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GAVIN NEWSOM
GOVERNOR

September 10, 2021

Via Email only (ROldham@placer.ca.gov)

Robert Oldham, Director
Placer County Health and Human Services Department
1000 Sunset Boulevard, Suite 220
Rocklin, CA 95765

Dear Director Oldham:

Thank you and the Placer County Health and Human Services Department staff for your cooperation and assistance during the April 2021 Civil Rights Compliance Review (Review). Please find the final report (Report) attached to this correspondence.

Compliance issues (deficiencies) identified in the Report require the development of a Corrective Action Plan (CAP) within 60 days of the date of this letter. Please address each deficiency, including proposed actions and timelines for completion of all corrective actions and recommendations listed in the Report.

Please submit your CAP and any required revisions to your Annual Plan and policies electronically to the Civil Rights Unit email (crb@dss.ca.gov). In an effort to comply with the Web Content Accessibility Guidelines (WCAG), we require the CAP and all other materials to be submitted as a PDF document. The PDF documents must be accessible. See *California Government Code 7405*. The Report and CAP will be published on the California Department of Social Services [Civil Rights Unit website](http://www.cdss.ca.gov/inforesources/Civil-Rights/Compliance-Reports-and-Corrective-Action-Plans) (<http://www.cdss.ca.gov/inforesources/Civil-Rights/Compliance-Reports-and-Corrective-Action-Plans>).

If you need technical assistance developing a CAP, please contact Jill Shallenberger at (916) 207-6344 or by email at Jill.Shallenberger@dss.ca.gov. You may also contact our office by email using the Civil Rights Unit email (crb@dss.ca.gov).

Sincerely,

Christina Teixeira

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PLACER COUNTY HEALTH AND HUMAN SERVICES CIVIL RIGHTS COMPLIANCE REVIEW REPORT

**Conducted on
April 26 – April 29, 2021
and
May 4, 2021**

California Department of Social Services

Office of Equity

Civil Rights Unit

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Reviewer: Jill Shallenberger

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I. INTRODUCTION

The purpose of this review by the California Department of Social Services (CDSS) Civil Rights Unit (CRU) staff is to assess Placer County Health and Human Services Department's (County) compliance with CDSS' Manual of Policies and Procedures (MPP) Division 21 Regulations (Div. 21), and other applicable state and federal civil rights laws and regulations.

A remote compliance review was conducted on April 26-29, 2021 and May 4, 2021. An exit interview was held on May 4, 2021, to review preliminary findings.

Key Findings of the Report

Overall, the Auditors found substantial compliance concerns. The main concerns are summarized below. Specific findings and corrective action related to these concerns can be found in Sections III-IX and XI of this report.

- **Threshold Language Determination:** The County's process for determining threshold languages has deficiencies including implications for bilingual staffing and dissemination of information.
- **Dissemination of Information:** The PUB 13 "Your Rights Under California Welfare Programs" is not available in all translations provided by CDSS in the most recent revision. Availability of the PUB 13 in alternate formats (such as braille and audio) is inconsistent. Some locations distribute outdated revisions of the PUB 13, disproportionately in alternate formats.
- **Accessible Facilities:** All facilities reviewed had inaccessible features, including barriers to equal, safe use of bathroom facilities.
- **Documentation of Applicant/Recipient Case Records:** All programs reviewed had gaps, errors and/or inconsistencies in documentation of applicant/recipient case records, particularly related to reasonable accommodations for persons with disabilities and language services.
- **Reasonable Accommodation Policy:** The County's Reasonable Accommodation Policy has significant deficiencies including incomplete and incorrect information regarding processes for making, receiving, documenting and responding to reasonable accommodation requests.
- **Civil Rights Complaint Processes:** The County's policy for handling discrimination complaints lacks clear, specific procedures for receiving, evaluating and processing complaints.
- **Civil Rights Staff Training:** Current civil rights training is outdated and/or incorrect, impacting staff understanding and appropriate application of civil rights obligations.
- **Monitoring Vendor Compliance with Civil Rights Requirements:** The County's procedure for monitoring vendor compliance with civil rights laws and regulations has significant deficiencies including its reliance on self-monitoring forms that are vague and lacking in operational detail.

Organization of this Report

Section II of this report summarizes the method used by the Auditors to inform their findings.

Sections III, V, VI, VII, VIII, and IX of this report contain specific regulatory requirements from Division 21, Section 504 of the Rehabilitation Act of 1973, and the American with Disabilities Act (ADA). Findings in these sections are based on information gathered from case review, facility walk-throughs, and staff surveys. Each section is formatted to first provide findings, then required corrective actions, and ends with any Auditor recommendations.

Section IV is a review of the facilities and references Division 21, the United States Department of Justice's ADA Standards, Title 24 of California Code and Regulations, and the California Accessibility Reference Manual. This section is divided by facility locations and each sub-section includes findings, corresponding regulations, and any Auditor observations. There are no suggested corrective actions or recommendations because the County should use the findings and regulations to inform their corrective actions.

Section X highlights issues identified by community and advocacy organizations.

Section XI reviews the County's compliance plan, and provides either approval of the plan as submitted, or identifies information or modifications required prior to approval.

Section XII of the report provides a statement of overall compliance and concluding remarks.

Appendix 1 of this report contains detailed observations from case review.

II. SUMMARY OF METHODOLOGY

Documents Reviewed

To prepare for this review, Auditors reviewed the following documents:

- 2021 Civil Rights Compliance Plan (Annual Plan), attachments and supplemental documents including:
 - Photos of contents of the Civil Rights binder maintained in office locations;
 - Interoffice Services Agreement with the Placer County District Attorney regarding the Welfare Fraud Special Investigative Unit (SIU);
 - Memorandum of Understanding (MOU) with Sacramento County Department of Human Assistance for the CAPI Consortium;
 - IHSS Primary Language data table;

- Spanish language brochure regarding available services;
- Form from Language Line Solutions used by staff to assist non-English proficient (NEP) and limited English proficient (LEP) applicants/recipients to identify their primary language
- Reasonable Accommodation Policy
- Complaint Log for the 14 months prior to the Review
- Complaint Log for the July 2018 – June 2019 Compliance Plan year
- Civil rights discrimination complaint database for a complete listing of complaints filed 12 months prior to the Review
- Previous County Compliance Review report and corresponding corrective action plan (CAP)

Locations Reviewed

- Dewitt Office (Dewitt-CalFresh/CalWORKs) – 11542 B Avenue, Auburn
- Dewitt Office (Dewitt (PCGC) IHSS) – 11512 B Avenue, Auburn
- Enterprise Office (Enterprise) – 11716 Enterprise Drive, Auburn
- Tahoe Carnelian Bay Office (Tahoe) – 5225 N Lake Boulevard, Carnelian Bay

Programs Reviewed

- CalFresh
- CalWORKs
- In-Home Supportive Services
- Children's System of Care – Child Welfare Services
- Welfare Fraud Special Investigative Unit

Review Procedures

- Electronic surveys of public contact staff, the civil rights coordinator, and program managers
- Reviewing case files
- Reviewing County-reported information about facilities and parking areas
- Receiving feedback from community groups. The following organizations were contacted for feedback:
 - [Legal Services of Northern California](#) (517 12th Street, Sacramento, CA 95814)
 - [California Coalition of Welfare Rights Organizations](#) (CCWRO) (1111 Howe Avenue #635, Sacramento, CA 95825)
 - [Public Interest Law Project](#) (449 15th Street, Suite 301 Oakland, California 94612)
 - [Asian Pacific American Legal Center](#) (1145 Wilshire Boulevard, Los Angeles, CA 90017)
 - [Western Center on Law and Poverty](#) (1107 Ninth Street, Suite 700, Sacramento, CA 95814)

Compliance Review Areas

- Dissemination of information
- Facility accessibility for individuals with disabilities
- Program accessibility for individuals with disabilities
- Bilingual staffing/services for non-English-speaking individuals
- Documentation of applicants'/recipients' case records
- Staff development and training
- Discrimination complaint procedures

Staff Survey Summary

- Auditors distributed a total of 58 surveys to County staff, including certified bilingual staff. Fifty-four surveys were completed. Four surveys were not completed by staff, despite reminders from Auditors.
 - Eligibility workers: 25 of 26 surveys distributed to eligibility workers were completed.
 - Lobby receptionists/navigators: 6 of 6 surveys distributed to lobby receptionists/navigators were completed.
 - Program supervisors: 6 of 6 surveys distributed to program supervisors were completed.
 - Adult Program Workers: 9 of 10 surveys distributed to adult program workers were completed.
 - Children and Family Services workers: 6 of 8 surveys distributed to children and family services social workers were completed.
 - Civil Rights Coordinator: 1 of 1 survey distributed to the Civil Rights Coordinator was completed.
 - ADA Coordinator: 1 of 1 survey distributed to the ADA Coordinator was completed.

III. DISSEMINATION OF INFORMATION

Counties are required to disseminate information about programs, program changes, and Division 21 protections for applicants and recipients. This dissemination should occur through outreach and information to all applicants, recipients, community organizations, and other interested persons, including NEP/LEP persons and persons with disabilities.

Findings: Access to Services, Information and Outreach

Does the County accommodate clients by modifying business hours or accepting applications by mail? Can clients, including those with disabilities, access services when they are unable to go to an office?

Yes. Applicants/recipients who are unable to go to an office can access services, including completing applications, via the County's website. They can also request and receive information by mail or call the County's Service Center for information and/or assistance. In addition, the County will arrange home visits for applicants/recipients who are unable to come to an office and schedule after-hours meetings (before 8:00 a.m. and after 5:00 p.m.) with applicants/recipients whose schedules prevent them from coming to an office during business hours. A combination of certified bilingual staff and telephone interpretation services are used to communicate with NEP/LEP callers. Staff also use the California Relay Service to communicate with persons with disabilities.

Does the County ensure the awareness of available services to individuals in remote areas?

Yes. The County collaborates with a network of community-based organizations, churches, government agencies, colleges, and nonprofits to identify community needs, leverage community resources, participate in job fairs, take program applications at local events, and other activities. The County also employs a full-time Employment Service Outreach Worker who works collaboratively with community partners to raise awareness about and enroll eligible residents in County programs. The Tahoe office serves a remote area and distributes a brochure in Spanish and English describing services.

The County recently updated its website to include information and resources related to the Cash Assistance Program for Immigrants (CAPI), following concerns raised by community advocates that this information was missing from the site. In light of the many remote areas served by the County, this change may raise awareness about the program and provide relevant information and assistance to applicants/recipients, including particularly vulnerable populations.

How does the County make services and outreach available to applicants/recipients who cannot read or write?

County clerical staff can assist applicants/recipients who self-identify as being unable to read or write with completing applications. The County did not provide information regarding other available services for or outreach to applicants/recipients who cannot read or write.

Does the County ensure the awareness of information related to the civil rights program?

Somewhat. Auditors did not locate information regarding the County's civil rights program, Civil Rights Coordinator, or civil rights complaint process on its website. Auditors note that the Placer County Government website includes a link to CDSS PUB 470 titled "Your Rights under Adult Protective Services", but no similar link was found to the PUB 13, which is the primary source of information available in the County

regarding civil rights. The PUB 13 is available at office locations and provided to applicants/recipients at intake and renewal or recertification. The CDSS poster PUB 86 (“Everyone is Different, but Equal under the Law”) that displays the Civil Rights Coordinator’s name and contact information is posted in office lobbies or reception areas.

Does the County have a Call Center/Service Center? Does the Call Center/Service Center answer calls for the entire County, by district, regional office, other? Does the Call/Service Center have an Interactive Voice Response system? If so, does the Interactive Voice Response system have language options for all County threshold languages? Does the Interactive Voice Response system have an option to request free interpretive services?

Yes. The County has a Call Center that answers calls for the County. The Call Center has an Interactive Voice Response (IVR) system with language options for English, Spanish (the only non-English threshold language currently identified by the County) and Russian. The IVR system lacks an option to request free interpretive services in other languages. Callers who speak other languages must select one of the three available options (English, Spanish, or Russian) and ask for an interpreter in their language.

Findings: Signage, Posters and Pamphlets

Are instructional and directional signs posted in waiting areas and other places frequented by a substantial number of non- English-speaking clients translated into appropriate languages?

Mostly. The County reported Spanish as the only non-English threshold language for the DeWitt CalFresh/CalWORKs and Tahoe offices. Informational signs are posted in Spanish at both offices in all required areas. However, directional signs are not posted in Spanish in the interview rooms at either office or in the lobby of the Tahoe office.

The County reported having no non-English threshold languages for the DeWitt (PCGC) IHSS and Enterprise offices. No directional or instructional signs were present in languages other than English.

However, deficiencies in the County’s analysis and application of primary language data presented in its Annual Plan, addressed in Section XI, suggests there may be additional non-English threshold languages, and the initial reporting may be incorrect. Auditors are therefore unable to fully and accurately review the County’s compliance with the obligation to ensure that translation of instructional and directional signs are posted in waiting areas and other places frequented by a substantial number of non-English speaking clients, based on the County’s non-English threshold languages.

The County must undertake Corrective Action identified in Section XI regarding

threshold language determination before assessing their obligation to translate instructional and directional signs.

Is the CDSS pamphlet “Your Rights under California Welfare Programs” (PUB 13) available in all waiting rooms and reception areas? Is the current version (rev. 08/2020) of the PUB 13 available in Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Mien, Portuguese, Punjabi, Russian, Spanish, Tagalog, Thai, Ukrainian, and Vietnamese? Is the current version (rev. 08/20) of the PUB 13 available in alternate formats?

No. The PUB 13 is not available in all CDSS-translated languages and/or in alternative formats in County waiting rooms and receptions areas.

The Review found the following (noting that the dates of some versions were not reported and are unknown):

- The PUB 13 (version 08/16) is available in English and Spanish in the Dewitt-CalFresh/CalWORKs office lobby. Braille and audio recordings are available upon request.
- The PUB 13 (version 08/16), including large print, is available in English, Spanish, Arabic, Armenian, Cambodian, Hmong, Japanese, Korean, Punjabi, Russian, Tagalog, and Vietnamese in the Tahoe office lobby.
- The PUB 13 (version 08/20) is available in the DeWitt (PCGC) IHSS office in English and Spanish. Audio recordings in English, Russian, Spanish, Vietnamese and Mandarin are available upon request, as is Braille. Large print versions in 18 unspecified languages (version 06/11) are also available upon request.
- The PUB 13 is available in English, Spanish, and “Multi-language” as well as “Hard Copy and braille” at the Enterprise office, as reported by the County during this Review.

The County reports distributing a “Civil Rights binder” to each office location containing copies of the PUB 13 in Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Japanese, Korean, Lao, Mien, Portuguese, Punjabi, Russian, Spanish, Tagalog, Ukrainian, and Vietnamese. This binder is made available to staff, requiring applicants/recipients to request the PUB 13. Binder contents were shared as samples for the purpose of this Review; all versions of the PUB 13 shared with Auditors were out of date. Tagalog, Ukrainian, and Vietnamese translations were missing from the binder contents reviewed by Auditors, and Hindi and Thai are not referenced in the binder.

The Annual Plan states that translated versions of the PUB 13 are available in the Civil Rights binders in braille, Russian, and “Asian,” contrary to the above. Use of the term “Asian” is ambiguous and does not reflect any specific language or languages. (See Section XI for related corrective action.) The Annual Plan also states that audio recordings are located in the Civil Rights binders in English, Spanish, and Russian.

