

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF JUVENILE JUSTICE
Wards with Disabilities Program Remedial Plan - Annual Auditor's Report for FY 2007-08

Introduction

Auditing Activities for the 2007-08 Fiscal Year

This report represents the third auditing report by the Disabilities Expert and Auditor, Logan Hopper, in response to the Consent Decree entered in the matter of *Farrell v. Tilton/Cate*. The Consent Decree requires that the Disabilities Expert visit each of the eight DJJ correctional facilities and Headquarters during each fiscal year and report on the progress DJJ is making in implementing the Wards with Disabilities Program (WDP) Remedial Plan, filed with the Court on May 31, 2005. From September, 2007, through June, 2008, the Disabilities Auditor visited the following facilities:

- O.H. Close Youth Correctional Facility
- N. A. Chaderjian Youth Correctional Facility
- El Paso de Robles Youth Correctional Facility
- Ventura Youth Correctional Facility
- Heman G. Stark Youth Correctional Facility
- Preston Youth Correctional Facility
- Dewitt Nelson Youth Correctional Facility
- Southern Youth Correctional Reception Center and Clinic
- Division of Juvenile Justice Headquarters

For the fiscal year 07-08, the Disabilities Auditor typically scheduled two one-day site visits to each correctional facility. The first audit date involved a more general review of all items contained in the Wards with Disabilities Program (WDP) Audit Instrument. The second audit date focused on a follow-up and a more detailed analysis of items not resolved during the first audit date, as well as interviews and final coordination with facility staff. At the end of each first facility visit, a summary report describing the basic activities of the audit and general findings was submitted, as requested by Bernie Warner and Don Specter in their joint letter dated June 8, 2007. One of the purposes of the first site visit was to monitor the progress of partially compliant and non-compliant items since the last report and to provide guidance to the WDP facility coordinator and other staff on ways to gain compliance by the end of the 07-08 auditing cycle.

For each facility visited, the Disabilities Auditor completed an evaluation of the facility's compliance using the approved Disabilities Auditing Instrument, dated May 31, 2005. At the end of the second round of facility audits, the Disabilities Auditor prepared this final, detailed report for each facility, providing the compliance ratings and a commentary on the implementation progress for each item.

The only exceptions to these procedures were for the two facilities closed during the fiscal year, Dewitt Nelson YCF and El Paso de Robles YCF. Each of these sites was visited for only one day. There were some questions as to why these facilities were included in this fiscal year's audit, but my perspective was that they still served wards with disabilities for a full year and that there could be practices and procedures instituted at these facilities that would have broader application to the overall program. Each of the WDP facility coordinators at these facilities prepared a comprehensive binder of documentation; however, since there was no opportunity for follow-up, some items in the detailed compliance charts that comprise the majority of this report may include the reference for "Not Available" to denote that there was not adequate information to arrive at a definitive compliance evaluation.

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Executive Summary

For the most basic summary of the year's activities and current status, it is clear that DJJ and the Wards with Disabilities Program has made significant strides and reached substantial compliance in a number of areas, but there still are areas where compliance has not been reached and further efforts are needed to effectively provide wards with disabilities equal access to programs and services. The main purpose of this report is to provide guidance as to where DJJ should continue with established procedures, and where further development is needed to achieve substantial compliance with the WDP Remedial Plan.

During the fiscal year, the Wards with Disabilities Program was impacted significantly by the departure of the original program manager and departmental WDP coordinator, Karen Smith, in December, and with the naming of Sandi Becker to the permanent position in March. During the last four months, Ms. Becker has worked diligently to assume these duties and is believed to be gaining understanding of the program and her duties rapidly. She brings a new perspective to the position and appears to be very capable and dedicated to the task. Still, the program obviously experienced some degree of delay during this period when there was no permanent coordinator. It should be acknowledged that Maria Correa, the Assistant Program Manager, provided much needed continuity and performed her duties admirably in keeping the development of policies and procedures moving forward. For most facilities, this was the second or third fiscal year with an active WDP facility coordinator, with SYCRCC being the only facility to experience a change in the position. The extent to which the program has progressed at each facility is almost directly proportional to the length of tenure of the WDP facility coordinator. Despite the varying degrees of experience with the details of the program, the actions of all of these WDP coordinators represent the strongest aspects of the Wards with Disabilities Program. The WDP departmental and facility coordinators and staff members go about their tasks in different ways, but they have all demonstrated remarkable patience and skill in setting up processes and undertaking the necessary tasks.

As a result of the combined efforts of these coordinators, the WDP program has progressed steadily as an entity at all facilities. The execution of basic WDP tasks by these coordinators, such as overseeing the Staff Assistant teams, providing individualized assistance to wards with disabilities, and monitoring the disciplinary and grievance systems, continues to meet basic goals established by the plan. "Proof of practice" documentation of compliance efforts and activities as required by the remedial plan continue to progress, although it is clear that greater standardization and coordination among the facilities and Headquarters is still needed. It should also be noted that WDP staff has been receptive to specific recommendations from the Disabilities Expert for improving reports and activities, and this cooperation has been appreciated. One issue that is of concern is the possibility that in the future, these coordinators may not be available full time to execute the duties required of them. The newly-instituted SSI assistance program is now also being handled by the WDP facility coordinators, and there has been some discussion regarding one or more of these coordinators taking on other responsibilities unrelated to the Wards with Disabilities Program.

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The annual auditor's report for last year cited a need for better coordination of required WDP Remedial Plan elements into the day-to-day operations by facility staff, particularly those in supervisory positions, as well as a need for more meaningful acceptance of the program's goals by all correctional staff. The WDP Remedial Plan is a complex and comprehensive document that touches upon all operations of the DJJ as it relates to wards, since the overriding goal is for wards with disabilities to be integrated with and receive equal treatment and services consistent with those provided to all wards. Generally, Superintendents continue to be knowledgeable about and cooperative with the goals of the remedial plan. In addition, high-ranking supervisors at all facilities, usually Program Administrators or Treatment Team Supervisors, assist the WDP facility coordinators in procedural and operational matters, and many of these staff should also be commended for their commitment toward making the implementation of the plan filter into the various disciplines and departments. Beyond these staff members, the level of understanding and commitment to WDP Remedial Plan goals and objectives is still sporadic, although gains have been shown in a number of areas. Full cooperation and coordination from all staff has been the major impediment to more significant progress. As will be described below, disability awareness and sensitivity has progressed significantly during the fiscal year, and more staff are becoming better acclimated to the program, and acceptance has increased accordingly. However, many DJJ staff are still not aware of how WDP Remedial Plan requirements relate to their department's activities.

The sections that follow summarize the successful implementation actions taken by the DJJ in some areas, as well as document some areas where no meaningful progress has been made and where more focus is needed to meet the remedial plan's requirements.

Wards with Disabilities Identification and Accommodation

During the third round of visits, the various facilities used different methods and achieved differing results in attempts to identify, classify, and assign appropriate accommodations to wards with disabilities. This was mainly due to the fact that the WIN computerized identification system had not yet been fully implemented at the facilities at the time of the audit (see separate discussion of WIN below). During this fiscal year, there was still a lack of clear direction from Headquarters on these processes, although WDP staff at all facilities used their best efforts to prepare appropriate documentation of wards with disabilities and their reasonable accommodations. A full implementation of WIN system reporting should allow for a more definitive monitoring of the effectiveness of these identification procedures.

WIN Information Systems

DJJ has worked steadily to upgrade its computerized ward informational and record-keeping system, referred to as the WIN system. At the present time, it is our understanding that the WIN system has been upgraded and installed at all six facilities and that WDP facility coordinators and most other staff members have been trained on how to use the system. However, due to the nature of the auditing process in which facilities are monitored at a particular moment in time during the fiscal year, I have not actually seen the upgraded system in operation at all facilities, nor have I been able to evaluate the veracity and effectiveness of information entered by staff. Therefore, items related to the WIN system

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as included in the Auditing Instrument are given a “partially compliant” rating, but this should not be interpreted that DJJ has not performed admirably in bringing about changes to the WIN system. The WDP Remedial Plan requires that various types of information about wards with disabilities, including the nature of any disabling condition and any reasonable accommodations necessary to provide services and programs to a specific ward, be readily available to staff, and it appears that DJJ has made progress toward this end.

Physical Accessibility Modifications

The facility management departments at all locations should be commended for the numerous architectural modifications undertaken during the past year to increase accessibility for wards with mobility impairments. As described in the Auditor’s preliminary reports, there are many areas that are exemplary in their design and in the appropriate incorporation of accessibility elements into the construction. Examples are the new accessible room and sanitary facilities at the Futch living unit at SYCRCC, the exterior path of travel improvements at O. H. Close, and the accessible showers at Heman G. Stark. It should be noted that the WDP Remedial Plan requires that these more comprehensive architectural modifications only be completed by July, 2008, so many improvements reviewed during the past fiscal year were ahead of schedule, and there are other areas that will be reviewed during the next year of monitoring. These final areas include some of the more detailed items, such as the removal of some fixed seats at dining areas, and the provision of adjustable exam tables at medical examination rooms.

