

**PUBLIC REPORT**  
**COUNTY'S COMPLIANCE WITH THE JAIL REMEDIAL PLANS**

At the direction of the County of Santa Clara Board of Supervisors, from the August 17, 2021 Board Meeting (Item No. 12(d)), the Office of the County Counsel provides this public report regarding the status of the County's compliance with two federal consent decrees relating to the County jails: *Chavez v. County of Santa Clara, et. al* (U.S. District Court, Northern District of California, Case No. 15-CV-05277-NJV) and *Cole v. County of Santa Clara, et. al*. (U.S. District Court, Northern District of California, Case No. 16-CV-06594-LHK).

**OVERVIEW**

In March 2019, the federal courts approved the *Chavez* and *Cole* consent decrees, thereby settling these two class action lawsuits. ([Chavez remedial plan](#); [Cole remedial plan](#).) Each consent decree has a remedial plan. The remedial plans generally cover the following topics related to the County's jails:

<b><i>Cole</i></b>	ADA Mobility Disability ADA Construction and Renovation
<b><i>Chavez</i></b>	Medical Care Mental Health Care Dental Care Suicide Prevention Administrative/Disciplinary Management Use of Force Cognitive Disabilities Vision, Hearing, Speech Disabilities

The [Chavez remedial plan](#) contains 243 separate items that the County must complete. The [Cole remedial plan](#) contains an additional 220 separate items that the County must complete. The parties to the litigation use unique numbers to refer to the items in each remedial plan to assist with tracking and compliance—1-243 for the items in the *Chavez* remedial plan and 500-720 for the items in the *Cole* remedial plan. The Office of the County Counsel uses the same numbering system here to report on the progress of implementation efforts.

The items in the remedial plans are monitored by jointly retained experts or the plaintiffs' counsel, depending on the item. The monitors evaluate the County's progress on the remedial plan items and assign one of the following ratings:

**Substantial Compliance:** The County is in compliance with the essential elements of the Remedial Plan that satisfy the overall purposes and objectives and adherence to the provisions of the Remedial Plan in all material respects, recognizing that perfection is not required.

**Partial Compliance (*Chavez Only*):** The County is in substantial compliance with portions of the remedial plan item but non-compliant with other portions.

**Unrateable-In Progress (*Cole Only*):** The County has identified, and the applicable monitors agrees, that remediation effort concerning certain material provisions in the Remedial Plan are not yet complete.

**Non-Compliance:** The County has not met most of the material components of the relevant provision of the remedial plan.

**Not Rated:** The applicable monitor has not yet had the opportunity to monitor the item, due to COVID-19 or other reasons. This rating is utilized primarily when on-site monitoring is required to evaluate the item.

**PLEASE NOTE:**

- **The information provided below is based on the ratings provided by the applicable monitor(s) as of their last rating. The County and/or plaintiffs’ counsel may dispute the compliance rating.**
- **The monitors are relatively early in their monitoring process and COVID-19 has significantly impacted their ability to fully assess County progress. Some monitors were able to visit the jail before the pandemic began or during less severe periods of the pandemic, while others completed only remote monitoring visits. The ratings below capture a snapshot in time based on the monitors’ assessment based on the information they have seen to date. As the monitors conduct further onsite visits to the jail and become fully oriented to the County system, they may change their ratings either up or down to reflect additional information they learn even though the County’s underlying progress remains unchanged.**
- **The topics used throughout this report are summaries of the remedial plan items drafted for ease of reference by the Office of the County Counsel. Please refer to the underlying remedial plan linked above for the full description of each remedial plan item.**
- **The remedial plans are expected to take several years to fully implement and so the existence of areas of partial or non-compliance at this stage is expected.**

The information provided below has been provided to plaintiffs’ class counsel in *Chavez* and *Cole* in advance of this publication.

