

Internal Civil Rights Compliance Review

Onsite Visit by Senior Human Resources Manager

Revised May 2018

County: _____

Date: _____

FILES - LAWS, REGULATIONS, RULES, PRONOUNCEMENTS

Check when included.

	Comments
<input type="checkbox"/> 1. Summary of EEO Policies & Laws	
<input type="checkbox"/> 2. The Civil Rights Act of 1964	
<input type="checkbox"/> 3. Title VI of the Civil Rights Act of 1964	
<input type="checkbox"/> 4. Title IX, Education Amendments of 1972	
<input type="checkbox"/> 5. Civil Rights Restoration Act of 1987	
<input type="checkbox"/> 6. The Civil Rights Act of 1991	
<input type="checkbox"/> 7. Nondiscrimination in Federally Assisted Programs	
<input type="checkbox"/> 8. Nondiscrimination in Programs and Activities Receiving Federal Financial Assistance from USDA	
<input type="checkbox"/> 9. Americans with Disabilities Act of 1990 and The Americans with Disabilities Act Questions & Answers	
<input type="checkbox"/> 10. Section 504 of the Rehabilitation Act of 1973	
<input type="checkbox"/> 11. Age Discrimination Act of 1967 or Age Discrimination Act of 1975	
<input type="checkbox"/> 12. University of Missouri Cooperative Extension Affirmative Action Plan	
<input type="checkbox"/> 13. University of Missouri Extension and Lincoln University Cooperative Extension Strategic Plan for Diversity	
<input type="checkbox"/> 14. Previous Civil Rights Internal Compliance Reviews (at least two previous review periods) and/or USDA Civil Rights reviews	
<input type="checkbox"/> 15a. The County Affirmative Action Plan The County Affirmative Action Plan shows which underserved audiences you plan to reach and how you plan to reach them. The report that reflects this plan should be run with your county program plan report. You will do this after July 1st once the plans for Specialists working in your county have been approved to run a County Affirmative Action Plan Report. Log into WebApps More information on Affirmative Action Planning	

<input type="checkbox"/> 15b. <u>County Affirmative Action Report</u> Between September 16 th and October 30 th of each year, CPDs will run the County Affirmative Action report for the prior fiscal year. This report contains direct contacts that Specialists have reported throughout the year for the specified county. CPDs should review the County Affirmative Action Report and discuss it with Specialists who are covering the county. This way, Specialists can see how their reporting impacts the county affirmative action reporting. They will also be able to identify changes that will need to be made in the upcoming planning process to better reach underserved audiences. CPDs should then file the County Affirmative Action Report in the office AA/EEO Civil Rights file. There should be reports for the current year and the previous four years on file. Regional Directors will review and run the Regional Affirmative Action Report and discuss findings and areas of concern with CPDs and Specialists at the time of performance appraisals. Log into WebApps More information on Affirmative Action Reports	
<input type="checkbox"/> 16. <u>Compliance Forms:</u> Extension Family and Community Education (FCE) Club, 4-H Clubs, and organizations receiving substantial technical assistance from Extension	
<input type="checkbox"/> 17. <u>Current census statistics</u> for the county (ethnicity, age, gender)	
<input type="checkbox"/> 18. <u>ADA check list</u> for Self Evaluation of Accessibility	

EFFORTS

For each county office, the CPD must ensure appropriate Civil Rights efforts. Every three years the Senior Human Resources Manager will conduct an internal review which will include the following:

<input type="checkbox"/> 1. Review Compliance Forms. Is there one on file for each Extension club and 4-H Club? ___# 4-H Clubs ___# Ext. FCE Club. Are clubs integrated? Are exceptions made for a large number of clubs? Is there evidence of efforts to reach minorities and males to encourage involvement in Extension programming?	
<input type="checkbox"/> 2. Ensure Data Collection. Each Specialist should be reporting minority participation in programs in the county. Use the voluntary demographic information form . (Keep these forms for one year after reporting contacts in WebApps). Avoid reporting unknown contacts as learners should self-report their demographic data.	
<input type="checkbox"/> 3. Mailing Lists. Are staff aware that all mailing lists must be coded for gender and ethnicity? Are all mailing lists (4-H, family and consumer science, agriculture, others) coded for gender and ethnicity? Place mailing lists in Civil Rights file in the county office.	

