

DONALD SPECTER – 083925
CORENE KENDRICK – 226642
RITA K. LOMIO – 254501
MARGOT MENDELSON – 268583
PRISON LAW OFFICE
1917 Fifth Street
Berkeley, California 94710-1916
Telephone: (510) 280-2621
MICHAEL W. BIEN – 096891
GAY C. GRUNFELD – 121944
PENNY GODBOLD – 226925
ROSEN BIEN
GALVAN & GRUNFELD LLP
50 Fremont Street, 19th Floor
San Francisco, California 94105-2235
Telephone: (415) 433-6830

XAVIER BECERRA
Attorney General of the State of California
WILLIAM C. KWONG
Acting Senior Assistant Attorney General
DANIELLE F. O'BANNON – 207095
Supervising Deputy Attorney General
SHARON A. GARSKE – 215167
Deputy Attorney General
BRYAN KAO – 240242
Deputy Attorney General
JANET CHEN – 283233
Deputy Attorney General
ERICK J. RHOAN – 283588
Deputy Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, California 94102-7004
Telephone: (415) 703-5836

LINDA D. KILB – 136101
DISABILITY RIGHTS EDUCATION &
DEFENSE FUND, INC.
3075 Adeline Street, Suite 201
Berkeley, California 94703
Telephone: (510) 644-2555

Attorneys for Defendants

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JOHN ARMSTRONG, et al.,
Plaintiffs,
v.
EDMUND G. BROWN, JR., et al.,
Defendants.

Case No. C94 2307 CW

JOINT CASE STATUS STATEMENT

Judge: Hon. Claudia Wilken

CURRENT ISSUES

A. Accommodating Deaf Prisoners with Videophones

Defendants are required to provide reasonable accommodations, including the use of auxiliary aids, to deaf prisoners to ensure equally effective communication with the public. ARP § II.E.1. Many other state and county correctional systems have installed videophones. *See* Doc. 2655 at 2, n.1. As detailed exhaustively in past case management statements, Plaintiffs have attempted to work collaboratively and in good faith with Defendants for close to six years to have videophones installed to accommodate deaf prisoners. Defendants are committed to installing videophones at all institutions that house hearing-impaired class members and working on this matter with Plaintiffs' counsel.

Defendants reported at the April 25, 2017 meet and confer that 11 videophones have been installed and are in use throughout the Substance Abuse Treatment Facility (SATF), providing access for all areas housing deaf class members. Defendants' contractor has installed the cables for the video relay systems at Central California Women's Facility (6 videophones), R.J. Donovan State Prison (11 videophones), California Institution for Men (5 videophones), California Medical Facility (6 videophones), CSP-Los Angeles County (10 videophones), and CSP-Corcoran (7 videophones). Defendants' contractor is in the process of installing the cables at Deuel Vocational Institution (2 videophones), North Kern State Prison (5 videophones), CSP-Sacramento (2 videophones), San Quentin (5 videophones), and California Health Care Facility (10 videophones). Sixty-nine videophones will be installed at 11 institutions.

Defendants conduct bi-weekly internal meetings regarding the status of the installation schedule and will regularly update Plaintiffs' counsel on the installation progress. Defendants have sent out required notices to the California Correctional Peace Officers Association (CCPOA) for statewide labor negotiations regarding the videophone installations at all prisons other than SATF (these negotiations were separately completed) and hope to have any labor disputes resolved the week of May 22, 2017, at which point the equipment will be installed.

B. Video Remote Interpreting/Sign Language Interpretation in Programs

The *Plata* Receiver's office has installed video remote interpreting (VRI) equipment in all clinics in prisons that house deaf prisoners, and health care staff were trained on its use and the process for scheduling a sign language interpreter (SLI) from a different prison to provide interpretation services via the VRI equipment. The Receiver's office audits this process and will continue to share the results of their internal audits with the parties.

CDCR is in the process of installing VRI technology in education classrooms at prisons that house deaf class members. CDCR has signed a contract for VRI interpretation services, and equipment has been installed and is currently being used at SATF, RJD, CIM, and CMF.

Plaintiffs' Statement

As noted in the previous Case Status Conference report, Defendants stated that they did not intend to expand VRI to other programs such as volunteer and Division of Rehabilitative Programs offerings. Since that filing, counsel for Plaintiffs notified Defendants in an April 6, 2017 letter of deaf prisoners who reportedly were being denied access to self-help programs that would improve their chances of being granted parole, or "lifer programs" that the Board of Parole Hearings had suggested in denying parole, that the prisoner participate in before his next parole consideration hearing. See Exhibit 1, redacted. Additionally, deaf prisoners reported that they were told by institution staff that they could not have SLI assistance in programs designed to earn "Milestone Credits" and other good time credits pursuant to Proposition 57.

The parties have met and Defendants acknowledge that past court orders regarding sign language interpretation apply to programs led by non-CDCR employees. The Proposition 57 credit earning process for Milestone Completion, Rehabilitative Achievement, and Educational Merit credits starts on August 1, 2017, and Defendants are working on a solution to ensure that deaf prisoners are provided equal access to the programs that can help them gain their freedom more quickly. Defendants are proposing

(1) increasing the number of VRI/videoconferencing equipment; (2) better scheduling of programs to occur in spaces with VRI equipment; (3) expanding or revising contracts for SLI services; (4) identifying staff who may know sign language; and (5) teaching hearing prisoners American Sign Language to train them as SLIs.

Plaintiffs believe that the last two proposals are nonstarters (and unrealistic given the short timeframe). Relying upon prisoners or staff who may know some ASL is not sufficient to comply with the Court's orders, the ADA, and ARP regarding "qualified" SLIs. *See, generally*, Doc. 2345 at 4-5; Doc. 1045 at 3, 8-9. With regard to SLI contracts, Defendants have struggled with their contractors, and Plaintiffs note that the Court has reiterated at least twice that Defendants must "establish as permanent civil service positions qualified sign language interpreters for each prison designated to house prisoners whose hearing disabilities impact their placement. . ." Doc. 2345 at 5, *quoting* Doc. 1045 at 8.

Plaintiffs will continue to work collaboratively on this issue, with the assistance of the Court's expert Mr. Swanson. However, given the gravity of the potential denial of freedom and liberty to deaf class members if they cannot participate in lifer programs and programs designed to earn significant amounts of credit, if Defendants have not resolved this issue by the time the Proposition 57 credit earning begins on August 1, 2017, Counsel for Plaintiffs are fully prepared to seek the Court's assistance and further enforcement orders.

Defendants' Statement

In response to Plaintiffs' counsel's concerns about the failure to install interpreting equipment at prisons housing deaf class members, Defendants agreed to evaluate Plaintiffs' counsel's recommendation to install interpreting equipment at the California Correctional Women's Facility. Defendants will provide Plaintiffs' counsel with an update on their request and will continue to provide class members with accommodations to access these programs. During a meeting on April 14, 2017, Defendants clarified the timeframe for inmates to receive credits under Proposition 57. Specifically, eligible

1 inmates began receiving expanded good-time credits for complying with all the rules
2 within a prison and performing duties as assigned on a regular basis on May 1, 2017.
3 Beginning August 1, 2017, eligible inmates may also receive Milestone Completion
4 credits, Rehabilitative Achievement credits, and Education Merit credits. As set forth in
5 California Code of Regulations, title 15, section 3043(b) “All eligible inmates shall have a
6 reasonable opportunity to participate in credit earning programs and activities in a manner
7 consistent with the availability of staff, space, and resources, as well as the unique safety
8 and security considerations of each prison.” Accordingly, Defendants shall provide equal
9 access to these programs for eligible Armstrong class members.

10 Defendants are exploring multiple methods of providing accommodations to these
11 programs including: (1) increasing the number of VRI/videoconferencing equipment; (2)
12 scheduling programs to occur in spaces with VRI equipment; (3) expanding or revising
13 sign language interpretation services contracts; (4) identifying alternative technologies for
14 sign language interpretation services; (5) providing additional staff sign language
15 interpreters; and (5) teaching hearing prisoners American Sign Language and certifying
16 them as interpreters. Defendants believe multiple types of accommodations are
17 appropriate and reasonable given the size and location of the class members and the variety
18 of programs they may participate in during their incarceration. Defendants note there is a
19 population of approximately 70 inmates who utilize sign language for communication.
20 Defendants believe that through review of the inmate’s individualized needs and
21 eligibilities, in combination with individualized planning of accommodations, Defendants
22 will be able to provide access to appropriate programming for this population.

23 Defendants will continue to work collaboratively on this issue with Plaintiffs’
24 counsel and Mr. Swanson. Defendants do not believe court intervention is necessary
25 because the parties are engaged in a collaborative effort to address the issues.

26 **C. Allegations of Abuse and Violence Against Prisoners**

27 *Plaintiffs’ Statement*

28 Over the past two years, Plaintiffs have asserted allegations of abuse and violations

1 of the rights of prisoners with disabilities at High Desert State Prison (High Desert),
2 Central California Women's Facility (CCWF), and Salinas Valley State Prison (SVSP).
3 Plaintiffs issued multiple reports regarding these prisons outlining violations that class
4 members allege are occurring. Plaintiffs requested Defendants take concrete steps to
5 remedy confirmed violations and change the culture at both prisons. Many of the
6 allegations of abuse, violence, and retaliation documented in Plaintiffs' reports are directed
7 at class members, and Plaintiffs assert that these allegations constitute evidence of a
8 culture that discourages prisoners from asking for help and discriminates against people
9 with disabilities. The parties are collaboratively working together to address the
10 *Armstrong* and non-*Armstrong* related issues at these institutions.

11 The parties recently entered into a modified protective order regarding information
12 obtained in the investigations at High Desert. Doc. 2674. This was a result of negotiations
13 between Defendants and the California Correctional Peace Officers Association, after
14 CCPOA sued CDCR in state court, challenging the validity of this Court's prior protective
15 order. *Neves, et al. v. CDCR, et al.* (Sacramento County Sup. Ct. Case No. 34-2017-
16 00206700). Plaintiffs have expressed frustration with not being provided detailed
17 information regarding investigations underway at CCWF and SVSP, and have proposed
18 that the protective order be amended to include those two facilities. Defendants have not
19 provided a response to this request.

20 Defendants have implemented several changes at High Desert, including a change
21 to key leadership positions at the institution, staff training, and changes to local policies.¹
22 While there has been some improvement, serious problems remain that are leaving class
23 members vulnerable to verbal and physical abuse by staff and other prisoners. A team
24 jointly selected by the parties has developed a comprehensive plan to reform the staff
25 culture at HDSP in a way that hopefully will minimize if not eliminate some of these
26

27 ¹ For a detailed description of the policy and personnel changes put into place at High
28 Desert by CDCR, see Joint Status Statement, Doc. 2655 at 8-9.

1 issues. Plaintiffs believe that the plan represents the most promising avenue for reform
2 and have not sought further judicial relief in anticipation that the plan would be approved.
3 Although the plan was finalized several months ago, it has yet to be approved and
4 implemented by Defendants.

5 With regard to CCWF, the parties jointly conducted interviews of approximately
6 150 randomly selected prisoners at CCWF on June 20-29, 2016, in an effort to identify
7 systemic problems and any staff who may be violating prisoners' rights.² Plaintiffs'
8 counsel visited the institution and interviewed prisoners again on October 20, 2016, and
9 January 30 through February 1, 2017. Unfortunately, Plaintiffs alleged they discovered
10 that reports of many of the same systemic problems of abuse and violence still exist.
11 Further, Plaintiffs allege that many officers identified during prisoner interviews as being
12 problematic and abusive are still working in the housing units. Plaintiffs' counsel provided
13 CDCR a report summarizing the findings of the October interviews on December 8, 2016
14 and a report summarizing the January/February findings on February 17, 2017.

15 Defendants conducted inquiries for claims of staff misconduct at CCWF brought
16 forward during Plaintiffs' tours and the subsequent interviews; all sustained allegations of
17 staff misconduct are addressed through the Employee Discipline process, but to date,
18 Defendants have not provided any meaningful or substantive information regarding the
19 investigations and their outcomes. CDCR contracted with an expert in the field of Gender
20 Responsive Strategies who has consulted with the U.S. Department of Justice in other
21 jurisdictions, to identify shortcomings and recommend improvements to operational
22 procedures and staff training. The expert and her team recently completed their on-site
23 visits to the institution, but Defendants have not provided any reports or recommendations
24 to Plaintiffs' counsel.

25 Therefore, Plaintiffs seek to amend the Modified Protective Order to include
26 _____

27 ² For a detailed description of the policy and personnel changes put into place at
28 CCWF by CDCR, see Joint Case Status Statement, Doc. 2671 at 3-4.

1 CCWF.

2 For over three years, Plaintiffs' counsel has raised concerns in tour reports for
3 Salinas Valley State Prison ("SVSP") about problematic staff attitudes toward prisoners
4 with disabilities and disregard for the *Armstrong* Remedial Plan requirements. Plaintiffs'
5 counsel believes this attitude has resulted in a failure to accommodate prisoners with
6 disabilities, and a culture of violence, intimidation, harassment, and retaliation at the
7 prison. At the exit meeting after a monitoring tour in late August 2016, Plaintiffs reported
8 serious and widespread allegations of staff misconduct throughout the institution,
9 including harassment of class members, interference with class members' access to
10 programs and services, and widespread refusal to provide class members with reasonable
11 accommodations for their disabilities. On December 27, 2016, Plaintiffs provided a
12 detailed report that documented allegations of retaliation against prisoners for
13 communicating with Plaintiffs' counsel, the opening and reading of legal mail between
14 class members and Plaintiffs' counsel after the monitoring tour, and physical and verbal
15 harassment of *Armstrong* class members.

