



Provider Name: \_\_\_\_\_

**CIVIL RIGHTS COMPLIANCE CHECKLIST**

Program/Provider/Facility:	County:	Region/District:
Street Address:	Completed By:	
City, State, Zip Code: _____, _____, _____	Date:	Telephone: ( ) -

**PART I.**

Briefly describe the geographic area served by the program/facility and the type of services provided:

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2. POPULATION OF AREA SERVED.				Source of data:			
Total #	% White	% Black	% Hispanic	% Other	% Female	# Male	

3. STAFF CURRENTLY EMPLOYED.				Effective date:			
Total #	% White	% Black	% Hispanic	% Other	% Female	# Male	% Handicap

4. CLIENTS CURRENTLY ENROLLED OR REGISTERED.				Effective date:			
Total #	% White	% Black	% Hispanic	% Other	% Female	# Male	% Over 40 Yrs

5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.							
Total #	% White	% Black	% Hispanic	% Other	% Female	# Male	

**PART II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATION REQUIRING MORE SPACE.**

6. Is an Assurance of Compliance on file with the Department of Children and Families? If NA or NO, explain. N/A YES NO
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7. Compare staff composition to the population. Are staff representative of the population? If NA or NO, explain. N/A YES NO
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8. Compare client composition to the population. Are race/sex characteristics representative of the population? If NA or NO, explain. N/A YES NO
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9. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age, religion or disability? If NA or NO, explain? N/A YES NO
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10. Do recruitment and notification materials advise applicants, employees and recipients of your non-discrimination policy? If NA or NO, explain. N/A YES NO
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11. For in-patient services, are room assignments made without regard to race, color, national origin, or disability? If NA or NO, explain. N/A YES NO
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12. Is the program / facility accessible to non-English speaking clients? If NA or NO, explain N/A YES NO

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13. Are employees, applicants and participants informed of their protection against discrimination? If YES, how? N/A YES NO  
    
 Verbal  Written  Poster  If NA, or NO, explain.

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14. Is the program / facility physically accessible to mobility, hearing and sight-impaired individuals? If NA or NO, explain. N/A YES NO

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**PART III. THE FOLLOWING QUESTIONS APPLY TO PROGRAMS AND FACILITIES WITH 15 OR MORE EMPLOYEES.**

15. Has a self-evaluation been conducted to identify any barriers to serving disabled individuals, and to make any necessary modifications? If NO, explain. YES NO

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16. Is there an established grievance procedure that incorporates due process into the resolution of complaints? If NO, explain. YES NO

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17. Has a person been designated to coordinate Section 504 compliance activities? If NO, explain. YES NO

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18. Do recruitment and notification materials advise applicants, employees and participants of nondiscrimination on the basis of disability? If NO, explain. YES NO

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19. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, explain. YES NO

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**PART VI. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATION REQUIRING MORE SPACE.**

20. Do you have a written affirmative action plan? If NO, explain. YES NO

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DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY			
Reviewed By:	In Compliance: <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>		
Program Office:	Date Notice of Corrective Action Sent: / /		
Date: / /	Telephone: ( ) -	Date Response Due: / /	
On-Site <input type="checkbox"/>	Desk Review <input type="checkbox"/>	Date Response Received: / /	