

## **ADA Staff Input Survey**

The Town of Sudbury is in the process of updating its Americans with Disabilities Act (ADA) Self-evaluation and Transition Plan. As part of this process, the Town is asking for your input by completing this survey which addresses accessibility of programs, services, activities and facilities.

Please answer questions as they pertain to your department or division. The purpose of this survey is to collect information on how Town programs, services and facilities, are, or are not, accessible to persons with disabilities.

Please complete and return your survey no later than <u>April 14, 2021</u>. Surveys may be returned and comments may be submitted using the contact information at the bottom of the survey.

| 1. | Optional: Please complete the following:   |
|----|--|
|    | Name   |
|    | Title  |
|    | Email  |
|    | Phone  |
|    |  |
| 2. | What description most adequately describes your role with the Town of Sudbury? (check all that apply):       |
|    | ☐ I am responsible for administering a program, service or activity  |
|    | ☐ My role is to provide support to a Town program, service, or activity                                      |
|    | ☐ I am a Department Head, Manager, or the Town Manager   |
| 3. | Which department do you primarily work for?  |
| 4. | Does your role require regular interaction with the public?  ☐ Yes   |
|    | □ No   |
| 5. | Do you know who the designated ADA Coordinator is for the Town of Sudbury?  ☐ Yes - Please provide the name: |
|    | □ No   |

6. Have you received training or information regarding the requirements of the Americans with Disabilities Act?

|     | ☐ Yes, I have received both training and information  |
|-----|---|
|     | ☐ Yes, I have received training only  |
|     | ☐ Yes, I have received information only   |
|     | □ No  |
| 7.  | Have you received training on providing services or activities for persons with disabilities?   |
|     | □ Yes   |
|     | □ No  |
| 8.  | Would ADA related training or technical assistance services in these areas be helpful for you or other department staff? (check all that apply):  |
|     | ☐ Developing policies and procedures  |
|     | ☐ Assisting persons with disabilities   |
|     | ☐ Legal requirements  |
|     | ☐ Responding to requests for accommodations (i.e. American Sign Language interpreters, assisted listening devices, etc.)  |
|     | □ Providing materials in alternate formats (i.e. Braille, audio recordings, etc.)   |
|     | ☐ American Sign Language (ASL) training   |
|     | □ Other - Please list:  |
|     | □ None  |
| 9.  | Have you received, or are you aware of any specific concerns, complaints or problems regarding access for persons with disabilities to any of the programs, services, activities or facilities provided by the Town of Sudbury? |
|     | ☐ Yes - Please describe:  |
|     | □ No  |
| 10. | In your opinion, what do you feel should be the highest priority or priorities of the Town of Sudbury to improve accessibility for persons with disabilities?   |
|     |   |
|     |   |
| 11. | Is there a policy in place for responding to requests from the general public for accommodations to the program allowing persons with disabilities to participate?  |
|     | □ Yes   |
|     | □ No  |
|     | □ Don't know  |
|     | □ Not applicable  |

| 12. How much notice is required to provide an accommodation request?   |
|--|
| ☐ 24 hours or less (not including weekends/holidays)   |
| □ 1-3 workdays   |
| ☐ 4-6 workdays   |
| ☐ More than 1 week   |
| ☐ Don't know - have not completed such a request   |
| □ Not applicable   |
| 13. Does the program charge an additional fee for modifying the program for a person wit disabilities that is not charged for a person without a disability? |
| ☐ Yes - Please describe:   |
|  |
| □ Don't know   |
| □ Not applicable   |
| 14. What types of accommodations have been requested?  |
| 15. Does the department track accommodation requests?  ☐ Yes   |
| □ No   |
| □ Don't know   |
| □ Not applicable   |
|  |
| 16. Does the department offer any programs, services, activities, or events specifically for person with disabilities?                                       |
| ☐ Yes - Please describe:   |
| □ No   |
| □ Don't know   |
| □ Not applicable   |