ADA Staff Training

One of the major and most difficult implementation activities of the WDP Remedial Plan is the provision for initial and on-going staff training in the areas of WDP policies and procedures and disability sensitivity training. The WDP Remedial Plan requires that initial staff training be completed by the end of May, 2006 (within 12 months of adoption of the WDP Plan), and that annual training be provided to all staff, as well as to all new hires as part of the Training Center activities. This aspect of the plan was the major topic of discussion at a meeting attended by all parties involved in the *Farrell* matter February 29, 2008. It should be reported that significant strides in training activities have been made during the last half of the fiscal year. All WDP facility coordinators have completed Training for Trainers (called T for T) sessions and are actively involved in training activities at their facilities. The Disabilities Auditor has been provided with numerous training attendance lists for most facilities and was present at one of the training sessions held at Dewitt Nelson YCF, attended by approximately 100 staff members. To date, while the exact figures vary between facilities, a rough accounting shows that approximately 40% of all current staff have been given the training.

Staff Assistants for Wards with Disabilities

The WDP Remedial Plan requires the establishment of staff assistants (SA's) at each facility, for the purpose of assuring that reasonable accommodations are provided to wards during disciplinary and grievance procedures, Board hearings, parole planning, and other specified activities. As described above, training for these SA’s has proceeded at an acceptable rate, and these training sessions have helped to increase staff awareness of the requirements of the WDP Remedial Plan. These SA teams are

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now set up and active at all facilities, with some teams having greater participation than others. The intent of the WDP Remedial Plan is that these SA teams become increasingly active in assisting wards with disabilities, with less direct involvement from the WDP facility coordinator.

Educational Issues for Wards with Disabilities

There is overlap between the requirements of the WDP Remedial Plan and Educational Services, particularly in the area of services for wards with disabilities enrolled in special education programs. In their facility reports for this fiscal year, the educational experts have cited improvement on the issue of school participation and the number of hours of instruction for these wards, but they also still cite the need for further improvement at most facilities. Since many wards with disabilities are housed in special treatment or restrictive programs, this situation tends to negatively affect educational services for these wards to a significant degree. I would recommend that remedial strategies developed by the educational experts continue to be implemented to improve the number of hours of direct and integrated instruction for these wards. Monitoring activities still indicated some problems in the formulation of individualized education programs (IEP's). I would recommend particular attention to the requirements of the WDP Remedial Plan, such as the use of staff advocates prior to and during IEP meetings, to help to resolve these issues.

Self and Staff Referrals for Wards with Disabilities

These referrals underwent major changes during the year's audits, with most facilities transitioning from the previous Request for Sick Call (YA 8.229) form to the new "Disability Referral / Evaluation Form" (DJJ 8.288). However, in general, it was not common that forms YA 7.464, YA 8.229, or DJJ 8.288 were being used by wards for self-referrals. WDP and Headquarters staff members spent a considerable amount of time during fiscal year in attempts to complete remedial plan items related to the ward self-referral and staff referral process, and their efforts are commendable. The "Disability Referral / Evaluation Form" (DJJ 8.288) was completed and distributed to the facilities on February 25, 2008, and the form is now in use at most facilities. The form has many excellent features, yet it is not yet clear that the form will serve the intended purposes of the remedial plan. First, the form includes Education referrals, and the remedial plan requires the SCT process to refer and assess wards for this purpose. Second, the remedial plan and audit instrument intended that such a form should serve as a basic "sick call" form, and it is unclear if wards will be able to use the new, more complex form effectively. It is recommended that the form remain in use with no revisions throughout the next fiscal year, so that its proper usage and effectiveness can be further monitored and evaluated by the Disabilities Auditor and WDP staff.

Coordination with Special Study Groups

The WDP Remedial Plan contains a number of activities that require specific studies and/or the preparation or revision of various policies and procedures. Most of these activities carry no specific schedule for implementation in the remedial plan. These required studies and activities include:

- (1) a special working group to study and provide recommendations for establishing residential programs for wards with developmental disabilities,

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- (2) the formulation of specific policies related to medical issues concerning wards with disabilities, including a revision of the eyeglasses prescription policy, and an action plan for the integration of wards with disabilities into the general population after release from an OHU,
- (3) a special working group and study on the effects of and tracking policies for the prescription of certain psychotropic drugs, and
- (4) coordination with safety and welfare issues for wards with disabilities, as they would be included in the safety and welfare remedial plan.

The Disabilities Auditor attended a meeting on September 4, 2007, with most of the staff who would be involved in these activities. Subsequent to that meeting, I prepared a memorandum, dated October 17, 2007, describing the discussions of the meeting and recommended follow-up actions, and transmitted the memo to WDP staff on several occasions throughout the year. To date, I have received no substantive information on any progress on these activities. It should be noted that the WDP Remedial Plan requires that the Disabilities Expert be consulted throughout the formulation of these studies and policies. Our interpretation of that requirement would suggest an on-going consultation relationship, and not just a final review and approval/disapproval. Again, it must be stated that the Disabilities Expert is ready and willing to assist in these activities.

Report respectfully submitted,



Logan Hopper, Disabilities Expert and Auditor

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Facility Compliance Chart

This chart represents the combined auditing report for the third round of site visits during the 2007-2008 fiscal year to the eight DJJ correctional facilities and Headquarters by the Disabilities Auditor, Logan Hopper. Facilities are listed in the chart using the following abbreviations:

- DN DeWitt Nelson Youth Correctional Facility
- Ven Ventura Youth Correctional Facility
- Pas El Paso de Robles Youth Correctional Facility
- HS Heman G. Stark Youth Correctional Facility
- Cha N.A. Chaderjian Youth Correctional Facility
- SY Southern Youth Correctional Reception Center and Clinic
- Clo O.H. Close Youth Correctional Facility
- Pre Preston Youth Correctional Facility and Reception Center
- HQ Headquarters

The reports attempted to determine a general level of compliance for the applicable items from the disabilities remedial plan and the disabilities audit instrument, using the following codes:

SC = Substantial Compliance; PC = Partial Compliance; NC = Non-Compliance; NAv = Not Available, -- = Not Applicable.

SC* = Second consecutive "Substantial Compliance" rating; the Auditor recommends no further independent auditing, but rather continuing auditing by the Departmental WDP Coordinator.

Item	Method	Compliance Rate										Comments / Recommendations
		DN	Ven	Pas	HS	Cha	SY	Clo	Pre	HQ		
Headquarters												
I. Directorate												
Maintain a current copy of the Wards With Disabilities Program Remedial Plan in the Director's office.	Verify current copy is retained.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
A. Departmental Ward Disability Coordinator & Functions												
By October 2005, establish and maintain a full-time Departmental Wards with Disabilities Program (WDP) Coordinator and analytical staff to develop, support, lead and manage a quality program.	Verify positions are in place and filled.	--	--	--	--	--	--	--	--	--	SC	At the present time, Sandi Becker is the full-time Departmental WDP Coordinator, and Maria Correa is currently the full-time WDP Assistant, with other staff being available as needed.
Ensure duty statement encompasses all	Review duty statement.	--	--	--	--	--	--	--	--	--	SC*	Duty statement for the Departmental WDP Coordinator was presented at the

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Departmental WDP Coordinator duties defined in the WDP Remedial Plan.												latest Headquarters audit
The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the Departmental WDP Coordinator.	--	--	--	--	--	--	--	--	--	SC	Sandi Becker is believed to be performing the required oversight functions.
Establish and maintain full-time WDP Coordinators at each facility by Feb., 2006.	Verify positions are in place and filled.	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*	SC*		Each facility currently has an active WDP Coordinator in place.
The Departmental WDP Coordinator will develop a standardized emergency announcement protocol by December 2005.	Review emergency announcement procedures to ensure procedures are in place to provide the needed assistance for wards w/ disabilities. Determine timeliness of announcement.	--	--	--	--	--	--	--	--	--	PC	An emergency announcement protocol, TDO #07-94 dated Nov. 27, 2007, was provided to the Auditor by e-mail on Mar. 17, 2008, and in hard copy during the June 3, 2008, headquarters audit. The Auditor made a preliminary review of a draft document during last fiscal year, with recommendations to include more specificity on the assistance necessary for wards with physical and psychiatric disabilities; however, the final approved TDO appears to be different in several ways. First, the requirement for the flickering of lights described by the remedial plan is only listed as an option in the protocol, without clear guidance on other equally effective methods. Second, the protocol lacks specificity, and falls short of industry standards, such as NFPA. Third, the Auditor has not been able to verify proper training or the readiness for usage at the facilities.
The Departmental WDP Coordinator shall ensure that	Review monthly, quarterly and annual	SC	SC	SC	SC	SC	SC	SC	SC	SC	PC	WDP facility coordinators' monthly reports have been prepared at all

