



Florida Department of Health Office of the General Counsel Equal Opportunity Section

CIVIL RIGHTS COMPLIANCE CHECKLIST FOR THE DEPARTMENT OF HEALTH AND PROVIDERS

The Florida Department of Health (Department) and its Providers are committed to equality in opportunity for all persons without regard to race, color, national origin, age, disability, and sex (including pregnancy, sexual orientation, gender identify, and sex characteristics). Note, not all bases apply to all Department programs and activities. Additionally, reprisal or retaliation is prohibited for prior civil rights activity in any program or activity conducted or funded by a federal agency.

The Equal Opportunity Section (EOS) monitors civil rights compliance of the Department and its Providers and ensures resolution of noncompliance is accomplished within federal guidelines. A provider is an individual, organization, institution, or agency from which the Department purchases or arranges for the provision of client services or benefits under departmental programs and activities.

The EOS, the Department's programs, and its Providers must work together to resolve noncompliance matters in a timely manner. Each applicable Department program must use the Civil Rights Compliance Checklist (CRCC) to evaluate all programs for civil rights compliance in accordance with federal requirements.

Additionally, Grant Managers and Contract Managers are responsible for monitoring Providers to ensure compliance with all applicable federal civil rights laws and nondiscrimination provisions. The monitoring must use this checklist. Prior to the approval of each contract, the designated Grant Manager or Contract Manager must review the completed CRCC to ensure it is complete. Each Grant Manager or Contract Manager must maintain the CRCC for each Provider. Additional monitoring may be conducted as needed by the Grant Manager, Contract Manager, or the EOS to ensure compliance in accordance with federal requirements.

Programs such as Women, Infants, and Children (WIC) and Child and Adult Care Food Program (CACFP) may require additional compliance reviews and monitoring by the applicable federal agency. Significant findings discovered during a compliance review of a USDA program or activity must be reported in writing to the reviewed entity and to the FNS Regional Civil Rights Officer. A significant finding is an egregious and repetitive finding or a policy or procedure that has a disproportionate, adverse effect on a particular protected class (disparate impact).

Section 1: Contact Information

Name of DOH Office/Division/CHD/Provider: _____

Address: _____

City: _____ State: _____ County: _____

Telephone Number: _____ Fax Number: _____

Completed By: _____ Date: _____

Briefly describe the type of services being provided:

Section 2: Designation of a Civil Rights Compliance Officer

1. Have you designated an individual to coordinate compliance with Civil Rights? Yes ☐ No ☐

a. If so, provide their name, position title, and contact information:

Name:

Position Title:

Contact Information:

Section 3: Notification

Notification must be made to program participants and applicants of their rights and responsibilities, their protection against discrimination, and the procedures for filing a discrimination complaint.

1. Do you use forms of communication such as letters, brochures, bulletins, newspapers, posters, face-to-face contacts, radio, and televisions announcements to disseminate information about programs, activities, and applicable civil rights requirements? Yes ☐ No ☐
2. Do you ensure all photographs and other graphics used to provide program information display participants of different races, colors, sexes, and national origins? Yes ☐ No ☐
3. Do you ensure translated information and materials are provided in areas with a significant proportion of non-English speaking persons as needed? Yes ☐ No ☐
4. Do you post multilingual notices information persons with disabilities about the availability of free auxiliary aids and services and reasonable modifications and how to request these services in an alternative format, when necessary, that persons with disabilities can understand? Yes ☐ No ☐

5. Do you ensure that program regulations and guidelines are made available upon request? Yes ☐ No ☐
6. Do you provide specific program information that is pertinent to participation to program participants and applicants during the initial visit? Yes ☐ No ☐
7. If administering a USDA program or activity, do you ensure the appropriate And Justice for All poster is displayed in a prominent location where these services are delivered? Yes ☐ No ☐

Section 4: Race/Ethnicity Data Collection, Maintenance and Reporting

Providers must ensure the appropriate data is collected and maintained when required by federal and state statutes, regulations, and directives. This includes collection of race and ethnicity in accordance with the U.S. Office of Management and Budget (OMB) and each federal or state agency requirements. This data will be used to determine how effectively the Department's programs and activities are reaching potential eligible persons and beneficiaries, identify areas where additional outreach is needed, assist in the selection of locations for civil rights compliance reviews, and complete reports as required.

