

**Third Semi-Annual Report by the Settlement Monitor  
(May 31, 2017)**

**Appendix VI**

April 2017 quarterly reporting request

## Adams v. KDOC, Semi-Annual Compliance Reporting (2017-04)

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April 2017. I am beginning, this quarter, to ask for substantially more information, including information about all inmates in the process of getting audiology services (e.g., hearing aids). Here's what I am doing:

- 1) In April and October, I will do full information requests, like this one--although future requests will only cover the most recent six months.
- 2) In January and July, I will do an abbreviated information request.

This quarter, I am circulating this request on April 12, and asking for information by COB Friday April 28, 2017.

Thank you.

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### Your Identifying Information

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Your Name \*

Your Institution \*

Your Email \*

Your Phone Number \*

Are you the current ADA Coordinator? If not, please list the name, phone number, and email of the current ADA Coordinator. \*

Is the ADA Coordinator information on this page correct?

<http://corrections.ky.gov/depts/AI/Pages/ADA.aspx>

If not, please certify to me that you are arranging for its correction by the beginning of next month.

Is the webpage correct? \*

- Yes
- No, but I am arranging for its correction by the beginning of next month.
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## Information about Deaf Inmates

Please note: previous reports have sometimes failed to include hard-of-hearing inmates. Under the agreement, "Deaf" means unable to hear well enough to rely on hearing as a means of processing information. It includes deaf, hard of hearing, or hearing impaired. If your institution does not currently have any Deaf inmates – USING THIS DEFINITION – and has not had any Deaf inmates this past quarter (that is, since Jan. 1, 2017), you will find that most of the rest of this form is inapplicable. But please still go through it, because a few questions do apply.

"No" means "My institution does not have any current Deaf (including hard-of-hearing) inmates, and has not had any since Jan. 1, 2017.

Any deaf or hard-of-hearing inmates over the last quarter? \*

- Yes
- No

If you have had any Deaf inmates since January 1, 2017, (using that same definition, so including hard-of-hearing), please upload an excel chart listing each inmate and including the following information.

1. Name
2. DOC #
3. Housing assignment
4. Date of arrival at this institution.
5. Immediate prior institution
6. Degree of hearing impairment
7. All auxiliary aids/services (hearing aids, various devices, interpreters, TDDs, videophone, non-auditory alert system in cell, etc.) or accommodations s/he has requested.
8. All auxiliary aids/services or accommodations s/he has used.
9. The reasons and dates for any denials of auxiliary aids/services.
10. Preferred method of communication (e.g., sign, lip reading, writing, can hear with hearing aid, amplifier)

11. Limited English proficiency, if applicable, and preferred language
12. Literacy level and how you know
13. Date of last hearing assessment
14. Date of last auxiliary aids/services assessment
15. Date of last classification review
16. Whether last classification review was delayed in order to provide effective communication
17. Date of last parole hearing.
18. Date of next parole hearing.
19. Whether s/he has been charged with any disciplinary infractions or had any disciplinary hearings since Jan. 2016 (note the long time frame).
20. Whether s/he has spent any time in restrictive housing since Jan. 2016
21. Whether s/he has been a witness in a disciplinary hearing since Jan. 2016
22. Any communications assistance offered or provided at any of the items just listed (hearing assessment, auxiliary aids/services assessment, classification review, parole hearing, disciplinary process)
23. Whether s/he has signed a waiver described in III.C.2 or III.D.4 of the Agreement
24. Whether s/he has participated or sought to participate in any programming— educational, rehabilitative, substance abuse, religious, transitional, etc.—since Jan. 2016; which programs; and with what result/accommodations.
25. Whether s/he has participated or sought to participate in any work assignment since Jan. 2016, which work assignments; and with what result/accommodations
26. Whether s/he has received any on-site medical care since Jan. 2016, and with what accommodations.
27. Whether s/he has received any off-site medical care since Jan. 2016, and with what accommodations.
28. For any inmate who uses sign language to communicate, whether s/he has been subject to hand-restraints since Jan. 2016, and the date and reason.
29. Whether s/he has filed any grievances since Jan. 2016.

**Upload list of deaf and hard-of-hearing inmates with the above information here.**

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## Grievances and Discipline

In the most recent quarter, did any Deaf Inmate file any grievance? (reminder: "Deaf" includes hard-of-hearing inmates.) Please note: I am asking about ALL grievances by Deaf inmates, regardless of the topic. \*

- Yes  
 No

If yes, number of grievances:

If yes, please upload a summary that describes, for each grievance:

- the name of the inmate
- the date the issue raised
- how your institution ensured effective communication during the grievance process

Upload summary of grievances here.

No file chosen

For any grievances that addressed hearing or hearing accommodation issues, please provide full documentation.

Since January 1, 2016 (\*\*note the longer time frame of this question\*\*), were there any disciplinary proceedings involving an inmate who signs to communicate? (This includes any such inmate who was at your institution but is no longer.) \*

- Yes  
 No

If yes, please upload full documentation.

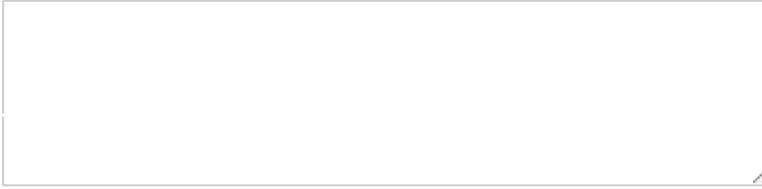
Since January 1, 2016 (\*\*note the longer time frame of this question\*\*), were there any disciplinary proceedings involving a deaf or hard-of-hearing inmate's failure to obey an order (or to stand for count) or other potential communications difficulty? \*

- Yes  
 No

If yes, please upload full documentation.

## Medical Processes

Are all inmates who arrive at your institution receiving a hearing screening? Please describe the screening, including when it is done, who does it, and whether the inmate is given a form to fill out or asked questions. \*



Please upload the hearing questionnaire. \*

No file chosen

Please upload the health systems screening form, including any question about hearing. \*

No file chosen

Are inmates who receive a routine physical (annually or every two or three years) receiving a hearing screening? If yes, please describe it, including who performs it and whether the inmate is given a form to fill out or asked questions. \*



## Audiology Progress Chart

For each Deaf or hard-of-hearing inmate in your institution during the most recent quarter, please provide the following medical/audiology information. Ideally, this would be in an excel chart, but if you find another format easier, that's fine too.

1. Date of initial hearing screening.
2. Date of most recent hearing screening.
3. Results of most recent hearing screening.
4. Date hearing problem first presented to KDOC.
5. How hearing problem was first presented to KDOC.
6. Hearing aid status: List which one applies:
  - (a) Has hearing aid(s) in working order
  - (b) In process of obtaining hearing aid(s)
  - (c) In process of determining whether hearing aid(s) are needed
  - (d) No hearing aid is needed
7. Please provide the following information about each medical encounter from when the hearing issue was presented to when the hearing aid issue was finally addressed (by

providing a hearing aid or determining that no hearing aid is needed):

- (a) Date
- (b) Description of encounter
- (c) Outcome of encounter

8. For each inmate in status (d) (no hearing aid is needed), please provide medical documentation of the decision against providing a hearing aid.

9. For each inmate who has a hearing aid, does it have a t-coil (telecoil) receptor? (This type of receptor makes the hearing aid compatible with an induction loop system.)

**Upload file here.**

No file chosen

**When nothing unusual happens, how many off-site trips does it take for an inmate to receive a hearing aid? Please describe. \***

## Telecommunications

### Telephones

**Please list phone locations available for inmates to use ordinary (Securus) telephones. \***

**For each such location, is there at least one phone with a volume adjustment? \***

- Yes
- No

**If not, which locations are lacking any phone with a volume adjustment?**

## Videophones

How many (kiosk or other non-laptop) videophones at your institution? \*

Where are they located?

Are videophones available during the same hours as phones? \*

- Yes  
 No

How many days has each one been inoperative during the last quarter? \*

Has any inmate requested access to the videophones since Jan. 1, 2016 (\*\*note longer time frame\*\*) and been denied? \*

- Yes  
 No

If so, please explain the circumstances, including the inmate's name, the date, and the reason for the denial.

## TTYs

How many TTY machines does your institution have? \*

Where are they kept? \*



**How does an inmate get access?**

**Are TTYs available during the same hours as phones? \***

- Yes
- No

**Please describe the available hours for both phones and TTYs.**

**Are there printed instructions kept with the TTYs? \***

- Yes
- No

**Please upload instructions for the use of the TTY.**

No file chosen

**Has any inmate requested TTY access since Jan. 1, 2016 (\*\*note longer time frame\*\*) and been denied? \***

- Yes
- No

**If so, please explain the circumstances, including the inmate's name, the date, and the reason for the denial.**

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### Additional Time for Telephonic Communication:

The Settlement Agreement states (IX.C), "The KDOC will implement a policy that allows Deaf Inmates at least twice as many minutes to complete a Videophone call, and at least three times as many minutes to complete a TTY call, as the number of minutes afforded to other non-Deaf Inmates to make calls using traditional telecommunication devices such as telephones. In the event the KDOC determines this usage arrangement results

in less than equitable access to telephones and Videophones for non-Deaf Inmates and Deaf Inmates, after considering the needs and abilities of Deaf and non-Deaf Inmates, the KDOC may adjust the ratio of time provided for Videophone calls and TTY calls. The KDOC will document this determination, including the evidence and reasons in support thereof. The KDOC will promptly notify the Settlement Monitor whenever any such determination is made, and will explain the reasoning in support of such determination.”

**How much time are non-Deaf inmates allowed to use for phone calls? \***

Time per call, and per day or week

**How much time are Deaf inmates allowed to use for Videophone calls? \***

Time per call, and per day or week

**How much time are Deaf inmates allowed to use for TTY calls? \***

Time per call, and per day or week

**Since January 1, 2017, have you made any determination that the usage arrangements are inequitable? \***

- Yes
- No

**If you have made such a determination, please provide documentation of the reasoning.**

 No file chosen

## Devices to assist with effective communication

### VRI Laptops

**How many VRI laptops do you have? \***

**Where are they kept? \***

Please provide VRI log showing use for each one since January 1, 2016. (\*\*note the longer time frame for this question\*\*)

No file chosen

Has any inmate requested VRI services and been denied since January 1, 2016? (\*\*note the longer time frame for this question\*\*) \*

- Yes
- No

If so, please explain the circumstances, including identifying the inmate, the date, and the reason for the denial.

Can a VRI be used in restrictive housing? \*

- Yes
- No

How?

Can a VRI be used in the education area? \*

- Yes
- No

If no, why not?

Does the VRI laptop bag include instructions? \*

- Yes
- No

Does the VRI laptop bag include a cord splitter? \*

- Yes
- No

Does the VRI laptop bag include a long computer cord? \*

- Yes
- No

Does the VRI laptop bag include anything else? \*

Have you had occasion to use your VRI laptop as a videophone (or for video relay services/VRS)? \*

- Yes
- No

If so, describe the circumstances. If not, please explain if this option is available to you, and how you have tested it. \*

Has training on VRI use been provided to staff? \*

- Yes
- No

Please explain to whom, when, and how the training has been provided.

## Televisions

Are all your institution's shared-space TVs capable of turning captioning on? \*

Does your institution use radio or another method to send shared-space TV sound to inmates' earphones? \*

- Yes
- No

If yes, please describe the method.

How do you deal with captioning for recreational movies? \*

Please list all orientation videos. (e.g., institutional orientation, PREA, etc.) \*

Which ones are captioned? \*

Are the captions displaying when the videos are played for inmates during orientation? \*

- Yes
- No

How did you check on whether the captions are displaying? \*

**Do you have earphones for the video system used for parole hearings? \***

- Yes
- No

**If you have such earphones, what kind of earphones are they? If you do not, is there a way to plug in earphones to the parole video system? \***

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### Non-auditory Alerts

The Settlement Agreement states (VIII.B.3; VIII.C), "The KDOC will promptly advise the Settlement Monitor and the KCDHH of all non-auditory alert systems that the KDOC is considering, and will consult with the Settlement Monitor and the KCDHH in determining whether such devices are acceptable for the stated purpose."

Please describe all current non-auditory alert systems or devices. This includes, e.g., bed shakers, strobelights, and pagers. For each, please include:

- manufacturer
- model
- link to website if available
- how many you have
- where they are in use
- who has used them

Also explain if you have any that are not in use.

Use the text box below or upload a document.

Upload File(s)

Upload information about non-auditory alert systems or devices here if not described in the text box above.

**A. Over the last quarter, have you considered any new non-auditory alert systems? (If no, skip questions B, C, and D.) \***

- Yes
- No

For Questions B–D, use the text boxes below or upload a document.

**B. What systems have been under consideration?**

**C. Did you consult with the Settlement Monitor and KCDHH to determine whether the devices were acceptable? How and when?**

**D. Please provide full information on any devices under consideration, including who and what they are for.**

No file chosen

Upload information about new non-auditory alert systems under consideration here if not described in the text boxes above.

## Other Devices

Please list all other devices or systems currently in use to assist with effective communication with Deaf (including hard-of-hearing) inmates. E.g.: phone amplifier, captioned telephone, induction loop system, radio transmission, speech-to-text system, etc.

For each such device, please include:

- manufacturer
- model
- approximate cost
- link to website if available
- how many you have
- where they are in use
- who has used them.

Also explain if you have any that are not in use. If there was any difficulty related to use that needed to be solved, please explain that, too.

Use the text box below or upload a document.

Upload File(s)

Upload information about other devices or systems in use here if not described in the text box above.

The Settlement Agreement states (XII), "Where devices such as vibrating clocks and in-line amplifiers are not deemed medically necessary, the KDOC agrees to consider on a case by case basis whether it will allow a particular Deaf Inmate the opportunity to purchase these devices at his or her own expense. The KDOC's decision in this regard will consider, among other issues, whether these devices pose a security risk. The KDOC will have the discretion to make the determination whether any of these devices, and the type of device, is permissible. The KDOC will promptly notify the Settlement Monitor whenever any such determination is made and explain the reasoning in support of such determination."

