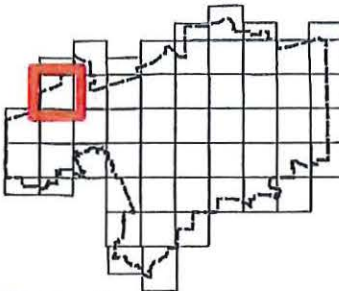
City of Spokane Valley
Community Development

Date: 11/2/2011

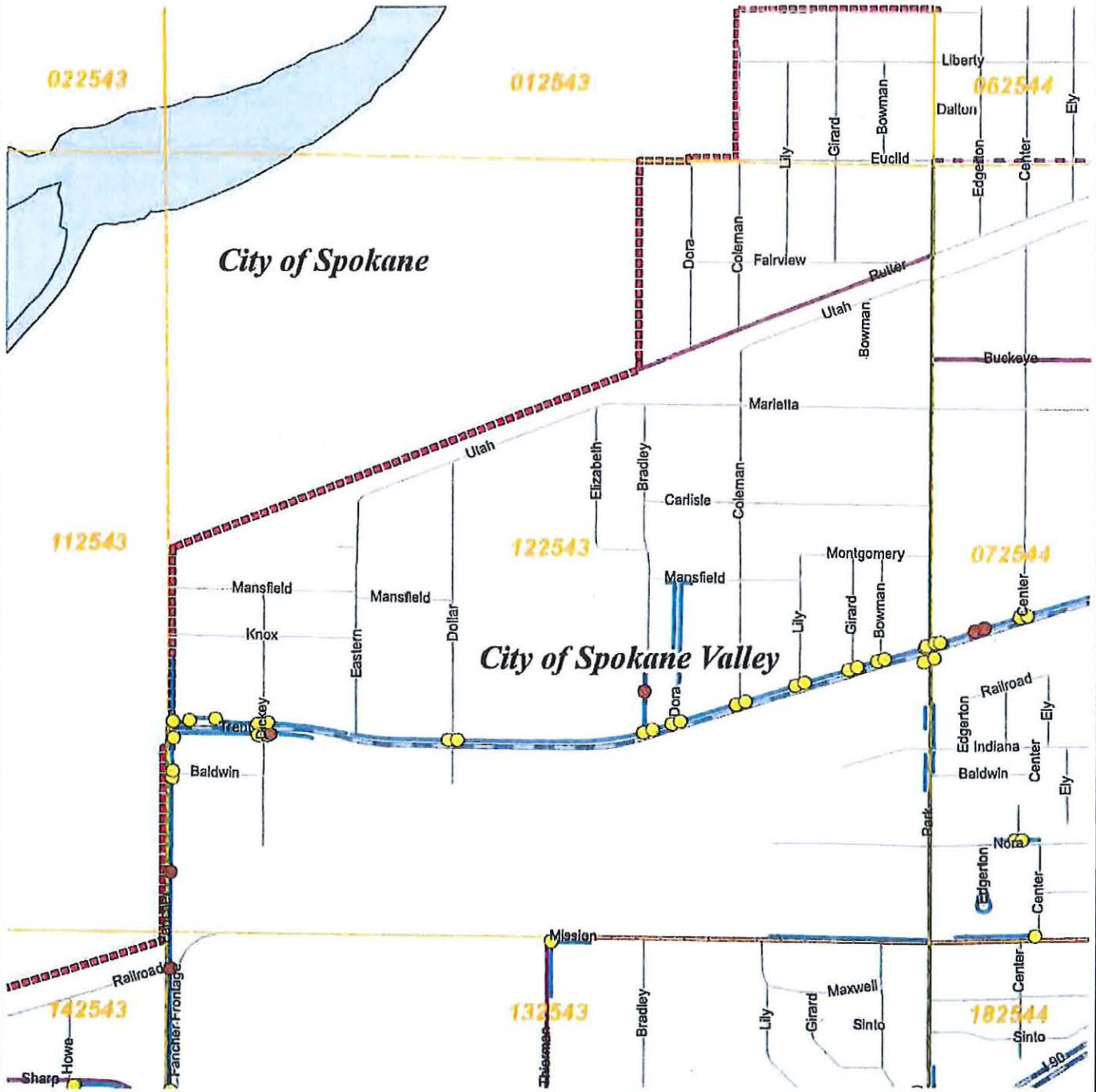
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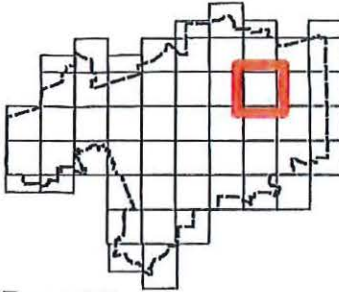
City of Spokane Valley
Community Development

Date: 11/2/2011

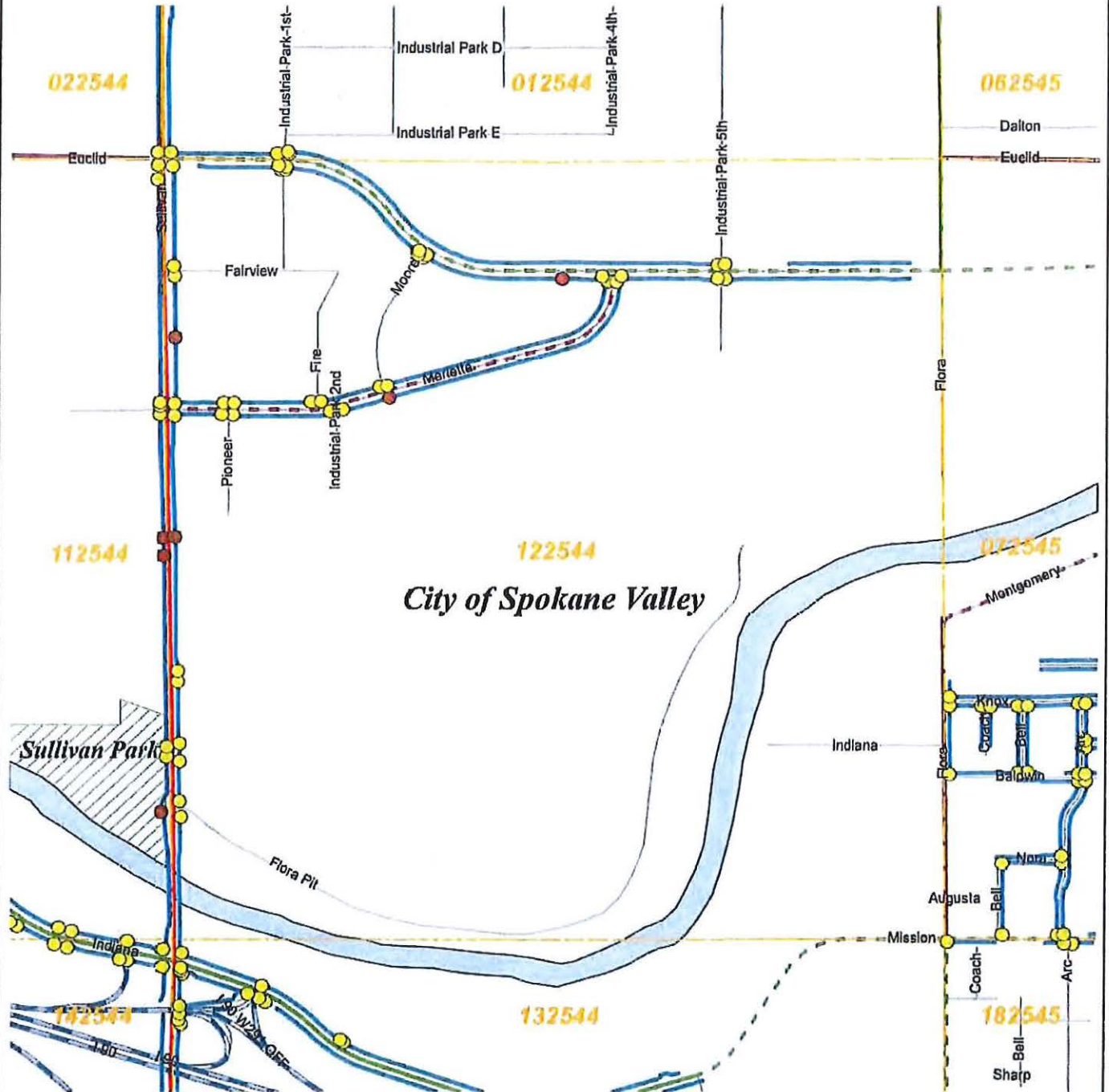
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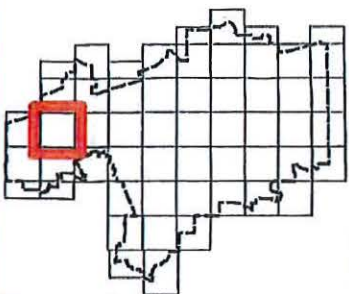
City of Spokane Valley
Community Development