<input type="checkbox"/> 4. Committees. How are committees selected? Is there representation which reflects the ethnic/gender breakdown of the county? Does the Affirmative Action Plan include plans to increase the number of minority group members and white males on Extension boards and committees? Counties must provide names and ethnic and sex breakdown for: - 4-H Foundation, - 4-H Council, - Extension Council Log into WebApps	
<input type="checkbox"/> 5. Participation in 4-H Events. County must provide list by ethnicity and gender. Are there any restrictions on attendance, selection (i.e. outstanding boy/girl)? See attached reports/forms. The USDA ES237 report can be printed and included for this purpose.	
<input type="checkbox"/> 6. Is there a 4-H Expansion and Review Committee? Does it function? Each county must include plans in their Affirmative Action Plan to create/maintain this committee.	
<input type="checkbox"/> 7. This committee is charged with actively seeking to broaden the participation of minorities/under-represented youth in the 4- H program. While in some instances the 4- H or Extension Advisory Committee may function as the E&R Committee, it may be more beneficial and productive to have a separately identified committee perform this function. Counties need to be aware of this requirement and actively meet it. Documentation is expected to show that the committee meets on a regular basis to strategize and that their plans to increase representations are actually carried out.	
<input type="checkbox"/> 8. Are statements of non-discrimination on file for organizations which receive substantial technical assistance (on-going, repeated contact throughout the year) from Extension? (list organizations) The form does not need to be signed annually unless there are changes in leadership of the organization.	
<input type="checkbox"/> 9. Is the staff knowledgeable about the discrimination complaint procedure? A. Extension employees should know where to go to find the current complaint procedure and what to do about an employee or constituent. B. The program complaint procedure should be displayed on the wall during each program.	
<input type="checkbox"/> 10. Do staff have current position descriptions? Do the position descriptions reference the responsibility of staff for Civil Rights Compliance? The approved MU Extension position descriptions must be copied and placed in the file.	

<input type="checkbox"/> 11. Is the office accessible to persons with disabilities? How does staff handle accessibility to programs? Do they understand the requirement of the ADA? The accessibility checklist should be used in each office and each programming location.	
Verified by:	Date:
Senior Human Resources Manager:	Date:

LIST OF COUNTY EXTENSION PERSONNEL (name, ethnicity, gender, and add to County Civil Rights File.)

Name	Position	Ethnicity	Gender
1.			
2.			
3.			
4.			
5.			

**UNIVERSITY OF MISSOURI EXTENSION
COUNTY COMMITTEE REPORT**

List each Extension committee in your county and add to County Civil Rights File.
Year

Name of Committee	White		Black		Hispanic		Asian		Native Am.	
	M	F	M	F	M	F	M	F	M	F
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

OUTSIDE GROUP REPORT

(Receiving significant technical assistance)

List all outside groups that are receiving substantive educational assistance,
and add to County Civil Rights File.

Year

Name of Group	White		Black		Hispanic		Asian		Native Am.	
	M	F	M	F	M	F	M	F	M	F
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

UNIVERSITY OF MISSOURI EXTENSION

4-H ACTIVITY FORM (USDA ES237 may be substituted)

List all 4-H Activities and the demographics of the participants.

Year

Activity or Event	White		Black		Hispanic		Asian		Native Am.	
	M	F	M	F	M	F	M	F	M	F
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Guidelines for Securing Compliance Statements from Organizations (Utilization of Forms)

University of Missouri Extension's Civil Rights Affirmative Action Plan requires the assurance of nondiscrimination in the conduct of all University Extension educational programs. This plan is designed to meet the requirements for civil rights compliance based on the Civil Rights laws. University of Missouri Extension cannot provide assistance to any organization that excludes any person from membership because of race, color, national origin, religion, sex, age, or disability.

FORM CR-1 – Assurance of Compliance

1. To assure compliance with the plan, Assurance of Compliance (CR-1) is to be signed by the president or designed representative of any organization which receives educational assistance from University of Missouri Extension. An organization is defined as a body of persons with which University of Missouri Extension staff presently work or anticipate working with on a continuing or extended basis as contrasted to one merely involving an occasional session, interview or consultation.

