

**California Division of Juvenile Justice Summary Education Program Report**  
**For School Year 2010-2011**

**Section I. Introduction**

**Background**

During December 2002, Mr. Stephen Acquisto, Deputy Attorney General, California Department of Justice contacted Dr. Tom O'Rourke and Dr. Robert Gordon to conduct a review of the California Youth Authority educational program with two objectives: 1) to evaluate the CYA general and special education programs based on thirteen areas of inquiry; and 2) to provide specific comments and recommendations regarding the current status of the educational program in each of the areas of review.

The DJJ Education Branch used the findings of this review and other information to develop the education section of the Consent Decree Remediation Plan (dated March 1, 2005). There were six major sections in the Education Services Remedial Plan:

- I. Overview, Philosophy, and Program Policy
- II. Staffing
- III. Student Access and Attendance
- IV. Curriculum
- V. Special Education / Record Keeping
- VI. Access to State Mandated Assessments

**Review Process:**

The Consent Decree required that a specific monitoring process for the Education Services Remedial Plan be established and implemented that directly monitored and measured compliance with and progress towards meeting implementation of decree requirements by the Department of Juvenile Justice. Dr. O'Rourke and Dr. Gordon were asked to develop standards for monitoring and to conduct site visits using a standardized monitoring instrument.

The education experts have conducted site visits during six monitoring cycles, from September 2005 through March 2006, from September 2006 through April 2007, from October 2007 through March 2008, from October 2008 through May 2009, from October 2009 through May 2010 and from February 2011 through April 2011 at the following DJJ operated schools:

**DJJ High School**

\*\*\*\*James A. Wieden High School  
Johanna Boss High School  
\*\*DeWitt Nelson High School  
N. A. Chaderjian High School  
\*Marie C. Romero High School  
Mary B. Perry High School  
\*\*\*Lyle Egan High School  
Jack B. Clarke High School

**DJJ Youth Correctional Facility**

Preston Youth Correctional Facility  
O. H. Close Youth Correctional Facility  
DeWitt Nelson Training Center  
N. A. Chaderjian Youth Correctional Facility  
El Paso de Robles Youth Correctional Facility  
Ventura Youth Correctional Facility  
Heman G. Stark Youth Correctional Facility  
Southern Youth Correctional Reception and Center Clinic

- \* This facility was closed before completion of the 2008 cycle.
- \*\* This facility was closed before completion of the 2009 cycle.
- \*\*\* This facility was closed before completion of the 2010 cycle.
- \*\*\*\* This facility was closed before completion of the 2011 cycle.

- Initial visits were announced and communicated to the Education Services branch and the sites being visited.
- Each of the facilities was provided with copies of the Education Services Remedial Plan and copies of the monitoring instrument that was based on the six (6) major areas of the plan.
- In July 2006, July 2007, June 2008, June 2009, and August 2010 training was provided to the DJJ Office of Education personnel, central office personnel and site-based administrators in order to provide a framework for audit preparation prior to the site reviews.
- As a part of the 2006-2007, 2007-2008, 2008-2009, 2009-2010 and 2010-2011 review cycles, all sites were notified to send specific written reports and other relevant documentation to the education experts two weeks prior to their site visit.
- Each high school was visited and reviewed for compliance with the specific items noted in the Education Remedial Plan using the standardized monitoring instrument.
- A four-part approach was used to obtain information in order to monitor progress toward compliance with the Consent Decree:
  - 1) Review of system level written materials (e.g., WASC reports, DJJ policies, annual reports, school improvement plans, school site plans, course standards, course guides, lesson plans, course syllabi, Special Education Manual, and other supporting documents).
  - 2) Review of site generated data, including special education records, Individual Education Plans (IEP's), attendance data, school closing data, special management unit documents, class rolls, school schedules, high school graduation plans, psychological evaluations and other educational reports and documents.
  - 3) Interviews with central office administrators, site based administrators, counselors, teachers, other support staff and students.
  - 4) Observations of classroom activities, student movement, and special management programs, including mental health and other restricted programs.
- The written materials provided data collected since the beginning of the school year. Interviews with educational personnel provided staff perceptions of the strengths and needs of the education program. Analysis of this information, together with direct observations, resulted in a series of findings regarding compliance with the requirements of the consent decree in the areas of general and special education.

## **Findings**

At the conclusion of each review, an exit conference was conducted. The experts met with the site administrators and provided verbal feedback regarding the general findings of the audit. No written documentation or report was provided to the site at the exit conference.

A detailed Remedial Plan Site Compliance Report was prepared for each site. These reports were provided by the experts to the Special Master's office within 30 calendar days of the site visit. After review, the Special Master's office submitted copies of the reports to representatives of the Plaintiff and the Defendant.

On the Remedial Plan Site Compliance Reports, findings on each item reviewed consisted of a compliance rating and specific written comments supporting the rating. The report used the following compliance ratings:

**Substantial Compliance** (as defined in Consent Decree) - if any violations of the relevant remedial plan are minor or occasional and are neither systemic nor have been addressed to resolve or repair the issue

**Partial Compliance** - elements of the remedial plan compliance are evident, but not to a sufficient degree to meet the standard of substantial compliance

**Non-compliance**-compliance is not evident and/or the level of compliance does not meet minimal requirements of the remedial plan

**Not Applicable** – item was not monitored at the site because the specific standard did not apply

**Not Audited** – item was found in substantial compliance system wide for two consecutive audits and was not reviewed in this audit cycle

Because of the relatively brief time involved in the actual site reviews, the reports are limited in their ability to provide ongoing descriptions and should be utilized as only one source of information for indicating progress by the DJJ facilities towards meeting consent decree requirements.

## **Content of the Summary Education Program Report:**

The content of this report is presented in three parts:

- I. **Introduction**- background on the development of the Education Services Remedial Plan, its inclusion in the Consent Decree and the methodology of the Remedial Plan review process
- II. **Summary Report** – report indicating the compliance ratings on specific items in the Remedial Plan for each school program reviewed

III. Major Commendations and Recommendations – statements regarding areas of progress during the current audit cycle as well as areas needing improvement in order to achieve full compliance with the requirements of the Educational Remedial Plan.

## Section II. Summary Report

The summaries of the experts' findings are found in the attached tables:

### **Attachment A California Remedial Plan Site Compliance Report**

- I. Overview, Philosophy, and Program Policy
- II. Staffing
- III. Student Access and Attendance,
- IV. Curriculum,
- V. Special Education,
- VI. California High School Exit Exam

On this table, the name of each site and the date of the experts' review are indicated at the top of the column. The items reviewed are listed by each of the six (6) areas and the compliance rating for each item (substantial, partial, non compliance, or non applicable) is shown.

The report is color coded. Items that are non compliant are highlighted in red. Items that are partially compliant are highlighted in yellow. Items that have maintained substantial compliance for 2 consecutive audits are highlighted in blue. Items that are substantially compliant for one year or non-applicable have been left white

### **Attachment B Comparison of the Office of Audit and Core Compliance Report and the Experts Audit Reports.**

On this table, the name of each site and the date of the experts' review are indicated at the top of the column. The items reviewed are listed by each of the six (6) areas and the compliance rating for each item (substantial, partial, non compliance, or non applicable) is shown. Comparisons are shown between the OACC audit ratings and the experts' ratings.

Ratings which reflect no change between the OACC and the expert's audits are noted in blue. Ratings where the experts raised the OACC rating are noted in yellow. Ratings where the experts lowered the OACC rating are noted in red. Non applicable ratings are noted in green.

### **Section III. Major Commendations and Recommendations**

The following comments are made by the experts to assist the Division of Juvenile Justice (DJJ) in attaining full compliance with the Consent Decree requirements. The commendations and recommendations are organized according to the six areas in the Education Services Remedial Plan.

#### **I. Overview, Philosophy and Program Policy**

##### **Commendations:**

- The DJJ continues to make progress towards meeting the requirements of the Consent Decree Remediation Plan.
- All of the schools continue to be accredited by the Western Association of Colleges and Schools.
- All schools provide a core curriculum that meets the Content Standards for the California Public Schools.
- All students are screened and provided English language services by teachers who are appropriately credentialed and certified.
- All schools have documented offering transition planning to students 90 days prior to students release.

##### **Recommendations:**

- The downsizing of the DJJ facilities and the reduction of the student population including the current recommendation to close the Southern Youth Correctional Reception Center makes it necessary to update and revise the Educational Central Office Organizational Chart. It is also necessary to provide written job descriptions for each position noted on the chart that reflect current needs.
- Planning for the student's return to the community begins at the time of admission. There is an ongoing need to develop a re-entry model designed to focus on a consistent approach to transitioning of youth from confinement back to the community. This model requires collaboration between institution staff, families, youth, community aftercare, and community service providers. A structured transition phase and careful re-entry planning along with guided follow up increases the likelihood of successful re-entry to the community. The model should involve a feedback loop which informs the site of whether the youth has found meaningful employment, entered school and/or become a productive member of the community.

## **II. Staffing**

### Commendations:

- Each school has an adequate pool of substitute teachers to meet the 15% minimum requirement.
- Each high school with a restricted program has a minimum of two school psychologists.

### Recommendations:

- With the downsizing and closing of facilities, there is a need to balance staffing and teacher allocations at all locations. The DJJ must remove hiring freezes for essential teachers in order to provide services needed for the delivery of the educational program.
- The DJJ must review the current system used to provide substitute teachers to prevent class cancellations due to teacher absences at all sites. The pool of substitute teachers at Mary B. Perry high school is depleted due to their assignments to teacher vacancies caused by the current hiring freeze. Chaderjian and Johanna Boss High Schools fail to share a joint pool of substitute teachers despite being located on the same campus. Essentially they are competing for the same resources. These two schools should combine their pool of substitute teachers to provide a larger pool of substitute teachers available at each site.
- The DJJ must provide credentialed teachers and related service providers at all sites. It is necessary to immediately address and eliminate extended delays that occur in filling teacher vacancies.
- Special education assessments at the Johanna Boss High School failed to meet California Department of Education (CDOE) and Individual with Disabilities Education Act (IDEA) standards. Staff must conduct all assessments including those required for related services such as speech, language, hearing, within the prescribed timelines established by DJJ policy and federal law.
- Individual Educational Program (IEP) mandated service hours, including those provided by related service providers, must be offered to students housed at Chaderjian and Johanna Boss High Schools.

## **III. Student Access and Attendance**

### Commendations:

- DJJ is commended for increasing the enrollment in the vocational classes. Students should be provided with counseling and better access to these programs to enable them to gain the necessary employment skills to prepare them as they re-enter the community.

- The security staff at all facilities are commended for their efforts to promote safety and security on the school campus. Efforts are being made to get students to school on time and provide support to teachers in their efforts to provide an atmosphere in the classrooms conducive to teaching and learning.
- The principals are commended for their efforts to keep classes open.
- The Alternative Behavior Learning Environment program is working well at all sites. This program provides opportunities for students to continue learning when alternative education is needed due to classroom behavior issues.

Recommendations:

- The "Program Service Day" was developed to allow time for all treatment programs, (educational mental health and medical) to meet work day/week without loss of the mandatory 240 minute school day. Consistent implementation of the "Program Service Day" is necessary at all sites to provide students with an uninterrupted 240 minute instructional day. School refusals, without consistent disciplinary consequences, school pull outs for non emergency medical, mental health and/or safety and security reasons continues to negatively impact the establishment of school program.
- Chaderjian, Johanna Boss, and Mary B. Perry High Schools fail to provide IEP mandated related services due to related service provider vacancies. Students are not receiving services within federally mandated time lines.
- Teacher vacancies must be filled immediately before the staff at Mary Perry High School can be stabilized.
- The restricted setting at Mary B. Perry High School must be fully staffed with teachers, security and other support personnel to insure safe and successful implementation of program goals and objectives. Once this stability is established, every effort should be made to insure that all students assigned to the restricted programs are provided access to 240 minutes of daily education instruction as required by the remedial plan.
- The DJJ must develop a system that identifies unexcused and excused student absences which are education or non-education related. Program administrators at the central office and at each site must continue to address student absences. The practice of classifying non emergency absences or pull outs as excused absences should be discontinued.
- Extended denial of access to the school program involving students placed on Temporary Intervention Plan (TIP) should be examined by DJJ administrative staff at both the school and central office level. Deviations from established DJJ timelines must be documented and considered to be exceptions to acceptable disciplinary practice.

#### **IV. Curriculum**

##### Commendations:

- It is noted that all ratings on item IV Curriculum, with the exception of one PC rating on audit item 4.12 at Jack B. Clarke High School, are substantially compliant. The DJJ has done a very good job of developing and providing curriculum, instructional services and educational supplies and materials which meet state and federal standards.
- Principals are conducting classroom observations to monitor teaching and to ensure that teachers are teaching the curriculum and are being responsive to the needs of the student population.
- Distance learning, aligned with content standards, has been implemented to supplement the academic curriculum.

##### Recommendations:

- The Central Office staff of the Education Services Branch of the Department of Juvenile Justice must continue to update all educational policies and see that they are available online to all educational staff. Additional training will be necessary to assure that the DJJ remains compliant in this area.
- School administrators must continue to provide leadership in monitoring the mini-libraries on the living units. School librarians should be held responsible for the oversight and maintenance of these mini-library sites.
- Distance learning technology must be provided to all students including those on the restricted units. Technology must be used to increase educational service hours without compromising security for students segregated from the general population.
- Efforts to monitor yearly progress on the 5-year Strategic Plan must be formally documented by DJJ Central Office staff.

