

AMERICAN DISABILITES ACT ASSESSMENT AND COMPLIANCE PLAN

The ADA Assessment and Compliance Plan is to be completed by each county. The completed form is to be attached to the county Civil Rights Plan and a copy sent to the Area Director. The Area Director, in turn, will forward a copy of each county assessment and compliance plan to the Extension Personnel Office.

Date completed: _____

County: _____

County Office/Support Staff Coordinator: _____

ADA ASSESSMENT AND COMPLIANCE PLAN

| | Staff is knowledgeable and programs are compliant (Please write Yes or No) | Explanation (Plan for Correcting Deficiencies) |
|--|---|---|
| <p>PROGRAM</p> <ol style="list-style-type: none"> 1. Availability of signers for the hearing impaired. 2. Availability of readers for the visually impaired. 3. Public notice that accommodations will be made to enable persons with disabilities to participate in programs. 4. Explanation of complaint procedures if discrimination includes disabilities. 5. Programs do not limit participation based on <ul style="list-style-type: none"> - physical or mental ability - test scores - disability - educational level | | |

| | Specify Yes/No | Explanation (Plan for Correcting Deficiencies) |
|--|----------------|--|
| <p>PHYSICAL FACILITIES</p> <p>Building Access</p> <ol style="list-style-type: none"> 1. Are parking spaces designated for the disabled? 2. If there are steps at the entrance, is a ramp available? 3. Is the entrance doorway at least 32 inches wide? 4. Is the door handle easy to grasp and open? 5. Is the threshold no more than ½ inch high? <p>Building Corridors</p> <ol style="list-style-type: none"> 1. Is the floor surface hard and not slippery? 2. Is the path of travel free of obstruction and wide enough for a wheelchair? 3. Is there an elevator if the building has more than one floor? | | |

| | Specify Yes/No | Explanation (Plan for Correcting Deficiencies) |
|---|----------------|--|
| <p>Restrooms</p> <ol style="list-style-type: none"> 1. Are restrooms conveniently located? 2. Are doors at least 32 inches wide? 3. Is restroom large enough for wheelchair turnaround (51" minimum)? 4. Are stall doors at least 32 inches wide? 5. Are grab bars provided in toilet stalls? 6. Are sinks at least 30 inches high with room for a wheelchair to roll under? 7. Are sink handles easily reached and used? 8. Are soap dispensers and towels no more than 48 inches from floor? | | |

| | Specify Yes/No | Explanation (Plan for Correcting Deficiencies) |
|--|----------------|--|
| <p>PROGRAM DELIVERY</p> <p>Are rooms where public meetings and trainings held accessible to individuals with disabilities?</p> <p>EMPLOYMENT</p> <p>Review policies for non-discriminating treatment of employees and applicants with disabilities.</p> <ol style="list-style-type: none"> 1. Are there employees working in your office with disabilities who need an accommodation to assist them in doing their jobs? 2. What accommodations have been made? 3. Are there employment practices/policies which exclude the hiring of a person with a disability in a secretary or paraprofessional vacancy? 4. Are there job descriptions, employment tests, and other selection criteria that would discriminate against an individual with a disability? | | |