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March 31, 2026

Chris Ford
Commissioner of General Services
Lexington-Fayette Urban County Government (LFUCG)
200 E. Main Street
Lexington, KY 40507

Re: Combined Program and Policy Report

Dear Commissioner Ford,

We interviewed selected Lexington-Fayette County (LFUCG) staff to identify public-facing processes, procedures, and policies regarding services provided to people with disabilities. We contrasted those interviews with the title II regulation, issued by the US Department of Justice (US DOJ) to implement the Americans with Disabilities Act (ADA). We also applied the eight-step inclusion process, which will be discussed later, to the way in which LFUCG supports people with disabilities.

We recognize that some processes can be developed and implemented by staff, but that some processes are viewed as policies and must be adopted by LFUCG. For ease of reference, throughout this document, we will refer to processes, procedures, and policies as policies, with the understanding that some may require action by LFUCG but that many can be adopted by leadership and staff.

Policies and processes drive programming to a great extent, and programs must adhere to LFUCG policies. ***Because of that relationship, we have combined our program review and policy review into this single report.***

As you know, title II of the Americans with Disabilities Act (ADA) applies to cities, counties, states, and units of local government, and imposes some affirmative requirements as well as some specific prohibitions. In this report, we refer to the title II regulation published by the US DOJ. The latest revision of the regulation became effective March 15, 2011. It is ***unlikely*** that any changes will be made in the regulation in the next several years.

In this report, we apply smart practices to programs and policies that other cities have implemented successfully. This report starts with some comments about the staff we interviewed, followed by an overview of title II requirements. We then review programming processes and make recommendations to LFUCG for compliance.

LFUCG STAFF

LFUCG staff and leadership with whom we spoke were clear in their desire to attain compliance. Your dedication to quality of service, facilities, and programs, was evident in this and the audit process.

We met with staff in person to discuss their experience with disability, and how they invite, analyze, and fulfill requests for support in LFUCG programs, by people with disabilities. Those discussions, and policies sent to us, guided us in developing this report.

Three things were clear: first, LFUCG is fortunate to have a very capable staff. Second, staff want to do the right thing. Third though, is that staff may not know what the "right thing" to do is. The purpose of this report is to identify the "right thing", and where helpful, the "wrong thing".

TITLE II ADA REQUIREMENTS

Regarding General Administration

The title II section **35.106** notice requirement applies. This requires LFUCG to make people with disabilities aware of how the requirements of the ADA are applied to LFUCG programs and services. We also refer to this as an invitation requirement, as it is an opportunity for LFUCG to invite people with disabilities to use its facilities and sites, as well as programs and opportunities. We suggest specific language in Recommendation 10 on page 10 for use when you publicize programs and events.

The title II section **35.107(a)** requirement requires the naming of a "responsible employee," typically known as the ADA Coordinator. Hannah LeGris, Access & Engagement Officer, was recently hired to coordinate reasonable modification requests. Additionally, LFUCG is considering additional staff to support ADA compliance.

Roger Daman held the position of ADA Coordinator during most of our work. It appears a change in that role is under consideration. This should be clarified.

> **Recommendation 1:** Identify the ADA Coordinator or ADA Coordination Team for all staff. This clarifies for all LFUCG staff who has what responsibility for ADA compliance.

The title II section **35.107(b)** requirement compels LFUCG to have a process by which people with disabilities can raise complaints about access and inclusion. The process should provide "…for prompt and equitable resolution of complaints." LFUCG does have a process and refers to it as an "ADA Grievance". While that is indeed the language used in the title II regulation, we believe it starts what should be a discussion on the wrong foot. We suggest instead naming this process a Solutions Process. This approach discards the adversarial approach to solving problems and fully complies with the intent and requirements of 35.107(b).

Our suggested Solutions Process is one of the deliverables provided to LFUCG. We encourage LFUCG staff to review it. We feel it is a comprehensive approach that details the steps for staff to take if they receive a complaint.

