

CF OPERATING PROCEDURE
NO. 60-10, Chapter 4

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, January 27, 2012

Personnel

AUXILIARY AIDS AND SERVICES FOR PERSONS WHO ARE DEAF OR HARD-OF-HEARING

4-1. Purpose. This operating procedure describes the process for ensuring that persons who are deaf or hard of hearing are afforded equal opportunity in employment, and afforded the same opportunity to receive services, as are persons without disabilities. This operating procedure also sets the terms and conditions for sign language interpreter services as required by federal law and regulations and provides guidance and assistance regarding the scope and nature of sign language interpreter services. The Department recognizes that within the deaf and hard of hearing community, there are many subsets of individuals with hearing loss ranging from mild to profound, as well as hearing loss accompanied by other disabilities. This operating procedure is applicable to all of those individuals. Persons who are deaf or hard of hearing shall receive reasonable accommodations in employment and service delivery activities through the use of auxiliary aids and services and certified interpreters at no cost.

4-2. Scope. This operating procedure applies to all organizational units within the Department of Children and Families (DCF) and contracted client services providers and their subcontractors.

4-3. References.

- a. Section 504 of Title V of the Rehabilitation Act of 1973, as amended.
- b. 45 C.F.R., Part 80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- c. Title VI of the Civil Rights Act of 1964.
- d. Titles I and II of the Americans with Disabilities Act (ADA) of 1990.
- e. The Americans with Disabilities Act Amendment Act of 2008 (ADAAA).
- f. Section 508 of the Rehabilitation Act of 1973.
- g. 28 C.F.R. Part 35.104, U.S. Department of Justice – ADA/Section 504.
- h. 45 C.F.R., Part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance.
- i. 45 C.F.R. Part 84.52(d)(3) – Information on Providing Interpreters for the Hearing Impaired.
- j. CFOP 60-16, Methods of Administration: Equal Opportunity in Service Delivery.
- k. Department of Children and Families Auxiliary Aids Plan.
- l. Sections 287.012, 287.057, and 287.058, Florida Statutes (2004).

This operating procedure supersedes CFOP 60-10, Chapter 4, dated June 1, 2010.

OPR: ASHRC

DISTRIBUTION: A

m. CFOP 60-15, Equal Employment Opportunity/Affirmative Action.

n. CFOP 60-10, Chapter 1, Americans with Disabilities Act Accommodation Procedures for Applicants/Employees/General Public.

o. CFOP 60-10, Chapter 3, Plans for Auxiliary Aids and Services for Persons with Disabilities and Limited English Proficiency.

4-4. General.

a. The Americans with Disabilities Act of 1990, the Americans with Disabilities Act Amendment Act of 2008, and the Rehabilitation Act of 1973, as amended, places special emphasis on improving and expanding services to persons with disabilities.

b. All appropriate auxiliary aids and services required by this operating procedure shall be provided at no cost to the customer and/or their companion who is deaf or hard of hearing.

4-5. Definitions. The definitions of the terms used in this operating procedure may be found in the Glossary of Terms in Attachment 1 to this chapter.

4-6. Roles and Responsibilities of ADA/Section 504 Coordinators and Single-Points-of-Contact. This paragraph provides an explanation of how DCF staff work together to ensure effective communication for customers or companions who are deaf or hard of hearing.

a. ADA /504 Coordinators. Ensure the Department is in compliance with the laws governing ADA and Section 504 of the Rehabilitation Act which includes, but is not limited to, overseeing the Single-Points-of-Contact for delivering services to customers or companions who are deaf or hard of hearing seeking services. In addition, the ADA/504 Coordinators shall ensure the provision of auxiliary aids and services for customers or companions who are deaf or hard of hearing as follows, where applicable or appropriate:

(1) Disseminating specific plans and procedures to ensure the Department is in compliance with ADA and Section 504;

(2) Analyzing data collected in the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761 available in DCF Forms) and implementing any corrective action plan, if warranted;

(3) Answering questions and providing appropriate assistance regarding immediate access to and proper use of appropriate auxiliary aids and services required by ADA and Section 504;

(4) Identifying qualified sign language and/or oral interpreters;

(5) Keeping abreast of new technology and resources for ensuring effective communication with persons who are deaf or hard of hearing;

(6) Assisting the Independent Consultant to perform his or her duties;

(7) Communicating with each single-point-of-contact concerning services to customers or companions who are deaf or hard of hearing at least once a quarter; and,

(8) Providing a summary of all such communications to the Independent Consultant for inclusion in the regular Compliance Reports.

b. Single-Points-of-Contact. Ensure facilities are equipped with the resources necessary to ensure effective communication with customers or companions who are deaf or hard of hearing and shall ensure that all DCF staff document services delivered to the same. Manage service records and report this data and any resource and/or training needs to their designated ADA Section 504 Coordinator.

4-7. Policy.

a. It is the Department's obligation to ensure effective communication with customers or companions who are deaf or hard of hearing. To meet this obligation, the Department must first distinguish between aid essential communication situations and non-aid essential communication situations and to secure appropriate auxiliary aids or services for each situation.

(1) An aid essential communication situation is any situation where communication with the customer or companion is deemed to be of such importance, length, or complexity as to mandate the Department's provision of the specific auxiliary aid or service requested by the customer or companion in all circumstances. The Department or provider does not have discretion in what auxiliary aids or services will be provided in these situations. (See Attachment 5 to this chapter.)

(2) For communications not deemed as aid essential communication situations, the Department or provider has some flexibility in identifying and offering an appropriate auxiliary aid or service, giving primary consideration to the request of the individual and that the method ultimately chosen will result in effective communication.

b. It is the interpreter's responsibility to facilitate communication between the customer or companion with a hearing loss and the Department or provider.

c. The interpreter selected shall be certified to function in the appropriate settings.

d. Prior to the use of a customer's or companion's family member, close friend, or job associate to act as an interpreter, the customer's Waiver of Free Communication Assistance (form CF 763 available in DCF Forms) must be documented as provided in this operating procedure. The use of a minor as an interpreter is prohibited.

e. The interpreter is expected to abide by the Code of Ethics which appears in the National Registry of Interpreters for the Deaf. This code presents standards of ethical practice including an emphasis on confidentiality, privacy, impartiality, accuracy, non-paternalism and the continual development of skill.

f. Timely Provision of Interpreters and Documentation of Efforts. Interpreters for customers and companions who are deaf or hard of hearing shall be provided in a timely manner in accordance with the following standards:

(1) Non-Scheduled Interpreter Requests. For any emergency situation that is not a scheduled appointment, DCF staff shall make a certified interpreter available as soon as possible, but in any case no later than two (2) hours from the time the customer, companion, or other DCF personnel requests an interpreter, whichever is earlier. If the situation is not an emergency, DCF staff shall offer to schedule an appointment (and provide a certified interpreter where necessary for effective communication) as convenient to the customer or companion, no later than the next business day. For areas with limited certified interpreters, an alternate plan for providing effective communication should be developed prior to need, for example Video Remote Interpreting.

(2) Scheduled Interpreter Requests. For scheduled events, DCF staff shall make a certified interpreter or certified CART provider available at the time of the scheduled appointment. If an

interpreter fails to appear for the scheduled appointment, DCF staff shall take whatever additional actions are necessary to make a certified interpreter available to the customer or companion who is deaf or hard of hearing as soon as possible, but in no case later than two hours after the scheduled appointment. It is the Region's/Circuit's/Institution's/Headquarters' responsibility to take all reasonable measures to ensure that the customer keeps appointments for which interpreter services have been arranged.

(3) DCF shall document the steps taken to ensure effective communication for all customers and companions who are deaf or hard of hearing on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms).

(4) As soon as it is determined that a certified interpreter is necessary for effective communication with a customer or companion who is deaf or hard of hearing, DCF staff shall inform such person of the status of the efforts to secure a certified interpreter on his or her behalf and of the estimated wait until the interpreter will arrive. DCF staff shall provide additional updates to the customer or companion as necessary until an interpreter is secured. Notification of efforts to secure an interpreter does not lessen the Department's obligation to provide qualified interpreters in a timely manner as set forth above.

(5) Between the time an interpreter is requested and the time an interpreter arrives, DCF staff shall continue to try to communicate with the customer or companion who is deaf or hard of hearing insofar as the customer or companion seeks to communicate. In such circumstances, DCF staff shall use all available methods of communication, including, but not limited to, written communication, note-takers, sign language pictographs, and other communication graphics. This provision in no way lessens the Department's obligation to provide qualified interpreters in a timely manner.

(6) Any interpreter's repeated failure to appear shall result in termination of their contract or removal from the list of interpreters used by the Department.

4-8. Communication Assessment Criteria.

a. Department or provider staff will consult with the individual customers or companions wherever possible to determine what type of auxiliary aid or service is needed to ensure effective communication. Methods include, but are not limited to, certified sign-language interpreters, DCF qualified sign-language interpreters, CART provider, written messages, and video remote interpretation.

b. Department or provider staff shall conduct an initial communication assessment using the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms). If the communication is deemed aid essential, the Department or provider staff must provide the auxiliary aid or service requested by the customer or companion.

c. In determining whether the communication is Aid Essential, the Department or provider staff shall take into account all relevant facts and circumstances, including without limitation the following:

(1) The nature, length, and importance of the communication at time a need is identified;

(2) The individual's communication abilities;

(3) The individual's health status or changes for those seeking health services; and,

(4) The number of people involved in the communication.

d. In the event that communication is not effective or if the nature of the communication changes significantly after the initial communication assessment, Department or provider staff shall re-assess which appropriate auxiliary aids and services are necessary for effective communication. This shall be accomplished where possible in consultation with the person seeking the auxiliary aids or services.

