

**MEDICAL FACILITIES COMPLIANCE REPORT**  
(Civil Rights Act Title VI)

INSTRUCTIONS: Complete all items. Check the appropriate box and insert numbers where indicated. If you believe your answers to any of the questions below require an explanation, check here  and explain on the reverse side, identifying comment by item number.

NAME OF INSTITUTION OR FACILITY <b>Faribault State School &amp; Hospital</b>	ADDRESS (Street, city, state, Zip Code) <b>Faribault, Minnesota 55021</b>	COUNTY <b>Rice</b>
LIST AFFILIATIONS WITH OTHER HOSPITALS, MEDICAL SCHOOLS, SCHOOLS OF NURSING, SCHOOLS OF MEDICAL TECHNOLOGY, ETC.	TYPE OF HOSPITAL <input type="checkbox"/> PROPRIETARY <u>GOVERNMENT:</u> <input checked="" type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> VOLUNTARY NON-PROFIT <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> DISTRICT	

1. ARE ALL PATIENTS ASSIGNED ROUTINELY TO THE FOLLOWING FACILITIES WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN

	YES	NO		YES	NO		YES	NO
ROOMS	X		BUILDINGS	X		TREATMENT ROOMS	X	
WARDS	X		NURSERY FACILITIES	X		OPERATING ROOMS	none	
FLOORS	X		LABOR ROOMS	none		OTHER PROFESSIONAL		
WINGS	X		DELIVERY ROOMS	none		SERVICE FACILITIES	X	

2. TODAY'S PATIENT CENSUS  
3-21-66      WHITE 2,740      NEGRO 22      INDIAN 9      ORIENTAL 1  
 (Date)                      (No.)                      (No.)                      (No.)                      (No.)

TODAY'S OCCUPANCY	NO. OF BUILDINGS	NO. OF WINGS	NO. OF FLOORS	NO. OF PRIVATE ROOMS	NO. OF 2 BED ROOMS	NO. OF 3-6 BED WARDS	NO. OF OVER 6 BED WARDS
A. OCCUPIED BY WHITES ONLY							
B. OCCUPIED BY NEGROES ONLY							
C. OCCUPIED BY INDIANS OR ORIENTALS ONLY							
D. BI-RACIALLY OCCUPIED BY WHITES AND NEGROES							

(There is no discrimination whatsoever; patients are grouped according to age, sex, and mental status.)

3. WHAT IS THE APPROXIMATE PERCENTAGE OF NON-WHITE POPULATION IN THE SERVICE AREA FROM WHICH 75% OF YOUR PATIENTS ARE DRAWN Probably 5% or less %

4. ARE THE FOLLOWING FACILITIES USED ROUTINELY BY ALL PERSONS WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN

	YES	NO		YES	NO
ENTRANCES	X		DINING AREAS AND CAFETERIAS	X	
ADMISSION OFFICES	X		TOILET AND LAVATORY FACILITIES	X	
WAITING ROOMS	X		OTHER GENERAL SERVICE FACILITIES	X	

5. ARE THE FOLLOWING USED ON THE SAME BASIS BY ALL OUTPATIENTS WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN	6. ARE OUTPATIENT SERVICES USED BY ALL PATIENTS WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN AT THE SAME TIME RATHER THAN ON DIFFERENT DAYS OR AT DIFFERENT HOURS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CLINICS</td> <td>X</td> <td></td> </tr> <tr> <td>OUTPATIENT SERVICES</td> <td>X</td> <td></td> </tr> <tr> <td>SEATING ARRANGEMENTS</td> <td>X</td> <td></td> </tr> <tr> <td>EMERGENCY ROOMS</td> <td>X</td> <td></td> </tr> <tr> <td>WAITING LINES</td> <td>X</td> <td></td> </tr> </tbody> </table>		YES	NO	CLINICS	X		OUTPATIENT SERVICES	X		SEATING ARRANGEMENTS	X		EMERGENCY ROOMS	X		WAITING LINES	X		7. DOES THIS INSTITUTION ACCEPT AND APPROVE APPLICATIONS FOR STAFF PRIVILEGES AND TRAINING WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	YES	NO																	
CLINICS	X																		
OUTPATIENT SERVICES	X																		
SEATING ARRANGEMENTS	X																		
EMERGENCY ROOMS	X																		
WAITING LINES	X																		

8. IF "YES" IS CHECKED IN ITEM 7, ARE THE STAFF PRIVILEGES OF NEGRO PHYSICIANS OR DENTISTS DIFFERENT IN ANY WAY THAN THOSE GRANTED TO WHITE PHYSICIANS OR DENTISTS  
 YES       NO

9. IS MEMBERSHIP IN THE CITY, COUNTY, OR STATE MEDICAL OR DENTAL SOCIETIES A PREREQUISITE TO GRANTING OF STAFF PRIVILEGES  
 YES       NO

10. IF "YES" IS CHECKED IN ITEM 9, DO THE SOCIETIES INVOLVED GRANT MEMBERSHIP WITHOUT REGARD TO RACE, COLOR, OR NATIONAL ORIGIN  
 YES       NO

11. TO THE BEST OF YOUR KNOWLEDGE, HOW MANY NON-WHITE PHYSICIANS ARE THERE IN ACTIVE PRACTICE IN THE SERVICE AREA  
None in Faribault, Minn.

12. NUMBER OF NEGRO PHYSICIANS WHO HAVE APPLIED FOR STAFF PRIVILEGES SINCE JANUARY 1, 1964  
None have applied here

13. PRESENT STATUS OF FACILITY'S STAFF

TYPE	NEGRO	WHITE	OTHER	TYPE	NEGRO	WHITE	OTHER
PHYSICIANS				INTERNS			
FULL STAFF MEMBERS		8		RESIDENTS			
COURTESY STAFF		8		STUDENT NURSES			
OTHER				PRACTICAL NURSES IN TRAINING			
DENTISTS				MEDICAL TECHNOLOGISTS IN TRAINING			
STAFF MEMBERS		3					
COURTESY STAFF							
OTHER							

I certify that the information given above is true and correct to the best of my knowledge and belief. (A willfully false statement is punishable by law; U.S. Code, Title 18, Sec. 1001)

SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i>	TITLE <i>Faribault Hospital Superintendent</i>	DATE <i>3/21/66</i>
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