> **Recommendation 2**: Review the Solutions Process and adopt it for use by LFUCG. Make the Process available on the LFUCG website for the public and be sure all staff are aware of and trained on the process. Retain records for at least three years, and more if necessary to comply with Kentucky public records retention requirements.

> **Recommendation 3**: We do not know if the current ADA Coordinator is a Certified ADA Coordinator. We urge the ADA Coordinator to pursue this credential. In the alternative, an LFUCG employee should hold this credential. High-quality training opportunities accompany this credential. For information, go here.

We do caution that LFUCG activity regarding **35.106** and **35.107** should be consistent throughout all departments. Integration efforts are important and benefits LFUCG as well as your residents with and without disabilities.

Regarding LFUCG Programs and Policies

Below we review the interface between title II requirements and LFUCG policies and programs. LFUCG does offer support for people with disabilities, but appears to have limited experience in doing so, outside of the therapeutic recreation program. Findings in our interviews include a lack of training in disability issues and processes, as well as a lack of consistency in how requests are addressed.

Certainly, some issues should be elevated to the ADA Coordinator, but staff can resolve most issues. In our staff interviews, it was unanimous that staff wanted to learn more about the ADA and its impact within their service area. Here is a summary of what we heard:

- Staff want training on communications and wayfinding technology
- Staff want training on general ADA requirements provided to the entire city/county
- Staff would like to learn more about accessible playgrounds
- Staff are interested in learning more about specific disabilities (ex. dementia, mental health diagnoses) and technology advances. Include any emerging disabilities
- Staff would like training specific to parks and recreation about how other agencies are supporting inclusion
- Staff are intrigued by disability etiquette for individuals with disabilities
- Staff are interested in effective communication strategies and customer service
- Staff want to learn best practices in providing modifications with specifics related to administering medication, behavior management training, separating disability related behavior from other behavior
- Several groups specifically asked for program scenarios specific to their area
- Staff are interested in ADA-related court decisions that affect their departments
- Staff want to improve training opportunities for their 'front line' team members, and
- Staff prefer to learn from both experts in the field and people with disabilities.

What is Inclusion?

We start with a discussion about the ADA mandate that programs be provided in the most integrated setting, or as we know it, the inclusion mandate. Improving staff understanding of the mandate will help greatly in achieving compliance.

The ADA requires LFUCG to make its programs and services accessible to and usable by people with disabilities. LFUCG must provide services in the most integrated setting (see 35.130(d)). That is defined as the setting in which people with and without disabilities interact together. The test is that these services should be as effective as for a person without a disability. Two examples are below:

- If a person who is hard of hearing registers for a class at the Marlboro Neighborhood Center and needs a sign language interpreter to enjoy the program alongside other participants, that interpreter enables inclusive participation; and

- If a registrant with Down Syndrome pays the fee and a slot is open in Summer Camp, supports like a better staff-to-participant ratio, and additional staff training, will likely enable safe and enjoyable participation in the program.

The most integrated setting requirement is applied to all LFUCG programs, defined as opportunities made available by LFUCG. The inclusion mandate became effective January 26, 1992. This requirement allows LFUCG to make some interpretations on, for example, just what is a reasonable modification. Find this mandate at title II section **35.130(d).**

Providing inclusion support requires an assessment of the person with a disability who is seeking participation. The ADA refers to this as the "interactive process". It requires a plan for support. Some plans and some methods of assessment are more formal than others. A complex plan will require more complex staff training (for staff implementing the plan) and may be more costly.

Other Title II Requirements

Title II has broad requirements for LFUCG. Title II in a nutshell:

1. Section **35.130(a)** prohibits LFUCG from, because of disability, excluding someone from a program or denying the benefits of a LFUCG program to that person. This is a broad anti-discrimination requirement.

