

Commonwealth of Massachusetts



Community Access Monitor Program Training





Community Access Monitor Training



Presented by:

The Massachusetts Office on Disability



Community Access Monitor RIGHTS AND RESPONSIBILITIES



1. You have the right to public information.
2. You have the right to use your designation as a Massachusetts Office on Disability Community Access Monitor in your advocacy work.
3. You have the right to call the Massachusetts Office on Disability for technical assistance.
4. You have the right to advocate for voluntary compliance.
5. You have the right to fill out and file complaint forms when appropriate.
6. You have the responsibility to complete surveys and report your findings to the property owner
7. You have the responsibility to use your designation as a Community Access Monitor **only** in a volunteer capacity.
8. You have the responsibility to decline requests for advice in situations where you lack expertise.
9. You have the responsibility to keep up to date in your knowledge about the intent and scope of both state and federal regulations.
10. You have the responsibility to notify the organization in writing of your interest in assessing its accessibility.



ADA

ADAAG/2010 Standards

AAB



**Civil Rights
Legislation**

**Federal Civil Rights
Regulations that
Addresses Access in
the Built Environment**

State Building Code

**Covers all aspects of
peoples' lives and may
require renovations in a
building even though no
work is planned**

**Covers all areas of
the building
(including employees
areas)**

**Covers areas open
to the public**

No Variances

Allows for variances if:
**1) technologically
infeasible**
**2) excessive cost
without substantial
benefit to people with
disabilities**



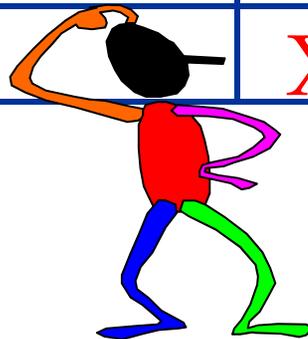
What Needs to be Considered



What Type of Building?

Which Regulations May Apply?

| | Title II | Title III | AAB 1968 | AAB 1975 or Later | 2010 Standards |
|--------------------|----------|-----------|----------|-------------------|----------------|
| Private Business | X | ✓ | X | ✓ | ✓ |
| Religious Building | X | X | X | ✓ | X |
| State Building | ✓ | X | ✓ | ✓ | ✓ |
| Municipal Building | ✓ | X | ✓ | ✓ | ✓ |
| Private Club | X | X | X | ? | X |
| Federal Building | X | X | X | X | ✓ |





What Information Needs to be Gathered?



Type of Information

Name and Exact Address of Organization

Name, Address, Phone of Owner/Manager

Permit Date For Original Construction

Renovations, Permit Dates, Amounts

Tax Assessed Value (if Renovations Done)

How To Obtain

Check website, the phone book or call the Organization

Call the Municipal Tax Assessor's Office (You Need the Exact Street Address), or Call the Organization.

Call the Local Building Department

Call the Local Building Department

Call the Local Assessor's Office

Note: Often much of this information may be found by visiting the municipality's website



Information Worksheet



Name of Organization: _____

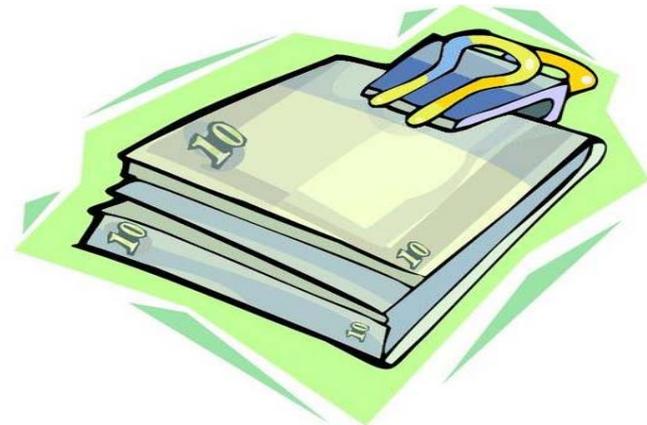
Exact Street Address: _____

Number of Stories: _____

Name, Address, Phone Number of Current Owner/Manager: _____

Permit Date for Original Construction: _____

- Private Business
 - ADA Title III Obligations
 - AAB Obligations
- State or Local Government
 - ADA Title II Obligations
 - AAB Obligations
- Religious Organization
 - AAB Obligations





Information Worksheet



Have any Renovations Been Done:

Yes

No

Permit Date:

Dollar Amount

\$ _____

\$ _____

\$ _____



If Renovations Have Been Done:

Tax Assessed Value at Time of Permit: \$ _____

Have Renovations Been Done in a Primary Function Area Since January 26, 1992 (for Title II) or January 26, 1993 (for Title III)?

Yes

No

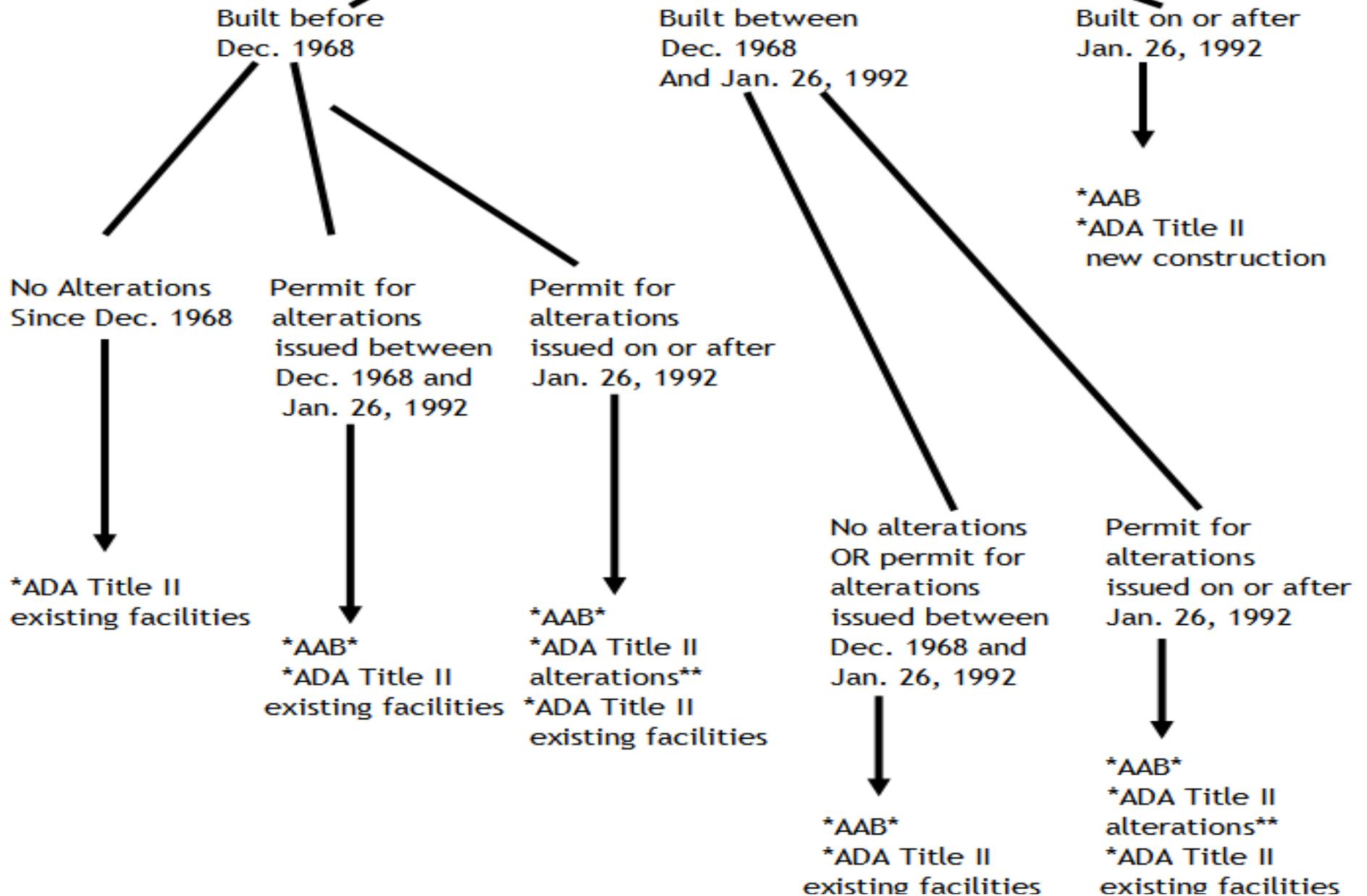
Is Organization Receiving Federal Financial Assistance?

