

SCDD COUNCILMEMBER ADMINISTRATIVE POLICIES

POLICY	EXISTING	UPDATE	NEEDED
COMMUNICATIONS			
Councilmember and Staff Communications			X
Legal Consultation			X
Photograph and Video Release	X		
Supporting/Opposing Ballot Measures			X
CONDUCT			
Nepotism			X
Workplace Violence Prevention	X	X	
Zero-Tolerance Policies			
Discrimination Complaint Process	X	X	
Drug Free Workplace	X	X	
Equal Employment Opportunity	X	X	
Sexual Harassment	X		
Sexual Harassment Prevention Training	X		
ETHICS			
Ethics Training	X		
Form 700 Statement of Economic Interest	X		
Statement of Incompatible Activities	X	X	
PAYMENTS TRAVEL			
Driving	X	X	
Honoraria	X	X	
Conference Attendance	X	X	
Travel Advance Policy	X	X	
Travel and Expense Reimbursement	X	X	
Travel Out of State	X		
REASONABLE ACCOMMODATION			
Facilitation/Attendant	X		
Reasonable Accommodation	X		
TECHNOLOGY			
iPad/Tablet Usage			X
WHISTLEBLOWER PROTECTION ACT	X		



Councilmember Administrative Policies

California State Council on Developmental Disabilities
ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

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Candidates

220. Communications Guidelines for Council Members and Staff

PURPOSE:

In an effort to clarify the lines of communication between and among Council members and staff, the following are general instructions pertaining to normal situations that regularly occur during the working relationships between members and staff. The intent is not to stifle open and spontaneous interactions, but to ensure an effective, appropriate and timely communications flow. There may be natural, personal relationships that develop when a Council member and staff member are working together on specific committees. It should be noted that it is inappropriate for either person to allow lines to be blurred. Major issues should be directed to the Executive Director and /or Council chairperson.

INSTRUCTIONS:

Council members should communicate directly with the Executive Director (not individual staff members) on all ideas, suggestions, thoughts, questions, concerns and requests that do not pertain to an ongoing function or standard business of a committee. This enables the Executive Director to guarantee a swift response to the Council member, control the flow of work assigned to staff, allows her/him full knowledge of the broad overview of Council members' thoughts, and sets the responsibility of outcomes on the proper position.

On matters concerning specific committee business, it is the responsibility of the committee Chairs to field ideas, suggestions, thoughts, questions and concerns that a member may have pertaining to that committee. It is the committee Chair's responsibility to interact with the staff assigned to that particular committee. Committee members should not individually instruct staff but utilize the Chair to communicate with staff. This enables the Chairs to be knowledgeable of his/her members' thoughts, controls the flow of work assignments to the staff member, and allows the Chair to be responsible to articulate the position of the committee to any and all other Council members.

Specific requests of staff to provide information, research, personal assistance, travel planning, etc. that are not task oriented to specific committee work should be directed to the Executive Director to enable him/her to operate with full knowledge of issues pertinent to the Council and to control the flow of staff assignments.

Administrative and program staff should direct their management issues or concerns to the Executive Director. Council members should direct their concerns or issues about Council business directly to the Executive Director.

Council members should direct ideas, concerns, and feedback concerning Council business to the Council Chairperson and /or Executive Director. Sidebar discussions may occur without benefit of complete information or inadvertently spread misinformation. Individual or group conversations about issues and concerns are most productive when they are directed to the Council leadership.

It is the intent of this instruction to preserve positive relationships between Council staff and all public and private agencies and organizations with which the Council conducts substantial business. These instructions do not preclude Council staff from communicating as necessary with any agency or organization.

COUNCILMEMBER AND STAFF COMMUNICATIONS

Purpose:

To clarify the lines of communication between and among Councilmembers and staff.

Authority/Reference:

N/A.

Applies To:

Councilmembers and Staff

POLICY

Policy Statement

In an effort to clarify lines of communication between and among Councilmembers and staff, the following instructions pertain to normal situations that regularly occur during the working relationships between members and staff. The intent is to allow for open and spontaneous interactions as well as effective, appropriate and timely communications flow.

Procedure

Councilmembers should communicate directly with the Executive Director (not individual staff members) on all Council ideas, suggestions, thoughts, questions, concerns and requests that do not pertain to an ongoing function or standard business of a committee or travel. This enables the Executive Director to provide a timely response to the Councilmember, manage the flow of work assigned to the staff, allows him/her full knowledge of the broad overview of Councilmembers' thoughts, and sets the responsibility of outcomes on the proper position.

On matters concerning specific committee business, it is the responsibility of the committee Chairs to field ideas, suggestions, thoughts, questions, concerns and requests that pertain to an ongoing function or standard business of a committee from Councilmembers. It is the committee Chair's responsibility to interact with the staff assigned to that particular committee. Committee members should not

individually instruct staff, but utilize the Chair to communicate with staff. This enables the Chairs to be knowledgeable of his/her members' thoughts, manages the flow of committee communication to the staff member, and allows the Chair to be responsible to articulate the position of the committee to Councilmembers.

On matters concerning travel Council and Committee members may communicate via email, with the Travel Coordinator.

Councilmembers' specific requests of staff to provide information, research, personal assistance, travel planning, etc. that are not task oriented to specific committee work or travel should be directed to the Executive Director to enable him/her to operate with full knowledge of issues pertinent to the Council and to manage staff assignments.

Administrative and program staff should direct their management issues or concerns about Councilmembers to the Executive Director. Councilmembers should direct their concerns about Council business directly to the Executive Director.

It is the intent of this instruction to foster positive working relationships between Councilmembers and all staff. Also, it is the intent of this instruction to preserve positive relationships between Council staff and public and private agencies and organizations with which the Council conducts business. These instructions do not preclude Council staff from communicating as necessary with any agency or organization.

Most Recent Action

N/A

LEGAL CONSULTATION

Purpose:

To provide Councilmembers with the scope of legal advice they can seek from Legal Counsel.

Authority/Reference:

Departmental

Applies To:

Councilmembers

POLICY

Policy Statement

This policy is to provide instructions as to the types of legal advice Councilmembers can seek from the SCDD Legal Counsel. and outlined the following procedures.

Procedure

- Councilmembers shall direct their requests for legal advice to the Executive Director. Requests should pertain to Council business, not personal issues. If there is confusion regarding whether the advice being sought pertains to Council business, it should be discussed in an Executive Committee meeting.
- The Executive Director will communicate with, and receive legal advice from the Legal Counsel. The Executive Director is not obligated to accept and share the legal advice with the Councilmembers except when the Legal Counsel feels in their professional judgment there is an egregious issue that needs to be brought to the Council as a body.

Most Recent Action

Policy provided by the Executive Committee March 12, 2018.

PHOTOGRAPHIC IMAGE, SOUND AND STORY RELEASE

Purpose:

For members to grant permission to the Council and its affiliates to copyright, publish, and use images of their likeness, the sound of their voice, and their story and its likeness.

Authority/Reference:

Applies To:

Councilmembers

POLICY

Policy Statement

To obtain release agreements for use in Council publications.

Procedure

See next page.

Most Recent Action

Revised July 21, 2015



Authorization and Release Form Image, Sound and Story

I give to the State Council on Developmental Disabilities, its members, employees, and other affiliates and agents (all these persons are together called "the Council") unlimited permission to copyright, publish, and use, with or without my name, in any lawful manner, all or a portion of any reproduction(s) of:

- ✓ My likeness (photographic or otherwise);
- ✓ The sound of my voice (how ever recorded); and
- ✓ My story and its likeness.

My likeness, sound of my voice, and my story and its likeness are called "my items."

I hereby waive any right that I may have to look at and/or approve the reproductions and/or finished product(s) or any copies of my items.

I hereby waive the right to any compensation, financial or otherwise, for the use of my items. I hold harmless the Council from any claims which I or any others acting on my behalf or on behalf of my estate have or may have by reason of this authorization or the use of my items.

I hereby grant permission to the Council to record me and use personal information about me along with my items.

This agreement will be considered valid for all reproduction(s) of my items until I withdraw this consent in writing. By my signature below, I am indicating that I have completely read the terms and conditions of this authorization and agree with all of it.

Section 1.	Section 2
SIGNER If the signer is a consumer is under the age of 18 years old or has a Conservator, Section 2 must also be filled out.	<input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> CONSERVATOR
Print Name _____	Print Name _____
Address _____ _____	Address _____ _____
Signature _____	Signature _____
Date _____	Date _____
Phone _____	Phone _____

Updated: 7/21/15

RESTRICTIONS ON POLITICAL ACTIVITIES

Purpose:

Authority/Reference:

Applies To:

Councilmembers

POLICY

Policy Statement

Insert text here.

Procedure

Insert text here.

Most Recent Action

1-200 CONDUCT

- 1-220 Nepotism
- 1-230 Workplace Violence Prevention
- 1-240 Zero-Tolerance Policies
- 1-242 Discrimination
- 1-244 Drug Free Workplace
- 1-246 Equal Employment Opportunity
- 1-248 Sexual Harassment
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NEPOTISM

Purpose:

To ensure that all Councilmembers and staff are aware and comply with the nepotism policy.

Authority/Reference:

Applies To:

POLICY

Policy Statement

Procedure

Most Recent Action

WORKPLACE VIOLENCE PREVENTION

Purpose:

To increase awareness to recognize, confront, and deal with inappropriate behavior and eliminate or minimize threatening incidents to maintain a secure, safe and healthy work environment.

Authority/Reference:

California Labor Code Section 6400
California Government Code Section 19572
California Penal Code Section 171(b)
California Penal Code Section 71

Applies To:

Councilmembers and employees

POLICY

Policy Statement

The State Council on Developmental Disabilities (SCDD) has a lawful and moral obligation to provide and maintain a safe and healthy workplace for all Councilmembers and employees. To this end, the SCDD has developed the following Workplace Violence Prevention Program which contains: Workplace Violence Policy, Purpose, Legal Authority, Definitions, Responsibility, Compliance/Discipline, Communication, Incident Reporting, Hazard Assessment, Incident Investigation, Hazard Correction, Training & Instruction, Reporting and Record keeping.

With your assistance and awareness, we can recognize, confront, and deal with inappropriate behavior and eliminate or minimize threatening incidents to maintain a secure, safe and healthy work environment for all of us.

It shall be the policy of the SCDD to provide all Councilmembers, employees and members of the public with a safe and healthful work environment.

It shall be the policy of SCDD to take appropriate actions to protect, as fully as possible, Councilmembers, employees and members of the public from acts of

violence, threats, intimidation and harassment which may occur at state workplaces, and during the performance of state duties.

The SCDD shall also take action, including involving state or local law enforcement, in pursuing prosecution through judicial or other appropriate administrative remedies when such incidents occur.

PURPOSE

The purpose of the "Workplace Violence Prevention Program" is to ensure that the SCDD provides Councilmembers, employees and members of the public with a place to conduct the business of this Department free of threats, intimidation, harassment, and acts of violence.

LEGAL AUTHORITY

California Labor Code Section 6400: Requires every employer to furnish a safe and healthful place of employment.

California Government Code Section 19572: Prohibits workplace violence, discourteous treatment, negligence and/or recklessness, and constitutes cause for discipline.

California Penal Code Section 171(b): Prohibits any person from bringing or possessing within any state or local public building firearms and other weapons as described in this section. Any person who brings or possesses any of these items is guilty of a public offense punishable by imprisonment in a county jail for not more than one year, or in the state prison.

California Penal Code Section 71: Prohibits any person from threatening or inflicting unlawful injury upon any public officer or employee, which would cause the public officer, or employee to refrain from doing any act in the performance of his/her duties.

DEFINITIONS

Act of Violence - An act of violence is the attempt (coupled with the ability), or actual use of force of violence with the intent to threaten, harass, intimidate, commit a violent injury, or damage/destroy property.

Threat - A threat is a statement (verbal, written or physical) which is intended to intimidate by expressing the intent to either harass, hurt, take the life of another person, or damage/destroy property. This includes threats made in jest but which others could perceive as serious.

Harassment - The creation of a hostile work environment through unwelcome words, actions, or physical contact not resulting in physical harm. Verbal harassment may include disparaging or derogatory comments or slurs, unreasonable or excessive criticism, or name calling.

Intimidate - To make afraid; to frighten, alarm, annoy, or scare. To force a person into, or deter them from, some action by inducing fear by, or as if by, threats.

Stalking - Stalking occurs when any person willfully, maliciously and repeatedly follows or harasses another and makes a credible threat with the intent to place that person in reasonable fear for his/her safety or the safety of his/her immediate family.

State Workplace - A state workplace shall be anywhere a Councilmember and/or employee is conducting authorized state business, or enroute to and from (excluding normal commute) a location where state business is, will be, or has been, conducted.

Workplace Violence - The three major types of workplace violence are:

Type I - The aggressor has no legitimate business relationship to the workplace and usually enters the affected workplace to commit a robbery or other criminal act such as robbery.

Type II - The aggressor is either the recipient or the object, of a service provided by the affected workplace or the victim, such as a current or former client, patient, customer, passenger, criminal suspect, inmate or prisoner.

Type III - The aggressor has some employment-related involvement with the affected workplace such as a current or former employee, supervisor, manager; a current/former spouse or significant other, a relative, friend; or some other person who has a dispute with an employee of the affected workplace.

RESPONSIBILITY

Councilmembers – Councilmembers responsible for ensuring their individual compliance with the provisions of the Workplace Violence Prevention Program.

Manager/Supervisor - Managers and supervisors are responsible for ensuring staff compliance with the provisions of the Workplace Violence Prevention Program.

Employee - State employees are expected to act professionally, courteously, and responsibly at all times, which ensures compliance with the State of California's work place violence policy requirement (Government Code Section 19572). It is the responsibility of each and every employee to immediately report any and all acts of workplace violence to their supervisor or manager without fear of reprisal. All reports must be taken seriously. The initial verbal report must be followed up with written documentation which should include the following critical information: Names of the involved parties (i.e. perpetrator, victim and witnesses), exactly what occurred, when the incident occurred, where the event took place, and if known why it happened.

