



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



EDMUND G. BROWN JR.  
GOVERNOR

July 12, 2012

Ms. Kelly L. Woodard, Director  
Madera County Department of Human Services  
700 E. Yosemite Avenue  
Madera, CA 93638

Dear Ms. Woodard:

This letter is to advise you that the Corrective Action Plan dated July 8, 2011, in response to the results of our 2011 Civil Rights Compliance Review is provisionally approved contingent upon completion of several action items listed in the plan. Please notify our office if the items have been completed. We apologize for the late approval.

We will be monitoring the implementation of your corrective action items through your Civil Rights Coordinator.

If you have any questions, please contact Claudia Cabrera at (916) 654-2107. You may also contact us by e-mail at [crb@dss.ca.gov](mailto:crb@dss.ca.gov).

Sincerely,

JIM TASHIMA, Chief  
Civil Rights Bureau  
Human Rights and Community Services Division

c: Ms. Monica Jantzen, Civil Rights Coordinator

Linda Patterson, Branch Chief  
CDSS CalFresh Program

Mike Papin, Chief  
CalFresh Policy Bureau

Marlene Fleming, Chief  
Field Operations Bureau

Brian Tam, Chief  
CalFresh Management Operations Section

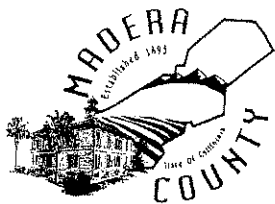
Paul Gardes  
CalFresh Policy Bureau

Thuan Nguyen  
Refugee Programs Bureau

Joe Torres, Office of Civil Rights  
USDA Food and Nutrition Services  
Supplemental Nutrition Assistance Program (SNAP)  
Western Region

Hope Rios,  
USDA Food and Nutrition Services  
Supplemental Nutrition Assistance Program (SNAP)  
Western Region

Jodie Berger, Regional Counsel  
Legal Services of Northern California



# DEPARTMENT OF SOCIAL SERVICES COUNTY OF MADERA

700 E. YOSEMITE AVENUE / MADERA, CALIFORNIA 93638

P. O. BOX 569

(559) 675-7841 PHONE / (559) 675-7603 FAX

JUL 12 2011

KELLY L. WOODARD, Director

*An Affirmative Action/Equal Opportunity Employer*

July 8, 2011

Jim Tashima, Acting Chief  
California Department of Social Services, Civil Rights Bureau  
Human Rights and Community Services Division  
744 P Street, M.S. 8-16-70  
Sacramento CA 95814

Dear Mr. Tashima:

During the Civil Rights Compliance Review of January 19-20, 2011 specific compliance issues were identified. The corrective action plan for each deficiency, including the steps and time lines for completion of all the recommendations are as follows:

### III. DISSEMINATION OF INFORMATION

#### Findings

1. Madera County Department of Social Services (MCDSS) shall ensure that the current version of the PUB 13 is available in all languages translated by CDSS and that the available translated versions are given to the clients in their primary language. DIV 21-115.2.
2. MCDSS shall ensure that the most recent versions of the "Your Rights under California Welfare Programs" (PUB 13 03/07), "Everyone is Different, but Equal Under the Law" (PUB 86 03/07) and "And Justice for All" USDA Poster (AD 475B 12/99) are prominently displayed in all waiting and reception rooms.

#### Corrective Action

1. Attached is MCDSS Generic Procedure 03/00, revised February 17, 2005 (Attachment "A"), advising staff that translated version of the PUB 13 pamphlets for non-English/non-Spanish speaking applicants/recipients are available and are located in the reception area of all Madera County Department of Social Services locations. Staff was also advised that these versions could be brought up on-line. A printed copy of PUB 13 pamphlets for all eighteen (18) languages will be displayed at all reception areas.

2. MCDSS has posted the correct versions of the "Your Rights under California Welfare Programs" (PUB 13 03/07 or 03/10) and "Everyone is Different, but Treated Equal Under the Law" (Pub 86- 03/07) "And Justice for All" (AD 475B 12/99) prominently in all waiting areas.

#### **IV. FACILITY ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES**

##### **Location #1**

**125 S. Second Street Chowchilla, CA**

##### **Findings**

##### **Parking**

1. None

##### **Main Exterior Entrance**

2. There is no accessible signage at the entrance to the building

##### **Restrooms**

3. The unisex restroom: Soap dispenser is too high at 46"

##### **Corrective Action**

##### **Parking**

1. None

##### **Main Entrance**

2. A work order was placed on 7/08/2011 to County Maintenance Department to install the International Symbol of Accessibility (ISA) at every primary entrance and every major junction indicating the direction along or to accessible features.

##### **Restrooms**

3. A work order was placed on 7/08/2011 to County Maintenance Department to adjust the height of the soap dispenser lower not to exceed a maximum height of 40". (CA T24 11158.8.3, ADA 4.23.7) P 294

**Location #2 Address 629 E. Yosemite, Madera, CA**

##### **Findings**

##### **Parking**

1. There are three accessible parking stalls available, all are completely faded and not clearly visible.
2. There is no additional signage below the symbol sign.