## V. Special Education

### Commendations:

- Chaderjian, Johann Boss, Mary B Perry and Jack B. Clarke High Schools are commended for maintaining substantial compliance ratings on 15 of 25 special education audit areas measured by the California Remedial Plan Site Compliance Report.
- Teachers at all facilities were well versed in the identification and referral requirements for special education eligible students.
- The DJJ has provided extensive training to special education and regular education staff on topics including student limitations, lesson modifications, adaption of instruction, IEP development and IEP referral requirements and procedures.

### Recommendations

- The DJJ does not provide a full continuum of services to the special education students at Chaderjian, Johanna Boss, and Mary B. Perry High Schools. The DJJ Central Office administration must develop procedures including contracting with outside agencies and eliminate hiring freezes to immediately address the provision of mandated services when key service provider positions are vacant.
- Chaderjian, Johanna Boss, and Mary B. Perry High Schools fail to provide all instructional segments and related services identified in new or existing IEP's. The monitoring of service provider logs and the implementation of a system of administrative and teacher accountability must be implemented at both the Central Office and school sites.
- Chaderjian, Johanna Boss and Mary B. Perry High Schools fail to provide all IEP mandated related service hours in a timely manner. This problem was previously identified during the 2009-2010 education audits. Central Office and site level administrative staff must develop and implement a system to monitor the provision of service hours.
- N.A. Chaderjian and Mary B. Perry High Schools fail to provide special education students placed in the restricted units with a full continuum of placement options including all segments and services listed in the student's IEP. Eligible students must be provided access to the GED and vocational programming when such services are identified as service needs in the IEP.
- Chaderjian, Johanna Boss and Mary B. Perry High Schools failed to maintain a standardized system for tracking and providing compensatory services for special education students. Documentation of the provision of compensatory services must be addressed.
- Program Specialists who have conducted special education site reviews at each high school have failed to provide documented feedback to teachers who have submitted corrected IEP's.

## **VI. California High School Exit Exam**

### Commendations:

- It is noted that the experts found that all ratings in this area to be substantially compliant. Documentation of adherence to the statewide testing schedule has been established. DJJ has done a very good job of allowing all eligible students access to mandated educational assessments with appropriate accommodations, modifications or variations as a part of testing procedures in accord with DJJ guidelines.

### Recommendations:

- DJJ should continue to monitor this area to assure compliance is maintained.

### **Additional Comments and Recommendations**

High Schools continue to make progress towards meeting the mandates of the remedial plan as noted in the California Education Remedial Plan Site Compliance Reports 2010–2011.

#### Recommendations

During the 2010-2011 education monitoring cycle, the Office of Audits and Core Compliance (OACC) audited each site 45 days prior to the education experts' audit. These internal audits were instrumental in ensuring that each high school monitored its compliance items in each area noted in the *Farrell v. Cate* Education Remedial Plan. Through this process, several areas which were identified by the OACC audit team as partial or non-compliant, were remedied by school personnel prior to the experts audit.

The OACC audit team review at the four high schools identified 41 non or partially compliant items that the DJJ was able to address prior to the education experts site audit. The Principal at Jack B. Clarke is commended for her efforts to address the deficiencies noted in the OACC audit report. She corrected 13 of 14 areas found to be partially or non compliant. Similar improvements to a lesser degree were noted at the other high schools.

The OACC compliance ratings for 16 items rated as substantially or partially compliant regressed during the 45 day period between audits. It is noted however, that approximately half of the items have been addressed by the DJJ and corrective action plans are in place.

The high degree of rater agreement between the OACC and the education experts as documented in Appendix B (Comparison of OACC and the Experts Audit Ratings), strongly supports the validity of the OACC findings. The experts feel that the OACC internal auditing system will allow monitoring responsibilities to be shifted from the court appointed experts to this independent audit team. This process demonstrates DJJ's ability to meet the mandates of the Education Consent Decree Remedial Plan and continue to maintain ongoing reform efforts.

California Remedial Plan Site Compliance Report						
<b>Area : EDUCATION Reviewers: Dr. Tom O'Rourke, Dr. Robert Gordon From January 2011 through April 2011</b>						
<b>Ratings:</b>	<b>SC Substantial compliance</b>	<b>PC Partial Compliance</b>		<b>NC Non compliance</b>		
<b>atings:</b>	<b>Substantial Compliance</b>	<b>Partial Compliance</b>		<b>Non Compliance</b>		<b>ALL SITES</b>
	<b>Site</b>	<b>Chaderjian</b>	<b>Boss</b>	<b>MBPHS</b>	<b>Clark</b>	<b>2010 / 2011</b>
	<b>Date of Review</b>	1/31/2011	2/3/2011	4/5/2011	4/8/2011	
	<b>Items Reviewed</b>					
<b>I. Overview</b>						
1.1	Schools meet WASC accreditation standards	SC	SC	SC	SC	
1.2	Curriculum meets CA state standards	SC	SC	SC	SC	
1.3	High School Graduation Plans in records	SC	SC	SC	SC	
1.4	Semi-annual reviews of High School Graduation Plans	PC	NC	NC	SC	
1.6	Progress being made toward high school diplomas	SC	SC	PC	SC	
1.7	English Language Learner screening & services	SC	SC	SC	SC	
1.8	Transition planning (90 days prior to release)	SC	SC	PC	SC	
<b>II. Staffing</b>						
2.1	Teachers hold valid CA credentials and teach in-field	PC	SC	SC	SC	
2.2	Adequate credentialed staff in content areas for graduation	SC	SC	SC	SC	
2.3	Recruitment plan for education staff and 2 recruiters	SC	SC	SC	SC	
2.4	Time between education vacancy and hiring	NC	NC	NC	SC	
2.5	Pool of substitute teachers = 15% of teaching staff	SC	SC	SC	SC	
2.6	Class cancelled due to teacher absence/lack of subs	SC	SC	NC	SC	
2.7	In-field teacher used for teacher vacancy of 45 days	SC	NC	NC	SC	
2.8	Psychologist and related service providers available	NC	NC	NC	SC	
2.9	Time from referral for testing and report completed	SC	NC	SC	SC	
2.10	Time from referral for related services to service delivered	NC	NC	SC	SC	
2.11	2 school psychologists for each restricted program	SC	SC	SC	SC	
<b>III. Student Access &amp; Attendance</b>						

<b>Date of Review</b>		<b>1/31/2011</b>	<b>2/3/2011</b>	<b>4/5/2011</b>	<b>4/8/2011</b>
3.1	Standardized Academic Calendar meets CA requirements	SC	SC	SC	SC
3.2	Standardized Academic Calendar-basis of student services	SC	SC	SC	SC
3.3	Policy & practice-all students enrolled within 4 days	SC	SC	SC	SC
3.4	Registrars request records on new students within 4 days	SC	SC	SC	SC
3.5	Students meeting GED criteria have GED opportunity	PC	SC	SC	SC
3.6	SCT services for students with academic/ behavioral problems	SC	PC	SC	SC
3.7	SCT records of interventions and referrals	SC	PC	SC	SC
3.8	Students not making academic progress referred to SCT	PC	PC	NC	SC
3.9	Development of SCT tracking system	SC	SC	SC	SC
3.10	Documentation of progress reviews of SCT plans	SC	PC	NC	SC
3.11	SCT logs show follow-through on eligibility testing	SC	NC	SC	SC
3.12	Students referred from SCT receive special education services	SC	SC	SC	SC
3.13	SCT training (procedures, roles & responsibilities, forms)	SC	SC	SC	SC
3.14	Teachers informed of missing student's whereabouts	SC	SC	SC	SC
3.15	Document school attendance for previous 30 days	NC	NC	NC	NC
3.16	Cooperative Agreements to ensure students' attendance	SC	NC	SC	SC
3.17	Quarterly reviews of school attendance by Exec. Team	SC	SC	SC	SC
3.18	Plans (due 4/05) to remediate deficient attendance	SC	SC	SC	SC
3.19	Quarterly corrective action plans for high absence rates	SC	SC	SC	NC
3.20	Policy & procedure to eliminate class cancellations	SC	SC	NC	SC
3.21	Teacher records indicate missing students	SC	SC	SC	SC
3.22	Exclusion from school forms have complete data	SC	SC	SC	SC
3.23	Observation of students not being sent to school	NC	PC	NC	SC
3.24	Accurate attendance data in WIN database	SC	SC	SC	SC
3.25	Mgmt team monthly review of attendance data	SC	NC	SC	SC
3.26	Performance expectations on attendance (due 7/05)	SC	SC	SC	SC
3.27	Training on attendance expectations	SC	SC	SC	SC
3.28	Implementation of attendance policy & procedures (due 7/05)	SC	SC	SC	SC
3.29	Incentives developed for increased school attendance	SC	NC	SC	SC
3.30	Annual state school calendar implemented	SC	SC	SC	SC
3.31	Yearly calendar w/44 student advising/case conference	SC	SC	SC	SC
3.32	Adequate instructional space	SC	SC	SC	SC
3.33	Structured classroom behavior management system	SC	NC	SC	SC
3.34	Alternative behavior management classroom at each school	SC	SC	SC	SC
3.35	Staff training on behavior management system	SC	SC	SC	SC
3.36	Behavioral goals for spec. ed. students-restricted programs	SC	SC	SC	SC
3.37	Use of small classrooms (adequate size) in restricted settings	SC	SC	SC	SC
3.38	Staff ratio & credentialed teachers in restricted settings	SC	SC	SC	SC
3.39	Instructional program in restricted placements	SC	SC	SC	SC
3.40	Training provided to staff in restricted settings	SC	SC	SC	SC

Date of Review	1/31/2011	2/3/2011	4/5/2011	4/8/2011	
<b>IV. Curriculum</b>					
4.1 Curriculum Guides & policies aligned with CA Education Code	SC	SC	SC	SC	
4.2 Process to develop and revise curriculum on cyclical basis	SC	SC	SC	SC	
4.3 Curriculum guides for all core & vocational classes	SC	SC	SC	SC	
4.4 Core Curriculum Guides available in electronic form (due 6/06)	SC	SC	SC	SC	
4.5 Schools meet CA & WASC standards for books & materials	SC	SC	SC	SC	
4.6 Annual inventory & needs assessment of books & equipment	SC	SC	SC	SC	
4.7 Textbooks & library books available in classrooms	SC	SC	SC	SC	
4.8 Books available in mini-libraries on living units	NC	SC	SC	SC	
4.9 Professional development for school leadership personnel	SC	SC	SC	SC	
4.10 Training schedule on new procedures-educ & custody services	SC	SC	SC	SC	
4.11 Training attendance-new procedures-educ & custody services	SC	SC	SC	SC	
4.12 Formation of Trade Advisory Committees & quarterly meetings	SC	SC	PC	PC	
4.13 Annual surveys for vocational course planning (due 7/06)	SC	SC	SC	SC	
4.14 Annual Career Technical job studies to evaluate CTE program	SC	SC	SC	SC	
4.15 Use of technology at each site (due 6/05)	SC	SC	SC	SC	
4.16 Distance learning courses meet CA Content Standards	SC	SC	SC	SC	
4.17 Use of Global Classrooms distance learning (due 6/06)	SC	SC	SC	SC	
4.18 Distance learning provided in restricted units	SC	SC	SC	SC	
4.19 Automated library system at each HS (due 6/06)	SC	SC	SC	SC	
4.20 Teachers use course syllabi & lesson plans	SC	SC	SC	SC	
4.21 Quarterly teacher observations using revised rubric	SC	SC	SC	SC	
4.22 5 year strategic plan & reading initiative implemented	SC	SC	SC	SC	
4.23 Policies revised to reflect operational changes	SC	SC	SC	SC	
4.24 Education policies available electronically (due 6/06)	NC	SC	SC	SC	
<b>V. Special Education</b>					

Date of Review		1/31/2011	2/3/2011	4/5/2011	4/8/2011
5.1	Special Education Policy Manual revised & available (d	SC	SC	SC	SC
5.2	Files transferred & services implemented in 4 days	SC	SC	SC	SC
5.3	Screening provided and referrals for psychological test	SC	SC	SC	SC
5.4	Teachers identify special ed students in classrooms	SC	SC	SC	SC
5.5	Referral for testing-update eligibility; reports complete &	NC	PC	SC	SC
5.6	Site has full continuum of placement options	NC	NC	NC	SC
5.7	Continuum of services available in restricted settings	SC	NC	NC	SC
5.8	Segments & services listed in IEPs are provided	NC	NC	NC	SC
5.9	Accuracy & completeness of special education data sy	SC	SC	SC	SC
5.10	Assessment procedures updated & standardized	SC	SC	SC	SC
5.11	Training and reports of assessment completion rates	SC	SC	SC	SC
5.12	Procedures standardized, including county intake (due	SC	SC	SC	SC
5.13	Clinics-agreements with Intake & CS on providing IEPs	SC	SC	SC	SC
5.14	Procedures for Intake & CS on providing IEPs	SC	SC	SC	SC
5.15	Pre-existing valid IEPs implemented	NC	NC	NC	PC
5.16	Changes in IEPs documented w/rationale	SC	SC	SC	NC
5.17	Eligibility determined prior to IEP meeting	SC	SC	SC	SC
5.18	IEP eligibility meetings held timely & with notices, parti	PC	SC	SC	SC
5.19	IEPs include consideration of related svc/transition plan	NC	NC	NC	SC
5.20	Training on specific topics for special ed teachers	SC	SC	SC	SC
5.21	System of IEP progress reviews implemented	SC	SC	SC	SC
5.22	Compensatory special education svc provided when ne	NC	NC	NC	SC
5.23	Education Stakeholders' Committee w/quarterly meetin	SC	SC	SC	SC
5.24	Training to education and custody staff on Spec Educ	SC	SC	SC	SC
5.25	Regional Prog Specialist site reviews of spec ed compl	NC	NC	NC	NC
<b>VI. California High School Exit Exam</b>					
6.1	CA assessment program provided to eligible students	SC	SC	SC	SC
6.2	CYA curriculum in LA & math related to Graduation Tes	SC	SC	SC	SC
6.3	Students have multiple opportunities to pass state exam	SC	SC	SC	SC
6.4	Students have appropriate test accommodations /modi	SC	SC	SC	SC
6.5	Students with equivalent passing scores- waivers requ	SC	SC	SC	SC
6.6	Students failing test receive remediation	SC	SC	SC	SC
6.7	Test data is monitored & basis of school improvement p	SC	SC	SC	SC
6.8	Students have range of alternatives to complete educa	SC	SC	SC	SC

