



**REPORT ON SECTION 504 SELF-  
EVALUATION OF HUD CONDUCTED  
PROGRAMS AND ACTIVITIES -  
PHASE I**

March 2005

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# REPORT ON SECTION 504 SELF-EVALUATION OF HUD CONDUCTED PROGRAMS AND ACTIVITIES – PHASE I

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## INTRODUCTION

### 1. PURPOSE

The purpose of this draft report is to present the results of the U.S. Department of Housing and Urban Development's (Department or HUD) self-evaluation of HUD-conducted programs and Regional Office facilities. HUD conducted this self-evaluation pursuant to regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, at 24 CFR Part 9. HUD is seeking public comment on the draft report from interested parties, including persons with disabilities, or organizations representing individuals with disabilities. This draft report discusses the steps that HUD took to comply with the provisions of 24 CFR Part 9. Phase I of the self-evaluation reviewed HUD conducted programs and activities to determine if they discriminate against persons with disabilities, and Phase II reviewed the accessibility of HUD Regional Offices to persons with disabilities.

### 2. REQUIREMENTS OF SECTION 504

Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. Section 794, prohibits discrimination on the basis of disability in federally assisted programs and activities. In 1978, Section 504 was amended to extend its coverage to programs and activities conducted by federal executive agencies, including HUD. The Department's regulations implementing Section 504 for its programs and activities were codified as 24 CFR Part 9, entitled Enforcement of Nondiscrimination on the Basis of Disability in Programs and Activities conducted by the Department of Housing and Urban Development. The regulations define an individual with a disability as "any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment."

### 3. 24 CFR PART 9.110 REQUIREMENTS

Section 9.110 of the regulations requires the Department:

- To evaluate its current policies and practices, and the effects of those policies and practices, including regulations, handbooks, notices, and other written guidance, on the ability of persons with disabilities to access and use all HUD conducted programs and activities;
- To the extent modification of policies is required, the agency shall take the necessary corrective actions, including developing a plan to modify those identified barriers in order that persons with disabilities have access to all HUD programs; and
- To provide an opportunity to interested persons, including individuals with disabilities or organizations representing individuals with disabilities, to participate in the self-evaluation process by submitting comments (both oral and written).<sup>1</sup>

The objective of Phase I of the self-evaluation was to determine whether current policies and practices (including regulations, handbooks, notices, and other written guidance) governing HUD-conducted programs and their implementation discriminate or have the effect of discriminating on the basis of disability. The types of disability discrimination the self-evaluation seeks to disclose include: exclusion of a qualified person with a disability from participation in a program/activity on the basis of the disability; denial of benefits of a program/activity to a qualified person because of disability; policies that are neutral on their face, but in operation limit ability of persons with disabilities to benefit from program opportunities (e.g., requiring a citizen to make a written request for information on HUD's assisted housing programs); and providing a qualified person with a disability

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<sup>1</sup> The draft self-evaluation report will be posted on the HUD website after notice is published in the federal register soliciting public comments on the draft report.

a different or separate benefit or service unless such an action is required to provide a benefit or service as effective as those provided to others (e.g., holding a separate training program for persons with hearing impairments is discriminatory when the training can be effectively held in an integrated setting with the provision of interpreters).

#### **4. THE HUD DISABILITY TASK FORCE AND THE SELF-EVALUATION PROCESS**

In October 2002, former Secretary Martinez created the Departmental Task Force on Disability Issues (DTF), in part, to provide leadership in the completion of the Department's self-evaluation. The DTF is Co-Chaired by HUD's Deputy Secretary and the Deputy Assistant Secretary for Enforcement and Programs within the Office of Fair Housing and Equal Opportunity (FHEO). The DTF includes representation from each Headquarters program office. FHEO provides staff support to the DTF, including with respect to the completion of the self-evaluation.

In fiscal year (FY) 2003, the DTF adopted a plan to complete both the program accessibility and physical accessibility phases of the Department's self-evaluation. The plan for conducting Phase I of the self-evaluation of HUD focused on programs, policies and practices issued by Headquarters program offices and divisions. The plan required these offices and divisions to complete a series of worksheets to identify barriers and provide proposed corrective actions. The worksheets were then evaluated by FHEO, which prepared this report for the approval and dissemination by the DTF as well as assessing HUD's overall program accessibility.

Because the work of the Department is carried out at the program office level, it was anticipated that a Section 504 self-evaluation at the Headquarters level would provide the data required for HUD to assess how it is responding to the needs of persons with disabilities.

Phase II of the self-evaluation consists of a plan to determine whether the facilities and places where HUD conducts its programs and activities are accessible to persons with disabilities. This phase of the self-evaluation began with a review of the 10 HUD Regional Offices. The decision to first complete the review of the Regional Offices was made in part because the Regional Offices employ the majority of the Department's staff nationwide and are central locations for much public contact. The remaining Field Offices will be reviewed by use of alternative means outlined in the final Phase II report. A Phase II working group was convened to develop a planned approach to the review of HUD Regional Office facilities. The DTF gave its approval of the proposed plans for both Phases of the self-evaluation.

### **PHASE I METHODOLOGY**

#### **1. STEPS EMPLOYED TO COMPLETE SELF-EVALUATION BY PROGRAM OFFICES AND DIVISIONS**

Each program office is responsible for specific programs and activities related to the overall mission of the Department. The program offices indicated that, because of wide areas of responsibilities, there were many instances where their programs and activities impact persons with disabilities.

HUD conducted its self-evaluation of all policies, procedures, and practices by directing each program office and division to complete the worksheet protocols developed by FHEO and approved by the DTF. The self-evaluation process used worksheets covering the following seven areas (see Appendix III for a copy of the worksheets):

1. Program Office information;
2. Policy evaluation checklist;
3. Equal opportunity to participate;
4. Communication issues checklist;
5. HUD conducted meetings checklist;
6. Contracting with external organizations; and
7. HUD Section 504 complaint process.

HUD distributed 158 sets of worksheets to its Program Offices and Divisions within headquarters. The worksheets required all Headquarters program offices and divisions to assess how they met the needs of persons with disabilities and to examine how accessible their programs and activities were

to individuals with disabilities. Each office was asked to identify barriers and provide recommendations for their elimination. Program offices selected coordinators to assist in the completion and submission of the worksheets.

## **2. WORKSHEET EVALUATION PROCESS**

### **a) Technical Assistance**

FHEO staff provided training for program office staff in the completion of the worksheets. Additionally, FHEO provided question-and-answer handouts to staff working on the completion of the Phase I worksheets, which clarified common issues that arose during the completion of the worksheets.

### **b) FHEO Review**

Once Headquarters program offices and divisions submitted the worksheets, FHEO staff began a thorough review of all submitted worksheets. FHEO staff also undertook a comprehensive review of all agency wide existing policies and procedures to determine how their application could potentially impact employees and the public who are disabled. In addition to this review, staff also interviewed the individuals responsible for the identified policies and procedures to ascertain whether there existed any practices that differed from the Departmental policy. Appendix I to this report contains a summary of all policies and procedures that were reviewed by FHEO staff.

## **BARRIER IDENTIFICATION AND RECOMMENDATIONS**

### **1. OVERVIEW**

The analysis of the completed worksheets indicated that program offices and division staff had some degree of awareness as to what the Department can do to make its programs and activities more accessible to persons with disabilities. Generally, staff understood their Section 504 responsibilities for providing reasonable accommodations to employees upon request and for making certain that no program or activity excludes persons solely on the basis of their disabilities. Few program offices, however, made efforts to communicate to the public the willingness of the Department to modify its programs or to provide documents in alternative formats to accommodate persons with disabilities. Many of the program offices and divisions indicated that only rarely did they ever receive requests from individuals with disabilities for modifications of program activities or requests for alternative formats. The self-evaluation worksheets also revealed that there was a lack of knowledge and understanding among some program offices as to the application of Department policies and procedures for accommodating employees and the public.

As part of the self-evaluation process, program offices were asked to submit recommendations for improving accessibility of their programs and activities for persons with disabilities in those areas where they identified a problem. FHEO staff also identified barriers and proposed recommendations based on a review and analysis of all submitted worksheets. Those recommendations are intended to increase the accessibility of the Department's programs and activities. Once adopted by the DTF, responsibility for implementing a majority of these recommendations will fall to the program offices, and ultimately, each Department employee. The DTF will propose a timetable for implementation.

### **2. BARRIERS IDENTIFIED BY SELF-EVALUATION AND RECOMMENDATIONS**

The barriers that were identified fell into three broad categories: 1) Communication; 2) Knowledge and Application of Policies; and 3) Building Evacuation Concerns. Discussed below are the barriers and recommendations by category.

#### **a) Communication:**

##### **1. Alternative Formats for HUD Documents**

There was a lack of understanding among program offices as to how to handle requests from the public for Departmental documents in alternative formats. In addition, offices indicated that they did

not typically notify the public that alternate formats might be available because they were unaware of whether the Department had the ability to produce documents in Braille, large print or other acceptable formats.

**POLICY/PROCEDURE:**

There is no written policy or procedure for providing Departmental documents in alternative formats.

**PRACTICE:**

A limited number of offices within Headquarters that have received requests for documents in alternative formats have provided such documents through a third party contract or using alternative means such as in-house Braille printing of large text formatted on disks. Additionally, the HUD web site and all documents accessible from that site are available in a "text only" format that is fully compatible with voice recognition software and compliant with Section 508.

**RECOMMENDATION:**

- The Department should explore the various options for creating documents in alternative formats, then develop and implement written procedures for requesting alternative formats.

Implementation due date: 3 months after issuance of final self-evaluation report  
Responsible Office: Office of Administrative and Management Services

**2. Persons with Hearing Impairments (Telephone Device for the Deaf or TTY)**

Many program offices reported that they had TTY equipment but lacked trained personnel to operate it. However, some program offices did not have TTY equipment available to them.

**POLICY/PROCEDURE:**

Under 24 CFR Part 9 at Section 9.160(2), whenever the agency communicates with applicants and beneficiaries or members of the public by telephone, telecommunication devices for deaf persons or equally effective telecommunication systems shall be used to communicate with persons with impaired hearing.

**RECOMMENDATIONS:**

- The Department will develop written procedures and provide training in the use of TTY equipment, including use in emergency situations.

Implementation due date: 6 months after issuance of final self-evaluation report  
Responsible Office: Office of Fair Housing and Equal Opportunity

- For all program offices that do not currently have TTY equipment, a notice will be issued reminding managers of their responsibilities under 24 CFR Section 9.160 to ensure effective communication with employees, applicants and the general public.

Implementation due date: 3 months after issuance of final self-evaluation report  
Responsible Office: Office of Fair Housing and Equal Opportunity

**3. The TTY telephone numbers for program offices were not always published.**

**POLICY/PROCEDURE:**

The TTY telephone numbers for all individual employees who have been assigned a TTY are listed in the "HUD Locator" on the intranet.

**RECOMMENDATIONS:**

- In the notice issued by the Department, managers will be reminded that TTY numbers must be regularly published along with the regular office telephone number. The responsible office will follow up on a semi-annual basis.

Implementation due date: 3 months after issuance of final self-evaluation report  
Responsible Office: Office of Fair Housing and Equal Opportunity

- Program offices with "800 hotlines" or help desks intended for use by employees and the public must explore the feasibility of obtaining a TTY and publish the TTY number along with the standard telephone number.

Implementation due date: 3 months after issuance of final self-evaluation report  
Responsible Office: All Program Offices

- Periodically, test all TTY numbers to ascertain if they are effective.

Implementation due date: Annually  
Responsible Office: All Program Offices

**4. Persons with Hearing Impairments - Federal Information Relay System**

Most employees are generally not aware of the Federal Information Relay Service or how to access the system in the event that Department staff needs to contact a person who is hearing impaired.

**POLICY/PROCEDURE:**

The Department does not have any written policy or procedure on the use of the relay system.

**PRACTICE:**

In the past, the Department has provided information to some employees on the use of the relay system. In addition, information on the relay system is contained in the HUD internal telephone directory.

**RECOMMENDATIONS:**

- The Department should provide training on the proper use of Federal Information Relay Service and periodically publish information to employees on the use of the relay system.

Implementation due date: 4 months after issuance of final self-evaluation report  
Responsible Official: Office of Administrative and Management Services

- In the notice issued by the Department, managers will be reminded that the relay telephone number should be provided along with the TTY regular telephone numbers.

Implementation due date: 3 months after issuance of final self-evaluation report  
Responsible Office: Office of Fair Housing and Equal Opportunity

**5. Persons with Hearing Impairments (Sign Language Interpreters)**

Many program offices were not aware of the procedures for requesting a sign-language interpreter for HUD sponsored training workshops, conferences and events. Program offices indicated that they were unaware of alternatives to interpreters that may best suit individuals with hearing impairments.

**POLICY/PROCEDURE:**

The Office of Administration manages the Headquarters interpreter contract. It has been the practice of the interpreter staff to disseminate the procedures for requesting interpreter services to only supervisors of deaf employees.

**RECOMMENDATIONS:**

- In order to reach a broader base of employees, it is recommended that the procedures for requesting an interpreter at Headquarters be linked on the HUD website as well as be disseminated in a notice to the HUD Training Academy, personnel staff, and program office heads.

Implementation due date: 4 months after issuance of final self-evaluation report  
Responsible Office: Office of Administration

- All event coordinators should make certain that notification is given to the interpreter staff in advance of all scheduled events.

Implementation due date: 1 month after issuance of final self-evaluation report  
Responsible Office: Office of Administration

- Currently, the interpreter contract does not allow for interpreting for HUD field staff that is temporarily at Headquarters. The contract should be reviewed and revised.

Implementation due date: At renewal date  
Responsible Office: Office of Administration

**6. Need to consider needs of persons with disabilities**

Several program offices felt that there was a general lack of staff understanding concerning issues that arise with respect to employees with disabilities.

**POLICY/PROCEDURE:**

The DTF was created, in part, to provide a vehicle for program offices, through their representatives, to address issues that effect the Department's programs and activities.

**RECOMMENDATION:**

- Since knowledge of the mission of the DTF may be lacking, DTF members should ensure the widest dissemination of information to improve the understanding of issues that face employees and the public with disabilities within their respective offices.

Implementation due date: 3 months after issuance of final self-evaluation report  
Responsible Official: DTF and Office of Fair Housing and Equal Opportunity

**7. Procurement Issues**

Program offices did not have a clear understanding of how to accommodate persons with disabilities when entering into purchase contracts for equipment and services.

**POLICY/PROCEDURE:**

The Procurement Policies and Procedures Handbook, 2210.3 REV 9, prescribes Departmental policies and procedures to be followed in the procurement of personal property and nonpersonal services. This Handbook provides guidance, which supplements the direction provided in the Federal Acquisition Regulation (FAR) and the HUD Acquisition Regulation (HUDAR). The policy includes a provision requiring that sources shall not be included or excluded on the basis of disability, among other protected classes. The policy also contains a provision that the Department maximizes procurement opportunities for, and awards a fair portion of the Department's total procurement requirements to small businesses, service-disabled veteran-owned businesses and other underutilized businesses. The policy also contains a procedure that all requests for contract services shall include provisions for complying with the Section 508 accessible information technology requirements.

**8. Barriers Identified through Staff Interview**



- The policy does not require that all contracts mandate compliance with Section 504 of the Rehabilitation Act of 1973.
- Contractors are not required to provide their written products (reports, handbooks) in alternative formats for people with vision impairments.

**RECOMMENDATIONS:**

- If consistent with the FAR and the HUDAR, the Department will require that all future contracts mandate compliance with Section 504 of the Rehabilitation Act of 1973.