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## CHAVEZ REMEDIAL PLAN

<b>MEDICAL AND MENTAL HEALTH (RP 1-65)</b>				
Ratings as of March 2011 for Medical Health and April 2011 for Mental Health				
Topics	Substantial Compliance	Partial Compliance	Non-Compliance	Not Rated
<b>Staffing and Resources (RP 1-3):</b> Provide adequate staff and resources to comply with the remedial plan, including 24-hour access to medical and mental health providers.	2	1, 3		
<b>Medical and Mental Health Records and Confidentiality (RP 4-6):</b> Use one health record, track requests for outside records, and only use healthcare staff for translation purposes.	4	5-6		
<b>Intake Process (RP 7-14):</b> Provide reasonable sound privacy; revise intake screening questions; and triage and refer patients for mental health screening.	10, 13-14	7, 9, 11-12	8	
<b>Medication Verification and Administration (RP 15-21):</b> Verify medications within 72 hours; reliably continue medications; redesign the sick call process; and update the withdrawal policies to reflect community standards. <sup>1</sup>	16, 18	15, 20-21	19	
<b>Classification and Housing of Mentally Ill (RP 22-31):</b> Allow mental health to designate mentally ill patients for appropriate classification and provide minimum required programming and out-of-cell time.	22-23, 26-27	24-25, 30-31	28-29	
<b>Access to Care (RP 32-43):</b> Redesign referral system and sick call process; use an aging report; and process the sick call requests within set timeframes.	33	37	32, 34, 38-43	35-36
<b>System of Care (RP 44-53):</b> Provide optometry care; revise nursing protocols; improve chronic care tracking; implement diabetic specific improvements; and utilize regular treatment plans.	49	45-48, 51-53	50	44
<b>Discharge (RP 54-55):</b> Provide a supply of medication and discharge summary to qualifying individuals at discharge.		54-55		
<b>Training (RP 56-59):</b> Provide specified mental health training to custody and mental health staff.	56, 58	57, 59		
<b>Quality Assurance and Improvement (RP 60-65):</b> Implement a variety of topic-specific quality improvement measures.		60-65		

<sup>1</sup> Item 17 was removed from the remedial plan.

## KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

### *Key Accomplishments*

- The County electronic medical records system contains an inmate's mental health, dental, and medical information in one system and allows for timely ordering of medications, labs, and clinical monitoring.
- Intake screening has been redesigned and is comprehensive and thorough.
- Inmates' reported medications at intake verified within 72-hours.
- Individuals requiring mental health assessment after intake are seen within appropriate times.
- Quality assurance and quality improvement for mental health issues are sophisticated and comprehensive.

### *Key Areas for Improvement*

- Improve access to medical care, including more timely medical appointments.
- Restore multidisciplinary custody deputies who assist with healthcare access and addressing needs of inmates who are seriously mentally ill.
- Improve ability to evaluate staffing productivity.
- Improve privacy during clinical encounters, including by providing better physical spaces for delivery of medical and mental health care and changing culture around privacy.
- Develop clinical practice guidelines for chronic disease management.
- Implement use of Penal Code section 2603 for treating inmates who require involuntary antipsychotic medication and meet criteria, such as grave disability.
- Shift breakfast time later (currently commencing at 4:00 a.m.) so that diabetic pill call does not need to occur in early a.m.

## SUICIDE PREVENTION (RP 66-93)

Ratings as of April 2021

TOPICS	Substantial Compliance	Partial Compliance	Non-Compliance	Not Rated
<b>Staff Training (RP 66-70):</b> Provide suicide prevention specific training to custody and Custody Health staff.	66-70			
<b>Intake Screening (RP 71-75):</b> Screen and appropriately triage patients at risk of suicide.	71-75			
<b>Housing (RP 76-84):</b> Renovate cells for suicide prevention and revise policy to appropriately house patients at risk for suicide.	78-79, 80-84		76-77	
<b>Supervision and Management (RP 85-90):</b> Watch patients at risk; utilize a suicide prevention tool for assessing risk; and conduct re-assessment at appropriate intervals.	85-90			
<b>Quality Improvement and Monitoring (RP 91-93):</b> Implement a multi-disciplinary quality review of deaths or significant incidents and monitoring.	91-93			

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

#### *Key Accomplishments*

- Implemented an appropriate suicide prevention policy and an improved suicide risk assessment tool.
- Developed effective trainings for staff on assessing suicide risk using the new suicide risk assessment tool and on the elements of the new suicide prevention policy.
- Incorporated all elements suggested by expert monitor on suicide prevention in correctional settings into intake screenings.
- Mental health staff appropriately complete suicide risk assessments for patients referred for suicide behavior and again when staff discontinue suicide precautions.
- Mental health staff perform follow-up assessments for inmates removed from suicide precautions within 24 hours, again within 72 hours, and again within one week.
- The County conducts multidisciplinary reviews for in-custody and serious suicide attempts that involve Custody Health and Custody staff and in which staff analyze the incident and provide recommendations for any needed changes to policies or practices.