The following groups are assumed to be in compliance:

- a. Governmental agencies (federal, state, local) including all projects and programs funded with public monies.
 - b. Business concerns, firms, etc., that are normally treated as individual clients as opposed to groups of business concerns.
 - c. Elected and appointed boards, agencies, or organizations and other public bodies such as hospitals, public schools, colleges and universities. It is assumed that such groups comply with regulations on their own.
2. Some state or national organizations can speak for their affiliates in Missouri. When this is true, the state president will indicate this on CR-1. If a state or national president cannot or does not speak for the organization's affiliates, then each affiliate must be contacted.
 3. Assurance of Compliance (CR-1) is not required for 4-H. In place of CR-1, 4-H Clubs must use the 4H Name and Emblem Request.
 4. Before staff begin working with an organization that has not signed the Assurance of Compliance statement, a signed form must be secured. Be sure to verify that a form has not been signed by reviewing the list available in the regional director's file.
 5. If a staff member is presently working with an organization that has not signed a CR-1, contact must be made and the form signed. This may be accomplished through a specifically arranged appointment or in many cases, the staff member may want to make the contact in conjunction with a routine contact.
 6. A brief explanation of the purpose in securing the signed nondiscrimination form should be given. Wording similar to the following might be appropriate:

MU Extension has a Civil Rights Affirmative Action Plan that requires assurance of nondiscrimination in the conduct of all Extension educational programs. This plan is designed to meet the requirement of civil rights compliance based on the Civil Rights Laws.

As stated in the Affirmative Action Plan and required by standards established by the United States Department of Justice, MU Extension cannot provide assistance to any organization that excludes any person from membership or participation because of race, color, national origin, religion, sex, age or disability.

7. Have 3 copies of the statement signed or leave one copy with the president for the organization's file. Submit one copy to the regional director and keep one for the county affirmative action file.
8. In some cases, the president of an organization might want to consult with the membership before signing. In these instances, allow the president sixty (60) days to return the compliance statement.
9. Each regional director will keep a current list of all organizations which have signed the form. They will maintain a separate list of those organizations which have not signed.
10. If an organization refuses or neglects to sign the form within the sixty (60) days, the regional director should be informed. The regional director will then notify the Vice Provost and Director of Cooperative Extension by letter indicating the name of the organization, name and address of the president and the name of the staff member who contacted the organization.
11. A letter will then be sent to the president of the organization which did not sign the compliance statement. This letter will explain that MU Extension can no longer provide services to the organization. A copy of the letter will be sent to the appropriate regional director and the staff member making the initial contact.

FORM CR-2 – “Certification of Reasons for Nonparticipation”

1. Certification of Reasons for Nonparticipation (CR-2) must be completed for each newly organized Club if:
 - a. The community or area served contains interracial clientele; and
 - b. The club member composition does not reflect the same interracial mix as the geographic area served.
2. CR-2 is to be completed in duplicate within two weeks of club being organized. Periodically the information should be updated to include recent efforts to secure and interracial club membership.
3. One copy should be retained for county Affirmative Action files and one submitted to the regional director.

4H NAME AND EMBLEM REQUEST – Certification of Reasons for Nonparticipation

1. Certification of Reasons for Nonparticipation (4H Name and Emblem Request) must be completed for each 4-H Club if:
 - a. The community or area served contains interracial clientele; and
 - b. The club member composition does not reflect the same interracial mix as the geographic area served.
2. The 4H Name and Emblem Request should be completed and submitted annually with the 4-H enrollment.
3. Copies are to be distributed as follows: regional director, club/unit, 4-H data entry clerk, and the county 4-H files.

FORM CR-3 – Annual Certification of Compliance

1. The regional director will certify annually that 4-H Clubs and others are in compliance. Form CR-3 is used for this certification.
2. CR-3 is to be completed and filed in the regional office Affirmative Action files.

**ASSURANCE OF COMPLIANCE
(Form CR-1)**

As stated in University of Missouri Extension's Affirmative Action Plan and as required by standards established by the United States Department of Justice, University of Missouri Extension cannot provide assistance to any organization that excludes any person from membership, employment or any program or activity on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability, or status as a protected veteran.

The attached statement of compliance is to be agreed upon and signed by the president or designated representative of any organization which receives substantial educational assistance from University of Missouri Extension. Faculty, staff, and administrators should review the guidelines for securing compliance statement at <http://extension.missouri.edu/staff/documents/EEO/GuidelinesForSecuringComplianceCR-Forms.pdf>. Note that this form is only to be signed by new partners or if there is a change in the leadership or direction of existing partners. It does not need to be signed by school systems or government agencies, as they have their own compliance forms.