4-9. Completing the Communication Assessment (using Form CF 761 available in DCF Forms).

a. Scheduled Appointments. At the time an appointment is scheduled for a customer or companion who is deaf or hard of hearing, Department staff or provider staff shall perform a communication assessment using form CF 761 to determine which appropriate auxiliary aids and services are necessary to ensure effective communication. The determination shall include the timing, duration and frequency with which the auxiliary aids and services will be provided.

b. Non-Scheduled Appointments. Upon the arrival of the customer or companion who is deaf or hard of hearing, Department or provider staff, in consultation with the customer or companion as detailed above, shall determine the appropriate auxiliary aids and services necessary to ensure effective communication. The determination shall include the timing, duration and frequency with which the auxiliary aids and services will be provided.

c. The assessment shall be documented in customer's case file or medical chart.

d. After completion of the assessment form (CF 761), the customer or companion should be asked to complete the Customer or Companion Request* For Free Communication Assistance or Waiver of Free Communication Assistance (form CF 763, available in DCF Forms), indicating what type of communication assistance is being requested or indicating that the customer is declining free communication assistance. Form CF 763 should be signed and documented in the customer's case file or medical chart.

e. Regions/Circuits/Facilities/Headquarters must have interpreter services available for emergencies and walk-ins. This requirement may be met by DCF qualified staff or contracted certified interpreters.

(1) Staff will utilize the Region/Circuit/Facility/Headquarters Auxiliary Aids Plan, as appropriate, and ensure that certified interpreters are available to assist individuals who are deaf or hard of hearing twenty-four hours a day, seven days a week.

(2) Staff will inform the interpreter of the appointment date, place, time, and confirm in writing if time permits.

(3) Certified interpreters shall be advised to notify the Department or provider staff immediately if unable to keep any appointment.

4-10. Provision of On-going and Subsequent Auxiliary Aids or Services Without Additional Customer Requests.

a. Department or provider staff shall provide appropriate auxiliary aids or services to customers or companions who are deaf or hard of hearing during the entire period of the visit and during subsequent visits without requiring subsequent requests for the appropriate auxiliary aids and services by the customer or companion, except as provided below.

b. In state mental health hospitals, treatment centers, and any other Direct Service Facility where customers typically reside for long periods of time and/or have numerous communications of varying length and complexity, Department or provider staff shall, at the time of the initial assessment,

develop a communication plan using the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms) to identify all reasonably foreseeable Aid Essential Situations and the anticipated method for communicating with the customer or companion who is deaf or hard of hearing in those situations over the entire time of the expected residency. All Department or provider staff that typically interacts with the customer shall be involved in developing this communication plan or shall be made aware of the results of the extended assessments and how staff shall ensure effective communication during interactions likely to occur with the customer or companion.

4-11. Medical Concerns. Nothing in this operating procedure shall require the use of an electronic device or equipment constituting an appropriate auxiliary aid or service when or where its use may interfere with medical or monitoring equipment or may otherwise constitute a threat to any customer's medical condition. If Department or provider staff determines that use of a particular auxiliary aid or service interferes with medical or monitoring equipment or constitutes a threat to a customer's medical condition, Department or provider staff shall provide alternative means to ensure effective communication with the customer and document the alternative means to ensure effective communication in the customer's case file or medical chart.

4-12. Determination Not To Provide Requested Auxiliary Aid or Service for Non-Aid Essential Communication Situations.

a. If Department or provider staff determines after conducting the communications assessment that the communication situation is not Aid Essential and does not warrant provision of the auxiliary aid or service requested by the customer or companion, Department or provider staff shall advise the person of the denial of the requested service and shall document the date and time of the denial, the name and title of the staff member who made the determination, and the basis for the determination. Department or provider staff shall provide the customer (and companion, if applicable) with a copy of the denial.

b. Staff shall record the denial of the requested auxiliary aid or service on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms). Staff shall also record the denial of requested service in the customer's case file or medical chart. Notwithstanding the denial, Department or provider staff shall nonetheless ensure effective communication with the Customer or Companion by providing an alternate aid or service which must be documented on the above form and in the customer's file. Denial determinations can only be made by the Regional Managing Director or Hospital Administrator (or designee) or the Contracted Client Services Provider Administrator (or designee).

4-13. Notice of Available Appropriate Auxiliary Aids and Services to Individuals Who Do Not Request Such Aids. If a customer or companion who is deaf or hard of hearing does not request auxiliary aids and services but Department or provider staff have reason to believe after conducting the communication assessment that such person would benefit from appropriate auxiliary aids and services for effective communication, staff shall inform the customer or companion that appropriate auxiliary aids and services are available free of charge. Documentation of the waiver of rights must be noted in the case file, i.e. case log, medical file, or any other documenting method to the case file. Regardless of customer or companion waiver of auxiliary aids and services, staff may, at the SPOCs discretion, provide appropriate auxiliary aids and services to ensure effective communication.

4-14. Requesting Feedback from Customers and/or Companions.

a. DCF Direct Service Facilities and DCF Contracted Client Services Providers shall provide a Customer/Companion Feedback Form (Attachment 5 to CFOP 60-10, Chapter 3) to each customer or companion who is deaf or hard of hearing. The purpose of the Customer/Companion Feedback Form is to collect data on the effectiveness and appropriateness of the auxiliary aid or service provided and

the performance of the interpreter. Information regarding the Customer/Companion Feedback Form shall be made available in ASL format on video in English, Spanish, and Creole.

b. The customer or companion is not required but may choose to provide feedback when given the opportunity.

c. For customers or companions who are deaf or hard of hearing and Limited English Proficient (LEP) and may have difficulty understanding or completing the feedback form, the Department or provider staff shall offer assistance, including additional interpreter services where necessary.

d. The Customer/Companion Feedback Forms shall be retained for five years for monitoring and self-assessment purposes.

4-15. Notice to Community.

a. At all Department and provider facilities, near the location where people enter or are admitted, the Department and providers shall post conspicuous notices that provide information about the availability of appropriate auxiliary aids and services at no-cost to customers or companions who are deaf or hard of hearing and how to request them. These notices shall be written in simple language and presented in formats that accommodate low literacy levels.

b. Web sites maintained by the Department and contracted client services providers shall include the same language contained in the notices to customers or companions who are deaf or hard of hearing described above.

c. The Department shall make the following written materials available in American Sign Language (ASL) using videotape, video log, DVD, a downloadable Internet file, or CD-ROM format:

(1) Information regarding DCF policies and procedures governing free sign language interpreter services and other appropriate auxiliary aids and services, including a summary of the rights provided by Section 504 and the ADA;

(2) DCF's Customer Grievance and Complaint Resolution Policies and Procedures;

(3) Notice of Privacy Practices; and,

(4) Any other documents determined by the Department to be of sufficient importance to all customers or companions.

d. The content of the Customer/Companion Feedback Form shall be made available to customers or companions who are deaf or hard of hearing in ASL using videotape, DVD, a downloadable Internet file or CD-ROM format, in English, Spanish, and Creole.

4-16. Sign Language and Oral Interpreters.

a. Certified interpreters on a contractual basis, shall be provided when requested by a customer or companion who is deaf or hard of hearing for an Aid Essential Communication Situation or as deemed necessary by the Department or provider staff for effective communication.

b. After independent evaluation of relevant staff, DCF Direct Service Facilities may use staff who have rudimentary familiarity with sign language or finger spelling to communicate with customers and/or companions who are deaf or hard of hearing in limited situations involving relatively simple face-to-face conversations with minimal interactive communication such as when providing written

brochures, filling out admission forms, directing customers or companions to a particular area of the facility, or other general information.

c. All contract interpreters must possess national certification from National Registry of Interpreting for Deaf.

d. All contract language shall ensure that contract service agencies provide only certified interpreters.

e. To the extent such resources result in effective communication, DCF Administrative Offices and DCF Direct Service Facilities may utilize any of the following language resources when a sign language or oral interpreter is necessary for effective communication or when a customer or companion requests a sign language or oral interpreter for an Aid Essential Communication Situation:

(1) Certified contract sign language, and/or oral interpreters.

(2) Qualified DCF staff as determined by DCF's qualification process.

(3) Video remote interpreting services ("VRI") that use video conference technology over high-speed Internet lines. VRI interpreter must be certified.

(a) Staff must be trained to ensure competency with VRI technology.

(b) Equipment must provide high-quality, clear, delay-free, motion-free video and audio so that transmission of voices is clear and easily understood and video provides sufficiently large and sharply delineated picture of the interpreter's and the Customer's or Companion's heads, hands, and fingers regardless of the body position of the Customer or Companion.

f. When communicating with customers or companions who are deaf or hard of hearing in situations that are not Aid Essential, such as when scheduling appointments or communicating via telephone, DCF staff may utilize the following:

(1) Traditional Relay Service (text only) through a TTY or via the Internet.

(2) Video Relay Service (VRS) using a videophone with a sign language interpreter.

(3) Video Remote Interpreting (VRI) using a computer webcam with a sign language interpreter.

g. Each Civil Rights Officer/Title II ADA/504 Coordinator shall ensure that they have access to a TTY/TDD, Video Relay Services, or the Florida Relay System to communicate with persons who are deaf or hard of hearing when contacted with questions, problems, or concerns relating to civil rights matters.

4-17. Contracting for Certified Interpreters.

a. Regions/Circuits/Facilities/Headquarters designated staff are responsible for determining the cost effective means of obtaining interpreter services. Certified interpreters may be secured by hiring full or part-time staff, or contracting with individuals or agencies.

b. Contracted client services providers are responsible for arranging interpreter services, which includes identifying and scheduling certified interpreters. Contracts are to be negotiated at the local level and may be either a purchase of service (rate) agreement or a cost reimbursement contract.

c. Allowable costs in interpreter contracts include the interpreting fee, administrative costs, and travel. Contracts should include provisions for reimbursement for mileage from point of origin (office or home). Travel reimbursement rate may not exceed the current state rates.

d. It is standard in the profession for single assignments to be made in half-hour increments for a minimum of two hours. Any contract written for interpreter services should include a cancellation clause. The parties may negotiate an appropriate penalty payment, up to the full assignment fee, if the Department fails to cancel within the time specified. Care should be taken to clearly define the intent and any circumstances under which fees will or will not be paid to the interpreter, such as, if the interpreter fails to keep an appointment.

e. Individuals providing interpreter services for customers, companions, employees and applicants will complete a Sign Language Interpreter Information Sheet (form CF 1596, available in DCF Forms) before serving as an interpreter for the Department.

f. Each Region/Headquarters Program Office and Facility will designate staff to be responsible for payment of interpreter services, arranging for certified interpreters and maintaining an application file on all interpreters who serve the Department's customers, companions, employees, and applicants.

g. Interpreters who have not been evaluated or certified should not be included on the approved list.