2. Inferred in **35.130(a)** is a ban on referrals to other jurisdictions for the same program. If LFUCG offers a program and a registrant requests reasonable modifications, LFUCG cannot refer the registrant to another entity for that program and reasonable modifications.

3. Section **35.130(b)(1)** prohibits LFUCG from discriminating on the basis of disability through contractors or licensees. Concessionaires and contract instructors used by LFUCG must be as welcoming to people with disabilities as are LFUCG staff who conduct programs.

4. Section **35.130(b)(1)(iv)** prohibits LFUCG from "providing different or separate aids or benefits...unless...necessary to provide programs..." for persons with disabilities. This mandate permits LFUCG to provide "special needs programs" so long as those are not the only opportunity provided for persons with disabilities.

5. Section **35.130(b)(1)(v)** prohibits LFUCG from aiding or perpetuating discrimination by providing "significant assistance" to an agency that does discriminate on the basis of disability. This typically arises when a local government provides support to community affiliates or partners that use local government properties to conduct services. When properties are made available at reduced rates, the affiliate benefits from taxpayer-funded infrastructure and maintenance. When that occurs, the affiliate cannot be allowed to discriminate on the basis of disability, and LFUCG is expressly prohibited from supporting an agency in that circumstance.

Recommendation 4: Require entities that receive LFUCG support (time by LFUCG staff, free facility or site use, grants, subsidies, etc.) to agree to comply with the ADA by making reasonable modifications when requested by a person with a disability.

6. Section **35.130(b)(1)(vi)** prohibits LFUCG from denying a person with a disability the opportunity to be considered for a LFUCG advisory board. It does not establish a quota but does require LFUCG to invite and consider otherwise qualified persons with disabilities for such a role. This is, to some extent, a demographics issue. LFUCG likely balances men and women in service, areas of residence within LFUCG, age, and ethnicity as factors in appointments. LFUCG should add disability as a factor, not a determinant, but as a factor.

7. Section **35.130(b)(2)** is the converse of **35.130(b)(1)(iv)** and prohibits LFUCG from denying a person with a disability the opportunity to participate in programs that are not separate or special.

8. Section **35.130(b)(3)** prohibits LFUCG from discriminating on the basis of disability through administrative processes. This broad requirement boils down to process issues, and for LFUCG, typically includes program registration or program eligibility processes.

9. Section **35.130(b)(4)** prohibits LFUCG from selecting a site for a new facility or park area development at a location that cannot be made accessible. There is a very limited exception here, and that is in regard to a site where compliance with the 2010 Standards is "structurally impracticable".

10. Section **35.130(b)(5)** prohibits LFUCG from selecting "procurement contractors" if those contractors act in a discriminatory manner. An example here could be an agency that contracts to manage an LFUCG site. The management firm must make reasonable modifications, and implement the ADA requirements.

11. Section **35.130(b)(7)** requires that LFUCG will make "reasonable modifications in policies, practices, or procedures" when doing so will avoid discrimination on the

basis of disability". This section does not require LFUCG to do so when it would "fundamentally alter the nature of the service, program, or activity", a very high bar to meet for LFUCG. This latter language places the burden on LFUCG to prove fundamental alteration, as opposed to a burden on the person with a disability to prove that a modification is not a fundamental alteration.

12. LFUCG must document denial of requests for reasonable modification. We recommend a centralized log that has all information related to all requests approved or denied. This allows staff to identify patterns in denials, such as 50% are related to a specific disability, program, or employee, all of which can be mitigated by staff training. See **35.150(d)** and implement this as a critical issue.

13. Section **35.130(b)(8)** prohibits LFUCG from imposing "eligibility criteria that screen or tend to screen out" otherwise qualified persons with disabilities. This applies to any type of advance notice requirement, such as a requirement that registrants who need a reasonable modification must register two weeks before the program begins. The rationale against advance notice is that if LFUCG accepts people without disabilities who spontaneously attend a LFUCG meeting to make public comment, or if communities have a golf course, for a tee time, it must do the same for people with disabilities. We make implementation recommendations for this requirement later in the report.

