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| **ADA SELF-EVALUATION AND COMPLIANCE** |  | County |
| **Evaluative Element** |  |
| **Policies, Procedures, Practices, Programs, Activities, Methods, and Materials** | **Modifications and Remedial Steps Taken** **(To Be Taken)** | **Person(s)****Responsible** | **Date of Completion** |
| **EMPLOYMENT** |  | County ExtensionAgent - Staff Chair |  |
| 1. Review employment practices in the county Extension offices. Identify any that limit, segregate, or classify job applicants or employees in ways that adversely affect their opportunities or status because of a disability.
 |
| 1. Do members of the county faculty understand the employment policy on "reasonable accommodation" for non- discriminatory treatment to applicants and employees with disabilities? Examine:
* The process for deciding at which point “reasonable accommodation” causes an “undue hardship”;
* procedure to document decisions

 not to hire or promote because of  “undue hardship." |  | County ExtensionAgent - Staff Chair |  |
| 1. Do members of the county Extensionfaculty understand policies for compli- ance with ADA requirements for treat- ment of applicants or employees who are recovering alcohol or drug abusers?
 |  | County ExtensionAgent - Staff Chair |  |

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| 1. Review job requirements and selectioncriteria for jobs for which the county Extension office has hiring authority. Determine whether such requirements and selection criteria would discriminate against an individual with a disability and whether they are job-related.
 |  | County ExtensionAgent - Staff Chair |  |
| 1. Cite any instances during the last twoyears in which actions were taken to accommodate an employee or applicant with a disability.
 |  | County ExtensionAgent - Staff Chair |  |
| **PROGRAM DELIVERY** |  | County ExtensionAgent - Staff Chair, Other Faculty as Assigned |  |
| 1. Examine eligibility requirements forprograms conducted at the county level. Pay particular attention to policies establishing physical or mental fitness requirements. Determine whether any policies impose limits that are in­consistent with ADA, including require­ments that prohibit participation because of disability or insurability.
 |
| 1. Conduct a review of written and audio-visual materials prepared at the county level to ensure that individuals with disabilities are not portrayed in an offensive or demeaning manner.
 |  | County ExtensionAgent - Staff Chair, Other Faculty as Assigned |  |

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| **ADA SELF-EVALUATION AND COMPLIANCE** |  | County |
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| **Policies, Procedures, Practices, Programs, Activities, Methods, and Materials** | **Modifications and Remedial Steps Taken** **(To Be Taken)** |  **Person(s)****Responsible** | **Date of Completion** |
| 1. Review facilities utilized by Extension faculty in conducting educational activities. Identify those that are not accessible to the disabled. Develop plans for acquiring other facilities that are accessible.
 |  | County ExtensionAgent - Staff Chair, Other Faculty as Assigned |  |
| 1. Outline alternative methods utilized to deliver programs to clientele unable to participate in regular delivery methods because of disability.
 |  | County ExtensionAgent - Staff Chair |  |
| 1. Cite any instances during the last two years in which actions were taken to accommodate a program client with a disability.
 |  | County ExtensionAgent - Staff Chair |  |
| 1. Assure that all faculty and staff understand that procedures for handling complaints of discrimination against any program client with a disability.
 |  | County ExtensionAgent - Staff Chair |  |
| 1. Conduct ADA training for employees to ensure that they are familiar with the policies and practices for the full participation of individuals with disabilities in Extension activities and programs.
 |  | County ExtensionAgent - Staff Chair |  |

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| **ADA SELF-EVALUATION AND COMPLIANCE** |  | County |
| **Evaluative Element** |  |
| **Policies, Procedures, Practices, Programs, Activities, Methods, and Materials** | **Modifications and Remedial Steps Taken** **(To Be Taken)** | **Person(s)****Responsible** | **Date of Completion** |
| **FACILITIES** |  | County ExtensionAgent - Staff Chair |  |
| 1. Evaluate Extension Offices. Determine architectural barriers and discuss plans and schedules for eliminating the barriers. Plan alternative program methods of delivery where structural changes will require more than one year.
 |
| 1. Determine whether the county Extension office was included in the ADA self-evaluation conducted by the county government. Report significant findings.
 |  | County ExtensionAgent - Staff Chair |  |
| **Building Access**1. Are designated parking spaces 96 inches wide and designed with a 60 inches access aisle?

Are designated parking spaces near main building entrance?Is there a "drop off" zone at building entrance?Is the gradient from parking to building entrance 1:12 or less? |  | County ExtensionAgent - Staff Chair |  |

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| **ADA SELF-EVALUATION AND COMPLIANCE** |  | County |
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| 1. (Cont.)

Is the entrance doorway at least 32 inches wide? Is door handle easy to grasp?Is door easy to open (less than 8 lbs. pressure)?Are other than revolving doors available?Is the threshold no more than 1/2 inch high? |  |  |  |
| **Building Corridors**1. Is floor surface hard and not slippery?

Is path of travel free of obstruction and wide enough for a wheelchair?Do obstacles (phones, fountains) protrude no more than four inches?Are elevator controls low enough (48”) to be reached from a wheelchair? |  | County ExtensionAgent - Staff Chair |  |
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| **ADA SELF-EVALUATION AND COMPLIANCE** |  | County |
| **Evaluative Element** |  |
| **Policies, Procedures, Practices, Programs, Activities, Methods, and Materials** | **Modifications and Remedial Steps Taken** **(To Be Taken)** |  **Person(s)****Responsible** | **Date of Completion** |
|  **Restrooms**1. Are restrooms near building entrance?

Do doors have lever handles?Are doors at least 32 inches wide?Is restroom large enough for wheelchair turnaround (51” minimum)?Are stall doors at least 32 inches wide?Are grab bars provided in toilet stalls?Are sinks at least 30 inches high with room for a wheelchair to roll under?Are sink handles easily reached and used?Are soap dispensers, towels no more than 48 inches from floor? |  | County ExtensionAgent - Staff Chair |  |
| 1. Identify procedures to notify and evacuate individuals with disabilities during an emergency. Include visual and audible warning signals and special procedures for assisting individuals with disabilities from a facility during an emergency.
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| **ADA SELF-EVALUATION AND COMPLIANCE** |  | County |
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| Certification: |  |  |  |
|  | I certify that the responses given in this self-evaluation are true and correct. |
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|  | County Extension Agent – Staff Chair |  | Date |  |
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| Review: |  |  |  |
|  | I have reviewed the findings in this self-evaluation. Plans for correcting any deficiencies will be implemented as soon as practical. |
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|  | District Director |  | Date |  |
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