16 In March 2017, Plaintiffs' counsel returned to Salinas Valley State Prison for a
17 monitoring tour during which monitors interviewed 125 prisoners – the vast majority of
18 whom were *Armstrong* class members or individuals whom Plaintiffs' counsel believed
19 should be *Armstrong* class members based on qualifying disabilities. The interviews
20 yielded information that was highly consistent with Plaintiffs' counsel's December 2016
21 report. *Armstrong* class members reported excessive force, retaliation, and daily
22 harassment and intimidation by custody officers on every yard of the prison. Dozens of
23 *Armstrong* class members reported that officers intentionally announce their commitment
24 offenses in front of other prisoners in order to jeopardize their safety. Monitors received
25 multiple reports about custody officers encouraging or facilitating attacks on prisoners by
26 other prisoners. On March 17, 2017, Plaintiffs' counsel verbally presented these findings
27 to SVSP executive staff at an exit meeting at the institution. Plaintiffs' counsel anticipates
28 producing a report on the March 2017 monitoring tour within the next few weeks.

1 Defendants reviewed the allegations detailed in Plaintiffs' December 27, 2016
2 report, and are taking affirmative steps towards addressing confirmed violations.
3 Defendants provided Armstrong refresher training to over 600 employees, and surveyed
4 use of force and staff misconduct reports for additional information. On February 28
5 through March 2, 2017, Defendants sent two teams of staff from headquarters and other
6 prisons to conduct random interviews with prisoners at Salinas Valley who are not
7 members of the *Coleman*, *Clark*, or *Armstrong* classes. Although Plaintiffs have requested
8 information about the conclusions of those interviews, or details regarding their
9 investigations to date, Defendants have not provided a substantive or comprehensive
10 response about their findings.

11 Therefore, Plaintiffs seek to expand the Amended Protective Order to include
12 SVSP. Plaintiffs reserve the right to seek this Court's assistance or to pursue separate
13 litigation regarding the issue.

14 *Defendants' Statement*

15 Many of Plaintiffs' reported allegations do not involve Armstrong class members or
16 do not involve violations of the ADA or the Armstrong Remedial Plan and Court orders.
17 Therefore, Defendants do not believe these matters are properly before the Armstrong
18 court. Nevertheless, Defendants are committed to addressing any reported instances of
19 inmate mistreatment from any source, and have therefore expended substantial effort to
20 address all of the allegations brought forward by Plaintiffs' counsel at High Desert State
21 Prison, Central California Women's Facility, and Salinas Valley State Prison. At High
22 Desert State Prison, Defendants have implemented several changes, including a change to
23 key leadership positions at the institution, staff training, and changes to local policies.
24 Defendants have worked collaboratively with Plaintiffs' counsel in the appointment of a
25 team of correctional experts to develop a plan to address the parties' concerns. CDCR is
26 currently considering the experts' recommendations on how best to implement the plans at
27 High Desert.

28 With regard to Central California Women's Facility, Defendants have taken a

1 number of actions, including changing key leadership at the institution, auditing and
2 making improvements to the inmate grievance process, revising local operating
3 procedures, hiring an independent contractor in the area of Gender Responsive Strategies,
4 and providing refresher training on a variety of topics relevant to interactions between staff
5 and inmates. In addition, Defendants completed inquiries of more than 160 allegations
6 that were the result of Plaintiffs' interviews in May and October 2016 and the parties' joint
7 interviews in June 2016. Several of the inquiries resulted in referral to the Office of
8 Internal Affairs for investigation. Several of those inquiries have already resulted in
9 adverse action, and some of the inquiries resulted in additional allegations, which were
10 pursued further. Notably, even when an allegation could not be confirmed, Defendants
11 evaluated whether any local procedures or staff training issues could be improved to
12 prevent similar allegations in the future, and took action accordingly.

13 Defendants have collaborated with Plaintiffs' counsel throughout this process.
14 Defendants met with Plaintiffs on March 24, 2017, to provide an overview of the inquiry
15 process, and the parties are scheduled to meet again on May 12, 2017. Defendants have
16 appropriately balanced this collaborative effort with their duty to protect the confidentiality
17 of personnel matters both to protect the privacy of CDCR employees, and to ensure the
18 investigations are not adversely impacted. Additionally, Defendants continue to work
19 through the allegations raised by Plaintiffs' interviews in January and February 2017.
20 Finally, Defendants anticipate a draft report from the CDCR-contracted expert in the field
21 of Gender Responsive Strategies, and will provide Plaintiffs with an update on that effort
22 soon.

23 As to Salinas Valley State Prison, Defendants immediately began to look into the
24 allegations detailed in Plaintiffs' August 2016 monitoring report that Defendants received
25 on December 27, 2016. Defendants provided *Armstrong* refresher training to over 600
26 employees, examined use of force and staff misconduct reports, and sent two teams of staff
27 from headquarters and other institutions to interview with non-*Armstrong* class members.
28 For each allegation raised in Plaintiffs' August 2016 monitoring report, the institution

1 interviewed not just the identified inmate who raised the allegation, but also interviewed a
2 number of inmates and staff who may have witnessed something relevant to the allegation.
3 If an individual's name was not associated with the allegation, the institution interviewed a
4 sample of inmates and staff in the housing area. CDCR administrators are currently
5 reviewing the preliminary results of the inquiries to evaluate next steps. Defendants are
6 also analyzing the information received during their interviews of non-*Armstrong* class
7 members to address allegations received from Plaintiffs' counsel. Similar to the updates
8 provided to Plaintiffs with respect to efforts at the Central California Women's Facility,
9 Defendants will collaborate with Plaintiffs.

10 Defendants provided Plaintiffs' proposed amendments to the protective order
11 providing for the production of High Desert documents to CCPOA for consideration.
12 CCPOA does not agree to further amend the protective order to include CCWF and Salinas
13 Valley.

14 As indicated above, a significant portion of Plaintiffs' allegations involve non-class
15 members and non-ADA matters. Defendants have engaged in an extraordinary level of
16 cooperation with Plaintiffs' counsel including to investigate allegations, hiring consultants,
17 and taking discipline for confirmed violations. Defendants will continue to collaborate to
18 the extent possible but are unwilling to have the *Armstrong* case stray from the core issue
19 of addressing ADA compliance.

20 Defendants do not believe court intervention is necessary because the parties and
21 court expert are collaboratively working together to address the issues and the existing
22 employee disciplinary system is appropriate to address the allegations and confirmed
23 violations.

24 The parties, with the assistance of the court expert, will continue to work
25 collaboratively on these issues.
26
27
28

D. Parole Planning and Working With Class Members Preparing for Release

Plaintiffs' Statement

Plaintiffs have asserted that Defendants violate the ADA and the *Armstrong* Remedial Plans by excluding prisoners who use wheelchairs and other *Armstrong* class members from CDCR-funded community placements. *See* Doc. 2655 at 11-13. Plaintiffs also assert that by failing to provide paroling prisoners with disabilities timely assistance in obtaining Social Security disability benefits and by failing to provide other transition to parole services, “CDCR is operating its services, programs and activities in a manner that inevitably channels person with disabilities into repeated institutional confinement with no realistic opportunity to establish independent living in the community, in violation of the ADA and of the principles set forth in *Olmstead L.C. ex. Rel. Zimring*, 527 U.S. 581 (1999).” *Id.* at 12.

Plaintiffs have sent Defendants correspondence regarding multiple class members nearing parole who had not had their Social Security and other benefit applications started in a timely fashion, many of whom were concerned about being homeless on parole as a result. Plaintiffs have also requested discovery related to this issue, including a list of all community programs that house parolees under contract with CDCR, along with information about which ones are wheelchair accessible, and contracts and correspondence between CDCR and the University of California, San Diego (UCSD), which provides the social workers who are responsible for assisting prisoners in this transition to parole. Based upon a review of documents produced thus far, Plaintiffs believe that there are inadequate resources allocated to assisting parolees to apply for benefits while in prison and no statewide system for identifying accessible parole placements.

The parties agreed to work together on this issue in a smaller group which held its first in person meeting on March 29, 2017, and met again by telephone on May 3, 2017, with the assistance of Mr. Swanson, to address these concerns. At the meeting on March 29, 2017, and in a follow up e-mail on April 7, 2017, Plaintiffs requested a number of

1 different documents relating to this issue, including most critically (1) policies and
 2 procedures for placing disabled prisoners into transitional housing and treatment programs
 3 currently under contract, (2) an accounting of how many beds are available in existing
 4 transitional housing and treatment programs for parolees with different disabilities, (3) a
 5 program by program accounting, which Defendants indicated they are currently producing
 6 in cooperation with the CDCR's Division of Rehabilitative Programs (DRP) of the number
 7 of beds in each program for parolees and any exclusionary factors that exist for each
 8 program, and (4) detailed data and reports collected and generated by the Transitional Case
 9 Management Program (TCMP) contractor (which is required under the existing TCMP
 10 contract) regarding the timeliness of benefit applications.

11 Although Defendants provided Plaintiffs with some of the requested documents on
 12 Friday April 28, 2017, including policies on transportation of parolees and on the issuance
 13 of vouchers for short-term housing, Defendants have not yet provided many of the key
 14 documents requested by plaintiffs. For example, Defendants have not yet produced any of
 15 the 4 critical items listed in the preceding paragraph.

16 *Defendants' Statement*

17 Defendants offer pre-parole planning services to all prisoners before release from
 18 prison, including assistance with medical benefits and oftentimes, assistance with locating
 19 housing. Defendants contract with third-party private entities to provide community
 20 housing for eligible parolees, and these third-party entities are required by contract to
 21 provide housing and programming in accordance with the ADA and state and federal laws.
 22 In addition, Defendants provide referral services and assistance connecting parolees with
 23 non-CDCR funded community resources to obtain housing and other needed services.
 24 During the May 3, 2017 teleconference, Defendants provided that they are still in the
 25 process of gathering information responsive to Plaintiffs' requests. Defendants also stated
 26 that they are in the process of employing two TCMP Supervisor Strike Teams, that will
 27 each be comprised of 3 benefits workers and 1 supervisor, to prisons where there is a need
 28 for additional assistance. Defendants will continue to work with Plaintiffs' counsel and

1 Mr. Swanson to address these concerns. Defendants agreed to provide the remaining
2 responsive information and documents by June 12, 2017, in advance of the next small
3 work group meeting scheduled on June 19, 2017. Additionally, as provided in the
4 response to Plaintiffs' counsel's correspondence regarding individual class members,
5 Defendants are actively working to address the class members' individualized needs.
6 Defendants will work with Plaintiffs' counsel to identify the scope to which this issue is
7 related to the *Armstrong* litigation.

8 **E. Alleged Discrimination in Program Assignments**

9 Through letters and monitoring tour reports, Plaintiffs allege that prisoners with
10 disabilities impacting placement are denied equal access to program assignments.
11 Plaintiffs' counsel also reported, based on class member allegations, that prisoners with
12 disabilities impacting placement do not receive equal access to the most desirable program
13 assignments, including paid program assignments. Plaintiffs requested, and Defendants
14 produced, informal data showing the numbers of prisoners with program assignments at
15 each prison. Plaintiffs' counsel notified Defendants in early May 2016 that their analysis
16 of CDCR's data shows that prisoners with disabilities impacting placement are not
17 receiving equal access to program assignments when compared to prisoners without
18 disabilities. Plaintiffs are also concerned that there is a disparity in paid positions received
19 by people with disabilities impacting placement. Defendants did not have confidence in
20 the data available at the time, and disagreed with Plaintiffs' interpretation that any
21 disparity in the data is evidence of discrimination. Nonetheless, Defendants agreed to a
22 standardized policy or training with uniform procedures for assigning inmates on job
23 assignment wait lists and the interactive process of reevaluating and providing reasonable
24 accommodations needed to perform a particular job assignment.

25 The parties exchanged letter briefs on January 25, 2017, and met with Mr. Swanson
26 on February 6, 2017, in an effort to resolve this issue. On February 13, 2017,
27 Mr. Swanson produced his preliminary thoughts and presented additional questions for the
28 parties to answer in writing on March 6, 2017, and the parties met again on March 9, 2017.

1 During the March 9, 2017 meeting, the parties agreed to convene a small work group to
2 resolve this issue.

3 Defendants are committed to ensure equal access to assignments (e.g., jobs,
4 education, vocation, self-help, voluntary assignments, and those recognized under
5 Proposition 57) and believe the issue is best addressed through the implementation of
6 Proposition 57.

7 Defendants report that they have begun the process of identifying and resolving
8 problems at six of the prisons with the highest rates of disparities in program assignments
9 identified by Plaintiffs' counsel. Defendants agree to provide additional training to all
10 staff members involved in the assignment process and to track all existing and new
11 programs in their computerized system for distributing assignments (SOMS). The parties
12 plan to meet on June 9, 2017, to discuss Defendants progress on short-term fixes and
13 training and to meet on July 10, 2017, to evaluate the data once all programs are entered
14 into SOMS. Defendants agree to produce assignment data that can be filtered by type of
15 assignment, including paid/non-paid, by type of disability, and by housing location. The
16 parties agree to meet monthly to review data regarding assignments and to discuss and
17 attempt to resolve apparent disparities in assignment rates as they arise. The parties plan to
18 incorporate questions regarding disparities in assignment rates in to the Joint Audit Tool.