COMPLIANCE

The SCDD is committed to ensuring that all safety and health policies and procedures involving workplace violence prevention are clearly communicated and understood by all Councilmembers and employees. All Councilmembers and employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe, healthy and secure work environment. Our system of ensuring that all Councilmembers and employees, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions which create a security hazard for others in the workplace, include:

1. Training Councilmembers, employees, supervisors, and managers of the provisions of the SCDD's Workplace Violence Prevention Program (WVPP) when they are hired and periodically through memos, electronic mail, staff meetings, and training.
2. Evaluating Councilmembers and employees to ensure compliance with the Department's WVPP.
3. Recognizing Councilmembers and employees who demonstrate work practices that promote the WVPP in the workplace.
4. Providing training and/or Employee Assistance Program services to Councilmembers and employees whose compliance is deficient with the WVPP.
5. Disciplining Councilmembers and employees for failure to comply with WVPP.
6. Ensuring proper public notice of WVPP.

COMMUNICATION

The SCDD recognizes that to maintain a safe, healthy and secure workplace we must communicate to all Councilmembers and employees, including managers and supervisors, all workplace safety, health and security issues. We have a communication system designed to encourage a continuous flow of safety, health and security information between Councilmembers, management and our employees without fear of reprisal and in a form that is readily understandable. We will communicate the WVPP policies and procedures through:

1. New Councilmember and employee orientation.
2. Periodic (designate weekly, monthly, quarterly, yearly based on the frequency and severity of workplace violence incidents) review of our WVPP with all Councilmembers and employees.
3. Training programs designed to address specific aspects of workplace violence prevention and security unique to our location.

4. Posting and distributing workplace violence prevention information.
5. Reporting workplace violence/security hazards or threats of violence.
6. Protecting Councilmembers and employees who report incidents of workplace violence from retaliation by the person making the threats. Councilmembers and employees who report incidents of workplace violence will be protected from the person making the threats by the SCDD immediately taking the appropriate actions such as removing the person, making the threats, from the work area until the situation is resolved. For serious threats or acts of violence, Security and/or the local police will be called.
7. Addressing security issues at our workplace violence prevention/red team meetings.
8. Ensuring proper public notice of WVPP.

INCIDENT REPORTING PROCEDURES

1. Call (access number, usually 9 in state buildings) + 911 if there is a conflict or emergency situation or if someone has been seriously injured.
2. Report all threats or acts of workplace violence to your supervisor or manager. If that's not possible, report incidents to your Associate Personnel Analyst at (916) 322- 5521.
3. The supervisor or manager should complete an Incident Report Form and give it to the Personnel Officer.

HAZARD ASSESSMENT

The SCDD will perform workplace hazard assessment for workplace violence prevention/security in the form of periodic inspections. Periodic inspections are intended to identify and evaluate workplace violence/security hazards and threats of workplace violence

Periodic inspections are performed according to the following schedule:

1. When the Workplace Violence Prevention Program is implemented;
2. When new, previously unidentified workplace violence/security hazards are recognized;
3. When occupational injuries or threats of injury occur; and
4. Whenever workplace conditions warrant an inspection.
5. Within 30 days of reported incident a follow-up inspection is warranted.

Periodic inspections for violence prevention/security hazards consist of identification and evaluation of workplace hazards and changes in business practices, and may require assessing for more than one type of workplace violence. Our establishment performs inspections for each type of workplace violence by using the methods specified below to identify and evaluate workplace hazards.

INCIDENT INVESTIGATIONS

We have established the following policy for investigating incidents of workplace violence. Our procedures for investigating incidents of workplace violence, which includes threats and acts of violence, include:

1. Reviewing all previous incidents.
2. Visiting the scene of an incident as soon as possible.
3. Interviewing involved Councilmembers, employees and witnesses.
4. Examining the workplace for security risk factors associated with the incident, including any previous reports of inappropriate behavior by the perpetrator.
5. Determining the cause of the incident.
6. Taking corrective action to prevent similar incidents from occurring.
7. Recording the findings and ensuring corrective actions are taken.
8. Obtain any reports completed by law enforcement.

HAZARD CORRECTION

Hazards, which threaten the security of Councilmembers and employees, shall be corrected based on severity when they are first observed or discovered. Corrective measures can include:

1. Communicating effectively our department's workplace violence prevention policy to all Councilmembers, employees, supervisors, and managers.
2. Improving how well our Councilmembers, management and employees communicate with each other.
3. Increasing Councilmembers, employees, supervisors', and managers' awareness of the warning signs of potential workplace violence.
4. Controlling access to, and freedom of movement within, the workplace by non-employees, including recently discharged employees or persons with whom one of our employee's is having a dispute.
5. Providing counseling to Councilmembers, employees, supervisors or managers who exhibit behavior that represents strain or pressure which may lead to physical or verbal abuse of co-workers.
6. Ensuring all reports of violent acts, threats of physical violence, verbal abuse, property damage or other signs of strain or pressure in the workplace are handled effectively by management and that the person making the report is not subject to retaliation by the aggressor.
7. Ensuring Councilmember and employee disciplinary and discharge procedures address the potential for workplace violence.
8. Applying crime prevention measures through environmental design and administrative measures including but not limited to:
 - well lighted areas
 - security/controlled access to work area
 - code word recognized by coworkers to indicate you need help
 - buddy system for walking to car or locations away from the building
 - onsite security guards
 - eliminate hiding places in areas surrounding the building, i.e. overgrown shrubs, dark areas
 - panic buttons
 - locks on restroom doors

- remove sharp objects from view that could be used as a weapon (offices with public access)
- caller ID on phones

TRAINING AND INSTRUCTION

We have established the following policy with respect to training all Councilmembers and employees on workplace security. All Councilmembers and employees, including managers and supervisors, shall have training and instruction on general and job-specific workplace security practices. Training and instruction shall be provided when the Workplace Violence Prevention Program (WVPP) is first established and periodically thereafter. Training shall also be provided to all new Councilmembers and employees, to other employees for whom training has not previously been provided and to all employees, supervisors, and managers given new job assignments for which specific workplace security training for that job assignment has not previously been provided. Additional training and instruction will be provided to all personnel whenever the employer is made aware of new or previously unrecognized security hazards.

General workplace security training and instruction includes, but is not limited to, the following:

1. Specific WVPP and crime prevention training for the Department Crime/Workplace Violence Prevention Coordinator to develop and maintain the workplace violence/crime prevention program.
2. Explanation of the WVPP including measures for reporting any violent acts or threats of violence.
3. Recognition of workplace security hazards including the risk factors associated with workplace violence.
4. Measures to prevent workplace violence, including procedures for reporting workplace security hazards or threats to managers and supervisors.
5. Ways to defuse hostile or threatening situations.
6. Measures to summon others for assistance.
7. Routes of escape.
8. Notification of law enforcement authorities when a criminal act may have occurred.
9. Emergency medical care to be provided to a victim of any violent act upon a worker;

10. Post-event trauma counseling for those employees desiring such assistance.
11. California Victim Compensation and Government Claims Board.
12. Department of Personnel Administration Rules.
13. Union Contracts.

In addition, we provide specific instructions to all Councilmembers and employees regarding workplace security hazards unique to their job assignment, to the extent that such information has not previously been covered in other training.

RECORDKEEPING

An effective record keeping system helps in selecting the appropriate level of controls to prevent recurrence and in determining required training. Records should be kept up to date

- OSHA 200 - Pursuant to Title 8 California Code of Regulations, Sections 14300 through 14400, employers are required to record on their OSHA 200 Log all fatalities and illnesses and specified injuries which occur as a result of work related injuries or illnesses including workplace violence:

Those injuries which are recordable are those which result in the following:

1. Loss of consciousness;
2. Restriction of work or motion;
3. Transfer to another job or termination of employment; or
4. Medical treatment beyond first aid.

Workplace violence includes assaults that take place on the employer's premises and at other locations where employees are engaged in work-related activities or are present as a condition of employment.

The following records should be kept in a separate file for Workplace Violence Prevention Incident Reports in accordance with departmental policies:

- **Incident Reports** - any acts of aggression should be recorded; they may be threatening to the worker, but may not result in injury, (i.e. pushing or shouting). The report should describe who was threatened or assaulted,

the type of activity, (i.e. unprovoked sudden attack), and all other circumstances of the incident. The records should include a description of the location/environment, potential or actual costs, lost time, nature of injuries sustained, etc.

- **Minutes of safety meetings** - should be taken and should contain findings, corrective actions recommended relative to workplace violence, along with department's response and completion dates for action items.
- **Employee questionnaires** - which should assess employee views of high risk work areas and activities.

The following records should be maintained.

- **Training records** - which should include dates that training was conducted, type of training given, employees trained, etc.
- **Inspection records** - which should include dates of inspection, areas inspected, all findings and recommendations, any control measures implemented, etc.

Workplace Violence Prevention Incident Report Form

Parts I –IV shall be completed by the employee

PART I - NATURE OF INCIDENT - (*check all that apply*)

Section A

- ☐ **Threat**
☐ **Verbal**
☐ **Written**
- ☐ **Electronic**
☐ **Physical with Injury**
☐ **Physical without Injury**
- ☐ **Harassment**
☐ **Behavioral Observation**
☐ **Information Only**
- ☐ **Other**
-

PART II - INCIDENT DIRECTED AT:Person(s):

Place:

Structure:

PART III - INCIDENT INITIATED BY:Person(s):

☐ Male ☐ Female ☐ Employee Classification:

Worksite:

PART IV - TYPE/LOCATION INCIDENT OCCURRED**Section A**

Type of Contact:

☐ In person ☐ Telephone ☐ Mail ☐ Observation ☐ Recording
☐ Electronic Mail
☐ Fax ☐ Other

Was the employee alone? ☐ Yes ☐ No

Section B

Location of Incident:

☐ Worksite ☐ Employee's Residence ☐ Other**Section C**

Address/Location where incident occurred:

Street City State

Section DWere any threats made before the incident occurred? ☐ Yes ☐ No

Did the Councilmember/ employee(s) ever report to the department that he/she was threatened, harassed, or suspicious that the attacker may become violent?

☐ Yes ☐ No

Was the perpetrator a stranger, client/patient, co-worker, or otherwise familiar person? _____

Was a weapon used? ☐ Yes ☐ No

If yes, what type of weapon? _____

Section EWere there injuries? ☐ Yes ☐ No

If yes, who was injured?

Name: _____ Phone: _____

Injury
Description: _____

Name: _____ Phone: _____

Injury
Description: _____

Name: _____ Phone: _____

Injury
Description: _____

Witnesses(s) to the incident:

Name: _____ Phone Number: _____

Address: _____
Street City State

Name: _____ Phone Number: _____

Address: _____
Street City State

Name: _____ Phone Number: _____

Address: _____
Street City State

**PART V - (TO BE COMPLETED BY MANAGER/SUPERVISOR) - ACTION TAKEN-
REPORTING SUPERVISOR**

Law enforcement or other outside agencies contacted?

☐ Yes ☐ No

Agency

Name: _____

Case Number If

Applicable: _____

Were Employee Assistance Program services provided? ☐ Yes ☐ No

PART VI – (TO BE COMPLETED BY PERSONNEL OFFICER) ADMINISTRATIVE ACTION:

:

Most Recent Action

Revised April 18, 2018

- 1-240 Zero-Tolerance Policies
- 1-242 Discrimination Complaint Process
- 1-244 Drug Free Workplace Statement
- 1-246 Equal Employment Opportunity Policy Statement
- 1-248 Sexual Harassment
- 1-248.1 Sexual Harassment Prevention Training

DISCRIMINATION COMPLAINT PROCESS

Purpose:

To provide all employees or applicants of the California State Council on Developmental Disabilities with the Department's employment discrimination complaint process.

Authority/Reference:

Title VII of the Civil Rights Act of 1964
Equal Pay Act of 1963
Age Discrimination in Employment Act of 1967
Title I and Title V of the Americans with Disabilities Act of 1990
Sections 501 and 505 of the Rehabilitation Act of 1973
Title II of the Genetic Information Nondiscrimination Act of 2008
Civil Rights Act of 1991
CA Gov. Code 12940 et seq.
2 CCR Chapter 5 of Division 4.1
2 CCR 11023

Applies To:

Councilmembers and staff

POLICY

Policy Statement

This policy has been developed to facilitate the resolution of discrimination complaints at the lowest level possible and in the fairest, most timely manner.

DEFINITION

Discrimination is defined as any unfair employment practice or behavior that treats individuals differently because of their Race, Color, Ancestry, National Origin (Including Language Limitations), Religion, Sex, Sexual Orientation, Marital Status, Age (40 and above), Disability (Mental and Physical) including HIV and AIDS, Medical Condition (Cancer/Genetic Characteristics), Denial of Pregnancy Disability Leave or Reasonable Accommodation, Retaliation, Veteran Status and/or Political Affiliation. The practice or behavior may not be intentional

but it results in employees not being given full and equal consideration for employment, retention, evaluation, or advancement purely on the basis of merit and job-related qualifications.

SCOPE

The discrimination complaint process may be used to address harassment and discrimination complaints based on Race, Color, Ancestry, National Origin (Including Language Limitations), Religion, Sex, Sexual Orientation, Marital Status, Age (40 and above), Disability (Mental and Physical) including HIV and AIDS, Medical Condition (Cancer/Genetic Characteristics), Denial of Pregnancy Disability Leave or Reasonable Accommodation, Retaliation, Veteran Status and/or Political Affiliation. Sexual harassment has been interpreted by the courts to be a form of sex discrimination. Therefore, complaints based on sexual harassment are subject to the same process and time frames as complaints based on Sex, Race, Color, etc.

The discrimination complaint process does not preclude an employee or applicant who believes that they have been discriminated against from simultaneously filing a court action and/or complaint with the Federal Equal Employment Opportunity Commission (EEOC), the California Department of Fair Employment and Housing (DFEH), the U. S. Department of Labor or any other agency charged with enforcing laws prohibiting discrimination. If you file a complaint with the EEOC you must do so within 300 days of the first incident regardless of the status of any department complaint. For further information, contact the EEOC at:

EEOC:

450 Golden Gate Avenue

5 West, P.O Box 36025

San Francisco, CA 94102-3661

Phone: 1-800-669-4000

Fax: 415-522-3415

TTY: 1-800-669-6820

ASL Video Phone: 844-234-5122

Additionally, individuals can file with DFEH within 365 days from the last date of occurrence at:

DFEH

2218 Kausen Drive, Suite 100
Elk Grove, CA, 95758

It should be noted that there are various time limits for filing complaints.