1. Do you notify the applicant that collection of race and ethnicity data is voluntary? Yes ☐ No ☐
2. Do you provide the applicant with the reason for collecting this data, such as to determine how effectively the Department's programs are reaching potentially eligible persons and beneficiaries and to monitor the State agencies Civil Rights compliance? Yes ☐ No ☐
3. Do you notify the applicant that their response will not affect consideration of their application and may be protected by the Privacy Act of 1972? Yes ☐ No ☐
4. Do you inform the applicant that race and ethnicity information is kept confidential? Yes ☐ No ☐
5. Do you notify the applicant that another method of identification of his or her race and ethnicity will be made and recorded in the data system if they decline to self-identify when the applicant visits the local office? Yes ☐ No ☐
6. Do you collect information about ethnicity before race? Yes ☐ No ☐
7. Do you provide an option to select one or more races? Yes ☐ No ☐

Section 5: Collection and Verification of Social Security Numbers, Citizenship, and Immigration

Collection and verification of citizenship, immigration status and social security numbers (SSNs), must only occur when required by federal statutes and regulation.

1. Do you inquire about, collect, and verify citizenship, immigration status, and social security numbers?
Yes ☐ No ☐
- a. If so, please note the regulatory citation that authorizes such inquiries?

- b. If so, do you ensure the collection of this information does not result in an access barrier or unlawful discrimination in the Department of Health's programs and activities? Yes ☐ No ☐

Section 6: Training

The Department requires all Provider staff involved in administering or delivering the Department's programs and activities to meet all civil rights training requirements. It is imperative that individuals who routinely interact with clients that are receiving benefits or services under departmental programs or activities understand the requirements for reasonable modifications, equally effective communication for individuals with disabilities, communication with and assisting individuals with Limited English Proficiency (LEP), accepting calls placed through the Florida Relay system, and identifying alternative ways to provide access to programs and services when necessary to accommodate individuals with a disability and other civil rights matters.

1. Have you developed civil rights training? Yes ☐ No ☐
2. If so, do you your staff participate in civil rights training? Yes ☐ No ☐
- a. If so, how often?

3. Do your staff take a refresher civil rights training? Yes ☐ No ☐
- a. If so, how often?

4. Do you keep a record of training that has been completed by staff? Yes ☐ No ☐

Section 7: Complaints of Discrimination

Notification must be made to program participants and applicants of their rights and responsibilities, their protection against discrimination, and the procedures for filing a discrimination complaint. All written or verbal complaints alleging discrimination based on race, color, national origin, age, sex (including pregnancy, gender identity, sexual orientation, and sex characteristics), disability, or reprisal or retaliation for engaging in prior civil rights activity in any of the Department's programs or activities are reviewed and processed by the Department in accordance with federal requirements and this procedure. Providers must forward all discrimination complaints to the Office of the General Counsel, EOS upon receipt for processing.

1. Have you received any complaints of discrimination from any program participants or applicants?
Yes ☐ No ☐
- a. If so, have you forwarded the complaints to the EOS? Yes ☐ No ☐

Providers must notify complainants of their right to file a complaint directly with the appropriate federal agency.

1. Do you notify individuals of their right to file a complaint with the U.S. Department of Justice Civil Rights Division, U.S. Department of Agriculture, or the U.S. Health and Human Services? Yes ☐ No ☐

When communicating with individuals who have limited English proficiency (LEP), individuals with disabilities, or individuals who are illiterate regarding any aspect of the complaint process, Providers must provide communication assistance, other modifications, or accommodations and/or alternative formats when necessary to ensure equally effective communication.

1. Do you provide communication assistance to individuals who have limited English proficiency regarding the complaint process? Yes ☐ No ☐
2. Do you provide communication assistance to individuals with disabilities regarding the complaint process? Yes ☐ No ☐
3. Do you provide communication assistance to individuals who are illiterate regarding the complaint process? Yes ☐ No ☐

Section 8: Language Access

Providers must ensure meaningful access for individuals with limited English proficiency and when accessing the Department's programs and activities.

1. Have you designated a language access coordinator? Yes ☐ No ☐
 - a. If so, provide their name, position title, and contact information:

2. How do you determine the presence and needs of Limited English Proficiency or Non-English speaking (LEP) groups within your service area?

 - a. What is the total number of LEP individuals who use or receive any type of services or benefits from your program each year?

 - b. How many each month?