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a WDP report is completed monthly, quarterly and annually for each site.	reports for completeness.											facilities within the last twelve months. Facilities generally use the basic "population" report, as well as the format that includes more information on the services actually provided to wards with disabilities, as well as information on wards with disabilities grievances, disciplinary actions, and those placed in restrictive settings. During the Headquarters audit, the presence of an annual report was questioned. It is assumed that monthly reports are combined to form an overall annual report, although these have not been submitted to the Auditor.
In conjunction with the Health Care Transition Team, Medical Experts and Disabilities Expert, prepare an "action plan" for wards with mobility or other physical impairments to integrate with the general population as soon as medical issues are resolved, including determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis.	Audit to determine implementation and review documentation to ensure compliance.	--	--	--	--	--	--	--	--	--	PC	The Disabilities Auditor attended an initial planning session on September 4, 2007. No "action plan" was provided during the Headquarters audit on June 3, 2008, but a "Proof of Practice" draft of such a plan was recently sent to the Auditor, requesting review by July 7, 2008. That review has not yet been completed. See "Introduction" for a further discussion.
In conjunction with the Health Care Transition Team, the Mental Health and Medical Experts, and	Audit to determine implementation and review documentation to ensure compliance.	--	--	--	--	--	--	--	--	--	NC	The Disabilities Auditor attended an initial planning session on September 4, 2007. No other consultation has occurred, nor has a draft or approved

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Disabilities Expert, ensure systems are in place to monitor the use of psychotropic prescriptions and medications including SSRI's for wards under the age of 20.												protocol or policy for monitoring psychotropic medications been presented to the Auditor by DJJ. See "Introduction" for a further discussion.
The CYA shall conduct annual compliance reviews of the court-approved Disabilities Program Remedial Plans in all CYA facilities to monitor compliance with the Remedial Plan, to ensure that wards with disabilities are being effectively identified, to ensure that the needs of those wards are being met and to reassess and reevaluate the level of staffing and training needed to comply with the Remedial Plan, commencing in the 2006 calendar year.	Verify completion of annual compliance reviews.	--	--	--	--	--	--	--	--	--	PC	The DJJ completed its last quarterly report on April 30, 2008. It is believed that this report and other quarterly reports could form a part of the annual report required by this item, although the annual report described by the remedial plan is more detailed in scope, and requires a self-monitoring component. Quarterly reports have not provided assessments of the level of staffing and training needed to comply with the WDP Remedial Plan. It is believed that "Corrective Action Plans" covering the last fiscal year and the second round of facility audits have been completed for most facilities, but these have not been shared with the Auditor.
Within six months of the court approval and adoption of this plan the Department's Ward Disability Program Coordinator will receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1	Review the outside consultants training material to determine compliance with the requirements contained in the WDP Plan. Review and confirm training schedule to ensure all individuals complete	--	--	--	--	--	--	--	--	--	SC	Sandi Becker has attended several training sessions, both in-house and from a national ADA coordinator's association. While these have been helpful in meeting the training goals, we have discussed some additional training resources, such as additional training from disability advocacy consultants, which may also be helpful.

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of the Expert's report.	the required training.											
Develop the Disability Health Services Referral Form.	Monitor for completion by December 2005.	--	--	--	--	--	--	--	--	--	PC	It should be acknowledged that the WDP and Headquarters staff have spent a considerable amount of time to complete this item, and their efforts are laudable. A "Disability Referral/ Evaluation Form" (DJJ 8.288) was completed and distributed on February 25, 2008. The form is now in use at most facilities. The form has many excellent features, yet it is not yet clear that the form will serve the intended purpose of this item. First, the form includes education, and the remedial plan requires the SCT process to refer and assess wards for this purpose. Second, the item was intended to serve as a basic "sick call" form, and it is unclear if wards will use it effectively. It is recommended that the form remain in use with no revisions throughout the next fiscal year, and its usage and effectiveness monitored by the Auditor and WDP staff.
C. Headquarters Policies												
The CYA shall procure two wheelchair accessible vans to transport wards with disabilities by July 2006.	Review purchase orders (PO) (STD 65) to confirm purchase and within established timeline.	--	--	--	--	--	--	--	--	--	SC	DJJ has submitted evidence that the two vans have been purchased and that the vans are now located at Preston and Stark. However, documents show that staff have not yet been trained in how to operate the vans, and that they are not currently in use. Since the Auditor has not personally been able to see the vans and verify they meet the intended

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												function, it is recommended that this item not be removed from the audit instrument at this time.
By July 2006, the Department shall develop and maintain system that documents the mental & physical impairments of wards with disabilities and any reasonable accommodations.	Audit to determine implementation within the given timeframe and review documentation to ensure compliance.	--	--	--	--	--	--	--	--	--	PC	The monthly reports adequately (though not systematically) document mental and physical impairments of wards at an aggregate, but not individual, level. Reasonable accommodations are usually documented by the WDP facility coordinator, but in an informal manner. DJJ has been working on comprehensive documentation through the WIN system upgrades and is believed to be close to completing the task.
The Department shall ensure that wards with disabilities have access equal to non-disabled wards in all levels of care within the youth correctional system.	Review 10% of placements and all level of care for wards with disabilities.	--	--	--	--	--	--	--	--	--	SC	Reviews of random files did not indicate any specific lack of equal access. It has been previously recommended that the Department prepare a documentation form to aid in assurances of equal access, but this has not yet been accomplished.
All wards under the jurisdiction of the CYA shall be given equal access to all programs, services and activities offered by the Department. Programs, services, and activities shall be offered in the least restrictive environment, with or without accommodations.	Review 10% of placements and access to special programs for wards with disabilities.	--	--	--	--	--	--	--	--	--	SC	Reviews of random files did not indicate lack of equal access to special programs. It has been recommended that the Department prepare a documentation form to evaluate the least restrictive environment requirement (see item above).
Establish policies to assure that placement of wards with disabilities into restrictive programs is not based either	On-going audit.	--	--	--	--	--	--	--	--	--	PC	It is recommended that specific policies and procedures be documented in writing to evaluate a ward's (with or without a disability) placement into any

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directly or indirectly on a ward's physical or mental disability, or on manifestations of that disability.											restrictive program.
By December 2005, the Education Branch shall establish a working committee consisting of the Disability Expert, one Education Expert, the SELPA Director and the Manager of Special Education to study and make recommendations to improve the adult ward's and parents' meaningful participation during IEP meetings, to encourage more active participation, and to provide informational materials for parents and/or surrogates.	Review recommendations and develop appropriate implementation plans.	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
The Education Branch working committee shall also study the need for and evaluate the ability of the various public or private groups or agencies to assist with the means of attending IEP meetings for parents. (This is not be interpreted as requiring the Dept. to provide such means.)	Review recommendations and provide support if applicable.	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
The Education Branch working committee shall also study the need to include a wider variety of individualized accommodations in IEP's.	Review recommendation develop appropriate implementation plans.	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.

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In consultation with the disabilities expert, the CYA will conduct a study regarding the need for a residential program for wards with certain developmental disabilities. The study will commence within 6 months from the date that the Disabilities Remedial Plan is filed with the court.	Review documented study for meeting timeline and evaluate recommendations.	--	--	--	--	--	--	--	--	--	NC	This consultation and the resulting study have not yet occurred.
The visiting facility at Ventura is currently under construction & will be fully operational by 1/06. The new facility at Preston will be fully operational and safe for all wards, visitors and staff by July '06. The CYA will confer with the Disability Expert to explore and implement, as appropriate, interim solutions to address architectural barriers at the existing Preston visiting area until new facility is opened by 7/06.	Visit locations to determine completion/level of operation by established dates.	--	PC	--	--	--	--	--	--	NC	--	It has been reported that the new visiting facility at Ventura is now open and in use, after the Auditor's last visit there. However, the Auditor has not been able to verify that the usage is permanent and fully compliant with the WDP Remedial Plan.
The CYA shall conduct a needs assessment and prepare Department wide disability training materials, with the assistance of an outside disability advocacy organization or consultant, in consultation with the Disability Expert, by June, 2006.	Review needs assessment and training materials.	--	--	--	--	--	--	--	--	--	PC	The needs assessment, while believed to be cursory and non-specific, has nevertheless been completed. A course curriculum for sensitivity & awareness portions of the training has been developed and reviewed by the Disabilities expert, with some pending recommendations, and it is now in use.. It is still recommended that an outside (non-State) disability advocacy agency be consulted, as required by the remedial plan, to assist in developing the final curriculum for all training modules.
The CYA shall develop a screening tool to assess the	Review screening tool to ensure validation.	--	--	--	--	--	--	--	--	--	NC	This screening tool is reportedly under development, but not yet completed.

