

# Exhibit 31

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 8/7/2024

Date IAC Received 1824: 8/5/2024

1824 Log Number: 603586

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: E2 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED], Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Assistance Principal [REDACTED], Chief Medical Examiner [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges missing pill call and appointments due to difficulty hearing announcements; Inmate reports difficulty seeing and reading which causes headaches and blurry vision; Inmate requests a vibrating watch, with large numbers and a pocket pen reader which will read digital screens.

**Interim Accommodation:**

No interim accommodation required: You are safely accessing Programs, Services, and Activities (PSA)s.

**RAP RESPONSE:**

RAP is able to render a final decision on the following: Inmate alleges missing pill call and appointments due to difficulty hearing announcements; Inmate reports difficulty seeing and reading which causes headaches and blurry vision; Inmate requests a vibrating watch, with large numbers and a pocket pen reader which will read digital screens.

Response: On 8/7/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per CDCR memo, Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Person Dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property package vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids and a pocket talker.

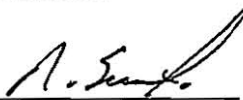
Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating review of Medication Administration Record form 7/1/2024-8/5/2024 shows you have 3 scheduled medications; Trazodone and Vilazodone are both once a day at bedtime, and Eliquis is scheduled twice a day (AM and PM). Trazodone bedtime med was taken daily by you except on 7/23/2024. Vilazodone bedtime med order started on 7/21/2024 and you refused this medication on 7/22/2024-7/27/2024, 7/29/2024, and no show on 7/30/2024. Eliquis (AM and PM) was ordered from 7/11/2024-7/22/2024; you received the dose of this medication only 6 times on 7/11/2024-7/14/2024 and 7/20/2024-7/21/2024, all AM dose was marked as refused and no show Eliquis was made Keep on Person (KOP) on 7/23/2024 and you received this KOP Eliquis on 7/23/2024. You only have one missed medical appointment on 7/19/2024 with physical therapy and it was refused due to you being in school and you are requesting to have an MRI first before doing physical therapy. You are scheduled for onsite MRI of your knee on 9/10/2024. Per chart review you arrived at SATF on 4/2/2024. Your last Optometry evaluation on 10/11/2017 showed your aided visual acuity with prescribed correction is 20/20 in the right eye and 20/25+ in the left eye. You are scheduled with Optometry on 8/28/2024 for and evaluation and request for new eyeglasses.

Based on the criteria for and evaluation from medical along with consideration by the RAP a vibrating watch and reader is not required for your access to PSA's.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

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

N. Scaife  
\_\_\_\_\_  
ADA Coordinator/Designee

  
\_\_\_\_\_  
Signature

Date sent to inmate: SEP 03 2024

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

<b>INSTITUTION</b> (Staff use only) <span style="font-size: 1.5em; color: blue;">SATF</span>	<b>LOG NUMBER</b> (Staff Use Only) <span style="font-size: 1.5em; color: blue;">603586</span>	<b>DATE RECEIVED BY STAFF:</b> <span style="color: red; font-size: 1.2em;">CSATF OFFICE</span> <span style="color: red; font-size: 1.5em;">AUG 05 2024</span> <span style="color: red; font-size: 1.2em;">OF GRIEVANCES</span>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		

<b>INMATE'S NAME</b> (Print) [REDACTED]	<b>CDCR NUMBER</b> [REDACTED]	<b>ASSIGNMENT</b> DRP (M/W/F)	<b>HOUSING</b> E2- [REDACTED]
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**INSTRUCTIONS:**

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

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**

-I am missing Pill Call and Appointments.  
-I have difficulty seeing and reading, reading is the most difficult; I can read for very short periods of time, but it gives me a headache and the words tend to get blurry.

**WHY CAN'T YOU DO IT?**

-I do not always hear the announcements due to DNH. I do wear my hearing aids, but they don't always help.  
-I wear glasses but have a stigmatism in my left eye which prevents full correction of sight, also my glasses are about 4-5 years old.

**WHAT DO YOU NEED?**

-I would like a vibrating alarm watch, preferably with big numbers as I am vision impaired.  
-As stated above, I would like the watch to also have larger numbers so that I can see the time, I also need a new eye exam so that I can get new glasses.  
(An example: Please refer to MaxiAIDS catalog item#: 908000 "VIHRALITE 8 WATCH.")  
-I would like a "Rocket Pen Reader" which magnifies words, as well as speaks the words, it is able to read digital screens, such as the Tablets. (Please refer to MaxiAIDS catalog item#: 200042 "ROCKET PEN READER".)  
An alternative option to the Rocket Pen Reader would be-->> (Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?**    Yes     No     Not Sure

List and attach documents, if available:

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

\_\_\_\_\_  
**INMATE'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

Assistance in completing this form was provided by:

\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
 First Name

\_\_\_\_\_  
 Signature

STATE OF CALIFORNIA  
REASONABLE ACCOMMODATION REQUEST  
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CONTINUED FROM OTHER SIDE

Page 1 of 1

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>1003566</b>	DATE RECEIVED BY STAFF: <b>CSATF OFFICE</b>  <b>AUG 05 2024</b>  <b>OF GRIEVANCES</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT DRP (M/W/F)
		HOUSING E2- [REDACTED]

INSTRUCTIONS: CONTINUED FROM OTHER SIDE

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

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

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WHY CAN'T YOU DO IT?