Yes

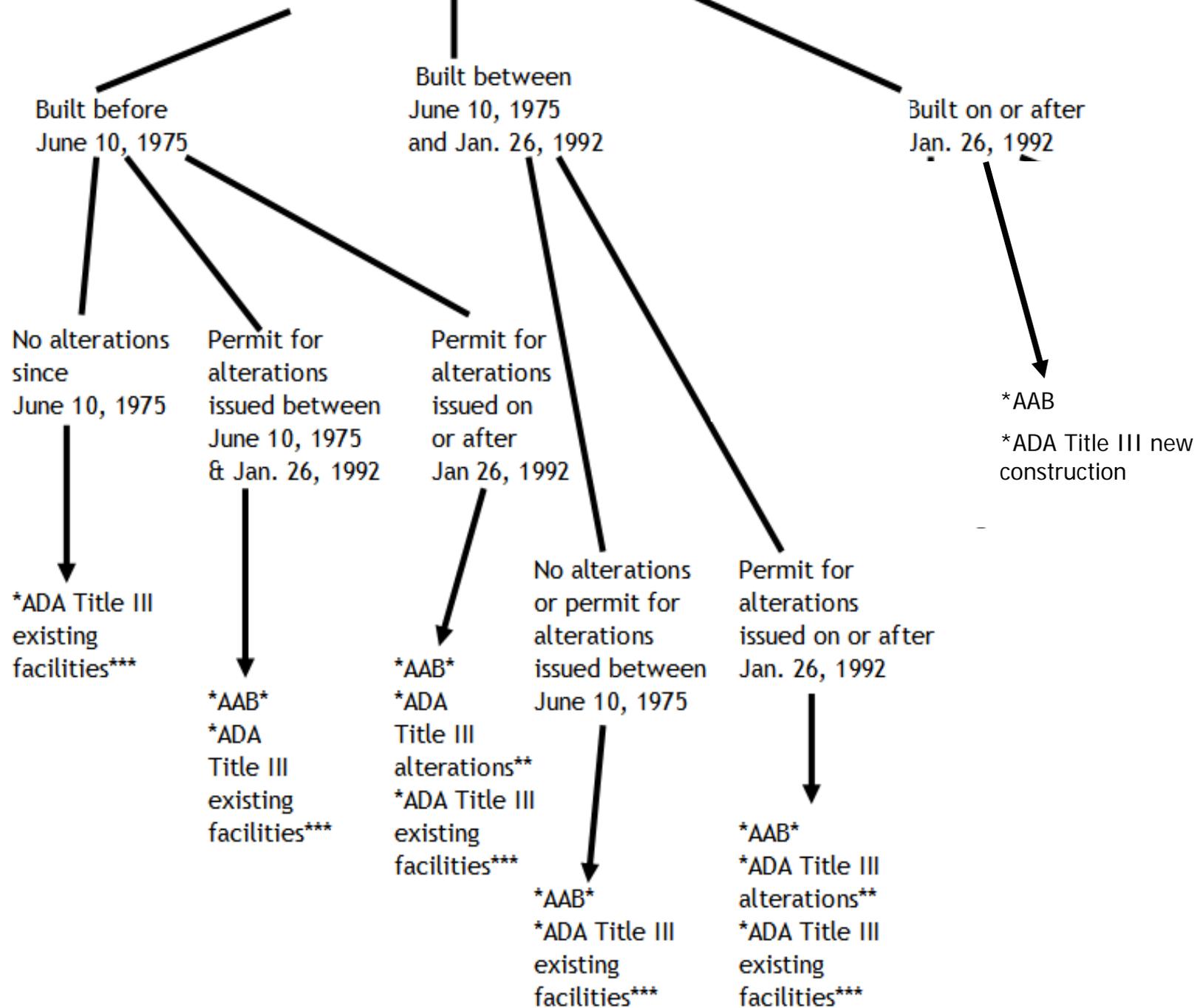
No

(If Yes, Organization May Need to Comply with Section 504. Contact the Office on Disability for Further Information.)

STATE, COUNTY, OR MUNICIPAL FACILITIES AND SERVICES



PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES





Determine Which Access Regulations Apply



- AAB**

- ADA Title II: Existing Facilities**

- ADA Title II: New Construction or Alterations**

- ADA Title III: Existing Facilities**

- ADA Title III: New Construction or Alterations**

- 2010 Standards: New Construction or Alterations
(effective 3/15/12)**

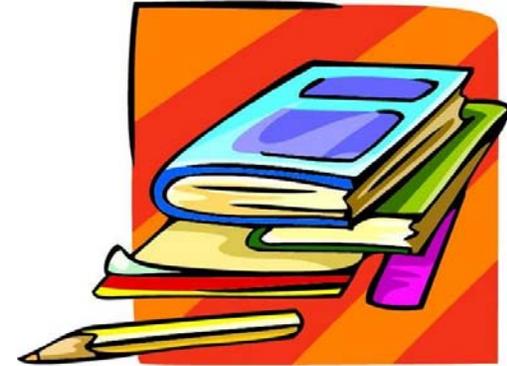




Find Out if Any Exemptions Apply



Has the Building been Granted Historic Status by the Massachusetts Historical Commission?



Has the Building been Granted Variances from the Architectural Access Board?

List/Describe: _____



If Organization is Under AAB Jurisdiction



...AND THE FACILITY HAS UNDERGONE RENOVATIONS SINCE: JUNE 10, 1975

Cost of Renovations Over Any 2-Year Period:

Less than 25% Tax Assessed Value
and Less than \$50,000

Less than 25% Tax Assessed Value
\$50,000 or More



Over 25% Tax Assessed Value

Parts of Facility That Must Comply:

Only Renovated Part Must Comply

Renovated Parts Must Comply PLUS and
Addition of Accessible Restroom (If
Public Restroom is Provided) and
Accessible Entrance

Entire Building Must Comply





If Organization is Under AAB Jurisdiction



...AND THE FACILITY HAS UNDERGONE RENOVATIONS SINCE: SEPTEMBER 1, 1996

(For Construction Done Between February 23, 1996
& September 1, 1996: Check to See Which Set of
Regulations Has Been Used.)



