

## 1. General Description of Programs

**"Programs" refers to programs, activities and services offered to the public. Can a disabled person(s) participate with reasonable accommodations?**

**Each city department that provides a program or service directly to the public should complete a questionnaire. For example, the Community Services Administration would complete one questionnaire for Bays Mountain Park and Planetarium, one for Cultural Arts, and another for the Farmer's Market, etc.**

**To prepare for this questionnaire, it is recommended that you make a listing of each program and service your department/division provides. This will assist you in answering the following questions. As you make this list, please remember that you are answering for your programs and services as a whole, not one program specifically. This preparation will aid you in completing this questionnaire in a timely fashion. I have emailed you a preview of this questionnaire to aid you in completing, however; you must respond to the questions electronically.**

**The questionnaire should take approximately 25 minutes. Once you start this questionnaire you will not be able to stop and restart. Please allow enough time to complete.**

**Please answer all questions. If a question is not applicable to you, please mark 'not applicable.'**

**If you have any questions about how many questionnaires your department should complete or a question about the questionnaire itself, please contact me at either [AmyDeakins@KingsportTN.gov](mailto:AmyDeakins@KingsportTN.gov) or (423) 343-9794.**

**Thank you!**

**\* 1. Person Who Completed Questionnaire**

**Name**

**Title**

**Department**

**Facility/Building where  
you are located**

**Email Address**

**Phone Number**

## 2. General Questions

**This questionnaire is regarding the Americans with Disabilities Act (ADA) Self-Evaluation Plan and Transition Plan which the city is currently revising. These questions will assist in development of these plans and will provide us with invaluable information.**

\* 2. Does your department know who the ADA Coordinator is for the City of Kingsport?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please provide name of the ADA Coordinator:

\* 3. Has your department posted the name and address of the ADA Coordinator with the Public Notice regarding the ADA?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please state where in your facility the notice was placed.

\* 4. Does your department know the city's ADA grievance procedures and where to locate the city's grievance procedure forms?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please state where:

\* 5. Are the ADA grievance procedures posted at your facilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please state where:

\* 6. Are you aware of any members of the community or recipients of services with disabilities who utilize your programs or services?

- Yes
- No
- Don't Know
- Not Applicable

Comments (No Names Please of Community Members):

\* 7. Has your department received any awards or special recognitions regarding programs or services for individuals with disabilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe:

\* 8. Does your department have any construction or remodeling projects currently underway or planned within the next three years?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe:

### 3. Accessible/Adaptive Equipment

\* 9. Do you allow members of the public to use electronic equipment such as self-serve copying machines, computers, work-stations, *etc.*?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 10. If yes, do you ensure that electronic equipment is accessible to and usable by individuals with disabilities? For example, having the microfiche or self-serve computer located at an accessible workstation. If answer to previous question was no, please answer not applicable.

