

CF OPERATING PROCEDURE
NO. 60-10, Chapter 3

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

Personnel

PLANS FOR AUXILIARY AIDS AND SERVICES FOR PERSONS WITH DISABILITIES AND LIMITED ENGLISH PROFICIENCY

3-1. Purpose. This operating procedure describes the Department's policies and procedures (plans) governing the use of auxiliary aids and services for persons with disabilities and the use of qualified foreign language interpreters for persons with Limited English Proficiency.

3-2. Scope. This operating procedure applies to all Department programs, benefits and services. This operating procedure sets forth the Department's expected behavior of its employees and contracted client services providers, including their subcontractors, who are involved in providing direct services or benefits to the Department's customers or clients and to potential customers or clients.

3-3. Policy.

a. At no cost to the customer or companion, appropriate auxiliary aids and services will be provided to qualified persons with disabilities to ensure all customers/companions have equal access to and an opportunity to benefit from DCF services.

b. Auxiliary aids including, but not limited to, certified sign language interpreters, DCF qualified sign language interpreters, certified CART providers, and assistive listening devices shall be provided to facilitate effective communications between the Department and the customer or companion who is deaf or hard of hearing, and qualified foreign-language interpreters shall be provided to persons with Limited English Proficiency during each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service delivery, counseling, complaints, testing, treatment, training, etc.).

3-4. References.

a. Title VI of the Civil Rights Act of 1964, as amended, 42 United States Code 2000d et seq; 45 Code of Federal Regulations Parts 80-84.

b. Section 504, Title V of the Rehabilitation Act of 1973, as amended, 230 USC 1681 et seq; 28 Code of Federal Regulations Parts 35-41.

c. Section 508 of the Rehabilitation Act of 1973, as amended.

d. The Omnibus Budget Reconciliation Act of 1981, as amended, 42 USC 9849 and Civil Rights Restoration Act of 1987, Public Law 100-259.

e. Titles I and II of the Americans with Disabilities Act of 1990, as amended.

f. Americans with Disabilities Act Amendments Act of 2008.

g. CFOP 60-16, Methods of Administration: Equal Opportunity in Service Delivery.

This operating procedure supersedes CFOP 60-10, Chapter 3, dated June 1, 2010.

OPR: ASHRC

DISTRIBUTION: A

h. CFOP 60-10, Chapter 1, American with Disabilities Act (ADA) Accommodation Procedures for Applicants/Employees/General Public.

i. U.S. Department of Health and Human Services, Office of Civil Rights, Policy Guidance – Title VI Prohibition Against National Origin Discrimination As It Affects Persons with Limited English Proficiency, Executive Order 13166.

j. Section 110.201(3), Florida Statutes.

3-5. 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.

3-6. Accountability.

a. The Deputy Secretary, Assistant Secretaries, Regional Managing Directors, and Hospital Administrators are responsible for developing programmatic and local procedures for the implementation of the approved statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency. Local resources and procedures shall be appended to the statewide plans. Programmatic and local procedures shall provide the necessary tools to staff for the provision of assistive devices, certified sign language interpreters, certified CART providers, or readers, and physical modifications to facilities to ensure the accessibility of programs and services to persons with disabilities as well as foreign-language interpreters to persons with Limited English Proficiency.

b. The Assistant Staff Director for Civil Rights is the designated statewide Title VI, ADA, and Section 504 Coordinator for the Department. The Assistant Staff Director for Civil Rights is responsible for the development and coordination and implementation of Departmental policies and procedures that ensure the nondiscriminatory delivery of benefits and services.

c. All Department employees are responsible for ensuring equal access and equal services to all customers and companions.

d. All contracted client services providers and their subcontractors are responsible for ensuring equal access and equal services to all customers/clients/companions and potential customers/clients/companions of the Department.

3-7. Dissemination.

a. A copy of the Department's statewide Auxiliary Aids and Services Plan for Persons with Disabilities and Limited English Proficiency will be posted on the Department's internet and intranet websites. Copies in alternative format will be provided upon request.

b. A copy of the Department's statewide Auxiliary Aids and Services Plan for Persons with Disabilities and Limited English Proficiency and each Region, Circuit and Facility's Auxiliary Aids and Services Plan are maintained by the Office of Civil Rights at Headquarters.

c. Copies of the plan(s) will be provided upon request.

3-8. Revisions. Updating the Headquarters, Region, Circuit and Facility's Auxiliary Aids and Services Plan for Persons with Disabilities and Limited English Proficiency will be completed on "as needed" basis with a current copy being submitted to the Office of Civil Rights by March 31 of each year.

3-9. Ensuring Effective Communication.

a. Whatever is written or spoken must be as clear and understandable to individuals who are limited English proficient or who are deaf or hard of hearing as it is for individuals who are English-speaking or not deaf or hard of hearing. Any uncertainty about what method of communication is effective in a particular situation is to be resolved by the Single Point of Contact.

b. Determining the most effective auxiliary aid or service appropriate for a situation begins with asking the customer/companion what auxiliary aid they prefer. An assessment of the customer's/companion's needs should be completed. If appropriate, interview the customer's/companion's assigned caseworkers, counselors, parents, family members, guardians or other representatives concerning the most effective method to communicate with the client. (See Attachment 4 to this chapter.)