3. The van-accessible access aisle is short at 7'7".
4. The signage on the pavement clearly depicting a wheelchair with occupant is faded and needs to be re-painted.
5. The words "No Parking" need to be painted on pavement in access aisles. Note: it is recommended that the accessible path of travel have the words "No Parking" painted inside

### **Exterior Entrance**

6. First set of doors leading to the main entrance:
  - a. Left door is excessive at 6lbs.
  - b. Right door is excessive at 9lbs.
7. Second set of doors leading to the office:
  - a. Left door is excessive at 101bs.
  - b. Right door is excessive at 8lbs. maximum. (CA T24 11338.2.5, ADA 4.13.11(2)(a) & (b)) P 201

### **Client Interview Room**

8. Client interview room located in the lobby is not accessible. There is no wheelchair turning space.

### **Restrooms**

9. Men's Restroom
  - a. The signage on the door is not the correct sign.
  - b. Toilet protector is high at 43".
  - c. Accessible toilet is low at 16"
  - d. Toilet tissue dispenser is located far from the front edge of toilet seat at 16".
  - e. Urinal had a sign that read "Do not Use" and was not accessible as it was out of order.
10. Women's Restroom
  - a. The signage on the door is not the correct sign.
  - b. Soap dispenser is high at 42".
  - c. Toilet protector sheets are high at 42".
  - d. Accessible toilet is low at 16".

### **Corrective Action**

#### **Parking**

1. A work order was placed on 7/08/2011 to County Maintenance Department to paint the surface of each accessible parking stall or space to have a surface identification by outlining a profile view or a wheelchair with occupant in white on blue background. The profile view shall be located so that it is visible to a traffic enforcement officer when a vehicle is properly parked in the space and shall be 36" by 36". (CA T24 1129B.4.1 &2) p. 133.

2. A work order was placed on 7/08/2011 to County Maintenance Department to install an additional sign below the symbol sign that states "Minimum Fine \$250.00" CA T24 1129B.4.1) p. 133
3. A work order was placed on 7/08/2011 to County Maintenance Department to repaint the van-accessible access aisle to be a minimum of 18' long by 8' wide for serving van accessible spaces (CA T24 1129B.3.1) (ADA 4.6.3)
4. A work order was placed on 7/08/2011 to County Maintenance Department to paint the surface of each accessible parking stall or space to have a surface identification by outlining a profile view or a wheelchair with occupant in white on blue background. The profile view shall be located so that it is visible to a traffic enforcement officer when a vehicle is properly parked in the space and shall be 36" by 36". (CA T24 1129B.4.1 &2) p. 133.
5. A work order was placed on 7/08/2011 to County Maintenance Department to paint the words "NO PARKING" on the ground in each 5' or 8' loading and unloading access aisle and accessible path in white letters no smaller than 12" (CA T24 1129B.3.2) p. 135.

#### **Exterior Entrance**

6. A work order was placed on 7/08/2011 to County Maintenance Department to adjust all doors at the 629 building to a maximum force of 5lbs. to open.
7. A work order was placed on 7/08/2011 to County Maintenance Department to adjust all doors at the 629 building to a maximum force of 5lbs. to open.

#### **Client Interview Room**

8. A work order was placed on 7/08/2011 to County Maintenance Department to develop a plan to modify client interview to accommodate a Wheelchair turning space of a minimum space for a wheelchair to turn 180 degrees in a 60" diameter or t-shaped space. (CA T24 1118B.3, ADA 4.2.3) p236.

#### **Restrooms**

9. Men's restroom
  - a. A work order was placed on 7/08/2011 to County Maintenance Department to install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282
  - b. A work order was placed on 7/08/2011 to County Maintenance Department to adjust the Toilet seat protector dispenser to a maximum height of 40"
  - c. A work order was placed on 7/08/2011 to County Maintenance Department

to adjust toilet seat to a height between 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat.

- d. A work order was placed on 7/08/2011 to County Maintenance Department to adjust toilet tissue dispenser to within 12" of the front edge of toilet seat.
- e. A work order was placed on 7/08/2011 to County Maintenance Department to check all urinals for proper operation.

#### 10. Women's Restroom

- a. A work order was placed on 7/08/2011 to County Maintenance Department to install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282
- b. A work order was placed on 7/08/2011 to County Maintenance Department to adjust soap dispenser to a maximum height of 40".
- c. A work order was placed on 7/08/2011 to County Maintenance Department to install adjust the Toilet seat protector dispenser to a maximum height of 40".
- d. A work order was placed on 7/08/2011 to County Maintenance Department to adjust toilet seat to a height between 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat.

### Location #3

**720 E. Yosemite Ave Madera, CA**

#### **Findings**

##### **Parking**

- 1. 1st entrance on Yosemite has the "unauthorized" sign posted but not clearly visible as it is covered in graffiti.
- 2. 2nd entrance on Yosemite needs to have the appropriate sign.
- 3. There is no additional signage below the accessible spaces.
- 4. Van-accessible space needs signage on pavement depicting a wheelchair with occupant re-painted, currently faded.

##### **Exterior Entrance**

- 5. All doors to entrance were excessive, between 8-14lbs.

##### **Water Fountain**

- 6. Fountain in lobby has knee space of 22".
- 7. Fountain in lobby has a spout at 31" from the floor.
- 8. Fountain in alcove by restrooms has a spout at 41" from the floor.

## **Restrooms**

9. Men's Restroom
  - a. Signage on door is too low at 55" and on the wall too low at 56".
  - b. Door pressure is excessive at 10 lbs.
  - c. Accessible urinal is too high at 19".
  - d. Clear space for urinal is short at 29" wide.
  - e. Pipes under sink need to be re-wrapped.
  - f. Toilet tissue dispenser is located too far at 15" from front edge of toilet seat.
10. Women's Restroom
  - a. Signage on door is low at 54" and on the wall too low at 57".
  - b. Door pressure is excessive at 10 lbs.
  - c. Pipes under sink need to be re-wrapped.
  - d. Toilet tissue dispenser is located too far at 15" from front edge of toilet seat.

## **Corrective Action**

### **Parking**

1. A work order was placed on 7/08/2011 to County Maintenance Department to remove graffiti or install a new unauthorized sign that is clearly visible.
2. A work order was placed on 7/08/2011 to County Maintenance Department to install on the second entrance the appropriate sign stating "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or license plates issued for persons with disabilities may be towed away at the owner's expense. Towed vehicles may be reclaimed at \_\_\_\_ or by telephoning \_\_\_\_." (CA T24 1129B.5) P133.
3. A work order was placed on 7/08/2011 to County Maintenance Department to install on both posted wall mounted signage, additional language on symbol sign and an additional sign below the symbol sign shall state "Minimum Fine \$250.00." (CA T24 1129B.4.1) p 133.
4. A work order was placed on 7/08/2011 to County Maintenance Department to paint the surface of each accessible parking stall or space to have a surface identification by outlining a profile view or a wheelchair with occupant in white on blue background. The profile view shall be located so that it is visible to a traffic enforcement officer when a vehicle is properly parked in the space and shall be 36" by 36". (CA T24 1129B.4.1 &2) p. 133.

### **Exterior Entrance**

5. A work order was placed on 7/08/2011 to County Maintenance Department to adjust all doors at the 629 building to a maximum force of 5lbs. to open.

### **Water Fountain**

6. A work order was placed on 7/08/2011 to County Maintenance Department to either modify the water fountain in lobby to have a clear knee space between the bottom of the apron and the floor or ground not less than 27" in height, 30" in width and 8" in depth. (CA T24 1117B.1.2, ADA 4.15.5(1) p231.—or remove the water fountain.



7. A work order was placed on 7/08/2011 to County Maintenance Department to adjust the height of the water fountain to 36" from floor and so the spout is located within 6" of the front edge. The water stream is to be parallel to the front edge of the fountain. (CA T24 1117B.B1.4, ADA 4.15.3) p 233; or remove the water fountain.
8. A work order was placed on 7/08/2011 to County Maintenance Department to adjust the position of the water fountain in the alcove so the spout is located within 6" of the front edge and 36" from the floor. The water stream is parallel to the front edge of the fountain. (CA T24 1117B.1.4, ADA 4.15.3) p 233.

## Restrooms

9. Men's Restroom
  - a. A work order was placed on 7/08/2011 to County Maintenance Department to install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282
  - b. A work order was placed on 7/08/2011 to County Maintenance Department to adjust interior doors to have 5 pounds maximum pressure. (CA T24 1133B.2.5, ADA 4.13.11(2) (b)) p 201.
  - c. A work order was placed on 7/08/2011 to County Maintenance Department to adjust accessible urinal to a maximum of 17" in height above the floor. (CA T24 1115B.4.2.1) p 285.
  - d. A work order was placed on 7/08/2011 to County Maintenance Department to adjust clear space in front of urinals to 30" wide and 48" deep in front of the urinal to allow for a forward approach. This clear space may extend 6" maximum under the urinal if the urinal has a 9" minimum toe clearance from the floor to the urinal's bottom. (CA T24 1115B.4.2.3
  - e. A work order was placed on 7/08/2011 to County Maintenance Department to re-wrap pipes under sink so there are no sharp or abrasive surfaces under the lavatories. (CA T24 1115B.4.7.1, ADA 4.24.6) p 343.
  - f. A work order was placed on 7/08/2011 to County Maintenance Department to adjust toilet tissue dispenser to be located on the wall within 12" of front edge of toilet seat. (CA T24 1115B.8.4) pp295, 301.
10. Women's Restroom
  - a. A work order was placed on 7/08/2011 to County Maintenance Department to install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282

- b. A work order was placed on 7/08/2011 to County Maintenance Department to adjust interior doors to have 5 pounds maximum pressure. (CA T24 1133B.2.5, ADA 4.13.11(2) (b)) p 201
- c. A work order was placed on 7/08/2011 to County Maintenance Department to re-wrap pipes under sink so there are no sharp or abrasive surfaces under the lavatories. (CA T24 1115B.4.7.1, ADA 4.24.6) p 343.
- d. A work order was placed on 7/08/2011 to County Maintenance Department to adjust toilet tissue dispenser to be located on the wall within 12" of front edge of toilet seat. (CA T24 1115B.8.4) pp295, 301.

## **V. PROVISION FOR SERVICES TO APPLICANTS AND RECIPIENTS WHO ARE NON-ENGLIS/NON-SPANISH SPEAKING OR WHO HAVE DISABILITIES**

### **1. Findings from Program Managers Surveys, Staff Interviews and Case File Reviews**

#### **Timely Services**

- a. Staff stated that it usually takes about 1-2 days to schedule an appointment with an interpreter. If needed, such as in an emergency, an interpreter will be provided immediately.

#### **Use of Minors for Interpretation**

- b. Madera County DSS 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.

### **2. Corrective Action**

#### **Timely Services**

- a. Madera County DSS will ensure that bilingual/interpretive services are prompt and without undue delay. Attached is MCDSS Generic Procedure 03/00, revised May, 2007(Attachment "A"), "Providing Services to Applicants and Recipients Who Are Non-English or Who Have Disabilities". MCDSS has a system in place wherein a MAD 591 "Request for Interpreter Services" is used when interpreter services are needed for non-English/non Spanish clients. The Program Manager's Secretary arranges for the interpreter using the county interpreter list.

#### **Use of Minors for Interpretation**

- b. MCDSS currently employs 64 certified bilingual Spanish speaking workers which has been adequate to accommodate the diversity in the population served by the MCDSS. In offices where bilingual staff is not located because non-English speaking persons do not represent the 5% minimum, MCDSS does provide certified bilingual services as needed.

### **3. Recommendation**

The county currently does not have a form for the client's release of information

when using their own interpreter.

### **Corrective Action**

On June 30, 2011 Civil Rights Coordinator Terry Hurt discussed the findings of the 2011 Civil Rights review at the Department All Staff meetings. Two meetings were held at 700 E. Yosemite Ave in Madera, one at 9:00am and one at 2:00 pm. It was also teleconferenced to the outstations located in Oakhurst and Chowchilla. Mr. Hurt explained the importance and the requirement to document in their case files; that in bilingual cases a certified bilingual staff person provided services and that form MAD-580 Notice of Understanding-Use of a Self-Provided Interpreter must be used when a self provided interpreter is utilized.

The county utilizes form MAD-580 – Notice of Understanding-Use of a Self-Provided Interpreter (See attachment “B”).

## **VI. DOCUMENTATION OF APPLICANT/RICIPIENT CASE RECORDS**

### **A. Findings**

- 1. Documentation if client provided own interpreter**
- 2. Temporary use of a minor (under 18 years of age) as an interpreter**
- 3. Documentation of interpreter signed confidentiality statement**
- 4. Documentation that bilingual services were provided**

### **B. Corrective Action**

1. On June 30, 2011 Civil Rights Coordinator Terry Hurt discussed the findings of the 2011 Civil Rights review at the Department All Staff meetings. Two meetings were held at 700 E. Yosemite Ave in Madera, one at 9:00am and one at 2:00 pm. It was also teleconferenced to the outstations located in Oakhurst and Chowchilla. Mr. Hurt explained the importance and the requirement to document in their case files; that in bilingual cases a certified bilingual staff person provided services and that form MAD-580 Notice of Understanding-Use of a Self-Provided Interpreter must be used when a self provided interpreter is utilized.
2. On June 30, 2011 Civil Rights Coordinator Terry Hurt discussed the findings of the 2011 Civil Rights review at the Department All Staff meetings. Two meetings were held at 700 E. Yosemite Ave in Madera, one at 9:00am and one at 2:00 pm. It was also teleconferenced to the outstations located in Oakhurst and Chowchilla. Mr. Hurt explained the circumstances when a minor under the age of 18 years of age can be temporarily used as an interpreter. The Departments Generic Procedure 03/00 also provides examples of when a minor can be used as a interpreter.(see Attachment “A”)
3. The county utilizes form MAD-580 – Notice of Understanding-Use of a Self-Provided Interpreter (See attachment “B”).
4. On June 30, 2011 Civil Rights Coordinator Terry Hurt discussed the findings of the 2011 Civil Rights review at the Department All Staff meetings. Two meetings were held at 700 E. Yosemite Ave in Madera, one at 9:00am and one at 2:00 pm. It was also teleconferenced to the outstations located in Oakhurst and Chowchilla. Mr. Hurt explained the importance and the

requirement to document in their case files; that in bilingual cases a certified bilingual staff person provided services.

**C. Recommendation**

1. On June 30, 2011 Civil Rights Coordinator Terry Hurt discussed the findings of the 2011 Civil Rights review at the Department All Staff meetings. Two meetings were held at 700 E. Yosemite Ave in Madera, one at 9:00am and one at 2:00 pm. It was also teleconferenced to the outstations located in Oakhurst and Chowchilla. Mr. Hurt explained the importance and the requirement to document in their case files; that in bilingual cases a certified bilingual staff person provided services and that form MAD-580 Notice of Understanding-Use of a Self-Provided Interpreter must be used when a self provided interpreter is utilized.

**VII. STAFF DEVELOPMENT AND TRAINING**

No corrective action cited

**VIII. DISCRIMINATION COMPLAINT PROCEDURES**

**Findings**

1. None

**Corrective Action**

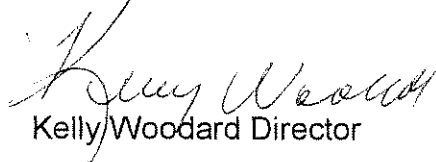
1. None

**CONCLUSION**

Madera County Department of Social Services is in the process of remedying the violations identified in the Civil Service Compliance Report. County Maintenance has assured us that all work orders submitted will be completed on or before 11-30-2011(See Attachment "C"). On June 30, 2011 during all staff meetings the findings of this Civil Rights Review were explained in detail by the departments Civil Rights Coordinator and the importance of correcting all deficiencies identified was conveyed.

If further information is needed, please contact Terry Hurt at (559) 675-7841.

Sincerely,

  
Kelly Woodard Director

Attachments (3)

Cc: Susan Arteaga, Deputy Director  
Debbie Blankenship, Deputy Director  
Terry Hurt, Civil Rights Coordinator

Madera County Department of Social Services Procedure Generic 03/00

TO: All Staff  
 DATE: July 21, 2000 (Revised May 2007)  
 SUBJECT: Providing Services to Applicants And Recipients Who Are Non-English Speaking or Who Have Disabilities.  
 REFERENCE: CFC Manual Section 21-115

The (CFC) Confidentiality, Fraud, Civil Rights and State Hearing Policy and Procedure Manual section 21-115 requires the Department to provide effective bilingual/interpretive services to serve the needs of the non-English-speaking population and individuals with disabilities without undue delays.

Counties are required to collect data on primary language and ethnic origin of applicants/recipients (identification of primary language must be done by the applicant/recipient). Using this information, a county may determine 1) the number of public contact staff necessary to provide bilingual services, 2) the manner in which they can best provide interpreter services without bilingual staff and 3) the language needs of individual applicant/recipients.

When the percentage of non-English cases in a program and/or location is more than five percent we are required to recruit and hire bi-lingual staff. When the percentage of non-English cases in a program and/or location is less than five percent (5%), counties may provide effective bilingual services through an interpreter or other means. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources.

Applicants or recipients may provide their own interpreter; however, the county can not require them to do so. The county is required to inform clients of the potential of ineffective communication using his or her own interpreter. Only under extenuating circumstances or at the specific request of the applicant/recipient shall we allow a minor (under the age of 18 years) to act as an interpreter. An example of such extenuating circumstances would be: Client drops in, with minor child to interpret. Use child to explain scheduling with qualified interpreter.

Counties must also provide auxiliary aids and services, including Braille material, taped text, qualified interpreters, large print materials, telecommunication devices for the deaf (TTY/TDDs), and other effective aids and services for persons with impaired hearing, speech, vision or manual skills. In addition, counties must ensure that written material be available in an individual's primary language when the forms and materials are provided by CDSS, and that information that is to be inserted with Notices of Action (NOA) be made available in the individual's primary language. If additional information is added to a Notice of Action (NOA), a copy is to be made and filed in the case folder.

The county must use and provide translated materials, including the PUB 13, in the client's primary language when translated by CDSS. The PUB 13 pamphlet entitled "Your Rights Under California Welfare Programs" must be distributed and explained to each applicant/recipient at intake and reinvestigation of eligibility and to each client at initial contact for the social work/case management programs.

The county shall ensure the availability of auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision or manual skills where necessary to afford such person an equal opportunity to access program services.

The following steps are to be taken if an interpreter is needed:

Step	Person Responsible	Action
1	Employee	<p>At initial contact a MAD-519 (Primary Language Designation and Request for Language Services) is completed by the client. Employee (Social Worker, EW, ETW) discovers that they have a need for an interpreter. This includes American Sign Language (ASL) or other request for auxiliary aids and services. The employee is required to document in case narrative the client's disability and the method of bilingual services or accommodation provided.</p> <p>Once a need for bilingual services or other request for auxiliary aids and services is made known to the Agency, the employee must continue to document the method used to communicate with their client both for intake and continuing contacts e.g.,</p> <ul style="list-style-type: none"> <li>- assigned worker is bilingual.</li> <li>- other bilingual employee acted as interpreter.</li> <li>- volunteer interpreter was used, or client provided interpreter. (*Disclaimer noted)</li> </ul> <ul style="list-style-type: none"> <li>- Telecommunication devices for the deaf (TDD/TTY) used.</li> <li>- Braille material used.</li> <li>- Taped Text used.</li> <li>- Qualified interpreter used (MAD-591 attached).               <ul style="list-style-type: none"> <li>- Large print materials used.</li> <li>- American Sign Language Interpreter</li> </ul> </li> </ul> <p>*If the client uses their own interpreter it will be incumbent on the employee to advise the client that their own interpreter can be used, but the communication between the employee and the client may not be as effective if a qualified interpreter was being used. When applicants/recipients provide their own interpreter, the employee will have the client read and sign the MAD 580 and give a copy to the applicant/recipient and file the original in the case file under the first flap on the left hand side. The employee will narrate in case comments that a MAD 580 was provided to the applicant/recipient and name the individual who interpreted on behalf of the client as noted on the MAD 580.</p>

Step 2	Employee	<p>To request Interpreter Services. Complete request form (MAD-591) specifying:</p> <ul style="list-style-type: none"> <li>• Client name</li> <li>• Language or Auxiliary Aid requested</li> <li>• Length of time needed</li> <li>• Days available (if immediate need)</li> <li>• Specify if follow up appointment is needed</li> <li>• Location (home call or DSS)</li> </ul> <p>As interpreter resources are limited flexibility is needed. The normal process is to take the next available appointment time the interpreter has. If there is a special need make certain you list under other.</p> <p>↑ Forward to your Supervisor for approval</p>
3	Supervisor	Upon approval forward or fax to PM Secretary Candy Pearson.
4	PM Secretary	<p>Secretary will contact interpreter using resource guide to secure time and date.</p> <ul style="list-style-type: none"> <li>• Contact requesting party notifying them of time and date.</li> <li>• Notify interpreter of billing arrangements.</li> <li>• Complete response section of the form and forward to the requesting party's supervisor.</li> <li>• Forward a copy of the request form to Staff Services Manager (Marilyn Cheatham) to alert her of pending payment.</li> <li>• Retain a copy of the request form.</li> </ul>

## Interpreter Service Request Form

TO: Candy Pearson, PM Secretary

FROM:      Date:

Client's Name:

Language Requested:

(Specify need; for example - Punjabi, Vietnamese, Arabic, Sign Language, Braille Material, Taped Text, Large Print Materials, Telecommunication Devices for the Deaf (TTY/TDDs), or other aids and services for hearing, speech, vision or manual skills.

Length of Time Needed:

(Be specific - RV 1 hour, home visit assessment 2 hours)

Date/Time available:

(Complete if immediate need)

Are follow up appointments needed: Yes    No      If so, how many?

Location for service

(Address of client, DSS 720, DSS 629, DSS OneStop, etc)

Special request or instructions:

Supervisor Signature:      Date

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TO:

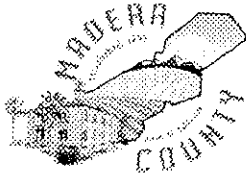
FROM: Candy Pearson

Date & Time of Appointment

Interpreter's name:

Instructions:





# MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES

HUBERT (HUB) WALSH, Director

- P.O. BOX 569
- MADERA, CA 93639
- (559) 675-7841
- FAX (559) 675-7603

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## Notice of Understanding Use of a Self-Provided Interpreter

I, \_\_\_\_\_, residing at

\_\_\_\_\_, hereby authorize

\_\_\_\_\_ to act as my interpreter when I am transacting business with Madera County Department of Social Services.

- I understand that Madera County Department of Social Services will provide an interpreter to me free of charge.
- I understand that the interpreter provided by Madera County Department of Social Services meets federal requirements for competency and confidentiality.
- If I choose not to use the interpreter provided by Madera County Department of Social Services, I understand that during the course of my interactions with Madera County Department of Social Services the interpreter that I choose may become aware of information that I consider private or confidential.
- I understand that I use a self-provided interpreter at my own risk.
- I understand that Madera County Department of Social Services does not assume responsibility for, nor does it regulate or control what use a self-provided interpreter may make of the information divulged during the interpretation process.
- I understand that the County retains the right to solely provide a designated interpreter in the case of an investigation of fraud or child, elderly or incapacitated adult abuse.
- I understand that the County may utilize its own interpreter to ensure that the applicant/recipient/inquirer is receiving complete information and adequate interpretation of information provided by the County.

I certify that I have read or have had read to me and understand the above prior to signing.

\_\_\_\_\_  
Signature of Applicant/Recipient/Inquirer

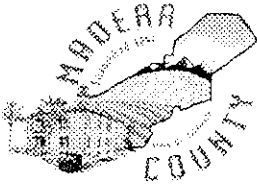
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



# MADERA COUNTY DEPARTMENT OF SOCIAL SERVICES

HUBERT (HUB) WALSH, Director

- P.O. BOX 569
- MADERA, CA 93639
- (559) 675-7841
- FAX (559) 675-7803

13

## Notice of Understanding Use of a Self-Provided Interpreter

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- d. I understand that I use a self-provided interpreter at my own risk.
- e. I understand that Madera County Department of Social Services does not assume responsibility for, nor does it regulate or control what use a self-provided interpreter may make of the information divulged during the interpretation process.
- f. I understand that the County retains the right to solely provide a designated interpreter in the case of an investigation of fraud or child, elderly or incapacitated adult abuse.
- g. I understand that the County may utilize its own interpreter to ensure that the applicant/recipient/inquirer is receiving complete information and adequate interpretation of information provided by the County.

I certify that I have read or have had read to me and understand the above prior to signing.

\_\_\_\_\_  
Signature of Applicant/Recipient/Inquirer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

BUILDING MAINTENANCE  
WORK ORDER REQUESTS

DEPARTMENT REQUESTING: DSS-Admin DATE 7/8/11

PHONE NUMBER: 675-7841 TIME: 953

CONTACT PERSON: monica/Terry WORK PRIORITY: 3

DESCRIPTION OF WORK REQUESTED: A civil Rights Compliance Review identified some issues that need to be corrected.

I have attached the finding and our request for specific work to be done

MAINTENANCE USE ONLY

DATE WORK STARTED \_\_\_\_\_ DATE WORK COMPLETED \_\_\_\_\_ Review Available upon Request

NAME & TIME SPENT BY EACH MAINTENANCE WORKER ON JOB \_\_\_\_\_

BRIEF DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_ Need to be completed by 11/30/11

FAX ALL WORK ORDERS TO: 675-7862 MAINTENANCE WORKER WILL BE ASSIGNED WORK.

WORK PRIORITY GUIDELINES FOR NORMAL MAINTENANCE

1. COMPLETE WORK ORDER IN A TIMELY MANNER- USUALLY IN 1 TO 5 DAYS
2. EXPEDITE IF POSSIBLE-SCHEDULE AS SOON AS WORK LOAD PERMITS
3. SCHEDULE WORK REQUESTED ABOVE
4. EMERGENCY NEEDS IMMEDIATE ACTION

EMERGENCY WORK ORDERS:

1. 1<sup>ST</sup> CALL 675-7905 . IF NO ANSWER CALL RMA OPERATOR AT 661-6333
2. STATE YOUR EMERGENCY & REQUEST THE RMA OPERATOR CONTACT MAINTENANCE STAFF.
3. EVEN THOUGH YOU CALL IN THE EMERGENCY, A WORK ORDER STILL NEEDS TO BE FAXED TO 675-7862 FOR MAINTENANCE RECORDS.

LOCATION	
125 S. Second Street Chowchilla, CA	
Findings	Request
<b>MAIN EXTERIOR ENTRANCE</b>	
There is no accessible signage at the entrance to the building	Please install the International Symbol of Accessibility (ISA) at every primary entrance and every major junction indicating the direction along or to accessible features.
<b>RESTROOMS</b>	
The unisex restroom: Soap dispenser is too high at 46"	Please adjust the height of the soap dispenser lower not to exceed a maximum height of 40". (CA T24 11158.8.3, ADA 4.23.7) P 294
629 E. Yosemite, Madera, CA	
Findings	Request
<b>PARKING</b>	
There are three accessible parking stalls available, all are completely faded and not clearly visible.	Please paint the surface of each accessible parking stall or space to have a surface identification by outlining a profile view or a wheelchair with occupant in white on blue background. The profile view shall be located so that it is visible to a traffic enforcement officer when a vehicle is properly parked in the space and shall be 36" by 36". (CA T24 1129B.4.1 &2) p. 133.
There is no additional signage below the symbol sign	Please install an additional sign below the symbol sign that states "Minimum Fine \$250.00" CA T24 1129B.4.1) p. 133
The van-accessible access aisle is short at 7'7".	Please repaint the van-accessible access aisle to be a minimum of 18' long by 8' wide for serving van accessible spaces (CA T24 1129B.3.1) (ADA 4.6.3)
The signage on the pavement clearly depicting a wheelchair with occupant is faded and needs to be re-painted	Please paint the surface of each accessible parking stall or space to have a surface identification by outlining a profile view or a wheelchair with occupant in white on blue background. The profile view shall be located so that it is visible to a traffic enforcement officer when a vehicle is properly parked in the space and shall be 36" by 36". (CA T24 1129B.4.1 &2) p. 133.

<p>The words "No Parking" need to be painted on pavement in access aisles. Note: it is recommended that the accessible path of travel have the words "No Parking" painted inside</p>	<p>Please paint the words "NO PARKING" on the ground in each 5' or 8' loading and unloading access aisle and accessible path in white letters no smaller than 12" (CA T24 1129B.3.2) p. 135.</p>
<p><b>EXTERIOR ENTRANCE</b></p>	
<p><b>First set of doors leading to the main entrance:</b></p>	
<p>Left door is excessive at 6lbs</p>	<p>Please adjust all doors at the 629 building to a maximum force of 5lbs. to open</p>
<p>Right door is excessive at 9lbs</p>	<p>Please adjust all doors at the 629 building to a maximum force of 5lbs. to open</p>
<p><b>Second set of doors leading to the office</b></p>	
<p>Left door is excessive at 101bs</p>	<p>Please adjust all doors at the 629 building to a maximum force of 5lbs. to open</p>
<p>Right door is excessive at 8lbs. maximum. (CA T24 11338.2.5, ADA 4.13.11(2)(a) &amp; (b)) P 201</p>	<p>Please adjust all doors at the 629 building to a maximum force of 5lbs. to open</p>
<p><b>CLIENT INTERVIEW ROOM</b></p>	
<p>Client interview room located in the lobby is not accessible. There is no wheelchair turning space</p>	<p>Please develop a plan to modify client interview to accommodate a Wheelchair turning space of a minimum space for a wheelchair to turn 180 degrees in a 60" diameter or t-shaped space. (CA T24 1118B.3, ADA 4.2.3) p236.</p>
<p><b>RESTROOMS</b></p>	
<p><b>Men's Restroom</b></p>	
<p>The signage on the door is not the correct sign.</p>	<p>Please install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282</p>

Toilet protector is high at 43".	Please adjust the Toilet seat protector dispenser to a maximum height of 40"
Accessible toilet is low at 16"	Please adjust toilet seat to a height between 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat.
Toilet tissue dispenser is located far from the front edge of toilet seat at 16".	Please adjust toilet tissue dispenser to within 12" of the front edge of toilet seat.
Urinal had a sign that read "Do not Use" and was not accessible as it was out of order.	Please check all urinals for proper operation
<b>Women's Restroom</b>	
The signage on the door is not the correct sign.	Please install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282
Soap dispenser is high at 42".	Please adjust soap dispenser to a maximum height of 40"
Toilet protector sheets are high at 42".	Please install adjust the Toilet seat protector dispenser to a maximum height of 40"
Accessible toilet is low at 16".	Please adjust toilet seat to a height between 17" to 19" measured from the floor to the top of a maximum 2" high toilet seat.
<b>720 E. Yosemite, Madera, CA</b>	
<b>Findings</b>	<b>Request</b>
<b>PARKING</b>	
1st entrance on Yosemite has the "unauthorized" sign posted but not clearly visible as it is covered in graffiti.	Please remove graffiti or install a new unauthorized sign that is clearly visible
2nd entrance on Yosemite needs to have the appropriate sign.	Please install on the second entrance the appropriate sign stating "Unauthorized vehicles parked in designated accessible spaces not displaying distinguishing placards or license plates issued for persons with