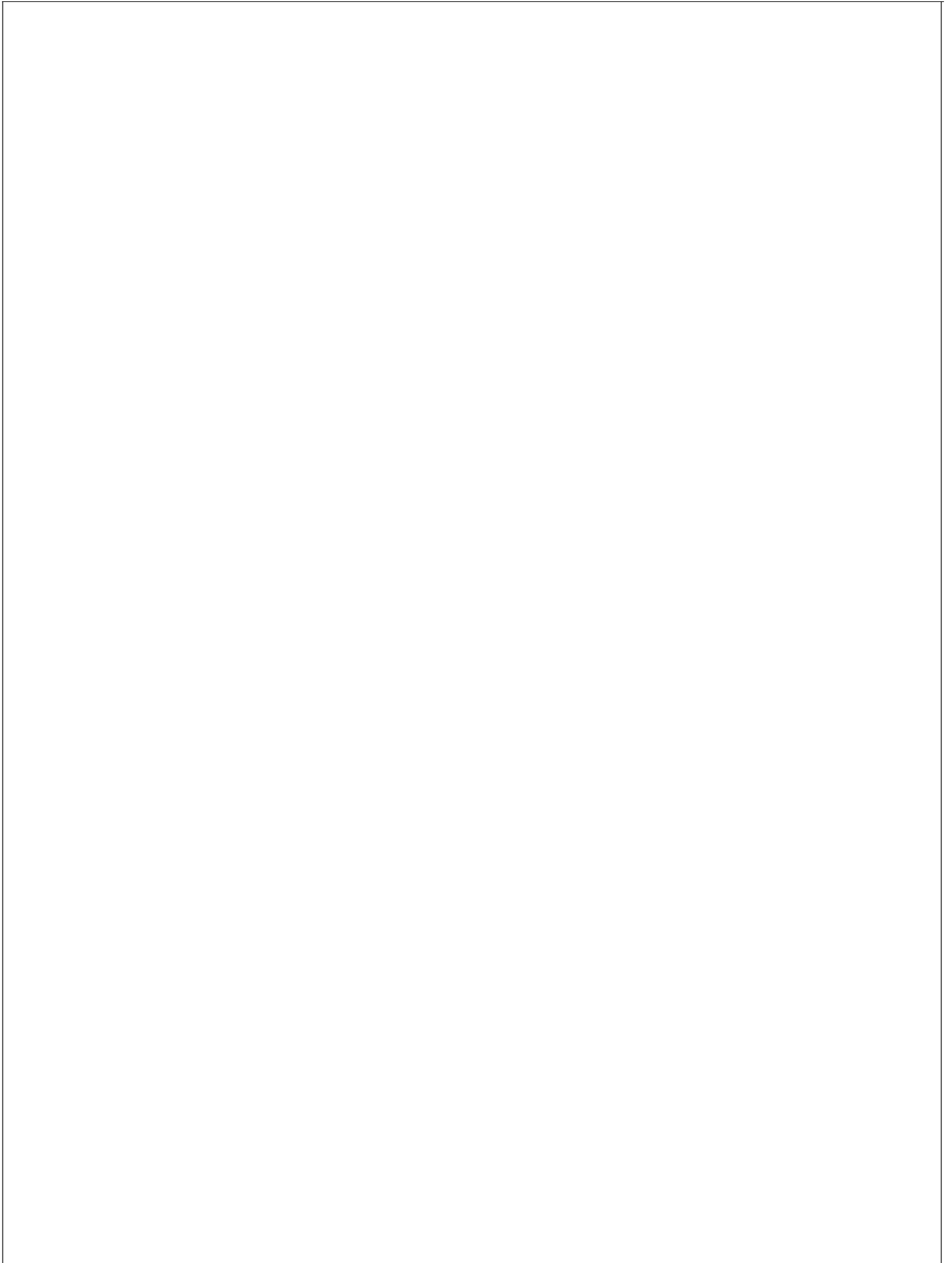
- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 11. Are auxiliary aids (such as a moveable light source, adjustable worktable levels, paper and pen, *etc.*) provided to assist persons with disabilities when requested?

- Yes
- No
- Don't Know
- Not Applicable

Comments:



## 4. Customer Service

\* 12. Has your department made changes to operating procedures to include a person with disabilities? For example, allowing someone to bring a personal attendant with them to a recreation class or moving an event to an accessible location?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 13. Does your department keep a record of and/or track accessibility requests?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 14. Does your program charge an additional fee to people with disabilities for modifying programs or providing additional services?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 15. Does your department consult or work with any outside organizations or groups that assist people with disabilities?

- Yes
- No
- Don't Know
- Not Applicable

If so, please list:

\* 16. Does your department have any policies or practice which exclude service animals, such as service dogs for the blind or signals dogs for the hearing impaired?

- Yes
- No
- Don't Know
- Not Applicable

Comments:



## 5. Notice Requirements

\* 17. Does your department have a non-discrimination statement that includes persons with disabilities?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 18. Is a non-discrimination statement including information about how to reach the ADA Coordinator posted in your department in a location that maximizes public exposure?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 19. Is your department aware of the city's ADA grievance procedure?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

## 6. Printed Information

\* 20. Does your department produce printed materials that are made available to the public?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 21. Who manages/creates your printed materials?