(1) Prior to providing services to customers or companions who are deaf or hard of hearing, staff is required to use the Communication Assessment and Auxiliary Aid/Service Record (form CF 761 available in DCF Forms; detailed instructions for completing the form are included in Attachment 2 to this chapter) to determine the method of communication that the customer/client/companion believes is most effective. A record of this information will be maintained in the customer's file.

(2) 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 Communication Assessment and Auxiliary Aid/Service Record (form CF 761 available in DCF Forms; detailed instructions for completing the form are included in Attachment 2 to this chapter) 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.

(a) Where a communication plan is completed, a Communication Assessment and Auxiliary Aid/Service Record (form CF 761) is not required to be completed for each customer or companion contact. The type of Auxiliary Aid provided must be documented in the customer file or record.

(b) If a Communication Plan is not completed, a Communication Assessment (form CF 761) must be completed for each customer or companion contact. A reassessment of the customer or companion's needs is not required at each contact, however, form CF 761 must document information contained in the Header, as well as sections 1 and 2 of the Communication Assessment form.

(3) If DCF staff determines, after conducting the assessment, that the communication is not Aid Essential (see Attachment 3 to this chapter) and does not warrant provision of the auxiliary aid or service requested by the customer or companion, DCF staff shall advise the person making the request of the Department's denial of the requested service and shall document the date and time of the denial, the name and title of the DCF employee who made the determination and the basis for the determination. The customer or companion shall be provided with a copy of this denial and DCF staff shall utilize the Communication Assessment and Auxiliary Aid/Service Record (form CF 761 available in DCF Forms) to document the denial. Denials may only be made by a Regional Managing Director or Hospital Administrator, or designee.

(4) If an alternative auxiliary aid or service is provided other than the aid requested, DCF staff shall document in the customer record the auxiliary aids or services requested by the customer or companion, the reason for not providing the requested auxiliary aid or service and what auxiliary aid or service was provided.

(5) For customers/clients/companions who are Limited English Proficient (LEP), staff shall identify at first contact, the preferred language including dialect of each customer/client/companion, and record this information in the client's file. If the LEP Customer or Companion is deaf or hard of hearing, staff shall complete the Communication Assessment and Auxiliary Aid/Service Record (form CF 761 available in DCF Forms).

c. The range of communication options for persons who are deaf or hard of hearing include, but are not limited to, the Florida Relay Service, TDDs (Telecommunication Devices for the Deaf), FAX (Telephone Facsimile Transmittal), CART (Communication Access Realtime Translation), VRS (Video Relay Service), phone amplifiers, cell phone texting, qualified/certified sign language interpreters, certified CART providers,, flash cards, lip-reading, written notes, supplementary hearing devices, charts, signs or a combination of these, as appropriate.

d. The Departmental or contracted client services provider's official (or designee) with budget approval for the unit or facility has the responsibility for approving the request and obtaining the appropriate auxiliary aid or interpreter service.

e. Auxiliary aids or services or interpreters, or certified CART providers, will be provided within two hours of request. Delaying services is not always practical or appropriate. Therefore, alternative services will be provided when advance notice for a specifically requested auxiliary aid or service, or interpreter is not given. Customer files will be documented to indicate whether an auxiliary aid or service or interpreter is needed and subsequent referrals will be notified in advance of customer's or companion's needs. Customers, once identified as requiring an auxiliary aid, service or interpreter, shall not require future needs assessments.

f. The use of auxiliary aids and services, certified sign-language interpreters, certified CART providers, translators, or foreign-language interpreter will be at no cost to the customer or companion.

(1) LEP language services include, as a first preference, the availability of qualified bilingual staff that can communicate directly with customers or companions in their preferred language (see paragraph 3-11 of this operating procedure).

(2) When bilingual staff is not available, the next preference is face-to-face interpretation provided by qualified contract or volunteer language interpreter.

(3) Telephone interpreter services or video remote interpreting should be used as a supplemental system when an interpreter is not available, or when services are needed for an unusual or infrequently encountered language.

(4) Non-employee sign language interpreters must be certified; employee sign language interpreters must be evaluated and determined to be qualified before they can interpret for customers or companions. (See paragraph 3-11 of this operating procedure regarding pre-qualification and assessment requirements for employees.)

g. Minors should never be used as interpreters.

h. The use of assistive devices, such as vibratory alarms, shall be incorporated with relevant services, such as tactile communication, Braille display for persons with multiple disabilities, such as deafness and blindness.

i. If the individual declines the offer of a free foreign language interpreter, the free sign language interpreter, or any other offered auxiliary aids or services, the individual's file must be noted and the Customer or Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance (form CF 763 available in DCF Forms) must be completed.

j. DCF Direct Service Facilities and DCF Service Providers shall provide a Customer/Companion Feedback Form to each customer or companion who is deaf or hard of hearing. The purpose of the Customer/Companion Feedback Form (see Attachment 5 to this chapter) 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.

k. Request for Free Communication Assistance. 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.

l. Denial of Free Communication Assistance. DCF staff shall advise the person making the request of the Department's denial of the requested service and shall document the date and time of the denial, the name and title of the DCF employee who made the determination and the basis for the determination. The customer or companion shall be provided with a copy of this denial and DCF staff shall utilize the Communication Assessment and Auxiliary Aid/Service Record (form CF 761, available in DCF Forms) to document the denial. Denials may only be made by a Regional Managing Director or Hospital Administrator, or designee.