#### *Key Areas for Improvement*

- Cells designated for suicide risk need greater conversion to become suicide resistant cells.

## DENTAL REMEDIAL PLAN (ITEMS 94-116)

Ratings as of February 2021

Topics	Substantial Compliance	Partial Compliance	Non-Compliance	Not Rated
<b>Timeliness of Care (RP 94-102):</b> Conduct an oral screening; triage dental complaints; and see patients at appropriate timelines.	97-98	94, 96, 101	102	95, 99-100
<b>Other Care (RP 103-106):</b> Offer yearly dental examinations and dentures to qualifying patients.	106		103-105	
<b>Staffing and Resources (RP 107, 111-113):</b> Provide sufficient clinical staff and resources to meet the remedial plan requirements.	111-112			107, 113
<b>Policies, Record Keeping, and Quality Improvement (RP 108-111):</b> Draft new policies; utilize appropriate charting and electronic medical record.	108-111			
<b>Quality Improvement (RP 114-116):</b> Create quality assurance program and study and correct dental refusals.		116	114-115	

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

#### ***Key Accomplishments***

- Dental team is equipped with and using the necessary equipment.
- Dental screening tool has been redesigned and is appropriate for screening.
- Emergency dental conditions are timely addressed.
- Revised dental policies adequately describe scope of services and other dental services.
- Dentist record-keeping practices are substantially compliant.

#### ***Key Areas for Improvement***

- Study dental staffing utilization and access to dental care barriers so monitors can better evaluate sufficiency of dental staffing.
- Paper system of tracking dental sick call requests does not allow monitors to easily determine if patients' dental needs are triaged timely.
- Nursing assessments of the patient's dental need are insufficient and nursing documentation insufficient. Educate and train nurses on assessment and documentation of dental pain and determining the acuity of dental problems.
- Develop informatics reports that detail the percentage of patients who are seen within the dental acuity requirements.
- Due to the Centers for Disease Control and Prevention guidelines for COVID-19, the expansion of services to include routine dental examinations and dentures was delayed past the planned implementation of March 2020.
- Draft a corrective action plan studying the reasons for dental refusals by inmates.

## COGNITIVE DISABILITIES (RP 117-138)

Ratings as of September 2021

TOPICS	Substantial Compliance	Partial Compliance	Non- Compliance	Not Rated
<b>Identification and Tracking (RP 117-122):</b> Screen and assess individuals for cognitive disabilities.		117-122		
<b>Personal Safety (RP 123-125):</b> Screen and protect cognitively disabled individuals from others.		123-125		
<b>Provide Accommodations for Programs and Services (RP 126-135):</b> Accommodate individuals with reading, writing, self-advocacy, and activities of daily living needs.		126-135		
<b>Jail Rules/Discipline (RP 136-138):</b> Implement protections from discipline.		136-138		

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

It is estimated that approximately 4-10 percent of inmates in the U.S. prison and jail population have a cognitive disability. Yet, there is no validated tool in the nation to screen for these disabilities, and individuals with cognitive disabilities can be difficult to identify because these individuals often work hard to mask their disabilities; they have very specific disabilities (e.g., can read a novel but forget to brush their teeth); and can, at times, manage better in the highly structured jail setting. But these same individuals may struggle to understand complex tasks related to jail rules; struggle to communicate with self-advocacy; and often have poor self-care practices subjecting them to exploitation and abuse by other inmates.

