

# **Title VI Plan**

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## **FULTON COUNTY REHABILITATION CENTER, INC. 2025**

**Title VI Contact: SHELLY ENTREKIN, PROGRAM DIRECTOR**

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**Alternate Language Phone: 309-647-6510**

**Address: 500 NORTH MAIN STREET, CANTON, IL. 61520**

**Web Address: [fultoncountyrehabilitationcenter.com](http://fultoncountyrehabilitationcenter.com)**

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Adopted on: March 26, 2025

Adopted by: Fulton County Rehabilitation Center, Inc. Board of Directors

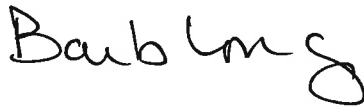
Revised on: March 6, 2025

This plan is hereby adopted and signed by:



Executive Name/Title: Tony Roberts, Fulton County Rehabilitation Center, Inc. Chairman of the Board

Executive Signature:



## Executive Summary

Fulton County Rehabilitation Center, Inc. is a Community Day service Program for adults with intellectual disabilities. The mission of Fulton County Rehabilitation Center, Inc. is to provide training and opportunity to our individuals, so they may achieve success toward independence in their lives.

What type of program fund(s) did you apply for?

- ☐ 5310
- ☐ 5311
- ☒ Other (please explain) Federal CVP Program

Type of Funding Requests? (Check all that apply)

- ☐ Vehicle Funds
- ☐ Operating Funds
- ☒ Other (please explain) Federal CVP Program for vehicle awards.

Is your agency receiving direct funds from FTA?

- ☐ If yes, please attach a copy of your FTA letter of approval of Title VI Plan.
- ☒ No

# Non-Discrimination Notice to the Public

## Notifying the Public of Rights Under Title VI and ADA FULTON COUNTY REHABILITATION CENTER, INC.

**FULTON COUNTY REHABILITATION CENTER, INC.** operates its programs and services without regard to race, color, national origin and persons with disabilities in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA). Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with the **FULTON COUNTY REHABILITATION CENTER, INC.**

For more information on the **FULTON COUNTY REHABILITATION CENTER, INC.**'s civil rights program, and the procedures to file a complaint, contact **SHELLY ENTREKIN, PROGRAM DIRECTOR, TITLE VI, (309-647-6510), (TTY 1-800-526-0844); email SHELLYENTREKIN@GMAIL.COM;** or visit our administrative office at **500 NORTH MAIN STREET, CANTON, IL. 61520.** For more information, visit **[fultoncountyrehabilitationcenter.com](http://fultoncountyrehabilitationcenter.com).**

Complaints may be filed directly with the Illinois Department of Transportation **(IDOT) Civil Rights Office.** ATTN: Title VI Program Coordinator 2300 S. Dirksen Parkway, Suite 317, Springfield, IL 62764 or with the Federal Transit Administration **(FTA).** ATTN: Title VI Program Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

If information is needed in another language, contact **309-647-6510.**

# Non-Discrimination Notice to the Public - Spanish

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## Aviso Público Sobre los Derechos Bajo el Título VI Y ADA FULTON COUNTY REHABILITATION CENTER, INC.

**FULTON COUNTY REHABILITATION CENTER, INC.** *(y sus subcontratistas, si cualquiera)* asegura cumplir con el Título VI de la Ley de los Derechos Civiles de 1964, Sección 504 de la Ley de Rehabilitación de 1973 y La Ley de ciudadanos Americanos con Discapacidades de 1990 (ADA). El nivel y la calidad de servicios de transporte serán proveídos sin consideración a su raza, color, país de origen, o discapacidad.

Para obtener más información sobre el programa de Derechos Civiles de **FULTON COUNTY REHABILITATION CENTER, INC.**, y los procedimientos para presentar una queja, contacte **SHELLY ENTREKIN, PROGRAM DIRECTOR TITLE VI, (309-647-6510), (TTY 1-800-526-0844)**; o visite nuestra oficina administrativa en **500 NORTH MAIN STREET, CANTON, IL. 61520**. Para obtener más información, visite **[fultoncountyrehabilitationcenter.com](http://fultoncountyrehabilitationcenter.com)**

Una queja puede ser presentada con la oficina de Derechos Civiles del Departamento de Transporte de Illinois (**IDOT**). Atención: Title VI Program Manager, 2300 S. Dirksen Parkway, Suite 317, Springfield, IL 62764 o con la Administración Federal de Transporte (**FTA**). Atención: Title VI Coordinator, 1200 New Jersey Ave., SE Washington DC 20590

# Non-Discrimination ADA/Title VI Complaint Procedures

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These procedures provide guidance for all complaints filed under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990 (ADA) as they relate to any program or activity that is administered by **FULTON COUNTY REHABILITATION CENTER, INC.** including consultants, contractors and vendors. Intimidation or retaliation as a result of a complaint is prohibited by law. In addition to these procedures, complainants reserve the right to file a formal complaint with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to resolve complaints at the lowest possible level.

