|  |  |
| --- | --- |
|  | Region \_\_ Disability Access Committee  **Physical Accessibility Transition Plan** |
| Date: \_\_\_\_\_\_\_, 2017 | |

# 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.

|  |  |
| --- | --- |
| Date of Assessment: | Month, Day, Year |
| Facility Assessed: | Name and Street Address |

* 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\_.

|  |  |
| --- | --- |
| Barrier 1.1 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.2 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.3 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.4 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.5 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.6 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.7 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.8 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.9 | |
| 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. | |

|  |  |
| --- | --- |
| Barrier 1.10 | |
| 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 2 Barriers

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

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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\_.

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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. | |

|  |  |
| --- | --- |
| 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:

* + 1. Author Name, Iowa Vocational Rehabilitation Services
    2. Author Name, Iowa Department for the Blind
    3. Author Name, Iowa Workforce Development
    4. Author Name, Name of Entity, WIOA Title II Eligible Provider

# 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.