| 17. | Is a "Notice under the Americans with Disabilities Act" or a nondiscrimination statement available and posted for program participants who may be persons with disabilities? |   |  |
|-----|--|---|--|
|     |  | Yes - Please describe the locations where it is available:  |  |
|     |  | No  |  |
|     |  | Don't know  |  |
|     |  | Not applicable  |  |
| 18. |  | bes the nondiscrimination statement include information about the Town's ADA coordinator d how to contact them or file a grievance? |  |
|     |  | Yes   |  |
|     |  | No  |  |
|     |  | Don't know  |  |
|     |  | Not applicable  |  |
| 19  |  | e you familiar with the Town's grievance or complaint procedures for persons with sabilities?                                       |  |
|     |  | Yes   |  |
|     |  | No  |  |
|     |  | Don't know  |  |
|     |  | Not applicable  |  |
| 20  | Ar   | e grievances or complaint procedures available?   |  |
|     |  | Yes, for employees only   |  |
|     |  | Yes, for the public only  |  |
|     |  | Yes, for employees and the public   |  |
|     |  | No  |  |
|     |  | Don't know  |  |
|     |  |   |  |
| 21. |  | participants are required to fill out a form to participate in department programs, how is it made available?                       |  |
|     |  | Both online and by hard copy  |  |
|     |  | Online only   |  |
|     |  | Hard copy only  |  |
|     |  | Not applicable  |  |

| 22. |      | nat types of accessible alternate formats does the department make available for persons th disabilities when requested? (check all that apply): |
|-----|------|--|
|     |      | Audio recording (cassette or digital)  |
|     |      | Braille  |
|     |      | Large print  |
|     |      | Electronic copy (for use with a screen reader)   |
|     |      | American Sign Language interpreters  |
|     |      | Assistive listening devices  |
|     |      | Electronic/computer-based document readers   |
|     |      | Enlarged keyboards   |
|     |      | Communication access real-time translation (CART)  |
|     |      | Other - Please list:   |
|     |      | The department does not provide any alternative formats  |
|     |      | Don't know   |
| 23. |      | pes the department periodically include images of persons with disabilities in their printed aterials, publications and videos?                  |
|     |      | Yes, images of persons with disabilities are included  |
|     |      | No, images of persons with disabilities are not included   |
|     |      | Not applicable   |
| 24. |      | es the department require that public meetings and conferences be held in accessible cations?  |
|     |      | Yes  |
|     |      | No   |
|     |      | Don't know   |
| 25  | . Ar | e Assistive listening devices or systems available for public meetings?  |
|     |      | Yes - Please include how many are available and the capacity of seating in the combined rooms utilized for public meetings:                      |
|     |      | No   |
|     |      | Don't know   |
| 26. |      | ves the department have a policy for service animals? Yes No   |
|     |      |  |

| □ Don't kno                      | DW .   |
|----------------------------------|--|
|                                  | are of any persons with disabilities currently serving on any of the department ards or committees?  |
| □ Yes                            |  |
| □ No                             |  |
| □ Don't kno                      | ow   |
| □ Not appli                      | cable  |
| 28. What tools or hearing d      | loes the department use to communicate by phone with people who have speech ifficulties?   |
| ☐ Text-tele                      | phone (TTY or TDD)   |
| ☐ Third-par<br>and the ca        | ty relay system where a trained operator facilitates a conversation between staff<br>aller   |
| ☐ Other - Pl                     | ease list:   |
| □ None                           |  |
| □ Don't kno                      | ow   |
| 29. Does the dephone numb  ☐ Yes | partment publish the Town's text telephone relay service in all materials where a<br>er is listed?   |
| □ No                             |  |
| □ Don't kno                      | ow   |
|                                  | rty relay system is used, does department staff receive training on how to place well as receive one?  |
| J                                | ase describe the training:   |
|                                  | associate the training.  |
| _ No                             |  |
| □ Don't kno                      | ow .   |
|                                  | n website, is there information about the accessibility of its programs, services, is (parking, bathrooms, assistive listening devices, Sign Language interpreters,? |
| ☐ Yes - Plea                     | ase briefly describe:  |
| □ No                             |  |
| Adapted f                        | from Town of Amherst - Disability Access Consultants, LLC (DAC) 1-800-743-7067   |