Three copies of the form are to be signed. One copy should be kept by the organization/association. One copy should be retained for county Affirmative Action files, and one submitted to the respective regional director.

Thank you for your help and cooperation.

Sincerely,



Marshall Stewart
Vice Chancellor for Extension and Engagement



VICE CHANCELLOR'S OFFICE

108 Whitten Hall
Columbia, MO 65211
PHONE (573) 882-7477
FAX (573) 882-1955

ASSURANCE OF COMPLIANCE

*Statement to be signed by organizations receiving
substantial educational assistance by University of Missouri Extension*

NAME OF ORGANIZATION _____

Street _____

City _____

State _____ **Zip** _____

**My organization does not exclude any person from membership,
employment, any program or activity on the basis of their race, color,
religion, sex, sexual orientation, national origin, age, disability, or status as a
protected veteran.**

Signed _____
Organization President OR Authorized Representative



4-H Name and Emblem Request

4-H Center for Youth Development

4-H Name and Emblem Request must accompany enrollment forms from each club/unit to MU Extension center. Club leaders must fill out a new form each year.

THIS SECTION TO BE COMPLETED BY 4-H VOLUNTEER

To (4-H youth specialist) _____ Club/Unit Code _____

County _____ County Code _____

Youth and Volunteer enrollment forms are enclosed for:

Name of Club/Unit _____ EIN # _____

I certify that the 4-H club/unit does not exclude, restrict, nor deny any person membership or participation in its programs or activities because of race, color, national origin, religion, sex, age, disability or status as a Vietnam era veteran.

If the club/unit was organized for the first time in the last 24 months, give the date the club/unit was organized _____ The regular meeting day and time of our club/unit is _____.

I acknowledge that in my volunteer service for Missouri 4-H Youth Development Programs, I will have access to confidential information contained in the volunteer applications and/or records of volunteers serving the organization. I agree that I shall not disclose any such information to any unauthorized person, and I will adhere to confidentiality guidelines of the Missouri 4-H Youth Development Programs. I further acknowledge that a proven breach of confidence could be a cause for termination from my volunteer position.

Furthermore, I agree that the above named 4-H club/unit will follow all financial guidelines for 4-H groups outlined in the Missouri 4-H Treasurer Record Book.

With these affirmations, I hereby request permission for our club/unit to use the 4-H name and emblem in conducting educational programs, and that we be granted tax-exempt status as provided in Section 501(c)(3) of the 1954 IRS Code.

Date _____

Signature of Club/Unit Leader _____

State 4-H Enrollment Fees

Indicate the Type of 4-H Club/Unit

- Community, single project or family 4-H club
- Individual or independent 4-H club member
- 4-H Clover Kid Club
- Other 4-H club/unit

Number of Members _____

For each member, an \$8.00 state 4-H enrollment fee is required. \$ _____
(Check with your county 4-H staff for details on payment.)

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THIS SECTION (1 & 2) TO BE COMPLETED BY 4-H STAFF

County _____ County Code _____

SECTION 1

Check One of the Following

- Community is an interracial community and the group is integrated.
- Community is an interracial community, but the group is not integrated. (Add information in Section 2 below.)
- Community is not an interracial community as defined in the county Affirmation Action plan.

I have informed this club/unit leader of confidentiality and affirmative action requirements for Missouri 4-H Youth Development Programs. This club/unit is authorized to use the 4-H name and emblem in keeping with federal guidelines and is granted tax-exempt status for the _____ program year.

Signature of 4-H Youth Specialist _____
Date _____

Copy to: County 4-H Files, Regional Director, 4-H Club/Unit

SECTION 2.

Indicate the efforts that have been made to achieve an integrated club/unit.

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**CERTIFICATION OF REASONS FOR NONPARTICIPATION FOR CLUBS
WHERE INTERRACIAL MIX IS POSSIBLE BUT NOT ACHIEVED
(Form CR-2)**

TO: _____
(Regional Director)

Extension Region: _____ County: _____

Club Name: _____ Date Organized: _____

Identify geographic area (town, community, neighborhood). Be as specific as possible.

