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|  | South Central Iowa Disability Access Committee**Physical Accessibility Transition Plan** |
| Date: November 9, 2021 |

# Background:

* The State Workforce Development Board established a Disability Access Committee to lead a Statewide Disability Access Initiative to:
	+ 1. Ensure that Iowa’s one-stop delivery system meets all accessibility requirements for individuals with disabilities under the Iowa Civil Rights Act of 1965, as amended (ICRA); the Americans with Disabilities Act of 1990, as amended (ADA); and the Workforce Innovation and Opportunity Act (WIOA).
		2. Increase accessibility for individuals with disabilities to the programs, services, and activities of Iowa’s one-stop delivery system.
		3. Continuously improve for individuals with disabilities the provision of services within the one-stop delivery system.
		4. Improve opportunities for individuals with disabilities in competitive integrated employment.
	+ The Disability Access Committee used the 2010 ADA Checklist for Existing Facilities (available online at www.ADAchecklist.org) to perform a physical accessibility assessment of the below facility, on the below date.

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| Date of Assessment: | November 09, 2021 |
| Facility Assessed: | 101 Iowa Ave. West Marshalltown, IA 50158 |

* The Disability Access Committee created Physical Accessibility Report (Report) that contains the barriers identified by the Disability Access Committee during its physical accessibility assessment.
* The Disability Access Committee used the Report to create this Transition Plan (Plan) for addressing the physical accessibility barriers to increase physical accessibility and meet the physical accessibility requirements under the ADA, ICRA, and WIOA.

# Tier 1 Barriers

## The barriers identified in Tier 1 of this Plan must be eliminated no later than \_\_\_\_\_\_\_\_, 201\_.

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| Barrier 1 |
| Report Section: | Sections 1.1, 1.3, 1.7 |
| Access Issue: | Parking spaces need repainted to identify spaces and accessible spaces. |
| Solution: | Repaint the lines |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): Per amount of spaces, there needs to be at least 9 accessible parking spaces and 2 van accessible parking spaces (Per 2010 standards 208.2) Van accessible space must be at least 11 feet wide with an aisle that’s at least 5 feet wide. Access isles are not identifiable. These need repainted at a minimum of 8 feet wide.  |
| Additional comment(s) here. |

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| Barrier 2 |
| Report Section: | Section 1.8, 1.13 |
| Access Issue: | Uneven pavement |
| Solution: | Repave parking lot |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): The current parking lot is not a flat surface. There are areas of the parking lot with significant slopes and dips. There are areas with broken pavement making for unstable footing. |
| Per ADA Checklist section 1.13, the route is not stable, firm, or slip resistant at this time. The pavement is broken with areas of divots and cracks. The parking lot requires repaving for accessibility safety. |

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| Barrier 3 |
| Report Section: | Section 1.9 |
| Access Issue: | Access aisle does not adjoin with most accessible route to building access.  |
| Solution: | Relocate accessible parking spaces with access aisles closer to the front entrance.  |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): Current locations are a few rows from the front entrance of the building |
| Additional comment(s) here. |

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| Barrier 4 |
| Report Section: | Section 1.10 |
| Access Issue: | Accessible spaces are not identified with a sign that includes the international symbol of accessibility |
| Solution: | Install signage |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): Signs need to be at least 60 inches above the ground with a minimum of 9 spaces for 403 spaces |
| Additional comment(s) here. |

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| Barrier 5 |
| Report Section: | Section 1.11 |
| Access Issue: | Van accessible signs need to be posted at van accessible spaces |
| Solution: | Install signage |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): Signs need to be at least 60 inches above the ground with a minimum of 2 for 403 spaces |
| Additional comment(s) here. |

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| Barrier 6 |
| Report Section: | Section 2.38 |
| Access Issue: | Accessible Signs |
| Solution: | Install permanent signage that aligns with ADA guidance |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): Current signage throughout the facility is not in permanent form. Signs should have text characters contrasting with the backgrounds with raised letters and a braille option. The sign should be mounted on the latch side of the door or push side of door if not held open. Height of lowest character is at least 48 inches above the floor and highest character is no more than 60 inches above the floor. |
| Additional comment(s) here. |

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| Barrier 7 |
| Report Section: | Section 3.11 |
| Access Issue: | Restroom door resistance |
| Solution: | Lower door resistance to the 5lb max force |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: The men’s restroom door requires 7lbs force and women’s 7-8lbs force to open. (5lbs max force) |
| Additional comment(s) here. |

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| Barrier 8 |
| Report Section: | Section 3.28 |
| Access Issue: | Location of soap dispensers currently above the 48 inch requirement in both Men’s and Women’s restrooms |
| Solution: | Lower soap dispensers |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: Soap dispensers are currently located above the “no higher than 48 inch” requirement. The men’s is at 49 inches and women’s at 52 inches. |
| Additional comment(s) here. |

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| Barrier 9 |
| Report Section: | Section 3.29 |
| Access Issue: | Hand dryer location above ADA height standards |
| Solution: | Lower hand dryer |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: Hand dryers are located above the “no higher than 44 inch” requirement. The sink could obstruct access to the soap in the men’s room. |
| Additional comment(s) here. |

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| Barrier 10 |
| Report Section: | Section 3.37 |
| Access Issue: | Flush control in accessible stall of women’s restroom not located on open side of the water closet |
| Solution: | Rotate side of flush control to open side of water closet |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 11 |
| Report Section: | Section 3.40 |
| Access Issue: | Toilet paper dispenser does not allow for continuous paper flow |
| Solution: | Change dispenser to allow for continuous paper flow |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

# Tier 2 Barriers

## The barriers identified in Tier 2 of this Plan must be eliminated no later than \_\_\_\_\_\_\_\_, 201\_.

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| Barrier 2.1 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 2.2 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 2.3 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 2.4 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 2.5 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 2.6 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 2.7 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 2.8 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 2.9 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 2.10 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

# Tier 3 Barriers

## The barriers identified in Tier 3 of this Plan must be eliminated no later than \_\_\_\_\_\_\_\_, 201\_.

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| Barrier 3.1 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 3.2 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 3.3 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 3.4 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 3.5 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 3.6 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comment(s): |
| Additional comment(s) here. |

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| Barrier 3.7 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 3.8 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 3.9 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

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| Barrier 3.10 |
| Report Section: | Example: Section 1.1 |
| Access Issue: | Describe |
| Solution: | Describe |
| Target Date: | Month, Day, Year |
| Person(s) Responsible: | Full Name(s) |
| Comments: |
| Additional comment(s) here. |

# Authors

This report was written by:

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# Posted for Public Comment

This Disability Access Committee posted this Plan for public comment from \_\_\_\_\_\_\_\_\_\_, 2017 until \_\_\_\_\_\_\_\_\_\_, 2017.

# Approval by Disability Access Committee

This Disability Access Committee approved this Plan for submission to the Local Workforce Development Board on \_\_\_\_\_\_\_\_\_\_, 2017.

# Adoption by the Local Workforce Development Board

The Local Workforce Development Board Plan adopted this Plan on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.

# Submission to the State Disability Access Committee

The Disability Access Committee submitted this Plan to the State Disability Access Committee on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.