<b>Comparison of OACC and Education Experts Audit ratings</b>						
<b>Area : EDUCATION Reviewers: Dr. Tom O'Rourke, Dr. Robert Gordon From January 2011 through April 2011</b>						
Ratings:	No Change in Audit Rating	Ed. Experts raised OACC Rating		Ed. Experts lower /OACC Rating		NA
						No BTP
Site	Chaderjian	Boss	MBPHS	Clark		
Date of Review	1/31/2011	2/3/2011	4/5/2011	4/8/2011		
Items Reviewed						
<b>I. Overview</b>						
1.1	Schools meet WASC accreditation standards	SC-SC	SC-SC	SC-SC	SC-SC	100%
1.2	Curriculum meets CA state standards	SC-SC	SC-SC	SC-SC	SC-SC	100%
1.3	High School Graduation Plans in records	SC-SC	SC-SC	SC-SC	SC-SC	100%
1.4	Semi-annual reviews of High School Graduation Plans	PC-PC	SC TO NC	PC TO NC	SC-SC	50%
1.6	Progress being made toward high school diplomas	SC-SC	SC-SC	PC-PC	PC TO SC	75%
1.7	English Language Learner screening & services	SC-SC	NC-NC	NC TO SC	SC-SC	75%
1.8	Transition planning (90 days prior to release)	SC-SC	SC	PC TO SC	SC-SC	75%
<b>II. Staffing</b>						
2.1	Teachers hold valid CA credentials and teach in-field	PC-PC	SC-SC	SC-SC	SC-SC	100%
2.2	Adequate credentialed staff in content areas for graduation	SC-SC	SC-SC	SC TO NC	SC-SC	75%
2.3	Recruitment plan for education staff and 2 recruiters	SC-SC	SC-SC	SC-SC	SC-SC	100%
2.4	Time between education vacancy and hiring	NC-NC	SC-SC	NC-NC	PC TO SC	75%
2.5	Pool of substitute teachers = 15% of teaching staff	SC-SC	SC-SC	SC-SC	SC-SC	100%
2.6	Class cancelled due to teacher absence/lack of subs	SC-SC	SC-SC	NC-NC	SC-SC	100%
2.7	In-field teacher used for teacher vacancy of 45 days	SC-SC	NC-NC	NC TO PC	PC TO SC	50%
2.8	Psychologist and related service providers available	NC-NC	NC-NC	NC-NC	SC-SC	100%
2.9	Time from referral for testing and report completed	SC-SC	NC-NC	SC-SC	SC-SC	100%
2.10	Time from referral for related services to service delivered	SC TO NC	NC-NC	SC-SC	SC-SC	75%
2.11	2 school psychologists for each restricted program	SC-SC	NO BTP	SC-SC	SC-SC	75%
<b>III. Student Access &amp; Attendance</b>						

Date of Review		1/31/2011	2/3/2011	4/5/2011	4/8/2011	
3.1	Standardized Academic Calendar meets CA requirements	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.2	Standardized Academic Calendar-basis of student services	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.3	Policy & practice-all students enrolled within 4 days	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.4	Registrars request records on new students within 4 days	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.5	Students meeting GED criteria have GED opportunity	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.6	SCT services for students with academic/ behavioral problems	SC-SC	NC TO PC	PC TO SC	PC TO SC	25%
3.7	SCT records of interventions and referrals	SC-SC	NC TO PC	SC-SC	SC-SC	75%
3.8	Students not making academic progress referred to SCT	SC-SC	NC TO PC	NC-NC	NC TO SC	50%
3.9	Development of SCT tracking system	SC-SC	PC TO SC	SC-SC	SC-SC	75%
3.10	Documentation of progress reviews of SCT plans	SC-SC	NC TO PC	NC TO SC	NC TO SC	25%
3.11	SCT logs show follow-through on eligibility testing	SC-SC	NC-NC	SC-SC	SC-SC	100%
3.12	Students referred from SCT receive special education services	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.13	SCT training (procedures, roles & responsibilities, forms)	SC-SC	PC TO SC	SC-SC	SC-SC	75%
3.14	Teachers informed of missing student's whereabouts	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.15	Document school attendance for previous 30 days	NC-NC	PC TO NC	NC-NC	PC TO NC	50%
3.16	Cooperative Agreements to ensure students' attendance	SC-SC	SC TO NC	SC-SC	SC-SC	75%
3.17	Quarterly reviews of school attendance by Exec. Team	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.18	Plans (due 4/05) to remediate deficient attendance	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.19	Quarterly corrective action plans for high absence rates	SC-SC	SC-SC	SC-SC	NC-NC	100%
3.20	Policy & procedure to eliminate class cancellations	SC-SC	SC-SC	SC TO NC	SC-SC	75%
3.21	Teacher records indicate missing students	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.22	Exclusion from school forms have complete data	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.23	Observation of students not being sent to school	SC TO NC	PC-PC	SC TO NC	SC-SC	50%
3.24	Accurate attendance data in WIN database	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.25	Mgmt team monthly review of attendance data	SC-SC	NC-NC	SC-SC	SC-SC	100%
3.26	Performance expectations on attendance (due 7/05)	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.27	Training on attendance expectations	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.28	Implementation of attendance policy & procedures (due 7/05)	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.29	Incentives developed for increased school attendance	SC-SC	SC TO NC	SC-SC	SC-SC	75%
3.30	Annual state school calendar implemented	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.31	Yearly calendar w/44 student advising/case conferences	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.32	Adequate instructional space	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.33	Structured classroom behavior management system	SC-SC	SC TO NC	SC-SC	SC-SC	75%
3.34	Alternative behavior management classroom at each school	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.35	Staff training on behavior management system	SC-SC	SC-SC	SC-SC	SC-SC	100%
3.36	Behavioral goals for spec. ed. students-restricted programs	SC-SC	NO BTP	SC-SC	PC TO SC	75%
3.37	Use of small classrooms (adequate size) in restricted settings	SC-SC	NO BTP	NC-NC	SC-SC	100%
3.38	Staff ratio & credentialed teachers in restricted settings	SC-SC	NO BTP	SC-SC	PC TO SC	75%
3.39	Instructional program in restricted placements	SC-SC	NO BTP	NC TO PC	SC-SC	75%
3.40	Training provided to staff in restricted settings	SC-SC	NO BTP	SC-SC	SC-SC	100%

Date of Review		1/31/2011	2/3/2011	4/5/2011	4/8/2011	
<b>IV. Curriculum</b>						
4.1	Curriculum Guides & policies aligned with CA Education Code	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.2	Process to develop and revise curriculum on cyclical basis	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.3	Curriculum guides for all core & vocational classes	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.4	Core Curriculum Guides available in electronic form (due 6/06)	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.5	Schools meet CA & WASC standards for books & materials	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.6	Annual inventory & needs assessment of books & equipment	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.7	Textbooks & library books available in classrooms	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.8	Books available in mini-libraries on living units	PC TO NC	SC-SC	SC-SC	SC-SC	75%
4.9	Professional development for school leadership personnel	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.10	Training schedule on new procedures-educ & custody services	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.11	Training attendance-new procedures-educ & custody services	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.12	Formation of Trade Advisory Committees & quarterly meetings	SC-SC	PC TO SC	PC TO SC	PC-PC	50%
4.13	Annual surveys for vocational course planning (due 7/06)	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.14	Annual Career Technical job studies to evaluate CTE program	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.15	Use of technology at each site (due 6/05)	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.16	Distance learning courses meet CA Content Standards	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.17	Use of Global Classrooms distance learning (due 6/06)	SC-SC	NC TO SC	SC-SC	SC-SC	75%
4.18	Distance learning provided in restricted units	SC-SC	NO BTP	NC TO SC	SC-SC	75%
4.19	Automated library system at each HS (due 6/06)	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.20	Teachers use course syllabi & lesson plans	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.21	Quarterly teacher observations using revised rubric	PC TO SC	SC-SC	SC-SC	SC-SC	75%
4.22	5 year strategic plan & reading initiative implemented	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.23	Policies revised to reflect operational changes	SC-SC	SC-SC	SC-SC	SC-SC	100%
4.24	Education policies available electronically (due 6/06)	SC-SC	SC-SC	SC-SC	SC-SC	100%
<b>V. Special Education</b>						

<b>Date of Review</b>		<b>1/31/2011</b>	<b>2/3/2011</b>	<b>4/5/2011</b>	<b>4/8/2011</b>	
5.1	Special Education Policy Manual revised & available (d	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.2	Files transferred & services implemented in 4 days	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.3	Screening provided and referrals for psychological test	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.4	Teachers identify special ed students in classrooms	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.5	Referral for testing-update eligibility; reports complete &	PC TO NC	PC-PC	SC-SC	SC-SC	75%
5.6	Site has full continuum of placement options	NC-NC	NC-NC	NC-NC	PC TO SC	75%
5.7	Continuum of services available in restricted settings	NC-NC	NC-NC	NC-NC	SC-SC	100%
5.8	Segments & services listed in IEPs are provided	NC-NC	NC-NC	NC-NC	PC TO SC	75%
5.9	Accuracy & completeness of special education data sy	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.10	Assessment procedures updated & standardized	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.11	Training and reports of assessment completion rates	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.12	Procedures standardized, including county intake (due	NA	SC-SC	SC-SC	SC-SC	100%
5.13	Clinics-agreements with Intake & CS on providing IEPs	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.14	Procedures for Intake & CS on providing IEPs	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.15	Pre-existing valid IEPs implemented	NC-NC	NC-NC	SC-SC	SC TO PC	75%
5.16	Changes in IEPs documented w/rationale	SC-SC	SC-SC	SC-SC	NC-NC	100%
5.17	Eligibility determined prior to IEP meeting	PC TO SC	SC-SC	SC-SC	PC TO SC	50%
5.18	IEP eligibility meetings held timely & with notices, parti	PC-PC	SC-SC	SC-SC	NC TO SC	75%
5.19	IEPs include consideration of related svc/transition plan	NC-NC	NC-NC	SC-SC	SC-SC	100%
5.20	Training on specific topics for special ed teachers	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.21	System of IEP progress reviews implemented	SC-SC	SC-SC	SC-SC	NC TO PC	75%
5.22	Compensatory special education svc provided when ne	NC-NC	NC-NC	NC-NC	SC-SC	75%
5.23	Education Stakeholders' Committee w/quarterly meetin	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.24	Training to education and custody staff on Spec Educ	SC-SC	SC-SC	SC-SC	SC-SC	100%
5.25	Regional Prog Specialist site reviews of spec ed compl	SC TO NC	SC TO NC	NC-NC	NC-NC	50%
<b>VI. California High School Exit Exam</b>						
6.1	CA assessment program provided to eligible students	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.2	CYA curriculum in LA & math related to Graduation Tes	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.3	Students have multiple opportunities to pass state exam	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.4	Students have appropriate test accommodations /modi	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.5	Students with equivalent passing scores- waivers requ	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.6	Students failing test receive remediation	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.7	Test data is monitored & basis of school improvement p	SC-SC	SC-SC	SC-SC	SC-SC	100%
6.8	Students have range of alternatives to complete educa	SC-SC	SC-SC	SC-SC	SC-SC	100%

## **Introduction**

This report represents the sixth annual auditing report by the Disabilities Expert and Auditor, Logan Hopper, in response to the Consent Decree entered in the matter of *Farrell v. Cate*. The Consent Decree requires that the Disabilities Expert visit each Division of Juvenile Justice (DJJ) correctional facility 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.

During the fiscal year 2010-11, the Disabilities Auditor visited the following facilities (listed in the order of the visits):

- N. A. Chaderjian Youth Correctional Facility
- Ventura Youth Correctional Facility
- Southern Youth Correctional Reception Center and Clinic (SYCRCC)
- O.H. Close Youth Correctional Facility
- Division of Juvenile Justice Headquarters

For the fiscal year 2010-11, the Disabilities Auditor scheduled one two-day site visit to each correctional facility. At the end of each facility visit, a summary report giving findings and compliance ratings was submitted to the Office of the Special Master and subsequently to the parties for review and comment, and a final report was then issued.

