

## SECOND 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 second 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 noncompliant 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 point in time based on the monitors’ assessment of the information they have seen to date. Further, the ratings are typically based on data from up to six months before their visit, which means that the rating does necessarily reflect the current status of that item.**
- **The monitors 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 noncompliance at this stage is expected.**

In this report, the Office of the County Counsel added symbols to signify the County’s progress from the first public report card to this second public report card. The “(↑)” symbol signifies an improvement in compliance; the “(↓)” symbol signifies an unfavorable change; and the “(↔)” signifies no change. Items without a symbol are newly rated.

**CHAVEZ REMEDIAL PLAN**

**I. MEDICAL AND MENTAL HEALTH (RP 1-65)**

**Ratings as of April 2022 for Medical and July 2022 for Mental Health**

\*\*\* Certain mental and mental health remedial plan items are monitored by more than one expert who may have different determinations of compliance. The lower compliance rating is used here because the County will have to achieve compliance from both monitors. \*\*\*

<b>Topics</b>	<b>Substantial Compliance</b>	<b>Partial Compliance</b>	<b>Non-Compliance</b>	<b>Not Rated</b>
<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>Topics (continued)</b>	<b>Substantial Compliance</b>	<b>Partial Compliance</b>	<b>Non-Compliance</b>	<b>Not Rated</b>
<b>Intake Process (RP 7-14):</b> Provide reasonable sound privacy; revise intake screening questions; and triage and refer patients for mental health screening.	11 (↑), 13-14 (↔)	9 (↔), 10 (↓)	7 (↔), 8 (↔), 12 (↓)	
<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>	15-16 (↔), 18 (↔), 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 (↔), 25 (↑), 26 (↔)	30-31	24 (↓), 27 (↓), 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 (↔), 35-37, 38 (↑)	32 (↑), 34 (↔), 39 (↔)	40-43 (↔)	
<b>System of Care (RP 44-53):</b>	46 (↑), 49 (↔)	44 (↑), 45 (↔),	50 (↔), 51-53 (↓)	

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

Provide optometry care; revise nursing protocols; improve chronic care tracking; implement diabetic specific improvements; and utilize regular treatment plans.		47(↔), 48 (↔)		
<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 (↔), 57 (↑)			58-59
<b>Quality Assurance and Improvement (RP 60-65):</b> Implement a variety of topic-specific quality improvement measures.		60-65 (↔)		

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

#### *Key Accomplishments*

- The County authorized 43 designated access to healthcare officers to support healthcare staff in the delivery of care.
- The 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.
- Inmates’ reported medications at intake are verified within 72-hours.
- Individuals requiring mental health assessments after intake are seen in appropriate times frames.
- The Custody Bureau is appropriately deferring to healthcare staff for classification and housing of individuals with mental illness.
- The referral system for chemical dependency is appropriate.
- Optometry services are appropriate.
- Quality assurance and quality improvement for mental health issues is sophisticated and comprehensive.

#### *Key Areas for Improvement*

- Lack of sufficient Custody Bureau staff is a major barrier to access to care.
- Insufficient physical space exists for programming and treatment of individuals with mental illness and the space that exists lacks reasonable sound privacy.
- Staffing and utilization study needed to evaluate access to care obstacles.
- Medical provider wait times are too long.
- Nursing assessments, particularly for intake and drug and alcohol services, need improvement.
- Compliance with translation services for healthcare events needs improvement.
- Programming and out-of-cell times are inadequate for individuals with serious mental illness.
- The sick call system needs a re-design consistent with the remedial plan.
- Documentation of the provision of eyeglasses needs improvement.
- Clinical practice guidelines for chronic disease management must be fully developed.

- Complete mental health treatment plans need to be consistently and timely completed.
- Discharge planning and pharmacy services are in development.
- Improve quality improvement corrective action follow up processes.

## II. SUICIDE PREVENTION (RP 66-93)

Ratings as of July 2022

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.	78-84 (↔)		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***

- The County continues to comply with its responsibility to develop a two-hour suicide prevention curriculum that includes key topics in suicide prevention.
- Suicide prevention training materials are excellent.
- The County’s intake screening process is appropriate and triaging times exceed the remedial plan.
- Initial suicide risk assessments were appropriate.
- Quality improvement meetings and reviews of suicide and attempted suicides are appropriate.

***Key Areas for Improvement***

- Due to the focus on training in other areas of the remedial plan, the Custody Bureau and ACHS training compliance on suicide prevention had lapsed.
- As construction continues, monitor the number, location, and availability of suicide-prevention cells.
- Improve the use of safety smocks and suicide prevention cells.
- Address the timeliness of follow-up suicide risk assessments.

