

Texas Department of State Health Services
Special Supplemental Nutrition Program
for Women, Infants and Children

504 Self-Evaluation Checklist

Section I – Agency Identification

A. Local Agency Name, Number, and Address of Organization

Local Agency Name	<input type="text"/>	Number	<input type="text"/>
Street	<input type="text"/>		
City, State	<input type="text"/>	Zip Code	<input type="text"/>

B. Name of Person(s) conducting evaluation

Name	<input type="text"/>	Title	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>

C. Date evaluation conducted

D. Name of disabled person(s) or organizations assisting in evaluation

Name	<input type="text"/>	Title	<input type="text"/>
Name	<input type="text"/>	Title	<input type="text"/>

E. Have you previously conducted an evaluation for either HHS or DOE?

Yes What year?

No

F. Programs employing 15 or more WIC employees are required to appoint a 504 coordinator.
Does your program employ 15 or more employees?

Yes No

If yes, please provide the name of your 504 coordinator.

Section II – Program Accessibility Checklist

1. Are all of your services accessible to people with disabilities?
 Yes No

2. In selecting alternative plans to make your programs accessible, have you given priority to those methods that allow disabled persons to participate in your program activities in the most appropriate and integrated setting?
 Yes No

3. Was this review conducted with the assistance of disabled persons or organizations representing people with disabilities?
 Yes No

4. Do you have a procedure for informing persons, including those with impaired vision or hearing loss, about the existence and location of your accessible programs and activities?
 Yes No

5. Do you have procedures to insure that qualified disabled persons are not denied benefits or services solely based on disability?
 Yes No

6. Do you have procedures to ensure that separate services or benefits to disabled persons are allowed only when the separate services or benefits are necessary to provide a given disabled person with an equal level of effectiveness as that provided to others?
 Yes No

7. Are your notice provisions sufficient to ensure that people with impaired sensory or speaking skill receive effective communication?
 Yes No

8. Have you reviewed all of your local policies to ensure that none of them would discriminate against people with disabilities?
 Yes No

9. Have you developed any local policies that deal with the provision of services to disabled persons? (If yes, please attach copies).
 Yes No

Section III – Building Accessibility Checklist

The items listed below are very detailed and all of them may not apply to your clinics. The important thing to remember is that you are evaluating the clinic site for its accessibility to disabled persons in order for them to receive program services.

Overall Evaluation

1. After completing the following questions, do you feel this site is accessible to disabled persons?
 Yes No
2. If not, have you developed alternative methods of service and are these posted or publicized in such a manner that potential participants are aware of the alternatives.
 Yes No

Clinic Identification

1. Name of Clinic/Site Number
Street
City, State Zip Code
2. Date Evaluation Conducted

Building Site

1. Does the grading of the building site allow the approaches to be substantially level?
 Yes No
2. Is there parking within 200 feet of the building entrance?
 Yes No
3. Is any of the parking reserved for disabled persons?
 Yes No
4. Are any parking spaces open on one side to allow easy access for wheelchairs and for people who use braces to get in and out of the automobile?
 Yes No
5. Are the parking spaces on level ground?
 Yes No
6. Are there ramps or level spaces to allow people to enter the building without crossing a curb?
 Yes No

Walk Ways

1. Are walks at least 48 inches wide?
 Yes No
2. Is the gradient not greater than a 1 foot rise in 20 feet (5 percent)?
 Yes No
3. Are walks without interruption (i.e., steps or abrupt changes in level)?
 Yes No
4. Do walks have nonslip surfaces?
 Yes No

Buildings – Ramps

1. Do ramps have a slope no greater than a 1 foot rise in 12 feet (8.33 percent)?
 Yes No
2. If ramps are steeper than a 5 percent gradient rise, are handrails provided?
 Yes No
3. If there are handrails, are they at least 32 inches above ramp surface?
 Yes No
4. Are the ramp surfaces smooth?
 Yes No
5. Do the handrails extend 1 foot beyond the top and bottom of the ramp?
 Yes No
6. Are the ramp surfaces nonslip?
 Yes No
7. Do ramps have a 6-foot clearance at the bottom?
 Yes No

Building – Entrances/Exits

1. Is at least one entrance to the building accessible to people in wheelchairs?
 Yes No
2. Is at least one entrance accessible to wheelchairs on a level that makes the elevators accessible?
 Yes No

Buildings – Doors and Doorways

1. Do doors have a clear opening at least 32 inches wide?
 Yes No
2. Can doors be opened by a single effort?
 Yes No
3. Is the floor of the doorway level within 5 feet from the door in the direction it swings?
 Yes No
4. Are sharp inclines and abrupt changes in levels avoided at doorsills?
 Yes No
5. Does the speed of door closers allow the use of doors by physically disabled persons?
 Yes No

Buildings – Stairs and Steps

1. Do the steps avoid protruding lips at the edge of each step?
 Yes No
2. Do stairs have handrails at least 32 inches above step level?
 Yes No
3. Do stairs have at least one handrail that extends at least 18 inches beyond the first and last step?
 Yes No
4. Do steps have risers 7 inches or fewer?
 Yes No

Buildings – Floors

1. Do floors have a nonslip surface?
 Yes No
2. Are floors on each story at a common level or connected by a ramp?
 Yes No

Buildings – Restrooms

1. Is there at least one toilet with facilities for the physically disabled?
 Yes No
2. Can physically disabled persons, particularly those in wheelchairs, enter the restroom?
 Yes No
3. Do toilet rooms have a turning space of 60 by 60 inches to accommodate people in wheelchairs?
 Yes No
4. Do toilet rooms have a least one toilet stall that:
 - a. is 3 feet wide?
 Yes No
 - b. is at least 4 feet 8 inches deep?
 Yes No
 - c. has a door that is 32 inches wide and swings out?
 Yes No
 - d. has a handrail on each side, 33 inches high and parallel to floor, 1.5 inches in diameter, with 1.5 inches clearance between rail and wall, this is fastened securely to wall at the ends and center?
 Yes No
5. Do toilet rooms have wash basins with narrow aprons, which, when mounted at standard height, are no greater than 34 inches at the top and have a clearance underneath of 29 inches?
 Yes No
6. Are disposal units mounted no higher than 40 inches from the floor?
 Yes No

Buildings – Elevators

1. If more than a one-story building, are elevators available to physically disabled people?
 Yes No
2. Can people with physical disabilities, particularly those in wheelchairs, enter elevator?
 Yes No
3. Are outside call buttons 48 inches or less from floor?
 Yes No

4. Are control buttons inside 48 inches or less from floor?
 Yes No
5. Are the buttons labeled with raised (or indented) letters beside them?
 Yes No
6. Are they touch sensitive and easy to push?
 Yes No
7. Is the elevator cab at least 5 ft. by 5 ft.?
 Yes No

Buildings – Hazards

1. Is lighting on ramps adequate?
 Yes No
2. Are exit signs easily identifiable to all disabled persons?
 Yes No