Implementation due date: 4 months after issuance of final self-evaluation report  
 Responsible Office: Office of the Chief Procurement Officer

- If consistent with the FAR and the HUDAR, the Department will require all contractors to provide their written documents (reports, handbooks) also in an electronic format that will allow the Department to provide the document in alternative format for people with vision impairments upon request.

Implementation due date: 4 months after issuance of final self-evaluation report  
 Responsible Office: Office of the Chief Procurement Officer

- The Department should develop a notice informing all managers that Section 504, Part 9 requires that all HUD conducted meetings be accessible and that meeting facilities should be assessed for accessibility prior to selecting the site. The notice will provide an accessibility checklist for management's use.

Implementation due date: 4 months after issuance of final self-evaluation report  
 Responsible Office: Office of Fair Housing and Equal Opportunity

b) Knowledge and Application of HUD Policies

**1. Reasonable Accommodation Procedures**

Program offices indicated that many managers and staff employees were unaware of the proper procedures for requesting an accommodation. Additionally, some program office staff were not aware of the types of accommodations that can be requested or they were not aware that programs and activities could be modified to accommodate requests by employees or the public.

**POLICY/PROCEDURE:**

The Department developed a reasonable accommodation policy for all HUD employees which is available on the HUD website in an accessible format (see [HUD@work](#) under HUD offices and locate the Office of Departmental Equal Employment Opportunity (ODEEO)). This policy provides procedures for both managers and employees as to their rights and responsibilities with respect to requesting and granting or denying reasonable accommodation requests.

**PRACTICE:**

ODEEO conducted six training sessions on the reasonable accommodation procedures for managers and employees in July 2004. There is an agreement between HUD and the American Federation of Government Workers (AFGW) that all employees will receive training on the reasonable accommodation procedures annually. ODEEO is working with the HUD Training Academy to develop a distance-learning program to be presented to all employees beginning in March 2005. Subject to funding, ODEEO has proposed developing a web-based training program through the HUD virtual university that would be required for all employees.

**RECOMMENDATION:**

- The Department should continue to develop training programs to increase awareness of the reasonable accommodation procedures by both management and staff employees.

Implementation due date: Ongoing  
Responsible Office: Office of Departmental Equal Employment Opportunity

It is the practice of the Department to delay the granting of funding for accommodations when the agency is under a continuing resolution.

**RECOMMENDATION:**

- Requests for reasonable accommodations should not be denied or delayed unless an undue financial or administrative burden is shown or the granting of the accommodation would conflict with other federal laws.

Implementation due date: Ongoing  
Responsible Office: Office of the Assistant Chief Financial Officer for Budget

**2) Request for Equipment as a Reasonable Accommodation**

Since many of the requests for reasonable accommodation include a request for equipment, several of the program offices felt that it would be advantageous for staff to have an understanding of the correlation between Section 504 and the requirements of Section 508 of the Rehabilitation Act of 1973.

**POLICY/PROCEDURE:**

The Department's website has extensive information on Section 508 of the Rehabilitation Act of 1973, and the purchase of equipment that is compliant with the provisions of Section 508. In addition, the Assistive Technology Program (ATP) has accessible pages on the HUD website with detailed information on the process and procedure for requesting technical accommodations. To assist with

employee awareness, the ATP has arranged to have a highlight of the project with a link posted to the HUD web home page to appear on a regular basis.

**PRACTICE:**

During FY 2004, a contractor hired by the Assistant Secretary for Administration/Chief Information Officer (ASA/CID) developed seven separate courses on Section 508. They were:

- 1) Market Research;
- 2) Web, Software and Computers;
- 3) Section 508 and Assistive Technology;
- 4) Telecommunication and Large Office Machines;
- 5) Video and Multimedia;
- 6) Accessible Meetings and Presentations; and
- 7) Procurement Process.

These classes were offered at Headquarters as well as the Denver, Chicago and San Francisco Regional Offices. Over 600 students, including managers and employees, took advantage of these courses. Training materials for each of the courses is available on the Section 508 web link, which is accessible. The ASA/CID staff will be developing four additional courses during FY 2005.

**RECOMMENDATION:**

- The Department should continue to increase employee understanding of Section 508 requirements for electronic and information technology through training programs so that individuals with disabilities have access to information and data, equal to that used by individuals without disabilities.

Implementation due date:      Annually  
Responsible Office:              Office of Administration/Chief Information Officer

**3) EEO COMPLAINT PROCESS**

Many program offices indicated that staff and management were not aware of the Section 504 complaint process.

**POLICY/PROCEDURE:**

ODEEO has published a flow chart outlining the EEO complaint process that is available to all employees on the HUD intranet. Additionally, ODEEO has developed a brochure outlining HUD's equal employment opportunity policies for providing equality of opportunity in employment in the Department for all employees and applicants for employment. These documents outline the steps an employee or applicant needs to follow when using the Department's EEO complaint process.

**PRACTICE:**

Training is planned on the Notification and Federal Anti-Discrimination and Retaliation Act of 2002 (No Fear Act), conflict resolution, and the EEO complaint process. Presently, supervisors, including the program office's Discrimination Complaint Managers are being trained in the EEO complaint process. Plans are being developed to have the Office of Administration, Office of Human Resources include a section about the EEO complaint process in the new employee orientation.

- c) Building Evacuation

## 1. Facility Security - Headquarters

Some of the program offices felt that the current procedures for evacuation of the Headquarters building are not sufficient to address the needs of employees with disabilities. Many program offices felt that their staffs were not aware of the Headquarters evacuation committee nor have many employees been trained in evacuation procedures.

### POLICY/PROCEDURE:

Headquarters has a written Occupant Emergency Plan (OEP) that is available to all employees on the HUD intranet website. Portions of that policy expressly relate to employees with disabilities, including evacuation guidance, elevator use and restrictions, and the "buddy system" which is designed to assist employees with mobility impairments.

### PRACTICE:

Employees can access the OEP training module from the Office of Administration, the Office of Security and Emergency Planning (OSEP) web site. In addition, OSEP periodically conducts fire drills so that employees become familiar with the evacuation procedures. Finally, OSEP has recently placed posters on each floor in the elevator lobby areas **of the headquarters facility** to remind employees of the evacuation route.

### RECOMMENDATION:

- In an interview conducted with OSEP staff, it was noted that the Security/Emergency web page is not user friendly because the site is outdated and does not connect to the Office of Administration's web site. The Office of Information Technology should be directed to correct this problem.

Implementation due date: 90 days after final approval  
Responsible Office: Office of Administration/OSEP

## 2. Visitors

Several program offices indicated that they were not aware of the procedures for meeting disabled visitors to the Headquarters building.

### POLICY/PROCEDURE:

Every Department facility has a building security committee that establishes the standards for admitting employees and guests to HUD facilities.

### RECOMMENDATION:

- The Department should continue to inform employees on the proper procedures that are in place to accommodate visitors to the Headquarters facility.

Implementation due date: Ongoing  
Responsible Office: Office of Security and Emergency Planning

## CONCLUSION - PHASE I

The Department has an obligation to ensure that all of its programs and activities are accessible to people with disabilities, both members of the public and HUD employees. As a result of the self-evaluation process, this report was prepared to identify for the DTF those barriers in HUD programs and activities that may make it difficult for persons with disabilities to gain access to those programs and activities. Additionally, the report makes recommendations for addressing the identified barriers. As the Department implements these recommendations the following benefits will be achieved:

- Increase awareness for both employees and management as to issues affecting access to HUD programs for persons with disabilities;
- Implement training programs on Section 504 rights and responsibilities as well as other areas identified in this report; and.
- Increase access to HUD programs and activities for persons with disabilities as a result of implementing the recommendations contained in this report.

The Department is committed to continuing to work vigilantly to increase the ability of HUD customers and employees to be able to participate fully in all HUD-conducted programs and activities.

# REPORT ON SECTION 504 SELF-EVALUATION OF HUD FACILITIES - PHASE II

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## PHASE II METHODOLOGY

### 1. BACKGROUND

At the direction of the DTF, the Headquarters Offices of FHEO and Administration convened a Phase II Working Group in March 2003, to plan and conduct the physical accessibility review portion of the self-evaluation (Phase II). Participants had experience in space acquisition, facility oversight, disability laws, and planning, conducting, and leading staff training concerning Section 504 facility accessibility reviews.

The Department combined the self-evaluation and Transition Plan by identifying the programs, activities, and facilities having barriers that hinder access for people with disabilities, and by outlining the necessary steps to remove these barriers.

### 2. PHASE II PLANNING

The Phase II Working Group developed a plan to review the Department's facilities for accessibility, beginning with the review of the 10 Regional Offices. This decision was made in part because the Regional Offices house the majority of the Department's employees nationwide and are central locations for much public contact. The remaining field offices will be reviewed as outlined in Section D below.

The accessibility standards that apply to Section 504 of the Rehabilitation Act of 1973 are the Uniform Federal Accessibility Standards (UFAS), and the standards that apply to the Americans with Disabilities Act of 1990 (ADA) are the ADA Accessibility Guidelines for Buildings and Facilities (ADAAG). Additionally, HUD's rule at 24 CFR 9.151 calls for ADAAG to be used when it provides for greater accessibility. UFAS contains uniform standards for the design, construction, and alteration of buildings so that persons with disabilities will have ready access to and use of them in accordance with the Architectural Barriers Act (ABA). The UFAS document embodies an agreement to minimize the differences between the standards previously used by four agencies: 1) the General Services Administration (GSA); 2) HUD; 3) Department of Defense; and 4) the United States Postal Service that are authorized to issue standards under the ABA. UFAS was published in the Federal Register on August 7, 1984. HUD adopted the UFAS in 24 CFR Part 40, effective October 4, 1984.

### 3. PHASE II STAFF RESOURCES

Experienced Headquarters FHEO staff members headed teams of FHEO and Administration staff from the Regional Offices in the accessibility reviews at 9 of the Department's 10 Regional Offices. Scheduling of the Philadelphia Regional Office Accessibility Review is being held in abeyance pending a decision concerning lease renewal or relocation.

Participants for each Regional Office review included six to eight Regional FHEO staff members and two to three staff members from the Administrative Resource Division (ARD). The ARD is one of four divisions of the Office of Administration's Administrative Service Center (ASC), which provides administrative and support services to the Field Offices. The ARD is the Department's liaison with GSA and private lessors.

### 4. CONSULTATION WITH GENERAL SERVICES ADMINISTRATION

GSA, as the federal government's landlord, oversees, builds, operates, alters, and leases facilities. However, as outlined in the Department of Justice Technical Assistance Guide (TAG), each federal agency has its own responsibility for determining if its programs are accessible. The guidance recommended working in coordination with GSA (see TAG-5-87-1, p.7).

The Working Group conducted a series of meetings and consulted with managers and staff of the GSA, including the Deputy Commissioner of the Public Buildings Commission, the Chief Architect, and representatives from Realty Services. Additionally, at every venue, GSA was notified of the review and invited to participate in all facets of the training and review. As each review is completed, GSA and HUD are coordinating barrier removal or alterations as well.

## **5. ONSITE REVIEW STRATEGY**

The Working Group designed and field-tested the survey instrument and the training procedures and developed the protocol and timeline for conducting the onsite reviews. The review was scheduled to be conducted in three days at each site. Day 1 included: 1) a walk-through of the facility to get an overview of the breadth of the review, unless this could be completed the day before the review began; 2) an opening meeting with FHEO, Administration, and other program managers, as well as the Regional Director, who leads the Regional Office; 3) the staff training, including a hands-on component focusing on the use of the survey instrument and tools; and 4) the beginning of the accessibility review.

Day 2 was dedicated to completing the review of facilities. Day 3 was spent writing the report of findings and holding a closing meeting with the Regional Director, as well as FHEO, Administration, and other program managers. Discussions with GSA representatives were ongoing throughout the week to keep them apprised of barriers that were identified.

## **6. BARRIER REMOVAL EFFORTS**

The Working Group developed and implemented the Phase II follow-up protocol. The strategy was to finalize each accessibility report after every review and to create a summary report that outlined the barriers that were identified during the review. The ASC's scheduled meetings with FHEO Headquarters and GSA at the regional or local level to discuss the reviews and corrective actions needed, including:

- Determining any corrective items that appeared problematic from a cost or technical standpoint; and,
- Identifying any issues that existed with respect to who would pay for the modifications required (i.e., HUD or GSA). Then, GSA and the Office of Administration were to submit a detailed plan to FHEO for each site reviewed indicating:
  - Any remedial alterations that would be made;
  - Who would pay for the remedial alterations;
  - A timetable for making the remedial alterations;
  - Who would certify that the remedial alterations have been completed in accordance with the UFAS standards; and
  - A list of any remedial alterations that could not be made and the reasons why.

FHEO notified the Office of Administration and GSA if there were any questions or concerns with the detailed plan submitted, and then the Office of Administration and FHEO agreed on the amended detailed plans.

For each venue reviewed, the team created a Section 504 Accessibility Report, which gives a floor-by-floor breakdown of each element that deviated from UFAS. (See additional information about the reports in Section B 4. below.) For the specific findings noted in the full report, a photograph was taken that identifies the problem that was noted by the review team. The review teams also created a Summary of Findings for each site, which enumerates the deviations from UFAS by element.

Following the identification of barriers, staff from the Offices of Administration and FHEO consulted with building managers and GSA representatives to identify areas to be altered or alternate provisions to be made to ensure accessibility for people with disabilities. After these discussions, plans were made and the next steps to be taken were identified. The Summary of Findings for each venue was annotated and/or a matrix was created to reflect specifically what actions were going to be taken or had already been carried out, by whom, and the timeline for such action. In some

Regional Offices, significant steps have already been taken to remove barriers identified, while in other Regional Offices, the process is in the earlier stages and ongoing.

## **REVIEW TECHNIQUES AND INSTRUMENTS**

Following is a description of the team approach used in conducting these accessibility reviews, the tools and equipment required, and an overview of the elements of the accessibility report.

### **1. TEAM APPROACH**

To effectively accomplish the task of reviewing the buildings and reporting the results, the Phase II Working Group decided to utilize a team approach. For each Regional Office reviewed, a manager of the team leaders was selected. The manager was responsible for coordinating the review with both the Offices of Administration and FHEO and overall delineation of the duties of the team leaders. Coordination included: ensuring an invitation was extended to GSA to participate; obtaining the conference space and equipment; directing the activities of the team leaders; training the Regional Office staff; advising the office which oversees activities of the Regional Offices, Field Policy Management, as well as the Regional Director and Program Managers, about the review; coordinating with the Office of Administration; and scheduling opening and closing meetings with senior staff to discuss the direction of the review and the findings of the review. Each team leader assisted the review team manager and provided oversight to three staff (from both the Offices of Administration and FHEO).

The skills learned and used in conducting Phase II accessibility reviews are transferable to accessibility reviews of public housing authorities and other recipients of federal financial assistance as well as to other buildings, both federal and private that are being considered for office space. Therefore, during the training and the review, the team leaders emphasized the accurate measurement and recording of dimensions relating to accessibility, as well as proper documentation of the non-compliant areas with photographs and utilization of the correct UFAS citations to summarize these results in a comprehensive report.

To further the hands-on training effort, the members of the review team alternated between tasks. One person, the note-taker, read aloud the description of the item to be measured from the checklist. Another team member measured and relayed the actual measurement to the note-taker, who then wrote it down. The team determined at that time whether the item was in non-compliance based on the standards identified in the checklist and the actual measurement. If the item was in non-compliance, then the team generally took two pictures. The first picture was taken of the item and the measuring tape and was a close-up measurement. The second picture was the area picture that helped to identify the actual location of the item. The note-taker would write the portion of the report that covered that area. To assure that all team members had the opportunity to have hands-on experience for each task, the team members switched tasks after each floor, or in the case of complicated spaces (such as bathrooms or conference space), after each large task. This hands-on approach was very useful, even for team members who were less experienced.

