

Caltrans Division of Local Assistance (DLA)
 Americans with Disabilities Act (ADA)
 Section 504 of the Rehabilitation Act of 1973 (Section 504)
 Compliance Review Assessment

Per 28 CFR Part 35 - Nondiscrimination on the Basis of Disability in State and Local Government Services:
 Caltrans will use this assessment tool to gauge your agency's minimum compliance with subtitle A of title II of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131-12134), as amended by the ADA Amendments Act of 2008 (ADA Amendments Act) (Pub. L. 110-325, 122 Stat. 3553 (2008)), which prohibits discrimination on the basis of disability by public entities. Note: Completion of this form, satisfies your transition plan requirement per 28 CFR 35.150(d)

City/MPO/LPA:	
Division/Department:	
Name (Responder):	
Title:	
Address:	
City:	
Zip Code:	
Phone Number:	
email:	

Is this your first submission of the 2023 ADA Section Compliance Review Assessment?
 If no, when was the date of your previous submission?
 Does your agency employ 50 or more employees (including part-time employees/peak season)?
 If yes, please complete the following questions below.
 If no, there are no further questions, please click Submit button.

1. Who is the ADA Coordinator (designee responsible for ADA Program) for your agency ((28 CFR § 35.107(a) & 49 CFR § 27.13(a))?

Name:	
Address:	
Phone:	
email:	
Website:	

2. Has your agency performed a self-evaluation (28 CFR § 35.105)?

Date of Evaluation:	
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3. Has your Agency provided an opportunity for individuals (with or without disabilities) or organizations to participate in the self-evaluation process by submitting comments?

4. For at least three years following completion of your self-evaluation has your agency maintained a file for public inspection:

5. For at least three years following completion of your self-evaluation has your agency made available for public inspection the following?

5a. A list of interested people consulted?

5b. A description of areas examined and any problems identified?

5c. A description of any modifications made?

6. Has your agency designated at least one employee to coordinate efforts to comply with and carry out responsibilities under the ADA & Section 504, including undertaking investigation of any complaint(s) communicated to your agency alleging noncompliance with requirements?

7. Does your agency have an ADA/Section 504 complaint/grievance procedure process?

8. Is the complaint/grievance procedure published?

8a. If yes, please provide the information in an attachment and provide any associated online links below:
 Website:

8b. Provide the name, office address, and telephone number of the employee or employees designated to receive complaints/grievances below:

Name:	
Office:	
email:	
Phone #:	

9. Does your agency have an ADA/Section 504 Policy Statement?

9a. Is the policy signed by the head of the agency?

10. Does your agency have an ADA Transition Plan setting forth the steps necessary to complete such changes and achieve compliance?

11. Has your agency made the transition plan available for public inspection?

12. Does the agency Transition Plan include a schedule for providing or upgrading curb ramps or other sloped areas where pedestrian walks cross curbs, giving priority to walkways serving entities covered by the Act, including State and local government offices and facilities, transportation, places of public accommodation, and employers, followed by walkways serving other areas?

13. Does the Transition Plan identify obstacles in the Agency facilities that limit the accessibility of its programs or activities to individuals with disabilities?

14. Does the Transition Plan describe in detail the methods that will be used to make the facilities accessible?

15. Does the Transition Plan specify the schedule for taking the steps necessary to achieve compliance with 28 CFR part 35 and if the time period of the transition plan is longer than one year, has the agency identified steps to take during each year of the transition period in an effort to meet full compliance?

15a. How many years does the schedule span?

16. Does your Transition Plan indicate the official responsible for implementation of the plan?	
Name:	
Title:	
Address:	
Phone:	
email:	
17. Has your agency established a budget for the period of the Transition Plan schedule?	
17a. Please provide the total budget for the schedule span:	
18. Has the agency established a system for periodic review and updating the self-evaluation?	
19. What accessibility standard does the agency use to build new facilities and alter existing facilities?	
20. Please attach additional documentation to support the transition plan: Attach Here:	
21. Does your agency have any ADA training needs that Caltrans can assist with?	
22. Provide any additional comments here:	