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WHAT DO YOU NEED?  
the 'Clover 6HD' (Please refer to MaxiAIDS catalog item# 607694 'CLOVER 6HD'.) This device is portable and lightweight.

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(Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes  No  Not Sure

List and attach documents, if available:  
Please see Medical File.

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

[REDACTED] August 3, 2024

INMATE'S SIGNATURE DATE SIGNED

Assistance in completing this form was provided by:

---

Last Name First Name Signature

DRAFT

### Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 603586

#### STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 08 / 05 / 24

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

Yes / Unsure (Complete Steps 2 &/or 3)

No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

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

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

[redacted]  
Person Completing Step 1

AGPA  
Title

[redacted]  
Signature

08 / 05 / 24  
Date Completed

#### STEP 2 CDCR 1824 INTERVIEWS

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

Date assigned: 08 / 05 / 24

Due back to IAC: 08 / 06 / 24

Returned to IAC: 08 / 06 / 24

Assigned to: FACILITY E

Title: COMP SGT

Information needed: PLEASE INTERVIEW HOUSING UNIT STAFF TO DETERMINE I/M'S ACCESS TO PSA'S AND RESPONSE TO ANNOUNCEMENTS.

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

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

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: I (Sgt [redacted]) observe [redacted] accessing PSA's daily

Staff Interviewed: C/O [redacted] Title: Officer Interview date: 8/16/24

Interviewer Notes: [redacted] states [redacted] does access PSA's. The building has an ADA caregiver go cell to cell to assist with announcements.

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_/\_\_\_/\_\_\_

Interviewer Notes: FORWARD TO HC FOR INPUT REGARDING APPT ATTENDANCE AND MED ADMINISTRATION. PURSUANT TO CDCR MEMO ISSUANCE OF VIBRATING WATCHES AS A REASONABLE ACCOMMODATION FOR PERMANENT HEARING-IMPAIRED, IMPACTING PLACEMENT INCARCERATED PERSON DATED 06/03/2024. ALL PERSONS NOT DESIGNATED DPH MAY

Notes: PURCHASE A VIBRATING WATCH FROM ANY DEPARTMENTALLY APPROVED AUTHORIZED PERSONAL PROPERTY PACKAGE VENDOR AS A PART OF THEIR QUARTERLY PACKAGE ORDER IN KEEPING WITH TITLE 15 AND THE AUTHORIZED PERSONAL PROPERTY SCHEDULE. A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH AND IS ACCOMMODATED WITH HEARING AIDS AS WELL AS A POCKET TALKER

[redacted]  
Interviewer (Print Name)

[redacted]  
Title

[redacted]  
Signature

8/16/24  
Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 603586

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY** (See Note below)

An Interim Accommodation **IS NOT required**.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

An Interim Accommodation **IS required**.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Accommodation(s) provided:**

**Date provided:**

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<span style="background-color: black; color: black;">[REDACTED]</span>	AGPA	_____	08 / 06 / 24
Person Completing Step 3	Title	Signature	Date Completed

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

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

### DPP Disability/Accommodation Summary

Monday August 05, 2024 02:52:02 PM

As of: 08/05/2024

OFFENDER/PLACEMENT	DISABILITY ASSISTANCE
CDC#: [REDACTED]	Current DDP Status: NCF
Name: [REDACTED]	DDP Adaptive: None
Facility: SAIF-Facility E	Support Needs:
Housing Area/Bed: E 002 [REDACTED]	Current DDP Status Date: 04/19/2017
Placement Score: 19	DDP Codes: DNH
Custody Designation: Medium (A)	DPP Determination Date: 01/11/2024
Housing Program: Non-Designated Program Facility	Current MH LOC: CCCMS
Housing Restrictions: Ground Floor-No Stairs	Current MH LOC Date: 06/26/2017
Lower/Bottom Bunk Only	SLI Required: No
Physical Limitations to Transport Vehicle with Lift	Interview Date: 07/15/2024
Job/Other: Special Cuffing Needed	Primary Method(s) - Need Staff to Speak Loudly and Clearly
Lifting Restriction- Unable to Lift more than 19 Pounds	Hearing:
Permanent - 12/31/9999	Alternate Method - Hearing: Hearing Aids
EOP Accommodation	Non-Formulary ALTERNATE EC METHOD CHANGED FROM READ LIPS TO
Recommendations:	Accommodations/Comments: HEARING AIDS PER 1824# 590246
	Learning Disability:
	Initial Reading Level: 12.0
	Initial Reading Level Date: 01/30/2024
	Durable Medical Equipment: Hearing Aid
	Eyeglass Frames
	Hearing Impaired Disability Vest
	Incontinence Supplies
	Other (Include in Comments)
	Urologic Supplies
	Walkers
	Languages Spoken:

IMPORTANT DATES	WORK/VOCATION/PIA
Date Received: 12/13/2023	Privilege Group: A
Last Returned Date:	Work Group: A1
Release Date: 06/27/2026	AM Job Start Date: 04/29/2024
Release Type: Earliest Possible Release Date	Status: Reentry
	Position #: CB2.004.001
	Position Title: E DRP CB2-1 VOC RM 108
	Regular Days On: Monday, Wed, Friday (08:15:00 - 10:15:00)

**Disability Verification Process (DVP) Assignment**  
SIDE 2

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 603586
The DVP Assignment is a request for information by the RAP so a decision can be made regarding a CDCR 1824	CDCR NUMBER [REDACTED]

**SECTION 2 – DVP ASSIGNMENT** - To be completed by the ADAC during the RAP (when needed)

The ADAC may initiate Steps 2 and 3 when additional information is needed regarding a CDCR 1824 request.