The teams wrote the report immediately after each review was conducted. The individual who took notes was in charge of writing the report for that section of the building, and was assisted by the other team members, who took turns organizing, cataloging, cross-referencing, and numbering the pictures, as well as verifying the citations in the UFAS.

Utilizing this team approach has enhanced the quality of the reports, as well as provided an opportunity for hands-on training and oversight in conducting accurate reviews and documenting the results in accessibility reports.

### **2. TOOLS**

**TAPE MEASURE:** The review team used a 25-foot heavy-duty tape measure to measure the width and height of elements to determine if they were accessible according to the UFAS. For example, the review team measured the width of doorways, accessible routes, accessible parking spaces and access aisles. The review team also measured the height of items such as door hardware, control switches, lavatories, water closets, and counters.



**SMARTLEVEL:** The review team used the SmartLevel, which is a digital electronic level used to measure the slope and cross slope of ramps and accessible parking spaces and access aisles. The SmartLevel read all angles through 360 degrees, displaying these measurements in four different modes: angle, slope, pitch, and simulated bubble. The review team trained individuals to document measurements in percentages on the checklist. The review team used a chart that converts between percentage, degree and ratio.

**DOOR PRESSURE GAUGE:** The review team used a door pressure gauge that measures pounds of force for pushing or pulling open an interior door.

**CAMERA:** The review team used a camera to take a picture of items that were in non-compliance.

**UFAS:** The review team referred to the UFAS during the review to clarify measurement standards or requirements, or to verify information in figures.

### 3. CHECKLIST

Staff in FHEO created its own checklist, which the Phase II Working Group approved for use while conducting the HUD Self-Assessment reviews. The Office of FHEO found that the UFAS Accessibility Checklist prepared by the U.S. Architectural & Transportation Barriers Compliance Board (ATBCB) did not allow for recording actual measurements, but instead asked the reviewer to check "Yes," "No," or "N/A" in response to questions posed in its checklist. For HUD's use, it was determined to be better to document actual measurements. FHEO created its checklist by taking requirements from the UFAS and including them in its checklist in a logical format that is easy to follow.

The FHEO checklist includes UFAS citations as well as actual standard measurements from the UFAS. Providing the citations helped the reviewer make the transition to writing up the report of non-compliance findings. The front page of FHEO's checklist is divided into two main areas of review:

1) exterior/common areas, which includes accessible parking at HUD sites, accessible routes, signage, doors, public offices, public restrooms, elevators, and telephones; and 2) employee common areas, which includes mailrooms, libraries, day care facilities, auditoriums, health care facilities, and fitness centers. The FHEO checklist is set up in a logical order, guiding a reviewer from the accessible parking space, to the accessible route, ramps, stairs, signage, to doors and then into and throughout the building.

The front page of the checklist serves as a table of contents, including the appropriate page numbers, and lists the different elements to be reviewed. The FHEO checklist provides space for recording items such as:

- a. The name and address of the facility;
- b. Whether it is leased or owned;
- c. The names of the reviewers;
- d. The dates of the review; and
- e. The name and phone number of the GSA representative.

Starting on the second page, FHEO's checklist is divided into five columns:

- 1) UFAS citation(s);
- 2) Elements to be reviewed;
- 3) Measurements/comments;
- 4) Non-compliance findings; and
- 5) Picture numbers.

The first column provides the reviewer with the citation(s) covering the elements to be reviewed. The second column lists the elements to be reviewed. It also includes the UFAS standard for the element. The third column is used for recording the actual measurements and any comments the reviewer may decide to include to clarify a finding. The fourth column is used to record any element that is in

non-compliance with UFAS. The fifth column is used for recording the picture numbers of elements that are in non-compliance.

#### 4. ACCESSIBILITY REPORT WRITING PROTOCOL

When the teams completed the accessibility review of the Regional Office, they then wrote their findings in an Accessibility Report. The Accessibility Report contained only the elements that did not comply with UFAS. The report also included:

- a. The location of the element that was not in compliance with UFAS. For example: "Accessible Parking Space, Front Parking Lot;"
- b. The way the element was not in compliance with UFAS. For example: "The designated accessible parking space does not have a minimum width of 96;"
- c. The actual measurement of the element that was not in compliance. For example: "The width of the designated accessible parking space is 92;" and
- d. The UFAS citation that references the particular element. For example: "UFAS 4.6.3, Figure 9."

Thus, the final product looked as follows:

**"Accessible Parking Space, Front Parking Lot:** The designated accessible parking space does not have a minimum width of 96". The accessible parking space is 92" wide. *See UFAS 4.6.3, Figure 9."*

Also, when writing the report, the report writer ensured that:

- a. The language was consistent with the language used in UFAS. For example, UFAS uses the term "lavatory" for sinks located in restrooms and the term "water closet" for toilet;
- b. The language was consistent throughout the report. For example, the same elements that are not in compliance all contain similar language and reference the same UFAS citation(s); and
- c. The UFAS citations were accurate. For example, the height of a toilet seat in a public restroom should be 17" to 19" above the finished floor. *See UFAS § 4.16.3.* However, if this toilet had been in a dwelling unit and not in a public facility, the UFAS citation and the height requirement would be different. The height of a toilet seat in a dwelling unit should be 15" to 19" above the finished floor. *See UFAS § 4.34.5.2(2).* Report writers are trained to note that UFAS citation for each element is different and to correctly cite UFAS.

#### SUMMARY OF INACCESSIBLE FEATURES

The Department must conduct its programs, when viewed in their entirety, in an accessible manner. The Department's review identified that each of its Regional Office facilities had several inaccessible areas, as defined by UFAS requirements. The most common inaccessible areas included: 1) Parking facilities; 2) Signage throughout the facilities; 3) Restrooms; 4) Door widths; 5) Counter locations and heights; 6) Drinking fountain locations; 7) Ramp sizes and slopes; and 8) Protruding objects in the accessible routes. However, there were few major barriers identified that would make the facilities non-usable. The Department is committed to ensuring that people with disabilities have full access to its programs and facilities. Therefore, teams from the Offices of Administration and FHEO are analyzing, on a case-by-case basis, when barriers can be removed or whether non-architectural fixes would be appropriate to remove barriers. Additionally, though some barriers are beyond the Department's direct control, for instance, because contractors operate the facilities, such as vending machines, health units, or fitness centers, since such barriers could affect participation by people with disabilities, these barriers are included in the reports, and attempts to correct these problems are documented. Additionally, for mailboxes, library materials, and other moveable elements, alternate arrangements will be made when needed.

The Summary of Findings for each Regional Office is found in Appendix II and is annotated to document the Department's efforts to remove barriers.

## **FUTURE PLANS**

### **1. SPACE ACQUISITION**

In order for the Department to be proactive in future space acquisition and designing and configuring space, the Phase II Working Group is developing procedures for the Office of Administration to follow as it evaluates potential space in the future. Additionally, the Office of Administration will develop consistent space requirements documentation that encompasses Section 504 (UFAS) and ADA (ADAAG) accessibility requirements for use in new leases or renewals. One purpose in training the ARD staff in conducting the Section 504 accessibility reviews of the Regional Offices was to increase their familiarity with UFAS requirements for future space needs.

### **2. FIELD OFFICES**

The Phase II plan also calls for the remaining HUD facilities to be reviewed for accessibility by adding relevant questions to the Department's Quality Management Review (QMR) process. The QMR process is a broad management and operational review program that sets standards, assesses performance, determines efficiencies and deficiencies, and makes changes and improvements within HUD's local offices. The QMR team includes a staff person from each program office. Each QMR review lasts approximately three and a half days. The Phase II Working Group is still formulating the procedure with regard to incorporating the accessibility review as part of the QMR process and will continue to coordinate with the Office of Departmental Operations and Coordination (ODOC), which is responsible for the QMR process. This will require additional resources and personnel who are trained in conducting accessibility reviews. Also, once Regional FHEO and Administration staffs are trained in each of the Regional Offices, as they travel to Field Offices, they can lead Field Office staff in conducting focused assessments of the Field Offices.

### **3. HEADQUARTERS**

The HUD Headquarters building, located at 451 Seventh Street, SW, Washington, DC, and other HUD facilities that are part of the Washington Capital Region, were reviewed in 1995 through a contract between GSA and Lewis and Associates. The scope of work instructed Lewis and Associates to identify the elements in the public spaces that did not conform to the accessibility standards. The review identified numerous problems, some of which have been corrected.

The Phase II Working Group determined that the Headquarters building would be reviewed in the last quarter of 2004. In order for FY 2004 travel funds to be spent before the end of the fiscal year, staff prioritized travel to the Regional Offices to complete accessibility reviews there before undertaking the Headquarters building. Regional Offices house the majority of the Department's employees nationwide and are central locations for much public contact. Additionally, the Headquarters building had previously been reviewed, while the Regional Offices had not been reviewed for accessibility. GSA has provided the Department with some information concerning actions taken as a result of the 1995 review. The Offices of Administration and FHEO staff will review the 1995 findings, confirm what barrier removal efforts have been made, and verify that any complaints have been followed up on and ascertain how they were addressed.

## **CONCLUSION - PHASE II**

HUD has an obligation to ensure that its facilities are accessible to people with disabilities, both members of the public and HUD employees. As a result of this Self-evaluation/Transition Plan process, the Department is closer to realizing that goal. For example, in Denver's Regional Office, doors have been re-framed and hardware replaced to comply with UFAS. In New York's Regional Office, door problems were being fixed even before the review team completed its assessment. Additionally, throughout the Regions, HUD, GSA and/or building management companies have

either already made alterations or alternate arrangements to increase accessibility, or have agreed to take steps in the future. Department-wide, these accessibility reviews have resulted in an increased awareness concerning accessibility issues.

Furthermore, through participation in the trainings and accessibility reviews, staff members from the Office of Administration have become familiar with the techniques needed to measure for UFAS compliance and with the checklist used to document the findings. This is extremely important, as the Office of Administration considers moves to new sites and interacts with GSA.

Similarly, Regional FHEO staff members have received additional training concerning UFAS and conducting accessibility reviews, which is a skill that is used in conducting compliance reviews of HUD's recipients. In addition, employees from the Offices of FHEO and Administration are better equipped to evaluate requests for reasonable accommodations from employees, given their increased knowledge about Section 504 and UFAS requirements.

Though the Department has worked diligently to conduct accessibility reviews of its Regional Offices and to formulate and implement plans to remove barriers to access by people with disabilities, the work is not yet complete. Therefore, the Department is committed to continuing to work vigilantly to ensure that HUD customers and employees can participate fully in all programs and activities performed in HUD space.

**APPENDIX I**

**SUMMARY OF POLICIES AND PROCEDURES REVIEWED**

**BY HUD STAFF**

## PROCUREMENT AND CONTRACTS PROGRAM

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### SUMMARY OF POLICY/ PROCEDURE

The Procurement Policies and Procedures Handbook, 2210.3 REV 9, prescribes Departmental policies and procedures to be followed in the procurement of personal property and nonpersonal services. This Handbook provides guidance, which supplements the direction provided in the Federal Acquisition Regulation and the HUD Acquisition Regulation. The policy includes a provision requiring that sources shall not be included or excluded on the basis of disability, among other protected classes. The policy also contains a provision that the Department maximizes procurement opportunities for, and awards a fair portion of the Department's total procurement requirements to small businesses, service-disabled veteran-owned businesses and other underutilized businesses. The policy also contains a procedure that all requests for contract services shall include provisions for complying with the Section 508 accessible information technology requirements.

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## REASONABLE ACCOMMODATION – PROCEDURES HANDBOOK

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### SUMMARY OF POLICY/ PROCEDURE

The procedures outline management's responsibilities with respect to providing a reasonable accommodation to a job or the work environment to enable a qualified individual with a disability to perform the essential functions of the position. The procedures also provide the process for requesting a reasonable accommodation by applicants or employees.

ODEEO conducted six training sessions for managers and employees in July 2004. There is a requirement between HUD and the Union that all employees will receive training on the Reasonable Accommodation Procedures, annually. ODEEO is working with the HUD Training Academy to present this training for all employees beginning in March 2005.

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## ASSISTIVE TECHNOLOGY PROGRAM

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### SUMMARY OF POLICY/ PROCEDURE

The Assistive Technology Program (ATP) provides technology solutions to HUD employees with disabilities to ensure that persons with visual, hearing, mobility, or other impairments have the technology needed to allow equivalent access to the department's information technology resources. The products and services that the ATP offers assist employees with their everyday job functions, thereby enabling independence and accessibility within the HUD workforce. These products include an array of software and hardware that support those with low vision, blindness, mobility impairments, hearing impairments and cognitive impairments. In addition, the ATP provides full life cycle support for all Assistive Technologies (AT) solutions provided to HUD employees. Technical support and training is provided on all HUD standard AT products to employees as needed. The ATP also performs market research and evaluation on a regular basis to stay current with industry trends in order to ensure that HUD employees with disabilities are provided with timely technology updates and the most effective solutions available. The ATP provides training to all HUD employees on an "as needed" basis.

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## EMPLOYEE ASSISTANCE PROGRAM HANDBOOK

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### SUMMARY OF POLICY/ PROCEDURE

The Employee Assistance Program (EAP) Handbook (HUD Handbook 792.2 Rev 3), available on the web, provides information on the EAP policy and program for employees of HUD. The program is designed to assist management in identifying troubled employees who may have emotional or behavioral problems affecting conduct or work performance. The goal of the EAP is to restore employees to full productivity. The Handbook provides information on the program's administration as well as the interaction of EAP with disciplinary and performance based actions and labor relations.

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## HUD TRAINING POLICY GUIDE 2003

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**SUMMARY OF  
POLICY/  
PROCEDURE**

The HUD Training Policy Guide 2003 provides HUD employees with information on established policies with respect to training. The policy guide includes information on the various legislation that authorizes and affects training, the different types of training provided at HUD and outside HUD, the responsibilities of HUD and employees participating in the training, and how the training will be implemented.

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## EQUAL EMPLOYMENT OPPORTUNITY (EEO) COMPLAINT PROCESS

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### SUMMARY OF POLICY/ PROCEDURE

HUD has published its "EEO Complaint Process" flow chart on its Intranet and has developed a brochure entitled, "Know your EEO Rights." These documents outline HUD's EEO policies of providing equality of opportunity in employment in the Department for all people, of prohibiting discrimination because of race, color, religion, sex, national origin, age, or disability, and of promoting affirmative employment at every level in the Department. These documents outline the steps needed to be taken in the EEO Complaint Process.

Presently, these documents, as well as numerous policies and processes in the Office of Departmental Equal Employment Opportunity (ODEEO), are being reviewed and revised. No substantive changes are expected.

The ODEEO implements the EEO Complaint Process, routinely handles cases filed by individuals with disabilities, and accommodates people with a range of disabilities. If individuals need assistance in filling out the Informal Complaint of Discrimination form, the Counselor can help, and such assistance is determined on a case-by-case basis.

Training planned on the No Fear Act and conflict resolution will include training on the EEO Complaint Process. Presently, supervisors, including the Discrimination Complaints Managers in the Program Offices, are being trained concerning the EEO complaint process. Plans are being developed to have the Office of Human Resources include an EEO section in the new employee orientation program and materials.

## **HUD HEADQUARTERS BUILDING ENTRANCE PROCEDURE**

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**SUMMARY OF  
POLICY/  
PROCEDURE**

The HUD Headquarters Building Entrance Procedures sets forth the steps that HUD employees and visitors must follow in order to enter the HUD Headquarters building. The procedure also includes steps for the inspection of property and packages entering and leaving the building. This procedure does not address building entrance procedures for HUD Regional and Field Offices as they each have a building security committee that establishes their own procedures, with guidance from Headquarters.

