

**Resolution Agreement**  
**Tennessee Department of Human Services**  
**Vocational Rehabilitation Services**  
**OCR Complaint #04-17-3002**

The U. S. Department of Education (Department), Office for Civil Rights (OCR) and the Tennessee Department of General Services (State), on behalf of the Tennessee Department of Human Services, Vocational Rehabilitation Services (Vocational Rehabilitation) enter into this Resolution Agreement (Agreement) to voluntarily resolve the allegations in complaint number 04-17-3002. The State assures OCR that it will take the following actions to comply with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504), as amended, 29 U.S.C. § 794, and its implementing regulation, 34 C.F.R. Part 104, which prohibits discrimination on the basis of disability by recipients of Federal financial assistance from the Department; and Title II of the Americans with Disabilities Act of 1990 (Title II), 42 U.S.C. §§ 12131 *et seq.*, and its implementing regulation, 28 C.F.R. Part 35, which prohibits discrimination on the basis of disability by public entities. This Agreement does not constitute an admission of liability, non-compliance, or wrongdoing by the State.

All modifications necessary to provide access under this Agreement will be made consistent with the applicable standards in the 2010 ADA Standards for Accessible Design (2010 ADA Standards)<sup>1</sup> or any accessibility standard that provides equivalent or greater access to individuals with disabilities.

Pursuant to Section 302 of OCR's *Case Processing Manual*, to resolve the issues of this complaint, the State agrees to implement the following corrective actions.

**I. ACCESSIBILITY PLAN**

1. Within sixty (60) days of the execution of this Agreement, the State will retain or confer with a consultant who is knowledgeable about the architectural accessibility requirements of Section 504 and Title II.
2. Within ninety (90) days of the execution of this Agreement, the State's consultant will conduct an accessibility survey of the Vocational Rehabilitation Main Street Office located at 40 South Main Street, Memphis, Tennessee, to ensure that the accessible route(s) and entrance(s) to the building are in compliance with the 2010 ADA Standards. The identified areas will hereinafter collectively be referred to as "the Areas".

The Recipient's consultant will examine "the Areas" identified in Item I Paragraph 3, below, and develop a written Accessibility Plan (Plan) within one hundred fifty (150) days of the execution of the Agreement identifying the modifications that are necessary to ensure that "the Areas" are accessible to and usable by persons with disabilities in accordance with Section 504, Title II, and the 2010 ADA Standards.

3. The Plan will describe a timetable for completion of all necessary modifications and will certify intentions that all identified modifications to the Main Street Office will be completed within three hundred sixty-five (365) days of the execution of the Agreement. The Plan must ensure that "the Areas" referenced below comply with the specific requirements of the 2010 ADA Standards:

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<sup>1</sup> Located at: <https://www.ada.gov/regs2010/2010ADASTandards/2010ADAstandards.htm#titleII> (Last accessed 9/25/2020)

- a. The accessible route connecting the parking area(s), public transportation stop(s), if applicable, and the accessible entrance(s) of the building housing the Main Street Office (Building)<sup>2</sup> must comply with 2010 ADA Standards §§ 402, 405, 406, 502 and Advisory 502.3.
  - b. Directional signs indicating the location of the nearest accessible Building entrance complying with Section 504 from accessible parking spaces must comply with 2010 ADA Standards §§ 216.6, 703.5 and 703.7.2.1.
  - c. All ramp(s) leading to the accessible entrance of the Building must comply with 2010 ADA Standards §§ 303.4, 405, 406.
  - d. The entrance of the Building must comply with 2010 ADA Standards §§ 206.4, 206.5, and 404.
4. In the event that weather conditions would unavoidably delay any construction or modification required, events such as protests or riots, pandemics or similar medical emergencies which delay work onsite or interrupt supply chains or availability of workers, the State reserves the right to request extensions of time necessary to offset such events or conditions, and OCR shall not unreasonably refuse such requests.

#### **REPORTING REQUIREMENTS:**

- (1) Within one hundred fifty (150) days of the execution of this Agreement, the State will provide OCR with the Plan that identifies the Areas described in Item I, Paragraphs 2 and 3, above; and
- (2) No later than three hundred sixty-five (365) days from the execution of the Agreement, the State will provide a report from the consultant identified pursuant to Item I, Paragraph 1, above, confirming the completion of the Plan. The report will include detailed pictures, including detailed measurements and diagrams, for each of the Areas modified pursuant to the Plan. The documentation will reflect that the State has modified each element in the identified *Areas* to comply with the applicable requirements of the 2010 ADA Standards.

## **II. Interim Individualized Assistance**

1. During the planning and implementing of the Plan, the State will provide individualized assistance, as needed, to any individual with disabilities so that they may readily access Vocational Rehabilitation's programs, services, and activities in the Main Street Office.
2. The State shall post signage in prominent locations at each entrance to the Building. The signage will include a telephone number for individuals to call if they need assistance and the State will monitor the number during normal hours of operation.
3. The State shall designate a State employee (representative) and/or office to monitor the phone number referenced in Item II, Paragraph 2, above, and respond to inquiries on behalf

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<sup>2</sup> This Agreement does not require an assessment of the parking lots which is beyond the scope of the allegations in Complaint # 04-17-3002.

of individuals with disabilities who require assistance with access to the Main Street Office and to ensure that the Vocational Rehabilitation programs, activities, and services offered at the Main Street Office are readily accessible to and usable by individuals with disabilities.

4. The State shall publicize the name(s), telephone number(s), email address(es), and work address(es) of the representative(s) and/or office(s) that individuals with disabilities may contact to request access to any Vocational Rehabilitation programs, services and activities offered at the Main Street Office until the final implementation of the Plan.

**REPORTING REQUIREMENTS:**

Within thirty (30) days of the execution of the Agreement, the State will submit documentation to OCR that it has complied with the requirements set forth in Item II, above, including photographs showing the signage (with the monitored telephone number) that it posted at each Building entrance prior to the final implementation of the Plan and information that reflects the publication to Main Street Office employees that notifies them of the identity and contact information of the representative(s) and/or office(s) designated to assist individuals with disabilities.

The State understands that by signing this Agreement, it agrees to provide data and other information in a timely manner in accordance with the reporting requirements of this Agreement. Further, the State understands that during the monitoring of this Agreement, if necessary, OCR may visit Vocational Rehabilitation, interview employees, and request such additional reports or data as are necessary for OCR to determine whether the State has fulfilled the terms and obligations of this Agreement. Upon completion of the commitments under this Agreement, OCR will close this case.

The State understands and acknowledges that OCR may initiate proceedings to enforce the specific terms and obligations of this Agreement and/or the applicable statute(s) or regulation(s). Before initiating such proceedings, OCR will give the State written notice of the alleged breach and sixty (60) calendar days to cure the alleged breach.

This Agreement will become effective immediately upon signature of the Commissioner or Designee below.

**Christi W. Branscom** \_\_\_\_\_ (Printed Name)

Commissioner or Designee

Tennessee Department of General Services on behalf of  
Tennessee Department of Human Services Vocational  
Rehabilitation Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Commissioner or Designee

(Signature)

\_\_\_\_\_  
Date