|  |
| --- |
| **Civil Rights Exhibit List***Materials may be submitted via email or post.* |
| **Community College** |  |
| **Primary Contact Name/Title** |  |
| **Phone/Email** |  |
| **Facilities Contact Name/Title** |  |
| **Phone/Email** |  |
| **Instructions:** The following information and materials, including a completed copy of this document, must be submitted to the ICCB by **November 3rd**. If an item is not available, mark “NA”. All requested materials must be from an official document or publication; if pieces or pages of a large document are submitted, a source/citation is required. Content included on the college website will also be reviewed. If an item is solely located on the college website, please submit the web address, as well as a screen-shot of the item. Submit all documents in order and label with the corresponding item number. Please highlight or otherwise label specific, relevant information such as nondiscrimination statements and grievance procedures, as these are usually part of a large document. **NOTE: If there is a significant population of individuals with limited English proficiency within the community, relevant materials in that language should also be included for each section.** |
| **ADMINISTRATIVE** |
| **Requested Materials** | **Submitted** | **NA** |
| **1.** | **Notices of Nondiscrimination**Provide a copy of both notices of nondiscrimination. *The notices may be found in a number of publications: student handbook and/or other descriptive catalogs, brochures, and publications provided to students, parents, and the general public.***a.** Annual notice of nondiscrimination**b.** Continuous notice of nondiscrimination | a.[ ] b.[ ]  | [ ] [ ]  |
| **2.** | **Coordinators****a.** Names and titles of the coordinators for sex equity (Title IX) and persons with disabilities (Section 504).**b.** Job description of each individual. Include a description of the training each individual has received regarding Title IX and/or Section 504. | a.[ ] b.[ ]  | [ ] [ ]  |
| **3.** | **Grievance Procedures**Student**a.** A copy of the student grievance procedures. Indicate or provide [a] publication[s] in which the grievance procedures can be found. Include a statement on the method of dissemination.**b.** A documented example of a student grievance which details the process from beginning to end. Include all informal and formal actions. *The example provided must be Title II, Title VI, Title IX, or Section 504-related.* Employee**c.** A copy of the employee grievance procedure and the method of dissemination. *This must be more than just the negotiated contract for teachers and must cover Title IX and Section 504.* | a.[ ] b.[ ] c.[ ]  | [ ] [ ] [ ]  |
| **4.**  | **Enrollment****a.** Enrollment policy for CTE programs.**b.** Copies of student enrollment and registration forms and other enrollment criteria for CTE programs/courses. ***Note:*** *Be sure to include a general enrollment form as well as a CTE program-specific enrollment form.* | a.[ ] b.[ ]  | [ ] [ ]  |
| **5.**  | **Accommodations & Services** A description of the available accommodations and services to make CTE programs accessible to both: **a.** students with disabilities and **b.** students with limited English language proficiency.**c.** Provide an example of an actual accommodation that has been made. | a.[ ] b.[ ] c.[ ]  | [ ] [ ] [ ]  |
| **6.**  | **Student Recruitment****a.** Information regarding the District’s student recruitment procedures/ activities. **b.** Information regarding the District’s plan for the provision of services to students with: limited English language proficiency and disabilities.**c.** Examples of recruitment/promotional marketing materials. | a.[ ] b.[ ] c.[ ]  | [ ] [ ] [ ]  |
| **7.**  | **Cooperative Education & Training Agreements**Copies of any cooperative education training plans and agreements and other written agreements with outside businesses or other agencies (i.e. nursing program agreements, cosmetology contract, etc.). |[ ] [ ]
| **8.**  | **Employee Recruitment & Employment****a.** A job vacancy announcement (both online and in print- if available in print)**b.** Application form for employment**c.** Criteria used to evaluate job applicants**d.** Faculty recruitment letter**e.** A copy of the District’s collective bargaining agreement or other employment agreements for faculty. | a.[ ] b.[ ] c.[ ] d.[ ] e.[ ]  | [ ] [ ] [ ] [ ] [ ]  |
| **FACILITIES** |
| **9.** | **Campus map****a.** A map of the entire campus**b.** Copies of layout plans of 1. site property limits and 2. building locations. The documents provided should include a scale, preferably 1”= 50’ on a sheet size of 24”x36”. You may provide as many separate sheets as necessary.  | a.[ ] b.[ ]  | [ ] [ ]  |
| **10.** | **Parking****a.** Provide layout plans of all parking lots. On the plans, include location of accessible spaces, all drop off locations, and, if available, the grading at accessible spaces.**b.** Provide a parking lot matrix which has a separate count for all parking space types. See **Attachment A**.**c.** Provide parking lot construction and alteration information.To do so, **c**omplete **Attachment B**. | a.[ ] b.[ ] c.[ ]  | [ ] [ ] [ ]  |
| **11.** | **Room Schedule**Provide a room schedule for all buildings. Please see **Attachment C** for instructions and an example. |[ ] [ ]
| **12.** | **Areas of Refuge**Locations on any and all Areas of Refuge. Please include all pertinent information (i.e. building, room number, stair location, etc.). |[ ] [ ]
| **13.** | **Emergency Power and Systems**See **Attachment D** for instructions and a sample format. |[ ] [ ]
| **14.** | **Emergency Plan**A copy of the campus emergency plan in the event of a **tornado**. The plan should include information on assisting students with disabilities.  |[ ] [ ]
| **15.** | **Elevators**Provide a schedule of all elevators. Include a copy of current state inspection certificates. Indicate the landings they respond to in an emergency call situation. See **Attachment E** for instructions and a sample schedule. |[ ] [ ]
| **16.** | **Events and seating****a.** Provide information for event spaces/special rooms that includes total seating capacity, as well as a count for accessible and companion seating. *Examples may include the following: conference centers, multi-purpose rooms, gymnasium, and theaters/auditoriums.***b.** Information regarding the most recent design configurations for each space/room. | a.[ ] b.[ ]  | [ ] [ ]  |
| **17.** | **Campus Buildings**Complete **Attachments F** and **G** regarding campus building construction and alteration information. Please use the arrow diagram at the end of this document as a reference tool. ***Note****: It is important to complete these attachments as accurately as possible. The major portion of the facilities review will follow the chronology of the information you provide.* |[ ] [ ]