Because of the unique challenges presented by this part of the Remedial Plan, the County and Prison Law Office have a shared understanding that the development of a successful ADA program for individuals with cognitive disabilities will take time to develop and deploy. The Parties are closely collaborating on developing all aspects of this part of the Remedial Plan. A key accomplishment for the County is that, after significant research by the psychologist team, the County has designed an innovative screening tool as well as a testing protocol to identify individuals with a cognitive disability. The County has also developed a cognitive support plan that tailors the individuals' accommodations to their cognitive needs. A key area for improvement is the expansion of these services to more individuals. The Custody Bureau classification unit is aware of the unique safety and security risks for this population and evaluates those risks for individuals who are identified. As described below, the Custody Bureau is currently revising its inmate disciplinary policy; however, the current practice is not to discipline individuals with known cognitive disabilities. Lastly, the County has developed training on cognitive disabilities that was approved by the Prison Law Office and will be provided to all staff in the next year.

## VISION, HEARING, SPEECH DISABILITY (RP 139-182)

Ratings as of September 2021

TOPICS	Substantial Compliance	Partial Compliance	Non-Compliance	Not Rated
<b>Intake, Orientation, &amp; Screening (RP 139-145):</b> Screen individuals for vision, hearing, and speech disabilities and provide an orientation during intake using effective communication.	139	140-145		
<b>Verification (RP 146-148):</b> Timely verify disability and accommodation needs.		146-148		
<b>Issuance and Retention of Devices (RP 149-156):</b> Timely issue, permit retention, and limit removal of assistive devices and document these actions.		149-156		
<b>Housing (RP 157-158):</b> Provide accessible housing.		157-158		
<b>Effective Communication (RP 159-176):</b> Provide auxiliary aids and devices to accommodate disabilities.	168-170 171	159-167, 172-176		
<b>Grievance System (RP 177-179):</b> Provide a prompt and equitable grievance system that allows for effective communication.	177-178	179		
<b>Training and Management (RP 180-182):</b> Provide annual ADA training.	180, 182		181	

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

#### *Key Accomplishments*

- Knowledge, experience, and responsiveness of the Custody Bureau's ADA Compliance Unit has improved.
- The intake screening to identify individuals with vision, hearing, and speech disabilities has been appropriately re-designed.
- Availability of range of assistive devices and auxiliary aides has improved.

#### *Key Areas for Improvement*

- Implement revised policies and conduct update training to all staff to ensure that all individuals with vision, speech, and/or hearing disabilities are identified and accommodated.
- Expand effective communication practices for programming and services.



**ADMINISTRATIVE AND DISCIPLINARY MANAGEMENT (RP 183-230)**

Ratings as of September 2021

TOPICS	Substantial Compliance	Partial Compliance	Non-Compliance	Not Rated
<p><b>Use of Administrative Management (RP 183-190):</b> Only place individuals who engage in certain behaviors in restrictive housing setting.</p>				183-190
<p><b>Conditions of Confinement (RP 191-192):</b> Individuals are provided privileges and access to programming and staff supervises this population with regular welfare checks.</p>				191-192
<p><b>Notice, Documentation, and Review (RP 193-199):</b> Staff review and document the use of administrative management.</p>				193-199
<p><b>Time Limits on Use of Administrative Management for Non-Seriously Mentally Ill (SMI) Individuals (RP 200-210):</b> Individuals must be released from administrative management within set time frames.</p>				200-210
<p><b>Disciplinary Management (RP 211-218):</b> Redesign the use of restrictive housing for disciplinary purposes.</p>				211-218
<p><b>Healthcare for Individuals in Administrative Management (RP 219-228):</b> Screen patients for mental illness, provide daily health contact and weekly mental health check-ins.</p>	221-223, 225-228	219-220		224
<p><b>Mental Health Care for SMI Individuals in Administrative Management (RP 229-235):</b> Collaborate with Custody Bureau on a plan to get SMI individuals out of this setting and offer required treatment, programming, and 14 hours of out of cell time.</p>	229, 231-235	230		
<p><b>Data and Training (RP 236-237):</b> Keep data about use of Administrative Management and train staff on certain topics.</p>				236-237

## KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

### *Key Accomplishments*

- The County has implemented an innovative approach to dramatically reduce the use of a restrictive housing setting (previously known as solitary confinement) through its administrative management techniques, which are viewed as a model for implementation in other correctional facilities. This highly successful approach has reduced the number of inmates held in a restrictive housing setting from over 400 inmates to approximately 40 inmates.
- Inmates held in administrative management are offered a meaningful way to down-class to a less restrictive setting through good behavior resulting in the use of short-term restrictive housing.
- Coordination between Custody Bureau staff and Custody Health Services staff on the violence risk presented by down-classing seriously mentally ill inmates held in administrative management is robust and collaborative.