### III. DENTAL REMEDIAL PLAN (ITEMS 94-116)

Ratings as of April 2022

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.	96(↑) 98(↔)	94 (↔), 101 (↔)	95, 100(↔), 102 (↔)	97, 99
<b>Other Care (RP 103-106):</b> Offer yearly dental examinations and dentures to qualifying patients.	105 (↑), 106 (↔)			103-104
<b>Staffing and Resources (RP 107, 113):</b> Provide sufficient clinical staff and resources to meet the remedial plan requirements.				107, 113
<b>Policies, Record Keeping, and Quality Improvement (RP 108-112):</b> Draft new policies; utilize appropriate charting and electronic medical record.	108-112 (↔)			
<b>Quality Improvement (RP 114-116):</b> Create a quality assurance program and study and correct dental refusals.	114 (↑), 116 (↑)		115 (↔)	

#### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

##### *Key Accomplishments*

- Patients are screened for dental concerns during intake.
- Dental emergencies are properly addressed.
- Dentist use of pain medication is appropriate.
- Dental policies adequately describe the scope of services and other dental services.
- Dentist record-keeping practices are substantially compliant.

##### *Key Areas for Improvement*

- Nursing pain assessments related to the intake screening were inadequate.
- Nursing documentation is insufficient.
- It is unclear if urgent dental issues are appropriate triaged due to inadequate pain and nursing assessments.
- Given the impacts of COVID-19 on dental appointment turnaround times, the monitors deferred their review of related issues.
- Complete the corrective action plan for reducing dental refusal rates.

#### IV. COGNITIVE DISABILITIES (RP 117-138)

Ratings as of June 2022

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

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. Since the last report card, these supports are now available to everyone who has been identified as having a cognitive disability. Further, the Sheriff's Office has a contract with a provider to provide supports (e.g., reading, writing, advocacy assistance) to these 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. Lastly, the County has developed training on cognitive disabilities that was approved by the Prison Law Office that is available to staff through e-learning.

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

Ratings as of June 2022

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.	168-169 (↔)	159-167(↔), 170-176 (↔)		
<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 (↔), 181 (↑), 182 (↔)			

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

#### *Key Accomplishments*

- Knowledge, experience, and responsiveness of the Custody Bureau’s ADA Compliance Unit.
- Re-design of the intake screening to identify individuals with vision, hearing, and speech disabilities.
- Availability of range of assistive devices and auxiliary aides.
- Implemented facility-wide ADA training.

#### *Key Areas for Improvement*

- Ensure that all individuals are timely identified and accommodated.

- Expand effective communication practices for programming and services.

## VI. ADMINISTRATIVE AND DISCIPLINARY MANAGEMENT (RP 183-230)

Ratings as of June 2022

Topics	Substantial Compliance	Partial Compliance	Non-Compliance	Not Rated
<b>Use of Administrative Management (RP 183-190):</b> Only place individuals who engage in certain behaviors in restrictive housing setting.				183-190
<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.				191-192
<b>Notice, Documentation, and Review (RP 193-199):</b> Staff review and document the use of administrative management.				193-199
<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.				200-210
<b>Disciplinary Management (RP 211-218):</b> Redesign the use of restrictive housing for disciplinary purposes.				211-218
<b>Healthcare for Individuals in Administrative Management (RP 219-228):</b> Screen patients for mental illness, and provide daily health contact and weekly mental health check-ins.	221-223 (↔), 224(↑) 225-228(↔)	219-220 (↔)		
<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.	229 (↔), 234-235 (↔)		230 (↔) 232-233(↓)	
<b>Data and Training (RP 236-237):</b> Keep data about use of Administrative Management and train staff on certain topics.				236-237

## **KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT**

### ***Key Accomplishments***

- The County has implemented an innovative approach to dramatically reducing the use of a restrictive housing setting (known as solitary confinement) through its administrative management techniques, which are viewed as 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 inmates with serious mental illness held in administrative management is robust and collaborative.

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

- Resolve staffing and other challenges that resulted in individuals who do not qualify for Administrative Management being held in restrictive housing conditions.
- Improve data collection and analysis of the use of administrative management.
- Improve documentation practices.
- Although the 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.

## VII. USE OF FORCE (238-243)

Ratings as of March 2022

Topics	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***

- Some staff have demonstrated excellent de-escalation skills (other staff still need improvement).
- Improved overall use of “reasonable and necessary” force surrounding the use of head strikes in narrow circumstances.
- Use of restraints was proper and humane.
- Continued improvements in the quality and completeness of the materials that are provided to the monitors, but new issues arose regarding documentation of Internal Affairs referrals, which were acknowledged and addressed.

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

- Reduce the high rate of force in the facilities.
- Inconsistent pattern of de-escalation compliance points to a need to re-train staff and reinforce de-escalation expectations.
- Instances of hesitancy to act during use-of-force situations points to staff uncertainty about the jail’s policy and expectations.
- Deputies only have oleoresin capsicum (OC) spray on their person, which the monitors believe is insufficient to protect inmates and staff from major attacks.
- First-line supervisors need to have more consistent control over scene management.
- Ongoing deficiencies in the documentation practices of deputies and a failure of supervisors to rectify these deficiencies.
- Implement new use of force policy and conduct training on the new policy to address the above deficiencies.