19 **F. Accommodations for Prisoners with Learning Disabilities**

20 In late March 2016, Plaintiffs' counsel notified Defendants of widespread failures to
21 identify and accommodate prisoners with learning disabilities. As a result, Plaintiffs'
22 counsel allege that these prisoners are serving longer sentences because they are unable to
23 reach educational and vocational "milestones" that are necessary to earn credits to reduce
24 their sentence, or that the Board of Parole Hearings wants them to achieve before granting
25 parole. Defendants contend that the Board of Parole Hearings sometimes recommends
26 inmates participate in education and vocational programming to assist the inmate to
27 succeed when they parole, but does not make this a requirement for parole. Plaintiffs also
28 believe that some Career Technical Educational and Prison Industries Authority training

1 programs have blanket exclusions for people who fall below certain reading levels, without
2 any exceptions or accommodations for prisoners with learning disabilities.

3 The parties have met and conferred multiple times on this issue. Defendants have
4 agreed to make changes through the Office of Correctional Education to improve the
5 process for requesting school records and verifying people who allege a learning disability.
6 The Office of Correctional Education revised the school transcript request form to include
7 a special request for Individualized Education Plan and Special Education records. The
8 Office of Correctional Education also prepared a form, which will be available to
9 institutional staff, to document verified and non-verified learning disabilities, and
10 requested accommodations related to the learning disability. Defendants are in the process
11 of improving the 1824 process for people who allege learning disabilities. Finally,
12 Defendants agreed to discuss what accommodations for inmates with learning disabilities
13 may be needed in non-educational settings.

14 On January 24, 2017, Plaintiffs provided comments regarding Defendants' new
15 draft policy on learning disabilities and a separate policy on effective communication that
16 also addressed prisoners with learning disabilities. Defendants subsequently provided
17 revised drafts of the policies. The parties held a conference call on April 28, 2017 on these
18 two memos, during which the parties discussed in detail the comments and changes
19 requested by Plaintiffs to each memo. The parties made progress during the call and
20 Defendants anticipate presenting a new draft of each memo to Plaintiffs and Mr. Swanson
21 in the near future. The parties continue to work together on these issues.

22 **G. Accountability**

23 In January 2016, Plaintiffs outlined their concerns of ongoing problems with
24 Defendants' accountability process, including the failure to: (1) detect patterns of non-
25 compliance; (2) identify systemic failures occurring across multiple prisons; (3) rectify
26 problems that are repeatedly reported at some prisons; and (4) deter violations by ensuring
27 consequences for staff members who are found to be in violation. In response to Plaintiffs'
28 concerns, Defendants developed and presented to Plaintiffs in March 2016, a five-step plan

1 to address these concerns and improve operations related to staff accountability. The plan
2 includes: (1) standardization of the inquiry process; (2) automation of the tracking of data
3 and logs; (3) enhanced focus on the quality of inquiries; (4) a Non-Compliance Review
4 Committee for quality control; and (5) the inclusion of headquarters level accountability to
5 ensure that someone is held responsible when an institution fails to address serious and
6 repeatedly reported problems.

7 Defendants have circulated memoranda and conducted training regarding the new
8 inquiry and reporting process. Defendants conducted the first Review Committee meeting
9 in September 2016, and continue to hold these meetings at headquarters. Defendants
10 began work with an information technology contractor in October 2016 to create an
11 automated system to track and log the accountability process. Defendants anticipate
12 rolling out the new system in the next few months. In an effort to streamline the process,
13 Plaintiffs have agreed to several important improvements which are aimed at focusing the
14 attention and resources on the most significant allegations of noncompliance. Defendants
15 drafted a policy memorandum that provides guidance regarding the new expectations for
16 tracking allegations. Plaintiffs are reviewing that memorandum.

17 Plaintiffs remain concerned that Defendants' plan does not go far enough in
18 requiring staff to go beyond the individual violations recorded on the logs and audited by
19 the Non-Compliance Review Committee, to determine whether individual violations are
20 indicative of a potentially larger systemic problem. The parties continue to meet and
21 confer with the assistance of Mr. Swanson to develop a sustainable and meaningful
22 accountability system that identifies problematic institutions and staff, and that promptly
23 remedies violations of the ADA and *Armstrong* Remedial Plan. The parties met on March
24 13, 2017, and Plaintiffs' counsel and the court expert observed a Review Committee
25 meeting on that day. Defendants agreed that Plaintiffs' counsel and Mr. Swanson can
26 observe additional Review Committee meetings in the coming months.

27 **H. Training of Staff on the ADA, ARP, and Disabilities**

28 Plaintiffs believe that inadequate training of staff on ADA issues is a contributing

1 factor to the cultural problems uncovered at multiple institutions, as well as the failure to
2 provide accommodations that has been documented systematically in tour reports of
3 institutions from across the state. Furthermore, during monitoring tours, Plaintiffs' counsel
4 has discovered that there are problems with the database previously used to track which
5 staff require *Armstrong* training.

6 Defendants' information technology specialists are in the process of updating
7 database systems, so that information regarding which staff members have received
8 training can be tracked and monitored easily. This system will be piloted at Avenal State
9 Prison and California Men's Colony in July, with the goal that the new system will be in
10 place at all institutions by the end of the year.

11 Additionally, CDCR is drafting new training modules, with the goal of revamping
12 and overhauling the *Armstrong* training. Plaintiffs reiterate their willingness to be
13 involved in developing content for the training. Revisions to the training will encourage
14 staff understanding of disabilities and lessen problems of culture and failures to provide
15 accommodations that have been identified. The parties will work together on changes to
16 current training. Defendants have agreed to provide drafts of these modules to Plaintiffs
17 and Mr. Swanson as they are updated over the next several months.

18 **I. Joint Monitoring Audit Tool**

19 The parties continue to work together on drafting a joint audit tool for measuring
20 compliance in this case. A draft of the completed tool was produced to Plaintiffs on April
21 5, 2017, and Plaintiffs are in the process of reviewing and providing comments. Five trial
22 implementations of five draft sections of the tool were conducted at California Medical
23 Facility, Salinas Valley State Prison, California State Prison Los Angeles, California
24 Health Care Facility, and Mule Creek State Prison. In addition, "mini" trial
25 implementations to test portions of the Joint Audit Tool were completed on February 28,
26 2017, March 21, 2017, and April 18, 2017. The parties have "mini" trial implementations
27 to test the remaining sections of the tool scheduled for May 10, May 31, and June 1-2,
28 2017. The next trial implementation of the complete tool is scheduled for the week of

1 July 17, 2017, at Valley State Prison. The parties will continue to meet to revise the tool
2 as needed.

3 Once the tool and trial implementations are complete and joint monitoring begins,
4 Defendants believe that Plaintiffs' individual monitoring should end. Plaintiffs disagree
5 that their individual monitoring should end, but will continue to work in good faith
6 towards completion of an adequate joint monitoring tool.

7 **J. ADA Workers**

8 CDCR utilizes ADA workers to provide reasonable accommodations to prisoners
9 with disabilities. ADA workers perform services including pushing prisoners in
10 wheelchairs to medical appointments or helping prisoners with visual impairments to read
11 or write. Plaintiffs contend that there are problems with the ADA worker program,
12 including the training and supervision provided to ADA workers, the number of workers,
13 and the pay scale for ADA workers. The parties have reached an agreement regarding
14 revisions to CDCR's ADA worker program, governing memoranda, and training
15 requirements. CDCR issued a new ADA worker memorandum to the institutions on
16 December 12, 2016, but the portions of the memorandum relating to training and
17 supervision of the workers by custody officers was postponed pending additional labor
18 negotiations between CDCR and CCPOA. Negotiations have concluded and CDCR is
19 currently updating the memorandum to provide that management staff will train ADA
20 workers, and custody officers will supervise ADA workers. Plaintiffs also have raised the
21 issue of CDCR not having ADA Worker programs in place at the Reception Centers across
22 the state. The parties will continue to discuss this matter to identify a way to accommodate
23 prisoners with disabilities at the Reception Centers. Plaintiffs will continue to monitor if
24 the ADA worker program adequately serves class members' needs at institutions across the
25 state.

26 **K. ADA Structural Barriers and Master Planning Process**

27 Construction is well underway at several of the designated institutions. Former
28 Class Action Management Unit Director Mike Knowles is overseeing the process,

1 confirming agreed-upon changes, and reporting on construction progress and anticipated
2 timeframes in monthly reports produced to Plaintiffs.

3 **L. Parolees and Out to Court Prisoners with Disabilities on Parole and in**
4 **County Jails**

5 Plaintiffs have notified Defendants regarding their concerns about the provision of
6 sign language interpretation services to deaf parolees, following a comprehensive review
7 by Plaintiffs' counsel of parole field files. Plaintiffs allege that these parolee files show
8 that deaf parolees are repeatedly denied access to programs and services and are not able to
9 effectively communicate with their parole agents during due process encounters because of
10 failures to arrange for sign language interpretation services.

11 Defendants agreed to improve their sign language contracts by centralizing
12 contracts on a statewide level and recently executed new contracts for 2017 through 2018.
13 Defendants provided Plaintiffs' counsel with a copy of the completed contracts on January
14 9, 2017. Plaintiffs' counsel believes that the contracts do not eliminate multiple problems
15 identified in prior contracts – for example, the new contracts offer lower rates of pay for
16 SLI services and fail to compensate SLIs for travel. Plaintiffs' counsel contends that these
17 contract deficiencies will only make it more difficult to entice desperately needed
18 interpreters for parole services.

19 Plaintiffs provided Defendants with a letter outlining deficiencies in the new
20 statewide contract on February 27, 2017. Defendants responded to Plaintiffs' February 27,
21 2017 letter on April 17, 2017. Plaintiffs' counsel asserts that Defendants' April 17 letter is
22 difficult to comprehend because it appears to assert that Defendants have no obligation to
23 improve the SLI contracts through increased compensation for qualified interpreters,
24 improved transportation reimbursement, expansion of the locations covered, and
25 imposition of more serious cancellation penalties. Plaintiffs' counsel contend that
26 Defendants' refusal to improve their SLI contracts will only perpetuate the years of
27 failures documented by Plaintiffs' counsel. Defendants contend that the new SLI contracts
28 are sufficient to meet the needs of sign language interpretation services required for deaf

1 parolees. Defendants followed the established procedures for securing vendor contracts
2 for a state agency, and that the contracts provide remedies for breach. Contractors are
3 expected to perform the services contemplated by the terms of the contracts, and when
4 appropriate Defendants can seek remedy for non-performance.

5 Plaintiffs' counsel recently received a number of DPH field files from DAPO.
6 Review of the field files for compliance with the SLI mandates of this Court and the
7 *Armstrong* Remedial Plan is underway now. Plaintiffs' counsel maintains that only
8 significant changes to the statewide sign language contract will remedy Defendants'
9 repeated violations of ADA rights.

10 To assist parole agents in providing accommodations to parolees requiring sign
11 language, Defendants have committed to installing webcams for video remote interpreter
12 services in all 113 parole units. Defendants reported that equipment has been delivered to
13 all parole offices, and they are currently working with the vendor to test the equipment.
14 Defendants developed training for how to use the equipment. The vendor will also provide
15 Defendants 24-hour services to remedy any issues staff has in accessing or utilizing the
16 equipment once it is deployed. Defendants must complete labor notification and
17 negotiations before the process can be implemented statewide. Plaintiffs do not consider
18 webcams a sufficient solution. Defendants believe that webcams provide a level of
19 accommodation that meets the requirements of the *Armstrong* remedial plan and court
20 orders.

21 Defendants created a videotape of the *Armstrong* training for parole agents.
22 Plaintiffs provided their comments after receiving the video and are awaiting an updated
23 version.

24 In response to Plaintiffs' concern that out-to-court prisoners in county jails are not
25 provided with the postcards to receive the forms (2275-CJ) to request accommodations,
26 Defendants agreed to meet with out-to-court prisoner class members within three business
27 days of their arrival at the county jail, provide those class members with a 2275-CJ form,
28 and offer assistance in completing the form. Defendants are working to amend their Out-

1 to-Court Memorandum accordingly.

2 Plaintiffs' counsel alleges that Defendants are taking uncounseled admissions from
3 parolees with developmental disabilities who are facing parole revocation. In letters from
4 Jenny Yelin to Patrick Jones dated December 9, 2016 and December 14, 2016, and the
5 January 6, 2017, Sacramento Jail Report, Plaintiffs detail these allegations regarding one
6 class member. Plaintiffs assert that CDCR Form 1527 Voluntary Statement of Admission
7 should not be signed without counsel present if there will be a loss of liberty as a result of
8 the signing. In addition, the current form does not include a place to indicate how effective
9 communication occurred. Defendants contend there is no legal right to counsel under
10 these circumstances; that the class member's parole was not revoked solely on the basis of
11 his signing the form, but that other factors contributed to his parole revocation; and that the
12 vast majority of parolees who sign a Form 1527, without other accompanying violations,
13 are not revoked on parole. Defendants also assert that the parolee is represented by
14 counsel at the parole revocation hearing and can challenge the validity of any waiver by
15 and through counsel. The parties met on March 29, 2017, and again by telephone on May
16 3, 2017, to discuss these issues. Plaintiffs' requests for information and Defendants'
17 responses as discussed on May 3, 2017, are as follows:

- 18 • Plaintiffs' Request: How many DDP prisoners have signed
19 voluntary waivers on a Form 1527? What are their names
 and when did they sign the forms?