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current ward population in order to identify any developmentally disabled wards who may not have been previously identified. The CYA shall complete this assessment by December, 2006.	Ensure that the assessment is completed within the given timeframe.											The Disabilities Expert has not been involved in the development of the screening tool, nor have I reviewed a draft or prototype.
Within 12 months of the court approval of the plan, all staff will receive training, prepared with the assistance of an outside disability advocacy organization or consultant, and in consultation with the Disability Expert in sensitivity, awareness & harassment. This training will be provided to all staff on an annual basis. Until such time as this training is incorporated in the basic training academy curriculum, this training will be provided to all new hires within 90 days of placement in the facility.	Review the outside consultant training material to determine compliance with the requirements contained in the WDP Plan. Review and confirm training schedules and document attendance to ensure all staff and new hires are provided training.	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	A course curriculum for the sensitivity, awareness, and harassment portion of the training has been developed, and training sessions for current staff have begun at all facilities, with the approximate staff inclusion rate being about 40% (see Introduction). It is still recommended that an outside (non-State) disability advocacy agency be consulted, as required by the WDP remedial plan, to assist in developing the final curriculum for all training modules. It has been verbally reported that the training academy has instituted training sessions for new hires, but no curricula or attendance records have been provided to the Auditor.
The Department shall ensure that a ward is not precluded from assignments to a work or a camp program based solely upon the nature of a disability.	Review departmental list of wards with disabilities; conduct interviews. Audit work / camp program rosters to determine placement of wards with disabilities.	--	--	--	--	--	--	--	--	--	PC	Reviews of random files and interviews indicated several problems in this area at facilities during the last fiscal year. It has been recommended that the Department prepare a documentation form to aid in assurances of equal access. This review did not include fire camps, since they were excluded from the last year's audits, but these will be included during the next fiscal year.

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The CYA shall develop a provisional form that contains a written advisement of ADA Rights Notification in simple English and Spanish by August 2005.	Review form for completion.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
D. Headquarters Programs/Screening												
Maintain a contract for sign language interpreter services, as well as a record of use of this service.	Review contracts (STD 213/210) for sign language interpreter's services.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
The Intake and Court Services Unit staff shall review incoming documentation from the committing courts and counties of all wards for indicators of impairments that may limit a major life activity and require accommodations or program modifications.	Sample 10% or 10 ward master files, whichever is greater, reflecting intake for the last quarter. Interview Intake and Court Services Unit staff.	--	--	--	--	--	--	--	--	--	SC	There were no specific indications that incoming documentation from the courts and counties was not adequately reviewed, although the data records were difficult to follow during the Headquarters audit. It should be noted that records from the courts and county jails are poorly prepared, and that this is beyond DJJ's control; it may be necessary to require better documentation from these parties. I would again recommend additional documentation verifying the extent of review within the Intake and Court Services Unit. (See also item at the top of the next page.)
The CYA will revise the Referral Document, YA 1.411 by replacing the term "handicap" with "disability" within 30 days of the filing date of this plan.	Review form for completion.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.

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When indicators of impairment exist, the Intake and Court Services Unit staff shall complete the disability section on the Referral Document and forward to the designated Reception Center and Clinic.	Sample 10% or 10 ward master files, whichever is greater, reflecting intake for the last quarter. Interview Intake and Court Services Unit staff.	--	--	--	--	--	--	--	--	--	PC	This was a marginal "SC" compliance item as discussed in last year's annual report. This year's review of intake files indicated that Intake and Court Services Unit staff still had problems in consistently being able to accurately identify known disabilities, or question their presence for future assessment. As with the item two lines above, the fact that records from the courts and county jails are poorly prepared is a contributing factor to this problem, but the Referral Document is still used as an important resource by the clinics, and complete information on this form is important. It may be necessary to require better documentation from these parties.
Facility Administration												
A. Superintendent												
Maintain a current copy of the Wards With Disabilities Program Remedial Plan retained in Superintendent's office.	Verify current copy is retained.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
Superintendents shall ensure wards with disabilities are informed, during orientation, of the existence of electronic equipment in libraries, what equipment is available, how and when equipment can be accessed, and where the equipment is located.	Review orientation program for inclusion of information.	PC	PC	SC	PC	PC	PC	PC	PC	PC	--	The three clinics have not instituted the formal orientation program for wards (see below), and the other facilities follow differing informal procedures for relaying this information to wards. Most facilities have prepared their own memo or written information sheet describing these features, but there is no departmental policy. It was not adequately documented nor could it be

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												determined how wards are provided with information regarding these particular accessible features, except at one facility, where the WDP coordinator kept attendance records with dates of all orientation sessions.
The Superintendent shall report to the Deputy Director, within twenty-four hours, when a ward with a disability that requires accommodation is placed in a restrictive setting, i.e., TD or lockdown.	Interview wards and SAs. Audit TD forms for compliance. Review Special Incident Reports (YA 8.401) related to Administrative Lockdowns.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	A system of reporting by e-mail is in place at each facility.
The Superintendent shall be responsible for ensuring that due process and equal access occurs for wards with disabilities who require accommodations during institutional Youth Authority Board (YAB) hearings.	Audit Case Report Transmittal Form.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	This item was given an "SC" rating at all facilities in last year's annual report. The reason was twofold. First, the "Case Report Transmittal" forms were available in electronic format, but the WDP facility coordinators used other alternate procedures to document accommodations to the Board, and it was felt that they should be given credit for these actions. Second, the Board instituted its own procedures based on the <i>Armstrong</i> case to assist in accommodating wards with disabilities, and most of the affected wards were provided with attorneys, thus relieving DJJ from the obligation to provide a Staff Assistant, but these procedures have now been terminated. It was noted in last year's report that the "Case Report Transmittal" forms should be used in the future, when made available

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												through WIN, to standardize procedures agency-wide. These forms have been revised to provide more details on the specific accommodations required and to document due process, equal access, and the provision of accommodations, as required by the WDP Remedial Plan. However, they have only been available in the last few months, and were not in use during any of the audits. It is believed the consistent use of these forms is crucial to the Board's ability to understand the special needs of wards with disabilities.
B. Facility's Ward Disabilities Coordinator												
Maintain WDP Coordinators at each facility.	Verify positions are in place and filled.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Each facility had an active WDP Coordinator in place at the time of each site visit. Since this situation could change at any point in time (e.g., a coordinator could resign or be promoted), it is felt that this item should remain in the audit instrument, despite the two concurrent "SC" compliance ratings (as with the four items directly below).
Ensure duty statement encompasses all facility WDP Coordinator duties as defined in the WDP Remedial Plan.	Review duty statement.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Each WDP Coordinator has signed an appropriate duty statement.
The facility WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the facility WDP Coordinator.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Each WDP Coordinator is believed to be performing the required oversight functions.

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Within six months of the court approval and adoption of this plan the facility Ward Disability Program Coordinators will receive a higher level of training provided by qualified trainers/consultants from outside the Department as recommended in Section 5.1 of the Expert's report.	Review outside consultants training material to determine compliance with the requirements in the WDP Remedial Plan. Review and confirm training schedule to ensure all individuals complete the required training.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	WDP Remedial Plan and general ADA training has been provided to the facility WDP Coordinators, primarily by the Departmental WDP Coordinator, and they have attended additional training at seminars presented by the National Association of ADA Coordinators.
The facility WDP Coordinators shall submit monthly reports to the Department WDP Coordinator.	Review monthly reports.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Monthly reports have been prepared in a timely manner by the facility WDP Coordinators, and the expanded report format as recommended by the Auditor has been utilized at most facilities. A short executive summary and some more detailed service-related information would be an excellent addition to this report.
C. Facility's Policies												
Efforts to identify wards with disabilities within youth correctional facilities shall be continuous, and shall include self-referrals, staff-referrals, facility ADA screening and assessment, and special case conferences.	On-going audit.	PC	PC	SC	PC	SC	PC	SC	PC	PC	--	There is still a relatively wide range of compliance related to identification of wards with disabilities among the facilities. This is mainly due to the fact that Headquarters (primarily medical and mental health) have not disseminated comprehensive guidelines for identifications, screenings, and assessments, although there have been some memos for some specific impairments. In general, it is believed that the WDP facility coordinators are using their best efforts to identify affected wards, but clarifications from

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											Headquarters and cooperation from the various departments are needed to make the proper determinations. Very few special case conferences were held during the fiscal year, and these are not being utilized effectively to assist in assessment efforts.	
Assistive devices may be taken away from a ward only to ensure the safety of persons, the security of the facility, to assist in an investigation, or when a Department physician or dentist determines that the assistive device is no longer medically necessary or appropriate.	Interview wards and review supporting documentation.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	There were no documented or known specific instances where a ward's assistive device was taken away due to security concerns.
Wards with hearing disabilities shall be provided use of a Telecommunications Device for the Deaf (TDD).	Interview wards and WDP coordinators to verify presence of operational TDD.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	TDD's were present at all of the facilities, but were not operational if no deaf wards were present. No wards reported the inability to have an operable TDD available.
Wards with hearing impairments shall have access to at least one facility television located in their assigned living unit that utilizes the closed captioning function at all times while the television is in use.	Interview wards and WDP coordinators to verify presence of operation closed captioning function TV.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
Distribute and post reports, brochures, treatment, and education materials in a manner that is accessible to	Conduct site visits to verify presence of accessible posted materials.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.