## COLE REMEDIAL PLAN

<b>VIII. MOBILITY DISABILITIES<sup>2</sup></b>			
Ratings as of August 2022			
Topics	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.	500, 501(↔), 502, 506, 509(↔)	503, 504(↔), 508, 510	505, 507
<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(↔), 519(↔), 521-522(↔), 525-526(↑)	515, 516(↓) 517, 520(↔), 523(↔), 524(↓), 527, 528(↓)	511, 512, 518, 526
<b>Issuance, Retention, and Maintenance of Devices (RP 529-545):</b> Timely issue, properly maintain, and replace assistive devices; restrict removal of devices.	530, 531, 533(↑), 534(↔), 537(↔), 538, 539(↔), 540(↑), 541(↑), 542(↑), 543(↑), 545(↔)	535, 536, 544(↓)	529, 532
<b>Classification and Housing (RP 546-556):</b> Do not use disability to differently house individuals with mobility impairments to accommodate the disability.	547, 548(↔), 554(↔) 555(↑)	546, 549(↔), 550(↓), 551, 552(↓), 553(↓), 556(↓)	
<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.	569(↑), 570(↔), 572(↔), 576(↔), 577(↔), 579-581(↔)	568, 574(↓), 575(↓), 578(↓)	567, 571, 573
<b>Policy and Review (RP 582-586):</b> Revise policies consistent with remedial plan.	585(↑)		582-584, 586

<sup>2</sup> Per the stipulation of the parties, the following items are no longer monitored because they are completed and not subject to ongoing compliance: RP 573, RP 582, RP 583, RP 593, RP 594, and RP 598.

Topics (continued)	Substantial Compliance	Non- Compliance	Unrateable- In Progress
<b>ADA Coordinator (RP 587-592):</b> Assign a coordinator to oversee compliance, meet with individuals, and liaison between staff.	589(↔), 590(↑), 591(↔), 592(↔)	587(↓), 588(↔)	
<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.	596(↔), 599(↑)	711(↔)	593-595, 597-598
<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(↔), 616(↔), 661(↔)	626, 633, 664(↔)	613, 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(↔), 719(↑)	714-715(↔), 717(↔), 718(↔), 720(↔)	

### KEY ACCOMPLISHMENTS AND AREAS FOR IMPROVEMENT

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

- 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.
- County achieved substantial compliance with the main parts of the intake, orientation, and screening process except for the four-hour timeframe to provide standard mobility devices.
- The County has a system for medical provider verification and provision of accommodations.
- The County achieved substantial compliance in its system for ordering, retention, and maintenance of assistive devices.
- County remained generally compliant with access to programs and services except for a few class members housed in areas where there is no program access (usually due to COVID-19 precautions).
- Finalized policies and procedures on most ADA-related subjects.
- Finalized ADA training given to all staff.

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

- Repeated delays in implementing the jail management system (JMS) are causing systemic non-compliance with parts of remedial plan that require that the County has an integrated ADA tracking system.

- Assure that ADA Compliance Unit reviews all individuals with a mobility disability for appropriate accommodations within seven days of being identified.
- Address discrepancy between inmate reports of delayed provision of mobility devices at intake and the County's position that devices are provided within four hours.
- Improve documentation that the ADA Compliance Unit and medical unit are communicating about interim accommodations.
- Address housing and classification requirements for individuals with mobility disabilities.
- ADA Compliance Unit review of some ADA requests was not timely due to routing delays.
- Finalize grievance policy revisions to address ADA grievance processing.

## IX. FACILITY MODIFICATIONS<sup>3</sup>

Monitoring Conducted in May 2021 and February 2022

\*\*\*For this part of the Report Card, we only designate a change in status if the item was ready for monitoring within the past year and that when inspected it either passed or did not pass. All other items reflect the status of the item from previous monitoring visits.\*\*\*

Construction Areas	Substantial Compliance	Non-Compliance	Unrateable-In Progress
<b>New Jail (600, 603-604):</b> Construct a new jail with 3% ADA capacity.			600, 603-604
<i>Address Structural Barriers in the Following Areas of the Jails</i>			
<b>Main Jail: Booking Area (605-613)</b>	605-607, 608, 610-611	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, 619-621 (↑)	618	
<b>Main Jail: Second Floor – Special Housing (2B) (622-625)</b>	622-625 (↑)		
<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>	644-649		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, 690 691-693 (↑)	687, 689	679-684

<sup>3</sup> Because facility modifications involve construction, there are no areas for improvement. The work either passes ADA review or it does not pass.

<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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