20 Defendants' Response: Form 1527s are not tracked and
21 therefore this information is not readily obtainable.

- 22 • Plaintiffs' Request: Defendants will produce the record of
23 supervisions for each such individual for the time of the
 waiver to review for effective communication.

24 Defendants' Response: Because the Form 1527s are not
25 tracked, Defendants are unable to respond to this request.

- 26 • Plaintiffs' Request: Defendants will let us know if the
27 Parole Agent for a parolee with a developmental disability
 who signed a Form 1527 was put on the accountability log
 for failing to document effective communication.

28 Defendants' Response: The Parole Agent was placed on
 the April 2017 accountability log for failing to document

1 effective communication.

- 2 • Plaintiffs' Request: Defendants will provide the policies
3 and procedures for the Forms 1527.

4 Defendants' Response: On April 28, 2017, Defendants
5 produced Policy No. 15-01 regarding Urinalysis Testing
6 (and the use of the Form 1527) and Policy No. 17-06
7 regarding effective communication generally. Defendants
8 further provided that Policy No. 17-06 was a directive only
9 and that DAPO is in the process of revising and updating its
10 effective communication policy (No. 08-48).

- 11 • Plaintiffs' Request: Defendants will provide a list and
12 copies of all other admissions forms in use by DAPO.

13 Defendants' Response: The Form 1527 is the only type of
14 admission form currently used by DAPO.

15 Plaintiffs ask that the practice of eliciting uncounseled waivers and admissions from
16 prisoners with developmental, hearing, cognitive, mental and speech disabilities be
17 discontinued. Defendants will continue its use of the Form 1527 but will make efforts to
18 ensure that effective communication is used and documented when a parolee requiring
19 effective communication signs the form.

15 **M. Investigation of Los Angeles and San Diego County Jails**

16 Letters from Plaintiffs' counsel dating back to 2014 allege a pattern at the Los
17 Angeles and San Diego County Jails of denying disability accommodations to class
18 members. Most recently, in a February 1, 2017 letter, Plaintiffs detailed allegations from
19 multiple class members at these jails that they are without their required mobility
20 accommodations. Plaintiffs detailed prisoners who were identified by CDCR as requiring
21 accommodations and yet who are reporting they do not have canes, walkers, wheelchairs
22 or other required accommodations in the jails. Plaintiffs allege that the failure of these
23 jails to ensure that class members have their required disability accommodations evidences
24 a problematic pattern at these jails. Plaintiffs, in their July 25th letter, and during the
25 August 18, 2016 meet-and-confer, requested that Defendants investigate. Under the
26 County Jail Plan, "Each Regional ADA Parole Administrator shall review CDCR 1824
27 grievances and determine if there is a pattern of denials of disability accommodations ... at
28

1 a particular county jail facility. If a pattern is discovered, the Regional ADA Parole
2 Administrator must write to the County's legal counsel (or designee) within five days of
3 discovery and provide the evidence alleged." County Jail Plan at 7, June 21, 2012. In
4 addition, "[t]he Regional ADA Parole Administrator shall assign one of their Parole Agent
5 Supervisors to investigate the alleged deficiencies at the specific county jail." *Id.*

6 With respect to Los Angeles County Jail, Defendants maintain that because the
7 county fails to respond to Defendants' request for information regarding allegations of
8 denials of accommodations for individual class members, they are without sufficient
9 information to determine the existence of a pattern of denial. Because they have not
10 discovered a pattern of denials in Los Angeles County, Defendants assert they are not
11 required under the Court's order to conduct an investigation. With respect to San Diego
12 County Jail, Defendants maintain that a pattern of denials does not exist because
13 information provided by the county, which was also provided to Plaintiffs' counsel in the
14 form responses to tour reports, shows that county medical staff determined that class
15 members did not need the requested accommodations within the county jail.

16 Plaintiffs maintain that a pattern of denials of disability accommodations exists in
17 the two jails. Plaintiffs conducted additional discovery, including depositions of Los
18 Angeles county staff members, and believe that the depositions confirm serious problems.
19 Plaintiffs will detail these concerns in a letter once deposition transcripts have been
20 obtained and may request the Court's assistance if Defendants continue to refuse to
21 investigate. Defendants disagree that the depositions confirm that there is a pattern of
22 denial of disability accommodations at Los Angeles County Jail; rather, the depositions
23 confirm that Los Angeles County Jail addresses all requests for disability accommodations
24 through its internal processes. The depositions further confirm that Los Angeles County
25 Jail currently does not have a process in place for communicating information back to
26 CDCR concerning individual requests for disability accommodations by parolees. In an
27 attempt to improve communications between CDCR and Los Angeles County Jail,
28 Defendants are in the process of setting up a meeting with Los Angeles County Counsel.

Defendants assert that they will continue to comply with the requirements of the Court's August 20, 2012 order and County Jail Plan.

DATED: May 15, 2017

Respectfully submitted,

PRISON LAW OFFICE

By: /s/

Corene Kendrick

Attorneys for Plaintiffs

DATED: May 15, 2017

XAVIER BECERRA

Attorney General of the State of California

By: /s/

Sharon A. Garske

Deputy Attorney General

Attorneys for Defendants

As required by Local Rule 5-1, I, Corene Kendrick, attest that I obtained concurrence in the filing of this document from Sharon A. Garske and that I have maintained records to support this concurrence.

DATED: May 15, 2017

/s/

Corene Kendrick

Exhibit 1



PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director:
Donald Specter

Managing Attorney:
Sara Norman

Staff Attorneys:
Mae Ackerman-Brimberg
Rana Anabtawi
Steven Fama
Alison Hardy
Sia Henry
Corene Kendrick
Rita Lomio
Margot Mendelson
Millard Murphy
Lynn Wu

VIA EMAIL ONLY

April 6, 2017

Ms. Katie Riley
Mr. Patrick McKinney
CDCR Office of Legal Affairs

RE: *Armstrong v. Brown*
Sign Language Interpreters (SLI) or Video Remote Interpreting (VRI)
at Self-Help Programs and Religious Services

Dear Katie and Patrick,

At the parties' meet and confer on February 14, 2017, Plaintiffs' counsel raised the problem that deaf prisoners are unable to participate in many self-help or drug counseling programs due to a lack of sign language interpretation. These programs and groups occur in the evenings, and often are recommended by the Board of Parole Hearings to lifers, or are the basis for prisoners earning milestone credits.

Defendants took the position at the meeting (and in the Joint Case Management Statement, Doc. 2671 at ECF 14) that they will not use the Education Department's VRIs for non-educational programs such as volunteer and Division of Rehabilitative Programs offerings, and asserted that sign language interpretation services are not required for programs that are led by volunteers or fellow prisoners.¹

Defendants' position is in clear violation of more than a decade's worth of Court orders regarding sign language interpretation at rehabilitative programs, the *Armstrong* Remedial Plan, and the Americans with Disabilities Act. *See, e.g.*, Jan. 18, 2007 Injunction, Doc. 1045 at 3 (deaf prisoners denied access to "education, work, and other programming" due to failure to provide SLIs); Oct. 20, 2009 Enforcement Order, Doc. 1661 at 2 ("Plaintiffs have demonstrated that Defendants have violated the rights of prisoners with disabilities under the ADA and Section 504 by ... denying sign language interpreters to prisoners who need them in educational and substance abuse programs."); Feb. 3, 2010 Finding of Facts, Doc. 1700 at 5 ("Defendants continue to deny deaf inmates access to adequate sign language interpretation in educational programs" and "sign

¹ Defendants also agreed at the February meet and confer to provide a complete list of programs, including those offered by the Division of Rehabilitative Programs, but as of today we have not received such a list.

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 SLI or VRI at Programs &
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 April 6, 2017
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language interpretation may not be adequate in Defendants' substance abuse programs."); June 24, 2013 Order, Doc. 2345 at 23 (finding Defendants in violation of previous court orders for failing to provide SLI services during education and vocational classes). The Remedial Plan states "[i]t is the policy of CDC to ensure that all inmates, regardless of any type of disability, participate in educational/vocational, and work programs..." ARP § II.I.14(a); *see also* 28 C.F.R. Pt. 35 App. A, Sbpt. E. Thus, "[r]easonable modifications/accommodations shall be provided to ensure access ...to participate in all programs, services, or activities including vocational assignments...[and] academic programs." ARP § II.I.16. Qualified sign language interpreters are a reasonable accommodation. ARP § II.F.

Defendants also assert that they are not required to provide SLI during these encounters because they are voluntary programs not taught by CDCR employees. The identity of the person teaching a program (and whether she or he is a CDCR employee) is not dispositive as to whether a class member needs the accommodation of an interpreter for the program, and in any event, using inmate interpreters has been found inadequate by the Court on at least three separate occasions.² Doc. 2345 at 20; Doc. 1700 at 4-5; Doc. 1045 at 3; Doc. 523 at 11. As the Court noted in 2010 regarding the use of unqualified interpreters,

[S]ign language interpretation may not be adequate in Defendants' substance abuse programs. Plaintiffs provide an instance of a deaf inmate unable to follow the instructor in her substance abuse class. [] Like the inmates mentioned above, she reports that her inmate interpreter cannot keep up with the course instructor, which makes it difficult for her to engage in the class. [] In response to the inmate's request, Defendants provided her with written notes and lip reading, [], two techniques that this Court has found to be inadequate. . .

Feb. 3, 2010 Finding of Facts, Doc. 1700 at 5 (citations omitted).

² The failure to provide interpretation assistance for religious services not only implicates the ADA, but also class members' First Amendment right of free exercise of religion, and their rights under the Religious Land Use and Institutionalized Persons Act ("RLUIPA"). RLUIPA prohibits any prison from imposing a substantial burden on a prisoner's religious exercise, unless it demonstrates the burden is "in furtherance of a compelling government interest" and is "the least restrictive means of furthering" that compelling government interest. 42 U.S.C. § 2000cc-1. The Fourth Circuit recently reinstated a prisoner's constitutional claim regarding the prison's failure to provide interpreters during religious programs and services. *See Heyer v. United States Bureau of Prisons*, 849 F.3d 202, 219 (4th Cir. 2017).

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Defendants admit they do not provide effective communication during these programs. As a result, deaf prisoners are denied access to self-help programs that are necessary to obtain release for prison or are required in order to reduce their sentence through milestone credits. This can result in profoundly serious consequences, such as deaf life prisoners being denied parole because they are unable to demonstrate progress or have not participated in programs to gain insight into their past behavior, or deaf prisoners serving longer sentences because they are unable to obtain milestone credits.³

During last week's SATF tour, and while reviewing documents for next week's RJD tour, we came across multiple examples of this problem. Defendants must immediately begin providing required SLI services during all prison programs, including self-help, religious, and voluntary education programs so that deaf prisoners can participate meaningfully in programs required by the BPH, and in programs that offer milestone credits or additional good time credits pursuant to Proposition 57.

Given that the new time credits under Proposition 57 go into effect on May 1, 2017, time is of the essence in resolving this issue. We do not think we can wait until the meet and confer scheduled for April 25, 2017 to discuss the issues. We request that the parties have a telephone call the week of April 10 to discuss this matter.

Failure to Provide Interpretation at Lifer & Other Self-Help Groups

In an interview at SATF, Mr. _____, DPH, DPS, _____ reported that in November 2016, the Board of Parole Hearings gave him a list of items that would make a grant of parole more likely, including attending self-help groups, such as anger management. However, SATF does not provide an SLI for those groups. Mr. _____ has filed multiple Form 22s addressed to the ADA Office about not having working VRIs or SLIs at self-help classes. See Exhibit 1. According to a response to a Form 22 dated October 28, 2016: "At this time we do not provide SLI services for all voluntary self-help groups. You may request an Inmate interpreter through your meeting manager/facilitator."

In an interview at SATF, Mr. _____ DPH, _____ reported that the Board of Parole Hearings denied him parole in November 2016, stating that he needed to gain deeper insight into his commitment offense. Mr. _____ would like to do so, but his requests for an SLI during lifer groups were denied. He received the following 1824 response on March 22, 2017: "The Thursday night group is a Lifer group. An interpreter has been requested through the contract

³ We have raised this issue repeatedly in tour reports. See, e.g. May 2016 CCWF Tour Report at 13; July 2016 CMF Tour Report at 14; October 2016 SATF Tour Report at 6.

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provider; however, the Office of Correctional Education owns the Video Relay Equipment and must approve the use of the equipment. If approval is granted by the Office of Correctional Education an interpreter will be scheduled for your Life groups.” *See* Exhibit 2.

- ADA staff informed the PLO monitors on the tour that they hope to start allowing Mr. _____ to use the VRI equipment at the Thursday lifer group sometime in April, but were not sure if that would happen.

A prisoner housed at RJD, **Mr. _____**, **DPH**, _____ recently contacted Plaintiffs’ counsel to report that he was writing on behalf of all of the deaf prisoners at RJD to tell us that they have been unable to participate in parenting classes, substance abuse classes, and other self-help programs, which has resulted in the deaf prisoners not being able to earn up to six weeks of milestone credits per year or get the certificates indicating successful completion of the program. He stated he also is in a college course that meets from 6 to 8 pm on Tuesdays, Wednesdays, and Thursdays, but reports that a contract SLI came to only one class in five weeks, and the VRI machine has not been brought in for his courses.

- We plan to investigate this matter further during the April 10-13, 2017 RJD tour.