3-10. Translation of Written Materials. Written material (vital documents) routinely provided in English to applicants, customers/companions and the public must be available in regularly encountered languages other than English. It is vital that documents be identified and translated into the non-English language of each regularly encountered Limited English Proficient group eligible to be served or to be directly affected. Each program office will ensure non-English written materials, such as program forms, brochures, etc., are available to operational staff. In addition, these vital documents must also be available in American Sign Language by video.

3-11. Competency of Interpreters and Translators.

a. Foreign-Language Interpreters.

(1) Certification of foreign language interpreters is not required. However, competency is proven based on each of these factors:

(a) Demonstrated proficiency in both English and the other language.

(b) Fundamental knowledge in both languages including any specialized terms or concepts peculiar to the program or activity.

(c) Sensitivity to the person's culture.

(d) A demonstrated ability to convey information in both languages, accurately.

(2) It is the responsibility of program managers and supervisors to ensure the competency of foreign-language interpreters.

b. American Sign Language Interpreters. Certified ASL Interpreters must hold current certification by RID or NAD, and will be required to provide proof of certification upon demand.

c. DCF Qualified Interpreter. A DCF Qualified Interpreter is an 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.

3-12. Provision of Interpreters in a Timely Manner. Staff shall provide Customers or Companions who are deaf or hard of hearing interpreters in a timely manner in accordance with the following standards:

a. Non-Scheduled Interpreter Requests. 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 Companion requests an interpreter, whichever is earlier. If the situation is not an emergency, staff shall offer to schedule an appointment (and provide an interpreter where necessary for effective communication) as convenient to the Customer or Companion, but at the latest by the next business day.

b. Scheduled Interpreter Requests. For scheduled events, staff shall make a DCF qualified or certified interpreter available at the time of the scheduled appointment. If an interpreter fails to appear for the scheduled appointment, staff shall take whatever additional steps are necessary to make a DCF qualified or certified interpreter available as soon as possible, but in no case later than two (2) hours after the scheduled appointment.

3-13. Identifying Language Needs. To ensure meaningful access to all Department programs and services, each program office and contracted provider will identify language needs by:

a. Identifying the non-English languages that are likely to be encountered in its programs and estimating the number of persons who are LEP eligible for services that are likely to be affected by its program. This can be done by reviewing census data, client utilization data, and community's organizations.

(1) The estimate should be used as a guide for employee recruitment.

(2) Inform customers/companions of the purpose for collecting data on race, ethnicity and language.

(3) Emphasize that such data is confidential and will not be used for discriminatory purposes.

(4) A customer does not have to provide the information, unless required by law.

b. Identifying the points of contact in the program or activity where language assistance is likely to be needed.

c. Identifying resources needed, as well as the location and availability of these resources.

d. Reporting the identified language needs to the Office of Civil Rights or the local Civil Rights Officer.

3-14. Meetings/Conferences/Facilities Accessibility. The following are procedures and minimum requirements for ensuring accessibility of meetings, conferences and seminars to persons with sensory, speech or mobility disabilities or Limited English Proficiency:

a. Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the unit sponsoring the activity in coordination with the designated ADA/Section 504 Coordinator.

b. When meetings, conferences and seminars are scheduled, information will be included in the advertisements, conference registration materials or meeting notices that persons who have sensory disabilities or Limited English Proficiency will be provided with necessary auxiliary aids or interpreters at no cost. The information will include the name of a contact person and a date by which the person may request such assistance. The registration process will include a method for determining the number and type of persons with sensory, speech or mobility disabilities or Limited English Proficiency needing assistance as well as the type of personal assistance or accommodation requested.

c. The following provisions are required if persons with sensory, speech, mobility disabilities or Limited English Proficiency plan to attend (this list is not exhaustive and meeting facilitators are encouraged to explore additional resources to ensure effective communications):

(1) Certified interpreters, loop telecoil system, assistive listening device, public address system (PA system) or electronic amplification system with mixer, amplifier and loudspeakers to reinforce sound source, Video Remote Interpreters, Video Relay Service, video phone, CART, etc. for persons who are deaf or hard of hearing and accessibility to TTY equipment. NOTE: When telephones are provided for use by participants or residents (customers, companions, employees or the public), TTYs must be provided for participants or residents who are deaf or hard of hearing.

(2) Adequate lighting in meeting rooms so signing by interpreter can be seen.

(3) Adequate lighting in meeting rooms so persons who are hard of hearing can easily speech read.

(4) Readers or cassette recordings to enable full participation by individuals who are blind or have low vision.

(5) Interpreters for persons who are Limited English Proficient.

(6) Agenda and other conference materials translated into usable form for individuals who are blind or have low vision, deaf or hard of hearing, or Limited English Proficient.

(7) Parking spaces clearly marked with appropriate ramps and curb cuts.

(8) Where parking is available on or adjacent to the site, one 96" wide space with a 60" access aisle shall be set aside for the car of each person with a mobility disability who requests such parking in advance of the meeting. Two accessible parking spaces may share a common access aisle.

(9) Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for participants who have mobility disabilities will be provided.