4-18. Restricted Use of Certain Persons to Facilitate Communication. Due to privacy and confidentiality concerns, potential emotional involvement, and other factors that may adversely affect the ability to facilitate communication, DCF staff shall never require or coerce a family member, advocate or friend of a customer or companion who is deaf or hard of hearing to interpret or facilitate communication between DCF staff and such customer or companion. An adult family member, advocate, friend or other such person may serve as an interpreter if the following four factors are present:

a. The customer or companion desires such person to provide communication assistance and the person agrees to do so;

b. Such use is appropriate under the circumstances, giving consideration to any privacy and confidentiality issues that may arise;

c. The customer or companion has been made aware of the full range of auxiliary aids and services options available free of charge; and,

d. The customer or companion provides written confirmation that he or she was made aware of relevant auxiliary aids and services available free of charge and agrees to the use of such person to interpret or facilitate communication.

NOTE: In time-sensitive, life-threatening situations, DCF staff may rely upon communication through a family member, advocate or friend until a certified interpreter is obtained. In such situations, the Department shall retain written documentation in the individual's file. No person under the age of 18 years old will be allowed to interpret for a person who is deaf or hard of hearing.

4-19. Notification of Referral Agencies. The Department and its contracted client services providers shall notify, in advance, all agencies to which it refers customers and companions who are deaf or hard of hearing for additional services of the person's requested auxiliary aid or service. The Department and providers shall document on the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms) or customer case file, a statement

indicating the Department or the provider notified the referral agency of the customer's or companion's requested auxiliary aid or service.

4-20. Customer Grievance and Complaint Resolution.

a. Customers and potential customers or Companions of this Department who believe that they have been discriminated against may file a written or oral complaint of discrimination within 180 days of the alleged discriminatory act with:

- (1) Assistant Staff Director
Department of Children and Families (DCF)
Human Resources – Office of Civil Rights
1317 Winewood Boulevard
Building 1, Room 110
Tallahassee, Florida 32399-0700
(850) 487-1901; or TDD (850) 922-9220; or Fax (850) 921-8470
- (2) United States Department of Health and Human Services (HHS)
Attention: Office for Civil Rights
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, SW
Atlanta, Georgia 30303-8909
(404) 562-7888; TDD/TTY (404) 331-2867; or Fax (404) 562-7881
- (3) United States Department of Agriculture (USDA)
Attention: Office of Civil Rights
Atlanta Federal Center, Suite 8T36
61 Forsyth Street, SW
Atlanta, Georgia 30303-3427
(404) 562-0532; TDD/TTY (202) 720-5964; or Fax (404) 527-4517
- (4) United States Department of Justice (USDOJ)
Office for Civil Rights – Office of Justice Programs
810 7th Street, NW
Washington, DC 20531
(202) 307-0690; or TDD/TTY (202) 307-2027; or Fax (202) 616-9865
- (5) United States Department of Justice (USDOJ)
Civil Rights Division– Disability Rights Section
1425 New York Avenue
Washington, DC 20530
(800) 514-0301; or TDD/TTY (800) 514-0383

b. The complaint must be signed and contain:

- (1) Basis for the complaint: race, color, religion, sex, age, national origin, disability, political beliefs (USDA), or retaliation.
- (2) Name, address and phone number of the person (charging party) filing the complaint.
- (3) Name and address of the person or provider being filed against.
- (4) Description and dates of the alleged discriminatory act(s).

c. Complaints filed with federal agencies listed above are subject to the federal laws governing such complaints. Final determination of the validity of the complaint will be made by that agency.

4-21. Training Requirements. All employees shall be trained in Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act in accordance with the Department's Training Plan. This training must include how to ensure effective communication for customers or companions who are deaf or hard of hearing. New employees will be provided this training during orientation. In addition, all employees must receive refresher training on an annual basis, thereafter.

4-22. Monitoring.

a. Monitoring will be conducted in accordance with the Department's monitoring plan. The purpose of the monitoring is to review the effectiveness of auxiliary aid service provision by each of the Department's Administrative Offices and each Direct Service Facility.

b. Each Civil Rights Officer/Title II ADA/504 Coordinator or designee shall monitor the auxiliary aid services provided to customers/companions who are deaf or hard of hearing. Monitoring of the direct care facilities shall be conducted whether auxiliary aids or services were requested and provided or if services are not provided.

c. Contact with customers who are deaf or hard of hearing shall be monitored annually through client relations, surveys directed to customers, families and advocacy groups, on-site visits, face-to-face or telephone interviews and review of the Civil Rights Monitoring Checklist (form CF 110, available in DCF Forms). This will be documented and submitted to the Office of Civil Rights noting any deficiencies and providing immediate corrective action. (See "Monitoring Plan" in Attachment 7 to this chapter.)

4-23. Utilizing DCF Interpreter Services for Employees Who Are Deaf or Hard of Hearing. The Department shall arrange and pay for certified interpreter or certified CART services for Departmental employees who are deaf or hard of hearing, if such services are needed for the individual to participate in meetings, conferences, workshops, training or other activities which are required or in the best interest of the Department.

a. Supervisors and administrative staff must become aware of those situations in which staff who are deaf or hard of hearing need an interpreter, and arrange for the provisions of such services.

b. DCF qualified interpreters or Certified interpreters shall be provided for employees.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

DENNISE G. PARKER
Human Resources Director

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

This operating procedure has been updated to reflect the Department's current requirements for providing services to customers, companions, applicants, and employees who are deaf or hard of hearing; to reflect the Department's current organizational structure; and to include requirements mandated by the U.S. Department of Health and Human Services.

GLOSSARY OF TERMS

a. Accessibility. A public entity may not deny the benefits of its programs, activities, and services to individuals with disabilities because its facilities are inaccessible. A public entity's services, programs, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. This standard, known as "program accessibility," applies to all existing facilities of a public entity. Public entities, however, are not necessarily required to make each of their existing facilities accessible.

b. Accommodation to Persons with Disabilities. It is the obligation of the Department of Children and Families (DCF) and its contracted client services providers to make reasonable accommodations for a customer's or potential customer's physical and mental limitations.

c. ADA/Section 504 Coordinators. Any individual charged with implementing the requirements of Titles I and II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act, ensuring the provision of auxiliary aids and services for customers/clients/companions who are deaf, hard of hearing, Limited English Proficient and other disabilities requiring aid essentials. Within the Department, Civil Rights Officers are designated ADA/Section 504 Coordinators.

d. Aid Essential Communication Situation. Any circumstance or situation in which the importance, length, and complexity of the information being conveyed is such that the exchange of information between parties should be considered as Aid Essential, meaning that the requested auxiliary aid or service is always provided.

e. Aid Essential Services. Auxiliary aids or services that enables an individual who is disabled to participate in or benefit from any activity or program.

f. Americans with Disabilities Act of 1990, as amended (ADA). Comprehensive law which prohibits discrimination against people with disabilities in employment (Title I), in public services (Title II), in public accommodations (Title III) and in telecommunications (Title IV). The ADA Amendments Act of 2008 expanded the scope of the ADA to be consistent with the Congressional intent of the original law.

g. Applicant for Services. A person seeking services from the Department, its contracted client services providers and their subcontractors, but not yet determined eligible for a program or service.

h. Assistive Listening Devices and Systems (ALDs). Amplification systems designed to improve hearing ability in large areas and in interpersonal communications. These systems deliver the desired signal directly to the ears, hearing aids, or cochlear implants of the listener, thus overcoming the negative effects of noise, distance and echo. Some examples that are available include, but are not limited to: hardwire, loop, infrared, and FM system.

i. Auxiliary Aids and Services. Includes DCF qualified and certified interpreters, Communication Access Realtime Translation (CART) providers or other effective methods of making aurally delivered materials available to individuals who are deaf or hard of hearing; qualified readers, taped texts, or other effective methods of making visually delivered materials available to individuals who are blind or who have low vision; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable customers/clients and companions to fully benefit from and participate in Departmental programs and services. Auxiliary aids and services include, but are not limited to, Braille and taped materials, DCF qualified or certified ASL interpreters, certified CART providers, qualified foreign language interpreters, readers, assistive listening devices and systems, television decoders, visual fire alarms using strobe lights, captioned films and other assistive devices. See 45 C.F.R. § 84.52(d)(3); 28 C.F.R. § 35.104; and P.L.110-325, the ADA Amendments Act of 2008.

j. Blind. Lacking visual perception.

k. Captioning (Closed). Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) in a way that it is available only to individuals whose televisions are equipped with captioning decoders.

l. Captioning (Open). Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone who watches the film (i.e., it cannot be turned off).

m. Civil Rights Officer. Employee responsible for investigations, compliance monitoring and review, technical assistance, and coordination of civil rights activities

n. Client. As used in this operating procedure, this term includes anyone applying for or participating in the services provided by the Department, its contracted client services providers and their subcontractors. It includes persons making general inquiries or in any way seeking access to or receiving information from the Department, its contracted client services providers and their subcontractors, either in person, in writing or via telecommunications. May also be referred to as customer.

o. Communication Access Realtime Translation (CART). The simultaneous conversion of spoken words to text through computer-assisted transcription or court reporting, and displaying that text on a video screen. Several display options are available. This communication service is beneficial to individuals who are deaf or hard of hearing who do not use sign language or for whom assistive listening devices and systems are ineffective. A verbatim or word-for-word transcription is created. CART can be provided on site or remotely. Several professional certifications are offered through the National Court Reporters Association.

(1) Registered Professional Reporter (RPR). This is the basic level of certification required for court reporting and is the first step in learning the advanced skills necessary to become a CART provider.

(2) Certified Realtime Reporter (CRR). This designation demonstrates a proficiency in realtime translation at a greater level than RPR.