This comprehensive annual report attempts to determine a general level of compliance for all applicable items from the Wards with Disabilities Program (WDP) Remedial Plan and the Disabilities Audit Instrument, using the following codes:

SC = Substantial Compliance; PC = Partial Compliance; BC = Beginning Compliance; NC = Non-Compliance; NA = Not Applicable.

A system of “+” or “-” associated with compliance ratings was instituted last fiscal year, and used occasionally as a way of acknowledging either an improvement or a decline from a past rating. While these notations were not popular with all parties, it is felt that they are of value, since the “grades” are not as important to the Auditor as the progress made and the realization that continuing compliance is dependent on an understanding of what the WDP Remedial Plan intends to accomplish. If a reader has objections to these notations, the symbols may be disregarded. It is the Auditor's intent that these “+” or “-” symbols should not be used in any statistics generated, but used to gauge an improvement or decline.

During this audit cycle, a number of audit line items were transferred for auditing by CDCR's Office of Audits and Court Compliance, subject to random sampling by the Disabilities Expert, in mutual agreement by the parties, the Office of the Special Master, and the Disabilities Expert. OACC's ratings from their audit conducted prior to the Disabilities Expert's audit are provided for reference in this report, but do not necessarily represent auditing or concurrence by the Disabilities Expert. The compliance ratings for these items are marked by an “\*”.

Item numbers have been added to this report to assist in referring to the various audit items, but it should be noted that the Court-approved Disabilities Audit Instrument does not contain item numbers, and numbers provided by others in similar report formats may be different from those contained herein.

### **Executive Summary**

For the most basic summary of the year's activities and current status, it is clear that the Wards with Disabilities Program has made 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, management of the Wards with Disabilities Program was again provided by Sandi Becker, Departmental WDP Manager, who has continued to work diligently to perform the duties required by the WDP Remedial Plan. During the three years of her tenure, Ms. Becker has gained an understanding of the program's requirements as well as disability policy in general, and has proven to be very capable and dedicated to the task. At three of the four facilities currently in operation, the facility WDP coordinators have been in their positions for some time and have gained valuable experience, and their daily activities represent one of the strongest aspects of the Wards with Disabilities Program. At Ventura, two temporary WDP coordinators also performed a valuable service in filling in for the permanent position, but their tenure was short, and it is hoped that a new, full-time coordinator will be in place at the time this report is approved. 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 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, although some areas still require guidance and additional policy development from Headquarters.

The annual auditor's report for the last few years has 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 DJJ, 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, many supervisors at the 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. However, 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 the last few years in a number of areas. Yet full cooperation and coordination from all staff has been the major impediment to more significant progress.

The sections that follow summarize the successful implementation actions taken by the DJJ in some areas, as well as document some areas where progress is still needed to meet the WDP Remedial Plan's requirements.

***Self-auditing by CDCR's Office of Audits and Court Compliance (OACC) and WDP Coordinators***

At the request of the Special Master and DJJ, a process was implemented during this fiscal year to transfer a significant amount of WDP auditing to DJJ. The audit line items assigned to DJJ were determined by negotiation among all parties; it should be noted that these assignments were based in part on previous satisfactory ratings (although in keeping with the Court's ruling, not necessarily that two "SC" ratings would automatically transfer line items to DJJ's auditing, since the Consent Decree was intended to refer to larger issues) and upon DJJ's anticipated ability to effectively monitor the specific audit item. CDCR's Office of Audits and Court Compliance was assigned the primary auditing responsibility for about 60 of the audit items contained in the WDP audit instrument, and that office prepared compliance reviews at all four facilities and Headquarters. While these appeared to have been reasonably objective and well-prepared, they are considered a separate process from the Disabilities Expert's audit tasks, and in some cases, the Disabilities Expert has arrived at differing results and compliance ratings. From the beginning of this new audit process, there were several procedures that were not fully defined as to how the process should work, and it is clear that the transfer of auditing to DJJ is still a "work-in-progress". Recent discussions between the Disabilities Expert and OACC representatives brought agreement that the auditing process should continue next year with the same items and processes as this past year. It is felt that the overall process was a positive one that increased knowledge and awareness of the main issues involved with the WDP Remedial Plan by all parties. In addition, the Departmental WDP Coordinator has also been proactive in auditing sites prior to the OACC audits, and she has prepared "Quarterly Audit Checklists" for use by facility coordinators to monitor compliance on a quarterly basis. See item number 10 for detailed information.

***Items and Issues Representing Gains in WDP Compliance***

There were several items where improvements were made during the past fiscal year. These include the following:

- (1) This year's review of a random sampling of intake files indicated that Intake and Court Services Unit was consistently able to identify known disabilities, or to question their presence for future assessment. The Intake and Court Services Unit staff still have to wade through the inadequate documentation received from the committing courts; records from the courts and county jails are poorly prepared, and while DJJ maintains that this is beyond its control, it may be necessary to require better documentation from these parties. See item numbers 29 & 31.
- (2) The departmental WDP manager previously prepared a new "Board Information Report", available for printing from WIN, to replace the outdated and unused "Case Report Transmittal" form. The new form is now in common use, and it appears to contain all of the necessary information for the Board (YAB) to understand a ward's disabilities and the required accommodations. These are now routinely provided to the Board, as well as put into the ward's field file. See item numbers 35 & 65.
- (3) Overall educational programs and educational accommodations for wards with disabilities at N.A. Chaderjian reached a substantial compliance level, only the second time a facility has met the applicable requirements (previously, Preston, no longer an active facility for auditing, had reached this level). Major reasons for improvements included: (1) consistency in personnel, and knowledge and acceptance of the WDP program requirements by administrative education staff, (2) improvements in the SCT process and documentation of disability referrals, and (3) improvements in the IEP process, including "pre-IEP" advocacy meetings with youth.

- (4) The Disabilities Expert attended a training for surrogate parents for Chaderjian and Close in August, 2010. This was the first actual training session the Expert has been able to attend, and the curriculum and presentation were well-prepared and executed. Attendance was high, and the surrogate parent's interactions were robust and candid. Trainings for SYCRCC and Ventura trainings were also held during 2010-11, meeting the remedial plan's requirement for this annual training.

***Use of Force Actions and Accommodations for Wards with Disabilities***

One of the most critical issues still remaining, and a subject of much activity by both DJJ and the Disabilities Expert during the last year, was to undertake a study to evaluate and make recommendations to reduce the degree of violence and related use of force (UOF) on youth with mental health and other disabilities within the four remaining correctional facilities. The eight months' activities of DJJ's UOF Committee and Subcommittee were complex and somewhat controversial, as neither the Safety & Welfare Expert nor the Disabilities Expert were able to fully endorse the report or all of the committee's recommendations. While both experts generally agreed with the findings and observations of the subcommittee undertaking the extensive qualitative reviews of use of force incidents, both experts felt that the committee's recommendations regarding prohibitions on the use of chemical agents were not restrictive enough, and that the other recommendations would not effectively resolve the problems of disproportionate use of use of force on youth with mental health and other disabilities. The Disabilities Expert felt strongly that chemical agents should not be used under any circumstances during single-youth incidents involving youth with disabilities or other identified mental health youth assigned to the specialized mental health living units; this recommendation was based largely on the subcommittee's findings that in almost all such cases where chemical agents were used, such use was unnecessary and ineffective in resolving the specific issues that led to the use of force. Likewise, the Disabilities Expert felt strongly that the current system of immediate vs. controlled force being the only two options available was unrealistic, and adherence to these policies for youth with disabilities or other identified mental health youth actually deterred the ability of correctional officers and counselors from being able to use the types alternative de-escalation techniques required by the WDP Remedial Plan; a broader system allowing for a greater range of force options and interventions should be instituted, as also recommended in the UOF Committee's report. See item number 53, as well as the Joint Experts' Original UOF Report and the Experts' Supplemental "Report on UOF in DJJ and Mental Health Youth", dated May 10, 2011, issued as an attachment to the OSM's Quarterly Report No. 18.

***Wards with Disabilities Identification and Accommodation***

During the most recent facility audits visits, the various facilities still used different methods and achieved differing results in attempts to identify, classify, and assign appropriate accommodations to wards with disabilities. 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. The Special Master's Office has suggested that the Disabilities Expert should be more involved in this issue and prepare a draft report on the subject. The Disabilities Expert would gladly undertake such a task, but would want agreement from DJJ that this is desired before beginning such a task. See item number 41.

***ADA Staff Training***

One of the major implementation activities of the WDP Remedial Plan is the provision for on-going, annual staff training in the areas of WDP policies and procedures and disability awareness, sensitivity, and harassment training. WDP facility coordinators have completed Training for Trainers sessions and are actively involved in the training activities at their facilities. The Disabilities Auditor has been provided with training attendance lists for all facilities and was previously present at one of the training sessions. To date, while the exact figures vary between facilities, current data shows that approximately 60% of all staff were given the training during the last calendar year. This still falls short of the training goals, and an increased effort is necessary to determine why some staff are not attending and to assure their participation. See item number 25.

***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. Since many wards with disabilities are housed in special treatment or restrictive programs, the difficulties of providing complete services at these units tends to negatively affect educational services for these youth. It is recommended 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, as well as the provision of compensatory services. Monitoring activities still indicated some problems in the formulation of individualized education programs (IEP's). It is recommended that particular attention to the requirements of the WDP Remedial Plan, such as the use of staff advocates prior to and during IEP meetings, would help to resolve these issues.

***Self and Staff Referrals for Wards with Disabilities***

These referrals underwent major changes two years ago, with all facilities transitioning from the previous Request for Sick Call (YA 8.229) form to the new "Disability Referral / Evaluation Form" (DJJ 8.288). It is now relatively common for the DJJ 8.288 form to be used by both staff for staff-referrals and wards for self-referrals. WDP coordinators and Headquarters staff members have spent a considerable amount of time in attempts to complete remedial plan items related to the ward self-referral and staff-referral process, and their efforts are commendable. Yet there is still need for improvements to reach substantial compliance in all referral areas. The use of the DJJ 8.288 form for Education referrals and adherence to the remedial plan requirement to use the SCT process to refer and assess wards for this purpose (including the subsequent use of the Referral to the School Consultation Team (DJJ 7.464 for full review and assessment by the SCT) has improved, but still needs special attention at some facilities. See audit items numbers 12, 46, 88-90 & 99.

Report respectfully submitted,



Logan Hopper, Disabilities Expert and Auditor

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION**  
**Wards with Disabilities Program Remedial Plan**

**DIVISION OF JUVENILE JUSTICE**  
**Auditor's Comprehensive Report for FY 2010-11**

<b>Facility Compliance Chart</b>									
<b>No</b>	<b>Item</b>	<b>Method</b>	<b>Cha</b>	<b>Ven</b>	<b>SYC</b>	<b>Clo</b>	<b>HQ</b>	<b>Comments</b>	<b>Recommendations</b>
	<b>A. Headquarters</b>								
	<b>I. Directorate</b>								
1	Maintain a current copy of the Wards With Disabilities Program Remedial Plan in the Director's office.	Verify current copy is retained.	NA	NA	NA	NA	SC*	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
	<b>B. Departmental Ward Disability Coordinator &amp; Functions</b>								
2	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.	NA	NA	NA	NA	SC	Sandi Becker is entering her fourth year as the full-time Departmental WDP Coordinator. Other staff members within the Farrell Compliance Unit have been made available as needed.	While it is understood that the State is in serious financial and staffing difficulties, and it is true that other staff at Headquarters are available to assist with clerical and analytical tasks, it is felt that an assistant (not necessarily full-time), dedicated to and very knowledgeable about the program's goals, is preferable to effectively carry out the variety of tasks required.
3	Ensure duty statement encompasses all Departmental WDP Coordinator duties defined in the WDP Remedial Plan.	Review duty statement.	NA	NA	NA	NA	SC	A signed duty statement for the current Departmental WDP Coordinator was presented at the most recent Headquarters' audit.	
4	The WDP Coordinator shall perform the oversight functions as set forth in the WDP Remedial Plan.	Review documentation maintained by the Dept. WDP Coordinator.	NA	NA	NA	NA	SC	Sandi Becker is believed to be performing the required oversight functions in an effective and commendable manner.	

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5	Establish and maintain full-time WDP Coordinators at each facility by Feb., 2006.	Verify positions are in place and filled.	NA	NA	NA	NA	SC-	Each facility currently has an assigned WDP Coordinator(s) in place, although the current WDP Coordinator(s) at Ventura are working on a temporary basis. See items 36-38.	Headquarters and Personnel should develop improved procedures for the interviewing and hiring process for new coordinators when needed.
6	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 with disabilities. Determine timeliness of announcement.	NA	NA	NA	NA	SC-	An emergency announcement protocol, Section 6158.3 of the I&C Manual, dated Nov. 27, 2007, was previously prepared. It is unclear if this document expired on Nov. 27, 2009, and the reference and date on the document provided at the Headquarters audit is marked as CN 361 and dated Sept. 19, 2010. In response to comments and recommendations by the disabilities expert in previous reports, the WDP Manager and Director of Facilities developed a supplemental document entitled "Evacuation Plans for People with Disabilities". The substance of these documents is acceptable for compliance with this audit item's literal requirements (thus the "SC" rating), but as was discussed with senior management during the Headquarters audit, it is unclear if the applicable documents are official department policy and what their approval / revision status actually is. In addition, the supplemental document is supposed to be included in each facility's "Multi-hazard Emergency Plan", yet little documentation has been provided to show that has been accomplished. There were some limited efforts made to document this during facility audits, but the results were not definitive (although admittedly, there was little time allocated for this task).	Provide additional information on how all applicable documents have been approved as official department policy, and how the information has been disseminated to the facilities. During next year's facility audits, provide documentation that the "Evacuation Plans for People with Disabilities" document is included in the facility's "Multi-hazard Emergency Plan", and is being used by living unit staff.