Date assigned: 08 / 07 / 24 Date Due back to RAP: \_\_\_ / \_\_\_ / \_\_\_

Assigned to: G. Ugwueze, MD Title: CME

Type of Review:  Health care review  Mental Health review  Learning disability review

Information Requested by RAP: Patient's request for an eye exam and request for new eyeglasses

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

**SECTION 3 – DVP ASSIGNMENT FINDINGS**

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2 dated: ___/___/___
<input type="checkbox"/> CDCR 7536 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3 dated: ___/___/___	<input type="checkbox"/> CDCR 7386 dated: ___/___/___	<input type="checkbox"/> CDCR 7388 dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Evaluation (exam/interview) conducted. Date seen: \_\_\_/\_\_\_/\_\_\_

Disability indicated:  Yes  No  Unable to Determine

Summary of findings: DPP: DNH  
DME: disability vest, eyeglasses, hearing aid, incontinence supplies, urologic supplies, temporary walker

Summary of limitations: lifting restriction, special cuffing, transport vehicle with lift, bottom bunk, ground floor- no stairs

Comments: Per chart review, the patient arrived at SATF on 4/2/2024. The patient's last Optometry evaluation on 10/11/2017 showed patient's aided visual acuity with prescribed correction is 20/20 in the right eye and 20/25+ in the left eye. The patient is scheduled with Optometry on 8/28/2024 for an evaluation and request for new eyeglasses.

Section 3 Completed by: [Signature]

Date completed: 08 / 27 / 2024



**Disability Verification Process (DVP)  
Worksheet  
SIDE 1**

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 603586
CDCR NUMBER [REDACTED]	

**INSTRUCTIONS**

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

**SECTION 1 – SME FINDINGS**

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review:  Health care review     Mental Health review     Education / learning disability review  
 Other review: \_\_\_\_\_

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7536 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7386: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Recently evaluated for this issue. Date seen: \_\_\_/\_\_\_/\_\_\_

Evaluation (exam/interview) scheduled. Anticipated date to be seen: \_\_\_/\_\_\_/\_\_\_

\*\*\*\*\*

Disability indicated:  Yes     No     Unable to Determine

DPP: DNH

Summary of findings: DME: disability vest, eyeglasses, hearing aid, incontinence supplies, urologic supplies, temporary walker

Summary of limitations: lifting restriction, special cuffing, transport vehicle with lift, bottom bunk, ground floor- no stairs

Comments: Review of Medication Administration Record from 7/1/2024-8/5/2024 shows patient has 3 scheduled medications; trazodone and vilazodone are both once a day at bedtime, and Eliquis is scheduled twice a day (AM and PM). Trazodone bedtime med was taken daily by the pt except on 7/23/24. Vilazodone bedtime med order started on 7/21/2024 and pt refused this medication on 7/22/24-7/27/24, 7/29/24, and no show on 7/30/24. Eliquis (AM and PM) was ordered from 7/11/24-7/22/24; the pt received the PM dose of this med 6x only on 7/11/24-7/14/24 and 7/20/24-7/21/24, all AM dose was marked as refused and no show. Eliquis was made KOP on 7/23/24 and the pt received his KOP Eliquis on 7/23/24. The pt only has one missed medical appointment on 7/19/24 with Physical Therapy and it was refused by the pt due to being in school and pt is requesting to have an MRI first before doing Physical Therapy. Pt is scheduled for onsite MRI of his knee on 9/10/2024

\_\_\_\_\_  
Signature of Subject Matter Expert

08/07/2024  
Date Signed

# Exhibit 3

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 7/17/2024

Date IAC Received 1824: 7/10/2024

1824 Log Number: 590266

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: G3 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED], Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED], Compliance Lieutenant [REDACTED], Chief Physician and Surgeon Dr. W. Kokor,

**Summary of Inmate's 1824 Request:** Inmate reports his hearing aids were lost during a transfer and reports awaiting an appointment with the hearing specialist; Inmate reports previously requesting a replacement pocket talker but believes there was a miscommunication; Inmate reports difficulty hearing announcements; Inmate requests a replacement pocket talker, and a vibrating watch.

**Interim Accommodation:**

No interim accommodation required: You were issued a pocket talker in a 1:1 exchange on 7/11/2024.

**RAP RESPONSE:**

RAP is able to render a final decision on the following: Inmate reports his hearing aids were lost during a transfer and reports awaiting an appointment with the hearing specialist; Inmate reports previously requesting a replacement pocket talker but believes there was a miscommunication; Inmate reports difficulty hearing announcements; Inmate requests a replacement pocket talker, and a vibrating watch.

**Response:** On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 7/11/2024, you were issued a pocket talker in 1:1 exchange.