Cost of Renovation Over Any 3-Year Period:

Less than 30% Tax Assessed Value
and Less than \$100,000

Less than 30% Tax Assessed Value
\$100,000 or More

Over 30% Tax Assessed Value

Parts of Facility That Must Comply:

Only Renovated Parts Must Comply

Renovated Parts Must Comply PLUS and
Addition of Accessible Entrance &
Restroom, Telephone & Drinking
Fountain (If Open to the Public)

Entire Building Must Comply





Initial Contact Letter Model



(Name of owner or manager)

(Name of organization)

(Address)

(Date)

Dear (Name of owner or manager):

I am a member of the community concerned about access for people with disabilities. I have completed the two day Community Access Monitor Training offered by the Massachusetts Office on Disability. In this capacity, I am helping businesses, agencies, and other organizations identify physical and communication barriers.

If organization is covered by ADA only or both ADA and AAB

I am interested in working with (name of organization) to improve access to your (store, restaurant, business, etc.) and, in particular, to help you meet the requirements of the Americans with Disabilities Act.

If organization is subject only to AAB regulations

The Massachusetts access regulations impact your organization. I am interested in working with (name of organization) to help you meet your accessibility requirements.

I will call you soon to give you more information and to find out when would be a convenient time to visit your facility, or you may feel free to contact me at (phone number). Thank you.

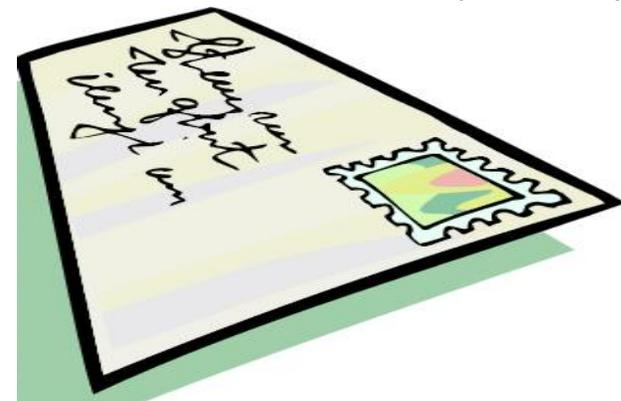
Sincerely,

(Signature)

(Your name)

cc: Massachusetts Office on Disability

(Municipal Commission on Disability)





Follow-Up Phone Call Model



Hello Mr./Ms. _____. My name is _____. I sent you a letter on (date) about looking at your business to determine accessibility for persons with disabilities.

If organization is an existing public accommodation covered by the ADA

Are you familiar with the Americans with Disabilities Act? It requires public accommodations like yours to make improvements to accessibility. Are you already working on this? I'd like to help you identify the barriers in your (store, restaurant, business, etc.) so that you can consider which ones might be easily removed.

If organization is a state or local government service covered by the ADA

I'm sure you are familiar with the Americans with Disabilities Act, which requires state and local governments to provide access to their programs and services. Do you know whether the municipality has conducted a Self-Evaluation and prepared a Transition Plan? I'd like to help you identify areas where your activities are inaccessible, so you can consider ways to provide improved access to them.

Would it be possible to arrange a time for me to visit your (store, restaurant, business, etc.)? Afterwards I'll prepare a brief summary of your access issues, which I will send to you. (Arrange time.)

Would you like to have someone accompany me while I survey? It will take about two hours. (Get name.)

Where would be a convenient place to meet? (Arrange place.)

Do you have any questions?

Great. I'll be there on (date) at (time). Thank you very much.