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7	The Departmental WDP Coordinator shall ensure that a WDP report is completed monthly, quarterly and annually for each site.	Review monthly, quarterly and annual reports for completeness.	NA	NA	NA	NA	SC	Monthly reports were typically provided by the facilities throughout the fiscal year (except for the period of time when Ventura was without a WDP coordinator). Facilities generally use the basic "population" report, as well as charts on wards' with disabilities grievances, disciplinary actions, and placements into restrictive settings. DJJ's formal quarterly and annual reports include a section on WDP activities.	It has been suggested in the past that the monthly reports should include a narrative on WDP activities during the month; the current reports are largely statistical with little qualitative value.
8	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.	NA	NA	NA	NA	SC-	An "action plan" statement was previously approved by the Disabilities Expert. It still appears that the OHU Policy (Section 6246.5 of the I&C Manual) contains no reference to the issues described in the "action plan". Due to time constraints, it was not possible to visit all the OHU's, and it is still unclear how the facilities are going to "determine the most physically accessible locations available and make the barrier removal improvements required on a timely basis".	Include the OHU action plan statement in the new OHU Policy (Section 6246.5 of the I&C Manual). Improve the implementation procedures by expanding the policy at the specific facilities to develop procedures for determining the most physically accessible locations available and making the barrier removal improvements required on a timely basis.

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9	In conjunction with the Health Care Transition Team, the Mental Health and Medical Experts, and 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.	Audit to determine implementation and review documentation to ensure compliance.	NA	NA	NA	NA	PC	It should be noted that the "Item" and "Method" columns state that the monitoring of psychotropic prescriptions must be ensured, meaning that detailed procedures for not only carrying out the monitoring tasks but also for providing an effective and conclusive documentation process must occur. During either the facility audits or the Headquarters audit, no definitive documentation that effective systems are in place was provided by Mental Health. It was reported by Mental Health that follow-up documentation could be obtained from mental health chronological records in WIN, but a check of a number of records of mental health youth taking psychotropic during the audit yielded little if any documentation of effective monitoring of these prescription. Although time did not allow for detailed reviews of UHR's, such a review was undertaken during the Close audit (where many youth under 20 are housed), and time limits for medication reviews were exceeded for all such youth. At all facilities, interviews with youth taking psychotropic medications indicated that some degree of follow-up was occurring, but not a consistent and comprehensive monitoring. In addition, previous WDP reports contained comments on the Psychopharmacological Policy draft sent to the Disabilities Expert as PoP #206 on 8/8/08. The Disabilities Expert did not approve or endorse the draft (and it is unclear that it was approved by the Mental health Expert) and sent comments and suggested revisions to that draft on 10/3/08, but has never received any response to the issues raised. Many of these concerns still remain.	(1) Provide documentation of the implementation of the required monitoring activities, including use of the forms related to the tiered administration system, and adherence to the timelines for reviewing and monitoring prescriptions with wards and parents. (2) Consider revisions to the psychopharmacology guidelines to improve ward interaction, advocacy, and monitoring. (3) Complete the training component (if not already completed per the policy's 60-day requirement) and provide documentation of who attended the trainings and when.

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10	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 re-evaluate 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.	NA	NA	NA	NA	SC	As discussed in the introduction and executive summary, CDCR's Office of Audits and Court Compliance has been assigned the primary auditing responsibility for about 60 of the audit items contained in the WDP audit instrument and has prepared compliance reviews at all four facilities throughout the last fiscal year. While these have been reasonably objective and well-prepared, they are considered a separate process from the Disabilities Expert's audit tasks, and in some cases the Disabilities Expert has arrived at differing results and compliance ratings. These have typically led to Corrective Action Plans (CAP's) prepared by the DJJ Farrell Compliance Unit; however, the CAP's are not usually shared with or approved by the Disabilities Auditor, and while they certainly initiate some corrective actions, it is not clear that they effect comprehensive improvements. The Departmental WDP Coordinator has also been proactive in auditing sites prior to the audits, and she has prepared "Quarterly Audit Checklists" for use by facility coordinators to monitor compliance on a quarterly basis.	The annual compliance reviews, while not necessarily endorsed or approved by the Disabilities Expert, comply with the literal requirements of the audit instrument, although they do not actually re-evaluate the level of staffing and training needed to comply with the Remedial Plan, as listed in the "Item" description.

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11	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 of the Expert's report.	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 the reqd. training.	NA	NA	NA	NA	SC	Sandi Becker previously attended several training sessions, both in-house and from a national ADA coordinator's association, and also in conjunction with an outside disability advocacy consultant.	While these trainings have been helpful in meeting the training goals, I would still recommend additional, on-going training resources that would not put a strain on the severe State budgetary constraints, such as additional training from the State's Department of Rehabilitation or Department of Developmental Services training units.
12	Develop the Disability Health Services Referral Form.	Monitor for completion by December, 2005.	NA	NA	NA	NA	SC	A "Disability Referral/ Evaluation Form" (DJJ 8.288) was completed and distributed on February 25, 2008. The form is now in use at facilities. The form has many excellent features, yet it is still felt that clarifications are needed on how Education uses the form, since the remedial plan requires that the SCT process refer and assess wards for this purpose (although this does not affect the way Health Services uses the form). Also, the form required by this item was intended to serve as a basic "sick call" form, but it is still not clear that the form is readily available on living units.	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. Renew efforts to assure that youth have ready access to the form (some youth are hesitant to ask staff for such a form, for obvious reasons).

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<b>C. Headquarters Policies</b>									
13	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 within established timeline.	NA	NA	NA	NA	SC*	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Accessible vans have been purchased and are in use.
14	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.	NA	NA	NA	NA	SC	The monthly reports document mental and physical impairments of wards at an aggregate, although not at an individual level. Reasonable accommodations are usually documented by the facility WDP coordinators. DJJ has developed a documentation system through the WIN system upgrades and has presented several report formats that can be printed from WIN. Despite the "SC" ratings, it should be noted that this is still an ongoing process that requires further development and fine tuning.	
15	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.	NA	NA	NA	NA	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 recommendation has not been accepted.
16	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 & access to special programs for wards with disabilities.	NA	NA	NA	NA	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, but this recommendation has not been accepted.

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17	Establish policies to assure that placement of wards with disabilities into restrictive programs is not based either directly or indirectly on a ward's physical or mental disability, or on manifestations of that disability.	On-going audit.	NA	NA	NA	NA	PC	It is believed that the policy CN 18 "Youth with Disabilities - Equal Access", while comprehensive in many areas, does not contain the degree of specificity necessary to assure that disability is not a factor in assigning a ward to a restrictive program. Statistics provided during the Headquarters and facility audits showed that youth with disabilities still comprise a higher percentage of those placed in restrictive programs than others youth, according to the following statistics: Percent of WDP youth placed on alternative program from 2/10 – 1/11: 34.1% (a total of 1659 placements into alternative programming, with no explanations of what efforts were made to identify root causes of reasons for placements). Percentages / Total of WDP youth: Chad: 39.5% WDP; Ventura: 24.8% WDP; SYC: 35.8% WDP; Close: 25.6% WDP; All facilities: 30.4%.	It has been recommended that specific policies and procedures be documented in writing to evaluate a ward's (with or without a disability) placement into a restrictive program.
18	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 & develop appropriate implementation plans.	NA	NA	NA	NA	SC*	*Item previously completed and removed from future audits (may be audited by CDCR Office of Audits and Court Compliance, if desired by DJJ).	

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19	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.	NA	NA	NA	NA	SC*	*Item previously completed and removed from future audits (may be audited by CDCR Office of Audits and Court Compliance, if desired by DJJ).	
20	The Education Branch working committee shall also study the need to include a wider variety of individualized accommodations in IEP's.	Review recommendation and develop appropriate implementation plans.	NA	NA	NA	NA	SC*	*Item previously completed and removed from future audits (may be audited by CDCR Office of Audits and Court Compliance, if desired by DJJ).	
21	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.	NA	NA	NA	NA	PC	Previous meetings with a DJJ ad-hoc committee studying this topic were productive and had active participation from a number of DJJ staff. A draft report entitled "Residential Treatment Program for Youth with Developmental Disabilities", dated 8/24/10, was submitted to the Disabilities Expert, and response comments were returned to DJJ on 9/24/10. While the draft report included a number of positive aspects regarding potential programs and courses of action, it was determined that a realistic evaluation of the number of youth determined to need such supportive services would be necessary before any further action could be taken. See also items 24, 86, & 115.	Continue with assessment tasks to determining the number of affected youth. Schedule a follow-up meeting with the DD study committee.

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22	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 interim solutions to address architectural barriers at the existing Preston visiting area.	Visit locations to determine completion /level of operation.	NA	NA	NA	NA	SC*	*Item previously completed and removed from future audits (may be audited by CDCR Office of Audits and Court Compliance, if desired by DJJ).	
23	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.	NA	NA	NA	NA	SC	The needs assessment, while believed to be cursory and non-specific, has nevertheless been completed. A course curriculum for the sensitivity & awareness portions of the training has been developed by an outside disability consultant and reviewed by the Disabilities expert, with some pending recommendations, and it is now in use.	It is still recommended that development of the final curriculum for all training modules be on-going and improved according to details as recommended by the Disabilities Expert.

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24	The CYA shall develop a screening tool to assess the 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.	Review screening tool to ensure validation. Ensure that the assessment is completed within the given timeframe.	NA	NA	NA	NA	SC-	A new screening tool for youth with developmental disabilities was prepared in May, 2010, and reviewed and approved by the Disabilities Expert. It is in use by clinical psychologists at the facilities, although some still do not use the screening form consistently or correctly. See also item no. 86.	
25	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.	NA	NA	NA	NA	PC	A course curriculum for the sensitivity, awareness, and harassment portion of the training has been developed, and training sessions for current staff have proceeded at all facilities. Last year's auditor's report estimated the percentage of completion by all staff to be about 80%, based on the available data. For this year, more definitive data (including the names of all staff completing the training and the range of total staff at each facility during the year) was provided. The results were: HQ: 89%; Stockton complex: 62%; Ventura: 42%; SYC: 48%; Preston: 55%. It appears that a greater effort needs to be made to provide the required training to all staff within the calendar year. It has been verbally reported that the training academy has instituted training sessions for new hires, but no attendance records have been provided to the Auditor.	It is our understanding that new record-keeping in WIN will eventually keep an accurate track of the exact training participation of all current staff and new hires. It may be that some staff are not attending annual training because they have received the exact same training in the past and feel that they do not need a "refresher"; therefore, it may be necessary to revise the training to include new categories each year.

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26	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.	NA	NA	NA	NA	PC	Reviews of random files and interviews with wards still indicated several problems in this area at the facilities during the last fiscal year, and no specific documentation has been provided. It was previously recommended that the Department prepare a documentation form to aid in assurances of equal access, but none has been presented. See also item 98	It was previously recommended that the Department prepare and implement a documentation form to aid in assurances of equal access.
27	The CYA shall develop a provisional form that contains a written advisement of ADA Rights Notification in simple English and Spanish by Aug., 2005.	Review form for completion.	NA	NA	NA	NA	SC*	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
<b>D. Headquarters Programs/Screening</b>									
28	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.	NA	NA	NA	NA	SC*	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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29	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.	NA	NA	NA	NA	SC	The Intake and Court Services Unit staff still have to wade through the poor documentation received from the committing courts. There were no specific indications that incoming documentation from the courts and counties was not adequately reviewed. It should be noted that records from the courts and county jails are poorly prepared, and while DJJ maintains that this is beyond its 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.
30	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.	NA	NA	NA	NA	SC*	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
31	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.	NA	NA	NA	NA	SC	See also Item 29 above, as all of those comments also apply here. This year's review of a random sampling of intake files indicated that Intake and Court Services Unit was consistently able to adequately identify known disabilities, or question their presence for future assessment. As with the item above, the fact that records from the courts and county jails are poorly prepared is a contributing factor to difficulties, but the Referral Document should still used as an important resource by the clinics, and complete information on this form is important.	See also Item 29 above, as all of those recommendations also apply here.

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<b>Facility Administration</b>									
<b>A. Superintendent</b>									
32	Maintain a current copy of the Wards With Disabilities Program Remedial Plan retained in Superintendent's office.	Verify current copy is retained.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
33	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*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Headquarters should provide detailed procedures (consistent among all reception centers) for providing an effective orientation at the three reception centers, including a coordinated package of information on the types of electronic equipment available and effective usage by wards with disabilities.
34	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 & SAs. Audit TD forms for compliance. Review Special Incident Reports related to Administrative Lockdowns.	SC	SC	SC	SC	NA	A system of reporting by e-mail is in place at each facility. Some facilities may consider a Temporary Intervention Program (T.I.P.) to be temporary detention, but the Auditor determined that the T.I.P. was in effect the same as a T.D., and that the notification and reporting process should occur.	Since changes in unit titles and programs have been subject to recent changes, this item should be subject to continuing future auditing and verification.