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## HUD HEADQUARTERS OCCUPANT EMERGENCY PLAN

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### SUMMARY OF POLICY/ PROCEDURE

The HUD Headquarters Occupant Emergency Plan (OEP) provides guidance and procedures for emergency response and safe evacuation of the building. The OEP is intended to guide HUD personnel in responding to building emergencies. The primary objective is to prevent and avoid injury or loss of life. Other key objectives of the OEP are: 1) to provide quick, orderly, and safe evacuation of the building; 2) to provide instructions for Shelter-In-Place situations; 3) to minimize the impact of emergencies upon the safety and well-being of personnel; and 4) to protect government assets against loss or damage.

Each Field Office is required to have its own OEP. Headquarters has provided guidance to each Field Office to write their OEPs. If HUD is the principal agency in a building, then it is HUD's responsibility to write the OEP for that building.

After a review of this policy and after conducting an interview to ascertain if any practices exist under this policy, the Department has identified no barriers to access by persons with disabilities to any HUD conducted program or activity as a result of this policy.

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## HUD TELEWORK PROGRAM POLICY GUIDE

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### SUMMARY OF POLICY/ PROCEDURE

In 2002, the Department updated the Telework Program Policy Guide. The Telework Program applies to all full-time employees, except managers and supervisors, in HUD offices represented by the American Federation of Government Employees. Telecommuting is designed to benefit employees, managers and the community by: decreasing work trip vehicles miles, traffic/parking congestion, energy consumption and air pollution; improving the quality of work life and performance; and improving morale by assisting employees in balancing work and family demands.

The Telework Program is a voluntary program whereby an employee can work outside the traditional office at an alternative work site, up to three days a week, after being approved by the supervisor. Any employee wishing to participate in the Telework Program must submit a written request to their supervisor for approval. The supervisor is responsible for determining if a position is appropriate for telecommuting and approving the employee's participation. All participants in the program must sign the Telecommuting Agreement, along with their supervisor and the Director of the Computer Services.

After a review of this policy and after conducting an interview to ascertain if any practices exist under this policy, the Department has identified no barriers to access by persons with disabilities to any HUD conducted program or activity as a result of this policy.

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## **APPENDIX II**

### **SUMMARY OF INACCESSIBLE FEATURES**

**BY**

**REGIONAL OFFICE**

The information included in the following Regional Office Summaries is current as of the date of the Federal Register notice.<sup>2</sup>

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<sup>2</sup> Please note, the Philadelphia Regional Office was omitted from the Phase II review because the HUD lease on that facility will expire in fiscal year 2005. Once a suitable location is identified, staff from FHEO and the Office of Administration will conduct a facility accessibility review of the new office space. Additionally, an accessibility review of the HUD headquarters facility was conducted in 1995. HUD intends to conduct a supplemental review of its headquarters facility during fiscal year 2005.

## Region I: HUD Boston Regional Office

O'Neill Federal Building  
10 Causeway Street  
Boston, Massachusetts

Date of review: March 23-25, 2004.

Offices reviewed: HUD office space on the 3<sup>rd</sup> and 5<sup>th</sup> floors.

Common areas reviewed: main entrance (including the outside stairs and ramp); health unit; fitness center; auditorium; cafeteria; snack bars (first and sixth floors); credit union; child day care; elevators (both high rise and low rise); accessible parking (garage); men's and women's accessible restrooms (first floor at high rise and low rise elevators, fifth floor at low rise elevators, and third floor at high rise elevators); and telephone banks (first floor at low rise elevators).

The UNICCO Integrated Facilities Services manages the O'Neill Federal Building (OFB). The OFB was built between 1984-1986. Mr. Jim Kelliher is the GSA Customer Service Representative.

The contractor operating the child day care is the Government Center Childcare Corporation. The contractor operating the health unit and fitness center is the Federal Occupational Health, U.S. Public Health Service Program Support Center, Department of Health and Human Services. The contractor operating the credit union is the Hanscom Federal Credit Union. The contractor operating the cafeteria is the Food and Management Enterprise. The contractor operating the snack bars is the Massachusetts Commission for the Blind.

**Summary of Findings** - *NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.*

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in Boston, Massachusetts in March 2004.

**NOTE: The Boston Office of Administration provided GSA with a copy of the report on August 23, 2004 and held a meeting with GSA on August 28, 2004. GSA noted that the Boston GSA Building Manager's Office is in the process of compiling information for a prospectus to be submitted to GSA Headquarters to request funding for a comprehensive improvement project for the building. GSA notes that it will take about a year to review, and then it will go to Congress, where it will take about a year to get through. GSA officials stated they are aware that the O'Neill Federal Building was constructed prior to the issuance of the ADA standards and that there are several areas that are not in compliance. Improvements to bring the building into compliance will be included in the prospectus. If the prospectus is approved and funding is provided, construction to address the deficiencies will be undertaken in 2010. If there are areas where improvements can be made, GSA will review them and, depending on the costs and nature of the correction, they will address them. There are specific areas in which the correction is dependent on the approval of the prospectus before actions can be taken. Responses to each of the summary findings are listed below. The areas to be addressed if funding is approved are also identified below.**

### **I. PARKING:**

- No access aisle adjacent to designated parking spaces.
- Signage not mounted high enough.

**Response: GSA indicates the parking garage is designed for security and safety vehicles only. The infrastructure of the garage does not permit them to add additional aisle space without losing spaces. To meet the ADA/UFAS requirements, GSA has indicated they would have to offer parking for persons with disabilities outside of the building.**



## II. DOORS:

- Door pressure excessive. (20 locations)
- Entry door clear opening too narrow. (9 locations)
- Door hardware located too high. (3 locations)
- Door closer sweep period too fast. (2 locations)
- Maneuvering space at door too narrow. (3 locations)
- Thresholds too high. (5 locations)

**Response: GSA indicates the air pressure in the building affects the door pressure throughout the building. This is caused by the existing HVAC system that is scheduled for replacement if the prospectus is approved for 2010. Funding is not currently available to widen entry doors, relocate hardware or lower thresholds. All of the deficiencies identified above will be addressed in the prospectus and work to be performed in 2010.**

## III. BATHROOMS:

- Urinal too high. (3 locations)
- Lavatory sink too high. (3 locations)
- Water closet seat too high. (5 locations)
- Water closet too far from side wall. (4 locations)
- Dispensers missing or too high. (6 locations)
- Stall dimensions too narrow. (1 location)
- Toilet flusher too high. (7 locations)
- Grab bars mounted too high above finished floor. (1 location)
- Grab bars mounted too far from wall. (8 locations)
- No grab bars. (1 location)
- Pipes not insulated. (8 locations)
- Mirrors mounted too high. (8 locations)
- Faucet controls require twisting or pinching. (3 locations)

**Response: GSA notes that funds are not currently available to address all of the above items. Where current measurements of the existing items in the bathrooms are within 1/8" to 1" of the Section 504/UFAS requirements, GSA will conduct a cost feasibility review to determine if corrections can be made in the interim. No specific date was given to determine if corrective actions could be made. All the items listed above will be addressed in the prospectus.**

## IV. DRINKING FOUNTAINS:

- Drinking fountains have insufficient clear floor space. (2 locations)

**Response: Funds to correct the deficiency are not available and will be addressed in the prospectus.**

## V. HANDRAILS:

- The handrails are too far from the wall. (2 locations)
- Handrails were required but missing. (2 locations)

**Response: Funds to correct the deficiencies are not available and will be addressed in the prospectus.**

## VI. COUNTERS/STORAGE SHELVES:

- Beverage display counter too high. (5 locations)
- Snack bar tabletop too high. (1 location)
- Business center counter too high. (2 locations)

- ❑ Work surface in kitchenette too high. (1 location)

**Response: Discussions will be held with the Randolph Shepherd representative to determine if corrective actions to address the above items can be made. No specific date was given for the meeting.**

#### **VII. FITNESS CENTER – SHOWERS:**

- ❑ No hose for the shower spray unit. (2 locations; men's and women's)

**Response: GSA has an agreement with the vendor that operates the fitness center to provide reasonable accommodation measures if they receive an inquiry or interest from a person with disabilities to join the center. Until a need is identified, no action will be taken.**

#### **VIII. CLEAR FLOOR SPACE:**

- ❑ Knee clearance under structures insufficient. (4 locations)

#### **IX. SIGNAGE:**

- ❑ Not mounted properly. (22 locations)
- ❑ No raised characters. (17 locations)
- ❑ No accessibility symbol on restroom door. (2 locations)
- ❑ No contrasting characters. (1 location)
- ❑ No tactile warning. (3 locations)

**Response: GSA indicates that all signage in the building is standard. Compliance with Section 504/UFAS signage requirements is included in the prospectus and will be addressed in 2010.**

#### **X. REACH RANGE:**

- ❑ Food service line trays too high. (1 location)
- ❑ Tableware area; no side reach. (1 location)

**Response: GSA will discuss the deficiencies with the vendor that operates the cafeteria to determine if any corrective actions can be made. No date for the meeting was indicated.**

#### **XI. ELEVATORS:**

- ❑ Emergency system in all elevators requires voice activation.
- ❑ Emergency system compartment not operable with one hand. (2 locations)
- ❑ No raised or recessed symbols adjacent to emergency system.
- ❑ Instructions to operate emergency system not in Braille.
- ❑ Call buttons too high. (2 locations)
- ❑ No star to indicate main entry floor. (1 location)
- ❑ Clearance between floor and car too wide.
- ❑ Raised characters on entrance too high. (1 location)

**Response: Funds to correct the deficiencies are not available and will be addressed in the prospectus.**

#### **XII. RAMPS:**

- ❑ Slope of entry ramp is too steep. (2 locations)
- ❑ No edge protection provided. (1 location)
- ❑ No level surface at top or bottom of ramp. (1 location)

**Response: Funds to correct the deficiencies are not available and will be addressed in the prospectus.**

**XIII. CONTROL SWITCHES:**

- Panic button in fitness center mounted too high. (1 location)

**Response: Funds to correct the deficiency are not available and will be addressed in the prospectus.**

**XIV. TELEPHONE BANK:**

- No volume control on telephones.
- Telephone mounted too high.
- Telephone protrudes out from wall too far.

**Response: The telephone equipment is owned and installed by the local telephone company. There are discussions to remove the equipment completely.**

**XV. STAIRS:**

- Steps do not have uniform riser heights.

**Response: Funds to correct the deficiency are not available and will be addressed in the prospectus.**

## Region II: HUD New York Regional Office

Jacob K. Javits Federal Office Building  
26 Federal Plaza  
New York, New York

Date of review: July 20-22, 2004.

Offices reviewed: HUD office space on the 30<sup>th</sup>, 32<sup>nd</sup>, 34<sup>th</sup>, and 35<sup>th</sup> floors.

Common areas reviewed: parking garage; main entrance; conference center; fitness center; day care center; cafeteria; health care room; credit union; elevators; and men's and women's accessible restrooms.

**Summary of Findings** - *NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.*

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in New York, New York in July 2004.

**NOTE: The New York Office of Administration provided GSA with a copy of the findings on September 24, 2004 and met to discuss the findings on October 5, 2004. The significant information obtained during this meeting is that GSA informed HUD that they have awarded four (4) major contracts that will address many of the findings listed below. The four (4) major contracts are:**

- 1. Bathroom Renovation Project - A \$5 million contract was awarded for the total renovation of all bathrooms throughout 26 Federal Plaza, which will include the installation of new ADA compliant stalls and fixtures. This project is planned to begin in FY 2005 with a projected completion date in FY 2007.**
- 2. First Impressions Project - This project began in FY 2003 with a target completion in FY 2005. This project will include the installation of stainless steel signage with either raised or indented characters or symbols throughout the main lobby and lighted floor to ceiling signs to be installed on each corner of all elevator banks in order to provide clear direction to all visitors.**
- 3. Duane Street Sidewalk Replacement - This project is scheduled to begin in October 2004 with a target completion in December 2004. A new sidewalk will be installed which will include the replacement of gratings and curb ramps that will meet or exceed ADA requirements.**
- 4. Broadway Entrance Pavilion - A \$12 million project scheduled to begin in FY 2005 with a projected completion date in FY 2007 will be undertaken to build a new entrance pavilion through which all visitors to 26 Federal Plaza must enter. This pavilion will meet all ADA requirements including accessibility and signage.**

In addition to these projects, GSA also informed the Department that it is in the process of preparing a prospectus to be submitted to GSA Headquarters to request funding for a comprehensive improvement project for 26 Federal Plaza to address additional improvements which were not addressed in the above projects. If the prospectus is approved and funding is provided, construction to address these additional deficiencies will be undertaken in FY 2008. If there are areas where improvements can be made at the present time, GSA will review them, and, depending on the costs and the nature of the correction, they will address them now.

### **I. PARKING:**

- ❑ The parking garage ramp rises too high. (1 location)
- ❑ The slope of the parking garage ramp is too steep. (1 location)
- ❑ The parking garage ramp has no handrails. (1 location)
- ❑ The designated accessible parking space is located too far from entrance. (1 location)
- ❑ The designated accessible parking space is too narrow. (1 location)
- ❑ The designated accessible parking space does not have an adjacent access aisle. (1 location)

**Response: Funds are not available at this time. GSA indicated that improvements to the garage would be addressed in the prospectus they are submitting for funding in FY 2008. To meet ADA requirements, GSA indicated it would have to offer parking for people with disabilities outside of the building.**

## II. ACCESSIBLE ROUTE:

- ❑ The entrances to the building are not accessible. (3 locations)
- ❑ The slope of the alternate accessible route to the building is too steep. (1 location)
- ❑ The alternate accessible routes to the building are not firm, stable, or slip-resistant. (2 locations)
- ❑ The spaces between the sidewalk gratings are too wide. (1 location)
- ❑ The slope of the curb ramp is too steep. (1 location)
- ❑ The curb ramp does not have flared sides. (1 location)
- ❑ The playground ramp landing is not level. (1 location)
- ❑ The accessible route to the designated accessible shower stall is not firm, stable, or slip-resistant. (1 location)
- ❑ The clear floor space at the telephone bank is insufficient. (1 location)
- ❑ The change in level is too abrupt. (1 location)
- ❑ The accessible route is too narrow. (2 locations)
- ❑ The slope of the office ramp is too steep. (1 location)
- ❑ The maneuvering clearance on the pull side of the door is too narrow. (16 locations)
- ❑ The maneuvering clearance on the push side of the door is too narrow. (8 locations)

**Response: GSA states that the Duane Street Sidewalk replacement project and the Broadway Entrance Pavilion project should address the majority of the findings regarding accessible routes, the flared sides and slope of the curb ramps, and the sidewalk gratings. Funds are not currently available to address any improvements in the Fitness Center and will be addressed in the FY 2008 prospectus.**

## III. SIGNAGE:

- ❑ The accessible parking space does not have signage that depicts the international symbol of accessibility. (1 location)
- ❑ The signage is mounted too high. (3 locations)
- ❑ The signage is not mounted on the latch side of the door. (5 locations)
- ❑ The signage does not have raised or indented characters or symbols. (9 locations)
- ❑ There is no directional signage to the accessible restroom. (6 locations)
- ❑ There is no directional signage to the accessible entrance to the building. (3 locations)
- ❑ There is no signage at common areas/permanent rooms. (4 locations)

**Response: GSA states that it will install signage that meets ADA requirements in HUD's one (1) accessible parking space. All signage throughout the lobby and outside entrances should be corrected through the First Impressions, Duane Street and Broadway Pavilion projects. Funds are not currently available to address signage throughout the entire building and funds will be requested in the FY 2008 prospectus. All signage throughout HUD's space will be addressed by HUD and corrected during FY 2005.**