Date: 11/2/2011

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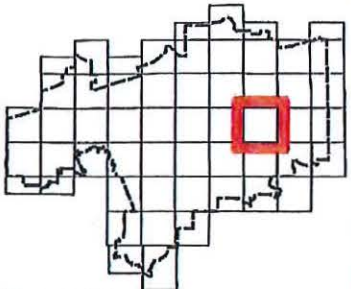
City of Spokane Valley
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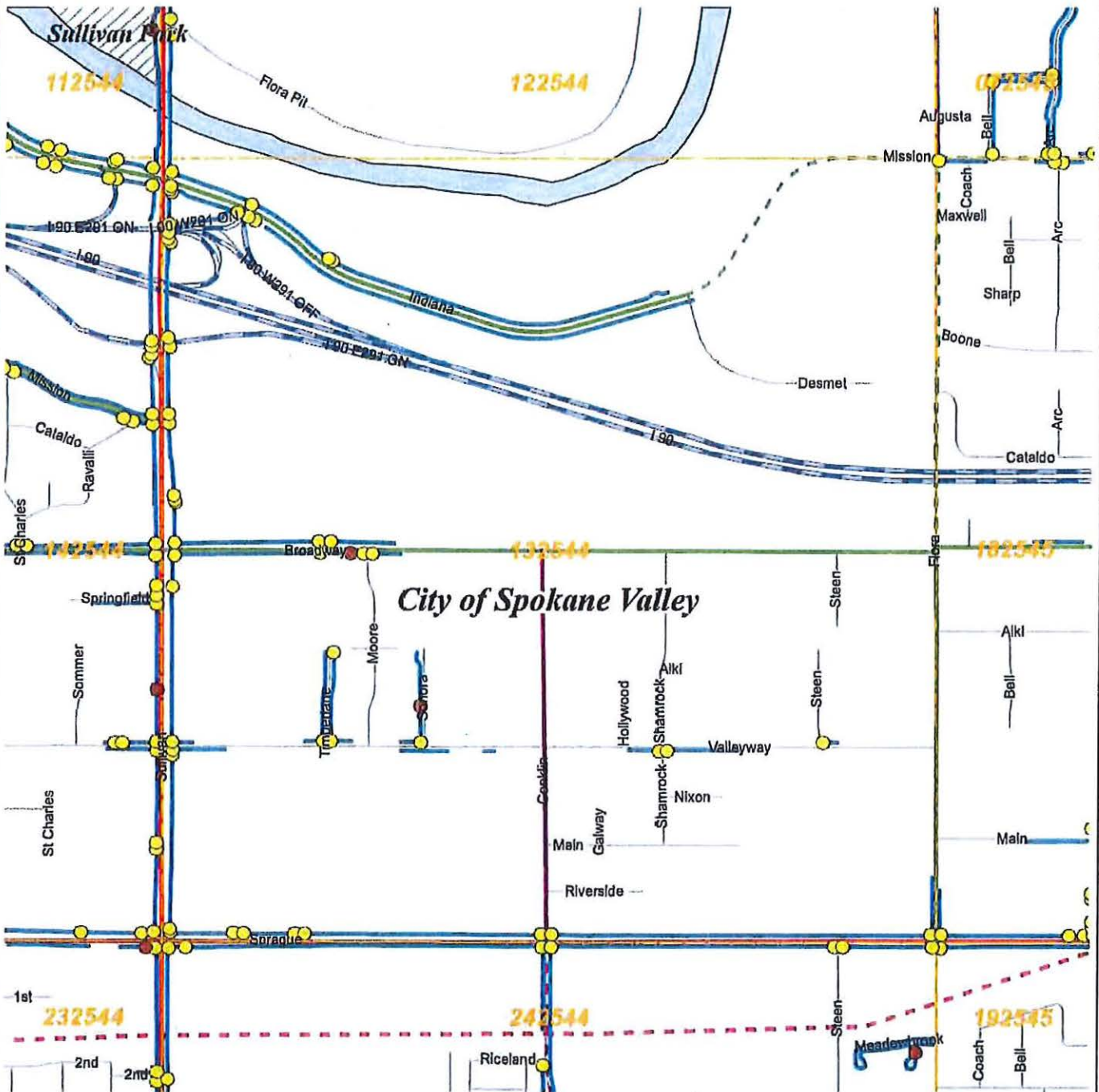
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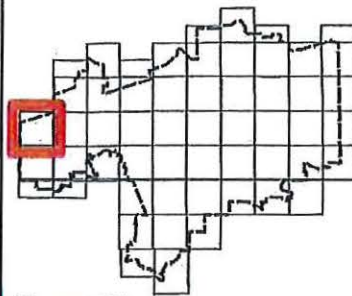
City of Spokane Valley
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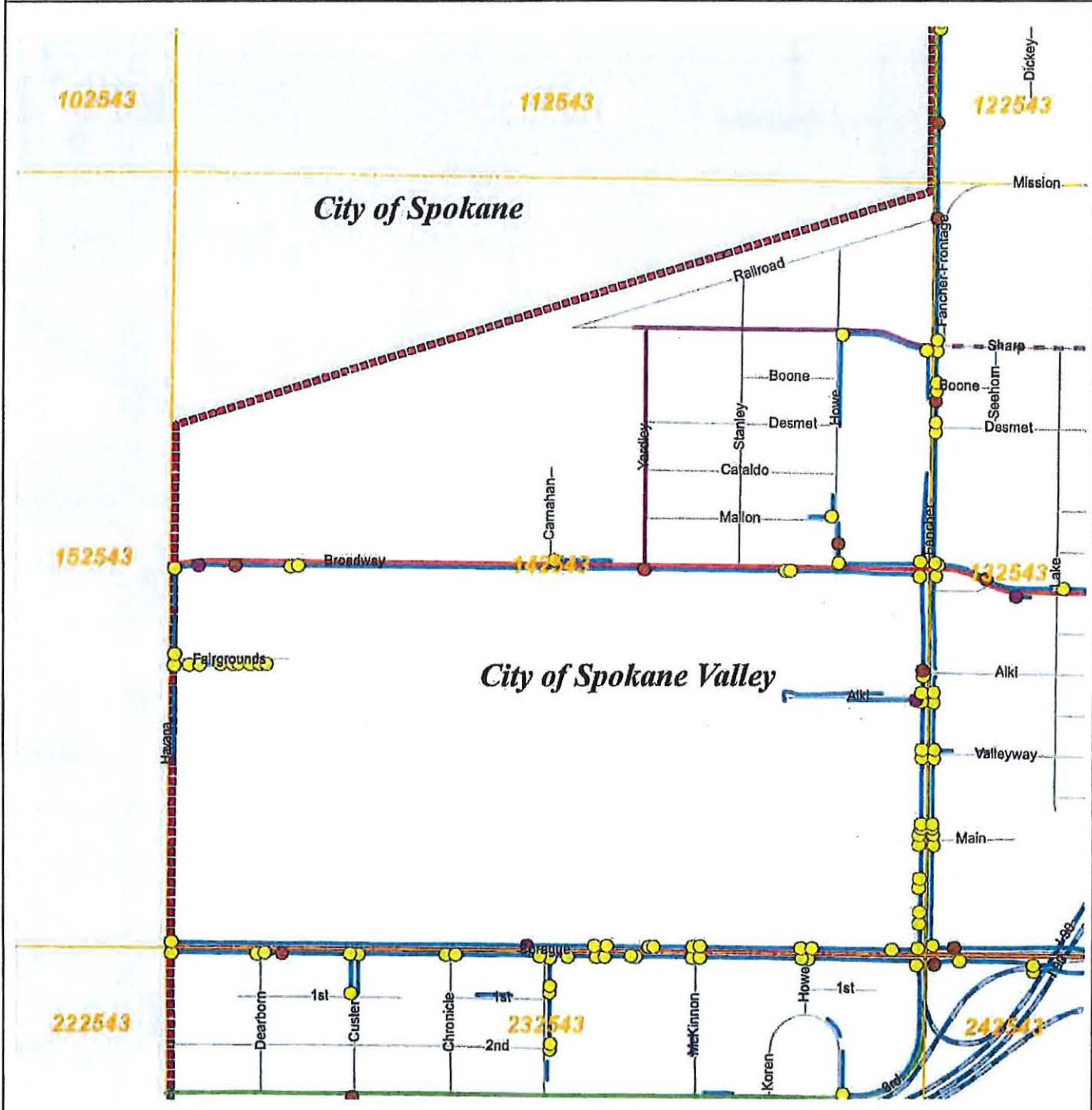
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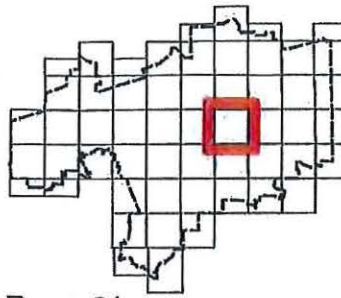
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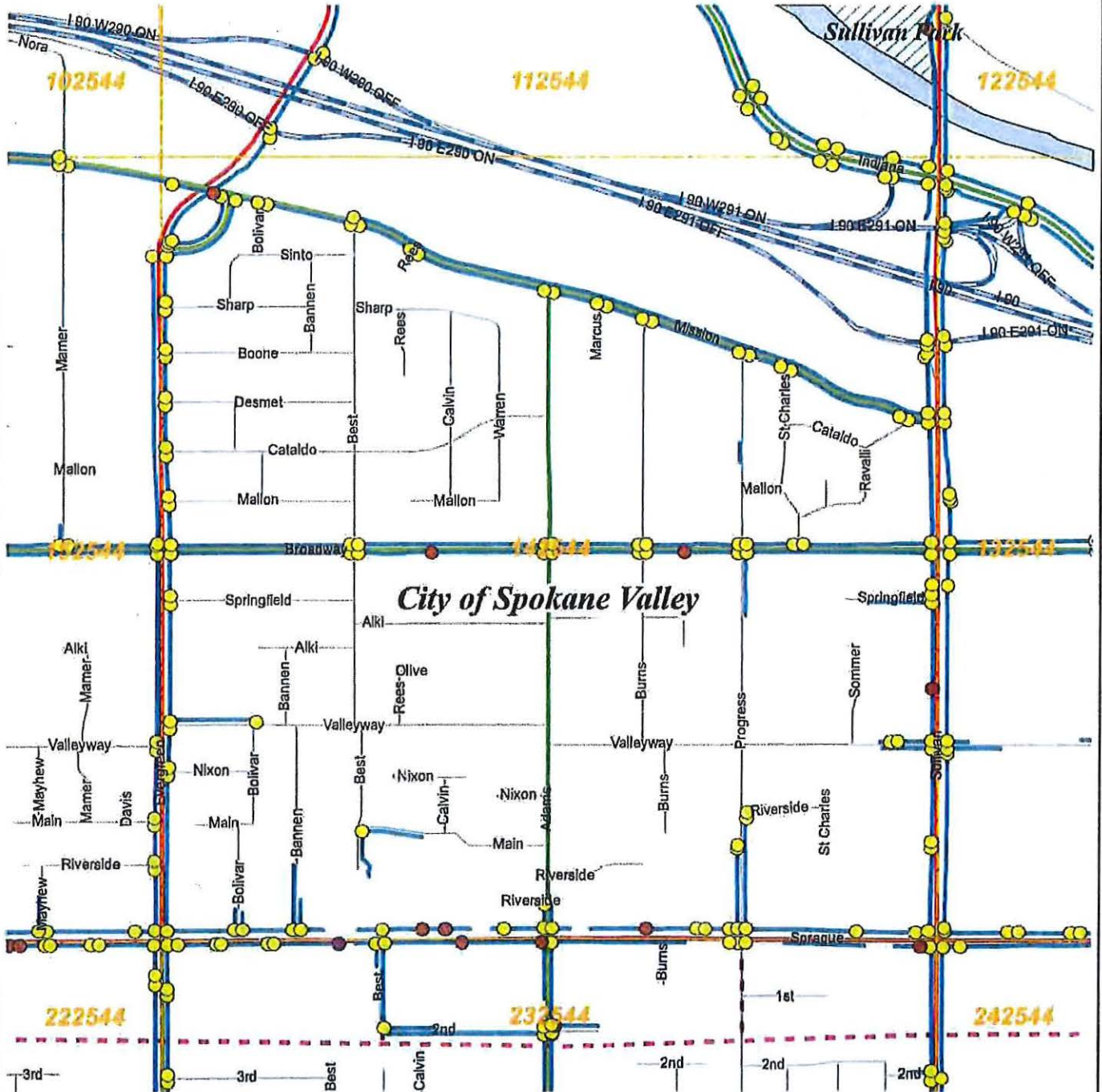
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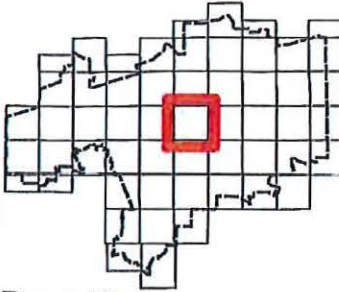
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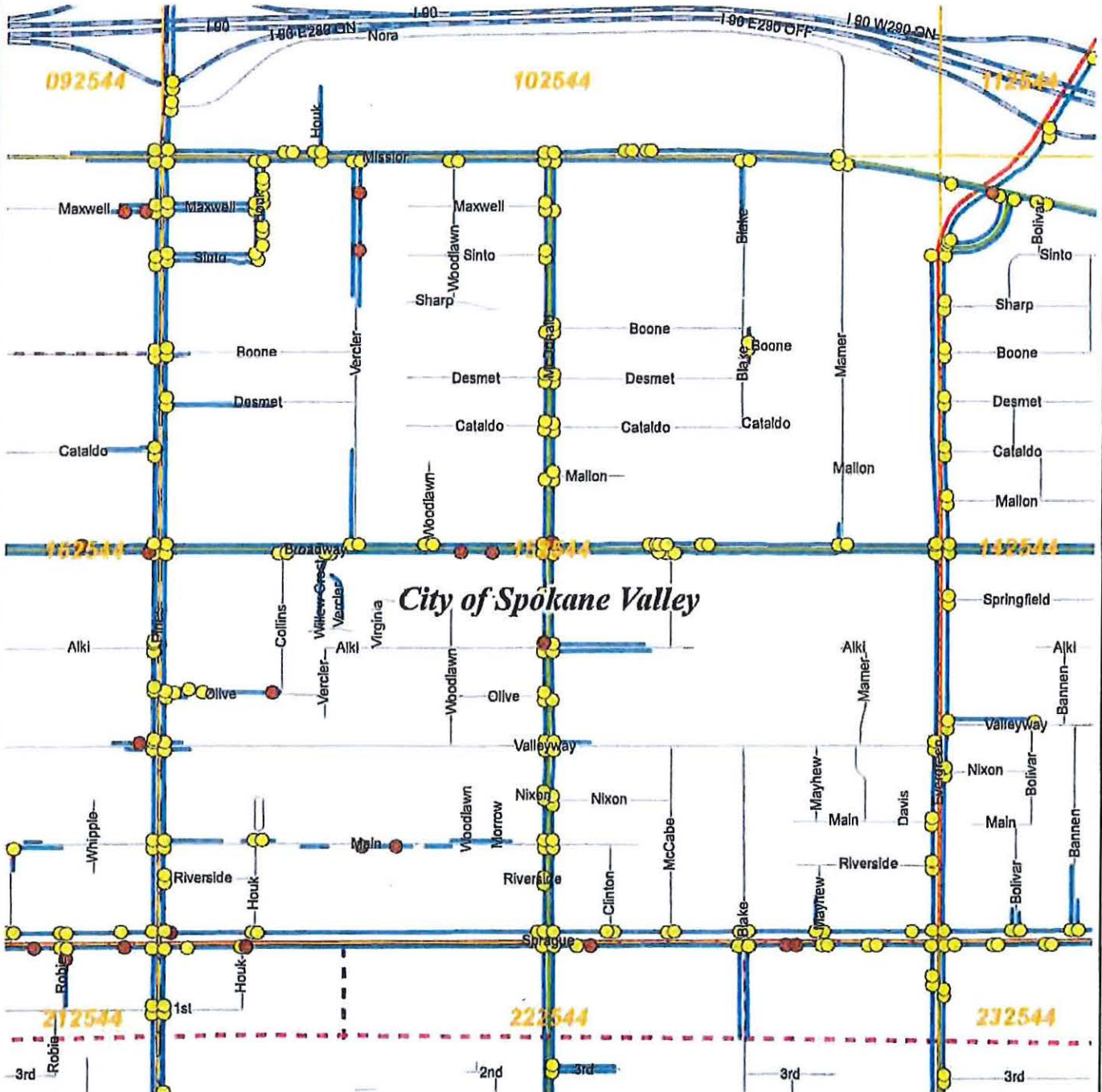
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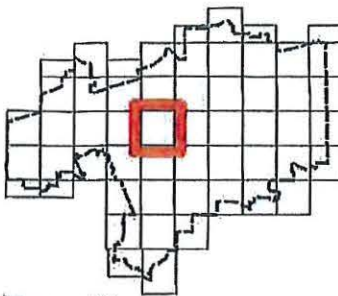
City of Spokane Valley
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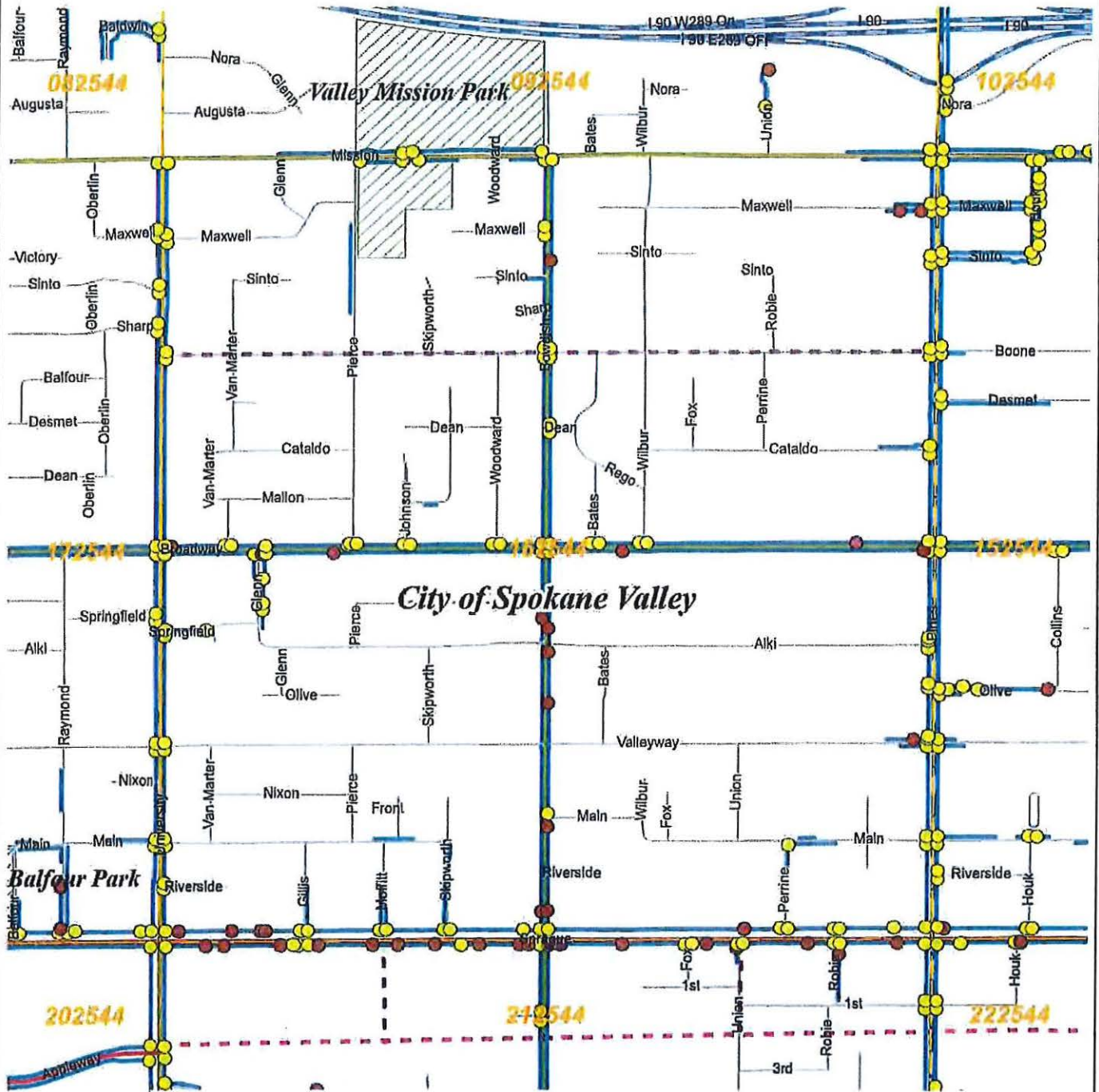
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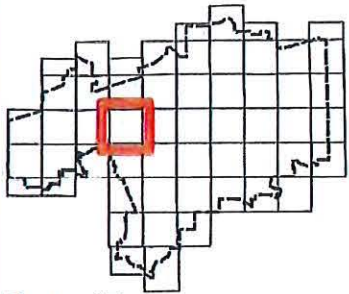
**City of Spokane Valley
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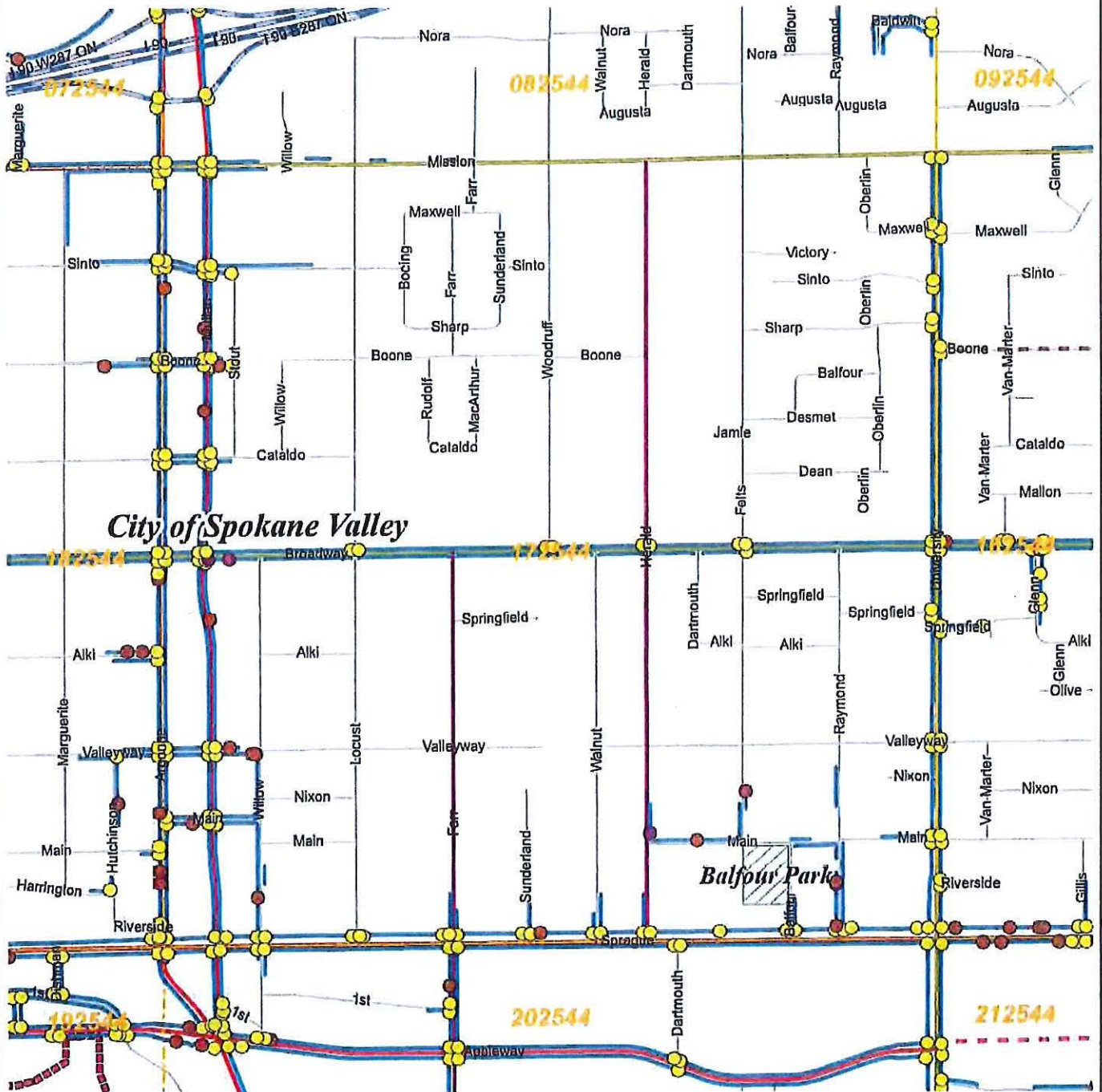
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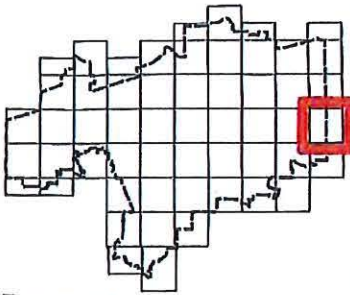
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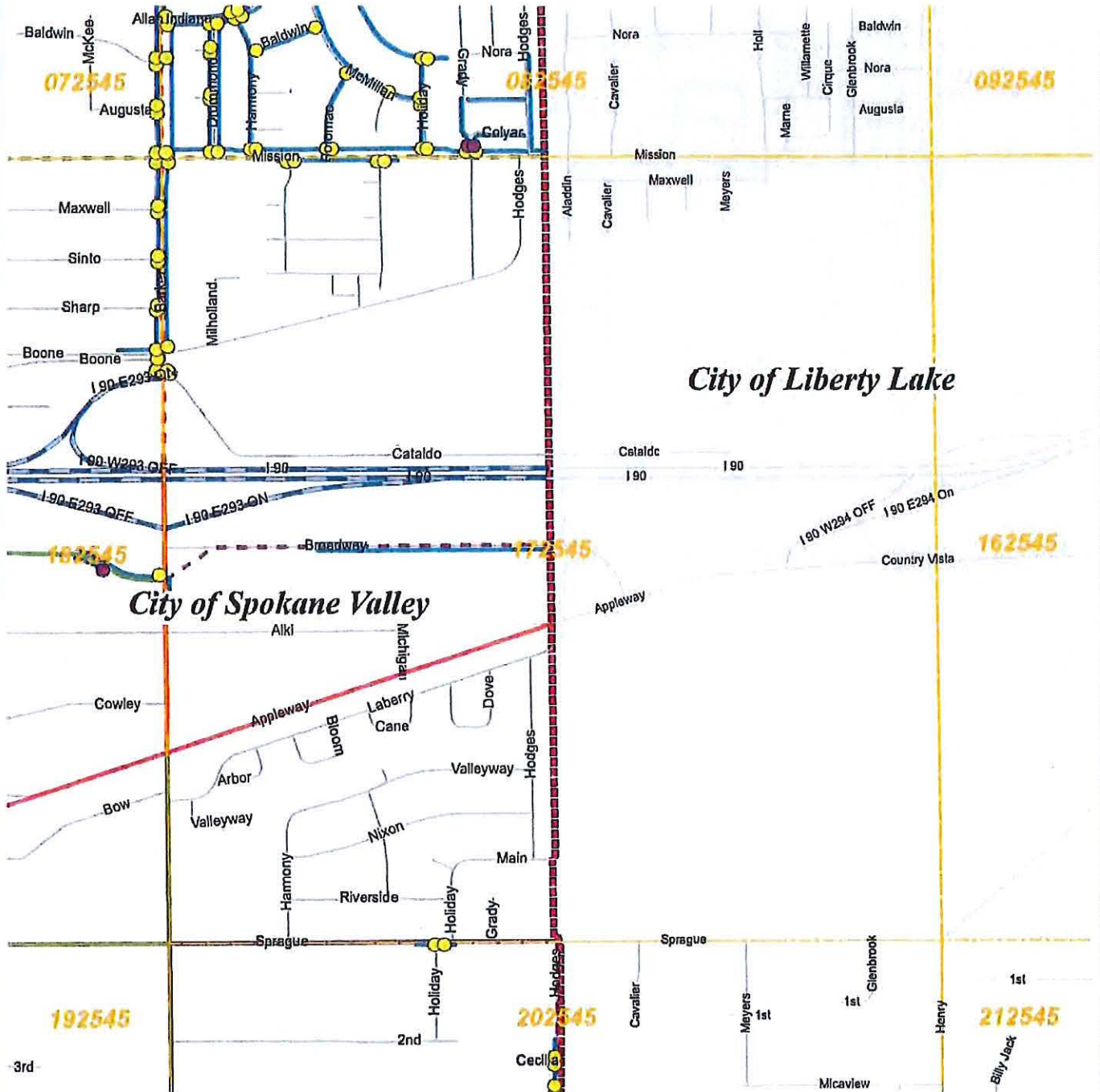
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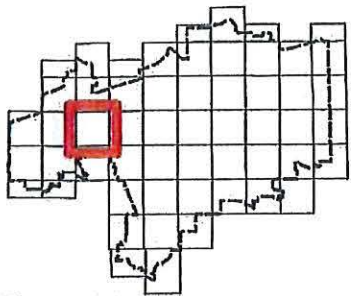
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Community Development**