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35	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.	SC	SC	SC	SC	NA	Board Information Reports available from WIN and put to use last year were present in Board packets, and staff assistants were provided to the extent necessary to achieve an SC rating, although not always provided.	
<b>B. Facility WDP Coordinator</b>									
36	Maintain WDP Coordinators at each facility.	Verify positions are in place and filled.	SC	PC	SC	PC	NA	Each facility had active WDP coordinator(s) at the audit. At Ventura, two AGPA's from the facility (one the Pbs/Comstat coordinator, and one the wards' rights coordinator) were assigned to perform various WDP duties and tasks on an interim basis. While the efforts of these two staff members were laudable in many ways, filling the position full-time is a definitive requirement of the WDP Remedial Plan, and their ability to perform all of the necessary tasks and represent the program fell short of what is required (see also item no. 38 below). At Close, the coordinator was splitting time with the grievance coordinator position, a practice not allowed by the full-time WDP Coordinator requirement contained in the WDP Remedial Plan.	Headquarters and personnel should develop improved procedures for the interviewing and hiring of new coordinators when needed. At Ventura, appoint a full-time WDP coordinator. At Close, the full-time WDP coordinator position needs to be reinstated.

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37	Ensure duty statement encompasses all facility WDP Coordinator duties as defined in the WDP Remedial Plan.	Review duty statement.	SC*	PC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. However, all rating given by CDCR Office of Audits and Court Compliance are subject to random audit or specific review (based on situations encountered at the facility). In this case for Ventura, the Disabilities Expert disagrees with the "C" rating given by OACC. It is clear that the intent of the WDP Remedial Plan is that the WDP coordinator must agree to and sign the duty statement, not that there just be a blank form available. During the audit, the two "interim" coordinators stated that (1) their actual positions as coordinators for other programs did not allow for them to state that they had other duties, & (2) they did not feel they had been assigned the duties sufficient for either to agree to and sign the duty statement.	At Ventura, see item 36. At Close, it is unclear if the previous duty statement currently applies, since it is based on full-time duties.
38	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	PC	SC-	SC	NA	At Ventura, while the work of the two "interim" WDP coordinators was admirable, there were a number of normal duties that they could not fulfill on an interim basis. At the other three facilities, each current facility WDP Coordinator was believed to be performing the required oversight functions.	At Ventura, see item 36.

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39	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 requirements in the WDP Remedial Plan. Review & confirm training schedule to ensure individuals complete the required training.	SC*	PC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. However, all rating given by CDCR Office of Audits and Court Compliance are subject to random audit or specific review (based on situations encountered at the facility). In this case at Ventura, while the work of the two "interim" WDP coordinators was admirable, they did not attend the WDP coordinator training that I gave (along with the outside consultant), and the lack of detailed knowledge that they would have gained from such a training was evident. At the other three facilities, each current facility WDP Coordinator attended the higher level of training provided.	At Ventura, see item 36.
40	The facility WDP Coordinators shall submit monthly reports to the Department WDP Coordinator.	Review monthly reports.	SC	SC	SC	SC	NA	Basic, simplified monthly reports printed from WIN were submitted monthly to the departmental coordinator by facility coordinators.	These consist of only quantitative data (list of qualified wards, and grievances filed and DDMS actions against these wards). More qualitative information would be helpful.

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	<b>Facility's Policies</b>								
41	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	PC	PC	NA	There were some improvements in most of the facilities' identification efforts during the last fiscal year. In general, the various disciplines are using their best efforts to identify affected wards, but Headquarters has not disseminated comprehensive guidelines appropriate for proper identifications, screenings, and assessments of medical and mental health disabilities, although there have been some basic memos (including a new one from the CMO in May, 2010) regarding some specific impairments. Better coordination among departments is also needed. The developmental disability identification process was not in full effect at any facility except Ventura; for this aspect, see also item numbers 99 & 115. At all facilities except Chad, educational identifications are still lacking the comprehensive approach described in the WDP Remedial Plan due to systematic failures in the SCT process – see items 91 & 93.	More detailed clarifications from Headquarters are needed to make the proper determinations of disability, particularly in the areas of medical and mental health. New clarifications as included in the ADA Amendments Act of 2008 (not just a copy of the legislative content of the law, as has been provided in the past, since these changes are complex and need guidance on implementation) also need to be incorporated into identification procedures. These practices and procedures should be reviewed by the Disabilities Expert prior to implementation (this has been recommended and requested for the past two years, but the Disabilities Expert has received no significant information to review). The Special Master's Office has suggested that the Disabilities Expert should be more involved in this issue and prepare a draft report on the subject. The Disabilities Expert would gladly undertake such a task, but would want agreement from DJJ that this is desired before beginning such a task.

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42	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
43	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
44	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 used.	Interview wards and WDP coordinators to verify presence of operation closed captioning function TV.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
45	Distribute and post reports, brochures, treatment, and education materials in a manner that is accessible to wards with disabilities.	Conduct site visits to verify presence of accessible posted materials.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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46	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 form.	Review submitted RSC (YA 8.229) and SRSCT (YA 7.464) forms and determine appropriate-ness of disposition. Observe random interviews at intake.	SC-	SC-	SC	PC	NA	This item generally continued to improve with the transition from the previous RSC (YA 8.229) form to the new "Health Care Services Request Form" and the "Disability Referral/Evaluation Form" (DJJ 8.288), with both being available to wards for self-referrals. It is clear that a complying process is in effect and that wards are not precluded from self-referring. However, there were only a few documented instances where a ward used the self-referral process. At SYCRCC, documentation of typical usage to the degree that would be expected was sporadic, and those forms that were provided were often not handled correctly. A distinction should be made between the disparate ratings for this item and item no. 41 - it is the Auditor's feeling that this item refers primarily to a ward's ability to access the self-referral process, and item no. 41 pertains primarily to the facility's handling of the self-referral and subsequent identification and implementation.	
47	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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48	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 accord with CDE guidelines.)	NA	NA	NA	NA	NA	Since the requirement for passing the CAHSEE has been recently removed for special education students, this item is not currently applicable and should be re-written. Nevertheless, it appears that the school was ready to use the waiver request process if necessary, and that the waiver would be granted.	
49	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.	SC	SC	SC	SC	NA	Of the student files reviewed, a sufficient number of wards with a disability had a current and reasonably accurate High School Graduation Plan at the "SC" facilities.	
50	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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51	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.	SC-	PC	PC	PC	NA	Based upon the student files reviewed and interviews, there were still indications that some wards with disabilities, particularly those at restricted and special purpose / treatment units, had limited access to full-day educational programs, vocational programs, and other special educational activities. In general, students with disabilities still do not have the equal range of placement options available to other students. At Chad, the diligence of the school principal and senior education staff, as well as an improved SCT process, have brought about significant improvements in providing equal access to wards with disabilities, based upon the eight-part criteria prepared by the Auditor to assess compliance.	Emphasis should be placed on (1) improving the level of compensatory services provided to special education students unable to attend classes, (2) improving SCT referral and IEP tracking logs to assure that time lines for assessments and IEP's are met, (3) completing implementation of the Program Service Day model and other policies designed to improve attendance, & (4) improving both attendance and facilities at the "satellite" classrooms being used by restrictive / special purpose units, (5) increase staffing to prescribed levels to provide a broader range of placement and instructional options at special purpose / treatment units.

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52	Non-emergency verbal announcements, in living units where wards with hearing & 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 to determine effective non-emergency communications.	SC	SC	SC	SC	NA	Standardized written operational procedures were provided to the Auditor at all facilities. Since only two wards with hearing disabilities were present (at Chad and Close), it was not possible to determine if any significant problems in this area might exist. The flicking 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 non-emergency and emergency protocols are fully implemented, and until wards with hearing impairments are present to the extent necessary to evaluate the procedures.
53	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 property.	Interview 10 security personnel and wards yearly for specific inquiry regarding security issues.	PC	PC	PC	PC	NA	A detailed review of UOF reports and other documents provided indicated continuing problems in this area. While alternative conflict and violence resolution techniques were described by DJJ as being utilized by custody staff, there was little documentation provided to show how these procedures were actually being utilized. The Joint Experts' Original and Supplemental Reports on UOF, issued as an attachment to the OSM's Quarterly Report No. 18, provide additional comments on these issues.	Recommendations for documenting the procedures contained in the WDP Remedial Plan (pages 40-44) were discussed with some security staff during the audits. These included documentation in behavior, use of force, and serious incident reports, and expanding the force reduction reports. Implementing the recommendations contained in the Joint Experts' Supplemental Report would solve most of the issues encountered.

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54	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*	PC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	See also item no. 34.
55	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.	SC-	PC	PC	PC	NA	Each facility was aware of the requirements, but documentation was sporadic, and it believed additional training and improved methods of documentation are needed. The procedure for Education staff simply signing a name in the Special Education file log does not really work as effective documentation, since there is no way to be assured that the person involved is actually providing the type of information described in the WDP Remedial Plan (or for that matter, is even talking to the ward). At Chad, the policy appeared to be mainly implemented, since teachers and some youth stated that the pre-meeting was occurring. At Ventura, the Principal issued a recent memorandum to staff regarding the procedures for a "pre-meeting" with the student (thus allowing for a "PC" rating, despite the low percentage of documentation), but a review of 10 special education files showed that 6 failed to document that such a meeting occurred. At SYC, special education binders usually contained a notation "pre-IEP meeting" on the faculty sign-in sheet, although some failed to document that such a meeting occurred. There was no documentation that these included the student, and in two cases, the "pre-IEP meeting" was held on the same day as the actual meeting, giving no time for review or reflection.	Standardize departmental-approved form for documenting the dates, times, and participants in IEP "pre-meetings". Investigate procedures to assure that wards in restricted or special purpose living units are better served in this area.

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56	All individuals who serve as surrogate parents will receive annual training in the role and responsibilities of a surrogate as identified by the State Dept. 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 Dept. of Education criteria. Attend training sessions provided to surrogate parents.	SC	SC	SC	SC	NA	The Disabilities Expert attended a training for surrogate parents for Chad and Close in August, 2010. Attendance roster for SYC and Ventura trainings during 2010-11 were provided at the audits.	Provide the surrogate training annually, and assure that all surrogate parents to be used attend.
57	Reasonable accommodation shall be afforded wards with 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)	Interview wards and WDP Coordinators to determine level of availability & accessibility of assistive devices.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Better assistance and transfer of necessary information from other departments, as well as specific guidance from Head-quarters, is needed to assure continuing compliance in this area.

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58	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.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Procedures for providing the required variety of reasonable accommodations or modifications should be developed more fully, and department-wide documentation procedures should be implemented for continuing compliance.
59	Qualified sign language interpreters shall be provided as necessary to ensure effective communication; at a min., for all due process functions, medical consultations, video-conferencing and special programs.	Review record of use logs for qualified interpreters.	SC	SC	SC	SC	NA	There were only two deaf wards present at the facilities (Chad and Close) during the audit. Both wards presented distinct challenges, but it is felt DJJ responded to the best of its ability, considering contractual issues beyond its control.	Continue to fine tune contracting procedures for providing interpreting services.

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60	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 alternate method provided reasonable access.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
61	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	While Casework Specialists are doing a good job in assuring the presence of Staff Assistants, it should be realized that other accommodations may be necessary for certain disabilities, to allow wards with disabilities to represent themselves independently. Procedures for these should be prepared.

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62	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
63	Institutional parole staff will provide detailed information regarding the ward's needs and make recommendations to field parole staff regarding referrals to key community agencies and service providers.	Review sample of Parole Consideration reports for identified wards with disabilities. Interview inst. parole agents / Casework Specialists to ensure compliance.	PC	PC	PC	PC	NA	While a general degree of information about wards' with disabilities needs was usually included in the parole reports provided in the documentation binder, specific guidelines have not been developed in this area, nor were there any specific indications that specific community agencies and service providers were referred, based upon a specific ward's disability. A new form to be used as "cover sheets" to the more detailed parole reports was provided at the audit. While the form provides an "Other" category to list the information required by this item, there is no specific area to provide this information, signaling a continuing lack of attention to this requirement.	There has been confusion about this item since the beginning of auditing. This may be moot, since it is our understanding that parole is to be discontinued. Nevertheless, it is unclear if this item should be continued or removed from the audit instrument. It is our understanding that in the future, youth would still be released to County probation, and the same type of information transfer would be advantageous to these probation officers. Resolution by the parties is required.

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64	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.	NA	NA	NA	NA	NA	No wards with developmental disabilities were identified as recently paroled.	
65	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.	SC	SC	SC	SC	NA	The new Board Information report available from WIN appears to contain all of the necessary information for the YAB to understand the ward's disabilities and the required accommodations. These are typically provided to the Board as well as being put into the ward's field file.	

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66	The Department shall ensure that aid is provided to all wards with disabilities who request assistance in requesting accommodations during YAB hearings.	Interview wards with disabilities and SA's to ensure compliance.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
	<b><i>1. Disciplinary Decision Making System</i></b>								
67	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 from the facility SA team.	Review DDMS documents on wards with disabilities to ensure SA assistance.	SC*	SC*	SC*	NC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
68	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
69	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Since the "disposition chairperson" may change frequently, it is recommended that this item not be removed from future audits. There has been some confusion about who the "disposition chairperson" is intended to be. The Auditor's interpretation is that this is the DDMS Coordinator, who should review dispositions regularly to determine if effective communication is provided.