Another RJD prisoner, **Mr. _____**, **DPH**, _____ filed an 1824 (log 16-4756, Exhibit 3), reporting that he had been told by staff that he could not attend AA/NA classes on Monday evenings because there was no interpreter. The RAP response confirms that he currently is not in any self-help classes but SLI services would be provided when required.⁴

- We plan to investigate this matter further during the April 10-13, 2017 RJD tour.

Another RJD prisoner, **Mr. _____**, **DPH**, _____ filed an 1824 (log 17-0066, Exhibit 4), reporting that he tested out of ABE II and would like to move to ABE III, but there is no VRI in the ABE III classroom. He also requests to participate in AA/NA groups and AVP. The RAP response confirms that there is no VRI in the ABE III classroom, but the institution or contractor SLI will be used in ABE III. The response instructs him to complete a form 22 asking to participate in AA/NA.⁵

- We plan to investigate this matter further during the April 10-13, 2017 RJD tour.

///
 ///

⁴ The effective communication documentation for this RAP response shows that it was not provided by the sign language interpreter, but rather a correctional sergeant who “spoke slowly” and used written notes.

⁵ There is no documentation of how effective communication was achieved in conveying this RAP response, and the EC box on the face of the 1824 is not marked.

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Failure to Provide Interpretation at Religious Services

The pre-tour document production for RJD included two 1824s filed by deaf prisoners regarding the lack of interpretation services at religious programs. *See* Exhibit 5, logs 16-5202 and 16-5203. **Mr.** , **DPH**, filed log 16-5202, and **Mr.** , **DPH**, filed log 16-5203, both requesting an interpreter for Sunday weekly Protestant services. The RAP response to both appeals states “Your request is denied SLI is available for Vocational Educational due process and health care contacts.”⁶ Additionally, a DPH prisoner we interviewed at SATF who did not want us to use his name reported there is no SLI available for religious group services. He showed us a response by ADA staff to a Form 22 that stated “The institution does not provide interpreters for church groups. You may utilize a yard interpreter.”

* * * *

We hope that the examples above illustrate for you that there is a clear violation of existing court orders, the Remedial Plan, and the ADA, and that the violation is causing harm to our deaf clients. While we committed to working cooperatively with the department to resolve issues, we are prepared to seek the Court’s assistance to resolve Defendants’ ongoing violation of its past orders. If we have to go to the Court, we will request an expedited hearing, in light of the potential adverse effect on deaf prisoners’ ability to earn milestone credits for earlier release.

Please advise us of your availability the week of April 10 for a phone call about this issue, and we reiterate our request that you provide us the list of DRP programs, no later than April 14.

Sincerely yours,

/s/ Corene Kendrick

Corene Kendrick, Staff Attorney

cc: Counsel of Record
Ed Swanson
Joanne Chen, Wendy Locke, Tom Gilivich, Office of Legal Affairs
Sharon Garske, Bryan Kao, Janet Chen, Erick Rhoads, Danielle O’Bannon, OAG
Kelly Mitchell, Sadie Richmond, Adam Fouch, Laurie Hoogland, DAI
Lois Welch, OACC

⁶ There is no documentation of how effective communication was achieved in conveying the RAP responses for either 1824, and “N” is circled in the EC box on the face of both 1824s.

Exhibit 1

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT: Canteen	SIGNING (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): SLI AGENT	

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

*** (It's fifth time NO V.P. in AA/NA) ***
ON Wednesday, Nov 2 2016 I WENT TO NA MEETING
And V.P. WAS NOT WORKING BUT NA meeting need a require
sign language interpreter person to come in NA meeting Because
this meeting need alot of explain to me and help me to understand
what's it's mean By SLI person, Not V.P. I don't agree with
V.P. Being in Either AA or NA cause it's not working that way.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO:

DATE MAILED: . / . /

☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: E. Schwinn	DATE: 11-2-16	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: ADA OFFICE (AW)	DATE DELIVERED/MAILED: Nov. 2, 2016	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: A Sweeney	DATE: 11/7/16	SIGNATURE: A Sweeney	DATE RETURNED: 11/7/16
--	-------------------------	--------------------------------	----------------------------------

VRI is scheduled for all AA/NA classes.
When the equipment is not working there
is no staff interpretation grounds to provide
services. You class facilitator will notify
the ADA office ~~to~~ so the equipment can be
repaired.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
--------------------------------	-------	------------	----------------

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) / (FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT: <i>Canteen</i>	HOURS FROM ____ TO ____
TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <i>"SLI"</i>		

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

Wonder if staff sign language interpreter can come and interpreter for any VEP "SELF-HELP" Group? whenever "SELF-help" Groups open soon. Much Appreciate it.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO:

DATE MAILED: ____/____/____

☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <i>E. Schwartz</i>	DATE: <i>10-19-16</i>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: <i>ADA OFFICE (AW)</i>	DATE DELIVERED/MAILED: <i>Oct. 19, 2016</i>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <u>BY US MAIL</u>	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: <i>A Sweeney</i>	DATE: <i>10/20/16</i>	SIGNATURE: <i>A Sweeney</i>	DATE RETURNED: <i>10/20/16</i>
<i>You are being provided with SLI services for your AAINA classes.</i>			

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

THIS is misunderstanding. I was talking about Groups in VEP "SELF-help" on every Thursday + Friday soon when it's ready. It's not about AAINA, it's different kind of Groups.

SIGNATURE: <i>[Signature]</i>	DATE SUBMITTED: <i>Oct. 23, 2016</i>
----------------------------------	---

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME): <i>A Sweeney</i>	DATE: <i>10/28/16</i>	SIGNATURE: <i>A Sweeney</i>	DATE RETURNED: <i>10/28/16</i>
--	--------------------------	--------------------------------	-----------------------------------

At this time we do not provide SLI services for any Voluntary self help groups. You may request an Inmate interpreter through your meeting manager/facilitator

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
 CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME)		(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:		ASSIGNMENT: Canteen	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): AA/NA	

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

I NEED A REAL LIVE PERSON to come and Interpret for my AA/NA BECAUSE the V.P. is NOT helping anything and NOT APPROPRIATE way in AA/NA Group. It's BEST HAVE LIVE PERSON to come than V.P. THE STAFF IN AA/NA AWARE this issue. much appreciate it. Thank-you.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: _____ DATE MAILED: ____/____/____

☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: E. SCHWARTZ	DATE: 10-5-16	SIGNATURE: 	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: ADA OFFICE (WARDEN)		DATE DELIVERED/MAILED: OCT 5 2016	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: A. Sweeney	DATE: 10/20/16	SIGNATURE: A Sweeney	DATE RETURNED: 10/20/16
---	--------------------------	--------------------------------	-----------------------------------

At this time there are no interpreters available to attend your class in person. Video remote interpreting is provided to you. Please notify your sponsor if the equipment is malfunctioning.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) / (FIRST NAME)		CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT: <i>Canteen 2nd</i>	HOURS FROM <i>8:30</i> TO <i>2:30</i>	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): <i>AA/NA</i>

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

Can you please come and interpreter for my AA/NA Group on Every Tuesday NIGHT Time AT 6:00 pm. It's start on Sept 20th Thank-you.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☐ SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED: / /

☒ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME: <i>Loan</i>	DATE: <i>9-18-16</i>	SIGNATURE: <i>[Signature]</i>	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: <i>SLI Josh Shewitz ADA OFFICE</i>		DATE DELIVERED/MAILED: <i>Sept. 18, 2016</i>	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME: <i>A. Sweeney</i>	DATE: <i>9/21/16</i>	SIGNATURE: <i>A Sweeney</i>	DATE RETURNED: <i>9/21/16</i>
--	----------------------	-----------------------------	-------------------------------

Staff interpreters are not required to work after hours. However, the contract agency will be notified and an interpreter will be scheduled for your class.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
--------------------------------	-------	------------	----------------

Exhibit 2

DRAFT**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 3/8/2017

Date IAC Received 1824: 2/17/2017

1824 Log Number: SATF-A-17-00777

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: [REDACTED]

RAP Staff Present: ADA Coordinator D. Sanchez , Custody Appeals Representative C. Ramos , Doctor A. Enenmoh , Health Care Appeals Representative T. Ordonez , Health Care Compliance Analyst V. Hernandez Licensed Vocational Nurse S. Whiting

Summary of Inmate's 1824 Request: Interpreter for Thursday night groups**FINAL RESPONSE:****RAP is able to render a final decision on the following:**

Response: You are currently being provided services for your AA/NA group. The Thursday night group is a Lifer group. An interpreter has been requested through the contract provider; however, the Office of Correctional Education owns the Video Relay Equipment and must approve the use of the equipment. If approval is granted by the Office of Correctional Education an interpreter will be scheduled for your Lifer groups.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents. If you disagree with this decision you may file a 602.

D. Sanchez
ADA Coordinator/Designee


Signature

Date sent to inmate:

CSATF APPEALS

MAR 22 2017

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (rev:)

INSTITUTION (staff use only):

SATF-A

EC?

Y/N

LOG NUMBER (staff use only):

17-777

Date Received by Staff (staff use only):

CSATF APPEALS

FEB 17 2017

*** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
		IDR	

INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM: I can not learn my insight without an interpreter. I have went to the BPT "Board Prison Team", they want me to learn more about the insight.

WHY CAN'T YOU DO IT: I am hearing impaired.

WHAT DO YOU NEED: I want to have an interpreter for every Thursday night.

(use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- ☐ Difficulty walking or getting around
 ☐ Difficulty seeing
 ☒ Difficulty hearing
 ☒ Difficulty talking
 ☐ On kidney dialysis
☐ Difficulty using arms/hands
☐ Difficulty learning
☐ Difficulty thinking or understanding
☐ Mental impairment
☐ Other Disability (briefly describe): _____

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?Yes ☒ No ☐ Not Sure ☐(List and attach documents if available, including: 1845, 7410, 128-C): Look in medical file

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

DATE SIGNED

Assistance completing this form provided by: _____

Last Name

First Name

Signature

Exhibit 3

DRAFT**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 12/8/2016

Date IAC Received 1824: 11/21/2016

1824 Log Number: 16-4756

Inmate's Name:

CDCR #:

Housing:

RAP Staff Present: R. Din (ADA Coord), B. Self (IAC), R. Walker (CPS), A. Busalacchi (P.A.), S. Zudiker (Ch. Psych), B. Millum (teacher), M. Rourke (SSA), A. Poe (AGPA), A. Munoz (ADA CCI), H. Strohming (HC OT), A. Mondet (Principal), J. Winistorfer (CEA), R. Evans (AGPA).

Summary of Inmate's 1824 Request: You are requesting ASL Interpreter for AA/NA classes which are held in the evenings/after hours.

Interim Accommodation:
☒ No interim accommodation required.
FINAL RESPONSE:

RAP is able to render a final decision on the following:

Response: You submitted a CDCR-1824 Reasonable Accommodation Request received 11/21/2016, requesting ASL Interpreter for AA/NA classes, which are held in evenings/after hours. Currently, you are not a participant in self-help programs. Self-help programs are available for non-hearing inmates. SLI services will be provided when required.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

R. Din

ADA Coordinator/Designee



Signature

Date sent to inmate:

DEC 20 2016

DRAFT**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 11/23/2016

Date IAC Received 1824: 11/21/2016

1824 Log Number: 16-4756

Inmate's Name:

CDCR #:

Housing:

RAP Staff Present: R. Din (ADA Coord), B. Self (IAC), R. Walker (CPS), A. Busalacchi (P.A.), S. Zudiker (Ch. Psych), B. Millum (teacher), M. Rourke (SSA), A. Poe (AGPA), A. Munoz (ADA CCI), H. Strohminger (HC OT), A. Mondet (Principal), J. Winistorfer (CEA), R. Evans (AGPA).

Summary of Inmate's 1824 Request: You are requesting ASL Interpreter for AA/NA classes which are held in the evenings/after hours:

Interim Accommodation:

- ☐ No interim accommodation required:
☐ Interim Accommodation provided:
☐ RAP rescinding interim accommodation:

INTERIM RESPONSE:

RAP requires further information prior to rendering a decision. This may take up to 30 calendar days to complete. You will receive a final decision on or before 12/20/2016.

Additional Direction: IAP

FINAL RESPONSE:

RAP is unable to process the following request(s):

- ☐ Paroled/discharged/transferred.
☐ Refused to cooperate.
☐ Duplicate request. See CDCR 1824 log #:
☐ Other:

RAP is able to render a final decision on the following:

Response:

Direction if dissatisfied: If you disagree with this decision and want to file an appeal, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

R. Din

ADA Coordinator/Designee

Signature

Date sent to inmate: **DEC 17 2016**

ATTENTION: EFFECTIVE COMMUNICATIONName: _____ CDC #: _____ HOUSING: _____ APPEAL LOG #: **RJD-B-16-4756**

The above-named inmate requires Effective Communication. Please ensure Effective Communication is achieved in communicating the response of the attached CDC 602 Inmate Appeal to the inmate. Please indicate the specific type of Effective Communication used by checking the applicable box(es) below:

TABE: 0.0, SLI Required**VERBAL**

- ☐ Used simple English
☒ Spoke slowly to inmate
☐ Used American Sign Language interpreter
☐ Other _____

READING

- ☐ I read response to inmate
☐ Asked if assistance with reading is needed
☒ Used written communication
☐ Provided a magnifier

Notes/explanation: Write information on a piece of paper, he responded
back in writing

DETERMINATION THAT COMMUNICATION WAS EFFECTIVE:

- 1) Were questions asked of inmate in order to ascertain his understanding of information being communicated?
☒ YES ☐ NO
- 2) Did inmate respond in an appropriate manner to questions or comments regarding the documentation being presented?
☒ YES ☐ NO

Please sign and return this form to the
Appeals Office upon completion.