14. Section **35.130(c)** allows LFUCG to provide benefits or services in excess of the title II requirements. In other words, please do more. Title II sets the floor, not the ceiling, for LFUCG services for people with disabilities.

15. Section **35.130(d)** establishes the requirement that LFUCG will provide "...services, programs, and activities in the most integrated setting". This is defined as the setting in which people with and without disabilities interact together to the maximum extent feasible.

16. Section **35.130(e)(1)** notes that a person with a disability is not required to accept a modification offered by LFUCG. The consequence of a decision by a person with a disability to not accept modifications, however, is that the person must meet rules for behavior and participation that people without disabilities must meet.

17. Section **35.130(e)(2)** notes that a guardian of a person with a disability has no right, under any circumstance, to "decline food, water, medical treatment, or medical services..." for a person with a disability. While this situation rarely arises, for entities with overnight occurrences, such as emergency shelters, it is an important policy consideration.

18. Section **35.130(f)** prohibits LFUCG from adding a surcharge to fees a person with a disability must pay for participation. A person with a disability in LFUCG programs shall be charged the same amount as a person without a disability in that same program, regardless of whether LFUCG is providing other supports, such as extra staff or a sign language interpreter. This impacts any fee recovery formula.

19. Section **35.130(g)** prohibits LFUCG from denying participation by a person who is a known associate (family member or friend) of a person with a disability. This "association clause" is common in all civil rights laws.

20. Section **35.130(h)** permits LFUCG to "impose legitimate safety requirements" in programs and apply these, ***with a reasonable modification***, to persons with disabilities. This clause does require that such safety requirements must be "...based on actual risks, not on mere speculation, stereotypes, or generalizations about people with disabilities." In summary, safety requirements must be based on actual incident reports or observed past behavior, not a staff belief that something ***could*** happen.

21. **35.133** requires LFUCG to maintain accessible elements. Ramps, playground surfaces, doors, elevators, and more must be maintained to remain accessible. Maintenance is critical.

22. **35.134** prohibits LFUCG from retaliating against a person who has supported the proper implementation of title II requirements. This section prohibits the coercion or intimidation of anyone who supports the proper implementation of title II.

MAKING MODIFICATIONS TO SUPPORT PERSONS WITH DISABILITIES

Some modifications are clear in the statute and the DOJ regulation. Others are not quite so clear. Within title II, some modifications are not required, such as providing personal supports, such as prescription eyewear. LFUCG should provide modifications when the assessment indicates those would facilitate participation.

We suggest grouping modifications into three categories: mandated supports, personal supports, and quasi-medical or medical supports. We note here that the way we organized support is our advice and not a federal mandate. The federal mandate to provide support remains in existence, and this approach is a way to organize decision-making.

23. Section **35.135** notes that LFUCG is not required to provide personal devices, such as wheelchairs, or prescription devices, such as eyewear. This requirement is a gray area. As a smart practice, many entities, such as large aquatic facilities or large retail stores, do provide wheelchairs for temporary use by customers.

    This section further states that LFUCG is not required to provide services of a personal nature, such as "eating, toileting, or dressing". This is not clearly defined in the title II regulation or in court decisions. The categories described below are continually evolving. LFUCG must stay current on court and administrative decisions.