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70	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 of the DDMS process.	Audit training module; review training records for compliance.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Since SA team members may change frequently, it is recommended that this item not be removed from future audits.
71	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-	PC	SC-	SC	NA	Current facility WDP coordinators were generally aware of the requirement and usually reviewed DDMS forms and dispositions. One instance at Chad demonstrated that the coordinator made such referrals to mental health staff. While mental health staff may have undertaken a general degree of review, there was no documentation that patterns of misbehavior were monitored to the extent necessary to determine if these played a role in the behavior. At Ventura, there was no documentation provided to show that patterns of misbehavior were monitored to the extent necessary to determine if these played a role in the behavior (either by the two "interim" facility WDP coordinators or by others).	Further review and refinement of procedures by Headquarters is needed, and further auditing is appropriate. Headquarters has indicated that mental health staff should undertake the detailed review of the patterns, but there was no indication that this was occurring as described by DJJ. Such additional policy is acceptable to the Disabilities Expert; however, this should not totally remove the facility WDP coordinator's general periodic review.

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	<b>2. Grievance Procedures</b>								
72	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 (Griev Form-YA8.450, Appeal Form-YA 8.451) for wards with disabilities to ensure SA assistance through confirmed signature.	PC	SC	PC	PC	NA	There were actually very few documented grievances filed by WDP youth, as reported by either the WDP or grievance coordinator at each facility. As a typical example, at SYC, of the total of ten reported grievances filed by WDP youth within the previous two months, two youth were not provided with staff assistants where such was indicated. While this number would not appear to be that significant, a detailed review of the grievance process and the provision of a staff assistant or other accommodation for youth with a disability indicated several problems, also confirmed by interviews with youth. While there is usually (but not always) a sign placed over the grievance boxes at the living units stating that a staff assistant may be requested, the grievance forms are very confusing, and use of the term "representative" as opposed to "staff assistant" is an entirely different connotation even to those (many) youth who are clearly confused by the entire, new grievance process. In addition, five of the ten grievances described above were eventually dismissed, "withdrawn" or deemed to be "mistaken" for purely (allegedly) procedural reasons, none of which furthered a fair disposition of the issue at hand. The process of requiring an informal review (without access to a staff assistant) appeared to sometimes intimidate youth from proceeding, due to fears of staff retribution or retaliation (whether or not such fears were justified).	There were very few documented grievances filed by WDP youth, as reported by the grievance coordinator, and as confirmed by the records and interviews with youth. Without being overly specific in order to protect the anonymity of wards, the vast majority of wards interviewed expressed a lack of confidence in the fairness of the current grievance system as a cause for this phenomenon. The new grievance process needs a detailed review of effectiveness and fairness, particularly as it involves youth with disabilities, but unfortunately, such a detailed review is beyond the scope of this single facility report.

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73	All grievance respondents shall be trained to communicate with wards that have disabilities.	Audit training module and review training record of grievance respondent for compliance.	PC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Completed staff training at the departmental level would be needed to comply with this requirement.
74	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
75	The WDP Coordinator shall review all grievance forms at least monthly to identify any patterns of repetitive involvement that may be related to mental and physical disabilities and refer such cases to the appropriate supervisory staff.	Review monthly audit documents to confirm compliance.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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76	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	PC	SC-	SC	NA	The facility WDP coordinator was generally aware of the requirement and usually reviews grievance forms and dispositions. There were actually very few documented grievances filed WDP youth, as reported by the WDP coordinators, although some youth filed a number of grievances. There was no documentation provided to show that patterns of excessive grievances were being monitored to the extent necessary to determine if disability played a role in these grievances (either by the two "interim" facility WDP coordinators or by others). At Ventura, even though one of the two "interim" facility WDP coordinators was also the grievance coordinator, there were there specific procedures cited regarding what actions to take or how such issues would be referred to others.	Further review and refinement of procedures is needed, and further documentation of this activity is appropriate. It is unclear why there are so few grievances being submitted, a subject in need of further study, but beyond the specific purview of the Disabilities Expert. See also item 72.
77	The grievance screening process for accommodations, including the medical verification process for accommodations, should be completed in a timely manner and interim accommodations shall be provided to the extent necessary.	Review randomly 10 or 10%, whichever is greater, of accommodation related grievances.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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78	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 w/ dept. 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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	It is recommended that detailed procedures to facilitate the Wards Rights Coordinator's review of grievances related to accommodations and discrimination (including DJJ Document CN-18, "Youth with Disabilities - Equal Access") be reviewed with the Wards Rights Coordinator and fully implemented.
79	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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80	Grievances referred to the CMO when medical verification of a disability or identification of an associated limitation is required and returned to the Wards Rights Coordinator are handled within timeframes as defined within the remedial plan.	Audit grievances from wards with disabilities (Grievance Form YA 8.450) that request accommodations or allege discrimination to determine compliance of protocol within time constraints.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	It is recommended that detailed procedures to facilitate the Wards Rights Coordinator's review of medical verifications (including DJJ Document CN-18, "Youth with Disabilities - Equal Access") be reviewed with the Wards Rights Coordinator and fully implemented.
81	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 appt. 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 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.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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82	After consultant verification of a disability, medical staff shall return the grievance, with all reqd. documentation, to the Wards Rights Coordinator. The Wards Rights Coordinator shall forward to the Office of the Supt. all grievances that meet the criteria for review and response within 48 hours of receipt from Health Care staff.	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations or allege discrimination to determine compliance of protocol within stated time constraints.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
83	The Wards Rights Coordinator 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.	Audit grievances from wards with disabilities (Grievance Form - YA 8.450) that request accommodations / allege discrimination.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
84	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.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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85	Wards with disabilities shall be granted reasonable accommodations with respect to time-frames, consistent with the Safety and Welfare Plan, for processing of grievances.	Interview wards with disabilities. Review grievances to determine compliance.	SC	SC	SC	SC	NA	There were no instances where a ward had an unresolved grievance relating to this item during the auditing period.	
	<b>D. Programs</b>								
	<i>1. Reception Center &amp; Clinic Functions</i>								

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86	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 forth in the ADA and/or may make them eligible to receive services from a Regional Center.	Review screening documents in ward field files.	NA	SC	PC+	NA	NA	At Ventura, Dr. Freeland, the Chief Psychologist, and her staff should be commended for their excellent work in completing the appropriate developmental testing and evaluation process for all youth at the facility. At SYC, the "PC" rating should not be construed as a slight to the efforts of Dr. Dubow, Dr. Jones-Bunn, or Dr. Bostwick (psychologists primarily responsible for the DD testing and evaluations), who worked diligently over the few months before the audit to try to bring this item into compliance. Indeed, the SYC staff provided KBIT tests to a large number of youth, although a precise list of all youth currently at the facility, citing whether or not each had been tested and their initial KBIT or TONI scores, was not initially provided as requested, and, clear documentation of follow-up evaluations using the department-approved form was not readily available for a sufficient number of youth. Supplemental data demonstrated appropriate procedures that are on-going and close to bringing the item into substantial compliance, but a number of youth are still in need of the final, follow-up evaluations. At both reception centers, a few wards were specifically identified as being developmentally disabled, yet all were not listed as such in WIN records or WDP lists.	Use the department-approved assessment process to complete the evaluation of all wards currently at the facility, and provide the required follow-up evaluations to those youth who score below the prescribed limit or refuse KBIT testing. Provide better documentation to the Disabilities Auditor, listing all wards and their KBIT scores, if tested; and a written evaluation by a clinical psychologist regarding the results of the KBIT score or other criteria used to make an appropriate assessment and placement. Formally include all identified youth in WIN and include in the WDP program.

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87	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.	Observe random interviews at intake facilities.	NA	SC*	SC*	NA	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
88	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.	NA	SC	SC	NA	NA	At SYC, Casework Specialists routinely and correctly use the "Disability Referral / Evaluation Form" (DJJ 8.288) form to refer wards to a mental health professional during intake. At Ventura, Casework Specialists could use various forms, including a "Disability Referral/ Evaluation Form" (DJJ 8.288), "Mental Health Services Referral" form (as required by the remedial plan), 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, but it was not documented that they do so. Nevertheless, since only a few girls are now received at intake, there was no indication that the current informal methods of referral were ineffective.	Standardization of forms used by all reception centers and guidance from Headquarters is needed to assure long-term compliance.

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89	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.	NA	SC	SC	NA	NA	Casework Specialists routinely and correctly use the "Disability Referral / Evaluation Form" (DJJ 8.288) form to refer wards to a medical professional during intake.	Standardization of forms used by the three reception centers and guidance from Headquarters is needed to assure long-term compliance.
90	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.	NA	PC	SC	NA	NA	At SYC, Casework Specialists routinely use the "Disability Referral / Evaluation Form" (DJJ 8.288) form to refer wards to an educational professional, in lieu of the RSCT form YA 7.464 form. At Ventura, Casework Specialists still use other methods to refer wards with learning disabilities to educational services during intake and at other times. The RSCT form YA 7.464 form is not used for this purpose, and it was not evident that the School Consultation Team (SCT) is routinely utilized to document a learning impairment referred during intake. Better documentation by Education staff is critical for improvement. See also items 92 and 94.	Standardization of forms used by the three reception centers and guidance from Headquarters is needed to assure long-term compliance.

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No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
91	Licensed mental health professionals and medical personnel shall complete the screening process on a ward within 10 working days of a referral from an assigned Casework Specialist.	Review screening forms for completeness and timeliness: MH – SPAN/ YA 8.216; Med – Medical HX/YA 8.260.	NA	SC*	SC*	NA	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
92	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	NA	PC	PC	NA	NA	At both reception centers, the initial intake interview includes a review of educational needs, but educational records and interviews indicated that initial assessment plans were not often developed within 15 calendar days. There were several records of formal staff or self-referrals for evaluating wards with disabilities, and for these, the time periods allowed by the WDP Remedial Plan were exceeded in most cases. Better documentation by Education staff is critical for improvement.	
93	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.	NA	SC*	SC*	NA	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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94	Credentialed Education Staff shall complete educational assessment within 50 calendar days.	Review appropriate documentation for completeness and timeliness.	NA	PC+	PC	NA	NA	For standard initial educational assessments (as opposed to referrals, see also items 90 and 92), records 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. However, there were several records found where youth were not fully assessed and placed appropriately within the 50 day time period. At Ventura, pressures on school population and lowered staffing have inhibited the ability to complete educational assessments within prescribed time limits.	
95	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 Supervising Casework Specialist II shall ensure that such accommodations are provided.	Review random ICR reports for wards with disabilities.	NA	SC*	SC*	NA	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	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.

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96	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.	NA	SC	PC	NA	NA	The only real orientation process monitored during this year was at SYC. Interviews with the Supervising Parole Agent and the Parole Agent who provides the overall youth orientation meeting indicated that the Parole Agent usually provides a group of 3 to 4 youth with a general orientation to the facility and the WDP program. It is evident that most wards receive a packet of information regarding the Wards with Disabilities Program as they arrive (in combination with as many as 37 other orientation packets related to various programs), but no formal computerized, standardized "orientation process", as described in the WDP Remedial Plan (Section III.J., page 10), is currently provided, and the effectiveness of the current orientation, when combined with so much other information and given in an informal format, is questionable. In addition, the document provided fails to document that the Disability self-referral process or the Ward's Rights Handbook section on Disability are adequately discussed. While interviews with youth are not specifically listed as a method for audit, it is clear from these interviews that youth can be confused by such an exhaustive orientation program, and may not be able to grasp the complexities of the WDP program in such a short period allotted for this purpose. At Ventura, since only a few girls are now received at intake, there was no indication that informal orientation methods of orientation are ineffective.	This item will become more important when the new reception center at Chad becomes fully active. The interview with the Parole Agent at SYC who provides the overall youth orientation meeting showed that she does a very good job in relating to the youth and making the overall orientation process as effective as possible, given the large amount of material that has to be covered. Nevertheless, it is not clear that her past training exceeds any more than the one-hour WDP training given to all staff, and these disability issues can be complex. The facility WDP Coordinators should be involved in presenting the orientations. As recommended in previous years, Headquarters should develop and coordinate the WDP orientation process, and the Disabilities Expert should be consulted early in this process to assure future compliance Orientation should be formalized into a group setting, utilizing the "standardized Disability module" in the manner that was intended in its preparation.

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97	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.	NA	SC	PC	NA	NA	Procedures for providing and documenting accommodations were not adequately documented. Informal methods of providing accommodations <i>may</i> be effective, but more formal methods need to be utilized. Youth-signed attendance forms provided at the audit had a line where a staff assistant could sign, but there was no indication given on how a staff assistant or other accommodation would be determined and provided. Of the 60+ forms provided for SYC, no youth had a staff assistant, and subsequently, a number of these youth were eventually listed as requiring a staff assistant for various activities. At Ventura, since only a few girls are now received at intake, there was no indication that informal methods of providing accommodations during orientation are ineffective.	Written procedures for providing accommodations at orientation (usually held prior to the initial determination of accommodation need) need to be developed.
<b><i>Residential Programs</i></b>									
98	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-	SC-	SC-	SC-	NA	This item should most likely be given an "NA" rating, but DJJ has objected in the past when the item was not applicable, since it would be impossible to ever achieve compliance. However, it was reported by facility staff that there were no special programs or activities at any facility that have specific eligibility criteria (this does not include educational programs). It was impossible to examine all activities present at the facility to verify this situation. In general, there were no specific policies or procedures to assure that wards with disabilities were included on an equal basis in such programs, if indeed they were to exist. While it is understood that participation in many programs is appropriately behavior-based, it is unclear how wards in special management or counseling programs would be able to participate in such programs.	Written procedures for assuring equal access to all special programs need to be developed. This item is in need of further study as to why the facility offers no special programs whatsoever, but such a detailed analysis is beyond the purview of the Disabilities Expert and the audit item involved.