What to Survey



➔ **PARKING**

➔ **PATH OF TRAVEL**

➔ **ENTRANCE**

➔ **ROOM SPACES**

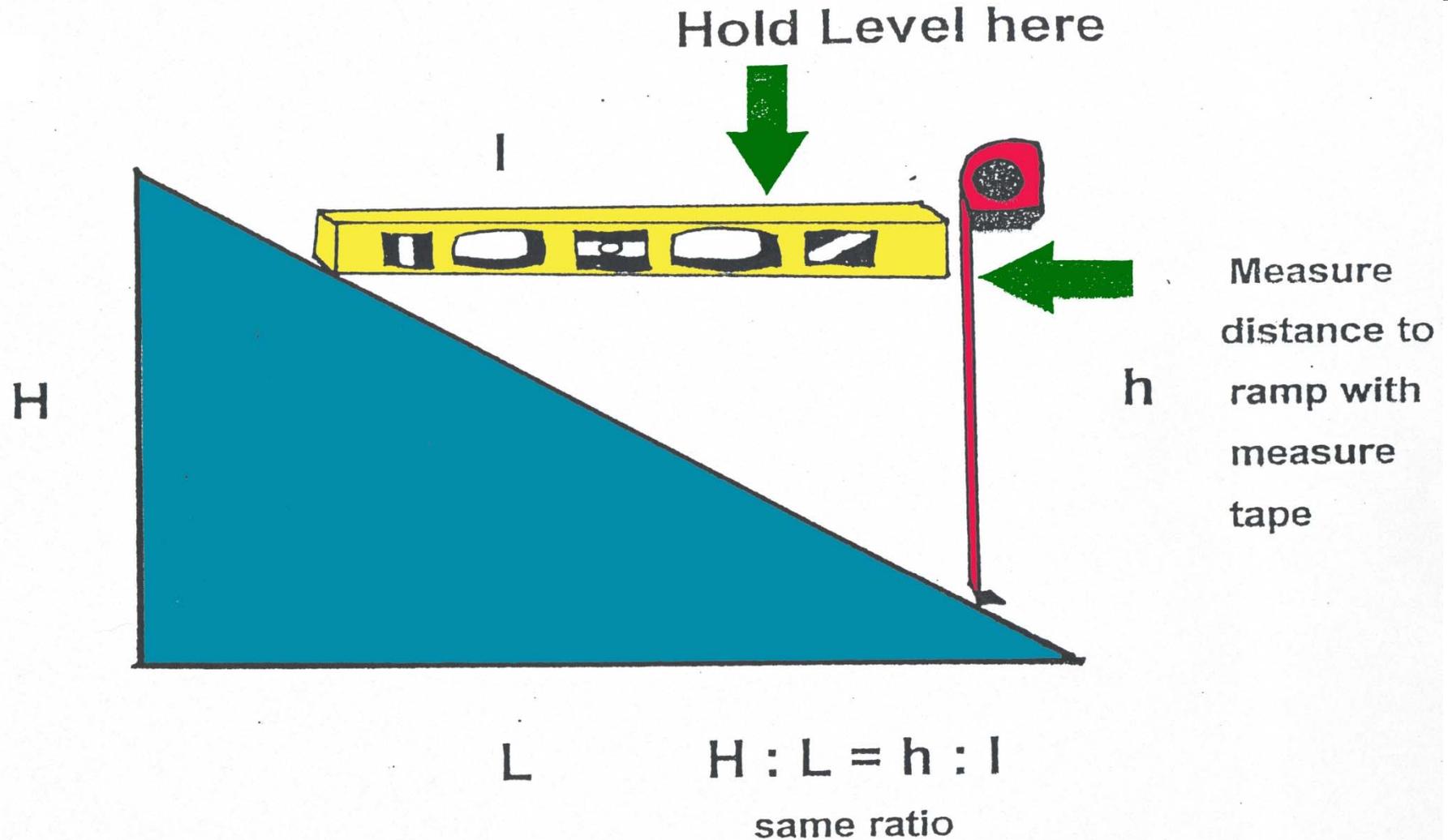
➔ **BATHROOMS**

➔ **EVERYTHING ELSE**





What to Survey – How to Measure a Slope





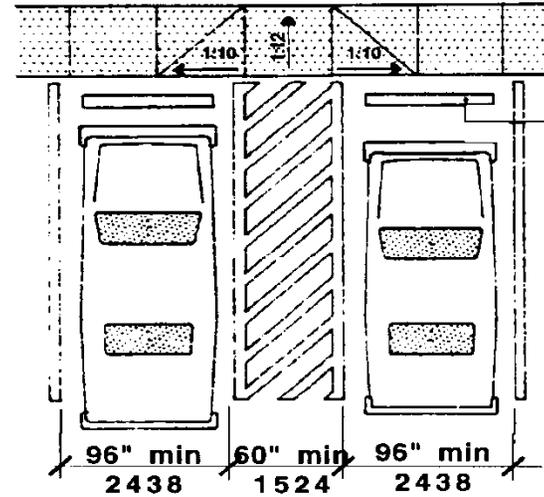
Video – Wheelchair Maneuvering Clearances (10 mins)



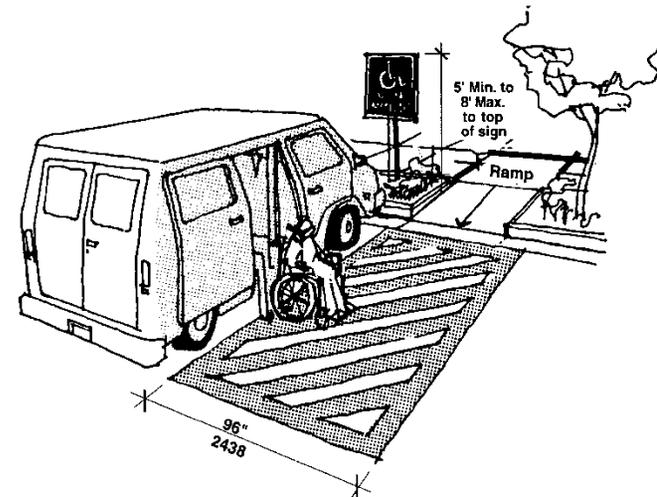
Wheelchair Maneuvering



What to Survey - Parking



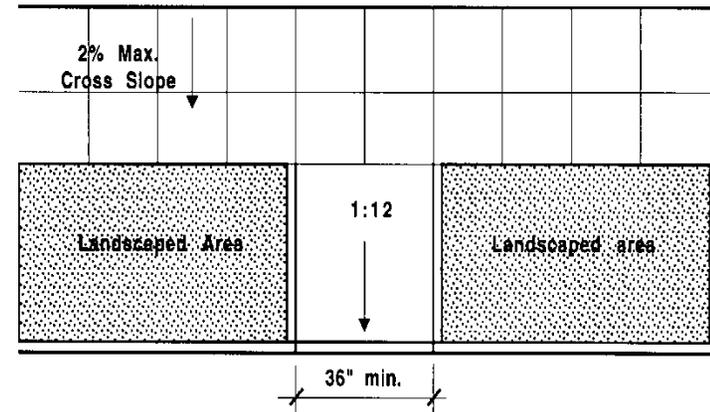
Alternate Stall
Figure 23a



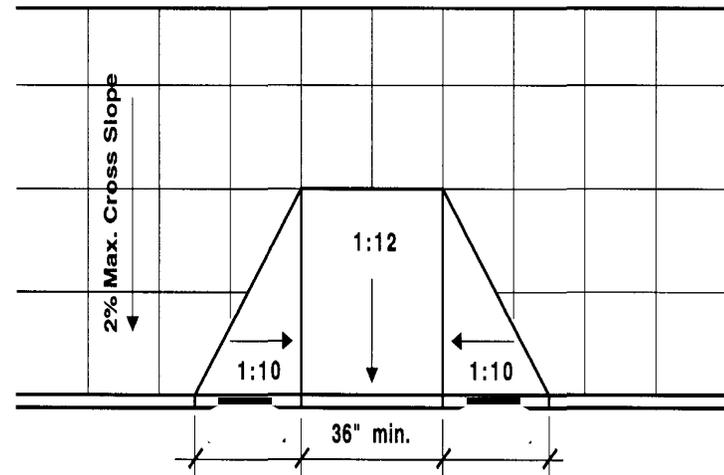
Van Accessible Space
Figure 23c



What to Survey - Sidewalks



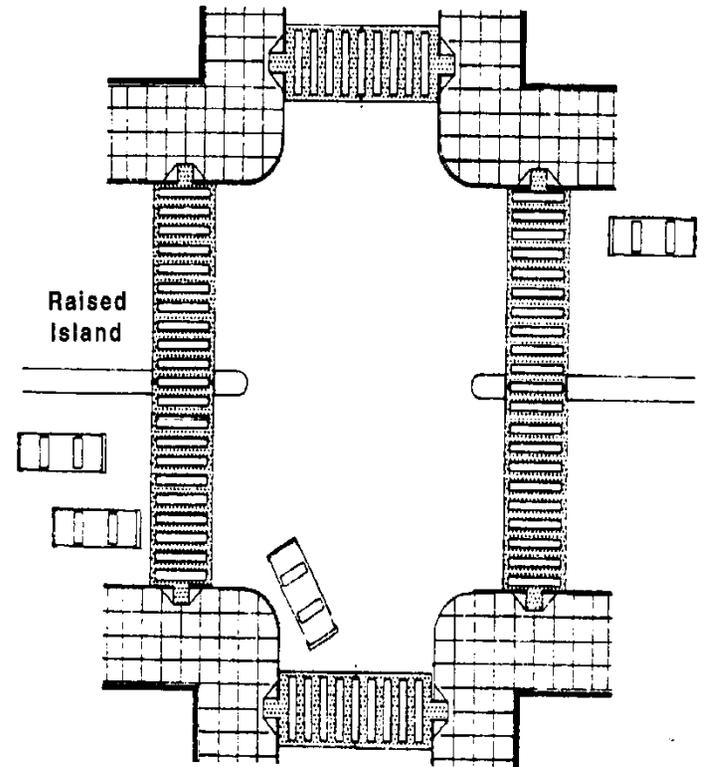
Curb Cut With Returned Sides
Figure 21d



Curb Cut with Flared Sides
Figure 21c



What to Survey - Crosswalks



Curb Cuts at Intersection
Figure 21a



Video – Maneuvering at Doors (6 mins)