- My department manages/creates printed materials
- Printed materials are managed/created by an outside agency
- Both my department and by an outside agency
- Don't Know

If an outside agency is used, please list the name(s) of the outside agency(ies) used:

\* 22. How do you make documents and publications available to individuals with disabilities? Please check all that apply.

- Do not provide any alternative formats upon request
- Don't Know
- Audiotape
- Braille
- Electronic Copy
- Large Print

Please list other formats provided:

\* 23. Does your department make the content of documents and publications available in simple, easy-to-understand language for individuals with learning disabilities?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 24. Does your department include images of people with disabilities within printed materials that include images of people?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

## 7. Audiovisual Information

\* 25. What type of audiovisual presentations does your department provide?

- Digital
- Live Stream
- Videotape
- Television
- Powerpoint Presentations (if contains video)
- None
- Not Applicable

Other (please specify)

\* 26. Does your department prepare audiovisual or televised presentations or website demonstrations/webinars open to the general public or make any audiovisual presentations for the general public?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 27. How do you prepare audiovisual, televised, or online presentations presented by your department to the general public accessible to individuals with disabilities? Please check all that apply.

- Closed Captioning
- Transcription or Transcribed
- Do not provide alternate formats upon request

Please list other alternative formats which you provide:

\* 28. If people are present in your audiovisual presentations, do you portray individuals with disabilities in your presentations?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

## 8. Website

\* 29. Does your department have a website?

- Yes
- No
- No, our department is on the city's website
- Don't Know
- Not Applicable

Comments:

\* 30. Does your department have a Facebook or Twitter account?

- Yes
- No
- Both
- Don't Know
- Not Applicable

Is yes, please identify the Facebook or Twitter account name:

31. If yes, who manages the material for those pages?

\* 32. Is the information regarding your department's facilities, programs, and services created and managed by your department or another?

- By others
- By the department
- A combination

Please specify the names of persons responsible for the answer given:

\* 33. What information is provided on your department's website? (Please check all that apply.)

- Information regarding department
- Information regarding events
- Public Meetings
- Forms
- Building Codes
- Permit Costs
- Fines and Fees
- Programs and Activities
- Board of Mayor and Alderman Meetings
- Tax Information
- Licenses
- FAQs
- Contact Us Information

Other information provided - major information - etc.:

\* 34. What content does your department post on your social media pages?

\* 35. Does your department's website or social media page include information about accessibility of facilities (i.e. parking, bathrooms, assistive listening devices, etc.) where programs or services are offered?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 36. Does your department ensure that its website and/or social media page is usable by individuals with disabilities, including those who use speaking browsers?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 37. Are the documents provided on your website and/or social media page for downloading accessible to persons with visual disabilities? Can users modify the size of the text?

- Yes
- No
- Don't Know
- Not Applicable

Comments:



## 9. Public Telephones and Communication Devices

\* 38. Does your department communicate by telephone with members of the public?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 39. Does any of your staff use a Text Telephone (TTY) to communicate with people with hearing or speech difficulties?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 40. Does any of your staff use the Tennessee Relay Service (711)?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 41. Does your department publish your TTY number or the Tennessee Relay Service numbers in materials where a phone number is listed?

- Yes
- No
- Don't Know
- Not Applicable

Comment

\* 42. Have you trained your staff in operating a TTY or other means of communicating over the telephone with a person with a hearing or speech disability?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

## 10. Training and Staffing

\* 43. How does your department inform staff who have contact with the public of your department's obligations and policies that enable persons with disabilities to participate in programs and services?

Please describe:

\* 44. Does your staff receive training on interacting with people with disabilities?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 45. Has your department provided training or information to your staff regarding the requirements of the Americans with Disabilities Act?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe:

## 11. Program Eligibility Requirements and Admission

\* 46. If a program has eligibility requirements for participation by the public, do the eligibility requirements contain any of the following:

- There are no eligibility requirements
- Don't Know
- Physical fitness standards
- Mental fitness
- Performance standards
- Safety standards

Other Standards, please list:

\* 47. Following up on the previous question, how does your department ensure that these policies do not discriminate against people with disabilities?