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99	Staff shall refer wards to Health Care Services and the Education Department for screening when information is observed or received that indicates the presence of a physical or mental impairment that has not been documented and verified.	Review submitted SRSC (YA 7.464) and SCT Referral (YA 8.229) forms and determines appropriate-ness of disposition.	SC-	SC-	SC-	SC-	NA	Some improvements were demonstrated in this area at some facilities, but not at others. Staff generally use various forms and methods to refer wards to Health Care Services, including common but not consistent use of the new "Disability Referral/ Evaluation Form" (DJJ 8.288). Staff do not generally use the SCT Referral Form (YA 7.464) to refer wards to the Education Department for screening.	Guidance and training is needed from Headquarters to demonstrate appropriate use of the appropriate referral forms, consistent with the WDP Remedial Plan.
100	Within five days of receipt, the MTA or RN shall forward RSC referrals to the appropriate licensed mental health professionals or medical personnel for screening.	Review RSC (YA 8.229) for timeliness of submission.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
101	Within five days of receipt, the SCT Coordinator shall forward SCT referrals to the appropriate credentialed education staff for screening.	Review SCT (YA 7/464) referrals for timeliness of submission.	PC	PC	PC	PC	NA	While procedures are improving, there was no documentation provided indicating that this time line (admittedly a difficult one, and one which would be given some leniency) was being met.	See item 99 above.
102	Licensed mental health professionals and medical personnel shall complete the screening process on a ward within 10 working days of a referral from an assigned Casework Specialist.	Review screening forms for completeness and timeliness. MH – SPAN /YA 8.216; Med – Medical HX/YA 8.260	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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103	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. Educ.-CASAS, CELDT, High Point Testing, HX in file	PC	PC	PC	PC	NA	While procedures are improving, there was no documentation provided indicating that this time line (admittedly a difficult one, and one which would be given some leniency) was being met.	See item 99 above.
104	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 and medical and dental practices to assess wards.	Review appropriate documentation for completeness and timeliness	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
105	Credentialed Education Staff shall complete educational assessment within 50 calendar days.	Review appropriate documentation for completeness and timeliness	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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106	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 assigned PA /Casework Specialist conducts a special case conference.	Audit case conference forms (ICP) for wards with disabilities to ensure implementation and timeliness.	PC	SC	SC	PC	NA	There were few (at some facilities, none) documented records that any special case conferences related to WDP assessments were held at any facility during the last year. Documentation of periodic case conferences and reviews was provided, but these did not concentrate on providing disability accommodations, as this item intends to address. However, the process is in place (thus allowing for a PC rating instead of a NC).	The reasons for no special case conferences for newly-identified youth is unclear, but needs further study, perhaps by the facility WDP coordinator at each site. Audit time did not allow for a detailed study of these reasons.
107	The PA/Casework Specialist shall document on the Individual Change Plan (ICP) form the following information: Impairment, Accommodations, Current level of care, Classification code.	Review the ICP for documentation of information.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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108	The PA or Casework Specialist shall ensure that copies of the changes in the status of a ward with a disability documented on the ICP form are forwarded to the following: Education Services for inclusion in the School Records File, Health Care Services for inclusion in the UHR, Casework Services for inclusion in the Field File	Review the School Records File form, the UHR and the Field File for documentation of information	SC*	SC*	SC*	PC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
109	The Department shall ensure that staff reviews the level of care placement and any reasonable accommodations for wards with disabilities at regularly scheduled case conferences.	Audit ICP forms for wards with disabilities to determine level of review.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
110	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; (7) Need for a Staff Assistant; (8) Level of care designation; (9) Classification code.	Review documentation for completeness of information.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	Continue to improve data entry and report techniques. Additional training on how to generate detailed reports is still needed.
111	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
112	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.	PC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	The Disabilities Expert remains uncomfortable with the concept prevalent at some facilities that all staff can work as Staff Assistants. This is a task that should be reserved for those that have been specially trained and have shown acumen for effectively providing this service.
113	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
	<b>3. Developmental Disabilities</b>								
114	No outward signs of identification or labeling will be posted for wards involved in the developmental disabilities program.	Four facilities to ensure compliance.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
115	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.	BC	PC	PC	PC	NA	These ratings should not be construed as a slight to the exceptional work of many clinical psychologists, who worked diligently over the last few months to try to bring this item into compliance. Indeed, staff provided KBIT tests to a large number of youth. However, the fact remains that since the last round of WDP audits, testing and follow-up evaluations were virtually non-existent until December, 2010 at most facilities, despite detailed conversations about how the process should proceed with the Chief and Senior Psychologists during the last audit, and despite a clear memo from Headquarters in March outlining the process (whether the facilities ever received that memo is unclear). Lists of potential DD wards from the facility that were provided were conflicting and incomplete. Some wards were specifically identified by WIN as being developmentally disabled, yet no special programs, treatment options, or activities for these wards with developmental disabilities currently exist at any facility.	Use the department-approved assessment process to evaluate wards that have not been previously KBIT-tested at a reception center, and provide the required follow-up evaluations to those youth who score below the prescribed limit or refuse KBIT testing. Provide better documentation to the Disabilities Auditor, listing all wards and their KBIT scores, if tested; and a written evaluation by a clinical psychologist regarding the results of the KBIT score or other criteria used to make an appropriate assessment and placement. Formally include all identified youth in WIN and include in the WDP program. Prior to completion of the departmental planning study to determine types of programs and supportive services needed to serve these youth, use the special case conference process (see item no. 106) to determine the supportive services necessary for these youth.

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION**  
**Wards with Disabilities Program Remedial Plan**

**DIVISION OF JUVENILE JUSTICE**  
**Auditor's Comprehensive Report for FY 2010-11**

No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
	<b>4. Removal of Architectural Barriers</b>								
116	The Department committed to the renovation of one room at each facility, as a minimum, to ensure the provision of accessible housing for wards with disabilities. The total completion of this project is scheduled for June 30, 2006.	Monitor the project completion timeline and visit each institution upon completion to ensure compliance with accessibility criteria.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
117	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.	Monitor the project timeline and visit each facility area upon completion to ensure compliance with accessibility criteria.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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**Wards with Disabilities Program Remedial Plan**

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No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
118	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*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
119	The Department committed to analyze 3000 additional barriers identified in the report prepared by Access Unlimited and provides a 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.	Review, approve and submit required report.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	
120	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.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

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No	Item	Method	Cha	Ven	SYC	Clo	HQ	Comments	Recommendations
121	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.	SC*	SC*	SC*	SC*	NA	*Monitoring transferred by agreement of the Expert and parties to DJJ for this audit cycle. Rating given by CDCR Office of Audits and Court Compliance.	

## Education Audit Ratings Analysis

Facility Numbers	Chad	OH Close	Ventura	SYCRCC
<b>Number of Items Audited</b>	<b>115</b>	<b>115</b>	<b>115</b>	<b>115</b>
<b>Number of Items that Received a Different Rating from the Expert</b>	<b>7 of 115 (6%)</b> Of 7, 2 were rated higher and 5 lower	<b>14 of 115 (12%)</b> Of 14, 8 were rated higher and 5 lower	<b>12 of 115 (10%)</b> Of 12, 7 were rated higher and 5 lower	<b>15 of 115 (13%)</b> Of 15, 13 were rated higher and 2 lower.

## Audit Areas Where Different Ratings Occurred

Facility Audit Areas	Chad	OH Close	Ventura	SYCRCC	Total
<b>Overview</b> (1.4, 1.6, 1.7, 1.8)	<b>0</b>	<b>1</b> (lower)	<b>3</b> (1 lower 2 higher)	<b>1</b> (higher)	<b>5</b> Of 5, 3 were rated higher and 2 lower
<b>Staffing</b> (2.2, 2.4, 2.7, 2.10, 3.6, 3.7, 3.8, 3.9, 3.10, 3.13, 3.15, 3.16, 3.20, 3.23, 3.29, 3.33, 3.36, 3.38, 3.39)	<b>2</b> (both lower)	<b>10</b> (6 higher, 4 lower)	<b>7</b> (4 higher, 3 lower)	<b>8</b> 7 higher, 1 lower)	<b>27</b> Of 27, 17 were rated higher and 10 lower
<b>Curriculum</b> (4.8, 4.12, 4.17, 4.18, 4.21)	<b>2</b> (1 higher, 1 lower)	<b>2</b> (both higher)	<b>2</b> (both higher)	<b>0</b>	<b>6</b> Of 6, 5 were rated higher and 1 lower
<b>Special Education</b> (5.5, 5.6, 5.8, 5.12, 5.15, 5.17, 5.18, 5.21, 5.22, 5.25)	<b>3</b> (2 lower, 1 higher)	<b>1</b> (lower)	<b>0</b>	<b>6</b> (5 higher, 1 lower)	<b>10</b> Of 10, 6 were rated higher and 4 lower

## WDP Audit Ratings Analysis

Facility Numbers	Chad	OH Close	Ventura	SYCRCC	Central Office
<b>Number of Items Audited</b>	<b>78</b>	<b>78</b>	<b>90</b>	<b>90</b>	24
<b>Number of Items that Received a Different Rating from the Expert</b>	12 of 78 (15%) Of 12, 6 were rated higher, 3 lower and 3 in other category	12 of 78 (15%) Of 12, 10 were rated lower and 2 in other category	16 of 90 (18%) Of 16, 2 were rated higher, 13 lower and 1 in other category	13 of 90 (14%) Of 13, 11 were rated lower and 2 in other category	3 of 24 (12%) All 3 lower
<b>Number of DJJ Self-Rated Items</b> (Expert rated only a few of these items on a random basis)	<b>50 of 78 (64%)</b>	<b>50 of 78 (64%)</b>	<b>55 of 90 (61%)</b>	<b>54 of 90 (60%)</b>	<b>2 of 24 (8%)</b>

### Audit Areas Where Different Ratings Occurred

Facility Audit Areas	Chad	OH Close	Ventura	SYCRCC	Central Office	Total
<b>Superintendent</b> (#34)	<b>1</b> (higher)	<b>0</b>	<b>0</b>	<b>0</b>	Not Applicable	<b>1</b> 1 higher
<b>Facility WDP Coordinator</b> (#36, 37, 38, 39)	<b>1</b> (higher)	<b>1</b> (lower)	<b>3</b> (all lower)	<b>0</b>	"	<b>5</b> 1 higher 4 lower
<b>Facility Policies</b> (#41, 46, 48, 51, 53, 55, 56, 63, 64, 71, 72)	<b>7</b> (2 higher, 2 lower & 3 in other)	<b>7</b> (5 lower & 2 in other)	<b>5</b> (2 lower & 3 in other)	<b>7</b> (5 lower & 2 in other)	"	<b>26</b> 2 higher 14 lower 10 other
<b>Grievance Procedures</b> (#72, 76)	<b>1</b> (other)	<b>1</b> (lower)	<b>1</b> (lower)	<b>1</b> (lower)	"	<b>4</b> 3 lower 1 other
<b>Residential Programs</b> (#101, 103, 106)	<b>1</b> (lower)	<b>3</b> (all lower)	<b>2</b> (1 higher & 1 lower)	<b>1</b> (lower)	"	<b>7</b> 1 higher 6 lower
<b>Developmental Disabilities</b> (# 115, 145)	<b>1</b> (higher)	<b>0</b>	<b>1</b> (higher)	<b>1</b> (lower)	"	<b>3</b> 2 higher 1 lower
<b>Reception Center &amp; Clinic Functions</b> (#86, 90, 92, 94)	N/A	N/A	<b>3</b> (all lower)	<b>3</b> (all lower)	"	<b>6</b> All 6 lower
<b>DDMS</b> (#71)	<b>0</b>	<b>0</b>	<b>1</b> (lower)	<b>0</b>	"	<b>1</b> 1 lower

## Safety & Welfare Audit Ratings Analysis

Facility Numbers	Ventura	OH Close Audited July 18-19, 2011 (report not yet available)	Chad Audit scheduled for August 15-16, 2011	SYCRCC Audit scheduled for October 17-19, 2011
<b>Number of Items Audited</b>	<b>82</b>			
<b>Number of Items that Received a Different Rating from the Expert &amp; OSM</b>	<b>15 of 82 (18%)</b>  Of 15, 2 were rated higher, 11 lower and 2 in other category.			

## Audit Areas Where Different Ratings Occurred

Facility Audit Areas	Ventura				Total
<b>Clarify lines of authority/create system for auditing and corrective action</b> 2.2.2 and 2.2.3	<b>2</b>  (1 higher and 1 lower)				<b>2</b>  (1 higher and 1 lower)
<b>Revise Use of Force Policy</b> 3.2, 3.3a, 3.3b and 3.4b	<b>4</b>  (all lower)				<b>4</b>  (all lower)
<b>Convert Facilities to Rehabilitative Model</b> 6.1a, 6.1c, 6.2b, 6.4d, 6.5a and 6.5b	<b>6</b>  (3 lower and 3 in other category)				<b>6</b>  (3 lower and 2 in other category)
<b>Complete Training</b> 6.7f	<b>1</b>  (1 higher)				<b>1</b>  (1 higher)
<b>Grievance System</b> 8.5.7b and 8.6.2c	<b>2</b>  (both lower)				<b>2</b>  (both lower)