Date: 11/2/2011

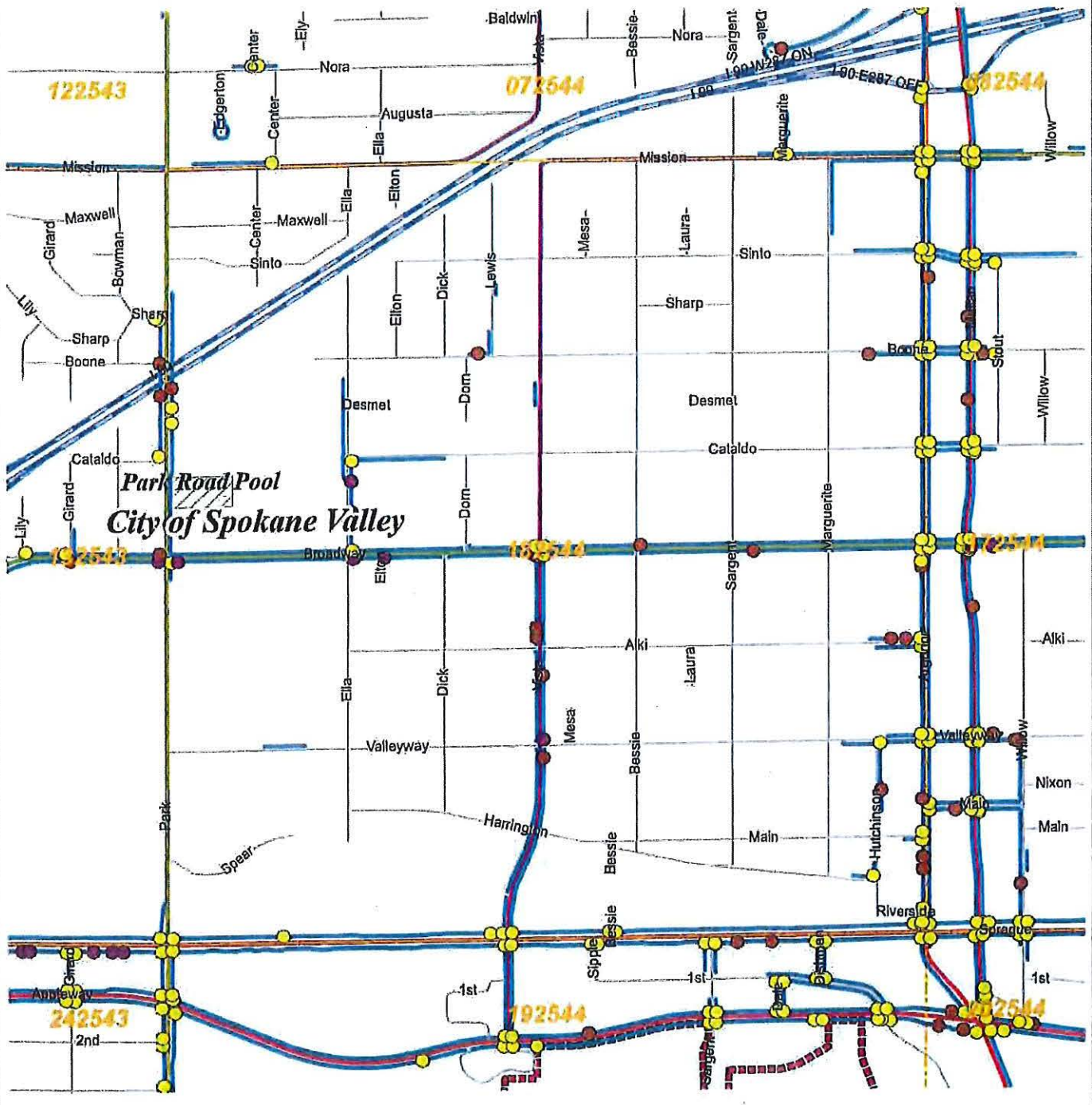
Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- ▭ City of Spokane Valley
- ▭ Sections
- ▨ Parks
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ADA Survey

1 inch = 1,000 feet

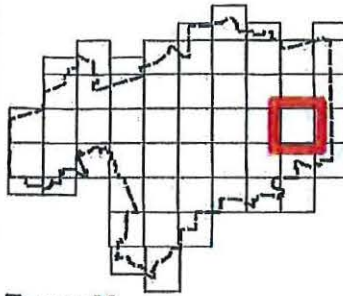
**City of Spokane Valley
Community Development**

Date: 11/2/2011

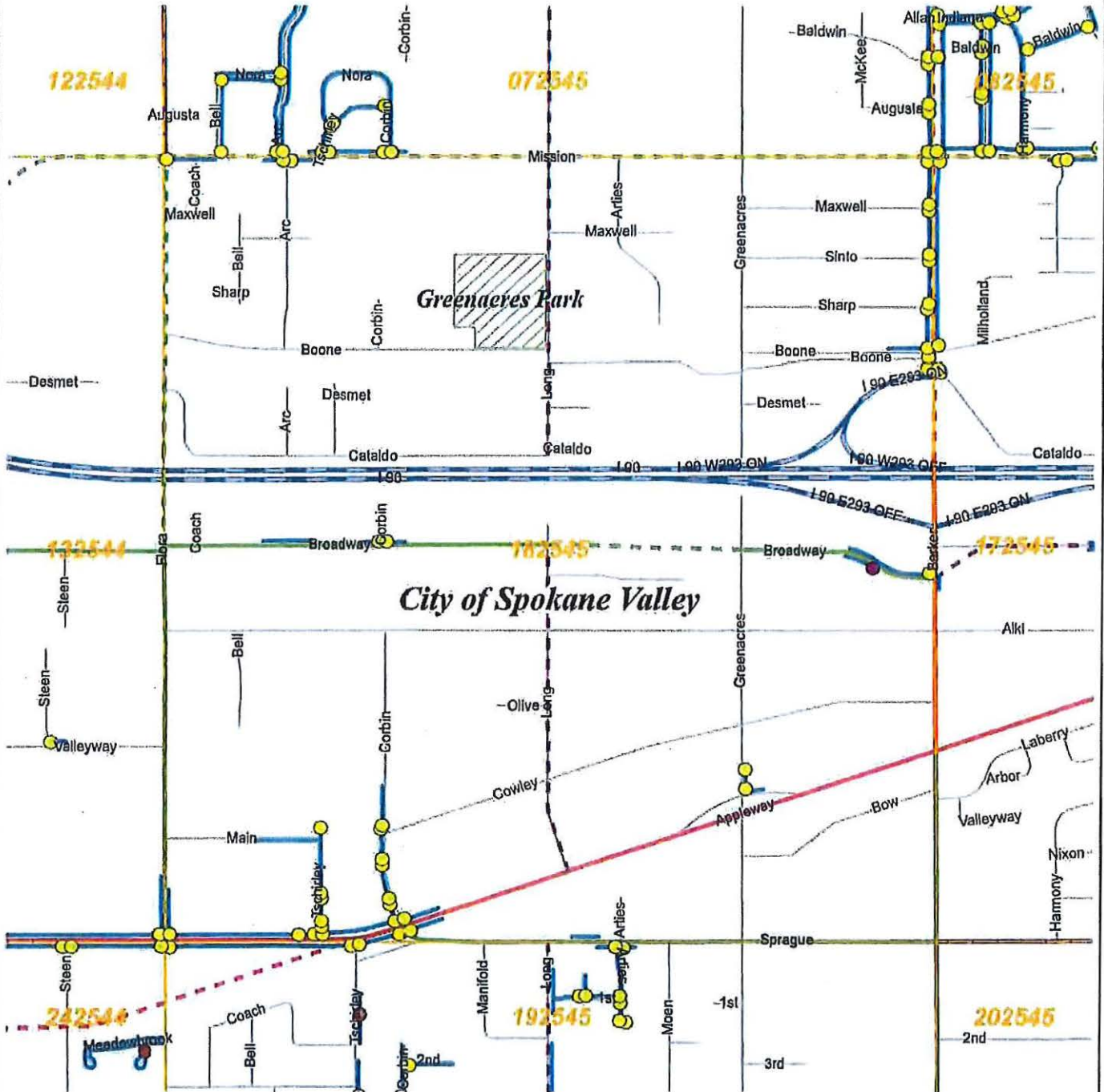
Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
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- Sidewalks
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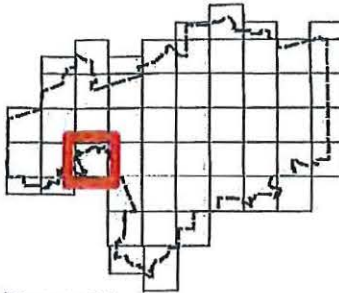
City of Spokane Valley
Community Development

Date: 11/2/2011

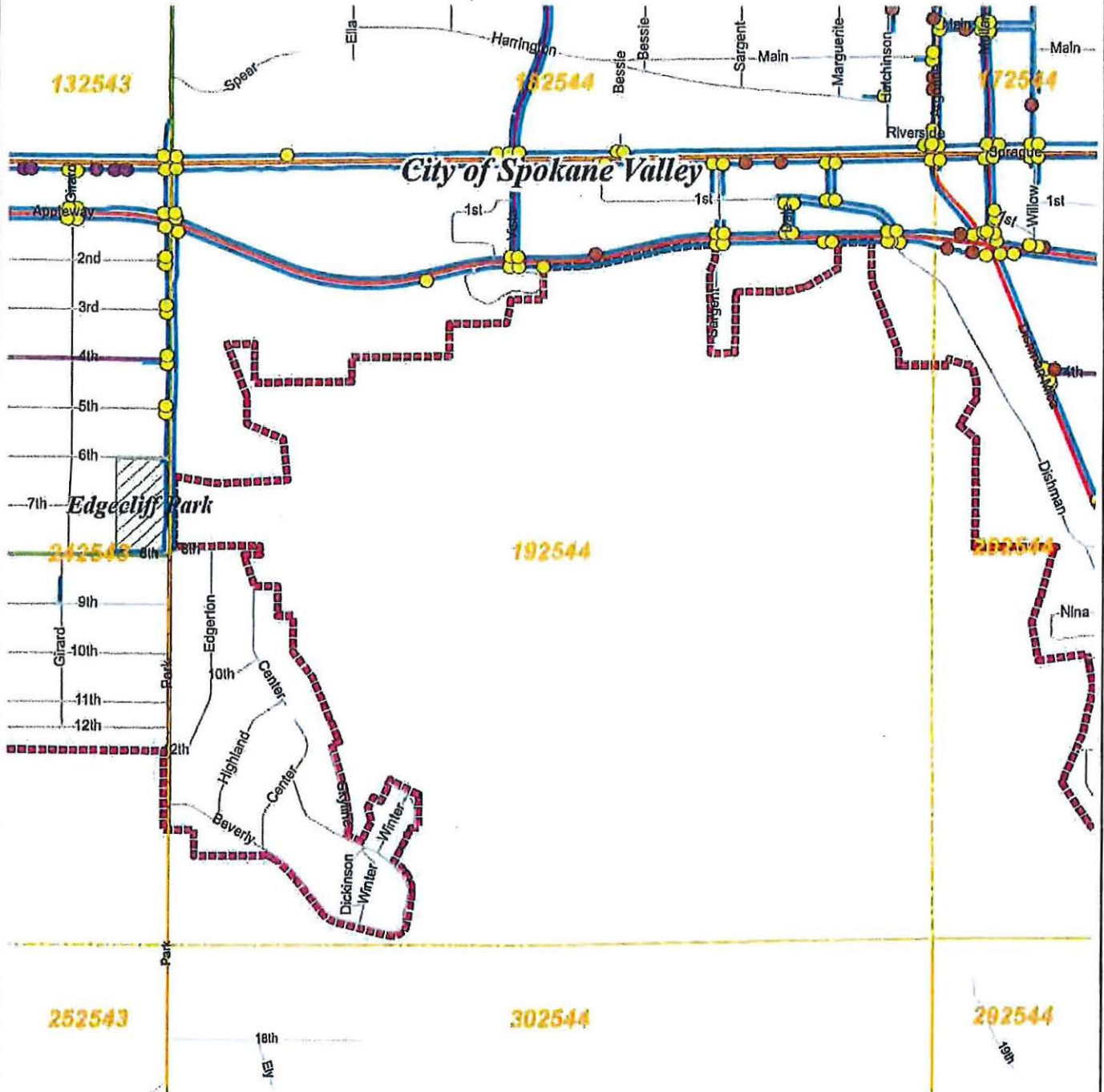
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
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- Sidewalks
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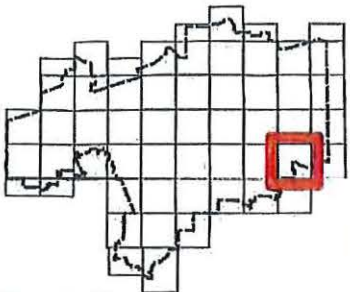
**City of Spokane Valley
Community Development**