AR Gonzalez
Correctional Sergeant
 Staff Signature/Classification

12/29/16
 Date

ATTENTION: EFFECTIVE COMMUNICATION

Name: _____ CDC #: _____ HOUSING: _____ APPEAL LOG #: **RJD-B-16-4756**

RAP. 11/23/2016 B

The above-named inmate requires Effective Communication. Please ensure Effective Communication is achieved in communicating the response of the attached CDC 602 Inmate Appeal to the inmate. Please indicate the specific type of Effective Communication used by checking the applicable box(es) below:

TABE: 0.0, SLI Required

VERBAL

- ☒ Used simple English
☒ Spoke slowly to inmate
☐ Used American Sign Language interpreter
☐ Other _____

READING

- ☐ I read response to inmate
☐ Asked if assistance with reading is needed
☒ Used written communication
☐ Provided a magnifier

Notes/explanation: Wrote down the information, utilizing simple english

DETERMINATION THAT COMMUNICATION WAS EFFECTIVE:

- 1) Were questions asked of inmate in order to ascertain his understanding of information being communicated?
☒ YES ☐ NO
- 2) Did inmate respond in an appropriate manner to questions or comments regarding the documentation being presented?
☒ YES ☐ NO

Please sign and return this form to the
Appeals Office upon completion.

Sgt A R Gonzalez
 Staff Signature/Classification

12/22/16
 Date

RAP 11/23/2016

State of California

Department of Corrections and Rehabilitation

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (rev:)

INSTITUTION (staff use only):

RSDCC

EC?

Y N

LOG NUMBER (staff use only):

RSD-8-16-4756

*** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

Date Received by Staff (staff use only):

NOV 21 2016

INMATE'S NAME (Print)

CDCR NUMBER

ASSIGNMENT

HOUSING

Kitchen worker

INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM:

THERE IS NO ACCOMMODATION OF ASL interpreter for me that I can go to the program of AA/NA class.

WHY CAN'T YOU DO IT:

Cause I did asked staff about it and they kept say later

WHAT DO YOU NEED:

Can you please help me out by calling ASL interpreter Contract to make an appointment for AA/NA Class every Monday evening? You can contact to freelance ASL so please do respectfully thank you.

(use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- ☐ Difficulty walking or getting around
 ☐ Difficulty seeing
 ☒ Difficulty hearing
 ☒ Difficulty talking
 ☐ On kidney dialysis
☐ Difficulty using arms/hands
☐ Difficulty learning
☐ Difficulty thinking or understanding
☐ Mental impairment
☐ Other Disability (briefly describe):

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes ☒ No ☐ Not Sure ☐

(List and attach documents if available, including: 1845, 7410, 128-C):

ALL

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

DATE SIGNED

Assistance completing this form provided by:

Last Name

First Name

Signature

RAP 11/23/2016

Interim Accommodation Procedure (IAP) Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: RJD-B-16-4756

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 11 / 21 / 2016

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the Inmate's claim, assuming the claim is true.

☐ Yes / Unsure (Complete Steps 2 & 3)☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the Inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

B. Self

CCII

11 / 21 / 2016

Person Completing Step 1

Title:

Signature

Date Completed

STEP 2 CDCR 1824 REQUEST FOR INFORMATION Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: _____

B. Self

CCII

11 / 21 / 2016

Interviewer (Print Name)

Title

Signature

Date Completed

RAP 11/23/2016

IAP Worksheet

DRAFT

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: RJD-B-16-4756

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☒ An Interim Accommodation **IS NOT required.**Reason: No foreseen serious or irreparable harm while processing this request. Inmate
is requesting SLI for AA/NA (self-help) groups.☐ An Interim Accommodation **IS required.**Reason: _____

Accommodation(s) provided: _____

Date provided: _____

_____Comments: _____

B. Self

CCII

Person Completing Step 3

Title



Signature

11 / 21 / 2016

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and 3. Step 2 provides information about whether or not an interim accommodation. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Step 2 may be completed even if Step 1 is marked "No." This is normally done when issued raised by the inmate are unclear, or when information is readily available that will assist the RAP in reaching a decision they might otherwise have to postpone to gather the information.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- You may need to interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's ability to access programs, services, or activities.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify the inmate's access or discrimination issue. Your notes should also clarify what the inmate is requesting as an accommodation.
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

IAP Worksheet editable - rev 10-27-15.vsd

Interim Accommodation Procedure (IAP) Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: 16-4756

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: ____/____/____

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

☐ Yes / Unsure (Complete Steps 2 & 3)☐ No (None of the issues below are present) (Note: IAC may still obtain information for RAP by completing Step 2)

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely navigate stairs.
- Cannot safely access upper bunk.
- Seizure disorder and assigned an upper bunk.
- Workplace safety concerns.
- Hearing or vision problems that may jeopardize safety.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.

Person Completing Step 1: _____

Title: _____

Signature: _____

Date Completed: ____/____/____

STEP 2 CDCR 1824 REQUEST FOR INFORMATION

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 11 / 23 / 16

Due back to IAC: 11 / 8 / 16

Returned to IAC: ____/____/____

Assigned to: R. Brown

Title: Community Resource Manager

Information needed: INMATE'S REQUESTING ASL INTERPRETER FOR AA/NA CLASSES HELD IN EVENING

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: 12/5/16 0930-1000

Location: Fac B H/U-10

Interviewer notes: Requesting a contact SLT for Self-help - AA/NA

Staff Interviewed: _____ Title: _____ Interview date: ____/____/____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____/____/____

Interviewer Notes: _____

Notes: The institution will work to provide SLT services starting 12/12/16

R. Brown
Interviewer (Print Name)CRM
Title[Signature]
Signature12 / 8 / 16
Date Completed

MSSS015B - Medical Classification Chrono

Page 1 of 1

Name:

CDC #:

MSSS015B

Medical Classification Chrono

Monday November 21, 2016 10:39:43 AM

Prepared Date: 10/29/2016

Duration: Permanent

Expires On:

Institution Name: RJ Donovan Correctional Facility

Provider Name: Not Available

Provider Title: NA

Medical Health Factors

Level of Care: OP

Proximity to Consult: Frequent Basic Consultation

Functional Capacity: Limited Duty

Medical Risk: High Risk

Nursing Care Acuity: Uncomplicated Nursing

Classification Factors☐ Temporary Medical Hold☐ Temporary Medical Isolation☐ Long Term Stay☐ Override**Specialized Services**☐ Clinical Category 1☐ Clinical Category 2☐ Pregnancy Program☐ Transplant Center☐ Hemodialysis☐ Dementia☐ Therapeutic Diet☐ Respiratory Isolation☐ Speech/Occupational Therapy☐ Physical Therapy☐ Durable Medical Equipment☐ Transgender**Institutional-Environmental**☐ Restricted - Altitude☒ Restricted - Cocci Area 1☒ Restricted - Cocci Area 2☐ Requires Medical Transport☐ Requires Electrical Access☐ Requires Adaptive Equipment☐ Restricted - No Stairs☒ See CDCR 1845 and 7410**Comments (Non-Confidential)**

profound hearing deficit with sign language use unable to speak. Needs Sign language interpreter. Created by system to synchronize the cocci area restrictions and/or risk classification between QM registry and eMCC Created by system to synchronize the cocci area restrictions and/or risk classification between QM registry and eMCC Created by system to synchronize the cocci area restrictions and/or risk classification between QM registry and eMCC Created by system to synchronize the cocci area restrictions and/or risk classification between QM registry and eMCC Created by system to synchronize the cocci area restrictions and/or risk classification between QM registry and eMCC

Prior Page

Name:

CDC #:

CHSS035C **DPP Disability/Accommodation Summary** Monday November 21, 2016 10:

As of: 11/21/2016

**OFFENDER/PLACEMENT**

CDC#:
 Name:
 Facility: RJD-Facility B
 Housing Area/Bed:
 Placement Score: 21
 Custody Designation: Medium (A)
 Housing Program: Sensitive Needs Yard
 Housing Restrictions: Ground Floor-No Stairs
 Lower/Bottom Bunk Only
 Physical Limitations to Inmate Attendant/Assistant
 Job/Other: No Rooftop Work
 Permanent - 12/31/9999

DISABILITY ASSISTANCE

DDP Code: NCF
 DDP Adaptive: None
 Support Needs:
 DDP Effective Date: 07/20/2016
 DPP Codes: DPH, DPS
 DPP Determination Date: 08/01/2016
 MHSDS Code: GP
 SLI Required: Yes
 Interview Date: 08/02/2016
 Primary Method: American Sign Language
 Alternate Method: Written Notes
 Learning Disability:
 Initial TABE Score:
 Initial TABE Date:
 Durable Medical Hearing Impaired Disability
 Equipment: Vest
 Spoken Language:

IMPORTANT DATES

Date Received: 07/19/2016
 Last Returned
 Date:
 Release Date: 10/03/2021
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 11/03/2016
 Date:
 Status: Full Time
 Position #: DRW.002.014
 Position Title: FB DINING ROOM WORKER
 Regular Days Monday through Friday (06:00:00 -
 On: 11:15:00)
 Monday through Friday (15:00:00 -
 17:45:00)

Offender Details

Page 1 of 1

Version 4.5.1

Release Note

Summary Bed Inventory ADA/EC History

Generate Reports / Get Help / Report a Problem Log On

CDC #: |

Search

CDC Number:

Summary

Offender/Placement

CDC #:
 Name:
 Institution: **Richard J. Donovan
 Correctional Facility**
 Bed Code:
 Placement Score: **21**
 Custody Level: **Medium A**
 Housing Pgm: **SNY - Sens Needs Yd**
 Housing Restrictions: **Ground Floor-No
 Stairs,
 Lower/Bottom Bunk
 Only**
 Physical Limitations to Job/Other: **Inmate
 Attendant/Assistant,
 No Rooftop Work,
 PERMANENT 12-31-
 9999 Months**

Disability/Assistance

DDP Code: **NCF**
 Effective Date: **07/20/2016**
 DPP Codes: **DPH, DPS
 [History]**
 1845 Date: **08/01/2016**
 MHSDS Code:
 SLI: **Yes**
 Primary Method: **American Sign
 Language**
 Alternate Method: **Written Notes**
 Learning Disability:
 TABE Score:
 TABE Date:
 Durable Medical Equipment: **Hearing Impaired
 Disability Vest** [Info]
 Last Accommm:
 Spoken Languages:

Important Dates

Pending Revocation: **No**
 Revocation Date:
 Date Received in CDCR: **07/19/2016**
 Last Return Date:
 Extended Stay Date: **10/17/2016**
 Extended Stay Privileges?
 Release Date: **10/03/2021**
 120 Day Date: **06/05/2021**
 Next IDST Date:

Work/Vocation/PIA

1
 Group Priv: **A**
 Group Work: **A1**
 Start Date: **11/02/2016**
 Status: **Fulltime**
 Job Position: **DRW.002.014**
 Job Title: **FB DINING ROOM
 WORKER**
 IWTIP Code: **S**
 IWTIP Description: **Support Services**
 Regular Day Off: **SU, S**
 Work Hours: **0600-1115,
 1500-1745**

Accommodation History

No Accommodation Records Found.

Exhibit 4

DRAFT**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 1/12/2017

Date IAC Received 1824: 1/6/2017

1824 Log Number: 17-0066

Inmate's Name:

CDCR #:

Housing:

(PB)

RAP Staff Present: R. Din (ADA Coord), B. Self (IAC), R. Barenchi (PSA), W. Tucker (HCCA), A. Busalacchi (P.A.), S. Zudiker (Ch. Psych), D. Brubaker (AGPA), M. Rourke (SSA), A. Mondet (SA), H. Strohminger (AGPA).

Summary of Inmate's 1824 Request: You are requesting to be placed in ABE-III and have a Video Relay Interpreter (VRI) at the classroom. To attend AA/NA groups, AVP and etc.

Interim Accommodation:
☒ No interim accommodation required.
FINAL RESPONSE:

RAP is able to render a final decision on the following:

Response: You submitted a CDCR-1824 Reasonable Accommodation Request received 1/6/2017, requesting to be placed in ABE-III and have a VRI at the classroom. To attend AA/NA groups, AVP and etc. For education placement, please submit Form-22 addressed to A. Mondet, Principal. Currently, Video Relay Interpreter is not available for ABE-III Facility D, however, Sign Language Interpreter (SLI) services will be provided using institution SLI or contractor services. For AA/NA participation, please submit Form-22 requesting AA/NA participation to Mr. Robert Brown, Community Resources Manager.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

R. Din

ADA Coordinator/Designee


Signature

Date sent to inmate:

FEB 02 2017

RAP 1/12/2017

State of California

Department of Corrections and Rehabilitation

**REASONABLE ACCOMMODATION
REQUEST**

CDCR 1824 (rev: 7/2014)

INSTITUTION (staff use only):

RSD CF

EC?

Y/N

LOG NUMBER (staff use only):

RSD-A-17-0066

*** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

Date Received by Staff (staff use only):

JAN 06 2017

INMATE'S NAME (Print)

CDCR NUMBER

ASSIGNMENT

ABE II

HOUSING

INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. Do not use an 1824 to request a response for a group of inmates. If you have received an 1824 decision that you disagree with, submit an appeal (CDCR 602, or 602-HC if disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM:

I am supposed to move to ABE III from ABE II because I improved on my Taber test score. Mrs. Erickson (Teacher) said there is no Video Relay Interpreter at ABE III classroom.