\* 48. Are there any limitations for the number of people with disabilities who may participate in or be admitted to any departmental program? For example, exams, testing for level of ability, age requirements, *etc.* (e.g. Citizens Academy)

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 49. Does your program use any criteria (for example: good health or written and/or oral tests including level of skill or achievement) in the admissions process? (e.g. Citizens Academy)

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 50. Are there any forms required for admission to the program (for example, tests and/or the submission of other admissions criteria such as certificates)?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 51. Do the forms contain a notice that the city does not discriminate against people with disabilities?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 52. Do any of your programs require an interview prior to an applicant's entrance into the program?

- Yes
- No
- Don't Know
- Not Applicable

Comment:

## 12. Public Meetings

\* 53. Does your department or any committee such as an advisory committee hold public meetings?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

54. If a committee holds public meetings, please name the committees.

\* 55. Does your department require that public meetings, hearings or conferences be held at a location accessible to persons with disabilities?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 56. Are American Sign Language interpreters, readers, or adaptive equipment provided when requested for meetings, interviews, and conferences?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 57. Does your department ensure that all individuals with hearing disabilities who do not read sign language can participate effectively in meetings, conferences, and hearings via assistive listening devices or other means when requested?

- Yes
- No
- Don't Know
- Not Applicable

Comments:

\* 58. Does your department request any adaptive equipment, or know where to obtain adaptive equipment, prior to a public meeting?

- Yes
- No
- Don't Know
- Not Applicable

If the answer is yes, please identify where you obtain the adaptive equipment:



## 13. Transportation Services

\* 59. Does your department provide transportation for volunteers, program participants, visitors, and others who participate in your programs?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe:

\* 60. Does your department have procedures to make transportation accessible to persons who have visual, hearing, mobility, cognitive, or other disabilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe:

## 14. Tours and Trips

\* 61. Does your department provide facility tours or organize trips for members of the public?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please list the tours and trips:

\* 62. Does your department have procedures to make tours and trips accessible to persons who have visual, hearing, mobility, cognitive, emotional, or other disabilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe the procedures:

## 15. Third-Parties (Outside Vendor)

\* 63. Does your department use third-parties to conduct programs or activities on your behalf?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please list which third-party has been used:

\* 64. Does your department ensure that third-parties are aware of their obligations to facilitate participation of individuals with disabilities in programs or activities operated on behalf of your department?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe the procedures:

## 16. Emergency Evacuation Procedure

\* 65. Does your department notify individuals with visual, hearing, mobility, cognitive, emotional, or other disabilities of emergencies and evacuation procedures?

- Yes
- No
- Don't Know
- Not Applicable

If yes, describe the equipment and/or procedures your department use to notify individuals with visual disabilities of emergencies and evacuation procedures:

\* 66. Does your department have emergency evacuation plans posted at your location?

- Yes
- No
- Don't Know
- Not Applicable

If yes, where:

## 17. Facilities

\* 67. List all facilities/portion of facilities not owned by the city which is used for departmental programs. For each facility, designate the activity for which it is used. (Note: Facilities leased or otherwise leased from another person/organization should also be included). (e.g. V.O. Dobbins)

\* 68. Has your department had any requests for improving accessibility to your departments programs or facilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe how many requests and what the requests were for:

## 18. Special Events and Private Events on Public Properties

\* 69. Does your department organize special events or do you help facilitate private events on city property such as a park or city building?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe briefly the type of event and what types of outside organizations are involved:

\* 70. Does your department ensure that both private entities and your staff are aware of their obligations to facilitate participation of individuals with disabilities in these special events or private events held on public property?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe your department's procedures:

## 19. Last Question

**Thank you for completing the questionnaire. This is the last question.**

71. Do you have any accessibility questions/issues with which you need assistance? Please use this space for any questions or comments.