

Civil Rights Compliance Self-Assessment Tool for Educators in Extension Offices

Responses collected through this tool are intended to help reviewers tailor their feedback and improve training and education opportunities related to civil rights compliance.

name:			
Position/	Title:		
Area #:			
Office loc	ation:		
Today's d	ate:		
1. Ackno	wledgement of General Civil Rights Compliance Responsibilities	5	
a. Ic	ompleted the Civil Rights 101 training course.	Yes □	No □
	inderstand that Extension receives federal funding from SDA/NIFA and other sources.	Yes □	No □
m	a recipient of federal funding, I understand that Extension ust comply with all applicable nondiscrimination laws and blicies.	Yes □	No □
	inderstand that my full participation in scheduled civil rights views is part of my responsibilities as an Extension employee.	Yes □	No □
or	inderstand that Extension may not partner with persons, ganizations, or entities who discriminate against those who are otected by civil rights laws.	Yes □	No □
No	y community partners have signed Assurance of ondiscrimination statements which are included in our office vil rights files.	Yes □	No □
(0	Inderstand that the Office of Access, Inclusion, and Compliance AIC) is Extension's primary contact for any matters or lestions related to civil rights compliance.	Yes □	No □
	m aware that required documents and resources related to vil rights compliance are available on the OAIC website.	Yes □	No □

APPENDIX B

2.	Ad	visory Boards and Committees		
	a.	I am aware that internal and external advisory boards and committees should be reflective of the local community (i.e., race, ethnicity, gender, etc.).	Yes □	No □
	b.	I am aware that selection and appointment processes for populating these committees should encourage intentional outreach to diverse populations.	Yes □	No □
3.	Pro	gram Delivery		
	a.	I am knowledgeable about the demographics of the area I serve, with special attention to those who are protected by civil rights laws.	Yes □	No □
	b.	All clubs, activities, and programs are open to all individuals, regardless of their race, ethnicity, gender and/or disability. I understand my responsibility to take all reasonable efforts to promote inclusion and ensure clubs, activities, and programs are integrated.	Yes □	No □
4.	Dat	ta Collection and Integrity		
	a.	I understand that I am required to ask all program participants to voluntarily self-report their demographic information.	Yes □	No 🗆
	b.	I am aware that I need to enter my program participant data into the Planning and Reporting Portal every month.	Yes □	No □
	c.	I understand my responsibility to maintain civil rights files regarding my programming efforts with protected audiences.	Yes □	No □
5.	No	ndiscrimination on the Basis of Sex (Title IX)		
	a.	I know that programs and activities must be implemented in a manner that ensures nondiscrimination on the basis of sex.	Yes □	No □
6.	Pul	olic Notification & Outreach		
	a.	I know that the nondiscrimination statements and accommodation statements are available on <u>OAIC's website</u> .	Yes □	No □
	b.	I understand that nondiscrimination statements and accommodation statements must be included in all my electronic and printed outreach and program communications, including flyers, newsletters, websites, email, social media, and other public-facing materials.	Yes □	No □

APPENDIX B

I understand that the "And Justice For All" poster is a required method for notifying the public of their rights, complaint procedures, and Extension's nondiscrimination policy.	Yes □	No □
I am aware that I may contact Extension's Compliance Coordinator & Equity Strategist if I have any questions related to allegations of discrimination in programming.	Yes □	No □
cessibility for Individuals with Disabilities		
I am aware that I may contact Extension's Access Consultant regarding requests for accommodation made by individuals with disabilities.	Yes □	No □
I am familiar with the procedures for requesting sign-language (e.g., ASL) interpretation.	Yes □	No □
nguage Access		
I understand that it is Extension's policy to ensure that individuals with limited English proficiency (LEP) have meaningful access to our programs, services, and activities.	Yes □	No □
I am familiar with the procedures for requesting translation of written materials.	Yes □	No □
I am familiar with the procedures for requesting voice interpretation.	Yes □	No □
share any comments, questions, or reflections based on your self-a	assessment:	
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