Managers/Supervisors are encouraged to immediately contact the EEO Office for assistance in dealing with potential discrimination issues in order to facilitate the prevention of circumstances that may ultimately lead to a discrimination complaint. If an employee wishes to initiate a complaint, managers should allow that employee a reasonable amount of state time to prepare the complaint.

There may also be instances when the employee is out stationed and may want to travel to Sacramento to meet with an EEO Counselor. In these circumstances the travel expenses would be the responsibility of the employee. If the travel expenses are prohibitive for the employee, the EEO Counselor will decide if the situation warrants a meeting. If it does, arrangements will be made to meet with the individual at a convenient location at or near the work site.

In addition to the internal EEO complaint process, employees in Bargaining Unit one (1) and four (4) have the ability to make their complaints of discrimination, sexual harassment and retaliation through the grievance process. To do so, a formal grievance must be filed no later than 21 calendar days after the employee can reasonably be expected to have known of the event occasioning the grievance. Allegations of discrimination can be appealed through the third level of review in the grievance process. Allegations of retaliation or threats of retaliation may be appealed through the entire grievance and arbitration process.

Procedure**PROCEDURE FOR FILING AN INFORMAL EEO DISCRIMINATION COMPLAINT**

Any employee or applicant who believes that they have been discriminated against may file a complaint of discrimination to appeal an action, decision, policy or condition, which he or she feels were discriminatory. The following steps should be followed in filing a discrimination complaint:

1. Before making a formal complaint, an employee/applicant (Complainant) should first discuss the problem with an Equal Employment Opportunity (EEO) Counselor. Contact must be made within 365 days of the date of the alleged discriminatory action. If the employee or applicant just obtained knowledge of the facts of the unlawful discrimination, an additional 90 days are granted following the one-year expiration date. For assistance, contact the EEO Office at (916) 657-2326, or TDD (916) 651-6246.

The EEO Counselor acts as an intermediary through which employees can raise questions, discuss problems, receive answers and resolve issues of discrimination on an informal basis. The EEO Counselors are usually not involved in the formal complaint process. Their primary responsibility is to attempt a satisfactory informal resolution of the complaint at the lowest level possible. The informal process should be completed within 15 days.

2. The EEO Counselor will hear the complaint and perform whatever preliminary inquiry is deemed necessary to prepare an informal analysis of the problem and/or achieve immediate resolution.

It should be clear that in order to bring the complaint to the appropriate authority for resolution, confidentiality is not always practical.

The EEO Counselor will present the employee with a written statement of the inquiry and/or attempt to resolve the issue together with all alternatives and rights under the process. A copy of this report will be forward to the EEO Chief for final review and filing.

If the employee or applicant (Complainant) chooses to formalize the complaint, the EEO Counselor will advise him/her of all rights and the proper procedure for filing a formal discrimination complaint.

PROCEDURE FOR FILING A FORMAL EEO DISCRIMINATION COMPLAINT

1. If the employee or applicant wishes to file a formal complaint, he/she should file with the SCDD EEO Office. He/she should file a formal written complaint within one year of the alleged discriminatory action or decision or the time the employee/applicant first became aware of the action or decision.

The written complaint must:

- a) State the action(s) perceived to be discriminatory;
- b) State the date(s) of the alleged action(s);
- c) The basis of discrimination (race, sex, age, etc.), and
- d) The specific remedy or remedies sought by the complainant.

Formal written complaint forms as well as confidentiality waiver and authorized

representative forms can be obtained from the EEO Office. EEO will notify the respondent (person alleged to have discriminated against the complainant) that a formal complaint has been filed.

2. The EEO Chief will review the formal complaint and make a preliminary determination.

He/she may:

- a) Attempt to further negotiate informal resolution of the complaint;
 - b) Make a decision on the merit of the complaint; or
 - c) Assign an EEO Investigator.
3. If an investigator is assigned, he/she will provide the EEO Chief with a written report of the investigative findings within 180 days after the case has been assigned. Once the EEO Chief receives the report of findings, he/she will determine if there is any merit to the complaint. A written report of findings will also be issued to the Complainant and Respondent.
 4. If the EEO Chief determines that there may be validity to the complaint. The EEO Chief may initiate settlement in an effort to bring resolution between the parties. The EEO Chief will keep the Deputy Director apprised of all complaints and settlement efforts. If resolution is not possible, the complaint will be forwarded to the Director or his/her designee. In some cases, the Director may request that the EEO Office investigate the matter further. If the Director or the designee renders a final decision, that decision will be rendered in writing to the Complainant, Respondent, relevant management staff and the EEO Chief.

5. If the Complainant is not satisfied with the final decision rendered by the Director or the designee, the Complainant may file an appeal with the State Personnel Board (SPB). The appeal must be made within 30 calendar days of the receipt of the decision to the Executive Officer, State Personnel Board, at:

Executive Officer, State Personnel Board
801 Capitol Mall
Sacramento, California 94244-2010.

PROCEDURE FOR FILING A DISCRIMINATION GRIEVANCE (Units 1 and 4 only)

1. The employee is to discuss the matter with his/her immediate supervisor. The Supervisor is to verbally respond to the employee's allegation(s) within seven (7) calendar days.
2. If the supervisor's response does not satisfy the employee, within 21 calendar days after the employee can reasonably be expected to have known of the event occasioning the grievance, a formal written grievance (STD 630) may be submitted to the employee's Supervisor. The Supervisor will solicit a waiver of the first review level from the employee and/or the employee's representative so that the grievance can be forwarded to the second level of review (the Department's Labor Relations Bureau). If the waiver is granted, the manager will immediately send a written confirmation of it to the employee and/or employee's representative. The grievance material, with a copy of the waiver letter, is immediately forwarded to the Department's Labor Relations Bureau.
3. The Labor Relations Bureau refers the case to the Department's EEO Office for Investigation. The EEO Office will advise the Labor Relations Bureau of its findings and a Department's response to the employee and/or the employee's representative will be issued. The response will be issued within 21 calendar days unless the grievant or his/her representative has granted an extension. If a violation of the contract provision has been found, the EEO Office will submit its findings to the Deputy Director Office of Human Rights, for establishment of a settlement conference.
4. If the employee is not satisfied with the Department's response to the grievance, the Grievance may be appealed to the third level of review

California Department of Human Resources, Labor Relations Division
1515 "S" Street, Suite 500, Sacramento, CA 95811-7258.

Most Recent Action

April 18, 2018 minor, non-substantive revision.

DRUG FREE WORKPLACE STATEMENT

Purpose:

To comply with the Federal Drug-Free Workplace Act of 1988, and continue receiving federal grants and contracts, state agencies must certify that they provide drug-free workplaces and have issued drug-free workplace statements with these provisions to their employees.

Authority/Reference:

Federal Drug-Free Workplace Act of 1988
Title 2, Article 29, Rule 599.960 of the California Code of Regulations

Applies To:

Councilmembers and staff

POLICY

Policy Statement

To comply with the Federal Drug-Free Workplace Act of 1988, and continue receiving federal grants and contracts, state agencies must certify that they provide drug-free workplaces and have issued drug-free workplace statements with these provisions to their employees. You are being issued this statement to meet this requirement.

It is the policy of the State of California (refer to Title 2, Article 29, Rule 599.960 of the California Code of Regulations) that the state workplace be free from the effects of drug and alcohol abuse. This is to avoid the dangers arising from substance abuse in the workplace. These dangers include death and injury to the employee, co-workers, or the public resulting from accidents, dereliction of duty, poor judgment and carelessness. Substance abuse also results in lost productivity, reduced efficiency, and increased absenteeism by the substance abuser and interferes with the job performance of employees who do not use illegal or unauthorized substances.

This policy, which is consistent with Government Code Section 19572 and the Governor's Executive Order D-58-86, states that no state employee who is on duty shall (1) use, possess, or be under the influence of illegal or unauthorized

drugs or other illegal mind-altering substances; or, (2) use or be under the influence of alcohol to any extent that would impede the employee's ability to perform his or her duties safely and effectively. Furthermore, no employee shall perform duties which, because of drugs taken under a legal prescription, the employee cannot perform without posing a threat to the health and safety of the employee or others.

California law also prohibits the unlawful manufacture, dispensation, possession, or illegal use of a controlled substance. That prohibition extends to all places and includes the worksite of California State Employees.

Employees convicted of a violation of a criminal drug statute when the violation occurred at a state employee's worksite shall report the conviction to the state agency within five (5) days of the conviction.

In the event of the unlawful manufacture, distribution, dispensation, possession or illegal use of a controlled substance at a state worksite, the state may take disciplinary action pursuant to applicable Government Code sections and/or require the satisfactory completion of a drug abuse assistance or rehabilitation program.

The state Employee Assistance Program (EAP) provides drug problem assessment and referral to appropriate counseling and rehabilitation services. The EAP is available to all state employees. Procedures exist to ensure the confidentiality of EAP records. Contact your personnel office for further information.

It is the intent of the state that each state employee abides by the terms of this Drug-Free Workplace Statement.

Most Recent Action

Provided to all SCDD Staff December 30, 2015

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

Purpose:

To provide policy of equal employment opportunity for all employees, job applicants, students, and volunteers.

Authority/Reference:

Applies To:

Councilmembers and staff

POLICY

Policy Statement

The State Council on Developmental Disabilities (SCDD) is committed to a firm policy of equal employment opportunity for all employees, job applicants, students, and volunteers.

It is the SCDD's policy to provide employment, career development, advancement, and assignment opportunity at all occupational levels based on merit, efficiency and fitness. The SCDD will endeavor to maintain a work environment that is free of discrimination based on age, sex, ancestry, color, marital status, medical condition, pregnancy, national origin, veteran status, physical or mental disability, denial of leave under the Family and Medical Leave Act or the California Family Rights Acts, political affiliation, race, religious creed, gender, or sexual orientation.

No person shall be granted preferential treatment based on race or gender, or otherwise be discriminated against with regard to appointment, discipline, promotion, recruitment, retention, selection, training, or other aspects of employment. The SCDD will provide reasonable accommodations to ensure employment opportunities and public services remain accessible.

When under-utilization is found, race and gender neutral measures will be employed to identify and remove artificial employment barriers in our employment practices. Affirmative steps will be taken to employ persons with disabilities, and to open upward mobility opportunities for employees in low paying occupations.

An individual who utilizes the discrimination complaint process is entitled to certain rights and guarantees. These rights must be discussed with the complainant at the initial stages of the complaint process. The EEO Counselor and/or the EEO Investigator must ensure the complainant clearly understands each right. These rights include:

- An informal, confidential presentation of a complaint to a competent EEO Counselor*
- To keep their complaint confidential until such time as they give their EEO Counselor permission to do otherwise, in order to bring the complaint to the appropriate authority for remedy; or until such time as a formal complaint is filed.*
- To a full, impartial and prompt investigation by a trained departmental Investigator.*
- To a timely, written decision from the appointing power, after full consideration of all relevant facts and circumstances.
- To be represented by a person of his/her own choosing at each and all steps of the process.*
- To appeal the appointing power's decision within 30 days to the State Personnel Board and/or file a complaint with the appropriate Federal or State agency.
- To be free from reprisals after filing a complaint.
- To be notified in writing when a formal complaint has been filed and when a final decision has been made.*

*Also applies to employees responding to a complaint (respondents).

The SCDD's goal is to foster a work environment that values quality, respect, diversity, integrity, openness, communication, and accountability.

Managers and supervisors shall be responsible for implementing the principles and objectives of this policy. It is the personal responsibility of employees to integrate the intent and philosophy of this policy into their daily work activities. This policy applies to all employees, at all levels.

The Department's Equal Employment Opportunity (EEO) Office staff is available to assist and counsel all SCDD employees or applicants who feel they have been discriminated against. The EEO Office can be reached by calling (916) 322-8481.

Most Recent Action

Policy Statement provided to all SCDD staff December 30, 2015

SEXUAL HARASSMENT ZERO-TOLERANCE POLICY

Purpose:

To inform Councilmembers and staff of the State of California's zero tolerance policy for all acts of sexual harassment.

Authority/Reference:

Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000 (1964)).
Fair Employment and Housing Act (Government Code, § 12940 et. seq. and Government Code § 19572).

Applies To:

Councilmembers and staff

POLICY

Policy Statement

The State Council on Developmental Disabilities (SCDD) is committed to providing a workplace in which all individuals are treated with respect and dignity. No person should endure sexual harassment in the workplace. All SCDD employees, including contract employees, interns and volunteers, are subject to this Policy regardless of their employment status. This Policy applies to any location that can be reasonably regarded as an extension of the workplace such as any off-site social or business function or any other non-SCDD facility where SCDD business is being conducted. The SCDD is also committed to preventing sexual harassment toward individuals receiving services by the SCDD.

ZERO TOLERANCE

The SCDD has zero tolerance for all acts of sexual harassment. The SCDD is committed to providing all employees a safe work environment free from sexual harassment. A zero-tolerance policy means working to prevent any inappropriate behavior. An employee's action does not need to be severe or pervasive to be in violation of this Policy. The employee may be subject to a disciplinary action, up to and including dismissal, for violating this Policy.

The SCDD recognizes that false accusations of sexual harassment can have a serious effect on an innocent employee's reputation and character. Therefore,

any employee found to have provided untrue information may be subject to disciplinary action.

Supervisors and managers may be subject to disciplinary action for failure to take appropriate and expedient action to ensure a work environment free of sexual harassment.

EMPLOYEE RESPONSIBILITIES

Any employee or individual who believes that they have been sexually harassed has a responsibility to immediately report the potential Policy violation to their supervisor and/or manager or to the SCDD's Equal Employment Opportunity (EEO) Office. The SCDD must be aware of sexual harassment in order to take appropriate corrective action. If the alleged harasser is the employee's supervisor or manager or if the employee is not comfortable reporting the sexual harassment to that individual, employees should report the behavior to another supervisor or directly to the EEO Office.

