

September 14, 2021

Notice of Development of Rulemaking

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:

33-210.201 ADA Provisions for Inmates

PURPOSE AND EFFECT: Forms DC2-530A and DC2-530B are being amended to streamline the ADA review process and more accurately describe forms and staff members involved in processing claims. Rule 33-210.201 is being amended to more accurately describe staff members involved in the ADA review process.

SUBJECT AREA TO BE ADDRESSED: ADA Provisions for Inmates

RULEMAKING AUTHORITY: 944.09 F.S.

LAW IMPLEMENTED: 944.09, F.S.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Office of the General Counsel, Attn. FDC Rule Correspondence, 501 South Calhoun Street, Tallahassee, Florida 32399, FDCRuleCorrespondence@fdc.myflorida.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-210.201 ADA Provisions for Inmates.

(1) through (2) No Change.

(3) Accommodation Request Procedure.

(a) No Change.

(b) All department and privately operated facilities shall furnish to any inmate, upon request, a Reasonable Modification or Accommodation Request for Inmates, Form DC2-530A. Form DC2-530A is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of Research, Planning and Support Services, 501 South Calhoun Street, Tallahassee, Florida 32399-2500, <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>
~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-10230>~~. The effective date of this form is XX/XX 01/19.

(c) No Change.

(d) Upon receipt of Form DC2-530A, the ~~Institutional~~ Regional ADA Coordinator shall review the inmate's accommodation request. The ~~Institutional~~ Regional ADA Coordinator shall, as necessary, utilize Form DC2-530B to request additional information from the appropriate program head in order to verify the inmate's disability or to otherwise assist with the review of the request. Form DC2-530B, Reasonable Modification or Accommodation Request ~~Institutional~~ Evaluation/Disposition, is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, Office of Research, Planning and Support Services, 501 South Calhoun Street, Tallahassee, Florida 32399-2500, <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX>
~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-07537>~~. The effective date of this form is XX/XX 11/16.

(e) through (i) No Change.

(4) through (9) No Change.

Rulemaking Authority 944.09 FS. Law Implemented 944.09 FS. History–New 8-19-01, Amended 2-8-06, 11-22-06, 1-23-13, 9-30-13, 11-20-16, 1-30-19, _____.