- (1) Any person who believes he and/or she has been discriminated against on the basis of race, color, national origin, or disability may file a Discrimination complaint by completing and submitting the agency's Title VI Complaint Form.
- (2) Formal complaints must be filed within **180** calendar days of the last date of the alleged act of discrimination or the date when the alleged discrimination became known to the complainant(s), or where there has been a continuing course of conduct, the date on which the conduct was discontinued or the latest instance of the conduct.
- (3) Complaints must be in writing and signed by the complainant(s) and must include the complainant(s) name, address and phone number. The ADA/Title VI contact person will assist the complainant with documenting the issues if necessary.
- (4) Allegations received by fax or e-mail will be acknowledged and processed, once the identity of the complainant(s) and the intent to proceed with the complaint have been established. For this, the complainant is required to mail a signed, original copy of the fax or email transmittal for the complaint to be processed.
- (5) Allegations received by telephone will be reduced to writing and provided to the complainant for confirmation or revision before processing. A complaint form will be forwarded to the complainant for him/her to complete, sign and return for processing.
- (6) Once submitted **FULTON COUNTY REHABILITATION CENTER, INC.** will review the complaint form to determine jurisdiction. All complaints will receive an acknowledgement letter informing her/him whether the complaint will be investigated by the **FULTON COUNTY REHABILITATION CENTER, INC.** or submitted to the State or Federal authority for guidance.

- (7) **FULTON COUNTY REHABILITATION CENTER, INC.** will notify the IDOT Civil Rights Office of ALL Discrimination complaints within 72 hours via telephone at (217) 782-2762; or email at [DOT.Complaint@illinois.gov](mailto:DOT.Complaint@illinois.gov).
- (8) **FULTON COUNTY REHABILITATION CENTER, INC.** has 5 business days to investigate the complaint. If more information is needed to resolve the case, the Authority may contact the complainant. The complainant has 5 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 5 business days, the Authority can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.
- (9) After the investigator reviews the complaint, she/he will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Discrimination violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member or other action will occur.
- (10) A copy of either the closure letter or LOF must be also be submitted to IDOT within **72** hours of that decision. Letters may be submitted by hardcopy or email.
- (11) A complainant dissatisfied with **FULTON COUNTY REHABILITATION CENTER, INC.** decision may file a complaint with the Illinois Department of Transportation (**IDOT**) or the Federal Transit Administration (**FTA**) offices of Civil Rights: **IDOT**: ATTN ADA/Title VI Program Coordinator 2300 S. Dirksen Parkway, Suite 317, Springfield, IL 62764 **FTA**: Attention Title VI Program Coordinator, East Building, 5<sup>th</sup> Floor-TCR 1200 New Jersey Ave., SE Washington DC 20590
- (12) A copy of these procedures can be found online at: [fultoncountyrehabilitationcenter.com](http://fultoncountyrehabilitationcenter.com).

If information is needed in another language, contact **309-647-6510**.



# Discrimination ADA/Title VI Complaint Form

<b>Section I:</b>		
Name:		
Address:		
Telephone (Home):	Telephone (Work):	
Electronic Mail Address:		
Accessible Format Requirements?	<input type="checkbox"/> Large Print	<input type="checkbox"/> Audio Tape
	<input type="checkbox"/> TDD	<input type="checkbox"/> Other
<b>Section II:</b>		
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered "yes" to this question, go to <b>Section III</b>.</i>		
If not, please supply the name and relationship of the person for whom you are complaining.		
Please explain why you have filed for a third party:		
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Section III:</b>		
I believe the discrimination I experienced was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin <input type="checkbox"/> Disability
Date of Alleged Discrimination (Month, Day, Year): _____		
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please use the back of this form.		
<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
<b>Section VI:</b>		
Have you previously filed a Discrimination Complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If yes, please provide any reference information regarding your previous complaint.

**Section V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?

☐ Yes ☐ No

If yes, check all that apply:

☐ Federal Agency: \_\_\_\_\_

☐ Federal Court: \_\_\_\_\_ ☐ State Agency: \_\_\_\_\_

☐ State Court: \_\_\_\_\_ ☐ Local Agency: \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Section VI:**

Name of agency complaint is against: \_\_\_\_\_

Name of person complaint is against: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone Number (if available): \_\_\_\_\_

You may attach any written materials or other information that you think is relevant to your complaint.