The EEO Office can be reached at:

**State Council on Developmental Disabilities
Equal Employment Opportunity Office**
Phone: (916) 322-5521

In addition, employees have an obligation to:

- Adhere to this Policy.
- Refrain from engaging in, condoning, tolerating or ignoring conduct that violates this Policy.
- Cooperate with any investigation regarding an alleged violation of this Policy.
- Report the potential Policy violation to their supervisor and/or manager or to the SCDD's Equal Employment Opportunity (EEO) Office.

SUPERVISOR AND MANAGER RESPONSIBILITIES

Supervisors and managers are expected to know and implement this Policy. Supervisors and managers must ensure that all new employees are given this Policy and take the online and other sexual harassment training offered by SCDD. Any supervisor or manager that becomes aware of any possible sexual

harassment is obligated by state and federal laws as well as this Policy to take immediate and appropriate action to address such situations to help prevent the conduct from continuing. This includes immediately communicating with the alleged harasser that the behavior must stop. Supervisors and managers must document all incidents and/or complaints of sexual harassment and submit documentation to the EEO Officer immediately. The EEO Officer will assess the situation, consult with the supervisor or manager on the appropriate follow-up steps, and determine the depth of the investigation.

MANDATED TRAINING

California Law (Government Code section 12950.1) requires that all supervisors and managers complete a two-hour interactive Preventing Sexual Harassment training course every two years. To comply with this mandatory requirement, all SCDD supervisors and managers must complete the "Supervisory" version of the Sexual Harassment training.

Additionally, although not mandated by law, it is the SCDD's Policy that all non-supervisory employees take the "Non-supervisory" version of the training every two years. It is the supervisor's or manager's responsibility to ensure that their staff takes the training.

COMPLAINT PROCEDURES

Individuals who believe they have been subjected to sexual harassment should file a complaint with the SCDD's EEO Office within 365 days from the date of the alleged incident(s). A complaint is filed using the SCDD EEO Discrimination Complaint Form. For further information regarding the complaint process, refer to the SCDD's Discrimination and Harassment Policy or contact the EEO Office.

Employees in Bargaining Units 1 and 4 have the ability to make their complaint of sexual harassment through the grievance process. A formal grievance must be filed on a STD 630, Employee Contract Grievance form, no later than 30 calendar days after the employee can reasonably be expected to have known of the event occasioning the grievance. Allegations of sexual harassment can be appealed through the third level of review in the grievance process. Allegations of retaliation or threats of retaliation may be appealed through the entire grievance and arbitration process.

All employees have the option to file sexual harassment complaints with the California Department of Fair Employment and Housing within 365 days from the last date of the alleged incident(s). Additionally, employees may file sexual

harassment complaints with the U.S. Equal Employment Opportunity Commission within 300 days from the first date of the alleged incident(s).

Further information for these agencies can be found at:

California Department of Fair Employment and Housing

www.dfeh.ca.gov

Phone: (800) 884-1684

TDD: (800) 700-2320

U.S. Equal Employment Opportunity Commission

www.eeoc.gov

Phone: (800) 669-4000

TTY: (800) 669-6820

DEFINITIONS

Sexual harassment: is any unwelcomed sexual advance, request for sexual favor(s), or other visual, physical or verbal conduct of a sexual nature when submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or receipt of SCDD services. Sexual harassment may be directed against a particular individual or group of either the opposite sex or same sex. Generally, there must be a pattern of unlawful conduct, although a single serious incident in some cases might be enough to constitute sexual harassment. The courts have defined two types of sexual harassment: quid pro quo and hostile work environment, as defined below.

Quid Pro Quo: (in English meaning "something for something") is a type of sexual harassment which occurs when a supervisor or manager:

- Demands a subordinate submit to sexual advances as an explicit or implied term or condition of employment decisions. This may include situations which began as reciprocal relationships, but which later ceased to be reciprocal.
- Makes requests for sexual favors or other verbal, visual or physical conduct of a sexual nature that is an explicit or implied term or condition of employment decisions.

Hostile Work Environment: is a form of sexual harassment which occurs when an individual is subjected to unwelcome behavior that is sexual in nature and is

sufficiently severe or pervasive to interfere with the individual's work performance or creates an intimidating, hostile or offensive work environment. The conduct is viewed both subjectively and objectively. The courts look at the totality of the circumstances surrounding the alleged incidents of harassment to determine whether unlawful conduct has occurred.

Employee: as used in this policy only, means an individual who works for this agency, whether full or part time, receives pay, and has an employee identification number. For this policy only, this definition also includes individuals who have signed an employment agreement or contract to provide services to or on behalf of this agency, as well as recognized interns (paid or unpaid), and volunteers.

Person: as used in this policy only, means a member of the public conducting business with this agency or receiving services from this agency, such as a vendor, licensee, third party or claimant.

EXAMPLES OF PROHIBITED BEHAVIOR

Examples of quid pro quo harassment include, but are not limited to:

- Sexual requests made either explicitly or implicitly as a term or condition of employment.
- Sexual requests in exchange for a promotion or raise.
- Express or implied statement that a person will be demoted or fired if she or he does not submit to a sexual request, whether or not the statement or threat is actually carried out.

Examples of a hostile work environment include, but are not limited to:

- Leering, making or sending sexual jokes, sexually suggestive remarks, sexual gestures, or sending e-mails with pictures that are sexual in nature.
- Making unwelcomed offensive, negative or demeaning remarks about a person's
- gender or physical appearance that are viewed as sexual in nature.
- Deliberate and unwelcome touching, hugging, and patting or blocking a person's
- movement.

- Displaying offensive sexual illustrations or pictures in the workplace, looking at pictures on a computer that can be viewed by other employees that are sexual in nature.
- Unwelcome request or pressure for dates or sex (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal). A “date” is defined as a request to meet one on one. It is never appropriate for an employee to request a date after an initial request is denied.

The intent of the person accused does not determine sexual harassment. The impact and/or whether the victim perceives it to be offensive or sexually harassing is the primary factor in determining if sexual harassment has occurred.

RETALIATION

Actions of retaliation taken against individuals who report or file complaints of sexual harassment, or for individuals providing information during a complaint investigation, are strictly prohibited. The SCDD will not tolerate any retaliation against an individual who reports in good faith and/or provides information in an investigation of a complaint of sexual harassment, regardless of whether the claim of sexual harassment is determined to be valid or unfounded.

CONFIDENTIALITY

The SCDD has an obligation to address complaints of sexual harassment. The EEO Office and others responsible for implementing this Policy will respect the confidentiality and privacy of individuals involved in a sexual harassment investigation to the extent possible. The SCDD cannot guarantee complete confidentiality where it would conflict with the obligation to investigate meaningfully or, where warranted, to take corrective action.

All SCDD employees who take part in any of the procedures under this Policy are expected not to reveal any information they learn in the course of the proceedings, with anyone other than EEO staff and their own personal legal counsel or union representative. Breaches of confidentiality jeopardize the investigation and resolution of claims of harassment, and may lead to disciplinary action.

All employees are required to cooperate with EEO investigations and tell the truth. Employees who do not cooperate or who compromise the integrity of the investigation may be subject to disciplinary action.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is available as a resource for employees who desire counseling for stress, interpersonal conflicts, legal issues and/or other concerns. Employees may contact the SCDD Personnel Office at (916) 322-5521 for more information regarding the EAP or Magellan Healthcare at (866) EAP-4SOC (1-866-327- 4762). TTY users should call (800) 424-6117. The EAP is a confidential program.

LEGAL AUTHORITY

Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000 (1964)).
Fair Employment and Housing Act (Gov. Code, § 12940 et. seq. and
Government Code
§ 19572).

CONTACT INFORMATION

Questions regarding this Policy should be referred to the EEO Office at:

State Council on Developmental Disabilities
Equal Employment Opportunity Office
Phone: (916) 322-5521

Most Recent Action

Revised by HR January 2018

SEXUAL HARASSMENT PREVENTION TRAINING

Purpose:

The Councilmembers elected to require themselves to complete Sexual Harassment Prevention training.

Authority/Reference:

Government Code §12950.1

Applies To:

Councilmembers and staff

POLICY

Policy Statement

The State Council on Developmental Disabilities (SCDD) is committed to providing a workplace in which all individuals are treated with respect and dignity. Given the current climate facing the Nation with the increasing number of sexual harassment allegations, employers are being proactive in educating staff about behaviors that are acceptable and not acceptable in the workplace to create a more civil, inclusive, discrimination and harassment free workplace.

Government Code section 12950.1 requires employers having 50 or more employees to provide at least two hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees in California within six months of their assumption of a supervisory position. The SCDD is an employer covered by this section and shall provide sexual harassment training and education to each supervisory employee in California once every two years.

Although sexual harassment prevention training is not mandatory for Council Members, the Council elected to have a department-wide strategy to provide training to all Council Members. The SCDD is working with the Department of Social Services (DSS) in providing Sexual Harassment Prevention training on-line. DSS has contracted with EverFi who has already developed the on-line training that is anticipated to go live in the early part of 2018. The on-line training will be mandatory for SCDD staff.

Procedure

All Councilmembers will be required to take the on-line training within six (6) months of their start date and every two years thereafter. Councilmembers who have already completed Sexual Harassment Training with their agency/department will be exempt from this requirement. HR will maintain the training records and notify the Councilmembers when they are required to take the training again. Individuals who believe they have been sexually harassed have a responsibility to immediately report the potential policy violation to either their supervisor, manager or to the SCDD's Equal Employment Opportunity (EEO) Office at (916) 322-5521.

Most Recent Action

Adopted by Council March 20, 2018

1-300 ETHICS

1-310 Ethics Training

1-320 Form 700 Statement of Economic Interest

1-330 Statement of Incompatible Activities

ETHICS TRAINING

Purpose:

To inform Councilmembers and staff of the requirement to complete ethics training within 6 months of appointment/hire and every two years thereafter.

Authority/Reference:

Gov. Code §§ 11146 et seq.

Applies To:

Councilmembers and staff

POLICY

Policy Statement

California law requires person who must file a statement of economic interest (Form 700) to complete an ethics training course within six months of being hired. If your service is ongoing and you must file a Form 700, you are required to complete the course once during each two-year period following your initial training. The two-year period begins with an odd-numbered year, for example, 2017-18, 2019-20, etc.

Procedure

All SCDD Councilmembers and employees who are listed in the SCDD Conflict of Interest Code and are required to file the Form 700 shall complete the required state ethics training. The online Ethics Course provided on the Attorney General website at the below website address may be used to fulfill the requirement:

<https://oag.ca.gov/ethics/course>

After completing the course, Certificates of Completion shall be sent by the Councilmember or employee to the Personnel Office. The Personnel Office will maintain a database and work with appropriate supervisors to ensure compliance with the ethics training requirements.

Councilmembers requiring reasonable accommodation to complete the ethics training course should contact the Executive Director for further assistance.

Most Recent Action

Issued April 18, 2018

FORM 700 STATEMENT OF ECONOMIC INTEREST

Purpose:

To comply with the SCDD's Conflict of Interest Code in which officials and employees are designated to file specific disclosure categories with the Fair Political Practices Commission.

Authority/Reference:

Government Code § 87300-87302, and 87306
2 California Code of Regulations, § 18730

Applies To:

Councilmembers

POLICY

Policy Statement

All filers shall submit their Form 700 in the Month of March for the prior calendar year. Assuming Office and Leaving Office Form 700s must also be filed at the time of appointment/hire and separation from SCDD service.

Procedure

Councilmembers, shall file their annual Form 700 directly with the Fair Political Practices Commission (FPPC) utilizing the FPPC eDisclosure Online Portal website: <https://form700.fppc.ca.gov/>.

Most Recent Action

N/A

STATEMENT OF INCOMPATIBLE ACTIVITIES

Purpose:

To inform Councilmembers and staff of the prohibited activities that are inconsistent, incompatible, and/or in conflict with the duties of officers and employees of the State Council on Developmental Disabilities (SCDD).

Authority/Reference:

Government Code § 19990

Applies To:

Councilmembers and staff

POLICY

Policy Statement

Pursuant to Government Code section 19990, the prohibited activities enumerated below are inconsistent, incompatible, and/or in conflict with the duties of officers and employees of the State Council on Developmental Disabilities (SCDD).

1. Using the prestige or influence of an office or employment with the SCDD for the officers or employees private gain or advantage, or the private gain or advantage of another.
2. Using time, facilities, equipment or supplies of the SCDD for the officers or employees private gain or advantage, or the private gain or advantage of another.
3. Using confidential information acquired by virtue of employment by the SCDD for the officers or employees private gain or advantage, or the private gain or advantage of another.
4. Receiving or accepting money or any other consideration from anyone, other than the State, for performance of an act which the officer or employee would be required or expected to render in the regular course of hours of his/her

state employment or as part of his/her duties as an officer or employee of the SCDD.

5. Performing an act or activity in a capacity other than that of an officer or employee of the SCDD when the act or activity performed is subject to direct control, inspection, investigation, review, audit or enforcement by the officer or employee or is normally subject to the direct control, inspection, investigations, review, audit or enforcement by the SCDD Area Board to which the officer or employee is assigned.
6. Directly or indirectly receiving or accepting any gift, service, gratuity, favor, entertainment, hospitality, loan or any other thing of value, from anyone who is doing or seeking to do business of any kind with the state, under circumstances from which it could reasonably be inferred that the gift, service, gratuity, favor, entertainment, hospitality, loan or any other thing of value was intended to influence him/her in his/her official duties or was intended as a reward of any official action on his/her part.
7. Subject to any other laws, rules, or regulations as pertain hereto, not devoting his/her full time, attention, and efforts to his/her state office or employment during his/her hours of duty as a state officer or employee.
8. Divulging confidential information, data or records of the SCDD to any person to whom the issuance of such information, data or records has not been authorized, or divulging or making use of any records of the SCDD for a mailing list or any other unauthorized purpose.

Most Recent Action

All SCDD staff noticed December 30, 2015

1-400 PAYMENTS AND TRAVEL

- 1-410 Driving
- 1-420 Honoraria Payments
- 1-430 Policy for Conference Attendance by Councilmembers
- 1-440 Travel Advances
- 1-450 Travel Planning and Reimbursement
- 1-460 Travel Out of State

DRIVING

Purpose:

To provide Councilmembers and staff with information on the State requirements for Driver Training when operating a vehicle on official State business.