The RAP considered your request for a vibrating watch, and you were disapproved for a vibrating watch. Per CDCR memo, "Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement", Incarcerated Person, dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

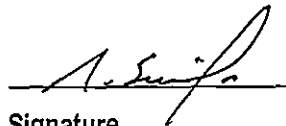
If you do not understand an announcement, you are encouraged to make contact with staff, peer, or ADA workers to requests clarification.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating a consult to hearing aid specialist is placed, with compliance date of 10/15/2024, awaiting clinic appointment date from provider. You are to be scheduled on the soonest available appointment date. Healthcare records from 1/30/2024-present indicate no missed appointments.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

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

N. Scaife  
\_\_\_\_\_  
ADA Coordinator/Designee

  
\_\_\_\_\_  
Signature

Date sent to inmate: AUG 09 2024

STATE OF CALIFORNIA  
 REASONABLE ACCOMMODATION REQUEST  
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>990206</b>	DATE RECEIVED BY STAFF: <b>JUL 10 2024</b>
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**TALK TO STAFF IF YOU HAVE AN EMERGENCY**  
 DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.

**OF GRIEVANCES**

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT	HOUSING
-------------------------------------	---------------------------	------------	---------

**INSTRUCTIONS:**

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

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**

① My hearing aids were lost when I transferred from Facility F (last month). I've asked for new ones, but I haven't yet seen the audiologist. I would like a Super Ear as an interim. I asked for one in January (see 1824 24-506998) because my last one was stolen. I think there was a miscommunication because the RAP said I could do a one-for-one exchange, but I didn't have one to exchange.

**WHY CAN'T YOU DO IT?** ② I have trouble hearing announcements. I am deaf in my right ear, and I have hearing loss in my left ear. It is especially difficult to hear announcements in the building.

**WHAT DO YOU NEED?**

① I would like a replacement Super Ear - it worked well for me before.  
 ② I would like a vibrating watch to remind me of appointments so I can be on-time and aware of my appointments.

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure

List and attach documents, if available:

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

[REDACTED] INMATE'S SIGNATURE      7-9-24 DATE SIGNED

Assistance in completing this form was provided by:

Prison Law Office  
 Last Name      First Name      Signature

DRAFT

### Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 590266

**STEP 1 INTERIM ACCOMMODATION ASSESSMENT** Date CDCR 1824 received by IAC: 7 / 10 / 2024

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

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

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

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

[redacted] SSA [redacted] 7 / 10 / 2024

Person Completing Step 1 Title Signature Date Completed

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

Date assigned: 7 / 10 / 2024 Due back to IAC: 7 / 11 / 2024 Returned to IAC: 07 / 10 / 24

Assigned to: Facility G Title: FTS

Information needed: Advise the inmate they may purchase replacement. If inmate is okay with being charged for replacement provide them with a new PSAD.

---

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)  
 Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_

---

Staff Interviewed: [redacted] Title: Comp Sgt Interview date: 07 / 11 / 24

Interviewer Notes: 4m was issued a pocket talker in 1:1 exchange

---

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_ / \_\_\_ / \_\_\_

Interviewer Notes: I/M previously discussed this request with the Compliance Lieutenant. [redacted] advised the Compliance Lt that he was willing to pay for a replacement PSAD. A chrono cannot be located so [redacted] will be offered that opportunity again. Per memo titled, "issuance of vibrating watches as a reasonable accommodation for permanent hearing-impaired, impacting placement incarcerated persons," the inmate's request for a

Notes: will be reviewed by the RAP. If request is disapproved, vibrating watches were made available for the incarcerated population to purchase via the quarterly package process on 7/1/2024. Forward to HC for input

rapid status of hearing aids

[redacted] ADA [redacted] 07 / 11 / 24

Interviewer (Print Name) Title Signature Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 590266

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation **IS NOT** required.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

An Interim Accommodation **IS** required.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Accommodation(s) provided:

Date provided:

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____	_____	_____	____/____/____
Person Completing Step 3	Title	Signature	Date Completed

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

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.


Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

# DPP Disability/Accommodation Summary

Wednesday July 10, 2024 10:17:18 AM

As of:  

## OFFENDER/PLACEMENT

## DISABILITY ASSISTANCE

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility G  
 Housing Area/Bed: G 003 [REDACTED]  
 Placement Score: 48  
 Custody Designation: Medium (A)  
 Housing Program: Non-Designated Program Facility  
 Housing Restrictions: Lower/Bottom Bunk Only  
 Physical Limitations to  
 Job/Other:  
 EOP Accommodation  
 Recommendations  
 As Of 06/12/2024:

Current DDP Status: NCF  
 DDP Adaptive: None  
 Support Needs:  
 Current DDP Status Date: 02/12/2003  
 DPP Codes: DNH  
 DPP Determination Date: 11/03/2023  
 Current MH LOC: CCCMS  
 Current MH LOC Date: 05/17/2019  
 SLI Required: No  
 Interview Date: 01/27/2022  
 Primary Method(s) - Hearing Aids  
 Hearing:  
 Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly  
 Non-Formulary  
 Accommodations/Comments:  
 Learning Disability:  
 Initial Reading Level: 08.0  
 Initial Reading Level Date: 06/10/2015  
 Durable Medical Equipment: Hearing Aid  
 Canes  
 Crutches  
 Eyeglass Frames  
 Foot Orthoses  
 Hearing / Mobility Impaired Disability Vest  
 Other (Include in Comments)  
 Partial Lower Denture - Acrylic  
 Partial Upper Denture - Acrylic  
 Therapeutic Shoes/Orthotics  
 Languages Spoken:

## IMPORTANT DATES

Date Received: 12/12/2000  
 Last Returned Date:  
 Release Date: 03/08/2015  
 Release Type: Minimum Eligible Parole Date

## WORK/VOCATION/PIA

Privilege Group: A  
 Work Group: A1  
 AM Job Start Date:  
 Status:  
 Position #:  
 Position Title:  
 Regular Days On:

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

### CDCR 128B GENERAL CHRONO DURABLE MEDICAL EQUIPMENT TRANSFER INVENTORY

On this date, inmate [redacted] CDCR # [redacted] was moved from Facility F-1 to G-3. After verification through Strategic Offender Management System (SOMS), SOMS Oracle Reporting, and an inventory of the Durable Medical Equipment (DME) in the inmate's possession, the following DME were transferred with the inmate to the receiving facility:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> NO APPLIANCES                        | <input type="checkbox"/> Brace _____              | <input checked="" type="checkbox"/> Cane __Wooden__Blind |
| <input type="checkbox"/> Bi-Pap Machine                       | <input type="checkbox"/> Crutches                 | <input type="checkbox"/> Vision Vest                     |
| <input type="checkbox"/> Dressing/Catheter/Colostomy Supplies | <input type="checkbox"/> Oxygen Concentrator      | <input type="checkbox"/> Wheelchair                      |
| <input checked="" type="checkbox"/> Hearing Aid               | <input checked="" type="checkbox"/> Hearing Vest  | <input type="checkbox"/> Wheelchair Gloves               |
| <input type="checkbox"/> Eyeglasses (Prescription)            | <input type="checkbox"/> Shoes/Boots (Orthotic)   | <input type="checkbox"/> Limb/Prosthesis/Orthotics       |
| <input type="checkbox"/> Mobility Vest                        | <input type="checkbox"/> Walker                   | <input type="checkbox"/> Pocket Talker                   |
| <input type="checkbox"/> Burn Garments                        | <input type="checkbox"/> C-PAP Machine & Supplies | <input type="checkbox"/> Diabetic Supplies               |
| <input type="checkbox"/> Helmet                               | <input type="checkbox"/> Wheelchair cushion       | <input type="checkbox"/> Batteries for hearing aids      |

Other -- specify \_\_\_\_\_

Discrepancies/Missing/Comments: missing eyeglasses - from previous prison. Dentures lost in ADSEG from previous prison

F FACILITY [redacted]  
Sending Facility Print/Sign

5.23.24  
Date

[redacted]  
Receiving Facility Print/Sign

5-23-24  
Date

I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS ACCURATE

[redacted]  
Inmate Name CDCR# Print/Sign

5-23-24  
Date

- Distribution:
- Case Records
  - Sending Facility
  - Receiving Facility
  - Health Information Management
  - Inmate



**Disability Verification Process (DVP)  
Worksheet  
SIDE 1**

INMATE'S NAME (Print) [REDACTED]	CDCR 1824 LOG NUMBER 590266
CDCR NUMBER [REDACTED]	

**INSTRUCTIONS**

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

**SECTION 1 – SME FINDINGS**

Person completing worksheet: G. Ugwueze, MD Title: CME

Type of Review:  Health care review     Mental Health review     Education / learning disability review  
 Other review: \_\_\_\_\_

File Review conducted. Documents obtained:

<input type="checkbox"/> CDCR 1845 dated: ___/___/___	<input type="checkbox"/> CDCR 7410 dated: ___/___/___	<input type="checkbox"/> CDCR 128-C2: dated: ___/___/___
<input type="checkbox"/> CDCR 7536 dated: ___/___/___	<input type="checkbox"/> CDC 7221-DME dated: ___/___/___	
<input type="checkbox"/> CDCR 128-C3: dated: ___/___/___	<input type="checkbox"/> CDCR 7386: dated: ___/___/___	<input type="checkbox"/> CDCR 7388: dated: ___/___/___
<input type="checkbox"/> Other: _____ dated: ___/___/___	<input type="checkbox"/> Other: _____ dated: ___/___/___	

Recently evaluated for this issue. Date seen: \_\_\_/\_\_\_/\_\_\_

Evaluation (exam/interview) scheduled. Anticipated date to be seen: \_\_\_/\_\_\_/\_\_\_

.....

Disability indicated:  Yes     No     Unable to Determine

DPP: DNH

Summary of findings: DME: temporary cane, temporary crutches, disability vest, eyeglasses, foot orthoses, hearing aid, therapeutic shoes, temporary left walking boot, partial upper and lower dentures

Summary of limitations: bottom bunk

Comments: A consult to Hearing Aid Specialist is placed, with compliance date of 10/15/2024; awaiting clinic appointment date from provider. The patient is to be scheduled on the soonest available appointment date.