The Annual Plan also states that the PUB 13 is available at all lobby entrances in County threshold languages, which should be expanded to ensure that all CDSS-translated versions are available.

Auditors note internally inconsistent information described above. There is no County plan or process for reviewing and updating binder contents, and there is no indication that staff are aware of the range of formats available in the Civil Rights binder.

Is the PUB 13 distributed and explained to each client at intake and reinvestigation of eligibility?

Somewhat. The County's 2021 Annual Plan states that the PUB 13 is enclosed in all intake and redetermination packets provided to applicants/recipients, and that it is also discussed with applicants/recipients at intake and redetermination interviews.

Auditors found that staff documented distributing the PUB 13 at intake and redetermination interviews in the majority of cases reviewed for the CalFresh, CalWORKs and IHSS programs; however, the language in which the PUB 13 was distributed was not consistently identified. In Inter-County Transfer (ICT) cases (in which a recipient's case transfers from one county to another due to circumstances such as a move), the County distributes the PUB 13 at the next scheduled renewal, reassessment, or recertification. Staff did not consistently document explaining the PUB 13. Without documentation, Auditors are unable to verify the PUB 13 was provided and explained in the applicant/recipient's primary language. Further, errors in documenting applicants'/recipients' primary written language in some electronic case files (discussed in detail in Section V of this Report) raises concerns that some applicants/recipients may not receive the PUB 13 in their primary language.

Auditors found that staff do not consistently distribute or explain the PUB 13 to parents and/or guardians within the Children's System of Care (CSOC). It is not CSOC's practice to distribute the PUB 13 more than once to parents from whom more than one child is removed. Challenges exist for staff in developing a systematic process for distribution and explanation because CSOC staff do not always have contact with parents and/or guardians participating in these services, which may involve events and timelines that are less routine than in other programs. The PUB 13 is not distributed at all by the Welfare Fraud Special Investigative Unit.

Are current versions of the required posters present in the lobbies?

Yes.

Corrective Action

Directional and instructional signage: The County shall ensure that instructional and directional signs are posted in waiting areas and other places that are frequented by clients and that where such areas are frequented by a substantial number of non-English-speaking clients, such signage shall be translated into appropriate languages. Div. 21-107.212. A substantial number of non-English-speaking clients encompasses languages spoken by 5 percent or more of persons visiting each location. It also encompasses languages spoken by 5 percent or more of persons in a program that is administered at each location. Div. 21-2014(s)(2).

As part of the CAP, following completion of the Corrective Action regarding the determination of threshold language(s) for all covered programs and locations under Section XI of this Report, the County shall assess which translations are required for all instructional and directional signs at all office locations, and ensure all office locations are compliant with these requirements.

Translated PUB 13: As part of the CAP, the County shall ensure the PUB 13 is available in all lobbies in all languages translated by CDSS. Div. 21-115.2, 21-107.22. The PUB 13 must be available in the most recent revision. The County may access the most recent translated versions of the PUB 13 on [CDSS website](#). To the extent that materials are available outside of offices (e.g., due to office closures), the PUB 13 should be available outside in all languages translated by CDSS. Please note that revisions to the PUB 13 will be made before the end of 2021. Civil Rights Coordinators will be made aware when revised versions are available.

PUB 13 in alternate formats: The County shall ensure the availability of large print, braille, and auditory aids for participants in all programs for which CDSS has oversight responsibility. Div. 21-115.4. The County shall furnish all offices with braille, large print, and audio recordings of the PUB 13 based on the most recent revision of the PUB 13. As communicated to the County during this Audit, counties are responsible ensuring the availability of the current PUB 13 in braille. As part of the CAP, the County shall develop written protocol and/or processes for:

- Obtaining a braille translation of the PUB 13 including future revisions;
- Maintaining copies of the most current braille translation at all facility locations so that applicants/recipients can take one home if needed;
- Maintaining a supply of the most current PUB 13 in audio recordings and large print formats at each location; and
- Removing and replacing outdated versions of the PUB 13 once new revisions have been issued.
- To the extent programs have different practices and considerations related to the provision of PUB 13 in alternate formats, the protocol shall contain program-specific guidance. These concepts should also be addressed in a County reasonable accommodation policy.

Recommendations

Dissemination of information: The County should consider adding the Civil Rights Coordinator's contact information and information about the Civil Rights Complaint process to the County's website, including links to PUB 13 and a blank complaint form.

Access to services, information and outreach: The County should consider developing other methods and strategies to reach CAPI-eligible populations, in addition to providing program information on its website.

Distribution of PUB 13: The County should consider distributing the PUB 13 at termination and denial of benefits. The PUB 13 has unique information which is absent from the Notice of Action (also known as NA Back 9). Auditors also encourage the County to participate in discussions about improvements to the existing case management consortia systems (transitioning to CalSAWs) to share system issues impacting compliance with civil rights obligations, including distribution of the PUB 13 with Notices of Action or at other important points in an applicant/recipient's case.

Documentation of PUB 13 distribution: Auditors recommend standardizing language used in case comments and notes to indicate that the PUB 13 was provided at intake/application, recertification, and any points where benefits are reduced or terminated. Consider providing template language to staff and adding documentation of distribution to checklists or job aids for case processing and supervisor review.

Illustrative language:

On [date] provided applicant/recipient with PUB 13 in [primary written language]. Explained contents and instructed applicant/recipient about how to make a discrimination complaint. Confirmed applicant's/recipient's understanding by asking for questions. Applicant/recipient had [none].

Call Center: The County should consider adding more languages to the Interactive voice Response (IVR) system, especially for any additional threshold languages not currently supported by the IVR that may be identified following completion of the Corrective Action regarding the determination of threshold language(s) for all covered programs and locations under Section XI. Auditors encourage the County to consider adding greetings in additional languages and an "other language" option. These changes would help inform callers that free interpretive services are available in their language.

IV. FACILITY ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

The Americans with Disabilities Act (ADA) requires public accommodations to provide goods and services to people with disabilities on an equal basis with the rest of the general public. The goal is to afford every individual the opportunity to benefit from the

services available. The federal regulations require that architectural and communication barriers that are structural must be removed in public areas of existing facilities when their removal is readily achievable; in other words, easily accomplished and able to be carried out without much difficulty or expense.

The facility review is based on four priorities supported by the ADA regulations for planning achievable barrier removal projects. The priorities include ensuring accessible approach and entrance to the facility, access to goods and services, access to restrooms, and any other measures necessary.

Regulations referenced in these materials include Division 21, the [United States Department of Justice's ADA Standards \(ADAS\)](#), and [Title 24 of California Code and Regulations \(CA T24\)](#). The worksheet also references the [California Accessibility Reference Manual \(CARM\) 2019 7th edition](#), developed by the California Division of the State Architect. The [United States Access Board's Americans with Disabilities Act Accessibility Guidelines](#) (ADAAG) is another resource for facility accessibility.

The County must ensure that programs and activities are readily accessible to individuals with disabilities, including building accessibility, the availability of accessible parking, and accessible public telephones and restrooms.

The County must take action to correct each of the findings identified below, using the citations provided to ensure all facilities visited by applicants/recipients conform to applicable structural and physical requirements. The County must describe corrective actions for each of the findings identified below in the CAP.

Auditors remind the County that they are encouraged and expected to self-monitor facility accessibility. Self-monitoring is important so that the County is continuously alert to accessibility considerations. This is especially relevant now, as social distancing necessitates changes in how County Welfare Departments (CWD) use space. The County cannot rely upon CDSS's compliance review schedule to identify facility compliance concerns.

The length of this section is due in part to the high number of County responses that were incomplete, nonresponsive, or insufficiently clear to allow CDSS to evaluate compliance. In these instances, CDSS has included explanatory information about the deficiency with corresponding corrective action.

All County Building Entrances; Lobbies; Interview Rooms

As noted above, the County's calculation of threshold languages for all programs and locations must be revised, followed by appropriate translation and distribution of materials identified in and required by Division 21. See CAP guidance in Section XI.

- **Regulation:** The County shall ensure that instructional and directional signs are posted in waiting areas and other places that are frequented by clients and that where such areas are frequented by a substantial number of non-English-speaking clients, such signage shall be translated into appropriate languages. Such signs, or an additional sign, shall state that applicants/recipients may request aid or services in their primary language. Div. 21-107.212
- **Regulation:** The County shall ensure that the most current version of posters on nondiscrimination provided by CDSS and United States Department of Agriculture are prominently displayed in all waiting areas and reception rooms. Div. 21-107.211.

Facility Location: Dewitt – CalFresh/CalWORKs Office

Parking and Route to Main Door

Accessible parking spaces 1 through 6 are marked with an International Symbol of Accessibility (ISA); however, the ISAs are all faded and require repainting.

- **Regulation:** Each accessible car and van space shall have surface identification complying with either Section 11B-502.6.4.1 (Option 1) or Section 11B-502.6.4.2 (Option 2).
 - Option 1: The parking space shall be marked with an International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background a minimum 36 inches wide and 36 inches high.
 - Option 2: The parking space shall be outlined in blue or painted blue and shall be marked with an International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background a minimum 36 inches wide and 36 inches high in white or a suitable contrasting color. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

Contrasting stripes on treads and upper approach of stairway on accessible route are too narrow at 1 inch wide.

- **Regulation:** The stripe shall be a minimum of 2 inches wide to a maximum of 5 inches wide placed parallel to, and not more than 1 inch from, the nose of the step or upper approach. CA T24 11B-504.4.1; CARM pg. 284

Running slope of ramp run is presented as a percentage at 11.6 percent, rather than a ratio. Cross slope of ramp run is not provided. Actual measurements presented as ratios must be provided.

- **Regulation:** Ramp runs shall have a running slope not steeper than 1 to 12 (i.e., a rise of 1 over a run of 12). Cross slope of ramp runs shall not be steeper than 1 to 48. CA T24 11B-405.2; ADAS 405.2; CARM pg. 231; CA T24 11B-405.3; ADAS 405.3; CARM pg. 231.

The width of the top landing of ramp is too narrow at 52 inches.

- **Regulation:** Top landings shall be 60 inches wide minimum. CA T24 11B-405.7.2.1; CARM pg. 232.

Building Entrance

The force required to open sole public entrance door is too great at 9 pounds.¹

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

There is no ISA sign marking this sole public entrance at this facility.

- **Regulation:** In existing buildings and facilities where not all entrances comply with Section 11B-404 (Doors, doorways, and gates), entrances complying with Section 11B-404 shall be identified by the International Symbol of Accessibility. CA T24 11B-216.6; ADAS 216.6; CARM pg. 35.

Lobby

The PUB 13 is reportedly available in English and Spanish (8/16), but no mention is made of any other CDSS-translated versions. Additionally, the PUB 13 is reportedly available in braille and audio recording formats, but no language or version information is provided, and there is no reference to the availability of large print versions.

- **Regulation:** The County shall ensure the PUB 13 is available in all program lobbies in all languages translated by CDSS. Div. 21-115.2, 21-107.22. The PUB 13 must be available in the most recent revision (8/20). The County shall ensure the availability of large print, braille, and auditory aids for participants in all programs for which CDSS has oversight responsibility. Div. 21-115.4. The CWD shall furnish all offices with braille, large print, and audio recordings of the PUB 13 based on the most recent revision of the PUB 13.

Restrooms

The force required to open door to accessible Restroom 1 is too great at 9 pounds.²
Force required to open door to accessible Restroom 2 is too great at 10 pounds.³

¹ Nonresponsive information (i.e., a reference to findings from a separate assessment conducted by a different agency) was provided in the original response; supplementary responsive information was provided upon request by the CRU.

² (See footnote 4.)

³ (See footnote 4.)

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

The depth of knee clearance at 9 inches high off the finish floor under the sink in Restrooms 1 and 2 is insufficient.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches deep minimum at 9 inches above the finish floor or ground, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11B-306.3.5; ADAS 306.3.5; CARM pg. 305.

Distance of toilet to side wall or partition in Restrooms 1 and 2 measured from centerline of toilet to side wall or partition is too great at 18 ¼ inches.

- **Regulation:** The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

Operable parts of soap dispenser in Restroom 2 are too high at 42 inches measured from the finish floor.

- **Regulation:** All operable parts [of accessories], including coin slots, shall be 40 inches maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382.

The County provided a measurement for another accessory in Restroom 2, but the accessory is not identified. The County shall, as part of the CAP, identify the accessory, determine whether it meets applicable height requirements, address any identified noncompliance, and explain the results of these steps.

Stairs and Elevators

Contrasting stripes on treads and upper approach of exterior stairway⁴ are too narrow at 1 inch wide.

- **Regulation:** The stripe shall be a minimum of 2 inches wide to a maximum of 5 inches wide placed parallel to, and not more than 1 inch from, the nose of the step or upper approach. CA T24 11B-504.4.1; CARM pg. 284.

Height of top gripping surface of handrails measured vertically above the walking and stair surface is too low at 33 inches.

⁴ Based on the plans provided, it appears that this exterior stairway may be the same stairway for which responses were provided in Worksheet 1 ("Parking").

- **Regulation:** Top of gripping surfaces of handrails shall be 34 inches minimum and 38 inches maximum vertically above walking surfaces, stair nosings, and ramp surfaces. CA T24 11B-505.4; ADAS 505.4; CARM pg. 286.

Facility Location: Dewitt (PCGC) IHSS Office

Parking and Route to Main Door

The County did not provide specific and responsive information regarding the total number of parking spaces reserved for or used by County staff and members of the public visiting this location. The County shall, as part of the CAP, identify the total number of spaces, determine whether the number of accessible spaces is compliant according to the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Where more than one parking facility is provided on a site, the number of accessible spaces provided on the site shall be calculated according to the number of spaces required for each parking facility. CA T24 11B-208.2; ADAS 208.2; CARM pg. 160.

Required signage is missing.

- **Regulation:** The additional sign shall clearly state in letters with a minimum height of 1 inch the following: "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or special license plates issued for persons with disabilities will be towed away at the owner's expense. Towed vehicles may be reclaimed at: _____ or by telephoning _____.
Blank spaces shall be filled in with appropriate information as a permanent part of the sign. CA T24 11B-502.8.2; CARM pg. 159.

Information was not provided by the County regarding the area in square inches of the parking stall signs identifying Parking Spaces 1 and 2 as accessible. The County shall, as part of the CAP, provide the missing information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Parking identification signs shall be reflectorized with a minimum area of 70 square inches. CA T24 11B-502.6.1; CARM pg. 158.

The County did not provide clear information about van accessible spaces and access aisles. Information provided on worksheets given to the County for reporting and in accompanying photos was internally inconsistent. As a result, Auditors are unable to confirm the width of the access aisle or assess compliance. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Car and van parking spaces shall be 216 inches long minimum. Car parking spaces shall be 108 inches wide minimum and van parking spaces shall be 144 inches wide minimum, shall be marked to define the width, and shall have an adjacent access aisle complying with Section 11B-502.3. Exception: Van parking spaces shall be permitted to be 108 inches wide minimum where the access aisle is 96 inches wide minimum. CA T24 11B-502.2; CARM pg. 163.

The County did not provide clear information about shared access aisles. Information provided on worksheets given to the County for reporting and in accompanying photos was internally inconsistent. As a result, Auditors are unable to assess compliance. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Two parking spaces shall be permitted to share a common access aisle. CA T24 11B-502.3; ADAS 502.3; CARM pg. 166-167.

Access aisle surfaces are missing painted words "NO PARKING." There is no blue border painted around the access aisle perimeter. The hatched lines painted within the access aisle borderlines are too far apart at greater than 36 inches apart.