Authority/Reference:

Government Code § 11290, 16378, 16379
California Labor Code § 6400 & 6401.7 (a)(4)
State Administrative Manual § 0750, 0752, 2420

Applies To:

Councilmembers and staff

POLICY

Policy Statement

All Councilmembers and employees who drive a vehicle on official State business must successfully complete the Department of General Services-approved Online Defensive Driver Training (DDT) course at least once every four years.

In accordance with the California Labor Code, the State Council on Developmental Disabilities must ensure that Councilmembers and employees receive general safe and healthy work practices training and specific instructions with respect to workplace hazards associated with their job assignments. Driving a vehicle has its inherent risks; therefore, affected employees must meet the State's Online DDT requirements.

Procedure

The online course is available at:

<http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>

Councilmember/Employee

1. Complete the DDT - Online course.

2. Review, sign, and date the Self-Certification Acknowledgement certificate.
3. Councilmembers forward the completed Acknowledgement to the Travel Coordinator. Employees forward the completed Acknowledgement to their supervisor for signature and record keeping.

Supervisor

1. Review, sign, and date each employee's completed Acknowledgement.
2. Ensure the completed Acknowledgement is maintained in the department's training files, or other designated location.

Most Recent Action

N/A

HONORARIA

Purpose:

To inform Councilmembers of the procedures for requesting and receiving honoraria payments for Council business.

Authority/Reference:

Welfare and Institutions Code §4550

Applies To:

Councilmembers

POLICY

Policy Statement

Pursuant to Welfare and Institutions Code §4550, each Councilmember is entitled to receive the sum of one hundred dollars (\$100.00) for each full day of work performed directly related to Council business, not to exceed fifty (50) days in any fiscal year.

The following honoraria procedures ensure a best practices approach that substantiates the appropriate use of public funds.

Procedure

The process to submit a request for payment of honoraria is:

1. **Qualifying event** – An event qualifies for honoraria if one of the following applies: a) the Council has been asked to participate in the event, and the member has been appointed as the Council representative by the Council Chairperson; or b) the Chairperson or Executive Director requests a member's participation in an event.
2. **Prior Authorization** - Members shall obtain prior authorization from the Council Chairperson **before** attending a qualifying event. The Council Chairperson shall request prior authorization from the Executive Director.

3. **Qualifying Participation** - In order to be considered qualifying participation, the member must be participating in the event representing the Council in their role as a Council member. This ***shall not*** include events where the member participates in a different role (as an area board member, or as an individual consumer, etc.).
4. **Qualifying Time Period** - In order to be considered a full day, the event (including travel time) must be at least six (6) hours. The hours may be cumulative in nature; therefore, if member participates in three (3) events for two (2) hours each, that totals one full day of service and may qualify for one day of honoraria.
5. **Honoraria Claim Form** - After the event concludes, the member must complete the Honoraria Claim Form (attached) and provide all requested information. It is requested that claim forms be submitted no later than sixty (60) days after the event.

Attachment

Most Recent Action

Approved by Council February 4, 2011

STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

Updated: February 23, 2011

Honorarium Claim Form

PERSONAL INFORMATION

Name:



MEETING/EVENT DETAILS

Meeting/Event Name:



Meeting/Event Location:



Date and Time of Meeting/Event:



Meeting/Event Description:

For Non-Sponsored SCDD Meetings only: where you represented the Council. (Prior Council Chairperson approval required.)



APPROVAL

Date	Council Member Signature
Date	Executive Director Signature

POLICY FOR CONFERENCE ATTENDANCE BY COUNCILMEMBERS

Purpose:

To provide the policy under which self-advocate and family advocate Councilmembers may apply to attend relevant conferences with costs underwritten by the Council.

Authority/Reference:

Council adoption on December 4, 2012

Applies To:

Self-advocate and family advocate members of the Council.

POLICY

Policy Statement

The California State Council on Developmental Disabilities (SCDD) supports events that promote self-advocacy, leadership and education, thereby enabling people with developmental disabilities and their family members to expand their knowledge and skills. Toward that aim and to better carry out their responsibilities on the Council, Council members may apply to attend a relevant conference with costs underwritten by the Council.

Policy

This policy applies only to self-advocate and family advocate members of the Council. All other Council members are ineligible to receive Council funds for conferences.

Councilmembers who wish to attend a conference shall contact the Chair of the Council and the Executive Director to the extent possible at least 30 days prior to the scheduled event, and provide the following information:

1. Conference title, subject matter, content information, benefit and alignment with State Plan
2. Cost of conference and estimated associated travel costs
3. Date and location of event

4. Other anticipated costs including accommodation and support costs, if indicated

Councilmembers are eligible to attend one conference one conference per state fiscal year if the Chair, as advised by the Executive Director, determines that sufficient funds exist. Requests will be responded to in the order received. Exceptions to the one conference maximum may be granted by the Chair or as delegated by the Chair to the Executive Director on a case by case basis, depending on the needs of the Council and the availability of funds.

In the event of a disagreement between the Chair and the Councilmember requesting payment of conference costs, the matter may be referred to the Executive Committee for resolution.

Most Recent Action

Policy Approved by Council on December 4, 2012

Conference Attendance Expense Payment Request Form

See next page.



State Council on Developmental Disabilities

 website • www.scdd.ca.gov • email • council@scdd.ca.gov

 1807 21st Street, Suite 210
 Sacramento, CA 95811


STATE OF CALIFORNIA

 (916) 322-8481
 (916) 443-4937 fax
 (916) 324-8420 TTY

CONFERENCE ATTENDANCE EXPENSE PAYMENT REQUEST

Self-Advocate & Family Advocate Council Members Only

Under the Council's "SCDD Policy for Conference Attendance By Council Members," self-advocate and family advocate Members of the Council may apply to attend a relevant conference with costs underwritten by the Council. (See attached policy.) Eligible Council Members who wish to attend a conference must submit this form, or otherwise provide the information required under the policy, to the Chair of the Council and the Executive Director at least 30 days prior to the scheduled event to the extent possible.

NAME OF COUNCIL MEMBER:

CONFERENCE INFORMATION

Date(s) & location of Event:

Conference Title:

Subject Matter:

Emailed or Faxed Signatures Acceptable

2/3/15

CONFERENCE ATTENDANCE
EXPENSE PAYMENT REQUEST
Page Two

Content Information (specify any training that will take place):
Benefit & Alignment with State Plan:
ESTIMATED COSTS OF ATTENDING CONFERENCE
Conference Registration Costs:
Travel Costs Including Transportation, Lodging, and Meals (include dates of travel, to/from locations):
Additional Related Costs (e.g. costs for accommodation, facilitation and attendant services, etc.):
Notes:

Signature of Council Member Date _____

Approved: _____ Date _____
Signature of Chair (or Executive Director if approval delegated)

Emailed or Faxed Signatures Acceptable

2/3/15

TRAVEL ADVANCES

Purpose:

Authority/Reference:

Department
State Administrative Manual

Applies To:

Councilmembers

POLICY

Policy Statement

Insert text here.

Procedure

Insert text here.

Most Recent Action

TRAVEL PLANNING AND REIMBURSEMENTS

Purpose:

To provide guidance to Councilmembers for adherence to the state rules and regulations for travel and expense planning and reimbursements

Authority/Reference:

Welfare & Institutions Code §4550
Executive Order B-06-11

Applies To:

Councilmembers

POLICY

Policy Statement

The State Council on Developmental Disabilities (SCDD) shall reimburse councilmembers for any actual and necessary expenses incurred in connection with the performance of their duties(Welfare & Institutions Code §4550). Reimbursement rates are limited to those allowed by state rules and regulations such as those contained in the Government Code, California Department of Human Resources regulations, Governor's Executive Order B-06-11, and the California State Administrative Manual.

Procedures

Travel Requests

Council, Committee, and SSAN members who are required to travel on state business ("travelers") are responsible for submitting all travel requests, via email, to the Travel Coordinator. All travel questions and requests are to be submitted to travelclaims@scdd.ca.gov. Travel requests are to be submitted no less than 14 days prior to the date of the meeting and must contain the following information.

- Three (3) flight/train options in order of preference. The Travel Coordinator will make every attempt to accommodate the traveler's first preference

whenever possible. However, should the first preference be unavailable, the Travel Coordinator will book either the second or third preference.

- Name as it appears on your California I.D., date of birth, Southwest Rapids Rewards and, TSA number (if applicable).

The Travel Coordinator will book travel at least 5 business days prior to meeting or event requiring travel. Upon completion of the reservation, an email confirmation will be sent to the traveler as well as any SCDD staff (when appropriate).

“Wanna Get Away” Fares and Flight Change Requests

SCDD is required to use “Wanna Get Away” fares whenever possible. These fares are non-refundable and costly to change. Therefore, flight change requests are limited to emergency situations only (e.g. illness, injury, or other serious and urgent personal matters) . In non-emergency situations, the traveler will be responsible for making changes and for any fees and fare difference associated with flight change requests.

Hotel Reservations

Council members typically arrive and depart on the same day of the Council meeting. If it is not reasonable for the traveler to arrive on the day of the meeting, a traveler residing outside a 50 mile radius of Sacramento may request hotel accommodations. Travelers that meet this requirement may request a room for one (1) night prior to meeting date. Hotel room requests must be submitted to the Travel Coordinator at TravelClaims@scdd.ca.gov at least 7 days prior to travel. Any Travelers requesting a room for more than one (1) night must submit their request in writing prior to the meeting. Written requests should include the following information: 1) meeting location, date, and time; 2) nature of request (e.g. “Additional Hotel Stay”); and 3) reason for additional night’s stay. If you require a reasonable accommodation such as a roll-in shower, adjoining room, etc., please include that information in your request.

Room Cancellations

It is the responsibility of the traveler to notify the Travel Coordinator at least 24 hours in advance if you need to cancel your reservation. Should you need to cancel your reservation after regular business hours, it is the traveler's responsibility to contact the hotel directly to cancel, get a confirmation number for the cancellation, and follow-up with an email informing the Travel Coordinator. Failure to do so, will result in the following actions:

- 1st Occurrence – Traveler will receive a written warning via email.
- 2nd Occurrence – Traveler will receive a formal warning letter from SCDD, and will be responsible for any charges incurred due to the cancellation.
- 3rd Occurrence – Traveler will lose SCDD travel booking privileges for 6 months, and will be responsible for reserving their own hotel rooms and seeking reimbursement after the fact. In addition, the traveler will be responsible for any charges incurred due to the cancellation.

Transportation

Reimbursement for transportation expenses will only be for the method of transportation that is in the best interest of the state considering both direct expense and the traveler's time. When a traveler chooses a method of transportation that is not considered to be in the best interest of the state (i.e. driving a personal vehicle instead of flying or taking a taxi rather than sharing an Uber/Lyft when possible), whatever is most cost effective per individual location/needs, reimbursement will be at the rate of the least expensive option.

Airport Parking

Parking at the airport must be in the best interest of the State. (i.e. parking in long-term lot versus parking in short-term or daily lots). Parking will be reimbursed at the economy lot rate.

Third Party Flight and Lodging Vendors

Expedia.com, Travelocity.com, etc., shall not be used. All reservations must be made through the SCDD Travel Coordinator.

Meals and Incidentals

Reimbursements for each 24-hour period are made using the rates listed on below. The time base for which meal reimbursements are based is also listed in the below table.

Reimbursement Rates and Time Frames

<i>Meal</i>	<i>Trip Begins</i>	<i>Trip Ends</i>	<i>Reimbursement Rate</i>
Breakfast	at or before 6 am	at or after 8 am	\$7.00
Lunch	at or before 11 am	at or after 2 pm	\$11.00
Dinner	at or before 5 pm	at or after 7 pm	\$23.00

Exception: Council members attending a full day meeting will receive lunch reimbursement.

The State does not reimburse for tips (taxi, shuttle, meal, etc.) However, travelers will receive a \$5.00 reimbursement for incidentals for each 24-hours of travel to be used for such items.

Rental Vehicles

Rental cars are generally not used and only authorized on a case by case basis. They require prior approval from the Executive Director or his designee. Rental cars must be booked through SCDD's Travel Coordinator. SCDD contracted base rate per day is \$33.00. Anything exceeding that amount will be at the expense of the traveler. Rental cars must be returned refueled. Only the traveler whose name is on the car rental may claim reimbursement for refueling. Refueling charges/fees from the contracted Rental Car company will not be reimbursed. Travelers who operate vehicles on official state business must have a valid driver's license, insurance, and a good driving record.

Mileage Reimbursement Rates

Travelers may seek reimbursement for mileages when using their personal vehicle to conduct Council business. Effective January 1, 2018, mileage reimbursement rates are \$0.545 per mile. A traveler requesting to use her or his own vehicle must obtain prior approval through the Travel Coordinator to allow for approval to be obtained from the Executive Director and submit a completed Authorization to Use Privately-Owned Vehicle form, STD. 261 before travel.

Submitting Reimbursements

- All travelers shall submit their Travel Expense Claim (TEC) forms and supporting documents no later than 30 days after travel. Incomplete travel claim packages will not be processed. Due to fiscal restrictions, SCDD may be unable to process any travel claims that are received after 30 days.
- Travelers shall complete and submit a TEC form for each trip. It is the responsibility of the traveler to complete all relevant information on this form. Trip start and end times are required. Meal reimbursements are allowed based on the time you leave your home and the time you return home.
- With the exception of meal receipts, travelers shall attach all other original receipts to the Travel Expense Reimbursement form.
- Receipts that are not on 8 ½ by 11 paper (standard paper size) must be taped, not stapled, to an 8 ½ and 11 inch piece of paper.
- TECs that are incomplete will be returned so be sure to complete all information on your form, including your vehicle license plate number (if requesting mileage) and transportation receipts, including bus and rental cars.
- Travel reimbursement checks are issued by the State Controller's Office approximately 6-8 weeks from date of the Travel Coordinator received the travelers TEC. Please plan accordingly.