| 32 | an  | es the website home page include easily located information, including a telephone number<br>d email address, for use in reporting website accessibility problems and requesting<br>cessible services and information? |  |  |
|----|---|--|--|--|
|    |   | Yes  |  |  |
|    |   | No   |  |  |
|    |   | Don't know   |  |  |
| 33 | . Do  | es the department provide transportation to participants?  |  |  |
|    |   | Yes - Please describe:   |  |  |
|    |   |  |  |  |
|    |   | No   |  |  |
|    |   | Don't know   |  |  |
|    |   | Not applicable   |  |  |
| 34 | . Does the department have procedures to make transportation accessible to persons who have visual, hearing, mobility, and learning disabilities? |  |  |  |
|    |   | Yes - Please describe the procedures:  |  |  |
|    |   |  |  |  |
|    |   | No   |  |  |
|    |   | Don't know   |  |  |
|    |   | Not applicable   |  |  |
| 35 | . Do  | es the department provide facility tours or organize trips for members of the public?  |  |  |
|    |   | Yes – Please list the tours and trips offered:   |  |  |
|    |   | No   |  |  |
|    |   | Don't know   |  |  |
|    |   | Not applicable   |  |  |
| 36 |   | the evacuation route or instructions posted in a visible and accessible area of each floor in facilities used by the department?   |  |  |
|    |   | Yes  |  |  |
|    |   | No   |  |  |
|    |   | Don't know   |  |  |
|    |   | Adapted from Town of Amherst - Disability Access Consultants, LLC (DAC) 1-800-743-7067   |  |  |

☐ Don't know

| 37. | Do the emergency procedures include instructions for persons with disabilities?  |
|-----|--|
|     | □ Yes  |
|     | □ No   |
|     | □ Don't know   |
| 38. | Does the department host any public special events on public property?   |
|     | ☐ Yes - Please describe:   |
|     | □ No   |
|     | □ Don't know   |
|     | □ Not applicable   |
|     | Does the department have staff notify vendors and third-party entities of obligations to facilitate participation of persons with disabilities in special events held on public property?  □ Yes - Please describe how this is done: |
|     | □ No   |
|     | □ Don't know   |
|     | Are there policies and procedures for selling tickets and assigning seating for persons with disabilities?   |
|     | ☐ Yes - Please describe:   |
|     | □ No   |
|     | □ Don't know   |
|     | □ Not applicable   |
|     | Are department staff informed of the department's obligations and policies that enables persons with disabilities to participate in the program?   |
|     | ☐ Yes - Describe how department staff are informed:  |
|     |  |
|     | □ Don't know   |
|     | □ Not applicable   |
|     | Are you aware of any areas or elements of the facilities that the department utilizes which are not accessible to persons with disabilities?   |
|     | ☐ Yes - Please describe  |
|     | □ No   |

| 43. Are there any procedures in place for monitoring and/or maintaining accessible features (i.e adjusting door pressure, repainting accessible parking spaces, repairing uneven curb cuts and sidewalks, trimming trees and hedges encroaching into a path of travel, etc.)? |  |  |
|---|--|--|
| ☐ Yes - Please describe:  |  |  |
| □ No  |  |  |
| □ Don't know  |  |  |
| 44. Does the Town have a facility use or lease agreement?   |  |  |
| □ Yes   |  |  |
| □ No  |  |  |
| □ Don't know  |  |  |
| 45. Does the department rent or lease facilities or space to individuals, groups or organizations?  |  |  |
| ☐ Yes – Please list:  |  |  |
|   |  |  |
| □ No  |  |  |
| □ Not applicable  |  |  |
| . Do you have input or involvement with design and construction activities for new or altered space?  |  |  |
| ☐ Yes - please elaborate:   |  |  |
|   |  |  |
| □ Not applicable  |  |  |
| 47. Are there procedures or standards in place to ensure accessibility compliance is incorporated into design and construction for programs, services and activities?   |  |  |
| ☐ Yes - Please elaborate:   |  |  |
| □ No  |  |  |
| □ Don't know  |  |  |
| □ Not applicable  |  |  |
| 48. Is there a budget for improving accessibility to facilities?  |  |  |
| ☐ Yes - Please describe:  |  |  |
| □ No  |  |  |
| □ Don't know  |  |  |
| □ Not applicable  |  |  |
| Adapted from Town of Amherst - Disability Access Consultants, LLC (DAC) 1-800-743-7067  |  |  |

□ Not applicable

Learn more about Sudbury's ADA Evaluation and Transition Plan at: <a href="https://sudbury.ma.us/townmanager/?p=1883">https://sudbury.ma.us/townmanager/?p=1883</a>

Please return this survey by <u>April 14, 2021</u> to: ADA Coordinator Town of Sudbury 278 Old Sudbury Rd Sudbury, MA 01776

By email: <u>ada@sudbury.ma.us</u>

Phone: (978)639-3381

Thank you for your input!