

ATTACHMENT B

SECOND SETTLEMENT AGREEMENT COMPLIANCE FORM

Name of Facility: _____ Date: _____

Reporting Period: _____ to _____

The following information is submitted pursuant to Paragraph 28 of the Second Settlement Agreement entered in United States v. Youth Services International, Inc. Defined terms herein have the meanings given in the Second Settlement Agreement.

1. Resident Tracking Form (copy for each resident who is deaf or hard of hearing)

Resident Name: _____

Resident #: _____

Date of First Custody: _____

Languages Used: _____

Responsible YSI staff: 1. _____

2. _____

3. _____

4. _____

Movement To Other Facilities

Departure Date	To Which Facility?	Return Date

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Release Date: _____

II. Provision of Auxiliary Aids and Services

Please complete this chart accurately, stating the date of any request for auxiliary aids and services, the name of the person making such a request, the nature of the request, the facility’s determination regarding whether to provide the requested auxiliary aid or service and the reason for the determination, and the date on which such auxiliary aid or service was provided, if applicable. Please attach all documents related to any such request.

Request Date	Name of Requesting Party	Nature of Request	Determination and Reasons	Date Aid or Service Provided

III. Technology

A. Telephones and Related Equipment

	Number of Items Required	Date Items Installed or Provided
TTYs		
Volume control telephones		
Storage and availability of telephone equipment	Status: Where are Accessible Phones stored? Are all Accessible Phones in good working order? Answer for each Item.	

B. Visual Alarms

	Number of Items Required	Date Items Installed or Provided
Common-use areas		
Resident's rooms		

C. Captioning and Decoders

	Number of Items Required	Date Items Installed
Closed captioning decoders		
Televisions with captioning capability		
Availability of Television Equipment	Status: Are all Decoders and Televisions in good working order? Answer for each Item.	

IV. ADA Training

	Date of ADA Training
Administrative Personnel	
Admissions Personnel	
Supervisory Personnel	
Case Managers	
Clinical Staff	
Other Staff	

Persons in attendance at ADA Training Sessions: (continue list on back if necessary)

I certify that all information contained herein is truthful and accurate.

ADA COORDINATOR:

DATE:

[Return to Settlement](#)