(10) Entrance ramps will be available and appropriate (36" wide or wider, level with adjacent surface and a manageable slope or incline of no more than one-inch rise per foot, 1:12).

(11) Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a participant who has a mobility disability.

(12) Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts.

(13) Seating arrangements for persons in wheelchairs will be adapted to integrate rather than to isolate them on the group's perimeter.

(14) Sufficient accessible guestrooms (at the same rate as guestrooms for other participants) will be located in the facility where the meeting, etc., is held or in a facility housing the other participants.

(15) One unobstructed entrance to each facility.

(16) Doors operable by single effort.

(17) Door handles no more than 48" from floor.

(18) Elevator provided if over one story:

(a) Sensitive safety edges provided.

(b) Controls no more than 48" from floor.

(c) Controls with Braille numbers or letters.

(d) Accommodates wheelchair 29" X 45".

(19) Restrooms accessible to persons with mobility disabilities.

(a) Level access for each sex on each floor.

(b) Turnaround space 5' X 5'.

(c) Door clearance of 32".

(d) Grab rails provided.

(e) Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54" for side reach.

(f) Restroom signs indicating accessibility.

(20) Wheelchair accessible telephones.

(21) Accessible drinking fountains with cup dispensers.

(22) Audible and visible fire alarms.

3-15. Notification. The Department of Children and Families Nondiscrimination Policy and Deaf or Hard of Hearing posters will be displayed in the main entrances to buildings, lobby areas, waiting areas, and displayed on bulletin boards.

a. The name, telephone number, and TTY number for the Title II ADA Coordinator will be listed on the Deaf or Hard of Hearing poster to assure accessible services to customers, potential customers or their representatives/companions.

b. Descriptive information on the availability of auxiliary aids and services, and reasonable accommodations to persons requiring assistive devices or aids will be included in announcements related to meetings, seminars, workshops and conferences, as well as, to services offered by the Department and its contracted client services providers.

c. Staff shall be notified of all changes/updates to the Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency within sixty days of such changes.

3-16. Training.

a. New employee orientation will include training on CFOP 60-10, Chapters 3, 4, and 6; Title II of the Americans with Disabilities Act of 1990; and Section 504 of the Rehabilitation Act of 1973.

b. All staff will be trained annually on how to obtain assistive devices, auxiliary aids, or other reasonable accommodations and how to provide assistance to persons with disabilities and those with Limited English Proficiency. This training is mandatory and will be tracked. Training will include:

(1) Procedures for serving customers and potential customers or companions who are deaf or hard of hearing, blind or who have low vision, mobility disabilities, or are Limited English Proficient.

(2) Awareness of persons who are deaf, hard of hearing, have speech disabilities, who are blind or who have low vision, have reading disabilities, dyslexia, or mobility disabilities.

(3) Communication options available.

(4) How to provide auxiliary aids and services for qualified customers and potential customers, or companions, i.e., how to access or purchase auxiliary aids, including but not limited to, interpreter and CART services and physical modifications.

(5) Requirements for making meetings, conferences and services accessible.

(6) Awareness of the Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency, including how to access the Plans for reference.

3-17. Documentation/Records Retention. Within each direct facility, a designated Single-Point-of-Contact will coordinate the provision of auxiliary aids and services to customers or companions who are deaf or hard of hearing. In general, these individuals shall ensure that all DCF Staff are equipped with resources necessary to ensure effective communication with customers or companions who are deaf or hard of hearing and shall ensure that DCF Staff document services delivered or denied to customers or companions who are deaf or hard of hearing.

a. Records relating to the Auxiliary Aids and Service Plan for Persons with Disabilities and Limited English Proficiency, such as the Communication Assessment and Auxiliary Aid/Service Record, and Customer/Companion Feedback Form, shall be forwarded to the ADA/504 Coordinator assigned to the Region, Facility, and Headquarters. Copies of materials used in training, including brochures used to advise customers/companions of the Department nondiscrimination policy, will be documented and maintained for three (3) years by the Section 504/ADA Title II Coordinator. (NOTE: CFOP 15-4, Records Management, governs the retention and destruction of records.)

b. Each local office shall retain the original document of the Communication Assessment and Auxiliary Aid/Service Record in the customer's file.

c. Each local office shall retain the original document of the Customer or Companion Request for Free Communication Assistance or Waiver of Free Communication Assistance in the customer's file.

d. All final requests for accommodations, along with relevant documentation, will be forwarded to the designated ADA/Section 504 Coordinator. Data from the Communication Assessment and Auxiliary Aid/Service Record shall be used to create compliance reports as required by HHS.

e. Each customer or companion who is deaf or hard of hearing shall be provided a Customer/Companion Feedback Form (Attachment 5 to this chapter). The Office of Civil Rights shall maintain all Customer/Companion Feedback Forms which are completed and returned.

3-18. Compliance Monitoring. Monitoring will be conducted to assess the Department's, its contracted client services providers' and their subcontractors', compliance with providing services to persons who are deaf or hard of hearing and those who are Limited English Proficient. The monitoring may be conducted on-site or through desk reviews.

3-19. Compliance Reviews. Reviews will be conducted to ensure compliance with all civil rights regulations as they apply to the Department, its contracted client services providers and their subcontractors. These reviews will be conducted on-site and may address multiple issues (full scope review) or may address specific issues (limited scope review).