(3) Certified CART Provider (CCP). This level reporter possesses the knowledge, skill, and ability to produce complete, accurate, simultaneous translation and display of live proceedings utilizing computer-aided translation in a live event setting at speeds exceeding 180 wpm.

p. Companion or Companions. Any person who is deaf or hard of hearing and is one of the following:

(1) A person whom the Customer indicates should communicate with DCF or its Contracted Client Services Provider personnel about the Customer, such as a person who participates in any treatment decision, a person who plays a role in communicating the Customer's needs, condition, history, or symptoms to DCF or its Contracted Client Services Provider personnel, or a person who helps the Customer act on the information, advice, or instructions provided by DCF or its Contracted Client Services Provider personnel;

(2) A person legally authorized to make healthcare or legal decisions on behalf of the Customer; or

(3) Such other person with whom DCF or its Contracted Client Services Provider personnel would ordinarily and regularly communicate about the Customer.

q. Contract Oversight Unit. Section 402.7305(4), F.S., requires the Department of Children and Families to create contract management units in each region/circuit, to be staffed by individuals specifically trained to perform contract monitoring. The Units are responsible for monitoring the administrative and programmatic terms and conditions of the Department's contracts with providers of client services.

r. Contracted Client Services Provider. Any public, private or nonprofit agency or corporation that has entered into a contractual agreement with DCF to provide services directly to the public. Also referred to as "DCF Contracted Client Services Provider."

s. Customer/Companion Communication Assessment and Auxiliary Aid/Service Record. A record of appropriate auxiliary aids and services provided. To be used in completing a communication assessment for customers/clients or companions.

t. Customer Feedback Form. A form used by those agencies or facilities that provide direct services to clients to collect data on the effectiveness and appropriateness of the auxiliary aid or service provided and the performance of the interpreter.

u. Customer or Customers. Any individual who is seeking or receiving services from the Department, its Contracted Services Providers and their subcontractors. May also be referred to as "client or clients".

v. DCF or Department. Florida Department of Children and Families.

w. DCF Region. One of six (6) administrative or operational units of DCF managed by one of six (6) Regional Managing Directors who report directly to the Assistant Secretary for Operations.

x. Disability. A condition that substantially limits a major life activity, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working. A person with a disability is any person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded by a recipient of federal financial assistance as having such impairment.

y. Disparate Treatment. Enforcing rules, regulations or other policies or practices differently for different groups, based upon their race, sex, color, age, religion, national origin, political belief, or disability.

z. Effective Communication. Whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.

aa. Florida Relay Service. The communications link for people who are deaf, hard of hearing, or have a speech disability. Through the Florida Relay Service, people who use specialized telephone equipment can communicate with people who use standard telephone equipment. To call Florida Relay, dial 7-1-1.

bb. Foreign Language Interpreter. An individual who converts one spoken language into another or, in the case of sign language interpreters, between spoken communication and sign language.

cc. Health Information Portability and Accountability Act (HIPAA). Federal law, which protects individual's medical records and other personal health information.

dd. Individuals With Hearing Loss. The Department recognizes that within the deaf and hard of hearing community, there are many subsets of individuals with hearing loss ranging from mild to

profound, as well as hearing loss accompanied by other disabilities. The categories listed below are not inclusive of all of the subsets of individuals with hearing loss to which this operating procedure is applicable:

(1) Deaf. An individual whose sense of hearing is nonfunctional, with or without technology, for the purpose of communication and whose primary means of communication is visual. For those clients who use a form of visual communication or signed language, there is also an important cultural aspect. There is a distinction between “Deaf” with a capital “D” and “deaf” with a lowercase letter “d,” with “Deaf” referring to those individuals (usually deaf from birth) who use American Sign Language and who consider themselves identified with Deaf culture; and “deaf” referring to individuals who cannot hear, but who may or may not use American Sign Language.

(2) Deaf-blind. An individual who has significant combined vision and hearing loss that can affect the way they gain information, communicate, orient and move within the environment and live on a daily basis.

(3) Hard of Hearing. An individual who has a hearing loss that results in the possible dependence on visual methods to communicate in addition to the use of residual hearing, with or without the assistance of technology, such as hearing aids or cochlear implants.

(4) Late-deafened. An individual who lost his or her hearing any time after the development of speech and language; often after the age of adolescence. Persons who are late-deafened usually have little or no residual hearing and depend upon their eyes to understand.

ee. Interpreters. Someone who has rudimentary familiarity with sign language or finger spelling is not a qualified sign language interpreter. Likewise, someone who is fluent in sign language but who does not possess the ability to process spoken communication into proper signs or to observe someone else signing and change their signed or finger-spelled communication into spoken words is not a qualified sign language interpreter.

(1) Certified Deaf Interpreter (CDI)/Deaf Interpreter (DI). Individuals who are deaf and certified by RID to interpret as part of a team to facilitate communication.

(2) Certified Interpreter. An interpreter who is certified by the Registry of Interpreters for the Deaf (RID) or National Association for the Deaf (NAD).

(3) DCF Qualified Interpreter. A DCF employee who, pursuant to the DCF qualification process has been designated as a qualified interpreter and is able to interpret competently, accurately, impartially and effectively, both receptively and expressively, using any specialized terminology necessary for effective communication with a customer or companion who is deaf or hard of hearing.

(4) Intermediate Interpreter. A Certified Deaf Interpreter or Deaf Interpreter, also known as a relay or intermediary interpreter, can be used in tandem with an American Sign Language (ASL) interpreter.

(5) Oral Interpreter/Transliterater. Certified oral interpreters who have knowledge and abilities in the process of speech reading, speech production and the communication needs of speech readers.

(6) Sign Language Interpreter. A person who engages in the practice of interpreting using sign language.

(7) Tactile or Close Vision Interpreter (For individuals who are Deaf-blind). An individual who accurately facilitates communication between individuals who can hear and individuals who are deaf-blind.

ff. Limited English Proficient (LEP). Individuals who do not speak English as their primary language or who have a limited ability to read, speak, write, or understand English.

gg. Manual Disability. A term used to describe a condition, which limits or prevents the use of a person's upper extremities (arms, hands).

hh. Mental Disability. The Americans with Disabilities Act defines this term to include mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

ii. Mobility Disability. For the purpose of this operating procedure, this term is used to describe a condition that substantially limits a person's upper or lower body mobility. It includes those persons who have limited use of arms, shoulders; persons who are in wheelchairs or on crutches; people of short stature; those who cannot perform certain hand movements or have difficulty controlling movement; and people with breathing difficulties or stamina limitations. It also includes persons who are blind or who have low vision.

jj. Non-Aid Essential Communication Situation. A situation where the importance, length, and/or complexity of the information being conveyed is such that the Department is provided flexibility in its choice of an appropriate auxiliary/accessibility aid or service to customers or companions who are deaf or hard of hearing.

kk. Physical Disability. Any physiological disorder, condition, cosmetic disfigurement, or anatomical loss affecting the neurological, musculoskeletal, respiratory, cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, sensory, skin, or endocrine systems.

ll. Program Accessibility. An American with Disabilities Act standard, which means a public entity's programs, services, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. The concept of program accessibility is intended to make the contents of the program, service or activity equally available and accessible to persons with disabilities without excessive renovations of facilities.

mm. Remote CART – Remote CART is exactly the same as onsite CART except the provider is in a remote location and listens through the use of a telephone or Voice IP (VOIP) connect and transmits verbatim text via the internet.

nn. Section 504 of the Rehabilitation Act of 1973. Federal law prohibiting discrimination on the basis of disability in federally assisted programs and activities.

oo. Section 508 of the Rehabilitation Act of 1973. Federal law enacted in 1998 requiring state and federal agencies to make their electronic and information technology accessible to individuals with disabilities.

pp. Sensory Disability. This is a general term, which is used to describe vision or hearing disability. For the purpose of this operating procedure, it also includes speech disability.

qq. Service Animal. Any guide dog, hearing dog, or other animal trained to perform tasks or assist a person with a disability.

rr. Single-Point-of-Contact. Operations Program Administrator (OPA) or other individual designated to coordinate the provision of auxiliary aids and services to Customers or Companions who are deaf or hard of hearing according to their obligations under Section 504 and/or the ADA.

ss. Translator. Individuals able to interpret the meaning of a text in one language (the "source text") and the production, in another language (the "target language"), of an equivalent text (the "target text," or "translation") that communicates the same message.

tt. TTY (Teletypewriter) or TDD (Telecommunications Device for the Deaf). Devices that are used with a telephone to communicate by typing and reading communications with persons who are deaf or hard of hearing or who have speech disabilities.

uu. U.S. Department of Health and Human Services (HHS) – Office for Civil Rights. The federal agency responsible for Departmental compliance with federal regulations including but not limited to Title VI of the Civil Rights Act of 1964, as amended, Title IX, Section 504, the Age Discrimination Act of 1978, and the Omnibus Budget Reconciliation Act of 1981, as amended.

vv. Undue Burden (Program Accessibility). Significant difficulty or expense to make alterations to buildings or facilities in which programs, services or activities are conducted in order to ensure equal benefit and opportunity to persons with disabilities. NOTE: Program access requirements of ADA Title II should enable individuals with disabilities to participate in and benefit from the programs, services and activities of public entities in all but the most unusual cases. Determination of undue burden can be made only by the agency head or his/her designee, after considering all resources available for use in the funding and operation of the program.

ww. Undue Hardship (Employment). Accommodation that is excessively costly, extensive, substantial, disruptive or that would fundamentally alter the nature or operation of the business.

xx. Video Relay Services (VRS). Enables a person to use a videophone to communicate with a person who uses a regular phone. The person who is deaf, using a computer with webcam or a videophone, connects to a live interpreter through the Internet. The interpreter voices everything signed by the person who is deaf and signs everything the hearing person speaks. There is no fee to use a videophone or a video relay service.

yy. Video Remote Interpreting (VRI). A fee-based service provided by a variety of interpreter referral agencies throughout the country. With VRI, three possible interpreter locations exist:

(1) The person who is deaf and the person who hears are in the same place and the interpreter is at another location,

(2) The interpreter and the person who is deaf are in the same place and a person who hears is at another location.