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wards with disabilities.												
A ward may make a self-referral requesting an accommodation for a documented or perceived impairment through his or her assigned PA, Casework Specialist or by completing the Referral for Sick Call (RSC) form. A ward may make a self-referral for an accommodation for a documented or perceived impairment through an Education Advisor by completing the Self-Referral to the School Consultation Team (SRSCT) form.	Review submitted RSC (YA 8.229) and SRSCT (YA 7.464) forms and determine appropriateness of disposition. Observe random interviews at intake.	PC	PC	SC	PC	PC	PC	PC	PC	PC	--	This item underwent major changes during the year's audit, transitioning from the previous RSC (YA 8.229) form to the new "Disability Referral/ Evaluation Form" (DJJ 8.288) (see page 10). In general, it was not common that forms YA 7.464, YA 8.229, or DJJ 8.288 were being used by wards for self-referrals. A "Health Case Services Request Form" was used at some facilities in lieu of the RSC Form YA 8.229, but wards were not typically advised of its proper use. Typically, very little documentation was provided to the Auditor by the Education Department at each site to indicate that the SCT form YA 7.464 and its follow-up forms were being used by wards for self-referrals.
The Principal shall ensure students with disabilities are trained in the proper use of electronic equipment.	Interview wards and Principal for proof of practice.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Although wards with physical disabilities who would be most affected by this item were not specifically identified by DJJ, the facilities appeared prepared to provide the necessary and appropriate training, if needed.
Students who take the CAHSEE with a modification and receive the equivalent of a passing score are eligible for the waiver request process. Students who are eligible will be granted waivers based on the SBE process and policy.	Verify by records review of students taking state-mandated exams that waivers were requested for students with modifications who receive equivalent passing scores (in	PC	PC	SC	SC	SC	SC	PC	SC	SC	--	Since the requirement for passing the CAHSEE was deferred for special education students until Dec., 2007, this is the first audit period in which the "waiver request" process has been applicable. As in the past, it was not evident that all wards with disabilities were provided with the accommodations contained in their IEP's, and greater

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	accord with CDE guidelines.)											documentation of these accommodations should be kept and provided to the Auditor at future audits. Nevertheless, it appeared in the short time that the schools were beginning to re-use the waiver request process that the waiver was granted in most cases.
Each ward with a disability shall have a High School Graduation Plan.	Review randomly 10 or 10%; whichever is greater, of students with IEP's graduation plans.	PC	PC	SC	PC	PC	SC	SC	SC	SC	--	Of the student files reviewed, some did not have had properly prepared graduation plan forms completed within the last year. The degree of problems varied for each facility, as shown in the previous columns in this row. Some files that did have plans did not have all of the necessary information, nor specificity how goals were to be accomplished. Other graduation plans were not being followed once updated, and some graduation plans did not lead toward the graduation goal.
Provide for and implement the four exceptions to the graduation standards for students with disabilities, as listed in the remedial plan.	Review randomly 10 or 10%; whichever is greater, of students with IEP's graduation rates and uses of the exception to the graduation requirements.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Some facilities provided lists of students with disabilities graduating in the last year, while others did not. There were no specific indications that any of the four graduation exceptions listed in the remedial plan was denied.
The principal shall ensure that wards with disabilities enrolled in educational programs have equal access to educational programs, services, and activities.	Review randomly 10 or 10%; whichever is greater, of access for students with IEP's.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	All of the facilities showed some improvement from last year, with five receiving a "NC" rating for last year now being rated as "PC". However, based upon the student files reviewed and interviews, there were indications that some wards with disabilities,

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												particularly those at restricted units, still had limited access to full-day educational programs, vocational programs, and other special educational activities. IEP procedures also improved at all sites, although some special education students were not assessed within the allowed time constraints. A few special education students had outdated IEP's, and IEP forms for minors lacking a parent's or surrogate's signature were still present.
Non-emergency verbal announcements, in living units where wards with hearing and other impairments reside, shall be done on the public address system and by flicking the lights on and off several times to notify wards with disabilities of impending information. Verbal announcements may be effectively communicated in writing, on a chalkboard, or by personal notification.	Review operational procedures. Interview wards with disabilities to determine effectiveness of non-emergency communications.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Specific written operational procedures were provided to the Auditor at all facilities. Since few wards with hearing disabilities were present, it was not possible to determine if any significant problems in this area might exist. The flickering of lights is not currently a common occurrence at the living units. It is recommended that this item be continued in the auditing process until the emergency protocol is implemented, and until wards with hearing impairments are present to the extent necessary to evaluate the procedures.
CYA staff shall be aware of accommodations afforded to wards with disabilities in developing and implementing security procedures including use of force, count, searches, transportation, visiting and	Interview 10 security personnel and wards yearly for specific inquiry regarding security issues.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Interviews and observations indicated ongoing problems in this area. Additional guidelines contained in the Safety and Welfare Plan were adopted during the fiscal year, but a complete review of how these will affect security procedures for wards with disabilities has not been fully analyzed by DJJ, and

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property.											no specific procedures or policies were provided during the audits.	
Prior to placing a ward with a disability into a restricted setting, the Superintendent shall review the referral form and ensure that any accommodation required by a ward has been documented.	Review records of 10 or 10%, whichever is greater, of wards placed in restrictive settings.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Lists of wards placed in restricted settings were provided to the Auditor. There were indications that such placements were reviewed as required by the remedial plan, although these procedures will require further review by DJJ and monitoring.
Each Education Specialist that is assigned as a case carrier, or alternate, will discuss the tenets of advocacy with the ward and surrogates prior to the IEP meeting to encourage active participation. During the IEP meeting, the specialist or alternate, will serve as the advocate of the student.	Attend pre-meetings and IEP meetings to determine degree of participation and advocacy roles.	PC	PC	PC	PC	PC	PC	PC	PC	SC	--	This policy is beginning to be implemented, and one of the common activities during the audits was to advise Education staff of ways to document compliance. Many Special Day Class teachers review IEP documents with wards prior to a meeting, but those wards in restrictive units usually had no advance preparation available.
All individuals who serve as surrogate parents will receive annual training in the role and responsibilities of a surrogate as identified by the State Department of Education. Student advocacy will be addressed as part of the training and the training will also encourage active participation.	Review training curriculum to ensure compliance with the State Department of Education criteria. Attend training sessions provided to surrogate parents.	PC	PC	SC	SC	SC	PC	PC	PC	SC	--	The degree of training for surrogates varied for each facility, although some training has occurred at all facilities. It is believed that surrogate training has improved dramatically, but those facilities indicated as "PC" had instances where surrogates who signed an IEP were not listed on the attendance lists for the training sessions. An adjunct to this item includes the issue that surrogates are not always provided at IEP meetings, where required.
Reasonable accommodation shall be afforded wards with	Interview wards and WDP coordinators to	PC	PC	SC	SC	PC	PC	SC	PC	PC	--	Procedures for providing the required variety of accommodations and assistive

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disabilities to ensure equally effective communication with staff, other wards, and the public. Assistive devices that are reasonable, effective, and appropriate to the needs of a ward shall be provided when simple written or oral communication is not effective or as necessary to ensure equal access to the programs and services. (A list of potential devices omitted for brevity)	determine level of availability and accessibility of assistive devices.											devices have not been fully developed at the facilities, or department-wide. Medical issues, including the provisions of glasses, hearing aids, and mobility aids, showed no consistent procedures. The compliance rates usually had more to do with the degree of assistance and cooperation from other departments than the efforts of WDP staff. Better assistance and transfer of necessary information from other departments, as well as specific guidance from Headquarters, is needed.
The Department shall provide reasonable accommodations or modifications for known physical and mental disabilities of qualified wards. Accommodations shall be made to afford equal access to the court, to legal representation, and to health care services for wards with disabilities.	Interview wards with disabilities and WDP coordinators to confirm accommodations.	PC	SC	SC	PC	PC	PC	SC	SC	--	Reasonable accommodations or modifications were usually provided, though written documentation of specific procedures still needs improvement. Procedures for providing the required variety of reasonable accommodations or modifications be more fully developed at the facilities and department-wide and documented in the updated WIN system.	
Qualified sign language interpreters shall be provided as necessary to ensure effective communication and at a minimum for all due process functions, medical consultations, video-conferencing and special programs.	Review record of use logs for qualified interpreters.	--	--	--	PC	PC	--	--	PC	--	There were only two deaf wards present during the audits, and one presented a significant challenge to DJJ during this year. He had an interpreter assigned at most times, but further clarification of the interpreters' duties and more specific guidelines are needed from Headquarters. Use logs for interpreters were not consistently utilized.	

