

## Civil Rights Compliance Self-Assessment Tool Specialist/Campus Based Employees Version

*Under each general category consider the compliance statement then assess your basic knowledge. If you are not basically knowledgeable, then develop a personal improvement plan. File this self-assessment tool for future reference in your personal files for civil rights.*

| <b>1. Knowledge of Laws, Rules and Regulations</b>   | <i>Basic Knowledge</i> | <i>Need Improvement</i> | <i>Doesn't Apply to Me</i> |
|--|------------------------|-------------------------|----------------------------|
| A. I am knowledgeable and skilled in the implementation of the objectives of equal opportunity regulations relative to the consideration and treatment of customers for participation in Extension programs regardless of their race, color, national origin, gender, age, or disability.  |                        |                         |                            |
| B. I can determine if fellow Extension employees are limited to working in subject matter or geographical areas which tend to maintain a strict racial identity between the employees and minority customers.<br>[Based on Role Statement and Assignment]  |                        |                         |                            |
| C. I can review and analyze my personal Face-to-Face contact reports or other activity reports to determine the extent which services are provided across race and gender lines.   |                        |                         |                            |
| D. My official role statement contains duties and responsibilities for implementing equal opportunity in civil rights.   |                        |                         |                            |
| <b>2. Procedure for Processing Program Discrimination Complaints</b>   |                        |                         |                            |
| A. I know and can practice the prompt, fair, and impartial processing of civil rights complaints, including the adequacy of complaint procedures.  |                        |                         |                            |
| B. I am aware of sound standards of due process for program complaints for clientele that insure fair treatment where discrimination is alleged.   |                        |                         |                            |
| C. I can explain the extent and ways which Extension staff, leaders, clientele, and the general public have been informed on the procedures for filing program and/or employment complaints.   |                        |                         |                            |
| <b>3. Statewide Equal Opportunity/Diversity Plan</b>   |                        |                         |                            |
| A. I can determine the extent to which my educational methods create accessibility to all interested customers, including outreach to individuals, groups, and communities that are underserved or not being served. I examine plans and procedures for publicizing and encouraging attendance or enrollment in Extension programs and activities. |                        |                         |                            |
| B. I, with my Extension partners, consistently plan and document those plans for publicizing and encouraging attendance or enrollment in Extension programs and activities to reach the underserved.   |                        |                         |                            |

**Appendix A**

|   | <i>Basic Knowledge</i> | <i>Need Improvement</i> | <i>Doesn't Apply to Me</i> |
|---|------------------------|-------------------------|----------------------------|
| C. I have knowledge about our State Extension plan to obtain civil rights non discrimination assurance documents form collaborators and cooperators.  |                        |                         |                            |
| D. I can document the extent to which membership of the State Extension Advisory committee reflects the social composition of the State or areas served by Extension staff.   |                        |                         |                            |
| <b>4. Staff Training</b>  |                        |                         |                            |
| A. As an Extension employee I have awareness of whether equal access and opportunity to participate in training programs for professional improvement is applied in Extension.  |                        |                         |                            |
| B. I am aware of staff conference plans and proceedings, staff meetings, training agenda(s), the Extension Civil Rights Website, and other training opportunity announcements in which civil rights matters were included and discussed to update my civil rights training. |                        |                         |                            |
| <b>5. Mailing Lists ( Electronic and Non-Electronic)</b>  |                        |                         |                            |
| A. I use written instructions and guidelines on the maintenance and use of clientele mailing lists.   |                        |                         |                            |
| B. I can review the makeup of my mailing lists and determine if racial/ethnic minorities and both sexes are representative of State Demographic racial percentages.   |                        |                         |                            |
| <b>6. Office Facilities</b>   |                        |                         |                            |
| A. I can determine if Extension work facilities are fully accessible to disabled persons.   |                        |                         |                            |
| B. I can determine if Extension office space and the use of equipment and office supplies are provided in a nondiscriminatory manner to employees.  |                        |                         |                            |
| C. I can determine in Extension offices I visit whether educational materials and electronic technology (computers, telephones, etc.) are available to staff on a nondiscriminatory basis.  |                        |                         |                            |
| D. I can determine in offices I visit whether office entrances and routing of clients are such that discrimination on the basis of race, color, national origin, gender, age, or disability does not occur.   |                        |                         |                            |
| E. I believe that the availability of support help and other support resources are provided to Extension faculty and staff on a nondiscriminatory basis.  |                        |                         |                            |
| F. I can determine if work facilities I am asked to make Extension presentations at are consistent with the Americans with Disabilities Act (ADA) regulations.  |                        |                         |                            |
| <b>7. Extension Staff Assignments</b>   |                        |                         |                            |
| A. I can review present Extension position assignments of support staff including clerical and technician staff to determine if they work across racial/gender lines.   |                        |                         |                            |
| B. I can review previous Extension staffing changes to determine if a pattern of employment exists whereby minorities are replacing minorities.   |                        |                         |                            |
| <b>8. Program Accessibility</b>   |                        |                         |                            |
| A. Based on my Extension role statement I can determine the total number of persons by race that are potential recipients of State Extension programs and whether these programs are fully accessible to all people.  |                        |                         |                            |