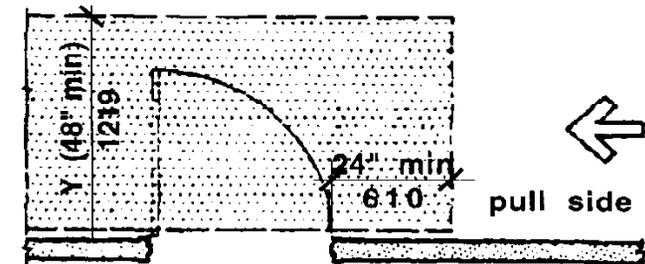
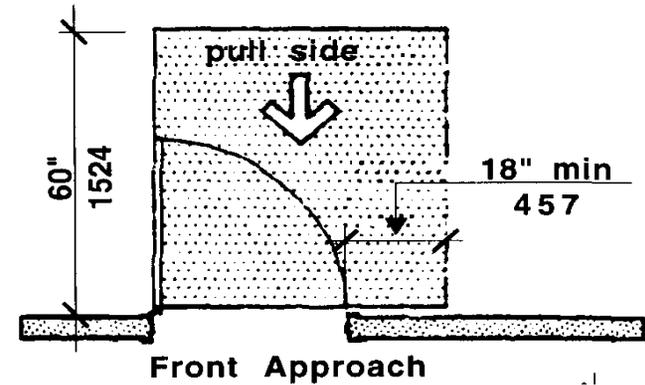
Maneuvering at Doors



What to Survey - Entrances



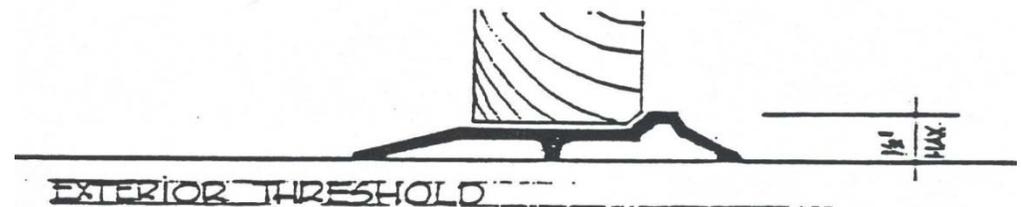
DOORS:



NOTE: Y = 54" (1372 mm) min., if door has closer.

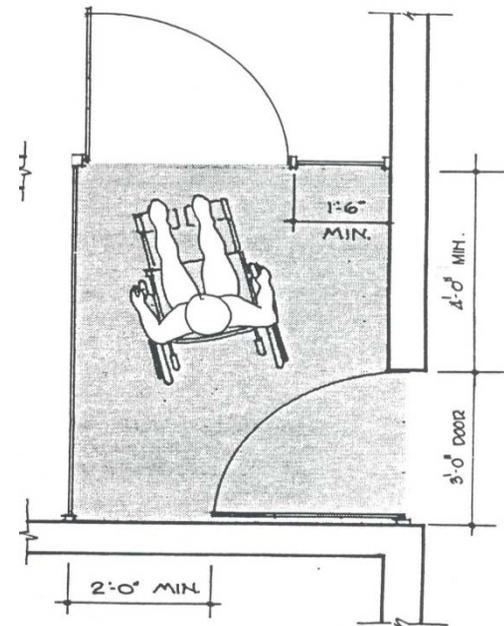
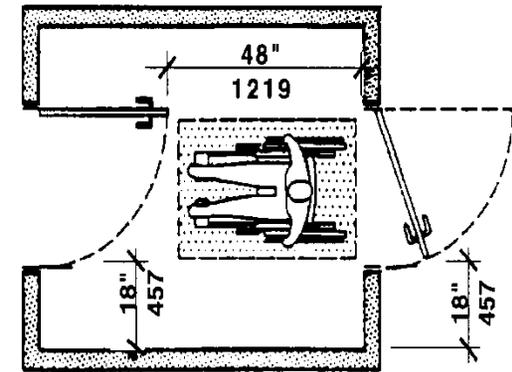
Latch Side approach

THRESHOLDS:



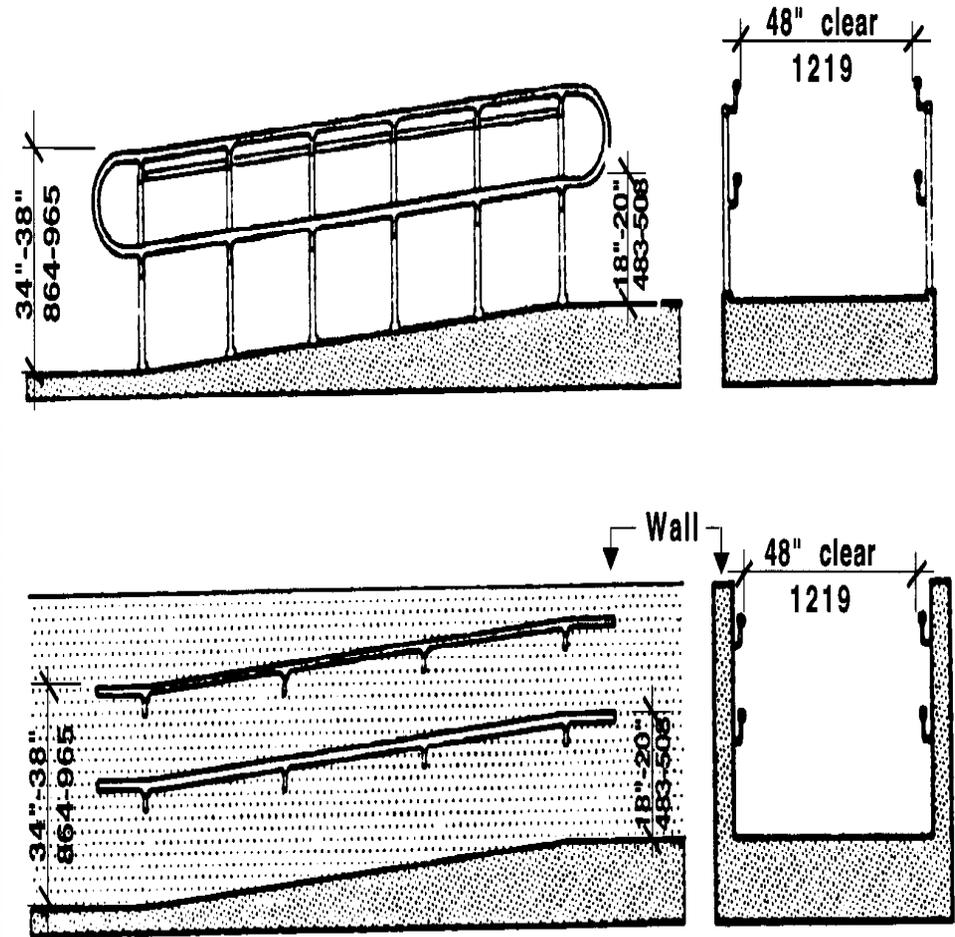


What to Survey – Vestibules/Doors in a Series





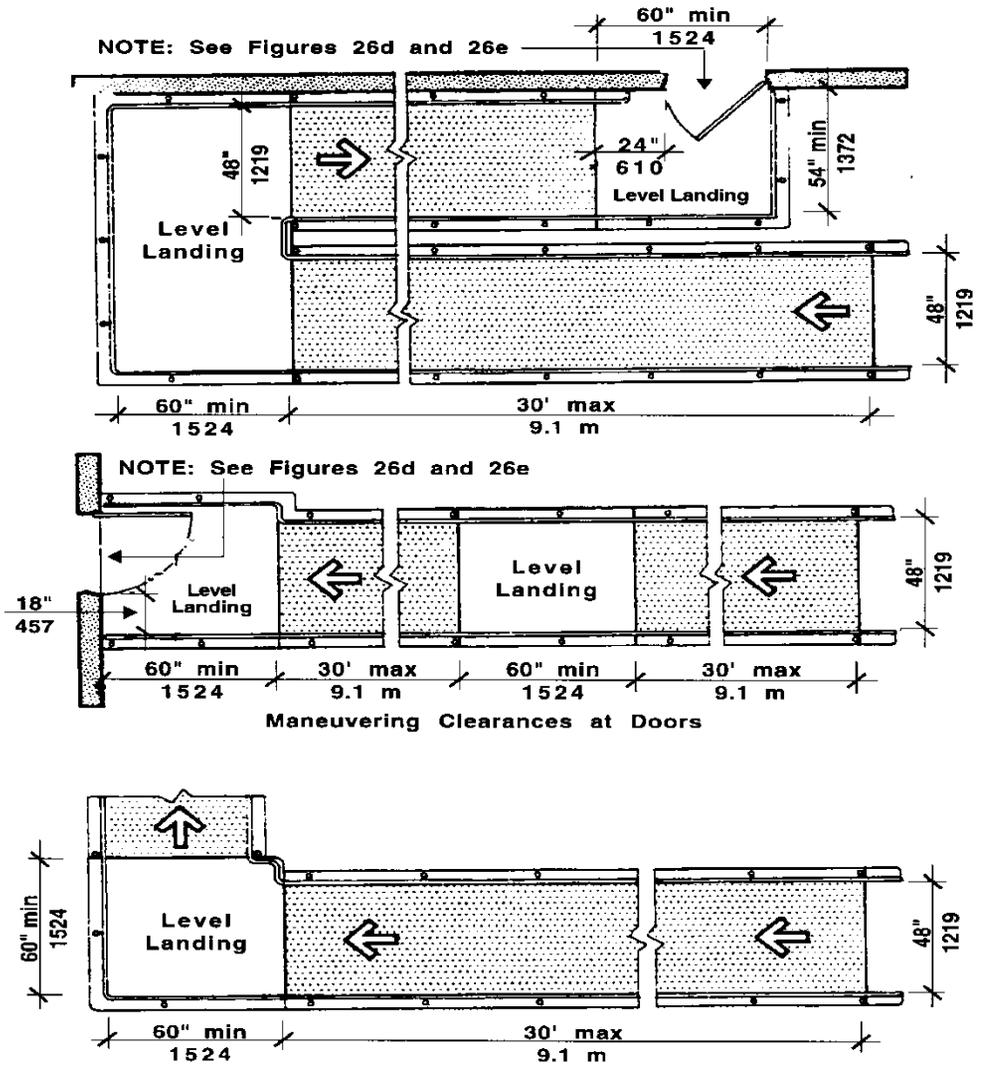
What to Survey - Ramps



Ramp Width and Handrail Height
Figure 24b

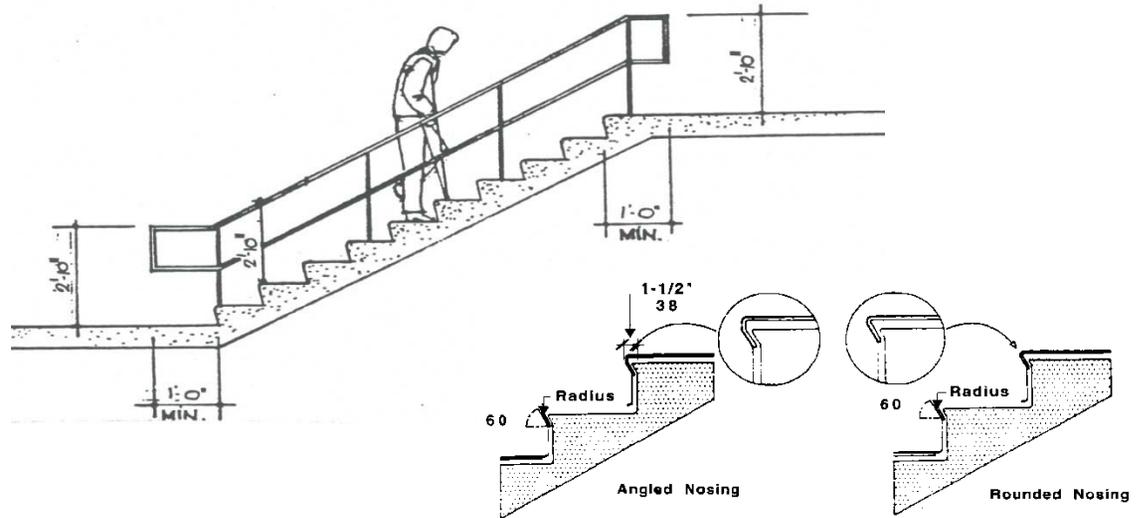


What to Survey – Ramps (continued)





What to Survey - Stairs



Nosings
Figure 27b





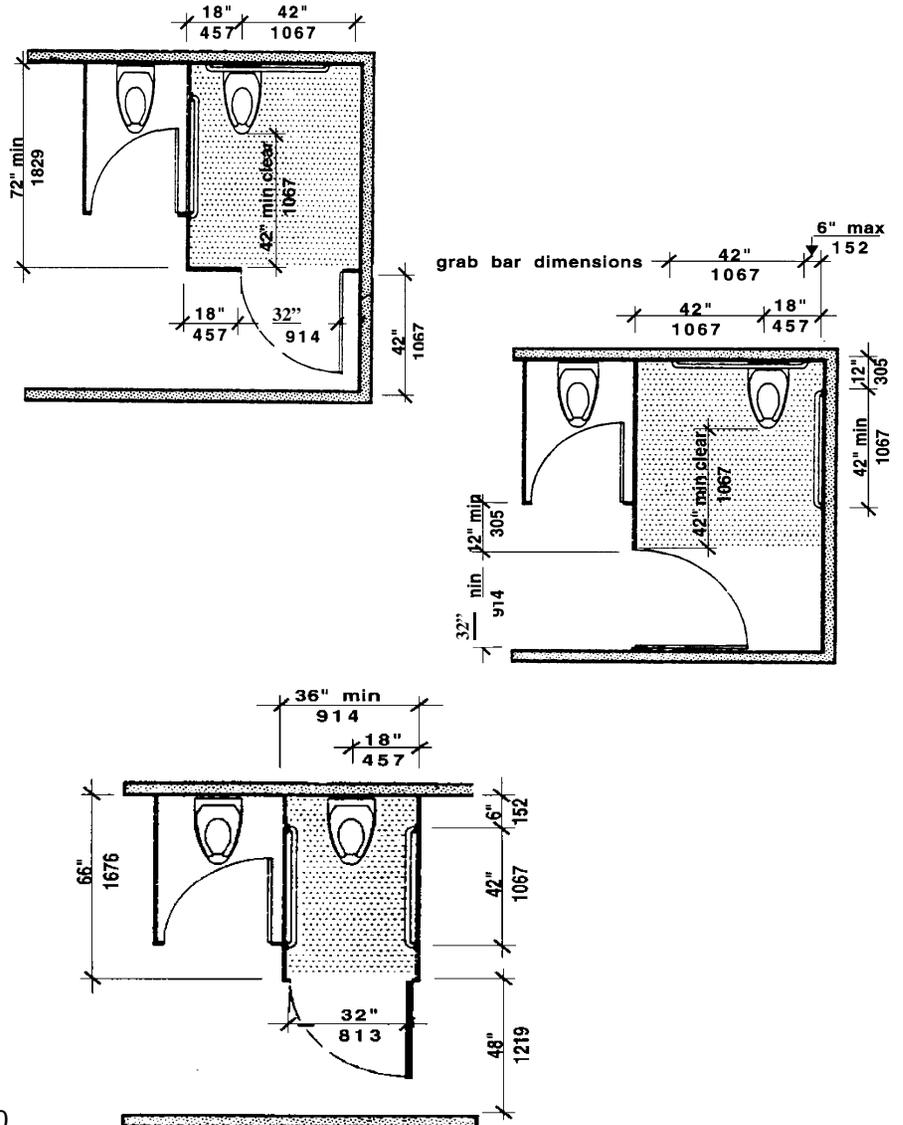
Video – Restrooms (7 mins)