WHY CAN'T YOU DO IT:

Mrs. Erickson said, she will talk with ADA Coordinator about me. I have no power to control that. No Video Relay Interpreter at ABE III classroom.

WHAT DO YOU NEED:

I would like to move to ABE III and I want to attend NA/AA Group, AVP, and etc.... I need Video Relay Interpreter for my program. Put a new Video Relay Interpreter at ABE III classroom.

(use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- ☐ Difficulty walking or getting around ☐ Difficulty seeing ☒ Difficulty hearing ☒ Difficulty talking ☐ On kidney dialysis
☐ Difficulty using arms/hands ☒ Difficulty learning ☒ Difficulty thinking or understanding ☐ Mental impairment
☐ Other Disability (briefly describe): _____

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes ☐ No ☐ Not Sure ☒

(List and attach documents if available, including: 1845, 7410, 128-C): _____

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

12-20-16

DATE SIGNED

Assistance completing this form provided by:

Last Name

First Name

Signature

☐ IAP is not required as the CDCR 1824 contains no disability access or discrimination issues.

Person making determination

Title

RAP 1/12/2017

Interim Accommodation Procedure (IAP) Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: RJD-D-17-0066

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 1 / 6 / 2017

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**☐ Yes / Unsure (Complete Steps 2 & 3)☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

B. Self

CCII

Person Completing Step 1

Title

Signature

1 / 6 / 2017

Date Completed

STEP 2 CDCR 1824 REQUEST FOR INFORMATION

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: _____

B. Self

CCII

Interviewer (Print Name)

Title

Signature

1 / 6 / 2017

Date Completed

RAP 1/12/2017

IAP Worksheet

DRAFT

Inmate: _____

CDCR #: _____

CDCR 1824 Log #: RJD-D-17-0066

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☒ An Interim Accommodation **IS NOT required**.Reason: No foreseen serious or irreparable harm while processing this request. Inmate
is requesting to have VRI available for ABE-III, AA/NA, and AVP.☐ An Interim Accommodation **IS required**.Reason: _____

Accommodation(s) provided: _____

Date provided: _____

_____Comments: _____

B. Self

CCII

Person Completing Step 3

Title

Signature

1 / 6 / 2017

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and 3. Step 2 provides information about whether or not an interim accommodation. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Step 2 may be completed even if Step 1 is marked "No." This is normally done when issued raised by the inmate are unclear, or when information is readily available that will assist the RAP in reaching a decision they might otherwise have to postpone to gather the information.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- You may need to interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's ability to access programs, services, or activities.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify the inmate's access or discrimination issue. Your notes should also clarify what the inmate is requesting as an accommodation.
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

IAP Worksheet editable - rev 10-27-15.vsd

Name:

CDC #:

SS015B

Medical Classification Chrono

Friday January 06, 2017 11:16:48 AM

Prepared Date: 11/14/2016

Duration: Expires on Specified Date

Expires On: 05/14/2017

Institution Name: RJ Donovan Correctional Facility

Provider Name: Guldseth, David

Provider Title: Physician and Surgeon

Medical Health Factors

Level of Care: OP

Proximity to Consult: Frequent Basic Consultation

Functional Capacity: Full Duty

Medical Risk: Medium Risk

Nursing Care Acuity: Low-Intensity Nursing

Classification Factors

- ☒ Temporary Medical Hold
☐ Temporary Medical Isolation

- ☐ Long Term Stay
☐ Override

Specialized Services

- ☐ Clinical Category 1
☐ Clinical Category 2
☐ Pregnancy Program
☐ Transplant Center
☐ Hemodialysis
☐ Dementia

- ☐ Therapeutic Diet
☐ Respiratory Isolation
☐ Speech/Occupational Therapy
☐ Physical Therapy
☐ Durable Medical Equipment
☐ Transgender

Institutional-Environmental

- ☐ Restricted - Altitude
☐ Restricted - Cocci Area 1
☒ Restricted - Cocci Area 2
☐ Requires Medical Transport

- ☐ Requires Electrical Access
☐ Requires Adaptive Equipment
☐ Restricted - No Stairs
☒ See CDCR 1845 and 7410

Comments (Non-Confidential)

Hearing Vest

Prior Page

Name:

CDC #:

S035C **DPP Disability/Accommodation Summary** Friday January 06, 2017 11:16::

As of: 01/06/2017 ➡

OFFENDER/PLACEMENT

CDC#:
 Name:
 Facility: RJD-Facility D
 Housing Area/Bed:
 Placement Score: 50
 Custody Designation: Close (B)
 Housing Program: Sensitive Needs Yard
 Housing Restrictions: Unrestricted
 Physical Limitations to
 Job/Other:

DISABILITY ASSISTANCE

DDP Code: NCF
 DDP Adaptive: None
 Support Needs:
 DDP Effective Date: 04/06/2011
 DPP Codes: DPH
 DPP Determination Date: 01/20/2016
 MHSOS Code: GP
 SLI Required: Yes
 Interview Date: 06/23/2016
 Primary Method: American Sign Language
 Alternate Method: Written Notes
 Learning Disability: Yes
 Initial TABE Score: 06.2
 Initial TABE Date: 06/09/2016
 Durable Medical Hearing Vest
 Equipment: Mobility Vest
 Spoken Language:

IMPORTANT DATES

Date Received: 07/24/2006
 Last Returned
 Date:
 Release Date: 04/23/2094
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 08/30/2016
 Date:
 Status: Half-Time
 Position #: A02.001.004
 Position Title: FAC.D ABE II STUDENT
 Regular Days On: Monday through Friday (12:00:00 -
 15:00:00)

Offender Details

Page 1 of 1

Version 4.5.1

Release Note

Summary Bed Inventory ADA/EC History

Generate Reports / Get Help / Report a Problem Log On

CDC #:

Search

CDC Number:

Summary

Offender/Placement

CDC #:
Name:

Institution: **Richard J. Donovan Correctional Facility**

Bed Code:
Placement: **50**
Score:
Custody Level: **Close B**
Housing Pgm: **SNY - Sens Needs Yd**
Housing Restrictions: **Unrestricted**
Physical Limitations to Job/Other:

Disability/Assistance

DDP Code: **NCF**
Effective Date: **10/06/2006**
DPP Codes: **DPH [History]**
1845 Date: **01/20/2016**
MHSDS Code:
SLI: **Yes**
Primary Method: **American Sign Language**
Alternate Method: **Written Notes**
Learning Disability: **Yes**
TAFE Score: **6.2**
TAFE Date: **06/09/2016**
Durable Medical Equipment: **Hearing Vest, Mobility Vest** [Info]
Last Accom: **Sign Language Interpreter**
Spoken Languages:

Important Dates

Pending Revocation: **No**
Revocation Date:
Date Received in CDCR: **07/24/2006**
Last Return Date:
Extended Stay Date: **10/22/2006**
Extended Stay Privileges?
Release Date: **12/16/2093**
120 Day Date: **08/18/2093**
Next IDST Date:

Work/Vocation/PIA

1
Group Priv: **A**
Group Work: **A1**
Start Date: **08/29/2016**
Status: **Half time**
Job Position: **A02.001.004**
Job Title: **FAC.D ABE II STUDENT**
IWTIP Code: **A**
IWTIP Description: **Academic Education**
Regular Day Off: **SU, S**
Work Hours: **1200-1500**

Accommodation History

10/16/2012	Administrative Appeal Response	Sign Language Interpreter
05/29/2007	Administrative Appeal	Sign Language Interpreter

Exhibit 5

DRAFT

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/5/2017

Date IAC Received 1824: 12/30/2016

1824 Log Number: 16-5202

Inmate's Name:

CDCR #:

Housing: B-10-112U

RAP Staff Present: R. Din (ADA Coord), B. Self (IAC), R. Barenchi (CPS), A. Busalacchi (PA), M. Rourke (SSA), S. Zudiker (Ch. Psych), B. Millum (Teacher).

Summary of Inmate's 1824 Request: You are requesting an ASL interpreter for the weekend, Sunday morning Protestant services, 8:30-11:00 AM weekly.

Interim Accommodation:

☒ No interim accommodation required.

FINAL RESPONSE:

RAP is able to render a final decision on the following:

Response: You submitted a CDCR-1824 Reasonable Accommodation Request received 12/30/2016, requesting an ASL interpreter for the weekend, Sunday morning Protestant services, 8:30-11:00 AM weekly. Your request is denied SLI is available for Vocational Educational due process and health care contacts.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

R. Din

ADA Coordinator/Designee


Signature

Date sent to inmate:

JAN 25 2017

RAP 01/05/2017

State of California

Department of Corrections and Rehabilitation

**REASONABLE ACCOMMODATION
REQUEST**

CDCR 1824 (rev: 7/2014)

INSTITUTION (staff use only):

RJD-CF

EC?

Y (N)

LOG NUMBER (staff use only):

RJD-B-16-5202

*** TALK TO STAFF IF YOU HAVE AN EMERGENCY ***

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

Date Received by Staff (staff use only):

DEC 30 2016

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT PLUMBER	HOUSING
-----------------------	-------------	-----------------------	---------

INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. **Do not** use an 1824 to request a response for a group of inmates. If you have received an 1824 decision that you disagree with, submit an appeal (CDCR 602, or 602-HC if disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM: I can't attend regular weekend Protestant religious services. I can't understand what is being communicated due to not having a A.S.L. interpreter...I am hearing impaired.

WHY CAN'T YOU DO IT: I am deaf/hearing impaired and A.S.L. free-lance is not available for the weekends.

WHAT DO YOU NEED: I need a A.S.L. free-lance interpreter contracted for the weekend Sunday morning service 8:30 to 11:00 am weekly

(use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- ☐ Difficulty walking or getting around
 ☐ Difficulty seeing
 ☒ Difficulty hearing
 ☐ Difficulty talking
 ☐ On kidney dialysis
☐ Difficulty using arms/hands
☐ Difficulty learning
☐ Difficulty thinking or understanding
☐ Mental impairment
☐ Other Disability (briefly describe): _____

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?Yes ☒ No ☐ Not Sure ☐(List and attach documents if available, including: 1845, 7410, 128-C): see SOMS chrono/documentation

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

12/29/16

DATE SIGNED

Assistance completing this form provided by: _____

Last Name

First Name

Signature

☐ IAP is not required as the CDCR 1824 contains no disability access or discrimination issues.

Person making determination

Title

Name:

CDC #:

CHSS035C

DPP Disability/Accommodation Summary

Friday December 30, 2016 07:4

As of: 12/30/2016

**OFFENDER/PLACEMENT**

CDC#:
 Name:
 Facility: RJD-Facility B
 Housing Area/Bed: B 010 1/112001U
 Placement Score:
 Custody Designation: Medium (A)
 Housing Program: Sensitive Needs Yard
 Housing Restrictions:
 Physical Limitations to May Not Work Around or Use
 Job/Other: Machinery
 Permanent - 12/31/9999

DISABILITY ASSISTANCE

DDP Code: NCF
 DDP Adaptive: None
 Support Needs:
 DDP Effective Date: 03/19/2015
 DPP Codes: DPH
 DPP Determination 01/20/2016
 Date:
 MHSDS Code: GP(M)
 SLI Required: Yes
 Interview Date: 01/20/2016
 Primary Method: American Sign Language
 Alternate Method: Written Notes
 Learning Disability:
 Initial TABE Score: 05.7
 Initial TABE Date: 05/20/2016
 Durable Medical Hearing Aid
 Equipment: Hearing Vest
 Other (Include in Comments)
 Spoken Language:

IMPORTANT DATES

Date Received: 02/04/2011
 Last Returned 03/10/2015
 Date:
 Release Date: 06/13/2027
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 12/25/2015
 Date:
 Status: Full Time
 Position #: PLM.001.002
 Position Title: FAC.B PLUMBER
 Regular Days Monday through Friday (07:00:00 -
 On: 11:30:00)
 Monday through Friday (12:00:00 -
 15:00:00)

Name:

CDC #:

MSSS015B

Medical Classification Chrono Friday December 30, 2016 07:42:05 AM

Prepared Date: 07/03/2015

Duration: Permanent

Expires On:

Institution Name: California Substance Abuse Treatment Facility

Provider Name: Not Available

Provider Title:

Medical Health Factors

Level of Care: OP

Proximity to Consult: No Particular Need

Functional Capacity: Limited Duty

Medical Risk: Medium Risk

Nursing Care Acuity: Basic Nursing

Classification Factors

- ☐ Temporary Medical Hold
☐ Temporary Medical Isolation

- ☐ Long Term Stay
☐ Override

Specialized Services

- ☐ Clinical Category 1
☐ Clinical Category 2
☐ Pregnancy Program
☐ Transplant Center
☐ Hemodialysis
☐ Dementia

- ☐ Therapeutic Diet
☐ Respiratory Isolation
☐ Speech/Occupational Therapy
☐ Physical Therapy
☐ Durable Medical Equipment
☐ Transgender

Institutional-Environmental

- ☐ Restricted - Altitude
☐ Restricted - Cocci Area 1
☒ Restricted - Cocci Area 2
☐ Requires Medical Transport

- ☐ Requires Electrical Access
☐ Requires Adaptive Equipment
☐ Restricted - No Stairs
☒ See CDCR 1845 and 7410

Comments (Non-Confidential)