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Reasonable accommodations may only be denied if the accommodation 1) poses a direct threat to the Health and Safety of others, 2) constitutes an undue burden, or 3) if there is equally effective means of providing access to a program, service, or activity through an alternative method that is less costly or intrusive. Alternative methods may be used to provide reasonable access in lieu of modifications requested by the ward as long as those methods are equally effective. All denials of specific requests shall be in writing.	Review (written) denied requests for accommodation to determine if alternative method provided reasonable access.	SC	SC	SC	SC	PC	SC	SC	SC	SC	--	Refer to two items above for the basic provision of reasonable accommodations. For this specific item, there were few instances encountered where written requests for accommodation were denied in writing.
The Department shall ensure that wards with disabilities have access to all Youth Authority Board (YAB) proceedings. To this end the Department shall provide reasonable accommodations to wards with disabilities preparing for parole and YAB proceedings.	Interview wards with disabilities and IPA's / Casework Specialists to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Reasonable accommodations are usually commonly provided by the facility WDP Coordinator or a member of the SA team. For further discussion, see page 19.
Departmental staff shall ensure wards with disabilities are provided staff assistance in understanding regulations and procedures related to parole plans & the completion of required forms.	Interview wards with disabilities and Staff Assistants to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Assistance is adequately provided in parole planning, although the identified Staff Assistants are not usually involved in this process.
Institutional parole staff will provide detailed information regarding the ward's needs	Review sample of Parole Consideration reports for identified	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	While a general degree of information about wards with disabilities needs were included in parole reports, specific

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and make recommendations to field parole staff regarding referrals to key community agencies and service providers.	wards with disabilities. Interview institutional parole agents / Casework Specialists to ensure compliance.											guidelines have not been developed in this area, nor were there any specific indications that community groups were utilized based upon a specific ward's disability. I have recommended that parole reports provide more detailed information on ward's with disabilities specific needs for the continuation of accommodations and special services.
Institutional parole staff shall work collaboratively with field parole staff and Regional Center personnel to coordinate services, as forth in the remedial plan, for individuals with developmental disabilities and their families upon release.	Review sample of parole plans for identified wards with developmental disabilities. Interview institutional Parole Agents/Casework Specialist to ensure compliance.	--	--	--	--	--	--	--	--	--	--	No wards with developmental disabilities were identified as recently paroled.
The IIPA/Casework Specialist shall complete & forward the Case Report Transmittal Form, along with all supporting documents on the issue of a disability, to the PA III or Supervising Casework Specialist II, when scheduling a YAB hearing. PA I/C.S. shall be responsible for requesting accommodations for wards with disabilities during YAB hearing when a ward requests an accommodation, or when the PA I/C.S. is aware of a disability or should have been aware of a disability.	Review copies of Case Report Transmittal Forms. Interview wards with disabilities and IPA's / Casework Specialists to ensure compliance.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	See page 19.
The Department shall ensure that aid is provided to all wards with disabilities who request assistance in	Interview wards with disabilities and SA's to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.

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requesting accommodations during YAB hearings.												
<i>1. Disciplinary Decision Making System</i>												
To assure a fair and just proceeding, if the rule violation is recorded as a Level 3 (Serious Misconduct), all wards with disabilities who require an accommodation shall be assigned a Staff Assistant (SA) from the facility SA team.	Review DDMS documents concerning wards with disabilities to ensure SA assistance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
Each facility shall have a SA team with at least one representative from each of the following disciplines: mental health, health care, and education.	Review composition of SA teams.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
Disposition chairperson shall be trained to communicate with wards that have disabilities.	Audit training module and review training record of disposition chairperson for compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	Current disposition chairpersons have typically been trained along with the SA team by the Departmental WDP Coordinator, although no specific training module been reviewed and approved by the Auditor. Since disposition chairpersons change frequently, it is recommended that this item not be removed from future audits.
The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe cognitive/emotional disabilities & present an overview	Audit training module and review training record of SA for compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The SA team received training from the Departmental WDP Coordinator, although no specific training module been reviewed and approved by the Auditor. Since SA team members change frequently, it is recommended that this item not be removed from

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of the DDMS process.												future audits.
The facility WDP Coordinators shall review all DDMS/grievance forms at least monthly to identify any patterns of misbehavior that may be related to cognitive and emotional disabilities.	Review monthly audit documents to confirm compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	All facility WDP Coordinators are aware of the requirement and generally review DDMS forms. Documentation has varied, ranging from no written documentation to meeting notes. Further review and refinement of procedures is needed, and further auditing is appropriate.
2. Grievance Procedures												
The SA shall be assigned to each grievance (from filing to resolution) involving a ward with a mental or physical disability who currently requires an accommodation.	Review completed grievance documents (Grievance Form-YA 8.450, Appeal Form-YA 8.451) concerning wards with disabilities to ensure SA assistance through confirmed signature.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	A number of DJJ 8.450 and 8.451 grievance forms were reviewed at each facility. The new grievance procedures (utilizing a grievance box in lieu of grievance clerks) was not in full operation during the audits. The WDP coordinators at most facilities have placed a sign stating that a ward may request a Staff Assistant to assist with filing, but it is unclear what effect this will have with a grievance clerk involved. Also, the updated WIN system will be used to track grievances, and it is unclear how this will be accomplished. It is recommended that this item be deferred until the new grievance procedures have taken effect and can be audited and evaluated.
All grievance respondents shall be trained to communicate with wards	Audit training module and review training record of grievance	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	This is an open-ended item, since a number of staff members may be involved in the initial filing of a

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that have disabilities.	respondent for compliance.											grievance. Completed staff training at the departmental level would be needed to comply with this requirement. No specific training module related to grievances has been reviewed by the Auditor.
The SA shall complete a course to become a staff assistant that contains modules that define SA roles and responsibilities, describe mental / physical disabilities and present an overview of the grievance process.	Audit training module and review training record of SA for compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
The WDP Coordinator shall review all grievance forms at least monthly to identify any patterns of repetitive involvement that may be related to mental / physical disabilities and refer such cases to the appropriate supervisory staff.	Review monthly audit documents to confirm compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
Completed grievance forms should be randomly monitored by the facility WDP Coordinator to determine if indeed disability is an issue, even though the ward filing the grievance may not have specifically cited it.	Included in meetings with WDP Coordinators.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	All facility WDP Coordinators are aware of the requirement and are reviewing DDMS forms. Documentation has varied, ranging from no written documentation, to meeting notes. Further review and refinement of procedures is needed, and further auditing is appropriate.
The grievance screening process for accommodations, including the medical	Review randomly 10 or 10%, whichever is greater, of	PC	SC	PC	PC	SC	SC	SC	SC	PC	--	Records reviewed during the audits still indicated problems of assuring medical disability issues were resolved in a

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verification process for accommodations, should be completed in a timely manner and interim accommodations shall be provided to the extent necessary.	accommodation related grievances.												timely manner at some facilities.
The Wards Rights Coordinator, within 24 hours of receipt, shall review grievances, with attached documentation, that request accommodations or allege discrimination to determine whether the grievance meets one or more of the following criteria for review and response: allegation of non-compliance with department WDP policy; allegation of discrimination based on a disability under WDP; denial of access to a program, service, or activity based on disability.	Sample of 10 or 10%, whichever is greater, of grievances filed during the last quarter.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	No specific issues requesting accommodation unrelated to the medical issues described in the item above were specifically encountered. It is still recommended that procedures to facilitate the Wards Rights Coordinator's review of grievances related to accommodations and discrimination be prepared and implemented.	
The Wards Rights Coordinator shall forward to the facility WDP Coordinator or designee all grievances that meet the criteria for review and response within 48 hours of receipt.	Audit grievances from ward with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination to confirm meeting timelines.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	No specific issues requesting accommodation unrelated to the medical issues described in the item above were specifically encountered. It is still recommended that procedures to facilitate the Wards Rights Coordinator's review of grievances related to accommodations and discrimination be prepared and implemented.	
Grievances referred to the CMO when medical verification of a disability or identification of an associated limitation is required and returned to the	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege	PC	SC	PC	PC	SC	SC	SC	PC	--	Grievances requiring medical verification have exceeded time limits in several cases. It is recommended that procedures to facilitate the medical verification process be prepared and implemented.		