Toilet Rooms

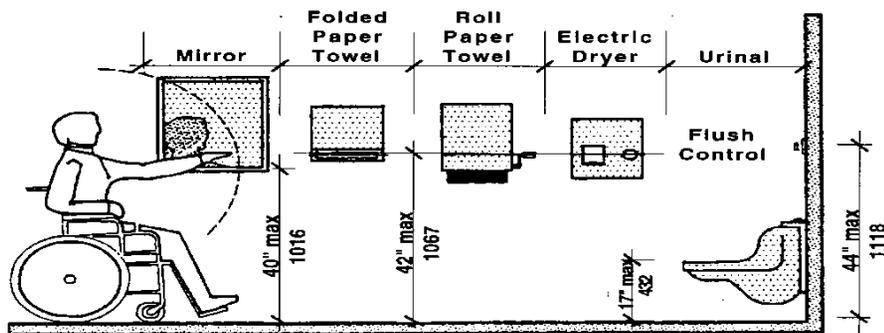
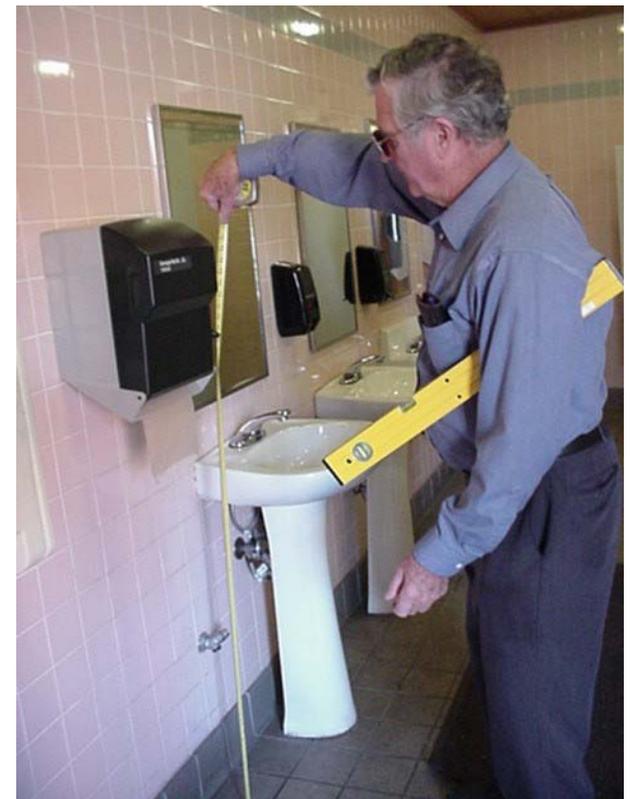
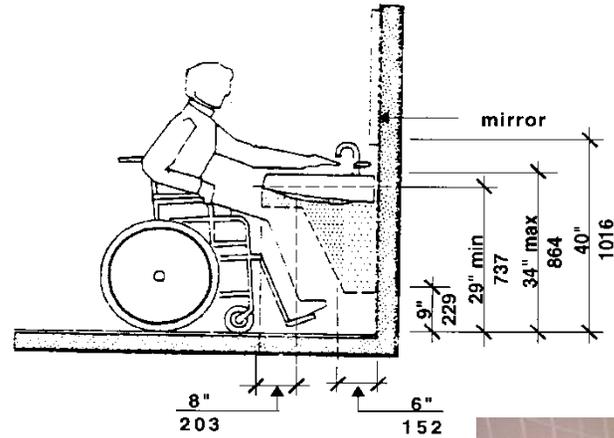