### *Key Areas of Improvement*

- Improve data collection and analysis of use of administrative management.
- Although use of restrictive housing for disciplinary purposes is infrequently used, the County needs to develop its policies and procedures and collaborate with the Prison Law Office on the disciplinary matrix.
- Improve availability and variety of out-of-cell activities for inmates held in restrictive housing.
- Improve facility cleanliness.

## USE OF FORCE (238-243)

Ratings as of March 2021

USE OF FORCE (RP 238-243)	Substantial Compliance	Partial Compliance	Non- Compliance	Not Rated
<b>Implement Use of Force Policy (RP 238):</b> Implement the August 29, 2017 use of force policy that was developed in consultation with plaintiffs' counsel.		238		
<b>Training (RP 239-243):</b> Conduct trainings on use of force principles at the Academy; conduct de-escalation training; and conduct training on the new policies.		239-243		

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

#### ***Key Accomplishments***

- Inmates report better use of force conditions and more positive interactions with staff.
- Sustained positive trend in reduction in the rate of use of force.
- Noticeable improvements in de-escalation efforts and the use of reasonable and necessary force.
- Appropriate use of restraints.
- Ample video footage of use of force events, but some inconsistent activation of body worn camera footage by some participating staff.
- Improved data gathering by Use of Force Review Committee.
- Transparency and openness by current jail administration in addressing changes.

#### ***Key Areas for Improvement***

- Focus on the inter-relationship between failed de-escalation efforts that led to unreasonable and unnecessary force options.
- Re-examine appropriate intervals in repeated use of chemical agents.
- Retrain those supervisors who may be lacking in scene management during a force event.
- Documentation of force events by staff is deficient particularly as it relates to reasons that body worn camera activation failed or was delayed/deficient and appropriate intervention by first line supervisors is not sufficient.
- Finalize the use of force policy revisions and train staff with particular emphasis on de-escalation, supervisory scene command, and documentation of use of force events.
- Implement and prioritize training to staff on the new policies.
- Implement jail management system to improve data collection and analysis; but in meantime, continue to improve data collection efforts on use of force trends.
- Continue improvement of the quality of information provided to the Use of Force Review Committee and improved discussion regarding appropriateness of use of force by staff.
- Address challenges with force on the mentally ill by re-instituting the use of multidisciplinary custody deputies with greater trainings and participation by mental health staff in de-escalation.

## COLE REMEDIAL PLAN

<b>MOBILITY DISABILITIES</b>			
Ratings as of March 2021			
TOPIC AREAS	Substantial Compliance	Non-Compliance	Unrateable-In Progress
<b>Intake Process (RP 500-510):</b> Screen individuals for mobility disabilities; provide immediate accommodations; orient newly booked individuals.	501, 509	504	500, 502- 503, 505-508, 510
<b>Verification and Accommodation (RP 511-528):</b> Promptly arrange for verification and accommodation evaluation by the ADA Compliance Unit and medical providers.	513- 514, 516, 519, 521-522 524, 528	520, 523, 525-526	511-512, 515, 517-518, 527
<b>Issuance, Retention, and Maintenance of Devices (RP 529-545):</b> Timely issue, properly maintain, and replace assistive devices; restrict removal of devices.	534, 537, 539, 545	533, 540-544	529-532, 535-536, 538,
<b>Classification and Housing (RP 546-556):</b> Do not use disability as part of classification and house individuals with mobility impairments to accommodate disability.	548, 550-554 556	549, 555	546-547
<b>Track Individuals (RP 557-566):</b> Designated Custody Bureau and Custody Health staff use one system to track individuals with mobility disabilities.			557-566
<b>Programs and Services (RP 567-581):</b> Provide programmatic access and accommodations for jail services.	574-581	568-569	567, 570-573
<b>Policy and Review (RP 582-586):</b> Revise policies consistent with remedial plan.	583-584	585	582, 586
<b>ADA Coordinator (RP 587-592):</b> Assign a coordinator to oversee compliance, meet with individuals, and liaison between staff.	587, 589, 591-592	588	590
<b>Training and Monitoring (RP 593-599, 711):</b> Provide training to all new staff and existing staff; provide updated training on policies; self-monitor progress; keep a construction schedule.	593, 596	711	594-595, 597-599
<b>Structural Access Through Policy (RP 601, 602, 613, 616, 626, 633, 651, 652, 657, 658, 661, 664, 684, 685):</b> As ADA renovations are completed, ensure structural access through implementation of specific space-based practices to accommodate individuals with mobility disabilities.	601-602 613, 616, 661	664	626, 633, 651-652, 657-658, 684-685
<b>Grievance and Request System (RP 713-720):</b> Provide a readily available mechanism for filing grievances and ADA requests.	713, 716	714-715, 717-720	