**Appendix A**

|   | <i>Basic Knowledge</i> | <i>Need Improvement</i> | <i>Doesn't Apply to Me</i> |
|---|------------------------|-------------------------|----------------------------|
| B. I can determine if equal access exists for the Extension programs I collaborate with and if the delivery of service is being implemented in a nondiscriminatory manner.  |                        |                         |                            |
| C. I am aware of the USU Extension State Plan of Work. For areas in the plan, I can determine the civil rights compliance efforts and accomplishments being made in delivering Extension programs.  |                        |                         |                            |
| D. I can show through my records, brochures, letters, newspaper articles, membership rolls, and program participation data that there is nondiscrimination on the basis of race, color, national origin, gender, age, or disability in the administration of educational programs and activities. |                        |                         |                            |
| E. I can describe steps taken to eliminate barriers for disabled people to fully participate in Extension programs in the Extension Programs I may collaborate with.  |                        |                         |                            |
| F. I can show documentation that reasonable accommodations are being made for the known eligible disabled clientele to participate in Extension programs I collaborate with.  |                        |                         |                            |
| G. I have reviewed my records, and have discussed with Extension collaborators, that "all reasonable efforts" have been made to integrate clubs/groups I may be working with to serve interracial communities.  |                        |                         |                            |
| H. I can review the extent to which clubs/groups I may be working with insure that participation and membership is open to males and females with respect to "Title IX, Nondiscrimination on the Basis of Sex" including any recognition program.   |                        |                         |                            |
| I. I am confident that membership in 4-H groups/clubs I collaborate with are open to both males and females.  |                        |                         |                            |
| <b>9. Internal Compliance Reviews</b>   |                        |                         |                            |
| A. I am aware of policies and procedures for conducting internal civil rights compliance reviews.   |                        |                         |                            |
| B. I have reviewed my civil rights compliance review records and reports for technical sufficiency [This self-assessment tool and my personal Civil Rights Files] findings, recommendations, and follow-up actions needed.  |                        |                         |                            |
| <b>10. Title IX – Nondiscrimination on the Basis of Gender</b>  |                        |                         |                            |
| A. I am aware that Extension programs, methods, content, and places of services are implemented in a manner that insures nondiscrimination on the basis of gender for all participants.   |                        |                         |                            |
| B. I am aware that The Extension program does not use discrimination in providing benefits or services to customers on the basis of gender.   |                        |                         |                            |
| C. I practice the removal and elimination of gender-stereotype language and illustrations from my Extension publications, educational materials, promotional literature, forms, announcements, brochures, and other documents.  |                        |                         |                            |

**Appendix A**

|  | <i>Basic Knowledge</i> | <i>Need Improvement</i> | <i>Doesn't Apply to Me</i> |
|--|------------------------|-------------------------|----------------------------|
| D. I can determine if any Extension programs and/or recognitions are segregated by gender.   |                        |                         |                            |
| <b>11. Ongoing Administration of Programs</b>  |                        |                         |                            |
| A. I am aware of USU administrators currently in place to help me carry out my responsibility for civil rights, rules, and regulations.  |                        |                         |                            |
| B. I am knowledgeable of those assigned responsibility for civil rights in USU Extension.  |                        |                         |                            |
| <b>12. Extension Program Participation Data</b>  |                        |                         |                            |
| A. I am aware of the total number of persons by race who are potential state of Utah Extension customers and the percentage of potential customers attributable to each racial group.  |                        |                         |                            |
| B. I can determine whether any State racial group's percentage is less than that which is being served in our State.   |                        |                         |                            |
| <b>13. Public Notification</b>   |                        |                         |                            |
| A. I am aware of the public notification policy that is in use informing the public, particularly minorities and the underrepresented/underserved, of all Extension program benefits and of the protection against discrimination.                   |                        |                         |                            |
| B. I can verify that a nondiscrimination statement is used on Extension printed publications, including bulletins, leaflets, brochures, fact sheets, program announcements, and miscellaneous publications.  |                        |                         |                            |
| C. I can verify that the USDA "And Justice for All" poster showing the nondiscrimination policy statement and how to file a civil rights complaint is properly displayed and visible to the public in Extension controlled instructional facilities. |                        |                         |                            |
| <b>14. Advisory Committees and Boards</b>  |                        |                         |                            |
| A. I am aware that Extension internal and external advisory boards and committees are diverse and/or are representative of the population of the state of Utah.  |                        |                         |                            |
| B. I am aware of selection and appointment processes that are used to staff Extension wide committees and advisory boards.   |                        |                         |                            |
| <b>15. Limited English Proficiency (LEP)</b>   |                        |                         |                            |
| A. I am aware of the LEP Executive Order [Executive Order 13166] which states that people who are LEP should have meaningful access to federally conducted and federally funded programs and activities.   |                        |                         |                            |
| B. I track in my Face-to-Face contact reports the individual number of people I serve in Extension programs who are people with LEP.   |                        |                         |                            |
| C. I can identify Extension efforts to provide relevant research and programs to people with LEP.  |                        |                         |                            |

## Appendix A

### For the Areas Marked “Need Improvement” - My Improvement Plan

Area # \_\_\_\_\_ Letter \_\_\_\_\_



Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*Please file this record with your Personal Civil Rights File II- A as a tool utilized to access civil rights compliance. Periodically reassess your standing and the improvement plan created.*

## Appendix A