(3) The interpreter and the person who hears are in the same place and the person who is deaf is at another location.

zz. Visual Disability. A generic term used to describe any loss of vision.

aaa. Voice over Internet Protocol (VoIP). A technology that allows telephone calls to be made over computer networks like the internet. VOIP calls can be made on the internet using a VoIP service provider and standard computer audio systems.

EXAMPLES OF AID ESSENTIAL COMMUNICATION SITUATIONS

The following are examples of Aid Essential Communication Situations. This list of circumstances is not exhaustive and does not imply that there are no other communications that may be Aid Essential.

1. Determination of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Applications;
2. Investigation by child or adult protective services involving interviews or assessments;
3. Determination of a client's medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury;
4. Discussion of treatment plans;
5. Provision of a client's rights, informed consent, or permission for treatment;
6. Determination and explanation of a client's diagnosis or prognosis, and current conditions;
7. Explanation of procedures, tests, treatment options, or surgery;
8. Explanation of medications prescribed, such as dosage, instructions for how and when the medication is to be taken, possible side effects or food or drug interactions;
9. Explanation regarding follow-up treatments, therapies, test results, or recovery;
10. Communication of relevant information prior to or as soon as possible after putting a person into restraints, including but not limited to the purpose for using restraints and the conditions under which restraints will be removed;
11. Provision of discharge planning and discharge instructions;
12. Provision of mental health evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention; and,
13. Presentation of educational classes concerning DCF programs and/or other information related to treatment and case management plans.



CUSTOMER COMMUNICATION ASSESSMENT AUXILIARY AID SERVICE RECORD MONTHLY SUMMARY REPORT

Region/Circuit/Institution/Contracted Client Services Provider: Contract No.		Reporting Period:	
Name of Program & Address:		Subsection:	
Single-Point-of-Contact:		Telephone:	Date:
Name of Person Completing Form:		Telephone:	
SECTION I. CUSTOMERS			
1.	Number of Scheduled Appointments		
2.	Number of Non-Scheduled Appointments		
3.	Number of Auxiliary Aids/Services Requested (The total of 3 and 4 equals the sum of 1 and 2)		
4.	Number of signed Waivers (The total of 3 and 4 equals the sum of 1 and 2)		
5.	Number of completed Initial Assessments (The total of 5, 6 and 7 equals the sum of 1 and 2)		
6.	Number of completed Reassessments (The total of 5, 6 and 7 equals the sum of 1 and 2)		
7.	Number of Subsequent Appointments (The total of 5, 6 and 7 equals the sum of 1 and 2)		
8.	Number of Determined Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)		
9.	Number of Determined Non-Aid-Essential Communications (The total of 8 and 9 equals the sum of 1 and 2)		
10.	Number of Appointment Cancellations within 24 hours		
11.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)		
12.	Number of Denied Auxiliary Aids/Services (Explanation provided in Section VII)		
13.	Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Client Services Provider.		
14.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.		
15.	Number of times the interpreter service did not meet the expectations of the customer.		
16.	Number of times the interpreter service did not meet the expectations of the staff.		
17.	Number of times communication was not effective.		
SECTION II. COMPANIONS			
18.	Number of Scheduled Appointments		
19.	Number of Non-Scheduled Appointments		

20.	Number of Auxiliary Aids/Services Requested (The total of 20 and 21 equals the sum of 18 and 19)	
21.	Number of signed Waivers (The total of 20 and 21 equals the sum of 18 and 19)	
22.	Number of completed Initial Assessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	
23.	Number of completed Reassessments (The total of 22, 23 and 24 equals the sum of 18 and 19)	
24.	Number of Subsequent Appointments (The total of 22, 23 and 24 equals the sum of 18 and 19)	
25.	Number of Determined Aid-Essential Communications (The total of 25 and 26 equals the sum of 18 and 19)	
26.	Number of Determined Non- Aid-Essential Communications (The total of 21 and 22 equals the sum of 14 and 15)	
27.	Number of Appointment Cancellations within 24 Hours	
28.	Number of Auxiliary Aids/Services Provided Timely (Within two (2) hours)	
29.	Number of Denied Auxiliary Aids/Services (Explanation provided in Section VII)	
30.	Number of times the Companion failed to appear or arrived late to an appointment when an Interpreter was secured by DCF or Contracted Client Services Provider.	
31.	Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.	
32.	Number of times the interpreter service did not meet the expectations of the companion.	
33.	Number of times the interpreter service did not meet the expectations of the staff.	
34.	Number of times communication was not effective.	
SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED (This section is completed by Contracted Client Services Providers only)		
35.	Number of Certified Sign Language Interpreters	
36.	Number of Language Interpreter Services	
37.	Number of Video Relay/Remote Interpreter Services	
38.	Number of times staff used CART Providers	
39.	Number of times staff used Florida Relay Services/TTY	
40.	Number of times staff used Assistive Listening Devices (ALDs)	
41.	Number of timely Auxiliary Aids/Services Provided	
42.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED (This section is completed by Department of Children and Families staff only)		
43.	Number of Certified Sign Language Interpreters	
44.	Number of Qualified Sign Language Interpreters	

45.	Number of Language Interpreters (LEP)	
46.	Number of Video Relay/Remote Interpreter Services	
47.	Number of times staff used Florida Relay Services/TTY	
48.	Number of times staff used Assistive Listening Devices (ALDs)	
49.	Number of timely Auxiliary Aids/Services Provided	
50.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION V. COMMUNICATION PLANS (This section is for Institutions and Residential Settings or for Multiple or Long-Term Visits/Contacts Only)		
51.	Number of Developed Communication Plans (The total of 51, 52, 53, and 54)	
52.	Number of Communication Plans Lasting 30 Days or Less	
53.	Number of Communication Plans Lasting 30 to 45 Days	
54.	Number of Communication Plans Lasting 45 to 90 Days	
55.	Number of Communication Plans Lasting 90 Days or More	
56.	Number of times the Interpreter failed to appear or arrive to a scheduled appointment.	
SECTION VI. OUTSIDE AGENCY REFERRALS		
57.	Number of Referrals Made	
SECTION VII. COMMENTS/OBSERVATIONS		
All services were provided in accordance with the Department's (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.		

INSTRUCTIONS FOR COMPLETING THE AUXILIARY AID AND SERVICE RECORD MONTHLY SUMMARY REPORT

The purpose of this document is to provide instructions in capturing the information needed to verify the number of Customers and Companions served each month who may require auxiliary aids and services, because they are deaf or hard-of-hearing, as well as those who are deaf or hard of hearing low vision or blind, and deaf or hard of hearing and limited English proficient.

HEADER

- Indicate the **Region or Headquarters Office**: There are six (6) Regions: Northwest, Northeast, Central, Suncoast, Southeast, and Southern. Headquarters (Central Office and Northwood)
- Indicate the **Circuit**: There are 20 Circuits: Indicate the Circuit number of where your program is located.
- Indicate the **Institution, if applicable**: Florida State Hospital, Northeast Florida State Hospital, Northeast Florida Evaluation and Treatment Center, Florida Civil Commitment Center, South Florida Evaluation and Treatment Center, South Florida State Hospital, Treasure Coast Forensic Treatment Center.
- **Contracted Services Agency/Provider**: Indicate the name of the agency contracted to provide client services for the Department. For example, FCDAV, FCSV, Broward Sheriff’s Office.
- **Contract Number, if applicable**: If DCF Contracted Client Services Provider, include contract number for the program you are reporting. If you are a sub-provider, indicate the lead agency’s name.
- **Reporting Period**: Is always the 1st through the 30th or 31st of the month.
- **Program**: Indicate if program is under Abuse Hotline, ACCESS, Adult Protective Services, Child Care, Family Safety, Domestic Violence, Homelessness, Mental Health, Refugee Services, Substance Abuse, etc.
- **Subsection**: If the program falls under ACCESS, then the **subsection** may be Food Stamps. If the program falls under Mental Health, then the **subsection** may be Florida Civil Commitment Center.
- **Examples of recording the above information:**

Example 1

Region/Circuit/Institution/Contracted Services Agency Headquarters Contract No: XXXX	Reporting Period: June 1 – June 30, 2010
Program: Refugee Services	Subsection: Youth Education

Example 2

Region/Circuit/Institution/Contracted Services Agency Southeast Region/Circuit 15	Reporting Period: June 1 – June 30, 2010
Program: Family Safety Contract No: XXXX	Subsection: Adult Protective Services

Example 3

Region/Circuit/Institution/Contracted Services Agency Headquarter/Florida Coalition Against Domestic Violence Contract No: LNXXX	Reporting Period: June 1 – June 30, 2010
Program: Domestic Violence	Subsection: Refuge House

- **Single-Point-of-Contact:** This is the person designated as the Single-Point-of-Contact and the person authorized to answer questions and discuss the contents of the information being reported.
- **Name of Person Completing Form:** This may also be the person designated as the Single-Point-of-Contact and/or the person authorized to answer questions and discuss the contents of the information being reported.
- **Telephone:** Include the office phone number, with area code.
- **Date:** Date report is completed.