	Estimated Racial/Ethnic Composition Club Location	Actual Membership
White	%	%
Black	%	%
Hispanic	%	%
American Indian or Alaskan Native	%	%
Asian or Pacific Islander	%	%
TOTAL	%	%

This 4-H leader should complete this form within two weeks of club being organized. One copy should be retained for county Civil Rights file, one to the State 4-H Director, and one submitted to the Senior Human Resources Manager. This should be completed annually where an interracial mix is possible but not achieved.

(Faculty Member) (Date)

Complete in duplicate within two weeks of club being organized. One copy should be retained for county Affirmative Action files and one submitted to the regional director.

CODING LISTS

In compliance with federal regulations, University of Missouri Extension is required to collect data and information from applicants for and recipients of federal assistance. This includes establishing and maintaining a system for collecting and reporting data on minority participation in USDA programs.

Data should be filed under safeguards that will prevent any misuse for discriminatory purpose. Such safeguards include restricting records access to authorized personnel, coding racial identification of office records and using only aggregated data in reports to the public.

Mailing lists, meeting attendance lists and program committee lists should be kept as sources of documentation. These lists should be coded to allow for identification of racial categories. Coding should be done in a uniform manner; therefore, the following codes should be used.

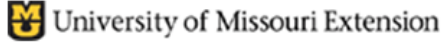
- 1 – Black
- 2 – Hispanic
- 3 – Asian or Pacific Islander
- 4 – American Indian or Alaskan Native
- 5 – White

COUNTY EXTENSION COUNCIL MEMBERSHIP

Form is printed from the Council Membership On-Line Database

Please add to the printout:

_____ County _____ Region _____ Year



County Council Information System

Be sure to update this page each time you have a change in council member information.

AA/EEO Category	Appointed	Elected
White	<input type="text" value="4"/>	<input type="text" value="13"/>
African American	<input type="text" value="0"/>	<input type="text" value="0"/>
American Indian/American Native	<input type="text" value="0"/>	<input type="text" value="0"/>
Hispanic	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian/Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>
Male	<input type="text" value="1"/>	<input type="text" value="11"/>
Female	<input type="text" value="3"/>	<input type="text" value="2"/>
Total Member of Type	<input type="text" value="4"/>	<input type="text" value="13"/>

NOTE: County program directors should complete this form after elections and return to regional director by March 1 each year. Include newly elected and appointed members and those remaining on the Council.

ACCESSIBILITY SELF-EVALUATION CHECKLIST

**This form should be completed for the county office and any location where programming occurs.
Section 504 of the Rehabilitation Act of 1973**

Date: _____
 County: _____
 Region: _____
 Location: _____ (is this the county office or a program location (circle))
 County Program Director: _____

Please check either yes, no, or not applicable (N/A) to each question. If the answer is no, please explain in the corrective action/comment(s) section following each element. It is important to know exact measures/conditions of inaccessible elements and if there are any plans to correct such elements. Suggestions for corrective action may be found at <http://www.usdoj.gov/crt/ada/checktxt.htm>. Use additional pages as needed. If assistance is needed, please contact the Extension Human Resources Office at 573-882-2151.

Section 504		Yes	No	N/A	Corrective Action/Comments
1	Are reasonable accommodations made upon request by person(s) with disabilities?				
2	Are reasonable modifications made upon request by person(s) with disabilities?				
3	Does the community have written grievance procedures?				
Accessible Route Questions		Yes	No	N/A	Corrective Action/Comments
1	Is there at least one accessible route connects all parts of the facility?				
2	Is there a minimum of 36" clear width (path) except at doors?				
3	Is there a least a 60" x 60" passing space every 200'?				
4	Is the surface non-slip, firm and stable?				
5	Slope does not exceed 1:20 degrees?				
6	Are routes not interrupted by ½" degrees or more changes in level or steps?				
7	Are grates set in the direction of the route no more than ½" wide?				
8	Route is clear of any benches, water fountains, etc. with leading				