- **Regulation:** Access aisles shall be marked with a blue painted borderline around their perimeter. The area within the blue borderlines shall be marked with hatched lines a maximum of 36 inches on center in a color contrasting with that of the aisle surface, preferably blue or white. The words "NO PARKING" shall be painted on the surface within each access aisle in white letters a minimum of 12 inches in height and located to be visible from the adjacent vehicular way. Access aisle markings may extend beyond the minimum required length. CA T24 11B 502.3.3; ADAS 502.3.3; CARM 165-167.

The County did not provide clear information about the path of travel between accessible parking spaces and the ramp and gated entry to the Welcome Center. As a result, Auditors are unable to assess compliance. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Where parking serves more than one accessible entrance, parking spaces complying with Section 11B-502 shall be dispersed and located on the shortest accessible route to the accessible entrances. CA T24 11B-208.3.1; ADAS 208.3.1; CARM pg. 162.

Wheel stops are not provided where necessary to prevent encroachment of vehicles over the required accessible path of travel to the accessible entrance.

- **Regulation:** A curb or wheel stop shall be provided if required to prevent encroachment of vehicles over the required clear width of adjacent accessible routes. CA T24 11B-502.7.2; CARM 162.

Noncompliant changes in level are present between ¼ inch and ½ inch without edge treatment (beveling).

- **Regulation:** Changes in level of ¼ inch high maximum shall be permitted to be vertical and without edge treatment. Changes in level between ¼ inch high minimum and ½ inch high maximum shall be beveled with a slope not steeper than 1 to 2. Changes in level greater than ½ inch high shall be ramped, and shall comply with Section 11B-405 or 11B-406. CA T24 11B-303.2-303.4; ADAS 303.2-303.4; CARM pg. 207.

The County identified the number of stairways on the accessible route as zero. However, photos and other information provided identify the presence of “IHSS STAIR 1” on the accessible route. The County shall, as part of the CAP, provide the correct information.

The County did not provide the clear width of the stairway measured between handrails. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Stairways shall have a clear width of 48 inches minimum between handrails. CA T24 1009.3.2; CARM pg. 283.

The County did not provide the width of the contrasting stripes on the treads and upper approach of the stairway on the accessible route. However, a measurement was provided for the exterior stairway for this location, which complies with regulations. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** The stripe shall be a minimum of 2 inches wide to a maximum of 5 inches wide placed parallel to, and not more than 1 inch from, the nose of the step or upper approach. CA T24 11B-504.4.1; CARM pg. 284.

The County provided information regarding the ramp running slope that is nonresponsive in that it solely refers to and relies upon a report previously generated by a different agency. Facilities features change and weather conditions wear on some features; therefore, it is important that compliance is assessed as part of this Review. In addition, the County did not provide the cross slope of the ramp. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Ramp runs shall have a running slope not steeper than 1 to 12. CA T24 11B-405.2; ADAS 405.2; CARM pg. 231.
- **Regulation:** Cross slope of ramp runs shall not be steeper than 1 to 48. CA T24 11B-405.3; ADAS 405.3; CARM pg. 231.

There is a change in level between ¼ inch and ½ inch without edge treatment (beveling) at one or both ends of the ramp.

- **Regulation:** Changes in level between ¼ inch high minimum and ½ inch high maximum shall be beveled with a slope not steeper than 1 to 2. CA T24 11B-303.2-303.3; ADAS 303.2303.3; CARM pg. 207.

The width of the top landing is too short at 54 ½ inches. The width of each landing is not as wide as the widest ramp run leading to the landing.

- **Regulation:** The landing clear width shall be at least as wide as the widest ramp run leading to the landing. CA T24 11B-405.7.2.1; CARM pg. 232. Top landings shall be 60 inches wide minimum. CA T24 11B-405.7.2; ADAS 405.7.2; CARM pg. 232.

Ramp handrails lack extensions beyond the top and bottom landing of the ramp.

- **Regulation:** Ramp handrails shall extend horizontally above the landing for 12 inches minimum beyond the top and bottom of ramp runs. Extensions shall return to a wall, guard, or the landing surface, or shall be continuous to the handrail of an adjacent ramp run. CA T24 11B-505.10.1; ADAS 505.10.1; CARM pg. 287.

The height of ramp handrails is too short at 32 ½ inches. The height of stair handrails is too short at 33 inches.

- **Regulation:** Top of gripping surfaces of handrails shall be 34 inches minimum and 38 inches maximum vertically above walking surfaces, stair nosings, and ramp surfaces. Handrails shall be at a consistent height above walking surfaces, stair nosings, and ramp surfaces. CA T24 11B-505.4; ADAS 505.4; CARM pg. 286.

Building Entrances

The force required to open the sole public entrance doors is too great at 7 pounds. The presence of HI-LO Automatic door openers does not relieve the County of the obligation to maintain the required door pressure level.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

The public entrance door handle hardware requires tight grasping, pinching, or twisting of the wrist to open. The presence of HI-LO Automatic door openers does not relieve the County of its obligation to have compliant door handle hardware.

- **Regulation:** Operable parts shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

Lobby

Depth of knee clearance beneath the counter is insufficient at nine 9 inches high and at 27 inches high measured from the finish floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches deep minimum at 9 inches above the finish floor, and 8 inches deep minimum at 27 inches above the finish floor. CA T24 11-B 306.3.3; ADAS 306.3.3; CARM pg. 303.

Interview Rooms

Interview Room 1 lacks circular turning space with a 5-foot diameter. The County did not provide clear information regarding dimensions available for a turning space and/or whether these dimensions meet the alternative requirements for T-Shaped turning space. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** The turning space shall be a T-shaped space within a 60-inch square minimum with arms and base 36 inches wide minimum. Each arm of the T shall be clear of obstructions 12 inches minimum in each direction and the base shall be clear of obstructions 24 inches minimum. CA T24 11B-304.3.2; ADAS 304.3.2; CARM pg. 306.

The County did not provide clear information regarding seating at a table, desk, or counter (i.e., “knee clearance is 0 inches wide and 0 inches deep at 27 inches high off the finish floor, and a writing surface would need to be provided”). The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Knee clearance shall be 30 inches wide minimum. CA T24 11B-306.3.5; ADAS 306.3.5; CARM pg. 305. A portion of the counter surface that is 36 inches long minimum and 34 inches high maximum shall be provided. Knee and toe space complying with Section 11B-306 shall be provided under the counter. A clear floor or ground space complying with Section 11B-305 shall be

positioned for a forward approach to the counter. CA T24 11B-904.4.2; CARM pg. 322.

Restrooms

The force required to open the door of Restroom 1 is too great at 6 to 9 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

In Restroom 1, the operable parts of the soap dispenser and towel dispenser are both too high from the finish floor at 43 $\frac{3}{8}$ and 40 $\frac{1}{2}$ inches, respectively. In Restroom 2, the operable parts of the soap dispenser are too high at 46 inches from the finish floor.

- **Regulation:** All operable parts [of accessories], including coin slots, shall be 40 inches maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382.

The distance of the toilet to side wall or partition measured from centerline of toilet to side wall or partition is too great at 19 $\frac{1}{2}$ inches in Restroom 1 and 20 $\frac{1}{2}$ inches in Restroom 2.

- **Regulation:** The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

The distance from the front edge of the toilet to toilet paper dispenser measured from centerline of toilet paper dispenser is too great at 15 inches in Restroom 1 and 13 inches in Restroom 2.

- **Regulation:** Toilet paper dispensers shall comply with Section 11B-309.4 and shall be 7 inches minimum and 9 inches maximum in front of the water closet measured to the centerline of the dispenser. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

In Restroom 2, exposed pipes under the sink lack sufficient insulation to protect against contact due to a missing portion of the drain pipe and cold water supply wrap.

- **Regulation:** Water supply and drain pipes under lavatories and sinks shall be insulated or otherwise configured to protect against contact. CA T24 11B-606.5; ADAS 606.5; CARM pg. 372.

Facility Location: Enterprise Office

Parking and Route to Main Door

The shared access aisle for accessible parking spaces 1 and 2 is marked with an International Symbol of Accessibility (ISA); however, the ISA is faded and requires repainting. The words “NO PARKING” painted on the access aisle for parking space 3 is also faded and requires repainting.

- **Regulation:** Each accessible car and van space shall have surface identification complying with either Section 11B-502.6.4.1 (Option 1) or Section 11B-502.6.4.2 (Option 2).
 - Option 1: The parking space shall be marked with an International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background a minimum 36 inches wide and 36 inches high.
 - Option 2: The parking space shall be outlined in blue or painted blue and shall be marked with an International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background a minimum 36 inches wide and 36 inches high in white or a suitable contrasting color. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

Accessible parking spaces could be located on a shorter accessible route from parking to the one accessible facility entrance.

- **Regulation:** Parking spaces complying with Section 11B-502 that serve a particular building or facility shall be located on the shortest accessible route from parking to an entrance complying with Section 11B-206.4. CA T24 11B-208.3.1; ADAS 208.3.1; CARM pg. 162

The County did not provide clear information regarding directional signage at decision points along the accessible route. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Directional signs complying with Section 11B-703.5, including the International Symbol of Accessibility complying with Section 11B-703.7.2.1, indicating the accessible route to the nearest accessible entrance shall be provided at junctions when the accessible route diverges from the regular circulation path. CA T24 11B-216.6; CARM pg. 35.

Building Entrances

The force required to open sole public entrance door is too great at 12 pounds.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

Public entrance doors are noncompliant in that tight grasping, pinching, or twisting of the wrist is required to open them.

- **Regulation:** Operable parts shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

Lobby

Depth of knee clearance beneath counter is insufficient at a height of 9 inches above the finish floor.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches deep minimum at 9 inches above the finish floor or ground, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11-B 306.3.3; ADAS 306.3.3; CARM pg. 303.

Emergency Alarm

The County did not provide clear information regarding whether audible emergency alarms are present and if so, whether they can be heard in the lobby. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Audible alarm notification appliances shall be provided and emit a distinctive sound that is not to be used for any purpose other than that of a fire alarm. CA T24 907.5.2.1; CARM pg. 56.

Restrooms

The force required to open the doors to Restrooms 1 and 2 is too great at 10 pounds and 9 pounds, respectively.

- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

The dimensions of the clear ground space in front of the sink in Restroom 1 are inadequate at 36 inches by 40 inches.

- **Regulation:** The clear floor or ground space shall be 30 inches minimum by 48 inches minimum. CA T24 11B-305.3; ADAS 305.3; CARM pg. 303.

In Restrooms 1 and 2, the depth and the width of knee clearance under the sink are insufficient.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches deep minimum at 9 inches above the finish floor or ground, and 8 inches deep minimum at 27 inches above the finish floor or ground. Knee clearance shall be 30 inches wide minimum. CA T24 11B-306.3.5; ADAS 306.3.5; CARM pg. 305.

The operable parts of the following Restroom 1 accessories are too high measured from the finish floor: soap dispenser at 41 inches high; toilet protector dispenser at 47 inches high; and light switch at 43 ½ inches high. The operable parts of the following Restroom 2 accessories are too high measured from the finish floor: toilet protector dispenser at 48 inches high; and light switch at 44 inches high.

- **Regulation:** All operable parts [of accessories], including coin slots, shall be 40 inches maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382, referenced above.

The distance from the toilet to the side wall or partition measured from centerline of toilet to side wall or partition is too great at 18 ½ inches in Restroom 1 and at 22 inches in Restroom 2.

- **Regulation:** The centerline of the water closet shall be 17 inches minimum to 18 inches maximum from the side wall or partition. CA T24 11B-604.2; ADAS 604.2; CARM pg. 387.

There is insufficient clearance around, and insufficient maneuvering space in front of, the Restroom 1 toilet measured perpendicular from the side wall.

- **Regulation:** Clearance around a water closet shall be 60 inches minimum measured perpendicular from the side wall and 56 inches minimum measured perpendicular from the rear wall. A minimum 60 inches wide and 48 inches deep maneuvering space shall be provided in front of the water closet. CA T24 11B-604.3.1; ADAS 604.3.1; CARM pg. 401.

The front edge of the toilet is too close to the toilet paper dispenser in Restroom 1 at 4 inches and in Restroom 2 at 1 inch, measured from the centerline of the dispenser. Neither dispenser outlet is located below the grab bar, which has a maximum allowable height of 36 inches from the finish floor.

- **Regulation:** Toilet paper dispensers shall comply with Section 11B-309.4 and shall be 7 inches minimum and 9 inches maximum in front of the water closet measured to the centerline of the dispenser. The outlet of the dispenser shall be below the grab bar, 19 inches minimum above the finish floor and shall not be located behind grab bars. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389; CA T24 11B-604.7.1; CARM pg. 389. Grab bars shall be installed in a horizontal position, 33 inches minimum and 36 inches maximum above the finish floor

measured to the top of the gripping surface. CA T24 11B-609.4; ADAS 609.4; CARM pg. 428.

Facility Location: Tahoe Office

Parking and Route to Main Door

Required signage is missing.

- **Regulation:** The additional sign shall clearly state in letters with a minimum height of 1 inch the following: "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or special license plates issued for persons with disabilities will be towed away at the owner's expense. Towed vehicles may be reclaimed at: _____ or by telephoning _____." Blank spaces shall be filled in with appropriate information as a permanent part of the sign. CA T24 11B-502.8.2; CARM pg. 159.

There is no parking stall signage identifying the one accessible parking space as accessible.

- **Regulation:** A parking space identification sign shall be visible from each parking space. Signs shall be permanently posted either immediately adjacent to the parking space or within the projected parking space width at the head end of the parking space. Signs may also be permanently posted on a wall at the interior end of the parking space. CA T24 11B-502.6.3; CARM pg. 158.

The length of the accessible parking space is too short at 14 feet 6 inches.

- **Regulation:** Car and van parking spaces shall be 216 inches long minimum. CA T24 11B-502.2; CARM pg. 163.

The accessible parking space is marked with an ISA; however, this ISA is faded and requires repainting.

- **Regulation:** Each accessible car and van space shall have surface identification complying with either Section 11B-502.6.4.1 (Option 1) or Section 11B-502.6.4.2 (Option 2).
 - Option 1: The parking space shall be marked with an International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background a minimum 36 inches wide and 36 inches high.
 - Option 2: The parking space shall be outlined in blue or painted blue and shall be marked with an International Symbol of Accessibility complying with Section 11B-703.7.2.1 in white on a blue background a minimum 36

inches wide and 36 inches high in white or a suitable contrasting color. CA T24 11B-502.6.4.1; CA T24 11B-502.6.4.2; CARM pg. 159.

The access aisle is too narrow at 47 inches wide.

- **Regulation:** Access aisles serving car and van parking spaces shall be 60 inches wide minimum. CA T24 11B-502.3.1; ADAS 502.3.1; CARM pg. 165-167.

The words "NO PARKING" are not painted on the surface of the access aisle.

- **Regulation:** The words "NO PARKING" shall be painted on the surface within each access aisle in white letters a minimum of 12 inches in height and located to be visible from the adjacent vehicular way. Access aisle markings may extend beyond the minimum required length. CA T24 11B 502.3.3; ADAS 502.3.3; CARM 165-167.

There is a change in level of greater than ½ inch without a ramp.

- **Regulation:** Changes in level greater than ½ inch high shall be ramped and shall comply with Section 11B-405 or 11B-406. CA T24 11B-303.4; ADAS 303.4; CARM pg. 207.

The clear width of Stairways 1, 2 and 3 are too narrow at 42 inches, 26 inches, and 44 inches, respectively, measured between handrails.