24. Mandated Supports

    Following an assessment, LFUCG must provide these reasonable modifications or supports. Each is mentioned in the statute, regulation, or court decisions. These include, but are not limited to:

- changes to rules and policies
- providing extra staff support (including one-on-one, based on assessment)
- providing volunteer support
- providing additional training to staff
- acquiring and providing adaptive equipment
- monitoring blood sugar
- maintaining playground surfaces so they are accessible
- removing architectural barriers
- providing accessible transportation
- developing behavior plans
- providing sign language interpreters and other auxiliary aids or services
- adopting policies regarding food and scents in facilities
- providing home visits
- reassigning programs to an accessible location
- requiring contractors to make modifications
- applying emergency allergy epi-pens
- holding and applying CBD oil

25. Personal Supports

The supports here fall into a gray area. We recommend that, as a smart practice, these be provided. We urge LFUCG to discuss these and identify those already being provided. For example, if a senior participant loses bowel or bladder control, do staff help clean the participant? If so, this is a bell that cannot be un-rung. Do establish a rationale if some are ***not*** to be provided. These include:

- assisting a registrant in changing clothes if he or she cannot do so because of disability
- assisting a registrant with toileting if he or she cannot do so because of disability

- assisting a registrant with eating if he or she cannot do so because of disability

- holding and presenting medications for a registrant

We note here for the latter support that Kentucky permits the medical use of prescribed marijuana (MMJ). It is our belief that MMJ is no different than other medications, and if Kentucky statutes permit the delegation of tasks, holding and presenting MMJ may indeed be a reasonable modification.

There are other developments in treatment technology. There is now nasal spray insulin treatment, as well as an anti-seizure nasal spray. Removing a syringe or rectal application of medication makes it much more likely that these, too, are a reasonable modification.

26. Quasi-Medical or Medical Supports

Today, these are not required. That said, with the increasing complexity of disability and related health conditions, many people need assistance with these tasks. Without help, they cannot participate. It is important to note however, that Kentucky, as do all other states, permits a nurse to delegate some tasks to a non-nurse who has been properly trained in how to complete that task.

- Retain a nurse, or provide staff training consistent with the Kentucky Nursing Code, and when necessary, administer insulin for a person with diabetes who cannot do so themselves

- Retain a nurse, or provide staff training consistent with Kentucky Nursing Code, and when necessary, administer anti-seizure medication when the registrant is unable to do so themselves, or use anti-seizure nasal or throat sprays

- Train staff on the nasal or oral application of spray anti-seizure medications, approved by the FDA in early 2020

- Take other actions, with a nurse or trained employee, that may be viewed as invasive, but are necessary for lifesaving purposes

We caution LFUCG that if a modification in the latter categories is already provided, we repeat that it is difficult to "un-ring" the bell. In other jurisdictions, we found that some staff are already providing toileting. The impact of that is that ***all*** staff are toileting. An important part of the determination of what is provided must be a candid discussion with staff in a wide range of programs to understand what is happening in the field.

Recommendation 5: Apply objective data to determine which modifications will be made and which will not be made, and make those lists known to LFUCG staff. (Consistent with smart practices)

27. Section **35.136** requires LFUCG to permit persons with disabilities to use a service animal, so long as it is housebroken and under control. The service animal must be trained to perform a task that relates to the handler's disability.

Recommendation 6: Adopt a policy regarding service animals.

28. Section **35.137** requires LFUCG to permit the use of mobility devices that were not necessarily designed with the transportation of people with disabilities as a primary purpose. These devices, called other power-driven mobility devices (OPDMD), can include but are not limited to a Segway, golf car, riding mower with the blades up, or other devices. The DOJ has a good resource paper on this issue at this link.

Recommendation 7: Adopt a policy regarding the use of Other Power-Driven Mobility Devices (OPDMD).

29. Section **35.139** clarifies the approach required by LFUCG concerning the **35.130(h)** safety requirements clause. LFUCG, here in **35.139**, can deny participation to a person with a disability when he or she "...poses a direct threat to the health or safety of others".

    This clause also requires LFUCG to conduct an individualized assessment in the process of making a direct threat determination. The assessment must rely on current medical information and objective evidence.

    We make two observations. The first is that self-injurious behavior by a person ***with*** a disability to themselves is not a direct threat. However, we believe LFUCG has a statutory obligation to keep all individuals in its programs safe. When a person with a disability poses an objective threat to themselves, they should be prevented from harming themselves, under state statutes, but not under the ADA.