SECTION I. CUSTOMERS

1. **Number of Scheduled Appointments:** This represents the total number of customers who are deaf or hard of hearing who had scheduled appointments during the reporting period.
2. **Number of Non-Scheduled Appointments:** This represents the total number of customers who are deaf or hard of hearing who did not have appointments and were “walk-ins” during the reporting period.
3. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Customer. **Note:** The total of 3 and 4 equals the sum of 1 and 2.
4. **Number of signed Waivers:** This total represents the number of Customers who did not request auxiliary aids and services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 3 and 4 equals the sum of 1 and 2)
5. **Number of completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Customers who were deaf or hard of hearing.
Note: The total of 5, 6 and 7 equals the sum of 1 and 2.
6. **Number of completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in the Customer’s communication needs. For example, a Customer may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health reasons, they may now be experiencing vision loss. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
7. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 5, 6 and 7 equals the sum of 1 and 2.
8. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 8 and 9 equals the sum of 1 and 2.
9. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing a customer to the shower, directing

a customer to the bathroom, or to a designated seating/waiting area where applications are being processed. **Note:** The total of 8 and 9, equals the sum of 1 and 2

10. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
11. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Customer or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Customer who is deaf or hard of hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
12. **Number of Denied Auxiliary Aids and Services:** This represents the number of Customers who requested and were denied Auxiliary Aids and Services. Include an explanation in Section VI.
13. **Number of times the Customer failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
14. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
15. **Number of times the interpreter service did not meet the expectations of the customer.**
16. **Number of times the interpreter service did not meet the expectations of the staff.**
17. **Number of times communication was not effective.**

SECTION II. COMPANIONS

18. **Number of Scheduled Appointments:** This represents the total number of Companions who are deaf or hard of hearing who had scheduled appointments during the reporting period.
19. **Number of Non-Scheduled Appointments:** This represents the total number of Companions who are deaf or hard of hearing who did not have appointments and were walk-ins during the reporting period.
20. **Number of Auxiliary Aids and Services Requested:** This represents the total number services requested by the Companion. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
21. **Number of signed Waivers:** This total represents the number of Companions who did not request Auxiliary Aids and Services, or who refused such services. **Note:** This information is obtained from the Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance Form. **Note:** The total of 20 and 21 equals the sum of 18 and 19.
22. **Number of Completed Initial Assessments:** Indicate the total number of Customer or Companion Communication Assessments completed for Companions who were deaf or hard of hearing. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
23. **Number of Completed Reassessments:** Indicate the total number of reassessments completed. Reassessments are completed only if there are changes in Companion's communication needs. For example, a Companion may need additional services because their hearing may have worsened or they may have a new hearing device; or because of health

reasons, they may now be experiencing vision loss. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.

24. **Number of Subsequent Appointments:** Indicate the number of follow-up appointments or rescheduled visits. **Note:** The total of 22, 23 and 24 equals the sum of 18 and 19.
25. **Number of Determined Aid-Essential Communications:** This is when communication assistance is always needed. For example, processing legal documents, medical appointments, court hearings, appeals hearing, determination and eligibility of food stamps, explanation of medication, etc. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
26. **Number of Determined Non-Aid-Essential Communications:** This is when communication assistance is sometimes needed. For example: Directing the Companion to the bathroom, or to a designated seating or waiting area where applications are being processed. **Note:** The total of 25 and 26 equals the sum of 18 and 19.
27. **Number of Appointment Cancellations within 24 hours:** This represents the total number of appointments cancelled by the interpreter.
28. **Number of Auxiliary Aids and Services Provided Timely (Within two (2) hours):**
 - For any emergency situation that is not a scheduled appointment, Staff shall make an interpreter available as soon as possible, but in no case later than two (2) hours from the time the Companion or Staff requests an interpreter, whichever is earlier.
 - For scheduled events, staff shall make a qualified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional actions are necessary to make a qualified interpreter available to the Companion who is deaf or hard of hearing as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
29. **Number of Denied Auxiliary Aids and Services:** This represents the number of Companions who requested and was denied Auxiliary Aids and Services.
30. **Number of times the Companion failed to appear or arrived late to an appointment when an interpreter was secured by DCF or Contracted Service Provider.**
31. **Number of times the auxiliary aid and service requested was different from the auxiliary aid and service provided by the agency.**
32. **Number of times the interpreter service did not meet the expectations of the companion.**
33. **Number of times the interpreter service did not meet the expectations of the staff.**
34. **Number of times communication was not effective.**

SECTION III. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Contracted Client Services Providers only.

35. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used for five (5) Customers or Companions, then you would enter the total of 5 interpreters.
36. **Number of Language Interpreter Services:** This represents the total number of language interpreters on staff or persons who were contracted to provide services for the reporting period.
37. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard of hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with

hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 25 above for reporting multiple uses.

- 38. **Number of times staff used CART Providers** (Communication Access Realtime Translation).
- 39. **Number of times staff used Florida Relay Services/TTY.**
- 40. **Number of times staff used Assistive Listening Devices (ALDs).**
- 41. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
- 42. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION IV. AUXILIARY AIDS AND SERVICES PROVIDED

This section is for use by Department of Children and Families (DCF) Staff only. If a Contracted Client Services Provider is co-located within a DCF Facility, and services are provided by a DCF Staff, then the Contracted Client Services Provider will complete this section.

- 43. **Number of Certified Sign Language Interpreters:** This represents the total number of Certified Sign Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total of 8 interpreters.
- 44. **Number of Qualified Sign Language Interpreters (Deaf of Hard of Hearing):** This represents the total number of Qualified Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used eight (8) times, then you would enter a total 8 of interpreters.
- 45. **Number of Language Interpreters (LEP):** This represents the total number of Language Interpreters provided during the reporting period. If the same interpreter was used for more than one Customer or Companion, count each service. For example, if the same interpreter was used seven (7) times, then you would enter a total of 7 interpreters.
- 46. **Number of Video Relay/Remote Interpreter Services:** A Video Relay/Remote Service (VRS), also sometimes known as a Video Interpreting Service, is a video telecommunication service that allows individuals who are deaf, hard of hearing and has a communication (speech) disability (D-HOH-SI) to communicate over video telephones and similar technologies with hearing people in real-time, via a sign language interpreter. **Note:** See instructions for Number 34, 35 or 36 above for reporting multiple uses.
- 47. **Number of times staff used Florida Relay Services/TTY.**
- 48. **Number of times staff used Assistive Listening Devices (ALDs).**
- 49. **Number of timely Auxiliary Aids and Services Provided:** This is the total for both the customer and companion.
- 50. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION V. COMMUNICATION PLANS

(Institutions or Residential Settings or for Multiple or Long-Term Visits/Contacts Only)

- 51. **Number of Developed Communication Plans:** **Note:** This is the total of 51, 52, 53 and 54.
- 52. **Number of Communication Plans Lasting 30 Days or Less.**
- 53. **Number of Communication Plans Lasting 30 to 45 Days.**
- 54. **Number of Communication Plans Lasting 45 to 90 Days.**
- 55. **Number of Communication Plans Lasting 90 Days or More.**
- 56. **Number of times the Interpreter failed to appear or arrive to a scheduled appointment.**

SECTION VI. OUTSIDE AGENCY REFERRALS

57. Number of Referrals Made: This represent the total number of referrals made during the reporting period to agencies which DCF and its Contracted Client Services Providers refers its Customers or Companions who are deaf or hard of hearing for additional services .

SECTION VII. COMMENTS/OBSERVATIONS

Include the statement : “All services were provided in accordance with the Department’s (DCF) policies and procedures, Title VI of the Civil Rights Act of 1964, as amended, the U.S. HHS Settlement Agreement (dated January 26, 2010), and other applicable federal and state laws.”

Include any additional comments or observations and explanations during the reporting period.

ADDITIONAL DOCUMENTS TO BE SUBMITTED WITH THE MONTHLY SUMMARY REPORT

- 1) The Customer or Companion Communication Assessment Form in the following instances shall be attached to the Monthly Summary Report.
 - The requested auxiliary aid or service was not what was provided.
 - The auxiliary aid or service did not meet the expectation of the customer/companion or staff
 - The communication was not found to be effective
 - The requested auxiliary aid or service was denied.
- 2) Request For Free Communication Assistance or Waiver of Free Communication Assistance Form that corresponds with the above accompanying form.

REPORTING GUIDELINES

The reporting period will follow the guidelines listed below:

- Reporting period will cover the 1st through the 30th or the 31st of each month.
- DCF Single-Points-of-Contact reports are due to the Civil Rights Officer by the 10th of each month.
- Contracted Client Services Providers Single-Points-of-Contact reports are due to the Contract Manager by the 5th business day of each month.
- Contract Managers will submit reports to the Civil Rights Officers by the 15th of each month.
- Civil Rights Officers will submit reports to Headquarters Office of Civil Rights by the 20th of each month.
- Headquarters Office of Civil Rights will submit reports to the U.S. Department of Health and Human Services or the Independent Consultant by the 25th of each month.

Note: If the due date falls on a weekend or holiday, the report will be due the next business day.

DEPARTMENT OF CHILDREN AND FAMILIES STATEWIDE MONITORING PLAN

I. Introduction

A. Purpose. To review and monitor the Department of Children and Families' (DCF) operational performance in providing appropriate auxiliary aids and services to customers and companions who are deaf or hard of hearing in compliance with Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1993, and pursuant to the Settlement Agreement entered into between DCF and the United States Department of Health and Human Services (HHS) on January 26, 2010. The overriding goal is to ensure that all customers and companions, who are deaf or hard of hearing, are provided with the necessary auxiliary aids and services for effective communication.

B. Goals and Objectives. To identify methods within DCF's programs, policies and procedures to improve the provision of auxiliary aids and services to ensure effective communication with customers and companions who are deaf or hard of hearing.

C. Areas of Responsibility. The Independent Consultant (IC), in conjunction with the DCF Office of Civil Rights (OCR), is responsible for the development and evaluation of the Monitoring Plan. Once the role of the Independent Consultant is completed, implementation and oversight of the Monitoring Plan will be assumed by DCF.

D. Agencies Subject to Monitoring. Each DCF Administrative Office, DCF Direct Service Facility and DCF Contracted Client Services Providers (collectively referred to as agency) will be subject to monitoring as set forth in this plan.

II. Timeframe for Monitoring

A. Initial Monitoring.

1. As provided in the Settlement Agreement, the initial monitoring shall commence within 210 days of contracting with the IC, (no later than September 28, 2011), utilizing monitoring tools developed by the OCR, approved by the IC, and authorized by the Secretary.

2. Beginning in June 2011 through October 28, 2012 the IC and DCF Office of Civil Rights will schedule nine (9) site visits through the DCF regions, six of which will last approximately two weeks and will cover each of the DCF identified regions. The remaining three site visits will focus on state mental hospitals located within the State of Florida and which fall under the monitoring parameters established by the Monitoring Plan.

B. Ongoing Monitoring.

1. After the initial monitoring, the DCF Office of Civil Rights will conduct on-site monitoring of selected programs and providers every year. Each provider will be subject to an on-site monitoring once every three years.