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

DENNISE G. PARKER
Human Resources Director

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

This chapter has been revised to reflect changes to the Department's Auxiliary Aids Plan and Limited English Proficiency Plan.

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 or companion'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 and companions who are deaf or hard of hearing, limited English proficient or customers/clients and companions with disabilities requiring aid essentials. Within the Department, Regional 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 with visual loss; acquisition or modification of equipment or devices; and other similar services and actions. These auxiliary aids and services will enable customers/clients/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, Video Relay Service and Video Remote Interpreter, certified CART providers, qualified foreign language interpreters, readers, assistive listening devices and systems, loop telecoil systems, public address

system (PA system with mixer, amplifier, and loudspeakers to reinforce sound source, video phone, 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 real time 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/Companion 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 client 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 for customer's 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.

INSTRUCTIONS FOR CUSTOMER or COMPANION COMMUNICATION ASSESSMENT AND AUXILIARY AID/SERVICE RECORD (form CF 761, available in DCF Forms)

The purpose of the Customer or Companion Communication Assessment and Auxiliary Aid/Service Record is to facilitate the collection and coordination of auxiliary aids and services provided to Customers or Companions who are deaf or hard of hearing. It is recommended that the person or persons that have been designated to complete the form become familiar with its contents so we can readily identify the needs of our Customers/Companions.

1. Please complete this form for each service date, including the top information regarding the facility/program/subsection, name of Customer or Companion. All information must be legible. All requested information must be included on the form.
 - If you work in Pensacola, then you would enter: Northwest/Circuit 1;
 - If you work at Florida State Hospital, then you will enter: Northwest/Circuit 2/FSH. **Or**
 - If you are a provider in the Northwest Region you will enter: Northwest Region/Circuit Number/Provider name
2. Please document the date and time of arrival of the Customer or Companion and Case Number. A **Customer** is any individual seeking or receiving services from the Department or any of its Contracted Services Providers. A **Companion** is any individual who is deaf or hard of hearing and communicates with the Department or any of its Contracted Services Providers on the behalf of the Customer.
3. Please document the Customer or Companion's communication challenge (e.g., deaf or hard-of-hearing, visually impaired, or Limited English Proficient).
 - Deaf or Hard of Hearing: This is a person with a low or permanent hearing loss requiring the use of auxiliary aids or services.
 - Deaf and Low Vision or Blind: This is a person who is deaf and experiences any loss of vision.
 - Hard of Hearing and Low Vision or Blind, as described above.
 - Deaf and Limited English Proficient: This is a person who is deaf and does not speak English, or has limited ability to read, speak, write, or understand English.
 - Hard of Hearing and Limited English Proficient, as described above.
4. Identify whether or not the visit is a scheduled appointment or non-scheduled appointment.
 - **Scheduled Appointment** – Must have a qualified interpreter available at the time of the schedule appointment. If interpreter fails to appear, DCF staff shall take whatever additional actions are necessary to make a qualified interpreter available to the deaf or hard-of-hearing Customer or Companion as soon as possible, but in no case later than two (2) hours after the scheduled appointment.
 - **Non-Scheduled Appointment** – Interpreter shall be made available as soon as possible, but in no case later than two (2) hours from the time the Customer/ Companion or DCF staff requests an interpreter, whichever is earlier. If the situation is not an emergency, DCF shall offer to schedule an appointment (and provide an interpreter when necessary for effective communication) as convenient to the Customer or Companion, but no later than the next business day.
5. It is very important to include the name of the staff member completing this assessment.

SECTION 1: COMMUNICATION ASSESSMENT:

6. Check the appropriate box to indicate whether this is an initial assessment, a reassessment, or a subsequent appointment..
 - Initial assessments are done upon first contact with the customer or companion.
 - In the event communication is not effective, or if the nature of the communication changes significantly after the initial assessment, staff shall conduct a reassessment to determine which appropriate auxiliary aid or service is necessary. This shall be accomplished, when possible, in consultation with the Customer or Companion.

7. When completing the “Individual Communication Ability” section, .always consult with the Customer or Companion when possible to determine which appropriate auxiliary aids and services are needed to ensure effective communication.

8. When completing the “Nature, Length and Importance of Anticipated Communication Situation(s)” section:
 - Take into account the nature, length, and importance of the communication at issue and anticipated communication situations.
 - Complete this section with much detail, as this will assist in determining whether the communication is aid essential or non-aid essential.
 - Consult with the customer or companion where possible to determine what type of auxiliary aid or service is needed to ensure effective communication.
 - Use this information to assist in determining whether a communication plan is necessary.
 - If necessary, attach additional sheets detailing this information.