## IV. DOORS:

- ❑ The door hardware is too high. (2 locations)
- ❑ The door hardware requires tight grasping, pinching, or twisting of the wrist. (47 locations)
- ❑ The door opening force is excessive. (60 locations)
- ❑ The door clear opening width is too narrow. (7 locations)

- The door sweep period is too short. (11 locations)

**Response: GSA indicates the air pressure in the building affects the door pressure throughout the building. Funding is not currently available to widen entry doors, relocate hardware or lower thresholds. All of the deficiencies identified above will be addressed in the FY 2008 prospectus.**

#### V. ELEVATORS:

- The elevator clearance between the car platform sill and the edge of the hoistway landing is too wide. (1 location)
- The elevator emergency intercommunication system requires voice communication. (1 location)

**Response: Funds are currently not available to correct these deficiencies and will be addressed in the FY 2008 prospectus.**

#### VI. RESTROOMS:

- The depth of the designated accessible stall is too narrow. (1 location)
- The width of the designated accessible stall is too narrow. (2 locations)
- The dimension of the designated accessible stall is insufficient. (1 location)
- The grab bar is too short. (3 locations)
- The grab bar is mounted too far from wall. (1 location)
- The grab bar is mounted too far from back wall. (1 location)
- There is no back grab bar provided in the designated accessible stall. (2 locations)
- The grab bars are too high. (1 location)
- The water closet is mounted too close to side wall. (2 locations)
- The water closet is mounted too far from side wall. (7 locations)
- The water closet flush control is not located on wide side of water closet area. (3 locations)
- The urinal is too high. (1 location)
- The lavatory is too high. (2 locations)
- The lavatory knee height clearance is insufficient. (1 location)
- The lavatory drain and hot water pipes are not insulated. (1 location)
- The coat hook is too high. (3 locations)
- The mirror is too high. (6 locations)
- The paper towel dispenser is too high. (2 locations)
- The water closet seat cover dispenser is too high. (2 locations)
- The shower control unit is not mounted on the side wall opposite the shower seat. (1 location)
- The shower seat is too high. (2 locations)
- The shower seat is not mounted on the wall opposite the shower control. (1 location)
- The dimension of the designated accessible shower stall is insufficient. (1 location)
- The clear floor space of the designated accessible shower stall is insufficient. (1 location)

**Response: All deficiencies identified will be corrected by FY 2007 under the \$5 million Bathroom Renovation Project.**

#### VII. HEIGHT/REACH:

- The business transaction counter is too high. (7 locations)
- The closet rod/coat hook is too high. (4 locations)
- The intercom is too high. (4 locations)
- The door keypad is too high. (1 location)
- The fax/printer machines are too high. (throughout MFH Office, 32<sup>nd</sup> floor FOB)
- The light switch is too high. (2 locations)
- The handrails are too high. (1 location)
- The table/work surface is too high. (2 locations)

**Response: All deficiencies noted that are within HUD's space will be corrected during FY 2005. The New York State Commission of the Blind owns the 1<sup>st</sup> Floor Convenience Store,**

and it has requested funding for a complete renovation of the store during FY 2007. All other areas identified through the building will be addressed in the FY 2008 prospectus.

**VIII. CLEAR KNEE SPACE:**

- The drinking fountain has insufficient knee depth clearance. (2 locations)
- The drinking fountain has insufficient knee height clearance. (3 locations)
- The table/work surface has insufficient knee depth clearance. (2 locations)
- The table/work surface has insufficient knee height clearance. (1 location)

**Response: GSA noted that the installation of new water fountains was only completed four (4) years ago; funds are currently not available to correct the deficiencies noted above.**

**IX. PROTRUDING OBJECTS:**

- The drinking fountain protrudes into passageway. (4 locations)
- The fire extinguisher cabinet protrudes into passageway. (3 locations)
- The hanging file sorters protrude into passageway. (throughout PIH Office, 32<sup>nd</sup> floor Annex)

**Response: As note above, the installation of new water fountains was completed four (4) years ago; funds are currently not available to correct the deficiencies noted above. The fire extinguisher cabinets will be addressed in the FY 2008 prospectus. The file sorters have been relocated within the Office of Public Housing space.**

**X. STAIRS:**

- The stairway handrails are mounted too far from wall. (1 location)

**Response: Deficiencies noted above will be addressed in the FY 2008 prospectus.**

**Region IV: HUD Atlanta Regional Office  
Site #1**

**5 Points Plaza Building  
40 Marietta Street  
Atlanta, Georgia**

Date of review: February 10-12, 2004.

Offices reviewed: HUD office space on all 18 floors.

Common areas reviewed: main entrance; elevators; accessible parking garage (the lease includes 24 reserved parking spaces at this location); and men's and women's accessible restrooms.

The 5 Points Plaza Building was built in 1963. In 1999, there was a complete tenant buildout of partitions; the building core and mechanicals were existing. The facilities are leased from 40 Marietta LP for a term of 20 years, beginning in September 1999 when HUD moved into the building. HUD's lease expires in 2019.

**Summary of Findings** - *NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.*

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office, 5 Points Plaza Building, Atlanta, Georgia, in February, 2004.

**NOTE: On September 17, 2004 Atlanta's Office of Administration met with RB Management Services, Inc. (lessor), and GSA to discuss all issues listed on the accessibility report. On October 26, 2004 the lessor met with its consultant regarding the consultant's recommended actions to correct accessibility issues. The lessor will evaluate the consultant's recommendations and present a corrective action plan by mid-January 2005, to the Office of Administration and GSA.**

**I. PARKING:**

- Accessible route to parking. (1 location)

**II. DOORS:**

- Door pressure excessive. (28 locations)
- Entry door clear opening too narrow. (2 locations)
- Maneuvering space at door too narrow. (1 location)

**III. BATHROOMS:**

- Toilet paper dispenser does not allow continuous paper flow. (17 locations)
- Grab bar too short. (22 locations)
- Grab bar mounted too far from wall. (1 location)
- Water closet centerline not exactly 18" from closest wall. (3 locations)

**IV. DRINKING FOUNTAINS:**

- Drinking fountain spout too high or not angled in parallel direction. (6 locations)
- Drinking fountains have insufficient clear floor or knee space. (16 locations)
- Waterspout flow of water less than 4". (2 locations)

**V. HANDRAILS:**

- Handrails are not on both sides of the stairs. (1 location)



- ❑ Handrails do not extend beyond bottom riser. (1 location)

**VI. COUNTERS:**

- ❑ Counter too high. (4 locations)

**VII. CLEAR FLOOR SPACE:**

- ❑ Clearances between fixed tables or library stacks too narrow. (2 locations)
- ❑ Clear floor space in front of lavatory is insufficient. (1 location)

**VIII. ACCESSIBLE ROUTE:**

- ❑ Protruding object reduces width of accessible route. (1 location)
- ❑ Accessible route too narrow. (4 locations)

**IX. STAIRS:**

- ❑ Riser heights not uniform. (1 location)

**X. SLOPE:**

- ❑ Slope of entry ramp is too steep. (1 location)

**XI. CROSS-SLOPE:**

- ❑ Cross-slope of entry ramp is too steep. (1 location)
- ❑ Cross-slope of accessible route is too steep. (1 location)

**XII. SIGNAGE:**

- ❑ Signage does not have raised letters, numbers or pictorials/pictographs. (21 locations)
- ❑ Signage not provided at accessible entrance. (1 location)
- ❑ Signage too high above the finished floor. (13 locations)

**XIII. CHANGE IN LEVEL:**

- ❑ Ground surface not even. (1 location)

**XIV. REACH RANGE:**

- ❑ Machine controls too high. (2 locations)

**Region IV: HUD Atlanta Regional Office  
Site #2**

**Richard B. Russell Federal Building  
75 Spring Street  
Atlanta, GA 30303**

Date of Review: March 22-26, 2004.

Offices reviewed: HUD office space on the 3<sup>rd</sup> and 10<sup>th</sup> floors.

Common areas reviewed: plaza and lower plaza.

The Richard B. Russell Federal Building was built in 1979. HUD moved into the Federal Building in 1979. Limited renovations were made in 1999 when the majority of HUD moved out of the building and the Enforcement Center was moved. However, a major renovation will take place for the entire building in March 2005.

**Summary of Findings - NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.**

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in the Richard B. Russell Federal Building in Atlanta, Georgia in March 2004.

**NOTE: Atlanta's Office of Administration met with the facilities management representative of the Richard B. Russell Federal Building to discuss the accessibility report. GSA plans to renovate the entire building during FY 2005 with renovations beginning March 2005. GSA anticipates that the renovations will correct many of the accessibility issues. The Office of Administration continues to work with GSA to obtain written documentation defining the scope of the renovations and the impact they will have on the accessibility issues.**

**I. PARKING:**

- ❑ The designated accessible parking spaces are too narrow. (1 location)
- ❑ The designated accessible parking spaces do not have adjacent access aisles. (1 location)

**II. ACCESSIBLE ROUTE:**

- ❑ The accessible route to the van parking spaces is obstructed by a barrier. (1 location)

**III. SIGNAGE:**

- ❑ There is no signage identifying the designated accessible entrance. (1 location)
- ❑ The designated accessible parking spaces do not have signage depicting the international symbol of accessibility and are not mounted at a height not obscured by a parked vehicle. (1 location)
- ❑ The signage designating permanent rooms and spaces is not mounted at the required height or location and does not have required contrasting features. (9 locations)
- ❑ The signage designating permanent rooms and spaces does not have raised characters, required contrasting features, or the international symbol of accessibility. (7 locations)

**IV. DOORS:**

- ❑ The door opening force is excessive. (24 locations)

- ❑ The door sweep period is too short. (4 locations)
- ❑ The door clear opening width is too narrow. (6 locations)
- ❑ The door hardware requires tight grasping, pinching, or twisting of the wrist. (1 location)

**V. ELEVATORS:**

- ❑ The centerline of the elevator call buttons is too high. (2 locations)
- ❑ The elevator audible signals do not sound twice for the down direction. (2 locations)

**VI. RESTROOMS:**

- ❑ The dimension of the designated accessible stall is insufficient. (6 locations)
- ❑ There is no back grab bar provided (7 locations), and the side grab bars are too high. (6 locations)
- ❑ The lavatory knee clearance is insufficient. (6 locations)
- ❑ The lavatory drain and hot water pipes are not insulated. (7 locations)
- ❑ The toilet seat cover dispenser is too high. (2 locations)
- ❑ The mirror is too high. (6 locations)
- ❑ The urinal rim is too high. (2 locations)
- ❑ The urinal clear floor space is insufficient. (2 locations)

**VII. COUNTER HEIGHT:**

- ❑ The counter is too high. (6 locations)

**VIII. DRINKING FOUNTAINS:**

- ❑ The drinking fountain has insufficient knee height clearance. (4 locations)
- ❑ The drinking fountain spout outlet is too high. (3 locations)
- ❑ The drinking fountain controls are not mounted on the front or side of the fountain. (3 locations)

**IX. SINK DEPTH:**

- ❑ The sink depth is excessive. (1 location)

**X. HANDRAILS:**

- ❑ The handrails are mounted too high. (1 location)
- ❑ The handrails are mounted too far from the wall. (1 location)

**Region V: HUD Chicago Regional Office**

**Ralph Metcalf Federal Building  
77 W. Jackson Street  
Chicago, Illinois**

Date of review: April 6-9, 2004.

Offices reviewed: HUD office space on the 21<sup>st</sup> through the 26<sup>th</sup> floors.

Common areas reviewed: main entrance; health unit; fitness center; auditorium; food court; credit union; child day care; elevators; accessible parking garage; men's and women's accessible restrooms; and telephone banks.

The Ralph Metcalf Federal Building was built in approximately 1991.

**Summary of Findings - NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.**

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in Chicago, Illinois in April 2004.

**NOTE: The Chicago Office of Administration met with the GSA Property Manager in early August 2004. During that meeting, ASC representatives gave GSA a copy of the Accessibility Report and the Summary, as well as a spreadsheet. The Property Manager noted that GSA had not budgeted in 2004 or 2005 to correct the types of barriers identified, so he would have to send any requests to his financial officers. The most problematic area is the restrooms, so a contractor is scheduled to look at some of the issues identified in the review. GSA also noted that door pressure is an ongoing issue, as there are glass doors that are difficult to regulate, and in the winter, the pressure changes, so it is an ongoing process to set the door pressure correctly. A follow-up meeting was held with GSA on October 14, 2004. During the meeting GSA identified the actions they can take to address some of the findings. These actions are identified in bold type below following each finding.**

**I. PARKING:**

- Cross slope too steep. (1 location)
- No access aisle for one accessible space.

**Response: GSA will provide a different parking space with proper demarcation and slope.**

**II. DOORS:**

- Door pressure excessive. (26 locations)  
**Response: The door pressure will be adjusted to the extent possible for all doors on HUD floors by 12-31-04.**
- Entry door clear opening too narrow. (2 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- Door hardware required twisting of wrist. (1 location)  
**Response: Project pending GSA budget approval.**
- Door hardware located too high. (2 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**

- ❑ Door closer sweep period too fast. (1 location)  
**Response: Project pending GSA budget approval.**
- ❑ Maneuvering space at door too narrow. (4 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Thresholds too high. (3 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**

### III. BATHROOMS:

- ❑ Urinal too high. (2 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Lavatory sink too high. (8 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Water closet seat too high. (1 location)  
**Response: Project pending GSA budget approval.**
- ❑ Water closet too far from side wall. (6 locations)  
**Response: Project pending GSA budget approval.**
- ❑ Dispensers missing or too high. (5 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Stall dimensions too narrow. (1 location)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Shower seat mounted too low. (2 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Toilet flusher too high. (1 location)  
**Response: Project pending GSA budget approval.**
- ❑ Flusher force too great. (2 locations)  
**Response: Project pending GSA budget approval.**
- ❑ Grab bars mounted too high above finished floor. (5 locations)  
**Response: Project pending GSA budget approval.**
- ❑ Grab bars mounted too far from wall. (15 locations)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**
- ❑ Grab bar length too small. (7 locations)  
**Response: Project pending GSA budget approval.**
- ❑ Pipes not insulated. (7 locations)  
**Response: Project pending GSA budget approval.**
- ❑ Mirrors mounted too high. (2 locations)  
**Response: Project pending GSA budget approval.**

#### IV. DRINKING FOUNTAINS:

- ❑ Drinking fountain protrudes from wall. (1 location)  
**Response: Project pending GSA budget approval.**
- ❑ Drinking fountains have insufficient clear floor space. (2 locations)  
**Response: Project pending GSA budget approval.**

#### V. HANDRAILS:

- ❑ The handrails are too far from the wall. (1 location)  
**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**

#### VI. COUNTERS/STORAGE SHELVES:

- ❑ Storage shelf too high. (7 locations)  
**Response: Project pending HUD budget approval.**
- ❑ Reception counter too high. (1 location)  
**Response: Project pending HUD budget approval.**
- ❑ Business center counter too high. (1 location)  
**Response: Project pending HUD budget approval.**

#### VII. COAT RACKS:

- ❑ Hooks mounted too high. (4 locations)  
**Response: Project pending HUD budget approval.**

#### VIII. CLEAR FLOOR SPACE:

- ❑ Floor space in copy room not wide enough. (1 location)  
**Response: Project pending GSA budget approval.**
- ❑ Vending room floor space not wide enough. (2 locations)  
**Response: Project pending GSA budget approval.**
- ❑ Knee clearance under structures not enough. (2 locations)  
**Response: Project pending GSA budget approval.**

#### IX. ACCESSIBLE ROUTE:

- ❑ Library bookcase area too narrow. (1 location)  
**Response: Project pending HUD budget approval.**
- ❑ Reception area access too narrow. (1 location)  
**Response: Project pending HUD budget approval.**

#### X. REACH RANGE:

- ❑ Coffee area first aid kit too high. (2 locations)  
**Response: Kits will be lowered.**
- ❑ Side reach for coat rod too high. (1 location)  
**Response: Project pending HUD budget approval.**

#### XI. ELEVATORS:

- ❑ Emergency system in all elevators requires voice activation.