3. Specify the top six most frequently encountered non-English languages in your program.

4. How does your program plan for meeting the needs of LEP groups within your service area?

5. Do you have language access policies and, if so, are they written in accordance with the Department of Health's Language and Disability Access Plan? Yes ☐ No ☐

6. What type of written guidelines have staff been given on serving LEP persons?

a. Have staff received training on serving LEP persons? Yes ☐ No ☐

b. When? _____

c. By whom? _____

7. Have multilingual staff received training on how to interpret? Yes ☐ No ☐

8. Have the language skills of multilingual staff been tested to determine proficiency levels? Yes ☐ No ☐

a. If so, when? _____

b. By whom? _____

c. What is the proficiency rating? _____

9. How are clients informed about the availability of services in languages other than English?

10. How do you identify LEP individuals? (Select all that apply)

☐ Assume limited English proficiency if communication seems impaired ☐ Respond to individual requests for language assistance services ☐ Self-identification by the non-English speaker or LEP individual ☐ Ask open-ended questions to determine language proficiency on the telephone or in person	☐ Use of "I Speak" language identification cards or posters ☐ Based on written material submitted to the agency (e.g., complaints) ☐ We have not identified non-English speakers or LEP individuals ☐ Other (Please specify): _____ _____ _____
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11. How do staff communicate with LEP groups or applicants?

12. What types of language assistance services do you provide? (Select all that apply)

☐ Bilingual staff ☐ In-house interpreters (oral) ☐ In-house translators (documents) ☐ Contracted interpreters ☐ Contracted translators ☐ Telephone interpretation services ☐ Video interpretation services ☐ Language bank or dedicated pool of interpreters or translators	☐ Volunteer interpreters or translators ☐ Interpreters or translators borrowed from another agency ☐ Other (Please specify):
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13. How do you ensure interpreters and translators are qualified and competent to interpret vital information for LEP individuals?

14. Do you ask or allow LEP individuals to provide their own interpreters or have family members, friends or children interpret for LEP customers? Yes ☐ No ☐

- a. If so, is free language assistance offered prior to using the customer's informal interpreter for communication purposes? Yes ☐ No ☐
- b. Is a waiver of free interpreter services offered to the customer to sign voluntarily? Yes ☐ No ☐
- c. Is this waiver provided to the LEP customer in a written, translated form or is translated orally using a qualified, competent interpreter? Yes ☐ No ☐

15. How do staff record and track the primary language spoken and language assistance rendered to LEP customers at the point of service?

16. Where is the information stored?

17. Do you participate in any outreach efforts to LEP groups to make them aware of your program's activities, services, or benefits? Yes ☐ No ☐

18. How do you ensure outreach plans include strategies to reach LEP populations and materials are linguistically and culturally appropriate?

19. How has your program ensured meaningful access to vital information on your website?

20. Are websites available in languages other than English? Yes ☐ No ☐

21. When your agency updates information on its website, does it also add that content in non-English languages? Yes ☐ No ☐

22. Have you developed a local supplemental language access plan that includes additional local resources to provide meaningful access to individuals with limited English proficiency? Yes ☐ No ☐

Section 9: Disability Access - Reasonable Modifications

Providers must ensure equal opportunity participation and equally effective communication for individuals with disabilities when accessing the Department's programs and activities.

1. If you have fifteen (15) or more employees, have you designated a Section 504 Coordinator? Yes ☐ No ☐

2. If you are a state or local government agency with 50 or more employees, have you appointed an ADA Coordinator? Yes ☐ No ☐

a. If so, provide their name, position title, and contact information.

Name:

Position Title:

Contact Information:

3. Do you have policies and procedures require staff to make reasonable modifications in policies, practices and procedures and ensur equally effective communication for individuals with disabilities in accordance with the federal statutes and regulations for disability compliance (Section 504, ADA, and ADAAA)?

Yes ☐ No ☐

4. How do you plan to ensure individuals with disabilities are afforded an equal opportunity to participate in your programs, activities, services, or benefits?

5. How do you notify individuals with disabilities about the availability of reasonable modifications and free auxiliary aids and services in a format that they can understand?

6. How do you ensure equally effective communication with individuals with disabilities?

7. What type of auxiliary aids and services does staff utilize when communicating with individuals with disabilities (qualified sign language interpreters, note takers, screen readers, video interpreting services, assistive listening systems, taped texts, audio recordings, large print, Brailed materials, large print materials, closed-captioned decoders, etc.)?

8. Do you contract with qualified interpreter services and other providers so that interpreters and other aids and services will be available on short notice? Yes ☐ No ☐

9. What are your policies and practices regarding the use of family, friends, and minor children as interpreters for individuals with disabilities?

10. How do you ensure websites are accessible to individuals with disabilities?

11. How do local agencies record, and track communication assistance or other reasonable modifications provided to individuals with disabilities?

12. Do staff have access to a TTY, and do they understand how to return communications received on a TTY or Relay Service? Yes ☐ No ☐

13. How do you train employees about effective communication and how to obtain and use auxiliary aids and services?

14. Has your office been reviewed for physical accessibility? Yes ☐ No ☐

15. Have you developed a local supplemental disability access plan that includes additional local resources to ensure equal opportunity participation and equally effective communication for individuals with disabilities when accessing the Department's programs and activities? Yes ☐ No ☐