- **Regulation:** Stairways shall have a clear width of 48 inches minimum between handrails. CA T24 1009.3.2; CARM pg. 283.

Neither Stairway 1, 2 nor 3 has uniform riser heights, and the highest riser height of Stairways 1 and 2 is too high at 8 inches. The County did not provide information about stairway tread depth. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** All steps on a flight of stairs shall have uniform riser heights and uniform tread depths. Risers shall be 4 inches high minimum and 7 inches high maximum. Treads shall be 11 inches deep minimum. CA T24 11B-504.2; ADAS 504.2; CARM pg. 284.

The County did not provide clear information regarding contrasting stripes on stairways. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Exterior stairs shall have the upper approach and all treads marked by a stripe providing clear visual contrast....The stripe shall be a minimum of 2 inches wide to a maximum of 4 inches wide placed parallel to, and not more than 1 inch from, the nose of the step or upper approach. The stripe shall extend the full width of the step or upper approach and shall be of material that is at least as slip resistant as the other treads of the stair. CA T24 11B-504.4.1; CARM pg. 284.

The clear width of the ramp is too narrow at 42 inches.

- **Regulation:** The clear width of a ramp run shall be 48 inches minimum. CA T24 11B-405.5; CARM pg. 232.

The running and cross slopes of ramp run are presented as whole numbers rather than as ratios. Measurements presented as ratios must be provided to assess compliance.

- **Regulation:** Ramp runs shall have a running slope not steeper than 1 to 12. CA T24 11B-405.2; ADAS 405.2; CARM pg. 231. The cross slope of ramp runs shall not be steeper than 1 to 48. CA T24 11B-405.3; ADAS 405.3; CARM pg. 231.

The County did not provide information regarding ramp landings. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** The landing clear width shall be at least as wide as the widest ramp run leading to the landing. CA T24 11B-405.7.2.1; CARM pg. 232. Top landings shall be 60 inches wide minimum. CA T24 11B-405.7.2; ADAS 405.7.2; CARM pg. 232. The landing clear length shall be 60 inches long minimum. CA T24 11B-405.7.3; ADAS 405.7.3; CARM pg. 232. Bottom landings shall extend 72 inches minimum in the direction of ramp run. CA T24 11B-405.7.3.1; CARM pg. 232.

The ramp lacks handrails on both sides.

- **Regulation:** Handrails shall be provided on both sides of stairs and ramps. CA T24 11B-505.2; ADAS 505.2; CARM pg. 286.

The County did not clearly present information requested by Auditors regarding stairways and ramps. Auditors are unable to determine whether responses apply to handrails for all or some stairways and ramps. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Ramp handrails shall extend horizontally above the landing for 12 inches minimum beyond the top and bottom of ramp runs. Extensions shall return

to a wall, guard, or the landing surface, or shall be continuous to the handrail of an adjacent ramp run. At the top of a stair flight, handrails shall extend horizontally above the landing for 12 inches minimum beginning directly above the first riser nosing. Extensions shall return to a wall, guard, or the landing surface, or shall be continuous to the handrail of an adjacent stair flight. At the bottom of a stair flight, handrails shall extend at the slope of the stair flight for a horizontal distance equal to one tread depth beyond the last riser nosing. The horizontal extension of a handrail shall be 12 inches long minimum and a height equal to that of the sloping portion of the handrail as measured above the stair nosings. Extension shall return to a wall, guard, or the landing surface, or shall be continuous to the handrail of an adjacent stair flight. CA T24 11B-505.10.1-.3; ADAS 505.10.1-.3; CARM pg. 287.

- **Regulation:** Handrail gripping surfaces with a non-circular cross section shall have a perimeter dimension of 4 inches minimum and 6 ¼ inches maximum, and a cross-section dimension of 2 ¼ inches maximum. CA T24 11B-505.7.2; ADAS 505.7.2; CARM pg. 287.

Building Entrances

The County did not provide clear information regarding public entrances at this facility, referring to additional entrances identified as “Manager,” “Staff,” and “Staff Exit”. The scope of this Review is limited to entrances that are or may be used by the public, even when such entry is rare. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Door openings shall provide a clear width of 32 inches minimum. CA T24 11B-404.2.3; ADAS 404.2.3; CARM pg. 219.
- **Regulation:** The force required to activate operable parts shall be 5 pounds maximum. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221, referenced above.
- **Regulation:** Handles, pulls, latches, locks, and other operable parts on doors and gates shall comply with Section 11B-309.4. Operable parts of such hardware shall be 34 inches minimum and 44 inches maximum above the finish floor or ground. CA T24 11B-404.2.7; ADAS 404.2.7; CARM pg. 221.
- **Regulation:** Operable parts shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.
- **Regulation:** Changes in level greater than ½ inch high shall be ramped, and shall comply with Section 11B-405 or 11B-406. CA T24 11B-303.4; ADAS 303.4; CARM pg. 207.
- **Regulation:** Swinging door and gate surfaces within 10 inches of the finish floor or ground measured vertically shall have a smooth surface on the push side extending the full width of the door or gate. CA T24 11B-404.2.10; ADAS 404.2.10; CARM pg. 223.

- **Regulation:** In existing buildings and facilities where not all entrances comply with Section 11B-404, entrances complying with Section 11B-404 shall be identified by the International Symbol of Accessibility complying with Section 11B-703.7.2.1. Directional signs complying with Section 11B-703.5 that indicate the location of the nearest entrance complying with Section 11B-404 shall be provided at entrances that do not comply with Section 11B-404. CA T24 11B-216.6; ADAS 216.6; CARM pg. 35.

Lobby

The height of the highest copy of the PUB 13 is too high at 67 inches.

- **Regulation:** The high forward reach shall be 48 inches maximum where the reach depth is 20 inches maximum. Where the reach depth exceeds 20 inches, the high forward reach shall be 44 inches maximum and the reach depth shall be 25 inches maximum. CA T24 11B-308.2.2; ADAS 308.2.2; CARM pg. 309.

Emergency Alarm

The facility lacks an audible emergency alarm.

- **Regulation:** Audible alarm notification appliances shall be provided and emit a distinctive sound that is not to be used for any purpose other than that of a fire alarm. CA T24 907.5.2.1; CARM pg. 56.

Restrooms

Depth of knee clearance at 9 inches high under sink is insufficient at 0 to 6 inches due to the presence of a bucket under the sink. The apron of the sink is too low at 23 ½ inches high, such that there is no knee clearance depth available to measure at 27 inches high under the sink.

- **Regulation:** Where knee clearance is required under an element as part of a clear floor space, the knee clearance shall be 11 inches deep minimum at 9 inches above the finish floor or ground, and 8 inches deep minimum at 27 inches above the finish floor or ground. CA T24 11B-306.3.3; ADAS 306.3.3; CARM pg. 305.

There are sharp or abrasive surfaces under the sink.

- **Regulation:** There shall be no sharp or abrasive surfaces under lavatories and sinks. CA T24 11B-606.5; ADAS 606.5; CARM pg. 372.

Operable parts of the soap dispenser and paper towel dispenser are too high at 52 inches and 42 ½ inches, respectively, measured from the finish floor.

- **Regulation:** All operable parts [of accessories], including coin slots, shall be 40 inches maximum above the finish floor. CA T24 11B-603.5; CARM pg. 382.

The distance from front edge of toilet to toilet paper dispenser measured from centerline of toilet paper dispenser is too short at 3 inches.

- **Regulation:** Toilet paper dispensers shall comply with Section 11B-309.4 and shall be 7 inches minimum and 9 inches maximum in front of the water closet measured to the centerline of the dispenser. CA T24 11B-604.7.1; ADAS 604.7; CARM pg. 389.

The toilet paper dispenser is noncompliant in that it requires tight grasping, pinching, or twisting of the wrist.

- **Regulation:** Operable parts shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. CA T24 11B-309.4; ADAS 309.4; CARM pg. 221.

Stairs and Elevators

The County did not clearly present information requested by Auditors regarding stairways and handrails. The County shall, as part of the CAP, provide the correct information, assess compliance with the regulations below, and provide an explanation of the results of these steps.

- **Regulation:** Handrail gripping surfaces with a non-circular cross section shall have a perimeter dimension of 4 inches minimum and 6 ¼ inches maximum, and a cross-section dimension of 2 ¼ inches maximum. CA T24 11B-505.7.2; ADAS 505.7.2; CARM pg. 287.

V. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLISH-SPEAKING

Division 21 requires that Counties ensure non-English-speaking individuals receive effective interpretive without undue delays.

Counties must collect primary language from applicants and recipients (primary language must be self-identified). Counties should use this information to determine 1) the number of public contact staff necessary to provide effective bilingual services, 2) how to best provide interpretive services absent bilingual staff, and 3) the language needs of individual applicants and recipients.

Counties must employ an appropriate number of certified bilingual public contact employees in each program and/or location serving a substantial number of non-

English-speaking persons. Effective bilingual services must also be provided through an interpreter or other means in offices where bilingual staff are not required because non-English-speaking persons do not represent a substantial number. Translated written materials must be made available in individuals' primary languages if the materials are provided by CDSS in that language, and counties must ensure that information inserted in notices of action (NOA) is in individuals' primary languages.

Counties must also ethnic origin data from applicants and recipients.

Findings: Language Services

Does the County identify applicants'/recipients' language needs at first contact? How?

Yes. Applicants/recipients typically self-identify their language by requesting an interpreter in their language or via the primary language form or program application. Staff use "I Speak" language cards when necessary to help identify applicants'/recipients' language needs at first contact.

Does the County use a primary language form? Do applicants/recipients self-declare on the County's primary language form?

Yes, in most programs; however, Auditors observed inconsistencies and deficiencies in the use and application of County-generated form ALL 1388 ("Language Preference and Auxiliary Aid Identification" (ALL 1388)).

The County's CalFresh, CalWORKs and IHSS programs use ALL 1388 to identify language needs and needs for communication-related auxiliary aids/services. The ALL 1388 is available in English, Russian, and Spanish and is distributed to applicants/recipients at intake and renewal/recertification to self-declare their preferences. During phone appointments, when applicants/recipients request assistance with forms, or if the ALL 1388 is not available in the applicant's/recipients' primary language, staff complete the ALL 1388 on applicant's/recipients' behalf.

The ALL 1388 was missing in 2 of 9 CalWORKs cases reviewed. Auditors observed 1 CalWORKs case in which the applicant's primary written language was identified as Farsi on the application but left blank on the ALL 1388, causing the County to send some forms to the applicant in Farsi and some in English.

The ALL 1388 was missing in 3 of 7 CalFresh cases reviewed and in 5 of 9 IHSS cases reviewed. Discrepancies were observed between the preferred language identified on the ALL 1388 and the preferred language identified in the electronic case management system in 1 CalFresh case and 2 IHSS cases, causing the County to send documents in different languages to these applicants/recipients.

Auditors did not observe use of the ALL 1388 or any other primary language form in CSOC cases because participants do not typically come into contact with CSOC staff through an application or other process in which they have the opportunity to self-declare their primary language. Auditors observed consistent documentation of participants' spoken language preference in CWS/CMS.

Auditors did not observe the use of the ALL 1388 or any other primary language form in SIU cases. SIU investigators receive referrals through an online portal containing information provided by program staff that is not required to include primary language and/or language preference. Auditors did not observe the inclusion of this information in reviewed cases. SIU investigators have access to program case files containing the ALL 1388 and other language information; however, the inconsistent documentation identified above will foreseeably influence how SIU investigators communicate with applicants/recipients and may result in important information being provided in the incorrect language.

Are primary written and spoken languages documented?

Yes, in most programs. Auditors observed documentation of primary written and spoken languages in all CalFresh and CalWORKs cases. Internal inconsistencies were observed, however, including instances in which primary written and/or spoken language appeared in Case Demographics but not in the Case Summary for the same individual.

Auditors observed consistent and complete documentation of primary written and spoken languages in the Person Home screen in 8 of 9 IHSS cases. In CSOC cases, Auditors observed documentation of primary spoken language in the Client Notebook screen in all 14 cases reviewed. Primary written languages are not documented in CSOC cases, however. Program personnel explained that courts adjudicating CSOC cases require that all written court-related reports, correspondence and other documentation be provided in English so that the courts can verify the contents. Therefore, these items are not translated.

In SIU cases, documentation of an individual's primary language is made in an Investigation Report Narrative, if at all (e.g., documenting the circumstances of an interview with a subject of an investigation (SOI)). If contact with the SOI is determined to be necessary, primary language is reportedly gathered from the existing sources noted above. However, there is no policy or procedure for documenting language information in Fraud Tracker, contributing to inconsistent information in records related to individuals' primary languages. There is a "Language" field in Fraud Tracker, but it is optional and rarely used.

In one SIU case, for example, Auditors observed documentation in the Fraud Tracker Notes that the investigator made contact with the SOI accompanied by a Spanish-speaking interpreter. However, there was no prior documentation of how or where the investigator obtained the information that the SOI's primary language was Spanish, and

the information was not otherwise prominent in the case record. In another case in which contact was made with the SOL's daughter at the SOL's home, there was no documentation in Fraud Tracker regarding the SOL's primary language and no indication that interpretive services were provided, despite program case records showing the SOL's primary language was Spanish.

The County must ensure compliance with specific requirements of Division 21 in all programs, including SIU. Moreover, without effective communication standards and provisions in place, NEP/LEP individuals may be particularly vulnerable to fraud referrals due to challenges in understanding program requirements.

After it has been determined that an applicant/recipient is limited-English or non-English speaking, is there a County process for procuring an interpreter? Does the County have a contracted language line provider, a county interpreter list, or any other interpreter process?

Yes. According to the Annual Plan and staff survey responses, the County's process for providing interpretive services is to connect an applicant/recipient with a bilingual staff member if one is available, and if not, to use vendor-provided telephonic or in-person interpretation services. SIU staff also may obtain interpreters via dispatch if necessary.

Are non-English- or limited-English-speaking applicants/recipients provided bilingual services?

Yes. Overall, programs under review effectively use available bilingual (Spanish and Russian) staff in conjunction with vendor-provided interpreters to provide bilingual services. Auditors reiterate the concerns expressed above about the lack of primary language documentation maintained in the Fraud Tracker database. Auditors note that failure to capture this information accurately and consistently heightens the risk that individuals will not receive necessary interpreter services in situations in which they are particularly vulnerable, such as SIU investigations.

Is there a delay in providing interpretive services? If so, why?

Sometimes. Staff survey responses reveal disparities between programs in wait time to obtain a telephone interpreter. Auditors note that 92% of Eligibility workers surveyed primarily from the CalFresh and CalWORKs programs report that it takes less than 3 minutes after identifying an applicant/recipient's language needs to obtain telephone interpretive services. The remaining 8% report a wait time of 3-10 minutes. Staff survey responses indicate that staff overwhelmingly use vendor Language Line Solutions for these services. In contrast, 78% of IHSS staff members surveyed report wait times of under 3 minutes, whereas 22% report wait times of 3-10 minutes. Staff survey responses indicate IHSS staff use a mix of vendor options for interpretive services, including Language Line Solutions, Fiat Luxx Interpreting, and Hanna Interpreting Services. CSOC children's social workers report the longest wait times with 50% reporting a wait time of less than 3 minutes. The other 50% are split evenly between

those who report a wait time of 3-10 minutes, those who report a wait time of 10-15 minutes, and those who report a wait time of more than 15 minutes. The majority of these workers identify Hanna Interpreting Services as the vendor they use.