**Response: Project pending GSA budget approval.**

- ❑ Call buttons too high (1 location)

**Response: Project pending GSA budget approval.**

- ❑ Clearance between floor and car too wide.

**Response: Project pending HUD budget approval.**

## **XII. RAMPS:**

- ❑ Slope of entry ramp is too steep. (1 location)

**Response: GSA states there is at least one accessible route within the boundary of the site in which the slope of the ramp meets UFAS requirements.**

## **XIII. CONTROL SWITCHES:**

- ❑ Electric receptacle mounted too low. (1 location)

**Response: GSA architects will verify the building industry tolerances and make adjustments if possible.**

## Region VI: HUD Fort Worth Regional Office

**Burnett Plaza Building  
801 Cherry Street  
Fort Worth, Texas**

Date of review: June 15-17, 2004.

Offices reviewed: HUD office space on the 24<sup>th</sup> through 28<sup>th</sup> floors.

Common areas reviewed: main entrance; elevators; accessible parking (garage); and ladies and men's accessible restrooms.

The Burnett Plaza Building was built in 1982. The Department moved into the building in October 1999. The current lease expires September 30, 2013. In 2000, an additional Ladies Restroom was constructed on the 27<sup>th</sup> floor in the space of the Office of Multi-Family Housing.

**Summary of Findings - NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.**

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in Fort Worth, Texas in June 2004.

**NOTE: Fort Worth's Office of Administration provided GSA with a copy of the accessibility report. GSA drafted an initial response to their portion of the report. The building lessor provided an initial response to GSA regarding the report. Fort Worth's Office of Administration is drafting a response to the remaining findings. All parties plan to finalize and submit their response by January 28, 2005.**

### **I. PARKING:**

- Accessible parking space too narrow. (2 locations)

### **II. DOORS:**

- Door opening force excessive. (16 locations)
- Door hardware too small to insert hand. (1 location)
- Maneuvering space at door too narrow. (13 locations)

### **III. BATHROOMS:**

- Urinal too high. (4 locations)
- Lavatory sink too high. (1 location)
- Water closet seat too high. (2 locations)
- Water closet too far from side wall. (10 locations)
- Knee clearance insufficient. (2 locations)
- Stall dimensions too narrow. (10 locations)
- Grab bars mounted too high above finished floor. (1 location)
- Grab bars mounted too far from wall. (4 locations)
- Grab bars missing. (8 locations)
- Pipes not insulated. (4 locations)
- Mirrors mounted too high. (4 locations)

### **IV. DRINKING FOUNTAINS:**

- Drinking fountain protrudes from wall. (4 locations)



- ❑ Drinking fountain water flow not parallel to front of unit. (2 locations)
- ❑ Drinking fountains have insufficient knee space. (4 locations)
- ❑ Drinking fountain spout height too high. (1 location)
- ❑ Drinking fountain controls require grasping, pinching, twisting of wrist. (1 location)

**V. HANDRAILS:**

- ❑ The handrails are too far from the wall. (1 location)
- ❑ The handrails are mounted too high. (1 location)

**VI. COUNTERS:**

- ❑ Reception/Business Counter too high. (3 locations)

**VII. SIGNAGE:**

- ❑ Signage not mounted on wall adjacent to door latch. (9 locations)
- ❑ Characters/Symbols not raised; Pictorial system missing. (4 locations)
- ❑ Permanent rooms not identified with signage. (3 locations)

**VIII. STAIRS:**

- ❑ Stair treads too narrow. (1 location)

**IX. ACCESSIBLE ROUTE:**

- ❑ Accessible route in Offices too narrow. (4 locations)
- ❑ Clear aisle width between law library stacks too narrow. (1 location)

**X. REACH RANGE:**

- ❑ Soda/Candy machines' highest operable part too high. (2 locations)
- ❑ Reach for bathroom dispensers/hooks/door release buttons too high. (17 locations)

**XI. ELEVATORS:**

- ❑ Emergency system in all elevators requires voice activation.
- ❑ Call buttons too low. (1 location)

**XII. RAMPS:**

- ❑ Slope of entry ramp is too steep. (2 locations)

**XIII. KITCHENETTE/HEALTH ROOM:**

- ❑ Sink knee clearance insufficient. (7 locations)

## Region VII: HUD Kansas City Regional Office

Gateway Towers II  
400 State Avenue  
Kansas City, Kansas

Date of review: June 1-3, 2004.

Offices reviewed: HUD office space on the 1<sup>st</sup> through the 5<sup>th</sup> floors and the 10<sup>th</sup> floor.

Common areas reviewed: main entrance; training consultant office; mailroom; computer room; satellite broadcast room; videoconference room; health care room; snack bar/lunch room; fitness center; elevators; accessible parking (garage); women's and men's accessible restrooms.

The Gateway Towers II is a leased building. The lease is scheduled to expire on December 31, 2005. The Gateway Towers II building was built in 1971. GSA signed the lease in 1989. HUD moved into the building on August 19, 1990. HUD has 60,000 square feet of usable space. The building is a multi-tenant building. HUD is occupying 40% of the building. The lessor is Hub Realty Funding, Inc., a Delaware Corporation based in Massachusetts.

**Summary of Findings - NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.**

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in Kansas City, Kansas in June 2004.

**NOTE: The Office of Administration in Kansas City provided the following information. On 8/13/04, the Kansas City accessibility report was received and sent by e-mail to GSA. On 8/25/04, a conference call was held between HUD-HQ, ARD and GSA.**

**The current HUD lease in Kansas City was awarded by GSA in 1989 and expires December 31, 2005. This current lease incorporates UFAS for newly constructed buildings but does not state that UFAS applies to renovation of current buildings which is what occurred for HUD space. Although the lease makes reference to accessibility issues, the GSA Contracting Officer's position is that GSA cannot force the current lessor to comply with UFAS standards under this current lease. Under the next lease that GSA awards for HUD, as with all agencies, the offeror will need to meet UFAS standards.**

**On 9/14/04, a meeting was convened between GSA, HUD-KC and the Lessor. The outcome of the meeting was that the Lessor will take action where noted below. GSA will correct issues identified under the new 2006 lease if HUD remains at the current location. HUD will take corrective action where noted. On 9/15/04, a conference call was held between HUD-HQ, GSA and Kansas City-ARD.**

### **I. PARKING:**

- Access aisle is too narrow. (1 location)  
**Response: Lessor will take corrective action in June 2005.**
- Curb ramp is not firm, stable, or slip-resistant. (1 location)  
**Response: Lessor will take corrective action in June 2005.**
- Parking surface is not firm, stable, or slip-resistant. (2 locations)  
**Response: Lessor will take corrective action in June 2005.**

### **II. ACCESSIBLE ROUTE:**

- Accessible route to designated accessible stall is too narrow. (1 location)  
**Response: Lessor will take corrective action in June 2005.**

- ❑ Food service line is too narrow. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Surface of threshold is broken. (1 location)  
**Lessor completed corrective action in October 2004.**
- ❑ Maneuvering clearance on the pull side of the door is too narrow. (4 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Maneuvering clearance on the push side of the door is too narrow. (5 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**

### III. SIGNAGE:

- ❑ There is no signage designating each accessible parking space. (1 location)  
**Response: Lessor will take corrective action in June 2005.**
- ❑ There is no signage at common areas/permanent rooms. (8 locations)  
**Response: HUD has placed the order for signage; target for installation by lessor's contractor is January 31, 2005.**
- ❑ There is no signage designating the elevator emergency communication system. (1 location)  
**Response: Lessor will take corrective action in June 2005**
- ❑ Signage does not have raised or indented characters. (2 locations)  
**Response: HUD has placed the order for signage; target for installation by lessor's contractor is January 31, 2005 .**
- ❑ Signage is not mounted on the latch side of the door. (4 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**

### IV. DOORS:

- ❑ Door hardware requires tight grasping, pinching, or twisting of the wrist. (45 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Door opening force is excessive. (16 locations)  
**Response: Lessor completed corrective action in October 2004.**
- ❑ Door clear opening width is too narrow. (8 locations)  
**Response: These "doors" are not doors to private offices or conference rooms, but are doors to system furniture workstations or work spaces. As an alternative to removing the door and a partition to widen the opening, the occupants of the workstations have been advised that should a visitor with a disability come into the office, the occupant would need to meet with the visitor in a standard floor-to-ceiling conference room for accessibility reasons.**
- ❑ Door sweep period is too short. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**

### V. ELEVATORS:

- ❑ Elevator audible signal does not sound twice for the down direction. (4 locations)  
**Response: Lessor will take corrective action in December 2004.**
- ❑ Elevator call buttons are too high. (3 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Elevator call buttons are not raised or flush. (2 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**

- ❑ Raised designation for the elevator control buttons is not mounted immediately to the left of the button to which they apply. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Elevator emergency communication compartment door hardware requires tight grasping, pinching, or twisting of the wrist. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Elevator emergency control buttons are not grouped at the bottom of the panel and are too high. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Elevator emergency intercommunication system requires voice communication only. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**

## **VI. RESTROOMS:**

- ❑ Grab bar is too short. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Grab bar is mounted too far from wall. (3 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Water closet is mounted too close to side wall. (2 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Water closet is mounted too far from side wall. (3 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Water closet seat is too high. (4 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Water closet flush control is not located on wide side of water closet area. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Lavatory knee clearance is insufficient. (2 locations)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Lavatory drain and hot water pipes are not insulated. (5 locations)  
**Response: Lessor completed corrective action in October 2004.**
- ❑ Coat hook is too high. (5 locations)  
**Response: Lessor completed corrective action in October 2004.**
- ❑ Feminine hygiene dispenser is too high. (2 locations)  
**Response: Lessor completed corrective action in October 2004.**
- ❑ Feminine hygiene dispenser requires tight grasping, pinching, or twisting of the wrist. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Mirror is too high. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- ❑ Paper towel dispenser is too high. (2 locations)  
**Response: Lessor completed corrective action in October 2004.**

## **VII. SNACK BAR/LUNCH ROOM:**

- Sink faucet controls require tight grasping, pinching, or twisting of the wrist. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Sink drain and hot water pipes are not insulated. (1 location)  
**Response: Lessor completed corrective action in October 2004.**
- Sink counter does not have knee space underneath it. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Sink counter is too high. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Vending machine is too high. (1 location)  
**Response: Vending machine vendor changed the vending machine to meet UFAS at HUD's request on October 7, 2004.**

#### **VIII. HEIGHT/REACH:**

- Business transaction counter is too high. (3 locations)  
**Response: HUD will need to modify or replace furniture in FY 2005 if money is available.**
- Mailbox is too high. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Shelving is too high. (1 location)
- Lowest part of shelving is too low. (1 location)  
**Response: HUD will need to purchase new shelving in FY 2005 if money is available.**

#### **IX. KNEE DEPTH/WIDTH CLEARANCE:**

- Table/work surface has insufficient knee depth clearance. (2 locations)  
**Response: HUD will need to purchase replacement furniture in FY 2005 if money is available.**
- Table/work surface has insufficient knee width clearance. (1 location)  
**Response: HUD will need to modify or replace furniture in FY 2005 if money is available.**

#### **X. PROTRUDING OBJECTS:**

- Drinking fountain protrudes into passageway. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Computer/TV Monitor shelf protrudes into passageway. (2 locations)  
**Response: HUD has placed the order to have these shelves removed; target completion date is December 17, 2004.**

#### **XI. HEAD ROOM:**

- Computer/TV Monitor shelf is too low. (2 locations)  
**Response: HUD has placed the order to have these shelves removed; target completion date is December 17, 2004.**

#### **XII. STAIRS:**

- Steps do not have uniform riser heights. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Stairway handrails are mounted too far from wall. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**
- Stairway handrails are square and do not return to the floor. (1 location)  
**Response: GSA will take corrective action under the new 2006 lease.**

**and GSA have passed these findings to the cafeteria management for compliance.**

## Region VIII: HUD Denver Regional Office

UMB Plaza Building  
1670 Broadway  
Denver, Colorado 80202

Date of review: Weeks of November 10, 2003 and February 23, 2004.

Offices reviewed: HUD office space on the 20<sup>th</sup> through 25<sup>th</sup> floors.

Common areas reviewed: main entrance (including the outside stairs and ramp); health unit; fitness center; auditorium; cafeteria; snack bars (first and sixth floors); credit union; child day care; elevators; accessible parking (garage); and women's and men's accessible restrooms.

This review was conducted in two stages, as construction was not complete at the time of the initial review.

UMB Plaza was built between 1978 and 1980 and renovated in 2003 for HUD to occupy the 20<sup>th</sup> through 25<sup>th</sup> floors. HUD is slated to remain in this leased building until 2013.

Because Denver's UMB Plaza Building was newly altered for HUD, deviations from UFAS were corrected at no additional cost to HUD. They were covered under the current provisions of the GSA lease.

**Summary of Findings** - *NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.*

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in Denver, Colorado in November, 2003, and February, 2004, after additional construction was completed.

### I. PARKING:

- ❑ Spaces too small. (3 locations; 7 parking spaces)
- ❑ Cross slope too steep. (1 location; 2 parking spaces)
- ❑ The accessible route from the parking garage to the lobby requires a ramp with handrails on both sides. (1 location)
- ❑ Sign too low. (1 location)

**Response: All parking that was investigated were old spots that have been either repainted or expanded; and some were placed in different part of the garage with no slope. GSA determined that access route is not part of the garage is in fact in compliance. The sign was corrected.**

### II. DOORS:

- ❑ Door pressure excessive. (12 locations)

**Response: All Locations have been corrected.**

- ❑ Entry door clear opening too narrow. (2 locations)

**Response: Both doors have been corrected.**

- ❑ Door hardware requires twisting of wrist. (2 locations)

**Response: Door hardware has been replaced.**

### III. BATHROOMS:

- ❑ Urinal too high. (2 locations)
- ❑ Lavatory sink too high. (5 locations)

- ❑ Water closet seat too high. (5 locations)
- ❑ Water closet too far from side wall. (2 locations)
- ❑ No toilet paper dispenser in accessible stall. (1 location)
- ❑ Urinal privacy shield too close to wall. (1 location)

**Response: All bathroom items have been corrected by the contractor.**

#### **IV. DRINKING FOUNTAINS:**

- ❑ Drinking fountain spout too high. (6 locations)
- ❑ Drinking fountain operating force too great. (2 locations)
- ❑ Drinking fountain insufficient clear knee space. (1 location)

**Response: Building Management re-investigated water fountain spouts and initially had confusion as to which "spout" or "spicket" the report referenced. This was clarified, and no drinking fountain barrier exists, as compliant water fountains are available.**

#### **V. VENDING MACHINE:**

- ❑ Money insert slot too high. (1 location)

**Response: GSA has notified Vendor. ARD has not received response from the vendor as to the corrective action.**

#### **VI. SIGNAGE:**

- ❑ Signage mounted on hinge side of door, not latch side. (4 locations)

#### **VII. CAFETERIA - 3<sup>rd</sup> FLOOR:**

- ❑ Height of tray in food service line too high.