2. The monitoring plan may be revised based upon previous monitoring out-comes.

III. Preparation for On-Site Monitoring

A. Timeframe. Thirty days prior to the scheduled on-site monitoring, the IC and Section 504/ADA Coordinators shall engage in several activities to prepare for the monitoring visit.

B. Notice. A letter will be sent to the selected agency(s) advising them of the on-site monitoring, date, time, and location of the Entrance Interview, and requesting the presence of the members of the agency's management team during the Entrance Interview. Site visits may take two to three days to complete depending upon the size of the agency. At least two days should be allocated for each site visit.

C. Auxiliary Equipment. The agency's TDD/TTY equipment, or in the alternative, the Florida Relay Service (711) will be tested to ensure that the agency is properly using the equipment and answering phone calls from individuals using these services who are deaf or hard of hearing.

D. Location of Interviews. It will be necessary to identify a neutral location to conduct interviews, focus groups, or community meetings with selected clients or companions who are deaf or hard of hearing; e.g., at Deaf Service Centers or libraries. Once a location is identified, DCF will ensure that appropriate auxiliary aids and services are available to accommodate those clients or companions who participate in the interview, focus groups or meetings.

E. Document Review. Request and review the following documents:

1. Local Auxiliary Aids and Services Plan.

a. In addition to the review of the agency's Local Auxiliary Aids and Services Plan that will be done upon approval of DCF's policies and procedures as set forth in the Settlement Agreement, the agency's Local Auxiliary Aids and Services Plan will be reviewed prior to the on-site visit to determine whether the plan has been revised as well as to determine if the plan continues to be compliant with DCF's policies and procedures in effect at the time of the monitoring.¹

b. In order to ensure consistency in the review of Local Auxiliary Aids and Services Plans by the IC and 504/ADA Coordinators, the same review tool will be used, a copy of which is herein attached as Appendix A.

c. The Plan will also be reviewed to determine whether the plan references current auxiliary aids and services used by the deaf or hard of hearing community as well as the agency's process for providing these services in a timely manner.

d. Technical assistance will be provided by the Independent Consultant and Section 504/ADA Coordinators should the agency rely upon out-dated auxiliary aids or services, or if the agency does not utilize auxiliary aids or services commonly used by the deaf or hard of hearing community.

e. If an agency's plan contains any provisions that conflict with DCF's policies and procedures, the agency will be given a Corrective Action notice, giving the agency thirty days to revise its plan in order to bring it into compliance. Once the agency submits its revised plan, DCF and the IC will review the plan again to ensure that it is in compliance with DCF's policies and procedures.

2. Advocate Surveys.

a. Advocate surveys are completed periodically in conjunction with the Self-Assessment by advocates, who assist customers or companions who are deaf or hard of hearing and who access DCF programs and services. These surveys afford the opportunity to evaluate DCF and contracted client services providers with whom the advocates work by capturing the perspectives and experiences of these advocates.

b. The Section 504/ADA Coordinator can use the responses provided on the survey to examine individual agency practice, especially any references by advocates: (1) discriminatory conduct by agencies subject to monitoring by DCF; (2) agencies not providing requested auxiliary aids and services for customers or companions who are deaf or hard of hearing; (3) agencies

¹ Prior to the finalization of DCF's policies and procedures relative to providing auxiliary aids and services to customers or companions who are deaf or hard-of-hearing, the IC and 504/ADA Coordinators will review the agency's Local Auxiliary Aids and Services Plan against the interim DCF policies and procedures that have been approved to ensure that the provisions of the agency's plan do not conflict with DCF's interim policies and procedures.

not providing requested auxiliary aids and services for customers or companions who are deaf or hard of hearing in a timely manner; (4) complaints that were filed against the agency, etc.²

c. Section 504/ADA Coordinators may use the responses to identify specific areas in need of retraining, corrective action, or more frequent monitoring.

3. Customer/Companion Feedback Forms.

a. Feedback forms will be made available to all customers and companions who are deaf or hard of hearing and seek services from the Department or a contracted client services provider.

b. Completion of the Feedback Form is voluntary and anonymous, but can be used to monitor customer satisfaction with requested auxiliary aids and services.

c. When completing the Feedback forms, customers and companions are asked to indicate the agency where they received services. Prior to the on-site visits, the IC and Section 504/ADA Coordinators will review all completed Feedback forms for agencies subject to the site visit.

d. The IC and the Section 504/ADA Coordinators will conduct an analysis of all survey responses to determine whether any survey participants indicate they were not provided with their requested auxiliary aids or services, if said aids or services were not effective or timely, or if the participants believed they were treated unfairly.³

4. Customer/Companion Communication Assessment and Auxiliary Aid Record and Monthly Summary Reports.

a. Prior to the scheduled on site visit, the IC and 504/ADA Coordinators will review the monthly summary reports completed by the agency for the previous twelve months to identify case files for review and verify communications plans, waivers, denials, and auxiliary aids provided.

b. The IC and 504/ADA Coordinators will also review all completed Communication Assessments and Auxiliary Aid Records where it appears that a waiver was signed, the agency denied a requested auxiliary aid or service, etc. Specifically this includes any Assessments the agency is required to forward to DCF when completing their monthly summary reports.

c. If no Communication Assessment Reports have been filed, the IC and Section 504/ADA Coordinators will randomly select 10% of client files for review to determine accuracy of monthly summary reports.

5. Completed Self-Assessments.

a. As part of its monitoring for compliance with the ADA/Section 504 and the Settlement Agreement, DCF conducts a Statewide Self-Assessment to evaluate its current preparedness to provide auxiliary aids and services to customers and companions who are deaf or hard of hearing and to identify steps DCF will take to improve its preparedness in compliance with the ADA/Section 504 and the Settlement Agreement.

b. Every two years the Self-Assessment Tool will be completed by Single Points of Contacts, select managers, and DCF personnel within each DCF Administrative Offices and DCF Direct Service Facility. The Self-Assessment Tool will also be completed by Single Points of Contact

² For those Advocate Surveys where the respondent indicated a belief that clients or companions were discriminated against by DCF or DCF contracted client services providers, the DCF Office of Civil Rights will immediately contact the agency to investigate the matter to determine if contact information is available for the complainant. The review referenced in this Monitoring Plan of the Advocacy Survey relates to completed forms where contact information is not available.

³ For those Customer/Companion Feedback Forms where the respondent indicated a belief that they were discriminated against and provided contact information, the DCF Office of Civil Rights will immediately contact the individual to investigate the complaint. The review referenced in this Monitoring Plan of the Feedback forms relates to completed forms where contact information was not provided by the respondent.

for contracted client services providers who have been identified by DCF as receiving federal assistance. The ADA/504 Coordinators will distribute the Self-Assessment Tool and provide a timeframe for when the assessments must be returned to DCF.

c. Upon receipt of an agency's completed self-assessment, the ADA/504 Coordinators will review the completed responses to determine whether any facility, program or agency is out of compliance and investigate any concerns regarding non-compliance. Should any concerns arise, the ADA/504 Coordinators will contact the agency and follow through with any required remedial measures.

d. Prior to the scheduled on-site visit, the IC and 504/ADA Coordinators will again review the agency's completed self-assessment to determine topics of discussion during the Entrance Interview with agency staff based upon responses provided by the agency, such as areas where the agency may benefit from technical assistance or to clarify questions raised by the agency's completed responses.

6. Identifying Customers and Companions for Interviews.

a. The agency will be required to provide a complete list of customers or companions, who are deaf or hard of hearing, to enable the IC and Section 504/ADA Coordinators to select customers or companions for interviews. Customer Communication Assessments and Request for Services forms should have been completed by the agency for these customers.

b. Customers or companions selected will be sent a letter providing information on who to contact if they are interested in being interviewed. An example of an interview letter is herein attached as Appendix B.

c. DCF will ensure that appropriate auxiliary aids and services are available when conducting interviews to accommodate those customers or companions who deaf or hard of hearing. Customers or companions will also be given the option of calling in for an interview in case he or she does not have transportation to the agency.

d. Agency staff will not be permitted to participate in or observe the interviews and individuals who participate in the interviews will be assured that their participation will not in any way affect their receipt of benefits or services provided by DCF.

7. Complaint /Grievance Process for Employees and Customers.

a. The IC and 504/ADA Coordinators will review the process the agency has to address all discrimination complaints and grievances filed by employees and customers.

b. The review will ensure that the agency's process does not conflict with any provisions included within the Settlement Agreement or DCF policies and procedures in effect at the time of the review.

c. Complaint procedures for contracted client services provider agencies must contain a provision allowing customers or companions to file discrimination complaints with an external agency. The procedure must provide customers or companions with contact information for that purpose.

8. Discrimination complaints filed by clients.

a. The IC and 504/ADA Coordinators will review all discrimination complaints and grievances that have been filed against the agency including the outcome of the complaint.

b. The discrimination complaints and grievances will also be reviewed to determine topics of discussion during the Entrance Interview with agency staff based upon the nature of the complaint(s) received, especially a review of actions taken by the agency to rectify the complaint(s) or preventative measures put in place by the agency to ensure that similar conduct does not happen in the future.

c. Individuals who have filed discrimination complaints and grievances will also be included as possible interviewees during the on-site visit.

9. Policies and procedures addressing accommodations, auxiliary aids, accessibility, and service provision to persons who are deaf or hard of hearing or persons with disabilities.

a. For contracted client services provider agencies, the IC and 504/ADA Coordinator will review the agencies policies and procedures addressing accommodations, auxiliary aids, accessibility and service provisions for persons who are deaf or hard of hearing or persons with disabilities to ensure that the agency's policies and procedures do not conflict with the Settlement Agreement.

b. The agency policies and procedures will also be reviewed to ensure that the contract provisions required by DCF as they relate to providing accommodations, aids and services are in place and followed by the agency.

10. Training records.

a. The training records for agency staff will be reviewed to verify that all agency staff has received appropriate training, including additional training required of SPOCs and Direct Service Personnel.

b. If the agency is a contracted client services provider and conducts its own training of staff, and does not adopt the training developed by DCF, the IC and 504/ADA Coordinators will review the training curriculum and materials used by the agency to provide staff training as required by the Settlement Agreement. Training materials and curriculum will also be reviewed to ensure compliance with the Settlement Agreement.