Your signature and date are **required** below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit this form in person at the address below, or mail this form to:**

**FULTON COUNTY REHABILITATION CENTER, INC.  
SHELLY ENTREKIN, PROGRAM DIRECTOR  
500 NORTH MAIN STREET, CANTON, IL. 61520  
TITLE VI, (309-647-6510)  
SHELLYENTREKIN@GMAIL.COM**

A copy of this form can be found online at [fultoncountyrehabilitationcenter.com](http://fultoncountyrehabilitationcenter.com)

# Discrimination ADA/Title VI Investigations, Complaints, and Lawsuits

If no investigations, lawsuits, or complaints were filed select the option below.

☒ **FULTON COUNTY REHABILITATION CENTER, INC.** has not had any ADA nor Title VI Discrimination complaints, investigations, or lawsuits in **FY2024**.

Complainant	Date (Month, Day, Year)	Basis of Complaint (Race, Color, National Origin or Disability)	Summary of Allegation	Status	Action(s) Taken	Final Findings?
<b>Investigations</b>						
1)						
2)						
<b>Lawsuits</b>						
1)						
2)						
<b>Complaints</b>						
1)						
2)						

# Public Participation Plan

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**FULTON COUNTY REHABILITATION CENTER, INC.** is engaging the public in its planning and decision-making processes, as well as its marketing and outreach activities. The public will be invited to participate in the process whether through public meetings or surveys.

As an agency receiving federal financial assistance, **FULTON COUNTY REHABILITATION CENTER, INC.** made the following community outreach efforts and activities to engage minority and Limited English Proficient populations since the last Title VI Plan submittal to IDOT CRO.

- ☒ Expanded the distribution of agency brochures
- ☒ Posted the Nondiscrimination Public Notices to the following locations:
  - ☒ Within transportation vehicles
  - ☒ Lobby of agency
- ☒ Partnered with other local agencies to advertise services provided
- ☒ Updated agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures

**FULTON COUNTY REHABILITATION CENTER, INC.** will make the following community outreach efforts for the **upcoming year**:

- ☒ Expand the distribution of agency brochures
- ☒ Post the Nondiscrimination Public Notices to the following locations:
  - ☒ Within transportation vehicles
  - ☒ Lobby of agency
- ☒ Partner with other local agencies to advertise services provided.
- ☒ Update agency documents/publications to make them more user-friendly e.g. comment forms or agency brochures.

**FULTON COUNTY REHABILITATION CENTER, INC.** will document public participation on the following form

**PUBLIC PARTICIPATION MEETINGS AND EVENTS**

DATE OF MEETING/EVENT	TIME OF MEETING/EVENT	LOCATION OF MEETING/EVENT	NUMBER OF ATTENDEES

## Limited English Proficiency Plan

**FULTON COUNTY REHABILITATION CENTER, INC.** has developed the following Limited English Proficiency Plan (LEP) to help identify reasonable steps to provide language assistance for LEP persons seeking meaningful access to **FULTON COUNTY REHABILITATION CENTER, INC.** services as required by Executive Order 13166. A Limited English Proficiency person is one who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.

This plan details procedures on how to identify a person who may need language assistance, the ways in which assistance may be provided, training to staff, notification to LEP persons that assistance is available, and information for future plan updates. In developing the plan while determining the **FULTON COUNTY REHABILITATION CENTER, INC.**'s extent of obligation to provide LEP services, the **FULTON COUNTY REHABILITATION CENTER, INC.** undertook a U.S. Department of Transportation four-factor LEP analysis which considers the following:

- 1) The number or proportion of LEP persons eligible in the **FULTON COUNTY REHABILITATION CENTER, INC.** service area who may be served or likely to encounter by **FULTON COUNTY REHABILITATION CENTER, INC.** program, activities, or services;