\_\_\_\_\_  
Signature of Subject Matter Expert

7/23/24  
Date Signed

# Exhibit 33

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SQ	LOG NUMBER (Staff Use Only) 511002	DATE RECEIVED BY STAFF: JAN 25 2024
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**TALK TO STAFF IF YOU HAVE AN EMERGENCY**  
 DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT N/A	HOUSING 2-A-[REDACTED]
-------------------------------------	---------------------------	-------------------	---------------------------

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

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?**  
 I'm deaf (DPH) Don't know sign language, my way of communication is for me to read notes or text and I will speak back. On the telecommunication system I can't have a one on one conversation with the Dr. The iPad they issued me does not pick up words or sentences <sup>in complete</sup> form or is wrong so I don't understand what is said.

**WHY CAN'T YOU DO IT?**  
 There is no close captioning set up on the system for me to read I have to wait for nurse to write the notes each time the Dr. is talking and many times the writing is hard to read, and feel I'm not getting questions and is slower than reading text. Maybe having to write to fast.

**WHAT DO YOU NEED?**  
 I need the telecommunication system set up with close caption (live) so when I go to the appointment I can communicate with the Dr. one on one. This has been done once before and I was able to understand everything and the appointment didn't take as long like I said my iPad does not pick up every word or sentence and gives words that are not spoken.

(Use the back of this form if more space is needed)

**DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?** Yes  No  Not Sure

List and attach documents, if available:  
 medical records show my disability and explain hearing aids don't work due to damage of my hearing

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

[REDACTED] \_\_\_\_\_ 1-24-2024  
 \_\_\_\_\_ DATE SIGNED

Assistance in completing this form was provided by:

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Signature

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 2/14/2024

Date IAC Received 1824: 1/25/2024

1824 Log Number: SQ-A-24-511002

Inmate's Name

CDCR #:

Housing: A2

RAP Staff Present: R. Rosalez, ADA Coordinator; Dr. M. Ashe, Chief Physician & Surgeon; [redacted] Assoc. Governmental Program Analyst; [redacted] Health Care Compliance Analyst, CCHCS; [redacted] Correctional Counselor II (Specialist), Office of Grievances; [redacted], Supervisor Registered Nurse III; [redacted] Office Assistant OOG; [redacted] ADA Office Technician; Dr. [redacted] Psychologist-Clinical (CF); [redacted] CAMU CCII; [redacted] Correctional Counselor II Specialist Supervisor; [redacted] Assoc. Governmental Program Analyst

Summary of Inmate's 1824 Request: IP requesting that his telecommunication appointments with his doctor (tele-med) be closed captioned.

**Interim Accommodation:**

Interim accommodation not provided

**RAP RESPONSE:**

RAP is able to render a final decision on the following: IP requesting that his telecommunication appointments with his doctor (tele-med) be closed captioned.

You are identified as DPH which is disability recognized in the Armstrong vs. Newsom Court-Ordered Remedial Plan. It is noted you are not a participant in the Mental Health Services Delivery System (MHSDS). The RAP notes you have a TABE score of 9.8 on file.

Per Medical Disability Verification Process (DVP) Worksheet dated 1/31/24 you have a DPH DPP code and use written noted as primary hearing accommodation. It is noted you have failed hearing aids and have been seen by ENT on 1/10/24 for progressive hearing loss and have been referred to Audiology for formal audiogram with a compliance date of 4/15/24. Currently pending results of audiogram. Additionally, you may be referred to cochlear implant.

The RAP notes that the telemed equipment used by CCHCS currently is not capable of producing closed captioning. However, to ensure that effective communication is reached using your primary method of communication, which is written notes, staff shall allow ample time to allow the content being delivered to be written legibly. If the information provided to you is not legible, you may request that staff type the content into a Word document for you to ensure effective communication.

**Direction if dissatisfied:** If you disagree with a medical diagnosis or treatment decision on which the Reasonable Accommodation Panel (RAP) relied in reaching its conclusion, you can file a blue CDCR 602 Health Care Grievance. Other disagreements with disability access or disability discrimination decisions should be filed on a green CDCR 602. Ensure you attach a copy of this response along with your CDCR 1824 as supporting documents.

**EFFECTIVE COMMUNICATION:** A review of SOMS reveals that you are identified as DPH, therefore, you do require special accommodation to achieve effective communication.

R. Rosalez

\_\_\_\_\_  
ADA Coordinator/Designee

  
Signature

Date sent to inmate:

FEB 23 2024

# Exhibit 3

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 2/21/2024

Date IAC Received 1824: 2/15/2024

1824 Log Number: 520917

Inmate's Name: [REDACTED]

CDCR # [REDACTED]

Housing: A1 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED] Principle (A) [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate reports they cannot hear the P.A. system; Inmate requests a banner reader that captions what the announcements are saying.

**Interim Accommodation:**

No interim accommodation required: You are currently designated Hearing Impaired, Not Impacting Placement (DNH) and accommodated with hearing aids and a pocket talker.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate reports they cannot hear the P.A. system; Inmate requests a banner reader that captions what the announcements are saying.

**Response:** On 2/21/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 2/15/2024, review of Strategic Offender Management System (SOMS) indicates you are DNH with primary Effective Communication (EC) of needs staff to speak loud and clear and alternate of hearing aids. As of 1/4/2024, you have been accommodated with a pocket talker.

Your request was forwarded to the Central Screening Team (CST) for review. The CST identified your claim regarding program and determined it does not fit within the scope of a request for reasonable accommodation. These claims have been referred to the appropriate department and will be responded to within sixty days via a grievance response.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Grievance Process.