9. Complete a Communication Plan for foreseeable multiple or long-term visits.
 - The communication plan for ongoing services is typically used in Mental Health Treatment Facilities, and other Direct Client Service Facilities where customers reside for long periods of time and or have numerous communications with personnel of varying length and complexity, which are determined as **Aid-Essential Communication Situations**.
 - The term **Aid-Essential Communication Situation** shall mean any circumstance 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.
 - Communication situations will differ from program to program, therefore you will need to identify all situations where you will have contact with a Customer or Companion and develop the plan on how you will communicate with them.
 - During follow-up visits or long term care, subsequent requests for the appropriate auxiliary aids and services by the Customer or Companion is not required because this is already captured in their communication plan.
 - In each situation requiring an Auxiliary Aid (whether Aid-Essential or Non-Aid Essential), you **must** identify in the plan **the name and title of the person responsible for ensuring the auxiliary aid is provided**. You must also provide a description of the information being communicated to the customer or companion.
 - For example:** Type of Aid: ASL Interpreter Purpose of Aid: GED Class –
Instructions on preparation for upcoming test
Person responsible for obtaining auxiliary aid: Jane Employee, Case Manager
 - In the following table, you will see a list of communication situations that are included in a communication plan. This list is not exhaustive and does not imply there are not other communication situations that may be **Aid-Essential** in a residential setting or during long-term visits.
 - Also, the list does not imply that each communication situation listed is **Aid-Essential**. Some communication situations may be of a **Non-Aid Essential Communication**

Intake/Interview:

- During the **Provision** of a Customer's rights, informed consent, or permission for treatment
- During the **Determination** of eligibility for public benefits during the intake and review processes, except during completion of the initial Food Stamp Application

Medical:

- **Determination** of a Customer's medical, psychiatric, psychosocial, nutritional, and functional history or description of condition, ailment or injury
- **Determination** and explanation of a Customer's diagnosis or prognosis, and current condition;
- **Explanation** of procedures, tests, treatment options, or surgery
- **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
- **Discussion** of treatment plans
- **Explanation** regarding follow-up treatments, therapies, test results, or recovery
- **During** visits by the Nurse

Dental:

- **Explanation** of procedures, tests, treatment options, or surgery
- **Explanation** of x-rays
- **Instructions** on self maintenance, i.e., brushing, flossing, etc.

Mental Health:

- **Provision** of psychological or psychiatric evaluations, group and individual therapy, counseling, and other therapeutic activities, including but not limited to grief counseling and crisis intervention
- **Provision** of discharge planning and discharge instructions

Safety and Security:

- **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
- **Communication** of emergency procedures, fire drills, etc.

Programs:

- **Presentation** of educational classes concerning DCF programs and/or other information related to treatment and case management plans;

Off Campus Trips or Recreational Activities:

- Shopping
- Theme Parks

Legal:

- **Court proceedings**
- **Appeal Hearings**
- **Complaint and grievance process**
- **Investigation** by child protective services involving interviews, and home visits/inspections
- **Investigation** adult protective services involving interviews, and home visits/inspections

Food Service / Dietician

- **Discussion** of food restrictions and preferences

10. In the "Individual Health Status for Those Seeking Health Services" section, remember the following:
 - Do not use electronic devices or equipment that may interfere with medical or monitoring equipment or which may otherwise constitute a threat to any Customer's medical condition.
 - Provide alternative means to effective communication and document this information in the medical chart or case file.

SECTION 2: AUXILIARY AID/SERVICE REQUESTED AND PROVIDED:

11. Document all auxiliary aids or services requested by the customer.
12. Document all auxiliary aids or services provided to the customer. Staff may use alternative auxiliary aids or services, in the following situations, which is not an all inclusive list of examples:
 - While waiting for the interpreter to arrive;
 - During non-scheduled appointments or emergency situations;
 - During non-aid essential communication situations;
 - During situations that may constitute a threat to the medical condition of the customer or companion;
 - When requested by the customer or companion.
13. When an interpreter is a no show, check the box accordingly, and document in section 3 what additional steps were taken to secure an interpreter as required. This may require attaching an additional sheet/s to the form, documenting this process.

SECTION 3: ADDITIONAL SERVICES REQUIRED:

14. When it is determined that the auxiliary aid or service provided was not effective, staff shall conduct a reassessment of the communication need to determine the appropriate alternative auxiliary aid.
15. When staff have determined that an interpreter did not meet their or the customer's or companion's expectations, they will document in this section and indicate what additional steps were taken by staff.

SECTION 4: REFERRAL AGENCY NOTIFICATION:

16. Provide advance notice to referral agencies of the Customer's or Companion's requested auxiliary aid or service.
17. This section must be documented with a statement indicating that staff notified the referral agency of the Customer's or Companion's requested auxiliary aid or service.

SECTION 5: DENIAL OF AUXILIARY AID/SERVICE:

17. A denial of an auxiliary aid and service should only be done when it is a **non-aid essential** communication. Staff must still ensure that effective communication is achieved through whatever alternative means are provided.
18. A reason must be provided for denial of service. Denials can only be made by designated personnel. Enter the name and title of person that made the denial determination, along with the time and date.

The original form must be placed in the Customer's medical chart or case file. Under certain circumstances a copy of the form must be provided to the Single-Point-of-Contact or the designated ADA/Section 504 Coordinator, along with a copy of the corresponding Customer or Companion Request For Free Communication Assistance or Waiver of Free Communication Assistance and the Monthly Summary Report.

WAIVER FOR FREE INTERPRETER SERVICES

- If the Customer or Companion declines DCF or DCF's Contracted Client Services Provider's offer to provide free auxiliary aids and services, staff shall complete form CF 763.
- DCF Personnel and DCF Contracted Client Services Providers must be prepared to secure the appropriate auxiliary aid or service in Aid-Essential Communication Situations; and observe and ensure that the Customer's or Companion's preferred auxiliary aid or service is effective.

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.