    The second is defining some of the terms. An objective belief that harm would occur, in the mind of employee A, may not exist in the mind of employee B. Defining "harm" would help. For example, if unwanted contact results in a bruise, laceration, puncture, fracture, cut, or dislocation, it is harmful. Failing to define "harmful" invites subjective definitions based on the experiences of each individual. What is harmful to one may not be harmful to another.

Recommendation 8: We recommend that LFUCG consult with disability advocacy groups that serve LFUCG residents in developing any direct threat training events and processes.

THE ADA INCLUSION MANDATE AND THE EIGHT-STEP INCLUSION PROCESS

We believe LFUCG can best implement the "most integrated setting" requirement with an eight-step inclusion process. This was discussed with LFUCG staff. Entities across the country have implemented this system since the mid-1990s. These eight steps incorporate title II requirements, smart practices, and court and administrative decisions.

The eight steps are:

1. Invite participation
2. Assure that registration forms facilitate requests for supports
3. Assess the ability of the registrant and ability to meet program requirements
4. Create a plan for supports and modifications after the assessment
5. Train staff who will implement the plan
6. Maintain ongoing communication with the registrant or his or her family
7. Implement the plan
8. Evaluate the effectiveness of the plan

Some of the following recommendations are clear and simple to implement. Others are not so clear because the status of the requirement is evolving.

We also note that in our experience, the inclusion process is more efficient and effective if one LFUCG employee leads the effort. We refer to this employee as the Manager of Inclusion in the following recommendations.

> **Recommendation 9: Invite** people with disabilities to participate in LFUCG programs and use LFUCG sites and facilities. This is consistent with **35.106**. We recommend something like the statement below:

Sample: "LFUCG invites people with disabilities to enjoy our programs, services, parks and facilities. For more information about our accessibility, inclusion, and special program initiatives, contact NAME, TITLE, at PHONE, EMAIL.

> **Recommendation 10: Modify registration systems** and processes to appropriately ask if registrants require a reasonable modification to use LFUCG facilities, programs, or services. At this time, LFUCG allows several ways to register. We recommend offering phone-in as an option for registration. This is consistent with **35.130(b)(7)**.

We recommend the use of the language below, in print and online registration materials. Work with LFUCG communications staff so this is consistent with the language used in other LFUCG publications. When this language is included in all registrations, it is not discriminatory. In addition, when the registrant marks yes to the question below, the system forwards the registration to an appropriate employee for further processing.

> "I need a modification because of disability to participate in this program. YES NO"

If a paper registration or by phone, this is a simple addition. If online, we urge LFUCG to require the online vendor to make this a mandatory answer, prohibiting the registrant from

proceeding without an answer. If the registrant marks "YES", do not hold the registration. If a fee is required and it is paid, and if there is room in the class or activity, enroll the registrant pending the assessment, which is the next step in the process.

An important element of this step is to whom the registration is forwarded. We urge LFUCG to send registrations that request a reasonable modification to one employee (or contractor if it wishes) who will oversee inclusion after enrollment in the program.

> **Recommendation 11:** Once a registrant has requested a reasonable modification, **conduct an assessment**. This is consistent with 35.130 and Anderson v. Little League. This would apply to all programs.

The assessment should occur promptly after the registration. The assessment should contrast the abilities of the registrant with the activities in the program for which he or she registered. The assessor should keep in mind the various modifications that can be made throughout the assessment process. Do ***not*** deny a request for modification without completing an assessment. LFUCG must make registration staff, managers, facility staff, and others aware of this point. This issue is important and must be reinforced by LFUCG.

In our experience, the best employee to conduct assessments is one who:

- Knows LFUCG and its programs
- Knows a wide range of health and disability conditions
- Knows a wide range of LFUCG services
- Is experienced at adapting activities, and
- Is a good communicator with staff, registrants, and families of registrants.