Date: 11/2/2011

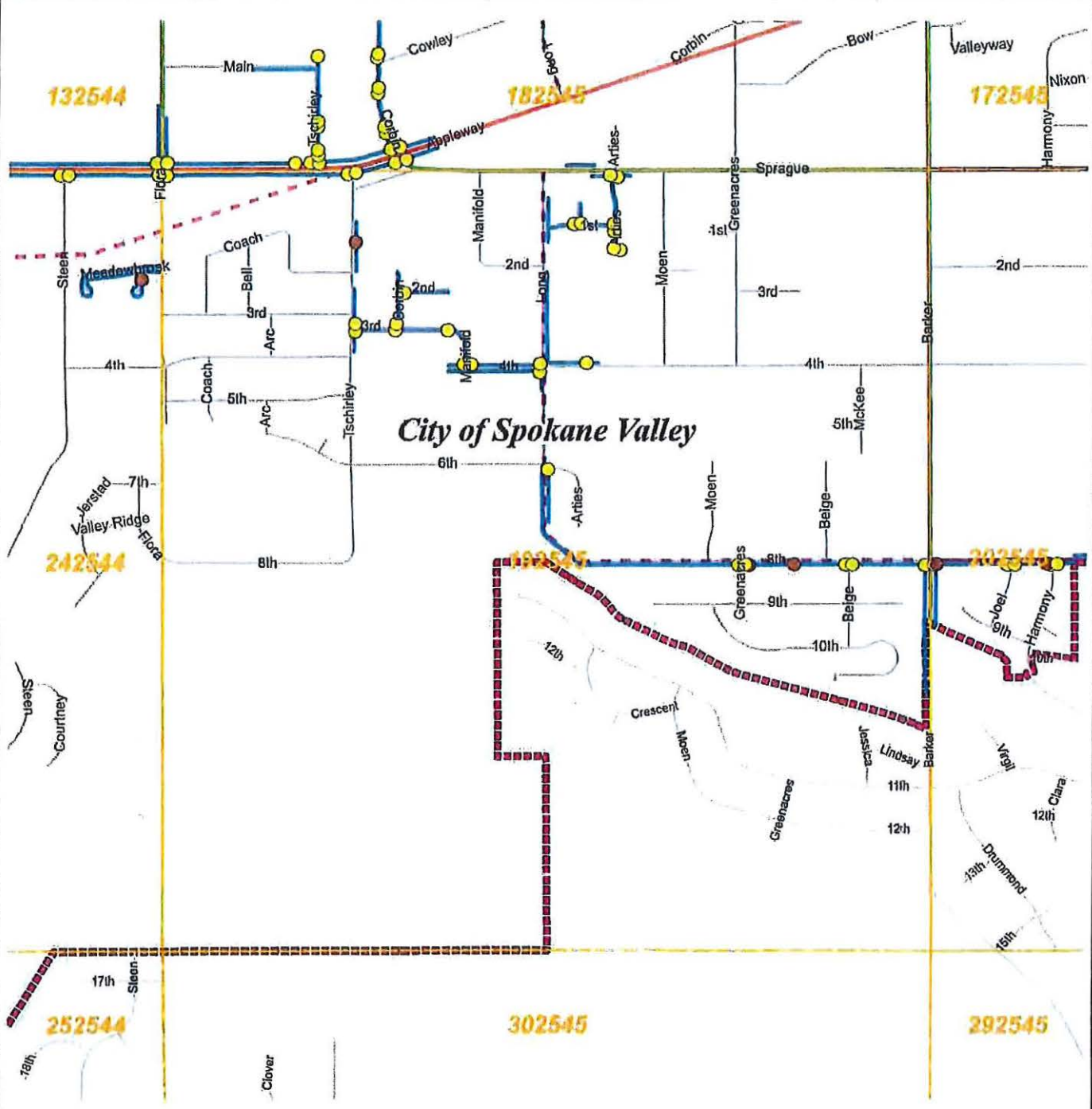
Legend

- - - Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
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- Sidewalks
- Aids to Mobility
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182545

172545

242544

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City of Spokane Valley



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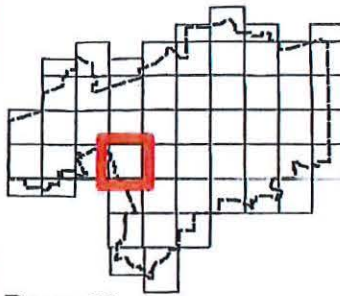
City of Spokane Valley
Community Development

Date: 11/2/2011

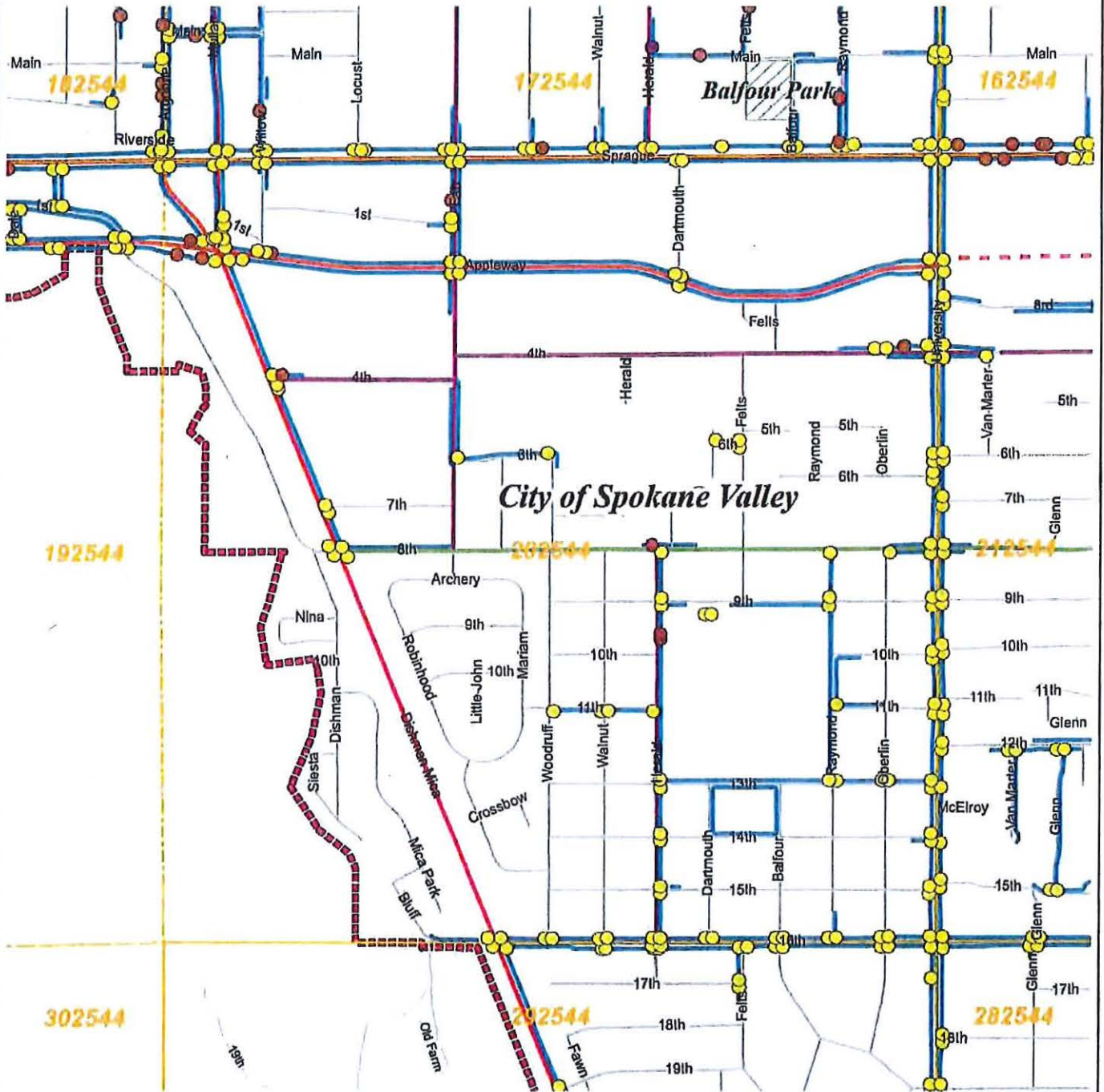
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
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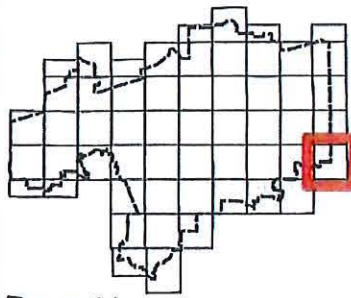
City of Spokane Valley
Community Development

Date: 11/2/2011

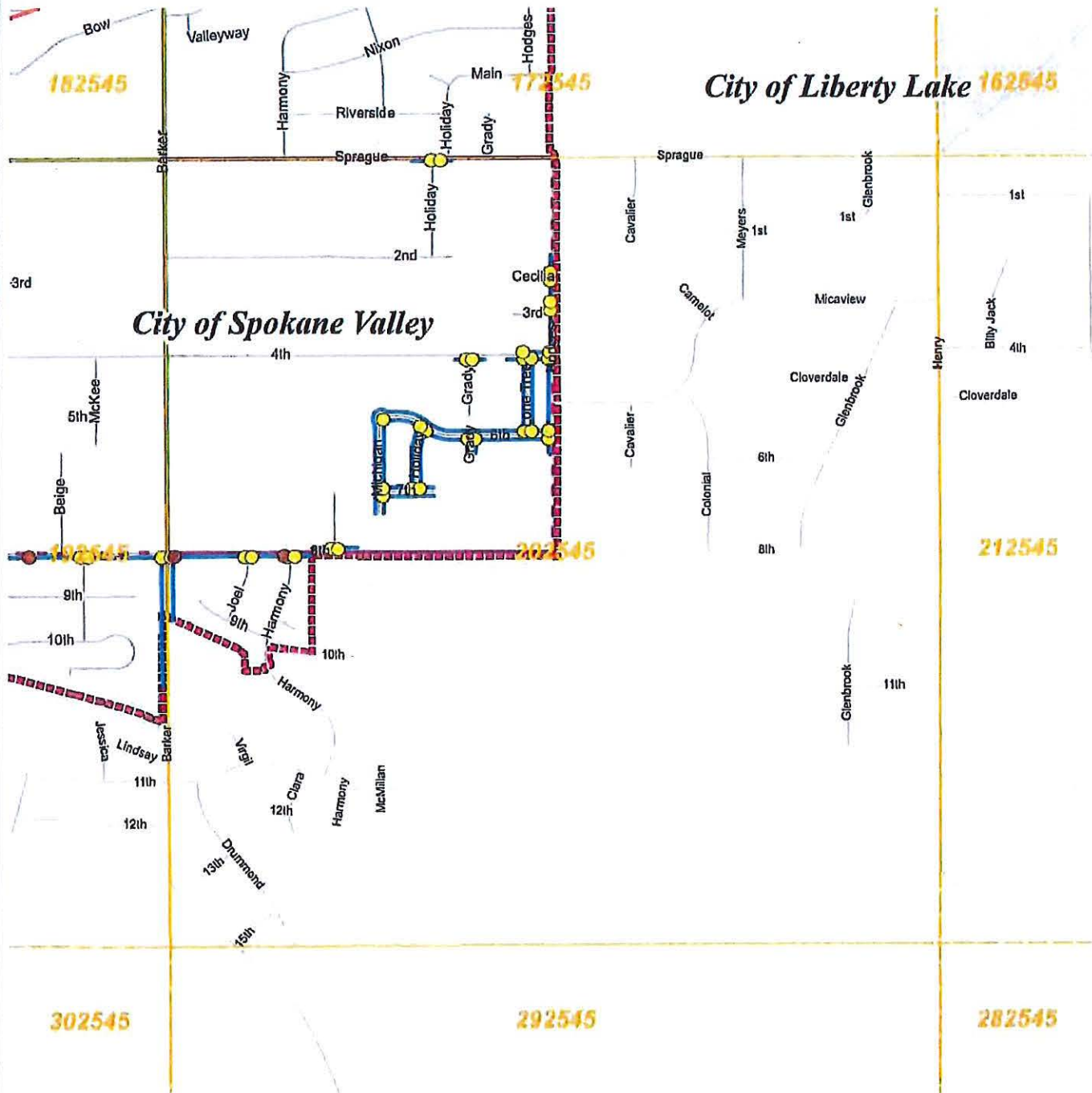
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
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- Sections
- Parks
- Lakes/Rivers

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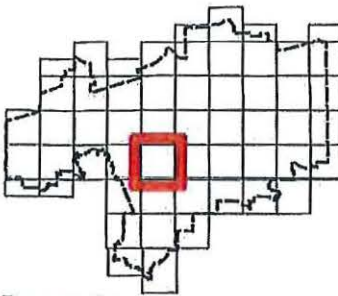
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| | | |
|---|----------------------------|------------------------|
| ADA Survey | 1 inch = 1,000 feet | |
| City of Spokane Valley Community Development | | Date: 11/2/2011 |

Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
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ADA Survey

1 inch = 1,000 feet

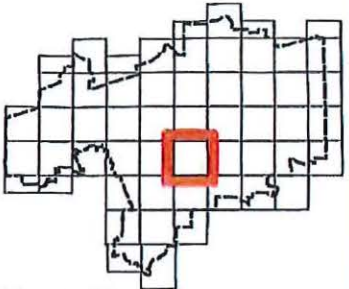
**City of Spokane Valley
Community Development**

Date: 11/2/2011

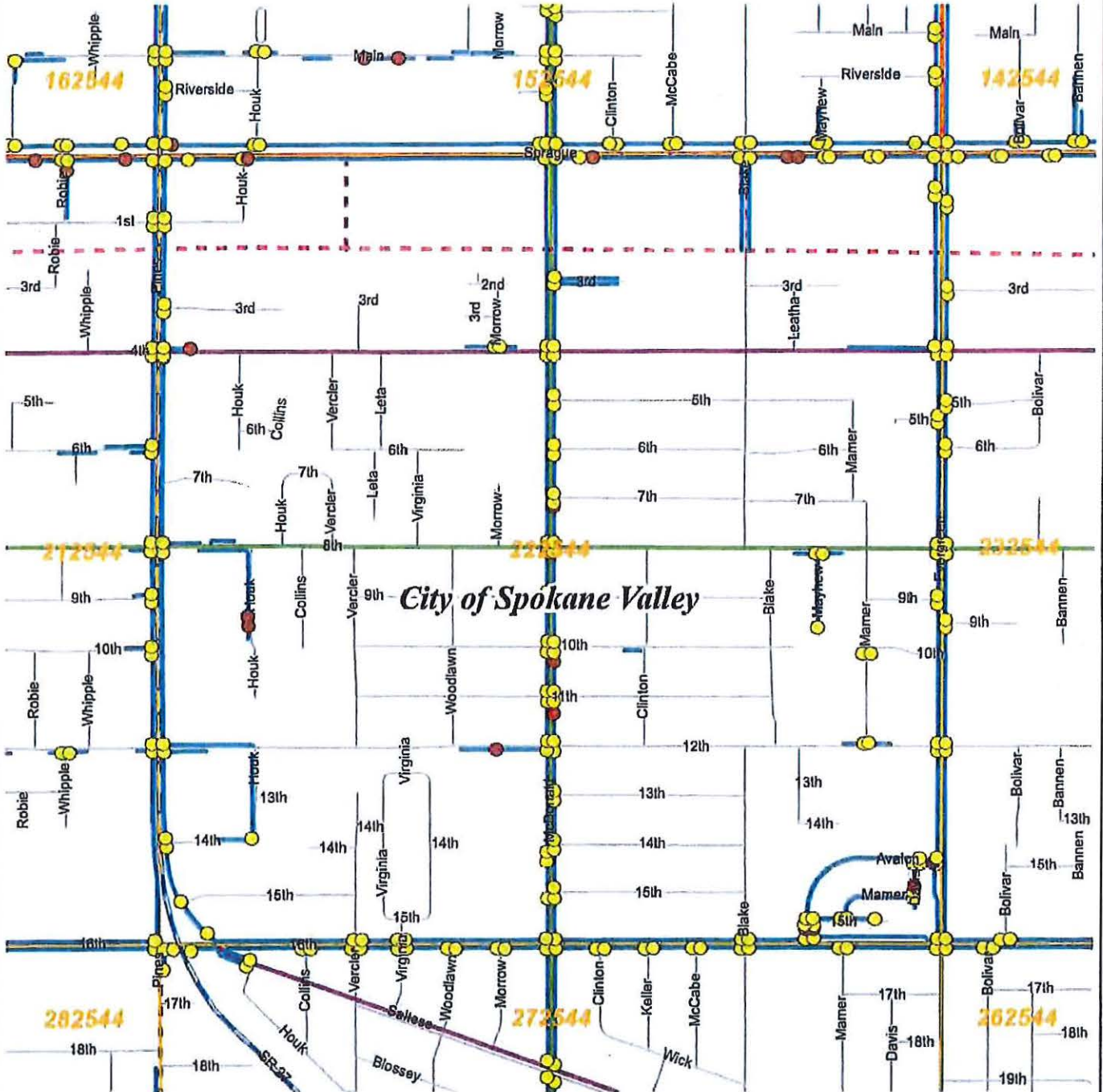
Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
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ADA Survey