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Wards Rights Coordinator are handled within timeframes as defined within the remedial plan.	discrimination to determine compliance of protocol within time constraints.											
If medical verification is not available in the UHR, and medical staff determines that a referral to an expert consultant, external to the department, is required, an appointment shall be scheduled within ten working days to determine whether a disability or any limitations exist. The medical staff, upon receipt of report from an expert consultant, shall note verification of a disability and any limitations that exist on YA grievance form, and in the UHR of a ward.	Review grievances from wards with disabilities (Grievance Form – YA 8.450) that request accommodations or allege discrimination and their UHR to determine compliance of protocol within given time constraints.	PC	SC	PC	PC	SC	SC	SC	PC	--	Grievances requiring medical verification have had some instances where outside assistance from an expert consultant was necessary, but not necessarily the result of a grievance. It is recommended that procedures to facilitate the outside verification process be prepared and implemented.	
After consultant verification of a disability, medical staff shall return the grievance, with all required documentation, to the Wards Rights Coordinator. The Wards Rights Coordinator shall forward to the Office of the Superintendent all grievances that meet the criteria for review and response within 48 hours of receipt from Health Care Services staff.	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination to determine compliance of protocol within given time constraints.	PC	PC	PC	PC	PC	PC	PC	PC	--	These procedures have not been fully implemented. It is recommended that procedures to facilitate the medical verification process be prepared and implemented.	
The Wards Rights Coordinator	Audit grievances	SC	SC	SC	SC	SC	SC	SC	SC	--	It is believed that this procedure is being	

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shall refer a grievance to the facility WDP Coordinator when verification of a non-medical disability is required and ensure it is handled as defined within the remedial plan and within timeframes.	from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination.											handled informally, although no departmental report form has not yet been prepared. WDP facility coordinators are aware of the requirement and are reviewing such grievance forms.
Wards may use the WDP Grievance process to file a grievance based on the denial of a request for a reasonable accommodation during YAB proceedings.	Interview wards with disabilities. Review grievances to determine compliance.	NC	SC	SC	SC	SC	SC	SC	SC	--		There was one instance where a ward had an unresolved grievance relating to this item during the auditing period.
Wards with disabilities shall be granted reasonable accommodations with respect to timeframes, consistent with the Ward Safety and Welfare Plan, for processing of grievances.	Interview wards with disabilities. Review grievances to determine compliance.	--	--	--	--	--	--	--	--	--		There were no indications that a ward had a problem with time lines associated with grievances during the auditing period. A review of the Ward Safety and Welfare does not appear to address this issue, and it is unclear how this item will be handled under the new grievance policy.
D. Programs												
<i>1. Reception Center and Clinic Functions</i>												
As part of the clinic screening and assessment process, all wards shall be screened at the reception centers, and as indicated, throughout their stay in the Department, to determine whether they have a developmental disability which may make them eligible under criteria set	Review screening documents (YA 1.411) in ward field files.	--	NC	--	--	--	NC	--	NC	--		Wards are not formally screened at the reception centers for the presence of a developmental disability, although past screenings (e.g., IQ testing) are reviewed. These procedures do not coincide with WDP Remedial Plan requirements. It is my understanding that meetings have been recently held at headquarters to discuss the issues related to this topic.

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forth in the ADA and/or may make them eligible to receive services from a Regional Center.												
During the initial wards interviews, advise wards of their rights under the ADA and section 504, and receive formal documentation that they have received and understood this advisement.	Observe random interviews at intake facilities.	--	SC	--	--	--	SC	--	SC	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.	
Assigned Casework Specialists shall refer a ward to a mental health professional on a Mental Health Referral Form when indicators of a mental impairment exist that may limit a major life activity.	Review copies of Mental Health Referral Form for completeness.	--	SC	--	--	--	SC	--	SC	--	Casework Specialists may use various forms, including a "Mental Health Services Referral" form, a "Ward's Request for Reasonable Accommodation" form, or a "Critical Factors Assessment for Determining Need for Mental Health Evaluation" form, to refer wards to a mental health professional during intake. It is unclear how the newly approved "Disability Referral/Evaluation Form" (DJJ 8.288) (see page 10) will fit into these processes, since it was not in common use at the clinics during the audits. All reception centers are given an "SC" compliance rating since it was believed that mental health referrals were generally made appropriately, but it should be evident that with the uses of varying forms, standardization and guidance from Headquarters is needed assure long-term compliance. It is recommend that further auditing of this item by the Auditor continue during the next year.	

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Assigned Casework Specialists shall refer a ward to a medical professional on a Disability Health Services Referral form when indicators of a physical impairment exist that may limit a major life activity.	Review copies of Disability Health Services Referral Form for completeness.	--	SC	--	--	--	SC	--	SC	--	Casework Specialists use various forms and methods to refer wards to medical professionals during intake. It is unclear how the newly approved "Disability Referral/ Evaluation Form" (DJJ 8.288) (see page 10) will fit into these processes, since it was not in common use at the clinics during the audits. All reception centers are given an "SC" compliance rating since it was believed that medical referrals were generally made appropriately, but it should be evident that standardization and guidance from headquarters is needed assure long-term compliance. It is recommended that further auditing of this item by the Auditor continue during the next year.
Assigned Casework Specialists shall use a Referral to School Consultation Team (SCT) form to refer a ward to an educational professional to verify the existence of a learning impairment that may limit a major life activity.	Review copies of Referral to School Consultation Team (YA 7.464) for completeness.	--	PC	--	--	--	PC	--	PC	--	Casework Specialists use other methods to refer wards with learning disabilities to educational services during intake and at other times, but the RSCT form YA 7.464 form is not used for this purpose, nor is the School Consultation Team (SCT) routinely utilized to document a learning impairment referred during intake. As also discussed in the Education experts' reports, SCT's are not currently operating at an effective level at many facilities.
Licensed mental health professionals and medical personnel shall complete the screening process on a ward within 10 working days of a	Review screening forms for completeness and timeliness: MH – SPAN/ YA 8.216; Med – Medical	--	SC	--	--	--	SC	--	PC	--	Based upon records provided to the Auditor, medical and mental health screenings typically occur within 10 days of the referral at most facilities.

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referral from an assigned Casework Specialist.	HX/YA 8.260.											
Within 15 calendar days of completing the Educational Disability Screening process, the education staff shall develop an assessment plan.	Review screening forms for completeness and timeliness: Ed – CASAS, CELDT, High Point Testing, HX in file	--	PC	--	--	--	PC	--	SC	--	The initial intake interview includes a checklist for educational needs. Based upon interviews and records review, it appeared that assessment plans were usually developed if indicated by the checklist, but not usually within 15 calendar days.	
Within 10 working days of completing the disability screening process, department staff members who are licensed mental health professionals and medical personnel shall use standardized psychological test instruments, medical, dental practices to assess wards.	Review appropriate documentation for completeness and timeliness.	--	PC	--	--	--	PC	--	PC	--	It is unclear to what extent psychological testing of all wards is required by this section of the remedial plan. The initial intake interview highlights further needs for psychological assessment, including possible testing, that may be necessary, but this is individualized and not a standard procedure. Further clarification is needed.	
Credentialed Education Staff shall complete educational assessment within 50 calendar days.	Review appropriate documentation for completeness and timeliness.	--	SC	--	--	--	SC	--	SC	--	Records provided to the Auditor indicated that a wide variety of educational assessments are either utilized or developed. In some cases, recent assessments from other sources are used to provide interim placement or schedule the IEP. More guidance from Headquarters and standardization is needed.	
If it is determined prior to or during the ICR that a ward is in need of an accommodation in order to allow for effective participation, the	Review random ICR reports for wards with disabilities.	--	PC	--	--	--	SC	--	PC	--	The Initial Case Review (ICR) provides the opportunity for such accommodations, and these appear to be provided at a very general level, but it is unclear that appropriate procedures or documentation have been instituted,	

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Supervising Casework Specialist II shall ensure that such accommodations are provided.												particularly with respect to medical accommodations. Since much of this procedure relies on the diligence of the Supervising Casework Specialist II, I would recommend that these procedures be written for future documentation. It is also recommended (as implied by the WDP Remedial Plan) that an actual ICR meeting be held with the ward and all of the various disciplines; this is not occurring at all of the intake facilities, as shown in the columns.
All wards shall complete the orientation process at a reception center that contains a standardized Disability module which shall include: 1) a summary of the main points of the Disability law under Title II of the ADA and IDEA and their relevance to wards, 2) a summary of the main points of the Department Disability Policy as it relates to wards, 3) an explanation of the Disability self-referral process, and 4) the Ward's Rights Handbook section on Disability.	Review orientation program for required components and audit ward-signed orientation forms to confirm participation.	--	PC	--	--	--	PC	--	PC	--	A formal "orientation process", as described in the WDP Remedial Plan (Section III.J.), has been historically presented at only one site, but even that process was not active at the time of the audits. A counselor at the intake living unit usually provides an individual ward or several wards with a general orientation to the WDP program, but no formal "orientation process" is currently provided. A basic "standardized Disability module" has been developed as part of the overall orientation package, but it is not presented on a systematic basis and it needs additional information, particularly with respect to applicable disability law, the IDEA, and the referral process. I would recommend that the Departmental WDP Coordinator assist in coordinating and supplementing these past efforts, and possibly even present the first few orientations, to effect implementation of this provision.	