	disabilities may be towed away at the owner's expense. Towed vehicles may be reclaimed at _____ or by telephoning _____. (CA T24 1129B.5) P133.
There is no additional signage below the accessible spaces.	Please install on both posted wall mounted signage, additional language on symbol sign and an additional sign below the symbol sign shall state "Minimum Fine \$250.00." (CA T24 1129B.4.1) p 133.
Van-accessible space needs signage on pavement depicting a wheelchair with occupant re-painted, currently faded	Please paint the surface of each accessible parking stall or space to have a surface identification by outlining a profile view or a wheelchair with occupant in white on blue background. The profile view shall be located so that it is visible to a traffic enforcement officer when a vehicle is properly parked in the space and shall be 36" by 36". (CA T24 1129B.4.1 &2) p. 133.
<b>EXTERIOR ENTRANCE</b>	
All doors to entrance were excessive, between 8-14lbs.	Please adjust all doors at the 629 building to a maximum force of 5lbs. to open
<b>WATER FOUNTAIN</b>	
Fountain in lobby has knee space of 22".	Please either modify the water fountain in lobby to have a clear knee space between the bottom of the apron and the floor or ground not less than 27" in height, 30" in width and 8" in depth. (CA T24 1117B.1.2, ADA 4.15.5(1) p231.—or remove the water fountain.
Fountain in lobby has a spout at 31" from the floor.	Please adjust the height of the water fountain to 36" from floor and so the spout is located within 6" of the front edge. The water stream is to be parallel to the front edge of the fountain. (CA T24 1117B.B1.4, ADA 4.15.3) p 233; or remove the water fountain
Fountain in alcove by restrooms has a spout at 41" from the floor.	Please adjust the position of the water fountain in the alcove so the spout is located within 6" of the front edge and 36" from the floor. The water stream is parallel to the front edge of the fountain. (CA T24 1117B.1.4, ADA 4.15.3) p 233.

<b>RESTROOMS</b>	
<b>Men's Restroom</b>	
Signage on door is too low at 55" and on the wall too low at 56".	Please install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32" minimum and shall be Sans Serif upper case characters accompanied by Grade 2 Braille. (CA T24 11178.5.5.1, ADA 4.30.4) P 282
Door pressure is excessive at 10 lbs.	Please adjust interior doors to have 5 pounds maximum pressure. (CA T24 1133B.2.5, ADA 4.13.11(2) (b)) p 201
Accessible urinal is too high at 19".	Please adjust accessible urinal to a maximum of 17" in height above the floor. (CA T24 1115B.4.2.1) p 285
Clear space for urinal is short at 29" wide.	Please adjust clear space in front of urinals to 30" wide and 48" deep in front of the urinal to allow for a forward approach. This clear space may extend 6" maximum under the urinal if the urinal has a 9" minimum toe clearance from the floor to the urinal's bottom. (CA T24 1115B.4.2.3
Pipes under sink need to be re-wrapped.	Please re-wrap pipes under sink so there are no sharp or abrasive surfaces under the lavatories. (CA T24 1115B.4.7.1, ADA 4.24.6) p 343
Toilet tissue dispenser is located too far at 15" from front edge of toilet seat	Please adjust toilet tissue dispenser to be located on the wall within 12" of front edge of toilet seat. (CA T24 1115B.8.4) pp295, 301.
<b>Women's Restroom</b>	
Signage on door is low at 54" and on the wall too low at 57".	Please install the correct accessible signage 60" above the floor to the centerline of the sign. The sign shall be installed on the wall adjacent to the latch outside of door. If there is no space, including at double leaf doors, the sign shall be placed on the nearest adjacent wall, preferably on the right. (CA T24 1117B.5.7, ADA 4.30.6) p281. Raised characters shall be raised 1/32"



**BUILDING MAINTENANCE  
WORK ORDER REQUESTS**

DEPARTMENT REQUESTING: DSS-Admin DATE: 7/8/11  
 PHONE NUMBER: 675-7841 TIME: 953  
 CONTACT PERSON: Maria/Terry WORK PRIORITY: 3  
 DESCRIPTION OF WORK REQUESTED: A civil Rights Compliance Review identified some issues that need to be corrected.  
I have attached the finding and  
OW request for specific work to be done  
MAINTENANCE USE ONLY Review Available upon Request  
 DATE WORK STARTED: \_\_\_\_\_ DATE WORK COMPLETED: \_\_\_\_\_  
 NAME & TIME SPENT BY EACH MAINTENANCE WORKER ON JOB: \_\_\_\_\_  
 BRIEF DESCRIPTION OF WORK PERFORMED: \_\_\_\_\_ Need to be completed by 7/30/11

FAX ALL WORK ORDERS TO: 675-7861 MAINTENANCE WORKER WILL BE ASSIGNED WORK.

**WORK PRIORITY GUIDELINES FOR NORMAL MAINTENANCE**

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3. SCHEDULE WORK REQUESTED ABOVE
4. EMERGENCY NEEDS IMMEDIATE ACTION

**EMERGENCY WORK ORDERS:**

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2. STATE YOUR EMERGENCY & REQUEST THE RMA OPERATOR CONTACT MAINTENANCE STAFF.
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Job	845	Date	7/8/2011	Time	9:56:08AM	Type	Send	Identification	96757862	Duration	1:36	Pages	7	Result	OK
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Fax Call Report

MADERA CO. DEPT. SOCIAL SERVICE  
559 6757603  
Jul-8-2011 9:57AM

hp LaserJet 3030