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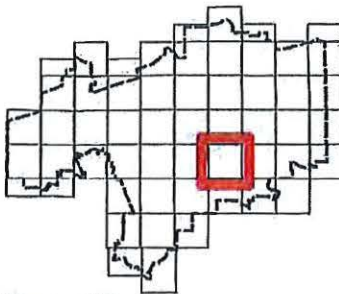
City of Spokane Valley
Community Development

Date: 11/2/2011

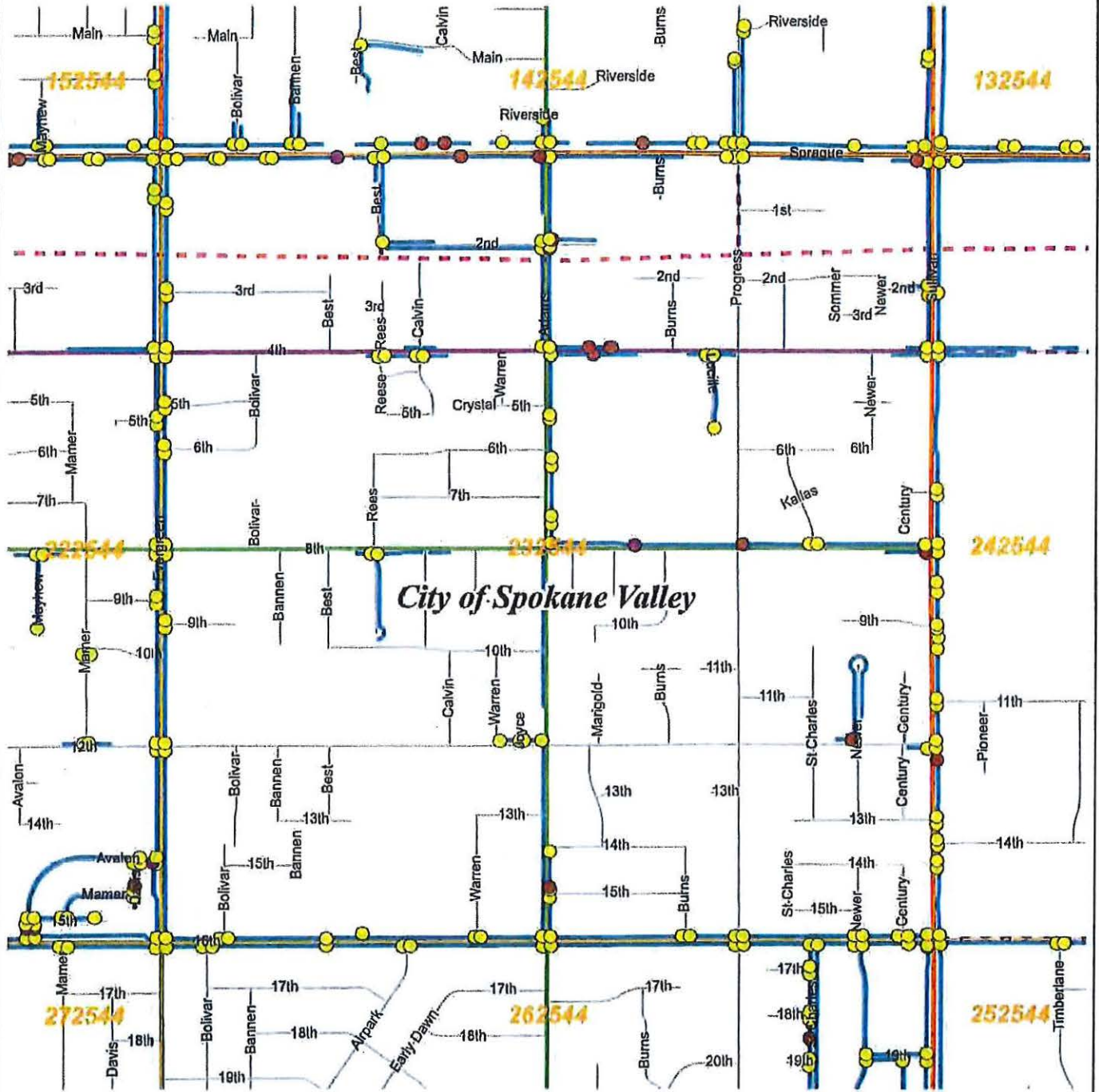
Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
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ADA Survey

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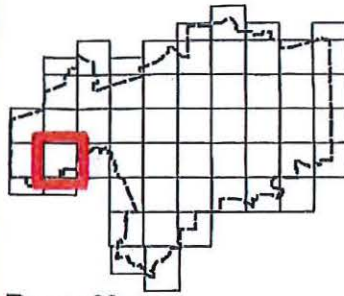
**City of Spokane Valley
Community Development**

Date: 11/2/2011

Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- City of Spokane Valley
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ADA Survey

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City of Spokane Valley
Community Development

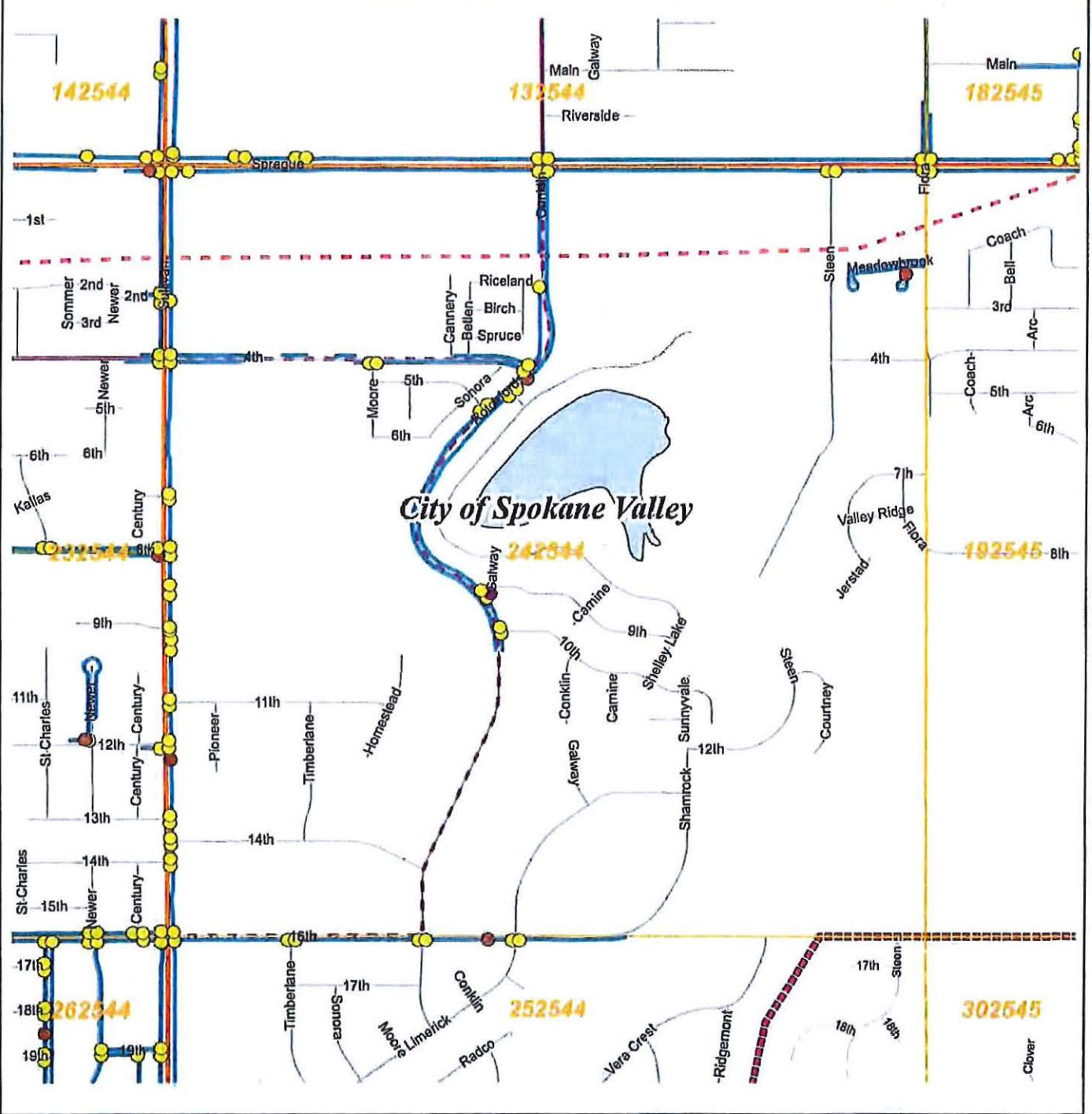
Date: 11/2/2011

Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
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- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- City of Spokane Valley
- Sections
- Parks
- Lakes/Rivers

S-T-R: 242544

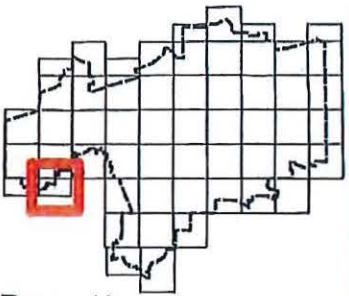
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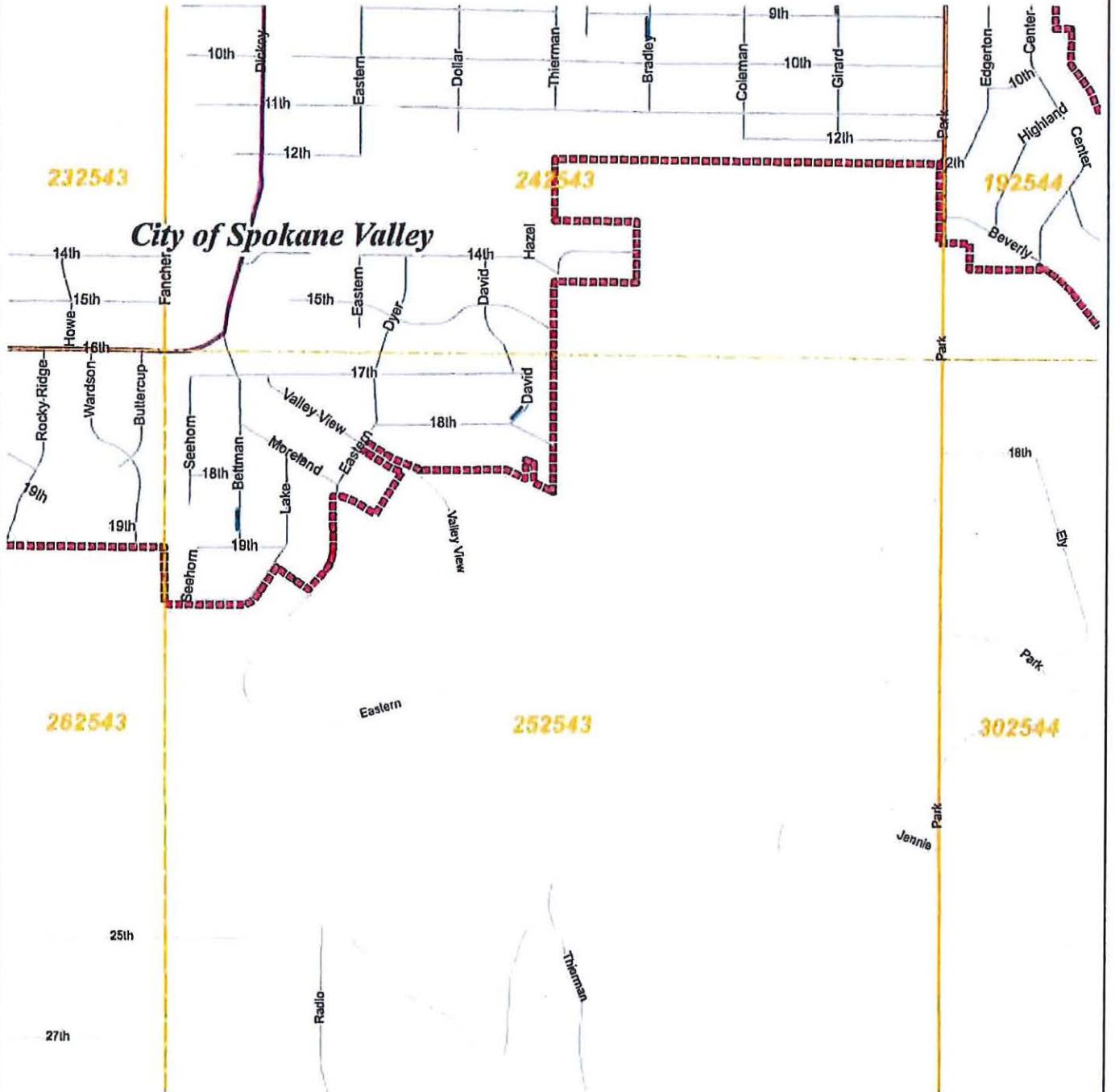
Legend

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- Principal Arterial
- Minor Arterial
- Collector
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- Sidewalks
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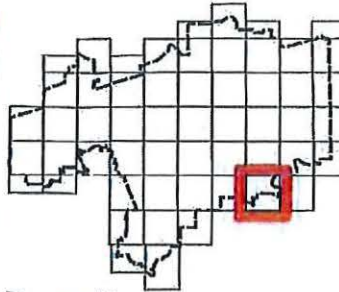
**City of Spokane Valley
Community Development**