	Total		Percent	
	Estimate	Margin of Error	Estimate	Margin of Error
Population 5 years and over	32179	±250	(X)	(X)
Speak only English	31330	±248	92.2%	±6.7
Speak a language other than English	849	±109	7.8%	±6.7
SPEAK A LANGUAGE OTHER THAN ENGLISH	0			
Spanish	526	±33	1.7%	±2.1
5 to 17 years old	11	±6	0.3%	±0.4
18 to 64 years old	449	±12	0.0%	±2.2
65 years old and over	66	±32	1.5%	±2.0
Other Indo-European languages	218	±104	5.9%	±6.5
5 to 17 years old	28	±33	1.6%	±2.1
18 to 64 years old	160	±72	4.4%	±4.5
65 years old and over	30	±12	0.0%	±2.2
Asian and Pacific Island languages	82	±12	0.0%	±2.2
5 to 17 years old	9	±12	0.0%	±2.2
18 to 64 years old	72	±12	0.0%	±2.2
65 years old and over	1	±12	0.0%	±2.2
Other languages	23	±7	0.2%	±0.5
5 to 17 years old	1	±5	0.1%	±0.3
18 to 64 years old	22	±4	0.1%	±0.3
65 years old and over	0	±12	0.0%	±2.2
CITIZENS 18 YEARS AND OVER	0			
All citizens 18 years old and over	26974	±189	(X)	(X)
Speak only English	26359	±188	93.1%	±5.7
Speak a language other than English	615	±79	6.9%	±5.7
Spanish	409	±32	1.7%	±2.4
Other languages	206	±72	5.2%	±5.2

- 1) The frequency with which LEP individuals come in contact with an **FULTON COUNTY REHABILITATION CENTER, INC.** services;

**FULTON COUNTY REHABILITATION CENTER, INC.**'s staff reviewed the frequency with which office staff, DSP's/Drivers, and Management have, or could have, contact with LEP persons for **FY2024** . **FULTON COUNTY REHABILITATION CENTER, INC.** averages **1 or less LEP** contacts per **YEAR**.

- 2) The nature and importance of the program, activities or services provided by the **FULTON COUNTY REHABILITATION CENTER, INC.** to the LEP population.
- 3) The resources available to **FULTON COUNTY REHABILITATION CENTER, INC.** and overall costs to provide LEP assistance. A brief description of these considerations is provided in the following section.

**FULTON COUNTY REHABILITATION CENTER, INC.** provides a non-discrimination notice in Spanish and will for additional languages specific to the LEP community make up that will be included in all public outreach notices that meets the Safe Harbor Provision. Every effort will be made to provide vital information to LEP individuals in the language requested.

#### **Safe Harbor Provision for written translations**

**FULTON COUNTY REHABILITATION CENTER, INC.** complies with the Safe Harbor Provision. The Spanish language only accounts for 1.7% of the Fulton County population and therefore does not meet the Safe Harbor Provision. With respect to Title VI information, the following shall be made available in Spanish:

- (1) Non-Discrimination Notice

In addition, we will conduct our marketing (including using translated materials) in a manner that reaches each LEP group that meets the Safe Harbor Provision. Vital documents include the following:

- (1) Notices of free language assistance for persons with LEP
- (2) Notice of Non-Discrimination and Reasonable Accommodation

1) **FULTON COUNTY REHABILITATION CENTER, INC.** provides language assistance services through the below methods:

- ☒ Instructions are provided to customer service staff and other **FULTON COUNTY REHABILITATION CENTER, INC.** staff who regularly take phone calls from the general public on how to respond to an LEP caller.
- ☒ Instructions are provided to customer service staff and others who regularly respond to written communication from the public on how to respond to written communication from an LEP person.
- ☒ Use of "I Speak" cards.

2) **FULTON COUNTY REHABILITATION CENTER, INC.** has a process to ensure the competency of interpreters and translation service through the following methods:

**FULTON COUNTY REHABILITATION CENTER, INC.** will ask the interpreter or translator to demonstrate that he or she can communicate or translate information accurately in both English and the other language. **FULTON COUNTY REHABILITATION CENTER, INC.** will train the interpreter or translator in specialized terms and concepts associated with the agency's policies and activities. **FULTON COUNTY REHABILITATION CENTER, INC.** will instruct the interpreter or translator that he or she should not deviate into a role as counselor, legal advisor, or any other role aside from interpreting or translator. **FULTON COUNTY REHABILITATION CENTER, INC.** will ask the interpreter or translator to attest that he or she does not have a conflict of interest on the issues that they would be providing interpretation services.

3) **FULTON COUNTY REHABILITATION CENTER, INC.** provides notice to LEP persons about the availability of language assistance through the following methods:

- ☒ Posting signs in intake areas and other points of entry
- ☒ Notices in vehicles

4) **FULTON COUNTY REHABILITATION CENTER, INC.** monitors, evaluates and updates the LEP plan through the following process:

**FULTON COUNTY REHABILITATION CENTER, INC.** will monitor the LEP plan by conducting an annual Four-Factor analysis, establishing a process to obtain feedback from internal staff and members of the public and conducting internal evaluations to determine whether the language assistance measures are working for staff. **FULTON COUNTY REHABILITATION CENTER, INC.** will make changes to the language assistance plan based on feedback received. **FULTON COUNTY REHABILITATION CENTER, INC.** may take into account the cost of proposed changes and the resources available to them. Depending on the evaluation, **FULTON COUNTY REHABILITATION CENTER, INC.** may choose to disseminate more widely those language assistance measures that are particularly effective or modify or eliminate those measures that have not been effective. **FULTON COUNTY REHABILITATION CENTER, INC.** will consider new language assistance needs when Fulton County Rehabilitation Center, Inc. enrolls an individual that speaks a language other than English.