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

N. Scaife \_\_\_\_\_



Date sent to inmate: MAR 12 2024

ADA Coordinator/Designee

Signature

STATE OF CALIFORNIA  
**REASONABLE ACCOMMODATION REQUEST**  
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INSTITUTION (Staff use only) <b>SATF</b>	LOG NUMBER (Staff Use Only) <b>520917</b>	DATE RECEIVED BY STAFF:  <b>FEB 15 2024</b>
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		OF GRIEVANCES
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT [REDACTED]
HOURS A1- [REDACTED]		
<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>• You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.</li> <li>• You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.</li> <li>• Submit this form to the Custody Appeals Office.</li> <li>• The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.</li> <li>• The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.</li> <li>• If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).</li> </ul>		
<b>WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?</b> I cannot understand what the Public Announcement System is saying.		
III II I		
<b>WHY CAN'T YOU DO IT?</b> I am DNH and have trouble making out the words.		
II I		
<b>WHAT DO YOU NEED?</b> I need effective communication of announcements. It would be helpful to have a banner reader somewhere that captions what the announcement is saying.		
III II I		
(Use the back of this form if more space is needed)		
<b>DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>		
List and attach documents, if available: look at SOMS III		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
[REDACTED]		02-14-2024 DATE SIGNED
Assistance in completing this form was provided by:		
Prison Law Office		[REDACTED]
Last Name	First Name	Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 520917

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 02 / 15 / 24

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

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

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

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

[redacted] AGPA [redacted] 02 / 15 / 24
Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

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

Date assigned: \_\_\_ / \_\_\_ / \_\_\_ Due back to IAC: \_\_\_ / \_\_\_ / \_\_\_ Returned to IAC: \_\_\_ / \_\_\_ / \_\_\_

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_

Information needed: \_\_\_\_\_

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Interviewer notes: \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_ / \_\_\_ / \_\_\_

Interviewer Notes: \_\_\_\_\_

Staff Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_ Interview date: \_\_\_ / \_\_\_ / \_\_\_

Interviewer Notes: \_\_\_\_\_

Notes: A REVIEW OF SOMS INDICATES I/M IS DNH WITH PRIMARY EC OF NEEDS STAFF TO SPEAK LOUD AND CLEAR AND ALTERNATE OF HEARING AIDS. AS OF 01/04/2024, I/M HAS BEEN ACCOMMODATED WITH A POCKET TALKER.

Interviewer (Print Name) Title Signature Date Completed



IAP / Interview Worksheet

Inmate: \_\_\_\_\_ CDCR #: \_\_\_\_\_ CDCR 1824 Log #: 520917

**Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)**

An Interim Accommodation **IS NOT required**.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

An Interim Accommodation **IS required**.

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Accommodation(s) provided:

Date provided:

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

_____	AGPA	_____	02 / 16 / 24
Person Completing Step 3	Title	Signature	Date Completed

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

**IAP processing instructions for the Appeals Coordinator**

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.


**Step 2 Interviewer Instructions**

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Thursday February 15, 2024 02:23:46 PM

As of:  

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
Name: [REDACTED]  
Facility: SATF-Facility A  
Housing A 001 1/001007L  
Area/Bed:  
Placement 32  
Score:  
Custody Medium (A)  
Designation:  
Housing Non-Designated Program Facility  
Program:  
Housing Ground Floor-No Stairs  
Restrictions: Lower/Bottom Bunk Only  
Physical Limited Wheelchair User  
Limitations to Permanent - 12/31/9999  
Job/Other:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
DDP Adaptive: None  
Support Needs:  
Current DDP Status Date: 11/07/2002  
DPP Codes: DPO, DNH  
DPP Determination Date: 10/16/2019  
Current MH LOC: CCCMS  
Current MH LOC Date: 12/26/2003  
SLI Required: No  
Interview Date: 05/09/2022  
Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly  
Alternate Method - Hearing: Hearing Aids  
Non-Formulary Per 128B dated 5/5/2022.  
Accommodations/Comments: TimeStamp: 9 May 2022 15:49:59 --- User: [REDACTED]  
Learning Disability: [REDACTED]  
Initial Reading Level: 11.2  
Initial Reading Level Date: 06/06/2001  
Durable Medical Equipment: Hearing Aid  
Back Braces  
Compression Stocking  
Canes  
Mobility Impaired  
Disability Vest  
Eyeglass Frames  
Night Guard  
Wheelchair  
Languages Spoken:

**IMPORTANT DATES**

Date Received: 11/07/1990  
Last Returned Date: 01/26/1996  
Release Date: 08/14/2038  
Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A  
Work Group: A1  
AM Job Start Date:  
Status:  
Position #:  
Position Title:  
Regular Days On:

# Exhibit 3

**REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE**

RAP Meeting Date: 1/10/2024

Date IAC Received 1824: 1/4/2024

1824 Log Number: 500990

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Physician and Surgeon [REDACTED], Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Staff Services Analyst [REDACTED], Registered Nurse [REDACTED], Staff Services Analyst [REDACTED], Field Training Lieutenant [REDACTED]

**Summary of Inmate's 1824 Request:** Inmate requests Over The Ear Headphones (OTEH), a Personal Sound Amplification Device (PSAD), and an iPad/iPhone with speech to text technology.

**Interim Accommodation:**

No interim accommodation required: You were issued a PSAD on 1/4/2024.