Date: 11/2/2011

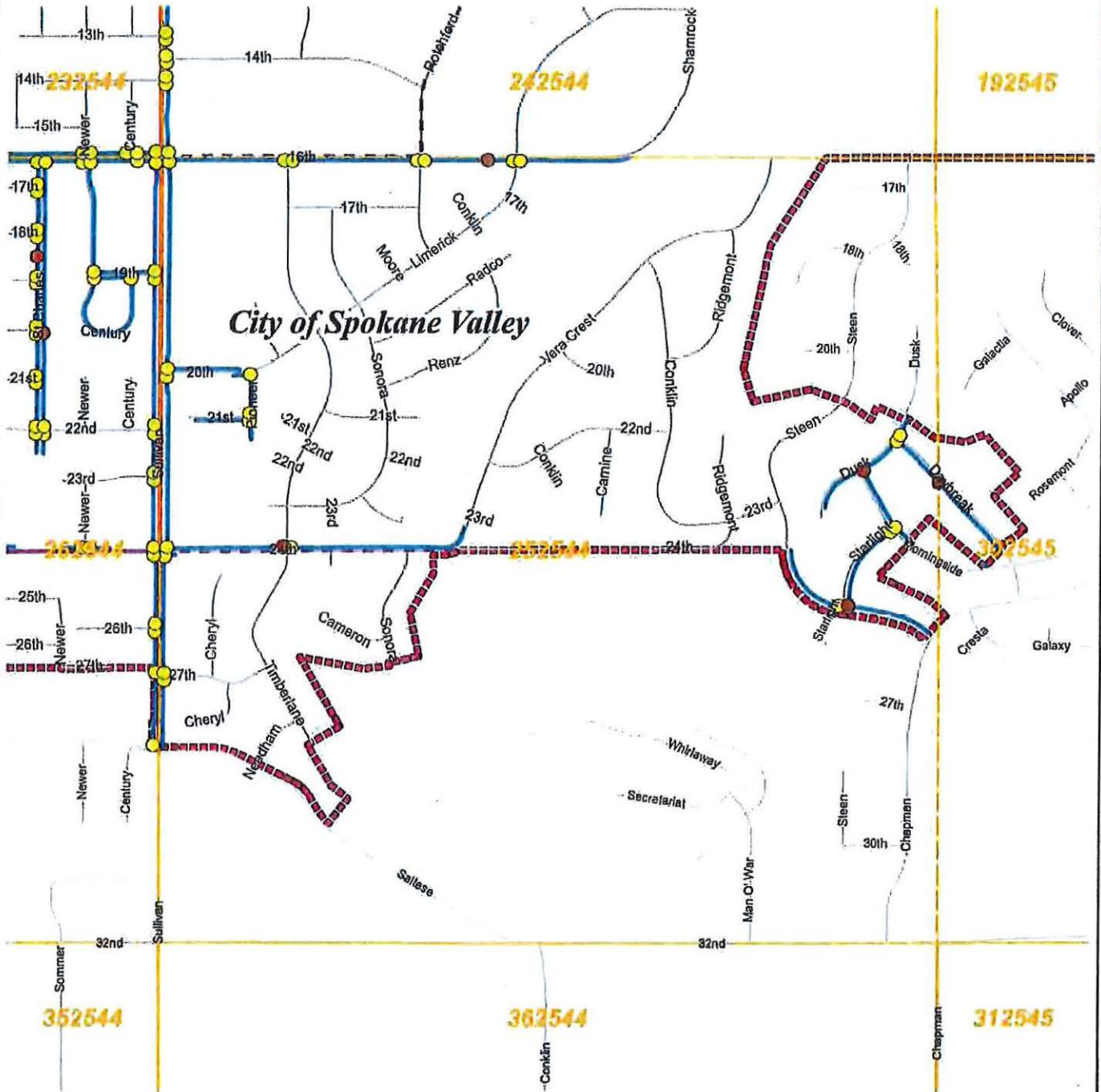
Legend

- Proposed Principal Arterial
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- Principal Arterial
- Minor Arterial
- Collector
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- Sidewalks
- Aids to Mobility
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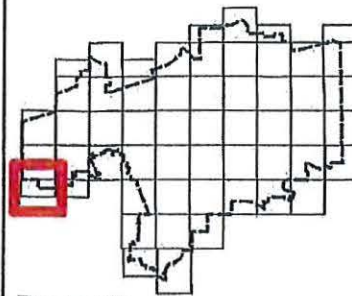
City of Spokane Valley
Community Development

Date: 11/2/2011

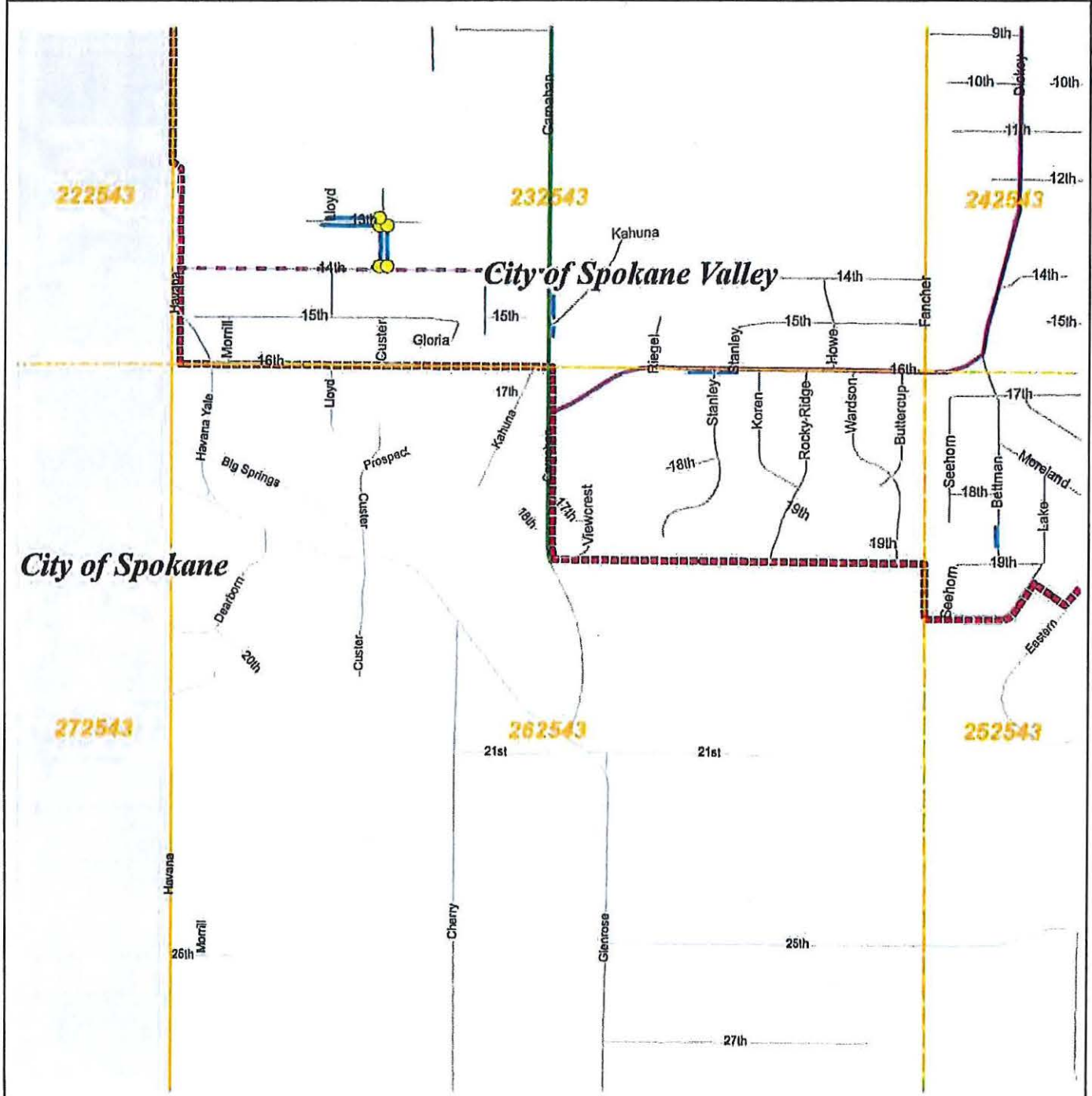
Legend

- Proposed Principal Arterial
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- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
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City of Spokane

City of Spokane Valley



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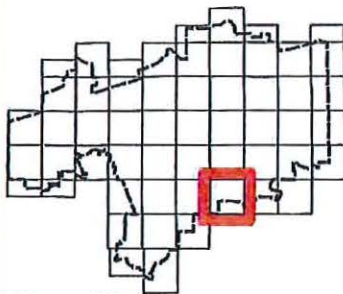
**City of Spokane Valley
Community Development**

Date: 11/2/2011

Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
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- Principal Arterial
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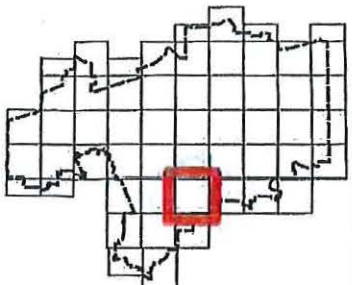
**City of Spokane Valley
Community Development**

Date: 11/2/2011

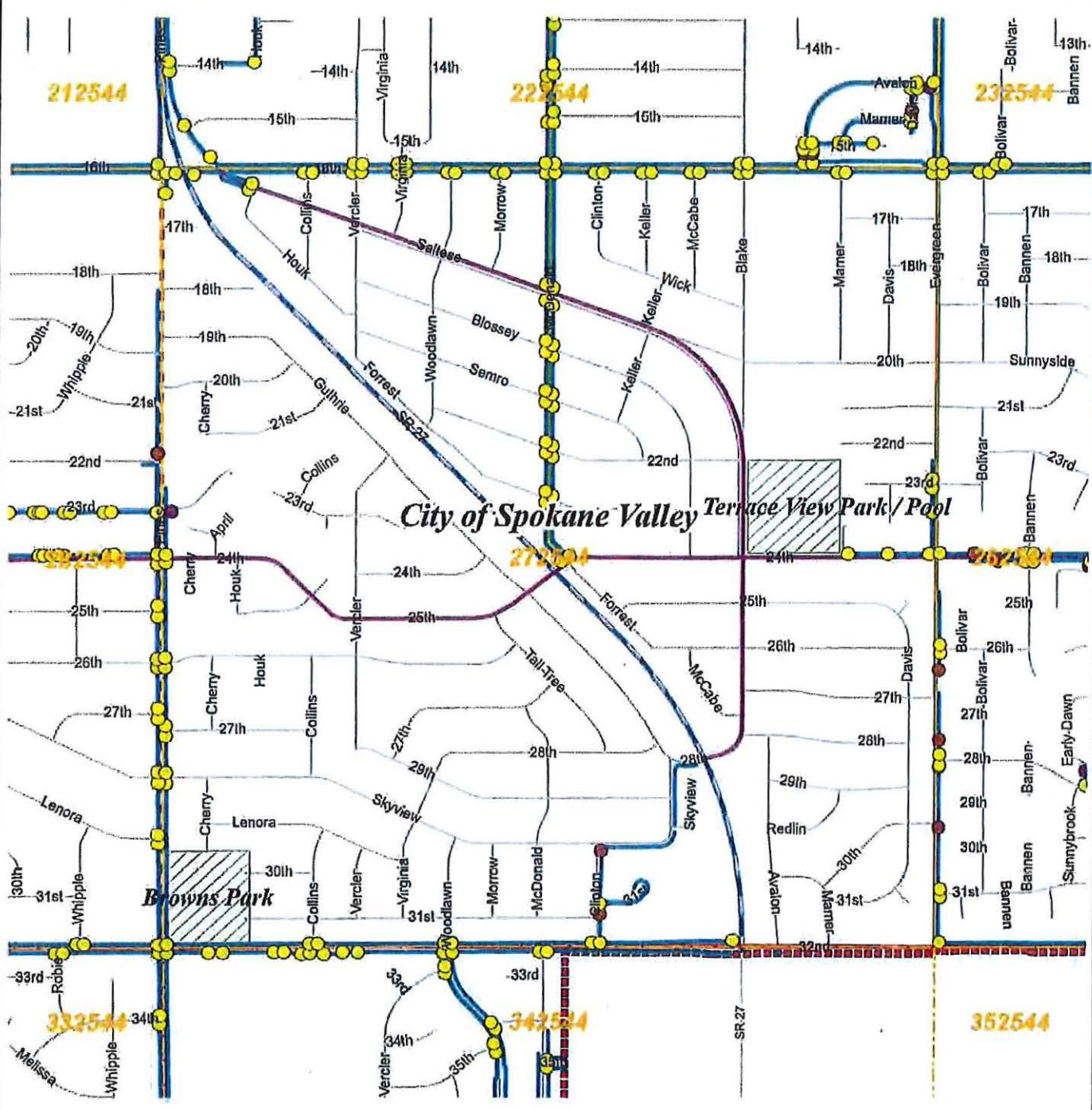
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
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- Principal Arterial
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- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
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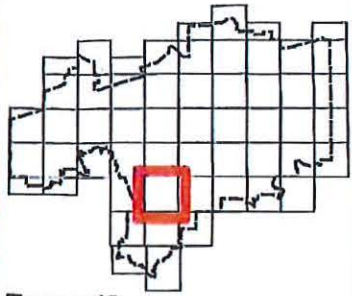
**City of Spokane Valley
Community Development**

Date: 11/2/2011

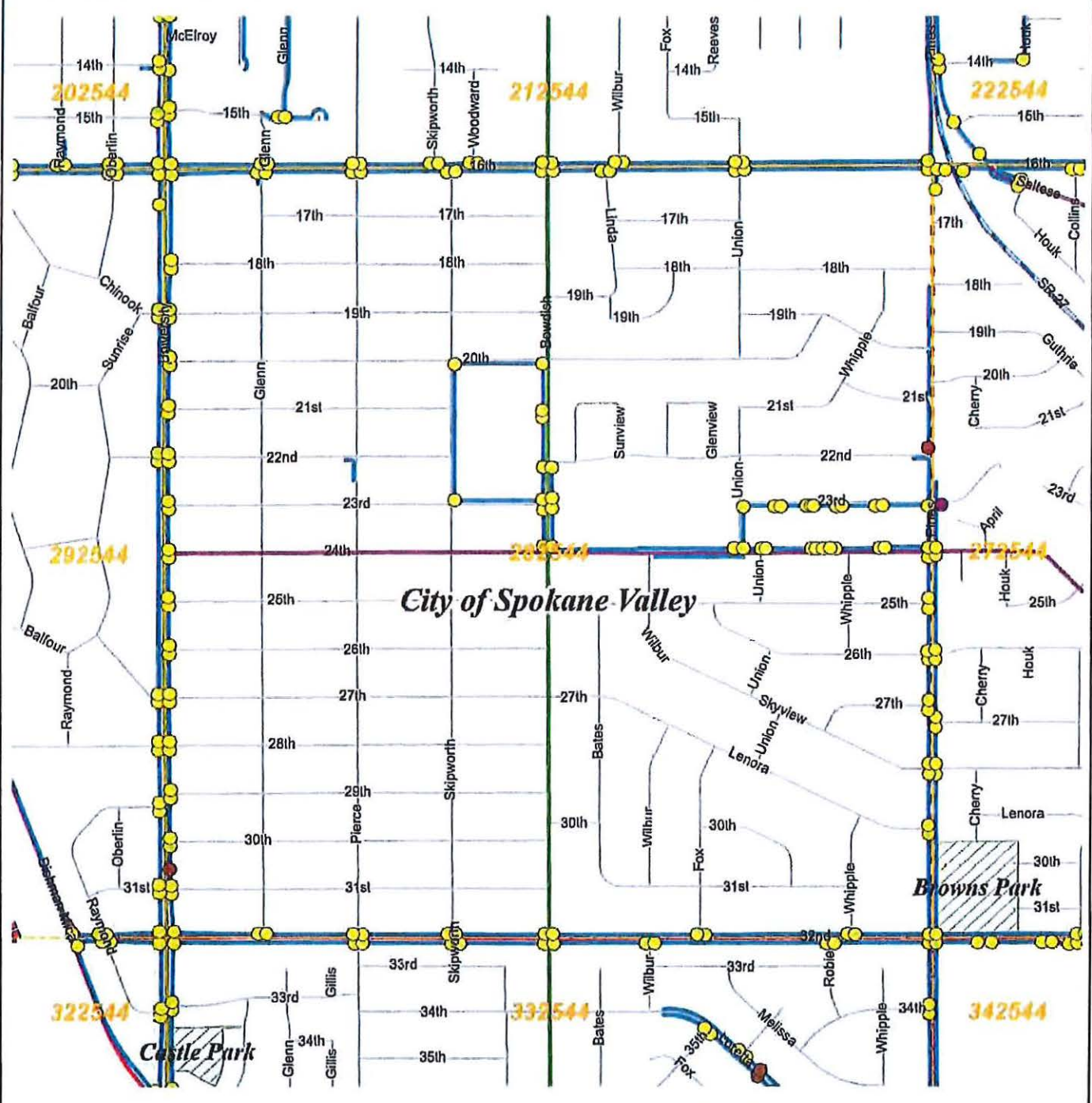
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
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- Sidewalks
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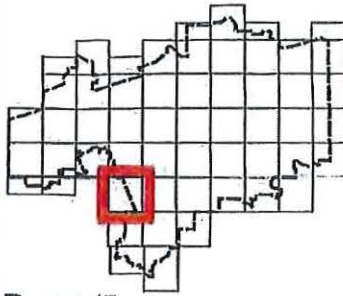
**City of Spokane Valley
Community Development**