STANDARDS OF ETIQUETTE

1. INTERACTING WITH INDIVIDUALS WHO ARE DEAF

Individuals who are deaf have many different communication needs. The way a person communicates varies depending on many different factors. The best way to figure out what their communication preferences are is to ask them directly what they are most comfortable with. Also keep in mind that hearing loss does not equate to intelligence. Most often the reality is not that those with hearing loss fail to have the capacity to comprehend, the problem is they cannot hear what is being said aloud.

Some individuals use American Sign Language (ASL) or other sign language; some read lips and speak as their primary means of communication; some use Signed Exact English (SEE), where every word is signed in the exact sequence it is spoken in English, and there is a vocabulary which has a one-to-one relationship to English words. People who became deaf later in life may never have learned either sign language or lip-reading. Although they may pick up some sign and try their best to read lips, their primary means of communicating may be reading or writing.

Lip-reading ability varies greatly from person to person and from situation to situation. Only 30% of what is actually spoken is discernable on the lips. The best speech reader (aka Lip reader) is still only going to get every third word. Lip reading is greatly hindered by people who do not enunciate clearly, have mustaches shielding the lips, do not speak or look directly at the person, or that speaks with an accent affecting the way words appear on their lips. Therefore, when speaking with a person who reads lips, look directly at the person while speaking, make sure you are in a good light source, and keep your hands, gum and food away from your mouth while you are speaking.

When to Use Interpreters: Since communication is vital in the workplace and in service delivery, and the person who is deaf knows how he or she communicates best, supervisors and staff should follow the wishes of the person who is deaf regarding communication methods.

In casual situations and during initial contact, it is often acceptable to write notes to determine what the person needs. However, Department policy is to use nothing less than a qualified interpreter or CART provider for service delivery. The need for a more skilled interpreter or certified Cart provider depends not only on the complexity and importance of the information being communicated, but also on the ability of the interpreter or provider to translate the particular sign language used by the individual, and the speed.

2. INTERACTING WITH INDIVIDUALS WHO ARE HARD OF HEARING

Persons who are hard of hearing may or may not know how to sign, and their means of communication will depend on the degree of hearing loss, when they became hard of hearing, etc. A person who is hard of hearing may or may not wear a hearing aid. Employees should be aware that many people who are hard of hearing will not admit having a hearing loss, so it is important employees be alerted to the signs of hearing loss:

- The person asks you to repeat yourself several times; and
- The person does not respond appropriately, especially if you have been talking with your back to them.

The key to communication with a person who is deaf or hard of hearing – as with all people – is patience and sensitivity. Please use the following guidelines:

- Ask the person how he or she prefers to communicate.

- If you are using an interpreter or CART provider, the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
- When using an interpreter or CART provider, talk directly to the person, not the interpreter. However, the person will look at the interpreter and may not make continuous eye contact with you during the conversation.
- Before you speak, make sure you have the attention of the person you are addressing.
- Speak clearly and distinctly at a moderate pace in a normal tone of voice, unless asked to raise your voice. Do not shout or exaggerate your words.
- Look directly at the person. Most people who are deaf or hard of hearing need to watch a person's face to help them understand what is being said. Do not turn your back or walk around while talking. If you look away, the person may assume the conversation is over.
- Periodically, ask the person to rephrase what you have said. This will show that you want them to understand everything and that you are interested in their situation. Watch for signs of bluffing (nodding head, agreeing) rather than a pertinent response.
- If the person does not understand after repeating, try rephrasing or using different words.
- Do not put obstacles in front of your face.
- Do not have objects in your mouth, such as gum, cigarettes, or food.
- Do not turn to another person in their presence to discuss them and their problems.
- Write notes back and forth, if feasible.
- Use facial expressions and gestures.
- Do not talk while writing, as the person cannot read your note and attempt to read your lips at the same time.
- Use a computer, if feasible, to type messages back and forth.
- Offer to provide an assistive listening device.
- If the person has a service animal, such as a dog, do not divert the animal's attention. Do not pet or speak to the animal.

3. INTERACTING WITH INDIVIDUALS WITH SPEECH DISABILITIES

Be tolerant and sensitive to persons with speech disability. Please use the following guidelines:

- Give the person your undivided attention.
- If you have trouble understanding someone's speech, ask him or her to repeat what he or she has said. It is better for the person to know you do not understand than to assume that you do.
- Do not simplify your own speech or raise your voice. Speak in a normal tone.

- Write notes back and forth or use a computer, if feasible.
- Ask for help in communicating. If the person uses a communicating device, such as manual or electronic communication board, ask the person how to use it.