## KEY ACCOMPLISHMENTS AND KEY AREAS OF IMPROVEMENT

### *Key Areas of Accomplishment*

- Design of new intake screening for mobility disabilities is robust.
- Improved Custody staff awareness of individuals' specific disabilities and accommodation needs through use of the inmate accommodation list is a positive development.
- ADA Compliance Unit is knowledgeable about the remedial plan; a valuable resource for staff; able to immediately address ADA concerns raised by individuals; and valued by individuals in custody for their proactive approach of addressing ADA concerns.

### *Key Areas for Improvement*

- Lack of jail management system to document individual's ADA disabilities and accommodations as well as actions by Custody Bureau staff related to ADA compliance activities makes it challenging to verify compliance with key provisions of the remedial plan.
- Insufficient documentation that certain mobility devices are distributed within four hours.
- Insufficient documentation to demonstrate that the ADA Compliance Unit and medical unit are communicating about interim ADA accommodations.
- Implement agreed-upon policies and train staff on those policies.
- Ensure issuance of medical authorization to inmates with approved disability and/or accommodation.
- Ensure ADA Unit is provided with ADA Request within seven days of receipt of the request and, where appropriate, provide the requested reasonable accommodation or begin the verification process.
- Implement tracking and inventory of devices and regularly check on availability of devices.
- Ensure that ADA-related grievances are forwarded to the ADA Unit.

## FACILITY MODIFICATIONS<sup>2</sup>

Ratings as of September 2021

Construction Areas	Substantial Compliance	Non-Compliance	Unrateable-In Progress
<b>New Jail (600, 603-604):</b> Construct a new jail with 3% ADA capacity or, if the County elects not to build a new jail, meet and confer with plaintiffs' counsel about additional construction needs in the existing facilities to achieve ADA compliance.			600, 603-604
<i>Address Structural Barriers in the Following Areas of the Jails</i>			
<b>Main Jail: Booking Area (605-612)</b>	605-607, 610-611	608-609, 612	613
<b>Main Jail: Property Release Area (614-615)</b>			614-615
<b>Main Jail: Second Floor – General Use Areas (617-621)</b>	617	618	619-621
<b>Main Jail: Second Floor – Special Housing (2B) (622-625)</b>			622, 623-625
<b>Main Jail: Second Floor – Infirmary (2C) (627-632)</b>			627-632
<b>Main Jail: Fourth and Fifth Floor (634-643)</b>	634-640	641-642	643
<b>Main Jail: Eighth Floor (644-650)</b>	644, 646- 649	645	650
<b>Elmwood: General Areas, Paths of Travel, Processing Area, Information Center (653-656, 659-660)</b>	653		654-656, 659-660
<b>Elmwood: Medical Facility (662-663)</b>	662		663
<b>Elmwood: Men's Operations (665-669)</b>	665-669		
<b>Elmwood: Men's Minimum Security Housing (670-673)</b>			670-673
<b>Elmwood: Men's Minimum Security Dining and Recreation (674-678)</b>	674, 676-677	675	678
<b>Elmwood: Men's Medium Housing (679-684, 686-693)</b>	686, 688-690	687	679-684, 691-693
<b>Elmwood: Women's Minimum and Medium Housing (694-699)</b>	694, 698	695-697	699
<b>Elmwood: Women's Medium and Maximum Security (700-708)</b>	700-707		708
<b>Elmwood: Women's Classrooms (710)</b>		710	

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<sup>2</sup> Because facility modifications involve construction, there are no areas for improvement because the work either passes ADA review or it does not pass.