11. Agency monitoring plan.

a. If the agency has its own monitoring plan which it uses to ensure compliance with the Settlement Agreement and DCF Policies and Procedures, the IC and 504/ADA Coordinators will review the monitoring plan for consistency with DCF's Monitoring Plan as well as to ensure that it does not have any provisions that conflict with the Settlement Agreement and DCF Policies and Procedures.

b. If an agency does not have a monitoring plan, the agency will be asked to describe its monitoring process during the Entrance Interview conducted during the site visit.

12. SPOC position description.

a. The IC and 504/ADA Coordinators will review the agency's position description for its SPOC to ensure that the individual has the expertise necessary to serve in this role and also that the position fulfills the requirements of the Settlement Agreement.

IV. On-Site Monitoring

A. Tour of Agency.

1. Upon arrival at facility, the IC and 504/ADA Coordinators will verify that the three required notices are posted in appropriate locations and are of appropriate size.

2. The IC and 504/ADA Coordinators will also inspect notices to verify SPOC contact information is current. DCF direct service facility posters must also display ADA/504 Coordinator contact information.

B. Entrance Interview.

1. The IC shall conduct an Entrance Interview with executive management staff and other appropriate individuals, utilizing the Entrance Interview Questionnaire. A copy of the Discussion Questions to be asked during the Entrance Interview is attached as Appendix C.

2. Questions will focus on:

- a. The agency's practice and process for providing auxiliary aids and services to customers and companions who are deaf or hard of hearing;
 - b. The agency's monitoring plan for ensuring that staff are providing appropriate auxiliary aids and services in a timely manner to customers and companions who are deaf or hard of hearing;
 - c. The agency's process for making available to all interested parties the name, address and telephone number of the Section 504/ADA Coordinator assigned to their agency;
 - d. A review of the data collected from the agency with respect to completed Customer Feedback Forms, Advocacy surveys and Customer/Companion Communication Templates;
 - e. A review of all complaints filed with the agency by customers and companions who are deaf or hard of hearing; and
 - f. A review of training provided to staff pursuant to the terms of the Settlement Agreement if the agency is a contracted client services provider.
3. The purpose and scope of monitoring shall be explained and any issues which may impact upon the thoroughness of the monitoring will be identified, e.g., unavailability of key individuals, extraordinary activity at the facility, etc.
 4. Case files selected for review will be identified so they may be made available during the onsite visit.

C. Interviews.

1. Following the Entrance Interview, utilizing the monitoring tools created for the stated purpose, the IC in conjunction with 504/ADA Coordinators shall conduct interviews with the Single-Point-of-Contact to ensure that this individual has the expertise necessary to serve in this role and carry out the duties assigned to the SPOC. The monitoring tool for SPOC interviews is attached as Appendix D.
2. Additionally, interviews will be conducted with agency staff. During the Entrance Interview, a list of Direct Service staff will be obtained and the IC and 504/ADA Coordinators will select individuals who will be interviewed. Depending upon the size of the agency, the IC and 504/ADA Coordinators will interview between 1 to 10 individuals. Since staff will not know they are being interviewed in advance, those staff selected to be interviewed will also be based on staff availability. The monitoring tool for Staff Interviews is attached as Appendix E.
3. The IC and 504/ADA Coordinators will also interview selected customers or companions from the agency who are deaf or hard of hearing. Participation in the interview process will be completely voluntary and individuals being interviewed will know in advance of the date and time of the interview so that DCF can ensure that the appropriate auxiliary aids and services requested by the individuals being interviewed are available at the time of the interview. The monitoring tool for Client Interviews is attached as Appendix F. During the interviews agency staff will not be allowed to participate in or observe the interviews.

D. Case File Reviews.

1. The IC in conjunction with 504/ADA Coordinators shall also conduct case file reviews to determine whether appropriate auxiliary aids were provided consistently and timely by the agency. A copy of the monitoring tool for Case File Reviews is attached as Appendix G.
2. The agency will be asked to provide a list of all customer files where Communication Assessment and Request for Services forms have been completed in the last 12 months for the initial monitoring and within the last three years for subsequent monitoring visits. The IC and 504/ADA Coordinators will then select cases to review, reviewing at least 10% of the cases identified. The sample of cases will include, but not be limited to, those where the requested auxiliary aid or service was denied, the customer or companion waived an auxiliary aid or service being provided, an

alternative aid or service was provided, or one in which the communication was not found to be effective.

3. The IC in conjunction with the 504/ADA Coordinators may also contact clients and interview them if there are any questions or concerns raised from reviewing the case files in order to ensure that the agency followed the correct procedure and provided auxiliary aids and services if requested by the client.

E. Unannounced Site Visits.

1. After notice to contracted client services providers from Contract Administration, the IC in conjunction with 504/ADA Coordinators may conduct unannounced "secret shopper" visits. These unannounced visits may include verification of posters and staff familiarity with procedures for obtaining auxiliary aids.

2. The agency will not be informed of the visit prior to the scheduled time. When visiting the agency, the IC and 504/ADA Coordinators will approach staff as a customer or companion and request auxiliary aids or services. Staff will be instructed to treat them as they would any other clients and to go through the motions of handling the request for auxiliary aids and services. The agency will be monitored to observe its ability to comply with the terms of the Settlement Agreement and provide the requested auxiliary aids and services in a timely manner.

V. Focus Groups

A. In addition to onsite monitoring, the IC in conjunction with 504/ADA Coordinators may conduct focus group meetings.

B. Questions similar to those asked during interviews will be asked during the focus groups, except they will be phrased for a group setting. The focus group questions are herein attached as Appendix H.

C. The same questions will also be asked during each of the scheduled focus group sessions to provide consistency in the information collected. Questions will be rank ordered so that the pertinent questions will be asked first in case the sessions run over the allotted time.

D. If feasible, the focus groups will be held at the Deaf Centers and Centers for Independent Living because they provide a good centralized location and individuals who are deaf or hard of hearing are usually familiar with these centers. If there are advocacy organizations or associations in the area, they will also be notified of the focus group in order to attract additional focus group participants. If the centers are not available, DCF will also look at other locations such as public libraries to hold the focus group.

E. Since the sessions will be transcribed using CART, the transcripts will also be available so that information can be summarized and analyzed as part of the monitoring.

F. At least a week prior to the scheduled focus groups, letters will be mailed to potential participants and flyers will be drawn up to be posted at the Deaf Centers and Centers for Independent Living to maximize participation. Examples of the letters and flyers are herein attached as Appendix I and J, respectively. Individuals will be notified that participation is completely voluntary and anonymous. Focus group participants will not be compensated for their time; however, if feasible refreshments will be provided.

G. One of the potential disadvantages of focus groups is the open discussion format, which may inhibit some individuals from speaking out. To ensure that participants feel comfortable speaking in front of others, only the IC and 504/ADA Coordinators will be present at the focus groups.

H. Although focus groups can be a useful tool to gain a wealth of information from participants, time and enthusiasm of participants will wane if the sessions are too long. Therefore, to keep the sessions as brief as possible, yet long enough to yield useful information, the questions will be tailored

to address the participants' experience with the agencies and how the agencies performed with respect to adhering to the requirements of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1993, and pursuant to the Settlement Agreement.

I. At the outset of each session, the focus group moderator will provide a brief introduction on the purpose of the focus group, highlighting the requirements of objectives of Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1993, and pursuant to the Settlement Agreement.

J. Prior to each focus group, DCF will make accommodations to provide appropriate auxiliary aids and services to ensure effective communication for all participants, including certified interpreters, CART and other auxiliary aids that may be required.

K. After each focus group, a short summary on how the session went and some of the major themes that emerged from the session will be prepared to be included in the site visit report. For the Compliance Reports, a manual content analysis of the information obtained from the tape recordings and notes generated during the focus group sessions held during the reporting period will be conducted and summarized. The report will describe similar themes or perspectives generated from the various group sessions and will be grouped based on subject matter.

VI. On-going Monitoring

A. In addition to site visits, ongoing monitoring will be completed by the OCR through various measures, including but not limited to monthly or yearly reviews of:

1. Completed Customer Communication Assessments and Request for Services forms;
2. Monthly data reports from the Single-Points-of-Contact (SPOCs) summarizing information contained within these forms;
3. Completed Self-Assessment from DCF agencies and contracted client services providers;
4. A review of agency Local Auxiliary Aids and Services Plan if policies have been revised or if the agency is a new contracted client services provider;
5. Completed Customer Feedback Forms for customers or companions
6. Completed Advocate Surveys for organizations whose clients are serviced by the DCF agencies or contracted client services providers, and;
7. Customer Grievances and Complaints filed against agencies.

B. The OCR staff may also periodically test an agency's TTY/TDD, or Florida Relay System response randomly for various agencies.

VII. Outcomes

A. After each site visit, the IC will prepare a site visit report that must be completed and submitted to OCR.

B. Summary reports of data collected for each DCF Direct Service Facility shall be reviewed by ADA/Section 504 Coordinators and the DCF OCR and provided to the IC for inclusion in the IC's compliance report required by Section M2 of the Settlement Agreement.

C. Any indicators of non-compliance shall be reviewed by the DCF OCR to determine if further investigation is warranted. Remedial measures shall be developed in accordance with the findings. Remedial measures may include, but are not limited to, retraining of staff, a corrective action plan, programmatic system review, contract modification, or other actions as appropriate.

D. The site visit report must detail all areas where DCF has not implemented the terms of the Settlement Agreement and specify any area where corrective action and technical assistance may be needed. Upon finding that DCF has not implemented any term of the Settlement Agreement, the IC

and the DCF shall work to create a corrective action plan. Within thirty (30) calendar days of finding DCF has not implemented any term of the Settlement Agreement, the IC shall provide notice of DCF's shortfall to OCR along with the corrective action plan that addresses the same.

E. For those agencies subject to remedial measures, DCF OCR will periodically request follow-up information for these agencies, at least once every six months, to ensure that the agencies are complying with the remedial measures put in place. Subsequent site visits to these agencies will include a discussion of the agencies compliance with said remedial measures.