Inmate uses lip reading and American sign language in addition to hearing aids to achieve effective communication. Wears hearing impairment vest Created by system to synchronize the cocci area restrictions between QM registry and eMCC
 Created by system to synchronize the cocci area restrictions between QM registry and eMCC

Prior Page

Offender Details

Page 1 of 1

Version 4.5.1

Release Note

Summary Accommodations Movement Bed Inventory ADA/EC History

Generate Reports / Get Help / Report a Problem Log On

CDC #: SearchCDC Number:

Summary

Offender/Placement

CDC #:
 Name:
 Institution: **Richard J. Donovan Correctional Facility**
 Bed Code:
 Placement **41**
 Score:
 Custody Level: **Medium A**
 Housing Pgm: **SNY - Sens Needs Yd**
 Housing Restrictions:
 Physical Limitations to Job/Other: **May Not Work Around or Use Machinery, PERMANENT 12-31-9999 Months**

Disability/Assistance

DDP Code: **NCF**
 Effective Date: **03/19/2015**
 DPP Codes: **DPH [History]**
 1845 Date: **01/20/2016**
 MHSOS Code:
 SLI: **Yes**
 Primary Method: **American Sign Language**
 Alternate Method: **Written Notes**
 Learning Disability:
 TABE Score: **5.7**
 TABE Date: **05/20/2016**
 Durable Medical Equipment: **Hearing Aid, Hearing Vest, Other** [Info]
 Last Accom: **Sign Language Interpreter, Read/Speak Slowly/Use Simple Language**
 Spoken Languages:

Important Dates

Pending Revocation: **No**
 Revocation Date: **10/24/2012**
 Date Received in CDCR: **02/04/2011**
 Last Return Date: **03/10/2015**
 Extended Stay Date: **06/08/2015**
 Extended Stay Privileges? **No**
 Release Date: **06/13/2027**
 120 Day Date: **02/13/2027**
 Next IDST Date:

Work/Vocation/PIA

1
 Group Priv: **A**
 Group Work: **A1**
 Start Date: **12/24/2015**
 Status: **Fulltime**
 Job Position: **PLM.001.002**
 Job Title: **FAC.B PLUMBER**
 IWTIP Code: **S**
 IWTIP Description: **Support Services**
 Regular Day Off: **SU, S**
 Work Hours: **0700-1130, 1200-1500**

Accommodation History

05/08/2015	Classification Hearing	Read/Speak Slowly/Use Simple Language, Sign Language Interpreter
05/05/2015	Notice of Classification Hearing	Read/Speak Slowly/Use Simple Language, Sign Language Interpreter
04/05/2011	Classification Hearing	Sign Language Interpreter
03/02/2011	CCI INTERVIEW	Sign Language Interpreter

RAP 01/05/2017

Interim Accommodation Procedure (IAP) Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: RJD-B-16-5202

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 12 / 30 / 16Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**☐ Yes / Unsure (Complete Steps 2 & 3)☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g. access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

R. OLIVARRIA

CCII

12 / 30 / 16

Person Completing Step 1

Title

Signature

Date Completed

STEP 2 CDCR 1824 REQUEST FOR INFORMATION **Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"**

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: Not interviewed.Staff Interviewed: _____ Title: _____ Interview date: 12 / 30 / 16

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: Wants ASL interpreter available for weekly and weekend religious services.

R. OLIVARRIA

CCII

12 / 30 / 16

Interviewer (Print Name)

Title

Signature

Date Completed

RAP 01/05/2017

IAP Worksheet

DRAFT

Inmate: _____

CDCR #: _____

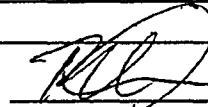
CDCR 1824 Log #: RJD-B-16-5202**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY** (See Note below)An Interim Accommodation **IS NOT** required.Reason: No potential for injury or serious harm noted.An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided: _____

Date provided: _____

Comments: _____

R. OLIVARRIACCII12 / 30 / 16

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
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- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- You may need to interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's ability to access programs, services, or activities.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify the inmate's access or discrimination issue. Your notes should also clarify what the inmate is requesting as an accommodation.
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

IAP Worksheet editable - rev 10-27-15.vsd

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

DRAFT

RAP Meeting Date: 1/5/2017

Date IAC Received 1824: 12/30/2016

1824 Log Number: 16-5203

Inmate's Name:

CDCR #:

Housing:

RAP Staff Present: R. Din (ADA Coord), B. Self (IAC), R. Barenchi (CPS), A. Busalacchi (PA), M. Rourke (SSA), S. Zudiker (Ch. Psych), B. Millum (Teacher).

Summary of Inmate's 1824 Request: You are requesting an ASL interpreter for the weekend, Sunday morning Protestant services, 8:30-11:00 AM weekly.

Interim Accommodation:

☒ No interim accommodation required.

FINAL RESPONSE:

RAP is able to render a final decision on the following:

Response: You submitted a CDCR-1824 Reasonable Accommodation Request received 12/30/2016, requesting an ASL interpreter for the weekend, Sunday morning Protestant services, 8:30-11:00 AM weekly. Your request is denied SLI is available for Vocational Educational due process and health care contacts.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

R. Din

ADA Coordinator/Designee


Signature

Date sent to inmate:

JAN 25 2017

RAP 01/05/2017

State of California

REASONABLE ACCOMMODATION REQUEST

CDCR 1824 (rev: 7/2014)

Department of Corrections and Rehabilitation

INSTITUTION (staff use only):

RJD CR

EC?

Y (N)

LOG NUMBER (staff use only):

RJD-B-16-5203

Date Received by Staff (staff use only):

DEC 30 2016

TALK TO STAFF IF YOU HAVE AN EMERGENCY

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT IAP	HOUSING
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INSTRUCTIONS

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. **Do not** use an 1824 to request a response for a group of inmates. If you have received an 1824 decision that you disagree with, submit an appeal (CDCR 602, or 602-HC if disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM: I can't attend regular weekend Protestant religious services. I can't understand what is being communicated due to not having a A.S.L. interpreter...I am hearing impaired.

WHY CAN'T YOU DO IT: I am deaf/hearing impaired and A.S.L. free-lance is not available for the weekends.

WHAT DO YOU NEED: I need A.S.L. free-lance interpreter contracted for the weekend Sunday morning service 8:00 to 11:00 am weekly

(use the back of this form if you need more space)

Which of the following best describes your disability that caused you to file this request:

- ☐ Difficulty walking or getting around
 ☐ Difficulty seeing
 ☒ Difficulty hearing
 ☐ Difficulty talking
 ☐ On kidney dialysis
☐ Difficulty using arms/hands
☐ Difficulty learning
☐ Difficulty thinking or understanding
☐ Mental impairment
☐ Other Disability (briefly describe): _____

DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?Yes ☒ No ☐ Not Sure ☐(List and attach documents if available, including: 1845, 7410, 128-C): **SEE SOMS FOR CHRONO/DOCUMENTATION**

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

INMATE'S SIGNATURE

12-29-16

DATE SIGNED

Assistance completing this form provided by:

Last Name

First Name

Signature

☐ IAP is not required as the CDCR 1824 contains no disability access or discrimination issues.

Person making determination

Title

RAP 01/05/2017

Interim Accommodation Procedure (IAP) Worksheet

DRAFT

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.

Inmate: _____ CDCR #: _____ CDCR 1824 Log #: RJD-B-16-5202

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 12 / 30 / 16

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

☐ Yes / Unsure (Complete Steps 2 & 3) ☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the Inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder, and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

R. OLIVARRIA

CCII

12 / 30 / 16

Person Completing Step 1

Title

Signature

Date Completed

STEP 2 CDCR 1824 REQUEST FOR INFORMATION Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: Not interviewed.Staff Interviewed: _____ Title: _____ Interview date: 12 / 30 / 16

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: Wants ASL interpreter available for weekly and weekend religious services.

R. OLIVARRIA

CCII

12 / 30 / 16

Interviewer (Print Name)

Title

Signature

Date Completed

RAP 01/05/2017

IAP Worksheet

DRAFT

Inmate: _____

CDCR #: _____

CDCR 1824 Log #: RJD-B-16-5202**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY** (See Note below)An Interim Accommodation **IS NOT required**.Reason: No potential for injury or serious harm noted.An Interim Accommodation **IS required**.

Reason: _____

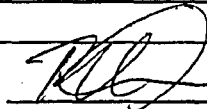
Accommodation(s) provided: _____

Date provided: _____

Comments: _____

R. OLIVARRIA

CCII



12 / 30 / 16

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

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IAP Worksheet editable - rev 10-27-15.vsd

Name:

CDC #:

MSSS015B

Medical Classification Chrono Friday December 30, 2016 07:51:03 AM

Prepared Date: 10/07/2016

Duration: Permanent

Expires On:

Institution Name: North Kern State Prison

Provider Name: Banayan, Shahab

Provider Title: Physician & Surgeon

Medical Health Factors

Level of Care: OP

Proximity to Consult: Infrequent Basic Consultation

Functional Capacity: Limited Duty

Medical Risk: Medium Risk

Nursing Care Acuity: Uncomplicated Nursing

Classification Factors

- ☐ Temporary Medical Hold
☐ Temporary Medical Isolation

- ☐ Long Term Stay
☐ Override

Specialized Services

- ☐ Clinical Category 1
☐ Clinical Category 2
☐ Pregnancy Program
☐ Transplant Center
☐ Hemodialysis
☐ Dementia

- ☐ Therapeutic Diet
☐ Respiratory Isolation
☐ Speech/Occupational Therapy
☐ Physical Therapy
☐ Durable Medical Equipment
☐ Transgender

Institutional-Environmental

- ☐ Restricted - Altitude
☐ Restricted - Cocci Area 1
☒ Restricted - Cocci Area 2
☐ Requires Medical Transport

- ☐ Requires Electrical Access
☐ Requires Adaptive Equipment
☐ Restricted - No Stairs
☒ See CDCR 1845 and 7410

Comments (Non-Confidential)

DC MEDICAL HOLD. Hearing impairment vest. Uses ASL for communication

Prior Page

Name:

CDC #:

CHSS035C

DPP Disability/Accommodation Summary

Friday December 30, 2016 07:5

As of: 12/30/2016

**OFFENDER/PLACEMENT**

CDC#:
 Name:
 Facility: RJD-Facility B
 Housing Area/Bed:
 Placement Score: 38
 Custody Designation: Medium (A)
 Housing Program: Sensitive Needs Yard
 Housing Restrictions: Unrestricted
 Physical Limitations to
 Job/Other:

DISABILITY ASSISTANCE

DDP Code: NCF
 DDP Adaptive: None
 Support Needs:
 DDP Effective Date: 06/09/2016
 DPP Codes: DPH
 DPP Determination Date: 06/09/2016
 MHSDS Code: GP
 SLI Required: Yes
 Interview Date: 06/09/2016
 Primary Method: American Sign Language
 Alternate Method: Reads Lips
 Learning Disability:
 Initial TABE Score: 06.6
 Initial TABE Date: 06/13/2016
 Durable Medical Eye Glasses
 Equipment: Hearing Impaired Disability
 Vest
 Shoes
 Spoken Language:

IMPORTANT DATES

Date Received: 05/24/2016
 Last Returned
 Date:
 Release Date: 05/17/2024
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start 12/20/2016
 Date:
 Status: Full Time
 Position #: ACG.002.005
 Position Title: FAC.B I/M ASSISTANCE PROGRAM
 Regular Days Sun, Wed, Thu, Fri, Sat (06:30:00 -
 On: 11:00:00)
 Sun, Wed, Thu, Fri, Sat (11:30:00 -
 13:30:00)

Offender Details

Page 1 of 1

Version 4.5.1

Release Note

Summary Accommodations Movement Bed Inventory ADA/EC History

Generate Reports / Get Help / Report a Problem Log On

CDC #:

Search

CDC Number:

Summary

Offender/Placement

CDC #:

Name:

Institution: **Richard J.
Donovan
Correctional
Facility**

Bed Code:

Placement
Score: **38**

Custody Level: **Medium A**

Housing Pgm: **SNY - Sens Needs
Yd**

Housing
Restrictions: **Unrestricted**

Physical
Limitations to
Job/Other:

Disability/Assistance

DDP Code: **NCF**

Effective
Date: **06/09/2016**

DPP Codes: **DPH [History]**1845 Date: **06/09/2016**MHSOS
Code:SLI: **Yes**

Primary
Method: **American Sign
Language**

Alternate
Method: **Reads Lips**Learning
Disability:TABE Score: **6.6**TABE Date: **06/13/2016**

Durable
Medical
Equipment: **Eye Glasses,
Hearing
Impaired
Disability Vest,
Shoes**

[Info]

Last

Accomm:

Spoken

Languages:

Important Dates

Pending Revocation: **No**

Revocation Date:

Date Received In CDCR: **05/25/2016**

Last Return Date:

Extended Stay Date: **08/23/2016**Extended Stay Privileges? **YES**Release Date: **05/17/2024**120 Day Date: **01/18/2024**

Next IDST Date:

Work/Vocation/PIA

1

Group Priv: **A**Group Work: **A1**Start Date: **12/19/2016**Status: **Fulltime**Job Position: **ACG.002.005**

Job Title: **FAC.B I/M
ASSISTANCE
PROGRAM**

IWTIP Code: **S**IWTIP
Description: **Support Services**

Regular Day
Off: **M, TU**

Work Hours: **0630-1100,
1130-1330**

Accommodation History

No Accommodation Records Found.