What to Survey – Public Toilet Room



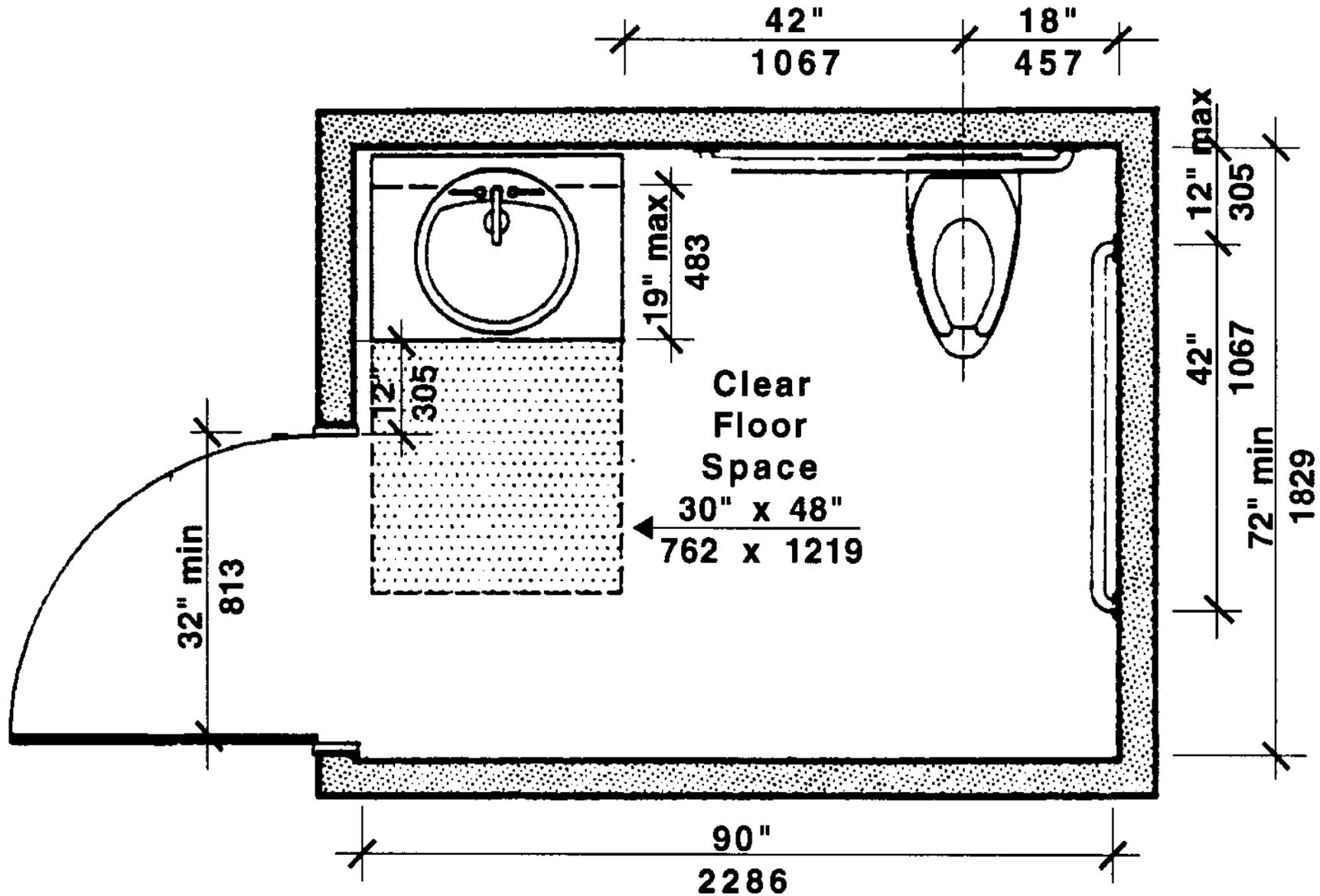


What to Survey – Sinks, Dispensers, and Urinals



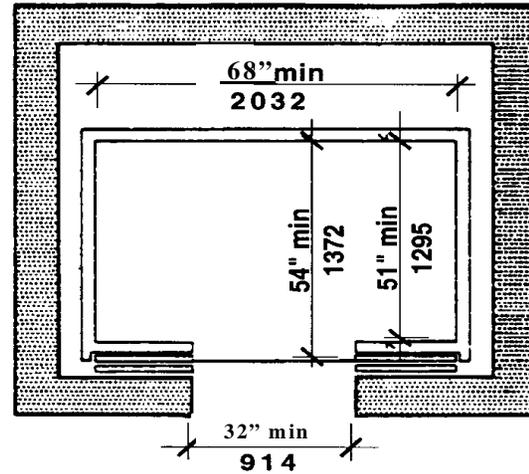
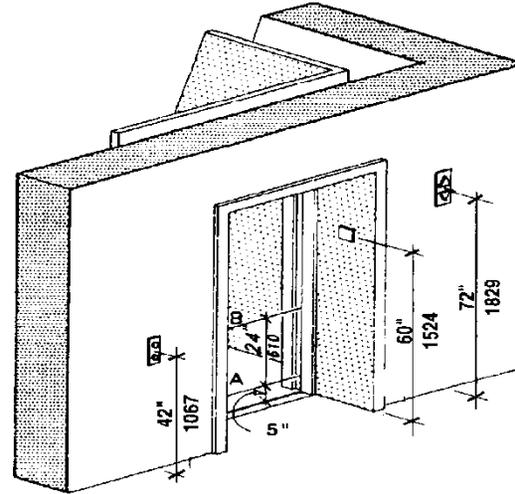


What to Survey – Unisex Toilet Room



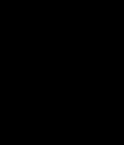


What to Survey - Elevators



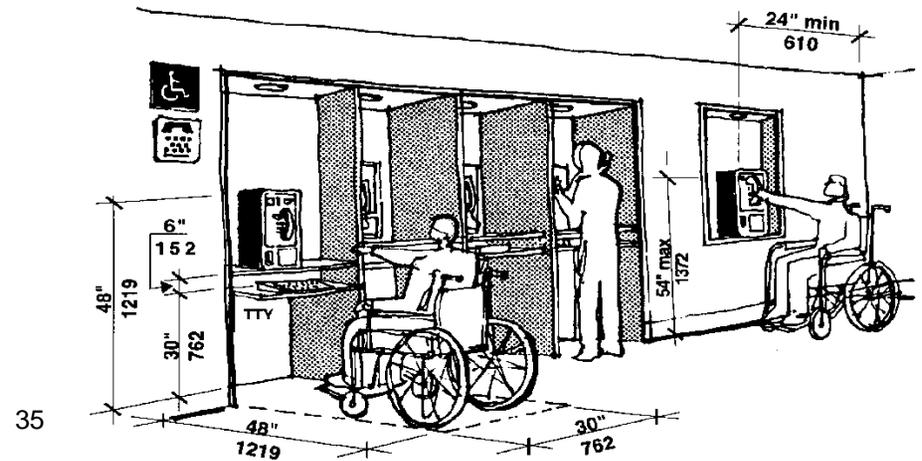
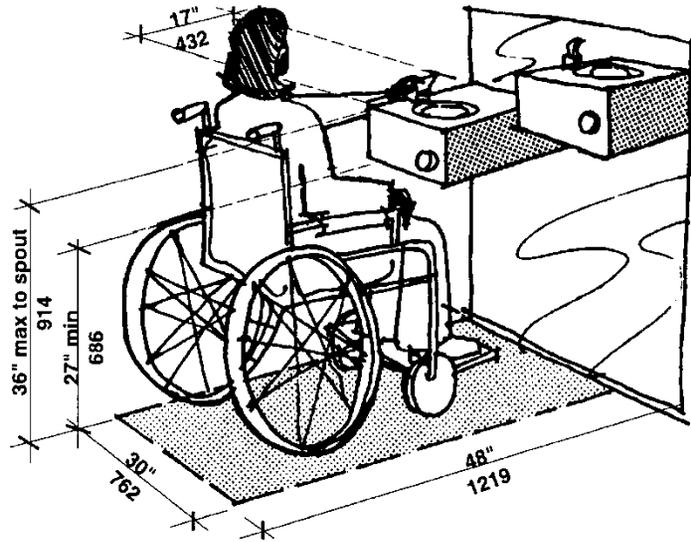


Video – Protruding Objects (9 mins)





What to Survey – Drinking Fountains and Telephones





What to Survey – Proper Signage



68-HMEN



68-HWOMEN



68-REST



EX-RIGHT



EX-LEFT



12" X 18"



12" X 6"



What's Wrong With This?





What's Wrong With This?





Sample Survey Report Model



(DATE)

(CONTACT NAME)

(CONTACT ADDRESS)

(CITY), MA (ZIP)

Dear (CONTACT NAME):

This report is a follow up to the site visit conducted on (DATE OF SITE VISIT) of the (BUILDING) located in (CITY/TOWN). Present for the survey were (NAME OF ATTENDEES). The following items, in our opinion are not in compliance with the (LIST APPROPRIATE REGULATIONS).

Note: All of the slope measurements were taken using a two-foot SmartLevel that was calibrated on site.

1) The ramp, located at the entrance on the north side of the building, has running slopes measuring (bottom) 9.4%, 9.5% and 9.7% (top).

The maximum slope of a *ramp* shall be 1:12 (8.3%), measured between any two points on the *ramp*. (There is no tolerance allowed on slope) (AAB 24.2.1) (ADAAG 4.8.2)

2) The accessible parking:

a) No access aisles are provided.

Access aisles: All *accessible spaces* shall have *access aisles* that comply with the following:

b. *Access aisles* adjacent to *accessible spaces* shall be five feet (5' = 1524mm) wide minimum, except adjacent to *van accessible spaces* the *access aisle* shall be a minimum of eight feet (8' = 2438mm) wide. (AAB 23.4.6{b}) (ADAAG 4.6.3)

b) The signs at the head of the space are not permanently implanted in the ground.

Such signs shall be permanently located at a height of not less than five feet (5' = 1524mm), nor more than eight feet (8' = 2438) to the top of the sign. (AAB 23.6.4)

(PLEASE USE THE LETTER, ONCE ALL ITEMS HAVE BEEN CITED, REQUESTING A RESPONSE)