Helpful Hints

Keep all receipts in an envelope until your claim is filed. **Original receipts** must be submitted with your travel claim. You are responsible for ensuring that all required receipts are included with your TEC and turned into SCDD's Travel Coordinator. All travel and business expenses are to be incurred as a result of conducting state business and are subject to review/verification by the SCDD. Be sure your claim form is complete and submitted on time with all required documents attached to your TEC

Accessibility

It is the policy of the SCDD to make a reasonable accommodation for any known physical and mental limitations of an otherwise qualified traveler performing duties on behalf of the SCDD, unless making that accommodation would create

an undue hardship. Reasonable accommodations needed to fill out travel claim forms and/or prepare supporting documentation are available to travelers upon request by contacting the Travel Coordinator at (916) 322-8481. It is recommended that requests for accommodation are submitted in advance allowing enough time to meet any deadlines.

Most Recent Action

Pending Council Approval

DRAFT

TRAVEL OUT OF STATE

Purpose:

To provide Councilmembers with the annual Out-of-State Travel policy and procedures.

Authority/Reference:

Governor's Executive Order B-06-11

Government Code, § 11139.8

Travel and Expense Planning and Reimbursement Policy.

Applies To:

Councilmembers

POLICY

Policy Statement

Governor's Executive Order B-06-11 states that no travel, either in-state or out-of-state, is permitted unless it is mission critical or there is no cost to the state.

Mission critical means travel that is directly related to:

- Enforcement responsibilities
- Auditing.
- Revenue collection.
- A function required by statute, contract or executive directive.
- Job-required training necessary to maintain licensure or similar standards required for holding a position.

For the State Council on Developmental Disabilities (SCDD), this means that travel directly related to federal requirements such as the following items would be considered mission critical: meetings or training fulfilling a requirement of a federal grant or to maintain federal grant funding; requests by the federal government to appear before committees; required attendance at any litigation or compliance related events (e.g. interviews, depositions, or testimony) related to federal funding.

For example, to stay in good standing with SCDD's federal funding agency, the U.S. Administration on Intellectual and Developmental Disabilities (AIDD), the SCDD Chairperson (or designee) and the SCDD Executive Director (or designee) should attend the National Association of Councils on Developmental Disabilities (NACDD) annual in-person training. Generally, travel for this NACDD training is the only mission critical out-of-state travel required of the Chair (or designee). However, there may be an exception if a particular trip's purpose is to maintain compliance with SCDD's AIDD basic state grant contract. The Executive Director in consultation with Legal Counsel will make this determination.

Additionally, the following states are currently subject to California's ban on state-funded and state-sponsored travel:

1. Alabama
2. Kansas
3. Kentucky
4. Mississippi
5. North Carolina
6. South Dakota
7. Tennessee
8. Texas

Please visit the Attorney General's prohibited state travel website at <https://oag.ca.gov/ab1887> for the most current list of prohibited states.

Furthermore when traveling, the Chairperson (or designee) shall comply with the rules set forth in SCDD's Travel and Expense Planning and Reimbursement Policy.

1-500 REASONABLE ACCOMMODATION

1-510 Facilitation and Attendant Services Guidelines for Non-Agency
Members

1-520 Reasonable Accommodation Policy

FACILITATION AND ATTENDANT SERVICES GUIDELINES FOR NON-AGENCY MEMBERS

Purpose:

To provide non-agency Councilmembers with information on Council reimbursement for facilitation or attendant services that may be needed in order to carry out their duties on behalf of the Council.

Authority/Reference:

N/A

Applies To:

Non-agency Councilmembers

POLICY

Policy Statement

The Council recognizes that some members may require reasonable accommodations in order to remove barriers which would prevent their full participation. To address this issue, the Council has established guidelines for the provision of support services to non-agency members who require facilitation and/or attendant services.

When it has been determined that a need exists for facilitator and/or attendant services and the member is providing services for the Council, reimbursement is available for these services. Payments that are eligible for reimbursement include those for services provided by individuals working in the support classifications of facilitator or attendant.

Reimbursement for facilitation or attendant services must be reasonable and comply with the State of California reimbursement rules. For guidance, Attachment A identifies costs for Facilitators, Attendants, and Facilitator-Attendants that have been considered reasonable based on factors such as the Council's pay rate of the Support Services Assistant, Hospital Worker, and Psychiatric Technician Assistant classifications, respectively.

DEFINITIONS

The following are definitions for facilitation and attendant services:

1. Facilitation refers to a service wherein the facilitator aids a member to perform the essential functions of his/her position. Assistance is provided based on the needs of the member, and may include some or all of the following:
 - a. Interpretation of policy related information, either written or oral, into a form that is more easily understood by the member.
 - b. Providing, as necessary, an impartial analysis of the relevant issues. The analysis may include, but not necessarily be limited to, alternative positions and the implications and potential consequences for supporting or proposing any particular position. The intent is to provide the member with the knowledge necessary to make informed decisions.
 - c. Assisting the member to effectively communicate both positions and questions on relevant issues and/or with remembering or recalling relevant information.
 - d. Support to accomplish other related tasks, such as making travel arrangements and scheduling committee activities on behalf of the member.
2. Attendant service refers to assistance from others which compensate for a person's inability to independently perform activities of daily living. Services may include assistance with maintenance and hygiene, mobility and escort responsibilities, and to a lesser degree, assistance with related cognitive tasks.
3. Both facilitation and attendant services are defined as assisting the member to perform the essential functions of his/her official position. For example, while an individual may require nearly identical assistance from an attendant both in his/her home and while away on Council related travel, these guidelines address only those services directly related to fulfilling the responsibilities of a member.

RESPONSIBILITIES OF FACILITATORS AND ATTENDANTS

The need for, and level of, facilitation or attendant service should be determined largely by the member. During the new member's orientation to the Council, it is critical that the availability and significance of assistance be clearly explained. The new member must be able to make an informed decision as to whether an accommodation is necessary.

It is important to stress that accommodations may include those other than facilitation or attendant services. While these guidelines address only these two forms of accommodation, other forms may be more relevant, such as enlarged print, modified seating arrangements, and travel modalities.

A. Facilitators - Responsibilities

Facilitators are responsible for providing services that enable the person to function as an integral member of the Council. The following list, though not exhaustive, includes examples of activities with which the facilitator may assist:

1. Developing and maintaining a calendar of Council related meetings and activities that the member must attend. This may include assistance with reconciling subsequent commitments.
2. Making transportation/travel arrangements for Council related meetings.
3. Obtaining and/or managing funds required for taking part in Council related meetings. This may also include follow-up in reconciling any necessary documentation. Examples, if applicable, may include cash advances and travel claims.
4. Preparation prior to Council related meetings through review and interpretation of agenda items. Should the facilitator not understand an issue, he/she is responsible for obtaining any information necessary for clarification.

5. Support during meetings through interpretation of actions or discussions on agenda items. As with preparing for the meeting, if the facilitator does not understand an issue, he/she is responsible for making sure that it is clarified. Assistance may also be provided in following relevant group process rules, such as Parliamentary Procedure.
6. Reviewing after the meeting any actions taken or discussions held.

In addition to the preceding examples of responsibilities, there are two fundamental guiding principles that a facilitator should follow when providing services.

The first principle is that while interpreting, the facilitator must accurately convey both the content and spirit of any spoken or written communication, while at the same time assuring that the information is in a format that is more easily understood. This may be especially difficult when the facilitator disagrees with what has been said or written. The facilitator is not responsible for the content of the communication, only for presenting it accurately.

The second principle is a natural extension of the first. While the person being served is an appointed member of the Council, the facilitator, is not. For this reason, the facilitator should not counsel, advise, or interject personal opinions while assisting the member in carrying out his or her official duties. Doing so may result in inappropriate participation and a likely impermissible exercise of authority by the facilitator.

B. Attendants - Responsibilities

Responsibilities of attendants may include, but are not limited to, the following examples:

1. Assistance with personal maintenance and hygiene, which may include some or all of the following: dressing, grooming, eating, bathing, respiration equipment maintenance, and toilet functions such as bowel, bladder, catheter and menstrual tasks. Assistance assumes knowledge of the member's needs related to these tasks, and of other needs that may require only periodic assistance, such as what to do if the member experiences a seizure.

2. Assisting the Council member with traveling to and from Council related activities.
3. Assistance with mobility tasks, which may include helping the Council member to move from place to place within confined settings. Examples could include movement from a meeting room to a local restaurant or from one chair to another.
4. Assistance with some cognitive tasks, such as reading, money handling, making travel arrangements, simple clerical tasks, and some interpretation of difficult to understand information.

NOTE: Although attendants and facilitators may occasionally provide similar assistance with regard to cognitive tasks, the attendant does so to a much lesser degree, and typically would not interpret issues related to policy development.

PERFORMANCE

Each member is responsible for determining and assessing the performance of the facilitator or attendant providing services to the member. Job performance of a facilitator or attendant is primarily determined by the unique needs of the Council member being served. Based on a self-assessment, the member specifies the type(s) of assistance that will be expected of the facilitator and/or attendant. Expectations are to be in precise terms and must be documented in writing. Each expectation, or task, once clearly defined, must be included in a checklist of tasks.

The task checklist will aid in identifying and documenting specific areas the Council member needs help with. For example, if the Council member indicates the need for a facilitator, the specific task(s) are also to be identified. Examples are assistance with making transportation/travel arrangements, interpretation of agenda items, and/or handling/managing funds. Similarly, a member may determine that he/she requires the aid of an attendant with three tasks: eating, bathing, and toileting. Further specificity may indicate that this member, for bathing, may require help with undressing and dressing, but not with washing, drying, or other remaining steps.

Additional information, worksheets, and sample checklists may be found in the Council's publication, "Facilitation: Purpose, Planning, and Practice." This publication may be accessed at:

<http://www.scdd.ca.gov/res/docs/pdf/SSAN/Facilitation.pdf>

ATTACHMENT A
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES FACILITATOR AND
ATTENDANT SERVICES AND TRAVEL REASONABLE AND
REIMBURSABLE PAYMENTS

SERVICES

When a non-agency member of the Council has determined that facilitator or attendant services are needed to assist them in performing his/her essential Council functions, the Council will authorize payment for facilitator or attendant services if those payments are reasonable under the State's reimbursement rules. For example, the following pay rates based on 2017 information compiled by the California Department of Human Resources have been determined to be reasonable and reimbursable:

<u>SERVICE</u>	<u>PAY RATE</u>
Facilitator	\$ 18.71 per hour
Attendant	\$18.56 per hour

The above pay rates are based on the mid-range monthly salaries of comparable state classifications. Each relevant salary was converted to an hourly rate and adjusted by 28.1 percent (the cost of state benefits) in order to recognize the self-employment cost to private vendors. Payment of these rates were limited to two hours before, during, and two hours after a Council related meeting.

Services Provided by Employees or Other Compensated Persons: If the facilitator or attendant is an employee of the Council, developmental center or regional center, or is already being compensated for the facilitation or attendant services, the Council will reimburse only for allowable travel related expenses.

Services Provided by Volunteers: If a member requires facilitation or attendant services and the facilitator or attendant is a volunteer, the council will authorize payment of travel related expenses for the volunteer.

TRAVEL

In accordance with PML 1986-001 entitled, "Travel Expenses of Non-State Employees," travel expenses of individuals providing facilitation or attendant services to a member may be reimbursed at rates equal to the rates allowed the member. Reimbursement for such travel expenses may be claimed on a travel expense claim which references the services provided and the name of the disabled member.

ATTACHMENT B
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
FACILITATOR SERVICES TASK CHECKLIST

The task checklist will be used in determining the reasonableness of costs for facilitator and/or attendant services used by the member.

This facilitator services task checklist is to aid in identifying and documenting specific areas the member needs assistance with to enable him/her to fully participate in Council related meetings.

Definition: Facilitation refers to a service wherein one person aids another to understand policy issues, to develop his/her own informed decisions regarding the issues, and to effectively express those decisions. A facilitator also assists with making transportation/travel arrangements, obtaining and/or managing funds required for attending Council related meetings, reviewing and interpreting agenda items, and providing support during meetings through interpretation of actions or discussions on agenda items.

In order to determine if the member requires the assistance of a facilitator, please indicate yes or no to the following list of Council related activities or functions:

1. Assistance is needed with the interpretation of policy related information, either written or oral, into a form that is more easily understood.

YES _____ NO _____

2. Assistance is needed in making travel and transportation arrangements to attend Council related meetings and related functions.

YES _____ NO _____

3. Assistance is needed in obtaining and/or managing funds required for taking part in Council related meetings.

YES _____ NO _____

4. Assistance is needed in the interpretation of agenda items prior to meetings.

YES _____ NO _____

5. Assistance and support is needed during meetings with the interpretation of actions or discussions of agenda items.

YES _ NO _____

ATTACHMENT C
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
ATTENDANT SERVICES TASK CHECKLIST

The task checklist will be used in determining the reasonableness of costs for facilitator and/or attendant services used by the member.

This attendant services task checklist is to aid in identifying and documenting specific areas the member needs assistance with to enable him/her to fully participate in Council related meetings.

Definition: Attendant services refer to assistance from others which compensates for a person's inability to independently perform activities of daily living. Services may include assistance with personal maintenance and hygiene, mobility, and escort services.

In order to determine if the member requires the assistance of an attendant, please indicate yes or no to the following list of activities:

1. Mobility and escort services to/from meetings. YES _____ NO _____

2. Activities of daily living (specify)

- | | | | |
|----|--|-----------|----------|
| a. | Dressing | YES _____ | NO _____ |
| b. | Bathing | YES _____ | NO _____ |
| c. | Eating | YES _____ | NO _____ |
| d. | Tilting | YES _____ | NO _____ |
| e. | Grooming | YES _____ | NO _____ |
| f. | Respirator
equipment
maintenance | YES _____ | NO _____ |
| g. | Other: | | |

3. Reading of materials YES _____ NO _____

Most Recent Action

Approved by Council March 21, 2017

State Council on Developmental Disabilities

SCDD Policy #1-520

Adopted by Council: N/A

Revised: September 13, 2017

Federal Law: Yes State Law: Yes

REASONABLE ACCOMMODATION

Purpose:

To comply with the Americans with Disabilities Act, the Fair Employment and Housing Act, and the comprehensive civil rights laws that prohibit discrimination against a qualified applicant or employee because of his/her disability.

