



## CIVIL RIGHTS COMPLIANCE CHECKLIST

Program/Provider/Facility CDS Family & Behavioral Health Services, Inc.	County Alachua	Region/District 3
Address 1300 NW 6 <sup>th</sup> Street		
City, State, Zip Code Gainesville FL 32601		Date 3/2/2007
Telephone 352-334-3800		

**PART I.** 1. Briefly describe the geographic area served by the program/provider/facility and the type of service provided:

2. **POPULATION OF AREA SERVED.** List source of data: 2000 Census

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	
<b>507351</b>	<b>72.01</b>	<b>17.78</b>	<b>4.91</b>	<b>5.3</b>	<b>49.53</b>	<b>50.47</b>	

3. **STAFF CURRENTLY EMPLOYED.** Effective date: 3/2/2007

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
<b>133</b>	<b>38</b>	<b>54</b>	<b>6</b>	<b>2</b>	<b>71</b>	<b>29</b>	<b>N/A</b>

4. **CLIENTS CURRENTLY ENROLLED OR REGISTERED.** Effective date: 2/19/2007

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
<b>1916</b>	<b>63</b>	<b>29</b>	<b>2</b>	<b>6</b>	<b>44</b>	<b>56</b>	<b>0</b>

5. **ADVISORY OR GOVERNING BOARD, IF APPLICABLE.**

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	
<b>18</b>	<b>77.8</b>	<b>22.2</b>	<b>0</b>	<b>0</b>	<b>27.8</b>	<b>72.2</b>	

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

6. Is an Assurance of Compliance on file with the Department of Children and Families? If NA or NO, explain. NA YES NO

7. Compare staff composition to the population. Are staff representative of the population? If NA or NO, explain. NA YES NO  
    
*Staff are over represented by minorities, however this is more representative of the population served. Additionally, it is well documented that females are generally over represented in the helping professions.*

8. Compare client composition to the population. Are race/gender composition representative of the population? If NA or No, explain. NA YES NO

9. Are employees, applicants and recipients informed of their protection against discrimination? If YES, how?  Verbal  Written  Poster If NA or NO, explain. NA YES NO

10. Do recruitment and notification materials advise applicants, employees and recipients of your non-discrimination policy? If NO, explain. YES NO

11. Is there an established grievance/complaint procedure to resolve complaints of discrimination regarding service delivery or employment decisions? If NO, explain. YES NO

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

12. Provide the number and current status of any discrimination complaints regarding services or employment filed against the program/provider/facility within the last year. NA  NUMBER

13. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, gender, age, religion or disability? If NA or NO, explain. NA YES NO

14. Are benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, gender, color, age, national origin, religion or disability? If NA or NO, explain. NA YES NO

15. Are room assignments made without regard to race, color, national origin or disability for in-patient services? If NA or NO, explain. NA YES NO

16. Are Limited-English Proficient (LEP) applicants and recipients provided equal access to benefits including free interpreter services? If NA or NO, explain NA YES NO

17. Are the programs/facilities/services accessible to mobility, hearing, and sight impaired individuals? If NA or NO, explain. NA YES NO

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

19. Has a self-evaluation been conducted to identify any barriers to serving individuals with disabilities? If NO, explain. YES NO

20. State the name of the designated Section 504 Coordinator for compliance activities: Kathy Tolbert

21. Has Civil Rights training been conducted for local staff? If NA or NO, explain. NA YES NO

22. Signature: Kathryn L. Tolbert 3/5/2007  
Signature and Title of Person Completing This Form Date

DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY		
Date of Receipt	Signature of Program Manager or Designee	Notice of Corrective Action Required: <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", attach list of corrective actions.
Date Reviewed by Compliance Officer:		Response Due:
Type of Review: <input type="checkbox"/> On-Site <input type="checkbox"/> Desk Review Comments:		Response Received:
Date of Last Compliance Review:		