Longer wait times increase the likelihood of significant disruption and delay in meeting the communication needs of NEP/LEP applicants/recipients.

Does the County have adequate bilingual staffing levels?

As noted in Section III (“Dissemination of Information”), the information presented in the Primary Language Table in the County’s 2021 Annual Plan is incomplete and also appears to have been incorrectly applied in the threshold language calculation and related processes. As a result, CDSS is not able to draw conclusions about whether the County currently has adequate bilingual staffing levels.

Are County interpreters certified?

Yes. Staff who provide bilingual services are certified by the County.

Does the County allow minors to be interpreters? If so, under what circumstances?

Yes, in limited circumstances. According to Annual Report, minors may be used as interpreters only in circumstances that are temporary in nature and when the information to be communicated is minimal. Annual Civil Rights training instructs staff that the use of a minor as an interpreter is permissible “for temporary or minimal contact.” The County does not define what constitutes “temporary” or “minimal” contact that is sufficient to justify the use of a minor as an interpreter, creating the risk of inconsistent application. The Civil Rights Coordinator reports that staff are also instructed to use telephone interpreter services as the preferred method over using a minor as an interpreter. The use of family members including minors as interpreters is specifically avoided in CSOC cases due to family situations and circumstances that render their use inappropriate and/or unreliable in that context.

Auditors did not encounter any instances in which a minor was used as an interpreter during case reviews.

Does the County allow applicants/recipients to provide their own interpreters?

Yes.

How does the County document interpretive services provided using bilingual staff/interpretive services? How does the County document interpretive services provided using a client-provided interpreter?

Auditors observed that, although CalWIN has a “need for translator (yes/no)” field in the Case Demographics screen, it is rarely used. Staff report that they are trained to use Case Comments to document bilingual staff/interpretive services and client-provided interpreter services, which is consistent with Auditors’ observations during case reviews. IHSS workers document this information in the Case Narrative Notes screen of CMIPs. CSOC, which avoids the use of client-provided interpreter services for the above-identified reasons, documents services provided by bilingual staff and telephone interpreters in Case Contact Notes in CWS/CMS. As noted previously, Auditors observed one SIU case in which documentation of interpretive services by a bilingual certified staff member appeared in the Notes section of Fraud Tracker, although it was also reported to Auditors that such information would typically be documented in an Investigation Report Narrative if such a Report was generated.

When client-provided interpreters are used in CalFresh, CalWORKs, and IHSS cases, the ALL 1387 form (“Notice of Understanding – Use of Self-Provided Interpreter” (ALL 1387)) is intended to serve as notice to the applicant/recipient of the risks of using a self-provided interpreter. Subsection (d) of the ALL 1387 states “I understand that I use a self-provided interpreter at my own risk,” but the nature of that risk (i.e., ineffective communication) is not explained.

Staff survey results reflect a high degree of variability and uncertainty among all categories of workers regarding whether they are responsible for explaining this risk verbally to applicants/recipients, and how to do that if so.

The ALL 1387 is also intended to serve as the applicant’s/recipient’s consent for the release of confidential information to the interpreter. Applicants/recipients sign this form to acknowledge receipt and consent.

Auditors observed that overall, program staff members document the use of interpreter services in their respective Case Management Systems with adequate detail regarding the type of interpreter used. Auditors observed more variability among programs regarding the use of the ALL 1387 form. While CalWORKs and IHSS case files consistently included a signed copy of the ALL 1387 when appropriate, the form was missing from the two CalFresh cases reviewed in which a client-provided interpreter was used.

Does the County ensure that applicant/recipient-provided interpreters understand what is being interpreted?

Mostly. According to the Annual Plan, prior to starting an interview with an applicant/recipient, staff spend several minutes with the interpreters explaining the process/program and allowing the interpreter to ask any questions they have prior to starting and during the process.

According to staff surveys, a large majority of eligibility workers check for understanding of what is being interpreted by repeatedly inviting questions and checking for understanding with both the interpreter and the applicant/recipient throughout the interview; by using a basic vocabulary and keeping the information simple; and by re-asking questions in a different way if the applicant/recipient does not appear to understand what is being asked.

One surveyed eligibility worker said they were unsure of how to ensure understanding, and another worker said it is “not possible” to ensure that applicant/recipient-provided interpreters understand what is being interpreted. Training (including peer-to-peer training) and developing County policy and procedure including tips on this topic may help close gaps in staff knowledge.

Does the County use CDSS-translated forms in applicant’s/recipient’s primary language?

Not consistently. According to the Annual Plan, the County provides correspondence in English and Spanish. The County also uses all available translated forms from CDSS, downloading newly added forms when available. Any document that is not translated into an applicant/recipient’s primary language is sent in English with a copy of CDSS’ GEN 1365, “Notice of Language Services.”

The County’s process for using CDSS-translated forms is not clearly communicated to, or consistently understood and applied by, staff. The annual staff Civil Rights training provides limited information on the use of translated forms that Auditors found to be internally inconsistent and out of date. In addition, staff survey responses to the prompt “*List any CDSS-translated forms you provide to applicants/recipients in their primary languages*” showed variation and inconsistency within programs, which suggests a lack of awareness about the availability and use of CDSS-translated forms.

As noted above, Auditors also observed errors and inconsistencies during case reviews regarding translated forms provided to certain NEP/LEP applicants/recipients, which may be attributable to the lack of clear consistent training and policy development. For example, in a CalFresh case in which inconsistent documentation of primary written language information was discovered and corrected, the County still continued to send forms to the applicant/recipient in English instead of the correct primary language, Russian. In a CalWORKs case, English forms were sent to an applicant/recipient whose primary language was clearly identified as Tagalog, despite the availability of CDSS forms in Tagalog.

When limited- or non-English-speaking clients receive Notices of Action (NOA), is the standard NOA form provided in clients’ primary written languages? Is the information that is to be inserted into NOA translated into a recipient’s primary language? If language to be inserted into NOA is not available, is there a procedure to ensure information translated to recipient’s primary language?

Not consistently. The Annual Plan states that NOAs are entered in CalWIN by certified bilingual consortium staff. (CalWIN supports all NOAs in Bosnian, Cantonese, Farsi, Hmong, Laotian, Russian, Spanish and Vietnamese.)

The Annual Plan also states that non-translated NOAs are sent with a GEN 1365 form; however, some staff report using Hanna Interpreting Services to translate any NOA that is not already available in an applicant/recipient's primary written language, while other staff (23 of 25 Eligibility Workers surveyed) were not aware of a County process for translating written material for NOA inserts when needed.

Findings: Ethnic Origin Information

Does the County document ethnic origin data from applicants and recipients?

Yes. With the exception of the SIU (discussed further below), the County documents ethnic origin information in CalWIN, CMIPS, and CWS/CMS when it is provided by the applicant/recipient. Auditors found this information in a majority of cases reviewed (i.e., 6 of 7 CalFresh cases; 7 of 9 IHSS cases; 8 of 9 CalWORKs cases; and 14 of 14 CSOC cases). Applicants/recipients may decline to provide ethnic origin information. In these situations, the County does not follow up with the applicant/recipient to collect the missing information.

The fraud referral portal includes a field to identify an individual's ethnic origin, but it is optional. Auditors observed documentation of ethnic origin in 1 of 8 SIU cases reviewed.

Corrective Action

Identification of primary language: The County shall collect primary language data for each applicant/recipient. Div. 21-201.21. As part of the CAP, the County shall develop policy regarding the provision of services to NEP/LEP applicants/recipients, to include the following:

- Protocol for staff to follow up with applicants/recipients when their ALL 1388 is incomplete or missing at each intake/assessment and renewal/reassessment/recertification;
- Protocol for staff to monitor and resolve discrepancies between primary language information in the ALL 1388 and in electronic case records;
- Inform staff of the new policy/procedure, including via revised staff training (discussed in Section VII).

Documentation of primary language: The County shall ensure that case records identify applicants'/recipients' ethnic origin and primary language. Div. 21-201.21. As part of the CAP, the County shall:

- Return to CalFresh, CalWORKs and IHSS case files reviewed during the Review to correct records that contained errors and inconsistencies in the documentation of primary language;
- Develop protocol for the systematic documentation of applicants'/recipients' primary language (written and spoken) and ethnicity by SIU staff in Fraud Tracker. The County may wish to consider making primary language (written and spoken) a required field for fraud referrals, which information would then be transmitted to and captured in Fraud Tracker case records; and
- Inform relevant staff of the new protocol.

Timely services: The County must ensure that bilingual/interpretive services are prompt and without undue delays. Div. 21-115. Given the disparity in wait times for telephone interpreters experienced by staff in different programs, the County shall take steps to identify the source(s) of these delays and disparities; update its protocol for the use of vendor-provided telephone interpreter services to eliminate or reduce wait times as much as possible; and inform staff of any relevant changes.

Bilingual staff: The County shall ensure that a sufficient number of qualified bilingual employees are assigned to positions and locations serving a substantial number of non-English-speaking persons. Div. 21-115.1. A “qualified bilingual employee” is defined as an employee who, in addition to possessing the necessary qualifications for the particular classification, is certified through a process approved or administered by CDSS to be proficient in oral and/or written communication in the non-English language of the persons to be served. Div. 21-104(q)(1). As noted above, the information presented in the Primary Language Table in the County’s 2021 Annual Plan is incomplete and also appears to have been incorrectly applied in the threshold language calculation and related processes. Therefore, as part of the CAP, the County shall complete the Corrective Action described under Section XI (“Civil Rights Compliance Plan Review and Approval”) regarding threshold language determination, which includes steps to determine appropriate bilingual staffing methods and hiring goals.

Temporary use of minors as interpreters: The County shall only allow the use of a minor (under the age of 18 years) to temporarily act as an interpreter under extenuating circumstances or at the specific request of the applicant/recipient. Div. 21-115.16. When a minor (under 18 years of age) is used as an interpreter, the County shall document the circumstances requiring temporary use of a minor interpreter in the case record. Div. 21-116.22. As part of the CAP step of developing policy regarding the provision of services to NEP/LEP applicants/recipients, the County shall:

- Develop protocol (including examples) to guide staff in determining what circumstances are “temporary” and “minimal” enough to justify using a minor as an interpreter in limited circumstances;
- Develop or refine/clarify protocol for staff documentation requirements when a minor is used as an interpreter including specific guidelines for what information to document and precisely where it should be documented; and

- Inform staff of the new protocol, including via revised staff training on the topic (discussed in Section VII).

Notice of potential ineffective communication: Applicants/recipients must be informed of the potential problems for ineffective communication when providing their own interpreters. The County shall document that the applicants/recipients were so informed in the case record. Div. 21-116.23. Even when the ALL 1387 is used as intended, its terms do not clearly put the applicant/recipient on notice of the risks of ineffective communication when using a self-provided interpreter. The variability and uncertainty expressed among surveyed staff regarding whether and how to explain these risks to applicants/recipients is further indication of both the need for clear, explicit policy and training as well as the need to reinforce notice of the risk using explicit advisory language in the ALL 1387. As part of its CAP, and for consistency with Division 21, the County shall revise subsection (d) of its ALL 1387 to explicitly notify the applicant/recipient of the risk of ineffective communication when using a self-provided interpreter. In addition, as part of the CAP step of developing policy regarding the provision of services to NEP/LEP applicants/recipients, the County shall:

- Develop or refine/clarify protocol to guide staff as to when and how to explain the risks to applicants/recipients of using a self-provided interpreter;
- Develop or refine/clarify protocol to guide staff in documenting the provision of the above explanation as well as obtaining, incorporating and maintaining signed ALL 1387 forms into electronic case records; and
- Inform staff of the new protocol, including via revised staff training on the topic (discussed in Section VII).

Written materials: The County must use and provide translated forms in an applicant/recipient's primary language when translated by CDSS. Div. 21-115.2 As part of the CAP, the County shall:

- Return to CalFresh, CalWORKs and IHSS case files reviewed during the Audit that showed that forms were sent to the applicant/recipient in a language other than the identified primary written language.
- In each instance in which a form was sent in English despite the availability of a CDSS-translated version, identify the reason for the error, and take all needed steps to correct existing deficiencies and ensure they do not reoccur.
- Select a sample of 30 additional NEP/LEP cases from CDSS-funded programs to spot-check whether forms were sent in the wrong language to applicants/recipients in any of those cases. In addition to taking such steps as are necessary to immediately correct any identified errors, if errors are found in over 25% of the cases sampled, create a plan for checking and correcting such errors in all NEP/LEP cases on a more regular basis to promote and maintain regular compliance with language access obligations.

In addition, as part of the CAP step of developing a policy regarding the provision of services to NEP/LEP applicants/recipients, the County shall:

- Develop or refine/clarify protocol regarding the use and provision of CDSS-translated forms;
- To the extent programs have different practices and considerations related to the use and provision of CDSS-translated forms, the protocol shall contain program-specific guidance; and
- Inform staff of the new or refined protocol, including via revised staff training (discussed in Section VII).

Notices of Action: When the County uses translated forms and materials, such as NOAs containing space in which the County must insert information for the applicant/recipient, such information must be in the primary language of the applicant/recipient. Div. 21-115.2. As part of the CAP step of developing policy regarding the provision of services to NEP/LEP applicants/recipients, the County shall:

- Develop or refine/clarify protocol to ensure that information inserted into NOAs is translated into the primary language of the applicant/recipient;
- To the extent programs have different practices and considerations related to the use and provision of CDSS-translated forms, the protocol shall contain program-specific guidance; and
- Inform staff of the new or refined protocol, including via revised staff training on the topic (discussed in Section VII).

Recommendations

Effective services: Auditors observed that although CalFresh and CalWORKs staff use the CalWIN Case Comments screen to document information about interpretive services, they rarely use the available “Need for Translator” field. Auditors consider this a missed opportunity for the County to document this information in a way that is consistent and clearly visible. In order to provide bilingual/interpreter services promptly and without delay, staff must be able to quickly identify that need when it exists, without having to engage in a potentially time-consuming process of scrolling through multiple case comments. Given that staff already appear to be trained to use Case Comments for documenting specific details about interpretive services, the County may consider requiring the use of “Need for Translator” field, as well, which will highlight that information without generating duplicative work. Additionally, the County may consider assessing CMIPS and CWS/CMS for the availability of similar functionality that can be put to use.

VI. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO HAVE DISABILITIES

Division 21 requires that Counties ensure individuals with disabilities receive effective communication and disability-related services without undue delays.

Counties must provide auxiliary aids and services, including braille material, taped text, qualified interpreters, large print materials, telecommunication devices for the deaf (TDD), and other effective aids and services for persons with hearing, speech, vision, manual skills and other disabilities.

Counties have a responsibility to ensure that people with disabilities are not excluded from participation in or denied the benefits of the County's programs, services or activities, or otherwise subject to discrimination. This includes the obligation to provide reasonable accommodations to qualified individuals with disabilities.

Findings: Auxiliary Aids and Services for Persons with Disabilities

Does the County have a policy and/or procedure for assisting applicants/recipients with a disability? Does the County have a policy describing how it provides reasonable accommodation?

Yes. The County's written Reasonable Accommodation (RA) Policy addresses certain aspects of identifying and processing reasonable accommodation requests. However, Auditors identified several concerns, including:

- Failure to define key terms (e.g., "qualified individual with a disability");
- Failure to address key concepts (e.g., "primary consideration"; "interactive process");
- Lack of other core components (e.g., information on service animals and guidance on the discrimination complaint process, see ACL 19-45);
- Lack of guidance for staff regarding how to respond when an applicant/recipient has a known or obvious disability or how to assist individuals with self-identifying as having a disability;
- Incomplete and incorrect information regarding processes for making, receiving, documenting and responding to RA requests; and
- Lack of operational detail necessary for policy implementation.