**RAP RESPONSE:**

**RAP is able to render a final decision on the following:** Inmate requests Over The Ear Headphones (OTEH), a Personal Sound Amplification Device (PSAD), and an iPad/iPhone with speech to text technology.

**Response:** On 1/10/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

On 1/5/2024, you were issued a PSAD by a Field Training Sergeant (FTS). Please be advised, Field Training Sergeants (FTS) can complete battery exchanges on a one for one basis. You were issued Over The Ear Headphones (OTEH) while you were housed at VSP.

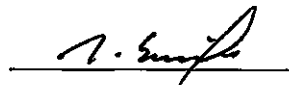
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, and access to the caption phone. Your current Effective Communication (EC) methods of staff speaking loudly and clearly and hearing aids are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

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

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate:

FEB 01 2024

INSTITUTION (Staff use only) <b>satf</b>		LOG NUMBER (Staff Use Only) <b>500990</b>		DATE RECEIVED BY STAFF:  <b>CSATF OFFICE</b>  <b>JAN 04 2024</b>	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** <b>DO NOT</b> use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC					
INMATE'S NAME (Print) [REDACTED]		CDCR NUMBER [REDACTED]	ASSIGNMENT <b>0</b>	OF GRIEVANCES <b>A1-</b>	
<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.</li> <li>You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.</li> <li>Submit this form to the Custody Appeals Office.</li> <li>The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.</li> <li>The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.</li> <li>If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).</li> </ul>					
<b>WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?</b> <i>I Filed an GA-22 to medical asking for headphones for the GTL Tablet, a Pocket Talker (PSAPs) and iPad or iPhone for speech-to-text technology over 10 days ago because I am DHH and these 3 things would help with my hearing problem. "A" yard medical has not response.</i>					
<b>WHY CAN'T YOU DO IT?</b> <i>Because "A" yard Medical has not responded to my request. I will submit another GA-22 today.</i>					
<b>WHAT DO YOU NEED?</b> <i>1.) Headphones for the GTL Tablet                  2.) A Pocket Talker (PSAPs)                  3.) An iPad or iPhone, with speech-to-text technology</i>					
<i>(Use the back of this form if more space is needed)</i>					
<b>DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?</b> List and attach documents, if available: <b>S.O.M.S.</b>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/>		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.					
[REDACTED] <b>INMATE'S SIGNATURE</b>			<b>1-3-2024</b> <b>DATE SIGNED</b>		
Assistance in completing this form was provided by:					
_____ Last Name		_____ First Name		_____ Signature	

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [redacted] CDCR #: [redacted] CDCR 1824 Log #: 500990

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 01 / 04 / 24

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

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

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

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

[redacted] AGPA [redacted] 01 / 04 / 24
Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS

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

Date assigned: 01 / 04 / 24 Due back to IAC: 01 / 05 / 24 Returned to IAC: 01 / 05 / 24

Assigned to: FACILITY A Title: FTS

Information needed: PLEASE ISSUE I/M A POCKET TALKER.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)
Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: Location:

Interviewer notes:

Staff Interviewed: [redacted] Title: FTS Interview date: 01 / 05 / 24

Interviewer Notes: I/M WAS ISSUED A POCKET TALKER ON 01/04/24

Staff Interviewed: Title: Interview date: / /

Interviewer Notes:

Notes: A REVIEW OF SOMS INDICATES I/M IS DESIGNATED DNH. ADAC APPROVES ISSUANCE OF POCKET TALKER. I/M WAS ISSUED OTEH ON 06/12/2023 WHILE HOUSED AT VSP. I/M HAS PRIMARY EC OF STAFF SPEAKING LOUDLY AND CLEARLY AND ALT EC OF HEARING AIDS. ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS.

[redacted] AGPA [redacted] 01 / 05 / 24
Interviewer (Print Name) Title Signature Date Completed



Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Thursday January 04, 2024 12:34:08 PM

As of: 01/04/2024 [REDACTED]

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]  
 Name: [REDACTED]  
 Facility: SATF-Facility A  
 Housing A 001 [REDACTED]  
 Area/Bed:  
 Placement 32  
 Score:  
 Custody Medium (A)  
 Designation:  
 Housing Non-Designated Program Facility  
 Program:  
 Housing Ground Floor-No Stairs  
 Restrictions: Lower/Bottom Bunk Only  
 Physical Limited Wheelchair User  
 Limitations to Permanent - 12/31/9999  
 Job/Other:

**DISABILITY ASSISTANCE**

Current DDP Status: NCF  
 DDP Adaptive: None  
 Support Needs:  
 Current DDP Status Date: 11/07/2002  
 DPP Codes: DPO, DNH  
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 Initial Reading Level Date: 06/06/2001  
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 Compression Stocking  
 Canes  
 Eyeglass Frames  
 Night Guard  
 Wheelchair  
 Languages Spoken:

**IMPORTANT DATES**

Date Received: 11/07/1990  
 Last Returned Date: 01/26/1996  
 Release Date: 08/14/2038  
 Release Type: Minimum Eligible Parole Date

**WORK/VOCATION/PIA**

Privilege Group: A  
 Work Group: A1  
 AM Job Start Date:  
 Status:  
 Position #:  
 Position Title:  
 Regular Days On: