

Return of original

Received & Inspected

MAR 05 2013

FCC Mail Room

Rule Making Number (12-375)

Harold C. Hagood, Jr. D-69525
California Medcial Facility
P.O. BOX 2000---Mods C115lower
Vacaville, CA 95696-2000

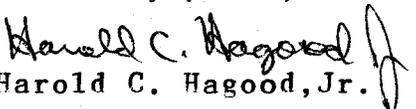
I really like to used Videophone, so CRS won't let me call to through of mine collect call that's hard time for me. I try struggle to call to my family and friends, they not accpet also good English with me because they are used ASL than English.

So that's TT'S hard time about 45 minutes not waiting for any answer. Then my family and friends does not like to used by CRS. I want to good communcation for Deaf people need to see face expressions and use Sign Language for me this very important and easy than hard! I try to tell you the truth, I am serious I need to get Videophone through my family and friends!

I tired of about 45 minutes limited because that CRS was so late about one minutes for rining, rining, so long always changed phone number from TEXAS RELAY SREVICE. My family and friends live in TEXAS. so far away.

The Deaf people need more time for by phone conversation and should be be have reduced rates. The Deaf inmates do not have any money and can't afford is expensive calls. The Deaf need access to call for families.

Sincerely yours,


Harold C. Hagood, Jr.

No. of Copies rec'd
List ABOVE

04

Memorandum

Date: March 9, 2012

To: **INMATE HAGOOD, H.**
D-69525
C-115L

From: California Medical Facility, Vacaville, CA 95696-2002

Subject: **FIRST LEVEL APPEAL RESPONSE**
APPEAL LOG # CMF-M-12-0307

APPEAL DECISION: PARTIALLY GRANTED

Your appeal has been referred to the First Level Review. On March 7, 2012, I interviewed you in my office at California Medical Facility (CMF) regarding this appeal.

The determination of an effective means of communication was made by a review of the Disability and Effective Communications System (DECS). You are not a participant in the Mental Health Services Delivery System (MHSDS) or the Developmental Disability Program (DDP). You are a participant in the Disability Placement Program (DPP) with the following codes: DPH/DNS. It is noted in your DECS, that American Sign Language (ASL) is your primary method of communication. Therefore, in order to establish effective communication, D. Sardo, Sign Language Interpreter, was present for your appeal interview to provide sign language assistance. You communicated that you understood the reason for the appeal interview and confirmed effective communication by responding (via ASL) to questions regarding your appeal issues.

In your appeal, you stated that you can no longer use the Telephone Device for the Deaf (TDD) because it is obsolete due to technology advances. You further indicate that your family and friends are using the Video Phone in order to communicate with each other. You indicate it would be much easier for the deaf inmates to communicate with your family and friends using the Video Phone. You indicate that "failure to provide such accommodation constitutes unfair treatment of the deaf population." You request that the ADA Coordinator look into this matter and have the video telephone system placed at CMF.

In your appeal interview, you restated the contents of your appeal (via ASL). You have been using the TDD phone system at CMF over four years without difficulty. Your main concern focused around the fact that several friends no longer have access to the TDD phone system based on an issue unrelated to the institution. I explained to you that the premise of the Americans with Disabilities Act (ADA) and the Armstrong Remedial Plan (ARP) is to ensure that inmates with disabilities are offered equal access to programs, services, and activities. The use of TDD phones equates to equal access for hearing-impaired inmates. It is your belief that, due to your hearing impairment, you and other deaf inmates should be provided greater access and improved technology over non-deaf inmates.

When I indicated that traditional inmate pay phones and the TDD phones have monitoring capability for custody staff for institutional safety and security, while the video relay did not, you indicated that Ms. Sardo, Sign Language Interpreter, could review tapes of the video teleconference. I indicated to you that having Ms. Sardo review the videotapes for over 10 inmates, whose primary communication is ASL, would be an impractical demand on her time, and could impact her ability to perform her primary function of providing ASL services for clinical and due process encounters.