Authority/Reference:

Americans with Disabilities Act (ADA)

The Fair Employment and Housing Act (FEHA), and

The comprehensive civil rights laws that prohibit discrimination against a qualified applicant or employee because of his/her disability.

Applies To:

Councilmembers and staff

POLICY

Policy Statement

It is the policy of the State Council on Developmental Disabilities (SCDD) to comply with the Americans with Disabilities Act (ADA), the Fair Employment and Housing Act (FEHA), and the comprehensive civil rights laws that prohibit discrimination against a qualified applicant or employee because of his/her disability. Under the ADA and FEHA, qualified individuals with disabilities must have equal access to all aspects of employment that are available to employees without disabilities.

Pursuant to the ADA and FEHA, the SCDD will provide, upon request, reasonable accommodation to a qualified applicant and/or employee with a disability to allow him/her to perform the essential functions of his/her job, unless the accommodation would create an undue hardship for the employer.

REASONABLE ACCOMMODATION

Reasonable accommodation can be considered as the logical adjustment to a job or work environment that enables a person with a disability to perform the essential functions of his/her job. SCDD is required to provide reasonable accommodation for qualified individuals with physical or mental limitations. Reasonable accommodation includes, but is not limited to:

- Modifications or adjustments to a department's application, examination, or interview process that will enable a qualified applicant with a disability to be considered for the desired position; or
- Modifications or adjustments to the work environment, or to the method under which the position held or desired is routinely performed, that enables a qualified individual with a disability to perform the essential functions of that position; or
- Modifications or adjustments that will enable an employee with a disability to enjoy the same benefits and privileges of employment as those enjoyed by similarly situated employees without disabilities.

SCDD may choose to provide an alternative accommodation other than the one requested by the employee, as long as it is effective in assisting the employee in performing his/her essential job functions.

ESSENTIAL FUNCTIONS

Essential functions are the tasks that are fundamental to the job. A job function may be considered essential for any of the following reasons:

- The position exists to perform the function. There are a limited number of employees to whom the performance of the function can be distributed.
- The function is highly specialized and the incumbent in the position was hired for his/her expertise in performing the function.

INDIVIDUAL WITH A DISABILITY

An individual is considered to have a disability if he/she:

- Has a permanent physical or mental impairment that limits the performance of one or more major life activities; or
- Has a record of such an impairment; or
- Is regarded as having such impairment.

Physical or Mental Impairment

Physical or mental impairment includes, but is not limited to any physiological disorder or condition, cosmetic disfigurement, anatomical loss affecting one or more of the body systems, or any mental or psychological disorder. Examples of conditions that would constitute disabilities because they limit a major life activity include paralysis, hearing or vision loss, epilepsy, and cancer.

Major Life Activities

Major life activities include self-care, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. The list of major life activities is not exhaustive.

Functional limitations

Determining whether a functional limitation in performing essential functions exists due to a physical or mental impairment is the first step in establishing whether an individual is entitled to a reasonable accommodation. Many impairments do not impact a person's life to the extent of limiting a major life activity. An impairment rises to the level of limiting a major life activity when it makes the performance of a major life activity difficult.

When evaluating a reasonable accommodation request, the Office of Civil Rights (OCR) considers several factors in assessing the functional limitation(s) a physical or mental impairment causes in performing essential functions:

- The specific physical or mental limitation or medical condition which requires an accommodation;

- The duration or expected duration of the impairment;
- The permanent or long-term impact, or the expected permanent or long-term impact of, or resulting from, the impairment.

EXAMPLES OF REASONABLE ACCOMMODATION

Each reasonable accommodation request is evaluated on a case-by-case basis, so that the accommodation provided meets the needs of the individual with the disability, and will allow him/her to perform the essential functions of his/her job. Reasonable accommodations may include, but are not limited to:

- Special Testing/Interview Arrangements - Allowing competitors additional time to complete training or written examinations, providing written tests in Braille or large print, readers for visually-impaired, or sign-language interpreters.
- Accessible Test Sites - Examinations and training sessions must be administered in accessible facilities. For barriers such as stairs or inaccessible restrooms, an alternate facility will be utilized.
- Worksite modifications - Modifications may be provided to allow access to perform work activities. Some modifications may include raising or lowering modular furniture or equipment, widening access areas or doorways, installing additional electrical outlets, placing Braille labels or tactile cues on shelves.
- Assistive devices - Prescribed chairs, computer improvements and/or software, telecommunication devices for the deaf (TDD/TTY), or footrests.
- Support Services Assistants - Sign-language interpreters, readers, captioners, or drivers.
- Work-related Personal Assistant Services (WPAS) – assistance that provides individuals work-related or job assistance. WPAS may include, but is not limited to, the use of a reader for business documents not otherwise available electronically, a sign language interpreter for company meetings or trainings, and help lifting or reaching work work-related items and filing. WPAS does not include personal attendant care (e.g., feeding, toileting.)

- Personal Attendant Care (PAC) – employees may be allowed to bring their own personal attendant into the workplace at their own expense to meet their personal attendant care needs. However, if WPAS is provided to an employee pursuant to an approved reasonable accommodation plan, the agency will provide PAC while the employee is on business travel.
- Job restructuring - Reassignment of marginal duties, modified work schedule to allow for medical treatment or appointments, job sharing or reduced work schedule, telecommuting.
- Equal access to services and events - Employer-sponsored services and social events (e.g., retirement luncheons/dinners, holiday functions) must be accessible to individuals with disabilities.
- Alternative job placement - If an employee with a disability cannot be accommodated through any other method, he/she may be reassigned to a vacant position for which he/she is qualified. A position may not be created for the individual, nor will another employee be displaced in order to accommodate the employee with the disability.
- Transportation/Parking - State employees are responsible for providing their own transportation to and from work. Transportation provided by SCDD for its employees (e.g., shuttle service between facilities) must be accessible to employees with disabilities. In employee parking lots owned or leased by the State, spaces closest to building entrances should be assigned to employees with mobility-related disabilities.

REQUESTING REASONABLE ACCOMMODATION

SCDD has established procedures to request a reasonable accommodation to ensure it is an interactive process between the individual and SCDD. Employees are encouraged to utilize the Reasonable Accommodation Request form SCDD RAR 2015 to ensure that all necessary information is included. However, it is not required that requests for accommodation be in writing.

To request reasonable accommodation, the employee must communicate his/her need to his/her supervisor. To expedite the process, the employee should complete the SCDD RAR 2015 and submit to his/her supervisor. At this time, the

employee should also submit a copy of the SCDD RAR 2015 to the Personnel Officer. This alerts the Personnel Officer that a request for reasonable accommodation has been made. If the request is verbal, the supervisor should use the SCDD RAR 2015 to document the request and submit a copy to the Personnel Officer to alert him or her that a request for reasonable accommodation has been made.

All requests for reasonable accommodation, whether written or verbal, must provide the following information:

- The type of accommodation requested;
- An explanation of the limitation for which the accommodation is needed;
- A description of how the accommodation will allow the individual to perform the essential functions of his/her job.

An employee must also submit medical documentation to provide evidence of his/her functional limitation due to a non-obvious (hidden) disability in support of the request for reasonable accommodation. The employee should send the medical documentation directly to the Personnel Officer, where it will be kept in a confidential reasonable accommodation file.

At a minimum, the medical documentation must include the following:

- A description of the functional limitation as it relates to the employee's job duties, including the anticipated duration (e.g. temporary or permanent). If temporary, specify the date it is anticipated the functional limitation will end.
- A description of the functional limitations caused by the disability in work related terms. For example, if "no prolonged walking" is requested, the medical statement should specify how long or how far the employee is able to walk; if "no prolonged sitting" is requested, the medical statement should specify how long and under what circumstances the employee can sit; if rest periods are required, the medical statement should specify how often and how long the rest periods should be.
- State the accommodation and describe how it will help the employee to perform his/her essential job duties.

- The medical documentation must be written/typed on the official letterhead stationary of the health professional or health professional's organization. The documentation must identify the health professional's credentials (e.g., M.D., D.O., R.N.) and practice specialty (e.g., Physical Therapist, Social Worker, Chiropractor), and be signed and dated by the health professional.

The Personnel Officer will provide guidance to managers, supervisors, and persons requesting reasonable accommodation at all stages of the process. The Personnel Officer evaluates each reasonable accommodation request on a case-by-case basis. The decision to grant or deny a request for accommodation will be made only after considering all essential information, including but not limited to input from the employee, his/her supervisor, and his/her health professional. The applicant is not automatically entitled to the accommodation he/she requests; however, an individual may refuse an accommodation offered by the SCDD.

INTERACTIVE PROCESS

Within five (5) work days of receiving a request for Reasonable Accommodation by an employee or applicant with a disability, SCDD and its representatives must engage in a timely, good faith, interactive process to determine effective reasonable accommodations. To ensure that all effective accommodations have been considered, the supervisor must discuss the request with the employee when the specific limitation, problem, or barrier is unclear; where effective accommodation is not obvious; where modifications to the request may be appropriate; where the parties are choosing between different possible reasonable accommodations; or in other situations where the interactive process can further promote resolution of the request for accommodation. The interactive process should take place in person, unless it is impractical to do so. The interactive process with the employee or applicant shall include, but is not limited to:

- Discussing the purpose and the essential functions of the specific position;
- Reviewing how the functional limitations of the disability can be overcome with reasonable accommodation;
- Identifying potential accommodation options;
- Evaluating the effectiveness of each potential accommodation option;

- Documenting all options discussed and reasons for selecting particular option(s);
- Implementing the most appropriate option(s), after consulting with the Personnel Officer and appropriate staff; and
- Keeping the applicant or employee informed until accommodation is provided or denied.

THE ONGOING PROCESS OF REASONABLE ACCOMMODATION

SCDD is required to make reasonable accommodations for qualified persons with disabilities. The duty to accommodate is a continuing duty that is not exhausted by one effort. Once SCDD becomes aware that an accommodation is not working, it must consider alternative accommodations. If it becomes apparent that a previously granted accommodation is not working, the supervisor or manager must further engage in the interactive process with the employee to identify appropriate accommodations, as discussed above. Prior to any substantive modification or adjustment of a previously granted accommodation, the Personnel Officer must be consulted. Furthermore, prior to the denial of any newly requested accommodation, the Personnel Officer must also be consulted.

If SCDD denies or fails to respond to the Reasonable Accommodation Request within twenty (20) working days, the applicant may file an appeal directly with the State Personnel Board (SPB). An applicant has thirty (30) days during which to file an appeal, once the twenty working-day period has ended. Applicants may also file a complaint with the Department of Fair Employment and Housing and/or the U.S. Equal Employment Opportunity Commission.

Should you have any questions, please contact the Personnel Officer.

See Attached SCDD RAR 2015 Form

Most Recent Action

Revised: September 13, 2017

CONFIDENTIAL

REASONABLE ACCOMMODATION REQUEST

Please read all instructions included in this form. You may attach additional page(s) if more space is required for any requested information. This completed form is to be submitted **directly** to the State Council on Developmental Disabilities (SCDD) Personnel Office: SCDD Personnel Office, 1507 21st Street, Suite 210, Sacramento, CA 95811 or FAX to: (916) 443-4957 (Email: et.butts@scdd.ca.gov prior to faxing confidential document).

Name		Work Phone Number (Include area code)	Job Classification
Work Address (Street Address, Suite Number, City, State, Zip Code)			Unit Code
Head Quarters (No Acronyms)	Regional Office (No Acronyms)		Employee's Email Address
Name of Supervisor		Supervisor's Phone Number (Include area code)	Supervisor's Email Address

1. EMPLOYEE REQUEST

a. Describe your limitations that require an accommodation (e.g., cannot lift more than 25 pounds, etc).

b. The above-mentioned limitations are:

_____ Permanent
 _____ Temporary; Until _____ / _____ / _____

c. Describe the accommodation that you are requesting (If request is for equipment or assistive devices, if known, provide purchase information: model number, vendor, approximate cost, website link, etc).

d. Describe how this accommodation will enable you to perform the essential functions of your position (please attach a copy of your duty statement to this request).

e. **Medical Documentation:** Medical documentation is required for the SCDD Personnel Office to make a decision regarding your Reasonable Accommodation. Attach the Medical Certification, signed and dated by your physician to this form. This Medical Certification verifies (a) your specific limitations, and (b) describes the effects of those limitations in performing the essential functions of your job. Please note that the medical documentation must be completed before the SCDD Personnel Office can process the Reasonable Accommodation request.

Employee's Signature: _____ Date: _____

2. Supervisor's Comments/Recommendations

Supervisor's Signature: _____ Date: _____

Branch Chief's Signature: _____ Date: _____

MEDICAL CERTIFICATION TO BE COMPLETED BY EMPLOYEE'S PHYSICIAN(S)

All information is considered confidential and shall be kept in a confidential file within the State Council on Developmental Disabilities (SCDD) Personnel Office: Medical documentation is required to determine if your patient is considered a qualified disabled individual as defined by the American's With Disabilities Act of 1990 and the Fair Employment and Housing Act.

Please submit this form to: SCDD Personnel Office, 1507 21st Street, Suite 210, Sacramento, CA 95811 or FAX to: (916)443-4957 (Email sabrina.smith@scdd.ca.gov prior to faxing confidential document).

Name of Patient: _____

Patient's disability is:

_____ Permanent

_____ Temporary; Until _____ / _____ / _____

Based on objective observation; the following activities are limited (please place an X in the box(es) that apply and note how long the employee is allowed to perform the activity; i.e., patient can only sit for 30 minutes at a time, patient can only drive for one hour at a time, etc.):

Sitting(how long): _____ **Driving**(how long): _____ **Filing**(how long): _____

Walking(how long; how far): _____ **Carrying**(how long; weight limit): _____ **Reaching**(how long; what direction): _____

Standing(how long): _____ **Lifting**(how long; weight limit): _____ **Writing**(how long): _____

Stooping/Bending(how long): _____ **Using Hand(s)**(how long): _____ **Vision/Reading**(provide details below): _____

Kneeling(how long): _____ **Typing/Keyboarding**(how long): _____ **Hearing**(provide details below): _____

Pushing/Pulling(how long; weight limit): _____ **Grasping**(how long): _____ **Talking/Speech**(provide details below): _____

Memory(provide details below): _____ **Concentration**(provide details below): _____ **Other**(provide details below): _____

Please state how these limitations affect the patient's ability to do his/her job:

Physician's Name	Credentials	Medical Group
Physician's Address (Street Address, City, State, Zip Code)		
Physician's Office Phone Number (Include area code)	Fax Number (Include area code)	

Physician's Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

To be Completed by the Employee

The State Council on Developmental Disabilities (SCDD) may require additional medical information to determine your eligibility for the requested Reasonable Accommodation. Failure to complete this authorization with the initial request may delay the Reasonable Accommodation process.