Does the County provide auxiliary aids and services, TDD's, and/or other effective aids and services for persons with impaired hearing, speech, vision or manual skills, including braille material, taped text, and/or large print materials (excluding the PUB 13)?

Somewhat. The Annual Plan states individuals with vision or hearing impairments are first identified by reception clerks who can provide magnifying sheets and County forms in large print if needed by individuals who have low vision. Clerks can also contact the California Relay Service to obtain telephone assistance for individuals who are deaf or hard of hearing. The County does not have a contract with a braille translation provider. The County contracts with NorCal Center for Deafness to provide in-person American Sign Language (ASL) interpreters; however, scheduling is usually required at least one day in advance (except in emergencies), and the contract doesn't include video ASL

interpretation. The County does not currently have any staff members who are certified ASL interpreters.

The Annual Plan states that “in the majority of cases” involving applicants/recipients with vision impairments, they come to the office accompanied by another person. For those who arrive unaccompanied, social services or clerical staff are “available to assist, as necessary.” In addition, the CRC reported to Auditors that Human Services Division (HSD) offices are regularly staffed by a trained Eligibility Worker serving as “worker of the day” to help address any such needs that may arise. The CRC was not aware of whether CSOC or IHSS program offices also utilize a “worker of the day.”

Does the County identify an applicant/recipient with a disability? Does the County assist applicants/recipients to self-identify a disability?

Minimally, though this varies somewhat based on the program.

The Annual Plan states “[d]isabilities are identified by self-identification, income [i.e., Supplemental Security Income (SSI)/disability qualification status], and the Language Preference and Auxiliary Aid” form ALL 1388 completed during intake. Auditors understand this process to apply to CalFresh and CalWORKs. In addition, the Welfare to Work program utilizes the Online CalWORKs Appraisal Tool (OCAT) client system and the CalWORKs 2.0 Appraisal form, which solicits information about an individual’s SSI/State Supplementary Payment (SSP)/State Disability Insurance (SDI) status, impediments to participation in work and/or training activities, and a self-rating of mental and physical well-being. Reliance on these factors increases the likelihood that individuals who self-identify as having a disability or whose disabilities are obvious or apparent will have their needs addressed, while applicants/recipients with a wide range of other (invisible) disabilities may not.

The Annual Plan does not specifically address identifying or assisting applicants/recipients with disabilities to self-identify in the CSOC or SIU programs, and these programs do not have separate policies or procedures addressing this obligation. Disability and blindness are each a qualifying factor for IHSS, and identification of applicants/recipients with disabilities is part of the application and intake process for that program.

The annual Civil Rights staff training and the County’s RA Policy only minimally address identifying applicants/recipients with a disability and do not address assisting applicants/recipients to self-identify a disability. The annual Civil Rights training (discussed in Section VII) provides instruction on the use of ALL1388 to identify communication-related needs and disabilities and tips on how to assist individuals who use mobility aids, have service animals, or who have visual- or hearing-related disabilities. The lack of robust training and guidance on identifying applicants/recipients with a disability or assisting applicants/recipients to self-identify a disability is reflected in the variability of staff understanding of these obligations:

- When asked whether the County has a written policy and/or procedure for identifying applicants/recipients with disabilities:
 - 48%⁵ of Eligibility Workers (primarily from CalFresh and CalWORKs) responded “yes,” 4% responded “no,” and 48% responded “unsure”;
 - 50% of CSOC children’s social workers responded “yes” and 50% responded “unsure”; and
 - 56% of IHSS Adult Program workers responded “yes” and 44% responded “unsure.”
- When asked whether the County assists applicants/recipients with self-identifying their disabilities:
 - 36% of Eligibility Workers (primarily from CalFresh and CalWORKs) responded “yes,” 12% responded “no,” and 52% responded “unsure”;
 - 67% of CSOC children’s social workers responded “yes” and 33% responded “unsure”; and
 - 44.44% of IHSS Adult Program workers responded “yes,” 11.11% responded “no,” and 44.44% responded “unsure.”

Is there an established process for offering screening for disabilities, including screening for learning disabilities?

Only in the CalWORKs program. According to the Annual Plan, Welfare to Work staff screen applicants for learning disabilities at first contact (orientation). There is no other established process for screening for any type of disabilities.

Does the County offer reasonable accommodations to applicants/recipients with a disability?

Not consistently, and with wide variation across programs. The County’s RA Policy states that all applicants and participants are asked “if they require any type of accommodations, in writing, on the intake application, reexamination documents, and notices of adverse action by Placer County HHS, by including the following language: ‘If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Placer County HHS.’” Auditors did not observe examples of this provision on County documents during this Review but note that the provision’s assumption of, and reliance, on affirmative self-identification by applicants/recipients who have disabilities as well as the vagueness of its instruction to “contact Placer County HHS” raises concerns about its effectiveness.

The annual Civil Rights training narrowly addresses RA offers in one slide stating: “When interacting with persons with disabilities do not ask if a person is disabled. Ask if they need any accommodation.”

⁵ Percentages are rounded up to the nearest whole number unless otherwise specified.

During CalFresh and CalWORKs case reviews, Auditors observed that staff appear to use the ALL 1388 form (as well as certain application/renewal documentation) to obtain information from applicants/recipients about the auxiliary aids and services they need to enable effective communication. However, Auditors observed no instances of staff offering RAs in these programs to applicants/recipients whose records contained other indicators of present disabilities, such as qualifying for permanent disability status. This disconnect between County-identified indicators of disability and the absence of RA offers suggests that the County's RA policy is not being effectively implemented, which may be attributable to a lack of clear, detailed policy and robust staff training.

Auditors observed that IHSS staff consistently and systematically offer RAs to applicants/recipients who are blind or have low vision. Auditors note that this may be attributable to disability as eligibility criteria (in part) for IHSS, and that provision of services tailored to meet individuals' disability-related needs is part of the program's core function. Similarly, CSOC involves child placement, safety and reunification plan development, and other key processes requiring responding to children and parents'/guardians' specific disability-related needs, which may also reinforce RA obligations.

Does the County appropriately document disabilities and reasonable accommodation requests?

Not consistently, and with wide variation across programs. According to the Annual Plan, and consistent with the County's description of how disabilities are identified (above), the ALL 1388 is used to document applicants'/recipients' communication-related disabilities and needs, while CalWIN captures certain disability indicators such as aid type and deprivation identification. Although the Annual Plan also identifies the CalWIN accommodation indicator as a means of documentation, Auditors did not observe any instances of its use in reviewed cases.

During CalFresh Case Review, Auditors observed 6 cases in which the applicant/recipient was identified as qualifying for the Elderly Simplified Application Project (ESAP) with 1 applicant/recipient also documented as qualifying for SSI on CalWIN's Disability and Special Indicator screens. Auditors did not observe any other documentation in these cases related to those disability indicators, such as RA requests, offers, or responses. In 2 CalFresh cases, the applicants/recipients identified ASL as their primary language, but documentation of auxiliary aids or services (i.e., requests, offers, or responses) was limited or absent. As noted, Auditors did not observe any use of the CalWIN accommodation indicator.

During CalWORKs Case Review, Auditors observed 4 cases in which the applicant/recipient was identified in CalWIN's Case Summary screen as being deaf or hard of hearing, with 1 case also documenting the applicant's/recipient's SSI and permanent disability status in CalWIN's Disability and Special Indicator screens. Other than 1 applicant/recipient identified in CalWIN Case Comments as stating that no one in

the home has a disability, Auditors did not observe any other documentation related to those disability indicators (i.e., RA requests, offers, or responses), nor did Auditors observe any use of the accommodation indicator.

Auditors do not assume that an absence of documented RA information means there are no RA needs. Rather, the above observations tend to suggest that even when staff are aware of a potential or actual disability, RAs are not consistently offered, and RAs are not consistently documented (i.e., RAs offered, accepted, declined, denied, and/or provided).

During IHSS Case Review, Auditors observed specific documentation of recipients' disabilities and related accommodation requests only regarding blindness, other vision disabilities, and related needs and services.

During CSOC Case Review, Auditors did not observe systematic or readily identifiable documentation of disabilities or RA requests. However, information regarding children and parents/guardians with disabilities, as well as information about services offered and provided to meet their disability-related needs, was observed in various case records. For example:

- A child was documented in CWS/CMS Case Contact Notes as having multiple severe physical disabilities, leading to placement with qualified caretakers. Another child was documented in Case Contact Notes as having severe mental health issues leading to placement in an appropriate treatment program.
- In 5 of the 14 cases reviewed, a parent's/guardian's disability was referenced in a Court report, Status Review Report, or Jurisdiction/Disposition Report. These included 2 parents with communication-related disabilities; a parent with a life-threatening illness; and 2 parents with mental health-related disabilities.
- Auditors observed documentation in a Jurisdiction/Disposition Report indicating that auxiliary services were provided to a parent with a communication-related disability. Auditors did not observe documentation to indicate whether auxiliary services were provided to the other parent with similar needs.
- The parent with a life-threatening illness requested and received certain planning modifications, as documented in the Court Report.
- CSOC provided a parent with mental health-related disabilities with services, as documented in the Status Review Report, and documented ongoing attempts in a Jurisdiction/Disposition report to respond to specific treatment requests from the other parent with mental health-related disabilities.

During SIU Case Review, Auditors did not observe any documentation of disabilities or RA requests or responses. SIU investigators report that certain programmatic factors give them a heightened alertness to the needs of individuals with disabilities (i.e., the importance of the SOI's statement; the fact that fraud is an intent crime; and high court standards for evidence). They further report that they would accommodate requests

from individuals with disabilities such as conducting an interview at an SOL's home rather than at the SIU office.

Auditors again note the County's obligation to ensure compliance with the specific requirements of Division 21 and applicable laws and regulations by the SIU. Individuals with disabilities are overrepresented in the population receiving social services, in part because there are programs designed specifically to serve individuals with disabilities. Without effective communication or RA policies and provisions in place, individuals with disabilities may also be overrepresented in cases referred to fraud due to challenges understanding and/or complying with program requirements, stemming directly from their disabilities. This underscores the importance of the County and SIU meeting their obligation to offer and document RAs and related services.

Corrective Action

Identification of disabilities: When the CWD has actual knowledge of an individual's disability, or when an individual's need for an accommodation is obvious, CWD staff shall offer to assist the individual in self-identifying the disability and/or appropriate disability-specific accommodations. See *Duvall v. County of Kitsap*, 260 F.3d 1124, 1139 (9th Cir. 2001) cited in [ACL 19-45](#). As part of the CAP, the County shall develop policy regarding the provision of services for individuals with disabilities to include the following:

- An expanded range of tools and/or guidelines for use by staff to identify an individual with a disability, such as developing a form that asks applicants/recipients about disabilities and related needs and/or establishing a practice whereby staff review program application/renewal questions about disabilities with all applicants/recipients
- Protocol for staff to assist an individual in self-identifying a disability and related needs when a disability is known or the need for accommodation is obvious. This might involve requiring staff to initiate inquiries about and/or offers of RA when certain indicators are present such as specific aid type(s) in electronic case records.
- To the extent programs have different practices and considerations related to the identification of disabilities, the policy shall contain program-specific guidance,
- Inform staff of the new policy/protocol, including via revised staff training on the topic (discussed in Section VII).

Documentation of a disability: The County shall ensure that an applicant's/recipient's case record identifies the applicant/recipient as disabled. The County shall document an applicant's/recipient's request for services in writing. Div. 21-116.3. The County must ensure that proper and consistent documentation identifying all the required elements to ensure compliance is present in an applicant's/recipient's case file. Div. 21-116. As part of the CAP direction to develop a policy regarding the provision of services for individuals with disabilities, the County shall:

- Develop protocol for staff to document individuals' disabilities and related needs in electronic case management systems in a manner that is accurate, internally consistent, and readily visible, including reviewing case management system functionality for under-utilized tools and options, such as the accommodation indicator in CalWIN.
- To the extent programs have different practices and considerations related to the documentation of disabilities, the policy shall contain program-specific guidance while also emphasizing the imperative to capture information about disabilities and RAs in a systematic and readily identifiable manner so that it can travel between the various County programs in which an individual may participate. This is true even for programs for which provision of individualized assistance and services to individuals with disabilities is a core function, such as IHSS and CSOC.
- The protocol shall be consistent with any applicable requirements regarding documentation of Reasonable Accommodation requests. See [ACL 19-45](#).
- Inform staff of the new protocol, including via revised staff training on the topic (discussed in Section VII).

Reasonable Accommodation Policy The County shall adopt a written policy that reflects the requirements set forth in ACL 19-45. As a part of the CAP, the County shall:

- Revise the existing Reasonable Accommodation policy to incorporate all areas addressed by ACL 19-45, including those listed above. To the extent programs have different practices, the policy shall contain program-specific guidance. The County is encouraged to consult the resources provided in Section VI of ACL 19-45 and may also contact CDSS for feedback and technical assistance.
- Submit a draft of the revised policy for CDSS' review.

Recommendations

Documentation of a Disability: The County should undertake regular quality control measures to ensure proper documentation of disability and reasonable accommodation.

Reasonable Accommodation Policy: Auditors recommend consolidating the new policy regarding the provision of services to individuals with disabilities with the revised Reasonable Accommodation Policy so that all information on assisting individuals with disabilities is located in a single written policy.

VII. STAFF DEVELOPMENT AND TRAINING

Counties are required to provide training on civil rights, cultural awareness, Section 504 of the Rehabilitation Act of 1973 (Section 504), and the ADA for all public contact employees, including familiarization with the CDSS discrimination complaint process and all other requirements of Division 21. The information should be conveyed at employee orientation, as well in continuing training programs.

Findings: Staff Training

Do employees receive continued Division 21 Training?

Mostly. With the exception of SIU personnel, staff receive civil rights training when they are hired and on an annual basis after that. Civil rights training is mandatory for staff and conducted online via Placer County's Learning Management software.

For the current Annual Plan year, all staff except SIU personnel completed the training. Completion requires passing an accompanying exam with a minimum score of 80%. Staff who do not pass the exam must complete the training again and retake the exam until they pass.

Notably, the SIU Unit investigators and related personnel, employees of the District Attorney's Office deployed to the County to serve in the SIU, do not receive this training. Auditors requested but did not receive confirmation from the County of whether SIU investigators receive other civil rights training. This is an area of significant concern and noncompliance. SIU investigators are subject to applicable state and federal civil rights laws and regulations including Division 21 under the terms of the Interoffice Services Agreement between the County and the District Attorney's Office. In addition, one of the SIU investigators also serves as a civil rights investigator (CRI) in the County's Civil Rights program, and in the event this CRI is unable to conduct an investigation (e.g., due to a leave of absence, conflict of interest, etc.), another SIU investigator would be called on to conduct the investigation. Moreover, program applicants/recipients with disabilities and who are NEP/LEP are uniquely vulnerable to overrepresentation in fraud cases due to challenges understanding and/or complying with program requirements stemming from their language- and/or disability-related needs. It is imperative that the County include SIU Unit investigators and other SIU public contact staff in its annual civil rights training.

Auditors reviewed the Annual Civil Rights Training itself, as well. Key areas of concern are identified under Corrective Action, below.

Does the County provide employees with Cultural Awareness Training?

Not all employees receive training, and training appears inconsistent across programs. Cultural awareness training is provided to employees by the County in partnership with UC Davis.