Date: 11/2/2011

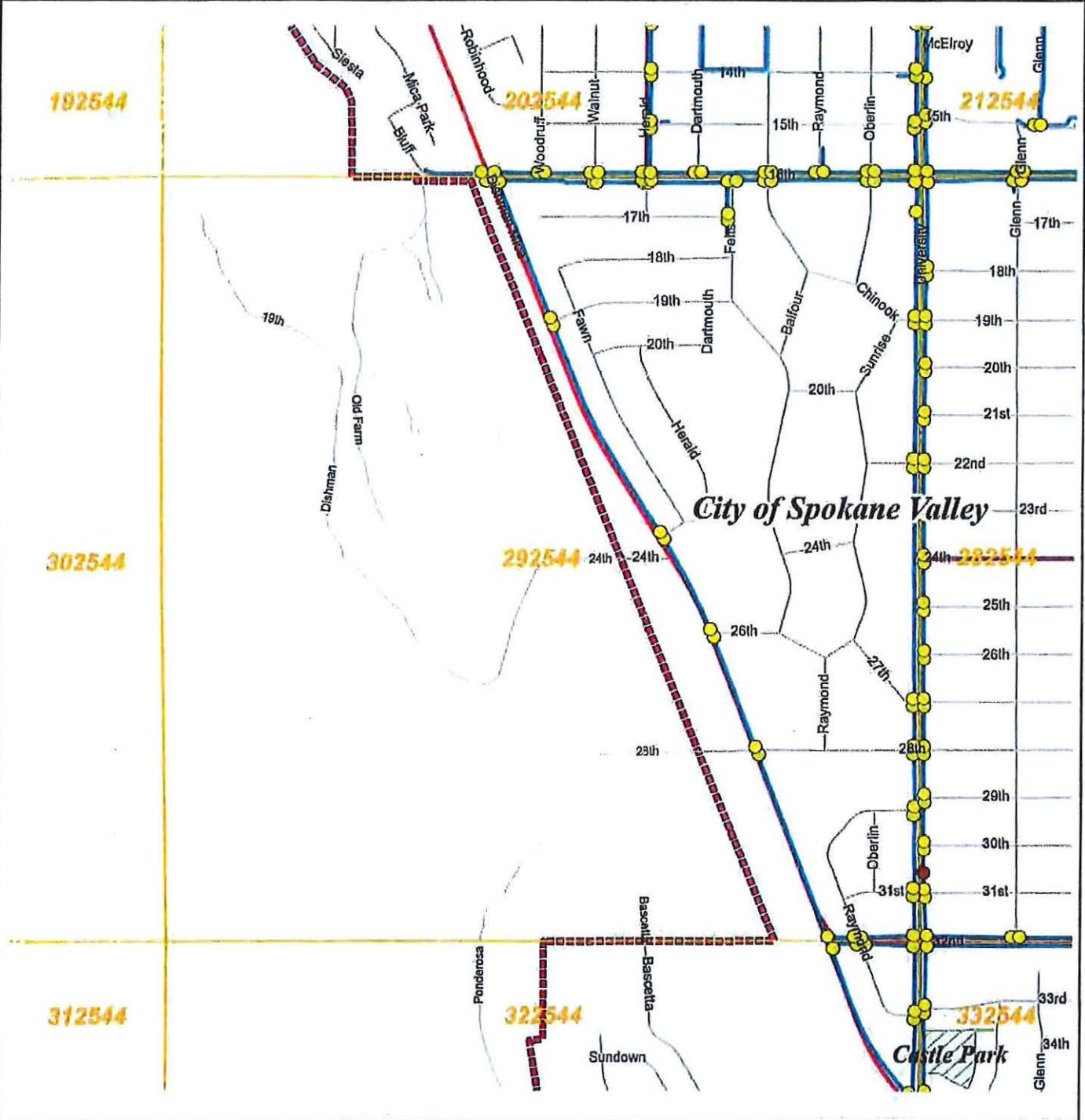
Legend

- - - Proposed Principal Arterial
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- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
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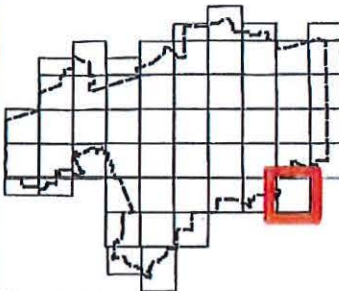
City of Spokane Valley
Community Development

Date: 11/2/2011

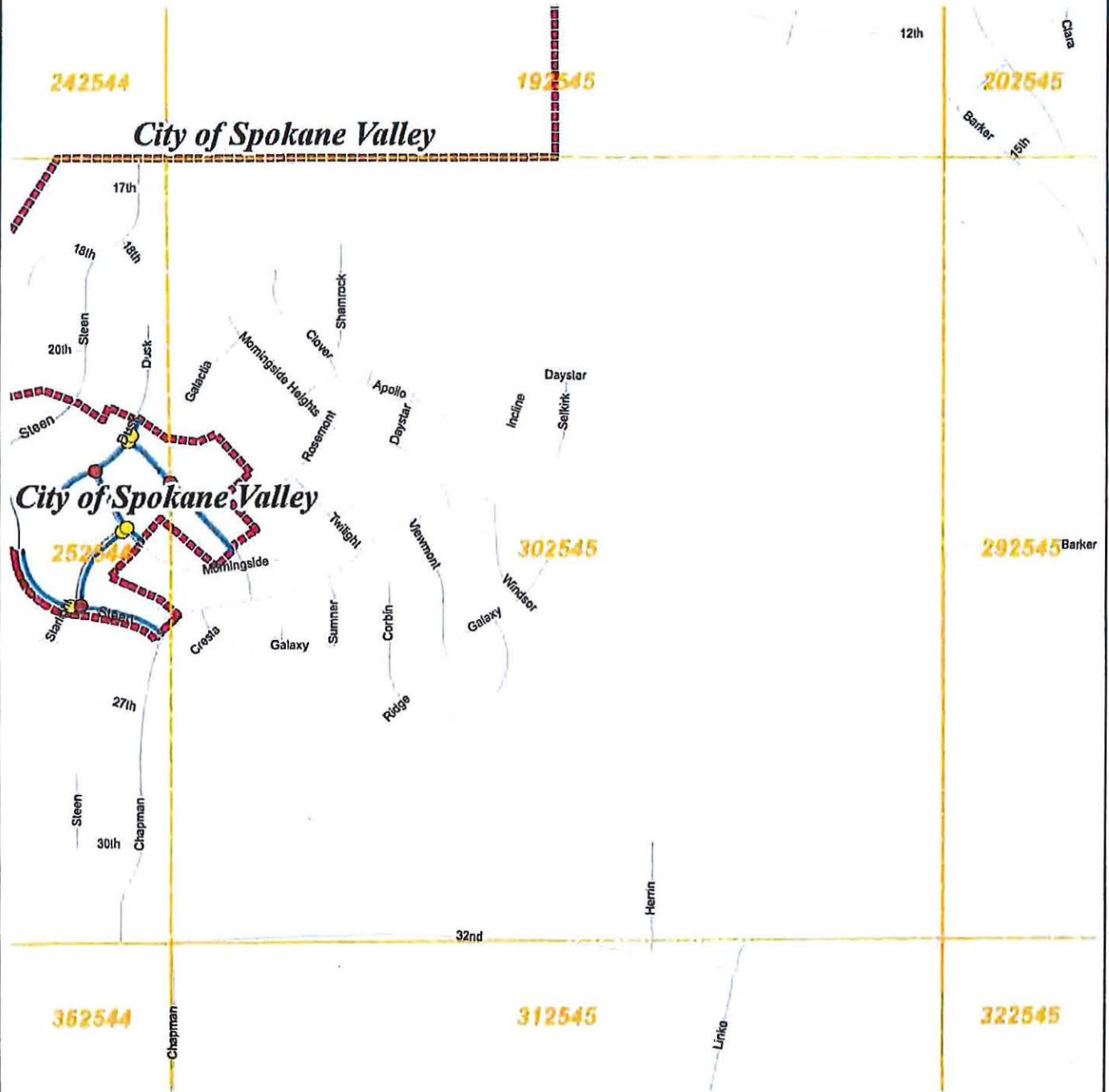
Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
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- Principal Arterial
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- Collector
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ADA Survey

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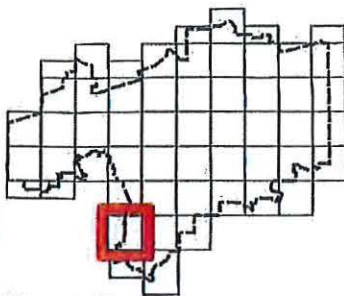
City of Spokane Valley
Community Development

Date: 11/2/2011

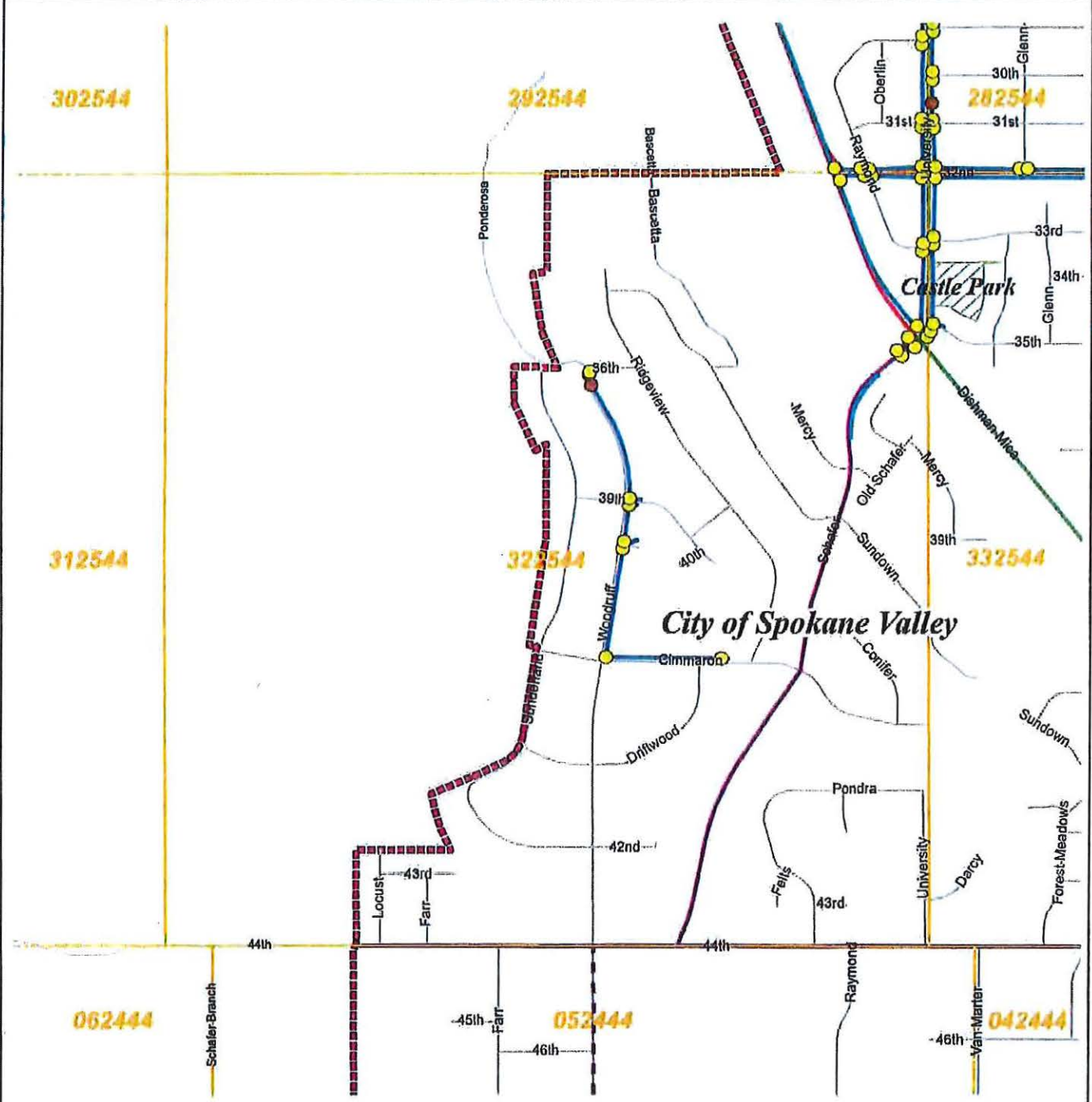
Legend

- - - Proposed Principal Arterial
- - - Proposed Minor Arterial
- - - Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
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
ADA Survey

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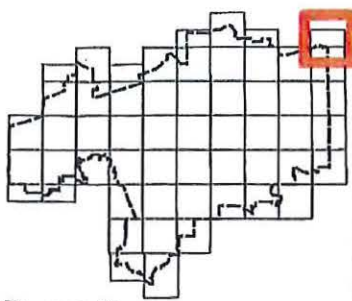
City of Spokane Valley
Community Development

Date: 11/2/2011

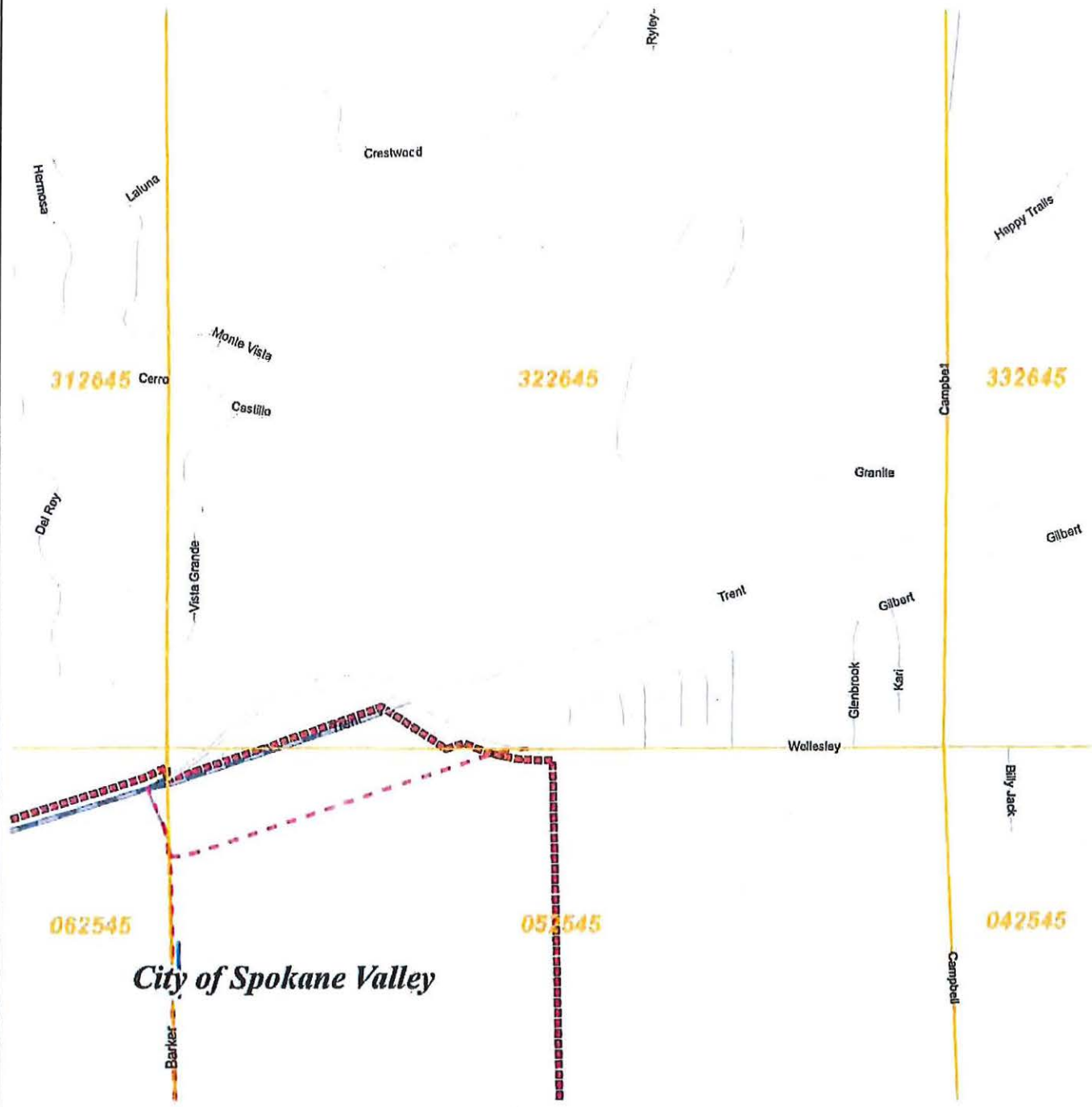
Legend

-  Proposed Principal Arterial
-  Proposed Minor Arterial
-  Proposed Collector
-  Principal Arterial
-  Minor Arterial
-  Collector
-  State or Federal
-  Sidewalks
-  Aids to Mobility
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ADA Survey

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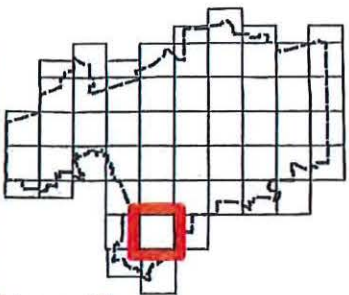
**City of Spokane Valley
Community Development**

Date: 11/2/2011

Legend

- Proposed Principal Arterial
- Proposed Minor Arterial
- Proposed Collector
- Principal Arterial
- Minor Arterial
- Collector
- State or Federal
- Sidewalks
- Aids to Mobility
- Obstacles
- Surface Height Change
- City of Spokane Valley
- Sections
- Parks
- Lakes/Rivers

S-T-R: 332544



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ADA Survey

1 inch = 1,000 feet

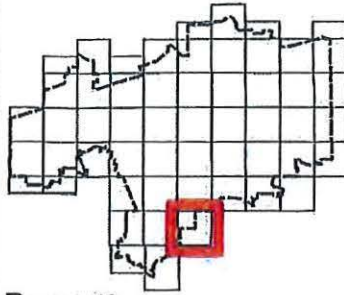
City of Spokane Valley
Community Development