Employee's Name	Work Phone Number (Include areacode)	
Division/Branch/Bureau	Medical Record Number	Birth Date
Physician's Name	Physician's Phone Number (Include area code)	
Physician's Address (Street Address, City, State, Zip Code)	Physician's Fax Number (Include area code)	

I, _____, hereby authorize _____,
(Employee's Name) (Health Care Professional's Name)

to provide the SCDD Personnel Office, any and all medical records pertaining to my request for Reasonable Accommodation.

This release is effective as of the date it is signed, and expires eighteen months from the signature date or until I terminate my employment, whichever occurs first. I understand that I have a right to request a copy of this release from the SCDD Personnel Office.

Employee's Signature: _____

Date: _____

REASONABLE ACCOMMODATION REQUEST (RAR 001) FORM INSTRUCTIONS

Submitted information is required to determine if you are considered a qualified disabled individual as defined by the American's With Disabilities Act of 1990 and the Fair Employment and Housing Act. It is extremely important that this form be completed with accurate information. Failure to supply the necessary information will delay action on this request. This document contains personal information, and pursuant to Civil Code 1798.21, it shall be kept confidential in order to protect against unauthorized disclosure.

Please submit this form to:

SCDD | Personnel Office
1507 21st Street, Suite 210
Sacramento, CA 95811 or FAX to: (916) 443-4957
(Email Janet.butts@scdd.ca.gov prior to faxing confidential documents)

"Disability" includes a physical or mental impairment that limits one or more major life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

"Reasonable Accommodation" includes any modification or adjustment to a job and/or work environment which enables a qualified individual with a disability to perform the essential functions of his/her position and/or allows the individual to take part in any and all aspects of the employment process.

Page 1 – Employee Request

1. Employee fills out contact information on top portion of page one.
 - a. Describe your limitations that require accommodation. Provide as much information and detail as possible.
 - b. Specify whether limitations are permanent or temporary. If limitations are temporary in nature, specify the date it is anticipated that the disability will end.
 - c. Describe the accommodation that is being requested. If request is for equipment or assistive devices, if known, provide purchase information: model number, vendor, approximate cost, website link, etc.
 - d. Describe how the accommodation will enable you to perform the essential functions of your position. Attach a copy of your duty statement to the Reasonable Accommodation request.
 - e. Medical documentation is mandatory for the SCDD Personnel Office to make a decision regarding your Reasonable Accommodation. It is recommended that you bring your duty statement to the health care professional completing the Medical Certification. Absent this documentation, the SCDD Personnel Office cannot process the request.
 - f. Employee must sign and date the form.
2. Required Signatures
 - a. Supervisor may comment or make recommendations about employee's Reasonable Accommodation request. Supervisor must sign and date the form. Supervisor's signature on this request form acknowledges that employee is requesting Reasonable Accommodation.
 - b. Branch Chief or designee must sign and date the form. Branch Chief or designee signature on this request form acknowledges that employee is requesting Reasonable Accommodation.

Page 2 – Medical Certification

This request must include a physician's verification that meets the following criteria:

1. The documentation must indicate whether the disability is permanent or temporary. If temporary, the date the disability is expected to end must be specified.
2. The limitations must be described in detail as they currently exist and only in relation to the employee's job functions. Specific diagnosis is not required.
3. If information received is insufficient for making a determination, additional information may be required from the health care professional.
4. The health care professional's credentials must be identified, e.g., M.D., R.N., Physical Therapist, etc.
5. The documentation must be dated and signed by the health care professional. Stamped signatures or photocopies are not acceptable.

Page 3 – Authorization for Release of Medical Information

1. Employee fills out contact information on top portion of page three.
2. Legibly print your name and your physician's name in the designated area.
3. Employee must sign and date the form.

1-600 TECHNOLOGY

1-630 iPad/Tablet Usage (Members)

IPAD/TABLET USAGE (COUNCILMEMBERS)

Purpose:

The purpose of this iPad Usage Policy is to establish guidelines and procedures for Councilmembers of the State Council on Developmental Disabilities ("SCDD") in regards to use of SCDD issued iPads.

Authority/Reference:

N/A

Applies To:

Councilmembers

POLICY

Policy Statement

The purpose of this iPad Usage Policy is to establish guidelines and procedures for Councilmembers of the State Council on Developmental Disabilities (SCDD) in regards to use of SCDD issued iPads. The primary usage of the iPad is for receiving and reviewing council and committee meeting materials and to reduce costs and waste associated with the creation and distribution of materials in paper format.

POLICY GUIDELINES

A. Ownership

- i. Upon appointment to the Council, one iPad with accessories will be issued to each Councilmember. iPads issued to Councilmembers are the property of SCDD and Councilmembers have no ownership, interest, or right to title of the iPads or any information stored on the device. Upon receipt of an iPad from SCDD, Councilmembers agree to return such iPad to SCDD upon demand.
- ii. The iPad is the property of the SCDD. The SCDD reserves the right to seize the iPad for any violations of this Acceptable Use Policy. A reason for the seizure may or may not be given.

- iii. Councilmembers may be asked to surrender their iPad. A reason for the surrender may or may not be given.
- iv. Upon the expiration of a Councilmember's service to SCDD, their iPad shall be immediately returned to the SCDD HQ office, where the IT tech will appropriately wipe all stored information from the iPad and reissue such iPad in accordance with this policy.

B. Liability

- i. Councilmembers are responsible for all materials sent by and/or stored on the iPad issued to them. The users accept responsibility for keeping the iPad free from all inappropriate or dangerous files.
- ii. SCDD is not liable for any material sent by, or any material stored on, iPads issued to Councilmembers or designated staff other than SCDD data loaded on the iPad in connection with SCDD business.

C. Acceptable Use

- i. SCDD only authorizes use of its iPads in a manner that supports its mission.
- ii. The iPad is not permitted for personal use. It has been provided for work-related use only.
- iii. Councilmembers will be given a password to access the iPad, and are not allowed to change the password. If a change is needed, the IT tech will make the appropriate change.
- iv. Councilmembers may not download apps onto the iPad, this includes free apps. IT tech will download apps needed for work-related use, including those needed for an accommodation. The Apple ID login information will not be given to Councilmembers.
- v. Do not share the iPad with anyone else.

D. Loss or Damage

- i. Councilmembers are responsible for the safety and security of their assigned iPads.

- ii. Lost or Stolen iPads:
 - a. If iPad is lost or stolen, it will not be replaced and must be reported immediately to SCDD HQ office.
- iii. Damaged iPads:
 - a. Damages to iPad must be reported immediately to SCDD HQ Office
 - b. The damaged iPad must be delivered to SCDD HQ Office for repairs
 - c. Do NOT attempt to repair the iPad on your own.
 - d. Do NOT take the iPad to the store for repairs.

E. Internet Access

- i. The SCDD issued iPad has Wi-Fi capability for use with any public hotspot or home Wi-Fi.
- ii. No data plan will be provided.

F. Acceptance

- i. Councilmembers may decline acceptance of an iPad. In such instance, that Councilmember may receive Council meeting materials for regular, special, committee meetings in paper. Councilmembers who receive an iPad shall not be entitled to receive materials on paper.
- ii. Councilmembers who decline use of an iPad shall not be entitled to any other form of equipment in replacement of the iPad.
- iii. All Councilmembers who accept an iPad from SCDD agree and acknowledge, without restriction or reservation that any information contained in such iPad is subject to incidental review by SCDD IT staff, regardless of whether the information is SCDD related or personal in nature.

Most Recent Action

N/A

WHISTLEBLOWER PROTECTION ACT

Purpose:

To notify Councilmembers and staff of their right to report an improper government activity under the Whistleblower Protection Act.

Authority/Reference:

Government Code § 8548- 8548.5
State Administrative Manual § 20080

Applies To:

Councilmembers and staff

POLICY

Policy Statement

The California Whistleblower Protection Act authorizes the California State Auditor (State Auditor) to receive complaints from state employees and members of the public who wish to report an improper governmental activity. An "improper governmental activity" is defined as any action by a state agency or any action by a state employee directly related to state government that violates the law, violates an Executive Order of the Governor, violates a Rule of Court, violates the State Administrative Manual or State Contracting Manual, is economically wasteful, or involves gross misconduct, incompetency, or inefficiency. The complaints received by the State Auditor shall remain confidential, and the identity of the complainant may not be revealed without the permission of the complainant, except to an appropriate law enforcement agency conducting a criminal investigation.

Procedure

Upon receiving a complaint, the State Auditor may conduct an investigation into the facts alleged in the complaint to determine whether an improper governmental activity has occurred. Before launching an investigation, the State Auditor's staff will conduct a careful evaluation of the complaint to determine whether it has enough potential merit to warrant the expenditure of state

resources to conduct an investigation. Councilmembers and staff are asked to keep the following points in mind when filing a complaint:

- The State Auditor needs a clear and concise statement of what you are alleging is an improper act, why you believe it is improper, and what evidence there is to confirm that what you are saying is true;
- If you don't provide a name or other information that clearly identifies the person you are alleging to have acted improperly, and the department where that person works, the State Auditor may not know who to investigate;
- If you do not identify witnesses or documents that will support what you are saying, the State Auditor may not be able to verify that what you are saying is true;
- While you may submit a complaint anonymously, the State Auditor may not be able to determine whether your complaint has merit if we are not able to interview you;
- Submitting copies of any documents that will support your complaint is extremely helpful to the State Auditor's evaluation process. However, please submit copies of the documents, rather than the original documents, as they cannot be returned. If the State Auditor needs the original documents they will ask you for them later.

After the State Auditor receives a complaint, any investigation resulting from the complaint is confidential, so the State Auditor's staff cannot provide any updates about what is being done to investigate the complaint or what information has been uncovered. Information about the investigation will not be released unless the State Auditor substantiates that an improper activity has occurred and issues a report about it.

Retaliation is Prohibited

SCDD Councilmembers and staff who file a complaint are [entitled to protection against retaliation](#) by the SCDD for filing the complaint. The Whistleblower Protection Act forbids every state official and employee from retaliating or attempting to retaliate against any employee or applicant for employment who reports an improper activity. Retaliation includes intimidation, the denial of appointment or promotion, a threat of adverse action, a poor performance evaluation, involuntary transfer, or any form of disciplinary action.

The State Auditor does not provide remedies for retaliation, as that responsibility has been assigned to other agencies. If Councilmembers and staff believe they are the victim of retaliation as a result of filing a complaint with the State Auditor's Office, they may obtain assistance by contacting the State Personnel Board in writing.

State Personnel Board
801 Capitol Mall, MS53
Sacramento, CA 95814

For information about making a report call (916) 653-0799.

Filing a Complaint

There are many ways to file a complaint.

By Telephone

Councilmembers/staff may call the Whistleblower Hotline at (800) 952-5665 to file a complaint by talking to one of the State Auditor's employees. The hotline generally is staffed Monday through Friday from 8:00 a.m. to 5:00 p.m. If you call when the hotline is not being staffed, or staff is occupied with other calls, you may leave a voicemail message requesting a return call.

By Mail or Facsimile

Councilmembers/staff may file a complaint in the form of a letter to the State Auditor addressed as follows:

Investigations
California State Auditor
P.O. Box 1019
Sacramento, CA 95812

or you may fax the letter to the State Auditor at (916) 322-2603.

Compliance

The SCDD must annually provide information to Councilmembers and staff about how they can report improper governmental activities and the protections the Whistleblower Act provides.

Most Recent Action

The State Auditor provided the SCDD with the 2017/18 Notification Letter and Poster on June 20, 2017.



REPORT IMPROPER ACTIVITY

Contact the Whistleblower Hotline
by phone, web, or mail

(800)952-5665

www.auditor.ca.gov

WHAT TO REPORT

Improper acts by a state agency or employee, such as:

- Violation of state or federal law.
- Noncompliance with an executive order, a Rule of Court, the State Administrative Manual, or the State Contracting Manual.
- Misuse or waste of state resources.
- Gross misconduct, incompetence, or inefficiency.

Some of the most commonly reported improper acts include misuse of state property, improper travel expenditures, and time and attendance abuse.

The California State Auditor does not have the authority to investigate:

- Violations of a department's internal policies or procedures.
- Local government agencies and employees.

COMPLAINTS ARE INVESTIGATED

The California State Auditor investigates complaints and reports the results of substantiated allegations to the:

- Head of the employing agency.
- Legislature, Governor, and appropriate law enforcement agencies.
- General public, keeping identities confidential.

WHISTLEBLOWERS ARE PROTECTED

The Whistleblower Protection Act requires the California State Auditor to protect your identity.

It also prohibits intimidation, threats, or coercion by state employees that could interfere with your right to disclose improper governmental activities.

If you feel that you have been retaliated against for reporting an improper governmental activity, you should report this immediately to one of the following agencies:

- State and court employees: write to the State Personnel Board at 801 Capitol Mall, MS53, Sacramento, CA 95814.
- University of California (UC) employees: contact the locally designated official for the UC facility at which you are employed.
- California State University employees: write to the Vice Chancellor of Human Resources at 401 Golden Shore, Long Beach, CA 90802 or contact the appointed campus administrator.

2017-2018

HOW TO REPORT



(800)952-5665 phone
(916)322-2603 fax



Investigations
California State Auditor
P.O. Box 1019
Sacramento, CA 95812



www.auditor.ca.gov/hotline
Note: complaints not accepted via e-mail

To view an informational webinar hosted by CalHR, search "California Whistleblower Hotline" on YouTube or go to the following link:
<https://www.youtube.com/watch?v=9WfYLhJDOss>

Pursuant to California Government Code section 8548.2, each state agency shall post this notice at its state office(s) in locations where employee notices are maintained. In compliance with California Labor Code section 1102.8, if you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225.