**Response: Cafeteria is controlled by TIAA-CREF. Bldg Management and GSA have passed these findings to the cafeteria management for compliance.**



**Region X: HUD Seattle Regional Office**

**The Historic Federal Office Building**

**909 First Avenue  
Seattle, Washington**

Date of review: May 18-20, 2004.

Offices reviewed: HUD office space in the basement and on the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> floors.

Common areas reviewed: main entrance; elevators; lounge (1<sup>st</sup> floor); lunch room (1<sup>st</sup> floor); conference rooms (1<sup>st</sup> and 2<sup>nd</sup> floors); and men's and women's accessible restrooms

The General Services Administration Public Buildings Service brochure indicates that the Federal Office Building was designed in 1930, and constructed in 1931-1933. It is considered a historic building as it is the first building constructed in Seattle to house government agencies and the first Art Deco federal building to be designed by the Office of the Supervising Architect of the Department of the Treasury. Upon completion, the building housed 52 agencies with a work force of over 1,000 persons. The Federal Office Building structure is a steel frame skeleton enclosed in concrete with a reinforced concrete foundation, which rests on 3,800, 35-foot long timber piles. This site is also associated with the great Seattle Fire of 1889. In 1974, the Seattle Fire Site was placed on the State Historic Register. There are two plaques commemorating the event that were placed at the northeast corner of the Federal Office Building.

**Summary of Findings - NOTE: Annotations are made in bold concerning steps taken to remove the barriers as a result of this review.**

The following is a summary of the types of deficiencies that were identified and the extent of the problems that were uncovered with respect to the facility accessibility survey that was conducted of the HUD Regional Office in Seattle, Washington in May, 2004.

**NOTE: The Seattle Office of Administration provided the following information. In early July, a copy of the accessibility report was delivered to Donna Sweeney, GSA Building Manager, and Ms. Sweeney responded with her comments on September 3, 2004. A meeting between the GSA Building Manager, Deputy Regional Director, and Administrative Resources staff was held on September 9, 2004. The outcome of the meeting was an agreement with GSA that they would upgrade building signage and accessibility for people with disabilities to meet UFAS. GSA will assign a project manager to complete a design that will then have to be approved by the State Historic Preservation Officer (SHPO) before any alterations can be made. GSA has also assigned Barbara Campagna, GSA Historic Preservation Officer and Ron Smith, Industrial Hygienist, to work with the project manager to ensure that the historic integrity of the building is preserved and that UFAS is met. There are many areas of the building where the SHPO will not allow changes due to historic preservation rules.**

**I. PARKING:**

- Spaces too small. (3 parking spaces)

**Response: 41 CFR Ch. 101-20.104-1 GSA is responsible for ensuring the availability of parking spaces for official needs. Since all parking in the building is for official needs, and because of the building security level, there are no visitor or employee parking spaces in the building.**

**If an official vehicle is assigned to a person with a disability, this vehicle will be parked in an accessible space. If a permanent accessible parking space is needed by an employee with a disability, that space will be provided through a leasing action with the building or a nearby parking facility.**

**II. DOORS:**

- Door pressure excessive. (19 locations)

**Response:** GSA will adjust the door pressure on all doors where it doesn't interfere with the security of HUD space. A number of these doors provide access to secure HUD space, and if the pull pressure is reduced, the doors do not close properly. To accommodate employees who may have problems with access through these doors, signs will be posted indicating who to contact for assistance. GSA has provided no date for completion of this task.

- Entry door clear opening too narrow. (2 locations)

**Response:** This building is on the historic register, and GSA indicates that these doors are part of the original architecture of the building. Any changes will have to be approved by the State Historic Preservation Officer.

- Maneuvering space at door too narrow. (7 locations)

**Response:** This building is on the historic register, and GSA indicates that these doors are part of the original architecture of the building. Any changes will have to be approved by the State Historic Preservation Officer.

- Tactile warnings not on door hardware to potential dangerous locations. (4 locations)

**Response:** Water closets are for custodial use. Doors remain locked at all times. All cleaning products are stored in Janitorial Contractor's area on lower level. No hazardous chemicals, only "Green products" are used; GSA has MSDS sheets.

Appropriate warning signs will be posted at these locations. GSA has provided no date for completion of this task.

### III. BATHROOMS:

- Urinals too high. (3 locations)
- Urinal flush control too high. (1 location)
- Lavatory knee depth space too short. (3 locations)
- Lavatory knee clearance insufficient. (6 locations)
- Water closet seat too high. (1 location)
- Water closet too far from side wall. (1 location)
- Water closet too close to side wall. (3 locations)
- Stall door clear opening too narrow. (6 locations)
- Stall dimensions too narrow. (3 locations)
- Grab bar length too short. (6 locations)
- Grab bar missing. (1 location)
- Pipes not insulated. (7 locations)
- Toilet flusher not on wide side of toilet. (4 locations)
- Door swings into clear floor space of fixtures. (1 location)

**Response:** This building is on the historic register, and GSA indicates that all restrooms are original to the building and retain their original finishes and fixtures. The partitions are either oak or marble supported by steel frames and are under Historic Preservation Zone, Level 2b. Any changes will have to be approved by the State Historic Preservation Officer.

### IV. MEN'S SHOWER ROOM:

- Shower entrance too narrow. (1 location)
- Shower curb too high. (1 location)
- Shower spray unit not available. (1 location)

**Response:** GSA has set up a capital improvement project for FY 2006 to upgrade both the men and women's shower rooms to meet UFAS. GSA has provided no date for completion of this task.

### V. ACCESSIBLE ROUTE:

- Slope of entry ramp too steep. (1 location)
- Level landing at top of ramp not provided. (1 location)
- Change in level of accessible route too high. (1 location)

- Aisle too narrow. (3 locations)

**Response: GSA will address these issues as part of the Capital Improvement project planned for the building in FY 2005. GSA has provided no date on the proposed completion date of this task.**

## **VI. SIGNAGE:**

- Directional signage at front entrance not visible at each of three doors. (1 location)
- Signage mounted on hinge side of door, not latch side. (4 locations)
- No signage at permanent rooms. (bathrooms, snacks rooms, etc.) (5 locations)

**Response: GSA is planning a building signage project for FY 2005. All new signage will be mounted to meet UFAS. GSA has provided no date on the proposed completion date of this task.**

## **VII. HANDRAILS/GUARDRAILS:**

- Handrails at entrance not provided. (1 location)
- Guardrail diameter at entrance too large and mounted too high. (1 location)
- Handrails do not extend at bottom of stairs. (1 location)
- Handrails at stairs mounted too high. (1 location)
- Handrails diameter at stairs too large. (1 location)

**Response: This building is on the historic register and GSA indicates that all handrails are original to the building. All public areas including entry platforms and steel and bronze railing are Historic Preservation Zone, Level 1A. Any changes will have to be approved by the State Historic Preservation Officer.**

## **VIII. ELEVATORS:**

- Audible signals for hall lantern incorrect. (1 location)
- No raised star tactile indicator for main floor on SW elevator. (1 location)

**Response: GSA capital improvement project to replace elevator controls is planned for FY 2005. Call button plates will also be replaced in FY 2005 out of the building's operating budget. GSA has provided no date on the proposed completion date of this task.**

## **IX. REACH RANGE**

- Side reach at sink for dispensers too high. (11 locations)

**Response: Where possible GSA will relocate the dispensers. GSA has provided no date on the proposed completion date of this task.**

- Food/beverage vending machine controls too high. (3 locations)

**Response: All vending machines provided are industry standard and placed under the Shepherd Act and are not GSA owned or operated. GSA will meet with the Contractor and see what can be done.**

- Mailbox too high. (1 location)

**Response: To provide needed access to HUD mailboxes for employees with disabilities, someone will be available in the mailroom at all times to provide assistance to employees.**

- Reference books too high. (1 location)

**Response:** The area referenced is the Law Library. To provide access, required books and publications would be moved to lower shelves and assistance would be provided by a member of the legal staff.

- ❑ Security key card reader too high. (1 location)

**Response:** HUD will have the card reader lowered. The estimated cost of this change is \$500.00. This change will be completed by December 1, 2004.

- ❑ File cabinet top drawer too high. (1 location)

**Response:** To provide access to employees with disabilities, file cabinet files will be placed in lower drawers, and if other assistance is needed, it will be provided by other employees.

- ❑ Coat hook too high. (7 locations)

**Response:** GSA to adjust coat hangers in restrooms that are not drill mounted into the marble or coat hangers will be added that don't have to be mounted on the marble. GSA has provided no date on the proposed completion date of this task.

#### **X. KITCHENETTES:**

- ❑ Sink height too high. (2 locations)
- ❑ Sink knee clearance obstructed. (4 locations)
- ❑ Pipes not insulated. (4 locations)
- ❑ Sink depth too deep. (2 locations)

**Response:** In FY 2005 GSA is planning to remodel and relocate the 1<sup>st</sup> floor break room. These issues will be addressed as part of that plan. GSA has provided no date on the proposed completion date of this task.

HUD's 3rd floor break room will need to be remodeled to meet UFAS. The estimated cost of the design and construction is \$10,000. No date can be set up for this action until funds are available.

Vending machines are standard for industry and placed under the Shepherd Act; they are not GSA owned or operated. GSA will meet with the Contractor and see what can be done.

#### **XI. COUNTERS/DESKS/TABLES:**

- ❑ Business counter too high. (3 locations)
- ❑ Table knee clearance not deep enough. (2 locations)
- ❑ Table knee clearance not high enough. (1 location)
- ❑ Work surface too high. (1 location)

**Response:** HUD will have to order replacement systems furniture panels and countertops to comply with UFAS. The estimated cost of these changes is \$15,000. No date can be set up for this action until funds are available.

The issue with knee clearance can be resolved by reserving the ends of the tables for individuals with disabilities needing adequate clearance. The height of the computer table can be raised to provide the required clearance. In addition, there are a number of other conference rooms available that do provide adequate clearance. These rooms will be considered first.

## **APPENDIX III**

### **Phase I Self-evaluation Worksheets**

**U.S. Department of Housing and Urban Development**  
**Section 504 Self Evaluation of Federally Conducted Programs and Activities**  
**Under 24 CFR Part 9**

The purpose of this form is to evaluate the extent of how programs and activities conducted by the U.S. Department of Housing and Urban Development are accessible to individuals with various disabilities, including mobility and hearing and visual impairments.

The attached worksheets provide a checklist that should be completed by each of the Department's Program Offices and their Divisions in accordance with the Department's regulations (24 CFR Part 9) implementing Section 504 of the Rehabilitation Act of 1973, as amended (Section 504). Section 504 provides for nondiscrimination on the basis of disability. The Department's Part 9 implementing regulation, published in the June 16, 1994 Federal Register (copy attached) specifically applies to nondiscrimination in HUD-conducted programs and activities. A federally conducted program or activity is, in general terms, anything that a Federal agency does. Aside from employment, there are two major categories of federally conducted programs or activities: 1) those involving general public contact as part of ongoing agency operations, and 2) those directly administered by the agency for program beneficiaries and participants. Activities included in the category of general public contact (category 1) include communication with the public, specifically telephone contact, office walk-ins, interviews and other activities. Activities directly administered by the agency (category 2) include but are not limited to training activities at HUD or at outside facilities, contracting, policy development, meeting preparation, vacancy announcements and others. The Department's Part 9 regulation requires the Department to evaluate its current policies and practices that do not or may not meet the requirements of Section 504, and to take necessary corrective actions if modification of such policies is required. This self-evaluation will ensure that Departmental policies and practices meet the requirements of Part 9 to ensure non-discrimination on the basis of disability in programs or activities conducted by the Department.

The Part 9 regulations do not require the Department or your Office to take any action, including a reasonable accommodation, which the Office can demonstrate would result in a fundamental alteration to the nature of the program or activity, or would result in a financial and administrative burden. In those circumstances where personnel in your Office believe that the proposed action would fundamentally alter the nature of the program, or would result in a financial and administrative burden, your Office has the burden of proof that the action would result in such alterations or burdens. A decision that compliance with 24 CFR Part 9 would result in such alteration or burdens must be made by a Program Office manager, or his or her designee after considering all resources available for use in the funding and operation of the activity, and must be accompanied by a written statement of the reasons for reaching the conclusion. Additionally, if the action would result in such an alteration or such burdens, your Office should take any other action, that would not result in an alteration or such burdens but would nevertheless ensure, to the maximum extent possible, nondiscrimination on the basis of disability.

Attached are a total of eight separate worksheets that should be completed by your Office to conduct the self-evaluation process in accordance with 24 CFR Part 9. Worksheet I is a management tool to assist you in organizing and monitoring the self-evaluation progress. The worksheet requests general information about your Office, personnel performing the evaluation, and a form to list the covered programs/activities that will be evaluated. **A copy of Worksheet I- General Program Office/Division Information is Due February 20,2003. The original should remain with the Self-Evaluation packet.** Additionally, the following worksheets are attached.

Worksheet 2 - Program Office Information  
Worksheet 3 - Policy Checklist  
Worksheet 4 - Equal Opportunity to Participate  
Worksheet 5 - Communications Checklist

Worksheet 6 - Meeting Checklist  
Worksheet 7 - Contracting with External Organizations  
Worksheet 8 - Complaint Process

Separate worksheet packets should be completed for each covered program/activity identified as a covered program or activity on worksheet 1. Once worksheet 1 is completed, it may be duplicated and placed as a coversheet for each completed packet (worksheets 2-8) since the information on worksheet I will not change.

# Worksheet 1- General Program Office/Division Information

## Section 504 Self Evaluation 24 CFR Part 9

The worksheet requests general information about your Office, personnel performing the evaluation, and a list of the covered programs/activities that will be evaluated. The worksheet may be used as a management tool to assist you in organizing and ensuring that all programs and activities within your office are evaluated. Please fill out all appropriate information.

Program Office:

Program Division:

Program Division Director (please include Name and Telephone Number):

Disability Task Force Representative(s):

Division description (please include the purpose and scope of the Division):







## Worksheet 2- Program Office/Division Information

### Section 504 Self Evaluation 24 CER Part 9

Program Office:

Program Division:

Name of Activity Being Evaluated (Please **fill** out a separate worksheet for each activity listed on worksheet 1):

Please provide a brief description of the Activity being evaluated: (Please include the purpose, scope, type of activities, number and type of participants and other key information)

# Worksheet 3- Program Policy Checklist

## Section 504 Self Evaluation 24 CFR Part 9

Worksheet 3 is a checklist to evaluate Program Office policies and their effect on individuals with disabilities. Please respond to the following questions by checking the appropriate box, and providing additional information where requested. In some instances, more than one box will be checked.

### 1. How does your office incorporate provisions to ensure equal opportunity for individuals with disabilities into its policy and program initiatives?

- Guidelines highlight equal opportunity for persons with disabilities under important information, review criteria, and/or  
\_\_\_\_\_  
\_\_\_\_\_
- Equal Opportunity issues are discussed with policy and/or service groups
- Office undertakes specific effort to enhance equal opportunity for people with disabilities, by:  
\_\_\_\_\_
- Equal Opportunity for people with disabilities is a consideration when the office conducts special initiatives such as research, studies, symposia and/or future planning efforts (Please specify)  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Does your office provide opportunities when developing or amending its policies for qualified people with disabilities to participate as:

- Staff  
Specify efforts: \_\_\_\_\_  
\_\_\_\_\_
- Consultants/Panelists \_\_\_\_\_  
Specify efforts: \_\_\_\_\_  
\_\_\_\_\_
- Other  
Specify efforts: \_\_\_\_\_

## Worksheet 3 - Program Policy Checklist (cont.)

**3. How does your office support any needed accommodations for visitors, staff, or other meeting participants who may have disabilities (e.g., certified sign language or oral interpreter, a reader or taping printed material)?**

- Funds are set aside in the agency's administration budget for use by all offices
- Access accommodation as line-item in the office's budget
- Other (Specify) \_\_\_\_\_

**4. Is your office able to modify its programs/activities, if necessary, to provide reasonable accommodations to individuals (staff or the public) with disabilities?**

- YES (Specify efforts): \_\_\_\_\_  
\_\_\_\_\_
- NO (Comments): \_\_\_\_\_  
\_\_\_\_\_

**5. Is office staff aware that programs/activities may have to be modified in order to accommodate individuals with disabilities?**

- YES (Specify efforts): \_\_\_\_\_  
\_\_\_\_\_
- NO (Comments): \_\_\_\_\_  
\_\_\_\_\_

**6. Does your office notify individuals with disabilities that they may request reasonable accommodations, including modification of office policies? If so, please identify how such notification is provided, and to whom (public or staff)?**

- YES (Specify efforts): \_\_\_\_\_  
\_\_\_\_\_
- NO (Comments): \_\_\_\_\_  
\_\_\_\_\_

7. Are there any instances where your office has been unable to modify a policy because such modification would either fundamentally alter the nature of the program, or result in an undue financial or administrative burden?