All surveyed IHSS Adult Program and CSOC social workers reported receiving cultural awareness training. In contrast, 64% of Eligibility Workers surveyed (most of whom work in the CalFresh and CalWORKs programs) report receiving this training, 12% report that they haven't received it, and 24% are "unsure" if they have or not. Only 33%

of lobby receptionists surveyed report receiving this training, while 67% report being “unsure.”

The CRC in place at the time of this Audit reported that he had not yet received this training.

Are the employees knowledgeable about predominant cultural groups receiving services in their area?

Yes. Almost all surveyed staff (96%) are somewhat familiar, very familiar, or extremely familiar with the predominant cultural groups receiving services in the area.

Have the Children’s Social Workers (CSW) received training on the Multi-Ethnic Placement Act (MEPA)?

Yes, but not consistently. Based on self-reported responses, 50% report receiving MEPA training, 33% report not having received it, and 17% report being unsure of whether received it.

Are employees trained in Section 504, ADA requirements, and disability awareness?

Not all employees receive training, and training appears inconsistent across programs. The CRC, who also serves as the ADA Coordinator for the County, reports that employees receive training on these topics as part of the annual civil rights training.

The Annual Civil Rights Training PowerPoint provided by the County includes information about the ADA as well as tips on interacting with individuals with a few specific types of disabilities. Based on staff survey results, 100% of IHSS Adult Program staff and a majority of other staff members (85%) report they received this training. However, a sizable minority of non-IHSS staff members (14%) report that they have not received this training, while 1% report that they are unsure whether they received it.

IHSS staff also report receiving training on disability-related issues through the IHSS Learning Academy, which likely serves to reinforce concepts and awareness in this area.

Does the County provide training on identifying applicants/recipients with disabilities?

Not all employees receive training, and training appears inconsistent across programs. Based on a review of the County’s Annual Civil Rights Training PowerPoint as well as its Reasonable Accommodation Policy, Auditors found that the County does not provide adequate training on identifying applicants/recipients with disabilities. As noted above, the Annual Civil Rights Training provides narrow guidance, in that it offers only limited instruction on the use of ALL1388 for applicants/recipients to self-declare communication-related needs and disabilities as well as tips on how to assist individuals

who use mobility aids, have service animals, or who have visual- or hearing-related disabilities.

Do employees receive training on reasonable accommodation for applicant's/recipient's with disabilities?

Not all employees receive training, and training appears inconsistent across programs. Eighty-five (85%) of surveyed staff responded that they have received training on providing reasonable accommodation to applicants/recipients with disabilities. The remaining 15% report that they have not received training or are unsure if they have. The County does not provide standalone or specific training on reasonable accommodations; this topic is incorporated into the Annual Civil Rights Training.

Auditors find that training in this area needs improvement for the reasons addressed above, because other findings support that the County is not consistently accommodating individuals with disabilities (see Section VI), and because there is not a comprehensive Reasonable Accommodation Policy used to train and support staff.

Do the employees understand the County's obligation to provide reasonable accommodation to applicants/recipients with disabilities?

Not consistently among staff. Though 85% of staff report receiving training on reasonable accommodation, Auditors did not observe consistent compliance with the obligation to offer or provide reasonable accommodation (see above and Section VI).

Corrective Action

Division 21, Civil Rights Training: The County shall ensure that employees receive Division 21 civil rights training at the time of orientation, as well as ongoing training to ensure that public contact staff has knowledge of Division 21, including familiarization with the discrimination complaint process. Div. 21-117.1. As part of the CAP, the County shall:

- Revise its Annual Civil Rights Training to address concerns and deficiencies identified in this Report. Key areas for revision include:
 - Provide a complete, correct, comprehensive explanation of protected categories under state and federal law;
 - Provide California's legal definition of a "qualified individual with a disability" as well as additional information, clarification and examples to effectively convey the scope and meaning of that term;
 - Provide information and guidance on identifying individuals with disabilities and assisting applicants/recipients to self-identify disabilities;
 - Provide a clear, comprehensive explanation of required procedures for making, receiving, documenting, and responding to reasonable accommodation requests;
 - Revise information on use of County forms for clarity and accuracy;

- Provide detailed information and guidance on the County's discrimination complaint policy and procedure, including training for staff on how to receive complaints and assist applicants/recipients with filing complaints.
- Include SIU Unit investigators and other public contact staff in mandated annual training. Div. 21-117.1; 21-104(p)(1)
- The County may contact CDSS for feedback and technical assistance.

Cultural Awareness Training: The County shall ensure that all public contact employees receive cultural awareness training to ensure that public contact staff have an understanding of, and sensitivity to, various cultural groups including individuals with disabilities, to ensure equal delivery of services in the County's population. Div. 21-117.2. As part of the CAP, the County shall:

- Review the process by which Cultural Awareness training is provided to public contact staff across all departments and programs to identify gaps in training delivery; and
- Submit a plan to close all identified gaps and ensure that training is provided to all public contact staff.

MEPA Training: The County shall ensure that CSW's receive MEPA training to ensure that public contact staff have knowledge of, and properly apply, placement prohibitions contained in MEPA. 42 U.S.C. 672, 674, and 1996(b). As part of the CAP, the County shall:

- Review the process by which MEPA training is provided to CSWs to identify gaps in training delivery; and
- Submit a plan to close all identified gaps to ensure that training is provided to all CSWs.

Reasonable Accommodation Training: The County shall train public contact staff, program managers, and supervisors upon hire and, at a minimum, annually thereafter, on the CWD's policies for ensuring compliance with disability nondiscrimination laws and on providing reasonable accommodations for people with disabilities. ACL 19-45, Section I. As part of the CAP, the County shall submit a plan to train staff on the revised Reasonable Accommodation Policy (see Section VI) after the Policy is approved by CDSS.

VIII. DISCRIMINATION COMPLAINT PROCEDURES

Counties are required to maintain a process for addressing all discrimination complaints. Counties must track discrimination complaints by using a control log in which all relevant information is kept, including when the complaint was received, the complainant's name, programs implicated, the basis of discrimination, and complaint resolution.

Findings: Discrimination Complaint Process

Can employees easily identify discrimination complaints?

Surveyed staff were mostly able to identify discrimination complaints. Surveyed staff were presented with 4 theoretical complaints and asked to indicate which are examples of civil rights complaints. Language of the four sample complaints can be found in Appendix II.

- Complaint 1: Example of a discrimination complaint; selected by 87% of surveyed staff
- Complaint 2: Not an example of a discrimination complaint; selected by 13% of surveyed staff
- Complaint 3: Example of a discrimination complaint; selected by 80% of surveyed staff
- Complaint 4: Example of a discrimination complaint; selected by 70% of surveyed staff

Staff must be able to identify discrimination complaints so they know when to assist an applicant/recipient to file a discrimination complaint. Auditors note that overinclusion is preferable to being overly narrow because failing to identify civil rights complaints may further impact an applicant's/recipient's ability to equal access of benefits and services and has the effect of the County remaining unaware of civil rights issues.

Audits share the following reflections based on the staff responses:

- Staff may not consistently understand that a protected basis is a necessary element of a discrimination complaint (13% of staff misidentified Complaint 2 as a discrimination complaint)
- Staff may also not consistently understand that a mental health condition such as bipolar disorder can constitute a disability that entitles an individual with that condition to civil rights protections and/or that parents in Child Welfare Services cases are also entitled to all applicable civil rights protections (70% of staff recognized Complaint 4 as a discrimination complaint)

Do employees understand the County policy regarding an applicant's/recipient's rights, and the procedure to follow when receiving a discrimination complaint?

Yes, although the policy needs improvement. The Annual Civil Rights Training instructs staff that their only role in the discrimination complaint process is to direct applicants/recipients who wish to file a complaint to submit it to the CRC themselves. The training provides very limited information about the complaint process overall and states in particular that the three ways an individual may file a complaint are to call the CRC, send a written complaint to the CRC, or complete the GEN 1179 CDSS Civil Rights Complaint form and "route [it] to" the CRC.

This training lacks operational direction and detail, particularly about how staff should respond to, and, if necessary, assist an individual who wishes to file a discrimination complaint or who expresses a discrimination complaint without clearly identifying it as such. While applicants/recipients have the right to file a complaint themselves, requiring them to do so without support from staff is contrary to existing civil rights obligations and risks placing frustrating, time consuming, and potentially insurmountable obstacles in applicants'/recipients' path.

Staff survey results also support these findings. When surveying staff about civil rights complaints:

- 13% would receive the complaint themselves, and 67% would receive it and refer it to someone other than the CRC (such as a supervisor, "leadership," or "Fair Hearings").
- 35% would refer the complainant to the CRC without providing a complaint form or taking down a verbal complaint from the applicant/recipient.
- 35% would notify their supervisor or "leadership" of the complaint, but not the CRC. Of those, several staff stated they would contact their supervisor in order to find out what to do.
- In addition to staff who indicated they would ask their supervisors what to do, at least one staff member in every surveyed job category gave a response that was incorrect or otherwise indicated confusion about the process. (E.g., "I have never had a ...customer express a civil rights complaint"; "Follow protocol"; "I'd say I'll look into it and I'll get back to them, [t]hen I go find out what the procedure is and what to do"; "Explain that they can file for a fair hearing.")

In addition, the Annual Civil Rights Training provides that a complaint is "reviewed to determine if it is based on any protected class," and if not, the complainant "is referred to the appropriate authority for further assistance." While it is important to determine whether a complaint identifies a protected class, there are other actions that must be taken to assess appropriate complaint handling, as well. For example, there are additional elements required of a discrimination complaint that must be reviewed. Also, complaints may not initially clearly identify or articulate a protected basis (e.g., a complainant says they are being discriminated against based on "language", not the specific basis "national origin"), requiring the CRC or other County staff to contact a complainant for clarification.

Can employees locate the civil rights poster, PUB 86, with information as to how and where a discrimination complaint may be filed?

Not consistently. Only 46% of surveyed staff demonstrated awareness that the PUB 86 is posted in County office reception areas.

Is the complaint log complete and up to date?

The current log is complete and up to date. The County reports that it did not receive complaints between January 2020 and March 2021.

Auditors reviewed the County complaint log covering July 2018 through June 2019 to provide general feedback and identified the following concerns:

- Incorrect information was used in some cases to identify the program(s) involved. (For example, the County division name (Adult System of Care) was included in one instance rather than the name of the relevant program (IHSS).) Accurate, specific program information is needed to determine if jurisdiction exists to receive a complaint as well as to conduct an appropriate investigation.
- Incorrect information was included to identify the protected basis or bases for some complaints. (For example, “property ownership” was identified as a protected basis in one instance.) Determining whether a legally protected basis exists is required to determine jurisdiction, and identifying that basis or bases accurately is also essential to conducting an appropriate investigation.

Does the County have a written policy explaining how it will process discrimination complaints? Is the County handling discrimination complaints appropriately?

Yes; however, the policy is insufficient because it does not clearly guide complaint-handling.

According to the Annual Plan, the County identifies the provisions of Division 21, section 21-203 as the procedure for handling discrimination complaints. Division 21 sets forth minimum procedural requirements with which the County must comply, but it does not account for individual County business practices (including interactions with other County policies), staffing structure, specific needs of the County’s service communities, or other operational detail to be consistently implemented by staff.

This lack of operational detail, in addition to the other findings identified in this section, raise concerns about the County’s implementation of complaint handling requirements.

Corrective Action

Complaint Processing Procedure: The County shall ensure policies addressing discrimination complaint handling are clear, consistent, and comport to the required complaint processing obligations. Div. 21-203. As part of the CAP, the County shall:

- Develop a detailed and comprehensive complaint processing protocol. Key topics shall include:
 - Procedures for complaint intake, whether by mail, email, telephone, or in person. This procedure should provide guidance to staff on assisting

- applicants/recipients with complaint filing and routing discrimination complaints to the CRC.
 - Procedures for initial complaint evaluation by the CRC, to determine if it meets jurisdictional threshold requirements
 - Procedures for providing referrals for non-jurisdictional and non-discrimination complaints
 - Procedures for maintaining and updating the Complaint Log
 - Procedures for complaint investigation and report writing
- Submit draft of protocol for CDSS review. The County may also contact CDSS for feedback and technical assistance.

Employee Awareness of Discrimination Complaint Process: The County shall ensure staff can accurately identify a discrimination complaint. The County shall ensure staff have knowledge of the discrimination complaint process and their role in assisting applicants/participants to file civil rights complaints. The County shall ensure staff are able to differentiate it from other complaint processes. Div. 21-117 and Div. 21-203. As part of the CAP, once the County's discrimination complaint protocol is approved by CDSS, the County shall:

- Inform staff of the new policy/procedure, including via revised staff training on the topic (discussed in Section VII).
- The revised training should also reinforce staff knowledge about where the PUB 86 is posted in office facilities and what information it contains.
- The County may contact CDSS for feedback and technical assistance.

Complaint Log: The County shall keep a control log in which all complaints of discrimination are entered by year and date the complaint was received. The County shall ensure that all required information is entered for each complaint. Div. 21-203. 21. As part of the CAP, the County shall create a list of definitions explaining how the County will use each column in the Log. This Log should use the definitions provided for Resolution and Decision in Div. 21-203.217-.218. Definitions may be included in the above-described Discrimination Complaint Processing Procedure or maintained as an attachment/tab with the Complaint Log.

Recommendations

CDSS Resources and Training: CDSS strongly recommends that the County utilize relevant CDSS resources and CRC training, particularly in light of the County's recent transition to a new CRC. In addition to the array of ACLs and ACINs on discrimination complaint-related issues and other pertinent topics available on the CDSS website, the PowerPoint material from the CRU's December 2020 Civil Rights Coordinator Introductory Training is a valuable information source.

IX. VENDOR CONTRACTS

Counties are required to ensure contracted services with contractors, vendors, consultants, and other providers of service who receive state or federal assistance (referred to as “Vendors”) provide a statement of assurance. Agreements must also state that the entity involved will compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines.

Findings: Contract Review

Auditors reviewed ten vendor contracts. Auditors found that all ten contracts contained the same nondiscrimination language within the agreements. All ten contracts contained both a nondiscrimination clause at Provision 24 as well as an assurance (i.e., an agreement to administer services and benefits in a nondiscriminatory way) as an exhibit to the contract. The assurance in all ten contracts stated that the Vendor will compile data, maintain records, and submit reports to permit effective enforcement of all applicable nondiscrimination laws.

Corrective Action

None.

X. COMMUNITY INPUT

Feedback was sought from community and advocate groups regarding County services. The following summarizes their observations and identifies issues that the County may address to improve their civil rights program.

Observations

Cash Assistance Program for Immigrants (CAPI): In addition to raising concerns about the lack CAPI information on the County’s website (which the County has since addressed), advocates voiced concern about CAPI applicants being directed by County staff to apply for the program with the Sacramento Department of Human Assistance (DHA). This is a concern because under the existing Memorandum of Understanding (MOU) identifying the County as a CAPI Consortium member, members have an ongoing obligation to receive applications for the program.

SIU/Fraud Unit: Advocates expressed concern about the use of interpreters during SIU interviews with NEP/LEP applicants/recipients.

Staff Training: According to advocates, applicants/recipients frequently raise concerns about County staff who do not appear knowledgeable about providing language

services for NEP/LEP individuals or about providing aids, services, and accommodations for individuals with disabilities.

Opportunities for improvement based on Community Feedback

CDSS notes that the above-described concerns raised by advocates are consistent with some of the issues noted by Auditors during this Review.

