

**City of La Quinta**  
**Survey for Program and Site Administrators**

The City of La Quinta is process of conducting an Americans with Disabilities Act Self-evaluation. This survey has been developed to gather input regarding the City's provision of programs, services and activities for individuals with disabilities. Your assistance in completing this survey is appreciated. If needed, please fill out a separate survey for each program and facility or attach information as needed.

Name of person completing this form and title:	Date
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Please list programs, services, activities and special events you are responsible for:

Are the events, programs or activities you are responsible for provided at one site or at multiple sites in the City? Please describe:

List the site where your office is located:

How do recipients access or request information about your programs, services or events (come to your office, call, email, other, etc.)?

Hours of operation by program (if applicable):

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What organizations or groups utilize all or part of your site? (Describe use and location):

Are there any recent or current complaints from employees, members of the public or other stakeholders regarding accessibility for individuals with disabilities at your site? (If so, please describe):

Are you aware of any barriers to program accessibility? Please describe:

What would you consider to be the highest priority to make programs, services, activities or events offered by the City of La Quinta more accessible for individuals with disabilities?

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\*DK = Don't Know    NA = not applicable

QUESTION	YES	NO	DK	NA	COMMENTS
1. Do you know who the designated ADA Coordinator is for the City?					If yes, name person:
2. Have you posted and noticed the name and address of the ADA Coordinator?					If yes, where:
3. Do you already have an Accessibility Survey or report for your site?					If yes, please attach to the survey.
4. Have you posted and noticed the rights afforded individuals with disabilities?					If yes, where:
5. Do you have a Telecommunications Device for the Deaf (TDD/TTY) at your site?					If yes, state location, number, and if they are operable:
6. Is your staff trained regarding the use of a TDD/TTY?					If yes, state when and how:
7. Are assistive listening devices available for individuals with hearing impairments at your site?					If yes, state location, number fixed or portable, and if they are operable:
8. Are accessibility grievance procedures available for employees, students and members of the public?					
9. Are grievance procedures or uniform complaint procedures noticed and posted at your site?					If yes, where:
10. Do you have emergency evacuation plans posted at your site that includes procedures for individuals with disabilities?					If yes, where:
11. Have you reviewed your website for accessibility for vision-impaired persons?					If yes, when:
12. Are individuals with disabilities included in or have an opportunity to participate in all programs, activities, and services provided by your site?					

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<b>QUESTION</b>	<b>YES</b>	<b>NO</b>	<b>DK</b>	<b>NA</b>	<b>COMMENTS</b>
13. Are individuals with disabilities served or located in segregated areas of your facility?					
14. Do you require persons with disabilities to receive or participate in services at an alternate location?					If yes, describe:
15. Do you provide transportation for your programs, services or activities?					If yes, describe transportation and its accessibility:
16. Do you follow a specific procedure or policy for use of the facility by organizations or members of the public?					If yes, describe:
17. Do you offer programs at your site that are not offered at other sites in the City?					If yes, describe:
18. Have you made accommodations for individuals with disabilities (employees, patrons, members of the public, etc)?					If yes, describe:
19. Do you have a statement of accommodations in your literature or on public notices?					
20. Do you have any programs offered or located at a different site?					If yes, describe each branch or satellite facility:
21. Do you have any employees with disabilities at your site (if known)?					
22. Are you aware of any community members or recipients of services with disabilities who utilize your site?					
23. Have you provided training or information to your staff regarding the requirements of the Americans with Disabilities Act?					If yes, describe:
24. Would you like additional training regarding the Americans with Disabilities Act?					

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QUESTION	YES	NO	DK	NA	COMMENTS
25. Does your site offer any exemplary programs or services for individuals with disabilities?					If yes, describe:
26. Have you received any awards or special recognitions regarding programs or services for individuals with disabilities?					If yes, describe:
27. Do you have any construction or remodeling projects currently underway or planned for the next 2 years?					If yes, describe:
28. Do you have any volunteers?					
29. If you have volunteers, have they received training on providing services or activities for individuals with disabilities?					
30. Do you have access to current City policies, procedures or practices?					
31. In your opinion, what is the <b>highest priority</b> for making your facility or facilities more accessible (if applicable)? (Please provide as much detail as possible)					
32. Other Comments (if more space is needed, please write on the back of the survey or attach additional sheets):					

Additional copies of the survey, in hard copy or electronic format, can be obtained from Disability Access Consultants, Inc. (DAC) by calling 1-800-743-7067 or by sending an email request to [bthorpe@dac-corp.com](mailto:bthorpe@dac-corp.com).

Thank you for your input!

Please return this survey by November 15, 2011 to Terry Deeringer, Human Resources/General Services Manager, City of La Quinta, P.O. Box 1504, La Quinta, CA 92247, or to Barbara Thorpe, Disability Access Consultants, Inc., 2243 Feather River Boulevard, Oroville, CA 95965 or by email to [bthorpe@dac-corp.com](mailto:bthorpe@dac-corp.com).