**A. Since January 1, 2017, have you made any determinations allowing or disallowing devices? \***

- Yes
- No

**B. If you have considered a device - whether you granted or refused permission - please upload documentation of: (1) the device(s); (2) the reasoning; (3) the names of affected inmates; and (4) when you notified the Settlement Monitor of your determination(s).**

Upload File(s)

### In-person Interpretation

**Do you have an arrangement for in-person qualified interpretation services? \***

- Yes
- No

**If yes, with who?**



Please describe each time an in-person interpreter has been used since January 1, 2016 (\*\*note long time frame\*\*), including the name of the inmate, the date, and the occasion.

Has any inmate requested an in-person interpreter and been denied? \*

- Yes
- No

If yes, please describe each denial, including the inmate who made the request, what the request was for, and why the request was denied.

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## Training and Information

Is there a KOMS alert noted for Deaf and hard-of-hearing inmates at your institution? \*

- Yes
- No

Is the KOMS alert present for each Deaf and hard-of-hearing inmate? (Please check before you answer). If it's not available, note why.

If yes, please upload a screenshot.

No file chosen

What training is being provided to your institution's employees and/or contractors relating to Deaf and hard-of-hearing inmates? \*

Who (if anyone) is tracking training completion? \*

**What categories of staff are receiving the training? (New, existing, custody, program, medical/mental health, etc.) \***

**If any such training is not the KDOC computer-based training, please provide any written materials/slides and outlines of any orally-presented training.**

Upload File(s)

**Does your institution's inmate handbook refer to the ADA, the settlement, the ADA coordinator, etc.? \***

- Yes
- No

**Please upload any page of the institution's inmate handbook that includes reference to the ADA, the settlement, the ADA coordinator, etc.**

Upload File(s)

Please upload any form or document given inmates relating to hearing issues/accommodations:

- Request for Auxiliary Aids and Services Form (III.C.3)
- Request for Deaf Inmate ID Card Form (III.D.4)
- Medical request form (with space to request Auxiliary Aids and Services) (VI.C.3)
- Request for interpretive services
- Brochure relating to available accommodations
- Other

Upload File(s)

Please upload any institutional policies and procedures (or memos explaining current practices) relating to deaf or hard-of-hearing inmates, including about:

- Telephone, TTY, or videophone use
- Hearing aids
- Interpretive services
- Other

Upload File(s)

Have any changes been made since January 2016 (\*\*note the longer time frame of this question\*\*) in any of the above documents or policies? \*

- Yes
- No

If yes, what changes have been made?

Are the settlement summary, settlement, and brochure all in the inmate law library? \*

- Yes
- No

When did you last check to make sure they are really there? \*

## Direct threat reporting under the Agreement

The Settlement Agreement states (II.A), "The KDOC retains the discretion to determine that certain activities present a Direct Threat of injury or death to Deaf Inmates and therefore may not be able to provide such Deaf Inmates full and equal enjoyment of some of its services, privileges, facilities, advantages, and accommodations. The KDOC will promptly notify the Settlement Monitor whenever any such determination is made and explain the reasoning in support of such determination."

(reminder: "Deaf" includes hard-of-hearing inmates.)

Over the past quarter, have you at any point determined that any activities present a Direct Threat of injury or death to Deaf inmates and were therefore unable to provide those inmates full and equal enjoyment of any facility services, privileges, facilities, advantages, and accommodations? \*

- Yes
- No

If so, please upload documentation of: (1) the service, privilege, facility, advantage or accommodation; (2) the risk presented; (3) a list of the inmate(s) affected; and (4) when you notified the Settlement Monitor of your determination(s).

Upload File(s)

The Settlement Agreement states (VI.F), "The KDOC retains the discretion to determine that certain work assignments present a Direct Threat of injury or death to a Deaf Inmate or others and may therefore choose not to provide the Deaf Inmate a substantially equal opportunity to those work assignments. The KDOC will promptly notify the Settlement Monitor whenever any such determination is made and explain the reasoning in support of such determination."

(reminder: "Deaf" includes hard-of- hearing inmates.)

**Since January 1, 2017, have you at any point determined that a work assignment presented a Direct Threat of injury or death to a Deaf inmate or others and therefore chosen not to provide the Deaf inmate a substantially equal opportunity to that work assignment? \***

- Yes
- No

**If so, please upload documentation of: (1) the work assignment(s); (2) the risk(s) presented; (3) the names of inmate(s) affected; and, (4) when you notified the Settlement Monitor of your determination(s).**

Upload File(s)

**Is there anything else you'd like to let me know?**

Thanks very much for your continued work on complying with the Settlement Agreement.