4. INTERACTING WITH INDIVIDUALS WITH PHYSICAL DISABILITIES

Persons with physical disabilities have specific needs. Please use the following guidelines when communicating with a person with mobility or physical disabilities:

- Do not make assumptions about what the person can or cannot do. Always ask if the person would like assistance before you help them. Your help may not be needed or wanted.
- Do not touch a person's wheelchair or grab the arm of a person walking without first asking if he or she would like assistance.
- Do not hang or lean on a person's wheelchair because it is part of the wheelchair user's personal space.
- Never move someone's crutches, walker, cane, or other mobility aid without permission.
- When speaking to a person in a wheelchair for more than a few minutes, try to find a seat for yourself so the two are at eye level.
- Speak directly to the person in a wheelchair, not to someone nearby as if the wheelchair user does not exist.
- Do not patronize or demean the wheelchair user by patting him/her on the head.
- Do not discourage children from asking questions about the wheelchair. Open communication helps overcome fearful or misleading attitudes.
- When a wheelchair user "transfers" out of the wheelchair to a chair, toilet, car or bed, do not move the wheelchair out of reach.
- Do not raise your voice or shout. Use normal speech. It is okay to use expressions like "running along". It is likely that the wheelchair user expresses things the same way.
- Be aware of the wheelchair user's capabilities. Some users can walk with aid and use wheelchairs because they can conserve energy and move about quickly.
- Do not classify persons who use wheelchairs as sick. Wheelchairs are used for a variety of non-contagious disabilities.
- Do not assume that using a wheelchair is in itself a tragedy. It is a means of transportation or freedom that allows the user to move about independently.

5. INTERACTING WITH PEOPLE WHO ARE BLIND OR WHO HAVE LOW VISION

Persons who are blind or who have low vision have specific needs. Please use the following guidelines when communicating:

- The first thing to do when you meet a person who is blind or who has low vision is to identify yourself.
- When speaking, face the person directly. Speak in a normal tone. Your voice will let the person know where you are.
- Do not leave without saying that you are leaving.
- Some individuals who want assistance will tell you. You may offer assistance if it seems needed, but if your offer is declined, do not insist.
- When offering assistance, say, "Would you like to take my arm?" and allow the person to decline or accept. The movement of your arm will let the person know what to expect. Never grab or pull the person.
- When going through a doorway, let the person know whether the door opens in or out and to the right or left.
- Before going up or down stairs, let the person know that you are going up or down, and advise if there is a handrail and where it is. Ask the person if he or she would like assistance – he or she will let you know.
- When giving directions, or describing where things are in a room or in the person's path, be as specific as possible, and use clock clues where appropriate.
- When directing the person to a chair, let the person know where the back of the chair is, and he or she will take it from there..
- If the person has a service animal, do not direct or divert the animal's attention. Do not pet or speak to the animal unless the owner has given you permission.
- The person's single greatest communication need is to have access to visual information by having information either read or provided in an accessible format (Braille, audio).
- CART providers display text in large, contrasting fonts for those with low vision.

6. INTERACTING WITH PEOPLE WITH DUAL SENSORY DISABILITIES

- The means of communication with a person with dual sensory disabilities will depend on the degree of hearing and vision loss. Use all of the suggestions in the above sections on deaf or hard of hearing and blind or low vision.
- The person with dual sensory impairments has unique and very challenging communications needs. Staff is to use every possible means of communication available.
- Interpreters should wear contrasting colors of clothing to their skin and avoid wearing jewelry on the hands. Good lighting is needed as well.

- To obtain the attention of a person who is deaf blind, approach them and gently touch them on the shoulder or arm.

7. INTERACTING WITH PEOPLE WITH LIMITED ENGLISH PROFICIENCY (LEP)

- Many people who are eligible for services cannot effectively use those services because they are not proficient in English. Language barriers prevent us from effectively serving a large number of people. Breaking down these barriers will allow individuals with Limited English Proficiency to participate in the programs administered by the Department.
- The way a person with Limited English Proficiency communicates in English will vary from no English, to a little English or to very well. Use the following guidelines when communicating with a person with Limited English Proficiency:
 - Ask the person if he/she needs a foreign language interpreter.
 - If you are speaking through an interpreter, remember the interpreter may lag a few moments behind what is being said, so pause occasionally to allow time for a complete translation.
 - Talk directly to the person, not the interpreter. However, the LEP person may look at the interpreter and may not make eye contact with you.
 - If you know a little of the language, try using it. It may help you communicate and at least demonstrates your interest in communicating and willingness to try.
 - Do not simplify your speech or raise your voice. Speak in a normal tone.
 - The person's single greatest communication need is to have access to the information by having the information either orally translated or provided in their language written form.
 - Be patient and sensitive to the needs of the LEP person.



Department of Children and Families Customer/Companion Feedback Form

(To be completed by clients/customers who are Deaf or Hard-of-Hearing Only)

	Program Area: _____ Location: _____ <p style="text-align: center;">Department of Children and Families Survey</p> <p style="text-align: center;">Your feedback is very important to us. We would greatly appreciate you taking a few minutes to complete this brief survey.</p>
1.	Were you offered any services to help you communicate? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Did you ask for any services to help you communicate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If yes, what services to help you communicate did you receive? _____
4.	Did you receive the services to help you communicate you asked for? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did you understand completely? <input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Were you denied any services to help you communicate? <input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Were you satisfied with the services to help you communicate?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If not, why? _____ _____
9.	Did you know that these services to help you communicate were at no cost?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Did staff treat you with respect? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

The Department of Children and Families is committed to providing excellent customer service. While you are not required to respond, we thank you in advance for completing this survey. **The survey is ANONYMOUS; therefore, please do not provide your name or any other personal information UNLESS YOU WOULD LIKE TO BE CONTACTED.** Please complete the form and **submit it to the local office or mail to:** Department of Children and Families, Office of Civil Rights, 1317 Winewood Boulevard, Building 1, Room 110, Tallahassee, Florida 32399-0700.