However, in keeping with your request to look into the matter, I contacted the Office of Audits and Court Compliance (OACC), to inquire about the feasibility of implementing a video relay phone program for disabled inmates. OACC indicated that the Division of Adult Institutions is researching the feasibility of implementing such a program; however, this is a preliminary step – not a guarantee that the program will be implemented. At this time, CMF cannot pursue implementation of a video relay telephone system. The current TDD system is compliant with the ARP and constitutes equal access to programs, services, and activities.

Based upon the above review, this appeal is **PARTIALLY GRANTED** at the First Level Review, in that the ADA AW did pursue the feasibility of implementing a video relay telephone system at CMF.



VINCENT S. CULLEN
Associate Warden
ADA/CLARK

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date: JUN 29 2012

In re: Harold Hagood, D69525
California Medical Facility
P.O. Box 2000
Vacaville, CA 95696

TLR Case No.: 1111554

Local Log No.: CMF-12-00307

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that he is deaf, Permanently Hearing Impaired Impacting Placement (DPH), and can no longer use the TDD because it is obsolete, due to technological advances. He contends his family and friends are using the Video Phone to communicate with each other. He also contends this device will allow him to have better communication with his family members. He indicates failure to provide such accommodation constitutes unfair treatment of the deaf population. The appellant requests accommodation to have the Associate Warden, Americans with Disabilities Act (AW/ADA) look into this matter and install the Video Phone system at the California Medical Facility (CMF).

II SECOND LEVEL'S DECISION: The reviewer determined the appellant will not be treated unfairly or unequally, as the CDCR has policies for providing TDD access for hearing-impaired inmates. On March 7, 2012, V. Cullen, AW/ADA, interviewed the appellant for the issues on appeal. During interview the appellant reiterated his initial issues via American Sign Language (ASL) and acknowledged he has been using the TDD phone system at the institution for longer than four years without problem. He contended several friends no longer have access to the TDD, based on an issue unrelated to the institution. The appellant was informed the premise of the ADA and Armstrong Remedial Plan (ARP) is to ensure inmates with disabilities are offered equal access to programs, services, and activities. The use of TDD phones equates to equal access for hearing-impaired inmates, but the appellant countered that he and other deaf inmates should be provided greater access and improved technology over non-deaf inmates. When the appellant was informed that traditional inmate pay phones have monitoring capability for custody staff to ensure institutional security, but the video relay does not, he replied that D. Sardo, ASL Interpreter, could review tapes of the video teleconference. The AW informed the appellant that having Ms. Sardo review the videotapes of more than ten inmates via ASL as their primary means of communication would impose an impractical demand on her time and could negatively impact ability to perform her primary function of providing ASL services for clinical and due process encounters. However, in keeping with the request to look into the matter, the AW contacted the Office of Audits and Court Compliance (OACC) to inquire about the feasibility of implementing a video relay phone system for hearing-impaired inmates. The OACC indicated the Division of Adult Institutions is researching the feasibility of implementing such a system; however, this is a preliminary step, not a guarantee that the program would be implemented. At this time the institution cannot implement a video relay telephone system, and the current TDD system is compliant with the ARP and constitutes equal access to programs, services and activities. The request was denied and the response provided to the appellant was reviewed and approved by the AW, Complex I.

As the appellant expressed disagreement with the determination made in this case, the Office of the Warden completed comprehensive review of the appellant's issues on appeal at the Second Level of Review (SLR). All submitted documentation and arguments have been considered to include the interview completed at the previous level of review. The appellant specifically indicated the interview was unproductive and disappointing, due to the AW's evasive response to the initial request. Upon discussion, the AW informed the Acting Warden the interview lasted longer than 20 minutes with the assistance of the ASL Interpreter. The appellant continued to insist the current system is considered "becoming obsolete by the outside world," and

this was creating a hardship for everyone involved. Lastly, the appellant indicated that deaf inmates have "won accessibility to the Video Phones at the Powhatan Correctional Center" in Virginia, and other states and county jails are following suit. The appellant was informed if his family and friends do not have TDD access, they may utilize the California Relay Service, which is free of charge.

The reviewer noted the policies and practices at facilities in other states do not impact California institutions, because this state must comply with the ADA and the ARP, both of which address equal access to programs, services, and activities. It was determined the TDD phone policy constitutes equal access to this service, in accordance with the ARPIV.I.10, Telecommunication Device for the Deaf, and CDCR Operations Manual, Section (DOM) 52060.4, Public Telephone Access. Interim accommodation was not required. Upon completion of review, Acting Warden concurred with and endorsed the determination rendered in this case. The appeal was denied at the SLR on May 8, 2011.

III THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting Third Level of Review (TLR), the appellant expressed dissatisfaction and contended the First Level Reviewer denied the response at the SLR as well. He contended this is unfair, because he cannot reasonably expect an unbiased decision by the same individual who denied the request initially. He also noted he was not interviewed at the SLR, and reiterated the initial issues on appeal.

In reaching a decision at the TLR, the appellant's claim is refuted, as the AW/ADA provided the response at the FLR, while the Acting Warden completed the SLR. It was determined the currently-available TDD equipment is equally effective, in accordance with ARP and the CCR, and there is no plan to update the present system. The ARPIV.I.10 states in part, "TDD access for the hearing impaired shall be consistent and similar to telephone access provided for nondisabled inmates." Pursuant to the CCR 3282(h), "TDD telephones shall be made available to inmates with documented severe hearing impairment for personal, emergency, and confidential calls, which shall be subject to the provisions of this section." As the appellant is designated DPH, he warrants the current accommodation provided; however, the CCR and ARP do not authorize use of Video Phones for hearing-impaired inmates. In accordance with the ARP.II.C.2, Permanent Hearing Impairment (DPH), "Inmates/parolees who are permanently deaf or who have a permanent hearing impairment so severe that they must rely on written communication, lip reading, or signing because their residual hearing, with aids, does not enable them either to communicate effectively or hear an emergency warning shall be designated as DPH." As the appellant meets these criteria, he is authorized to use the TDD at this time.

The appellant is informed the ARP and the CCR provide specific guidelines for accommodating inmates with disabilities and these guidelines were followed in this case. After consideration of the evidence and arguments herein, it has been determined that Staff acted in accordance with the dictates of the ARP in addressing the appellant's request, and no additional accommodation is warranted at the TLR.

The appellant has added new issues and requests to his appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

B. BASIS FOR THE DECISION:

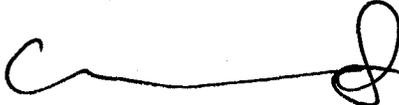
ARP: ARPI, ARP.I.A, ARP.II.B, ARP.II.E.1, ARP.II.H.4, ARPIV.B.1, ARPIV.B.2, ARPIV.I.10

CCR: 3085, 3282

DOM: 52060.4

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



C. HAMMOND, Appeals Examiner
Office of Appeals



J. D. LOZANO, Chief
Office of Appeals

cc: Warden, CMF
Chief Executive Officer, CMF
Appeals Coordinator, CMF
Health Care Appeals Coordinator, CMF

Memorandum

Date: May 8, 2012

To: **INMATE HAGOOD, H.**
#D-69525
C-115From: **California Medical Facility, Vacaville, CA 95696-2000**Subject: **SECOND LEVEL RESPONSE; APPEAL LOG #CMF-M-12-00307**

This matter was reviewed on behalf of Vimal J. Singh, Warden (A), California Medical Facility (CMF), on May 8, 2012, by Vincent S. Cullen, Associate Warden, ADA. A personnel interview was conducted at the First Level of Review.

ISSUES

Whether or not CMF should institute a video phone system for inmates whose primary method of communication is via Sign Language Interpreter (SLI).

FINDINGS**I.**

The Appellant filed this appeal at the First Level of Appeal stating you stated that you can no longer use the Telephone Device for the Deaf (TDD) because it is obsolete due to technology advances. You further indicate that your family and friends are using the Video Phone in order to communicate with each other. You indicate it would be much easier for the deaf inmates to communicate with your family and friends using the Video Phone. You indicate that "failure to provide such accommodation constitutes unfair treatment of the deaf population." You request that the ADA Coordinator look into this matter and have the video telephone system placed at CMF.

II.

During the review of this appeal, the institution notes that the appellant provided a response to the first level review. He indicated his dissatisfaction with the first level interview. He specifically indicated the interview was unproductive and disappointing due to Mr. Cullen's evasive response to his request. In discussion with Mr. Cullen, he indicated the interview lasted over 20 minutes with the assistance of Ms. Sardo, SLI. The appellant also continued to state that the current system used is "becoming obsolete by the outside world." And that this was creating a hardship on everyone involved. Lastly, the appellant added that deaf inmates have "won accessibility to the video phones at Powhatan Correctional Center" in Virginia and that other states and county jails are following suit. If the appellant's family and friends do not have access to a TDD, the option always exists to utilize the California Relay Service, which is free of charge.

The institution also notes that policies and practices at other institutions in other states do not impact what is required in California. What is required is compliance with the Americans with Disabilities Act and the Armstrong Remedial Plan. Both of these documents address equal access to programs, services, and activities. It is the institution's position that the Telecommunication Devices for the Deaf (TDD) phone policy and practice constitutes equal, if not greater, access to this service.

III.

The Department's rules applicable to this case are contained in the Armstrong Remedial Plan, Section IV. I. 10, Telecommunication Devices for the Deaf/Telephones and the Department Operations Manual (DOM) Section 52060.4, Public Telephone Access.

DETERMINATION

The documents and arguments presented are persuasive the Appellant has not provided any additional information at the second level of review that would warrant a modification to the first level appeal response. The current policy and practice at CMF is consistent with the ADA, the ARP, and department policy.

CONCLUSION

Based on the above review and all factors considered, this appeal is denied at the Second Level of Review.

APPEAL: DENIED



VIMAL J. SINGH

Warden (A)

c: Appeal's Office
Central File

I can no longer use the Telephone Device for the Deaf (T.D.D.) because it is becoming obsolete due to technology advances. My family and friends are using the Video Phone in order to communicate with each other, and if they need to use a relay operator to achieve effective communication, they are then using the Video Relay Service.

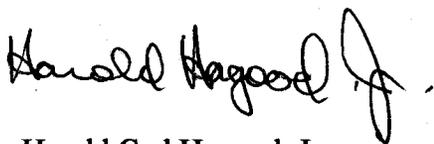
Because of my grade level, it is difficult for me to understand what is being said via the T.D.D. It will be much easier for the deaf inmates to communicate with our family and friends using the Video Phone. Our best method of communication is by using American Sign-Language (A.S.L.), since written communication invites a lot of confusion for us. The Video Phone will provide a more effective communication for deaf persons by allowing them to use American Sign Language.

I believe that it is a reasonable request that the Video Phone system be made available to provide reasonable accommodation. Failure to provide such accommodation constitutes unfair treatment of the deaf population. This mode of communication for deaf individuals, such as myself, has been used for many years outside of the prison system. Furthermore, adapting to the use of the Video Phone would not constitute any breach of security if it was handled in a controlled manner.

My request is not unique in the sense that I alone am asking that we would like to have access to the Video Phone. Many other states are providing this service to the inmate population. In this state, the county jails are currently providing it, as well. It's also to my understanding that a company, Sorenson, provides it for free to the deaf population at large.

I respectfully request that the A.D.A. coordinator would kindly look into the matter, and see how to go about ordering a new video telephone system, and have it placed where it will be accessible to the deaf population here at C.M.F. Thank you very much for your time in looking into this matter.

Respectfully,



Harold Carl Hagood, Jr.
D-69525 * C-115 Low

2/28/12

How Does VRS Work?

1 Video relay user signs to the interpreter



2 Interpreter speaks to the phone user



3 Interpreter signs the response



3 Phone user responds



Version 4.1.2

Summary Accommodations Movement Bed Inventory ADA/EC History

Generate Reports / Get Help / Report a Problem / Log Out

CDC #: D69525

Search

CDC Number: D69525, HAGOOD, HAROLD

Summary

Offender/Placement

CDC #: **D69525**
 Name: **HAGOOD, HAROLD**
 Institution: **California Medical Facility**
 Bed Code: **B DC 1000115L**
 Placement Score: **19**
 Custody Level: **Medium A**
 Placement Factor:
 Housing Restrictions: **Lower/Bottom Bunk**
 Physical Limitations:

Disability/Assistance

DDP Code: **NCF**
 Effective Date: **10/03/2003**
 DPP Codes: **DPH, DNS**
 [History]
 1845 Date: **06/08/2007**
 MHSDS Code: **GP**
 SLI: **Yes**
 Primary Method: **American Sign Language**
 Alternate Method: **Reads Lips**
 Learning Disability:
 TABE Score: **3.1**
 TABE Date: **04/29/2011**
 Healthcare Appliances: **Hearing Aid, Hearing Vest** [Info]
 Dialysis: **No**
 Last Accom: **Sign Language Interpreter**
 Spoken Languages:

Important Dates

Pending Revocation: **No**
 Revocation Date:
 Date Received in CDCR: **10/28/1987**
 Last Return Date: **11/04/1993**
 Extended Stay Date: **01/03/1994**
 Extended Stay Privileges?
 Release Date:
 120 Day Date:
 Next IDST Date:

Work/Vocation/PIA

1
 Group Priv: **A**
 Group Work: **A1**
 Start Date: **06/23/2010**
 Status: **Fulltime**
 Job Position: **A02-A.106**
 Job Title: **ABE 2 AM**
 IWVIP Code: **A**
 IWVIP Description: **Academic Education**
 Regular Day Off: **SU, S, H**
 Work Hours: **0830-1130**

Accommodation History

12/09/2011	Notice of Classification Hearing	Sign Language Interpreter
08/29/2011	BPT 1080	Sign Language Interpreter
07/14/2011	Central File Review	Sign Language Interpreter
05/17/2011	BPH RIGHTS PCKT	Sign Language Interpreter
12/08/2010	Classification Hearing	Sign Language Interpreter
11/08/2010	Notice of Classification Hearing	Read/Speak Slowly/Use Simple Language, Written Materials
11/08/2010	CDC 128-B1	Read/Speak Slowly/Use Simple Language, Written Materials
06/18/2007	Classification Hearing	Sign Language Interpreter

REVIEWER'S ACTION

DATE ASSIGNED TO REVIEWER: 3-1-12
DATE DUE: 3/30/12

TYPE OF ADA ISSUE

- PROGRAM, SERVICE, OR ACTIVITY ACCESS (Not requiring structural modification)
 - Auxiliary Aid or Device Requested
 - Other _____
- PHYSICAL ACCESS (requiring structural modification)

DISCUSSION OF FINDINGS: _____

DATE INMATE/PAROLEE WAS INTERVIEWED: 3/1/12
PERSON WHO CONDUCTED INTERVIEW: V. Collew AW / P. Sands, SCI

DISPOSITION: GRANTED DENIED PARTIALLY GRANTED

BASIS OF DECISION: See Attached letter

NOTE: If disposition is based upon information provided by other staff or other resources, specify the resource and the information provided. If the request is granted, specify the process by which the modification or accommodation will be provided, with time frames if appropriate.

DISPOSITION RENDERED BY: (NAME) V. Collew TITLE AW INSTITUTION/FACILITY CMP

APPROVAL
ASSOCIATE WARDEN'S SIGNATURE [Signature] DATE SIGNED 3/9/12

DATE RETURNED TO INMATE/PAROLEE 3/12/12

REASONABLE MODIFICATION OR ACCOMMODATION REQUEST
CDC 1824 (1/95)

INSTITUTION/PAROLE REGION: CMF	LOG NUMBER: 12-M-307	CATEGORY: 18. ADA
--	--------------------------------	-----------------------------

NOTE: THIS FORM IS TO BE USED ONLY BY INMATES/PAROLEES WITH DISABILITIES

In processing this request, it will be verified that the inmate/parolee has a disability which is covered under the Americans With Disabilities Act.

INMATE/PAROLEE'S NAME (PRINT) Harold Carl Hagood, Jr. <i>f IU H: c c c Hagood, Jr.</i>	CDC NUMBER D-69525	ASSIGNMENT ABE II/ DPP	HOURS/WATCH 0800-1130am	HOUSING C 115
---	------------------------------	----------------------------------	-----------------------------------	-------------------------

In accordance with the provisions of the Americans With Disabilities Act (ADA), no qualified individuals with a disability shall, on the basis of disability, be excluded from participation in, or be denied the benefits of the services, activities, or programs of a public entity, or be subjected to discrimination.

You may use this form to request specific reasonable modification or accommodation which, if granted, would enable you to participate in a service, activity or program offered by the Department/institution/facility, for which you are otherwise qualified/eligible to participate.

Submit this completed form to the institution or facility's Appeals Coordinator's Office. A decision will be rendered within 15 working days of receipt at the Appeals Coordinator's Office and the completed form will be returned to you.

If you do not agree with the decision on this form, you may pursue further review. The decision rendered on this form constitutes a decision at the FIRST LEVEL of review.

To proceed to SECOND LEVEL, attach this form to an Inmate/Parolee Appeal Form (CDC 602) and complete section "FD" of the appeal form.

Submit the appeal with attachment to the Appeals Coordinator's Office within 15 days of your receipt of the decision rendered on this request form.

If you are not satisfied with the SECOND LEVEL review decision, you may request THIRD LEVEL review as instructed on the CDC 602.

MODIFICATION OR ACCOMMODATION REQUESTED

DESCRIPTION OF DISABILITY:
I am deaf person.

WHAT VERIFICATION DO YOU HAVE OF YOUR DISABILITY?
MEDICAL and C-FILE.

DESCRIBE THE PROBLEM:
SEE ATTACHED

WHAT SPECIFIC MODIFICATION OR ACCOMMODATION IS REQUESTED?
SEE ATTACHED

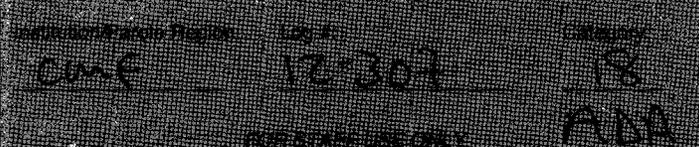
INMATE APPEALS BRANCH RECEIVED
 MAR 27 2012
 INMATE APPEALS BRANCH RECEIVED
 JUN - 6 2012

INMATE APPEALS
 RECEIVED
 APR 25 2012
 CMF

Harold C. Hagood, Jr.
 INMATE/PAROLEE'S SIGNATURE

2/28/12
 DATE SIGNED
*First Level
 A/W
 ADA*

INMATE APPEALS
 RECEIVED
 MAR 1 2012
 CMF

	USE ONLY 
---	--

You may appeal a rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Harold Carl Hagood, Jr.	CDC Number: d69525	Unit/Cell Number: C-115 Low	Assignment: ABE II/DPP
---	------------------------------	---------------------------------------	----------------------------------

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A.D.A. Reasonable Accomodation Request (Video Phone)

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

see reverse

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: _____ Date Submitted: _____

By placing my initials in this box, I waive my right to receive an interview.



RECEIVED
 JUN-6 2012
 INMATE APPEALS BRANCH

<p>C. First Level - Staff Use Only</p> <p>This appeal has been:</p> <p><input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E.</p> <p><input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____</p> <p><input type="checkbox"/> Cancelled (See attached letter) Date: _____</p> <p><input type="checkbox"/> Accepted at the First Level of Review.</p> <p>Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____</p> <p>First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.</p> <p>Date of Interview: _____ Interview Location: _____</p> <p>Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____</p> <p>See attached letter. If dissatisfied with First Level response, complete Section D.</p> <p>Interviewer: _____ Title: _____ Signature: _____ Date completed: _____ <small>(Print Name)</small></p> <p>Reviewer: _____ Title: _____ Signature: _____ <small>(Print Name)</small></p> <p>Date received by AC: _____</p>	<p>Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>AC Use Only Date mailed/delivered to appellant ___/___/___</p>	

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

This interview conducted by Associate Warden Mr. Cullen was unproductive and disappointing due to his evasive response to my request, which resulted in a "partial grant." The Tele-communication Device for the Deaf (T.D.D.) is becoming obsolete by the outside world because they are keeping up with technological advances, communicating with each other via internet, text messages, VIDEO PHONES, etc., while we are not. As a result, the DEAF inmates, as of late, have been increasingly struggled to keep in touch with their (See Attachment)

Inmate/Parolee Signature: Harold C. Magallon Jr.

Date Submitted: 4/21/12

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

- By-passed at Second Level of Review. Go to Section G.
- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter)
- Accepted at the Second Level of Review

Assigned to: AW/ADA Title: AW Date Assigned: 4-25-12 Date Due: 5-9-12

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 3/21/12 Interview Location: AW ADA Office

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section E below

Interviewer: V. Cullen Title: AW Signature: [Signature] Date completed: _____

Reviewer: Doty Title: CAW Signature: [Signature]

Date received by AC: 5-9-12

AC Use Only
Date mailed/delivered to appellant 5/9/12

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

The individual that denied my appeal at the first level got a "second bite of the apple" by denying my appeal at the second level of review as well. This, in and of itself, is unfair because I then cannot reasonably expect an unbiased decision by the same individual that denied me my appeal in the first place. And I was not interviewed at the second level, and yet the second level responder filled out the section reserved only for interviews conducted. (See Attachment)

Inmate/Parolee Signature: Harold C. Magallon Jr.

Date Submitted: 6-3-12

G. Third Level - Staff Use Only

This appeal has been:

- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter) Date: _____
- Accepted at the Third Level of Review. Your appeal issue is Granted Granted in Part Denied Other: _____

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant JUN 29 2012

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

	IAB USE ONLY	Institution/Parole Region: <i>CMF</i>	Log #: <i>12-307</i>	Category: <i>18</i>
	FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): Harold Carl Hagood, Jr.	CDC Number: d69525	Unit/Cell Number: C-115 Low	Assignment: ABE II/DPP
---	------------------------------	---------------------------------------	----------------------------------

A. Continuation of CDCR 602, Section A only (Explain your issue):

[Area is crossed out with a large diagonal line]

Inmate/Parolee Signature: _____

Date Submitted: _____



RECEIVED
 JUN 5 2012
 INMATE APPEALS BRANCH

B. Continuation of CDCR 602, Section B only (Action requested):

[Area is crossed out with a large diagonal line]

Inmate/Parolee Signature: _____

Date Submitted: _____

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): families and friends, etc. It creates undue hardship on everyone involved.

This institution can, and should, avoid the inevitable complaints that will most certainly arise by the DEAF inmates via the institutional's administrative appeals process (and even perhaps by the lawyers from the Prison Law Office via the courts), seeing that the T.D.D. will most definitely become obsolete in the near future.

What I am requesting is not unprecedented, since a family friend has informed me that the DEAF inmates has won accessability to the VIDEO PHONES at the Powhatan Correctional Center, located in Powhatan, VA in November 2010. It's to my understanding that more prisons in other states are following suit, and the county jails in California are providing the DEAF inmates access to the VIDEO PHONES as well, seeing that it is a reasonable accomodation request.

I respectfully ask that reasonable accomodation be provided by having VIDEO PHONES installed for the DEAF inmates at this institution.

Inmate/Parolee Signature:

Harold C. Hagerel Jr.

Date Submitted:

4/21/12

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): In the first finding at the second level of review, he stated that I indicated it would be easier for the DEAF inmates to communicate with "my" family and friends using the VIDEO PHONES. I never said that, but rather, the DEAF inmates have been struggling to keep in touch with "their" family and friends, as stated in Section D of the CDCR 602 form. In the second finding of the same review, he reasoned that I can communicate with my family and friends utilizing the California Relay System (C.R.S.). What Mr. Cullens fails to realize is that the C.R.S. is used for communication between the DEAF and hearing people, but not between one DEAF individual to another DEAF individual. The DEAF community are rendering the T.D.D. obsolete, preferring to upgrade their communication system by utilizing the VIDEO PHONES, and using the Video Relay Service to communicate with the hearing people. I have three deaf brothers and I cannot communicate with them via C.R.S. nor the T.D.D., but with the VIDEO PHONES. The Armstrong Remedial Plan is outdated due to the fact that it was established prior to the widespread use of the VIDEO PHONES and the increasing disuse of the Telephone Devices for the Deaf (T.D.D.). In Virginia, a lawsuit (Minnis v. Virginia Department of Corrections) was filed and was eventually settled in 2010 with VIDEO PHONES installed. I believe this was accomplished in order to be in compliance with the Americans with Disabilities Act, and this is what I am asking this institution to do as well.

Inmate/Parolee Signature:

Harold C. Hagerel Jr.

Date Submitted:

6/3/12