**Attachment A: Parking lot matrix**

Identify the number of parking spaces per type in each lot. Please signify how many of the accessible spaces in a lot are van accessible. The OTHER field should identify spaces that are not the first four types. Examples of these can include: emergency vehicles, public/visitor parking, bus parking, and facilities/equipment. Edit lines as needed.

|  |
| --- |
| **PARKING LOT MATRIX** |
| **LOT** | **Student** | **Staff** | **Accessible** | **Motorcycle** | **Other** |
| **Description** | **#** |
| **A** |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |
| **C** |   |   |   |   |  |  |
| **D** |  |  |  |  |  |  |
| **E** |   |   |   |   |  |  |
| **F** |   |   |   |   |  |  |
| **Total** |  |

**Attachment B: Parking lot construction/alteration dates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Parking Area** | **Date of Construction** | **Last Date of Resurfacing** | **Last Date for Signage Replacement** |
| Lot A |  |  |  |
| Lot B |  |  |  |
| Lot C |  |  |  |
| Lot D |  |  |  |
| Lot E |  |  |  |
| Lot F |  |  |  |

**Attachment C: Room Schedule**

Provide a room schedule/layout as the interior signage dictates. Begin with **all** rooms on the first floor (or basement, if applicable), and work your way up. *Please* *indicate with an asterisk if the room contains items/materials considered to be hazardous.* *Include all restrooms, stairways, and elevators if designated with their own number.* Add/delete rows or columns as necessary.

*Example*

|  |  |  |  |
| --- | --- | --- | --- |
| **Basement** | **1st Floor** | **2nd Floor** | **3rd floor** |
|  | *Ex. A100 Computer Lab* | *A200 Janitor’s closet* | *A300 Computer Lab* |
|  | *A101 Computer Lab* | *A201 Laboratory* | *A301 Classroom* |
|  | *B 100* | *B200* | *B300* |
|  | *B102* | *B202* | *B302* |
|  | *C113* | *C214* | *C314* |
|  | *D123* | *D224* | *D324* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Basement** | **1st Floor** | **2nd Floor** | **3rd floor** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attachment D: Emergency Systems**

|  |
| --- |
| **Emergency Power and Systems** |
| **Building:** | **Yes** | **No** | **Battery-powered?** |
| Does this building have an emergency power source? *If yes, please indicate the source:* |  |  |  |
| Does this building have fire suppression? |  |  |  |
| If yes, is it connected to emergency power? |  |  |  |
| If any onsite emergency power is available, is the entire site gear emergency supplied? |  |  |  |
| Does the building have any of the following components? |
| Fire alarms |  |  |  |
| Egress lighting |  |  |  |
| Exit signs |  |  |  |
| Accessible doors |  |  |  |
| Area of rescue assistance |  |  |  |
| Emergency systems |  |  |  |
| Outside buildings and/or parking lot lights |  |  |  |

**Attachment E: Elevators**

Provide schedule of all elevators. Include a copy of all current state inspection certificates and match to schedule provided. Indicate the landings they respond to in case of an emergency (ICE). Add row/columns as necessary.

*Example*

|  |
| --- |
| **Building:** A |
| **Elevator**  | **Current Inspection Date** | **Emergency power?** | **Floor Recall Ex.** | **Date of installation** | **Any updates?** |
| 1 | 01-01-17 | Yes | 2 | 05-16-85 | Yes |
| 2 | 06-27-15 | No | 3 | 07-18-89 | No |
| **Update description:** |
| **ICE landing:** |

|  |
| --- |
| **Building:**  |
| **Elevator**  | **Current Inspection Date** | **Emergency power?** | **Floor Recall Ex.** | **Date of installation** | **Any updates?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Update description:** |
| **ICE landing:** |
| **Building:**  |
| **Elevator**  | **Current Inspection Date** | **Emergency power?** | **Floor Recall Ex.** | **Date of installation** | **Any updates?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Update description:** |
| **ICE landing:** |
| **Building:** |
| **Elevator**  | **Current Inspection Date** | **Emergency power?** | **Floor Recall Ex.** | **Date of installation** | **Any updates?** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Update description:** |
| **ICE landing:** |

**Attachment F**

|  |  |  |  |
| --- | --- | --- | --- |
| **Campus Building** | **Original Date of Construction** (Ground Breaking) | **Applicable Standard(s)**(i.e. Readily Accessible, ANSI, UFAS, 1991 ADA, 2010 ADA) | **Is this building utilized by CTE students? Y or N**If yes, briefly describe use (programs, services, etc.).  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attachment G**

|  |
| --- |
| **BUILDING ALTERATIONS****Please list all alterations for each building together.** All areas not specifically mentioned below are either original construction or the dates of alteration are unknown. |
| **Building** | **Alteration****Date** | **Job Location** (i.e. floor, room, etc.) | **Work Completed / Alterations** (i.e. restrooms, elevators, doorways, lab alterations, signage etc.) | **Applicable Standard(s)**(i.e. ANSI, UFAS, 1991 ADA, 2010 ADA) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Use this diagram to complete Attachments F and G.**