We believe strongly that the assessor should be dedicated to that task and not have other duties, such as planning and conducting community-based therapeutic recreation programs. While there is crossover in the necessary skills, the assessor must be able to drop other assignments and manage what can be difficult inclusion placements. As to credentials, we suggest the assessor, which we will call the Manager of Inclusion, should be a Certified ADA Coordinator, Certified Therapeutic Recreation Specialist (CTRS), adaptive PE teacher, and so forth. In our experience, the CTRS or the Certified ADA Coordinator is most effective.

> **Recommendation 12:** Once the assessment has been conducted, **create a plan** to implement reasonable modifications. This is consistent with 35.139 and US DOJ guidance.

Creating the plan can be a simple process or a complex process. It depends on factors such as the registrant, the complexity of the disability or health condition, and the activity within the program. Some plans are in writing because they are more complex, and others are not, such as providing staff with extra training.

LFUCG can streamline this assessment process by developing a list of modifications it will always provide, such as changes to rules and policies, and a list of modifications it will never do, such as providing medical support in a program (these are just intended as examples). Both lists evolve with every court decision and settlement agreement. We do urge LFUCG, in establishing these lists, to err on the side of providing more, not less, support. For federal court guidance, see Burriola vs Greater Toledo YMCA, Anderson vs Little League, and U.S. v. NISRA.

> **Recommendation 13:** Once a plan exists, **train the staff** that is necessary for the effective support of the registrant. (Consistent with US DOJ guidance)

Staff training regarding the plan is essential. Training is an ongoing process and should not be considered a one-time event. It may be a simple training event, where the Manager of Inclusion reminds the staff conducting the program to be more attentive to a registrant, or to assist with transitions from activity to activity. It may also be a more complex training, such as reviewing a behavior management plan or implementing specific modifications. it is also important to train all program staff and one-on-one staff assigned to the registrant. Training may also be needed mid-stream in a program to address concerns and support staff. The Manager of Inclusion should document training events and content for risk management purposes.

Do remember to protect the privacy of the registrant. Kentucky statutes and the ADA require LFUCG to protect the privacy of people with disabilities who request and receive a reasonable modification.

> **Recommendation 14:** During the assessment, planning, and training phases, **maintain contact** with the person requesting the modification and their family. This is a smart practice. Communication is essential to trust, and therefore, essential to the inclusion process. The Manager of Inclusion should keep the registrant, or the registrant's family, apprised of steps completed in the process. Notify them when the assessment is complete, a plan is being developed, or a plan is being introduced to the employees who will implement the plan.

We recommend that staff who monitor all inclusion requests maintain a communication log, noting emails, calls, visits, incidents, and other communications. Staff should always communicate with the participant and/or parents/guardians when decisions or changes may need to be made. Remember, the participant and/or parent/guardian have a wealth of information to share about what does and does not work. This will help with planning for resource allocations. However, it is also an effective risk management tool.

> **Recommendation 15**: **Implement** the plan. This is consistent with **35.130**.

Those who know the plan implement the plan. This is the step where all the preparation, assessment, training, and skills of the Manager of Inclusion are tested. It is also a test of the program staff. If part-time staff are involved, how will they perform? Who trained the staff or volunteers who are involved, and was the training effective? Are other career program staff at LFUCG aware of the plan and supportive?

This step allows for the monitoring of program plans, documentation of program successes that include participants with a disability, and suggestions for adaptations and behavior supports. Remember: if you did not document the behavior, it did not happen.

> **Recommendation 16: Evaluate** the way in which staff implement the plan. This is a smart practice. This is the final step in the eight-step inclusion process. LFUCG should develop both formative and summative evaluation tools for participants, parents/guardians, program staff, additional staff, inclusion assistants, volunteers, and participants without disabilities.