Promising Practices

Knowledgeable and responsive leadership: Advocates report that they often have productive contact with County leadership (i.e., deputy directors). CDSS commends County leadership for its actions and approach in this regard and notes that by implementing the corrective action steps in this Report, the County can build on this promising practice by empowering staff to better serve applicants/recipients.

XI. CIVIL RIGHTS COMPLIANCE PLAN REVIEW AND APPROVAL

The Placer County Health and Human Services Civil Rights Compliance Plan for the period May 1, 2021 through April 30, 2022 was received on March 5, 2021. Thank you for submitting your agency's Civil Rights Compliance Plan. Before approving the Civil Rights Compliance Plan, we request the following augmentations:

- Revise the Annual Plan to respond to the issues noted in this Report including:
 - **Section 3 (“Community Profile”):** The County’s Annual Plan does not describe any unusual or significant county or community circumstances that adversely affect, or may affect, the effective delivery of services, or policies and procedures to remedy this. As explained in [ACIN 1-69-20](#), Counties must continue to meet their civil rights obligations even in emergency situations. Revise this section to describe any adverse effect(s) that COVID-19 and the threat of wildfire each have (or may have) on the delivery of services to applicants/recipients, as well as the County’s policies and procedures to remedy this.
 - **Section 7 (“County Services Provided by Contractors, Subcontractors, and Vendors”):** The County’s procedure for ensuring and monitoring vendor compliance with nondiscrimination laws and regulations lacks operational detail. Revise this section and corresponding Attachments 12, 13, and 14 to clarify applicable procedures and requirements, and submit a draft of the revised procedure and attachments for CDSS’ review.
 - **Section 8 (“Primary Language Data Statistics, Staffing, and Hiring Goals”):** The County provides only programmatic threshold language

data, stating: “there is no longer the need to break down the languages by office” due to the agency’s transition from case carrying maintenance to a Service Center Task-Based environment.

Division 21 states broadly that threshold language should be considered by both location *and* program. Div. 21-104(s)(2). This means that an office’s threshold languages consist of threshold languages for that site *and* for programs administered at that site. Office locations that have not identified location-specific threshold languages can meet this requirement by applying all programmatic threshold languages for covered programs to their site.

The County must implement one of these approaches to accurately identify threshold languages by program and location. In identifying programmatic threshold languages, the County must:

- recognize Spanish as threshold for CalWORKs;
- obtain disaggregated CAPI data from CAPI Consortium lead agency Sacramento DHA and include Placer County-specific CAPI primary language data in its analysis;
- Confirm whether data in the “FC” column of the Primary Language Table includes CWS data and incorporate CWS primary language data if it does not;
- Include IHSS primary language data.

Once threshold languages are identified by program and location, the County shall develop a revised explanation of the requirements and compliance in this section of the Plan and recalculate the following:

- required number of bilingual public contact positions for all major occupational groups⁶ for all its programs and locations;
- hiring needs/goals to meet those required numbers; and
- a plan and timetable for meeting any identified hiring needs/goals

- **Section 11 (“Staff Development and Training”) and Attachment 8, Annual Civil Rights Training:** Revise the PowerPoint training as indicated in Section VII and elsewhere in this Report.

- Revise all instances of the use of the term “Asian” to encompass many different languages. The County may have intended to refer to “Asian languages” as a group but this is unclear and is not sufficiently specific to ensure compliance.

⁶ Note that the bilingual staffing requirements apply to all public contact positions for all major occupational groups, whereas the County’s implementation of a Service Center task-based environment appears to involve Eligibility Workers only.

- Revise instances of gender-binary language with gender-inclusive language (i.e., replacing “he/she” with “they/them”).
- Include all new and revised civil rights-related policies, procedures and protocols identified in this Report. Where indicated, submit drafts of such policies, procedures and protocols to CDSS for review as directed in this Report.

Recommendations

Although Russian does not meet threshold language criteria for any program thus far presented in the County’s Annual Plan, it comes very close (4.5%) in the Welfare-to-Work program. CDSS notes with approval that the County clearly recognizes the prevalence of its applicants/recipients who speak Russian as a primary language, in that it already provides a range of forms and services in Russian. CDSS recommends that the County closely monitor the percentage of its Russian-speaking population in its Welfare-to-Work and other programs and provide services accordingly should that population reach threshold level (5 percent or more).

Please submit an updated Civil Rights Compliance Plan incorporating these items with your CAP for this Review. The County may contact CDSS for feedback and technical assistance.

XII. CONCLUSION

The CDSS Reviewers found the Placer County Health and Human Services Department staff welcoming, informative, supportive, and receptive to new information and feedback. Particular thanks to former Civil Rights Coordinator Raymond Kiernan, current Civil Rights Coordinator Tameca Dodd, and Human Services Division Assistant Director Greg Geisler for organizing the details of the Review, as well as to the members of the Facilities Assessment team who oversaw and assisted in the facility reviews. In each program area, staff were helpful with the facility reviews, case reviews, and computer assistance. County staff, including management, reflected a mission-driven commitment to ensuring access, assistance, and compliance.

The CDSS Reviewers found substantial compliance concerns. The Placer County Health and Human Services Department must remedy deficiencies identified in this report by taking corrective actions. A CAP must be received by CDSS within 60 days of the date of the cover letter to this report; and the plan must include a schedule of all actions to be taken to correct the deficiencies, and an indication of who will be responsible for implementing the corrective action.

It is CDSS’ intent that this report be used to create a positive interaction between the County and CDSS to identify and correct compliance violations and to provide the County with an opportunity to implement corrective action to achieve compliance with

Division 21 regulations. Civil Rights Unit staff is available to provide technical assistance as requested.

APPENDIX 1: DOCUMENTATION OF APPLICANT/RECIPIENT CASE RECORDS

Counties must ensure that case records clearly reflect applicants' and recipients' ethnic origin, primary language, the method used to provide bilingual services, information identifying an applicant or recipient as disabled, and requests for reasonable modifications, auxiliary aids, and services.

The following section summarizes CDSS' observations after reviewing the County's case files across CDSS-funded programs.

Reviewed Case Files

Auditors reviewed sample case files in CDSS-covered programs to ensure the County is meeting documentation obligations.

Non-Assistance CalFresh: Auditors reviewed 7 total cases, including 4 NEP/LEP cases and 6 cases with a documented disability and/or reasonable accommodation request in CalWIN, the electronic case system.

Children's System of Care (Child Welfare Services/Foster Care): Auditors reviewed 14 total cases, including 6 NEP/LEP cases and 7 cases with a documented disability and/or reasonable accommodation request in CWS/CMS, the electronic case system.

In-Home Supportive Services: Auditors reviewed 9 total cases, including 6 NEP/LEP cases and 6 cases with a documented disability and/or reasonable accommodation request in CMIPS, the electronic case system.

CalWORKs: Auditors reviewed 9 total cases, including 8 NEP/LEP cases and 4 cases with a documented disability and/or reasonable accommodation request in CalWIN, the electronic case system.

SIU/Fraud: Auditors reviewed 8 cases in Fraud Tracker, the electronic case system. For 4 of these cases (3 CalFresh; 1 CalWORKs), the corresponding program case file had documentation of the applicant's/recipient's disability. For 5 of these cases (all CalWORKs), the corresponding program case file documented the applicant/recipient as NEP/LEP.

Findings: CalFresh and CalWORKs Case Review

Ethnic Origin: Ethnic origin is documented on the Case Demographics screen in CalWIN.

Primary Language: Primary language is identified on applications, renewals, and the Language Preference & Auxiliary Aid Identification form (ALL 1388). Information is documented on the Case Demographics and Case Summary screens in CalWIN.

County-Provided Interpretive Services: Interpretive services provided by the County are documented in case comments in CalWIN.

Applicant/Recipient-Provided Interpreter: Interpretive services provided by the applicants'/recipients' own interpreter are documented on the Notice of Understanding Use of Self-Provided Interpreter form (ALL 1387) which also serves as the release of information form. There may also be documentation in case comments in CalWIN.

That applicant/recipient was informed of potential problem using own interpreter: It is documented on the Notice of Understanding Use of Self-Provided Interpreter form (ALL 1387) that the applicant/recipient was informed of the risks of using their own interpreter.

Release of information to interpreter: The Notice of Understanding Use of Self-Provided Interpreter form (ALL 1387) contains the release of information to the interpreter.

Translation of Written Material: Written materials sent to applicant/recipient are available in the Case Correspondence screen in CalWIN.

Use of Minor as Temporary Interpreter: Auditors did not review cases where minors were used as interpreters.

Disability: Applicant/recipient disabilities are documented on the Disability/Medical Condition and Special Indicator screens in CalWIN. CalWIN has a Special Accommodation "flag," which should also be used.

Reasonable Accommodation: Auditors did not review cases with documentation that reasonable accommodations were offered or requested.

Findings: In-Home Supportive Services Case Review

Ethnic Origin: Ethnic origin is documented on the Person Home screen in CMIPS.

Primary Language: Primary language is identified on applications, assessments and reassessments, and the Language Preference & Auxiliary Aid Identification form (ALL 1388). Information is documented on the Person Home screen in CMIPS.

County-Provided Interpretive Services: Interpretive services provided by the County are documented in the Assessment or Reassessment Narrative in CMIPS.

Applicant/Recipient-Provided Interpreter: Interpretive services provided by the applicants'/recipients' own interpreter are documented on the Notice of Understanding Use of Self-Provided Interpreter form (ALL 1387) which also serves as the release of information form. There may also be documentation in the Assessment or Reassessment Narrative in CMIPS.

That applicant/recipient was informed of potential problem using own interpreter: It is documented on the Notice of Understanding Use of Self-Provided Interpreter form (ALL 1387) that the applicant/recipient was informed of the risks of using their own interpreter.

Release of information to interpreter: The Notice of Understanding Use of Self-Provided Interpreter form (ALL 1387) contains the release of information to the interpreter.

Translation of Written Material: Written materials sent to applicant/recipient are available in the Correspondence screen in CMIPS.

Use of Minor as Temporary Interpreter: Auditors did not review cases where minors were used as interpreters.

Disability: Applicant/recipient disabilities are documented on the Blind or Visually Impaired (BVI) screen in CMIPS. In some cases, specific information may also be documented in the Assessment or Reassessment Narrative.

Reasonable Accommodation: Reasonable accommodation requests are documented on the Blind or Visually Impaired (BVI) screen in CMIPS. In some cases, specific information may also be documented in the Assessment or Reassessment Narrative.

Findings: Children's System of Care Case Review

Ethnic Origin: Ethnic origin is documented on the ID screen in the Client Notebook in CWS/CMS.

Primary Language: Primary language is documented on the ID screen in the Client Notebook in CWS/CMS.

County-Provided Interpretive Services: Interpretive services provided by the County are documented in Contact Notes in CWS/CMS.

Applicant/Recipient-Provided Interpreter: Auditors did not review cases where an applicant/recipient-provided interpreter was used. Applicant/recipient-provided interpreters are typically not used in CSOC cases.

That applicant/recipient was informed of potential problem using own interpreter: Auditors did not review cases where applicants/recipients used their own interpreters.

Release of information to interpreter: Auditors did not review cases where a release of information to the interpreter was used.

Translation of Written Material: Auditors did not review cases where translation of written material was provided. Courts require that all court-related documents and communication be provided in English so the contents can be verified.

Use of Minor as Temporary Interpreter: Auditors did not review cases where minors were used as interpreters. Minors are typically not used as interpreters in CSOC cases.

Disability: Auditors did not observe a standardized policy for documenting applicant/recipient disabilities. Information about applicant/recipient disabilities may be documented in court reports and/or in Contact Notes in CWS/CMS.

Reasonable Accommodation: Auditors did not observe a standardized policy for documenting specific reasonable accommodation requests. Information about applicants'/recipients' reasonable accommodation needs and services may be documented in court reports and/or in Contact Notes in CWS/CMS.

Findings: SIU/Fraud Case Review

Ethnic Origin: Auditors did not observe a standardized policy for documenting ethnic origin. Ethnic origin may be documented in a referral by the referring program staff member, but it is not required. If documented in a referral, that information will be transferred to Fraud Tracker. It is not otherwise documented in Fraud Tracker.

Primary Language: Auditors did not observe a standardized policy for documenting primary language. Primary language may be documented in a referral by the referring program staff member, but it is not required. If documented in a referral, that information will be transferred to Fraud Tracker. Information about primary language may be documented in Notes in Fraud Tracker if a SIU/Fraud investigator makes contact with the applicant/recipient. If a case is investigated, primary language may be documented in the Investigation Report Narrative.

County-Provided Interpretive Services: Auditors did not observe a standardized policy for documenting interpretive services provided by the County. Information about interpretive services provided by the County may be documented in Notes in Fraud Tracker if a SIU/Fraud investigator makes contact with the applicant/recipient. If a case is investigated, information about interpretive services provided by the County may be documented in the Investigation Report Narrative.

Applicant/Recipient-Provided Interpreter: Auditors did not review cases where an applicant/recipient-provided interpreter was used.

That applicant/recipient was informed of potential problem using own interpreter: Auditors did not review cases where applicants/recipients used their own interpreters.

Release of information to interpreter: Auditors did not review cases where a release of information to the interpreter was used.

Translation of Written Material: Auditors did not observe a standardized policy for documenting translation of written material or review cases where translation of written material was documented in Fraud Tracker.

Use of Minor as Temporary Interpreter: Auditors did not review cases where minors were used as interpreters.

Disability: Auditors did not observe a standardized policy for documenting applicant/recipient disabilities or review cases where disabilities were documented in Fraud Tracker. Applicant/recipient disabilities may be documented in a referral by the referring program staff member, but it is not required. If documented in a referral, that information will be transferred to Fraud Tracker. Information about applicant/recipient disabilities may be documented in Notes in Fraud Tracker if a SIU/Fraud investigator makes contact with the applicant/recipient. If a case is investigated, applicant/recipient disabilities may be documented in the Investigation Report Narrative.

Reasonable Accommodation: Auditors did not observe a standardized policy for documenting reasonable accommodation requests or review cases where reasonable accommodation requests were documented in Fraud Tracker.

APPENDIX 2: SELECTION FROM STAFF SURVEY

Section VIII addresses the discrimination complaint process. Surveyed staff were able to identify discrimination complaints most of the time. Surveyed staff were presented with four theoretical complaints and asked to indicate which were examples of civil rights complaints. The language of those complaints is presented here.

- Complaint 1: I received a letter saying my benefits were cut off but I need that money for my kids. How can I get my benefits back? I bet this is because in this office they don't like people who have my skin color. I always see workers being rude to people who look like me.
 - Example of a discrimination complaint
 - Recognized as a discrimination complaint by 87% of surveyed staff
- Complaint 2: My benefits were reduced. This isn't right. I deserve that help. I followed all the rules. I'd like to make a complaint.
 - Not an example of a discrimination complaint;
 - Misidentified as a discrimination complaint by 13% of surveyed staff
- Complaint 3: My aunt is confused about her eligibility. She had trouble understanding the customer service center representatives on the phone. She told me she spoke in English, but she actually prefers to speak Korean because she understands it better. I can help her with her paperwork if you just tell me what she needs to turn in.
 - Example of a discrimination complaint
 - Recognized as a discrimination complaint by 80% of surveyed staff
- Complaint 4: My kids were taken away by the County because I'm bipolar. It isn't fair to take my kids just because I have a disability. Disabled parents have rights too. I need help.
 - Example of a discrimination complaint
 - Recognized as a discrimination complaint by 70% of surveyed staff