5) **FULTON COUNTY REHABILITATION CENTER, INC.** trains employees to know their obligations to provide meaningful access to information and services for LEP persons and all employees in public contact positions will be properly trained to work effectively with in-person and telephone interpreters. **FULTON COUNTY REHABILITATION CENTER, INC.** will implement processes for training of staff through the following procedures:

**FULTON COUNTY REHABILITATION CENTER, INC.** will identify staff that are likely to come into contact with LEP persons as well as management staff that have frequent contact with LEP persons in order to target training to the appropriate staff. **FULTON COUNTY REHABILITATION CENTER, INC.** will identify existing staff training opportunities, as it may be cost-effective to integrate training on their responsibilities to persons with limited English proficiency into agency training that occurs on an ongoing basis. **FULTON COUNTY REHABILITATION CENTER, INC.** will include this training as part of the orientation



for new employees. Existing employees, especially managers and those who work with the public may periodically take part in re-training or new training sessions to keep up to date on their responsibilities to LEP persons. **FULTON COUNTY REHABILITATION CENTER, INC.** will implement LEP training to be provided for agency staff. **FULTON COUNTY REHABILITATION CENTER, INC.** staff training for LEP to include:

- A summary of the **FULTON COUNTY REHABILITATION CENTER, INC.** responsibilities under the DOT LEP Guidance;
- A summary of the **FULTON COUNTY REHABILITATION CENTER, INC.** language assistance plan;
- A summary of the number and proportion of LEP persons in the **FULTON COUNTY REHABILITATION CENTER, INC.** service area, the frequency of contact between the LEP population and the agency's programs and activities, and the importance of the programs and activities to the population;
- A description of the type of language assistance that the agency is currently providing and instructions on how agency staff can access these products and services; and
- A description of the **FULTON COUNTY REHABILITATION CENTER, INC.** cultural sensitivity policies and practices.

## Non-elected Committees Membership Table

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Subrecipients who select the membership of transit-related, non-elected planning boards, advisory councils, or committees must provide a table depicting the membership of those organizations broken down by race. Subrecipients also must include a description of the efforts made to encourage participation of minorities on these boards, councils, and committees.

☒ **FULTON COUNTY REHABILITATION CENTER, INC.** does not select the membership of any transit-related committees, planning boards, or advisory councils.

## Monitoring for Subrecipient Title VI Compliance

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Describe how you monitor your subrecipients. This can be through site visits, submissions of Title VI Plans annually, or training and surveys.

☒ **FULTON COUNTY REHABILITATION CENTER, INC.** does not monitor subrecipients for Title VI compliance. Fulton County Rehabilitation Center, Inc. does not have any subrecipients.

# Title VI Equity Analysis

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A subrecipient planning to acquire land to construct certain types of facilities must not discriminate on the basis of race, color, or national origin, against persons who may, as a result of the construction, be displaced from their homes or businesses. "Facilities" in this context does not include transit stations or bus shelters, but instead refers to storage facilities, maintenance facilities, and operation centers.

There are many steps involved in the planning process prior to the actual construction of a facility. It is during these planning phases that attention needs to be paid to equity and non-discrimination through equity analysis. The Title VI Equity Analysis must be done before the selection of the preferred site.

Note: Even if facility construction is financed with non-FTA funds, if the subrecipient organization receives any FTA dollars, it must comply with this requirement.

☒ **FULTON COUNTY REHABILITATION CENTER, INC.** has no current or anticipated plans to develop new service facilities covered by these requirements

## Fixed Route Transit Provider Analysis

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Fixed Route: Public transit service (other than by aircraft) provided on a repetitive, fixed-schedule basis along a specific route, with vehicles stopping to pick up passengers.

A subrecipient providing fixed route service, as defined above, must determine the distribution of transit amenities or the vehicle assignments for each mode in a non-discriminatory manner. The subrecipient must develop policies to ensure service is not distributed on the basis of race, color, or national origin.

Effective practices to fulfill the Service Standards requirements include developing written policies covering each of the following service indicators: (can be expressed in writing or in table format – see Circular Appendix G & H pp. 87-91)

☒ **FULTON COUNTY REHABILITATION CENTER, INC.** is not a Fixed Route Transit Provider