ADDITIONAL RECOMMENDATIONS FOR LFUCG

Recommendation 17: Have the ADA Coordinator or the Manager of Inclusion maintain a record of all requests for reasonable modification, showing pertinent information and the status of the request.

Recommendation 18: Modify agendas for LFUCG staff meetings so that agenda items always include "accessibility and inclusion of people with disabilities". Ensure that LFUCG annual reports address both access and inclusion.

Talk about the costs, benefits, and challenges of accessibility and inclusion. Every significant staff meeting agenda should include a discussion about access and inclusion. It is a simple truth: the more often staff discuss these topics, the sooner every employee gets the message that this is the mission of LFUCG.

Recommendation 19: Modify staff job descriptions to include a requirement that staff support accessibility and the inclusion of people with disabilities.

Recommendation 20: Modify performance evaluations to reflect how well the employee has supported accessibility and the inclusion of people with disabilities.

Recommendation 21: Develop training initiatives for career staff who engage with the public. Training is an effective tool and will result in increased awareness by LFUCG staff of the ADA requirements.

Recommendation 22: Images are important. In LFUCG print and online materials, use images of people with disabilities. Lacking formal guidance on the ratio, we recommend that one of every eight images includes a person with a disability, some in active poses, and some enjoying passive activity.

Recommendation 23: Adopt a policy that compels designers and contractors to adhere to the 2010 ADA Standards and the most current Kentucky State Building Code, whichever is more stringent. This is cited as a critical issue in our Final Report. (Consistent with **35.151.**)

Recommendation 24: Require contractual program providers to make modifications, or in the alternative, LFUCG must commit to LFUCG providing and funding modifications. (Consistent with **35.130(b)(1)).**

Recommendation 25: Use people-first language and replace the words handicapped or disabled in all documents with the term "people with disabilities".

Recommendation 26: Do not use the term "reasonable accommodation" unless it is in reference to employment. The proper term to use regarding parks, facilities, programs, and policies is "reasonable modification."

Recommendation 27: Maintain consistent communication with organizations that both serve or represent people with disabilities. In our experience, the entities that work more closely with their communities of people with disabilities find more support for compliance initiatives.

Recommendation 28: Consider creating a disability advisory board or committee. A committee such as this could meet quarterly and provide feedback to staff, as well as undertake initiatives related to access and inclusion of people with disabilities. It would require staff support, but could be beneficial over time.

Recommendation 29: The DOJ released a final website accessibility guideline for state and local governments. Counties must comply by April 26, 2027. Engage a website consultant that knows accessibility and complete this work before April 1, 2027.

Recommendation 30: Enhance website content to identify LFUCG assets that are accessible. The website could also indicate access work that is scheduled at sites. This is an invaluable tool for people with disabilities.

CONCLUSION

LFUCG has excellent facilities and services. Under the direction of committed leaders, the professional and compassionate staff have addressed requests for supports because of disability in LFUCG programs. However, the number of requests will increase as the population of LFUCG ages, and as more people with disabilities come to LFUCG for its public services.

Policies and procedures play a critical role in the delivery of LFUCG services. Those that properly frame how LFUCG sees people with disabilities are more likely to result in programs and facilities that are accessible to and usable by people with disabilities. LFUCG also has a wealth of expertise on the subject of inclusion. Senior staff, therapeutic recreation staff, and others are experienced at assessment and the preparation of plans for reasonable modifications. not every community has such assets.

Implementing these recommendations in the next several years will allow for optimal use of LFUCG resources for decades to come. When in doubt, lean towards more access, or a yes, instead of less access, or no. LFUCG cannot find trouble by doing more than it should, but can find trouble by doing less than it should.

The recommendations in this report are intended to make what is already good, better. If we can clarify our recommendations, please reach me at jmcgovern@wtgroupaec.com or by phone at 224-293-6451. It has been an honor to work with your team.

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Program and Policy Report
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Prepared and Submitted by _____

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