	edges at or below 27" that reduce the width of route space less than 36"?				
9	At least one accessible route from transportation stops, parking, street and/or sidewalks?				
10	Curb ramps: (a) located whenever accessible route crosses a curb and where cars do not park? (b) Slope does not exceed 1:12 degrees? (c) At least 36" wide, excluding flared sides? (d) Surface, firm, stable and nonslip? (e) If no hand/guard rails, flared sides with slop of flare no more than 1:10 degrees? (f) If at intersection, located within and to one side of marked crossings? (g) Flush, smooth transition with street level?				
	(c) At least 36" wide, excluding flared sides?				
	(d) Surface, firm, stable and nonslip?				
	(e) If no hand/guard rails, flared sides with slop of flare no more than 1:10 degrees? (f) If at intersection, located within and to one side of marked crossings?				
	(g) Flush, smooth transition with street level?				
	Accessible Entrances and Interior Doors Questions	Yes	No	N/A	Corrective Action/Comments
1	At least one principle entrance is located on an accessible route?				
2	Accessible doors are standard single or double-leaf hinged doors, not revolving doors/turnstiles?				
	If the door width when open 90 degrees, is the clear opening at least 32" measured between the				

	face of the door and the door stop on the latch side (if double doors are used, one must comply)?				
	Is the door hardware no higher than 48" and push/pull type or lever operated?				
	Are the maximum opening force 8.5 lbs. on exterior hinged doors: 5 lbs. on interior hinged/sliding/folding doors?				
	Are all thresholds no higher than ½" with beveled edge, and a slope no greater than 1:2?				
	Is there a maximum of 48" between sets of open doors?				
	If exterior sliding door: thresholds or bottom track maximum height ¾": hardware exposed and usable on both sides?				
	Sweep period of door closing is 3 seconds or more?				
	Accessible Parking Questions	Yes	No	No	Corrective Action/Comments
1	Are reserved space(s) located closest to accessible entrance, on accessible route?				
2	Is the space(s) at least 96" wide?				
3	Access aisle next to space at least 60" wide?				
4	Slope of space/access aisle no more than 1:50?				
5	Accessibility symbol on space: mounted at a height not obscured by a vehicle?				
6	Surface: non-slip, firm and stable?				
	Accessible Ramp Questions	Yes	No	N/A	Corrective Action/Comments
1	Slope is least possible and no more than 1:12?				
2	Cross slope (perpendicular to direction of travel): no more than 1:50?				

3	Surface: non-slip, firm and stable?				
4	Walls, railings, or curbs at least 2" high to prevent slipping off ramp?				
5	Level landing is as wide as ramp and at least 60" long at top and bottom of ramp and each turn of ramp?				
6	Ramp is at least 36" wide and rises no more than 30"?				
7	Handrails: (a) provided on both sides? (b) diameter of gripping surface 1 ¼" to 1 ½"?				
	(c) if on/next to wall, wall and handrail are 1 ½" and wall surfaces smooth?				
	(d) If ramp rise is more than 6" and length is more than 72", are there handrails between 30-34" high and which extend 1' beyond top and bottom of ramp?				
	(e) ends and edges rounded smoothly?				
	(f) solidly anchored and with fittings that do not rotate?				
	(g) parallel with slope of ground surface?				
	Accessible Restroom Questions	Yes	No	N/A	Corrective Action/Comments
1	If there are restrooms, at least one is provided on an accessible route?				
2	Entrance door has at least 32" clear opening; lever handle or push/pull type hardware; identified by accessibility symbol?				
3	Unobstructed space to allow for wheelchair?				
4	Toilet stall doors at least 32" wide?				
5	In stalls, 59" x 60" floor space for				

	floor-mounted toilet or 56" x 60" for wall hung toilet?				
6	In stalls, front partition and at least one side partition provide toe clearance of at least 9" above the floor (if depth of the stall is greater than 60", then more toe clearance is needed)?				
7	Grab bars are 33-36" high; located on back and side of stall; 1 ¼" to 1 ½" diameter; 1 ½" from wall; support 250 lbs.?				
8	Toilet is 17"-19" high and located maximum 18" from center of toilet to closet wall?				
9	Toilet paper dispenser at least 19" above floor?				
10	Sinks: height maximum 34"; drain and hot water pipes insulated; minimum 29" clearance below apron of sink; clear floor space 30" x 48" in front of sink?				
11	Faucets: controls mounted no more than 44" above ground; hand operated or automatic but do not require tight gripping, pinching or twisting of wrist?				
12	Where there are mirrors, at least 40" above floor?				
13	Towel dispenser and disposal unit, operable part at least 40" above floor?				

This checklist has been adapted from the Wisconsin Department of Commerce *Handicap Accessibility Self-Evaluation Checklist*.