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Presenters of ward orientation program shall make the reasonable accommodations or modifications necessary for wards with disabilities who require accommodations during the orientation.	Review ward-signed orientation forms for documented information regarding provided accommodations.	--	PC	--	--	--	PC	--	PC	--	A standardized, comprehensive ADA orientation module was not currently being provided to all new wards. Procedures for providing and documenting accommodations were not yet developed, although it is believed informal presenters used various methods to provide appropriate accommodations. No ward-signed orientation forms were provided to the Auditor.
2. Residential Programs											
For each special program or activity, evaluate eligibility criteria to assure that wards with disabilities are not excluded when they can perform the essential functions of the activity.	On-going audit, based on detailed factors listed in the plan. Visit special program locations yearly.	SC	PC	SC	SC	PC	SC	--	PC	--	Visits to unique programs and interviews with wards and program directors gave only a few specific indications (as evidenced by the columns to the left) that wards with disabilities were not included on an equal basis in special programs. However, for some programs, there was also no specific policies or procedures to assure that wards with disabilities were included on an equal basis in the programs. While it is understood that participation in many of these programs is appropriately behavior-based, it is unclear how wards in special management or counseling programs are able to participate in many of these programs.
Staff shall refer wards to Health Care Services and the Education Department for screening when information	Review submitted SRSC (YA 7.464) and SCT Referral (YA 8.229) forms and	PC	PC	PC	PC	PC	PC	PC	PC	--	Staff generally used various forms and methods, some written and some e-mailed, to refer wards to Health Care Services and the Education Department

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is observed or received that indicates the presence of a physical or mental impairment that has not been documented and verified.	determines appropriateness of disposition.											for screening. It is unclear how the newly approved "Disability Referral/ Evaluation Form" (DJJ 8.288) (see page 10) will fit into these processes, since it was not in common use at the clinics during the audits. All facilities are given a "PC" compliance rating since procedures are not standardized and at most facilities, the number of referrals was much less than would be expected. There were instances where wards were referred to various service components (education, mental health, etc.), but referrals were informal and did not generally follow the time lines or procedures described in the WDP Remedial Plan. Many of the referrals actually came from WDP facility coordinator . Guidance and training is needed from Headquarters to demonstrate appropriate use of these forms consistent with the WDP Remedial Plan. The updates to the WIN system should help to track future staff referrals.
The Treatment Team Supervisor/ Supervising Casework Specialist shall ensure that within five days of receipt of WDP Assessment reports, from licensed mental health professionals, medical personnel, or credentialed education staff, that the	Audit case conference forms (ICP) for wards with disabilities to ensure implementation and timeliness.	PC	PC	PC	PC	PC	PC	PC	PC	PC	--	Very few or special case conference forms or reports were provided to show compliance. While few referrals were reported, it is believed that the facility WDP Coordinators (not the Treatment Team Supervisors / Supervising Casework Specialists) are beginning to monitor the timely resolution of screening, although the exact time limits could not be verified.

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assigned PA /Casework Specialist conducts a special case conference.												
The Superintendent shall ensure that the following data is documented for all wards with a disability: (1) Name, age, YA number; (2) Location by facility, living unit, or parole office; (3) Specific impairment; (4) Impairments that substantially limit a major life activity: (5) Impairments that substantially limit a major life activity and require accommodations; (6) Specific accommodations required; (7) Need for a Staff Assistant; (8) Level of care designation; (9) Classification code.	Review documentation for completeness of information.	PC	PC	PC	PC	PC	PC	PC	PC	PC	PC	DJJ has worked steadily to upgrade its computerized ward record-keeping system, referred to as the WIN system. The system should be available for use during the next round of audits, but it is inherent that perfecting of the system will take some time. The efforts of the IT staff involved in the WIN system upgrades should be lauded for their willingness to work with the WDP coordinators and include WDP-specific data in the new system.
The Program Manager shall ensure that the presentation, the curriculum, and any supplemental materials used for individual and small group counseling, large group meetings, and resource groups are modified to ensure equal access to the information by wards with disabilities.	Review modified materials.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	While only some specific procedures for modifying materials were provided to the Auditor at some facilities, there were no indications that wards with disabilities did not have equal access to informational materials.

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The Program Manager shall ensure that a Staff Assistant (SA) is assigned to a ward with a disability when individualized assistance in the completion of mandated or necessary functions.	Review list of SA and assignments. Conduct interviews with SA & wards with disabilities to determine effectiveness.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The facility WDP Coordinator (not the Program Manager) typically reviews the need for individualized assistance. The SA teams have been set up at each facility, and accommodations are typically provided.
The facilities shall ensure equal access to services, such as medical and religious, and activities, such as visiting and recreation, to wards with disabilities as to those provided to wards without disabilities.	Interview wards with disabilities to determine access and participation.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	There were no indications that wards with a disability did not have equal access to the non-educational services as listed .
3. Developmental Disabilities												
No outward signs of identification or labeling will be posted for wards involved in the developmental disabilities program.	Tour facilities to ensure compliance.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	No such signs of identification were encountered.
Services will be provided to all wards identified as being developmentally disabled or who have been determined to need supportive services similar to wards with developmental disabilities, irrespective of age of onset.	Review departmental list of DD wards, program placement (YA 1.503) and ICP.	--	--	--	--	--	--	--	--	--	--	No wards were specifically identified by the DJJ or listed on YA 1.503 forms as being developmentally disabled, although it is unclear how and to what extent such determinations would be made. (See also third item on page 13 and second item on page 14.
4. Removal of Architectural Barriers												
The Department committed to the renovation of one room at each facility, as a minimum, to	Monitor the project completion timeline and visit each	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM

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ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.	institution upon completion to ensure compliance with accessibility criteria.											FUTURE AUDITS. (All facilities have one accessible room.)
The Department committed, at a minimum, to have one fully accessible shower and/or lavatory area at each facility. Each of these fully accessible shower and/or lavatory areas must be in close proximity to the renovated accessible cells due to be completed by June 30, 2006. Presently, the schedule includes nine areas to be completed in FY 2005/06 and eight areas in FY 2006/07.	Monitor the project timeline and visit each facility area upon completion to ensure compliance with accessibility criteria.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS. (All facilities have one accessible shower / lavatory area.)
The Department committed to the removal of critical disability related structural barrier projects that will be completed each year from FY 2005/06 to FY 2008/09. These projects are part of the barriers that were identified by the survey completed by Access Unlimited and are identified in Appendix B to the Disability Remedial Plan.	Monitor the project timeline and visit each institution upon completion to ensure compliance with accessibility criteria.	SC	SC	SC	SC	SC	SC	SC	SC	SC	--	The compliance rating shown indicates the general degree of compliance only for those items scheduled to be completed during FY 2005/06. Items to be completed by the end of FY 2008/09 are mostly completed, but there are still a few items remaining (such as removed seats at dining halls and adjustable exam tables).
The Department committed to analyze 3000 additional barriers identified in the report prepared by Access Unlimited and provides a	Review, approve and submit required report.	--	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.

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report that would categorize the barriers into three distinct areas. This report is due July 15, 2005, and will be filed at Appendix C to the Disability Remedial Plan.											
Construction of the first category of projects, which involves projects that can be fixed in a short period of time with minimum costs, shall be completed by September 30, 2006.	Audit first category projects for compliance of completion within defined timeline.	--	--	--	--	--	--	--	--	--	ITEM HAS RECEIVED TWO CONSECUTIVE "SC" RATINGS AND HAS BEEN REMOVED FROM FUTURE AUDITS.
The second category of projects, which involve projects that will require substantial funding, will be completed by Sept. 30, 2008	Audit second category projects for compliance of completion within defined timeline.	--	--	--	--	--	--	--	--	--	Since the required critical barrier removal completion date of September 30, 2008, has not yet arrived, site visits only provided a general review of certain areas of future barrier removal. Most of these items have been completed, but there are still a few items remaining (such as removed seats at dining halls and adjustable exam tables).