YES (Specify efforts): \_\_\_\_\_

\_\_\_\_\_

NO (Comments): \_\_\_\_\_

\_\_\_\_\_

8. Is access for people with disabilities a consideration when your office undertakes special policy related efforts?

YES (Specify efforts): \_\_\_\_\_

\_\_\_\_\_

NO (Comments): \_\_\_\_\_

\_\_\_\_\_

9. Do you have staff members who serve on an emergency evacuation committee to assist visitors and staff with disabilities?

YES

NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

10. Do staff members receive training in emergency evacuation?

YES

NO COMMENTS: \_\_\_\_\_

\_\_\_\_\_



## Worksheet 4 – Equal Opportunity to Participate

### Section 504 Self Evaluation 24 CFR Part 9

Please respond to the following questions by checking the appropriate box, and providing additional information where requested. In some instances, more than one box will be checked.

- 1. Are there any exclusions or restrictions necessary to the operation of the program or to the safety of the participants who do not have disabilities?**
  - YES (if so, please explain):
  - NO
  - Other
- 2. Are there any program exclusions or restrictions necessary to the operation of the program or to the safety of participants are individuals with disabilities?**
  - YES (Specify):
  - NO (Comments):
- 3. Are staff aware that it may be necessary to modify program policies or practices to enable people with disabilities to participate in and benefit from the program?**
  - YES (if so, please explain):
  - NO (if not, please explain):
  - Other

## Worksheet 4 – Equal Opportunity to Participate

**4. Is the public informed that the program is prepared to make reasonable accommodations?**

- YES (Specify efforts):
  
- NO (Please explain):

**5. Does the program have a formal or informal process for responding to requests for modifications?**

- YES (Please specify):
  
- NO (Comments):

**6. Does the program have a process for determining whether a policy or practice modification would fundamentally alter the nature of the program?**

- YES (Please describe):
  
- NO (Additional comments):

**7. Are there circumstances in which a person with a disability would be asked to meet any other requirements not imposed on other program participants?**

- YES (Please explain):
  
- NO (Additional comments):

**8. Does the program provide any separate activities for persons with disabilities?**

- YES (List the separate activity and explain):
  
- NO (Additional comments):



## Worksheet 4 – Equal Opportunity to Participate

9. Please provide the following information to complete the chart below (please add additional space if needed):

- a. Identify all of the policies and practices from your completed Worksheet 4 (Equal Opportunity Checklist) that do not or may not meet the requirements of Section 504, and may create barriers for individuals for individuals with disabilities:
- b. List all proposed actions or actions that have been or will be taken by your Office to modify your policies/practices to ensure compliance with Section 504
- c. Has the proposed action/action been identified as a financial and administrative burden. If so, how was the conclusion reached and list any alternative actions that may be taken that do not constitute a financial and administrative burden.
- d. List target dates for, which action may be taken by your Office to modify your policies/practices

<b>Barrier Identified</b>	<b>Proposed Action/Modification to Remove Barrier</b>	<b>Could the action result in an undue financial/admin. burden or alter the nature of the Program/Activity (if yes, please identify how the conclusion was reached</b>	<b>Target Date of Action</b>

# Worksheet 5 – Communication Checklist

## Section 504 Self Evaluation 24 CFR Part 9

Worksheet 5 evaluates the method(s) utilized by Departmental program offices to effectively communicate with individuals with disabilities. The Department's regulations implementing Section 504 require that the Department take appropriate steps to ensure effective communication with applicants, participants, personnel of other Federal entities, and members of the public. Please respond to the following questions by checking the appropriate box, and providing additional information where requested. In some instances, more than one box will be checked.

1. What kinds of printed materials are produced and/or supported by your office? (Please check all appropriate boxes)

- |  |   |
|--|---|
| <input type="checkbox"/> Program Pamphlets | <input type="checkbox"/> Guidelines                             |
| <input type="checkbox"/> Newsletter        | <input type="checkbox"/> Press Releases                         |
| <input type="checkbox"/> Notices           | <input type="checkbox"/> Regulations                            |
| <input type="checkbox"/> Job Announcements | <input type="checkbox"/> Information bulletins/e.g.,            |
|  | <input type="checkbox"/> Education opportunities, grant notices |
| <input type="checkbox"/> Special reports   |   |
| <input type="checkbox"/> Other:            |   |

2. Does your office employ any of the following communication techniques that make your printed material accessible to people with visual impairments? If so, please note in the space provided which publications checked above include accessible formats.

- o **Materials in large print** (14 points or larger in upper and lower case) that are clear, with appropriate spacing between lines and with contrasting background

YES (if so, please list the publications):

NO

- o **Braille Materials**

YES (if so, list the publications):

NO

- **Recorded materials (cassette tapes)**

YES (if yes, please list the publications):

NO

## Worksheet 5 – Communication Checklist (cont.)

- **Readers**

YES (if yes, please list the publications):

NO

- **Materials on word processing disks**

YES (if yes, please list the publications):

NO

- **Please specify any additional communication techniques used by your Program Office that have not been included on this form:**

Other (Specify):

3. **Does your office communicate with people who are hearing or speech impaired through the following methods:**

a. Telecommunications device for hearing and speech-impaired individuals (TTY):

YES (if yes, please respond to each bullet under section "a")

NO

- Where is it located?
- How many staff in your office know how to operate the TTY system?
- Do publications in your office which contain your office telephone number also include the TTY phone number?

YES

NO

- Is the TTY phone number(s) listed in all publications generated by your office, particularly all publications that contain the main phone number(s) for your office?

YES

NO

## Worksheet 5 – Communication Checklist (cont.)

- Is the TTY phone number(s) listed in any local or national TTY directories?

- YES
- NO
- DO NOT KNOW

- Does the level of TTY usage by your office (both incoming and outgoing) suggest the need for a TTY within your office?

\_\_ YES

\_\_ NO

COMMENTS:

- b. Telephone Message Relay System Telecommunications device for hearing and speech-impaired individuals (TTY):

\_\_ YES (if yes, please respond to each bullet under section "a")

\_\_ NO

COMMENTS:

Other (Specify):

- 4. How does your office notify people with disabilities that the above communication accommodations are available?** [Please check appropriate box(es)]
- Notice of availability is included in all publications
  - Notice is provided to agencies and organizations of and for individuals with disabilities (e.g., self help. for the visually impaired, and the National Library Services for the Blind and Physically Disabled of the Library of Congress) Access issues are discussed with policy and/or service groups
  - Office (specify)
- 5. Has any method of communication been identified that may result in an alteration to the nature of the program or create an undue financial or administrative burden?**
- YES (List and explain):
  - NO (Additional comments):



## Worksheet 6 – Meeting Checklist

Worksheet 6 is a checklist to review meeting preparation/arrangement organized by program offices, to evaluate accessibility to individual with disabilities. Please respond to the following questions by checking the appropriate box, and providing additional information where requested. In some instances, more than one box will be checked.

**1. What kind of meetings are initiated, convened and/or sponsored (with the exception of grants) by your office?** (please check all appropriate boxes)

- In-house office business meeting with staff and/or with member of the general public
- Panel (in-house) Access issues are discussed with policy and/or service groups
- Panel (outside the headquarters facility)
- Council/board (in-house)
- Council/board (outside the headquarters facility)
- Symposia/seminars
- Workshops/classes
- Conferences
- Other (Specify):

**2. Do you ask meeting participants in advance about any needed physical or programmatic accommodations or assistance pertaining to their transportation, their hotel accommodations or the meeting itself?**

- YES (If yes, please specify):
- NO

COMMENTS:

**3. Do you offer to meet panelists/visitors with disabilities at the building's entrance and show them the location of the meeting room, rest room and water cooler?**

- YES
- NO

MEETINGS/COMMENTS:

4. Do you offer panelists/visitors with disabilities, in advance as well as at the meeting, a map or written directions to the restaurants, rest rooms and water fountains?

- YES
- NO

5. Does your office ensure that meetings are held in offices or other meeting spaces that are accessible to people with mobility impairments, to include:

- Entrance and Door (e.g., low and beveled thresholds, adequate entrance width, appropriate hardware on door, etc.)
- Interior circulation (e.g., aisle width, route free of objects that protrude, etc.)
- Space considerations for people who use wheelchairs (e.g., in office, at panel table, in restaurant or in the audience)

COMMENTS:

6. When requested, is your office able to provide any of the following communication techniques to make your written and visual materials (e.g., agenda, report, panel book, slides, or meeting proceedings) accessible to people with visual impairments? (Please check all appropriate boxes)

- Materials in large print** (14 points or larger in upper and lower case) that are clear, with appropriate spacing between lines and with contrasting background

COMMENTS:

- Braille Materials**

COMMENTS:

- Recorded Materials (cassette tapes)**

COMMENTS:

- Readers**

COMMENTS:

- Material on word processing disks**

COMMENTS:

- Computer bulletin boards** (e.g., Special NET, FourSights Network, and CompuServe)

COMMENTS:

- Audio descriptions of visual presentations**

COMMENTS:

- Support materials provided to participants for review prior to meeting**

COMMENTS:

- Other (Specify):

7. **When requested, is your office able to provide any of the following communication techniques to make your meetings accessible to individuals with hearing impairments?**

- Qualified sign language interpreters and/or interpreters?**

COMMENTS:

- Auxiliary listening systems (e.g., the audio loop system, infrared or wireless listening system)**

COMMENTS:

- Captioned audio-visual material**

COMMENTS:

- Sign language and/or orally interpreted audiovisual material**

COMMENTS:

- Other (Specify):**

8. **While learning and mental disabilities are very distinct from one another, many accommodations for these two disabilities overlap. When requested, is your office able to provide any of the following communication techniques to make your meetings accessible to people with learning or mental disabilities (please check all appropriate boxes):**

- Short, direct and clear presentations**

COMMENTS:

- Pictures that supplement written materials when possible**

COMMENTS:

- Recording of meeting for review following the meeting**

COMMENTS:

- Support materials (e.g., agenda, outline of presentation) prior to meeting**

COMMENTS:

- Other (specify):**



**9. When planning meetings outside of the agency or when making hotel accommodations, do you seek spaces that are accessible to persons with the following disabilities:**

- Mobility Impairments

COMMENTS:

- Visual Impairments

COMMENTS:

- Hearing Impairments

COMMENTS:

**10. When planning meetings outside of the agency, do you offer communication techniques to ensure that the meetings are accessible to participants with the following disabilities:**

- Mental or Learning Disabilities

COMMENTS:

- Visual Impairments

COMMENTS:

- Hearing Impairments

COMMENTS:

**11. When planning meetings outside of the agency, do you assure that any local organizers make necessary accessibility arrangements and offer communication techniques to ensure that the meetings are accessible to participants with the following disabilities:**

- YES (if so, please explain

- NO

**12. How does your office notify the general public that accommodations for people with disabilities are available upon request at public meetings? (Please check all appropriate boxes)**

- Notice in the Federal Register
- Notice provided to National computer bulletin boards that are utilized by people with disabilities (e.g., Special NET, Foursights Network, and Compuserve), or the Internet
- Notice published in meeting announcements, brochures, press releases and/or any other Publications
- Notice provided to organizations and agencies of and for individuals with disabilities



## Worksheet 7 – Contracting with External Organizations

### Section 504 Self Evaluation 24 CFR Part 9

**1. List any contractors who provide services, benefits or activities on behalf of the program**

- a.
- b.
- c.
- d.
- e.
- f.

**2. Has the program notified each contractor of their responsibility for providing contracted services in a nondiscriminatory manner and has the program required assurances from contractors of their fulfillment of Section 504 nondiscrimination and access requirements?**

- YES (If yes, please specify how contractors are notified):
- NO

COMMENTS:

**3. Are there any circumstances in which a consideration related to disability would influence the choice of a procurement contractor?**

- YES (If yes, please specify how contractors are notified):
- NO

COMMENTS:

**4. Please complete the chart below by identifying the following: (please add additional space if needed):**

- a. Identify all of the policies and practices from your completed Worksheet 7 (External Organization Checklist) that do not or may not meet the requirements of Section 504, and may create barriers for individuals for individuals with disabilities.
- b. List all proposed actions or actions that have been or will be taken by your Office to modify your policies/practices to ensure compliance with Section 504.
- c. Has the proposed action/action been identified as a financial and administrative burden. If so, how was the conclusion reached and list any alternative actions that may be taken that do not constitute a financial and administrative burden.
- d. List target dates for which action may be taken by your Office to modify your policies/practices.

<b>Barrier Identified</b>	<b>Proposed Action/ Modification to Remove Barrier</b>	<b>Could the action result in an undue financial/admin. burden or alter the nature of the Program/ Activity (if yes, please identify how the conclusion was reached</b>	<b>Target Date of Action</b>
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## Worksheet 8 – Complaint Process

### Section 504 Self Evaluation 24 CFR Part 9

Please respond to the following questions by checking the appropriate box, and providing additional information where requested. If box is not applicable, please state 'IN/All.

1. **Has your Office received any complaints from individual with disabilities alleging a violation of 24 CFR Part 9, Nondiscrimination on the Basis of Disability in HUD-Conducted Programs and Activities?**
  - YES (if so, please explain):
  - NO
  - Other
  
2. **Is there a designated staff contact within your Office to receive complaints? If not, please describe the complaint process, including the Office that complaints are referred.**
  - YES (Specify):
  - NO
  - ADDITIONAL COMMENTS:
  
3. **Are staff aware of the complaint process or appropriate referral if a complaint is received?**
  - YES (if so, please explain):
  - NO
  - Other
  
4. **Does your Office have any material, written or otherwise, on the complaint process?**
  - YES (Specify):
  - NO (if no, please specify how staff or program participants are made aware of the right to file a complaint):
  - ADDITIONAL COMMENTS:

**5. Please complete the chart below by identifying the following: (please add additional space if needed):**

- a. Identify all of the policies and practices from your completed Worksheet 8 (Complaint Process Checklist) that do not or may not meet the requirements of Section 504, and may create barriers for individuals for individuals with disabilities.
- b. List all proposed actions or actions that have been or will be taken by your Office to modify your policies/practices to ensure compliance with Section 504.
- c. Has the proposed action/action been identified as a financial and administrative burden. If so, how was the conclusion reached and list any alternative actions that may be taken that do not constitute a financial and administrative burden.
- d. List target dates for which action may be taken by your Office to modify your policies/practices.

<b>Barrier Identified</b>	<b>Proposed Action/Modification to Remove Barrier</b>	<b>Could the action result in an undue financial/admin. burden or alter the nature of the Program/Activity (if yes, please identify how the conclusion was reached</b>	<b>Target Date of Action</b>
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