Date: 11/2/2011

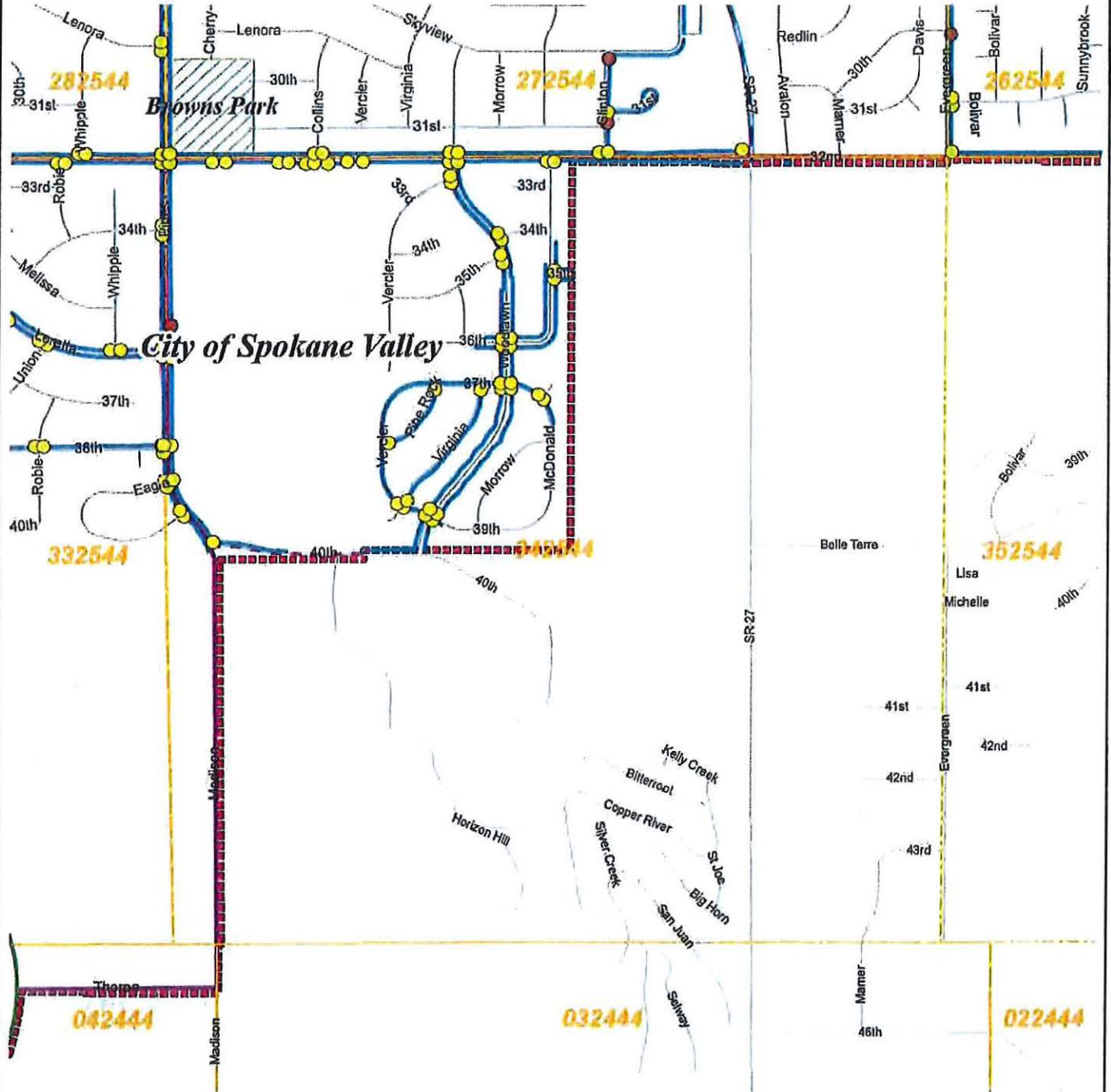
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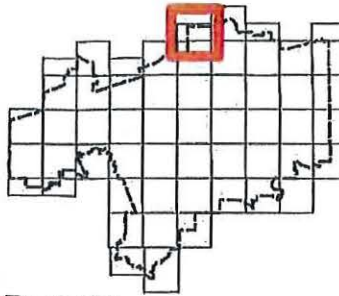
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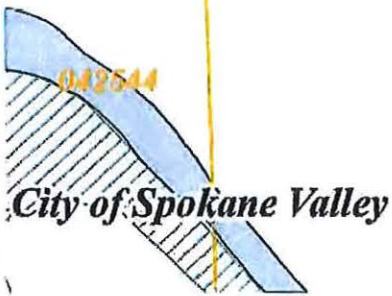
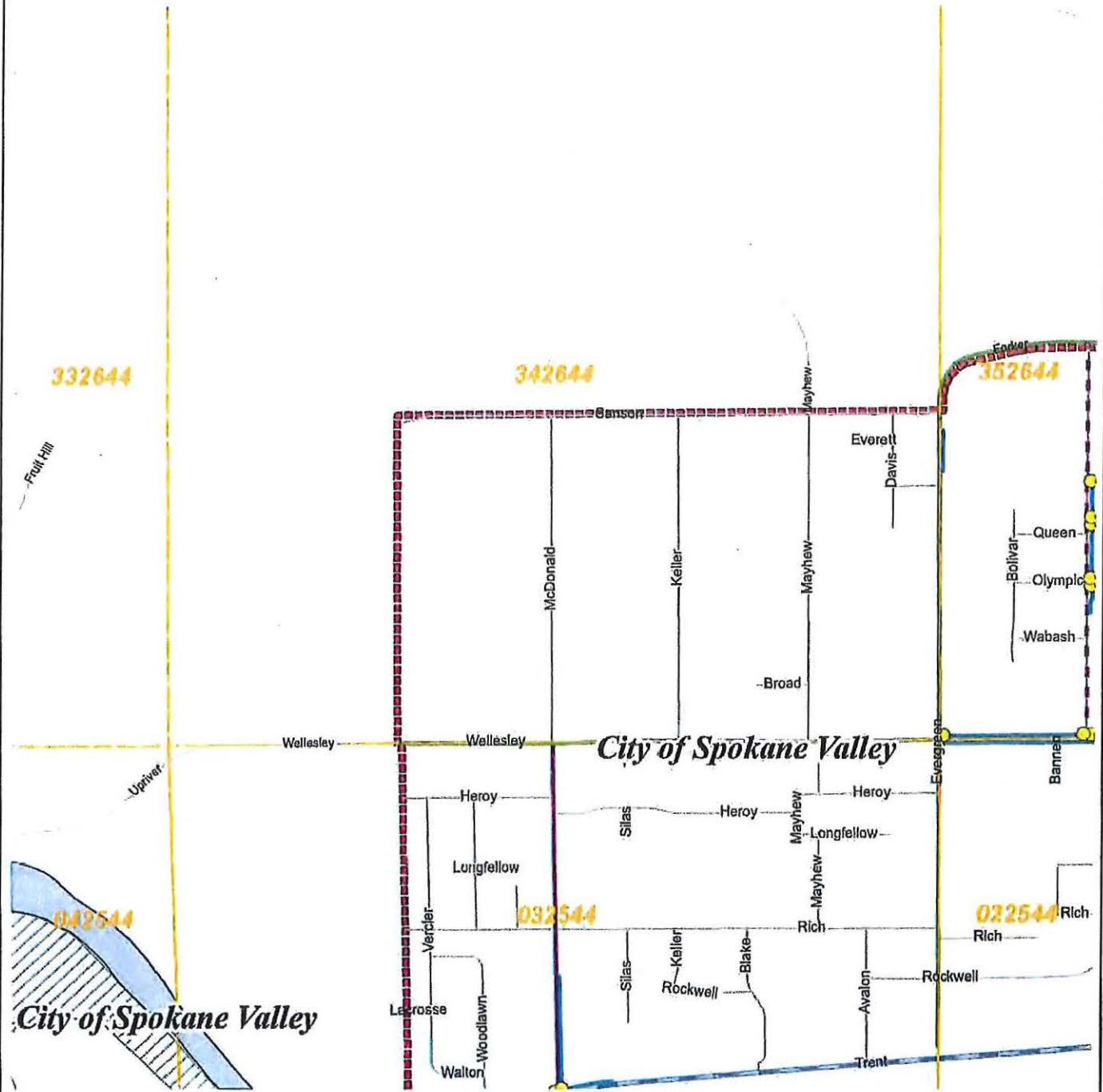
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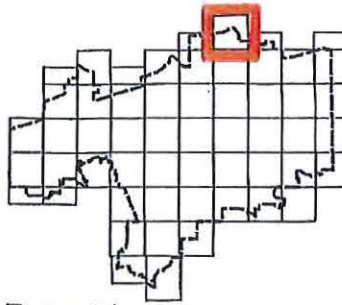
**City of Spokane Valley
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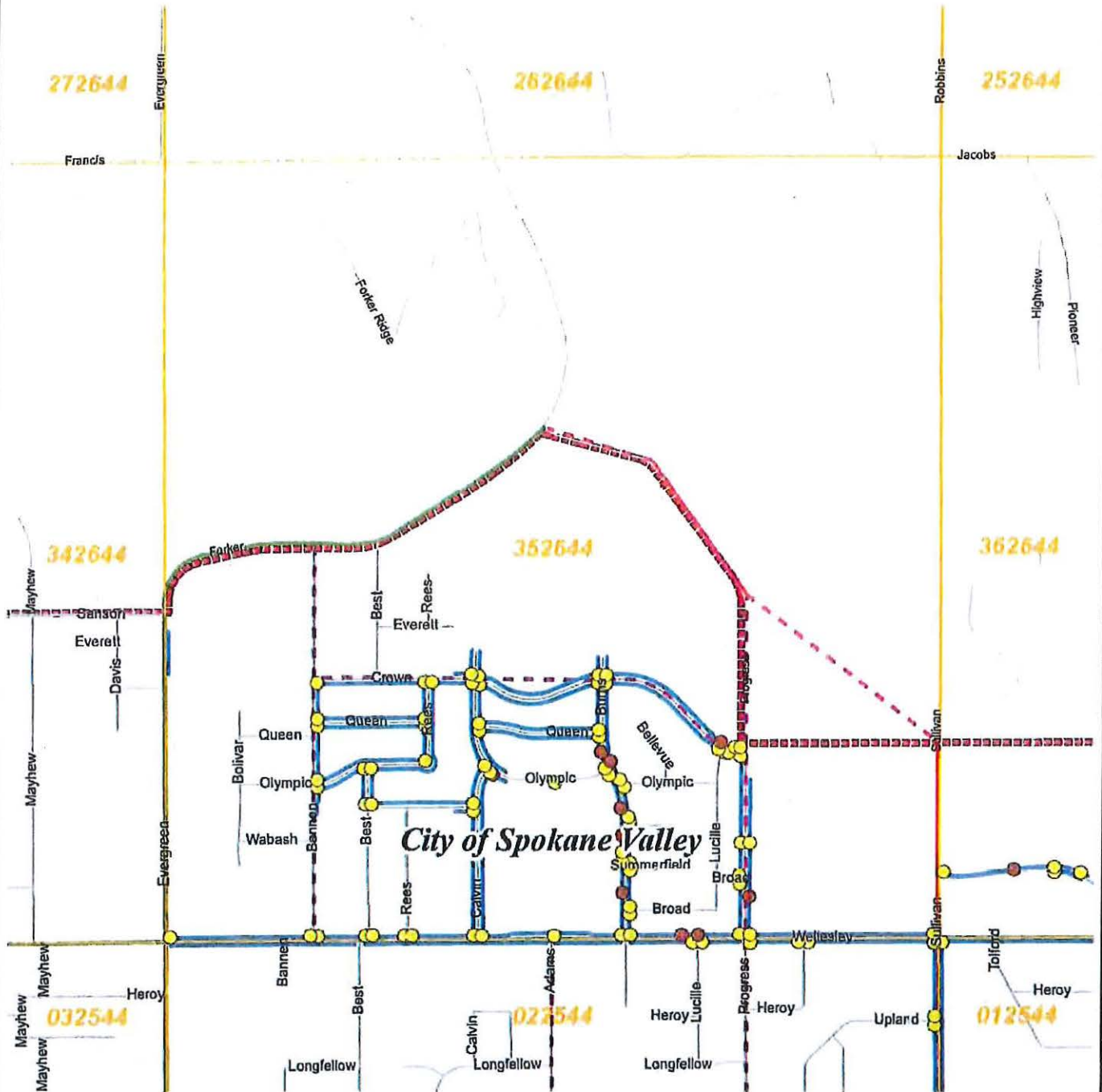
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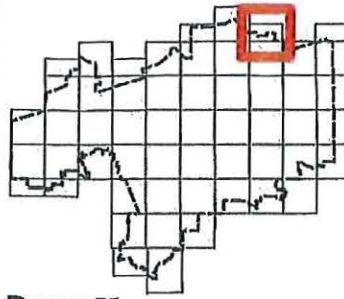
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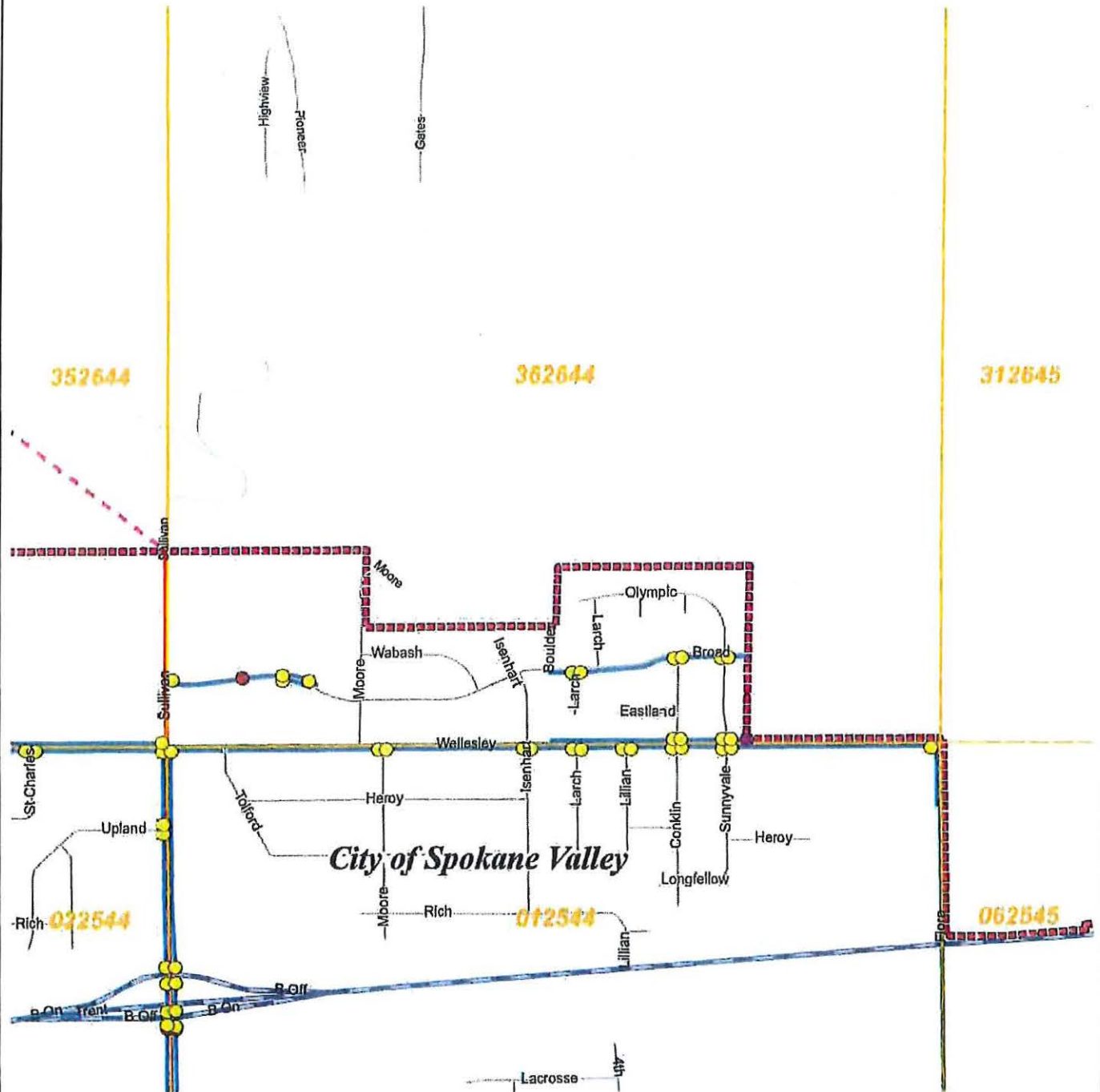
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